

Ending the HIV Epidemic (EHE)
Collaborative: Balancing Public Health
& the Bottom Line
(how we made it work)

Kristin Swor Wolf, MD
MEDIC HIV Screening Physician Champion
Emergency Physician
Hurley Medical Center Flint, MI

EHE Collaborative: An Introduction

- Who we are:
 - A collaborative between the Michigan Emergency Department Improvement Collaborative (MEDIC) and the Michigan Department of Health and Human Services (MDHHS)
- What we do:
 - Support emergency departments in the development of ED opt-out HIV screening
- What is “opt-out” screening?
 - Opt out = “conducting HIV testing after notifying patients that the test will be conducted and that they may decline or defer testing.”⁽¹⁾
 - Screening = Test is not indicated for the reason patient presented to the ED

EHE Collaborative: Why we do this

- 13% of people with HIV undiagnosed per CDC 2022 in US ⁽²⁾
- Proportion of people newly dx who *did not disclose any risk factors* has risen 3%→ 8%→ 15% ⁽³⁾
- Help destigmatize HIV testing
- Ensure that health systems understand how patients with a positive screening test receive reliable follow up

Knowledge of HIV status in the US, 2022*



* Among people aged 13 and older.
Source: CDC. Estimated HIV incidence and prevalence in the United States, 2018–2022. *HIV Surveillance Supplemental Report*, 2024; 29(1).

Ending
the
HIV
Epidemic

Overall Goal: Increase the estimated percentage of people with HIV who have received an HIV diagnosis to at least 95% by 2025 and remain at 95% by 2030.



2. Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2018–2022. *HIV Surveillance Supplemental Report*, 2024; 29 (No.1).

3. HIV Trends New diagnoses 2014-2023 MDHHS

About my role: *Physician Champion*

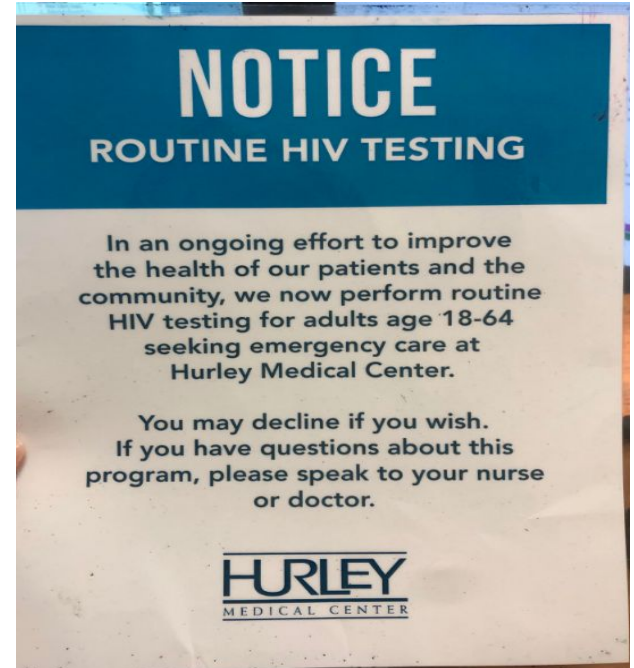
- Can be any passionate champion: MD/DO, PA, NP, RN....
- Oversees ED HIV opt-out screening program
- Works with Health Department HIV liaison (PH Nursing Coordinator) to notify of any positive screening tests
- Further duties variable:
 - Facilitate downstream testing
 - Notify ID clinic
 - Continuing staff education, etc



Today: A Case Report

An overview of one site's opt-out HIV screening program
(but not the only way to do this)

- Program initiation
- Review of involved personnel
- Description of systems involved
- Demonstration of the ED workflow
- Discussion of financial feasibility
- Demonstration of outcomes



Hurley Medical Center

The (Emergency) Room Where it Happened

432 bed public non-profit teaching hospital
in Flint, Michigan

Level I Trauma Center/Burn Center

Children's Hospital

75 Bed Adult and Pediatric Emergency
Department with >80,000 visits annually

Significant number of uninsured,
underinsured or publicly insured patients

County HIV prevalence Rate 0.17%





- Began with collaboration between the ED and Infectious Disease (ID)
- Current testing practices and language of HIV law
 - Michigan Compiled Law section 333.5133
- EMR and ED workflow approved
- Grant from Wellness AIDS Services: Up to \$100,000 for 2000 tests in the first 3 months
 - Non-profit Community-Based Organization in Flint
 - Assists in the care of people living with or affected by HIV [Genesee, Tuscola, Shiawassee, Saginaw, Livingston, and Lapeer counties]

How We Made It Work

MCL - Section 333.5133

[Download Section](#) | [Remove Highlighting](#)

[Chapter 333](#)

[Act 368 of 1978](#)

[368-1978-5](#)

[368-1978-5-51](#)

[◀ Previous Section](#) [Next Section ▶](#)

PUBLIC HEALTH CODE (EXCERPT) **Act 368 of 1978**

333.5133 Information on HIV testing; notification of testing and opportunity for questions; authority to decline; partner notification; HIV test performed for purpose of research; inapplicability of section; conditions; informing patient of test results.

Sec. 5133.

(1) Except as otherwise provided by law, a physician who orders an HIV test or a health facility that performs an HIV test shall provide information appropriate to the test subject both before and after the test is administered.

(2) A test subject or his or her authorized representative who provides general informed consent for medical care is considered to have consented to an HIV test. A separate consent form for an HIV test is not required. However, except as otherwise provided by law, a health care provider shall not order an HIV test for a test subject without first doing both of the following:

(a) Informing the test subject or his or her legally authorized representative verbally or in writing that an HIV test will be performed unless the test subject or his or her legally authorized representative declines the HIV test.

(b) Offering the test subject or his or her legally authorized representative an opportunity to ask questions and decline the HIV test.

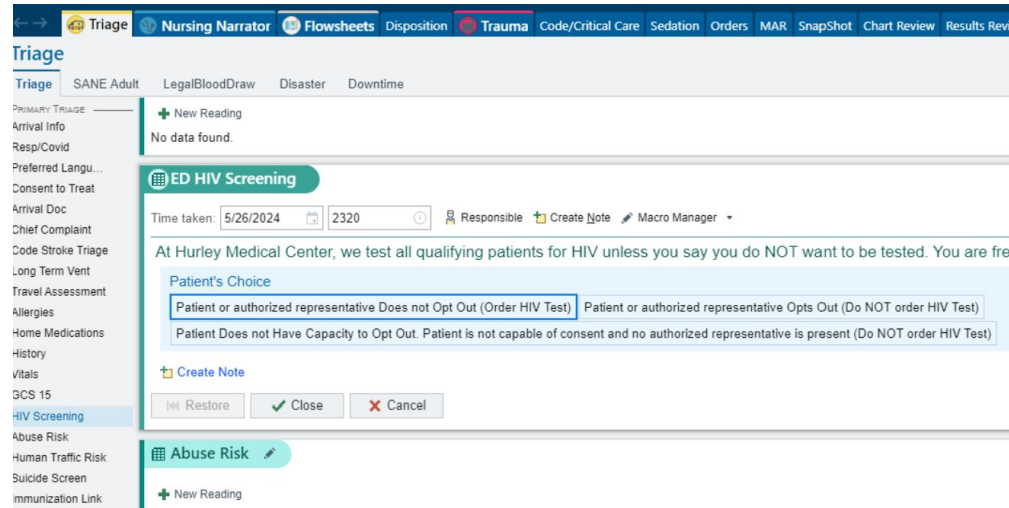
How We Made It Work

- Began in 2019
- How: EMR workflow
- ED:
 - Inform of program, test, posted notices
 - Triage: All patients 18-64 without HIV or a test in the past 12 months are notified that they will be tested for HIV unless they opt out
 - Provider opens patient's order tab a BPA will pop up to select "order HIV test"
- Physician Champion: report generated daily
- In ED or with GCHD: Disclosure of results
- Outpatient: Follow up testing and treatment



ED Time / Work Flow

- Increase in ED Dwell time: 0 minutes
 - Patient leaves when treatment and testing for ED chief complaint is complete
- Increase in nursing workload:
 - One additional question at triage
 - Possibly time for blood draw if not already done
- Lab: Median turn around time of 98 minutes



The screenshot shows a medical software interface with the following elements:

- Navigation Menu (Left):** Triage, SANE Adult, LegalBloodDraw, Disaster, Downtime, PRIMARY TRIAGE, Arrival Info, Resp/Covid, Preferred Langu..., Consent to Treat, Arrival Doc, Chief Complaint, Code Stroke Triage, Long Term Vent, Travel Assessment, Allergies, Home Medications, History, Vitals, GCS 15, HIV Screening (highlighted), Abuse Risk, Human Traffic Risk, Suicide Screen, Immunization Link.
- Top Bar:** Triage, Nursing Narrator, Flowsheets, Disposition, Trauma, Code/Critical Care, Sedation, Orders, MAR, SnapShot, Chart Review, Results Rev.
- Main Content Area:**
 - Buttons: + New Reading, No data found.
 - ED HIV Screening** (Section Header)
 - Time taken: 5/26/2024 2320
 - Text: At Hurley Medical Center, we test all qualifying patients for HIV unless you say you do NOT want to be tested. You are fre
 - Patient's Choice** (Section Header)
 - Options:
 - Patient or authorized representative Does not Opt Out (Order HIV Test)
 - Patient or authorized representative Opts Out (Do NOT order HIV Test)
 - Patient Does not Have Capacity to Opt Out. Patient is not capable of consent and no authorized representative is present (Do NOT order HIV Test)
 - Buttons: Create Note, Restore, Close, Cancel
 - Abuse Risk** (Section Header)
 - Buttons: + New Reading

List of additional staff hired/ FTEs rededicated for this project

Results Workflow: Negative Screen



Results Workflow: Positive Screen Results in ED

- Active: Positive HIV screening test
 - Patient Discharged: ED doctor is not responsible notification of results
 - Patient Present: Notified, referred to ID
- Passive: Confirmatory study is *automatically added* to blood in laboratory for positive screen
- Background: Physician Champion notifies Health Department HIV liaison (PH Nursing Coordinator) of any positive screening tests

Results Workflow: *Physician Champion*

HMC 4th Generation HIV AG/AB Test TAT

ED Test Results 05/26/2024

Tests	Negative		SUMMARY	
	Count	Mean	Count	Mean
Median TAT	4	290.0	4	290.0
Mean TAT		345.0		345.0
Sample Std Deviation TAT		305.2		305.2
Minimum TAT		92		92
MaximumTAT		708		708

NAME DOB MRN AGE (years) ED ARRIVAL ORDER TIME DRAW TIME RESULT

Data Owner: Emergency Dept

Inclusion Criteria: ED Patients >=18y with 4th Generation HIV AG/AB Result drawn in the ED within Reporting Period

HMC 4th Generation HIV AG/AB Test TAT

ED Test Results 08/14/2023

Tests	Negative		Positive		SUMMARY	
	Count	Mean	Count	Mean	Count	Mean
Median TAT	3	157.0	1	275.0	4	216.0
Mean TAT		215.7		275.0		230.5
Sample Std Deviation TAT		163.1		0.0		136.4
Minimum TAT		90		275		90
MaximumTAT		400		275		400

- Serve as liaison to the HD Disease Intervention Specialist (PH Nursing Coordinator/DIS) for positive screening tests
- Follow confirmatory tests
- Place order set for outpatient blood draw for newly diagnosed HIV
- Confirm HD is able to contact patient
- Alert ID clinic to all of the above to plan for first visit

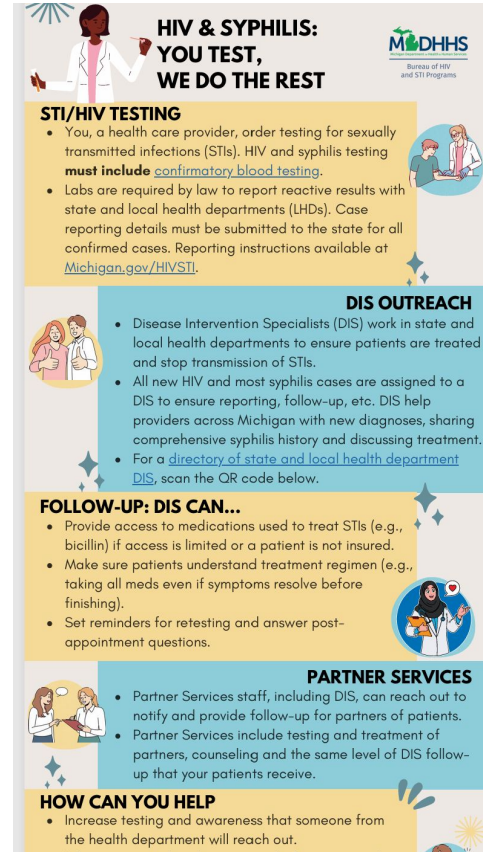
Results Workflow: *Health Department HIV Liaison*

- Contacts patient and discloses results *face to face*
- Provides counseling
- Can assist with partner notification
- Links patient to care
- Can draw confirmatory tests as needed



Results Workflow: What if there is no ED system?

- HIV is a reportable disease
- Your lab has a mechanism for reporting any positive, promise!
- Michigan Disease Surveillance System
- LHD DIS takes over
- Why a Physician Champion?
 - Expedites, ensures, personal connection



HIV & SYPHILIS: YOU TEST, WE DO THE REST

MDHHS
Bureau of HIV and STI Programs

STI/HIV TESTING

- You, a health care provider, order testing for sexually transmitted infections (STIs). HIV and syphilis testing **must include confirmatory blood testing**.
- Labs are required by law to report reactive results with state and local health departments (LHDs). Case reporting details must be submitted to the state for all confirmed cases. Reporting instructions available at Michigan.gov/HIVSTI.

DIS OUTREACH

- Disease Intervention Specialists (DIS) work in state and local health departments to ensure patients are treated and stop transmission of STIs.
- All new HIV and most syphilis cases are assigned to a DIS to ensure reporting, follow-up, etc. DIS help providers across Michigan with new diagnoses, sharing comprehensive syphilis history and discussing treatment.
- For a [directory of state and local health department DIS](#), scan the QR code below.

FOLLOW-UP: DIS CAN...

- Provide access to medications used to treat STIs (e.g., bicillin) if access is limited or a patient is not insured.
- Make sure patients understand treatment regimen (e.g., taking all meds even if symptoms resolve before finishing).
- Set reminders for retesting and answer post-appointment questions.

PARTNER SERVICES

- Partner Services staff, including DIS, can reach out to notify and provide follow-up for partners of patients.
- Partner Services include testing and treatment of partners, counseling and the same level of DIS follow-up that your patients receive.

HOW CAN YOU HELP

- Increase testing and awareness that someone from the health department will reach out.

Results Workflow: What if there is no ED system?

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Show Me The Money

- Cost per HIV test: \$20.00
 - Inclusive of reagent, quality control, and tech time
- Amount billed to insurance companies: \$49.00
- Amount reimbursed by Medicaid: \$13.07
- Amount reimbursed by Medicare: \$24.08
- Private Payor average reimbursement: \$26.30



Our Results

- Received full grant amount after testing >3000 in first three months
- ~17,400 HIV screens run from the ED to date
- Successfully made contact with *every* person with a positive screen
- Identified >40 people with HIV
- Had **ZERO denial from insurance companies** for reimbursement

Opt out HIV screening is now a normal background activity in our ED

Opt Out HIV Screening...

- ...is important to diagnose people with unrecognized HIV and link them to care
- ...is important to decreased stigma around HIV
- ...can be implemented with minimal impact on emergency department flow
- ...is reimbursed by public and private health insurance companies
- ...is financially feasible

Gratitude

- Nick Rademacher, MD
- Karen Clementz, AAS, RHIT, HMC billing
- Rebecca Lawrence, HMC Laboratory
- Keith Kocher, MD MEDIC
- Mike Jaggi, MD HMC
- Athena Woodson RN, DIS GCHS
- Kaitlin Liroff, MD; Danielle Osterholzer, MD- HMC ID
- Mike Roebuck, MD CIO HMC
- Sam Keterson, MEDIC
- Megan Norris, MEDIC

