

Screening Veterans for HIV

HIV/Hepatitis QUERI

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HIV Screening and Testing

HIV continues to spread in the United States. The Centers for Disease Control and Prevention (CDC) has estimated that of the approximately 1 to 1.2 million persons living with HIV in the United States, one quarter were unaware of their infection status. The Veterans Health Administration is the single largest provider of HIV/AIDS care in the U.S, with more than 24,000 HIV-infected Veterans in VHA care in 2010.¹

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 blinded 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.⁶ 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 (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 HIV/Hepatitis-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, HIV/Hepatitis-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, and evaluation is in process. Preliminary analyses indicate that over a six-month period this more recent intervention has led to a more than doubling in the proportion of patients who had been routinely tested for HIV infection (increase from 12% to 27%).

After an initial pilot study demonstrated that the routine offer of an HIV rapid test greatly increased both HIV testing and receipt of results,⁹ HIV/Hepatitis-QUERI conducted a follow-up implementation of this strategy in two study sites. The intervention not only led to the identification of 11 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, HIV/Hepatitis-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, routine testing, and routine testing of high-risk patients—this QUERI Center hopes to increase HIV testing rates across VA.

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How Do I Learn More?

If you are interested in learning more about HIV/Hepatitis-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 HIV/Hepatitis QUERI Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The Co-Research Directors for HIV/Hepatitis-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, PharmD.; Jason Dominitz, M.D., M.H.S.; Hashem El-Serag, M.D., M.P.H.; James Halloran, M.S.N., R.N., C.N.S.; Christine Engstrom, Ph.D., C.R.N.P., A.O.C.N.; Amy Justice, M.D., Ph.D.; Don MacIver, B.A.; David Rimland, M.D.; Michael Simberkoff, M.D.; Samuel Ho, M.D.; Susan Zickmund, Ph.D.; and Paul Volberding, M.D.