

Integrating Routine HIV Screening and Birth Cohort HCV Screening in a busy ED - can be done seamlessly!

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Background

In 2006, the CDC recommended routine HIV testing due to growing incidence of HIV nationally. Projections indicated 1,039,000 - 1,185,000 were infected with HIV, with 25% unaware of their infection. In 2012, the CDC recommended testing individuals born 1945 to 1965 for HCV estimating that there are 2.7 to 3.9 million people in the US living with HCV.

Emergency departments (ED) capture a wide variety of individuals who might not seek healthcare in other ways and therefore are the perfect platform for infectious disease screening that finds individuals unknowingly positive and responsible for the spread of the disease in the community. Memorial Hermann Healthcare System entered a partnership with Gilead-HIV FOCUS to add birth cohort HCV screening to a successful routine opt-out HIV program throughout all 9 ED campuses of the Memorial Hermann Healthcare System.

Objectives

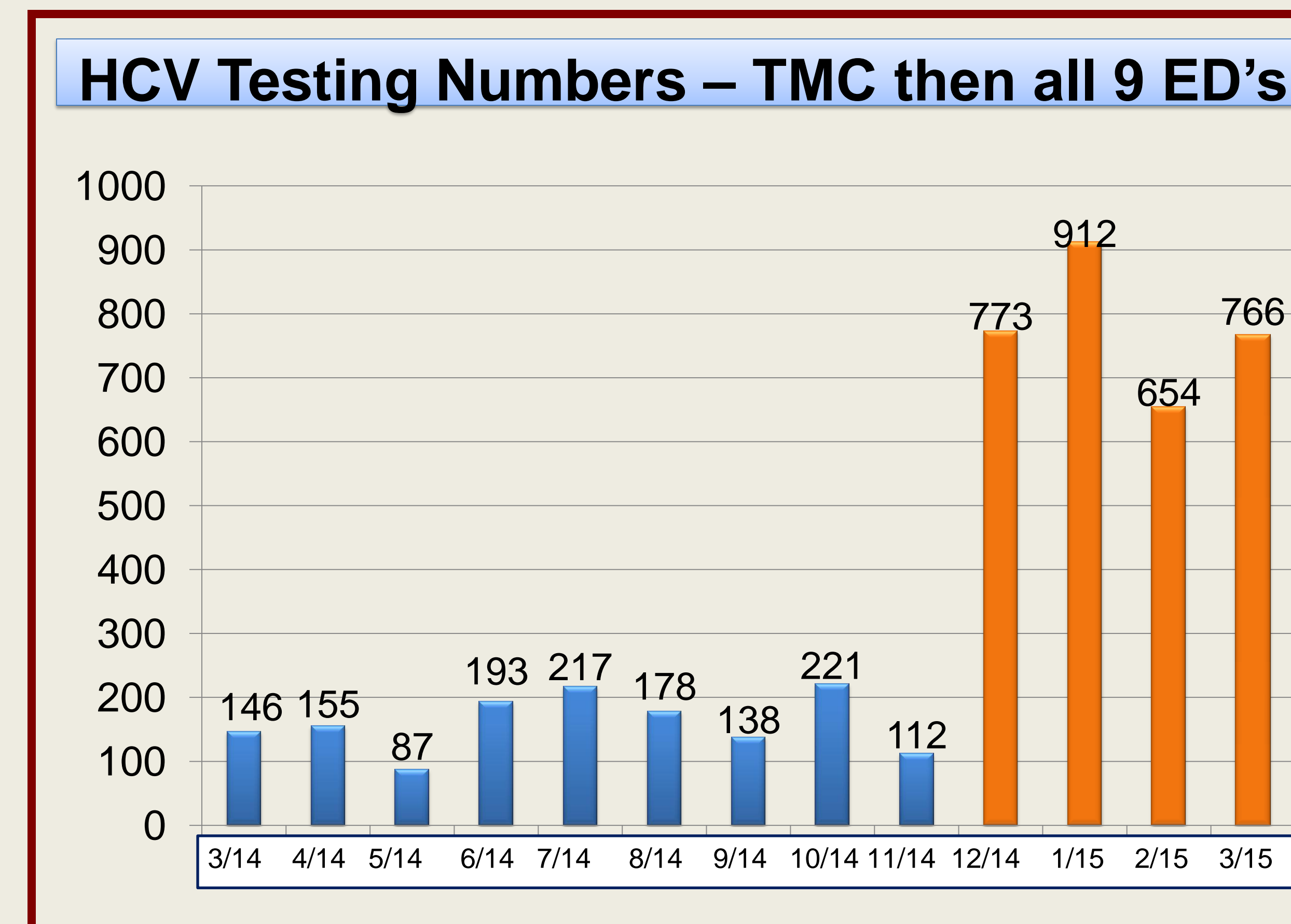
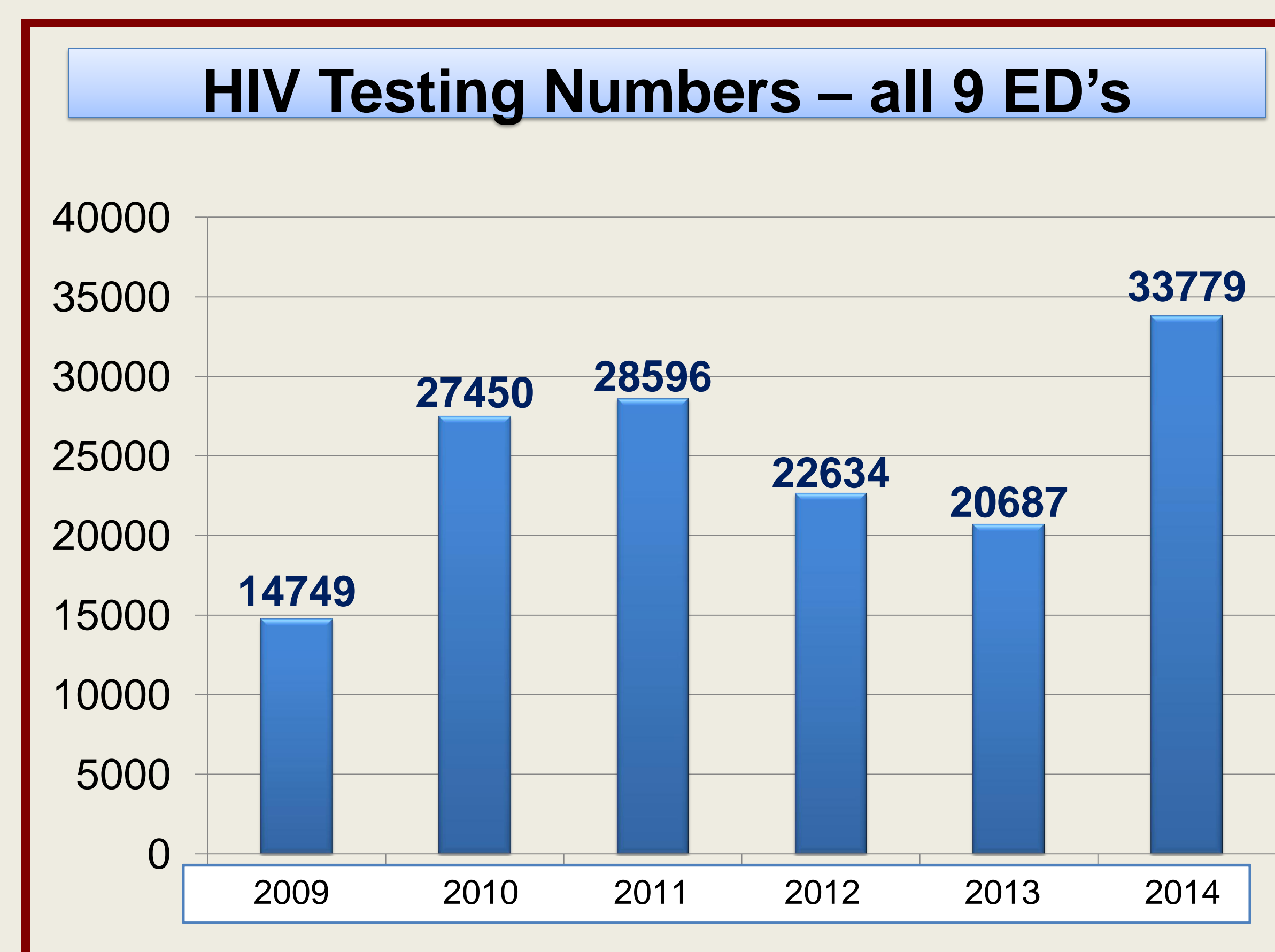
To integrate and define the feasibility of adding birth cohort HCV screening to a successful routine opt-out HIV Screening program in a busy urban ED Hospital System.

Results:

2014 HIV screening total – 31,514 patients tested, 261 positives, overall .08% positivity.
December HCV 2014, 773 patients screened, 60 patients antibody positive (12.8%).
January HCV 2015 - 912 patients tested for HCV, 87 patients antibody positive. (10.5%)

Conclusion

Through the process of ED based screening we have been able to demonstrate the feasibility of testing patients for HIV and HCV identifying unknown infection. Routinely testing patients as part of everyday practice removes stigma that frequently prevents patients from seeking out testing. Memorial Hermann Healthcare System has integrated and implemented HIV and HCV screening programs in such a way that testing becomes a standard way of practice built into normal ED workflow so that screening isn't affected by time, process or cost.



Methods

Study Design: Clinical Quality Improvement Protocol.

Participants: HIV – all patients age 18-65 who access the ED for care and who are able to opt-out of screening.

HCV - all patients born 1945-1965 who access the ED for care and who are able to opt-out of screening.

Interventions: Patients are informed of screening and given the opportunity to opt out of testing via a built in electronic medical record process.



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References

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