Routine Opt-Out Screening and Detection of HIV Infection among Emergency Department Patients

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Significance
• More than 1.2 million people in the United States are living with HIV infection.
• States in the Southern U.S, or the “Deep South” have been disproportionately affected by HIV diagnoses.
• According to 2016 U.S. Census, North Carolina was the 9th most populous state and one of the most rapidly expanding states during the previous decade.
• Patients with poor access to care use emergency departments (ED) for routine health care, making the ED an ideal place to test for HIV in resource-limited settings.

Background
• In 2006, the Centers for Disease Control and Prevention (CDC) recommended that routine, opt-out HIV screening be part of routine clinical care while preserving the adolescent or adult patient’s choice to decline HIV testing.3
• Recommendations were expanded to include HIV screening in healthcare settings for all patients ages 13-64, regardless of risk.
• Emergency departments with large numbers of uninsured and uninsured patients are one of the few health care options for many undiagnosed and at risk for HIV infection.
• Our program used 2006 CDC recommendations to expand non-targeted, opt-out HIV testing to reduce missed opportunities for diagnosis and avoid expensive inpatient admissions/re-admissions.4,5

Methodology
• Our aim was to implement routine, opt-out HIV testing in the Vidant Medical Center ED for patients between 18-65 years of age who are receiving bloodwork as part of their clinical evaluation and do not HIV test in the past 12 months or HIV positivity documented in their medical chart.
• Secondary aim was to detect HIV and link those patients to care to our program or a preferred location.
• 4th generation HIV tests were used to screen for HIV.
• Four pillars would help us to achieve our goals, which are as follows:

Conclusions
• Routine HIV Screening in the ED is feasible.
• EMR modification is essential to integrating routine screening in normal ED work flow.
• Continuous quality management to identify and resolve challenges in testing is vital.
• Constant education and feedback to all stakeholders and staff are essential to keep HIV at the forefront.
• Joined with the implementation of a routinized ED HIV testing program, a seamless process was developed to link persons found to be positive in the ED to HIV care services; therefore, establishing a systems-level prevention model.

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References