

# Emergency Department's Role in Ending the HIV Epidemic



Douglas White, MD  
Alameda Health System

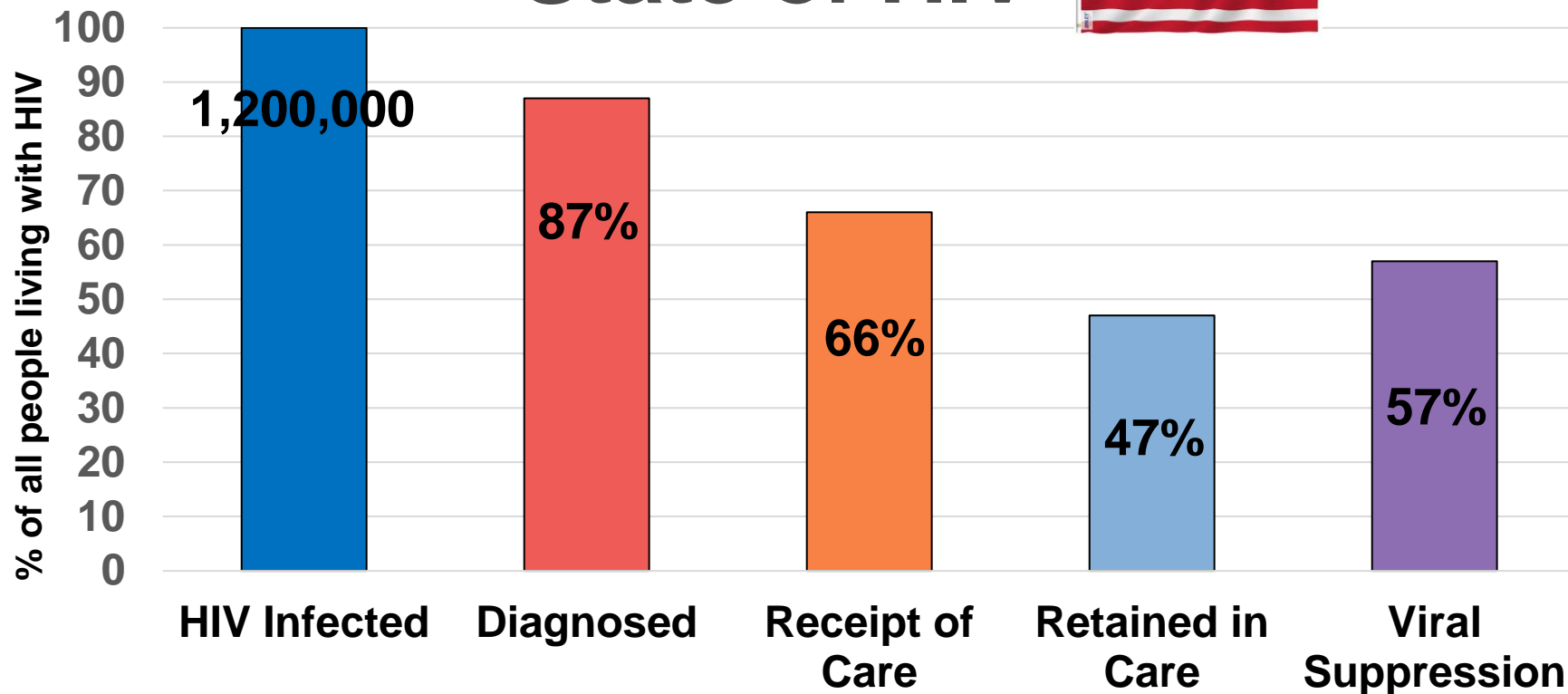
# **Conflict of Interest Disclosure**

- **Gilead Sciences**
  - **FOCUS grant recipient**
  - **Antiretroviral medications free of charge**

# Learning Objectives

- **The ED as a critical venue**
- **Guidelines and recommendations**
- **Real-world implementation strategies**
- **Beyond screening – additional low-barrier tools**

# State of HIV



# Emergency Department as a Critical Venue



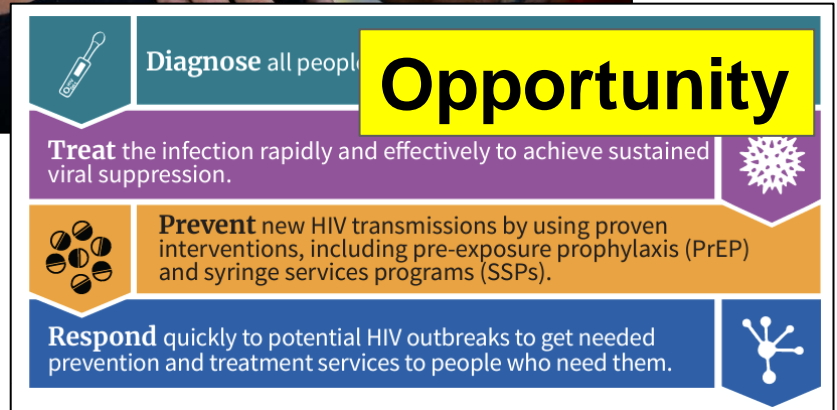
**Major Portal**



**High Risk**



**Only Portal**



# Key National Recommendations and Statewide Legislative Decisions



# CDC HIV Screening Recommendations

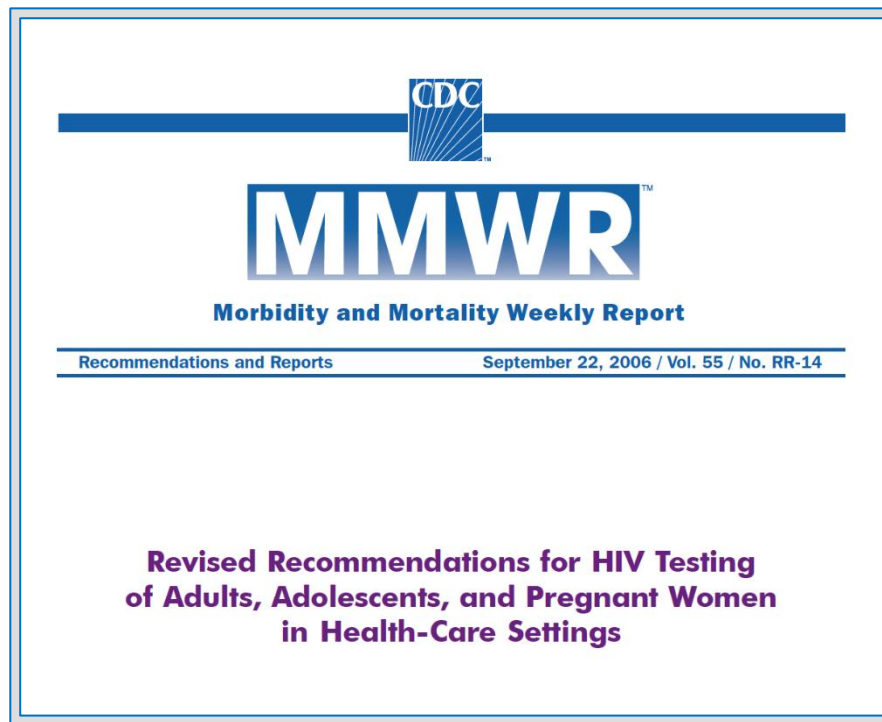
**2004**

- **25% of the >1 million people in US with HIV were unaware of their infection**
- **Diagnosis gap = major public health concern**

# CDC HIV Screening Recommendations

**2004**

- **25% of the >1 million people in US with HIV were unaware of their infection**
- **Diagnosis gap = major public health concern**



# CDC HIV Screening Recommendations

- **Lifetime screening 13-64 y**
- **All healthcare settings (ED)**
- **Prevalence new diagnoses  $\geq 0.1\%$**
- **↑ / ongoing risk: repeat screening / year**
- **Integrated process**
- **No separate written consent, no pretest counseling**
- **Opt-out**

# CDC HIV Screening Recommendations

## **Opt-out:**

**Patients notified that HIV testing will be performed and given the opportunity to decline**

- **Routinizes**
- **Destigmatizes**



MARK B HORTON, MD, MSPH  
*Director*

State of California—Health and Human Services Agency  
**California Department of Public Health**



ARNOLD SCHWARZENEGGER  
*Governor*

September 24, 2008

TO: ALL INTERESTED PARTIES

SUBJECT: ASSEMBLY BILL 682 – ELIMINATION OF WRITTEN CONSENT  
REQUIREMENT FOR MEDICAL CARE PROVIDER-ORDERED HIV  
TESTS

2008

# California Health and Safety Code 120990

## HIV Screening

- 1) Intent to perform
- 2) Provide information
- 3) Treatment options
- 4) Right to decline
- 5) Document decline

# US Preventive Services Task Force HIV Screening Recommendations 2013, 2019



<b>HIV screening ages 15 – 65 y</b>	<b>GRADE A</b>
<b>Risk based screening ages &lt;15 &gt;65 y</b>	<b>GRADE A</b>

## Screening for the Human Immunodeficiency Virus (HIV) Infection

CAG-00409R

[Expand All](#) | [Collapse All](#)

- HIV screening “reasonable and necessary”
- Cover annual screening 15 - 65 years
- Accordance with USPSTF recommendations



SONIA Y. ANGELL, MD, MPH  
*State Public Health Officer & Director*

State of California—Health and Human Services Agency  
**California Department of Public Health**



GAVIN NEWSOM  
*Governor*

## **AB 2439 Recommendations**

**HIV Testing in Hospital Emergency Departments: Findings and  
Recommendations**

**(Assembly Bill No. 2439)**

**Report to the Legislature**

**November 2019**



SONIA Y. ANGELL, MD, MPH  
State Public Health Officer & Director

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

## AB 2439 Recommendations

- **Routine opt-out HIV screening as a standard of care for EDs**
- **Streamlining consent**
- **Automating testing practices -- electronic health record integration**
- **Collaboration with local health departments**

February 17, 2021

- **Amend Section 120991 of the Health and Safety Code related to HIV testing**
- **Legislate many of these report recommendations**
- **Mandate EDs to offer HIV testing all patients  $\geq 12$  y who have blood drawn**

February 17, 2021

- **Major opposition**
  - **CA American College of Emergency Physicians**
  - **CA Emergency Nurses Association**
- **Bill was “killed” 2022**



TOMÁS J. ARAGÓN, M.D., Dr.P.H.  
*Director and State Public Health Officer*

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
*Governor*

March 28, 2022  
Dear Colleague,

EDs are uniquely positioned to identify people with syphilis, HIV, and hepatitis C who otherwise might remain undiagnosed...

**CDPH recommends that EDs consider implementing routine opt-out testing for syphilis, HIV, and hepatitis C.**

# Real World Implementation HIV Screening



# Screening Notification



## Enhanced Services, Because We Care

### Expect the Test:

The Highland Hospital ER is committed to the health and well-being of our patients. In accordance with state and national recommendations, adult patients may receive the following tests during their visit:

- HIV
- Syphilis
- Hepatitis C

### Please speak with your provider if you:

- Have any questions about these tests
- Choose not to be tested

### Care Coordinators are available:

- Mon-Fri, 8 a.m. – 5 p.m. to provide with assistance
- For more information about the testing program email: [GetTested@alamedahealthsystem.org](mailto:GetTested@alamedahealthsystem.org)

### Scan these QR codes to learn more about:

HIV



Syphilis



Hepatitis C



**This Emergency Department at the Alameda Health System is committed to the health and wellbeing of our community. In accordance with local, state, and national recommendations, screening for infectious diseases, such as HIV, hepatitis C, and syphilis, may be performed as a routine part of your care.**



**HIV** is a viral infection that, if not diagnosed and treated, can lead to serious illnesses, including infections, cancers, weight loss, weakness, and death.

- Most people with HIV infection, however, feel fine, and the only way to diagnose infection is through a blood test.
- Because HIV medications are so good, patients with HIV who are diagnosed early and receive treatment can live long and healthy lives.
- In fact, HIV is now thought of as chronic disease, like type 2 diabetes or high blood pressure, that is easily treated with a pill or two each day.
- If you test positive for HIV today, we will confirm the diagnosis with a second test and link you to care. We can usually begin treatment right away.

**Hepatitis C** is a viral infection that, if not diagnosed and treated, can lead to serious liver disease, including liver scarring, cirrhosis, cancer, and death.

- Most people with Hepatitis C infection, however, feel fine, and the only way to diagnose infection is through a blood test.
- Hepatitis C treatments are very good, and most people can be cured within a few months by taking a pill a day.
- If you test positive for Hepatitis C, we will confirm the diagnosis with a second test and link you to care so you can begin treatment.

**Syphilis** is a bacterial infection that can cause skin sores, rashes, fever, and neurologic problems. Syphilis can also cause serious illness and death to babies born to women with untreated syphilis.

- Most people with syphilis, however, feel fine and the only way to diagnose infection is through a blood test.
- Syphilis treatments are very good, and most people can be cured with penicillin.
- If you test positive for syphilis, we will confirm the diagnosis with a second test and link you to care.
- We can usually begin treatment right away.

### Please speak with your emergency care provider if you:

- Have any questions about screening for these infections or how they are treated.
- Choose **NOT** to have screening performed as a routine part of your care.

**The decision to test is up to you. Please notify your health care provider if you choose not to be tested for any of these infections. Counseling, result information, and linkage to care assistance is available Monday – Friday, 8am – 4:30pm. Please call 510 437-5019**

Scan for other languages



# Lab-Based Screening

**Epic** Patient Movement ED Chart Patient Station In Basket My Reports SlicerDicer Remind Me Personalize >> Print Log Out DOUGLAS W. ASAP

Char

**Orders**

Quick List All Orders Cosign Orders Order History

**Order Sets**

Suggested (8) Discharge to LTC F DME and Referral ICU daily rounding

☒ Quick Orders ☐ Critical care meds / Blood

☐ Antibiotics ☐ Imaging ☐ Nursing

**Order Panels**

- ☐ Abdominal Pain
- ☐ Glaucoma - Acute Angle Closure Eye Drops
- ☐ Altered Mental Status
- ☐ Allergic Reaction
- ☐ Asthma / COPD
- ☐ Cardiac Dysrhythmia
- ☐ Chest Pain
- ☐ Fever or Suspected Infection
- ☐ Fluid Analysis
- ☐ Generalized Weakness
- ☐ GI Bleed Treatment
- ☐ Head Trauma
- ☐ Hyperglycemia
- ☐ Hypoglycemia
- ☐ Hyperkalemia Treatment
- ☐ Local Anesthetics (Block Box)

**ECG / Monitoring**

- ☐ Cardiac Monitoring
- ☐ ECG 12 lead
- ☐ ECG Now and in 20 Mins

**Basic Labs**

- ☒ CBC and CMP
- ☐ Magnesium
- ☐ Lipase
- ☐ Troponin and ECG panel
- ☐ BNP (\$\$\$\$\$)
- ☐ D-dimer
- ☐ PTT/PT
- ☐ CK
- ☐ HCG Quant
- ☐ Type and screen (\$\$\$\$\$)
- ☐ Lactic Acid, Plasma, Automatic Repeat if >2.0
- ☐ Blood cultures x 2

**Manage Orders** Order Sets Options

Place new orders or order sets **+ New** **! Next**

**New Orders**

CBC and Differential  
Once, First occurrence today at 0801  
Blood, Blood, Venous

**Needs Interpreter: Spanish**  
Total Time: 09:54 5  
Code: Assume Full (no ACP docs)

Search

Insurance: None  
No assigned Attending  
Isolation: None

**ALLERGIES**  
No Known Allergies

**CHIEF COMPLAINT**  
Neck Pain

BP Temp  
115/62 36.2 °C  
>1 day (97.2 °F)  
>1 day

Heart Rate Resp  
85 18  
>1 day >1 day

SpO2 Wt  
100% —  
>1 day

**NEW RESULTS**  
No new results

**MED STATUS**  
None

**Remove All** **Save Work** **Sign**

Epic

Patient Movement

ED Chart

Patient Station

In Basket

My Reports

SlicerDicer

Remind Me

Personalize

»

Print

Log Out

Jimenez Garcia, Elina

DOUGLAS W. ASAP

# Automatic Eligibility Assessment

Quick List

All Orders

Cosign Orders

Order History

Order Sets

Suggested (8)

Discharge to LTC F

DME and Referral C

ICU daily rounding

☒ Quick Orders

☐ Critical care meds / Blood

☐ Antibiotics

☐ Imaging

☐ Nursing

Manage Orders

Order Sets

Options

Place new orders or order sets

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Next

New Orders

CBC and Differential

Once, First occurrence today at 0801

Blood, Blood, Venous

Total Time: 09:54

Code: Assume Full (no ACP docs)

Search

Insurance: None

No assigned Attending

Isolation: None

ALLERGIES

No Known Allergies

CHIEF COMPLAINT

Neck Pain

BP 115/62

Temp 36.2 °C

>1 day (97.2 °F)

>1 day

Heart Rate 85

Resp 18

>1 day

>1 day

SpO2 100%

Wt —

>1 day

NEW RESULTS

No new results

MED STATUS

None

Cardiac Dysrhythmia

Chest Pain

Fever or Suspected Infection

Fluid Analysis

Generalized Weakness

GI Bleed Treatment

Head Trauma

Hyperglycemia

Hypoglycemia

Hyperkalemia Treatment

Local Anesthetics (Block Box)

CBC and Chem

Magnesium

Lipase

Troponin and ECG panel

BNP (\$\$\$\$\$)

D-dimer

PTT/PT

CK

HCG Quant

Type and screen (\$\$\$\$\$)

Lactic Acid, Plasma, Automatic Repeat if >2.0

Blood cultures x 2

BestPractice Advisory -

⚠ Patient is eligible for HIV testing

Order

Do Not Order

HIV Ab/Ag with reflex to viral load

✓ Accept

Cancel

Remove All

Save Work

✓ Sign

## Order History

Suggested (8)  Discharge to LTC Facility DME and Referral Coordination ICU daily rounding

☒ Quick Orders ☐ Critical care meds / Blood  
☐ Antibiotics ☐ Imaging ☐ Nursing

## ECG / Monitoring

- ☐ Abdominal Pain
- ☐ Glaucoma - Acute Angle Closure Eye Drops
- ☐ Altered Mental Status
- ☐ Allergic Reaction
- ☐ Asthma / COPD
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- ☐ Generalized Weakness
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- ☐ Hyperglycemia
- ☐ Hypoglycemia
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- ☐ Cardiac Monitoring
- ☐ ECG 12 lead
- ☐ ECG Now and in 20 Mins

## Basic Labs

- ☐ CBC and CMP
- ☐ Magnesium
- ☐ Lipase
- ☐ Troponin and ECG panel
- ☐ BNP (\$\$\$\$\$)
- ☐ D-dimer
- ☐ PTT/PT
- ☐ CK
- ☐ HCG Quant
- ☐ Type and screen (\$\$\$\$\$)
- ☐ Lactic Acid, Plasma, Automatic Repeat if >2.0
- ☐ Blood cultures x 2

Options ▾

Place new orders or order sets

+ New

 [Next](#)

 New Orders

HIV Ab/Ag with reflex to viral load  
STAT, First occurrence today at 0801  
Blood, Blood, Venous

CBC and Differential  
Once, First occurrence today at 0801  
Blood, Blood, Venous

Total Time: ⌚ 09:54 5  
Code: Assume Full  
(no ACP docs)

Search

Insurance: None  
No assigned Attending  
Isolation: None

## ALLERGIES

No Known Allergies

## CHIEF COMPLAINT

## Neck Pain

BP	Temp
115/62	36.2 °C
>1 day	(97.2 °F)
	>1 day

Heart Rate	Resp
85	18
>1 day	>1 day

SpO2	Wt
100%	—
> 1 day	

## NEW RESULTS

No new results

## MED STATUS

None

 Remove All

 Save Work

✓ Sign

# Opt-Out Consent



# Laboratory



- **4<sup>th</sup> generation Ag/Ab**
- **Rapid turn-around-times**
- **Critical lab value**
- **Reflex confirmation**

# Result Disclosure



# HIV Disclosure Documents

<https://hghedprovider.craft.me/>

## HGH ED Provider Homepage



### Clinical Care + Algorithms



Abortion (medical)  
protocol for ED

Image · Image · Image · Image...



### Colleagues+



Anesthesia Attendings  
Anesthesiologist-In-Charge (...)  
Dental Residents



### ED Policies



SART Night Workflow  
Image · Still to come: clarifica...



Interpreter Services



### Tech/EPIC Tips

#### Top 10s!



Top 10 Dot Phrases to  
Use +



# ED Rapid Antiretroviral Therapy



**Same Day / Meds-in-hand**

- **Starter packs**
- **2-week supply**

**Bridge to outpatient care**

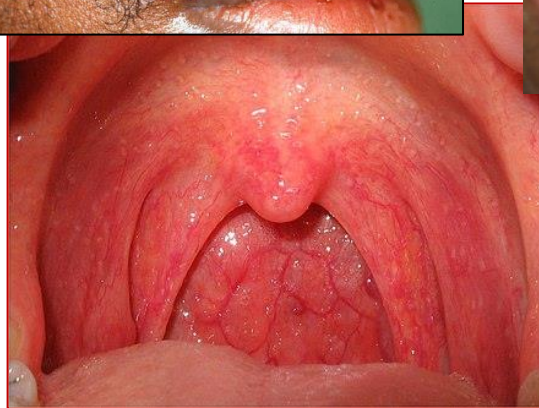
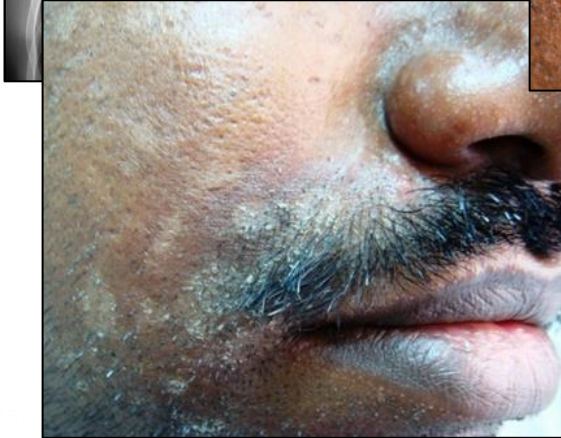
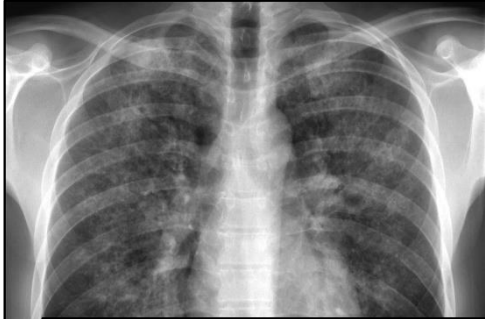
# Linkage to Care

- **ED-based navigators**
  - Counseling, linkage, surveillance
- **HIV Clinics**
  - Network federally-qualified health centers
  - Drop-in appointments & Telehealth
- **Co-localize HIV treatment at Bridge Clinic**

# Beyond HIV Screening



# Diagnostic HIV Testing is High-Yield Yet Underutilized



# Targeted HIV Screening For All Sexually Transmitted Infections



**“it burns when I pee”**

# Comprehensive STI Testing Order Panel

Orders

Quick List

All Orders

Cosign Orders

Order History

Order Sets

Manage Orders

Order Sets

Options

Place new orders or order sets

+ New

Next

STI Screening

Accept

☒ Syphilis screening panel  
STAT, First occurrence today at 0803  
Blood, Blood, Venous

☒ HIV Ab/Ag with reflex to viral load  
STAT, First occurrence today at 0803  
Blood, Blood, Venous

☒ GC / chlamydia - Urine  
Once, First occurrence today at 0803  
Urine, Urine, First Catch

☐ GC / chlamydia - Cervix  
Once, Swab, Cervical Swab

☐ GC / Chlamydia - Vaginal  
Once, Starting 8/1/21, Swab, Vagina

Next Required

Accept

New Orders

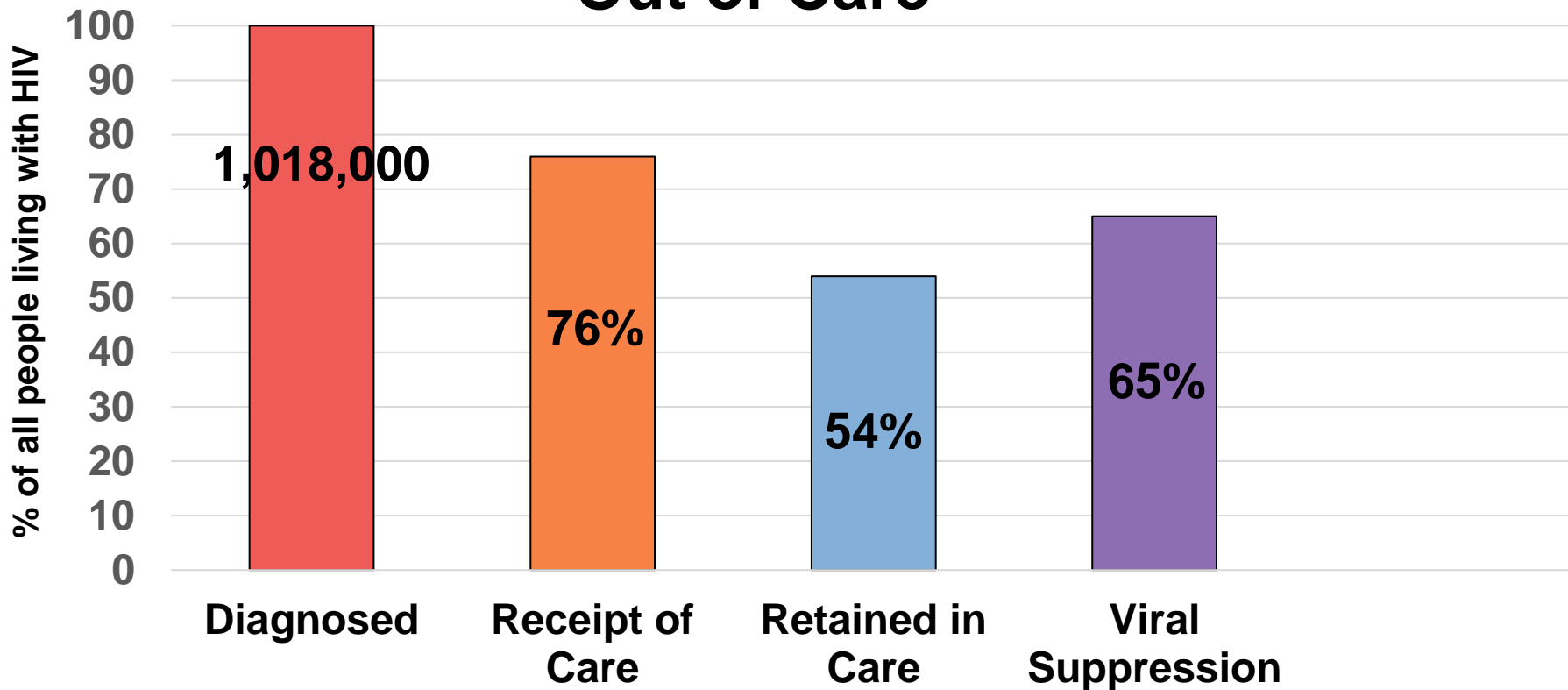
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Syphilis screening panel  
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HIV Ab/Ag with reflex to viral load  
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GC / chlamydia - Urine  
Once, First occurrence today at 0803  
Urine, Urine, First Catch

# Re-Engage Patients Diagnosed with HIV But Out of Care



# People Diagnosed With HIV Who Are Out of Care

- **@470,000**
- **Frequently not on ART and not virally suppressed**
- **Responsible 50% of HIV transmissions**
- **Receive unscheduled care in EDs**

[Skarbinski et al.](#) Human immunodeficiency virus transmission at each step of the care continuum in the United States. *jamainternmed*.2014.8180

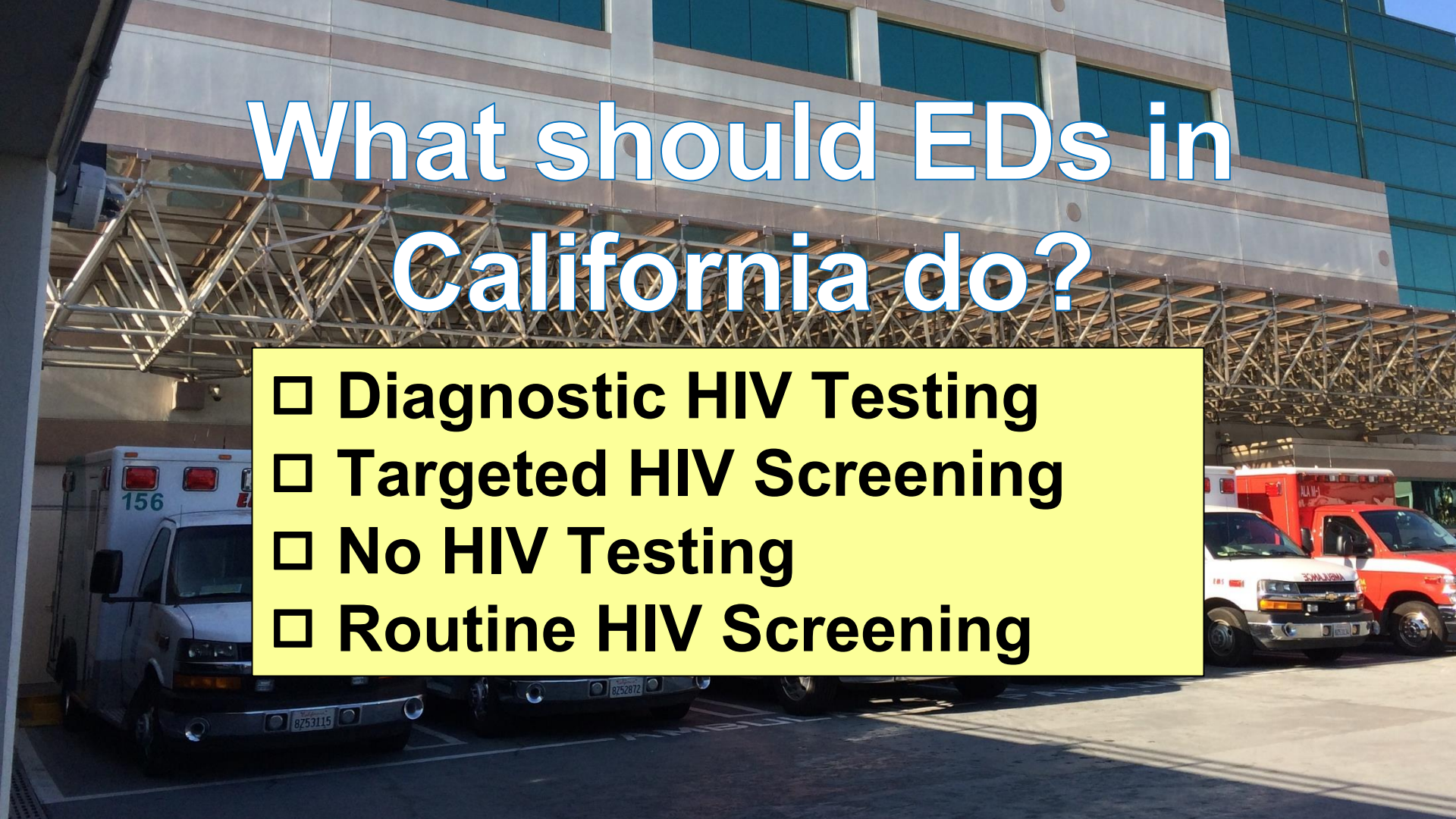
Colasanti et al. An exploratory study to assess individual and structural level barriers associated with poor retention and re-engagement in care among persons living with HIV/AIDS. *JAIDS* 2017

# **To close the re-engagement to care gap:**

- **EDs implement systematic procedures to:**
  - **Identify PWH**
  - **Determine care status**
  - **Provide case management / navigation**

# What should EDs in California do?

- ☐ Diagnostic HIV Testing
- ☐ Targeted HIV Screening
- ☐ No HIV Testing
- ☐ Routine HIV Screening



**□ Routine HIV Screening?**

## **□ Routine HIV Screening?**

**California Should Target  
Priority EDs Within Priority  
Jurisdictions**

A map of the United States with states colored in three categories: red, blue, and white. Red states include Washington, Oregon, California, Nevada, Idaho, Utah, Arizona, New Mexico, Texas, Oklahoma, Arkansas, Louisiana, Mississippi, Alabama, Georgia, South Carolina, North Carolina, Virginia, Maryland, Delaware, Pennsylvania, New Jersey, New York, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, and Maine. Blue states include Montana, Wyoming, Colorado, New Mexico, Texas, Oklahoma, Arkansas, Missouri, Illinois, Indiana, Michigan, Ohio, Kentucky, Tennessee, Mississippi, Alabama, Georgia, South Carolina, North Carolina, Virginia, Maryland, Delaware, Pennsylvania, New Jersey, New York, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, and Maine. White states include Washington, Oregon, California, Nevada, Idaho, Utah, Arizona, New Mexico, Texas, Oklahoma, Arkansas, Missouri, Illinois, Indiana, Michigan, Ohio, Kentucky, Tennessee, Mississippi, Alabama, Georgia, South Carolina, North Carolina, Virginia, Maryland, Delaware, Pennsylvania, New Jersey, New York, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, and Maine.

<https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/jurisdictions/phase-one>

# Map of CDC HIV Priority States and Counties

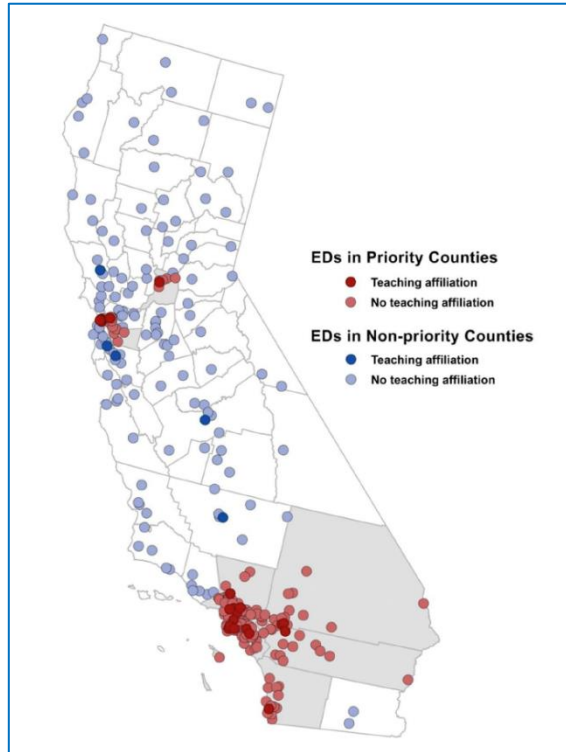
**Sacramento  
San Francisco  
Alameda  
Los Angeles  
Orange  
Riverside  
San Bernardino  
San Diego**



Priority states  
Priority counties

<https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/jurisdictions/phase-one>

# County-level Map of California EDs by County Priority Status and Teaching Hospital Affiliation



- **Teaching hospital-affiliations in priority counties**
  - Major sources of healthcare
  - More often serve populations impacted by HIV
  - Resources not present in other EDs

# Take Home

- **Recognize ED as a critical venue for helping end HIV epidemic**
- **Overview National guidelines and Statewide efforts**
- **Tools to integrate HIV testing and linkage into your ED**
- **Interest in developing re-engagement to care strategies**



# Questions?

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