

CARING FOR VETERANS WITH HIV DISEASE

CHARACTERISTICS OF VETERANS IN VA CARE

FISCAL YEARS 2000-2001

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Most importantly, we thank the veterans who entrust their care to the VA Health Care System. We are constantly learning from them about how to improve the care we provide.

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EXECUTIVE SUMMARY

This report is the first in a series providing summary statistics on veterans with HIV disease in Veterans Health Administration (VA) care. Here, we present information on the basic characteristics of VA HIV patients—including their demographic characteristics, severity of illness, vital status (mortality)—and a key element of their care—antiretroviral drug therapy. This report includes information about VA care received during federal fiscal years (October 1 to September 30) 2000 and 2001. In addition to these basic characteristics, future reports will provide information on service utilization and clinical outcomes as validation of these data elements is completed.

The source of the data for this report is the VA's Immunology Case Registry (ICR). The data are maintained by HIV Coordinators at each VA facility. Once a new patient is identified and added to the registry, select clinical and utilization information are extracted from the electronic medical record and sent to a national database. Thereafter, updated information on ICR patients is sent nightly to the national system without individual identifiers. Individual identifying information is kept only at each medical center, and only summary information about the population of patients in care is reported from the national ICR.

The information on demographic characteristics, severity of illness, and vital status is manually entered into the ICR. The information on prescription use reported here is drawn from automated electronic outpatient pharmacy records.

The main body of the report presents information for veterans in care with HIV disease nationwide. An appendix provides information for each facility in each of the 22 Veterans Integrated Service Networks (VISNs) across the nation.

Caseload. During fiscal years 2000 and 2001 (respectively), the VA provided care to 17,763 and 18,517 unique individuals with known HIV disease—for an annual growth rate in national caseload of 4.2 percent. Consistent with the pattern of the HIV/AIDS epidemic nationally, all of the VA facilities in several regions in the South experienced increases in caseloads; in other regions, facility caseloads increased at some facilities and decreased at others.

Severity of Illness. During fiscal year 2000, 25 percent of patients in VA care had clinical manifestations of AIDS. This percentage declined in 2001 to 23 percent—a small but statistically significant decrease.

Gender. The overwhelming majority of veterans in VA care with HIV disease are male—almost 98 percent during fiscal year 2001. A smaller percentage of female compared with male veterans have clinical AIDS (18.9 versus 23.5 percent).

Age. Veterans with HIV disease in VA care encompass a wide age range, but tend to be older than the infected general population. At the end of fiscal year 2000, roughly one in five veterans with HIV disease in VA care was younger than 40 years of age, and roughly one in twelve was 60 years of age or older. Between fiscal years 2000 and 2001, the percentages of veterans in three older age groups (50's, 60's, and 70 and over) increased, while falling for younger age groups.

Race/Ethnicity. About 60 percent of veterans in VA care with HIV disease were reported to be members of a racial/ethnic minority group. Slightly less than half of those in care during fiscal year 2001 were black and not of Hispanic origin, and another eight percent were Hispanic.

Antiretroviral Therapy. During fiscal year 2001, 14,076 patients, or 75.8 percent of the 18,572 unique active HIV patients, received at least one prescription for an FDA-approved antiretroviral drug. This rate did not differ significantly from fiscal year 2000 (75.4 percent).

Veterans in VA care for HIV disease are prescribed a variety of different antiretroviral drugs from the three classes of agents: nucleoside reverse transcriptase inhibitors (NRTI), non-nucleoside reverse transcriptase inhibitors (nNRTI), and protease inhibitors (PI). Among the nNRTIs, efavirenz was the most commonly prescribed agent during the last quarter of 2001, at about 63 percent of the filled prescriptions for its class. Stavudine was the most commonly prescribed NRTI (28 percent of NRTI prescriptions), closely followed by lamivudine and the combination of lamivudine and zidovudine—each with slightly less than a quarter of the NRTI prescriptions. Finally, nelfinavir was the most commonly prescribed PI (almost 30 percent of the PI prescriptions), followed by indinavir (about 24 percent).

Mortality. Although the ICR obtains information on vital status from several sources, VA facilities are often unaware of the death of a former patient. We expect, therefore, that deaths are undercounted. The *known* mortality rate for patients in VA care for HIV disease was about 4 percent during both fiscal years 2000 and 2001.

I. INTRODUCTION

The Veterans Health Administration (VA) is the nation's largest integrated health care system, providing care to approximately 3.6 million unique patients during fiscal year 1999, with 612,000 inpatient episodes and 37 million outpatient visits.¹ The VA operates facilities in all 50 states as well as the District of Columbia, Philippines, Puerto Rico, and Virgin Islands. The VA medical system includes 172 medical centers, 527 ambulatory and community clinics, 206 counseling programs, 73 home-health programs, 131 nursing home units, and 40 other residential facilities. The system is organized into 22 regional Veterans Integrated Service Networks (VISNs). Each region encompasses one or more medical centers, which vary widely in both their size and geographic catchment areas.

The VA is also the largest single provider of HIV care in the United States. During fiscal year 2001, nearly 19,000 unique individuals with HIV disease received VA care. Medical care for veterans with HIV infection encompasses a wide range of services and programs including: inpatient medical care, outpatient medical care, pharmacy, mental health services, substance abuse treatment, long-term care, and homeless and hospice services.

Center for Quality Management in Public Health

Care for HIV/AIDS patients continues to change rapidly. Basic scientific research is being translated quickly into clinical care, and clinical care standards are updated almost monthly. The Center for Quality Management in Public Health (CQM) was established in September 1999 to help assure high quality, cost-effective HIV care for veterans in this environment of rapid change. The mission of CQM is to catalyze continual innovation and improvement in VA HIV clinical care through the use of quality management techniques and the strategic use of clinical information systems. To carry out this mission, the CQM uses the VA system as a "working laboratory." A unique VA resource, the Immunology Case Registry (ICR) database, is central to the work of the CQM.

The Immunology Case Registry (ICR)

The VA established the Immunology Case Registry (ICR) in 1985 (although many facilities did not implement it fully until 1992). The ICR includes records on over 50,000 unique patients with HIV disease who have received VA care since that time. HIV-positive patients are entered manually onto a local registry list by the designated HIV Coordinator at each facility. The ICR software interfaces with each VA facility's local electronic medical record system, pulls designated data fields for every patient on the local registry list from clinical records, and sends the data extract to the ICR on a nightly basis. The ICR database collects information from 15 separate software systems used to populate the patient's electronic medical

¹ Department of Veterans Affairs. *Summary of Medical Programs Fiscal Year 1999*. Washington DC: Department of Veterans Affairs. vawww.va.gov/sumedpr/fy99/smp99-all.

record (e.g., inpatient, outpatient, pharmacy, and dental). No personal identifiers (such as name or social security number) are sent to the national ICR. The site of care is recorded by “facility” (or station). VA facilities vary widely in size, from a single medical center to a health care system comprised of several medical centers.

The ICR is the source of the information presented in this report. We report counts of unique patients, their demographic characteristics, vital status (mortality), and prescriptions for antiretroviral drugs. Demographic information is collected from patients when they enter VA care for HIV disease at a given facility and is manually entered into the ICR.² Information on vital status is manually entered into the ICR and automatically downloaded from other VA records (such as death at the time of VA hospital discharge). Prescription information is automatically downloaded from the VA outpatient pharmacy records. The data reported here were extracted on October 12, 2001 (for patient counts, demographic characteristics, and vital status) and on October 31, 2001 (for prescriptions).

Local facilities independently validated the counts of unique patients at their facilities in fiscal year 2000. The other individual data elements on which this report is based have not been independently validated, but we believe them to be essentially accurate—with the exception of mortality. We report *known* mortality because we believe that death information is inconsistently reported on the ICR. Validation is in process for the data on inpatient stays, outpatient visits, and laboratory tests. Information on the use of these services and the results of laboratory tests will be included in future reports in this series.

Guide to this Report

This report is presented in four chapters. Following this introductory chapter, Chapter II describes the characteristics of veterans with HIV disease in VA care during fiscal years 2000 and 2001. Chapter III describes the antiretroviral drugs prescribed for them during these years. Finally, Chapter IV outlines plans for a new version of the ICR software. The body of the report provides data for VA facilities nationwide.

The report also includes an Appendix with counts of the number of unique individuals served at each facility, overall and by severity of illness. All facilities with at least one patient on the ICR during either fiscal year 2000 or 2001 are included in the Appendix tables. Data are grouped by VISN region.

² If multiple VA facilities completed demographic records on a given patient on the ICR during a given fiscal year, the data presented herein are taken from the earliest such record, provided that the patient had activity at that facility during the fiscal year.

II. VETERANS WITH HIV DISEASE IN VA CARE

During fiscal year 2000, the VA provided care to 17,763 unique individuals with HIV disease. The comparable figure for fiscal year 2001 is 18,517 individuals—an increase of 754 patients or 4.2 percent over the preceding year.

In most regions of the country, the size of HIV patient caseloads increased at some facilities and decreased or stayed the same at other facilities. However—consistent with the pattern of the HIV/AIDS epidemic nationally—all of the VA facilities in several parts of the South experienced increases in caseload. This is true for the three facilities of VISN 5 (Baltimore-Washington region), the eight facilities of VISN 6 (North Carolina-Virginia region), the ten facilities of VISN 16 (Gulf Coast region), and the three facilities of VISN 17 (central Texas region).³

Severity of Illness

During fiscal year 2001, nearly a quarter (23.4 percent) of patients in VA care had clinical AIDS. (See Table I and Figure 1.) That is, these patients had one of the AIDS-defining diagnoses included in the 1993 AIDS surveillance case definition—such as *Pneumocystis carinii* pneumonia (PCP), Kaposi's sarcoma (KS), or *Mycobacterium avium* complex (MAC).⁴ All other patients on the ICR are included in the category “Other HIV Disease” in both the table and figure.

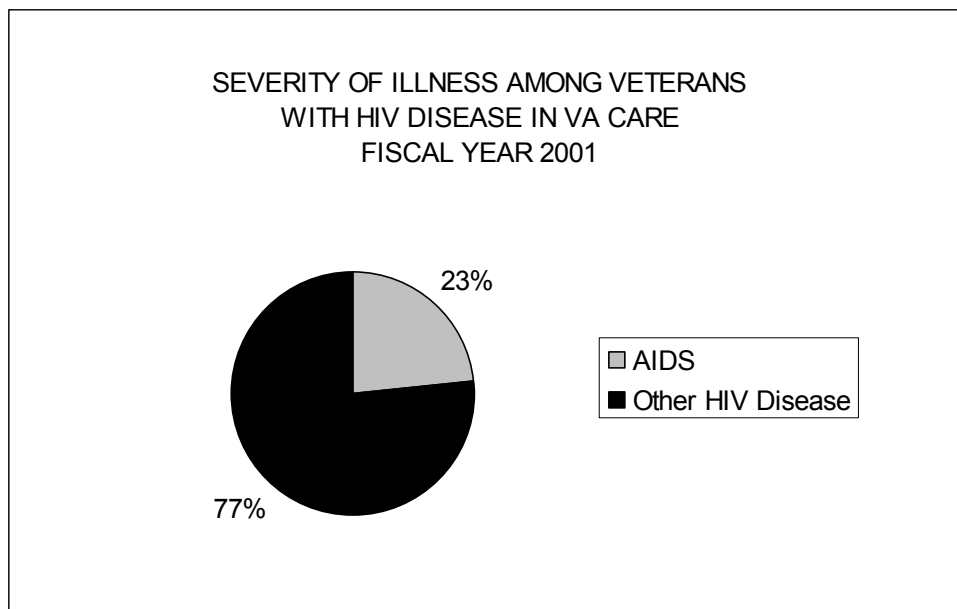


Figure 1

³ We exclude regions for which increases in caseload may be explained by facility mergers.

⁴ For the case definition, see Appendix B, MMWR, December 18, 1992, Vol. 41/RR-17.

TABLE I
SEVERITY OF ILLNESS AMONG VETERANS
WITH HIV DISEASE IN VA CARE

FISCAL YEARS 2000 AND 2001

Nation as a Whole

Severity of Illness ^a	FY2000		FY2001		Percent Change FY00 to FY01
	Number	Percent	Number	Percent	
Clinical AIDS	4,467	25.1	4,335	23.4	- 2.9
Other HIV Disease	13,295	74.8	14,182	76.6	6.7
Total Unique, Active Patients ^b	17,763	100.0	18,517	100.0	4.2

SOURCE: Immunology Case Registry (ICR), October 2001. The ICR consists of administrative data reported to the national registry. Individual data elements have not been independently validated.

NOTE: Totals may not add to 100 percent due to rounding.

^a Reflects the most severe level of illness of HIV disease ever recorded on the ICR for a given patient. Patients who have an AIDS-defining clinical condition during VA care for HIV disease (or who report having had such a condition prior to entering VA care) are coded as having clinical AIDS. An AIDS-defining clinical condition is defined by the 1993 AIDS surveillance case definition as listed in Appendix B, MMWR, December 18, 1992, Vol. 41/RR-17. All other patients on the ICR are coded as "Other HIV Disease."

^b The number of "unique, active patients" counts those who receive any type of inpatient and/or outpatient service during the fiscal year, unduplicated across all VA facilities in the nation.

Between fiscal years 2000 and 2001, there was a decrease in the percentage of veterans who have clinical AIDS (from 25.1 to 23.4 percent) and a corresponding increase in the percentage of veterans who have less severe HIV disease. While the magnitude of the decrease is small (1.7 percentage points), it represents a 6.8 percent decrease in the percentage of veterans with clinical AIDS and is statistically significant.⁵

This decrease in the percentage of patients who have clinical AIDS may be attributable to improvements in treatment regimens. We cannot, however, necessarily conclude that VA care for HIV disease has improved. It is possible that veterans beginning VA care for HIV disease in fiscal year 2001 were less severely ill than those who entered care earlier.

Gender

The overwhelming majority of veterans with HIV disease in VA care are male. During fiscal year 2001, almost 98 percent of such veterans were male (see Figure 2). As Table II indicates, the percentage of veterans with HIV disease in VA care who are male remained virtually unchanged from fiscal year 2000 (97.7 versus 97.6 percent). While women veterans are only a small percentage of the veterans with HIV disease in VA care, they number over 400 in the ICR as a whole and are one of the largest groups of identified HIV positive women in the United States.

A smaller percentage of female than male veterans have clinical AIDS. During fiscal year 2001, 18.9 percent of female veterans had clinical AIDS, compared with 23.5 percent of male veterans (not shown). The comparable figures for fiscal year 2000 are 19.4 percent and 25.3 percent, respectively. The male-

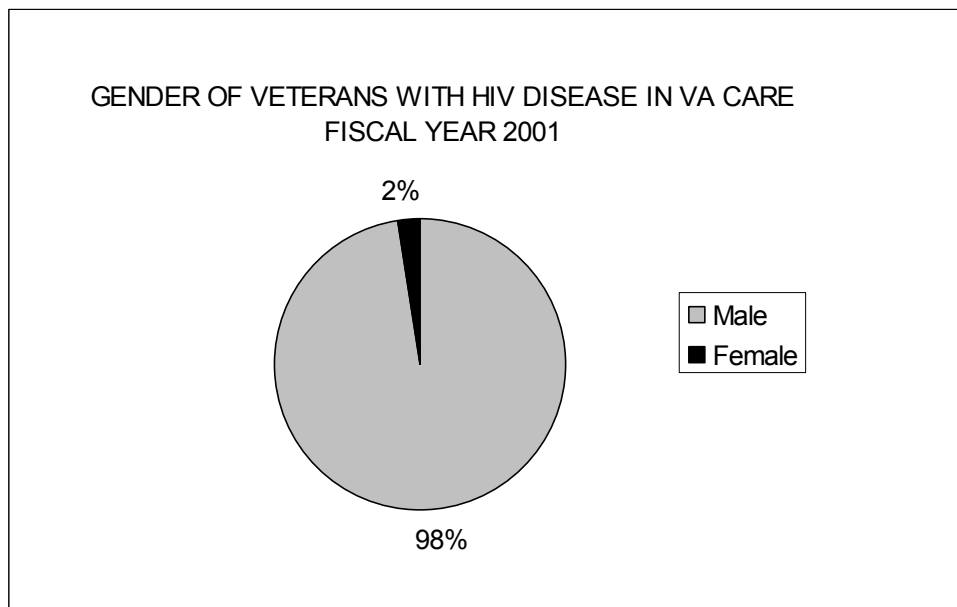


Figure 2

⁵ Chi square test of the two-by-two contingency table is statistically significant at the .01 level.

TABLE II
DEMOGRAPHIC CHARACTERISTICS OF VETERANS
WITH HIV DISEASE IN VA CARE

FISCAL YEARS 2000 AND 2001
Nation as a Whole

Demographic Characteristic	FY2000		FY2001		Percent Change FY00 to FY01
	Number	Percent	Number	Percent	
Total unique, active patients ^a	17,763	100.0	18,517	100.0	--
Gender ^b					
Male	17,356	97.7	18,077	97.6	- 0.1
Female	406	2.3	440	2.4	0.4
Age (in years) ^c					
Less than 30	280	1.6	257	1.4	- 12.5
30 to 39	3,052	17.2	2,836	15.3	- 11.6
40 to 49	7,703	43.4	7,700	41.6	- 4.1
50 to 59	5,225	29.4	6,000	32.4	10.2
60 to 69	1,132	6.4	1,272	6.9	7.8
70 and over	370	2.1	452	2.4	14.3
Race/Ethnicity					
Black (not Hispanic)	8,719	49.1	8,873	47.9	- 2.4
White (not Hispanic)	6,373	35.9	6,527	35.2	- 1.9
Hispanic	1,434	8.1	1,476	8.0	- 1.2
American Indian/Alaskan Native/Asian/Pacific Islander	83	0.5	84	0.5	0.0
Insufficient Information	835	4.7	1,024	5.5	--
Missing	319	1.8	533	2.9	--

SOURCE: Immunology Case Registry, October 2001. The ICR consists of administrative data reported to the national registry. Individual data elements have not been independently validated.

NOTE: Totals may not add to 100 percent due to rounding.

^a The number of "unique, active patients" counts those who receive any type of inpatient and/or outpatient service during the fiscal year, unduplicated across all VA facilities in the nation.

^b Gender is missing for one patient active in fiscal year 2000; that case is omitted from the table.

^c Age is as of the last day of the fiscal year, or, if the patient died during the fiscal year, as of the date of death. Age is missing for one patient active in fiscal year 2000; that case is omitted from the table.

female difference in the percentage of patients with clinical AIDS is statistically significant.⁶ This difference is consistent with gender differences in nationally reported cases.⁷

Age

Veterans with HIV disease in VA care vary considerably with respect to age. While most were between 40 and 59 years of age as of the end of fiscal year 2000, roughly one in five was less than 40 years of age and roughly one in twelve was 60 years of age or more. (See Table II.)

Veterans with HIV disease in VA care tend to be older than the infected general population. The most comprehensive assessment of the HIV infected population in care was performed by the HIV Cost and Services Utilization Study in 1996 and reported 56 percent of the population in the 35-49 year old age range and 12 percent of the population aged 50 or older.⁸ By comparison, 38 percent of the veteran HIV population in care during fiscal year 2000 was aged 50 or older.

Moreover, between fiscal years 2000 and 2001, there was a shift in the age distribution of those with HIV disease in VA care. As Figure 3 and Table II indicate, the percentages of veterans with HIV disease in three older age groups (50 to 59, 60 to 69, and 70 and over) uniformly increased, while the percentages fell for veterans in younger age groups. This change in the distribution is statistically significant.⁹ The shift may reflect the fact that patients with HIV disease are living longer or may simply be due to aging of the cohort with HIV disease in VA care.

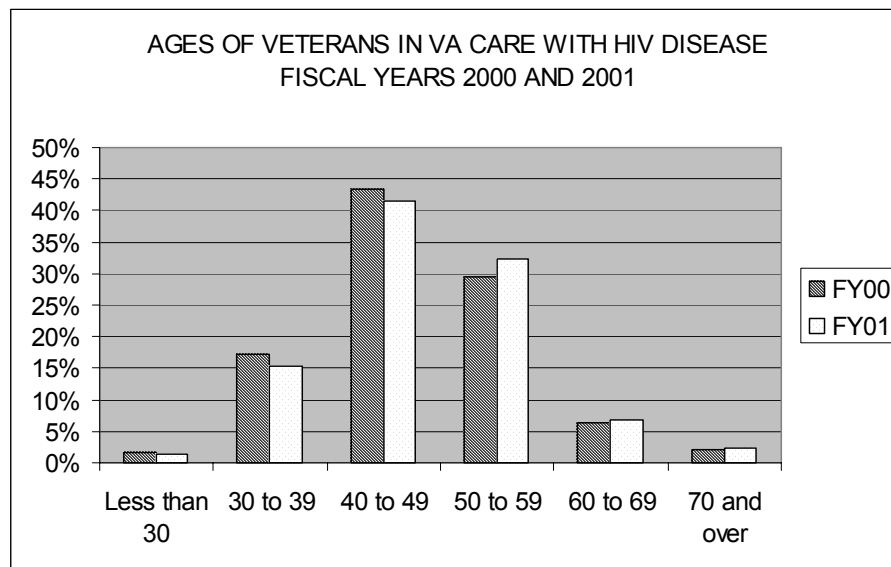


Figure 3

⁶ In both years, a Chi-square test of a two-by-two contingency table is statistically significant at the .05 level.

⁷ Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, *U.S. HIV and AIDS Cases Reported through December 2000—Year-End Edition*, Figures 1 and 2, Volume 12, Number 2.

⁸ Bozzette, S., et al., *The Care of HIV Infected Adults in the United States*, NEJM, Vol. 339, No. 26, 1998.

⁹ Chi square test of the two-by-six contingency table is statistically significant at the .01 level.

Across the age groups, the percentage of veterans with HIV disease in VA care who have clinical AIDS varies little, with one exception. As Table III indicates, a smaller percentage of those who are less than 30 years of age have clinical AIDS. During fiscal year 2000, for example, less than 10 percent of those in the youngest age group had clinical AIDS compared to about 20 to 25 percent of all other age groups.

Race/Ethnicity

About 60 percent of veterans with HIV disease in VA care reported being members of a minority group. As Figure 4 indicates, slightly less than half of those in care during fiscal year 2001 reported that they were black and not of Hispanic origin. About 8 percent reported that they were Hispanic, and less than 1 percent reported that they were an American Indian, Alaskan Native, Asian, or Pacific Islander (listed as "Other" in Figure 4). About 35 percent of veterans with HIV disease in VA care during fiscal year 2001 reported that they were white and not of Hispanic origin. The remaining veterans did not provide sufficient information to code their race/ethnicity or did not respond. As Table II indicates, the percentages in various racial/ethnic groups changed little between fiscal years 2000 and 2001.

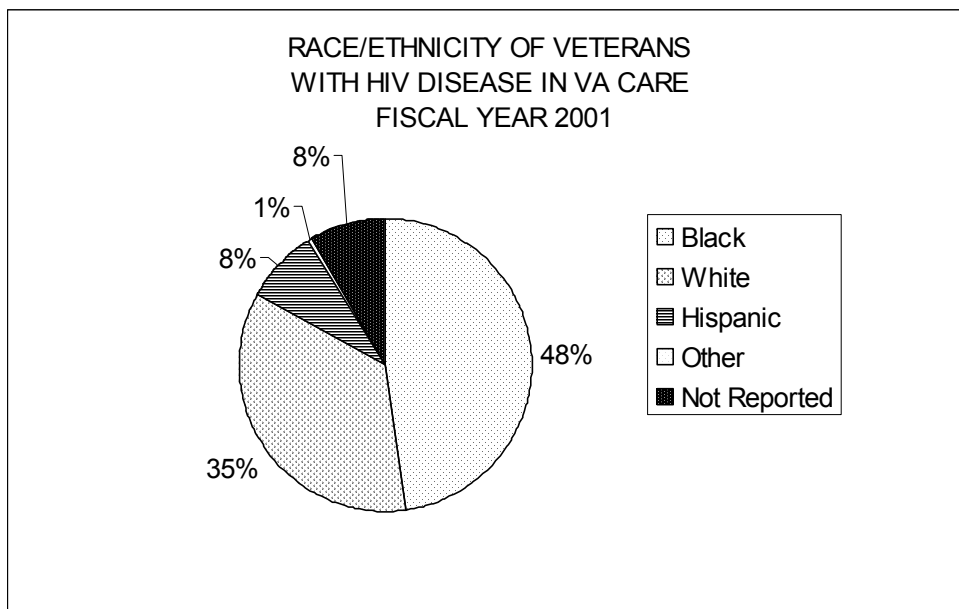


Figure 4

TABLE III

**AGE OF VETERANS WITH HIV DISEASE IN VA CARE,
BY SEVERITY OF ILLNESS
FISCAL YEARS 2000 AND 2001**

Age (in yrs) ^a	Severity of Illness ^b				Total Number of Patients in Age Group ^c	Percent of Age Group with Clinical AIDS
	Clinical AIDS		Other HIV Disease			
	Number	Percent	Number	Percent		
Fiscal Year 2000						
Less than 30	27	0.6	253	1.9	280	9.6
30 to 39	741	16.6	2,311	17.4	3,052	24.3
40 to 49	1,972	44.1	5,732	43.1	7,703	25.6
50 to 59	1,338	30.0	3,887	29.2	5,225	25.6
60 to 69	311	7.0	821	6.2	1,132	27.5
70 and over	78	1.7	292	2.2	370	21.1
Total FY 2000	4,467	100.0	13,295	100.0	17,762	25.1
Fiscal Year 2001						
Less than 30	17	1.7	240	0.4	257	6.6
30 to 39	612	15.7	2,224	14.1	2,836	21.6
40 to 49	1,845	41.3	5,855	42.6	7,700	24.0
50 to 59	1,447	32.1	4,553	33.4	6,000	24.1
60 to 69	330	6.6	942	7.6	1,272	25.9
70 and over	84	2.6	368	1.9	452	18.6
Total FY 2001	4,335	100.0	14,182	100.0	18,517	23.4

SOURCE: Immunology Case Registry, October 2001. The ICR consists of administrative data reported to the national registry. Individual data elements have not been independently validated.

^a Age is calculated as of the last day of the fiscal year of interest, or, if the patient died during the fiscal year, as of the date of death. Age is missing for one patient active in the fiscal year; that case is omitted from the table.

^b Reflects the most severe level of illness of HIV disease recorded on the ICR for a given patient. Patients who have an AIDS-defining clinical condition during VA care for HIV disease (or who report having had such a condition prior to entering VA care for HIV disease) are coded as having clinical AIDS. An AIDS-defining clinical condition is defined by the 1993 AIDS surveillance case definition as listed in Appendix B, MMWR, December 18, 1992, Vol. 41/RR-17. All other patients on the ICR are coded as "Other HIV Disease."

^c This is the number of unique, active patients in the age group. It counts those who receive any type of inpatient and/or outpatient service during the fiscal year, unduplicated across all VA facilities in the nation.

Mortality

The ICR obtains information on vital status from several sources. Data on death of current VA patients are automatically downloaded from other VA files, for example, if a patient dies during a hospital stay. A facility's HIV Coordinator may also manually enter information on vital status into the ICR. Nevertheless, VA facilities are often unaware of the death of a former patient, and we expect, therefore, that death is undercounted on the ICR. As Table IV indicates, the known all-cause mortality rate for patients with HIV disease in VA care was about 4 percent in both fiscal years 2000 and 2001.

TABLE IV
KNOWN DEATHS FROM ALL CAUSES AMONG
VETERANS WITH HIV DISEASE IN VA CARE

FISCAL YEARS 2000 AND 2001

I. OVERALL

Measure	FY2000	FY2001	Percent Change FY00 to FY01
Deaths during Year among Patients that Year	750	751	0.1%
Number Unique, Active Patients ^a	17,763	18,517	4.2%
Known Mortality Rate	4.22%	4.05%	- 4.0%

II. BY SEVERITY OF ILLNESS ^b

Measure	FY2000	FY2001	Percent Change FY00 to FY01
Clinical AIDS			
Deaths during Year among Patients that Year	335	324	- 3.3%
Number Unique, Active Patients ^a	4,467	4,335	- 3.0%
Known Mortality Rate	7.50%	7.47%	- 0.4%
Other HIV Disease			
Deaths during Year among Patients that Year	415	427	2.9%
Number Unique, Active Patients ^a	13,295	14,182	6.7%
Known Mortality Rate	3.12%	3.01%	- 3.5%

SOURCE: Immunology Case Registry, October 2001. The ICR consists of administrative data reported to the national registry. Individual data elements have not been independently validated.

^a The number of “unique, active patients” counts those who receive any type of inpatient and/or outpatient service during the fiscal year, unduplicated across all VA facilities in the nation.

^b Reflects the most severe level of illness of HIV disease recorded on the ICR for a given patient. Patients who have an AIDS-defining clinical condition during VA care for HIV disease (or who report having had such a condition prior to entering VA care for HIV disease) are coded as having clinical AIDS. An AIDS-defining clinical condition is defined by the 1993 AIDS surveillance case definition as listed in Appendix B, MMWR, December 18, 1992, Vol. 41/RR-17. All other patients on the ICR are coded as “Other HIV Disease.”

III. ANTIRETROVIRAL THERAPY

Veterans in VA care for HIV disease are prescribed a variety of different antiretroviral drugs from the three classes of agents: nucleoside reverse transcriptase inhibitors (NRTI), non- nucleoside reverse transcriptase inhibitors (nNRTI), and protease inhibitors (PI). As of the end of fiscal year 2001, the VA national formulary included 17 antiretroviral medications (including formulations of combined medications).

Last Quarter of Fiscal Year 2001 Utilization

Table V presents information on prescriptions for antiretroviral drugs for the final quarter (June through September) of fiscal year 2001. Because patients who fill prescriptions for the same drug at *different* VA facilities during a given period are counted multiple times, data are presented for a single quarter, rather than for an entire fiscal year. By presenting data for single quarter, such “double counting” is limited; only about one percent of patients have prescriptions for antiretroviral drugs from different VA facilities during a given quarter.

During the final quarter of fiscal year 2001, the VA cared for 15,930 veterans with HIV disease. Of these, almost three-quarters (72.8 percent) had a prescription for one or more antiretroviral drug filled during the quarter. Separately for each class of antiretroviral, Table V presents information on prescriptions for individual drugs dispensed during the last quarter of 2001.

Non-Nucleoside Reverse Transcriptase Inhibitor (nNRTI). Among the nNRTIs, efavirenz was the most commonly prescribed during the last quarter of 2001. About 63 percent of nNRTI prescriptions during that period were for efavirenz. Nevirapine ranked second in use, at about one-third of nNRTI prescriptions filled during the last quarter of 2001. The remaining nNRTI on the VA formulary is delavirdine, which accounted for about two percent of prescriptions for an nNRTI.

Nucleoside Reverse Transcriptase Inhibitor (NRTI). Stavudine is the most commonly prescribed NRTI; nationwide, 28 percent of the prescriptions for an NRTI filled during the last quarter of fiscal year 2001 were for stavudine. Lamivudine and the combination of lamivudine and zidovudine follow—each with slightly less than a quarter of the nNRTI prescriptions during the last quarter of 2001. The remainder of the NRTI prescriptions were spread across five other drugs (in descending order): (1) didanosine; (2) abacavir; (3) zidovudine; (4) abacavir, lamivudine, and zidovudine combined; and (5) zalcitabine.

TABLE V

**PRESCRIPTIONS FOR ANTIRETROVIRAL DRUGS FOR VETERANS
WITH HIV DISEASE, OVERALL AND WITHIN CLASS**

**LAST QUARTER OF FISCAL YEAR 2001
Nation as a Whole**

I. Overall		
Measure	Last Quarter of FY2001	
	Number	Percent
Active, Unique Patients during Quarter ^a	15,930	100.0
Patients with Prescription for Any Antiretroviral ^b	11,604	72.8
II. Non-Nucleoside Reverse Transcriptase Inhibitor (nNRTI)		
Drug ^c		
Delavirdine	104	2.1
Efavirenz	3,199	63.3
Nevirapine	1,747	34.6
Any Drug in Class ^d	5,050	100.0
III. Nucleoside Reverse Transcriptase Inhibitor (NRTI)		
Drug ^c		
Abacavir	1,577	8.5
Didanosine	2,100	11.3
Lamivudine	4,363	23.5
Stavudine	5,208	28.1
Zalcitabine	87	0.5
Zidovudine	507	2.7
Lamivudine/Zidovudine	4,256	23.0
Abacavir/Lamivudine/Zidovudine	437	2.4
Any Drug in Class ^d	18,535	100.0

Table V (continued)

IV. Protease Inhibitor (PI)		
Drug^c	Last Quarter of FY2001	
	Number	Percent
Amprenavir	632	7.0
Indinavir)	2,137	23.6
Lopinavir/Ritonavir	1,375	15.2
Nelfinavir	2,712	29.9
Ritonavir	1,438	15.8
Saquinavir	777	8.6
Any Drug in Class^d	9,071	100.0

SOURCE: Immunology Case Registry, October 2001. The ICR consists of administrative data reported to the national registry. Individual data elements have not been independently validated.

NOTE: Investigational agents are not included. Totals may not add to 100 percent due to rounding.

^a Number of unique, active patients counts those who receive any type of inpatient and/or outpatient service during the quarter, unduplicated across all VA facilities in the nation.

^b Patients with prescriptions for antiretroviral drugs filled at more than one VA facility during a quarter are counted multiple times. During each quarter of fiscal year 2001, about 1.1 percent of all patients had prescriptions of antiretroviral drugs filled at multiple VA facilities.

^c Patients may have prescriptions for multiple drugs within a class. Patients with prescriptions for multiple formulations of the same drug (e.g., elixir and tablet) during the quarter at the same facility are counted multiple times.

^d Patients with prescriptions for drugs *in the same class* filled at more than one VA facility during the quarter are counted multiple times.

Protease Inhibitor (PI). Finally, nelfinavir was the most commonly prescribed PI during the last quarter of fiscal year 2001, accounting for almost 30 percent of the PI prescriptions filled. It was followed by indinavir with slightly less than a quarter of PI prescriptions filled. The remainder of the PI prescriptions were spread across four other drugs (in descending order): (1) ritonavir, (2) lopinavir and ritonavir combined, (3) saquinavir, and (4) amprenavir.

Overall Utilization

Potent antiretroviral therapy has been the key to improved outcomes for patients with HIV/AIDS. While pharmacy data is limited to prescriptions filled within the VA system, we believe that the data are representative of actual use due to the comprehensiveness of the VA national formulary and generosity of the drug benefit to veterans eligible for VA care.

During fiscal year 2001, 14,076 patients, or 75.8 percent of the 18,572 unique active HIV patients, received at least one prescription for an FDA-approved antiretroviral drug. This rate did not differ significantly from fiscal year 2000 (75.4 percent). It is also appropriate that some HIV patients are not placed on antiretroviral therapy given the recently revised recommendations to begin treatment later in HIV disease progression.¹⁰

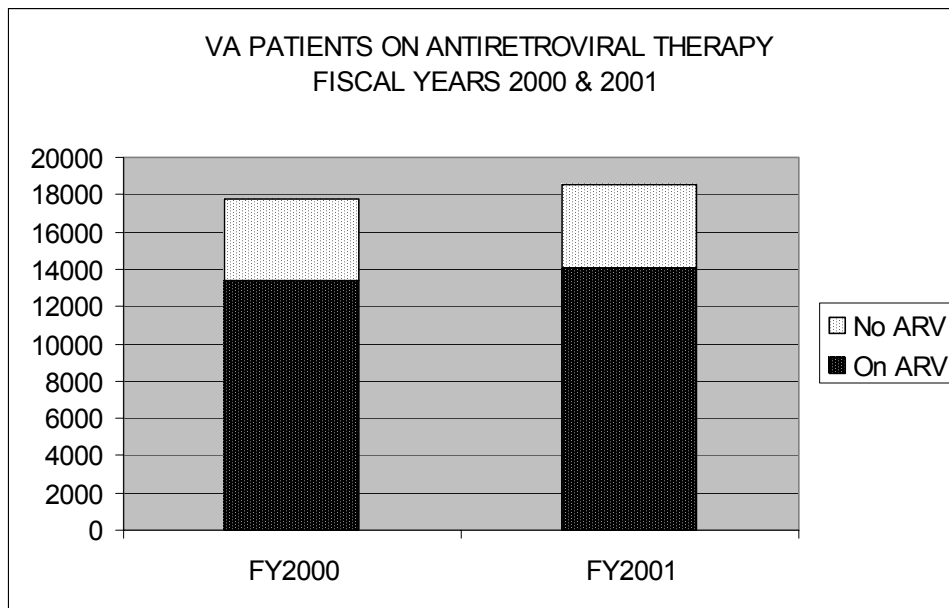


Figure 5

¹⁰ DHHS and Kaiser Family Foundation. *Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents*, August 13, 2001. www.hivatis.org.

III. FUTURE DIRECTIONS

The Immunology Case Registry (ICR) has served an important administrative role, but its clinical usefulness has been constrained by both data and software limitations. Beginning in January 2000, when CQM was made responsible for the registry, extensive efforts have been underway to validate and improve the contents of the national ICR database. Most importantly, the CQM has been focusing on capturing clinical information to help measure and improve the clinical outcomes of VA HIV patients.

As part of these efforts a new version of the ICR software is in development, along with clinical query tools for both the local and national levels. These initiatives are in their infancy, but are being designed for use by front-line clinicians in the management of their local clinic populations. It is hoped that such efforts will help assure that high quality HIV services are provided to all veterans in care throughout the VA system.

APPENDIX

TABLE A
VETERANS WITH HIV DISEASE IN VA CARE,
BY VISN AND FACILITY

FISCAL YEARS 2000 AND 2001

VISN/State/Facility		Total Number of Unique Active Patients ^a		Percent Change FY00 to FY01
		FY2000	FY2001	
VISN 1: VA New England Healthcare System				
CT:	Connecticut/West Haven	223	206	- 7.6
MA:	Bedford	23	23	0.0
	Boston	227	220	- 3.1
	Northhampton	42	40	- 4.8
ME:	Togus	17	16	- 5.9
NH:	Manchester	23	22	- 4.3
RI:	Providence	47	41	- 12.8
VT:	White River Junction	13	15	15.4
VISN 2: VA Healthcare Network Upstate New York				
NY:	Albany (00: 9 mos.) ^b	86	merged	--
	Bath (00: 9 mos.) ^b	34	merged	--
	Upstate New York/ Buffalo ^c	242	265	9.5
	Syracuse (00: 6 mos.) ^d	33	merged	--
VISN 3: VA NY/NJ Veterans Healthcare Network				
NJ:	New Jersey/East Orange	521	486	- 6.7
NY:	Bronx	504	522	3.6
	Hudson Valley/Montrose	163	153	- 6.1
	New York Harbor	1,042	995	- 4.5
	Northport	102	104	2.0

Table A (continued)

VISN/State/Facility		Total Number of Unique Active Patients ^a		Percent Change FY00 to FY01
		FY2000	FY2001	
VISN 4: VA Stars & Stripes Healthcare Network				
DE:	Wilmington	111	122	9.9
PA:	Altoona	2	4	100.0
	Butler	1	2	100.0
	Coatesville	180	142	- 21.1
	Erie	5	8	60.0
	Lebanon	57	67	17.5
	Philadelphia	488	486	- 0.4
	Pittsburgh/University	95	98	3.2
	Wilkes-Barre	49	38	- 22.4
WV:	Clarksburg	6	6	0.0
VISN 5: VA Capitol Health Care Network				
DC:	Washington	706	732	3.7
MD:	Maryland/Baltimore	593	631	6.4
WV:	Martinsburg	74	83	12.2
VISN 6: The Mid-Atlantic Network				
NC:	Asheville	47	51	8.5
	Durham	341	360	5.6
	Fayetteville	25	49	96.0
	Salisbury	114	138	21.0
VA:	Hampton	216	240	11.1
	Richmond	179	193	7.8
	Salem	56	60	7.1
WV:	Beckley	10	10	0.0

Table A (continued)

VISN/State/Facility		Total Number of Unique Active Patients ^a		Percent Change FY00 to FY01
		FY2000	FY2001	
VISN 7: The Atlanta Network				
AL:	Birmingham	199	222	11.6
	Central Alabama/ Montgomery	95	108	13.7
	Tuscaloosa	10	9	- 10.0
GA:	Atlanta	760	794	4.5
	Augusta	126	126	0.0
	Dublin	23	23	0.0
SC:	Charleston	211	226	7.1
	Columbia	240	233	- 2.9
VISN 8: VA Sunshine Healthcare Network				
FL:	Bay Pines	250	261	4.4
	Miami	721	750	4.0
	North FL-South GA/ Gainesville	180	233	29.4
	Tampa	442	439	- 0.7
	West Palm Beach	237	275	16.0
PR:	San Juan	427	422	- 1.2
VISN 9: Mid South Veterans Healthcare Network				
KY:	Lexington	32	41	28.1
	Louisville	82	105	28.0
TN:	Memphis	167	185	10.8
	Middle Tennessee/ Nashville ^e	163	196	20.2
	Mountain Home	32	30	- 6.2
	Murfreesboro ^f	47	merged	--
WV:	Huntington	12	11	- 8.3

Table A (continued)

VISN/State/Facility		Total Number of Unique Active Patients ^a		Percent Change FY00 to FY01
		FY2000	FY2001	
VISN 10: VA Healthcare System of Ohio				
OH:	Chillicothe	22	21	- 4.5
	Cincinnati	109	113	3.7
	Cleveland	188	198	5.3
	Columbus	31	31	0.0
	Dayton	96	86	- 10.4
VISN 11: Veterans Integrated Service Network				
IL:	Danville	28	26	- 7.1
IN:	Indianapolis	146	147	0.7
	Northern Indiana/Marion	32	41	28.1
MI:	Allen Park/Detroit	239	225	- 5.8
	Ann Arbor	101	123	21.8
	Battle Creek	45	43	- 4.4
	Saginaw	30	34	13.3
VISN 12: The Great Lakes Health Care System				
IL:	Chicago/Chicago West Side	443	446	0.7
	Hines	128	124	- 3.1
	North Chicago	76	72	- 5.3
MI:	Iron Mountain	9	10	11.1
WI:	Madison	31	36	16.1
	Milwaukee	86	85	- 11.6
	Tomah	1	1	0.0

Table A (continued)

VISN/State/Facility		Total Number of Unique Active Patients ^a		Percent Change FY00 to FY01
		FY2000	FY2001	
VISN 13: VA Upper Midwest Health Care Network				
MN:	Minneapolis	108	108	0.0
	St. Cloud	10	10	0.0
ND:	Fargo	11	14	27.3
SD:	Black Hills/Fort Meade	4	7	75.0
	Sioux Falls	13	16	23.1
VISN 14: Central Plains Health Network				
IA:	Central Iowa/ Des Moines (00: 9 mos.) ^g	16	merged	--
	Iowa City ^h	38	merged	--
NE:	Greater Nebraska/ Lincoln (00: 6 mos.) ⁱ	7	merged	--
	Central Plains/Omaha ^c	58	94	62.1
VISN 15: VA Heartland Network				
IL:	Marion (01: 9 mos.) ^j	37	38	2.7
KS:	Eastern Kansas/ Topeka (01: 9 mos.) ^k	37	38	2.7
	Wichita	16	16	0.0
MO:	Columbia (01: 6 mos.) ^l	24	20	- 16.7
	Heartland East/St. Louis ^e	170	214	25.9
	Heartland West/ Kansas City ^e	116	165	42.2
	Popular Bluff (01: 6 mos.) ^m	1	1	0.0

Table A (continued)

VISN/State/Facility		Total Number of Unique Active Patients ^a		Percent Change FY00 to FY01
		FY2000	FY2001	
VISN 16: South Central VA Healthcare Network				
AR:	Fayetteville	23	34	47.8
	Little Rock	120	140	16.7
LA:	Alexandria	32	32	0.0
	New Orleans	297	311	4.7
	Shreveport/Overton Brook	66	76	15.2
MS:	Gulf Coast/Biloxi	152	168	10.5
	Jackson	141	133	5.7
OK:	Muskogee/Tulsa	27	35	29.6
	Oklahoma City	139	150	7.9
TX:	Houston	605	627	3.6
VISN 17: VA Heart of Texas Health Care Network				
TX:	Central Texas/Temple	130	151	16.2
	North Texas/Dallas	322	358	11.2
	South Texas/San Antonio	278	303	9.0
VISN 18: VA Southwest Health Care Network				
AZ:	Phoenix	197	198	0.5
	Prescott	7	4	- 42.8
	Tucson	139	132	- 5.0
NM:	Albuquerque	82	89	8.5
TX:	Amarillo	35	41	17.1
	Big Spring	17	18	5.9
	El Paso	16	17	6.2

Table A (continued)

VISN/State/Facility		Total Number of Unique Active Patients ^a		Percent Change FY00 to FY01
		FY2000	FY2001	
VISN 19: Rocky Mountain Network				
CO:	Eastern Colorado/Denver	212	215	1.4
	Grand Junction	3	2	- 33.3
	Southern Colorado/Fort Lyon	1	1	0.0
MT:	Montana/Fort Harrison	14	12	- 14.3
UT:	Salt Lake City	61	63	3.3
WY:	Cheyenne	5	6	20.0
	Sheridan	1	1	0.0
VISN 20: Northwest Network				
AK:	Anchorage	19	15	- 21.0
ID:	Boise	34	33	- 2.9
OR:	Portland	168	182	8.3
	Roseburg	25	26	4.0
	White City	14	10	- 28.6
WA:	Puget Sound/Seattle	165	191	15.8
	Spokane	27	29	7.4
	Walla Walla	7	10	42.8
VISN 21: Sierra Pacific Network				
CA:	Fresno	46	61	32.6
	Northern California/Martinez	186	225	21.0
	Palo Alto	185	177	- 4.3
	San Francisco	532	514	- 3.4
HI:	Honolulu	30	38	26.7
NV:	Sierra Nevada/Reno	53	54	1.9

Table A (continued)

VISN/State/Facility		Total Number of Unique Active Patients ^a		Percent Change FY00 to FY01
		FY2000	FY2001	
VISN 22: Desert Pacific Healthcare Network				
CA:	Greater Los Angeles/West LA	540	548	1.5
	Loma Linda	194	210	8.2
	Long Beach	240	231	- 3.8
	San Diego	442	452	2.3
NV:	Southern Nevada/Las Vegas	123	185	50.4

SOURCE: Immunology Case Registry, October 2001. The ICR consists of administrative data reported to the national registry. Individual data elements have not been independently validated.

^a Number of unique, active patients counts those who receive any type of inpatient and/or outpatient service during the fiscal year, unduplicated across all VA facilities in the nation.

^b Merged into Upstate New York/Buffalo as of July 1, 2000.

^c Other facilities merged into this facility during fiscal year 2000.

^d Merged into Upstate New York/Buffalo as of April 1, 2000.

^e Other facilities merged into this facility during fiscal year 2001.

^f Merged into Middle Tennessee/Nashville as of October 1, 2000. Four cases reported for fiscal year 2001 are included in Middle Tennessee/Nashville.

^g Merged into Central Plains/Omaha as of July 1, 2000.

^h Merged into Central Plains/Omaha as of October 1, 2000.

ⁱ Merged into Central Plains/Omaha as of April 1, 2000.

^j Merged into Heartland East/St. Louis as of July 1, 2001.

^k Merged into Heartland West/Kansas City as of July 1, 2001.

^l Merged into Heartland West/Kansas City as of April 1, 2001.

^m Merged into Heartland East/St. Louis as of April 1, 2001

TABLE B
SEVERITY OF ILLNESS OF VETERANS
WITH HIV DISEASE IN VA CARE,
BY VISN AND FACILITY

FISCAL YEAR 2000

VISN/State/Facility		Severity of Illness ^a				Total Number of Patients ^b
		Clinical AIDS		Other HIV Disease		
		Number	Percent	Number	Percent	
VISN 1: VA New England Healthcare System						
CT:	Connecticut/West Haven	22	9.9	201	90.1	223
MA:	Bedford	0	0.0	23	100.0	23
	Boston	27	11.9	200	88.1	227
	Northhampton	6	14.3	36	85.7	42
ME:	Togus	5	29.4	12	70.6	17
NH:	Manchester	7	30.4	16	69.6	23
RI:	Providence	19	40.4	28	59.6	47
VT:	White River Junction	0	0.0	13	100.0	13
VISN 2: VA Healthcare Network Upstate New York						
NY:	Albany (9 mos.) ^c	16	18.6	70	81.4	86
	Bath (9 mos.) ^c	3	8.8	31	91.2	34
	Upstate New York/ Buffalo ^d	60	24.8	182	75.2	242
	Syracuse (6 mos.) ^e	3	9.1	30	90.9	33
VISN 3: VA NY/NJ Veterans Healthcare Network						
NJ:	New Jersey/ East Orange	42	8.1	479	91.9	521
NY:	Bronx	138	27.4	366	72.6	504
	Hudson Valley/Montrose	21	12.9	142	87.1	163
	New York Harbor	136	13.0	906	87.0	1,042
	Northport	18	17.6	84	82.4	102

Table B (continued)

VISN/State/Facility		Severity of Illness ^a				Total Number of Patients ^b
		Clinical AIDS		Other HIV Disease		
		Number	Percent	Number	Percent	
VISN 4: VA Stars & Stripes Healthcare Network						
DE:	Wilmington	32	28.8	79	71.2	111
PA:	Altoona	1	50.0	1	50.1	2
	Butler	0	0.0	1	100.0	1
	Coatesville	18	10.0	162	90.0	180
	Erie	2	40.0	3	60.0	5
	Lebanon	4	7.0	53	93.0	57
	Philadelphia	74	15.2	414	84.8	488
	Pittsburgh/University	19	20.0	76	80.0	95
	Wilkes-Barre	21	42.8	28	57.1	49
WV:	Clarksburg	0	0.0	6	100.0	6
VISN 5: VA Capitol Health Care Network						
DC:	Washington	174	24.6	532	75.4	706
MD:	Maryland/Baltimore	101	17.0	492	83.0	593
WV:	Martinsburg	21	28.4	53	71.6	74
VISN 6: The Mid-Atlantic Network						
NC:	Asheville	6	12.8	41	87.2	47
	Durham	148	43.4	193	56.6	341
	Fayetteville	3	12.0	22	88.0	25
	Salisbury	22	19.3	92	80.7	114
VA:	Hampton	106	49.1	110	50.9	216
	Richmond	36	20.1	143	79.9	179
	Salem	19	33.9	37	66.1	56
WV:	Beckley	4	40.0	6	60.0	10

Table B (continued)

VISN/State/Facility		Severity of Illness ^a				Total Number of Patients ^b
		Clinical AIDS		Other HIV Disease		
		Number	Percent	Number	Percent	
VISN 7: The Atlanta Network						
AL:	Birmingham	31	15.6	168	84.4	199
	Central Alabama/ Montgomery	35	36.8	60	63.2	95
	Tuscaloosa	1	10.0	9	90.0	10
GA:	Atlanta	174	22.9	586	77.1	760
	Augusta	24	19.0	102	81.0	126
	Dublin	2	8.7	21	91.3	23
SC:	Charleston	83	39.3	128	60.7	211
	Columbia	14	5.8	226	94.2	240
VISN 8: VA Sunshine Healthcare Network						
FL:	Bay Pines	52	20.8	198	79.2	250
	Miami	181	25.1	540	74.9	721
	North FL-South GA/ Gainesville	29	16.1	151	83.9	180
	Tampa	79	17.9	363	82.1	442
	West Palm Beach	75	31.6	162	68.4	237
PR:	San Juan	111	26.0	316	74.0	427
VISN 9: Mid South Veterans Healthcare Network						
KY:	Lexington	11	34.4	21	65.6	32
	Louisville	30	36.6	52	63.4	82
TN:	Memphis	28	16.8	139	83.2	167
	Middle Tennessee/ Nashville	24	14.7	139	85.3	163
	Mountain Home	7	21.9	25	78.1	32
	Murfreesboro	8	17.0	39	83.0	47
WV:	Huntington	2	16.7	10	83.3	12

Table B (continued)

VISN/State/Facility		Severity of Illness ^a				Total Number of Patients ^b
		Clinical AIDS		Other HIV Disease		
		Number	Percent	Number	Percent	
VISN 10: VA Healthcare System of Ohio						
OH:	Chillicothe	3	13.6	19	86.4	22
	Cincinnati	24	22.0	85	78.0	109
	Cleveland	71	37.8	117	62.2	188
	Columbus	0	0.0	31	100.0	31
	Dayton	16	16.7	80	83.3	96
VISN 11: Veterans Integrated Service Network						
IL:	Danville	17	60.7	11	39.3	28
IN:	Indianapolis	28	19.2	118	80.8	146
	Northern Indiana/Marion	2	6.2	30	93.8	32
MI:	Allen Park/Detroit	42	17.6	197	82.4	239
	Ann Arbor	27	26.7	74	73.3	101
	Battle Creek	1	2.2	44	97.8	45
	Saginaw	7	23.3	23	76.7	30
VISN 12: The Great Lakes Health Care System						
IL:	Chicago/ Chicago West Side	80	18.1	363	81.9	443
	Hines	33	25.8	95	74.2	128
	North Chicago	6	7.9	70	92.1	76
MI:	Iron Mountain	2	22.2	7	77.8	9
WI:	Madison	4	12.9	27	87.1	31
	Milwaukee	13	15.1	73	84.9	86
	Tomah	0	0.0	1	100.0	1

Table B (continued)

VISN/State/Facility		Severity of Illness ^a				Total Number of Patients ^b
		Clinical AIDS		Other HIV Disease		
		Number	Percent	Number	Percent	
VISN 13: VA Upper Midwest Health Care Network						
MN:	Minneapolis	29	26.8	79	73.2	108
	St. Cloud	1	10.0	9	90.0	10
ND:	Fargo	2	18.2	9	81.8	11
SD:	Black Hills/Fort Meade	1	25.0	3	75.0	4
	Sioux Falls	6	46.2	7	53.8	13
VISN 14: Central Plains Health Network						
IA:	Central Iowa/ Des Moines (9 mos.) ^f	2	12.5	14	87.5	16
	Iowa City	13	34.2	25	65.8	38
NE:	Greater Nebraska/ Lincoln (6 mos.) ^g	2	28.6	5	71.4	7
	Central Plains/Omaha ^d	5	8.6	53	91.4	58
VISN 15: VA Heartland Network						
IL:	Marion	7	18.9	30	81.1	37
KS:	Eastern Kansas/Topeka	3	8.1	34	91.9	37
	Wichita	8	50.0	8	50.0	16
MO:	Columbia	10	41.7	14	58.3	24
	Heartland East/St. Louis	15	8.8	155	91.2	170
	Heartland West/ Kansas City	38	32.8	78	67.2	116
	Popular Bluff	0	0.0	1	100.0	1

Table B (continued)

VISN/State/Facility		Severity of Illness ^a				Total Number of Patients ^b
		Clinical AIDS		Other HIV Disease		
		Number	Percent	Number	Percent	
VISN 16: South Central VA Healthcare Network						
AR:	Fayetteville	3	13.0	20	87.0	23
	Little Rock	10	8.3	110	91.7	120
LA:	Alexandria	11	34.4	21	65.6	32
	New Orleans	88	29.6	209	70.4	297
	Shreveport/ Overton Brook	10	15.2	56	84.8	66
MS:	Gulf Coast/Biloxi	25	16.4	127	83.6	152
	Jackson	28	19.9	113	80.1	141
OK:	Muskogee/Tulsa	3	11.1	24	88.9	27
	Oklahoma City	21	15.1	118	84.9	139
TX:	Houston	96	15.9	509	84.1	605
VISN 17: VA Heart of Texas Health Care Network						
TX:	Central Texas/Temple	25	19.2	105	80.8	130
	North Texas/Dallas	57	17.7	265	82.3	322
	South Texas/ San Antonio	101	36.3	177	63.7	278
VISN 18: VA Southwest Health Care Network						
AZ:	Phoenix	21	10.6	176	89.3	197
	Prescott	0	0.0	7	100.0	7
	Tucson	25	18.0	114	82.0	139
NM:	Albuquerque	18	22.0	64	78.0	82
TX:	Amarillo	4	11.4	31	88.6	35
	Big Spring	7	41.2	10	58.8	17
	El Paso	6	37.5	10	62.5	16

Table B (continued)

VISN/State/Facility		Severity of Illness ^a				Total Number of Patients ^b
		Clinical AIDS		Other HIV Disease		
		Number	Percent	Number	Percent	
VISN 19: Rocky Mountain Network						
CO:	Eastern Colorado/ Denver	56	26.4	156	73.6	212
	Grand Junction	2	66.7	1	33.3	3
	Southern Colorado/ Fort Lyon	0	0.0	1	100.0	1
MT:	Montana/Fort Harrison	7	50.0	7	50.0	14
UT:	Salt Lake City	8	13.1	53	86.9	61
WY:	Cheyenne	1	20.0	4	80.0	5
	Sheridan	0	0.0	1	100.0	1
VISN 20: Northwest Network						
AK:	Anchorage	5	26.3	14	73.7	19
ID:	Boise	8	23.5	26	76.5	34
OR:	Portland	58	34.5	110	65.5	168
	Roseburg	4	16.0	21	84.0	25
	White City	7	50.0	7	50.0	14
WA:	Puget Sound/Seattle	31	18.8	134	81.2	165
	Spokane	6	22.2	21	77.8	27
	Walla Walla	4	57.1	3	42.9	7
VISN 21: Sierra Pacific Network						
CA:	Fresno	13	28.3	33	71.7	46
	Northern California/ Martinez	14	7.5	172	92.5	186
	Palo Alto	53	28.6	132	71.4	185
	San Francisco	169	31.8	363	68.2	532
HI:	Honolulu	3	10.0	27	90.0	30
NV:	Sierra Nevada/Reno	6	11.3	47	88.7	53

Table B (continued)

VISN/State/Facility		Severity of Illness ^a				Total Number of Patients ^b
		Clinical AIDS		Other HIV Disease		
		Number	Percent	Number	Percent	
VISN 22: Desert Pacific Healthcare Network						
CA:	Greater Los Angeles/ West LA	76	14.1	464	85.9	540
	Loma Linda	40	20.6	154	79.4	194
	Long Beach	55	22.9	185	77.1	240
	San Diego	118	26.7	324	73.3	442
NV:	Southern Nevada/ Las Vegas	39	31.7	84	68.3	123

SOURCE: Immunology Case Registry, October 2001. The ICR consists of administrative data reported to the national registry. Individual data elements have not been independently validated.

NOTE: Totals may not add to 100 percent due to rounding.

^a Reflects the most severe level of illness of HIV disease ever recorded on the ICR for a given patient. Patients who have an AIDS-defining clinical condition during VA care for HIV disease (or who report having had such a condition prior to entering VA care for HIV disease) are coded as having clinical AIDS. An AIDS-defining clinical condition is defined by the 1993 AIDS surveillance case definition as listed in Appendix B, MMWR, December 18, 1992, Vol. 41/RR-17. All other patients on the ICR are coded as "Other HIV Disease."

^b This is the number of unique, active patients. It counts those who receive any type of inpatient and/or outpatient service during the fiscal year, unduplicated across all VA facilities in the nation.

^c Merged into Upstate New York/Buffalo as of July 1, 2000.

^d Other facilities merged into this facility during fiscal year 2000.

^e Merged into Upstate New York/Buffalo as of April 1, 2000.

^f Merged into Central Plains/Omaha as of July 1, 2000.

^g Merged into Central Plains/Omaha as of April 1, 2000.

TABLE C

**SEVERITY OF ILLNESS OF VETERANS
WITH HIV DISEASE IN VA CARE,
BY VISN AND FACILITY**

FISCAL YEAR 2001

VISN/State/Facility		Severity of Illness ^a				Total Number of Patients ^b
		Clinical AIDS		Other HIV Disease		
		Number	Percent	Number	Percent	
VISN 1: New England Healthcare System						
CT:	Connecticut/West Haven	18	8.7	188	91.3	206
MA:	Bedford	0	0.0	23	100.0	23
	Boston	28	12.7	192	87.3	220
	Northhampton	6	15.0	34	85.0	40
ME:	Togus	5	31.2	11	68.8	16
NH:	Manchester	7	31.8	15	68.2	22
RI:	Providence	16	39.0	25	61.0	41
VT:	White River Junction	0	0.0	15	100.0	15
VISN 2: VA Healthcare Network Upstate New York						
NY:	Upstate New York/ Buffalo	55	20.8	210	79.2	265
VISN 3: VA NY/NJ Veterans Healthcare Network						
NJ:	New Jersey/ East Orange	40	8.2	446	91.8	486
NY:	Bronx	137	26.2	385	73.8	522
	Hudson Valley/Montrose	22	14.4	131	85.6	153
	New York Harbor	108	10.8	887	89.2	995
	Northport	19	18.3	85	81.7	104

Table C (continued)

VISN/State/Facility		Severity of Illness ^a				Total Number of Patients ^b
		Clinical AIDS		Other HIV Disease		
		Number	Percent	Number	Percent	
VISN 4: VA Stars & Stripes Healthcare Network						
DE:	Wilmington	27	22.1	95	77.9	122
PA:	Altoona	2	50.0	2	50.0	4
	Butler	0	0.0	2	100.0	2
	Coatesville	15	10.6	127	89.4	142
	Erie	4	50.0	4	50.0	8
	Lebanon	4	6.0	63	94.0	67
	Philadelphia	68	14.0	418	86.0	486
	Pittsburgh/University	19	19.4	79	80.6	98
	Wilkes-Barre	18	47.4	20	52.6	38
WV:	Clarksburg	1	16.7	5	83.3	6
VISN 5: VA Capitol Health Care Network						
DC:	Washington	164	22.4	568	77.6	732
MD:	Maryland/Baltimore	84	13.3	547	86.7	631
WV:	Martinsburg	24	28.9	59	71.1	83
VISN 6: The Mid-Atlantic Network						
NC:	Asheville	6	11.8	45	88.2	51
	Durham	151	41.9	209	58.1	360
	Fayetteville	6	12.2	43	87.8	49
	Salisbury	21	15.2	117	84.8	138
VA:	Hampton	105	43.8	135	56.2	240
	Richmond	36	18.6	157	81.4	193
	Salem	16	26.7	44	73.3	60
WV:	Beckley	4	40.0	6	60.0	10

Table C (continued)

VISN/State/Facility		Severity of Illness ^a				Total Number of Patients ^b
		Clinical AIDS		Other HIV Disease		
		Number	Percent	Number	Percent	
VISN 7: The Atlanta Network						
AL:	Birmingham	32	14.4	190	85.6	222
	Central Alabama/ Montgomery	31	28.7	77	71.3	108
	Tuscaloosa	1	11.1	8	88.9	9
GA:	Atlanta	170	21.4	624	78.6	794
	Augusta	20	15.9	106	84.1	126
	Dublin	3	13.0	20	87.0	23
SC:	Charleston	82	36.3	144	63.7	226
	Columbia	11	4.7	222	95.3	233
VISN 8: VA Sunshine Healthcare Network						
FL:	Bay Pines	55	21.1	206	78.9	261
	Miami	176	23.5	574	76.5	750
	North FL-South GA/ Gainesville	37	15.9	196	84.1	233
	Tampa	80	18.2	359	81.8	439
	West Palm Beach	63	22.9	212	77.1	275
PR:	San Juan	94	22.3	328	77.7	422
VISN 9: Mid South Veterans Healthcare Network						
KY:	Lexington	13	31.7	28	68.3	41
	Louisville	33	31.4	72	68.6	105
TN:	Memphis	25	13.5	160	86.5	185
	Middle Tennessee/ Nashville ^c	28	14.3	168	85.7	196
	Mountain Home	4	13.3	26	86.7	30
	Murfreesboro ^d	0	0.0	0	100.0	0
WV:	Huntington	2	18.2	9	81.8	11

Table C (continued)

VISN/State/Facility		Severity of Illness ^a				Total Number of Patients ^b
		Clinical AIDS		Other HIV Disease		
		Number	Percent	Number	Percent	
VISN 10: VA Healthcare System of Ohio						
OH:	Chillicothe	1	4.8	20	95.2	21
	Cincinnati	22	19.5	91	80.5	113
	Cleveland	68	34.3	130	65.7	198
	Columbus	0	0.0	31	100.0	31
	Dayton	13	15.1	73	84.9	86
VISN 11: Veterans Integrated Service Network						
IL:	Danville	16	61.5	10	38.5	26
IN:	Indianapolis	23	15.6	124	84.4	147
	Northern Indiana/Marion	4	9.8	37	90.2	41
MI:	Allen Park/Detroit	38	16.9	187	83.1	225
	Ann Arbor	28	22.8	95	77.2	123
	Battle Creek	2	4.6	41	95.4	43
	Saginaw	7	20.6	27	79.4	34
VISN 12: The Great Lakes Health Care System						
IL:	Chicago/ Chicago West Side	86	19.3	360	80.7	446
	Hines	30	24.2	94	75.8	124
	North Chicago	8	11.1	64	88.9	72
MI:	Iron Mountain	1	10.0	9	90.0	10
WI:	Madison	4	11.1	32	88.9	36
	Milwaukee	14	16.5	71	83.5	85
	Tomah	0	0.0	1	100.0	1
VISN 13: VA Upper Midwest Health Care Network						
MN:	Minneapolis	26	24.1	82	75.9	108
	St. Cloud	1	10.0	9	90.0	10
ND:	Fargo	2	14.3	12	85.7	14
SD:	Black Hills/Fort Meade	0	0.0	7	100.0	7
	Sioux Falls	6	37.5	10	62.5	16

Table C (continued)

VISN/State/Facility		Severity of Illness ^a				Total Number of Patients ^b
		Clinical AIDS		Other HIV Disease		
		Number	Percent	Number	Percent	
VISN 14: Central Plains Health Network						
NE:	Central Plains/Omaha	18	19.1	76	80.8	94
VISN 15: VA Heartland Network						
IL:	Marion (9 mos.) ^e	7	18.4	31	81.6	38
KS:	Eastern Kansas/ Topeka (9 mos.) ^f	4	10.5	34	89.5	38
	Wichita	8	50.0	8	50.0	16
MO:	Columbia (6 mos.) ^g	9	45.0	11	55.0	20
	Heartland East/ St. Louis ^c	24	11.2	190	88.8	214
	Heartland West/ Kansas City ^c	59	35.8	106	64.2	165
	Popular Bluff (6 mos.) ^h	0	0.0	1	100.0	1
VISN 16: South Central VA Healthcare Network						
AR:	Fayetteville	3	8.8	31	91.2	34
	Little Rock	11	7.8	129	92.1	140
LA:	Alexandria	7	21.9	25	78.1	32
	New Orleans	78	25.1	233	74.9	311
	Shreveport/ Overton Brook	7	9.2	69	90.8	76
MS:	Gulf Coast/Biloxi	27	16.1	141	83.9	168
	Jackson	20	15.0	113	85.0	133
OK:	Muskogee/Tulsa	3	8.6	32	91.4	35
	Oklahoma City	23	15.3	127	84.7	150
TX:	Houston	92	14.7	535	85.3	627

Table C (continued)

VISN/State/Facility		Severity of Illness ^a				Total Number of Patients ^b
		Clinical AIDS		Other HIV Disease		
		Number	Percent	Number	Percent	
VISN 17: VA Heart of Texas Health Care Network						
TX:	Central Texas/ Temple	24	15.9	127	84.1	151
	North Texas/Dallas	59	16.5	299	83.5	358
	South Texas/ San Antonio	102	33.7	201	66.3	303
VISN 18: VA Southwest Health Care Network						
AZ:	Phoenix	22	11.1	176	88.9	198
	Prescott	0	0.0	4	100.0	4
	Tucson	20	15.2	112	84.8	132
NM:	Albuquerque	19	21.4	70	78.6	89
TX:	Amarillo	8	19.5	33	80.5	41
	Big Spring	8	44.4	10	55.6	18
	El Paso	6	35.3	11	64.7	17
VISN 19: Rocky Mountain Network						
CO:	Eastern Colorado/ Denver	51	23.7	164	76.3	215
	Grand Junction	0	0.0	2	100.0	2
	Southern Colorado/ Fort Lyon	0	0.0	1	100.0	1
MT:	Montana/Fort Harrison	7	58.3	5	41.7	12
UT:	Salt Lake City	6	9.5	57	90.5	63
WY:	Cheyenne	0	0.0	6	100.0	6
	Sheridan	0	0.0	1	100.0	1

Table C (continued)

VISN/State/Facility		Severity of Illness ^a				Total Number of Patients ^b
		Clinical AIDS		Other HIV Disease		
		Number	Percent	Number	Percent	
VISN 20: Northwest Network						
AK:	Anchorage	4	26.7	11	73.3	15
ID:	Boise	6	18.2	27	81.8	33
OR:	Portland	56	30.8	126	69.2	182
	Roseburg	7	26.9	19	73.1	26
	White City	6	60.0	4	40.0	10
WA:	Puget Sound/Seattle	29	15.2	162	84.8	191
	Spokane	6	20.7	23	79.3	29
	Walla Walla	5	50.0	5	50.0	10
VISN 21: Sierra Pacific Network						
CA:	Fresno	17	27.9	44	72.1	61
	Northern California/ Martinez	23	10.2	202	89.8	225
	Palo Alto	50	28.2	127	71.8	177
	San Francisco	150	29.2	364	70.8	514
HI:	Honolulu	3	7.9	35	92.1	38
NV:	Sierra Nevada/Reno	6	11.1	48	88.9	54
VISN 22: Desert Pacific Healthcare Network						
CA:	Greater Los Angeles/ West LA	76	13.9	472	86.1	548
	Loma Linda	40	19.0	170	81.0	210
	Long Beach	49	21.2	182	78.8	231
	San Diego	110	24.3	342	75.7	452
NV:	Southern Nevada/ Las Vegas	62	33.5	123	66.5	185

SOURCE: Immunology Case Registry, October 2001. The ICR consists of administrative data reported to the national registry. Individual data elements have not been independently validated.

NOTE: Percentages may not add to 100 percent due to rounding.

Table C (continued)

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- ^a Reflects the most severe level of illness of HIV disease ever recorded on the ICR for a given patient. Patients who have an AIDS-defining clinical condition during VA care for HIV disease (or who report having had such a condition prior to entering VA care for HIV disease) are coded as having clinical AIDS. An AIDS-defining clinical condition is defined by the 1993 AIDS surveillance case definition as listed in Appendix B, MMWR, December 18, 1992, Vol. 41/RR-17. All other patients on the ICR are coded as "Other HIV Disease."
- ^b This is the number of unique, active patients. It counts those who receive any type of inpatient and/or outpatient service during the fiscal year, unduplicated across all VA facilities in the nation.
- ^c Other facilities merged into this facility during fiscal year 2001.
- ^d Merged into Middle Tennessee/Nashville as of October 1, 2000. Four cases reported by Murfreesboro for fiscal year 2001 have been included in Middle Tennessee/Nashville.
- ^e Merged into Heartland East/St. Louis as of July 1, 2001.
- ^f Merged into Heartland West/Kansas City as of July 1, 2001.
- ^g Merged into Heartland West/Kansas City as of April 1, 2001.
- ^h Merged into Heartland East/St. Louis as of April 1, 2001