Screening Veterans for HIV

HIV continues to spread in the United States. The Centers for Disease Control and Prevention (CDC) has estimated that more than 1.1 million people in the United States are living with HIV infection, and almost 1 in 5 (18.1%) are unaware of their infection (CDC, February 2013). The Veterans Health Administration is the single largest provider of HIV/AIDS care in the U.S, with more than 25,000 HIV-infected Veterans in VHA care in 2011.\(^1\)

The availability of potent antiretroviral therapy has markedly improved the outcome for HIV-infected patients. However, the benefits of effective therapy can only be reaped by those HIV-positive patients who know their status and are receiving medical care. Thus, identifying HIV-positive patients earlier in their disease reduces the cost of treatment per patient by prescribing drugs that keep them out of the hospital, and saves lives by preventing the opportunistic infections that are the major causes of HIV-related deaths.

The early identification of Veterans who are HIV-infected is extremely important to VA because the disease is highly prevalent among its patient population. However, researchers found that as of 2005 only 30% to 50% of the 45,776 at-risk Veterans who are patients in VISN 22 had been tested for HIV infection.\(^2,3\)

As in the general community, it is likely that many at-risk patients deny or are unaware of their HIV risk factors. In a blind survey of 4,500 serum samples from outpatients at six VA facilities, researchers found that up to 2.8% of the samples had HIV infection present in undiagnosed individuals.\(^4,5\)

Moreover, of the Veterans who are diagnosed, many are diagnosed late in the disease, when they already have an advanced level of immune suppression. One study showed that these patients had, on average, 3.7 years of VA care before diagnosis.\(^5\)

Increasing HIV screening efforts will help Veterans learn their status, get into care earlier, and help lower further transmission of the disease.

The HIV/Hepatitis-Quality Enhancement Research Initiative (HH-QUERI) has worked closely with the VA Office of Clinical Public Health in the past to repeal the written informed consent requirement for HIV testing; this occurred on August 17, 2009. This policy is in step with CDC guidelines to replace written informed consent with verbal consent — and to test all patients regardless of risk. A study conducted by HH-QUERI researchers found that written informed consent was associated with barriers to timely and earlier HIV testing and diagnosis.\(^6\)

Thus, the removal of this major barrier should pave the way for higher rates of testing in VA.

Beyond the work of helping to change policy, HH-QUERI completed a project that combined a strategy of using an HIV clinical reminder with audit feedback, provider activation, and removal of system barriers to increase testing of at-risk Veterans. The evaluation of this strategy showed that the intervention more than doubled the rates of screening at-risk Veterans (from 5% to 11.1%) at two VISN 22 VA facilities over a 6-month period. Moreover, increased rates of testing were sustained a year after the implementation had finished (11.6%),\(^7\) and the implementation was readily exportable to other VA facilities.\(^8\)

These favorable results have led to implementation of this intervention in facilities in VISNs 1, 3, and 16. Over a six-month period this more recent intervention more than doubled the proportion of patients who have been routinely tested for HIV infection (increase from 12% to 27%).\(^9\)

After an initial pilot study demonstrated that the routine offer of an HIV rapid test greatly increased both HIV testing and receipt of results,\(^10\) HH-QUERI conducted a follow-up implementation of this strategy in two study sites. The intervention not only led to the identification of previously unidentified HIV-positive Veterans, but was accepted by patients and staff despite challenges in staffing. This work is of significant interest given that the VA Office of Clinical Public Health, the American College of Physicians, and the CDC all support once per lifetime testing for HIV in all patients, regardless of known risk factors.

In addition to these projects, HH-QUERI is increasing HIV screening with interventions targeted at vulnerable populations, including the homeless and Veterans with substance use disorders. Through these three
types of approaches—risk-based testing, repeated testing, and routine testing of high-risk patients—this QUERI Center hopes to increase HIV testing rates across the VA healthcare system.

Finally, with the development of a validated tool to identify newly diagnosed patients, HH-QUERI is now able to evaluate the frequency of new diagnoses of HIV in the VA healthcare system and the timeliness with which these patients receive specialty care.

References

2. Perlin JB. Need for routine Human Immunodeficiency Virus (HIV) risk assessment and testing. Under Secretary for Health's Information Letter. IL 10-2005-017.

How Do I Learn More?

If you are interested in learning more about HH-QUERI, please contact:
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Web Resources

For more information about the QUERI program in general, and to link to all of the individual QUERI Centers, please go to www.queri.research.va.gov

The HH-QUERI Executive Committee

Each QUERI Center is led by a research expert and a clinician. The Co-Research Directors for HH-QUERI are Allen Gifford, M.D., and Steven Asch, M.D., M.P.H. The Clinical Coordinator is Matthew Goetz, M.D. The Co-Implementation Research Coordinators are A. Rani Elwy, Ph.D., and Amanda Midboe, Ph.D. The Executive Committee includes other experts in the field of HIV/AIDS and hepatitis: Pamela Belperio, Pharm.D.; Jason Dominitz, M.D., M.H.S.; Hashem El-Serag, M.D., M.P.H.; Christine Engstrom, Ph.D., C.R.N.P., A.O.C.N.; James Halloran, M.S.N., R.N., C.N.S.; Samuel Ho, M.D.; Amy Justice, M.D., Ph.D.; Antonio S. McDonald; David Rimland, M.D.; Michael Simberkoff, M.D.; Paul Volberding, M.D.; and Susan Zickmund, Ph.D.