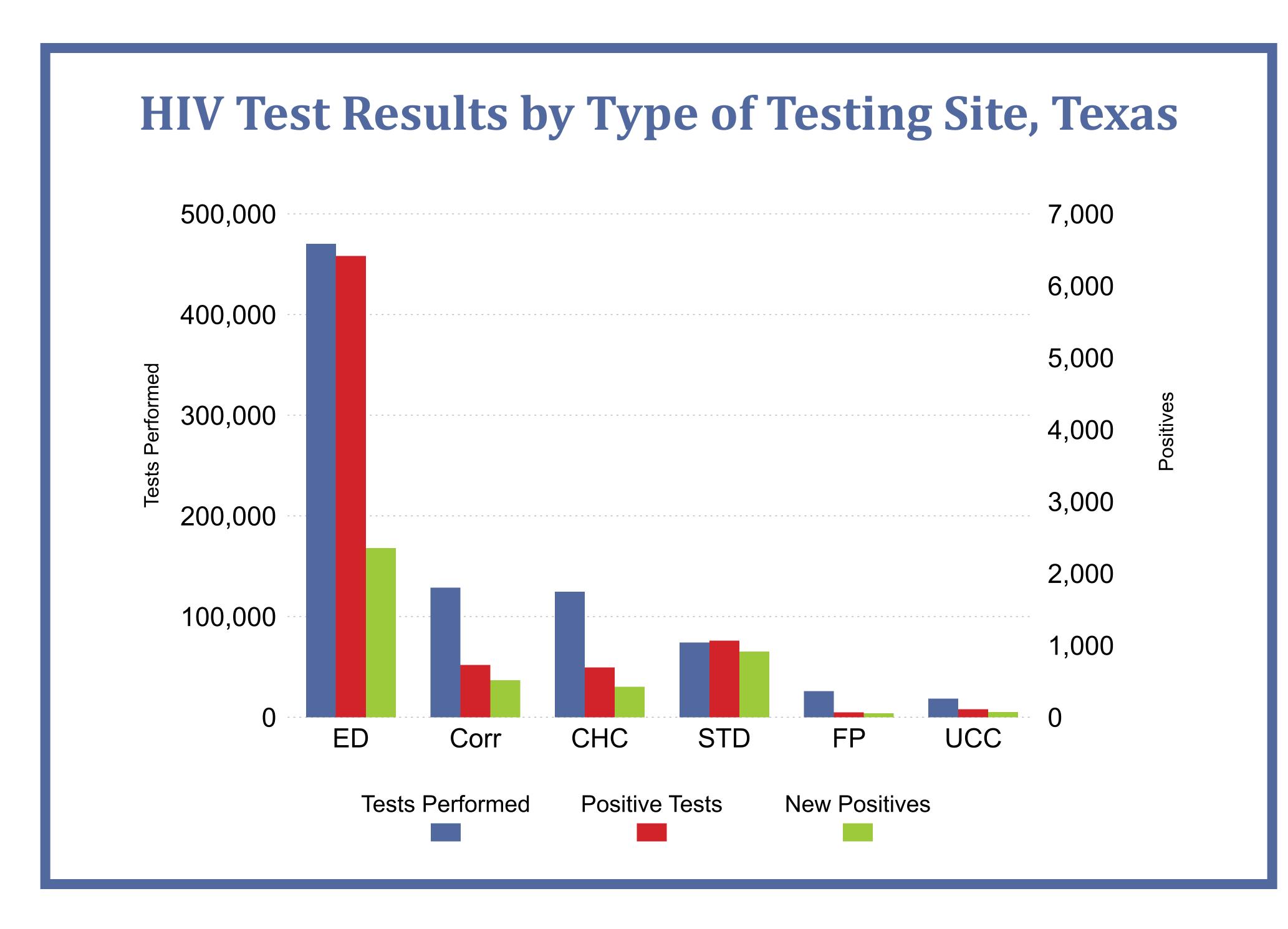
## Routine HIV Testing in Emergency Departments: Capturing Missed Opportunities in Texas

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The number of persons living with HIV (PLWH) in the US will continue to rise until the number of undiagnosed and untreated cases of HIV is substantially reduced. Many undiagnosed PLWH seek healthcare but are not tested for HIV. This represents missed opportunities to identify PLWH unaware of their infections and increase the number of PLWH with suppressed virus. The purpose of the Texas Department of State Health Services' (DSHS) Routine HIV Testing Project is to address missed opportunities, identify PLWH and link them to HIV medical services, and ultimately drive down the number of new infections.

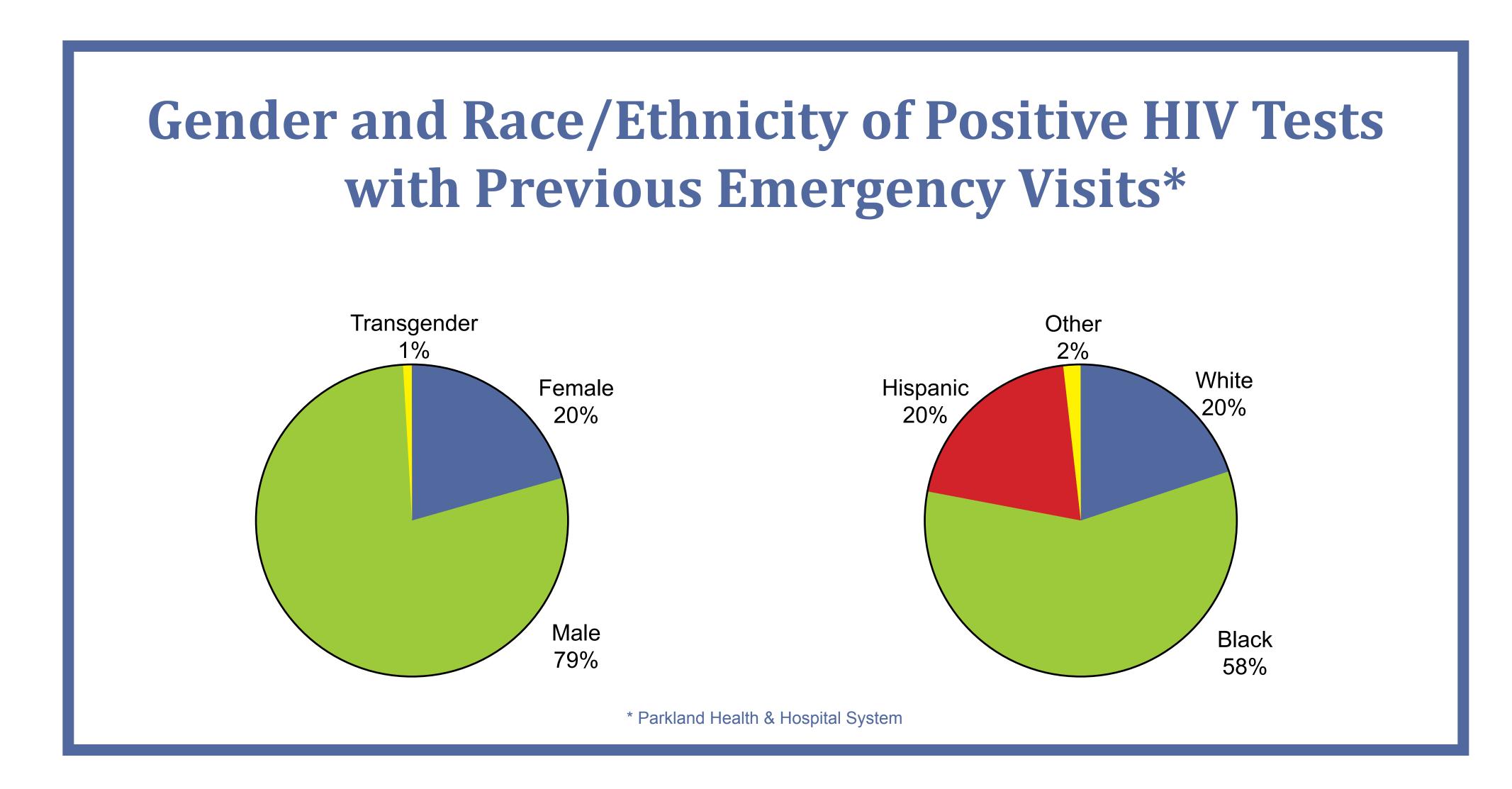


Emergency departments are key settings to implement routine HIV testing, being the safety net for the underserved/uninsured, and account for approximately 28% of annual acute care visits and increased healthcare costs. One of the DSHS HIV prevention strategies is to support routine testing in areas/settings with the highest prevalence of HIV. Dallas County has the highest percentage of uninsured Texans and in 2011 ranked first in Texas with a case rate of 561.8 per 100,000 population.

DSHS has partnered with Parkland Health & Hospital System in Dallas to perform routine HIV testing in the emergency department as this hospital provides nearly half of the unfunded care in the county—there are over 2.4 million residents in the Parkland service area.

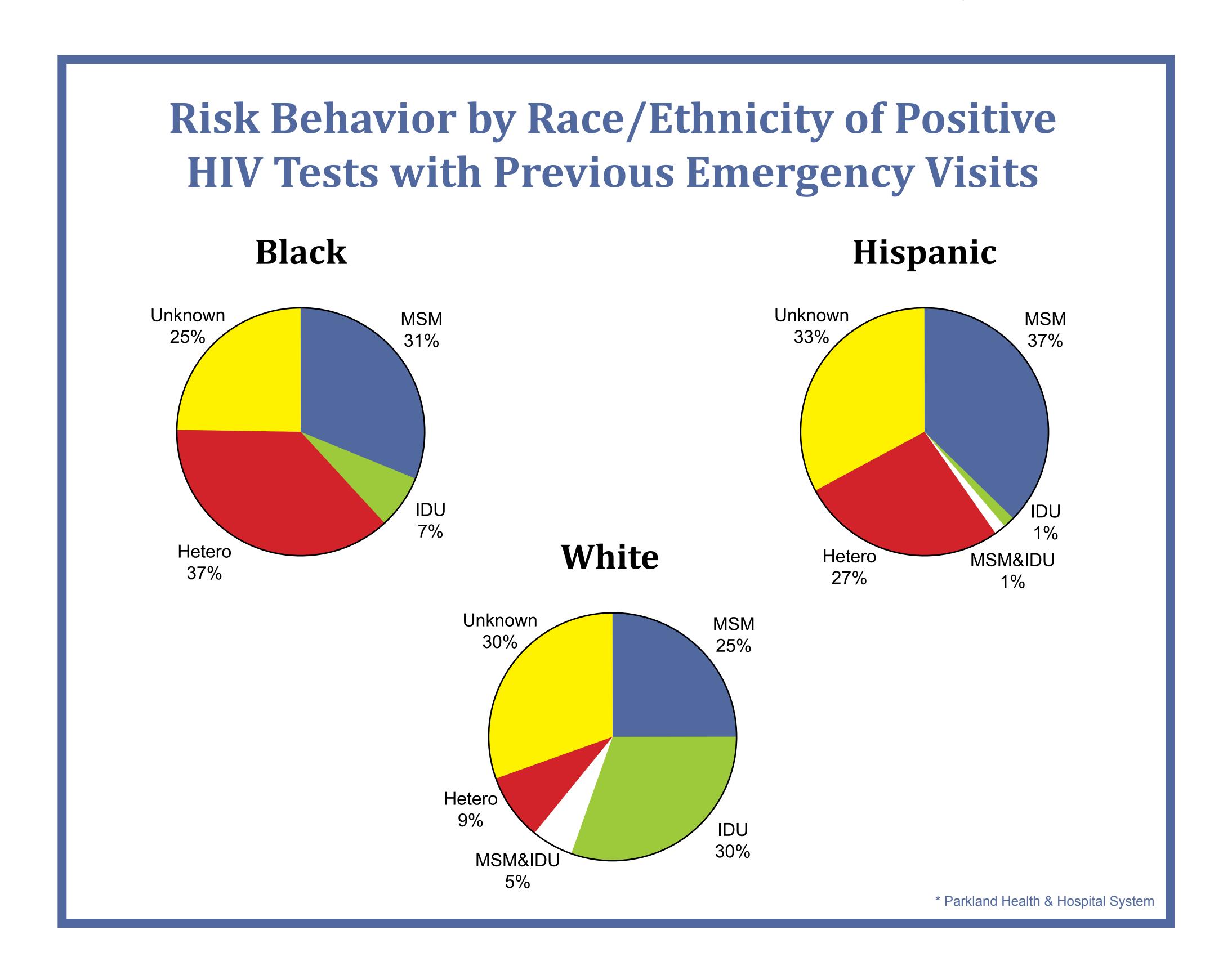


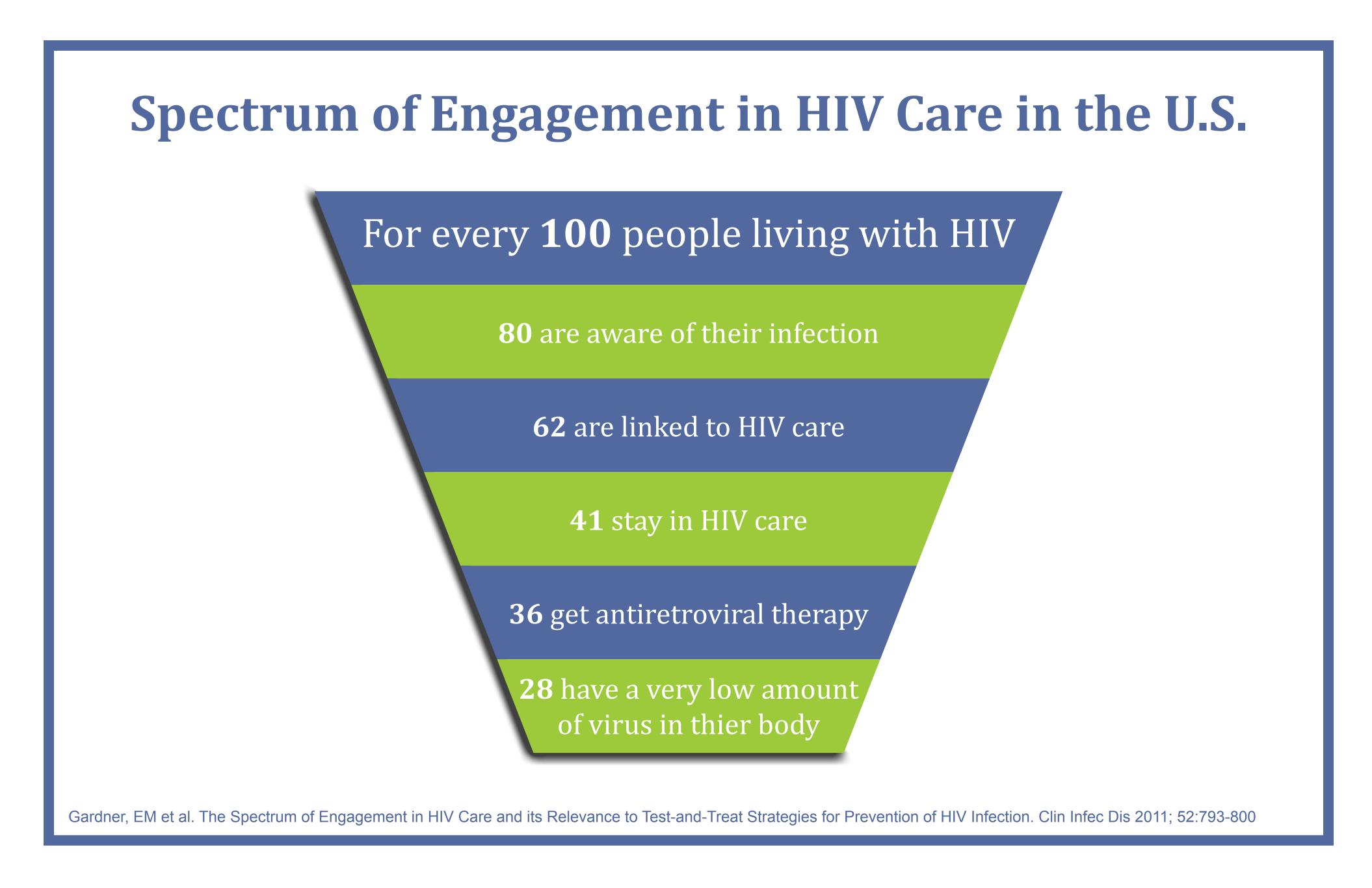




Since 2009, DSHS has funded routine HIV testing in the Parkland emergency care system. Parkland has identified almost 1,100 HIV positive cases with a 2.3 positivity rate (23 times higher than the CDC standard of 0.1%). Prior to testing positive, 332 of the HIV positive patients had previously sought emergency services at Parkland, totaling 1,303 previous visits. The number of previous visits by individuals ranged from 1 visit to over 20.

These patients represent the missed opportunities to test and identify patients earlier in the disease process. But it also represents the high cost burden of treating persons who should have a medical home. It is estimated that over 83% of patients have been linked to HIV-related medical care in Dallas County, contributing to improved health outcomes, and decreased healthcare costs in the community.





DSHS is dedicated to meeting the National HIV Strategy goal to increase access to care and improve health outcomes of PLWH. Parkland is participating in the DSHS/Dallas County Testing and Linkage Program through the 12 Cities project and has developed a system to identify PLWH Lost-To-Care and reenroll them into HIV medical services.

It is estimated that 20% of HIV positive persons are unaware of their infection, contributing to 54% or more of new sexually transmitted infections. The identification of PLWH in emergency departments similar to Parkland has the potential to capture missed opportunities, increase the number of PLWH that know their status and link them to HIV medical services, drive down the number of new transmissions, and save healthcare dollars to better serve the community.

## The most common reason for delayed testing is persons do not believe they are risk.

Even when informed about potential risk behaviors, 69% of persons surveyed did not believe they were at risk and 52% believed their behaviors were safe.

American Sexually Transmitted Diseases Association, August 2011, Vol 38, Issue 8, pp 715-721.

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