

**Emergency Funding for Out-of-Pocket Medical and Medication
Expenses in Southwestern Pennsylvania**

A request for funding to
GlaxoSmithKline

Prepared for:

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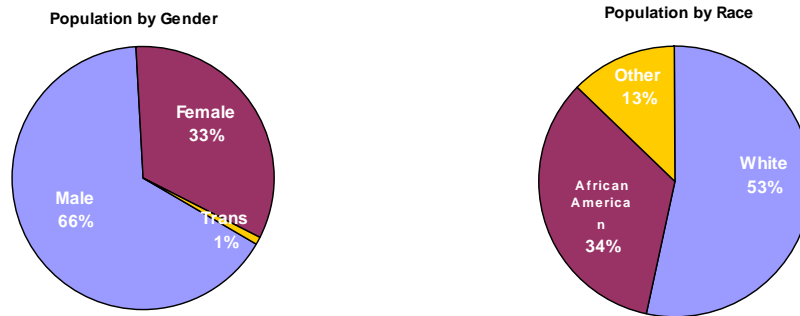
BACKGROUND INFORMATION

For over 22 years, the staff and volunteers of the Pittsburgh AIDS Task Force have raised awareness, created educational programs, and provided outreach for those afflicted with HIV/AIDS. We are proud to be the oldest and largest community-based HIV/AIDS awareness organization in southwestern Pennsylvania.

Our non-profit organization (please refer to 501(c)(3) in Appendix A) provides a variety of services and programs, including: case management, emergency funding, housing programs, volunteer programs, legal services and client advocacy. We provide gay, lesbian, bisexual and transgender (GLBT) outreach and prevention. Additionally, we host the “Women Empowered Project,” a food pantry, free, anonymous HIV testing and client counseling.

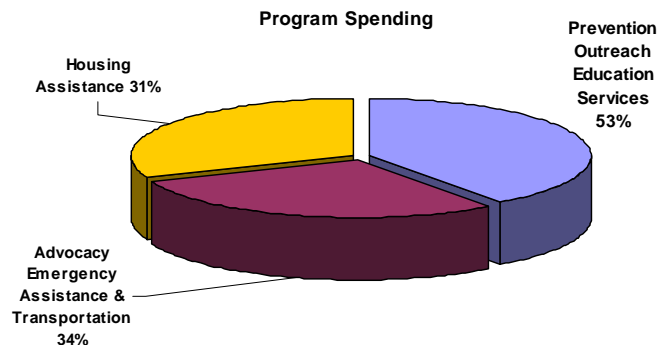
The Pittsburgh AIDS Task Force (PATF) currently serves 481 active clients.

- 318 (66%) are male, 163 (33%) are female and four clients are transgender
- 257 (55%) of PATF clients are African-American and 213 (44%) are Caucasian
- 65% of PATF clients self-identify as being gay
- Approximately 95% of PATF clients live below the federal poverty level
- 46% of PATF clients are diagnosed with AIDS and 54% are diagnosed with HIV



In 2006, our organization spent over:

- \$663,000 in prevention and outreach services aimed to reduce HIV infections
- \$478,000 in advocacy, emergency assistance and transportation programs
- \$513,000 for housing assistance to patients afflicted with HIV/AIDS



MISSION STATEMENT

The Pittsburgh AIDS Task Force is dedicated to saving, sustaining, and empowering the lives of people living with HIV/AIDS and preventing the spread of infection. Our organization responds to the disease and its stereotypes by:

- Providing seamless, integrated services to individuals and families living with HIV/AIDS, which include direct services, housing support, advocacy and referrals.
- Targeting outreach and education programs to those at risk of infection.
- Collaborating with other organizations to maximize education and leadership initiatives.

CURRENT PROGRAMS

AIDS 101 – We provide “AIDS 101” to showcase up-to-date statistics, history, transmission and risk reduction techniques.

Personal Perspective Speakers – Our “Personal Perspective” presentations are given by brave volunteers willing to discuss how living with HIV/AIDS has affected their lives.

Partnership for Intervention and Empowerment (P.I.E.) Project – This project promotes intervention strategies to prevent and reduce substance abuse, decreasing HIV and hepatitis infections.

Natural Opinion Leader Project – Focused on the Gay, Lesbian, Bi and Trans-gendered youth, this program’s goal is to break stereotypes associated with the disease as well as instill responsible behavior among adolescents.

Food Pantry – These on-site volunteers assist clients in using our supplemental food pantry, help bag groceries and maintain adequate stock on shelves.

Prevention & Education – Volunteers are trained at PATF and provide educational outreach, conduct safe sex workshops and distribute safe sex information.

PARTNERSHIPS

HIV Legal Committee – A group of local lawyers volunteer their time to this committee and provide pro bono legal assistance to people afflicted with HIV/AIDS. All committee members are licensed to practice Pennsylvania law.

Riverside Design Group – A Pittsburgh-based design group, who creates glass dinnerware, gift items and room accessories, designed a series of unique glass plates as part of its *Plates with Purpose* program. 15% of the proceeds from select styles benefit Pittsburgh AIDS Task Force.

Carnegie Museum of Art – For the past six years, the Carnegie Museum of Art has generously donated the use of their facility for our annual Art for AIDS benefit. This event, our largest fundraiser of the year, is usually held the first weekend of May.

University of Pittsburgh Graduate School of Public Health – The School of Public Health and PATF are currently conducting the “Southwestern Pennsylvania Needs Assessment Survey,” a survey designed to plan HIV/AIDS services and programs that specifically address needs in our region, as expressed by community members.

Over the past 10 years, we have witnessed an increase in the number of community members involved with our programs, an increase in the number of donations and increased HIV/AIDS community awareness. As an organization, we tackle some of the barriers associated with HIV

and AIDS awareness, prevention, care and treatment. Some of these barriers we overcome through the generous donations of individuals, others have been with the direct help of programs such as GlaxoSmithKline's international HIV and AIDS community partnership program. With your continued support, our partnership will enable us to serve an increased number of Southwestern Pennsylvanians afflicted with HIV/AIDS.

STATEMENT OF NEED

Our social work staff educates patients on what to expect during their course of care and refers them to appropriate health care providers. There are a variety of psycho-social aspects, including personal guilt, depression, social ridicule and hopelessness, which are addressed during the time of treatment initiation. Clients may become unemployed and uninsured, causing further financial restraints for the individual or family.

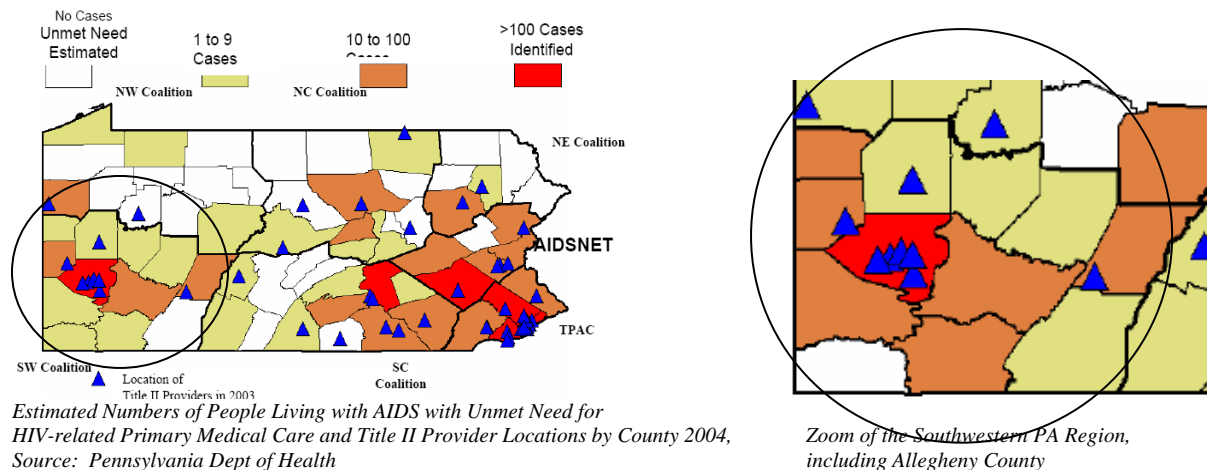
Emergency funding is a service we provide to those afflicted with HIV/AIDS in Southwestern Pennsylvania. This service helps to cover out-of-pocket expenses for medical treatment, costly medication co-pays and helps to fund pharmaceutical delivery service to ensure clients receive their medications. Funding also contributes to the salaries of our social work staff. These invaluable staff members provide a beacon of hope for AIDS patients across our region.

Several social, government and economical barriers dampen hospital care for patients afflicted with HIV/AIDS across the state:

- Insurance reimbursement rates in treating HIV patients have become increasingly limited. Once reimbursement rates reach their cap, which are set by insurance companies, health care systems or the individual patients must pay for any outstanding expenses.
- Under state law, hospitals are required to report certain data related to HIV patients. This reporting process delays delivery of appropriate HIV care and is time consuming to hospital employees.
- 78% of the HIV/AIDS population is either at, or below, the national poverty level making co-pays nearly impossible. One national study put out by the Department of Health and Human Services (see Appendix B) demonstrates that patients who cannot pay for care typically remove themselves from obtaining routine medical treatment. They seek health care only when they feel extremely sick, causing additional complications and creating poor outcomes.

According to a 2004 Pennsylvania Department of Health study, there are an estimated 2,931 people living with HIV/AIDS in Southwest Pennsylvania. Of those, it is estimated that:

- 896 people diagnosed with HIV (31%) do not obtain/have adequate HIV medical treatment
- 397 people with full-blown AIDS (30%) do not obtain/have adequate medical treatment
- 499 people with non-AIDS HIV (or 31% of this group) do not obtain/have adequate medical care



Martin Thomas, a McKeesport resident, has lived with HIV for the past 15 years. Like 65-70% of people in Southwestern Pennsylvania afflicted with the deadly virus, Martin cannot afford health insurance. While working for a construction company in 2002, he experienced a work injury resulting in constant back pain. Consequently, he was laid off and remains unemployed today, unable to work due to his physical condition and constant back pain.

Martin came to us for help in 2004. We provided him a small financial subsidy to help with medication costs, saving him nearly \$400 a month.

However, even with his medication subsidy, Martin must pay out-of-pocket for all other physician visits. Barely getting by, he states paying for health care is the “largest stress” in his life. He cannot obtain the required physical therapy treatments for his back. He is unable to get HIV-related blood work because of the high out-of-pocket expense. He often stays awake at night wondering if he can afford to see a doctor when he feels sick and often doesn’t know if he’s getting better or worse. He thinks, more often than not, “Maybe I’ll wait until it just feels better.”

Our organization believes that HIV/AIDS patients should receive necessary medical treatment. With your help, our social work staff can provide medical cost subsidy to curb Martin’s health care expenses. Our staff can provide counseling for Martin and helped him complete necessary Medicaid paperwork for obtaining the medical attention he desperately needs.

In getting proper treatment, Martin could make his follow-up visits to his primary care physician, have his lab work completed, and obtain the necessary medications. He will be able to treat his chronic back pain. He may, over time, possibly return to work. With gifts such as yours, Martin could win another fight in the battle against HIV.

GOALS AND OBJECTIVES

Our organization’s goal is provide a 10% maximum subsidy (a 4% increase from the current 6% cap) to 100 low-income, uninsured clients over the next three years. This emergency funding

subsidy will help clients cover the high cost of medication and ever-increasing medical treatment.

- The current emergency funding coordinator at PATF has agreed to continue project oversight.
- Pittsburgh AIDS Task Force will hire one pharmacy consultant and one accounting consultant within six months of receiving funding. The pharmacy consultant will ensure the correct HIV/AIDS medications are being subsidized by the fund. The accountant will allow for objective oversight and accuracy of emergency funding practices.
- New emergency funding applications, reflecting the new limits, will be re-written and brought before the Pittsburgh AIDS Task Force Board of Directors for approval within 30 days of secured funding.
- Immediately upon the Board's approval, applications will be made available to our clients.
- Completed applications will then be submitted to a panel of licensed social workers for review and approval.
- The emergency funding coordinator will maintain a list of health care providers, stated on individual applications, and set up a direct-bill payment system within 45 days of application approval.
- Subsidy payments will be maintained by the coordinator and audited by the contracted accountant.
- We will establish partnerships with local pharmacy retailers, such as Giant Eagle Pharmacies, Rite-Aid pharmacies, and UPMC pharmacies within one year, negotiating discounted client rates on HIV/AIDS medications. This will allow our funding to go farther than anticipated.

As HIV/AIDS was chosen as one of GlaxoSmithKline's "four health care focuses" from now until 2010, you are certainly aware of the financial burdens placed on low-income individuals and/or families afflicted with this disease. It is our hope, that with your help, we can strengthen our client's chances to battle HIV/AIDS and enable them to lead happier, healthier lives.

PROGRAM OUTLINE

STAFFING

Our director of social work, John Burgess, has agreed to serve as the emergency fund coordinator for the next three years (CV attached as Appendix C). The coordinator is responsible for all aspects of the emergency fund, including budgeting, fund allocation with health care facilities, and working with consultants. The coordinator will provide a report on the status of emergency fund spending to the PATF Board of Directors on a quarterly basis.

In addition, we currently have seven in-house social workers (staff summaries attached as Appendix D) who handle hundreds of cases per year involving low-income clients. These staff members help clients obtain all forms of health care subsidy available to them, such as Medicaid, funding from various health care grants, as well as state and federal funding. Each social worker

makes our emergency fund application available to clients in need of additional financial support. Application review is handled by the social work committee, which is outlined below.

We also have three part-time volunteers who will help with administrative duties such as printing, stuffing envelopes, mailings, and copying.

APPLICATION PROCESS

It is our hope to supply emergency funding for 100 clients, 13 more than the 87 HIV/AIDS afflicted clients who currently benefit from this service. This increase will allow PATF to supply emergency funding to 21% of its entire client base.

If a client applies for emergency funding, an application packet must be completed (Appendix E). Clients will visit the Penn Avenue PATF offices and, with the help of their assigned PATF social worker, complete application paperwork. The client will meet with their assigned social worker one-on-one, in one of our four conference rooms, allowing for privacy and confidentiality. The client is expected to provide copies of invoices from health care facilities or quotes from their local pharmacy, to prove their out-of-pocket medical costs.

All completed applications are then submitted for review. Each week, the emergency funding panel, comprised of the social work staff and the coordinator, reviews submitted applications. If the client is deemed acceptable for emergency funding, the coordinator initiates the process of payment to the client's health care provider(s). If the client's application is deemed ineligible or denied, a new application may be submitted 90 days after the denial date. The client will receive written notification of the panel's decision within seven days of review.

MONETARY ALLOCATION

Once a client is approved for emergency funding, the fund coordinator will make every effort possible to work out a direct payment system with the pharmacy, hospital or other entity, based on the invoices provided at the time of application. The coordinator will negotiate costs with the third party on the client's behalf and PATF will agree to pay 10% of the mutually agreed price.

Once an agreement is reached, the client will receive written notification of the negotiated price as well as copies of PATF payments made to the health care provider.

AUDITING

To effectively audit the funding process, we will hire (as a consultant) a licensed pharmacist to evaluate the pharmaceuticals purchased with emergency funds. The pharmacist will review the medication purpose, dosage and cost, to ensure funds are being spent in an acceptable manner. He/She will also review all invoices to ensure billing is fair and accurate. This process will take place on a quarterly basis over the next three years.

We will also hire (as a consultant) a certified public accountant to ensure all financial records relating to this program are being handled accurately and responsibly. The accountant can

provide an objective frame of reference on monetary allocation, will allow questions related to any potential audit to be handled early and ensure accuracy of emergency funding account spending. As with the pharmacy consult, this evaluation process will take place on a quarterly basis over the next three years.

PARTNERSHIPS

Our organization has developed many partnerships over the course of our 25 year history. We maintain long-lasting relationships with the Pennsylvania Department of Health, the University of Pittsburgh School of Public Health, and with UPMC, the region's largest health care network.

As previously mentioned, we currently have a strong relationship with the Carnegie Museum of Art, which hosts our annual Art for AIDS benefit. This event, the largest fund raising event of the year, brings in over \$400,000 and one third of this amount is placed in our emergency funding program.

We also maintain a relationship with six private donors, who wish to remain anonymous. These donors contribute specifically to the emergency fund, totaling \$18,000 annually. These donors have been involved with PATF for the past 10 years and wish to continue their contributions through 2011.

We feel it is our responsibility to not only cultivate those current relationships but also to establish new relationships with organizations with a common purpose. Therefore, it is our hope that over the next calendar year we will create a new endeavor with local pharmacies to negotiate a decrease in medication costs to PATF clients. Our three targeted companies include Giant Eagle Pharmacies, Rite-Aid Pharmacies and UPMC Pharmacy Services.

As we successfully negotiate out-of-pocket medical costs, devising a way to decrease medication co-pays would allow more clients to pick up their necessary prescriptions at convenient locations throughout the area. It would also ensure that emergency funds provided by the AIDS Task Force would stretch farther.

EVALUATION

In order to formatively evaluate the success of our efforts, the Pittsburgh AIDS Task Force will utilize both internal and external methods to seek answers to a few basic questions. Were we able to raise the level of financial aid covering out-of-pocket health care costs, for low income clients, from 6% to 10%? Did the number of clients served increase from 87 to 100? Were we able to provide financial subsidy to the client within 30 days? Were we able to track financial information in an accurate manner? Did we maintain patient confidentiality?

John Burgess, our emergency fund coordinator, along with our social work staff, will internally evaluate the level of financial subsidy provided to our clients on a yearly basis. Mr. Burgess will track and compare current levels of financial subsidy to each client. He will also evaluate the number of clients served, comparing numbers to those of previous years. With accurate

bookkeeping practices, he will determine if our level of subsidy and program enrollment is increasing. He will also evaluate the timeliness of distributed funds on a quarterly basis; ensuring payment is made within 45 days of funding approval.

Our social work staff, the fund coordinator and volunteers will have documentation in their personnel files stating they have been trained on client confidentiality. They will also have yearly renewals of this training. We will utilize the “Health Insurance Portability and Accountability Act of 1996” (HIPAA), issued by the U.S. Department of Health and Human Services, as the framework of this training and annual review sessions. The HIPAA standard is utilized by health care facilities across the nation as the basis for patient privacy training. All staff and volunteers will ensure personal information was not shared with any entity not directly related to this project.

An external financial consultant will audit our project budget at the end of each fiscal year. This audit will ensure that all financial documents are being filled out correctly. This will also allow us to gain an objective viewpoint and see that data is reported accurately.

At the conclusion of the three year grant, a summary of evaluation criteria, financial records for this project and specific demographic information on the clients who benefited from this funding will be provided to GlaxoSmithKline at the end of the grant period.

BUDGET

PERSONNEL COSTS

A. SALARIES, WAGES & BENEFITS

Program Director	John Burgess, 20% Effort	\$39,000
Social Worker II	Susanne Werner, 20% Effort	\$35,280
Social Worker II	John Smith, 20% Effort	\$35,280
Social Worker I	Leigh Ann Johnson, 20% Effort	\$21,140
Social Worker I	Brianne Doyczk, 20% Effort	\$21,140
Social Worker I	Not hired yet, 20% Effort	\$20,120
Fringe Benefits	Based on 30%	\$51,588
Sub-total		\$223,548

B. CONSULTANT FEES

Pharmacy Consultant	Not yet hired. 3 year contract, visiting once per quarter	\$4,000
Certified Accountant	Not yet hired. 3 year contract, visiting once per quarter	\$4,000
Sub-total		\$8,000

NON-PERSONNEL COSTS

C. SPACE RENTAL/SUPPLIES

Space Rental	Constitutes 3 year conference room space and consultant workspace at the PATF offices. Conference space utilized for one-on-one meetings and for funding panel review.	\$12,000
Supplies	Office supplies, envelopes, paper, printer cartridges, HIPPA training material	\$5,500
Printing/Postage	Application printing, notification letters, invoice printing and associated postage	\$2,500
Sub-total		\$20,000

D. CLIENT SUPPORT

Medication Funding	10 % of the average out-of-pocket medication expenses for 100 clients over 3 years (See Appendix F for calculations).	\$108,000
Medical Care Funding	10% of the average out-of-pocket routine medical treatment expenses for 100 clients over 3 years (See Appendix G for calculations).	\$195,750
Sub-total		\$303,750.00

E. ADDITIONAL SUPPORT

In kind donations	Anonymous donors	\$18,000
In kind donation	Pharmaceutical delivery vehicle donated from Day Automotive Group	\$22,880
Art for AIDS fund raising event		\$133,000
Sub-total		(\$173,880)

TOTAL PROJECTED COST		\$381,418
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APPENDICIES

Appendix A	501(c)(3) Tax Exemption Notification
Appendix B	Department of Health and Human Services Study Summary, “Health Care Behavioral Methods of Poverty Stricken Americans”
Appendix C	C.V. of John Burgess, MSW, MPH
Appendix D	Staff summaries and credentials for social work staff employed at PATF
Appendix E	Application for Emergency Funding
Appendix F	Calculations for medication subsidy
Appendix G	Calculations for medical treatment subsidy

Works Cited

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