

VA Health Care and HIV/AIDS Programs

Discussion on Ryan White Title I Coordination in
New York Eligible Metropolitan Area
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A Veteran Receiving HIV Care in VHA

Henry is a 48 year old man who served in the Army, stationed in Europe in the post-Vietnam era. During his service, he was injured in a motor vehicle accident resulting in limited mobility of his knee and a limp. After service he developed problems with alcohol and drug use, and was frequently unemployed. He married and has 2 children, but is separated from his wife.

Henry had few medical problems and had no regular medical care. In 1992 he presented to a community hospital with PCP and was found to be HIV positive. Upon learning of his veteran status, a transfer was initiated to the local VA. To determine his eligibility for care he needed to provide evidence that he was in the military and was not dishonorably discharged.

Henry recovered from PCP, but had no stable housing so went to a state veterans home. He was enrolled in the VA outpatient HIV program.

To determine if he was eligible for benefits related to service connected disability, Henry was seen by a Compensation and Pension disability rater. He was awarded 30% disability for his leg injury. He was not service connected for HIV because the rater determined it was more likely than not that he was infected through injection drug use after his period of service. He was awarded a monthly pension.

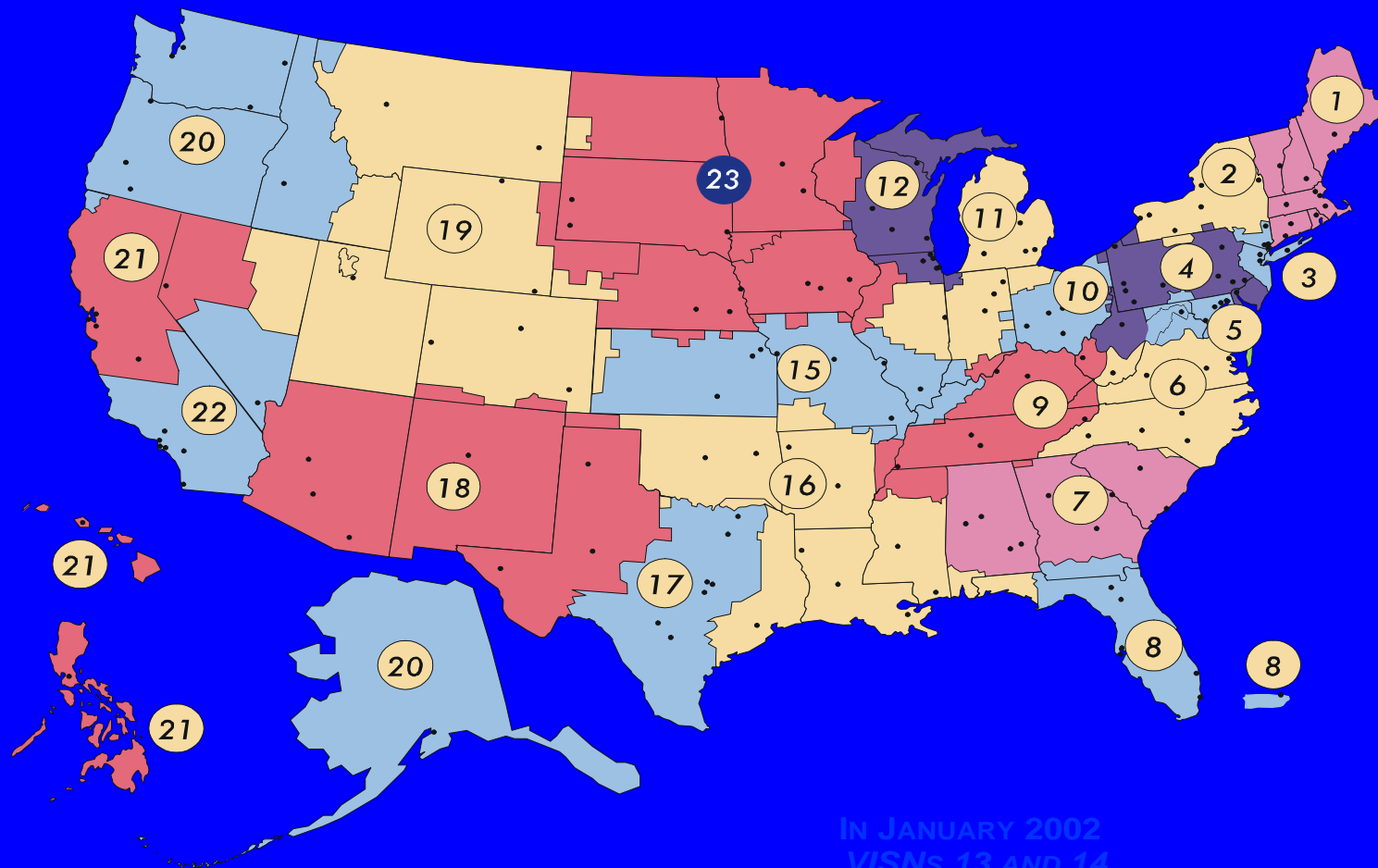
Because of his service connection, Henry does not have copays for clinic visits. He does not currently have a copay for medications, but will if his income rises above a threshold set each year by law. He is followed in the ID clinic, is on stable HAART therapy and in 2004 has a CD4 cell count of 520 and an undetectable viral load. He has developed diabetes. His ID clinic is a designated primary care site, so his provider is also responsible for all of his healthcare needs, including preventive care such as diabetic foot exams, regular retinal exams, colon cancer screening, etc. He is also enrolled in an outpatient substance abuse treatment program and a compensated work therapy program.

VA Medical Care

The largest integrated healthcare system in US

- 158 hospitals (18,828 beds, 5.4M BDOC)
- 132 nursing homes (33,408 ADC)
- 73 home care programs
- 43 domicilliaries
- 206 veterans counseling centers
- 854 clinics (50 M outpatient visits)
- 186,600 employees

Veterans Health Administration 21 Veterans Integrated Service Networks



Fiscal Year 2003 VA Statistics

- 7.1 M total enrollees of 25 M US veterans
- 4.8 M patients treated
- \$29 B total medical care obligations
- 200 M 30-day equivalent Rx's dispensed
- 190 M lab tests performed

VA Patients Receiving Care

- 45% are 65 or older
- 74% have income \$25,000 or less
- 31% have no health insurance
- 78% of all disabled and low income veterans are enrolled for VA health care
- VA health care is a safety net for many

“Prescription for Change” 1996

- VHA restructured into Regional Networks
- Eligibility reform
- Treatment Reform: Uniform Benefits Package
(including a drug benefit)
- Third-party recoupment
- Clinical benchmarks established
- Performance monitoring and accountability

VA Eligibility Categories

Hierarchy of Priority for VA Service reset annually

- Priority Group 1: Veterans with service-connected disabilities rated 50% or more disabling
- Priority Group 2: Veterans with service-connected disabilities rated 30% or 40% disabling
- Priority Group 3: Veterans who are former POWs, Purple Heart, or with service-connected disabilities rated 10% or 20%
- Priority Group 4: Veterans who are receiving aid and attendance or housebound benefits or who have been determined by VA to be catastrophically disabled

VA Eligibility Categories

- Priority Group 5: Non-service-connected veterans with income below VA Means Test thresholds (approximately \$30,000 for veterans with one dependent)
- Priority Group 6: WWI, Mexican Border War, certain exposures (Agent Orange) and Gulf War illness
- Priority Group 7: Veterans with income above the VA Means Test threshold & income below the HUD geographic index (Copayments apply)
- Priority Group 8: Veterans with income above the VA Means Test threshold and the HUD geographic index (Copayments apply)

**As of Jan 17, 2003, VA is not accepting new
Priority Group 8 veterans for enrollment**

VA HIV/AIDS Service

Public Law 100-322 “Veterans’ Benefits and Services Act of 1988” stipulates:

- Voluntary testing and written consent
- Confidentiality of medical records
- Non-discrimination in admission or treatment because of HIV
- Education and information for employees and veterans

VA Commitment to HIV Care

- VA physicians among the first in the world to identify patients with KS and immune problems in 1981
- National VA HIV/AIDS Service established in 1985 (National Hepatitis C Program added in 2002)
- VA AIDS Research Centers since 1987
- VA HIV/AIDS Centers of Excellence since 1989
- 55,000 veterans with HIV have received VA health care
- Computerized HIV Registry since 1992
- HIV Prevention program since 1999
- Center for Quality Management in HIV Care - 1999
- Center for HIV Research Resources - 2002

VA HIV/AIDS Service

- Largest single provider of direct HIV care in the country:
- Approx 13% of HIV+ persons in medical care in US are identified as veterans
- Nearly 20,000 active patients in 2003
- 97% male; 75% between 40 and 64 years old; 44% over age 50
- 70% minority, 50% IDU as risk factor
- 37% of VA HIV patients have hepatitis C co-infection

Comprehensive HIV Care

- USPHS Guidelines for HIV Care are the VA standard of care
- How that care is organized and provided is a local/regional decision
- AIDS Coordinator at every VA facility
- All licensed HIV drugs available
- All licensed diagnostics available
- Substance abuse, mental health treatment available
- **Dental services and case management services are limited**

Outpatient care utilization

- In FY 2002
 - 92% received outpatient care in medicine / primary care clinics (including ID)
 - 35% received outpatient mental health services
 - About 3.5% received no outpatient care in medicine, surgery or mental health clinics
 - Over 75% seen in Infectious Disease specialty clinics

VA National HIV Program

Current priorities:

- Development of a chronic disease management paradigm for lifelong care of HIV infection
- Routine risk assessment in primary care and “high-risk” settings
- Early identification and referral for care of persons with HIV infection
- Use of informatics systems to identify those at risk and to improve clinical care of those infected with HIV

Clinician Education

- National program of HIV clinical education
 - National update conferences
 - Video and audio conferencing
 - Electronic news service
 - Semi-annual newsletter
 - National “hot line” calls
- National satellite system links all VA facilities

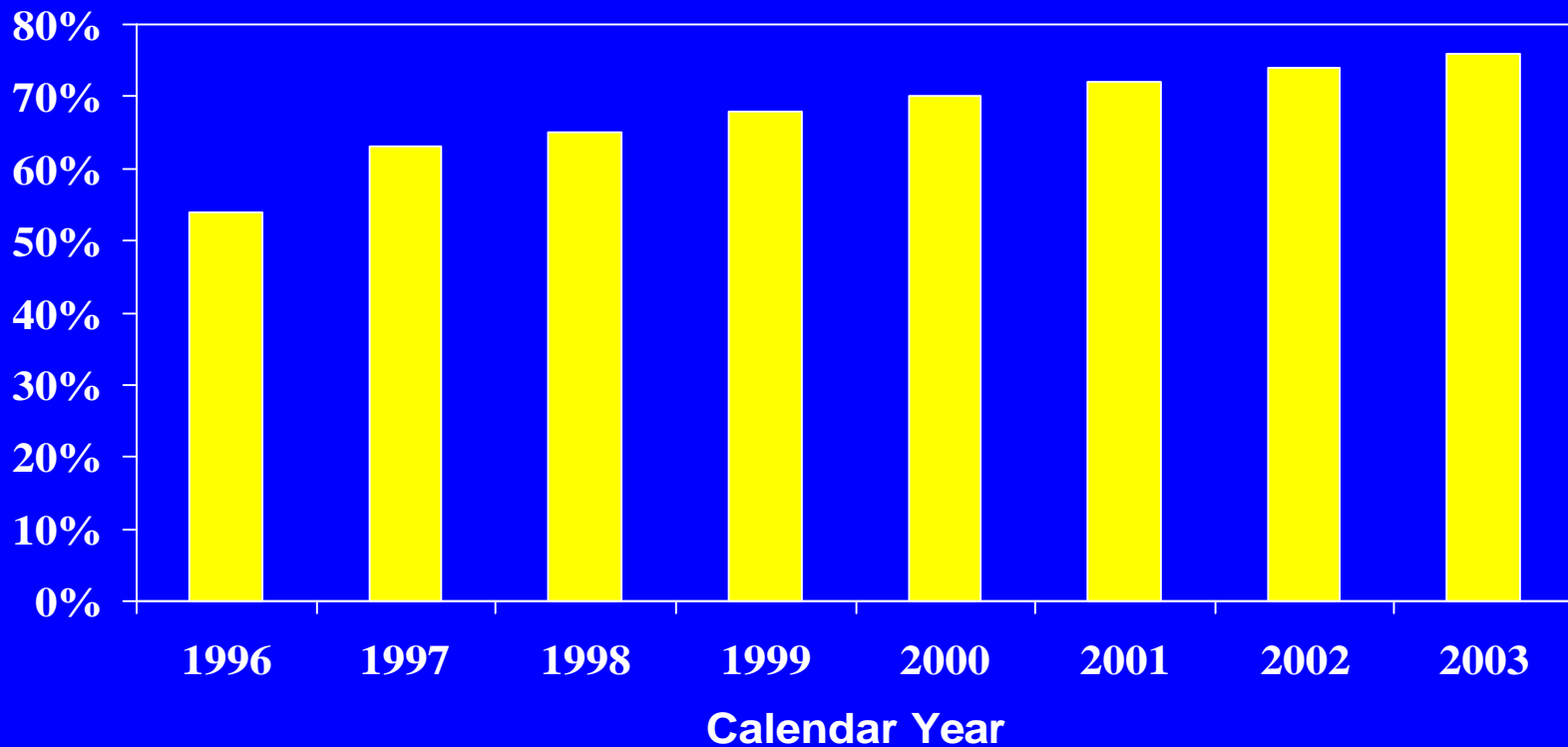
Prevention

- Prevention education programs associated with relevant VA programs: drug treatment programs, homeless programs, counseling programs, domiciliary facilities, STD programs
- VA National HIV Prevention Conference 2000
- VA HIV Prevention Handbook: A Guide for Clinicians published 2002
- Prevention for HIV+ Patients
- Free access to male and female condoms on VA formulary

HIV Case Registry

- Largest clinical database on HIV in the world: 55,000 unique patients
- Tracks all HIV+ veterans at any VAMC
- Accesses all VA databases on utilization and medical care; visits, admissions, diagnoses, pharmaceutical usage, lab results, radiology, pathology, death
- Updated nightly

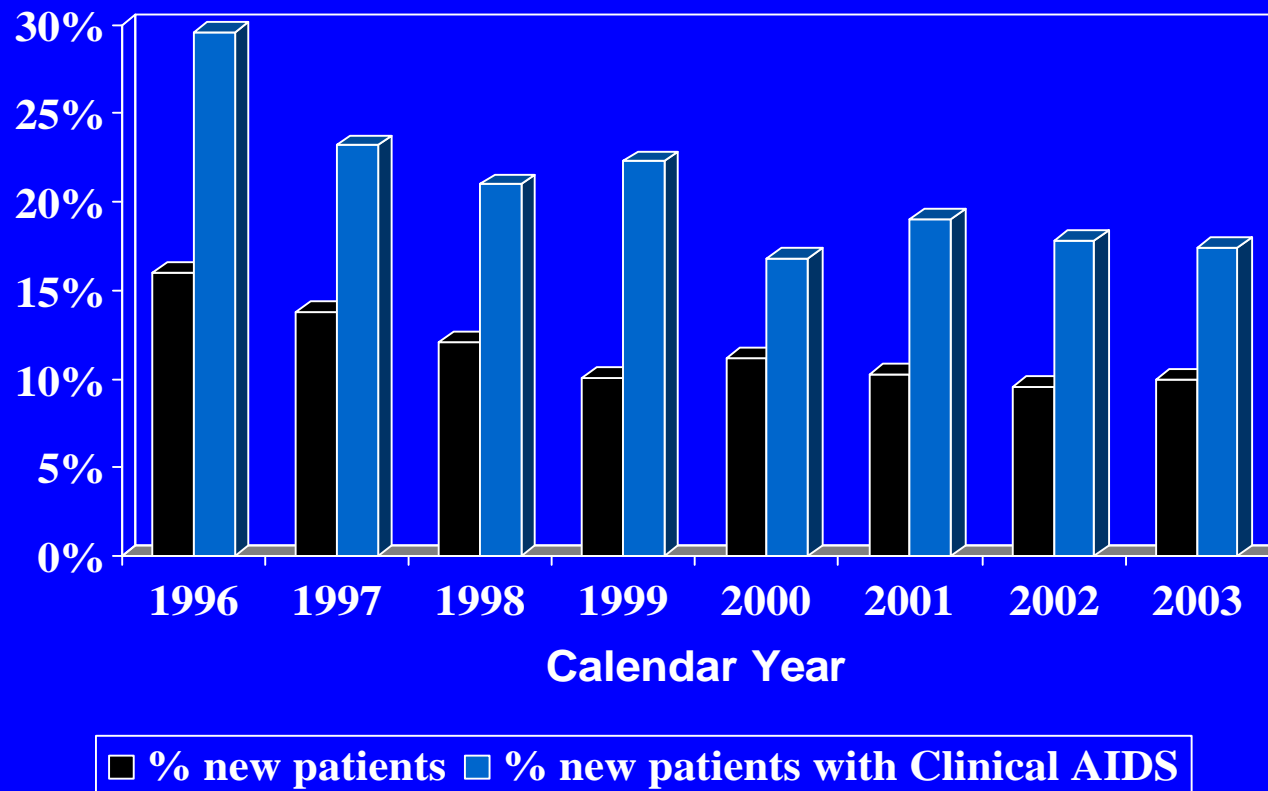
Percent of HIV+ Veterans in Care Receiving Anti-retroviral Therapy



Patient received at least one prescription for any ARV in the year.

VA HIV / AIDS Care

Percent of new HIV+ patients in VA* and percent of new patients with clinical AIDS within 60 days of entry into VA**



* Includes patients newly added to VA Case registry, not necessarily new diagnoses

**includes patient with historical Clinical AIDS diagnosis from non-VA facility

VA HIV / AIDS Care

Center for HIV Research Resources

Established 2002 to improve care through encouraging and supporting VA HIV-related research by:

- fostering collaborations among VA investigators
- making research opportunities available and easily accessible to VA HIV investigators
- facilitating improvement in VA HIV research infrastructure

Active VA HIV Research Projects

- OPTIMA Trial

- Tri-national collaboration: VA CSP, Canada CIHR, and UK MRC
- Strategy Trial in patients with MDR HIV
 - STI (12wk) vs. NO STI; Standard HAART (<4) vs. MegaHAART (>5)
 - 270/504 enrolled, 1° endpoint = death and/or OI
 - Economic and QOL impacts assessed

- Veterans Aging Cohort Study (VACS)

- NIAAA funded Multi-center VA trial
- HIV and non-HIV aged matched controls (n > 5,000)
- Sample repository
- Assessment of the effects of aging, co-morbidities (ETOH, HCV, etc) on clinical outcome

Active VA HIV Research Projects

VA HSR/D, Quality Enhancement Research Initiative (HIV-QUERI) - Translating Research into Practice

- Targeted Provider reminders in electronic medical record (ARV initiation, OI prophylaxis, HIV screening of at risk populations)
- Veteran survey on satisfaction with HIV care
- Assessment of Measures to improve Adherence
- HIV antibody screening
 - Overall HIV prevalence
 - Rapid testing strategies
 - Cost effectiveness of targeted screening

Optimal VA/CARE Act Grantee Coordination

- CARE Act Planning Councils should involve local VA HIV leaders
- CARE Act grantees should be very familiar with local VA facilities, services and personnel
- Potential to contract services at VA facilities for non-veterans
- CARE Act grantees should attempt to identify veterans in order to:
 - provide information about VA HIV care/programs
 - make referrals (to VA facility HIV Coordinator)
 - encourage veterans to make use of VA care

VA Data for CARE Act Grantees

- In order to facilitate optimal communication and collaboration between VA and CARE Act grantees, HRSA and VA AIDS Service agreed that VA will make available de-identified, facility-specific data on HIV care delivered by VA.
- Available at <http://vhaaidsinfo.cio.med.va.gov/>
- HRSA is also making these data available
- Thus, there is no need to contact individual facilities to request this information

Optimal VA/CARE Act Grantee Coordination

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