VA HEALTH CARE

Improved Communication about Available Data Needed to Enhance the HIV Screening Process

Why GAO Did This Study

VHA is the largest single provider of medical care to HIV infected individuals in the nation. In 2018, VAMCs tested approximately 240,000 veterans for HIV and provided HIV care to over 31,000 veterans. Early diagnosis and timely treatment is important for achieving favorable health outcomes and reducing the risk of transmitting the virus to others.

The accompanying Joint Explanatory Statement for the Consolidated Appropriations Act, 2018 included a provision for GAO to examine how VAMCs have implemented VHA’s HIV screening policy. This report examines (1) approaches that selected VAMCs use to facilitate HIV screening, and (2) the extent to which VHA monitors HIV screening. GAO analyzed VHA documents, including VHA directives and a nongeneralizable sample of 103 veterans’ medical records, to understand how providers made decisions and documented actions related to HIV screening. GAO also interviewed VHA and VAMC officials, the latter from five facilities selected based on factors such as the range of HIV prevalence rates.

What GAO Recommends

VA should (1) improve communication regarding the availability of data on the timeliness with which test results are communicated to veterans, and (2) disseminate data to HIV lead clinicians on the timeliness with which veterans are linked to HIV care. VA concurred with GAO’s recommendations.

What GAO Found

Officials from five selected Department of Veterans Affairs (VA) medical centers (VAMC) reported using various approaches to facilitate human immunodeficiency virus (HIV) screening, which involves three stages. For example, for the first stage of HIV screening (providing HIV tests to consenting veterans), officials told GAO that VAMCs use information technology solutions, such as clinical reminders that prompt providers to offer HIV tests to veterans who have not been tested. These clinical reminders can also prompt providers to offer an HIV test on a repeated, rather than a one-time, basis to veterans with known higher risk factors for acquiring HIV.

Examples of VAMC Approaches and VHA Monitoring for Human Immunodeficiency Virus (HIV) Screening

<table>
<thead>
<tr>
<th>HIV screening stage</th>
<th>STAGE ONE: Providing HIV tests to consenting veterans</th>
<th>STAGE TWO: Communicating HIV test results to veterans</th>
<th>STAGE THREE: Linking HIV-positive veterans to HIV care</th>
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<tr>
<td>Examples of VAMC approaches</td>
<td>Using clinical reminders, which prompt providers to offer HIV tests to veterans.</td>
<td>Scheduling non-routine appointments to inform veterans of positive HIV test results within 7 days.</td>
<td>Providing remote care via use of telecommunication when needed to ensure timely.</td>
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<tr>
<td>VHA monitoring</td>
<td>Collecting VAMC data related to, for example, the annual HIV screening rate.</td>
<td>Collecting VAMC data on communication timeliness, but not systematically shared with clinicians who lead HIV screening at VAMCs.</td>
<td>None currently, but taking steps to collect data.</td>
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Source: GAO analysis of Department of Veterans Affairs medical centers (VAMC) and Veterans Health Administration (VHA) information. | GAO-20-189

The Veterans Health Administration (VHA) monitors the first stage of HIV screening by collecting and disseminating data that VAMCs can use to calculate and, if necessary, improve facility HIV testing rates. VHA also collects data on the time frames in which results for eight types of tests are communicated to veterans; these data could indicate how timely test results are being communicated generally (stage two of HIV screening). However, VHA has not effectively communicated the availability of these data to HIV lead clinicians. In addition, VHA does not currently monitor whether VAMCs link veterans who test positive for HIV to care in a timely manner (stage three of HIV screening). VHA officials indicated that they are in the process of building the capacity to collect and disseminate to HIV lead clinicians data on the number of veterans at each VAMC who are linked to HIV care within 30 days, as recommended. However, the time frames for completing these efforts have been extended due to competing priorities, such as implementing required improvements in the diagnosis and treatment of veterans with Hepatitis C. Until VHA improves VAMC staff’s access to, or provides them with, these data, it increases its risk that HIV-positive veterans do not receive timely treatment. Such treatment can improve veterans’ health outcomes and prevent the transmission of the virus to others.

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