

Emergency Department-Based HIV Testing: Facilitators and Barriers

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Background

Emergency department (ED) visits are often the sole encounters millions of Americans without health insurance or a usual source of care have with health care providers.

ED-based HIV screening is a promising strategy for increasing the number of people who learn their HIV status and are linked to earlier treatment and care.

The CDC recommends HIV screening in EDs serving populations with >1% HIV prevalence or AIDS discharge diagnosis rates of 1/1000 or more; To date, this recommendation has not been widely adopted.

Evidence of administrative and operational challenges to ED-based HIV testing are largely anecdotal.

Aims

To identify the nature and scope of:

1. ED-based HIV testing in US hospitals
2. Institutional facilitators and barriers for ED-based HIV testing.

Methods

Survey of all nonfederal, short-term general hospitals in the US (n=4,497 per AHA database of members and nonmembers).

27.4% response rate (1230 hospitals).

Data collected March 8 – April 16, 2004 via self-administered internet/mail questionnaires.

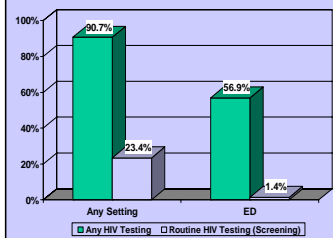
Majority of respondents are infection control or laboratory directors and coordinators.

Data weighted to adjust for non-response. Weights post-stratified to match population distribution.

Finite population correction applied to variance estimates (margin of error = +/- 1.2%).

Results

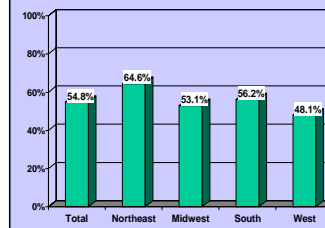
1. Over half of hospitals with EDs offer HIV tests in the ED, but not routinely.



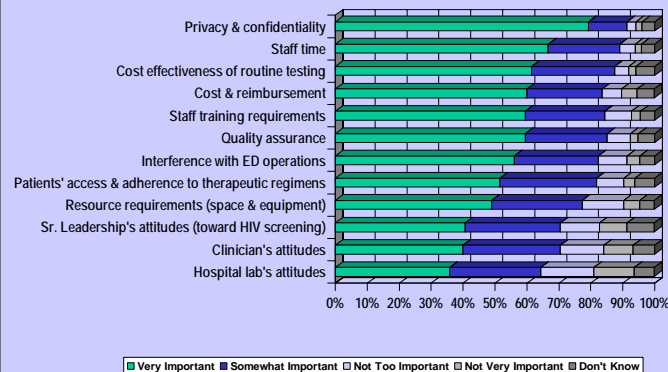
2. Infrastructure issues include 24/7 capability and data availability.

- Most hospitals (94%) can order tests and draw specimens 24 hours a day, 7 days a week in their EDs
- Many currently lack the data needed to make the decision to implement an ED-based HIV testing program and then monitor it.
 - 46% could provide data on the number of HIV tests performed in the ED; 43% the number of positive tests
 - 72% could report the number of AIDS discharge diagnoses at the hospital
 - 51% could report their community's HIV prevalence

3. Over half of hospitals report prohibiting routine HIV screening in the ED, with significant regional differences (p<.05)



Important Factors in (Hypothetical) Decision to Implement Routine HIV Testing in the ED



4. In (hypothetically) implementing routine HIV testing in EDs, hospitals have many concerns.

- Ensuring **privacy & confidentiality** tops the list. 79% rated this "very important." Another 12% said "somewhat important."
- Over 85% rated **staff time, cost effectiveness, quality assurance** as important (very or somewhat) concerns.
- **Cost & reimbursement, interference in ED operations, patient's access & adherence to treatment** are important concerns for at least 80%.
- **Attitudes of leadership, clinicians & labs** generally are perceived as less important (<70%) than policy, cost, and process-related concerns.

Conclusions

1. HIV tests are offered in many EDs, but not routinely.
2. Infrastructure capacity is not an important barrier to routine HIV testing in EDs; Most EDs can collect specimens and order tests 24/7.
3. Data availability is an issue. It is unlikely that hospitals can make strategic decisions about making routine testing available if they do not know the HIV prevalence in their patient population.
4. Hospitals would benefit from clear guidance about what data to collect to monitor and evaluate HIV testing programs.
5. Operational concerns about privacy protection, staff time, quality assurance, & interference with ED operations are important considerations in implementing routine HIV testing.
6. Concerns about cost (reimbursement & effectiveness) and linking patients to care are also important.
7. Over half of hospitals prohibit routine ED-based HIV testing. This important policy barrier requires further exploration to understand its nature and rationale.

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