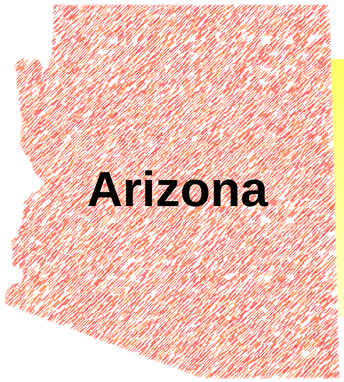
Providing STD Services with Diminishing Funds…A Tale of Three States

Beatriz Reyes, BA[1]; Erin Edelbrock, BA[2]; Karen Shiu, MPH[1]; Wendy Nakatsukasa-Ono, MPH[2]; and Patricia A. Blackburn, MPH[1]

[1]Cardea Services, Oakland, CA [2]Cardea Services, Seattle WA



Situation With decreased capacity at the public health laboratory, the Arizona Department of Health Services (AZDHS) contracted with a private laboratory to process chlamydia/gonorrhea (CT/GC) tests for high risk women ≤26 years of age. As a result, the costs of CT/GC testing increased significantly.

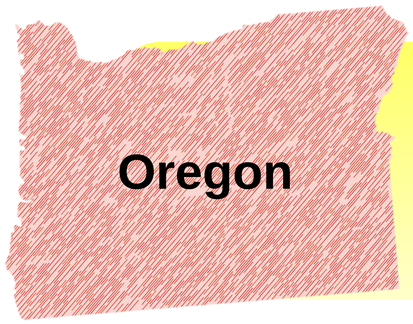
Solution AZDHS reviewed CT/GC screening criteria, strengthened targeted testing, and reserved public funds for testing individuals at high risk of infection.

Outcome AZDHS improved CT/GC screening to better align with national guidelines. CT screening among women ≤25 years old increased from 76% to 95% while CT screening among women ≥26 years old decreased drastically from 24% to 3%.

Situation As federal and state funding diminished, the Nevada State Division of Public and Behavioral Health (DPBH) advocated for third-party billing to help sustain its 19 rural health clinics.

Solution From 2010 to 2012, DBPH developed a billing system, trained staff, and began working with a clearinghouse.

Outcome Currently, DPBH contracts with Medicaid and seven private payors to bill for STD and family planning services. While it does not cover all expenses, DPBH is able to generate an average of $100,000 in revenue per year.



Situation The Oregon State Public Health Laboratory (OSPHL) experienced a budget gap in 2009 due to increased costs of new CT/GC testing technologies and lack of increases in federal and state funding for testing.

Solution OSPHL developed internal systems and contracted with an outside billing agency to begin billing for Medicaid-eligible CT/GC tests.

Outcome Over the course of two years (2011-2012), OSPHL billed for approximately 600 tests per month and captured over $150,000 in revenue.

Acknowledgements -- The authors are grateful to the Arizona Department of Health services, the Nevada State Division of Public and Behavioral Health, and the Oregon State Public Health Laboratory for their input on the content of this poster.

CARDEA
Training, Organizational Development and Research