Expanding HIV Screening in the UNMH Emergency Department

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Background

- Access to HIV screening, diagnosis, and treatment may be limited in resource-constrained healthcare settings.
- US Centers for Disease Control and Prevention recommends routine HIV screening for patients aged 13-64.
- US Preventive Services Task Force recommends routine HIV screening for all patients at increased risk for HIV infection and for all pregnant women.
- New Mexico ranks 34th in the US in the rate of HIV diagnoses per year compared to 4th for chlamydia, 20th for syphilis and 22nd for gonorrhea.
- HIV infection may be underdiagnosed in New Mexico, and patients with HIV infection may be at risk for delayed diagnosis and treatment due to limited screening options.

Clinical Challenges: Prior to 2018, there was no rapid HIV testing available in the UNMH ED.

Barriers to Care: There was no mechnism for follow-up of HIV laboratory testing obtained in the ED, resulting in reluctance to order HIV testing if a patient might be discharged from the ED prior to the availability of results.

Prior Solutions Attempted: Patients at highest risk for HIV infection were referred to the NM Department of Health to receive testing. These referrals were not consistent and follow-up could not be ensured.

Choice of Solution

Two domains for infrastructural improvement were identified:

- Availability of rapid HIV screening in the ED
- Establishment of mechanisms to follow-up HIV test results and to connect patients with positive HIV tests to ongoing care.

Improvements across both domains were implemented.

Implementation

- **Initial Assessment**
  - Access to HIV screening, diagnosis, and treatment may be limited in resource-constrained healthcare settings.
  - US Centers for Disease Control and Prevention recommends routine HIV screening for patients aged 13-64.
  - US Preventive Services Task Force recommends routine HIV screening for all patients at increased risk for HIV infection and for all pregnant women.
  - New Mexico ranks 34th in the US in the rate of HIV diagnoses per year compared to 4th for chlamydia, 20th for syphilis and 22nd for gonorrhea.
  - HIV infection may be underdiagnosed in New Mexico, and patients with HIV infection may be at risk for delayed diagnosis and treatment due to limited screening options.

- **Choice of Solution**
  - Availability of rapid HIV screening in the ED
  - Establishment of mechanisms to follow-up HIV test results and to connect patients with positive HIV tests to ongoing care.

- **Improvements across both domains were implemented.**

- **Clinical Challenges:** Prior to 2018, there was no rapid HIV testing available in the UNMH ED.

- **Barriers to Care:** There was no mechanism for follow-up of HIV laboratory testing obtained in the ED, resulting in reluctance to order HIV testing if a patient might be discharged from the ED prior to the availability of results.

- **Prior Solutions Attempted:** Patients at highest risk for HIV infection were referred to the NM Department of Health to receive testing. These referrals were not consistent and follow-up could not be ensured.

Evaluation

- HIV rapid testing and confirmatory testing is now in use in the UNMH ED, including all items shown in Figures 1-4.
- A REDCap “tracker” tool has confirmed that one or more outpatient clinics evaluated patients for follow-up after HIV screening. No patients were directly identified by this tool.
- **Next Steps:**
  - Ongoing clinical quality improvement to optimize follow-up mechanisms and strengthen connections to care
  - Interrupted time-series analysis to evaluate trends in HIV testing and diagnosis before and after implementation of this quality improvement project

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References


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Figure 1. Establishment of a rapid, point-of-care (POC) HIV testing protocol, with reflex confirmatory laboratory testing.

Figure 2. Implementation of an ED nurse-driven protocol for follow-up of positive confirmatory HIV tests after ED discharge.

Figure 3. Establishment of a 24/7 connect-to-care line for care coordination and referral between the ED and Truman Health Services.

Figure 4. Recruitment of 7 area clinics to provide HIV care for patients with a positive screening test (+3 additional clinics to provide HIV preventive care).