

## Incorporating HIV Prevention into the Medical Care of Persons Living with HIV Infection



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## Objectives

**At the end of this presentation you will be able to:**

- Implement in clinical practice the recommendations for HIV Prevention in Care made by CDC, HRSA, IDSA, HIVMA.
- Incorporate clinical strategies by which healthcare providers may affect HIV transmission behaviors in their patients.

## Prevention in Care Recommendations

- Developed by CDC, HRSA, NIH, HIVMA, with evidence-based approach
- Apply to medical care of all HIV-infected adolescents and adults



## Rationale for Recommendations

- With treatment, more Americans are living longer and healthier with HIV infection and AIDS
- Every new transmission starts with an HIV-positive person
- Newly diagnosed patients modify behavior to prevent transmission—but often relapse

## Influence of Provider: The Power of the White Coat

- Brief clinician-delivered approaches have been effective with a variety of health issues
- Evidence suggests that, when asked, patients will often disclose their risks to their provider
- Providers have a unique opportunity to influence prevention practices of HIV-positive patients during medical visits

## Did you know?

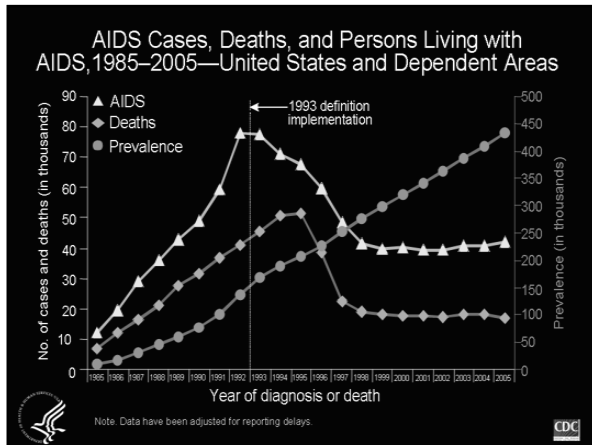
**85%** of patients don't fully understand what their doctor tells them.

**OVER 50%** of patients leave the office unsure of what they are supposed to do.

Demonstrating the importance of patient communication

Source: Kaplan SH, et al. *Med Care*. 27(3 Suppl):S110-S127.

## Why is Prevention Still Important?



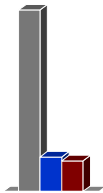
## Why is Prevention Still Important?

- **Emerging trends among HIV-infected:**
  - Increasing unsafe sex
  - Increasing syphilis, gonorrhea
  - Transmission of drug-resistant virus
- **STIs increase amount of HIV shedding at genital mucosa (cervix, urethra, rectum)**
  - Directly increases risk of transmitting HIV

Source: Rietmeijer, Chen, Collins, Novak, Tang, Weinstock, Blackard, Jost, Erbeling

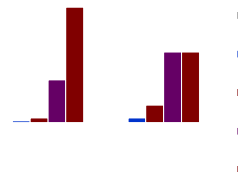
## Physicians Discussing Topics with HIV-Positive Patients

- Adherence to HAART **84%**
- Condom use **16%**
- HIV transmission and/or risk reduction **14%**



Source: Duffus, WA, et al. *Clin Infect Dis*. 36(12): 1577-84

## HIVMA Survey of HIV Care Providers Suggests Needs Despite Comfort



Source: Vogel, HIVMA. 2005

## What's Stopping Us?

- Time
- Privacy
- Comfort Level
- Skills
- Scope
- Resources
- Impact
- Reimbursement

***Ask. Screen. Intervene.***

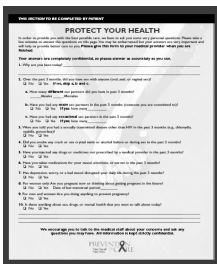
## Incorporating Prevention in Care: "Ask"

- Ask
  - Conduct brief assessment of HIV transmission risk behaviors

## Ask: Brief Assessment of HIV Transmission Risk Behaviors

- Brief assessment to determine behavioral risk factors
- Pointers
  - Avoid medical jargon
  - Be non-judgmental
  - Use both open- and closed-ended questions
  - Use permission-giving statements

## Tools Available to Help Start Conversations



## Ask: Brief Assessment of Risk Behaviors

- Open-Ended Questions:
  - So, tell me about your sex partners?
  - How do you practice safe sex?
- Closed-Ended Questions:
  - Have you recently had any STIs?
  - Are you having any symptoms that concern you?
- Permission-Giving Statements
  - To provide the best care, I ask all my patients about their sexual activity. So, tell me about yours.

## ASK

### Incorporating Prevention in Care: "Screen"

- **Screen**
  - Explore potential transmission risk behaviors
  - Identify and treat STIs

### Screen:

- **Screen all patients at least annually**
- **Screen patients based on recent risky behavior more frequently (perhaps at each visit)**
- **Why is it important to screen?**
  - Decrease transmission risks
  - Ensure patient lives a healthy life and protects themselves and others
  - Opens up dialogue between provider and patient

### Incorporating Prevention in Care: "Intervene"

- **Intervene**
  - Deliver brief prevention messages
  - Address misconceptions
  - Develop a plan: select a first step
  - If needed, facilitate notification and counseling of partners of your patient
  - Positively reinforce changes to safer behaviors during follow-up visits

### Intervene: Deliver Brief, Prevention Messages

- **Tailor prevention messages to patients**
  - STIs facilitate transmission of HIV to others
  - Injection drug use increases risk
  - HAART, PEP or PrEP does not negate HIV transmission
  - Undetectable viral load does not negate HIV transmission

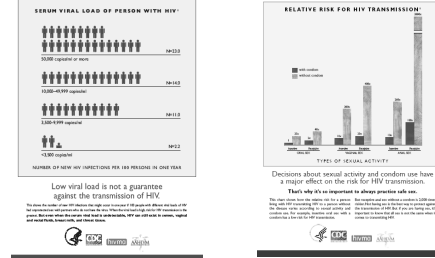
### Intervene: Patient Misconceptions

- **Myth:** My viral load is undetectable, so I can't spread HIV.
- **Myth:** If I already have HIV and my partner does too, we can have unprotected sex.
- **Myth:** If I already have HIV, I can share needles with other people who have HIV.

## Intervene: Identify Misconceptions

- What do you know about how people get STDs?
- What are your concerns about getting an STI?
- What do you know about how people get HIV?
- What are your concerns about giving HIV to someone else?

## Address Common Misconceptions:



## Intervene: Make a Plan

- Behavior change is a process, not an event.
- Make a plan for change, offer options and discuss these with your patient to find a first step:
  - Referrals may be a first step
  - Help create a back-up plan

## Intervene: Ongoing Prevention at Every Visit

### Ask patient about progress

- If patient is **not** taking the first step:
  - Ask more questions about circumstances, attitudes, readiness
  - Revise first step
  - Consider referrals

## Intervene: Ongoing Prevention at Every Visit

### Ask patient about progress

- If the patient is taking the first step toward the goal:
  - Positive reinforcement
  - Anticipate new problems or changes (Ask "what if . . .?" questions)
  - Identify next steps

## Intervene

## Conclusions

- **Ask. Screen. Intervene.**
- **Screen for risky behavior.**
- **Prescribe healthy behavior.**

## Resources

### CDC's *Prevention IS Care* Resource Kit

- **Physician Resource Kits** (in English and Spanish):
  - MMWR Article
  - Intervention Tools
  - Behavioral Screener
  - Exam Room Posters
  - Patient Brochures
  - CE Opportunities



### Prevention IS Care Web site

- Call (800) 458-5231 to order materials
- Email [info@cdcnpin.org](mailto:info@cdcnpin.org) to order materials
- [www.cdc.gov/PreventionISCare](http://www.cdc.gov/PreventionISCare)



## Additional Training

### National Network of STD/HIV Prevention Training Centers (NNPTC)

- Clinical, Behavioral, and Partner Services Training
- **Ask. Screen. Intervene.:** Incorporating HIV Prevention into the Medical Care of Persons Living with HIV
- Visit: [www.nnptc.org](http://www.nnptc.org)

## Additional Training

- **Prevention in the Care Setting: Online CME Course**
  - From the HIV Medicine Association, this CME course helps clinicians gain perspective on issues of HIV prevention and STD management. <http://www.hivmacme.org/>
- **Integrating HIV Prevention into the Medical Care of Persons Living with HIV**
  - Slides, handouts, and other training material from the HIV/STD Prevention Training Centers and the AIDS Education and Training Centers. <http://aidsetc.org/aidsetc?page=et-pwp>

**Questions & Answers**