



Patient Misunderstanding of HIV and HCV Testing at Highland Hospital ED

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Research support

- HIV Focus Program, Gilead Foundation

Public Health Screening

- Triage based
- Universal HIV Screening
- Targeted Hepatitis C Screening
 - Birth cohort 1945-1965
 - Injection drug use
- Physician-initiated testing
 - Adjunct
 - Clinically-indicated



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Background

- ED Screening should be “Integrated”
 - Triage based, opt-out and verbal consent
 - Utilize existing staff and processes
 - No pre-test counseling
 - Negative disclosures not mandatory

Pitfalls of integrated screening

- Patient misunderstanding
- Communication lapses

Objective

- To describe patient understanding of public health screening program.

Survey

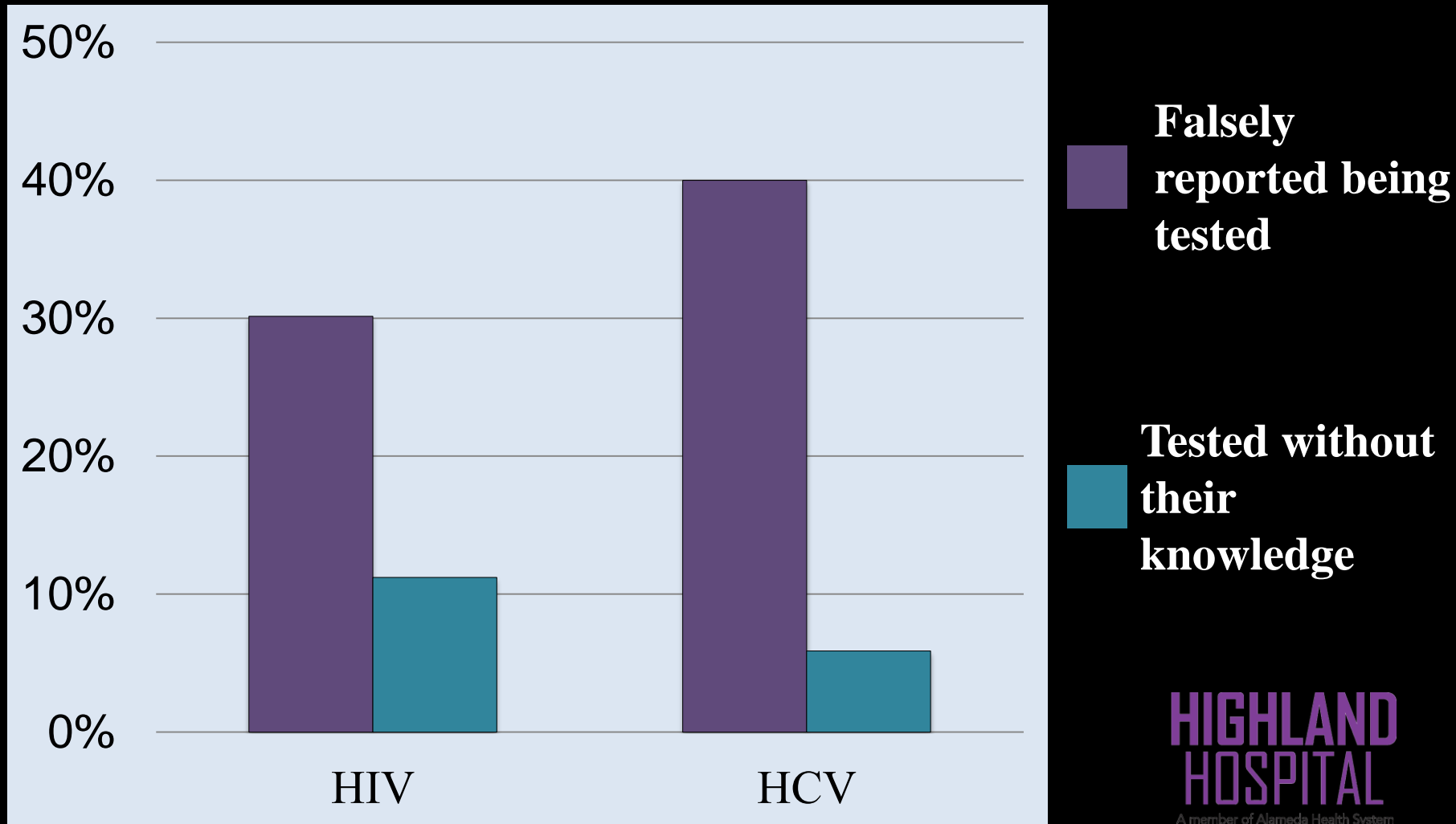
- Survey design
- Survey administration
- Survey content
- Compared with laboratory data

	All patients (n = 492)	Patients tested for HCV (n = 56)	Patients tested for HIV (n = 98)
Age, mean (SD), y	43.6 (14)	48.8 (13)	41.1 (15)
Gender, No. (%)			
Female	228 (46)	23 (41)	46 (47)
Race/Ethnicity, No. (%)			
Black	248 (50)	25 (45)	43 (44)
Hispanic	104 (21)	9 (16)	25 (26)
White	76 (15)	14 (25)	18 (18)
Asian	33 (7)	4 (7)	7 (7)
Other	31 (6)	4 (7)	5 (5)
Insurance, No. (%)			
Medicaid	394 (80)	41 (73)	77 (78)
Medicare	43 (9)	10 (17.9)	8 (8)
Private	19 (4)	2 (3.6)	4 (4)
Uninsured/Self-pay	32 (7)	2 (4)	8 (8)

Testing and Disclosure

	HCV Test (n = 56)	HIV Test (n = 98)
Screening tests performed, No. (%)	42 (75)	77 (78)
Diagnostic tests performed, No. (%)	14 (25)	21 (22)
Positive rapid tests, No. (%)	7 (12)	1 (1)
Positive results disclosed	1	0
Negative results disclosed	3	5

Patient Misunderstanding



Conclusions

- Large degree of misunderstanding
- Potential Implications
 - Medico-legal
 - Ethical
 - Public health consequences
- Needs to be addressed and evaluated by programs
- Potential changes to program



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