



U.S. Department  
of Veterans Affairs

# News Release

Office of Public Affairs  
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FOR IMMEDIATE RELEASE  
Jan. 24, 2017

## VA researcher working to improve HIV care for rural Veterans

*Telehealth option connects rural Veterans with HIV specialists*

WASHINGTON – [Dr. Michael Ohl](#) of the Department of Veterans Affairs' (VA) [Iowa City VA Health Care System](#) is creating a model titled Telehealth Collaborative Care to improve the quality of care for Veterans who live far from specialty clinics. [Telehealth Collaborative Care](#) uses videoconferencing to connect rural Veterans with human immunodeficiency virus (HIV) with VA specialists.

HIV is a chronic condition that can result in serious outcomes for patients lacking access to quality treatment. The illness attacks the body's immune system and can cause acquired immune deficiency syndrome, or AIDS, a potentially life-threatening disease. Approximately 18 percent of the 26,000 Veterans under VA care for HIV live in rural areas. These Veterans have limited access to high-quality, HIV specialty clinics.

"Veterans should have easy access to HIV testing and state-of-the-art HIV care regardless of where they live," said Ohl, an infectious disease specialist. "We know that compared to their urban counterparts, rural Veterans with HIV enter care with more advanced illness, are less likely to receive the latest advances in HIV treatment, and have lower survival rates. We want to change that."

Ohl's study explores rural Veterans' interest in using video telehealth at close-by, VA community-based outpatient clinics, (CBOCs) to maintain their ongoing care. CBOCs serve as satellite clinics for large VA medical centers. Veterans can telecommunicate, via video at CBOCs, with an HIV specialist at the larger facility.

HIV pharmacists, psychologists, and nurse-care managers may also be included in videoconferences. A nurse onsite with the Veteran at the outpatient clinic can administer treatment if prescribed by the specialist. Veterans can also meet with their primary care physician onsite. The primary care clinic and specialty care clinic can then communicate to determine how best to co-manage the Veteran's care.

The coordinated process lifts a major travel burden off rural Veterans. In 2010, rural Veterans with HIV were an average of 86 minutes by car from the closest infectious disease clinic versus 23 minutes on average for urban Veterans. Rural Veterans were also less likely than their urban counterparts to use specialty care.

The Telehealth Collaborative Care study, which involves approximately 800 Veterans, is focusing on rural areas near San Antonio, Houston, Dallas and Atlanta, each of which has a VA hospital with an HIV specialty clinic. Veterans with HIV who live closer to a primary care clinic or CBOC than to a specialty clinic and who have at least a 90-minute drive to one of these cities are being offered the telehealth option.

Through interviews with the Veterans, Ohl and his team are finding that most of those offered telehealth are choosing to take advantage of the option. VA offers close to 50 telehealth specialties. During fiscal year 2016, more than 700,000 Veterans completed approximately 2 million telehealth appointments.

For more information about VA's work in HIV and AIDS, visit <http://www.hiv.va.gov/patient/index.asp>. Information about Ohl's study may be found at [http://www.hsrd.research.va.gov/research/abstracts.cfm?Project\\_ID=2141702405](http://www.hsrd.research.va.gov/research/abstracts.cfm?Project_ID=2141702405).

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