

Part 3: Reduced Health Disparities in the Veterans' Administration System of HIV Health Care and Applicability to Access to Care in the Newark EMA

Introduction

During the Planning Council's Research Committee meetings regarding access to medical care, members discussed recent research which showed that patients in the Veterans' Administration (VA) health system were purported to experience fewer racial/ethnic disparities in access to and utilization of health care than other systems. This may be true for HIV as well as for other health problems. The Newark EMA grantee (DHHS) has a contract with the East Orange VA Hospital to provide supportive services of nurse case management, transportation and other services to the **VA HIV Health Clinic**. It is estimated that the clinic serves 500+ PLWHA who are veterans residing in the Northern New Jersey region.

Because access to quality HIV care is a major goal of Title I, the Planning Council included in the 2004 Needs Assessment a goal to determine whether the Veterans' Administration system of HIV medical care reduces health disparities and improves access to care, particularly among racial/ethnic minorities, and whether this system can serve as a model for other HIV medical care in the EMA.

Specifically, the EMA proposed to determine (1) whether fewer health disparities exist in access to [HIV] care, and if so, (2) the reasons, and (3) whether the lessons for delivery of health care services can be transferred to non-VA systems as "best practices." The Council was to utilize the contractual relationship between the grantee and East Orange VA Hospital to obtain information.

Methods

Methodology included the following:

1. Review of health disparity issues with the Newark DHHS epidemiologist (member of the Council's Research Committee), particularly with respect to information regarding the VA Health Care system.
2. Completion of secondary research including:
 - a. Online research with the VA, Centers for Medicaid and Medicare, USDHHS, and other sources regarding access to care and health disparities, which to the extent practical, focused on access to HIV care.
 - b. Obtaining background information regarding Title I performance and service utilization with the DHHS Ryan White Unit Monitor assigned to this provider. This included but was not limited to number of VA clients served by Title I,

demographics (gender, race/ethnicity, age, exposure category if available) from the monitor or CHAMP, unit costs, etc. This information was to provide input into any "best practices" model to be recommended.

3. Identifying information needed from the VA. Developing a questionnaire or interview instrument to obtain this information. If needed, discussing the questionnaire with the Council and Grantee for input and identification of additional information needed.
4. Conducting a key informant interview(s) with representatives of the VA Health System regarding Ryan White services and access to care. Recording results and identifying recommendations or "best practices" to be applied to the Newark EMA.

To obtain background information regarding veteran's benefits, the Planning Council staff initially reviewed the VA's website.¹ Staff reviewed documents which detailed eligibility for enrollment, enrollment benefits, costs for services, and procedures for applying for veteran's benefits. Once staff had a clear understanding of how the VA operates, Myriam Garcia, the Ryan White Title I program monitor for the VA was contacted. Ms. Garcia provided an overview of the Ryan White Title I Grantee's perceptions of the services provided by the VA, and limited suggestions which were the result of site visits with the VA. Ms. Garcia provided contact names and phone numbers for staff at the VA HIV Clinic. Planning Council staff then contacted the VA HIV Clinic to arrange a face-to-face interview with the Infectious Disease physician. The Planning Council's Associate Researcher and the Council's consultant, Sharon Postel, met with Dr. Robert H.K. Eng on Friday, May 21, 2004 for approximately one hour. Dr. Eng provided specific information regarding the HIV Clinic at the VA Hospital, and details of how this clinic functions within the larger hospital system. Lastly, Planning Council staff contacted administrators from the CHAMP office to request FY 2003 data on patients receiving services through the VA, including gender, age, ethnicity, geographic region of residence, and services received.

Results

Overview of the VA System of Health Care

The Department of Veterans' Affairs is a branch of federal government that provides services to veterans who were honorably discharged from duty and who require medical services. Numerous facilities are located throughout New Jersey, including two hospitals, ten outpatient clinics, four community based outpatient clinics, four veterans' centers, two cemeteries, and one regional administration office. The hospitals are located in East Orange in Essex County and Lyons in Somerset County. The outpatient clinics are located throughout the state, from Hackensack to Cape May.

The Veteran's Affairs New Jersey Health Care System located in East Orange provides a wide range of healthcare services to veterans residing primarily in Northern New Jersey. Services which are applicable to HIV+ patients include pain management, treatment for Post Traumatic Stress Disorder (PTSD), substance abuse treatment and medical care for treatment of HIV/AIDS.² The

1 <http://www.va.gov>

2 East Orange Campus of the VA New Jersey Health Care System, retrieved from: <http://www1.va.gov/directory/guide/facility.asp?ID=44&divisionID=ALL&map=1>

HIV/AIDS Clinic serves approximately 550 HIV infected veterans annually.³ The HIV/AIDS Clinic, which provides primary medical care services to PLWHA, receives Ryan White Title-I funding to provide supportive services, including case management, transportation and nutritional services. These services are not otherwise available through the VA Health Care system.

Eligibility for Services

According to the Veteran's Affairs Website, "The primary factor in determining a veteran's eligibility to receive VA health care benefits is 'veteran status.' 'Veteran status' is established by active duty service in the military, naval, or air service and a discharge or release from active military service under other than dishonorable conditions" Once a veteran applies for enrollment, their eligibility will be verified, and they are subsequently assigned a priority group. The Priority Groups are as follows:⁴

Priority Group 1:

- Veterans with service-connected disabilities rated 50% or more disabling

Priority Group 2:

- Veterans with service-connected disabilities rated 30% or 40% disabling

Priority Group 3:

- Veterans who are former POWs
- Veterans awarded the Purple Heart
- Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty
- Veterans with service-connected disabilities rated 10% or 20% disabling
- Veterans awarded special eligibility classification under Title 38, U.S.C., Section 1151, "benefits for individuals disabled by treatment or vocational rehabilitation"

Priority Group 4:

- Veterans who are receiving aid and attendance or housing benefits
- Veterans who have been determined by VA to be catastrophically disabled

Priority Group 5:

- Nonservice-connected veterans and noncompensable service-connected veterans rated 0% disabled whose annual income and net worth are below the established VA Means Test thresholds
- Veterans receiving VA pension benefits
- Veterans eligible for Medicaid benefits

Priority Group 6:

³ Robert H.K. Eng, MD, Chief of Infectious Disease – VA New Jersey Health Care, Professor of Medicine – NJ Medical School

⁴ A Guide to VA Health Care, Department of Veterans Affairs, Chief Business Office, March 2003

- Compensable 0% service-connected veterans
- World War I veterans
- Mexican Border War veterans
- Veterans solely seeking care for disorders associated with: exposure to herbicides while serving in Vietnam; or exposure to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki; or for disorders associated with service in the Gulf War; or for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998.

Priority Group 7:

- Veterans who agree to pay specified co-payments with income and/or net worth above the VA Means Test threshold and income below the HUD geographic index
 - *Subpriority a:* Noncompensable 0% service-connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date
 - *Subpriority c:* Non-service connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date
 - *Subpriority e:* Noncompensable 0% service-connected veterans not included in Subpriority "a" above
 - *Subpriority g:* Nonservice-connected veterans not included in Subpriority c above

Priority Group 8:

- Veterans who agree to pay specified co-payments with income and/or net worth above the VA Means Test threshold and the HUD geographic index
 - *Subpriority a:* Noncompensable 0% service-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date
 - *Subpriority c:* Nonservice-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date
 - *Subpriority e:* Noncompensable 0% service-connected veterans applying for enrollment after January 16, 2003
 - *Subpriority g:* Nonservice-connected veterans applying for enrollment after January 16, 2003

While a great number of veterans qualify for cost-free health care services, veterans whose income and net worth exceed the established Means Test threshold, as well as those who choose not to complete the financial assessment, must agree to pay required co-payments to become eligible for VA health care services.⁵ Co-payments may be required for outpatient and inpatient services, medications and long-term care services. Priority groups 2 through 6 qualify for annual caps on co-

⁵ A Guide to VA Health Care, Department of Veterans Affairs, Chief Business Office, March 2003

payments, while Priority group 1 is exempt from all co-payments. Priority groups 7 & 8 do not qualify for the medication co-payment annual cap, because of their higher financial status.

Patients enrolled in the VA health care system are eligible for preventive care services (such as immunizations and health care assessments), outpatient diagnostic and treatment services (such as medical, mental health & substance abuse services), inpatient diagnostic and treatment services (such as medical, mental health & substance abuse services) and prescription drugs. The VA does not pay for abortions, in vitro fertilization, gender alterations, and drugs not approved by the FDA, and provides limited coverage for dental care, durable medical equipment, and rehabilitative services. Medical services are not provided for family members. Some limited counseling services are provided to family members, in the context of the veteran's counseling. For a complete listing of services available through the VA, and those services not covered, please visit the VA's website.

Recruitment

The VA does not actively recruit consumers to receive HIV medical care and support services. In general, a majority of the consumers receiving services through the HIV Clinic are referred from other departments within the VA. According to Dr. Eng, Chief of Infectious Disease, many clients visit various departments within the hospital for other physical problems or mental health/substance abuse concerns, and are diagnosed during treatment. The computer system the VA uses (which will be discussed in detail later in this paper) immediately notifies the HIV Clinic when a patient has been diagnosed with the HIV virus. The clinic can then reach out to that patient to help link them to medical care.

Overview of HIV/AIDS Services Provided by the VA New Jersey Health Care System, East Orange

Services

Eligibility and Primary Medical Care. Veterans living with HIV/AIDS who were honorably discharged are eligible for health care services at the HIV clinic, if they meet eligibility criteria. The VA provides health care services for persons living with HIV/AIDS through the HIV Clinic, but not many of the support services necessary to help consumers stay in medical care.⁶ As reported by the key informant, "The mission of the VA is medical care." The VA is a federally funded agency which does not provide for "survival threats". Nor does the VA fund services for HIV-affected family members, unless the services are directly related to service-related injuries of the veteran (e.g., family counseling and mental health services for a service-connected mental health disorder). This is a significant gap in services for HIV+ veterans, which is filled by Ryan White Title-I wrap-around services. These services include case management, transportation, and food vouchers.

Services other than Primary Medical Care. Case managers assist patients with health care planning, spiritual, cultural, dietary and social needs. Transportation services assist where VA transportation services are not available. To be eligible for VA transportation services, a patient must be service connected. Therefore, a patient who lives miles away from the facility, but has the

⁶ Robert H.K. Eng, MD, Chief of Infectious Disease – VA New Jersey Health Care, Professor of Medicine – NJ Medical School

ability to walk is not eligible for VA transportation services. Wrap-around services provided by Ryan White Title-I assist with transporting patients for medical appointments through bus vouchers. Also, food vouchers are provided so that patients can use the VA cafeteria to have breakfast or lunch while waiting to see the doctor. This ensures that patients are able to maintain their nutritional needs while taking antiretroviral medications. In addition, the VA has a working relationship with the Dental Clinic at UMDNJ to provide dental services to veterans not eligible for dental services with the VA (Dental services at the VA are only for those veterans whose oral health concerns are service connected.)

Medical Appointment Scheduling. The HIV Clinic at the VA Hospital offers scheduled clinic appointments on Tuesday and Thursday mornings and Thursday evenings. During the regularly scheduled appointments, it is estimated that approximately 25 patients are seen each morning, and approximately 10 patients are seen each evening. In addition, the HIV Clinic has a walk-in clinic, where patients can "walk-in" for health care services any time during business hours. It is estimated that 10 walk-in patients are seen each day. The HIV Clinic takes steps to encourage patients to utilize the regularly scheduled clinic appointments, as opposed to the walk-in appointments, because "walk-in" care is primarily for PLWHA with more immediate health concerns. Patients who "walk-in" are seen within an hour of their arrival at the clinic. In an effort to eliminate disagreements among patients, the clinic assigns all patients an 8 a.m. appointment time for scheduled clinic appointments. Patients are then seen on a first-come, first-serve basis. This scheduling approach eliminates past problems which occurred when patients arrived late for scheduled appointments, and "bumped" others who had arrived on time and angering patients who were previously waiting at the clinic. Patients with scheduled morning or afternoon appointments who are waiting to be seen may receive Title I food vouchers which can be utilized in the hospital cafeteria.

Pharmacy Services. The VA Hospital has a pharmacy on site, and prescriptions written at the VA Hospital can only be filled at this pharmacy. The VA attempts to have medications delivered to patients' homes. However this requires the patients to navigate the VA's phone system, where prescriptions can be refilled over the phone.

Other Eligibility Issues. Many veterans receiving services at the HIV Clinic are eligible for VA services because their income does not exceed the Means Test threshold. However, health care services will still be provided to veterans who do not meet income eligibility requirements. Depending upon their income levels, they may be required to pay a co-pay or to pay for services in full. VA hospital staff review eligibility based on income and service connected disabilities. Therefore, patients should know their financial responsibilities prior to receiving services.

Demographics of HIV+ Veterans Receiving Services at the VA HIV Clinic

Of the approximately 550 HIV-positive veterans, 97% are male and 3% are female. The majority (80%) are African American, 11% are White Non-Hispanic, 5% are Hispanic, 1% are Asian/Pacific Islander, and the remaining 3% are not specified. Nearly all (95%) HIV+ patients reside in the Newark EMA. Over half (60%) of patients reside in Essex County - 35% in Newark, 15% in East Orange/Orange, and 10% in Irvington. One fifth (20%) reside in Union County, 10% reside in Morris County, and the smallest percentage resides in Sussex County (5%). The remaining 5% live in other areas of Northern New Jersey.

Figure 3-1: Gender of HIV+ Veterans Receiving Medical Care in VA HIV Clinic - 2004

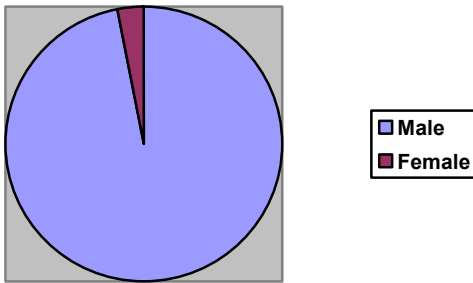


Figure 3-2: Race/Ethnicity of HIV+ Veterans Receiving Medical Care in VA HIV Clinic - 2004

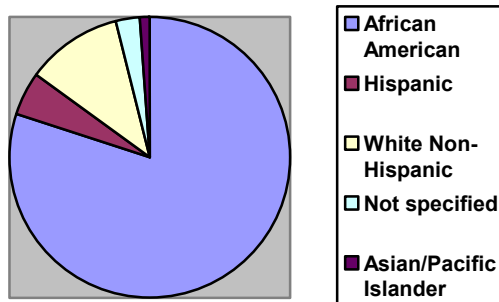
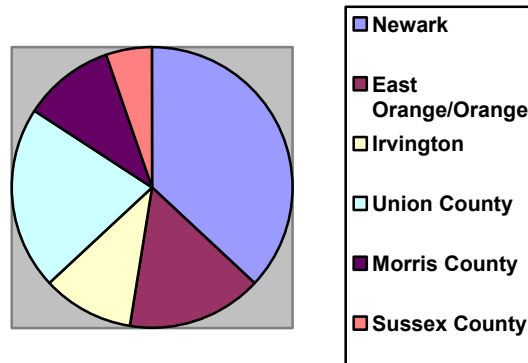


Figure 3-3: Geographic Area of Residence of HIV+ Veterans Receiving Medical Care in VA HIV Clinic – 2004



Demographics of HIV+ Veterans Receiving Title I Services at the VA HIV Clinic in FY 2003

Of the 550 patients served at the VA HIV Clinic, approximately 43% or 235 patients received Title I funded wrap-around services in FY 2003. Of the 235 patients, 99% are male, while 3% are female. With respect to race/ethnicity, 89% are African American, 3% are Hispanic, 7% are Non Hispanic White, and less than 1% is unknown or Puerto Rican.

Figure 3-4: Gender of HIV+ Veterans Receiving Title I Funded Services in VA HIV Clinic – FY 2003

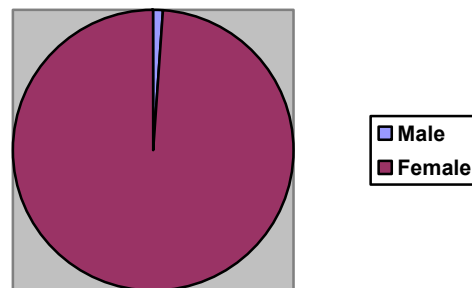
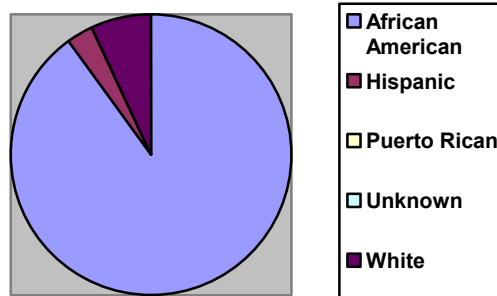


Figure 3-5: Race/Ethnicity of HIV+ Veterans Receiving Title I Funded

Services in VA HIV Clinic – FY 2003



Benefits of the VA Model of Health Care

The Veteran's Affairs New Jersey Health Care System, has numerous aspects which other health care providers could learn from. In the VA system, care of patients is monitored by electronic tracking. All the VA systems around the country are connected by one central computer system, meaning physicians have the ability to contact other physicians who have previously seen patients. All testing and blood work is done by the VA, and is entered directly into the VA's computer system, thereby ensuring long-term data. The computer system is also equipped with clinical reminders, which for example, remind staff when to obtain CD4 counts or other necessary blood work or procedures. The clinical reminders are especially appropriate for providers who do not treat patients with HIV on a daily basis. The computer system also ensures that if a patient is diagnosed with HIV in another department of the hospital, the HIV Clinic is immediately notified. This helps to attempt to bring patients into medical care almost immediately upon diagnosis, and reduces the chances of patients being "lost" once they leave the hospital.

The VA also keeps extensive records on contacts for patients, which enables staff to communicate with patients if they have "dropped out of care". For example, the patients' records include next of kin, and addresses and phone numbers, not only for patients, but for family members. This enables staff to contact patients to determine why they have dropped out of care, and to attempt to bring the patient back into the system of care.

The VA has recently begun using telemedicine to provide access to healthcare to individuals in remote areas. The Veteran's Affairs New Jersey Health Care system in East Orange is the only outpatient clinic providing primary medical care services to persons living with HIV/AIDS in the State of New Jersey. If a patient is unable to travel to a VA hospital for health care services, they can be seen at a local VA outpatient center, and physicians from the larger hospitals can manage their health needs.

In addition, when HIV-positive patients present for medical care at the VA Hospital, they must be seen by the Infectious Disease physicians in the HIV clinic. This helps to ensure continuity of care to all patients receiving HIV services. It also helps the hospital identify and track down noncompliant

patients.

The HIV Clinic at the Veteran's Affairs New Jersey Health Care System is the only outpatient clinic in the VA that provides primary medical care and HIV care to HIV/AIDS veterans. The Clinic has a high compliance rate with primary medical care appointments, which may be attributed to the convenience of receiving these services in the context of veteran's services.

Limitations of the VA Model of Health Care

Public perception suggests that all veterans are provided free healthcare through the VA. This is not the case. While all veterans may receive services through VA funded medical providers, these medical services may not be fully paid for, if the veteran is not service connected or extremely low income. Therefore, while the hospital takes steps to ensure patients financial eligibility, patients may be faced with extensive medical bills.

While patients can receive a majority of their services "under one roof", the VA model of care does not ensure supportive services such as housing and nutritional needs. Many supportive services are provided by Ryan White Title-I, however, without the Ryan White funding, these patients cannot access "one-stop shopping".

The HIV clinic admittedly does not have a strong relationship with those providing mental health services at the VA. Recognizing the numerous mental health diagnoses which accompany many veterans, including Post Traumatic Stress Disorder and Depression, a working relationship with mental health services, both inpatient and outpatient, is essential.

The current scheduling system for the clinic means that patients may be required to wait for long periods of time before they are seen by a physician. All patients are given 8 am appointments on a given day, and they are serviced first-come, first-serve. While this eliminates the opportunity for disagreements and frustration in the waiting room, it may result in less compliance for medical appointments. For example, if 10 patients all arrive at 9 am, it may take all morning for them to be seen by the physician.

Recommendations

The Veteran's Affairs New Jersey Health Care System has components that other primary medical care providers in the Newark EMA can learn from. The current system allows VA patients to access "one-stop shopping" where they can receive a majority, if not all, of their services at the same location. In addition, the requirement that all HIV-positive patients see an Infectious Disease patient helps to ensure that patients are receiving the same standard level of care. In many health care settings, patients see family practitioners and other physicians, and do not have their care managed by an Infectious Disease specialist. This is something all providers of HIV primary medical care should consider.

The current computer system utilized by the Veteran's Administration ensures that patients' records follow them throughout a hospital system. In a time of large hospitals with numerous campuses throughout the state, a computer system like the one used at the VA would help ensure continuity and quality of care. The software used by the VA is available for free through the Freedom of

Information Act and is reportedly extremely user friendly. The clinical reminders are especially important. These reminders may be especially helpful for physicians managing the health care needs of a large number of patients. It is also particularly helpful for patients who have co-morbid diseases, such as diabetes or Hepatitis C. Also, the computer system immediately notifies the Infectious Disease department when a patient has tested HIV-positive. This immediate notification appears to help bring the patients into medical care, as opposed to a verbal referral to an Infectious Disease physician. In addition, the VA's efforts to bring the newly diagnosed into medical care and consistent follow-up with their patients also is an example of how other primary medical care providers could increase the compliance of their patients.

As was previously noted, public perception suggests that all veterans are eligible for free health care services through the Veteran's Administration. This paper has shown that while the services offered by the VA are often extensive, veterans must be extremely low income or service connected to qualify for these services. If they do not qualify, they can still receive the services, but will be required to contribute financially. This system is similar to many other health benefits programs, where income determines the fiscal responsibility of the patient. Therefore, while the system does not drastically reduce disparities for patients living with HIV, the providers at this facility employ measures to ensure the quality of care provided to those living with HIV/AIDS.