

CDP 12-253: Improving Access and Outcomes for Rural Veterans with HIV (CDA 11-211)

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Background:

In large cities, persons with HIV often receive care in high volume HIV specialty clinics that employ co-located interdisciplinary care teams. Approximately 18% of the 24,000 veterans in care for HIV infection in the United States live in rural areas and have limited access to this form of specialized health care. Our prior work demonstrated that, compared to their urban counterparts, rural veterans with HIV infection enter care with more advanced illness, are less likely to be early adopters of important advances in HIV therapy, and experience higher mortality.

Objective(s):

The long term research objective of this career development award is to develop, evaluate, and implement an innovative delivery model to improve the accessibility, quality, and outcomes of care for rural veterans with HIV. Specific research aims are:

Aim 1) further determine rural - urban variation in HIV care quality and intermediate outcomes, and identify specific gaps in care for rural veterans;

Aim 2) identify barriers to care for rural veterans with HIV and obtain stakeholder input on design of an improved delivery model using qualitative methods; and

Aim 3) develop and evaluate an innovative delivery model for rural veterans with HIV that employs existing VA telehealth resources.

Methods:

We will employ a series of mixed methods over the course of three incremental projects to achieve these aims. In aim 1 we will apply secondary analysis of extant VA HIV Clinical Case Registry (CCR) data to provide a detailed description of gaps in care for rural veterans with HIV. Dependent variables will include a series of process and outcome measures of HIV care tracked in VA. In aim 2 we will employ qualitative methods and semi-structured interviews with veterans, VA providers, and administrators to identify opportunities to improve care for rural veterans with HIV. Interviews will focus on perceived needs for care among rural veterans with HIV, enabling resources that influence care access, needs for additional resources in low HIV-volume sites serving rural areas, and specific opportunities to improve care. In aim 3 we will apply these findings to develop and pilot test an innovative, telehealth-based delivery model to close gaps in care for rural veterans with HIV.

Findings:

Analyses of 23,601 veterans in care for HIV infection in 2009 are underway to complete aim 1. Initial descriptive findings are that rural veterans were slightly older than their urban counterparts (median age 55 vs. 54, $P < 0.001$), more likely to be white (53% vs. 35%, $p < 0.001$), and less likely to have a lifetime illicit substance use diagnosis (19% vs. 24%, $p < 0.001$). Seventy-two percent of rural veterans with HIV lived more than a one-hour car ride from their site of care in VA.

Status:

Analyses of rural - urban variation in process and outcomes of care among veterans with HIV are ongoing to address aim 1. To address aim 2, semi structured interviews with 13 rural veterans with HIV and 14 providers of care for rural veterans with HIV have been completed and analyses are underway. Additional interviews are planned. Aim 3 will be initiated in later years of this award.

Impact:

This work will increase understanding of gaps in care for rural veterans. We will rapidly apply this knowledge to design and test an innovative care system that uses VA telehealth resources to extend interdisciplinary-team-based specialty care for veterans with HIV in rural settings. In addition to improving access and outcomes of care for rural veterans with HIV, this may inform care systems for rural veterans with other chronic conditions requiring ongoing specialized care. Thus, this work directly addresses the VA operation mandate and HSR&D research priority to improve access to care for rural veterans.

Publications

There are currently no citations for this project.

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