***Academic Emergency Medicine* 2009 Consensus Conference**
Public Health in the ED: Surveillance, Screening, and Intervention

STI/HIV Breakout Session
May 13, 2009

Moderators: Jason Haukoos, MD, MSc (Denver Health Medical Center), Supriya Mehta, PhD, MHS (University of Illinois Chicago), and Richard Rothman, MD, PhD (Johns Hopkins University)

Scribe: Leah Harvey (Johns Hopkins University)

Session Timeline

11:30-11:35	Introduction (Rich)
11:35-11:40	Introduction of Topic Areas (Rich)
11:40-11:42	Statement of Key Objectives and Rationale (Rich)
11:42-11:45	Summary of Nominal Group Process (Jason)
11:45-12:00	Discussion of Objective 1 (with silent vote) (Jason)
12:05-12:25	Discussion of Objective 2 (with silent vote) (Supriya)
12:25-12:28	Closing Remarks (Jason)

Objective 1: Define KNOWLEDGE GAPS Related to HIV and STI Testing in Emergency Departments

1. Cost effectiveness of different HIV testing or screening in the emergency department (ED).
2. Cost effectiveness of STI testing or screening in the ED.
3. Cost effectiveness of brief behavioral interventions related to HIV or STIs in the ED.
4. Understanding of what the most effective targeted testing approaches are (with regard to population characteristics) for HIV or STIs in the ED.
5. Detailed understanding of the differences between opt-out and opt-in consent methods as part of HIV screening in the ED.
6. Optimal clinical venue(s) to screen patients for HIV or STIs (i.e., ED versus other settings).
7. Impact of HIV screening on ED patient throughput and crowding.
8. Optimal methods for providing linkage into medical care after diagnosis with HIV infection in the ED.
9. Impact of ED-based behavior interventions on future behaviors and ED visits.
10. National and local estimates of HIV and STI prevalence in EDs.
11. Extent to which non-academic EDs are implementing HIV or STI testing or screening.
12. Acceptance of HIV or STI testing among adolescents.
13. Utility of a national registry or databank for ED-based HIV or STI screening.
14. Prevelance and risk factors for co-infection of HIV and STIs among patients in the ED.
15. Interface between technological innovations and HIV or STI screening in the ED.
16. Utility of rapid HIV testing algorithms to improve the predictive value of HIV testing in the ED.
17. Preference of HIV testing relative to other preventive care services among ED directors.
18. Knowledge of HIV and STI screening recommendations among ED providers.
19. Prevalence and misdiagnosis of acute HIV infection in the ED.
20. Perceived and actual barriers to HIV screening in the ED.
21. Utility of a multi-centered consortium to streamline methods for evaluation of HIV and STI surveillance, screening, and intervention in EDs.
22. Differences between pediatric and adult EDs regarding HIV and STI prevalence and testing strategies.
23. Resources available to support patients identified with HIV infection in the ED.
24. Impact of repeat ED visits on HIV surveillance.
25. Utility and acceptance of rapid syphilis testing in the ED.
26. Utility of combined STI care and other reproductive health services in the ED.
27. Utility of multiplex systems for use in EDs to rapidly screen for HIV or STIs.
28. Development and implementation of point-of-care tests for STI screening in the ED.
29. Optimal utilization of ancillary staff to support HIV or STI screening in the ED.
30. Influence of consent processes on acceptance of HIV or STI screening in the ED.
31. Minimum acceptable level of counseling expertise needed for HIV or STI screening in the ED.
32. Sustainability and funding of HIV screening in the ED.
33. Utility of computerized counseling and testing tools to enhance HIV or STI screening in the ED.
34. Lack of true benchmarks to measure effectiveness of HIV or STI testing in EDs.
35. The most common presenting clinical conditions which lead to diagnosis of HIV in the ED.

Format:
Provide additional knowledge gaps not included in the above list or refine the knowledge gaps already included.
Silent vote using scale (Completely Agree; Generally Agree; Generally Disagree; Completely Disagree).
Use blank list with numbered items to vote.

Objective 2: Define PRIORITY RESEARCH QUESTIONS Related to HIV and STI Testing in Emergency Departments

1. What is the cost effectiveness of HIV testing in the ED relative to other clinical venues?
2. What are the key variables to include in ED-based HIV testing cost effectiveness analyses (e.g., prevalence, influence of crowding, operational considerations, perspective of analysis)?
3. Is HIV testing sustainable as a permanent part of clinical care in the ED relative to other competing clinical priorities?
4. What are the key factors that contribute to sustainability of ED-based HIV testing?
5. To what extent do technological innovations (e.g., automated or streamlined consent or order sets, rapid turn-around conventional HIV testing, etc.) improve the effectiveness and or efficiency of performing HIV screening in the ED?
6. What is the relative effectiveness of different HIV testing methods (i.e., diagnostic, targeted, and non-targeted) in the ED?
7. How do different HIV testing methods (e.g., diagnostic, targeted, non-targeted) influence ED processes of care (e.g., patient throughput, waiting times, crowding)?
8. How does obtaining separate informed consent impact effectiveness of HIV screening in the ED?
9. Are targeted screening approaches more clinically effective than non-targeted screening for HIV and or STIs in the ED?
10. If targeted approaches to HIV or STI testing are deemed clinically effective, which are the appropriate populations to test in the ED?
11. How should rapid HIV testing algorithms be integrated into ED screening to impact the predictive value of tests – are there unique, ED-specific, factors regarding adaptation of these algorithms in EDs?
12. Would empirically-derived clinical prediction instruments to assess risk for HIV infection improve the effectiveness of targeted screening in the ED?
13. What is the optimal frequency of HIV and or STI testing in the ED?
14. What are the acceptance rates by patients of different HIV testing methods (e.g., diagnostic, targeted, and non-targeted)?
15. What are the factors that influence patient acceptance of HIV testing (across testing methods)?
16. Are patients identified with HIV infection in the ED effectively linked into medical care?
17. What is the most effective approach to linking newly-diagnosed HIV-infected patients into medical care from the ED?
18. What, if any, are the circumstances under which HIV testing in the ED impacts clinical decision-making, including admission decisions?
19. How many additional ED visits (and other healthcare visits) are prevented by earlier diagnosis of HIV infection?
20. Does non-targeted HIV screening in the ED identify patients earlier in their disease courses when compared to other HIV testing methods?
21. Can multiplex systems be used to effectively screen for HIV and STIs in the ED?
22. Can a national (ED centric) HIV testing registry or databank improve outcomes (e.g., uptake of HIV testing by other sites, more rapid data exchange, and leveraging of funding)?
23. What is the impact of ED-based HIV testing on individual patients and the overall healthcare system?
24. Which patient groups decline HIV testing in the ED, and why?
25. What are the main factors influencing patient and staff acceptance of HIV and or STI screening in the ED?
26. How can data from HIV or STI screening programs in EDs be utilized to complement surveillance at local, regional, and national levels?
27. How can HIV testing be incorporated into a broader public health approach in the ED (e.g., would it be effective to integrate HIV and STI testing with other needed screenings with dedicated workers)?
28. Are there common characteristics associated with patients who consent (and test positive) for HIV and or STIs in an ED relative to other clinical setting?

Format:
Provide additional Research Priority Questions not included in the above list or refine those already included.
Silent vote that includes rank order, scale (Completely Agree; Generally Agree; Generally Disagree Completely Disagree), and Y/N regarding 'EM led' or 'Collaborative' for each question.
Use blank list with numbered items to vote.