

# Comparative Cost Study of Clinical HIV Testing Prompts at the Veterans Affairs Healthcare System

Joe Henry\*

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## Abstract

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**Keywords:** AIDS; Cost analysis; Veterans Affairs Healthcare System

## Introduction

Early HIV infection detection lowers the risk of disease transmission and benefits those who are detected clinically. According to estimates from the Centers for Disease Control and Prevention, 19% of Americans are not aware of their HIV status [1]. The American College of Physicians, the US Preventive Services Task Force, and the Centers for Disease Control and Prevention have all recommended routine, voluntary HIV testing for adults as a result of this gap.

The Veteran Health Administration (VHA), the largest healthcare institution in the country, has established a number of measures to encourage HIV testing in order to increase early detection. Over time, in reaction to modifications in the regulatory environment (such as the elimination of the need for written informed consent) [2], various initiatives have been implemented in VHA to increase HIV testing rates, including changes to guidelines for who should be offered HIV testing (i.e., moving from risk-based to routine testing). Although our earlier analysis showed that these programmes were effective, the total expenses of these programmes and the cost per detected case are not fully stated [3]. This study analysed the costs of three alternative HIV testing plans: 1) physician-based traditional HIV testing and counselling without clinical reminders; 2) nurse-based streamlined counselling with clinical reminders and telephone notifications for negative results; and 3) clinical reminders without pretest counselling and with telephone notifications for negative results [4]. We have assessed the cost per test and the cost for discovering a previously undetected case of HIV infection in order to support programmes that may be interested in implementing a similar method but are unsure of the financial implications.

We did not include the long-term cost-effectiveness of HIV

testing because this article concentrated on examining the immediate economic implications of these new tactics. These evaluations will take the consequences of beyond the purview of this study; diagnosis and therapy on quality-adjusted life-year are not included [5].

## Methods

Nurse-initiated, simplified counselling was found to be cost-effective in raising HIV testing rates in primary care settings when written informed permission was required for HIV testing used this tactic as a component of a multimodal intervention that also included provider education, an audit-feedback tool, and a real-time clinical reminder to remind physicians to conduct risk-based HIV testing at Southern California VHA medical care facilities [6]. Any past records of hepatitis B or C infection, use of illegal drugs, a sexually transmitted disease, homelessness, or specific behavioural risk factors were enough to set off the clinical reminder. This program's implementation tripled the screening rate and increased the number of HIV diagnoses. The VHA's policy for HIV testing changed in August. The updated policy does away with the need for official pre- and post-test counselling.

**\*Corresponding author:** ÁR [-Á P^Á]~ÉÁÖ^Áæ:ic { ^}c[ -AP^æ]c@ACE æi:•ÉÁW)äç^i•äc^Á [-Á T ä]æ)Ékúæ]~ÉÁÖÉ { æ|Á@^Á}~HGO \* { æ|É& [ {

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In the meanwhile, verbal consent for testing was used instead of written authorization, and testing was advised for everyone, regardless of known risk of HIV infection [7]. Following this modification, numerous Veterans Affairs (VA) facilities updated their procedures to comply with the new VA standards and put in place a non-risk-based

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