UPDATE

VA QUERI
Quality Enhancement Research Initiative

HIV Screening and Testing

QUERI-HIV/Hepatitis Update May 2008

Screening Veterans for HIV

HIV continues to thrive in the United States. According to the Centers for Disease Control and Prevention (CDC), 900,000 people with HIV are living in the US, of which 250,000 do not know that they are infected, and 40,000 new cases are diagnosed each year.[1] The VA is the largest single provider of HIV care in the US, treating about 20,000 patients at 128 facilities each year. New drugs available since the 1990s have transformed HIV into what has become a treatable chronic disease, particularly if diagnosed early.

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 the Veterans Health Administration (VHA) because the disease is highly prevalent among its patient population. For example, in a blinded survey of 8,705 serum samples taken from outpatients at six VA facilities, HIV infection was present in up to 2.9% of the samples.[2] As in the general community, it is likely that many at-risk patients deny or are unaware of their HIV risk factors. In addition, earlier identification and counseling encourage patients with HIV to reduce risky behaviors, thereby preventing further transmission of the disease.

A study conducted by the HIV/Hepatitis Quality Enhancement Research Initiative (QUERI-HIV/Hepatitis), in conjunction with the Public Health Strategic Healthcare Group, shows that less than 50% of patients with known, documented risk factors had undergone HIV testing.[3] Other studies within the VA show that half of veterans newly diagnosed with HIV had advanced levels of immune suppression at the time of diagnosis. These patients had, on average, 3.7 years of VA care before diagnosis.[4] Recently, QUERI-HIV/Hepatitis researchers found that only 30% of the 45,776 at-risk veterans who are patients in VISN 22 had been tested for HIV infection.

To address this gap, QUERI-HIV/Hepatitis, in partnership with the Public Health Strategic Health Care Group, is working on potential solutions, such as:

- Removing system barriers to testing, such as streamlining the required counseling and consent procedures;
- Using a clinical reminder to alert providers when seeing at-risk veterans that need to be tested; and
- Reducing the time needed to get results by using rapid testing techniques, which can provide preliminary results in 20 minutes and allow patients to get the pre- and post-test counseling along with their results in the same visit.

Pilot implementation of the clinical reminder, combined with audit/feedback, provider activation, and removal of system barriers designed to improve HIV testing performance has more than doubled the rates of screening at-risk veterans in two VISN 22 VA facilities over a 6-month period. These favorable results have led to a new project that will support a VISN-wide rollout, as well as implementation in facilities in three other VISNs.

These projects are part of the overall QUERI-HIV/Hepatitis initiative targeting improvements for HIV screening that have the potential to increase the number of HIV-infected veterans who are identified and enter care earlier for treatment, thus improving patient outcomes.

References

1. Centers for Disease Control and Prevention. HIV and AIDS – United States, 1981-2001. MMWR 2001;50:430-4.
2. Owens DK, Sundaram V, Douglass LR, et al. Seroprevalence of HIV infection at VA health care systems. *Medical Decision Making* 2003;23:569.
3. Owens DK, Sundaram V, Lazzeroni LC, et al. HIV testing appropriateness and predictors of HIV infection in Department of Veterans Affairs health care systems. *Medical Decision Making* 2002;22:534.
4. Gandhi NR, Skanderson M, Concato J, and Justice AC. Trends in healthcare utilization by HIV-positive veterans from 1998-2002. SGIM (poster presentation) 2004;Tuscon, AZ.

How Do I Learn More?

If you are interested in learning more about QUERI-HIV/Hepatitis, please contact:

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Web Resources

For more information about the QUERI program in general, visit the national QUERI website at:
www.hsrd.research.va.gov/queri

Access QUERI's "Guide for Implementing Evidence-Based Clinical Practice and Conducting Implementation Research" at:
www.hsrd.research.va.gov/queri/implementation

The QUERI-HIV/Hepatitis Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The co-research coordinators for QUERI-HIV/Hepatitis are **Allen Gifford, MD** and **Steven Asch, MD, MPH**. The clinical coordinator is **Matthew Goetz, MD.** This executive committee includes other experts in the field of HIV: Jane Burgess, RN; Jason Dominitz, MD, MHS; Hashem El-Serag, MD, MPH; James Halloran, MSN, RN, CNS; **Randal Henry, DrPH, MPH** (Implementation Research Coordinator); Mark Holodniy, MD; Amy Justice, MD, PhD; Mr. Don MacIver; Larry Mole, PharmD; Douglas Owens, MD; David Rimland, MD; Michael Simberkoff, MD; Joel Tsevat, MD; and Paul Volberding, MD.