Linkage to HIV Care in the VA Healthcare System

Thomas P. Giordano, MD, MPH, Christine Hartman, PhD, Jessica A. Davila, PhD, Peter Richardson, PhD, Crystal Stafford, MPH, and Maria C. Rodriguez-Barradas, MD
Houston Health Services Research and Development Center of Excellence, Michael E. DeBakey VA Medical Center, and the Department of Medicine, Baylor College of Medicine, Houston, TX, USA

Abstract

Background: Timely linkage to HIV care after diagnosis is critical for achieving optimal health outcomes from antiretroviral therapy (ART). Analysis of all-cause mortality among veterans in the VA Healthcare System (V AHS) from 1998-2006 revealed that veterans with HIV are at increased risk of mortality relative to other V A enrollees. Methods: Retrospective cohort study, using the Clinical Case Registry (CCR) of the VA Healthcare System (V AHS) for all veterans who were linked to HIV care at any VA facility (N=20,363). The principal outcomes were death in the V AHS and death in the Civilian sector. The Cox proportional hazards model was used to analyze survival data. Analyses were done using STATA 10.0. Results: VA linked 20,363 veterans to HIV care from 1998 to 2006, of which 81.5% were male, 60.4% white, 16.2% black, 5.5% Hispanic, and 17.0% non-Hispanic. Similarly, 20,363 unique patients were identified in the Civilian sector. The Kaplan-Meier estimate of all cause mortality for veterans linked to care was 2.6% (95% CI 2.0-3.3) and 5.1% (95% CI 4.7-5.5) for veterans who did not link to care. Conclusions: The estimated mortality difference for veterans who link to care is 2.5% (95% CI 1.7-3.3), which is clinically significant in the V AHS. The findings have implications for efforts to improve linkage to care in the V AHS.

Methods

• All veterans who linked to HIV care at any VA facility (N=20,363) were included in the current study.
• The Cox proportional hazards model was used to analyze survival data.
• Analyses were done using STATA 10.0.
• The principal outcomes were death in the V AHS and death in the Civilian sector.

Results

• VA linked 20,363 veterans to HIV care from 1998 to 2006, of which 81.5% were male, 60.4% white, 16.2% black, 5.5% Hispanic, and 17.0% non-Hispanic.
• Similarly, 20,363 unique patients were identified in the Civilian sector.
• The Kaplan-Meier estimate of all cause mortality for veterans linked to care was 2.6% (95% CI 2.0-3.3) and 5.1% (95% CI 4.7-5.5) for veterans who did not link to care.

Conclusions

• The estimated mortality difference for veterans who link to care is 2.5% (95% CI 1.7-3.3), which is clinically significant in the V AHS.
• The findings have implications for efforts to improve linkage to care in the V AHS.

References and Acknowledgments

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