

UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

Effectiveness of Opt-Out HIV Testing in the Emergency Department: A RE-AIM-Informed Evaluation of Linkage to Care

Permalink

<https://escholarship.org/uc/item/4vq587pd>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 27(3.1)

ISSN

1936-900X

Authors

Cornejo, Elsa
Maynard, Erin
Saldivar, Annae
[et al.](#)

Publication Date

2026-06-14

DOI

10.5811/westjem.66258

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

was used as the diagnosis time. Descriptive statistics were performed.

Results: We studied 248 patients with acute coronary occlusion on emergent coronary angiography; median age was 62 years (25th, 75th 54.5, 70), 183 (74%) were male, and 179 (72%) arrived via emergency medical services. The median interval from ED arrival to diagnosis by physicians was -3 (25th, 75th -14, 10) minutes and by the AI-ECG model was -5 (25th, 75th -18, 7) minutes. Of the 70/248 (28%) with differing diagnostic intervals, 67/70 (96%) were diagnosed earlier by the AI-ECG model and the median time difference (n=70) was 16 (25th, 75th 4, 48) minutes.

Conclusions: Application of an AI model for ECG interpretation in patients with suspected STEMI may decrease the time to diagnosis compared to physicians alone.

22 Effectiveness of Opt-Out HIV Testing in the Emergency Department: A RE-AIM-Informed Evaluation of Linkage to Care

Elsa Cornejo, Erin Maynard, Annae Saldivar, MPH, B. Witkind Koenig, DO, MPH

Background: Since 2023, the Emergency Department (ED) at St. Joseph's Hospital and Medical Center in Phoenix, AZ has provided free opt-out HIV testing through Gilead's FOCUS Program to patients aged 18 years and older who receive bloodwork in the ED, with linkage-to-care (LTC) services offered for both newly and previously diagnosed patients. Program workflow is evaluated using an implementation science framework to improve delivery and address barriers to integration. This presentation builds on prior evaluation efforts and focuses on program effectiveness related to LTC.

Methods: The RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance) was used to analyze quantitative and qualitative program data from 2025, including the number of eligible patients tested and the number of HIV-diagnosed patients linked to care. Effectiveness was assessed through qualitative content analysis of electronic health record chart reviews, systematically coding LTC actions and documented barriers and facilitators at the individual, programmatic, and structural levels for patients with confirmed HIV diagnoses.

Results: In 2025, 9,754 ED patients were tested and 97 were confirmed HIV-positive. Among these patients, 38 were already engaged in care, 22 were successfully linked to care, and 37 were lost to follow-up, declined LTC, or had pending appointments. Key facilitators to LTC included family support, access to transportation, insurance coverage, and acceptance of HIV diagnosis. Identified barriers included delays in confirmatory test results limiting bedside navigation, unreliable contact information, and socio-structural factors

such as housing instability.

Conclusion: Using the RE-AIM framework allowed for systematic assessment of program effectiveness and identification of actionable opportunities to strengthen LTC processes. Findings highlight multi-level barriers and facilitators that inform program implementation and maintenance and are relevant to other EDs implementing opt-out HIV testing among vulnerable populations.

23 Evaluating Emergency Department Naltrexone Initiation Using a Large Multicenter Database

Benjamin E. Corbett, MS, Brittany E. Page, MS, Daniel Novak, PhD, Robert Rodriguez, MD, Lisa Fortuna, MD, MPH

Background: Alcohol Use Disorder (AUD) is the most commonly diagnosed substance use disorder in the US. While previous studies have demonstrated the benefits of naltrexone for AUD, data are limited on the patients who receive treatment as well as the outcomes following naltrexone initiation (NI) in Emergency Departments (EDs). The objectives of this study are to assess and compare characteristics and 1-year outcomes of patients prescribed naltrexone for AUD in EDs versus patients prescribed in ambulatory clinics (ACs).

Methods: The TriNetX US database was queried to establish 2 cohorts between 2007 and 2023: patients who were diagnosed with AUD who had received naltrexone initiation in an ED versus initiation in an AC. We excluded patients with a history of opioid use disorder. We compared the demographics of the ED and AC cohorts in the 5 years before NI. After propensity score matching, the prevalence of the following alcohol-related negative 1-year outcomes was assessed: cirrhosis, acute pancreatitis, alcoholic liver disease, and alcoholic gastritis.

Results: Each cohort contained 6,235 patients. As compared to the AC cohort, the ED cohort was significantly more likely to be younger, homeless, male, and Black or Hispanic. In the 5 years before NI, the ED cohort was more likely to have experienced depression, elevated AST/ALT, gastritis, pancreatitis, and cirrhosis. The ED cohort experienced greater risk of observed outcomes one year post NI with an odds ratio (OR) of 4.86 (95% CI: 3.33,7.08) for alcoholic gastritis, an OR of 3.42 (95% CI: 2.63,4.46) for acute pancreatitis, an OR of 2.13 (95% CI: 1.56,2.90) for liver cirrhosis, and an OR of 2.40 (95% CI: 1.89,3.04) for alcoholic liver disease.

Conclusion: Findings suggest patients who received NI in the ED had a higher prevalence of comorbidities than those who received NI in the AC. The ED group also had more negative health outcomes 1 year post-NI than those in the AC. Results suggest NI may occur later in the course of illness