

## Reviewer's report

**Title:** Implementing and evaluating a regional strategy to improve testing rates in VHA patients at risk for HIV utilizing the QUERI process as a guiding framework

**Version: 1 Date:** 15 October 2006

**Reviewer:** Trudy van der Weijden

### Reviewer's report:

#### General

This is an extensive paper on increasing test rates in patients at high risk for HIV, a relevant subject. A complex, multi-faceted strategy has been developed. The problem is triggered by the estimate of the Center for Disease Control and Prevention that 25% of the HIV-infected persons are not aware of their status. This study is an illustrative case study that demonstrates the application of a systematic quality improvement approach to improve HIV-testing in US Veterans Health Administration medical care facilities. The highest priority goal is to improve access to HIV care through better screening and case finding among veterans to enable earlier treatment.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The main problem I have with this paper is that the objectives are not completely clear to me. Do the authors intend to give insight in the development of the strategy to illustrate the QUERI approach design of this multi-faceted implementation strategy? Or do they intend to report on the results of the pilot study of the systematically developed strategy? According to the title it is this second objective. But, the results are reported in a superficial way compared to what is planned as evaluation, while the background section is an elaborate listing of steps 1 till 3 of the QUERI-procedure, the methods section an extensive description on the development of the intervention program.

Barriers are apparently:

1. VHA providers regard HIV testing and counseling work for trained HIV counselors.
2. face-to-face post-test counseling is difficult to arrange within 2 weeks of the test.
3. lack of knowledge of HIV risk factors
4. time required to fulfill counseling processes
5. anxiety about post-test counseling for positive test results
6. low acceptance rates of voluntary HIV-testing

In the methods section (page 6) the "The Chronic Care Model is chosen as the model upon which to base the intervention, and containing the following elements: decision support, clinical information systems, delivery system design, patient self-management. These activities are complemented by academic detailing and social marketing interventions to achieve provider activation."

I am surprised by the rationale for the choice of the intervention components. I miss a concrete link to the 6 barriers that were listed in the background section. Feedback and reminders do not seem to be the best solutions for these barriers on provider and patient level. The patients non-cooperative attitude e.g. seems to be an important barrier which is not covered by feedback and reminders. What is the logical link between step 3 and step 4? Step 4 seems to be independently arranged, apart from step 3.

#### Results

- Where are the results of the multilevel logistic regression analysis, the semi-structured interviews, the Level of Institutionalisation Survey?
- Comparability of the intervention and control sites? Time period of the pilot?

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

#### Background

- page 4, step 2: It would help if the US preventive Services Task Force grade A recommendations to HIV

screening are reported, e.g. in a separate box.

- step 3 paragraph. Finding that only 30% (range 8-47) of the at-risk VA patients had been tested for HIV-infection. The subsequent finding that the number of at risk patients seemed to be nearly 10 times as great as in substance use clinics compared to primary care clinics is surprising and needs further explanation.

- "VHA policies at 2 VHA facilities were reviewed and provider practices and attitudes regarding HIV testing were surveyed." How? It is not clear if the findings on organisational factors, provider willingness and ability to perform HIV-testing, and patient acceptance of HIV testing relate to this review and survey or to otherwise collected insights.

#### Methods

- It would help of the list of indications for HIV-testing is exposed along the HIV Testing Clinical Reminder.

- 7th paragraph: Apparently a survey among physicians has been performed. Educational materials were developed, should this not be a face-to-face training?

#### References

- There is a long list of references, it is not always clear why certain references are used (overkill?).

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#### Discretionary Revisions (which the author can choose to ignore)

- page 4, line 9: ... include the development of effective decision support tools

- page 4, 1st line in step 1 paragraph. What is the reference for the CDC finding of 25% of HIV-infected patients not aware of their HIV-status?

- page 4, line 9: ...unless the prevalence of HIV infections is <0.05%. Should this not be >0.05%?

- page 7, line 1: ref 55 + 56 correctly used?

- page 7, line 10: ref 59?

- page 8, line 9: ref 57?

- ref. 12: typing error

- ref. 49: typing error van der Weijden T.

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.