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**CONFERENCE ON**  
HIV CARE & TREATMENT

# Collaborations between AETCs, emergency departments, and health jurisdictions to identify and treat HIV, HCV, and syphilis

**TOM DONOHOE MBA**

**PROFESSOR OF FAMILY MEDICINE, DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA  
DIRECTOR, PACIFIC AIDS EDUCATION AND TRAINING CENTER---LOS ANGELES AREA (LA PAETC)**

Sandra Cuevas, Assistant Director, LA PAETC

Kathy Jacobson, MD, Chief, California STD Control Branch

Kristopher Lyon, MD, Public Health Officer Kern County, California

Kim Hernandez, MPH, Epidemiologist, Kern County Public Health

Kian Azimian, MD, Emergency Medicine Physician, Bakersfield Memorial Hospital

# DISCLOSURES



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The presenters have no relevant financial or non-financial interests to disclose.

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# LEARNING OUTCOMES

At the conclusion of this activity, participants will be able to:



- Explain the critical role Emergency Departments play in identifying and treating HIV, HCV, STIs and SUDs and ending the HIV Epidemic in both urban and rural settings
- Discuss how AETCs and other Ryan White-funded partners can work with Emergency Departments and health jurisdictions to help high-risk patients link to or re-engage in high quality HIV/HCV treatment
- Review how your local AETCs, planning bodies, and others can best work with Emergency Departments and health jurisdictions to maximize health outcomes for the most vulnerable and hard-to-reach populations in your community

# Overview



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*Ending the HIV Epidemic (EHE) will require accessing the hardest to reach populations for HIV screening and treatment. Equally important is re-engaging out of care HIV positive individuals. Essential to the EHE will be finding the most at-risk HIV-negative patients and connecting them to HIV prevention services, including STI treatment, PrEP, MAT/buprenorphine and other social services. **Emergency Departments (EDs) can play a key role in such EHE efforts by identifying, treating, linking, and re-engaging such hard-to-reach patients.***

# Outline



- **PAETC, LA AETC, and Kern County**
- **How collaboration with AETC started**
- **Critical role of the ED in Ending the HIV Epidemic (EHE)**
- **Demographics and Epidemiology of Kern County**
- **Routine HIV, HCV, Syphilis screening and linkage data (pre and post COVID-19)**
- **Challenges, Facilitators, and Lessons Learned**
- **Future Plans and Recommendations**
- **Questions and Answers**

# PAETC, LA AETC, and Kern



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## AIDS Education & Training

Bridging the connection between  
primary care providers and HIV experts.



**HIV  
Prevention**



**HIV Screening &  
Linkage to Care**



**Engagement &  
Retention in Care**

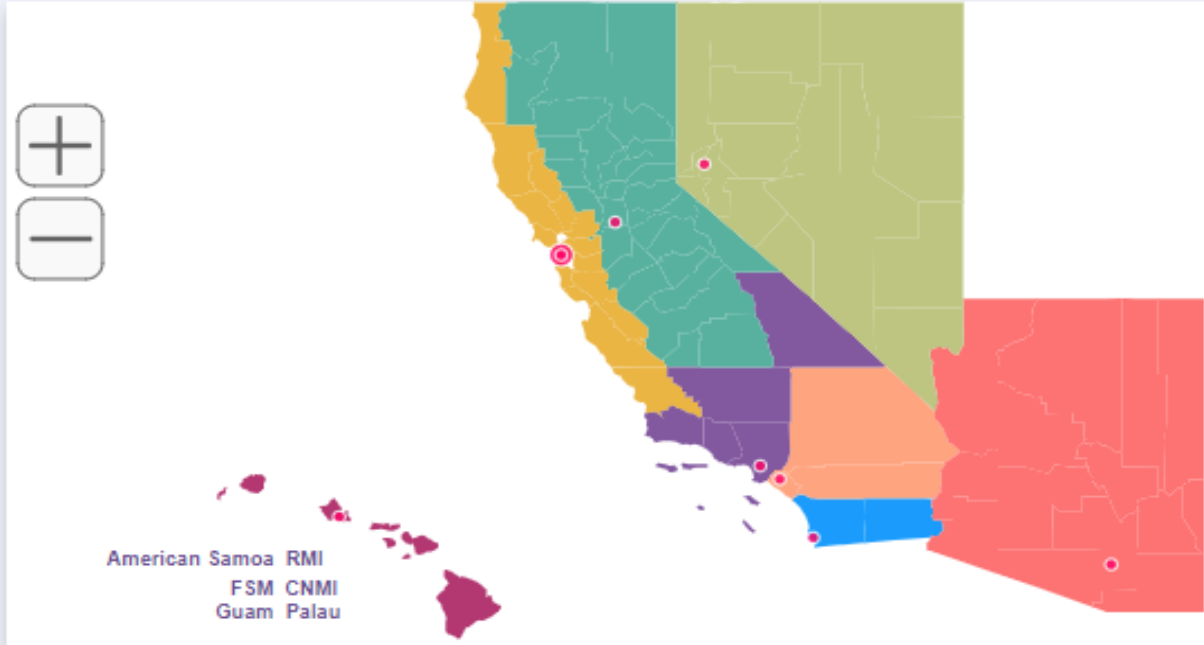


**ART & Viral Load  
Suppression**



**Organizational  
Capacity**

# PAETC: About Us



Double click on a region in the map to learn more.

## About Us

The Pacific AIDS Education and Training Center (Pacific AETC) is a member of a national AIDS Education and Training Center network of eight regional and two national centers, covering all 50 states as well as US Territories and Jurisdictions. Pacific AETC works to expand the number and ability of healthcare professionals and organizations in the Pacific region to provide high-quality HIV-related services to increase access to healthcare and decrease health inequities. Our Regional Office provides overall leadership and program direction and oversight for the 8 Local Partner sites in the Pacific region. The Regional Office is based at UCSF and housed within the Department of Family & Community Medicine.

[Learn More](#)

# Collaboration: That first call



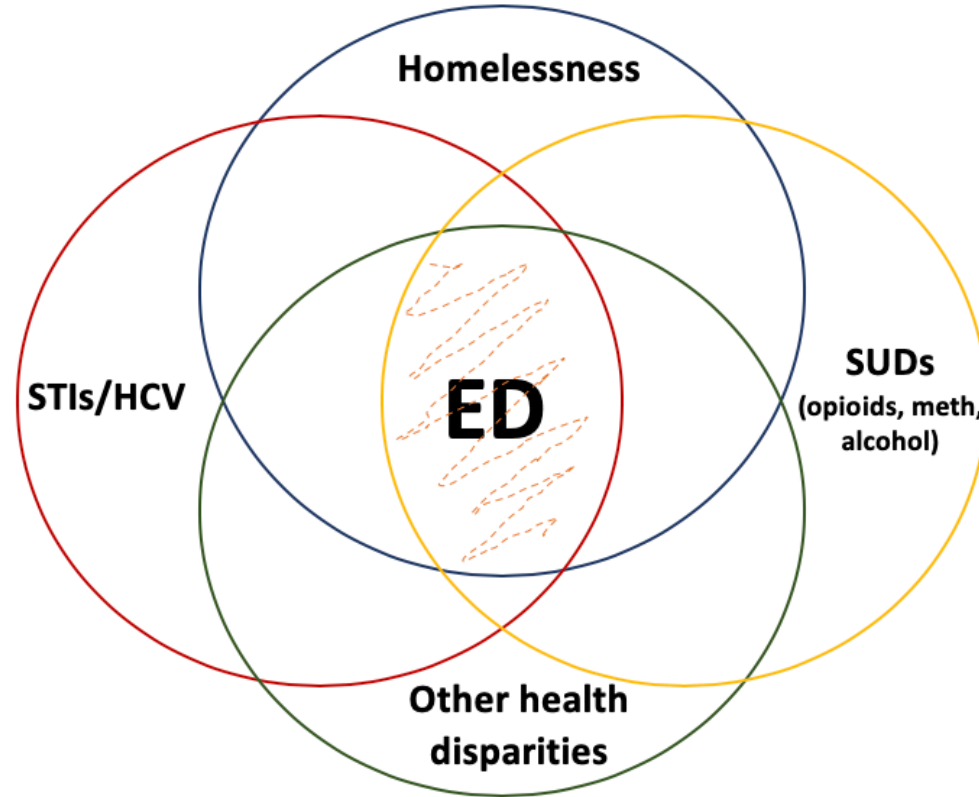
***“I’m interested in implementing routine HIV screening in one or more Emergency Departments in Kern County. Can the AETC help?”***

**Kristopher Lyon, MD**

**---Thursday, May 17 2018**



# Critical Role of ED in EHE



# How can the LA AETC help?



## Training/TA

### Advice/Partners/Consultants

Arizona AETC?

Bernie Branson, MD? Doug White, MD?

Local Contacts Kern (LHJ, AETC, Part C...)

***WHERE IS KATHY JACOBSON, MD?***

### Possible Supplemental Resources/Funders

Federal/State/Local? (Combine projects?)

FOCUS Program ....René Bennet, JD

### Workplan/Timeline

Fit this project into our full plate of activities

Be realistic

## **Kathy Jacobson, MD**

*Chief, STD Control Branch (CDPH)*

*Leadership Team, California COVID-19 Testing Task Force*

ARTICLE IN PRESS

INFECTIOUS DISEASE/REVIEW ARTICLE

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## HIV Prevention and Treatment: The Evolving Role of the Emergency Department

Kristi Stanley, MD\*; Meredith Lora, MD; Stephen Merjavy, MD; Jennifer Chang, MD; Sanjay Arora, MD;  
Michael Menchine, MD, MPH; Kathleen R. Jacobson, MD

# Why Emergency Departments?



- HIV patients are 3 times more likely to visit an emergency room, be racial minorities, and lack health insurance compared with their non-HIV counterparts
  - \*Rothman, R. E. et al. Academic Emergency Medicine, 14(7), 653-657. DOI: 10.1197/j.aem.2007.04.004
  - Pitts, S. R. et al. Natl Health Stat Report, 7(7), 1-38. PMID: 18958996
  - Lyons, M. S. et al Public Health Reports, 120(3), 259.  
Bozzette SA et al. N Engl J Med. 1998;339(26):1897-1904
- Emergency Departments are a safety net for people with HIV
- Often the sole point of entry into the healthcare system

(Hsieh et al, Annals of EM, July 2015)



# HIV Testing in the ED



- **Roll-Out**
  - **Paralleled declines -- rates undiagnosed HIV**
- **Made significant strides**
  - **Curbing the HIV epidemic in the US**

Hansoti B, Kelen GD, Quinn TC, Whalen MM, DesRosiers TT, Reynolds SJ, Redd A, Rothman RE. A systemic review of emergency department-based HIV testing and linkage to care initiatives in low resource settings. PLoS One. 2017 Nov 2;12(11):e0187443. doi: 10.1371/journal.pone.0187443. eCollection 2017.



## Largest ED in the western United States

- **170,000 annual visits**
- **65% Hispanic, 15% Black, 5.4% Asian**
- **42% women**
- **80% household income <\$20,000**



# Case 1

- 45 year old homeless black female comes in for a sore throat, abdominal pain, fever to 102.5. You tell her that you will be getting some labs today including an HIV test.
- SH- ETOH
- Raped 3 weeks ago while under the influence
- **Results of Routine Screen**
  - Antigen/antibody combo: POSITIVE
  - HIV-1/2 antibody differentiation: pending
  - HIV viral load: pending



# Acute HIV in the ED



Annals of Emergency Medicine  
An International Journal

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## Acute HIV Discovered During Routine HIV Screening With HIV Antigen-Antibody Combination Tests in 9 US Emergency Departments

Presented at the International AIDS Conference, July 2016, Durban, South Africa; and the American Public Health Association annual meeting, November 2017, Atlanta, GA.

[Douglas A.E. White, MD<sup>a,\\*</sup>](#), [Thomas P. Giordano, MD, MPH<sup>b</sup>](#), [Siavash Pasalar, PhD<sup>c</sup>](#), [Kathleen R. Jacobson, MD<sup>d</sup>](#), [Nancy R. Glick, MD<sup>e</sup>](#), [Beverly E. Sha, MD<sup>f</sup>](#), [Priya E. Mammen, MD, MPH<sup>g</sup>](#), [Bijou R. Hunt, MA<sup>h</sup>](#), [Tamara Todorovic, MPH<sup>a</sup>](#), [Lisa Moreno-Walton, MD<sup>i</sup>](#), [Vincent Adomolga, MPH<sup>g</sup>](#), [Daniel J. Feaster, PhD<sup>j</sup>](#), [Bernard M. Branson, MD<sup>k</sup>](#)

214,524 screened for HIV

839 (0.4%) new diagnosis

122 (14.5%) acute HIV

717 (85.5%) established infection

Compare

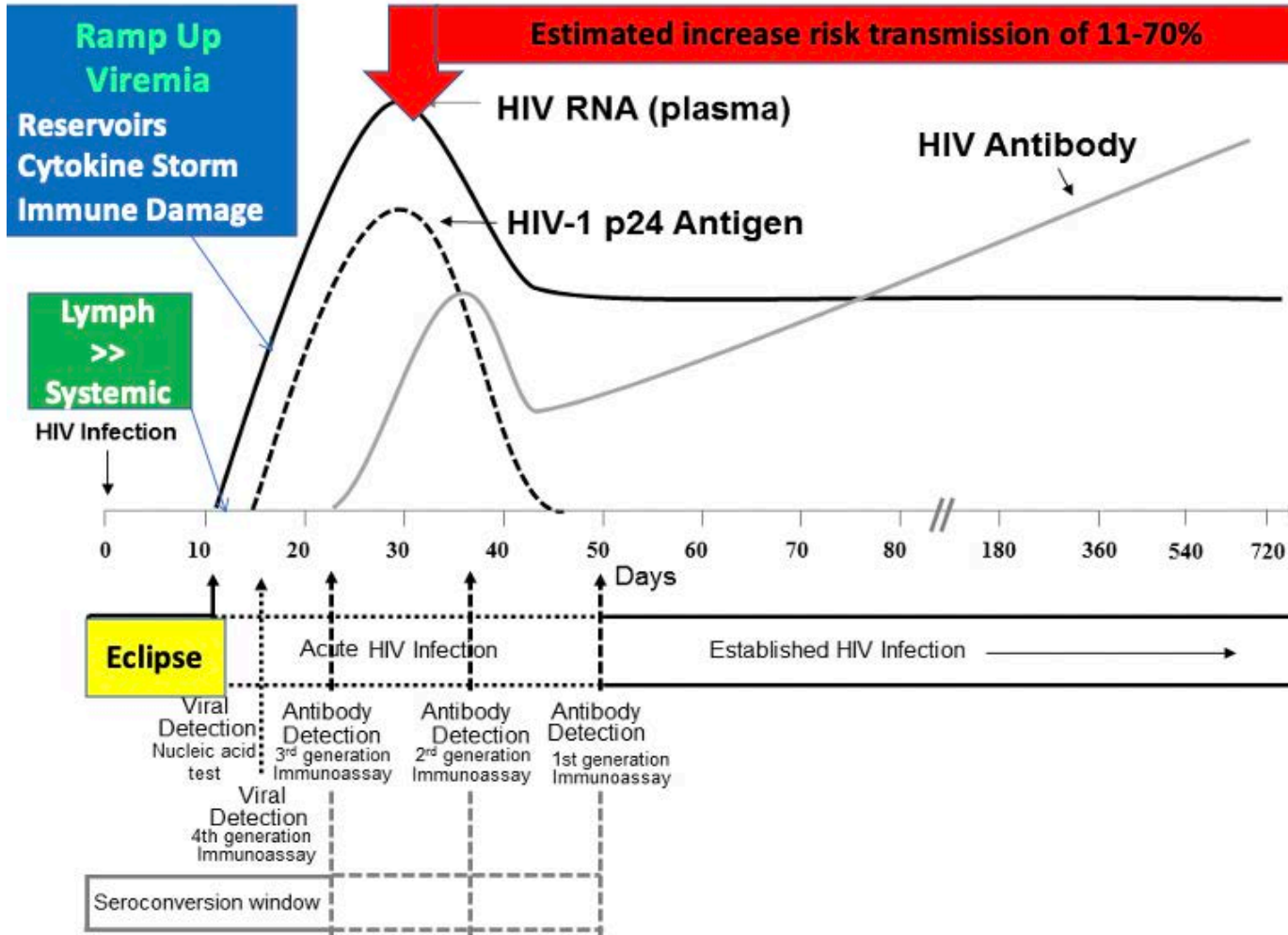
% Historic Positivity PHDs ( 2 - 4% )

High-risk, high-prevalence MSM ( 8 - 17% )

Opportunity to intervene



# HIV Diagnosis



- **Acute**
  - (Cohen, et al. JID, 2010)
  - (Stacey, et al, J. of Virology , 2008)
  - (Fiebig, et al , AIDS 2001)
  - (Cohen et al. NEJM Aug 2011)
- **Transmission**
  - Brenner et al. JID, 2007,
  - Hollingsworth, et al. JID, 2008,
  - Pilcher, et al. JID, 2004,
  - Gray, et al. JID, 2012

# Case 2

- **24 year-old H/M MSM comes to your ED following a motor vehicle accident. He is advised at your ED everyone getting labs gets a routine HIV test. He does not refuse the test.**
- **Routine Screening Results**
  - Antigen/antibody combo: POSITIVE
  - HIV-1/2 antibody differentiation: Pending
  - HIV viral load: Pending



# Case 3

- 35 year-old w/m presents to the ED complaining of abscess of the left hand.
- Results of Routine Screen- POSITIVE
- Disclosure- HIV+ diagnosed 5 yr ago, previously LTC but didn't like the clinic so fell out of care.
- Did you waste your money repeating his HIV test?



# HIV Transmissions in 2016



% OF PEOPLE WITH HIV	STATUS OF CARE	ACCOUNTED FOR X% OF NEW TRANSMISSIONS*
<b>15%</b>	didn't know they had HIV	<b>38%</b>
<b>23%</b>	knew they had HIV but weren't in care	<b>43%</b>
<b>11%</b>	in care but not virally suppressed	<b>20%</b>
<b>51%</b>	taking HIV medicine and virally suppressed	<b>0%</b>

\*Values do not equal 100% because of rounding

SOURCE: Vital Signs, 2019

## The Washington Post

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January 10, 2016

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### *Opinions*

# **No More Excuses. We Have the Tools to End the HIV/AIDS Pandemic.**

**Anthony S. Fauci**

*“We must not squander this opportunity. History may judge us harshly if we do.”*

---Anthony S Fauci, MD, Opinions, Washington Post, January 2016

# Vision for ED in Kern



**Kristopher Lyon, MD**

*Public Health Officer, Kern County*

*Emergency Medicine Physician*

# Demographics of Kern County



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**Home to 893,119 people**

**23% live below the Federal Poverty Level**

**53% Latino/Hispanic**

**33% White**

**5% Black/African American**

**Bakersfield is the largest city with 383,579**



# Vision for Kern EDs

- Improve individual and public health
- Increase local expertise and resources
- Coordinate with community providers
- Obtain help, training, technical assistance, where possible
- Test run approaches (PDSA cycles)
- Be compliant...standards/laws/rules
- **Don't let perfection be the enemy of the good**





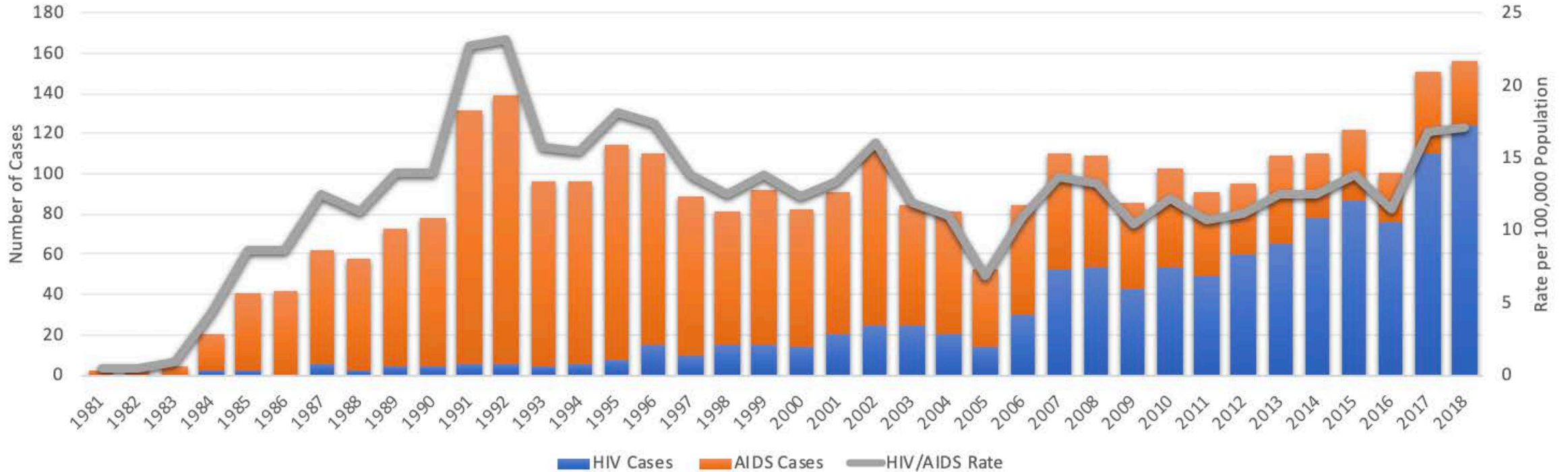
# Planning, Meeting, Applying



- Conducted PDSA cycle
- Applied for and received FOCUS HIV/HCV screening and linkage grant (Emergency Department and Health Department)
- Applied for and received Rapid ART grant from State Office of AIDS (health department)
- Met with legal, financial, regulatory, lab and other involved departments
- Conducted full day training with PAETC, health department, and clinicians/staff
- Hired new positions made possible by grants
- **Successfully launched program in October 2019**
- **Dealing with COVID-19 since March 2020**

**Kim Hernandez, MPH**  
*Epidemiologist*  
*Kern County Public Health*

# Kern County HIV/AIDS Cases



## Cumulative Cases

- 3,262 cases
- 67% dx as AIDS cases

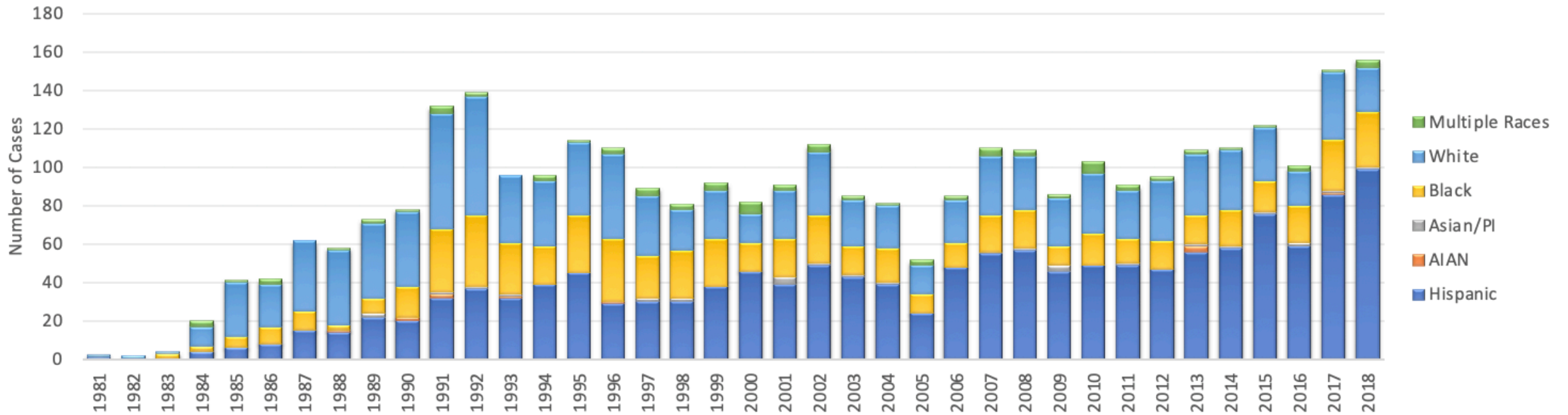
## 2018 Cases

- 156 cases
- 21% dx as AIDS cases

## Recent Trends

- 13% more cases in 17-18 than 91-92
- Rate is 26% lower in 17-18 than 91-92
- 2018 rate is 1.5x higher than 2005

# Kern HIV Cases by Race/Ethnicity



## Cumulative Cases

- 44% Hispanic
- 33% White
- 20% Black
- 1% Asian
- 3% Multi-race

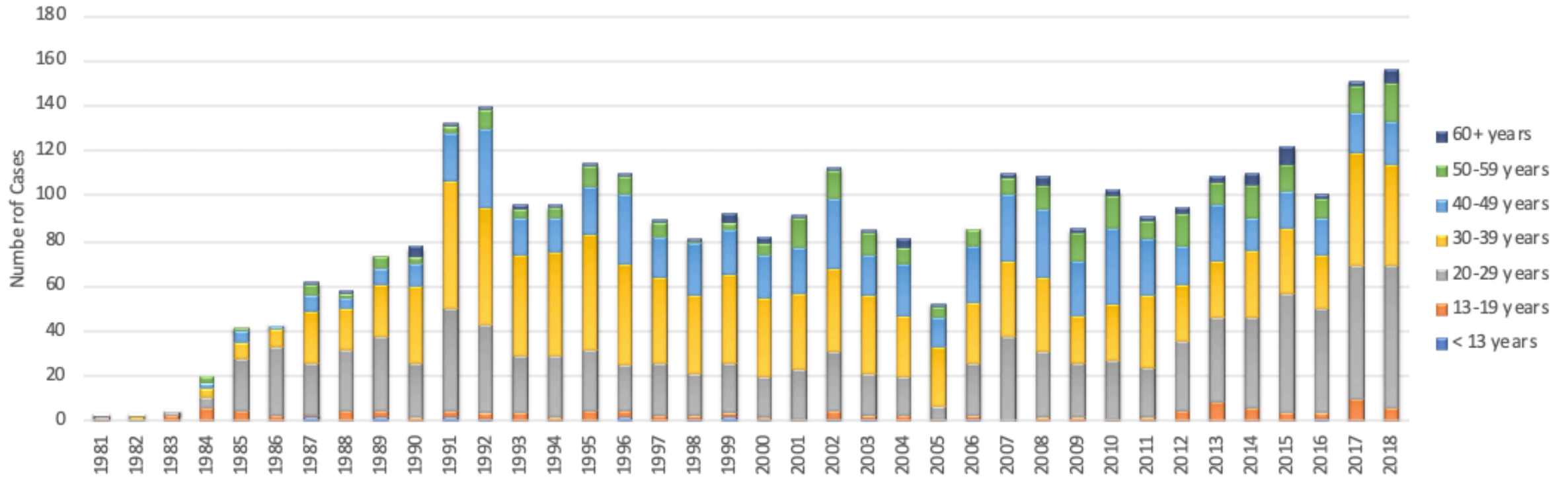
## 2018 Cases

- 63% Hispanic
- 19% White
- 15% Black
- 1% Asian
- 3% Multi-race

## County Demographics (2018)

- 54% Hispanic
- 34% White
- 5% Black
- 4% Asian
- 2% Multi-race

# Kern HIV Cases by Age Group



## Cumulative Cases

- 34% are 30-39 years old
- 31% are 20-29 years old
- 2% are < 18 years old

## 2018 Cases

- 40% are 20-29 years old
- 29% are 30-39 years old
- 0% are < 18 years of age

## County Demographics (2018)

- 16% are 20-29 years old
- 13% are 30-39 years old
- 28% are < 18 years old

# “Almost” an EHE-designated county



## 2018 Newly Diagnosed HIV Cases: California by County

1. Los Angeles- 1,711 (16.6/100K) ↓ from 2,155 in 2014 –EHE
2. San Diego- 379 (11.5/100K) ↓ from 503 in 2014 –EHE
3. Orange- 286 (8.9/100K) ↓ from 352 in 2016 –EHE
4. San Bernardino- 278 (12.8/100K) ↑ from 222 in 2014 –EHE
5. Riverside- 259 (10.7/100K) ↓ from 264 in 2014 –EHE
6. San Francisco- 240 (27/100K) ↓ from 327 in 2014 –EHE
7. Alameda- 200 (12/100K) ↓ from 270 in 2016 –EHE
8. Sacramento- 158 (10.3/100K) ↓ from 185 in 2014 –EHE
9. Kern - 156 (17.2 \* /100K) ↑ from 110 in 2016 –NOT EHE      \*second only to SF

# Kern STD Summary, 2018



Disease	Number of Cases	Frequency
Chlamydia	6,957	19 per day
Gonorrhea	2,317	6 per day
Syphilis	1,520	4 per day
HIV	156	1 per 2.4 days (3/week)

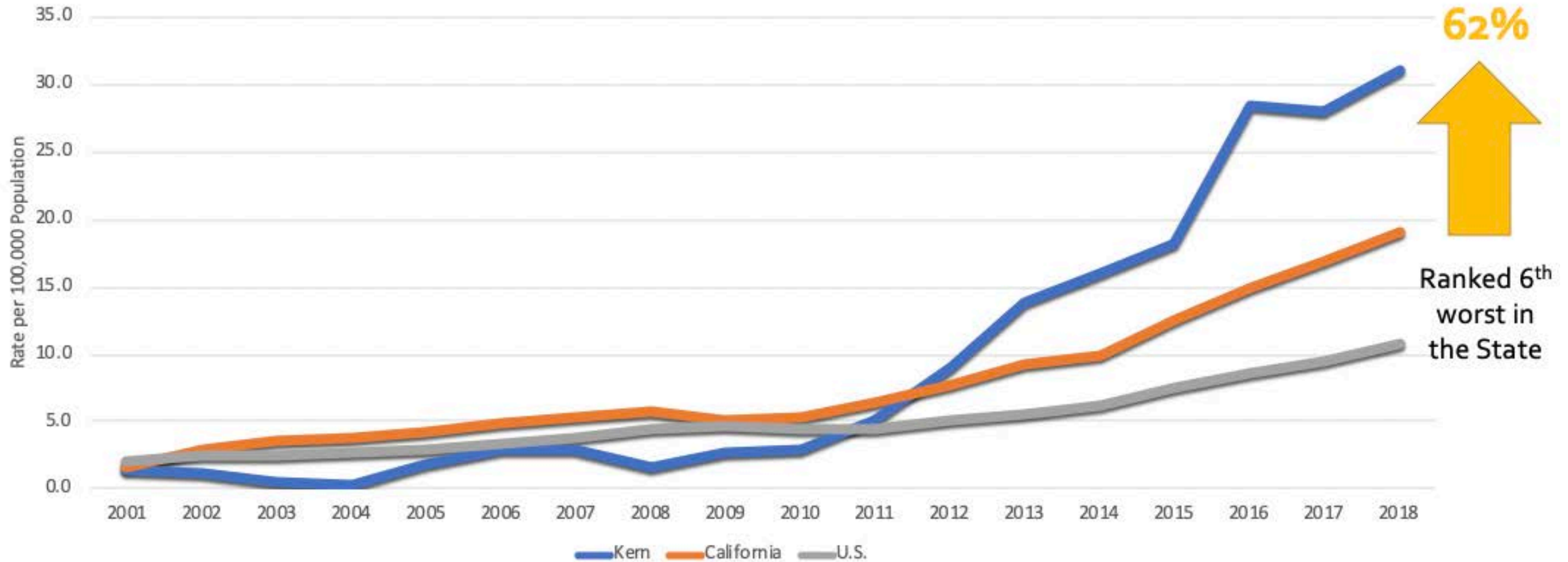
**Kern County**                      **10,947**                      **1 every hour**

Disease	Number of Cases	Frequency
Congenital Syphilis	56	1 per week

# Primary & Secondary Syphilis



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# Screening inside the ER



**Kian Azimian, MD**

*Emergency Medicine Physician*

*Bakersfield Memorial Hospital*



# HIV Testing Data (Pre/Post COVID-19)



Goal for October 2019-2020: 9,000

October 2019-March 2020 Expected: 4,152

Achieved: **6,550**

Positivity Rate: **0.6%**

(39 HIV+ patients- including 2 acute infections)

April + May 2020 Expected: 1,384

Achieved: **489**

Positivity Rate: **1.43%**

(7 HIV+ patients)

# HCV Testing Data (Pre/Post COVID-19)

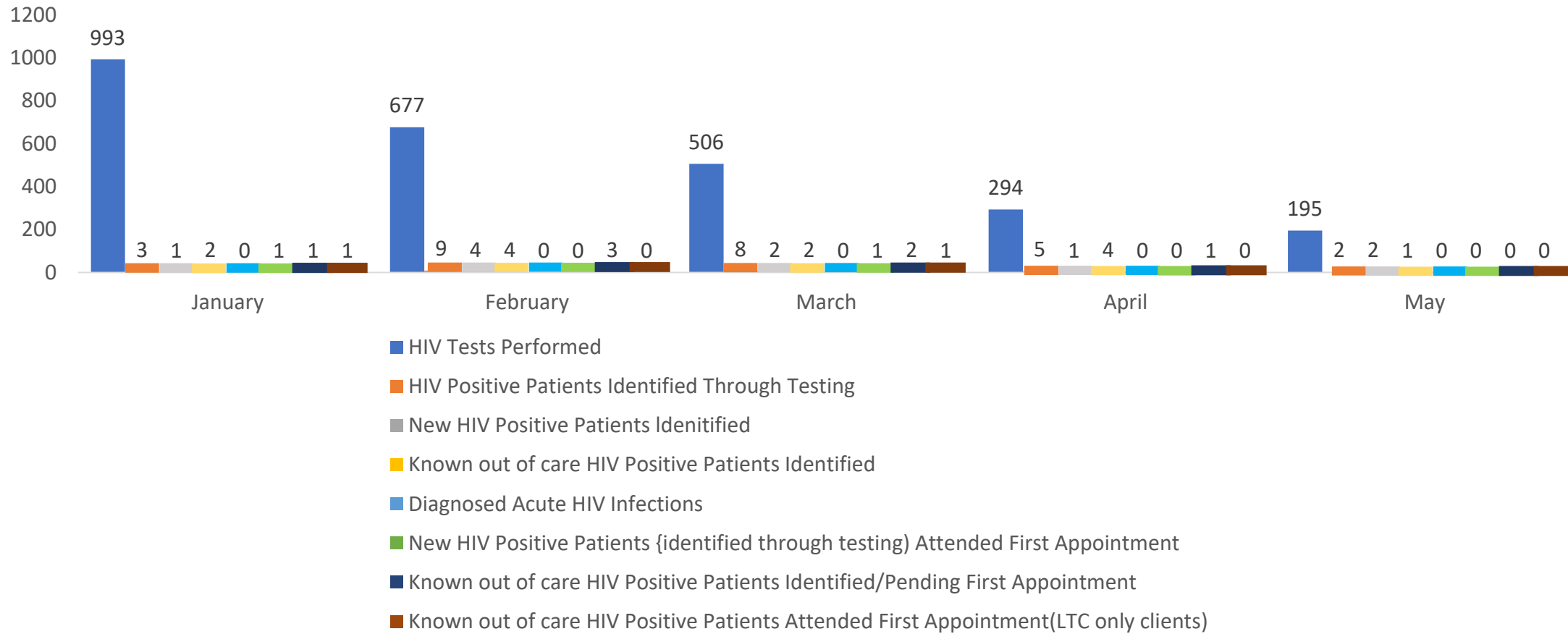


Goal for October 2019-2020: 9,000

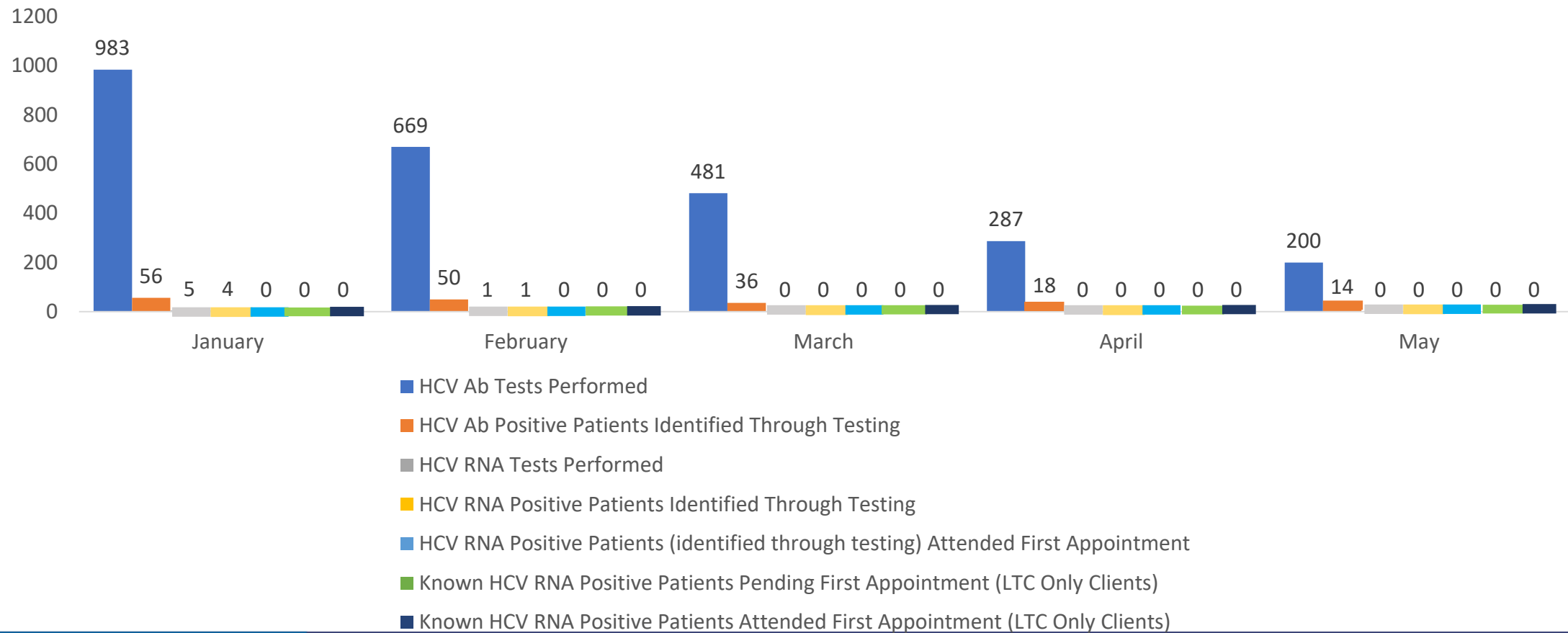
October 2019-March 2020 Expected: 4,152  
Achieved: **6,097**  
Positivity Rate: **6.5%**  
(394 HCV RNA+ patients)

April + May 2020 Expected: 1,384  
Achieved: **487**  
Positivity Rate: **6.6%**  
(32 HCV RNA+ patients)

# HIV Testing Data Post COVID-19 Drop



# HCV Testing Data COVID-19 Drop



# Syphilis ED Screening Data



<u>Month/Year</u>	<u>RPRs Conducted</u>	<u>RPRs Reactive</u>	<u>Percentage Reactive</u>
Oct 2019	1,471	84	5.70%
Nov 2019	1,602	88	5.49%
Dec 2019	1,283	62	4.83%
Jan 2020	987	56	5.67%
Feb 2020	684	48	7.02%
March 2020	497	31	6.24%
April 2020	289	17	5.88%
May 2020	199	19	9.55%
June 2020	338	24	7.10%

# Opioids & ED: The Bridge Program



- Bridge Grant provides education and resources to make emergency rooms into primary access points for opioid addiction treatment.
- In the last year at Bakersfield Memorial Hospital, we have successfully started 214 individuals on Medication for Addiction Treatment (MAT) with Buprenorphine / Suboxone, from 321 patients with substance abuse identified. Approximately 66% success rate.
- Benefits of MAT treatment are a 15x decreased risk of death (all causes). Decrease risk of HIV & HepC, criminal activity, becoming victim of crime, and obstetric complications in pregnant women.

# Challenges



- **Electronic Health Record** (needs to be approved, “built”, for gold standard)
- **Legal/Administrative Concerns** (understanding current laws, adjusting policies)
- **Laboratory Preparedness** (volume of tests, reagents needed, etc)
- **Revenue Integrity/Billing** (need to code/document)
- **Hiring/training/sustaining new positions** from grants
- **Getting buy-in** from 100% of leadership and staff



# Vision for Emergency Dept. in Kern

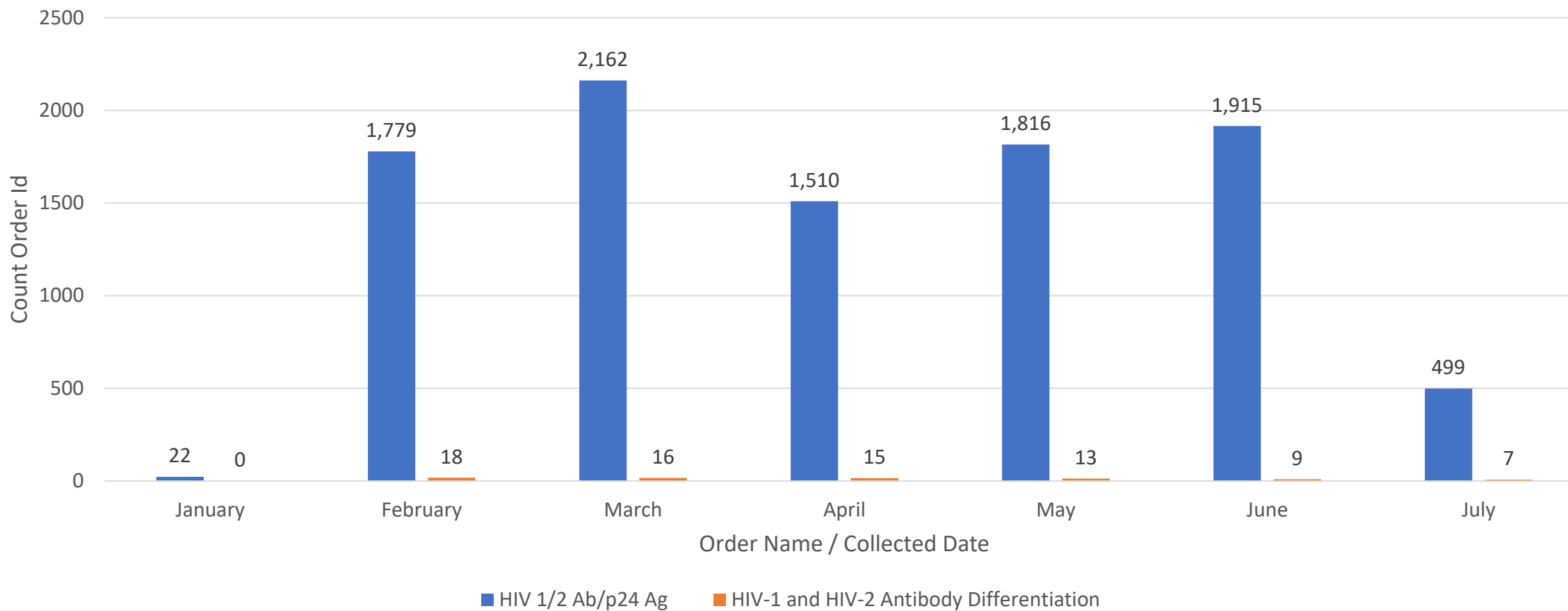


**Kristopher Lyon, MD**

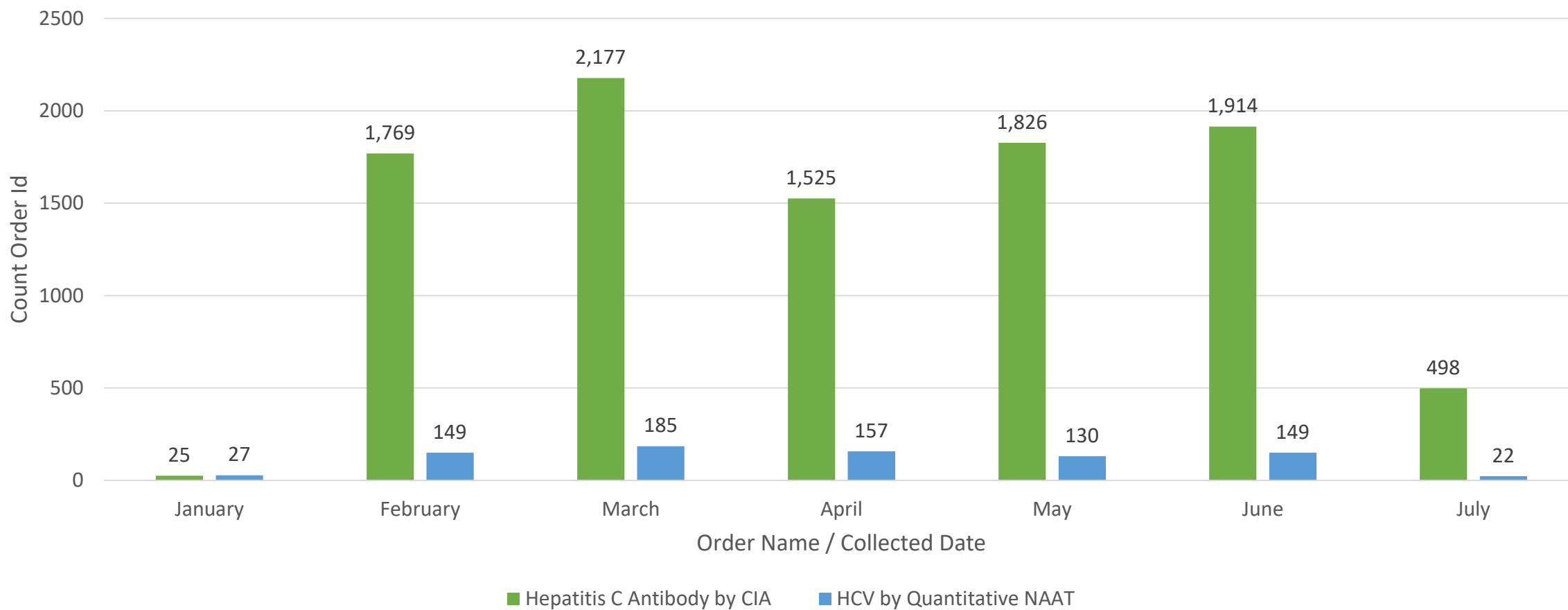
*Public Health Officer, Kern County*

*Emergency Medicine Physician*

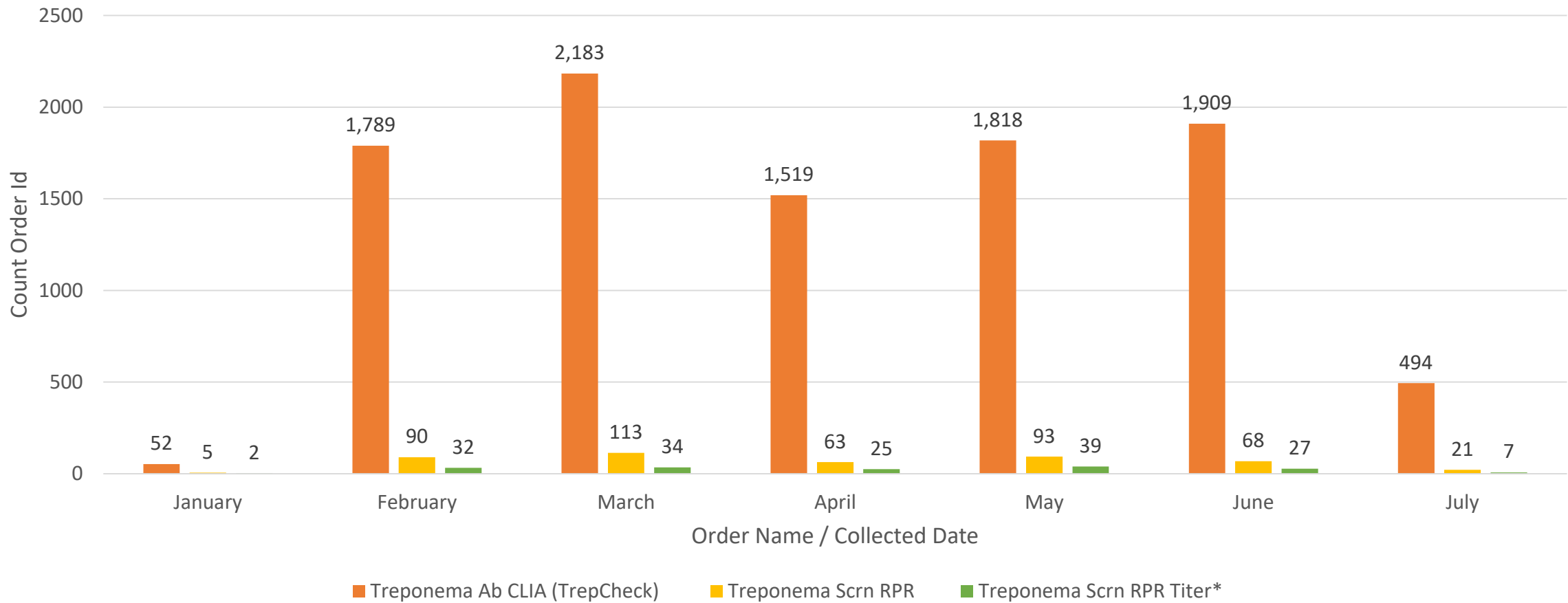
# 2020 HIV Screening - Adventist ED



# 2020 HCV Screening - Adventist ED



# 2020 Syphilis Screening - Adventist ED



# Plans for Future



- Screenings will increasingly be tied to EHR rather than providers
- Provide immediate ART in EDs where possible
- Secure 3<sup>rd</sup> ED to implement screening and linkage (post COVID-19)
- Develop sustainability plans for post-grants environment
- Increase numbers screened/treated/linked for HIV
- Increase numbers screened/ Diagnosed/linked for HCV
- Increase numbers screened/treated/linked for syphilis (including PrEP)

# Acknowledgements



- **Terri Church, Michelle Wheeler, William Watts, Tracy Langenfield, Sherri Weaver, and Renae Wade** – Dignity Health, Bakersfield
- **Patrick Salazar, Shantell Waldo, Nick Morse**– Kern County Department of Public Health
- **Kevin Watson, Jennifer Bones, and Lisa Boudreault** – Adventist Health, Bakersfield
- **Rene Bennett** – FOCUS Program
- **And Many Others** who make this entire project possible

# Questions and Answers

for follow up: [tdonohoe@mednet.ucla.edu](mailto:tdonohoe@mednet.ucla.edu)



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