

Financial modeling showed sustainability of an RN-led sexual health clinic leveraging 340B revenue and downstream revenue from patients accessing other billable services in a Federally Qualified Health Center.

Financial Sustainability of a Registered-Nurse-Led Sexual Health Clinic, Baltimore, Maryland 2024-2025

BACKGROUND

- Chase Brexton Health Care (CBHC) is a Federally Qualified Health Center (FQHC) located in Baltimore, Maryland.
- An RN-led sexual health clinic (SHC) was launched in 2024 to provide services at no-cost for CBHC established and non-established patients.
 - Free services include: STI screening and treatment, HIV Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), DoxyPEP to prevent STI infections, same-day hormonal birth control starts, emergency pregnancy prevention, free condoms and menstrual products.
- Initially, the SHC was financially supported through CDC grant funding (PS23-0011, Enhancing STI and Sexual Health Clinic Infrastructure). Ensuring revenues cover expenditures is critical to sustain SHC operations beyond the end of grant funding.
 - Expenses: staffing, equipment, medication, testing and other supplies
 - Clinic revenues: core grant funding, 340B revenue, and passthrough to billable services [ex. PrEP continuity care, primary care, other continuity care] within the CBHC system.

OBJECTIVES

- To determine the SHC's financial sustainability by estimating the break-even point: the number of annual patient visits when expenses equal revenue.
- To create a financial modeling tool that can be adapted by other clinics to estimate break-even points.

METHODS

- CBHC partnered with the STD/HIV Prevention Training Center at Johns Hopkins and the Johns Hopkins Carey Business School to create a tool to model SHC financials from October 2024 – October 2025. The total number of patient visits to the clinic during this time frame was 2,416.
- The Excel-based tool calculated break-even points by estimating:
 - Annual costs: salaries, supplies, treatments, overhead costs, POC tests, lab tests
 - Direct revenue: grants, 340B revenue from SHC prescriptions
 - Indirect revenue: 340B revenue from subsequent prescriptions, insurance reimbursement/revenue from SHC patients referred to internal billable services
- Break-even points were calculated for the following scenarios:
 - Baseline:** 0 emtricitabine/tenofovir alafenamide (F/TAF) prescriptions & 25% of patients referred to internal billable services
 - Baseline + Increased Revenue:** 50 F/TAF prescriptions & 35% of patients referred to internal billable services
 - Baseline + Increased Revenue + Decreased Grant Funding:** 100 F/TAF prescriptions, & 45% of patients referred to internal billable services & 50% reduction in grant funding

KEY FINDINGS

Figure. Financial modeling and break-even points, Chase Brexton Health Care Sexual Health Clinic, October 2024 – October 2025.
Total number of SHC visits in this time frame: 2,416

1) Baseline:

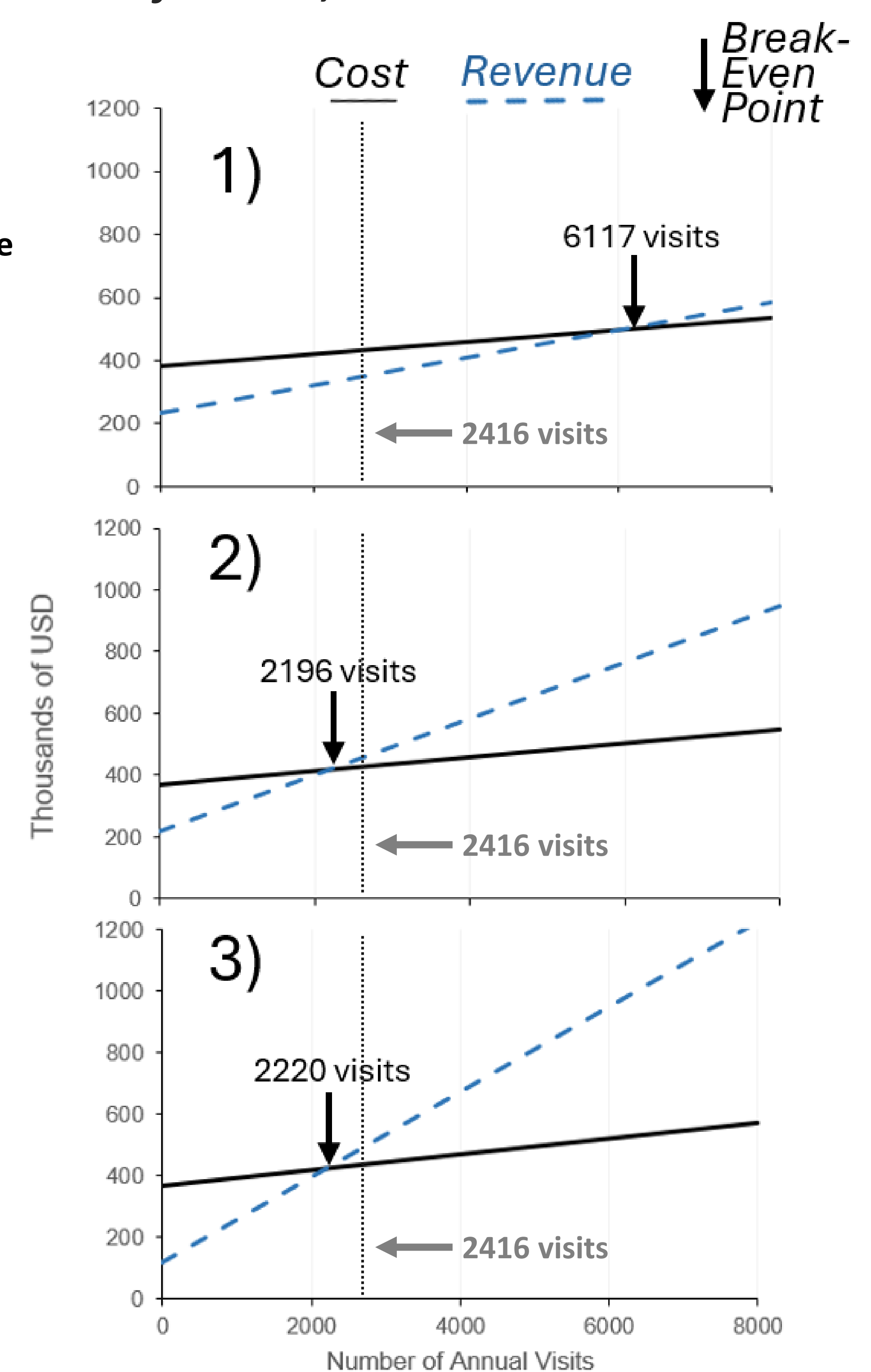
- 0 emtricitabine/tenofovir alafenamide (F/TAF) prescriptions
- 25% of patients referred to internal billable services

2) Baseline + Increased Revenue:

- 50 F/TAF prescriptions
- 35% of patients referred to internal billable services

3) Baseline + Increased Revenue + Decreased Grant Funding:

- 100 F/TAF prescriptions
- 45% of patients referred to internal billable services
- 50% reduction in grant funding



CONCLUSIONS

- For this clinic, leveraging 340B revenue and primary/specialty-care referrals showed financial sustainability was attainable, even with 50% reduction in grant funding
- Our financial modeling tool could be adapted by other SHCs to determine if/how diversifying revenue streams could provide pathways to financial sustainability
- The model assumes no temporal changes to expenditures or revenue sources. Notably, we assume no changes to 340B programs. Future work could incorporate time-varying expenditures and revenue into the model.

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Chase Brexton Health Care

