Department of Veterans Affairs
National HIV/AIDS Strategy
Operational Plan
2011

Table of Contents

Purpose

In July 2010, President Obama announced the National HIV/AIDS Strategy (NHAS), which was designed to promote a coordinated effort between Federal agencies, community organizations, and other health care settings to respond to the domestic HIV epidemic.

The three primary goals of the strategy include:

- **Reducing HIV incidence;**
- **Increasing access to care and optimizing health outcomes; and**
- **Reducing HIV-related health disparities.**

To accomplish these goals, a more coordinated, national response to the HIV epidemic must occur. Along with NHAS, the Office of National AIDS Policy (ONAP) released a Federal Implementation Plan that outlines the plan for measuring progress toward meeting the Strategy's goals, and includes immediate and short-term Federal actions. The Implementation Plan emphasizes initial steps. In 2011, ONAP plans to consult with Federal agencies to develop specific actions for 2012 and beyond, and the plan will be updated annually, thereafter.

The Department of Veterans Affairs (VA) has been designated as one of the lead Federal agencies in implementing several targets and goals in NHAS.

However, VA is a national leader in health care for HIV positive individuals and can contribute significantly to the successful implementation of many of the NHAS goals and targets. This document summarizes VA's plan to operationalize NHAS national goals; some of which VA is identified as a lead agency and many more that VA may be able to contribute to national effort. This report focuses on VA efforts through the end of 2011. Updates to VA's Implementation Plan will be necessary as ONAP reassesses priorities and goals over the next 5 years.

Overview of HIV Health Care

VA operates the largest integrated health care system in the Nation. Health care is provided through 21 geographic regions called Veteran Integrated Service Networks (VISNs), each of which encompasses a number of local health care systems. These local systems include over 1,100 facilities consisting of medical centers, community-based outpatient clinics (CBOCs), domiciliaries, extended health care facilities, hospices, and specialty centers for mental health, blind rehabilitation, spinal cord injury, Polytrauma, and traumatic brain injury. In 2009, there were 8.1 million enrollees with 5.7 million (72 percent) receiving health care at VA health care facilities. Nationwide, there were 662,000 inpatient admissions in 2009. VA provided over 73 million outpatient visits in 2008, 15.2 million of which were at CBOCs. Additional information on the general Veteran population can be found at: http://www.hiv.va.gov.

The Public Health Strategic Health Care Group (PHSHG), a component of the Office of Public Health and Environmental Hazards, houses the VA's HIV program office in the Veterans Health Administration (VHA). PHSHG strives to ensure Veterans with HIV are provided the highest quality, comprehensive health care and strives to have that health care recognized as the standard by which all health care in the U.S. is measured. PHSHG also manages the HIV Clinical Case Registry (CCR), a population management tool with data monitoring and health care delivery support resources to ensure quality health care is being provided to Veterans with HIV. The CCR collects clinical data on HIV infected patients receiving health care in VA and staff uses the database to track and report performance and monitor trends in HIV health care. In an effort to be transparent and accountable, annual reports from the HIV CCR are generated and available to VA providers and leadership on multiple indicators of HIV health care quality in VA, and select data is made available to Veterans and the public through internet posting

It is important to note that VA is the largest single provider of HIV health care in the U.S. In 2009, over 24,000 HIV infected Veterans received health care in VA. Thus, about 1 of every 250 Veterans in health care at VA is living with HIV/AIDS. The number of HIV-infected Veterans in health care has been relatively stable over the past 5 years with approximately 9 percent entering VA health care and approximately 9 percent leaving (including deaths) VA health care in a given year. VA HIV providers are expected to adhere to Department of Health and Human Services (HHS) guidelines for HIV-specific health care, recommended prophylaxis, vaccination, and screening for concomitant conditions. Although national benchmarks for high-quality HIV health care are not currently available, VA providers are held accountable to HHS guidelines and have consistently performed well on these measures. For example, 98 percent of HIV infected Veterans have had hepatitis C screening, 86 percent who require *Pneumocystis jiroveci* pneumonia (PCP) prophylaxis are on the recommended medications, 93 percent have routine CD4+ lymphocyte count, 80 percent receive hepatitis B screening and vaccination. VA national and regional information on compliance with these performance measures and quality indicators is further detailed

in the 2009 VA HIV State of Care Report. (Full report available at http://www.hiv.va.gov.)

This report will highlight the achievements VA has made in HIV health care and also address areas for improvement. Action plans have been put forth to address all goals and targets in NHAS that are applicable to VA.

Goal 1:

Reducing the Number of Veterans Who Become Infected with HIV

According to NHAS, short-term focus should be on identifying and evaluating new cases of HIV infection, ensuring the epidemiologic data are accurate, and evaluating HIV prevention efforts for specific high risk groups. The longer-term goals are: 1) to conduct research to improve methods for estimating the proportion of persons living with HIV who are unaware of their infections, as well as methods to reach these individuals; 2) testing and expanding the portfolio of interventions that address issues such as sexual networks, income insecurity, and other social factors that place some individuals and populations at greater risk for HIV infection than others; and 3) improving methods to prevent HIV infection among women whose heightened risk for HIV is based on the risk behaviors of their male partners. The Federal Implementation Plan specified that between calendar year (CY) 2010 and CY 2015 the specific targets that need to be met are:

- **Lower the annual number of new infections by 25 percent.** This would mean that the annual number of new infections in the U.S. population would fall from 56,300 to 42,225. *(Data source: the Centers for Disease Control and Prevention (CDC) surveillance data.)*

- **Reduce the HIV transmission rate, which is a measure of annual transmissions in relation to the number of people living with HIV, by 30 percent.** This would result in a reduction from 5 persons infected each year per 100 people with HIV to 3.5 persons each year per 100 people with HIV. *(Data source: CDC surveillance data.)*

- **Increase from 79 percent to 90 percent the percentage of people living with HIV who know their serostatus.** This would represent an increase from 948,000 to 1,080,000 Americans living with HIV who know their serostatus. *(Data source: CDC surveillance data.)*

Step 1: Intensify HIV prevention efforts in communities where HIV is most heavily concentrated.

In CY 2009, VA developed a mechanism to determine the number of Veterans that have ever been tested for HIV, the number of HIV tests performed in each calendar year, and the number of HIV positive cases per calendar year. Along with data from the national CCR, this information gives VA a snapshot of the HIV epidemic among the Veteran population in health care. The distribution of cases mirrors the CDC surveillance data.

1.2 Target high risk populations:

While NHAS does not list VA as an agency directly involved in activities related to these goals, VA can and will support initiatives to achieve them. VA is committed to preventing HIV infection among all Veterans, including high risk populations. One of the key components of HIV prevention in VA is ensuring that all Veterans know their HIV status. This is beneficial because undiagnosed, infected persons cannot benefit from antiretroviral therapy. Antiretroviral therapy decreases risk of disease transmission. Also, studies have shown that patients who know their status are more likely to practice behavior modifications that reduce transmission to others.

CDC, in consultation with the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and HHS Office of the Secretary, has been instructed to develop and implement a plan of recommended actions for reducing the proportion of HIV-positive individuals with undiagnosed HIV infection among target populations with high prevalence and incidence of infection. VA, if requested by CDC, would be willing to participate in the development of these recommendations.

Timeframe	Actions to be Performed
By the end of 2011	• VA will increase the proportion of all Veterans in health care that are tested for HIV at least once in a lifetime and are aware of their HIV status. • VA will be available for consultation, if requested, to help develop a national plan to reduce the proportion of HIV positive individuals with undiagnosed infection in high risk populations. • Efforts will be made to increase HIV testing in patients diagnosed with another Sexually Transmitted Infection (STI). • Efforts will be made to increase STI surveillance in all Veterans in health care populations. • VA will consider implementing HIV prevention approaches in populations with STIs, based on CDC recommendations.

1.2.1 Prevent HIV among gay and bisexual men and transgender individuals: In VA's health care records, there is limited information on sexual orientation of Veterans whether straight or lesbian, gay, bisexual, or transgender (LGBT). Often Veterans do not self-disclose this information and/or it is not captured in the electronic health record. Targeted interventions for these populations are challenging for VA, but prevention interventions can and will include information specific to these groups.

Timeframe	Actions to be Performed
By the end of 2011	• Efforts will be made to increase HIV testing in the LGBT Veteran populations. • VA will consider implementing HIV prevention approaches in this population based on CDC recommendations.

1.2.2 Prevent HIV among Black men and women: VA acknowledges the heavy burden of HIV/AIDS among African Americans.

Timeframe	Actions to be Performed
By the end of 2011	• VA policy and practice will continue to emphasize making HIV testing accessible to all Veterans in care, including African Americans. • PHSHG will coordinate efforts with VHA's Women Veterans Health program to promote offering of and ensure accessibility to HIV testing among all women Veterans in care, including African American women. • VA is willing to work with CDC to improve HIV and STI prevention efforts among African American Veterans.

1.2.3 Prevent HIV among Latinos and Latinas: VA is aware that culturally appropriate HIV prevention efforts are required when targeting the Latino community.

Timeframe	Actions to be Performed
By the end of 2011	• VA will conduct focus groups among Latino Veteran communities and design social marketing messages to increase HIV testing and promote HIV prevention approaches that are culturally appropriate.

1.2.4 Prevent HIV among substance users: VA has a long history of providing integrated medical and mental health care for those infected with HIV. HIV screening and other comprehensive HIV prevention services have often been coupled with substance use disorder (SUD) treatment programs.

Timeframe	Actions to be Performed
By the end of 2011	• VA will develop models of care that promote HIV screening in SUD treatment programs and mental health clinics. • VA mental health and SUD clinics will be encouraged to offer voluntary, routine HIV screening to all Veterans in health care. Information and results on several successful research projects conducted by the HIV Quality Enhancement Research Initiative (QUERI) involving rapid testing in SUD clinics will be shared across the system.

1.3 Address HIV prevention in Asian American and Pacific Islander (AAPI) and American Indian and Alaska Native (AI/AN) populations: VA has a robust Electronic Medical Record (EMR). However, entry of certain data elements are not standardized nationally. In respect to race/ethnicity data, Veterans can self-identify, the VA clerk registering the Veteran for health care benefits may enter this information based on observation, or occasionally the data is not captured at all depending on local facility operating policy. Some have recommended that VA move to standardize and improve its process of collecting race/ethnicity information for health care purposes. However, the current data on the AAPI and AI/AN populations may be limited in VA's health care records. Therefore, it may be difficult to target or assess interventions in these populations.

Timeframe	Actions to be Performed
By the end of 2011	• VA will attempt to improve data capture and health care surveillance efforts among Veterans in health care in this community. • VA will work with Indian Health Service (IHS) to ensure that AI/AN Veterans are aware of the HIV services that may be available to them.

1.4 Enhance program accountability: VA is committed to transparency and full accountability for the health care provided to Veterans. This transparency has been exemplified in the HIV program. Annually, reports are generated from the national CCR for HIV by the Center for Quality Management in Public Health (CQMPH), part of the PHSHG. These reports cover ten measures of the quality of HIV/AIDS health care that have been endorsed by the National Quality Forum (NQF). Comparison can be made at the national, regional, and local facility level to identify high and low performers within the VA health care system and are available for review by VA clinical providers on the

intranet at http://vaww.hiv.va.gov/. In the spirit of full transparency and accountability, the aggregate VA national HIV data are available for general viewing on the internet at http://www.hiv.va.gov. Similarly, aggregate information regarding VA HIV testing rates is available on the internet.

Performance measures for HIV prevention have not been identified or standardized. VA will use available resources to generate such measures when they have been developed by HHS, CDC and SAMHSA and endorsed by other national health care quality entities.

Timeframe	Actions to be Performed
By the end of 2011	• VA will continue to be fully transparent and accountable for performance measures regarding quality of HIV health care provided in VA. • When performance measures for HIV prevention are defined by CDC, VA will review and consider approaches to collect and report such data.

Step 2: Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches.

2.1 Design and evaluate innovative prevention strategies and combination approaches for preventing HIV in high risk communities: VA is supportive of innovative pilot projects to test with HIV prevention interventions that are cost efficient, produce sustainable outcomes, and have a demonstrable impact in high risk communities.

Timeframe	Actions to be Performed
By the end of 2011	• VA will continue to support pilot projects in high risk, high prevalence communities that have sustainable outcomes.

2.2 Support and strengthen HIV screening and surveillance activities: NHAS has tasked the Food and Drug Administration (FDA) to prioritize review of 4th generation HIV diagnostic tests to identify new incident cases of HIV infection. VA is supportive of voluntary, routine HIV testing for all Veterans. New diagnostic technologies such as Rapid HIV Testing have been useful to VA in some settings such as outreach to homeless populations.

Timeframe	Actions to be Performed
By the end of 2011	• VA will support use of new FDA approved tests as they are appropriate to help increase voluntary, routine HIV screening.

2.3 Expand access to effective prevention services: VA is committed to expand access to effective HIV prevention services with the greatest potential for population-level impact for high-risk Veteran populations.

Timeframe	Actions to be Performed
By the end of 2011	• VA will work with its Incarcerated Veterans Program to expand HIV testing to Veterans who are being re-integrated into the community and ensure HIV positive Veterans are linked to health care in a timely manner. • PHSHG will continue to work with the HIV QUERI as they also begin some pilot research projects with VA's Incarcerated Veterans Program to determine best practices with outreach efforts to this population. • VA will prioritize implementing combination approaches to HIV prevention as recommended by HHS and/or CDC.

2.4 Expand prevention with HIV-positive individuals: HHS treatment guidelines for antiviral treatment were updated in December 2009. The updated HHS treatment guidelines have already been incorporated into HIV policy and are considered to be the standard of health care for HIV infected Veterans. VA clinical providers have been educated about the changes in guidelines and are held accountable to those treatment standards.

Timeframe	Actions to be Performed
By the end of 2011	• VA will continue to educate providers on the updated HHS guidelines for treatment of Veterans with HIV. • Annual reports will be made available on the antiretroviral prescription trends by VA clinical providers. • VA will continue its policy to make male and female condoms available to all Veterans in care.

Step 3: Educate all Americans about the threat of HIV and how to prevent it.

3.1 Utilize social marketing and education campaigns: VA has made progress in utilizing social marketing and educational campaigns to increase HIV testing. On June 27 through July 3, 2009, VA celebrated HIV Testing Week. This was an expansion of VA's previous participation in the national HIV Testing Day (June 27). Funding and planning is in place to expand VA's social marketing and educational campaigns.

Timeframe	Actions to be Performed
By the end of 2011	• VA will expand its social marketing and educational campaign to better target high-risk Veteran populations. • Focus groups in high risk communities will be conducted to ensure that social marketing messaging is geared towards these communities of interest and maximize the impact. • HIV Testing Day (June 27) and World AIDS Day (December 1) will be highlighted in the social marketing efforts.

3.2 Promote age-appropriate HIV and STI prevention education for all Americans: Education and prevention of STIs is an integral part of HIV prevention. VA is working to incorporate HIV and STI prevention efforts into the comprehensive health care provided in primary care settings. The VHA National Center for Health Promotion and Disease Prevention (NCP) is currently in the process of working on several relevant VA Clinical Preventive Services Guidance Statements including screening for Chlamydia and Gonorrhea, screening for Hepatitis B and C, and counseling for STI to help educate and guide health care providers on these issues.

Timeframe	Actions to be Performed
By the end of 2011	• VA will continue work to develop guidelines for its health care providers on STI screening, prevention, and treatment in Veteran populations. • PHSHG will work with the NCP to update the HIV Prevention Handbook to include information on STI screening and prevention.

Goal 2:

Increasing Access to Care and Improving Health Outcomes for Veterans Living with HIV

The second goal identified in NHAS is to improve health outcomes for people living with HIV. There is a strong commitment to provide health care access for people with HIV that is more stable, affordable, and of high quality. Focus has been placed on expanding coordination between Federal agencies and across levels of government to improve linkages to care. Stakeholders have been asked to increase efforts to address workforce shortages by taking steps to expand the size and diversity of the clinical and nonclinical HIV workforce. Also, the health care that is required by individuals with HIV is expanding and often involves coordination between multiple disciplines within health care. Collaborations between HIV programs, mental health and substance use prevention and treatment programs, STI prevention and treatment programs, and homeless programs, as well as increasing collaboration with Department of Housing and Urban Development (HUD), SAMHSA, and other departments and agencies have been suggested to improve health care delivery and linkages to care.

HHS treatment guidelines for treatment of HIV infection provide the rationale for NHAS targets concerning improving access and outcomes for people living with HIV. From 2010 to 2015, the NHAS goals are to:

- **Increase the proportion of newly diagnosed patients linked to clinical care within 3 months of their HIV diagnosis from 65 percent to 85 percent (from 26,284 to 35,079 people).** *(Data source: CDC surveillance data.)*
- **Increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care (at least 2 visits for routine HIV medical care in 12 months at least 3 months apart) from 73 percent to 80 percent (or 237,924 people in continuous care to 260,739 people in continuous care).** *(Data source: HRSA data.)*
- **Increase the percentage of Ryan White recipients with permanent housing from 82 percent to 86 percent (from 434,600 to 455,800 people).** *(Data source: HRSA data.)*

VA provides high quality, integrated, and comprehensive health care to Veterans diagnosed with HIV. In 2009, 95 percent of Veterans with newly diagnosed HIV were linked to health care with a physician, nurse practitioner, or physician assistant within 3 months of diagnosis. This quality measure far exceeds the goals NHAS has set for the Nation. Nevertheless, VA strives to continue this high quality of care as HIV testing efforts are expanded and previously undiagnosed Veterans are identified.

VA has adopted the NQF performance measures as a method to assess continuous health care. The NQF definition of continuous health care for those with HIV/AIDS is defined as the percentage of patients who have at least two medical visits during the year with at least one visit in each 6-month period of the year with a minimum of 60

days between visits with a health care professional who provides routine primary care for patients with HIV/AIDS. This NQF definition for continuous care varies from the specified goal but the underlying objective is the same - to assess how many infected individuals are linked to care and remain in care. Using the NQF definition for continuous care, 86 percent of Veterans with HIV fall into this category. VA has already exceeded the goals NHAS has set for the Nation but will strive to continue to provide excellent health care to those diagnosed with HIV.

Step 1: Create a seamless system to immediately link people to continuous and coordinated quality health care when they learn they are infected with HIV.

1.1 Facilitate linkages to health care:** VA strives to provide continuous, coordinated quality of health care to Veterans infected with HIV. In 2009, 95 percent of those newly diagnosed with HIV were seen by a physician, nurse practitioner, or physician assistant within 90 days of the positive test result. Furthermore, 99 percent of Veterans that were diagnosed with HIV outside the VA medical system (transfers to health care) but sought health care in the VA system were linked to a provider within 90 days. Efforts have been made to work with local community programs, homeless programs, Incarcerated Veterans Program, and other outreach efforts to identify HIV positive Veterans in the community and alert them to the health care opportunities available to them in VA.

Timeframe	Actions to be Performed
By the end of 2011**[1]	• VA will collaborate with HRSA, CDC, HUD, and other relevant agencies to develop plans that support health care providers and other staff who deliver HIV positive test results to Veterans, and to provide linkage to health care to all eligible Veterans at a VA medical facility. • PHSHG will work with VA's Homeless Program, Incarcerated Veterans Programs, Women's Health Programs, and Mental Health and SUD Programs to ensure that any Veteran diagnosed with HIV is linked to appropriate specialty and sub-specialty health care within 90 days of diagnosis. • PHSHG will also work with VA's Mental Health and SUD programs to ensure that HIV positive Veterans are linked to support programs as needed. • PHSHG will encourage VA health care providers to ensure that there are timely mental health support services available for those who are

[1] ** VA was identified as a lead agency for targets.

	newly diagnosed and may have difficulty coping with the results.

1.2 Promote collaboration among providers: Federal agencies are expected to increase collaboration among HIV medical care providers and agencies providing HIV counseling and testing services, SUD treatment, mental health treatment, housing and support services to link people with HIV to health care. Substance use is quite prevalent in the HIV infected Veteran population cared for in VA's health care system, with 34 percent of Veterans self-reporting a history of alcohol use and 31 percent with a history of illicit drug use. Fifty-four percent of Veterans with HIV had a concurrent mental health diagnosis while they were in health care in VA. VA has an integrated health care system that provides quality, comprehensive health care to Veterans with HIV. HIV providers often work closely with mental health and SUD treatment providers to ensure quality health care and optimum adherence to antiretroviral therapy.

Timeframe	Actions to be Performed
By the end of 2011	• VA will continue to encourage HIV providers to work with mental health and SUD treatment providers to ensure quality comprehensive health care is being provided for Veterans with HIV.

1.3 **Maintain people living with HIV in care: HIV positive persons should have access to, and be maintained on, medication regimens that are recommended by HHS treatment guidelines. VA has consistently adopted HHS treatment guidelines as standard of care. Providers are routinely educated and updated on current HHS treatment guidelines. PHSHG works closely with the Pharmacy Benefits Management Office (PBM) to ensure that all FDA approved antiretroviral medications are available to eligible Veterans. Using data from the national CCR, performance on HHS recommendations and NQF endorsed measures are monitored and reported, including measures on viral load suppression, CD4 counts, OI prophylaxis, syphilis screening and others.

Timeframe	Actions to be Performed
By the end of 2011[2]**	• VA will continue to educate all HIV providers about the current HHS HIV treatment guidelines to ensure that optimal health care is being provided to Veterans with HIV. • Data on performance measures outlined in HHS treatment guidelines and NQF endorsed measures will be collected in the HIV CCR, and aggregate reports will be generated annually for VA providers, VA leadership, and be available to the public on the PHSHG Web site http://www.hiv.va.gov.

Step 2: Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV.

2.1 Increase the number of available providers of HIV care: Federal agencies are encouraged to have more health care clinicians including primary care providers, reproductive health care providers, providers of sexually transmitted disease treatment, mental health providers, and substance use treatment providers to offer HIV services. VA is committed to having providers (physician assistants, nurses, nurse practitioners) function at their highest competency. Also, VA has dedicated numerous resources to train a variety of staff (not just Infectious Disease Providers) to provide voluntary, routine HIV testing to Veterans.

Timeframe	Actions to be Performed
By the end of 2011	• VA will continue to train primary care providers, women's health care providers, mental health providers, and SUD providers to provide HIV related services such as routine HIV testing to all Veterans in health care at least once in a lifetime, and at least annually for those with on-going risk factors. • VA will provide educational opportunities about updates in HIV treatment and co-morbid health care to primary care providers, women's health care providers, mental health and SUD providers.

[2] ** VA was identified as a lead agency for targets.

2.2 Strengthen the current provider workforce to improve quality of HIV care and health outcomes for people living with HIV: VA promotes voluntary, routine HIV screening and quality HIV health care in clinical settings consistent with HHS and CDC guidelines.

Timeframe	Actions to be Performed
By the end of 2011	• VA will continue to educate its health care providers in diverse disciplines that VA policy is to provide routine, voluntary HIV testing to all Veterans in health care at least once in a lifetime and at least annually for those with on-going risk factors. • VA will continue to educate its health care providers about current HHS and CDC guidelines for HIV health care. • Using the HIV CCR database, VA will monitor and report on performance using nationally endorsed quality measures and make aggregated reports available to the public on the PHSHG Web site http://www.hiv.va.gov. • Opportunities to use technologies such as telehealth will be explored to improve HIV health care in remote locations. VA will consider supporting pilot programs to improve health care to Rural Veterans with HIV. • VA will continue to encourage its health care providers to perform at their highest professional competency levels when providing HIV health care. VA will also continue to maintain and support a network of identified HIV Lead Clinicians at all facilities and hold monthly conference calls to provide support, education and policy and program updates to all HIV health care providers.

Step 3: Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing.

3.1 **Enhance client assessment tools and measurement of health outcomes: VA collects data on clinical performance measures in HIV infected Veterans to monitor the quality of health care, including data pertaining to mental health co-morbid conditions.

Ending homelessness among Veterans is a major priority for VA. Current efforts are underway to meet housing needs for Veterans with and without HIV. VA has begun an

assessment to determine the number of homeless Veterans infected with HIV and hepatitis C Virus (HCV).

Timeframe	Actions to be Performed
By the end of 2011[3]**	• VA will collaborate with other Federal lead agencies to develop materials for training health care providers to conduct mental health and SUD assessments and treatment referrals as appropriate. • VA will work with other Federal lead agencies to work with states, localities, and community based organizations to encourage the adoption of nationally accepted clinical performance measures to monitor quality of HIV health care.

3.2 Address policies to promote access to housing and supportive services for people living with HIV: One of VA's top priorities is to end homelessness and promote access to housing and support services for all Veterans. NHAS asks Federal agencies to consider additional efforts to support housing assistance and other services that enable people living with HIV to obtain and adhere to HIV treatment.

Timeframe	Actions to be Performed
By the end of 2011	• VA will cooperate with all efforts by HUD, HHS Office of the Secretary, and relevant Federal agencies to identify ways to collaborate and increase access to non-medical supportive services (e.g., housing, food/nutrition services, and transportation) as critical elements of an effective HIV health care system. • Additionally, VA will work to develop non-medical support services for Veterans in care that are infected with HIV.

[3] **VA was identified as a lead agency for targets.

Goal 3:

Reducing HIV-Related Health Disparities

One of the challenges of reducing HIV-related health disparities is that it is easier to diagnose and document the problems than it is to implement concrete, evidence-based solutions. By expanding access to prevention and health care services to high-risk communities, NHAS proposes to lay the groundwork for reducing inequities. NHAS short-term focus will be to put in place the necessary tools to lead to improvements in health indicators for underserved communities.

Health disparities exist among different groups infected with HIV. NHAS suggests that decreasing the number of new infections and improving access to health care will require making progress toward minimizing disparities across high-risk populations. From 2010 to 2015, the NHAS goals are to:

- **Increase the proportion of HIV diagnosed gay and bisexual men with undetectable viral load by 20 percent.** *(Data source: CDC data.)*
- **Increase the proportion of HIV diagnosed Blacks with undetectable viral load by 20 percent.** *(Data source: CDC data.)*
- **Increase the proportion of HIV diagnosed Latinos with undetectable viral load by 20 percent.** *(Data source: CDC data.)*

In 2009, VA reviewed the overall HIV viral load suppression rates in Veterans with HIV/AIDS on antiretroviral medications. Some VA facilities use the lower limit of detectable viral load of less than 400 copies/ml and others use a more sensitive assay. In 2009, 84 percent of HIV positive Veterans on antiretroviral medications had a viral load less than 400 copies/ml; whereas 71 percent had the most recent viral load undetectable. VA is capable of providing annual reports that distinguish viral load suppression based on gender, race, ethnicity, and age as needed for reporting to ONAP on progress towards NHAS goals. Of note, reports based on race and ethnicity is dependent on each medical facility's ability to capture this data accurately.

Providing information on viral load suppression in the gay and bisexual male community will be difficult within the VA health care system. Although disclosure of sexual orientation does not affect VA health care benefits, gay and bisexual male Veterans have been historically hesitant to reveal this information to VA health care providers. Furthermore, this information is not gathered in a systematic method in the VA electronic health record. Data capture on this demographic is limited and, therefore, reporting on this measure will be a challenge for VA.

Step 1: Reduce HIV-related mortality in communities at high risk for HIV infection.

1.1 **Ensure that high risk groups have access to regular viral load and CD4 tests: All Veterans in the VA health care system have access to all the same HIV treatments and tests. All 23 FDA approved antiretrovirals are available on the VA formulary. VA routinely collects health outcome data on all HIV infected Veterans in the national HIV CCR. Annual reports are generated that provides data on multiple quality indicators such as viral loads and CD4 measurements. VA has the ability to provide these data reports for various Veteran populations including African Americans, Latinos, women, and Veterans over the age of 50. However, race/ethnicity data may be slightly flawed due to data capture process. Also, risk factors and men who have sex with men (MSM) data are neither well documented nor captured in the HIV CCR. Therefore, it will be difficult to report data on gay and bisexual male population.

Timeframe	Actions to be Performed
By the end of 2011[4]**	• VA will continue to routinely collect data on viral load and CD4 counts for all Veterans with HIV receiving VA health care. • VA will work with other Federal agencies on new strategies to collect and report viral load and CD4 data from HIV infected individuals within high risk populations.

Step 2: Adopt community-level approaches to reduce HIV infection in high risk communities.

2.2 Measure and utilize community viral load: VA's HIV CCR has the ability to capture average viral load by region for Veterans in health care. If helpful, VA may be able to contribute this information to CDC's attempt to gather information on community viral load.

Timeframe	Actions to be Performed
By the end of 2011	• VA will continue to routinely collect data on viral load and CD4 counts for all Veterans. • If requested, VA will develop a process to share de-identified HIV viral load information by region with CDC or other lead Federal agencies in an attempt to measure community viral load.

2.3 Promote a more holistic approach to health: VA supports providing integrated, comprehensive care to Veterans. NHAS is suggesting promotion of a more holistic

[4]** VA was identified as a lead agency for targets.

approach to health that addresses not only HIV prevention among African Americans, Latinos, women, and substance users, but also the prevention of HIV related co-occurring health conditions, such as STIs and hepatitis B and C. These strategies fit well into the VA's approach to health care in general.

Timeframe	Actions to be Performed
By the end of 2011	• VA will continue to support integrated health care models that address HIV prevention in all high risk population but also address co-morbidities such as STIs and viral hepatitis as well as routine immunization.

Step 3: Reduce stigma and discrimination against people living with HIV.

3.1 Engage communities to affirm support for people living with HIV: VA provides health care to those Veterans with HIV with respect for the individual and their right to competent, compassionate care in which they are an informed participant. While eligibility requirements preclude offering clinical services to those not eligible for such benefits, VA and its facilities are encouraged to work collaboratively with community organizations, including faith-based groups, to deliver messages on prevention of HIV infection and availability of HIV health care for eligible Veterans**.** VA is working with faith-based programs within VA to support Veterans living with HIV and promote HIV testing and prevention efforts to all others.

Timeframe	Actions to be Performed
By the end of 2011	• VA will continue efforts to engage faith based programs and encourage community based programs to support HIV infected Veterans in a non-judgmental manner and to • encourage all others to be routinely tested for HIV. • VA will continue its policy of routine offering of HIV testing to all Veterans, independent of identified risk factors, as a means to destigmatize HIV testing.

3.2 Promote public leadership of people living with HIV: Veterans with HIV are significant stakeholders. Currently, VA has a National HIV Community Advisory Board that advises and helps to set priorities and evaluate programmatic goals and strategies.

Timeframe	Actions to be Performed
By the end of 2011	• VA will continue to receiving feedback from HIV infected Veterans. • VA will attempt to diversify the Veterans on the National HIV Community Advisory Board to include representation from younger, newly infected Veterans who represent high risk populations.

Achieving a More Coordinated National Response to the HIV Epidemic in the United States

NHAS calls for Federal agencies to increase collaboration and coordination to best achieve the goals and targets set for the Nation. In the short-term, the focus will be on strengthening the mechanisms for Federal agencies to work together more closely about policy issues, as well as the operational aspects of their programs. Longer-term, NHAS proposes to improve coordination and tackle issues that may require years of sustained planning and effort, such as initiating joint funding initiatives and streamlining data collection and reporting requirements.

Step 1: Increase the coordination of HIV programs across the Federal Government and between Federal agencies and state, territorial, local, and tribal governments.

1.1 **Ensure coordinated program administration: Lead agencies have been tasked with increasing focus on coordinated planning for HIV services across agencies, including coordinated prevention and care planning and resource allocation activities. VA has been identified as a participating Federal agency working towards this goal.

Timeframe	Actions to be Performed
By the end of 2011[5]	• VA representative will participate in ongoing discussions with HHS and other relevant Federal agencies on the coordination of domestic HIV programs. • VA will contribute to the joint progress report on HIV/AIDS program collaboration that identified lead agencies are charged to produce, using available clinical and administrative data and reports to the fullest possible extent.

Step 2: Develop improved mechanisms to monitor, evaluate, and report on progress toward achieving national goals.

VA believes in transparency and public reporting of performance on health outcomes. As part of our overall national HIV/AIDS strategy, VA will make aggregate de-identified VA performance data available to Veterans, their families, our stakeholders, and the general public.

VA relies on two separate databases to collect all the information to monitor, evaluate, and report on progress towards achieving the goals set forth by the strategy. VA uses an Annual HIV Test Extract (AHTE) to measure the number of HIV tests

[5]** VA was identified as a lead agency for targets.

performed per calendar year. This data collection method does not include any personal identifiers and/or demographic information (other than medical facility where the test was performed). Therefore, it is difficult to report on information regarding HIV testing rates among high risk populations. Aggregate HIV testing rate reports are generated on an annual basis and are available to the public in the early spring.

Information regarding HIV positive Veterans and their health care is collected in a separate database called HIV CCR. As opposed to the AHTE, the CCR has a tremendous amount of data, including demographics, clinical data used to evaluate quality indicators, and patient outcome measures. This data is also available on an annual basis and can provide significantly more detailed information to help evaluate progress towards achieving goals such as linkage to care, continuity of care, and reducing disparities in HIV care.

2.2 **Provide regular public reporting: Progress in reaching Strategy goals will be reported by the Federal Government through an annual report at the end of each year.

Timeframe	Actions to be Performed
By the end of 2011[6]**	• VA will submit a progress report to ONAP on successes and challenges in achieving the goals of the NHAS. • VA will work with other relevant agencies, ONAP, and HHS Office of the Secretary to review progress annually and identify challenges and potential barriers to achieve NHAS goals. This will include considering key action steps for the coming year.

[6] ** VA was identified as a lead agency for targets.

Summary

In the U.S., VA is the largest provider of health care to those living with HIV; currently, VA serves over 24,000 HIV-infected Veterans throughout the U.S. VA is committed to providing excellent health care to all Veterans, and provides the highest quality health care to HIV-infected Veterans. For example:

- 96 percent of newly identified HIV positive Veterans were linked to health care;
- 98 percent of known positive Veterans who transferred their care to the VA were linked to health care;
- 91 percent of HIV infected Veterans in health care were on antiretroviral therapy;
- 97 percent of HIV infected Veterans in health care have been screened for HBV;
- 98 percent of HIV infected Veterans in health care have been screened for HCV; and
- 93 percent of infected Veterans in health care had a CD4+ lymphocyte count.

VA exceeds many of the targets and goals set out for improving access to health care, improving health outcomes, and reducing health disparities. Regardless of gender, race, ethnicity, age, or background, once a Veteran is diagnosed with HIV in VA, linkage to high-quality care occurs automatically.

VA struggles with capturing information on Veteran's HIV risk factors including information about LGBT Veteran populations. Therefore, reporting information regarding the specific goals and targets that address this demographic population may be challenging. VA will attempt to improve data capture for this population in future years.

Historically, barriers to HIV testing in VA's health care system have resulted in low annual HIV testing rates. As of 2009, less than 10 percent of all Veterans in VA health care have ever been tested by VA for HIV. In August 2009, two major policy changes were implemented that affected HIV testing procedures and removed some of the barriers to routine screening. First, the policy requiring written informed consent and pre- and post-test counseling was eliminated. However, documented verbal consent is still required and HIV education materials need to be provided to Veterans prior to testing. Although the requirement for post-test counseling was eliminated, VA providers are strongly encouraged to provide supportive counseling and timely linkage to HIV care and mental health support services when delivering HIV positive results to newly diagnosed Veterans. Second, VA revised its risk-based HIV testing policy to the current policy which is voluntary, routine HIV testing of all Veterans at least once in a lifetime and at least annually for those with on-going risk factors. Elimination of these barriers has aligned VA policy more closely to 2006 CDC recommendations for routine HIV testing and has simplified the process of offering an HIV test in VA.

VA has been diligently working to improve HIV testing rates since the policies have been modified. VA has launched a large social marketing campaign to educate Veterans and VA health care providers about the new policy changes and the medical benefit of routine HIV testing. VA has also funded numerous pilot programs across the Nation in high prevalence, high risk, and low testing facilities to not only improve HIV testing in those geographic areas but to also develop best practices and models of care that can be evaluated and, if successful, disseminated nationally. Also, VA has developed a clinical reminder that can be installed in the EMR to prompt primary care clinicians to offer HIV testing to Veterans who have not been tested. All these efforts to improve HIV testing are in the process of being evaluated and expanded in the years to come.

VA potentially can serve as a model for HIV care in the U.S. Once diagnosed, Veterans are linked to care in a timely manner and receive high-quality comprehensive care that can be considered potential benchmarks for high-quality HIV care for HIV programs across the Nation. The HIV care the VA provides exceeds most targets and goals identified in the NHAS for access to care, health outcomes, and reducing health disparities. Even so, VA plans to continue to improve on these current successes and reach beyond NHAS expectations when providing care to Veterans. New challenges include improving HIV testing rates and HIV prevention efforts within VA's health care system. Pilot programs are underway to develop best practices and resources to successfully address these challenges. VA will also work with other Federal entities including HHS, CDC, HRSA, HUD and others to jointly move towards improving these efforts nationally in an evidence-based manner.