



ADDRESSING BARRIERS TO CARE IN VETERANS AT RISK FOR HIV INFORMATION BRIEF

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INTRODUCTION

The Veterans Health Administration (VHA) serves a Veteran population that is increasingly diverse. Equitable access to high-quality care for all Veterans is a major tenet of the VA healthcare mission. The Office of Health Equity (OHE) champions the elimination of health disparities and achieving health equity for all Veterans, including those living with HIV/AIDS. VA is the single largest provider of HIV care in the U.S., with just over 31,000 Veterans with HIV in care in 2019.

HEALTH DISPARITIES

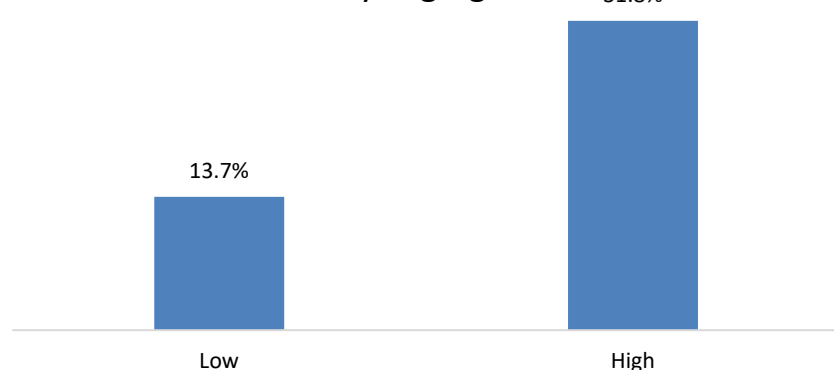
While VHA provides affordable access to health care for the Veterans it serves, often other unmet social needs, such as food insecurity, housing instability, transportation challenges and a lack of employment opportunities can have significant impacts on health outcomes.

Community factors can affect risk of HIV. In an analysis of Veterans who received care through the VHA, 31.8 % of Veterans who lived in neighborhoods that were highly segregated by race and ethnicity had a higher risk of living with HIV than Veterans whose neighborhoods were

less segregated even after accounting for neighborhood socioeconomic status, race and ethnicity and access to care through the VHA.

The VA is working to address unmet social needs in Veterans through Assessing Circumstances and Offering Resources for Needs (ACORN), a systematic screening and referral program. ACORN has been implemented in more than 25 VA Medical Centers. Veterans who express unmet needs are offered referrals to relevant clinical services, support navigating resources, and/or resource guides to VA and community services.

Percent of Veterans Living with HIV in Neighborhoods with Low and High Race and Ethnicity Segregation



From Oluyomi AO, *et al.*, 2023



THE USE OF PRE-EXPOSURE PROPHYLAXIS TO REDUCE HIV TRANSMISSION

HIV is a preventable disease through different strategies. One of those strategies is pre-exposure prophylaxis (PrEP). PrEP reduces HIV transmission through sexual contact by at least 90% when taken as prescribed. PrEP is available to all Veterans in VA care at risk for HIV to prevent transmission. VA health care providers are working to create innovative ways to ensure Veterans who would benefit from PrEP have access to it.

Getting to Implementation

VA's HIV, Hepatitis, and Related Conditions Programs (HHRC) evaluation team leads Getting to Implementation (GTI). GTI is a 7-step process to help VA health care providers improve HIV PrEP prescribing across racial groups. Through their participation in GTI, the VA Gulf Coast Healthcare System participated in GTI and improved PrEP prescribing rates for Black Veterans by identifying Veterans at risk for HIV, providing education and tools across the health care system, and working with other VA Medical Centers and national partners.

Implementing a Clinical Sexual Health Clinical Reminder

It is important for VA health care providers to obtain accurate and timely sexual health histories to identify if a Veteran might benefit from being

prescribed PrEP. The Orlando Veterans Affairs Healthcare System created a sexual health reminder to alert primary care team nurses if a Veteran was due for a yearly sexual health screening during their visit to their primary care provider. This clinical reminder was implemented in July 2022 and successfully links potential PrEP candidates to care and resources. The number infectious disease consults related to PrEP education and consultation increased after this clinical reminder was implemented, providing evidence that clinical reminders work to improve sexual health education and PrEP access.

Utilizing Telehealth to Overcome Access Barriers to PrEP

Providers at the VA Eastern Colorado Health Care System have transitioned from exclusively in-person, where PrEP is provided by physicians and nurse practitioners, to majority telehealth, where PrEP follow-up is provided by clinical pharmacist practitioners via telephone. When these two approaches to providing PrEP were evaluated, Veterans took PrEP medications as directed nearly 90% of the time regardless of whether they received their prescription in-person prescribing by a physician or nurse practitioner or via telehealth prescribing by a clinical pharmacist. Additionally, Veterans receiving PrEP are less likely to be lost to follow-up when receiving care via telehealth.

For more information about the Office of Health Equity visit: <https://www.va.gov/healthequity/>

References

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