

Joining Forces: Whitman-Walker Health Creating a Community-Based Network to Connect More Patients to HIV Care

This issue brief is part of a series developed to orient FQHC and Ryan White providers and to help them develop partnerships to build HIV prevention and care capacity in their communities. Additional resources are available at www.hivclinician.org.

Among patients living with HIV served by Whitman-Walker Health, 80 to 85 percent are in care and virally suppressed. While this compares favorably with national estimates that just 30 percent of people living with HIV are virally suppressed, Whitman-Walker has created a unique collaboration to reach the 15 to 20 percent of its patients who are not in care and benefiting from treatment. Whitman-Walker is a federally qualified health center in Washington, D.C., with a history of expertise in HIV.

“We won’t be able to get to the point of zero infections in this community unless we do some really significantly different things,” says Don Blanchon, Whitman-Walker’s executive director. “Our job is to try to make it as simple as possible for someone to get into care.”

Community Partnerships

In 2012, Whitman-Walker approached several CBOs serving populations disproportionately affected by HIV in the D.C. area to discuss working together in a new way. Those discussions led to the creation of a joint network connecting Whitman-Walker and five CBOs that today shares more than 100 patients and is forging stronger relationships and partnerships in the community.

The CBOs extend Whitman-Walker’s access to the populations that they serve, including youth, women, injection drug users, African Americans and individuals who rely on home-based food delivery.

Under the collaboration, funded by a grant under Part A of the Ryan White Program, the health center provides CBOs access to the health information of Whitman-Walker patients, through the health center’s electronic medical record (EMR) system. Overcoming initial concerns about data sharing was a key part of the process, which was driven by the primary goal: Ensure that CBO clients who are also Whitman-Walker patients are quickly connected to immediate HIV care if they need it.

Whitman-Walker employs a hybrid care model, with capacity for both appointments and walk-in visits at its two locations, including urgent or rapid entry services for individuals needing post-exposure prophylaxis, or HIV-infected patients not in care or returning to care after six months or more.



“We know how important it is to get them right when we’ve got them in front of us,” says Meghan Davies, Whitman-Walker’s director of community health, who oversees the center’s CBO network. “If you wait two days later, you may never see them again.”

Start-Up Investments and CBO Reimbursement

Creating the CBO network required more than a year of discussions and legal consultations, including securing Ryan White grant funding, developing subcontractor/vendor agreements, and drafting business associate agreements that allow the organizations to share information. CBO staff also participated in training on ethics, EMR use, and Health Insurance Portability and Accountability Act (HIPAA) regulations, which Whitman-Walker provided at its own cost, in addition to licenses for the necessary EMR software.

Each month, Whitman-Walker pays the participating CBOs for the services they provide to their shared patients and for helping to reconnect patients to the health center. Payment occurs monthly and is negotiated individually with each partner. One CBO that offers food delivery and operates a food pantry, for example, is paid based on how many bags of food it delivers. Whitman-Walker manages all of the reporting to the D.C. HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA), which oversees grants to HIV-related CBOs in the District.

Outcomes

The first analysis of outcomes data since the collaboration officially began, including a comparison of Whitman-Walker’s general patient population to the shared clients in the CBO network, will be available by the end of 2014. Whitman-Walker administrators are hopeful the results will show a higher percentage of patients in care.

But they already see benefits from the collaboration, from reduced paperwork to access CBO services freeing up nurses’ time for clinical care, to stronger relationships with CBOs and a greater awareness of the services that Whitman-Walker provides and how to access them.

Funding Sources

A philanthropic funding model or a partnership with an academic medical center or local health department may help facilitate similar integrated networks of health centers and related CBOs, in communities that lack Ryan White Part A funding, Blanchon suggests. In the future, funders also may want to consider retooling grant awards to incentivize stronger links among providers serving the same patients to work toward improved health outcomes for all.

For More Information

[Whitman-Walker Health](#)

Issues to Consider

- Relationship building takes time and may require a cultural shift to view potential partners as collaborators, rather than competitors.
- Electronic health records are central to integrated networks.
- Key TipsLeverage each organization’s strengths and patient reach.
- Prepare to invest for the long-term in training and systems development.
- Consider impact on patient outcomes and improved health system efficiencies.
- Embrace change and new ideas that challenge the status quo.

This brief is part of a series developed by the HIV Medicine Association, National Association of Community Health Centers and the Ryan White Medical Providers Coalition to help build partnerships between FQHCs and Ryan White-funded providers. The project is supported with grants from MAC AIDS Fund and Janssen Pharmaceuticals.