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Department of Veterans Affairs
HIV/AIDS PLAN

Introduction:

The Department of Veterans Affairs (VA) has been a key source of benefits and health care to the nation's veterans with HIV infection or AIDS since the beginning of the epidemic. The Veterans Benefits Administration has received over 5,400 benefits and compensation claims for service-connection for AIDS. Over 3,900 of those claims have been granted.

Veterans Health Administration has become the single largest source of direct health-care services for treating AIDS patients in the United States. One of the first cases of AIDS was reported at the New York VA Medical Center in 1979. By March 1995, a total of over 23,000 cases of AIDS had been reported by 164 VA medical centers and independent outpatient clinics in the system. During FY 1994 alone, VA treated over 17,000 patients with HIV infection or AIDS. Seventeen percent of those patients were treated at the four VA Medical Centers with specialized AIDS Clinical Units, in New York, Miami, West Los Angeles and San Francisco. The geographic pattern of the epidemic mirrors that of the nation with the predominance of cases seen in large urban and coastal cities.

Research and education in HIV/AIDS have been integral components of VA's direct health care services. The unique features of a national medical-care system which serves a defined patient population and is affiliated with academic institutions throughout the country create an unparalleled environment of scientific inquiry and academic-based health care. VA has responded to the challenges of the epidemic by creating unique AIDS Research Centers and by also utilizing the unique capabilities of the system to conduct multicenter studies of health problems. During FY 1994, over 300 funded AIDS research projects were in progress at 85 medical centers. Sixty-four projects were supported by $5.6 million in VA research funding. An additional 243 projects were supported by $24.5 million from non-VA sources such as the National Institutes of Health.

Early in the epidemic, VA recognized that education was essential to provide quality health-care services and to prevent transmission of HIV. In 1987, a multi-year national training plan for HIV/AIDS was developed. Since that time, a number of systemwide programs were implemented to educate health-care and administrative personnel, veterans and their families and the general public on the facts about HIV transmission and prevention. An early and remaining goal of these educational efforts has been to ensure that veterans with HIV/AIDS are treated "like any other patient".

Recently, VA completed a Department wide education program for all employees on the transmission and prevention of HIV infection. The overall theme of this educational effort was that employees with HIV infection or AIDS are "like any

other employee" with a chronic disease or disability. Over 220,000 employees received training through this educational program.

Department of Veterans Affairs Goal: The Department of Veterans Affairs remains committed in its response to the AIDS epidemic through the continuing activities of its three major Administrations; Veterans Health, Veterans Benefits, and the National Cemetery System. The Department Plan continues to be directed toward the non-discriminatory provision of benefits and quality health-care services for all eligible veterans with HIV infection and/or AIDS. An educated and committed workforce which also is subject to non-discriminatory personnel benefits is an integral part of the plan. Therefore, the Department of Veterans Affairs will:

Provide benefits and health-care services for the nation's eligible veterans with HIV infection and/or AIDS that are comparable to those extended to any eligible veteran with a need for benefits and services.

Maintain an educated workforce which ensures that employees with HIV infection or AIDS are extended the same non-discriminatory employment setting and benefits available to any employee with a chronic disease or disability.

Veterans Health Administration

Goal: Provide high quality, comprehensive care across the spectrum of HIV disease to all eligible veterans.

Objectives	*Action Steps*
National AIDS Program Veteran Services - Medical Centers, Outpatient Clinics, Health Care facilities	
1. Provide HIV testing and counseling to high risk groups of patients and/or patients who request testing.	1. a. HIV testing and counseling services available at every VA medical center and/or VA outpatient clinic throughout the system. b. Trained professional health-care staff to serve as HIV counselors and patient educators on HIV prevention and transmission. c. Established quality laboratory standards for HIV testing, including ELISA and Western Blot. d. Widespread routine involuntary screening of any patient group prohibited.
2. Protect patients rights to information and self-determination in HIV testing process.	2. a. HIV testing performed only with written informed consent, utilizing standardized written informed consent form, by law and policy. b. Pre- and post-test counseling mandated as part of HIV testing process. c. Elements of counseling and documentation defined. d. Counseling and patient education on prevention and transmission performed by trained health-care professionals. e. Patient education pamphlet explaining HIV testing in VA available.
3. Protect patients rights to confidentiality in HIV testing and/or infection.	3. a. Medical records of veteran tested for or infected with HIV subject to additional confidentiality (beyond Privacy Act), by law, regulation and policy. b. Veteran HIV testing or status released only with patient's written authorization. Exceptions to disclosure (public health agencies, spouse, sexual partners) only under

	specified conditions. c. VA staff's access to medical records only on "need to know" basis. d. Legal, clinical and administrative staff trained in confidentiality regulations and policy; periodic updates and consultation available.
4. Protect patient's rights to non-discrimination in admission to or treatment in VA health-care facilities.	4. a. Non-discrimination in admission and treatment on the basis of HIV status, established by law and policy. b. Access to medical treatment based on clinical judgment, not HIV status. c. Legal, clinical and administrative staff trained in regulations and policy; periodic updates and consultation available. d. Patient representative, clinical staff available in all facilities for patient grievances.
5. Provide state-of-the-art medical treatment for patients with HIV infection or AIDS through: *i.* professional health-care staff educated and current in state-of-the-art HIV/AIDS treatment.	5. *i.*a. Physician and other clinician participation in local and national educational programs, professional societies, local, state and national advisory groups *i.*b. National HIV/AIDS advisory group on treatment issues related to HIV/AIDS. *i.*c. Publication of VA HIV/AIDS clinical advisory group information letters, guidelines on specific treatment issues. *i.*d. Dissemination of AHCPR clinical practice guidelines, HHS, CDC recommendations, FDA and other Federal or national professional society guidelines, as appropriate. *i.*e. National VA educational programs for physicians on clinical updates in treatment of HIV/AIDS. National educational program for nurses, nurse practitioners, physician assistants and other clinicians on therapeutic issues. *i.*f. Quarterly VA national teleconference calls on treatment issues available to all clinicians.

Do people there know by virtue of these extra precautions?

→ whats this.

→ good

→ promotes better more cost efficient care

5. *ii.* availability of appropriate pharmaceuticals and therapeutics at health-care facilities.	5. *i.*g. Formal and informal physician and clinician networks for treatment advice established. 5. *ii.*a. FDA approved pharmaceuticals and therapies available at local medical centers, outpatient clinics or health-care facilities or referral medical centers in VHA networks. *ii.*b. Compassionate use and therapies under research protocols available at referral or other medical centers and facilities throughout system. *ii.*c. Integration of clinical treatment and research in HIV/AIDS.
6. Provide full range of medical and psycho-social services to meet comprehensive care needs.	6. a. Specialty and subspecialty care in medicine, surgery, psychiatry, psychology, rehabilitation available in medical centers or networks. b. At medical center level, comprehensive social services and counseling including family, housing and community referral available.
7. Establish and maintain "Centers of Excellence" for the care of HIV/AIDS patients utilizing multidisciplinary models of care.	7. a. Four AIDS clinical units established at New York, Miami, West Los Angeles and San Francisco VAMCs. b. Expertise in outpatient clinic development, coordination of care, integration of research and clinical care exported throughout system via conference calls, national education conferences, one-on-one referrals.
8. Prevent transmission of HIV in health-care setting.	8. a. On-going implementation of CDC recommendations on universal precautions, via policy. b. Continuing implementation of OSHA rule on protection of health-care workers against bloodborne pathogens via policy. c. National training program on interdisciplinary team training for staff from infection control, employee health, safety in all VAMCs to implement OSHA rule. (Completed)

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National Office of Academic Affairs (Education)	
9. Support on-going education and training of health-care and support staff throughout system.	**9. a. Individual participation in professional societies at local, state and national levels.** **b. National training programs, teleconferences.** **c. Disseminate/develop videos, printed materials, training books, publications, posters and all forms of educational materials to support professional and technical staff in issues related to HIV/AIDS.** **d. Quarterly satellite teleconference calls on timely issues related to patient care utilizing expert faculty.** **e. National electronic news service and newsletters to disseminate current information from wide variety of sources.**
National AIDS Service Office- Washington, DC	
10. Provide consultation on legal, clinical and policy issues related to the care of HIV-infected and AIDS patients.	**10. a. Address and or refer to the appropriate individuals, questions and inquiries from external agencies, field staff, veterans on issues related to HIV infection and AIDS.**
11. Assess the impact of the HIV/AIDS epidemic on VA health-care system for resource utilization and planning purposes. What proportion of VA clients are HIV+?	**11. a. Maintain confidential HIV/AIDS Registry of all patients treated in VA health-care facilities.** **b. Evaluate workload distribution by medical center to determine geographical distribution.** **c. Utilize workload information as validation tool in resource allocation process.** **d. In conjunction with the resource allocation group, estimate future workload based on past and present figures.** **e. Include special field advisory group in resource planning and management in the allocation process for HIV/AIDS care.**
12. Participate in interagency planning on issues related to HIV/AIDS. Provide expertise, when requested, on special issues.	**12. a. Cooperate and collaborate with other agencies such as CDC on special issues such HIV-infected health-care workers, when requested. Provide expertise from field.**
13. Involve other agencies, as appropriate, on	**13. a. Utilize OSHA, HHS, CDC, FDA expertise on specific**

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special issues in HIV/AIDS.	issues, as necessary.
14. Provide policy and guidance on issues pertinent to the care of HIV/AIDS patients.	14. a. Maintain and establish, as needed, special advisory groups of interdisciplinary field experts to address problems or issues requiring national focus. Include veterans in deliberations, as appropriate. b. Implement, through policy, guidelines and recommendations of CDC, PHS, OSHA and other Federal agencies specific to HIV/AIDS and bloodborne pathogens.

Veterans Health Administration

GOAL: Prevent transmission of HIV infection through education of employees and patients.

Objectives	*Action Steps*
Office of Academic Affairs/AIDS Service	
1. Educate and maintain cadre of knowledgeable staff to teach all staff in VA health-care facilities on prevention and transmission of HIV infection.	1. a. National "train the trainer" education program to educate selected staff from every VA Medical Center on how to organize and conduct staff educational activities on HIV transmission and prevention. (Completed) b. Update training materials/revise strategies to maintain knowledgeable base of trainers for every facility.
2. Train and maintain cadre of professional staff to conduct HIV transmission and prevention education for patients and conduct pre- and post-test HIV antibody test counseling.	2. a. National training program to educate 2 professional staff from every VA medical center to conduct patient education and pre- and post-test counseling. (Completed) b. Maintain on-going training program on limited basis to address turnover of staff and maintain cadre of counselors/patient educators.
3. Integrate HIV prevention education in addiction treatment programs.	3. a. National training program for professional staff in addiction treatment programs and Vet Centers on how to integrate HIV prevention education for patients in their treatment areas. (Completed)
4. Stimulate innovative approaches to HIV/AIDS education at the local level (VA medical center and	4. a. Educational demonstration grants to HIV/AIDS education proposals on competitive basis. (Completed)

community).	b. Systemwide dissemination of completed projects through annual publication and national quarterly newsletters.
5. Maintain education and information support systems.	5. a. Continue AIDS awareness and education programs through national system of regional education centers and individual facility programs b. Through library system, continue purchase of appropriate private and Federal sector videos, publications, posters, and other materials.

Veterans Health Administration

GOAL: Utilize the unique resource of the VA-served patient population to further biomedical, health services and rehabilitation research on HIV/AIDS.

Research and Development	
1. Support AIDS-related research as a high priority area within the VA-served patient population utilizing the unique resources.	1. a. Fund research with high technical and scientific merit. b. Continue to fund AIDS-related research through existing funding mechanisms, i.e., investigator-initiated studies, cooperative studies, and research centers. c. Collaborate with other federal departments and agencies in initiating and conducting AIDS relevant research (including joint funding of projects), thereby making the unique resources of VA available to collaborating investigators. d. Provide applicants for research support with feedback on the technical and scientific quality of their proposals.
2. Develop and maintain AIDS Research Centers to stimulate and emphasize importance of HIV/AIDS research in VA's unique population.	2. a. AIDS Research Centers established based on competitive proposal basis. b. Current Research Center locations at New York, Durham, Atlanta and San Diego VA Medical Centers.

3. Encourage collaboration with other Federal departments and agencies in initiating and conducting AIDS-related research.	3. a. Investigator requested funding by NIH, other Federal agencies. b. VA, other agency joint funding also available. c. Participation in community trials on individual investigator and medical center basis.
4. Publish and present findings of research in peer reviewed journals, and at national and international conferences.	4. a. Listing of publications, presentations at international and national conferences available upon request.

Other Departmental Offices

Intergovernmental Affairs	
1. Ensure that Federal, State, County and local officials are aware of Department policies, procedures, treatment of personnel and veterans with HIV/AIDS.	1. a. Monitor status of pending legislation for State, County and local officials. b. Serve on committees that develop and review Department policies when requested.
General Counsel	
1. Ensure Department policies and procedures comply with Federal law.	1. a. Interpret Federal laws that impact on VA's HIV/AIDS program. b. Provide legal advice and counsel to program officials. c. Serve on committees that develop and review Department policies when requested. d. Review new and updated policy directive on HIV/AIDS.
Human Resources Management	
1. Provide framework for nondiscrimination in the workplace for employees with HIV/AIDS.	1. a. Continue to implement established workplace policies on nondiscrimination for employees with HIV/AIDS as well as all employees with chronic disease or disability. b. Conduct national training of all employees on transmission and prevention of HIV, employee policies and benefits. "Like Any Other Employee: HIV/AIDS in the Workplace". (To be completed in fiscal year 1995) c. Provide continuing educational activities on HIV

	prevention and transmission for all employees in concert with other offices. **d. Conduct on-going educational activities for employees, supervisors and managers on work-related issues such as confidentiality, leave, reasonable accommodation, health/life insurance, and disability retirement.** **e. Include education on above issues as part of routine orientation for all new employees.** **f. Provide employee assistance service and equal opportunity program counselors to address questions and/or grievances.**
Office of Public Affairs	
1. Publicize VA's HIV/AIDS-related accomplishments to internal/external audiences.	**1. a. Update AIDS fact sheet on yearly basis or more frequently as topic demands.** **b. Update AIDS Research fact sheet on yearly basis or more frequently as topic demands.** **c. Prepare annual national release for World AIDS Day.** **d. Promote VA AIDS research through Public Affair National Story Program.** **e. Prepare Secretary's Daily Messages as appropriate.** **f. Prepare Secretary's Pay Stub messages as appropriate.** **g. Develop appropriate topics for publication in VAnguard, VA's employee newsletter.**

Veterans Benefits Administration

Goal: To evaluate and provide disability compensation or pension benefits to eligible veterans with HIV infection or AIDS.

Veterans Benefits Administration	
1. Assess and evaluate claims and, if in order, make disability compensation or pension payments to eligible veterans with HIV-related illnesses.	1. a. Published final regulatory criteria effective March 24, 1992, for evaluating manifestations of HIV-related illnesses. b. Publish amendment to portion of Schedule for Rating Disabilities currently entitled "Systemic Conditions." The title will be changed to "Infectious Diseases, Immune Disorders and Nutritional Deficiencies." This portion of the Schedule will be updated to use current medical terminology and unambiguous criteria for evaluating disabilities. The amendment will make no substantive change in the criteria for HIV-related illnesses.
2. Assist Departmental training programs to ensure widespread awareness of VA policies related to HIV/AIDS.	2. a. Coordinate with other Departmental offices to facilitate HIV/AIDS training at all Veterans Benefits Administration facilities. b. Conduct follow-up training on HIV/AIDS as new information becomes available.
3. Expand outreach efforts to increase awareness of VA's HIV/AIDS programs. to VA staff?	3. a. Include information on VA's HIV/AIDS-related policies and accomplishments at external presentations, i.e., service organization meetings, town meetings. ?

Programs					Unmet Needs
Description	*Resources*		*Population Served*	*Constituency Served*	
	FY 1995 (in $ millions)	FY 1996 (in $ millions)			↑ benefits
Medical care*	292	307	Eligible veterans	Eligible veterans through local medical centers and facilities.	

*FY 1995 budget figures based on the estimated number of patients by category or stage of HIV disease and past resource expenditures. Resources for HIV/AIDS patient care are derived from the general Medical Care Budget.
FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Programs					Unmet Needs
Description	*Resources*		*Population Served*	*Constituency Served*	
	FY 1995 (in $ millions)	FY 1996 (in $ millions)			
Prevention activities:* Education Universal precautions (initiated in 1987)	31	31	VA health-care and support staff, veteran patients and families, general public	Local VA medical centers and health-care facilities, local communities	

* Figures are based on the estimated expenditures for universal precautions and education and are part of the general Medical Care budget. FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Programs					Unmet Needs
Description	*Resources*		*Population Served*	*Constituency Served*	
	FY 1995 (in $ millions)	FY 1996 (in $ millions)			
Research activities*	6	7	Veteran patients, general public	Veteran patients, scientific community, general public at large	

*Estimated expenditures for HIV/AIDS research within the general Medical and Prosthetics Research budgets. FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Department of Veterans Affairs
HIV/AIDS PLAN

Introduction:

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Veterans Health Administration has become the single largest source of direct health-care services for treating AIDS patients in the United States. One of the first cases of AIDS was reported at the New York VA Medical Center in 1979. By March 1995, a total of over 23,000 cases of AIDS had been reported by 164 VA medical centers and independent outpatient clinics in the system. During FY 1994 alone, VA treated over 17,000 patients with HIV infection or AIDS. Seventeen percent of those patients were treated at the four VA Medical Centers with specialized AIDS Clinical Units, in New York, Miami, West Los Angeles and San Francisco. The geographic pattern of the epidemic mirrors that of the nation with the predominance of cases seen in large urban and coastal cities.

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Recently, VA completed a Department wide education program for all employees on the transmission and prevention of HIV infection. The overall theme of this educational effort was that employees with HIV infection or AIDS are "like any

other employee" with a chronic disease or disability. Over 220,000 employees received training through this educational program.

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Provide benefits and health-care services for the nation's eligible veterans with HIV infection and/or AIDS that are comparable to those extended to any eligible veteran with a need for benefits and services.

Maintain an educated workforce which ensures that employees with HIV infection or AIDS are extended the same non-discriminatory employment setting and benefits available to any employee with a chronic disease or disability.

Veterans Health Administration

Goal: Provide high quality, comprehensive care across the spectrum of HIV disease to all eligible veterans.

Objectives	*Action Steps*
<u>National AIDS Program</u> Veteran Services - Medical Centers, Outpatient Clinics, Health Care facilities	
1. Provide HIV testing and counseling to high risk groups of patients and/or patients who request testing.	1. a. HIV testing and counseling services available at every VA medical center and/or VA outpatient clinic throughout the system. b. Trained professional health-care staff to serve as HIV counselors and patient educators on HIV prevention and transmission. c. Established quality laboratory standards for HIV testing, including ELISA and Western Blot. d. Widespread routine involuntary screening of any patient group prohibited.
2. Protect patients rights to information and self-determination in HIV testing process.	2. a. HIV testing performed only with written informed consent, utilizing standardized written informed consent form, by law and policy. b. Pre- and post-test counseling mandated as part of HIV testing process. c. Elements of counseling and documentation defined. d. Counseling and patient education on prevention and transmission performed by trained health-care professionals. e. Patient education pamphlet explaining HIV testing in VA available.
3. Protect patients rights to confidentiality in HIV testing and/or infection.	3. a. Medical records of veteran tested for or infected with HIV subject to additional confidentiality (beyond Privacy Act), by law, regulation and policy. b. Veteran HIV testing or status released only with patient's written authorization. Exceptions to disclosure (public health agencies, spouse, sexual partners) only under

	specified conditions. c. VA staff's access to medical records only on "need to know" basis. d. Legal, clinical and administrative staff trained in confidentiality regulations and policy; periodic updates and consultation available.
4. Protect patient's rights to non-discrimination in admission to or treatment in VA health-care facilities.	4. a. Non-discrimination in admission and treatment on the basis of HIV status, established by law and policy. b. Access to medical treatment based on clinical judgment, not HIV status. c. Legal, clinical and administrative staff trained in regulations and policy; periodic updates and consultation available. d. Patient representative, clinical staff available in all facilities for patient grievances.
5. Provide state-of-the-art medical treatment for patients with HIV infection or AIDS through: *i.* professional health-care staff educated and current in state-of-the-art HIV/AIDS treatment.	5. *i.*a. Physician and other clinician participation in local and national educational programs, professional societies, local, state and national advisory groups *i.*b. National HIV/AIDS advisory group on treatment issues related to HIV/AIDS. *i.*c. Publication of VA HIV/AIDS clinical advisory group information letters, guidelines on specific treatment issues. *i.*d. Dissemination of AHCPR clinical practice guidelines, HHS, CDC recommendations, FDA and other Federal or national professional society guidelines, as appropriate. *i.*e. National VA educational programs for physicians on clinical updates in treatment of HIV/AIDS. National educational program for nurses, nurse practitioners, physician assistants and other clinicians on therapeutic issues. *i.*f. Quarterly VA national teleconference calls on treatment issues available to all clinicians.

5. *ii.* availability of appropriate pharmaceuticals and therapeutics at health-care facilities.	5. *i.*g. Formal and informal physician and clinician networks for treatment advice established. 5. *ii.*a. FDA approved pharmaceuticals and therapies available at local medical centers, outpatient clinics or health-care facilities or referral medical centers in VHA networks. *ii.*b. Compassionate use and therapies under research protocols available at referral or other medical centers and facilities throughout system. *ii.*c. Integration of clinical treatment and research in HIV/AIDS.
6. Provide full range of medical and psycho-social services to meet comprehensive care needs.	6. a. Specialty and subspecialty care in medicine, surgery, psychiatry, psychology, rehabilitation available in medical centers or networks. b. At medical center level, comprehensive social services and counseling including family, housing and community referral available.
7. Establish and maintain "Centers of Excellence" for the care of HIV/AIDS patients utilizing multidisciplinary models of care.	7. a. Four AIDS clinical units established at New York, Miami, West Los Angeles and San Francisco VAMCs. b. Expertise in outpatient clinic development, coordination of care, integration of research and clinical care exported throughout system via conference calls, national education conferences, one-on-one referrals.
8. Prevent transmission of HIV in health-care setting.	8. a. On-going implementation of CDC recommendations on universal precautions, via policy. b. Continuing implementation of OSHA rule on protection of health-care workers against bloodborne pathogens via policy. c. National training program on interdisciplinary team training for staff from infection control, employee health, safety in all VAMCs to implement OSHA rule. (Completed)

National Office of Academic Affairs (Education)	
9. Support on-going education and training of health-care and support staff throughout system.	9. a. Individual participation in professional societies at local, state and national levels. b. National training programs, teleconferences. c. Disseminate/develop videos, printed materials, training books, publications, posters and all forms of educational materials to support professional and technical staff in issues related to HIV/AIDS. d. Quarterly satellite teleconference calls on timely issues related to patient care utilizing expert faculty. e. National electronic news service and newsletters to disseminate current information from wide variety of sources.
National AIDS Service Office- Washington, DC	
10. Provide consultation on legal, clinical and policy issues related to the care of HIV-infected and AIDS patients.	10. a. Address and or refer to the appropriate individuals, questions and inquiries from external agencies, field staff, veterans on issues related to HIV infection and AIDS.
11. Assess the impact of the HIV/AIDS epidemic on VA health-care system for resource utilization and planning purposes.	11. a. Maintain confidential HIV/AIDS Registry of all patients treated in VA health-care facilities. b. Evaluate workload distribution by medical center to determine geographical distribution. c. Utilize workload information as validation tool in resource allocation process. d. In conjunction with the resource allocation group, estimate future workload based on past and present figures. e. Include special field advisory group in resource planning and management in the allocation process for HIV/AIDS care.
12. Participate in interagency planning on issues related to HIV/AIDS. Provide expertise, when requested, on special issues.	12. a. Cooperate and collaborate with other agencies such as CDC on special issues such HIV-infected health-care workers, when requested. Provide expertise from field.
13. Involve other agencies, as appropriate, on	13. a. Utilize OSHA, HHS, CDC, FDA expertise on specific

special issues in HIV/AIDS.	issues, as necessary.
14. Provide policy and guidance on issues pertinent to the care of HIV/AIDS patients.	14. a. Maintain and establish, as needed, special advisory groups of interdisciplinary field experts to address problems or issues requiring national focus. Include veterans in deliberations, as appropriate. b. Implement, through policy, guidelines and recommendations of CDC, PHS, OSHA and other Federal agencies specific to HIV/AIDS and bloodborne pathogens.

Veterans Health Administration

GOAL: Prevent transmission of HIV infection through education of employees and patients.

Objectives	*Action Steps*
Office of Academic Affairs/AIDS Service	
1. Educate and maintain cadre of knowledgeable staff to teach all staff in VA health-care facilities on prevention and transmission of HIV infection.	1. a. National "train the trainer" education program to educate selected staff from every VA Medical Center on how to organize and conduct staff educational activities on HIV transmission and prevention. (Completed) b. Update training materials/revise strategies to maintain knowledgeable base of trainers for every facility.
2. Train and maintain cadre of professional staff to conduct HIV transmission and prevention education for patients and conduct pre- and post-test HIV antibody test counseling.	2. a. National training program to educate 2 professional staff from every VA medical center to conduct patient education and pre- and post-test counseling. (Completed) b. Maintain on-going training program on limited basis to address turnover of staff and maintain cadre of counselors/patient educators.
3. Integrate HIV prevention education in addiction treatment programs.	3. a. National training program for professional staff in addiction treatment programs and Vet Centers on how to integrate HIV prevention education for patients in their treatment areas. (Completed)
4. Stimulate innovative approaches to HIV/AIDS education at the local level (VA medical center and	4. a. Educational demonstration grants to HIV/AIDS education proposals on competitive basis. (Completed)

community).	b. Systemwide dissemination of completed projects through annual publication and national quarterly newsletters.
5. Maintain education and information support systems.	5. a. Continue AIDS awareness and education programs through national system of regional education centers and individual facility programs b. Through library system, continue purchase of appropriate private and Federal sector videos, publications, posters, and other materials.

Veterans Health Administration

GOAL: Utilize the unique resource of the VA-served patient population to further biomedical, health services and rehabilitation research on HIV/AIDS.

Research and Development	
1. Support AIDS-related research as a high priority area within the VA-served patient population utilizing the unique resources.	1. a. Fund research with high technical and scientific merit. b. Continue to fund AIDS-related research through existing funding mechanisms, i.e., investigator-initiated studies, cooperative studies, and research centers. c. Collaborate with other federal departments and agencies in initiating and conducting AIDS relevant research (including joint funding of projects), thereby making the unique resources of VA available to collaborating investigators. d. Provide applicants for research support with feedback on the technical and scientific quality of their proposals.
2. Develop and maintain AIDS Research Centers to stimulate and emphasize importance of HIV/AIDS research in VA's unique population.	2. a. AIDS Research Centers established based on competitive proposal basis. b. Current Research Center locations at New York, Durham, Atlanta and San Diego VA Medical Centers.

3. Encourage collaboration with other Federal departments and agencies in initiating and conducting AIDS-related research.	3. a. Investigator requested funding by NIH, other Federal agencies. b. VA, other agency joint funding also available. c. Participation in community trials on individual investigator and medical center basis.
4. Publish and present findings of research in peer reviewed journals, and at national and international conferences.	4. a. Listing of publications, presentations at international and national conferences available upon request.

Other Departmental Offices

Intergovernmental Affairs	
1. Ensure that Federal, State, County and local officials are aware of Department policies, procedures, treatment of personnel and veterans with HIV/AIDS.	1. a. Monitor status of pending legislation for State, County and local officials. b. Serve on committees that develop and review Department policies when requested.
General Counsel	
1. Ensure Department policies and procedures comply with Federal law.	1. a. Interpret Federal laws that impact on VA's HIV/AIDS program. b. Provide legal advice and counsel to program officials. c. Serve on committees that develop and review Department policies when requested. d. Review new and updated policy directive on HIV/AIDS.
Human Resources Management	
1. Provide framework for nondiscrimination in the workplace for employees with HIV/AIDS.	1. a. Continue to implement established workplace policies on nondiscrimination for employees with HIV/AIDS as well as all employees with chronic disease or disability. b. Conduct national training of all employees on transmission and prevention of HIV, employee policies and benefits. "Like Any Other Employee: HIV/AIDS in the Workplace". (To be completed in fiscal year 1995) c. Provide continuing educational activities on HIV

	prevention and transmission for all employees in concert with other offices. d. Conduct on-going educational activities for employees, supervisors and managers on work-related issues such as confidentiality, leave, reasonable accommodation, health/life insurance, and disability retirement. e. Include education on above issues as part of routine orientation for all new employees. f. Provide employee assistance service and equal opportunity program counselors to address questions and/or grievances.
Office of Public Affairs	
1. Publicize VA's HIV/AIDS-related accomplishments to internal/external audiences.	1. a. Update AIDS fact sheet on yearly basis or more frequently as topic demands. b. Update AIDS Research fact sheet on yearly basis or more frequently as topic demands. c. Prepare annual national release for World AIDS Day. d. Promote VA AIDS research through Public Affair National Story Program. e. Prepare Secretary's Daily Messages as appropriate. f. Prepare Secretary's Pay Stub messages as appropriate. g. Develop appropriate topics for publication in VAnguard, VA's employee newsletter.

Veterans Benefits Administration

Goal: To evaluate and provide disability compensation or pension benefits to eligible veterans with HIV infection or AIDS.

Veterans Benefits Administration	
1. Assess and evaluate claims and, if in order, make disability compensation or pension payments to eligible veterans with HIV-related illnesses.	1. a. Published final regulatory criteria effective March 24, 1992, for evaluating manifestations of HIV-related illnesses. b. Publish amendment to portion of Schedule for Rating Disabilities currently entitled "Systemic Conditions." The title will be changed to "Infectious Diseases, Immune Disorders and Nutritional Deficiencies." This portion of the Schedule will be updated to use current medical terminology and unambiguous criteria for evaluating disabilities. The amendment will make no substantive change in the criteria for HIV-related illnesses.
2. Assist Departmental training programs to ensure widespread awareness of VA policies related to HIV/AIDS.	2. a. Coordinate with other Departmental offices to facilitate HIV/AIDS training at all Veterans Benefits Administration facilities. b. Conduct follow-up training on HIV/AIDS as new information becomes available.
3. Expand outreach efforts to increase awareness of VA's HIV/AIDS programs.	3. a. Include information on VA's HIV/AIDS-related policies and accomplishments at external presentations, i.e., service organization meetings, town meetings.

C+S

Programs					Unmet Needs
Description	*Resources*		*Population Served*	*Constituency Served*	
	FY 1995 (in $ millions)	FY 1996 (in $ millions)			
Medical care*	292	307	Eligible veterans	Eligible veterans through local medical centers and facilities.	

*FY 1995 budget figures based on the estimated number of patients by category or stage of HIV disease and past resource expenditures. Resources for HIV/AIDS patient care are derived from the general Medical Care Budget.
FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Programs					Unmet Needs
Description	*Resources*		*Population Served*	*Constituency Served*	
	FY 1995 (in $ millions)	FY 1996 (in $ millions)			
Prevention activities:* Education Universal precautions (initiated in 1987)	31	31	VA health-care and support staff, veteran patients and families, general public	Local VA medical centers and health-care facilities, local communities	

* Figures are based on the estimated expenditures for universal precautions and education and are part of the general Medical Care budget. FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Programs					Unmet Needs
Description	*Resources*		*Population Served*	*Constituency Served*	
	FY 1995 (in $ millions)	FY 1996 (in $ millions)			
Research activities*	6	7	Veteran patients, general public	Veteran patients, scientific community, general public at large	

*Estimated expenditures for HIV/AIDS research within the general Medical and Prosthetics Research budgets. FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

CARE AND SERVICES

Agency: Department of Veterans Affairs

Goal: Provide high quality, comprehensive care across the spectrum of HIV disease to all eligible veterans.

Objective 1: Assess and evaluate claims and, if in order, make disability compensation or pension payments to eligible veterans with HIV-related illnesses.

Action Steps: Implement published final regulatory criteria effective March 24, 1992, for evaluating manifestations of HIV-related illnesses.

Publish amendment to portion of Schedule for Rating Disabilities.

Objective 2: Assist Departmental training programs to ensure widespread awareness of VA policies related to HIV/AIDS.

Action Steps: Coordinate with other Departmental offices to facilitate HIV/AIDS training at all Veterans Benefits Administration facilities.

Conduct follow-up training on HIV/AIDS as new information becomes available.

Objective 3: Expand outreach efforts to increase awareness of VA's HIV/AIDS programs.

Action Steps: Include information on VA's HIV/AIDS-related policies and accomplishments at external presentations, i.e., service organization meetings, town meetings.

Objective 4: Provide HIV testing and counseling to high risk groups of patients and/or patients who request testing.

Action Steps: Provide HIV testing and counseling services available at every VA medical center and/or VA outpatient clinic throughout the system;

Train professional health-care staff to serve as HIV counselors and patient educators on HIV prevention and transmission;

Establish quality laboratory standards for HIV testing, including ELISA and Western Blot; and

Ensure implementation of policy prohibiting routine involuntary screening.

Objective 5: Protect patients rights to information and self- determination in HIV testing process.

Action Steps: Ensure that HIV testing is performed only with written informed consent, utilizing standardized written informed consent form, by law and policy.

Provide counseling and patient education on prevention and transmission performed by trained health-care professionals.

Provide patient education pamphlet explaining HIV testing in VA available.

Objective 6: Protect patients rights to confidentiality in HIV testing and/or infection.

Action Steps: Ensure that medical records of veteran tested for or infected with HIV subject to additional confidentiality (beyond Privacy Act), by law, regulation and policy.

Implement safegaurds to assure that: veteran HIV testing or status released only with patient's written authorization with exceptions to disclosure (public health agencies, spouse, sexual partners) only under specified conditions; VA staff's access to medical records only on "need to know" basis; and legal, clinical and administrative staff trained in confidentiality regulations and policy.

Objective 7: Protect patient's rights to non-discrimination in admission to or treatment in VA health-care facilities.

Action Steps: Ensure non-discrimination in admission and treatment on the basis of HIV status, established by law and policy.

Implement safegaurds to assure that: access to medical treatment based on clinical judgment, not HIV status; legal, clinical and administrative staff trained in regulations and policy with periodic updates and consultation available; andp patient representative, clinical staff available in all facilities for patient grievances.

Objective 8: Provide state-of-the-art medical treatment for patients with HIV infection or AIDS through professional health-care staff educated and current in state-of-the-art HIV/AIDS treatment and the availability of appropriate pharmaceuticals and therapeutics at health-care facilities.

Action Steps: Facilitate physician and other clinician participation in local and national educational programs, professional societies, local, state and national advisory groups.

Support on-going education and training of health-care and support staff throughout system.

Encourage formal and informal physician and clinician networks for treatment advice established.

Provide FDA approved pharmaceuticals and therapies at local medical centers, outpatient clinics or health-care facilities or referral medical centers in VHA networks.

Provide compassionate use and therapies under research protocols at referral or other medical centers and facilities throughout system.

Promote integration of clinical treatment and research in HIV/AIDS.

Establish and maintain "Centers of Excellence" for the care of HIV/AIDS patients utilizing multidisciplinary models of care.

Objective 9: Provide full range of medical and psycho-social services to meet comprehensive care needs.

Action Steps: Provide specialty and subspecialty care in medicine, surgery, psychiatry, psychology, rehabilitation available in medical centers or networks.

At medical center level, provide comprehensive social services and counseling including family, housing and community referrals.

Objective 10: Prevent transmission of HIV in health-care setting.

Action Steps: On-going implementation of CDC recommendations on universal precautions, via policy.

Continuing implementation of OSHA rule on protection of health-care workers against bloodborne pathogens via policy.
Provide national training program on interdisciplinary team training for staff from infection control, employee health, safety in all VAMCs to implement OSHA rule.

Objective 11: Provide consultation on legal, clinical and policy issues related to the care of HIV-infected and AIDS patients.

Action Steps: Address and or refer to the appropriate individuals, questions and inquiries from external agencies, field staff, veterans on issues related to HIV infection and AIDS.

Objective 12: Assess the impact of the HIV/AIDS epidemic on VA health-care system for resource utilization and planning purposes.

Action Steps: Maintain confidential HIV/AIDS Registry of all patients treated in VA health-care facilities.

Evaluate workload distribution by medical center to determine geographical distribution.

Utilize workload information as validation tool in resource allocation process.

In conjunction with the resource allocation group, estimate future workload based on past and present figures.

Include special field advisory group in resource planning and management in the allocation process for HIV/AIDS care.

Objective 13: Participate in interagency planning on issues related to HIV/AIDS. Provide expertise, when requested, on special issues.

Action Steps: Cooperate and collaborate with other agencies such as CDC on special issues such HIV-infected health-care workers, when requested. Provide expertise from field.

Objective 13: Involve other agencies, as appropriate, on special issues in HIV/AIDS.

Action Steps: Utilize OSHA, HHS, CDC, FDA expertise on specific issues, as necessary.

Objective 14: Provide policy and guidance on issues pertinent to the care of HIV/AIDS patients.

Action Steps: Maintain and establish, as needed, special advisory groups of interdisciplinary field experts to address problems or issues requiring national focus. Include veterans in deliberations, as appropriate.

b. Implement, through policy, guidelines and recommendations of CDC, PHS, OSHA and other Federal agencies specific to HIV/AIDS and bloodborne pathogens.

Objective: Ensure that Federal, State, County and local officials are aware of Department policies, procedures, treatment of personnel and veterans with HIV/AIDS.

Action Steps: Monitor status of pending legislation for State, County and local officials.

b. Serve on committees that develop and review Department policies when requested.

Objective: Ensure Department policies and procedures comply with Federal law.

Action Steps: Interpret Federal laws that impact on VA's HIV/AIDS program.

b. Provide legal advice and counsel to program officials.

c. Serve on committees that develop and review Department policies when requested.

d. Review new and updated policy directive on HIV/AIDS.

Objective: Provide framework for nondiscrimination in the workplace for employees with HIV/AIDS.

Action Steps: Continue to implement established workplace policies on nondiscrimination for employees with HIV/AIDS as well as all employees with chronic disease or disability.

b. Conduct national training of all employees on transmission and prevention of HIV, employee policies and benefits. "Like Any Other Employee: HIV/AIDS in the Workplace". (To be completed in fiscal year 1995)

c. Provide continuing educational activities on HIV prevention and transmission for all employees in concert with other offices.

d. Conduct on-going educational activities for employees, supervisors and managers on work-related issues such as confidentiality, leave, reasonable accommodation, health/life insurance, and disability retirement.

e. Include education on above issues as part of routine orientation for all new employees.

f. Provide employee assistance service and equal opportunity program counselors to address questions and/or grievances.

Descriptions: Medical care and services.

FY 95: $292,000,000
FY 96: $307,000,000

(Budget figures based on the estimated number of patients by category or stage of disease and pat resource expenditures.)

Populations Served: Eligible HIV positive veterans.

Constituent Involvement: Eligible veterans through local medical centers and facilites. ***** are veterans involved in any of the planning ....?

Unmet Need: None????

PREVENTION

Agency: Department of Veterans Affairs

Goal: Prevent transmission of HIV infection through education of employees and patients.

Objective 1: Educate and maintain cadre of knowledgeable staff to teach all staff in VA health-care facilities on prevention and transmission of HIV infection.

Action Steps: National "train the trainer" education program to educate selected staff from every VA Medical Center on how to organize and conduct staff educational activities on HIV transmission and prevention. (Completed)
b. Update training materials/revise strategies to maintain knowledgeable base of trainers for every facility.

Objective 2: Train and maintain cadre of professional staff to conduct HIV transmission and prevention education for patients and conduct pre- and post-test HIV antibody test counseling.

Action Steps: National training program to educate 2 professional staff from every VA medical center to conduct patient education and pre- and post-test counseling. (Completed)
b. Maintain on-going training program on limited basis to address turnover of staff and maintain cadre of counselors/patient educators.

Objective 3: Integrate HIV prevention education in addiction treatment programs.

Action Steps: National training program for professional staff in addiction treatment programs and Vet Centers on how to integrate HIV prevention education for patients in their treatment areas. (Completed)

Objective 4: Stimulate innovative approaches to HIV/AIDS education at the local level (VA medical center and community).

Action Steps: Educational demonstration grants to HIV/AIDS education proposals on competitive basis. (Completed)
b. Systemwide dissemination of completed projects through annual publication and national quarterly newsletters.

Objective 5: Maintain education and information support systems.

Action Steps: Continue AIDS awareness and education programs through national system of regional education centers and individual facility programs
b. Through library system, continue purchase of appropriate private and Federal sector videos, publications, posters, and other materials.

Descriptions: Prevention activities including education and universal precautions.

FY 95: $31,000,000
FY 96: $31,000,000

*****(Budget figures based on the estimated expenditures for universal precautions and education and are part of the genral Medical Care budget ----- does this mean that the 31 milllion is inlcuded in the 292 and 307 million listed under care?)

number of patients by category or stage of disease and pat resource

expenditures.)

Populations Served: Eligible veterans through local meidcal centers and facilities, local

VA health-care and support staff, veteran patients and families, general public.

Constituent Involvement: VA mediacl cantersa nd helath -care facilities, and local communities.

Unmet Need: None???

RESEARCH

Agency: Department of Veterans Affairs

Goal: Utilize the unique resource of the VA-served patient population ot further biomedical, health services, and rehabilitation research on HIV and AIDS.

Objective 1: Support AIDS-related research as a high priority area within the VA-served patient population utilizing the unique resources.

Actions Steps: Fund research with high technical and scientific merit.
b. Continue to fund AIDS-related research through existing funding mechanisms, i.e., investigator-initiated studies, cooperative studies, and research centers.
c. Collaborate with other federal departments and agencies in initiating and conducting AIDS relevant research (including joint funding of projects), thereby making the unique resources of VA available to collaborating investigators.
d. Provide applicants for research support with feedback on the technical and scientific quality of their proposals.

Objective 2: Develop and maintain AIDS Research Centers to stimulate and emphasize importance of HIV/AIDS research in VA's unique population.

Action Steps: AIDS Research Centers established based on competitive proposal basis.
b. Current Research Center locations at New York, Durham, Atlanta and San Diego VA Medical Centers.

Objective 3: Encourage collaboration with other Federal departments and agencies in initiating and conducting AIDS-related research.

Action Steps: Investigator requested funding by NIH, other Federal agencies.
b. VA, other agency joint funding also available.
c. Participation in community trials on individual investigator and medical center basis.

Objective 4: Publish and present findings of research in peer reviewed journals, and at national and international conferences.

Action Steps: Listing of publications, presentations at international and national conferences available upon request.

Description: Research activities.

FY 95: $6,000,000
FY 96: $ 7,000,000

Populations Served: Veteran patiens, general public

Constituent Involvement: Veteran patients, scientific community, general public at large.

Unmet Need: --- check coordinated research budget. ---

CARE AND SERVICES

Agency: Department of Veterans Affairs

Goal: Provide high quality, comprehensive care across the spectrum of HIV disease to all eligible veterans. ***
Goal: To evaluate and provide disability compensation or pension benefits to eligible veterans with HIV infection or AIDS.

Objective 1: Assess and evaluate claims and, if in order, make disability compensation or pension payments to eligible veterans with HIV-related illnesses.

Action Steps: Published final regulatory criteria effective March 24, 1992, for evaluating manifestations of HIV-related illnesses.
b. Publish amendment to portion of Schedule for Rating Disabilities currently entitled "Systemic Conditions." The title will be changed to "Infectious Diseases, Immune Disorders and Nutritional Deficiencies." ~~This portion of the Schedule will be updated to use current medical terminology and unambiguous criteria for evaluating disabilities. The amendment will make no substantive change in the criteria for HIV-related illnesses.~~

Objective 2: Assist Departmental training programs to ensure widespread awareness of VA policies related to HIV/AIDS.

Action Steps: Coordinate with other Departmental offices to facilitate HIV/AIDS training at all Veterans Benefits Administration facilities.
b. Conduct follow-up training on HIV/AIDS as new information becomes available.

Objective 3: Expand outreach efforts to increase awareness of VA's HIV/AIDS programs.

Action Steps: Include information on VA's HIV/AIDS-related policies and accomplishments at external presentations, i.e., service organization meetings, town meetings.

***

Objective 4: Provide HIV testing and counseling to high risk groups of patients and/or patients who request testing.

Action Steps: Provide HIV testing and counseling services available at every VA medical center and/or VA outpatient clinic throughout the system;

Trained professional health-care staff to serve as HIV counselors and patient educators on HIV prevention and transmission;

Established quality laboratory standards for HIV testing, including ELISA and Western Blot; and

Widespread routine involuntary screening of any patient group prohibited.

Objective 2: Protect patients rights to information and self- determination in HIV testing process.

Action Steps: Ensure that HIV testing is performed only with written informed consent, utilizing standardized written informed consent form, by law and policy.
b. Pre- and post-test counseling mandated as part of HIV testing process.
c. Elements of counseling and documentation defined.
d. Counseling and patient education on prevention and transmission performed by trained health-care professionals.

e. Patient education pamphlet explaining HIV testing in VA available.

Objective 3: Protect patients rights to confidentiality in HIV testing and/or infection.

Action Steps: Medical records of veteran tested for or infected with HIV subject to additional confidentiality (beyond Privacy Act), by law, regulation and policy.

b. Veteran HIV testing or status released only with patient's written authorization. Exceptions to disclosure (public health agencies, spouse, sexual partners) only under specified conditions.

c. VA staff's access to medical records only on "need to know" basis.

d. Legal, clinical and administrative staff trained in confidentiality regulations and policy; periodic updates and consultation available.

Objective 4: Protect patient's rights to non-discrimination in admission to or treatment in VA health-care facilities.

Action Steps: Non-discrimination in admission and treatment on the basis of HIV status, established by law and policy.

b. Access to medical treatment based on clinical judgment, not HIV status.

c. Legal, clinical and administrative staff trained in regulations and policy; periodic updates and consultation available.

d. Patient representative, clinical staff available in all facilities for patient grievances.

Objective 5: Provide state-of-the-art medical treatment for patients with HIV infection or AIDS through:

i. professional health-care staff educated and current in state-of-the-art HIV/AIDS treatment. and availability of appropriate pharmaceuticals and therapeutics at health-care facilities.

Action Steps: Physician and other clinician participation in local and national educational programs, professional societies, local, state and national advisory groups

i.b. National HIV/AIDS advisory group on treatment issues related to HIV/AIDS.

i.c. Publication of VA HIV/AIDS clinical advisory group information letters, guidelines on specific treatment issues.

i.d. Dissemination of AHCPR clinical practice guidelines, HHS, CDC recommendations, FDA and other Federal or national professional society guidelines, as appropriate.

i.e. National VA educational programs for physicians on clinical updates in treatment of HIV/AIDS. National educational program for nurses, nurse practitioners, physician assistants and other clinicians on therapeutic issues.

i.f. Quarterly VA national teleconference calls on treatment issues available to all clinicians.

5. *i*.g. Formal and informal physician and clinician networks for treatment advice established.

5. *ii*.a. FDA approved pharmaceuticals and therapies available at local medical centers, outpatient clinics or health-care facilities or referral medical centers in VHA networks.

ii.b. Compassionate use and therapies under research protocols available at referral or other medical centers and facilities throughout system.

ii.c. Integration of clinical treatment and research in HIV/AIDS.

Objective 6: Provide full range of medical and psycho-social services to meet comprehensive care needs.

Action Steps: Specialty and subspecialty care in medicine, surgery, psychiatry, psychology, rehabilitation available in medical centers or networks.

b. At medical center level, comprehensive social services and counseling including family, housing and community referral available.

Objective 7: Establish and maintain "Centers of Excellence" for the care of HIV/AIDS patients utilizing multidisciplinary models of care.

Action Steps: Four AIDS clinical units established at New York, Miami, West Los Angeles and San Francisco VAMCs.

b. Expertise in outpatient clinic development, coordination of care, integration of research and clinical care exported throughout system via conference calls, national education conferences, one-on-one referrals.

Objective 8: Prevent transmission of HIV in health-care setting.

Action Steps: On-going implementation of CDC recommendations on universal precautions, via policy.

b. Continuing implementation of OSHA rule on protection of health-care workers against bloodborne pathogens via policy.

c. National training program on interdisciplinary team training for staff from infection control, employee health, safety in all VAMCs to implement OSHA rule. (Completed)

Objective 9: Support on-going education and training of health-care and support staff throughout system.

Action Steps: Individual participation in professional societies at local, state and national levels.

b. National training programs, teleconferences.

c. Disseminate/develop videos, printed materials, training books, publications, posters and all forms of educational materials to support professional and technical staff in issues related to HIV/AIDS.

d. Quarterly satellite teleconference calls on timely issues related to patient care utilizing expert faculty.

e. National electronic news service and newsletters to disseminate current information from wide variety of sources.

Objective 10: Provide consultation on legal, clinical and policy issues related to the care of HIV-infected and AIDS patients.

Action Steps: Address and or refer to the appropriate individuals, questions and inquiries from external agencies, field staff, veterans on issues related to HIV infection and AIDS.

Objective 11: Assess the impact of the HIV/AIDS epidemic on VA health-care system for resource utilization and planning purposes.

Action Steps: Maintain confidential HIV/AIDS Registry of all patients treated in VA health-care facilities.

b. Evaluate workload distribution by medical center to determine geographical distribution.

c. Utilize workload information as validation tool in resource allocation process.

d. In conjunction with the resource allocation group, estimate future workload based on past and present figures.

e. Include special field advisory group in resource planning and management in the allocation process for HIV/AIDS care.

Objective 12: Participate in interagency planning on issues related to HIV/AIDS. Provide expertise, when requested, on special issues.

Action Steps: Cooperate and collaborate with other agencies such as CDC on special issues such HIV-infected health-care workers, when requested. Provide expertise from field.

Objective 13: Involve other agencies, as appropriate, on special issues in HIV/AIDS.

Action Steps: Utilize OSHA, HHS, CDC, FDA expertise on specific issues, as necessary.

Objective 14: Provide policy and guidance on issues pertinent to the care of HIV/AIDS patients.

Action Steps: Maintain and establish, as needed, special advisory groups of interdisciplinary field experts to address problems or issues requiring national focus. Include veterans in deliberations, as appropriate.

b. Implement, through policy, guidelines and recommendations of CDC, PHS, OSHA and other Federal agencies specific to HIV/AIDS and bloodborne pathogens.

Objective: Ensure that Federal, State, County and local officials are aware of Department policies, procedures, treatment of personnel and veterans with HIV/AIDS.

Action Steps: Monitor status of pending legislation for State, County and local officials.

b. Serve on committees that develop and review Department policies when requested.

Objective: Ensure Department policies and procedures comply with Federal law.

Action Steps: Interpret Federal laws that impact on VA's HIV/AIDS program.

b. Provide legal advice and counsel to program officials.

c. Serve on committees that develop and review Department policies when requested.

d. Review new and updated policy directive on HIV/AIDS.

Objective: Provide framework for nondiscrimination in the workplace for employees with HIV/AIDS.

Action Steps: Continue to implement established workplace policies on nondiscrimination for employees with HIV/AIDS as well as all employees with chronic disease or disability.

b. Conduct national training of all employees on transmission and prevention of HIV, employee policies and benefits. "Like Any Other Employee: HIV/AIDS in the Workplace". (To be completed in fiscal year 1995)

c. Provide continuing educational activities on HIV prevention and transmission for all employees in concert with other offices.

d. Conduct on-going educational activities for employees, supervisors and managers on work-related issues such as confidentiality, leave, reasonable accommodation, health/life insurance, and disability retirement.

e. Include education on above issues as part of routine orientation for all new employees.

f. Provide employee assistance service and equal opportunity program counselors to address questions and/or grievances.

Descriptions: Medical care and services.

FY 95: $292,000,000
FY 96: $307,000,000

(Budget figures based on the estimated number of patients by category or stage of disease and pat resource expenditures.)

Populations Served: Eligible HIV positive veterans.

Constituent Involvement: Eligible veterans through local medical centers and facilites. ***** are veterans involved in any of the planning ....?

Unmet Need: None????

PREVENTION

Agency: Department of Veterans Affairs

Goal: Prevent transmission of HIV infection through education of employees and patients.

Objective 1: Educate and maintain cadre of knowledgeable staff to teach all staff in VA health-care facilities on prevention and transmission of HIV infection.

Action Steps: National "train the trainer" education program to educate selected staff from every VA Medical Center on how to organize and conduct staff educational activities on HIV transmission and prevention. (Completed)

b. Update training materials/revise strategies to maintain knowledgeable base of trainers for every facility.

Objective 2: Train and maintain cadre of professional staff to conduct HIV transmission and prevention education for patients and conduct pre- and post-test HIV antibody test counseling.

Action Steps: National training program to educate 2 professional staff from every VA medical center to conduct patient education and pre- and post-test counseling. (Completed)

b. Maintain on-going training program on limited basis to address turnover of staff and maintain cadre of counselors/patient educators.

Objective 3: Integrate HIV prevention education in addiction treatment programs.

Action Steps: National training program for professional staff in addiction treatment programs and Vet Centers on how to integrate HIV prevention education for patients in their treatment areas. (Completed)

Objective 4: Stimulate innovative approaches to HIV/AIDS education at the local level (VA medical center and community).

Action Steps: Educational demonstration grants to HIV/AIDS education

proposals on competitive basis. (Completed)

b. Systemwide dissemination of completed projects through annual publication and national quarterly newsletters.

Objective 5: Maintain education and information support systems.

Action Steps: Continue AIDS awareness and education programs through national system of regional education centers and individual facility programs

b. Through library system, continue purchase of appropriate private and Federal sector videos, publications, posters, and other materials.

Descriptions: Prevention activities including education and universal precautions.

FY 95: $31,000,000
FY 96: $31,000,000

*****(Budget figures based on the estimated expenditures for universal precautions and education and are part of the genral Medical Care budget ----- does this mean that the 31 milllion is inlcuded in the 292 and 307 million listed under care?)

number of patients by category or stage of disease and pat resource expenditures.)

Populations Served: Eligible veterans through local meidcal centers and facilities, local

VA health-care and support staff, veteran patients and families, general public.

Constituent Involvement: VA mediacl cantersa nd helath -care facilities, and local communities.

Unmet Need: None???

RESEARCH

Agency: Department of Veterans Affairs

Goal: Utilize the unique resource of the VA-served patient population ot further biomedical, health services, and rehabilitation research on HIV and AIDS.

Objective 1: Support AIDS-related research as a high priority area within the VA-served patient population utilizing the unique resources.

Actions Steps: Fund research with high technical and scientific merit.

b. Continue to fund AIDS-related research through existing funding mechanisms, i.e., investigator-initiated studies, cooperative studies, and research centers.

c. Collaborate with other federal departments and agencies in initiating and conducting AIDS relevant research (including joint funding of projects), thereby making the unique resources of VA available to collaborating investigators.

d. Provide applicants for research support with feedback on the technical and scientific quality of their proposals.

Objective 2: Develop and maintain AIDS Research Centers to stimulate and emphasize importance of HIV/AIDS research in VA's unique population.

Action Steps: AIDS Research Centers established based on competitive proposal basis.

b. Current Research Center locations at New York, Durham, Atlanta and San Diego VA Medical Centers.

Objective 3: Encourage collaboration with other Federal departments and agencies in initiating and conducting AIDS-related research.

Action Steps: Investigator requested funding by NIH, other Federal agencies.

b. VA, other agency joint funding also available.

c. Participation in community trials on individual investigator and medical center basis.

Objective 4: Publish and present findings of research in peer reviewed journals, and at national and international conferences.

Action Steps: Listing of publications, presentations at international and national conferences available upon request.

Description: Research activities.

FY 95: $6,000,000
FY 96: $ 7,000,000

Populations Served: Veteran patiens, general public

Constituent Involvement: Veteran patients, scientific community, general public at large.

Unmet Need: --- check coordinated research budget. ---

CARE AND SERVICES

Agency: Department of Veterans Affairs

Goal: Provide high quality, comprehensive care across the spectrum of HIV disease to all eligible veterans. ***
Goal: To evaluate and provide disability compensation or pension benefits to eligible veterans with HIV infection or AIDS.

Objective 1: Assess and evaluate claims and, if in order, make disability compensation or pension payments to eligible veterans with HIV-related illnesses.

Action Steps: Published final regulatory criteria effective March 24, 1992, for evaluating manifestations of HIV-related illnesses.
b. Publish amendment to portion of Schedule for Rating Disabilities currently entitled "Systemic Conditions." The title will be changed to "Infectious Diseases, Immune Disorders and Nutritional Deficiencies." This portion of the Schedule will be updated to use current medical terminology and unambiguous criteria for evaluating disabilities. The amendment will make no substantive change in the criteria for HIV-related illnesses.

Objective 2: Assist Departmental training programs to ensure widespread awareness of VA policies related to HIV/AIDS.

Action Steps: Coordinate with other Departmental offices to facilitate HIV/AIDS training at all Veterans Benefits Administration facilities.
b. Conduct follow-up training on HIV/AIDS as new information becomes available.

Objective 3: Expand outreach efforts to increase awareness of VA's HIV/AIDS programs.

Action Steps: Include information on VA's HIV/AIDS-related policies and accomplishments at external presentations, i.e., service organization meetings, town meetings.
***

Objective 1: Provide HIV testing and counseling to high risk groups of patients and/or patients who request testing.

Action Steps: Provide: HIV testing and counseling services available at every VA medical center and/or VA outpatient clinic throughout the system;

Trained professional health-care staff to serve as HIV counselors and patient educators on HIV prevention and transmission;

Established quality laboratory standards for HIV testing, including ELISA and Western Blot; and

Widespread routine involuntary screening of any patient group prohibited.

Objective 2: Protect patients rights to information and self- determination in HIV testing process.

Action Steps: Ensure that HIV testing is performed only with written informed consent, utilizing standardized written informed consent form, by law and policy.
b. Pre- and post-test counseling mandated as part of HIV testing process.
c. Elements of counseling and documentation defined.
d. Counseling and patient education on prevention and transmission performed by trained health-care professionals.

e. Patient education pamphlet explaining HIV testing in VA available.

Objective 3: Protect patients rights to confidentiality in HIV testing and/or infection.

Action Steps: Medical records of veteran tested for or infected with HIV subject to additional confidentiality (beyond Privacy Act), by law, regulation and policy.

b. Veteran HIV testing or status released only with patient's written authorization. Exceptions to disclosure (public health agencies, spouse, sexual partners) only under specified conditions.

c. VA staff's access to medical records only on "need to know" basis.

d. Legal, clinical and administrative staff trained in confidentiality regulations and policy; periodic updates and consultation available.

Objective 4: Protect patient's rights to non-discrimination in admission to or treatment in VA health-care facilities.

Action Steps: Non-discrimination in admission and treatment on the basis of HIV status, established by law and policy.

b. Access to medical treatment based on clinical judgment, not HIV status.

c. Legal, clinical and administrative staff trained in regulations and policy; periodic updates and consultation available.

d. Patient representative, clinical staff available in all facilities for patient grievances.

Objective 5: Provide state-of-the-art medical treatment for patients with HIV infection or AIDS through:

i. professional health-care staff educated and current in state-of-the-art HIV/AIDS treatment. and availability of appropriate pharmaceuticals and therapeutics at health-care facilities.

Action Steps: Physician and other clinician participation in local and national educational programs, professional societies, local, state and national advisory groups

i.b. National HIV/AIDS advisory group on treatment issues related to HIV/AIDS.

i.c. Publication of VA HIV/AIDS clinical advisory group information letters, guidelines on specific treatment issues.

i.d. Dissemination of AHCPR clinical practice guidelines, HHS, CDC recommendations, FDA and other Federal or national professional society guidelines, as appropriate.

i.e. National VA educational programs for physicians on clinical updates in treatment of HIV/AIDS. National educational program for nurses, nurse practitioners, physician assistants and other clinicians on therapeutic issues.

i.f. Quarterly VA national teleconference calls on treatment issues available to all clinicians.

5. *i*.g. Formal and informal physician and clinician networks for treatment advice established.

5. *ii*.a. FDA approved pharmaceuticals and therapies available at local medical centers, outpatient clinics or health-care facilities or referral medical centers in VHA networks.

ii.b. Compassionate use and therapies under research protocols available at referral or other medical centers and facilities throughout system.

ii.c. Integration of clinical treatment and research in HIV/AIDS.

Objective 6: Provide full range of medical and psycho-social services to meet comprehensive care needs.

Action Steps: Specialty and subspecialty care in medicine, surgery, psychiatry, psychology, rehabilitation available in medical centers or networks.

b. At medical center level, comprehensive social services and counseling including family, housing and community referral available.

Objective 7: Establish and maintain "Centers of Excellence" for the care of HIV/AIDS patients utilizing multidisciplinary models of care.

Action Steps: Four AIDS clinical units established at New York, Miami, West Los Angeles and San Francisco VAMCs.

b. Expertise in outpatient clinic development, coordination of care, integration of research and clinical care exported throughout system via conference calls, national education conferences, one-on-one referrals.

Objective 8: Prevent transmission of HIV in health-care setting.

Action Steps: On-going implementation of CDC recommendations on universal precautions, via policy.

b. Continuing implementation of OSHA rule on protection of health-care workers against bloodborne pathogens via policy.

c. National training program on interdisciplinary team training for staff from infection control, employee health, safety in all VAMCs to implement OSHA rule. (Completed)

Objective 9: Support on-going education and training of health-care and support staff throughout system.

Action Steps: Individual participation in professional societies at local, state and national levels.

b. National training programs, teleconferences.

c. Disseminate/develop videos, printed materials, training books, publications, posters and all forms of educational materials to support professional and technical staff in issues related to HIV/AIDS.

d. Quarterly satellite teleconference calls on timely issues related to patient care utilizing expert faculty.

e. National electronic news service and newsletters to disseminate current information from wide variety of sources.

Objective 10: Provide consultation on legal, clinical and policy issues related to the care of HIV-infected and AIDS patients.

Action Steps: Address and or refer to the appropriate individuals, questions and inquiries from external agencies, field staff, veterans on issues related to HIV infection and AIDS.

Objective 11: Assess the impact of the HIV/AIDS epidemic on VA health-care system for resource utilization and planning purposes.

Action Steps: Maintain confidential HIV/AIDS Registry of all patients treated in VA health-care facilities.

b. Evaluate workload distribution by medical center to determine geographical distribution.

c. Utilize workload information as validation tool in resource allocation process.

d. In conjunction with the resource allocation group, estimate future workload based on past and present figures.

e. Include special field advisory group in resource planning and management in the allocation process for HIV/AIDS care.

Objective 12: Participate in interagency planning on issues related to HIV/AIDS. Provide expertise, when requested, on special issues.

Action Steps: Cooperate and collaborate with other agencies such as CDC on special issues such HIV-infected health-care workers, when requested. Provide expertise from field.

Objective 13: Involve other agencies, as appropriate, on special issues in HIV/AIDS.

Action Steps: Utilize OSHA, HHS, CDC, FDA expertise on specific issues, as necessary.

Objective 14: Provide policy and guidance on issues pertinent to the care of HIV/AIDS patients.

Action Steps: Maintain and establish, as needed, special advisory groups of interdisciplinary field experts to address problems or issues requiring national focus. Include veterans in deliberations, as appropriate.

b. Implement, through policy, guidelines and recommendations of CDC, PHS, OSHA and other Federal agencies specific to HIV/AIDS and bloodborne pathogens.

Objective: Ensure that Federal, State, County and local officials are aware of Department policies, procedures, treatment of personnel and veterans with HIV/AIDS.

Action Steps: Monitor status of pending legislation for State, County and local officials.

b. Serve on committees that develop and review Department policies when requested.

Objective: Ensure Department policies and procedures comply with Federal law.

Action Steps: Interpret Federal laws that impact on VA's HIV/AIDS program.

b. Provide legal advice and counsel to program officials.

c. Serve on committees that develop and review Department policies when requested.

d. Review new and updated policy directive on HIV/AIDS.

Objective: Provide framework for nondiscrimination in the workplace for employees with HIV/AIDS.

Action Steps: Continue to implement established workplace policies on nondiscrimination for employees with HIV/AIDS as well as all employees with chronic disease or disability.

b. Conduct national training of all employees on transmission and prevention of HIV, employee policies and benefits. "Like Any Other Employee: HIV/AIDS in the Workplace". (To be completed in fiscal year 1995)

c. Provide continuing educational activities on HIV prevention and transmission for all employees in concert with other offices.

d. Conduct on-going educational activities for employees, supervisors and managers on work-related issues such as confidentiality, leave, reasonable accommodation, health/life insurance, and disability retirement.

e. Include education on above issues as part of routine orientation for all new employees.

f. Provide employee assistance service and equal opportunity program counselors to address questions and/or grievances.

Descriptions: Medical care and services.

FY 95: $292,000,000
FY 96: $307,000,000

(Budget figures based on the estimated number of patients by category or stage of disease and pat resource expenditures.)

Populations Served: Eligible HIV positive veterans.

Constituent Involvement: Eligible veterans through local medical centers and facilites. ***** are veterans involved in any of the planning ....?

Unmet Need: None????

PREVENTION

Agency: Department of Veterans Affairs

Goal: Prevent transmission of HIV infection through education of employees and patients.

Objective 1: Educate and maintain cadre of knowledgeable staff to teach all staff in VA health-care facilities on prevention and transmission of HIV infection.

Action Steps: National "train the trainer" education program to educate selected staff from every VA Medical Center on how to organize and conduct staff educational activities on HIV transmission and prevention. (Completed)

b. Update training materials/revise strategies to maintain knowledgeable base of trainers for every facility.

Objective 2: Train and maintain cadre of professional staff to conduct HIV transmission and prevention education for patients and conduct pre- and post-test HIV antibody test counseling.

Action Steps: National training program to educate 2 professional staff from every VA medical center to conduct patient education and pre- and post-test counseling. (Completed)

b. Maintain on-going training program on limited basis to address turnover of staff and maintain cadre of counselors/patient educators.

Objective 3: Integrate HIV prevention education in addiction treatment programs.

Action Steps: National training program for professional staff in addiction treatment programs and Vet Centers on how to integrate HIV prevention education for patients in their treatment areas. (Completed)

Objective 4: Stimulate innovative approaches to HIV/AIDS education at the local level (VA medical center and community).

Action Steps: Educational demonstration grants to HIV/AIDS education

proposals on competitive basis. (Completed)

b. Systemwide dissemination of completed projects through annual publication and national quarterly newsletters.

Objective 5: Maintain education and information support systems.

Action Steps: Continue AIDS awareness and education programs through national system of regional education centers and individual facility programs

b. Through library system, continue purchase of appropriate private and Federal sector videos, publications, posters, and other materials.

Descriptions: Prevention activities including education and universal precautions.

FY 95: $31,000,000
FY 96: $31,000,000

*****(Budget figures based on the estimated expenditures for universal precautions and education and are part of the genral Medical Care budget ----- does this mean that the 31 milllion is inlcuded in the 292 and 307 million listed under care?)

number of patients by category or stage of disease and pat resource expenditures.)

Populations Served: Eligible veterans through local meidcal centers and facilities, local

VA health-care and support staff, veteran patients and families, general public.

Constituent Involvement: VA mediacl cantersa nd helath -care facilities, and local communities.

Unmet Need: None???

RESEARCH

Agency: Department of Veterans Affairs

Goal: Utilize the unique resource of the VA-served patient population ot further biomedical, health services, and rehabilitation research on HIV and AIDS.

Objective 1: Support AIDS-related research as a high priority area within the VA-served patient population utilizing the unique resources.

Actions Steps: Fund research with high technical and scientific merit.

b. Continue to fund AIDS-related research through existing funding mechanisms, i.e., investigator-initiated studies, cooperative studies, and research centers.

c. Collaborate with other federal departments and agencies in initiating and conducting AIDS relevant research (including joint funding of projects), thereby making the unique resources of VA available to collaborating investigators.

d. Provide applicants for research support with feedback on the technical and scientific quality of their proposals.

Objective 2: Develop and maintain AIDS Research Centers to stimulate and emphasize importance of HIV/AIDS research in VA's unique population.

Action Steps: AIDS Research Centers established based on competitive proposal basis.

b. Current Research Center locations at New York, Durham, Atlanta and San Diego VA Medical Centers.

Objective 3: Encourage collaboration with other Federal departments and agencies in initiating and conducting AIDS-related research.

Action Steps: Investigator requested funding by NIH, other Federal agencies.

b. VA, other agency joint funding also available.

c. Participation in community trials on individual investigator and medical center basis.

Objective 4: Publish and present findings of research in peer reviewed journals, and at national and international conferences.

Action Steps: Listing of publications, presentations at international and national conferences available upon request.

Description: Research activities.

FY 95: $6,000,000
FY 96: $ 7,000,000

Populations Served: Veteran patiens, general public

Constituent Involvement: Veteran patients, scientific community, general public at large.

Unmet Need: --- check coordinated research budget. ---

Department of Veterans Affairs
HIV/AIDS PLAN

Introduction:

The Department of Veterans Affairs (VA) has been a key source of benefits and health care to the nation's veterans with HIV infection or AIDS since the beginning of the epidemic. The Veterans Benefits Administration has received over 5,400 benefits and compensation claims for service-connection for AIDS. Over 3,900 of those claims have been granted.

Veterans Health Administration has become the single largest source of direct health-care services for treating AIDS patients in the United States. One of the first cases of AIDS was reported at the New York VA Medical Center in 1979. By March 1995, a total of over 23,000 cases of AIDS had been reported by 164 VA medical centers and independent outpatient clinics in the system. During FY 1994 alone, VA treated over 17,000 patients with HIV infection or AIDS. Seventeen percent of those patients were treated at the four VA Medical Centers with specialized AIDS Clinical Units, in New York, Miami, West Los Angeles and San Francisco. The geographic pattern of the epidemic mirrors that of the nation with the predominance of cases seen in large urban and coastal cities.

Research and education in HIV/AIDS have been integral components of VA's direct health care services. The unique features of a national medical-care system which serves a defined patient population and is affiliated with academic institutions throughout the country create an unparalleled environment of scientific inquiry and academic-based health care. VA has responded to the challenges of the epidemic by creating unique AIDS Research Centers and by also utilizing the unique capabilities of the system to conduct multicenter studies of health problems. During FY 1994, over 300 funded AIDS research projects were in progress at 85 medical centers. Sixty-four projects were supported by $5.6 million in VA research funding. An additional 243 projects were supported by $24.5 million from non-VA sources such as the National Institutes of Health.

Early in the epidemic, VA recognized that education was essential to provide quality health-care services and to prevent transmission of HIV. In 1987, a multi-year national training plan for HIV/AIDS was developed. Since that time, a number of systemwide programs were implemented to educate health-care and administrative personnel, veterans and their families and the general public on the facts about HIV transmission and prevention. An early and remaining goal of these educational efforts has been to ensure that veterans with HIV/AIDS are treated "like any other patient".

Recently, VA completed a Department wide education program for all employees on the transmission and prevention of HIV infection. The overall theme of this educational effort was that employees with HIV infection or AIDS are "like any

other employee" with a chronic disease or disability. Over 220,000 employees received training through this educational program.

Department of Veterans Affairs Goal: The Department of Veterans Affairs remains committed in its response to the AIDS epidemic through the continuing activities of its three major Administrations; Veterans Health, Veterans Benefits, and the National Cemetery System. The Department Plan continues to be directed toward the non-discriminatory provision of benefits and quality health-care services for all eligible veterans with HIV infection and/or AIDS. An educated and committed workforce which also is subject to non-discriminatory personnel benefits is an integral part of the plan. Therefore, the Department of Veterans Affairs will:

Provide benefits and health-care services for the nation's eligible veterans with HIV infection and/or AIDS that are comparable to those extended to any eligible veteran with a need for benefits and services.

Maintain an educated workforce which ensures that employees with HIV infection or AIDS are extended the same non-discriminatory employment setting and benefits available to any employee with a chronic disease or disability.

Veterans Health Administration

Goal: Provide high quality, comprehensive care across the spectrum of HIV disease to all eligible veterans.

Objectives	*Action Steps*
National AIDS Program Veteran Services - Medical Centers, Outpatient Clinics, Health Care facilities	
1. Provide HIV testing and counseling to high risk groups of patients and/or patients who request testing.	1. a. HIV testing and counseling services available at every VA medical center and/or VA outpatient clinic throughout the system. b. Trained professional health-care staff to serve as HIV counselors and patient educators on HIV prevention and transmission. c. Established quality laboratory standards for HIV testing, including ELISA and Western Blot. d. Widespread routine involuntary screening of any patient group prohibited.
2. Protect patients rights to information and self-determination in HIV testing process.	2. a. HIV testing performed only with written informed consent, utilizing standardized written informed consent form, by law and policy. b. Pre- and post-test counseling mandated as part of HIV testing process. c. Elements of counseling and documentation defined. d. Counseling and patient education on prevention and transmission performed by trained health-care professionals. e. Patient education pamphlet explaining HIV testing in VA available.
3. Protect patients rights to confidentiality in HIV testing and/or infection.	3. a. Medical records of veteran tested for or infected with HIV subject to additional confidentiality (beyond Privacy Act), by law, regulation and policy. b. Veteran HIV testing or status released only with patient's written authorization. Exceptions to disclosure (public health agencies, spouse, sexual partners) only under

	specified conditions. **c. VA staff's access to medical records only on "need to know" basis.** **d. Legal, clinical and administrative staff trained in confidentiality regulations and policy; periodic updates and consultation available.**
4. Protect patient's rights to non-discrimination in admission to or treatment in VA health-care facilities.	**4. a. Non-discrimination in admission and treatment on the basis of HIV status, established by law and policy.** **b. Access to medical treatment based on clinical judgment, not HIV status.** **c. Legal, clinical and administrative staff trained in regulations and policy; periodic updates and consultation available.** **d. Patient representative, clinical staff available in all facilities for patient grievances.**
5. Provide state-of-the-art medical treatment for patients with HIV infection or AIDS through: ***i.* professional health-care staff educated and current in state-of-the-art HIV/AIDS treatment.**	**5. *i.*a. Physician and other clinician participation in local and national educational programs, professional societies, local, state and national advisory groups** ***i.*b. National HIV/AIDS advisory group on treatment issues related to HIV/AIDS.** ***i.*c. Publication of VA HIV/AIDS clinical advisory group information letters, guidelines on specific treatment issues.** ***i.*d. Dissemination of AHCPR clinical practice guidelines, HHS, CDC recommendations, FDA and other Federal or national professional society guidelines, as appropriate.** ***i.*e. National VA educational programs for physicians on clinical updates in treatment of HIV/AIDS. National educational program for nurses, nurse practitioners, physician assistants and other clinicians on therapeutic issues.** ***i.*f. Quarterly VA national teleconference calls on treatment issues available to all clinicians.**

Do people then know by virtue of these extra precautions?

→ whats this

→ good

→ promotes better more cost efficient care,

5. *ii.* availability of appropriate pharmaceuticals and therapeutics at health-care facilities.	5. *i.*g. Formal and informal physician and clinician networks for treatment advice established. 5. *ii.*a. FDA approved pharmaceuticals and therapies available at local medical centers, outpatient clinics or health-care facilities or referral medical centers in VHA networks. *ii.*b. Compassionate use and therapies under research protocols available at referral or other medical centers and facilities throughout system. *ii.*c. Integration of clinical treatment and research in HIV/AIDS.
6. Provide full range of medical and psycho-social services to meet comprehensive care needs.	6. a. Specialty and subspecialty care in medicine, surgery, psychiatry, psychology, rehabilitation available in medical centers or networks. b. At medical center level, comprehensive social services and counseling including family, housing and community referral available.
7. Establish and maintain "Centers of Excellence" for the care of HIV/AIDS patients utilizing multidisciplinary models of care.	7. a. Four AIDS clinical units established at New York, Miami, West Los Angeles and San Francisco VAMCs. b. Expertise in outpatient clinic development, coordination of care, integration of research and clinical care exported throughout system via conference calls, national education conferences, one-on-one referrals.
8. Prevent transmission of HIV in health-care setting.	8. a. On-going implementation of CDC recommendations on universal precautions, via policy. b. Continuing implementation of OSHA rule on protection of health-care workers against bloodborne pathogens via policy. c. National training program on interdisciplinary team training for staff from infection control, employee health, safety in all VAMCs to implement OSHA rule. (Completed)

Status of off-label use?

National Office of Academic Affairs (Education)	
9. Support on-going education and training of health-care and support staff throughout system.	**9. a. Individual participation in professional societies at local, state and national levels.** **b. National training programs, teleconferences.** **c. Disseminate/develop videos, printed materials, training books, publications, posters and all forms of educational materials to support professional and technical staff in issues related to HIV/AIDS.** **d. Quarterly satellite teleconference calls on timely issues related to patient care utilizing expert faculty.** **e. National electronic news service and newsletters to disseminate current information from wide variety of sources.**
National AIDS Service Office- Washington, DC	
10. Provide consultation on legal, clinical and policy issues related to the care of HIV-infected and AIDS patients.	**10. a. Address and or refer to the appropriate individuals, questions and inquiries from external agencies, field staff, veterans on issues related to HIV infection and AIDS.**
11. Assess the impact of the HIV/AIDS epidemic on VA health-care system for resource utilization and planning purposes. What proportion of VA clients are HIV+?	**11. a. Maintain confidential HIV/AIDS Registry of all patients treated in VA health-care facilities.** **b. Evaluate workload distribution by medical center to determine geographical distribution.** **c. Utilize workload information as validation tool in resource allocation process.** **d. In conjunction with the resource allocation group, estimate future workload based on past and present figures.** **e. Include special field advisory group in resource planning and management in the allocation process for HIV/AIDS care.**
12. Participate in interagency planning on issues related to HIV/AIDS. Provide expertise, when requested, on special issues.	**12. a. Cooperate and collaborate with other agencies such as CDC on special issues such HIV-infected health-care workers, when requested. Provide expertise from field.**
13. Involve other agencies, as appropriate, on	**13. a. Utilize OSHA, HHS, CDC, FDA expertise on specific**

Good. Drawing on other agencies.

special issues in HIV/AIDS.	issues, as necessary.
14. Provide policy and guidance on issues pertinent to the care of HIV/AIDS patients.	14. a. Maintain and establish, as needed, special advisory groups of interdisciplinary field experts to address problems or issues requiring national focus. Include veterans in deliberations, as appropriate. b. Implement, through policy, guidelines and recommendations of CDC, PHS, OSHA and other Federal agencies specific to HIV/AIDS and bloodborne pathogens.

Veterans Health Administration

GOAL: Prevent transmission of HIV infection through education of employees and patients.

Objectives	*Action Steps*
Office of Academic Affairs/AIDS Service	
1. Educate and maintain cadre of knowledgeable staff to teach all staff in VA health-care facilities on prevention and transmission of HIV infection.	1. a. National "train the trainer" education program to educate selected staff from every VA Medical Center on how to organize and conduct staff educational activities on HIV transmission and prevention. (Completed) b. Update training materials/revise strategies to maintain knowledgeable base of trainers for every facility.
2. Train and maintain cadre of professional staff to conduct HIV transmission and prevention education for patients and conduct pre- and post-test HIV antibody test counseling.	2. a. National training program to educate 2 professional staff from every VA medical center to conduct patient education and pre- and post-test counseling. (Completed) b. Maintain on-going training program on limited basis to address turnover of staff and maintain cadre of counselors/patient educators.
3. Integrate HIV prevention education in addiction treatment programs.	3. a. National training program for professional staff in addiction treatment programs and Vet Centers on how to integrate HIV prevention education for patients in their treatment areas. (Completed)
4. Stimulate innovative approaches to HIV/AIDS education at the local level (VA medical center and	4. a. Educational demonstration grants to HIV/AIDS education proposals on competitive basis. (Completed)

community).	b. Systemwide dissemination of completed projects through annual publication and national quarterly newsletters.
5. Maintain education and information support systems.	5. a. Continue AIDS awareness and education programs through national system of regional education centers and individual facility programs b. Through library system, continue purchase of appropriate private and Federal sector videos, publications, posters, and other materials.

Veterans Health Administration

GOAL: Utilize the unique resource of the VA-served patient population to further biomedical, health services and rehabilitation research on HIV/AIDS.

Research and Development	
1. Support AIDS-related research as a high priority area within the VA-served patient population utilizing the unique resources.	1. a. Fund research with high technical and scientific merit. b. Continue to fund AIDS-related research through existing funding mechanisms, i.e., investigator-initiated studies, cooperative studies, and research centers. c. Collaborate with other federal departments and agencies in initiating and conducting AIDS relevant research (including joint funding of projects), thereby making the unique resources of VA available to collaborating investigators. d. Provide applicants for research support with feedback on the technical and scientific quality of their proposals.
2. Develop and maintain AIDS Research Centers to stimulate and emphasize importance of HIV/AIDS research in VA's unique population.	2. a. AIDS Research Centers established based on competitive proposal basis. b. Current Research Center locations at New York, Durham, Atlanta and San Diego VA Medical Centers.

3. Encourage collaboration with other Federal departments and agencies in initiating and conducting AIDS-related research.	3. a. Investigator requested funding by NIH, other Federal agencies. b. VA, other agency joint funding also available. c. Participation in community trials on individual investigator and medical center basis.
4. Publish and present findings of research in peer reviewed journals, and at national and international conferences.	4. a. Listing of publications, presentations at international and national conferences available upon request.

Other Departmental Offices

Intergovernmental Affairs	
1. Ensure that Federal, State, County and local officials are aware of Department policies, procedures, treatment of personnel and veterans with HIV/AIDS.	1. a. Monitor status of pending legislation for State, County and local officials. b. Serve on committees that develop and review Department policies when requested.
General Counsel	
1. Ensure Department policies and procedures comply with Federal law.	1. a. Interpret Federal laws that impact on VA's HIV/AIDS program. b. Provide legal advice and counsel to program officials. c. Serve on committees that develop and review Department policies when requested. d. Review new and updated policy directive on HIV/AIDS.
Human Resources Management	
1. Provide framework for nondiscrimination in the workplace for employees with HIV/AIDS.	1. a. Continue to implement established workplace policies on nondiscrimination for employees with HIV/AIDS as well as all employees with chronic disease or disability. b. Conduct national training of all employees on transmission and prevention of HIV, employee policies and benefits. "Like Any Other Employee: HIV/AIDS in the Workplace". (To be completed in fiscal year 1995) c. Provide continuing educational activities on HIV

	prevention and transmission for all employees in concert with other offices. **d. Conduct on-going educational activities for employees, supervisors and managers on work-related issues such as confidentiality, leave, reasonable accommodation, health/life insurance, and disability retirement.** **e. Include education on above issues as part of routine orientation for all new employees.** **f. Provide employee assistance service and equal opportunity program counselors to address questions and/or grievances.**
Office of Public Affairs	
1. Publicize VA's HIV/AIDS-related accomplishments to internal/external audiences.	**1. a. Update AIDS fact sheet on yearly basis or more frequently as topic demands.** **b. Update AIDS Research fact sheet on yearly basis or more frequently as topic demands.** **c. Prepare annual national release for World AIDS Day.** **d. Promote VA AIDS research through Public Affair National Story Program.** **e. Prepare Secretary's Daily Messages as appropriate.** **f. Prepare Secretary's Pay Stub messages as appropriate.** **g. Develop appropriate topics for publication in VAnguard, VA's employee newsletter.**

Veterans Benefits Administration

Goal: To evaluate and provide disability compensation or pension benefits to eligible veterans with HIV infection or AIDS.

Veterans Benefits Administration	
1. Assess and evaluate claims and, if in order, make disability compensation or pension payments to eligible veterans with HIV-related illnesses.	1. a. Published final regulatory criteria effective March 24, 1992, for evaluating manifestations of HIV-related illnesses. b. Publish amendment to portion of Schedule for Rating Disabilities currently entitled "Systemic Conditions." The title will be changed to "Infectious Diseases, Immune Disorders and Nutritional Deficiencies." This portion of the Schedule will be updated to use current medical terminology and unambiguous criteria for evaluating disabilities. The amendment will make no substantive change in the criteria for HIV-related illnesses.
2. Assist Departmental training programs to ensure widespread awareness of VA policies related to HIV/AIDS.	2. a. Coordinate with other Departmental offices to facilitate HIV/AIDS training at all Veterans Benefits Administration facilities. b. Conduct follow-up training on HIV/AIDS as new information becomes available.
3. Expand outreach efforts to increase awareness of VA's HIV/AIDS programs. to VA staff?	3. a. Include information on VA's HIV/AIDS-related policies and accomplishments at external presentations, i.e., service organization meetings, town meetings. ?

Programs					Unmet Needs
Description	*Resources*		*Population Served*	*Constituency Served*	
	FY 1995 (in $ millions)	FY 1996 (in $ millions)			↑ benefits
Medical care*	292	307	Eligible veterans	Eligible veterans through local medical centers and facilities.	

*FY 1995 budget figures based on the estimated number of patients by category or stage of HIV disease and past resource expenditures. Resources for HIV/AIDS patient care are derived from the general Medical Care Budget.
FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Programs					Unmet Needs
Description	*Resources*		*Population Served*	*Constituency Served*	
	FY 1995 (in $ millions)	FY 1996 (in $ millions)			
Prevention activities:* Education Universal precautions (initiated in 1987)	31	31	VA health-care and support staff, veteran patients and families, general public	Local VA medical centers and health-care facilities, local communities	

* Figures are based on the estimated expenditures for universal precautions and education and are part of the general Medical Care budget. FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Programs					Unmet Needs
Description	*Resources*		*Population Served*	*Constituency Served*	
	FY 1995 (in $ millions)	FY 1996 (in $ millions)			
Research activities*	6	7	Veteran patients, general public	Veteran patients, scientific community, general public at large	

*Estimated expenditures for HIV/AIDS research within the general Medical and Prosthetics Research budgets. FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Department of Veterans Affairs
HIV/AIDS PLAN

Introduction:

The Department of Veterans Affairs (VA) has been a key source of benefits and health care to the nation's veterans with HIV infection or AIDS since the beginning of the epidemic. The Veterans Benefits Administration has received over 5,400 benefits and compensation claims for service-connection for AIDS. Over 3,900 of those claims have been granted.

Veterans Health Administration has become the single largest source of direct health-care services for treating AIDS patients in the United States. One of the first cases of AIDS was reported at the New York VA Medical Center in 1979. By March 1995, a total of over 23,000 cases of AIDS had been reported by 164 VA medical centers and independent outpatient clinics in the system. During FY 1994 alone, VA treated over 17,000 patients with HIV infection or AIDS. Seventeen percent of those patients were treated at the four VA Medical Centers with specialized AIDS Clinical Units, in New York, Miami, West Los Angeles and San Francisco. The geographic pattern of the epidemic mirrors that of the nation with the predominance of cases seen in large urban and coastal cities.

Research and education in HIV/AIDS have been integral components of VA's direct health care services. The unique features of a national medical-care system which serves a defined patient population and is affiliated with academic institutions throughout the country create an unparalleled environment of scientific inquiry and academic-based health care. VA has responded to the challenges of the epidemic by creating unique AIDS Research Centers and by also utilizing the unique capabilities of the system to conduct multicenter studies of health problems. During FY 1994, over 300 funded AIDS research projects were in progress at 85 medical centers. Sixty-four projects were supported by $5.6 million in VA research funding. An additional 243 projects were supported by $24.5 million from non-VA sources such as the National Institutes of Health.

Early in the epidemic, VA recognized that education was essential to provide quality health-care services and to prevent transmission of HIV. In 1987, a multi-year national training plan for HIV/AIDS was developed. Since that time, a number of systemwide programs were implemented to educate health-care and administrative personnel, veterans and their families and the general public on the facts about HIV transmission and prevention. An early and remaining goal of these educational efforts has been to ensure that veterans with HIV/AIDS are treated "like any other patient".

Recently, VA completed a Department wide education program for all employees on the transmission and prevention of HIV infection. The overall theme of this educational effort was that employees with HIV infection or AIDS are "like any

other employee" with a chronic disease or disability. Over 220,000 employees received training through this educational program.

Department of Veterans Affairs Goal: The Department of Veterans Affairs remains committed in its response to the AIDS epidemic through the continuing activities of its three major Administrations; Veterans Health, Veterans Benefits, and the National Cemetery System. The Department Plan continues to be directed toward the non-discriminatory provision of benefits and quality health-care services for all eligible veterans with HIV infection and/or AIDS. An educated and committed workforce which also is subject to non-discriminatory personnel benefits is an integral part of the plan. Therefore, the Department of Veterans Affairs will:

Provide benefits and health-care services for the nation's eligible veterans with HIV infection and/or AIDS that are comparable to those extended to any eligible veteran with a need for benefits and services.

Maintain an educated workforce which ensures that employees with HIV infection or AIDS are extended the same non-discriminatory employment setting and benefits available to any employee with a chronic disease or disability.

Veterans Health Administration

Goal: Provide high quality, comprehensive care across the spectrum of HIV disease to all eligible veterans.

Objectives	*Action Steps*
National AIDS Program Veteran Services - Medical Centers, Outpatient Clinics, Health Care facilities	
1. Provide HIV testing and counseling to high risk groups of patients and/or patients who request testing.	1. a. HIV testing and counseling services available at every VA medical center and/or VA outpatient clinic throughout the system. b. Trained professional health-care staff to serve as HIV counselors and patient educators on HIV prevention and transmission. c. Established quality laboratory standards for HIV testing, including ELISA and Western Blot. d. Widespread routine involuntary screening of any patient group prohibited.
2. Protect patients rights to information and self-determination in HIV testing process.	2. a. HIV testing performed only with written informed consent, utilizing standardized written informed consent form, by law and policy. b. Pre- and post-test counseling mandated as part of HIV testing process. c. Elements of counseling and documentation defined. d. Counseling and patient education on prevention and transmission performed by trained health-care professionals. e. Patient education pamphlet explaining HIV testing in VA available.
3. Protect patients rights to confidentiality in HIV testing and/or infection.	3. a. Medical records of veteran tested for or infected with HIV subject to additional confidentiality (beyond Privacy Act), by law, regulation and policy. b. Veteran HIV testing or status released only with patient's written authorization. Exceptions to disclosure (public health agencies, spouse, sexual partners) only under

	specified conditions. c. VA staff's access to medical records only on "need to know" basis. d. Legal, clinical and administrative staff trained in confidentiality regulations and policy; periodic updates and consultation available.
4. Protect patient's rights to non-discrimination in admission to or treatment in VA health-care facilities.	4. a. Non-discrimination in admission and treatment on the basis of HIV status, established by law and policy. b. Access to medical treatment based on clinical judgment, not HIV status. c. Legal, clinical and administrative staff trained in regulations and policy; periodic updates and consultation available. d. Patient representative, clinical staff available in all facilities for patient grievances.
5. Provide state-of-the-art medical treatment for patients with HIV infection or AIDS through: *i.* professional health-care staff educated and current in state-of-the-art HIV/AIDS treatment.	5. *i.*a. Physician and other clinician participation in local and national educational programs, professional societies, local, state and national advisory groups *i.*b. National HIV/AIDS advisory group on treatment issues related to HIV/AIDS. *i.*c. Publication of VA HIV/AIDS clinical advisory group information letters, guidelines on specific treatment issues. *i.*d. Dissemination of AHCPR clinical practice guidelines, HHS, CDC recommendations, FDA and other Federal or national professional society guidelines, as appropriate. *i.*e. National VA educational programs for physicians on clinical updates in treatment of HIV/AIDS. National educational program for nurses, nurse practitioners, physician assistants and other clinicians on therapeutic issues. *i.*f. Quarterly VA national teleconference calls on treatment issues available to all clinicians.

5. *ii.* availability of appropriate pharmaceuticals and therapeutics at health-care facilities.	5. *i.*g. Formal and informal physician and clinician networks for treatment advice established. 5. *ii.*a. FDA approved pharmaceuticals and therapies available at local medical centers, outpatient clinics or health-care facilities or referral medical centers in VHA networks. *ii.*b. Compassionate use and therapies under research protocols available at referral or other medical centers and facilities throughout system. *ii.*c. Integration of clinical treatment and research in HIV/AIDS.
6. Provide full range of medical and psycho-social services to meet comprehensive care needs.	6. a. Specialty and subspecialty care in medicine, surgery, psychiatry, psychology, rehabilitation available in medical centers or networks. b. At medical center level, comprehensive social services and counseling including family, housing and community referral available.
7. Establish and maintain "Centers of Excellence" for the care of HIV/AIDS patients utilizing multidisciplinary models of care.	7. a. Four AIDS clinical units established at New York, Miami, West Los Angeles and San Francisco VAMCs. b. Expertise in outpatient clinic development, coordination of care, integration of research and clinical care exported throughout system via conference calls, national education conferences, one-on-one referrals.
8. Prevent transmission of HIV in health-care setting.	8. a. On-going implementation of CDC recommendations on universal precautions, via policy. b. Continuing implementation of OSHA rule on protection of health-care workers against bloodborne pathogens via policy. c. National training program on interdisciplinary team training for staff from infection control, employee health, safety in all VAMCs to implement OSHA rule. (Completed)

National Office of Academic Affairs (Education)	
9. Support on-going education and training of health-care and support staff throughout system.	9. a. Individual participation in professional societies at local, state and national levels. b. National training programs, teleconferences. c. Disseminate/develop videos, printed materials, training books, publications, posters and all forms of educational materials to support professional and technical staff in issues related to HIV/AIDS. d. Quarterly satellite teleconference calls on timely issues related to patient care utilizing expert faculty. e. National electronic news service and newsletters to disseminate current information from wide variety of sources.
National AIDS Service Office- Washington, DC	
10. Provide consultation on legal, clinical and policy issues related to the care of HIV-infected and AIDS patients.	10. a. Address and or refer to the appropriate individuals, questions and inquiries from external agencies, field staff, veterans on issues related to HIV infection and AIDS.
11. Assess the impact of the HIV/AIDS epidemic on VA health-care system for resource utilization and planning purposes.	11. a. Maintain confidential HIV/AIDS Registry of all patients treated in VA health-care facilities. b. Evaluate workload distribution by medical center to determine geographical distribution. c. Utilize workload information as validation tool in resource allocation process. d. In conjunction with the resource allocation group, estimate future workload based on past and present figures. e. Include special field advisory group in resource planning and management in the allocation process for HIV/AIDS care.
12. Participate in interagency planning on issues related to HIV/AIDS. Provide expertise, when requested, on special issues.	12. a. Cooperate and collaborate with other agencies such as CDC on special issues such HIV-infected health-care workers, when requested. Provide expertise from field.
13. Involve other agencies, as appropriate, on	13. a. Utilize OSHA, HHS, CDC, FDA expertise on specific

special issues in HIV/AIDS.	issues, as necessary.
14. Provide policy and guidance on issues pertinent to the care of HIV/AIDS patients.	14. a. Maintain and establish, as needed, special advisory groups of interdisciplinary field experts to address problems or issues requiring national focus. Include veterans in deliberations, as appropriate. b. Implement, through policy, guidelines and recommendations of CDC, PHS, OSHA and other Federal agencies specific to HIV/AIDS and bloodborne pathogens.

Veterans Health Administration

GOAL: Prevent transmission of HIV infection through education of employees and patients.

Objectives	*Action Steps*
Office of Academic Affairs/AIDS Service	
1. Educate and maintain cadre of knowledgeable staff to teach all staff in VA health-care facilities on prevention and transmission of HIV infection.	1. a. National "train the trainer" education program to educate selected staff from every VA Medical Center on how to organize and conduct staff educational activities on HIV transmission and prevention. (Completed) b. Update training materials/revise strategies to maintain knowledgeable base of trainers for every facility.
2. Train and maintain cadre of professional staff to conduct HIV transmission and prevention education for patients and conduct pre- and post-test HIV antibody test counseling.	2. a. National training program to educate 2 professional staff from every VA medical center to conduct patient education and pre- and post-test counseling. (Completed) b. Maintain on-going training program on limited basis to address turnover of staff and maintain cadre of counselors/patient educators.
3. Integrate HIV prevention education in addiction treatment programs.	3. a. National training program for professional staff in addiction treatment programs and Vet Centers on how to integrate HIV prevention education for patients in their treatment areas. (Completed)
4. Stimulate innovative approaches to HIV/AIDS education at the local level (VA medical center and	4. a. Educational demonstration grants to HIV/AIDS education proposals on competitive basis. (Completed)

community).	b. Systemwide dissemination of completed projects through annual publication and national quarterly newsletters.
5. Maintain education and information support systems.	5. a. Continue AIDS awareness and education programs through national system of regional education centers and individual facility programs b. Through library system, continue purchase of appropriate private and Federal sector videos, publications, posters, and other materials.

Veterans Health Administration

GOAL: Utilize the unique resource of the VA-served patient population to further biomedical, health services and rehabilitation research on HIV/AIDS.

Research and Development	
1. Support AIDS-related research as a high priority area within the VA-served patient population utilizing the unique resources.	1. a. Fund research with high technical and scientific merit. b. Continue to fund AIDS-related research through existing funding mechanisms, i.e., investigator-initiated studies, cooperative studies, and research centers. c. Collaborate with other federal departments and agencies in initiating and conducting AIDS relevant research (including joint funding of projects), thereby making the unique resources of VA available to collaborating investigators. d. Provide applicants for research support with feedback on the technical and scientific quality of their proposals.
2. Develop and maintain AIDS Research Centers to stimulate and emphasize importance of HIV/AIDS research in VA's unique population.	2. a. AIDS Research Centers established based on competitive proposal basis. b. Current Research Center locations at New York, Durham, Atlanta and San Diego VA Medical Centers.

3. Encourage collaboration with other Federal departments and agencies in initiating and conducting AIDS-related research.	3. a. Investigator requested funding by NIH, other Federal agencies. b. VA, other agency joint funding also available. c. Participation in community trials on individual investigator and medical center basis.
4. Publish and present findings of research in peer reviewed journals, and at national and international conferences.	4. a. Listing of publications, presentations at international and national conferences available upon request.

Other Departmental Offices

Intergovernmental Affairs	
1. Ensure that Federal, State, County and local officials are aware of Department policies, procedures, treatment of personnel and veterans with HIV/AIDS.	1. a. Monitor status of pending legislation for State, County and local officials. b. Serve on committees that develop and review Department policies when requested.
General Counsel	
1. Ensure Department policies and procedures comply with Federal law.	1. a. Interpret Federal laws that impact on VA's HIV/AIDS program. b. Provide legal advice and counsel to program officials. c. Serve on committees that develop and review Department policies when requested. d. Review new and updated policy directive on HIV/AIDS.
Human Resources Management	
1. Provide framework for nondiscrimination in the workplace for employees with HIV/AIDS.	1. a. Continue to implement established workplace policies on nondiscrimination for employees with HIV/AIDS as well as all employees with chronic disease or disability. b. Conduct national training of all employees on transmission and prevention of HIV, employee policies and benefits. "Like Any Other Employee: HIV/AIDS in the Workplace". (To be completed in fiscal year 1995) c. Provide continuing educational activities on HIV

	prevention and transmission for all employees in concert with other offices. **d. Conduct on-going educational activities for employees, supervisors and managers on work-related issues such as confidentiality, leave, reasonable accommodation, health/life insurance, and disability retirement.** **e. Include education on above issues as part of routine orientation for all new employees.** **f. Provide employee assistance service and equal opportunity program counselors to address questions and/or grievances.**
Office of Public Affairs	
1. Publicize VA's HIV/AIDS-related accomplishments to internal/external audiences.	**1. a. Update AIDS fact sheet on yearly basis or more frequently as topic demands.** **b. Update AIDS Research fact sheet on yearly basis or more frequently as topic demands.** **c. Prepare annual national release for World AIDS Day.** **d. Promote VA AIDS research through Public Affair National Story Program.** **e. Prepare Secretary's Daily Messages as appropriate.** **f. Prepare Secretary's Pay Stub messages as appropriate.** **g. Develop appropriate topics for publication in VAnguard, VA's employee newsletter.**

Veterans Benefits Administration

Goal: To evaluate and provide disability compensation or pension benefits to eligible veterans with HIV infection or AIDS.

Veterans Benefits Administration	
1. Assess and evaluate claims and, if in order, make disability compensation or pension payments to eligible veterans with HIV-related illnesses.	1. a. Published final regulatory criteria effective March 24, 1992, for evaluating manifestations of HIV-related illnesses. b. Publish amendment to portion of Schedule for Rating Disabilities currently entitled "Systemic Conditions." The title will be changed to "Infectious Diseases, Immune Disorders and Nutritional Deficiencies." This portion of the Schedule will be updated to use current medical terminology and unambiguous criteria for evaluating disabilities. The amendment will make no substantive change in the criteria for HIV-related illnesses.
2. Assist Departmental training programs to ensure widespread awareness of VA policies related to HIV/AIDS.	2. a. Coordinate with other Departmental offices to facilitate HIV/AIDS training at all Veterans Benefits Administration facilities. b. Conduct follow-up training on HIV/AIDS as new information becomes available.
3. Expand outreach efforts to increase awareness of VA's HIV/AIDS programs.	3. a. Include information on VA's HIV/AIDS-related policies and accomplishments at external presentations, i.e., service organization meetings, town meetings.

Programs					Unmet Needs
Description	*Resources*		*Population Served*	*Constituency Served*	
	FY 1995 (in $ millions)	FY 1996 (in $ millions)			
Medical care*	292	307	Eligible veterans	Eligible veterans through local medical centers and facilities.	

*FY 1995 budget figures based on the estimated number of patients by category or stage of HIV disease and past resource expenditures. Resources for HIV/AIDS patient care are derived from the general Medical Care Budget.
FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Programs					Unmet Needs
Description	*Resources*		*Population Served*	*Constituency Served*	
	FY 1995 (in $ millions)	FY 1996 (in $ millions)			
Prevention activities:* Education Universal precautions (initiated in 1987)	31	31	VA health-care and support staff, veteran patients and families, general public	Local VA medical centers and health-care facilities, local communities	

* Figures are based on the estimated expenditures for universal precautions and education and are part of the general Medical Care budget. FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

Programs					Unmet Needs
Description	*Resources*		*Population Served*	*Constituency Served*	
	FY 1995 (in $ millions)	FY 1996 (in $ millions)			
Research activities*	6	7	Veteran patients, general public	Veteran patients, scientific community, general public at large	

*Estimated expenditures for HIV/AIDS research within the general Medical and Prosthetics Research budgets. FY 1996 estimates are based upon the resource levels contained in the President's 1996 budget.

DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

In Reply Refer To: 103B

July 19, 1995

Jane Sanville, M.P.H.
Office of National AIDS Policy
Executive Office of the President
750 Seventeenth Street, Suite 600
Washington, D.C. 20503

Jane
Dear Ms. Sanville:

Thank you for your call last week. We are pleased that you want to share the VA HIV/AIDS Plan with other Departments.

As we discussed, enclosed is the diskette containing the plan. Please note that there are two files on this diskette. Both are in the WordPerfect 5.1 for MS-DOS software. The VAHIVAID.DOC has the VA objectives and action steps and VAHIVPRG.DOC has budget and other pertinent columns.

Please call (202) 565-7571 if we can be of assistance or if you encounter any problems in reading these files.

Sincerely,

Marvelu (Bobbie) Peterson, Ph.D.
Director, AIDS service

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G1638
(File name in N:\corres Directory)

Date Rcvd: 7/6/95

From: Dept. of Veterans Affairs

Staff Action:

Assigned To: JS

RCVD: _____ **DONE:** _____

Reviewed By Jeff: _____ **Reviewed By: Patsy** _____

Recommendation/Instruction:

To Support Staff: _____

Date of Response: _____

DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

In Reply Refer To:
103B

JUN 30 1995

Ms. Patsy Fleming
Director
National AIDS Policy Office
1750 17th Street, N.W.
Washington, DC 20503

Dear Ms. Fleming:

In response to your memorandum of March 27, 1995, I am pleased to submit the VA Plan for HIV/AIDS. As you know, VA has been the largest single source of care for HIV/AIDS patients since the beginning of the epidemic. The plan reflects our continuing response in medical care, research, education and prevention for our nation's veteran population and the prevention and education needs of the entire VA workforce.

The Plan reflects the efforts of a Department wide Task Force within VA. This inter-departmental cooperation typifies VA's response to the epidemic and has been a key ingredient of the success that HIV/AIDS is viewed "like any other disease".

We look forward to active involvement in the development of a National HIV/AIDS Plan this summer. If you have any questions about the VA Plan, please don't hestitate to contact Dr. Marvelu (Bobbie) Peterson, Director of the AIDS Service at (202) 565.7571.

Sincerely yours,

Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

Enclosure

JUN 30 1995

103B

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Director
National AIDS Policy Office
1750 17th Street, N.W.
Washington, DC 20503

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Sincerely yours,

Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

Enclosure