

HIV Testing and Monitoring in Privately Insured Members Recently Diagnosed with Potential AIDS Defining Events

JY Chen,¹ H Tian,¹ E Dahlin-Lee,¹ F Everhard,² and K Mayer³

¹Health Benchmarks, IMS Health, Woodland Hills, CA USA; ²Gilead Sciences, Inc., Foster City, CA, USA; ³Brown University, Providence, RI, USA

Judy Y Chen
Health Benchmarks, Inc., IMS Health
21650 Oxnard Street, Suite 550
Woodland Hills, CA 91367
(T): 818-676-2883
(F): 818-715-9934

Background

- In 1993, the Centers for Disease Control published the surveillance case definition for AIDS
- The expanded guideline requires laboratory confirmation of HIV infection in persons with a CD4+ T-lymphocyte count lower than 200 cells/uL, or with one of the AIDS-Defining Conditions (MMWR March 11, 1994 / 43 (09);160-161, 167-170)
- The CDC recommended that clinicians should be aware of these clinical conditions which are highly suggestive of HIV infection and the need for prophylactic and therapeutic interventions

Objective

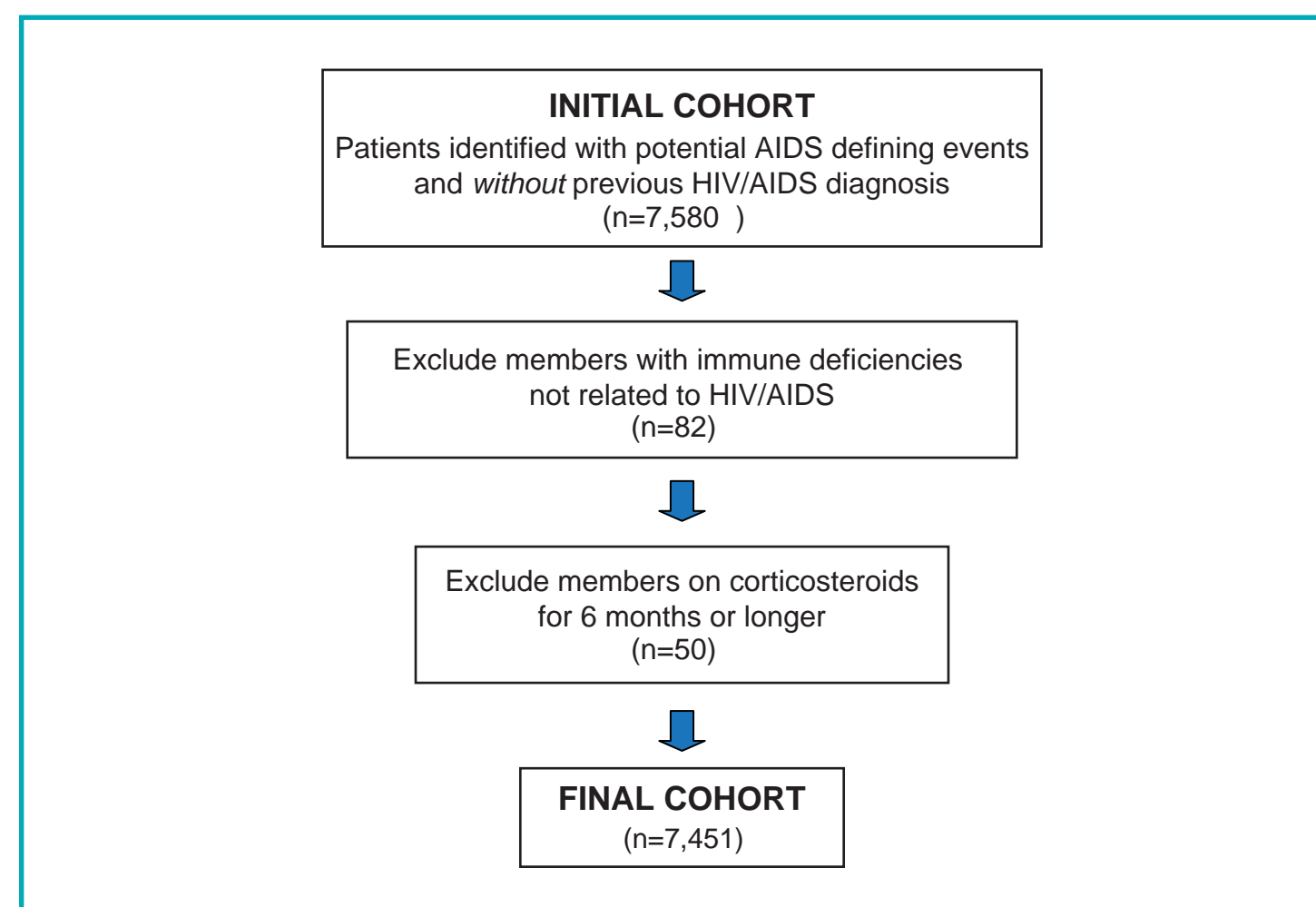
- To assess the rate of HIV screening or monitoring among insured members diagnosed with potential AIDS defining events and without an existing HIV/AIDS diagnosis

Methods

- Data Set**
 - 2006 administrative claims data for 8 US health plans - 7 from commercially insured population and 1 from members in Medicaid HMO
- Study Sample** (n=7,451)
 - Inclusion Criteria
 - Continuously insured for 365 days prior to and 60 days after a potential AIDS defining event
 - Exclusion Criteria
 - History of HIV, immune deficiencies, or organ transplant
 - On hospice, immunosuppressive medications, or prolonged oral steroid use (> 180 day supply)
- Variables**
 - Dependent = HIV screening test, CD4 count, or HIV viral load (y/n) in 150 days prior through 60 days after the AIDS defining event
 - Independent
 - Type of AIDS defining event
 - Age
 - Gender
 - Comorbidity index using Elixhauser method (Elixhauser, et al. 1998)
 - Income by matching zip code with median income from 2000 US Census data
 - Divided into terciles (i.e., < \$30,506; \$30,506-\$52,693; > \$52,693)
 - Cancer (other than cancers associated with AIDS defining events) (y/n),
 - Have Crohn's, rheumatoid arthritis, or other collagen vascular diseases (y/n)
 - Hospitalized in the past year (y/n)
 - Visited an E.R. in the past year (y/n)
 - Region (i.e., Northeast, Midwest, West, South)
- Statistical Analyses**
 - Multivariate logistic regression, p < 0.05 were considered significant

Methods (cont'd)

Figure 1. Inclusion/Exclusion Criteria



Results

Table 1. Population Characteristics

Characteristics	Study Sample (n = 7,451)
Age (mean [SD])	50.0 years [23.0]
Male (%)	45.2%
Two or more comorbidities (%)	45.1%
Mean Income	\$48,432
Have other cancer (%)	22.8%
Have Crohn's, rheumatoid arthritis, or other collagen vascular diseases (%)	4.0%
Were hospitalized in the past year(%)	32.1%
Visited emergency room in the past year (ER) (%)	34.1%
Region	
Northeast	2.1%
Midwest	37.0%
South	59.3%
West	1.5%

Results (cont'd)

Table 2. HIV Screening by Potential AIDS Defining Event Category

Potential AIDS Defining Event	N	Screening Rate
Burkitt's or immunoblastic lymphoma or primary lymphoma of brain	2,980	3.0%
Encephalopathy	2,066	5.0%
Invasive cervical cancer	958	4.4%
Candidiasis of bronchi, trachea, lung, or esophagus	542	7.0%
Histoplasmosis, disseminated or extrapulmonary	370	2.2%
Wasting /Cachexia	350	4.3%
Disseminated herpes or herpes meningitis	94	13.8%
M. avium or M. kansasii, disseminated or extrapulmonary	67	13.4%
Pneumocystis carinii pneumonia	48	10.4%
Kaposi's sarcoma	35	8.6%
Progressive multifocal leukoencephalopathy	20	0.0%
CMV pneumonia or retinitis	16	25.0%
Coccidioidomycosis, disseminated or extrapulmonary	13	7.7%
Cryptococcosis, extrapulmonary	11	9.1%
Misc (toxoplasmosis of brain, chronic isosporiasis, salmonella septicemia, chronic cryptosporidiosis)	5	20.0%

Table 3. Multivariate Analysis

Characteristics	Odds Ratio (95% CI) for HIV Screening, p value
Age (reference: 18 to 49 years)	
< 18	0.07 (0.07 0.15), p < 0.001
50 to 64	0.29 (0.22 0.38), p < 0.001
> 64	0.08 (0.05 0.13), p < 0.001
Female (reference: male)	Not Significant (NS)
Comorbidity Index	1.14 (1.08 1.20), p < 0.001
Other cancer (reference: no)	NS
Crohn's, RA, other collagen vascular disease (reference: no)	NS
Income level (reference: > \$52,693)	
\$30,506 to \$52,693	NS
< \$30,506	NS
Hospitalized (reference: no)	2.03 (1.47 2.81), p < 0.001
Visited emergency room (reference: no)	NS
Region (Northeast)	
Midwest	NS
South	NS
West	NS

a. Controlled for type of AIDS defining event

Conclusions

- HIV screening rates among individuals with potential AIDS defining events are very low, even when other reasons for immunosuppression are excluded from analyses
- Adolescents (age < 18) and older individuals (age 51 and older) were less likely to be screened for HIV
- Interventions are needed by commercial health plans to ensure that members with potential AIDS defining events are screened for HIV infection

Acknowledgements

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Figure 2. Percentage of Patients who had an HIV Antibody Test, CD4 Count, or HIV Viral Load 150 days through 60 days after Diagnosis of Potential AIDS Defining Event

