

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 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](#) HIV screening and pre-exposure prophylaxis (PrEP) counseling as part of routine medical care for all adolescents, adolescents and young adults do not receive adequate 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 are implementing HIV screening programs in pediatric emergency departments: (1) ScreenSmart and (2) Screen to Prevent (S2P). The studies share similar protocols and project leadership, 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 principal investigators and the CHOP Research Information Systems Application Services team.

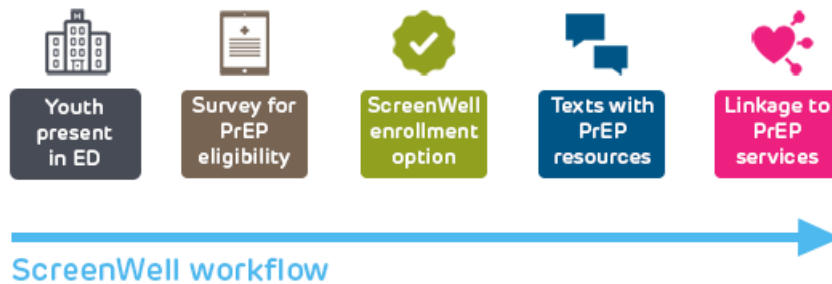
ScreenWell sends text messages with information about HIV PrEP to ScreenSmart and S2P participants who opt in. Each study site has a PrEP navigator who is contacted by ScreenWell when a participant decides to opt in. The PrEP navigator may then personally contact the participant and offer help with linking to clinical services.

ScreenWell Workflow

The workflow for ScreenSmart and S2P begins in the emergency department, where eligible patients take a screening survey with behavior-based questions related to HIV acquisition risk. Based on participants' responses, the survey calculates whether they are eligible for PrEP. Individuals eligible for PrEP are asked if they would like to receive more information about the medication via text message. If so, participants may sign up for ScreenWell by providing their cell phone number and consent for receiving text messages. On the backend, *ScreenWell* accomplishes the following:

1. Engages a chat-bot to text each enrolled participant a script of messages, which include PrEP resources (trustworthy websites) and contact information for the site PrEP navigator.
2. Sends a notification to the site PrEP navigator, who reaches out to the newly enrolled participant directly to offer help.

Image



ScreenSmart

ScreenSmart 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 \(PECARN\)](#). Beginning December 2024, the study is being conducted at three pediatric emergency department sites: Children’s Hospital of Philadelphia, Nationwide Children’s Hospital, and Children’s Wisconsin – Milwaukee.

Emergency department staff are implementing universal opt-out HIV screening to patients ages 14–21 years who present in the emergency department over a period of 30 months. ScreenSmart also features clinical decision support in the electronic medical record and integration with *ScreenWell*. These processes were first adopted and refined during a six-month implementation period meant to improve uptake of HIV screening and testing at each site.

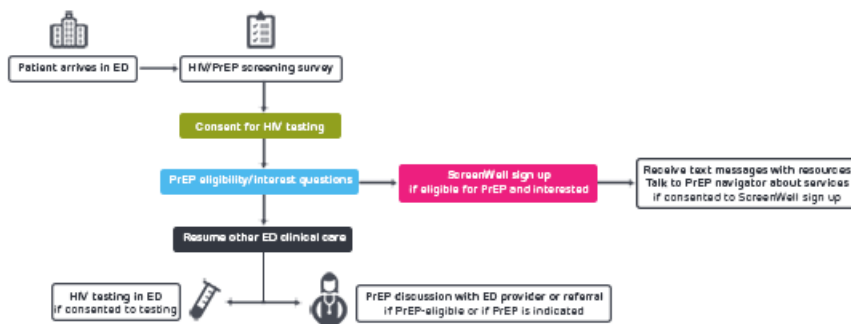
Screen to Prevent (S2P)

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 emergency departments at University of South Florida, Johns Hopkins University, St. Jude Children’s Hospital, Emory Healthcare and Texas Children’s.

Beginning June 2026, staff at these sites will implement three distinct approaches to HIV screening for patients ages 14–24 who present in the emergency department: 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

Implementation for ScreenSmart and S2P projects are in process.

A new single intervention site project called “Optimizing Linkage of Youth from Emergency Department to

Education and PrEP Care (ED2PrEP)” in collaboration with Cincinnati Children’s Hospital Medical Center (CCHMC) and funded through their Place Outcomes Research Award, will integrate ScreenWell in 2026. The study aims to increase PrEP knowledge and uptake for HIV prevention among adolescent and young adult seen in the CCHMC emergency department by providing patients with the opportunity to engage in ScreenWell. Study activities began officially in February 2026.

We hope the ScreenSmart, S2P, and ED2PrEP interventions will help adolescents and young adults receive essential testing for HIV, and for those eligible and interested in starting PrEP, will support them in getting started on the medication. Findings from these studies may provide valuable insights on overcoming barriers which that may be preventing pediatric emergency departments from adopting HIV screening programs, 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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