ED CONNECT: Bridging ED to Outpatient Care– Lessons From the South, ID: 46

Parkland

Care. Compassion. Community.

Offered for Oral Presentation towards
Diverse Strategies for Engagement
9.16.2025
2:15-3:15pm
General Session Room
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CITY OF NEW ORLEANS LOUISIANA

IAPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

FAST-TRACK CITIES INSTITUTE

NACCHO National Association of County & City Health Officials
The National Connection for Local Public Health

AIDS United

NMAC Ending the HIV Epidemic

Embedding dedicated HIV staff in the Emergency Department setting is critical to improving linkage to outpatient care for vulnerable populations

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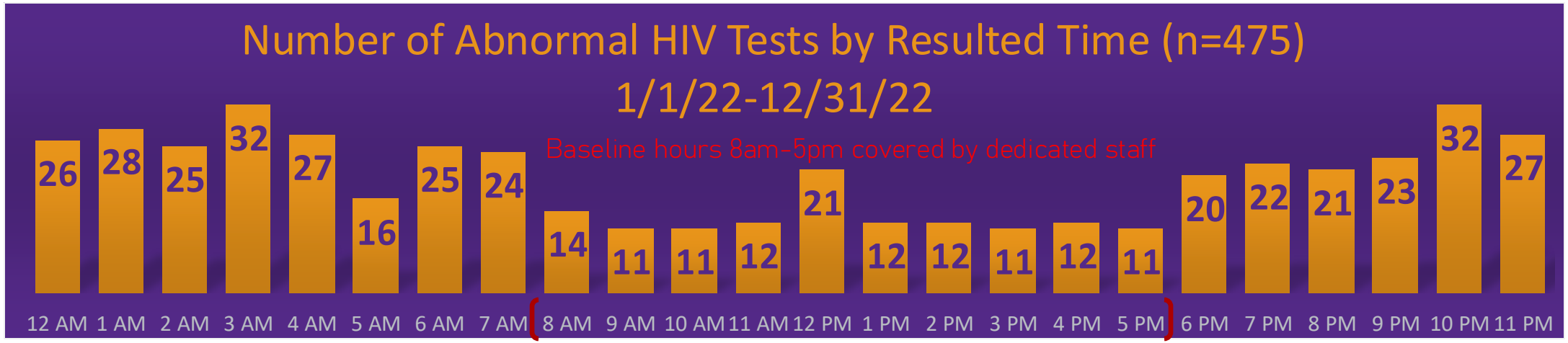
Background | Opportunity

Rapid notification and linkage from emergency departments (ED) to outpatient care remains complex for many in Texas(1). Anchored to an urban safety net hospital, providing care to over 6000 individuals in the Dallas Eligible Metropolitan Area, Parkland HIV Services joined the Dallas EMA and State 2023 challenge to increase rapid linkage for those concurrently diagnosed with HIV and a bacterial STI (Syphilis, Gonorrhea, Chlamydia). Over 300 ED visits per month are among people living with HIV. Routine ED HIV screening identifies ~200 new diagnoses of HIV per year.

Local Problem

Parkland Baseline: 27% of abnormal test results could be covered in real time by staffed hours and 38% of clients with both HIV and STI dual dx were linked to care <7 days March 1, 2023-May 31, 2023*.
PHSD had not previously reviewed concurrent dx and was previously working to link clients newly dx with HIV <30 days.

**Denominator: All people older than 18 with both a positive HIV and bacterial STI in last quarter*
Numerator: Of Denominator, how many confirmed to be in medical care <7 days



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Root Cause Analysis |WHY?

PREVENTION TEAM IS SUCCESFULLY LINKING SAME DAY & <7 DAYS;
WHY ARE CLIENTS IDENTIFIED IN ED NOT LINKED TO CARE <7 DAYS?

- In the Urgent Care or ED for another reason not related to their dx
- Client may leave before being notified
- Cannot reach client for notification or follow up
- Client does not know who/how to reach out for care

➢ *Communication and Coordination*

Steps taken to report HIV+ STI dx to care < 7 days Metric:

- Identified drivers for why clients are delayed in accessing immediate care
- Created report to identify aggregate & individuals meeting metric inclusion

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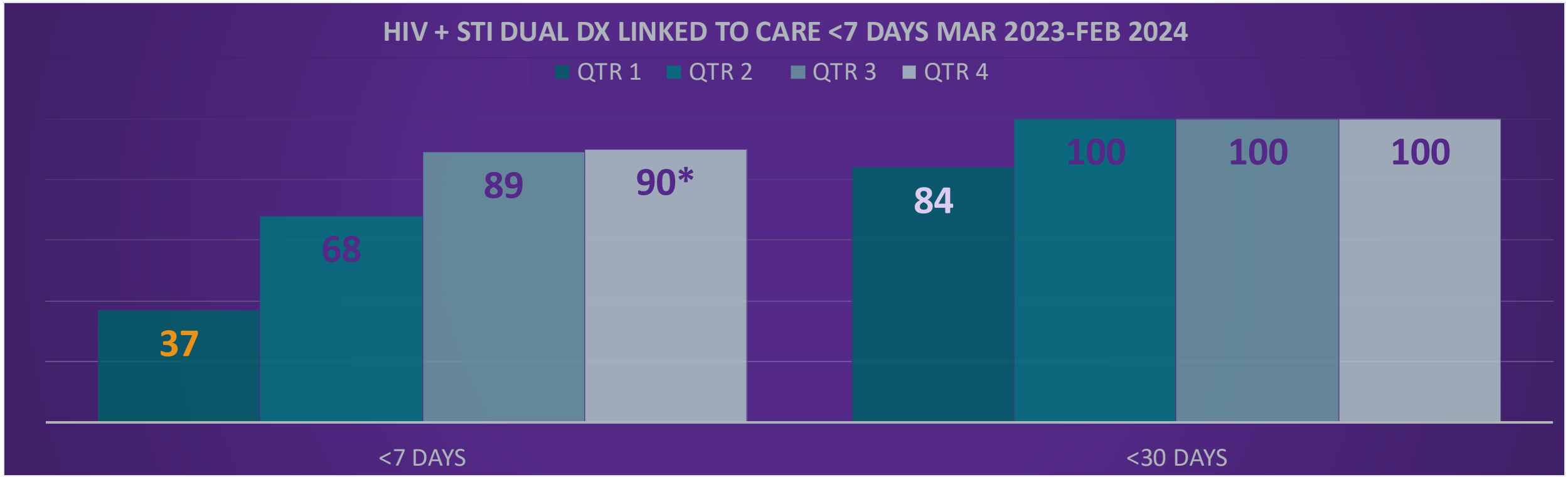
Our Solution| Parkland's ED Connect Program

- Increased coverage of ED (now 8am-11:30pm) by adding a team member
- Triage Nurse sends in basket on any patient self report of status & care to ED Connect team for expedited census (including new dx outside of Parkland)
- ED Connect team begins intake process to connect to Outpatient care
- Clear point of contacts to bridge connection
- Dedicated phones for staff and business cards to provide to patient when ready for follow up
- UberHealth provided to patient for quick connect
- Added monthly Stakeholder meeting & ED team now joins CM weekly huddle
- Standardized data collection: Patient Status and Barriers flowsheet

Results | Impact



HIV+STI DUAL DIAGNOSIS:

- Mar 2023-Feb 2024 data show 40% of the Dallas region acquiring HIV alongside a concurrent STI diagnosis
- Added Patient Status Flowsheet for all clients to assist with identifying clients successfully connecting to care elsewhere through patient self report. Flowsheet also allows consistent feedback on experienced barriers to care
- **2024 measures adapted from traditional HRSA HAB linkage to outpatient care towards Rapid linkage, considering ART provided at critical entry care points such as Inpatient, OB-Comp, or clinic care in the Jail setting*

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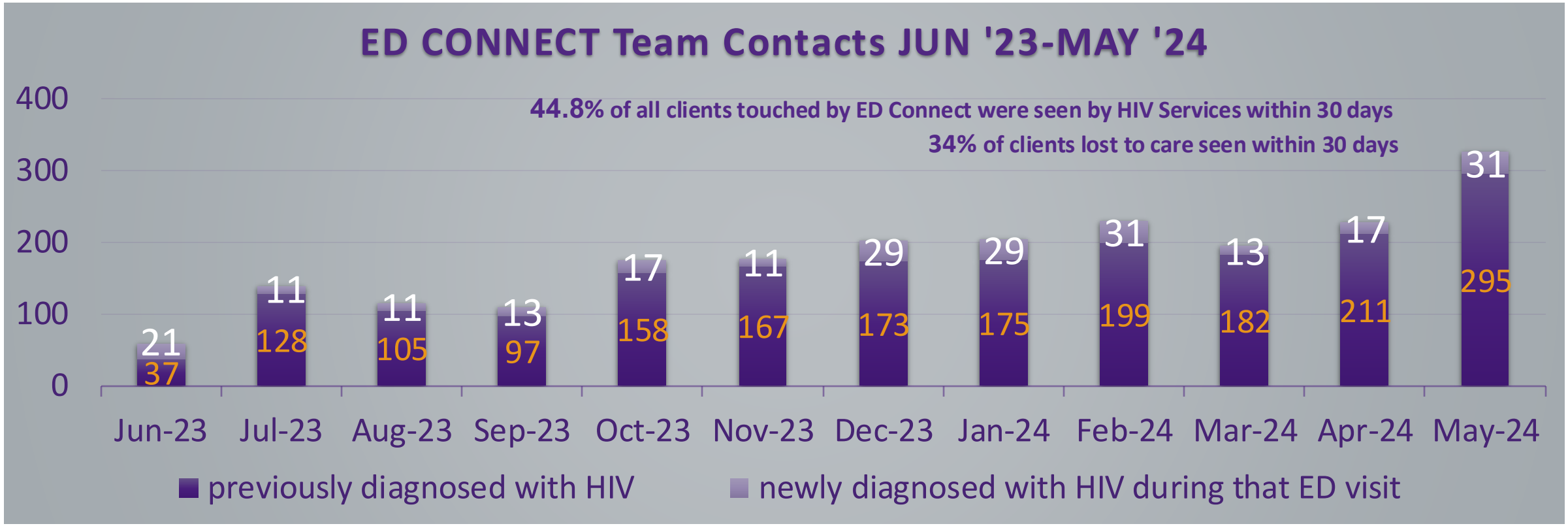
Results | Impact



INCREASED CONNECTIONS

- ED Connect supplies a bridge for a vulnerable group of clients at a critical stage of HIV acquisition
- Average time to outpatient provider visit for New HIV Dx = 11 days;
- Staff embedded in urgent and critical care settings normalize delivering patient centered HIV counseling and linkage to outpatient care

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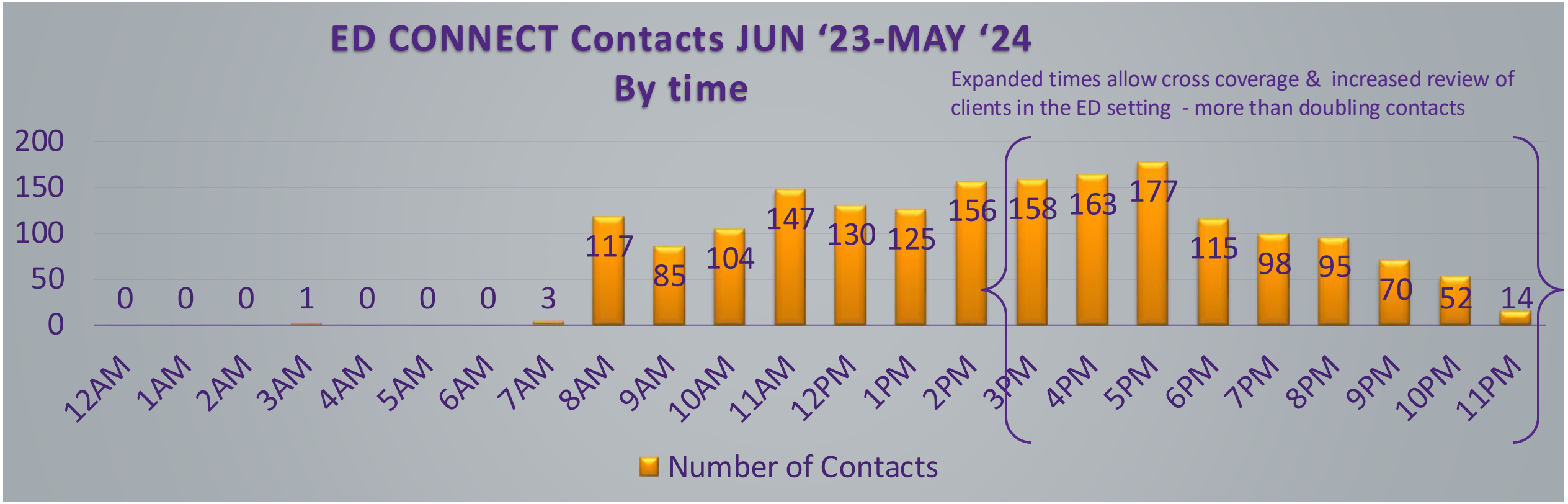
Results | Impact

September 15-17, 2025



INCREASED CONNECTIONS TO ENGAGE PREVIOUSLY DIAGNOSED CLIENTS & RE-LINKAGE LESSONS

- Built protocols to connect two distinct systems (ED/Inpatient with Outpatient and other Community Testing)

Through strategic funding, ED Connect has built capacity across peak ED hours and works alongside clinic and community partners.

LEVERAGING STAFF, FUNDING, AND TRAINING

- Cross training and coverage allows team to double efforts to make immediate connections
- Mobilizing varied funding streams bridges gaps for return to care patients intersecting with the ED and quickly linking to outpatient care via increased clinic flexibility

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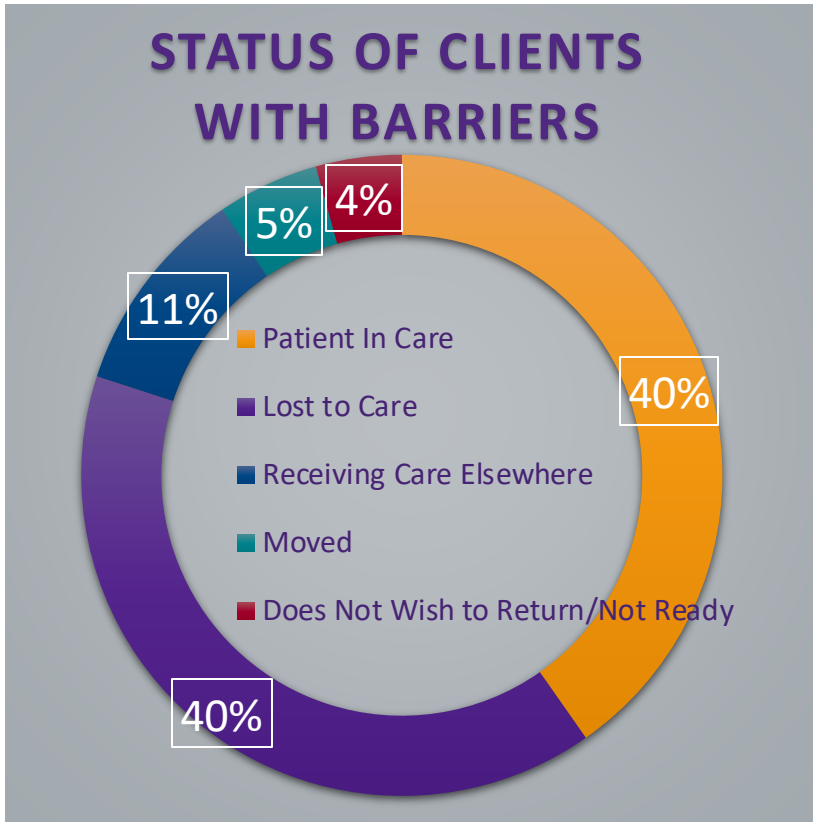
Clinic Implications & Next Steps

September 15-17, 2025



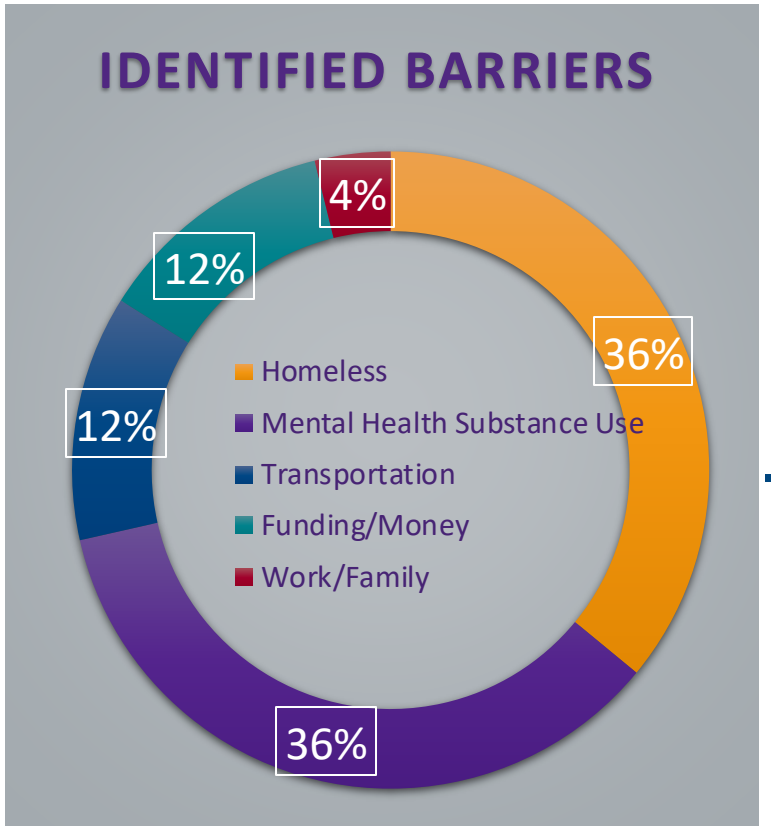


Fig 1 Top Reported Patient Barriers & Status of those experiencing barriers

Parkland HIV Services partners with our Homeless Outreach Medical Services (HOMES) program to better connect clients to medical care as well as housing resources (2)

Parkland offers in house counseling and psychiatry, while connecting clients to groundbreaking recovery research with UT Southwestern partners. (3)

Parkland HIV launched ride share through 340B program income to provide private, direct transportation options for clients to connect them to outpatient care.

Parkland has charity care (PFA) to cover Parkland system care for patients below 200% FPL; staff continually educate clients on their Ryan White coverage (4)

Virtual Video Visits through MyChart offer care at the patient's convenience (5)

ADDRESSING BARRIERS & NEXT STEPS:

- Deep night staffing for expanded re-linkage of patients to outpatient care remains an opportunity
- 2025 Training for ED staff and patients normalizing patient readiness and status neutral treatment options (PrEP, PEP, U=U, DoxyPep) is proving instrumental;
- *Dallas EMA can better partner to provide a stronger medical neighborhood by leveraging systems level care points*

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On behalf of Parkland & our ED CONNECT team:

Thank You!

Contributing Authors: Duarte, P; Chow, J; Gute, J; Martin, G; Grubbs, A; Mitchell-Lacey, J

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References: 1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4938722/ 2. https://www.parklandhealth.org/homeless-outreach 3. https://www.utsouthwestern.edu/education/medical-school/departments/psychiatry/research/center/
4. https://www.parklandhealth.org/parkland-financial-assistance 5. https://www.parklandhealth.org/paying-for-your-hiv-services