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## 1 Evidence for Social Disparities in Emergency Department Hallway Bed Assignment

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**Objective:** Hallway beds in the emergency department (ED) lead to lower patient satisfaction, and may be associated with inferior care. Our objective was to determine whether socioeconomic factors influence which patients are assigned to hallway beds, independent of patients' clinical characteristics at triage.

**Methods:** We performed a retrospective analysis of 96,650 visits to a large academic ED's adult acute care area in 2013-2016. For each visit, we observed patient age, sex, race, and insurance status (i.e., Medicaid, Medicare, private insurance), as well as time and date of arrival, illness acuity level at triage, and final diagnosis. In a series of logistic regression models, we estimated the effects of patients' insurance status and race on the likelihood of their being assigned to a hallway bed, controlling for time and day of arrival, illness severity, and patient characteristics at time of triage. We also estimated a Cox proportional hazards model for the effect of hallway bed assignment on length of stay, controlling for triage acuity, age, sex, race, and time and day of arrival in the ED.

**Results:** Overall, 12.0% of adult acute care patients were assigned to hallway beds. At triage acuity levels 2-4 (98.6% of visits), Medicaid patients were more likely to be assigned to hallway beds, compared to patients with Medicare or private insurance. Patients assigned to hallway beds had significantly longer lengths-of-stay than roomed patients of the same acuity level ( $p < 0.05$ ). In logistic regression models controlling for age, sex, race, time and day of visit, and triage acuity, Medicaid status was associated with 44% greater odds of assignment to a hallway bed (odds ratio [OR] [1.44], 95% confidence interval [CI] [1.37-1.52]), compared to privately insured patients. Black patients were more likely than white patients to be assigned to hallway beds (OR [1.14], 95% CI [1.06-1.22]), but race alone did not account for the effect of Medicaid status on hallway bed assignment, and exhibited complex interactions with insurance status.

**Conclusion:** Our findings provide evidence for socioeconomic disparities in the use of ED hallway beds, and suggest process improvement measures to remedy them.

## 2 Opt-out Emergency Department Screening of HIV and HCV in a Large Urban Academic Center

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**Objectives:** In 2011, Miami was found to have the highest rate of new HIV diagnoses in the country. Miami is now at the frontline of a crisis of HIV-related causes of death. Acute HCV infections

are also on the rise in Miami. Intravenous drug use, homelessness, high-risk sexual behavior, stigma related to the diseases, and influx of immigrants from high prevalence countries may be some of the causes for these statistics. Jackson Memorial Hospital (JMH) is an urban tertiary care center that serves 2.7 million residents of Miami-Dade County and provides care to those most at-risk for HIV/HCV. The populations served are largely uninsured, and use the emergency department as a primary means of healthcare. As a result, they may not receive routine screening for HIV/HCV or have access to treatment. We are performing non-risk based, opt-out, integrated, blood-based ED HIV/HCV screening to better characterize risk factors and actively link HIV and/or HCV-infected patients to expedite their access to care and services.

**Methods:** Opt-out, HIV Ag/Ab and HCV Ag testing was performed on all patients who required blood analysis for assessment of their presenting chief complaint. Patients who had a documented screening test within one year were excluded. Results were disclosed to patients appropriately.

**Results:** A total of 10,447 patients were screened between June 2017 and October 2017. 221 (2%) were positive for HIV and 505 (4.8%) were positive for HCV. Out of these, 269 had positive HIV RNA viral loads. Of those who tested positive for HIV, 21 (10.76%) were unaware of infection and 4 (2.05%) were acute infections. Coinfection was detected in 33 patients.

**Conclusion:** The percentages of HIV and HCV positive individuals in our patient population are higher than previously reported for Miami. The HIV prevalence at JMH was found to be more than twice the national average. Our HCV prevalence findings highlight the critical role EDs may serve in identifying patients with undiagnosed HCV infection. The demographic data for those positive for HIV and HCV correlate with those previously reported. Miami-Dade has high rates of intravenous drug use, high-risk sexual behavior, and homelessness, which are all known risk factors and likely contribute to the high prevalence of HIV and HCV that was identified. Thorough coordination and perseverance between multiple hospital departments, community resources, and local health departments to develop a customized treatment workflow for our patients is necessary to improve enrollment into treatment.

## 3 The Impact of the Affordable Care Act on Primary Care Treatability of Emergency Department Visits

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**Background:** The Affordable Care Act (ACA) attempted to address rising health care costs by providing better access to primary care providers for non-emergent complaints. Studies measuring emergency department (ED) utilization before and after the enactment of the ACA have yielded mixed results.