

Improving HIV Detection in King County, WA Emergency Departments: An Examination of Best Practice Alerts for HIV Screening

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Background

This study assesses the impact of the HIV Best Practice Alert (BPA) opt-in screening program at the Harborview Medical Center, UW Montlake, and UW Northwest emergency departments (EDs) on screening rates and screening odds across demographic groups. The BPA flags patients who meet HIV risk criteria for testing and alerts providers.

Methods

We pulled medical record data from all patients aged 18+ who visited any of the three EDs between February 2023 and January 2024. We calculated the HIV screening rate across all patient encounters and across encounters where patients received a BPA. We ran a logistic regression analysis to assess potential associations between demographic characteristics and odds of screening.

Results

We found similar screening rates across the general ED population (4.38%) and across the population of patients who received a BPA (4.76%). There were statistically significant differences in screening odds, given receipt of a BPA, based on race, sex, insurance type, and age. Black/African American and American Indian/Alaska Native patients had 22% and 46% greater odds of screening, respectively, compared to White patients. The screening odds for patients with Medicare, Medicaid, or Worker's Comp were 30%, 75%, and 184% greater compared to patients with commercial/self-insurance. Women had 21% lower odds of screening compared to men.

Conclusion

The BPA program did not produce a meaningful increase in the HIV screening rate among those flagged for screening, compared to the general ED population. Given that the odds of screening were inequitably associated with demographic factors, Harborview Medical Center, UW Montlake, and UW Northwest EDs should consider a universal screening program to optimize screening for all patients.