

ScreenWell: Using an App to Connect Teens in the Emergency Department to PrEP Resources and Services

Statement of Problem

Adolescents and young adults comprise a [significant proportion](#) of new HIV diagnoses in the United States but they are less likely than other age groups to know their status or be virally suppressed. Although the Centers for Disease Control and Prevention (CDC) [recommends](#) that HIV screening and pre-exposure prophylaxis (PrEP) counseling should be part of routine medical care for all adolescents, adolescents and young adults do not receive adequate rates of HIV testing or PrEP education and their uptake of PrEP is low.

Many barriers prevent adolescents and young adults from receiving HIV prevention and treatment services, including the lack of a medical home for primary care. It is common for adolescents and young adults to utilize the emergency department and urgent care services to meet their health care needs instead of regularly visiting a primary care provider.

Description

To meet youth where they seek medical attention while addressing the urgent need for increased HIV prevention and treatment services, two multi-site studies will implement HIV screening in pediatric emergency departments: (1) Screen Smart and (2) Screen to Prevent (S2P). The studies share similar protocols and project leads, but they are conducted by different research networks at different sites. A key intervention in both studies is *ScreenWell*, an application designed and developed by the multi-site research teams and the CHOP Research IS Application Services team.

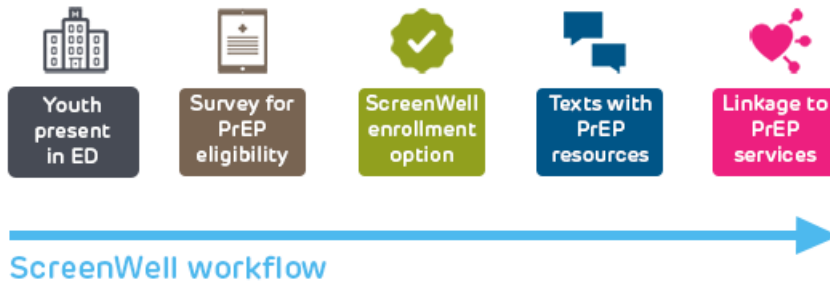
ScreenWell will send text messages with information about HIV PrEP to Screen Smart and S2P participants who opt in. In addition, each study site will have a PrEP navigator who will use *ScreenWell* to personally contact those participants and offer help with linking them to services.

ScreenWell Workflow

The workflow for Screen Smart and S2P will begin in the emergency department, where eligible patients will take a screening survey with behavior-based questions related to HIV risk. Based on participants' responses, the survey will calculate whether they are eligible for PrEP. Eligible participants will also be asked about receiving educational resources via text message. Those who are interested need to provide a confidential phone number and consent to receiving text messages, and then they are enrolled in *ScreenWell*. On the backend, *ScreenWell* accomplishes the following:

1. Engages a chat-bot to text each enrolled participant PrEP resources, which include trustworthy websites and contact information for the site PrEP navigator.
2. Sends a notification to the site PrEP navigator so they may reach out to the newly enrolled participant.

Image



Screen Smart

Screen Smart is funded by an R01 award from [The Eunice Kennedy Shriver National Institute of Child Health and Human Development \(NICHD\)](#) and is part of the [Pediatric Emergency Care Applied Research Network \(PECARN\)](#). The study will be conducted at three pediatric emergency department sites: Children’s Hospital of Philadelphia, Nationwide Children’s Hospital, and Children’s Wisconsin – Milwaukee.

Over a period of 30 months, emergency department staff will implement universal opt-out HIV screening to patients ages 14–21 who present in the emergency department. Screen Smart will feature clinical decision support in the electronic medical record and integration with *ScreenWell*. During the first six months, Screen Smart will take an implementation science-based approach to improve uptake of the screening strategy at each of the three emergency department sites.

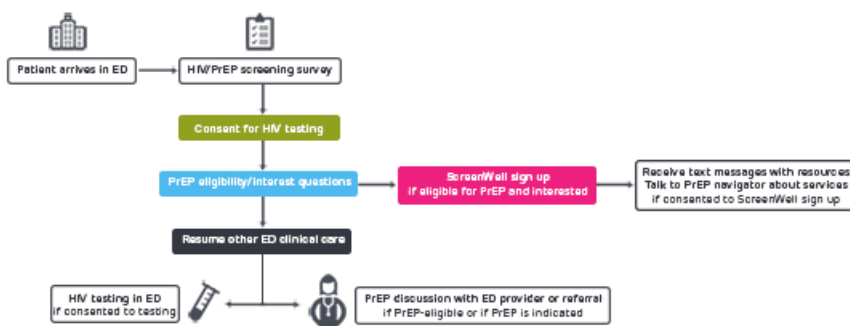
Screen to Prevent (S2P)

S2P is supported by a cooperative agreement as part of an [NICHD UM2](#) award to the [University of South Florida](#) for the [Adolescent Medicine Trials Network for HIV/AIDS Interventions \(ATN\)](#). The five S2P sites include the pediatric emergency departments at University of South Florida, Johns Hopkins University, St. Jude Children’s Hospital, Emory Healthcare and Texas Children’s.

Staff at these sites will provide HIV screening for patients ages 14–24 who present in the emergency department using three distinct screening approaches: universal opt-out, universal opt-in, and targeted. The study will also feature clinical decision support in the electronic medical record and integration with *ScreenWell*.

Image

Patient’s path in the pediatric ED during Screen Smart and S2P interventions



Next Steps

We hope these interventions will help adolescents and young adults receive essential testing for HIV, and for those eligible and interested in starting PrEP and will support them in getting started on the medication. Development and testing for *ScreenWell* is underway. Participant activities for Screen Smart will begin in Fall 2024 with S2P starting shortly after.

Findings from these studies may provide valuable insights on overcoming barriers to adopting HIV screening in emergency departments, the benefits and drawbacks of various HIV screening strategies, and the implementation of CDC guidance related to HIV screening and PrEP counseling overall.

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