

Screening and Counseling

Screening is testing for a disease or condition in persons who have no symptoms or signs of the disease. Screening is particularly important for many diseases that respond well to early treatment, such as breast, cervical, and colorectal cancer, HIV, diabetes, osteoporosis, depression, alcohol misuse, and tobacco use. Public health officials, physicians, and disease advocacy groups have worked hard to persuade Americans about the importance of screening, and most Americans have become true believers. For example, one study showed that most adults (87%) feel that routine cancer screening is almost always a good idea and that finding cancer early saves lives (74%).¹ However, there is a growing recognition among medical professionals that while some individuals may benefit from early detection, others may be diagnosed and treated for cancer unnecessarily.² In some cases, screening may not be enough and follow-up counseling may be required to assist patients with treatment adherence.

Recent HSR&D studies provide evidence about screening in a number of clinical areas:

» HIV Screening

Testing for HIV has been shown to be cost-effective, yet rates of testing remain low. However, a recent VA/HSR&D study shows promising results on rapid testing for HIV. Rapid testing most often involves an oral swab and results can be available in 20 minutes, compared to traditional HIV testing that involves two appointments – one for testing and another several days later to receive results and HIV counseling. In this study of 189 veterans seen at VA primary/urgent care clinics in West Los Angeles, 92.1% of the veterans took the rapid HIV test, and 82.5% collected their results compared to 40.3% who received the usual test with just 16.1% collecting their results. Thus, rapid HIV testing greatly increased both testing and receipt of results. Rapid testing shows promise for lessening the spread of the virus and increase early treatment and better outcomes for veterans with HIV.³

» Alcohol and Tobacco Screening and Counseling

The National Commission on Prevention Priorities recently ranked tobacco and alcohol counseling in the top 10 US prevention priorities based on clinically preventable burden and cost-effectiveness, with tobacco counseling tied for the highest priority. However, most patients who smoke or misuse alcohol do not receive these important services. In order to implement evidence-based tobacco and alcohol counseling, it is essential to have adequate measures to identify the target population and monitor care provided.⁴ HSR&D investigators studied alcohol screening and found that 93% of VA outpatients were screened for alcohol misuse. While 25% of veterans screened positive, only 42% had follow-up that included brief alcohol counseling. As a result, study investigators are proposing a national performance measure for brief alcohol counseling following a positive screen for alcohol misuse.⁵

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This Management e-Brief is provided to inform you about recent HSR&D findings that may be of interest. ***The views expressed in this article are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs.*** If you have any questions or comments about this Brief, please email CIDER at CIDER.Boston@va.gov.

The Center for Information Dissemination and Education Resources (CIDER) is a VA HSR&D Resource Center charged with disseminating important HSR&D findings and information to policy makers, managers, clinicians, and researchers working to improve the health and care of veterans.

For tobacco, guidelines recommend that providers do the 5 "A"s – **A**sk, **A**dvice, **A**ssess, **A**ssist, and **A**rrange follow-up. VA performance measures focused initially on ensuring that patients were *asked* about tobacco use and that users were *advised* to quit. Nationally, and for several years, performance on these measures has been more than 90%. The success at asking and advising about smoking has led to the development of new performance measures that are planned to begin in 2007. The new measures will focus on "assisting smokers" and will assess whether they are offered counseling and/or medications to help them quit.⁴

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2. Kingsinger L. Screening: Balancing the Benefits and Harms. *FORUM* May, 2006
www.hsrd.research.va.gov/publications/forum/
3. Anaya H, Asch S, Hoang T, et al. Improving HIV screening with rapid testing and streamlined counseling. Presented at the XVI International AIDS Conference, Toronto, Canada, August 13-18, 2006.
4. Bradley K and Sherman S. Measuring quality of care for smoking and alcohol misuse counseling in the VA. *SGIM FORUM* September 2006; 29(9)7. Published by the Society of General Internal Medicine.
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