



# Enhanced Patient Navigation for Women of Color Living With HIV

---

DISSEMINATION OF  
**EVIDENCE-**  
**INFORMED.**  
INTERVENTIONS

---

## **Special Thanks to Subject Matter Experts:**

Linda Scruggs

Vanessa Johnson

## **Special Thanks to those who contributed to development and editing of training materials:**

Implementation Technical Assistance Center (ITAC), AIDS United:  
Erin Nortrup, Alicia Downes, Hannah Bryant, Joseph Sewell, and  
Sarah Hashmall

Dissemination and Evaluation Center (DEC): Serena Rajabiun,  
Boston University; Ellen Childs, Boston University; Jane Fox, Abt  
Associates; Alexis Marbach, Abt Associates

Impact Marketing + Communications

## **Acknowledgments to Dissemination of Evidence-Informed Interventions Initiative performance sites:**

Grady Health System, Infectious Disease Program. Atlanta, Georgia.

Keck School of Medicine at University of Southern California. Los  
Angeles, California

Newark Beth Israel Medical Center, a part of the RWJ Barnabas  
Health System. Newark, New Jersey

April 2019

This manual was supported by grant #U90HA29237, "Dissemination of Evidence-Informed Interventions," through the U.S. Department of Health and Human Services Administration (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). The contents are solely the responsibility of AIDS United and do not necessarily represent the views of the funding agencies or the U.S. Government.

# TABLE OF CONTENTS

<b>Acknowledgments</b>	ii
<b>Introduction</b>	1
<b>Module 1:</b>	
Introduction to the Enhanced Patient Navigation for Women of Color Living with HIV Intervention	3
<b>Module 2:</b> Patient Navigator Roles and Responsibilities and the Intervention's Core Elements	8
<b>Module 3:</b> Multidisciplinary Care Team	16
<b>Module 4:</b> Delivering Patient Navigation Intervention Services	21
<b>Module 5:</b> HIV, the Viral Life Cycle, and Understanding HAART	27
<b>Module 6:</b>	
Communicating with Health Care Providers about Adherence and Managing Side Effects	37
<b>Module 7:</b> Basic Lab Work and Adherence	46
<b>Module 8:</b> Stigma and Disclosure	56
<b>Module 9:</b> HIV and Substance Use	65
<b>Module 10:</b> HIV and Mental Health	76
<b>Appendices</b>	A1
Appendix 1: Patient Navigation Intervention Summary	A2
Appendix 2: List of Patient Education Sessions	A10
Appendix 3: Roles and Responsibilities	A12
Appendix 4: Core Competencies Elements	A17
Appendix 5: Checklist to Prepare for Patient Education Sessions	A19
Appendix 6: Patient Care Plan	A20
Appendix 7: Acuity Tool	A26
Appendix 8: HIV Drug Chart	A42
Appendix 9: Patient and Client Bill of Rights Example	A56
Appendix 10: Symptom Log	A58



# INTRODUCTION

## PURPOSE AND BACKGROUND

The Enhanced Patient Navigation for Women of Color Living With HIV intervention is designed to retain Women of Color (WoC) in HIV primary care after receiving support, education, and coaching from a patient navigator. Reaching, linking, and retaining people living with HIV in health care are federal priorities and integral steps of the HIV care continuum due to their importance in increasing viral load suppression (the main goal of HIV treatment and a key factor in prevention).

Patient navigators are critical members of the health care team focused on reducing barriers to care for clients at the individual, agency, and system levels. While engaging with clients, patient navigators lend emotional, practical, and social support; provide education on topics related to living with HIV and

navigating the health care system; and support both clients and the health care team in coordinating services. In this intervention, patient navigators will work with women of color living with HIV who are experiencing at least one of the following challenges: have fallen out of care for six months or more, have missed two or more appointments in the prior six months, are loosely engaged in care (have cancelled or missed appointments), are not virally suppressed, and/or have multiple co-morbidities.

This curriculum is based on activities and trainings from the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) "Dissemination of Evidence-Informed Interventions" Project.

## TARGET AUDIENCES

This intervention is intended for organizations, agencies, and clinics considering integrating a structured patient navigation model to increase retention of women of color living with HIV to ultimately improve health outcomes.

## TRAINING DESIGN AND INSTRUCTIONAL APPROACH

The curriculum is broken into training modules. Each module tackles a key critical topic area related to the intervention. At the beginning of each module is a lesson plan that provides an overview. Modules include a PowerPoint training slide presentation, as well as a script, learning activities, and additional explanations.

Where possible, trainings encourage learning through interaction rather than lecture alone in order to familiarize participants more fully with the intervention. As such, there are a number of hands-on activities.

Where participants may need more information to reference or as a key takeaway, handouts are included in the appendix as well as reference material for further learning.

## ADDITIONAL RESOURCES

Additional resources from this project include an intervention summary, manual, and technical assistance (TA) agenda, all of which can be found at: <https://nextlevel.careacttarget.org>

## A NOTE ON LANGUAGE

Participant refers to someone in this training.

Client refers to a person who is eligible for or receiving HIV primary care services.

Facilitator refers to the person(s) providing this training.

## MATERIALS AND EQUIPMENT

Facilitators will need the following items:

- A computer or flat screen/projector that can play each of the PowerPoint presentations.
- Or a screen, television, or blank wall on which to project each training.
- A printer and/or copier to produce the handout materials being reviewed in the training (or send electronically to participants if they are able to review in real-time online (e.g., on a laptop).

## MANUAL FORMAT

Each training module begins on a new page and section and is identified by a section title and module number. Throughout the manual are explanations of slides, talking points, and activities. Below are the symbols used throughout the trainings:



**THE APPROXIMATE LENGTH OF TIME THE SESSION WILL TAKE.**



**POWERPOINT SLIDE**



**HANDOUTS**



**Facilitator'S NOTE**



**FLIP CHART SHEETS**



**REFERENCE MATERIALS**



**ACTIVITY MATERIALS**





## MODULE 1:

# Introduction to the Enhanced Patient Navigation for Women of Color Living With HIV Intervention

**Topics Covered:** Overview of the patient navigation intervention

## OBJECTIVES

**By the end of this module, participants will be able to:**

- Describe the HIV care continuum and the national HIV/AIDS goals.
- Identify goals of the Enhanced Patient Navigation for Women of Color Living With HIV Intervention.



### Method(s) of Instruction

- Lecture
- Facilitated Discussion

## MATERIALS NEEDED



### POWERPOINT



### HANDOUTS

- Flip chart sheets (sticky note variety preferred) or dry erase board(s) and eraser, with markers
- Patient Navigation Intervention Summary, Appendix 1



### FLIP CHART SHEETS

- Flip chart sheets (sticky note variety preferred) or dry erase board(s) and eraser, with markers



### REFERENCE MATERIALS

- Enhanced Patient Navigation for Women of Color Living With HIV Implementation Manual:  
<https://nextlevel.targethiv.org/deii/navigators>

## PROCESS

### In this activity you will:

- Welcome participants.
- Introduce the training and facilitators.
- Facilitate an ice breaker: Everyone introduces themselves and shares one expectation for the training. The facilitator records expectations on flip chart paper.
- Discuss logistics and obtain mutual agreement around ground rules.
- Review the agenda.

### LECTURE

Let's begin with a review of acronyms we will use interchangeably during the training. Then, review training objectives. Begin with a short lecture to introduce Enhanced Patient Navigation for Women of Color Living With HIV, goals, intervention focus, and outcomes for clients who receive patient navigation services. Introduce the HIV care continuum and identify opportunities where this project could support movement along the continuum to greater viral suppression.

## Key Words and Phrases

- *Patient Navigation*
- *National HIV/AIDS Strategy HIV Care Continuum*
- *Goals*



### The approximate length of time the session will take.

Total: 30 minutes

Welcome and ice breaker:  
10 minutes

HIV care continuum:  
10 minutes

Introduction to the  
Enhanced Patient  
Navigation for Women  
of Color Living With HIV  
Intervention:  
10 minutes

**SLIDE 1:****Welcome and Introductions**

Welcome! This training is designed to build your knowledge and skill set as a patient navigator for women of color living with HIV. You will learn how to use information in this training to assist you in your role. Let's start by briefly introducing ourselves to one another (ask an icebreaker question and ask one expectation of this training).

After introductions, set group agreements. Sample agreements include:

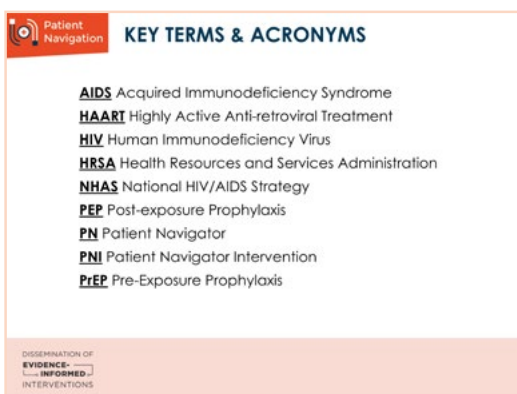
- **Respect**—respectful speech, respectful listening.
- **Cell phones**—turn off or set on vibrate.
- **Confidentiality**—agree to create a safe learning circle.
- **Open mindedness**—allow for various opinions.
- **Participation**—share your thoughts, but don't dominate all discussions.
- Give permission to the facilitators to manage the flow of the day to keep us on time and help everyone be heard.
- Do you have any other agreements for consideration?

Review accommodations with participants, including a discussion of the training program and training space (e.g., location of rest rooms) and self-care reminders (e.g., we support self-care so in addition to breaks, please feel free, with minimal distraction, to stand, stretch, or walk in the training space).

Before the training begins, facilitators should also review the materials contained in the participant training packet (agenda, PowerPoint, and handouts).

**HANDOUTS**

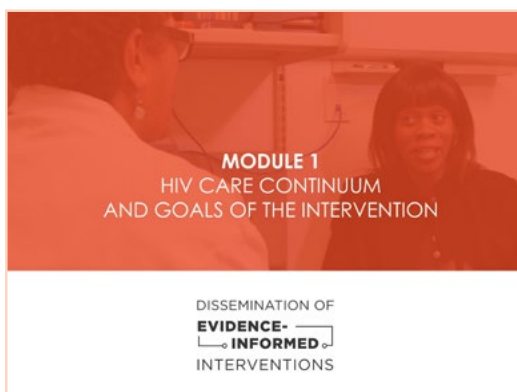
Handout #1: PPT Slide Deck

**SLIDE 2:**

This is a list of common acronyms that we will use during the presentation, so let's get familiar with them.

Facilitators will read off the list of acronyms and discuss with participants.



**SLIDE 3:**

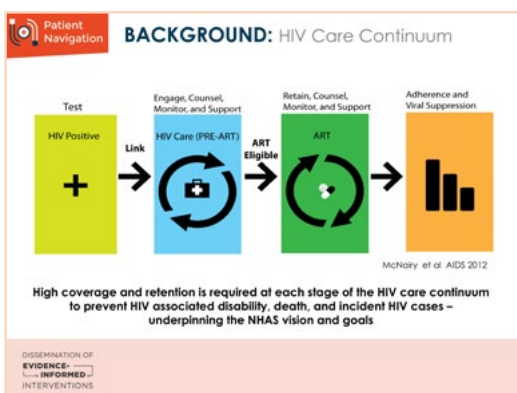
Introduce the HIV care continuum and the goals of the intervention.

**SLIDE 4:**

The training for this intervention covers several modules. We still start with module 1 and cover the following learning objectives:

Describe the HIV care continuum and the national HIV/AIDS goals.

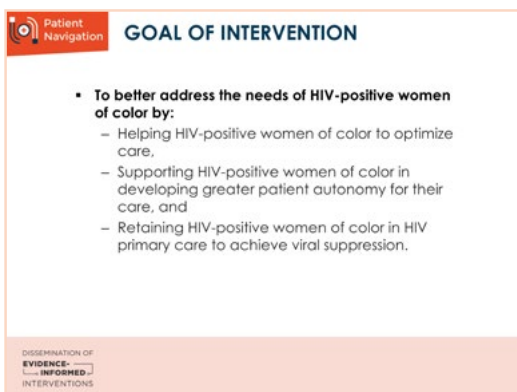
Identify goals of this intervention, Enhanced Patient Navigation for Women of Color Living With HIV.

**SLIDE 5:**

The HIV care continuum supports the national HIV and AIDS goals.

There are four goals to achieve this vision:

- Reducing new HIV infections.
- Increasing access to care and improving health outcomes for people living with HIV.
- Reducing HIV-related disparities and health inequities.
- Achieving a more coordinated national response to the HIV epidemic.

**SLIDE 6:**

See the handout "Overview of Patient Navigator Intervention"

The goal of the intervention is to better address the needs of women of color living with HIV by:

- Helping women of color living with HIV to optimize care.
- Supporting women of color living with HIV in developing greater patient autonomy for their care.
- Retaining women of color living with HIV in HIV primary care to achieve viral suppression.

Source: Implementation Manual

**INTERVENTION FOCUS**

- This intervention focuses on providing **enhanced patient navigation services** tailored to each individual client.
- **Enhanced services include:**
  - Appointment scheduling,
  - Transportation assistance,
  - Accompaniment,
  - Medical & social service referrals,
  - Health education, and
  - Coaching.

DISSEMINATION OF  
EVIDENCE-  
INFORMED  
INTERVENTIONS

**SLIDE 7:**


This intervention focuses on providing enhanced patient navigation services tailored to each individual client.

Enhanced services include:

- Appointment scheduling.
- Transportation assistance.
- Accompaniment.
- Medical and social service referrals.
- Health education.
- Coaching.

**INTERVENTION OUTCOMES**

- Provide additional support to the client and build clinic-client trust.
- Address client care and service priorities first (putting the client's priorities ahead of service provider's priorities).
- Increase the client's health literacy.
- Support clients in developing self-efficacy to manage their care (moving towards viral suppression).



DISSEMINATION OF  
EVIDENCE-  
INFORMED  
INTERVENTIONS

**SLIDE 8:**

By providing enhanced navigation services, in addition to the clinic's existing case management standard of care, clinics will be able to:

- Provide additional support to clients and build clinic-client trust.
- Address client care and service priorities first (putting the client's priorities ahead of service provider's priorities).
- Increase the client's health literacy.
- Support clients in developing self-efficacy to manage their care (moving towards viral suppression).

Handout: Overview of Patient Navigator Intervention

**QUESTIONS?**

DISSEMINATION OF  
EVIDENCE-  
INFORMED  
INTERVENTIONS

**SLIDE 9:**

Ask participants if they have questions and facilitate a discussion based on their responses.

**CLOSING**

Next, we will review common myths and facts about HIV so that we are all on the same page before we proceed.



## MODULE 2:

# Patient Navigator Roles and Responsibilities and the Intervention's Core Elements

**Topics Covered:** Roles, responsibilities, multidisciplinary care teams

### OBJECTIVES

**By the end of this module, participants will be able to:**

- Recognize the distinct role and responsibilities of patient navigators in delivery of HIV services.
- Increase understanding of the core elements of the intervention, Enhanced Patient Navigation for Women of Color Living With HIV.



### Method(s) of Instruction

- Lecture
- Facilitated Discussion
- Small Group Activity

## MATERIALS NEEDED



### POWERPOINT



### HANDOUTS

- List of Patient Educational Sessions, Appendix 2
- Patient Navigator Roles & Responsibilities, Appendix 3
- Core Competencies Elements, Appendix 4



### REFERENCE MATERIALS

- Enhanced Patient Navigation for HIV-Positive Women of Color Implementation Manual:  
<https://nextlevel.targethiv.org/deii/navigators>

## PROCESS

### LECTURE

- Let's begin with a short lecture on roles and responsibilities of the patient navigator. Distribute the job description of the patient navigator that is part of the overall project implementation manual.
- Ask for volunteers to review each bullet on the slides and assess for understanding.
- Provide context of how each activity can be incorporated in a clinic setting flow.
- Discuss the patient navigators' roles and responsibilities in relation to the flow in a clinic. Ask participants to discuss their clinical setting and how they see the patient navigator fitting into the existing multidisciplinary teams and clinic flow.
- Highlight the six educational topics that patient navigators will lead during sessions with clients and that they will be reviewed in detail in subsequent modules.
- Review the ways in which the six core elements of the intervention, when delivered with fidelity, result in women who are out of care returning to care and becoming virally suppressed.

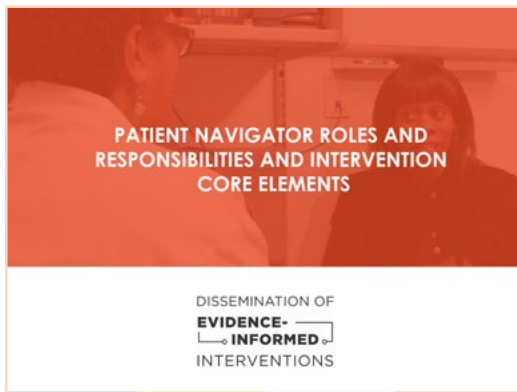
## Key Words and Phrases

- *Patient Navigation*
- *Definition Staff Roles*
- *Skills and Qualities of a Navigator*
- *Multidisciplinary Care Team*

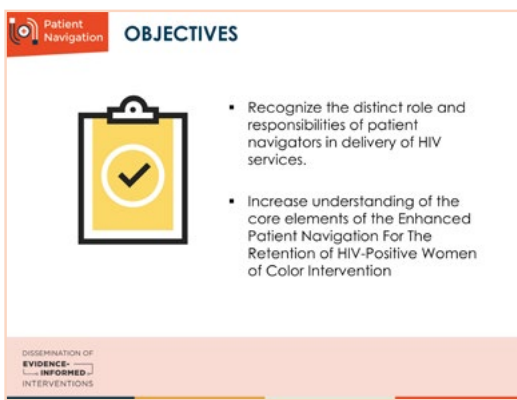


**The approximate length of time the session will take.**

**Total: 45 minutes**

**SLIDE 1:**

We will now focus our time on understanding the roles and responsibilities of the patient navigator and core elements of the intervention.

**SLIDE 2:**

In this module we will achieve the following objectives:

- Recognize the distinct roles and responsibilities of patient navigators in delivery of HIV services.
- Increase understanding about the core elements of the intervention Enhanced Patient Navigation for Women of Color Living With HIV.

**SLIDE 3:**


Distribute the handout "Patient Navigator Roles and Responsibilities." We will use this handout during the next several slides.

Ask for volunteers to read aloud the roles and responsibilities of patient navigators:

- Implement the intervention with fidelity when working with clients.
- Conduct structured educational sessions.
- Participate fully as a member of a multidisciplinary healthcare team.

Provide context about how each activity can be incorporated in a clinic setting flow. Discuss the patient navigator roles and responsibilities in relation to the flow in a clinic. Ask participants to discuss their clinical setting and how they see the patient navigator fitting into the existing multidisciplinary teams and clinic flow.





**Patient Navigator**  
**ROLES & RESPONSIBILITIES**

**Patient navigator responsibilities:**

- Obtain client out-of-care reports.
- Contact and engage eligible clients.
- Assess clients' barriers, needs, and acuity.
- Develop a client care plan with the client.
- Connect clients to appropriate medical and social services (care coordination).
- Accompany clients to appointments (as requested or needed).
- Provide appointment reminders.

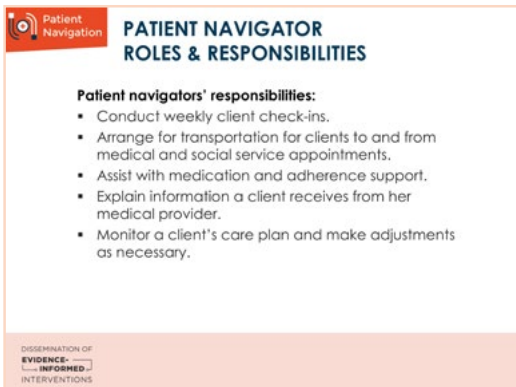
DISSEMINATION OF  
EVIDENCE-INFORMED  
INTERVENTIONS

**SLIDE 4:**

Ask for volunteers to read aloud the roles and responsibilities of patient navigators as they implement the intervention with fidelity when working with clients:

- Obtain client out-of-care reports.
- Contact and engage eligible clients.
- Assess clients' barriers, needs, and acuity.
- Develop a client care plan with the client.
- Connect clients to appropriate medical and social services (care coordination).
- Accompany clients to appointments (as requested/needed).
- Provide appointment reminders.

Provide context of how each activity can be incorporated in a clinic setting flow. Discuss the patient navigator roles and responsibilities in relation to the flow in a clinic. Ask participants to discuss their clinical setting and how they see the patient navigator fitting into the existing multidisciplinary teams and clinic flow.



**Patient Navigator**  
**ROLES & RESPONSIBILITIES**

**Patient navigators' responsibilities:**

- Conduct weekly client check-ins.
- Arrange for transportation for clients to and from medical and social service appointments.
- Assist with medication and adherence support.
- Explain information a client receives from her medical provider.
- Monitor a client's care plan and make adjustments as necessary.

DISSEMINATION OF  
EVIDENCE-INFORMED  
INTERVENTIONS

**SLIDE 5:**

Ask for volunteers to read aloud the roles and responsibilities of patient navigators as they implement the intervention with fidelity when working with clients:

- Conduct weekly client check-ins.
- Arrange for transportation for clients to and from medical and social service appointments.
- Assist with medication and adherence support.
- Explain information a client receives from her medical provider.
- Monitor client care plan and make adjustments as necessary.

Provide context of how each activity can be incorporated in a clinic setting flow. Discuss the patient navigator roles and responsibilities in relation to the flow in a clinic. Ask participants to discuss their clinical setting and how they see the patient navigator fitting into the existing multidisciplinary teams and clinic flow.



**Patient Navigation**

### PATIENT NAVIGATOR ROLES & RESPONSIBILITIES

In this intervention, patient navigators provide structured health education sessions:

1. HIV, the Viral Life Cycle, and Understanding HAART
2. Communicating with Health Care Provider About Adherence and Managing Side Effects
3. Review Understanding of Basic Lab Tests: CD4 and Viral Load
4. Stigma and Disclosure
5. HIV and Substance Use
6. HIV and Mental Health

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 6:**

In this intervention, patient navigators provide structured health education sessions, which can be found in Appendix 2. Sessions include:

1. HIV, the Viral Life Cycle, and Understanding HAART
2. Communicating with Health Care Provider About Adherence and Managing Side Effects
3. Review Understanding of Basic Lab Tests: CD4 and Viral Load
4. Stigma and Disclosure
5. HIV and Substance Use
6. HIV and Mental Health

Provide context of how each session can be incorporated in conjunction with other client appointments at the clinic.

**Patient Navigation**

### PATIENT NAVIGATOR ROLES & RESPONSIBILITIES

Participate as a member of a multi-disciplinary healthcare team:

- Transition clients to the standard of care case management
- Participate in:
  - Weekly administrative supervision meetings.
  - Monthly clinical supervision meetings.
  - Case conferencing at multi-disciplinary team meetings.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 7:**

Patient navigators participate as a member of a multidisciplinary healthcare team. They will transition clients to the standard of care case management and participate in:

- Weekly administrative supervision meetings.
- Monthly clinical supervision meetings.
- Case conferencing at multidisciplinary team meetings.

Provide context and discuss how the patient navigator will include the discussion of client readiness to transition meetings, such as supervision and multidisciplinary team meetings.

**INTERVENTION CORE ELEMENTS**

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 8:**

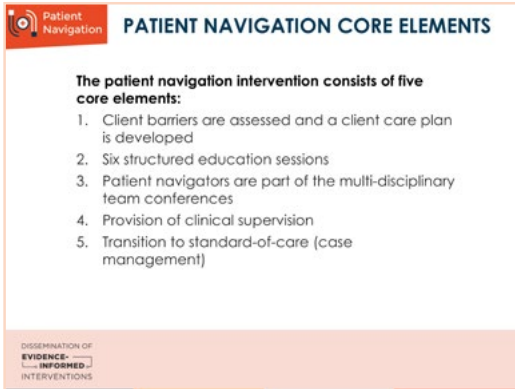
Refer to the handout “Patient Navigator Core Elements.” We will use this handout during the next several slides.

The facilitator will begin by stating that the core elements that will be covered in this training, including the levels of competencies—in the form of skills, techniques, and characteristics—to perform successfully the position of patient navigator.

Mastering the implementation of the required five core competencies with fidelity will enable you as patient navigators to:

- Assert boundaries and expectations with clients.
- Demonstrate the ability to leave space for client questions and answer questions appropriately.
- Collaboratively develop a care plan by prioritizing client goals.
- Use trauma-informed and motivational interviewing skills.
- Adhere to the timeline of the intervention and what the transition to the standard of care will look like.

The facilitator will end this introduction by stating that the patient navigator delivers additional value to the client and the team of providers working on behalf of the client. The patient navigator contributes to the linkage, retention, and adherence leading to positive health outcomes and quality of life for the client.



**PATIENT NAVIGATION CORE ELEMENTS**

The patient navigation intervention consists of five core elements:

1. Client barriers are assessed and a client care plan is developed
2. Six structured education sessions
3. Patient navigators are part of the multi-disciplinary team conferences
4. Provision of clinical supervision
5. Transition to standard-of-care (case management)

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 9:**

The Enhanced Patient Navigation for Women of Color Living With HIV intervention has five core elements that must be implemented in a consistent way, without local adaptation or modification. This is what is meant by “implementing the intervention with fidelity.”

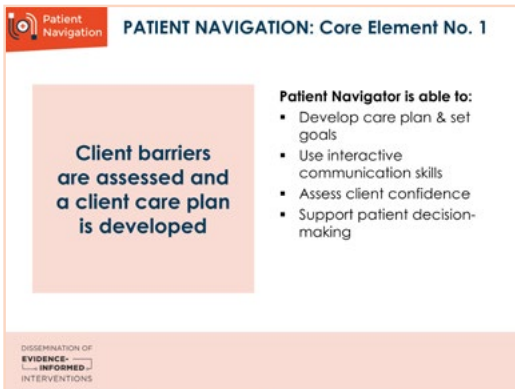
The facilitator will point to and say each one of the five core elements on the slide:

1. Client barriers are assessed and a client care plan is developed.
2. Six structured education sessions.
3. Patient navigators are part of the multidisciplinary team conferences.
4. Provision of clinical supervision.
5. Transition to standard of care (case management).

Each element can be monitored by supervisors through review of:

- Client adherence to the client care plan.
- Quality of program delivery.
- Client responsiveness and engagement throughout the intervention.

For the purposes of this training, we will focus on core elements 1, 2, and 3. Let’s talk briefly about each core element.



**PATIENT NAVIGATION: Core Element No. 1**

**Client barriers are assessed and a client care plan is developed**

**Patient Navigator is able to:**

- Develop care plan & set goals
- Use interactive communication skills
- Assess client confidence
- Support patient decision-making

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 10:**

In the first core element the patient navigator assess client barriers and develops a client care plan with goals to overcome barriers. In order to implement this core element with fidelity, you will be required to:

- Work collaboratively with clients to develop a care plan and set goals. Use Motivational Interviewing techniques to move someone along the Stages of Change model.
- Utilize good communication skills in the form of open-ended questions, affirmations, reflections, summaries, active listening, and non-judgmental responses.
- Assess the client’s confidence to take the steps needed to meet the goals outlined by the plan.
- Support the client’s decision-making.

**Patient Navigation** PATIENT NAVIGATION: Core Element No. 2

**Conduct six structured education sessions**

**Patient navigator is able to:**

- Convey content
- Work collaboratively
- Create a learning environment
- Assess progress
- Achieve learning objectives
- Manage time
- Regularly have client sessions

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 11:**

In the second core element, the patient navigator conducts structured client education sessions. In order to implement this core element with fidelity, you will be required to:

- Explain the content of each educational session and be able to use handouts.
- Work with the client to collaboratively complete the handouts as appropriate for sessions.
- Allow space for asking questions and identify further information and resources when needed.
- Use Motivational Interviewing techniques and teach-back opportunities to assess the client's understanding of the material.
- Cover all of the learning objectives outlined in the manual and the client acknowledges that the session met the learning objectives.
- Provide adequate time for each session based on the client's understanding and needs.
- Schedule education sessions at regular intervals based on the client's availability.

**Patient Navigation** PATIENT NAVIGATION: Core Element No. 3

**Patient navigators are part of multi-disciplinary care team conferences**

**Patient navigators are able to:**

- Attend weekly meetings
- Work with a diverse group of co-workers within a team framework
- Participate in case management meetings
- Be a member of the team
- Contribute in the meeting

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 12:**

In the third core element, the patient navigator attends and participates in multidisciplinary care team conferences, which may occur weekly or monthly depending on your institution. In order to implement this core element with fidelity, you will be required to:

- Attend weekly or monthly meetings at regularly scheduled times (meetings may be more frequent, but must happen at least once a week). Meetings should have a pre-determined agenda that outlines all members of the care team. Each team member should have time to "report-in" on the clients, allowing patient navigators to offer regular contributions during meetings.
- Work with a diverse range of clinical staff, with each profession having the opportunity to provide their perspective on how to best meet the needs of each client.
- Participate in case management meetings.
- Be a member of the team and be perceived by others contributing to the team.
- Contribute in the meeting, which outlines the "next steps" for each client.

**Patient Navigation**

### PATIENT NAVIGATION CORE ELEMENTS

- Each core element will be monitored by the supervisors
  - Adherence to the intervention plan
  - Quality of program delivery
  - Client responsiveness and engagement throughout the intervention



DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 13:**

Supervisors will monitor each core element to ensure quality and fidelity:

- Adherence to the intervention plan.
- Quality of program delivery.
- Client responsiveness and engagement throughout the intervention.



Questions?

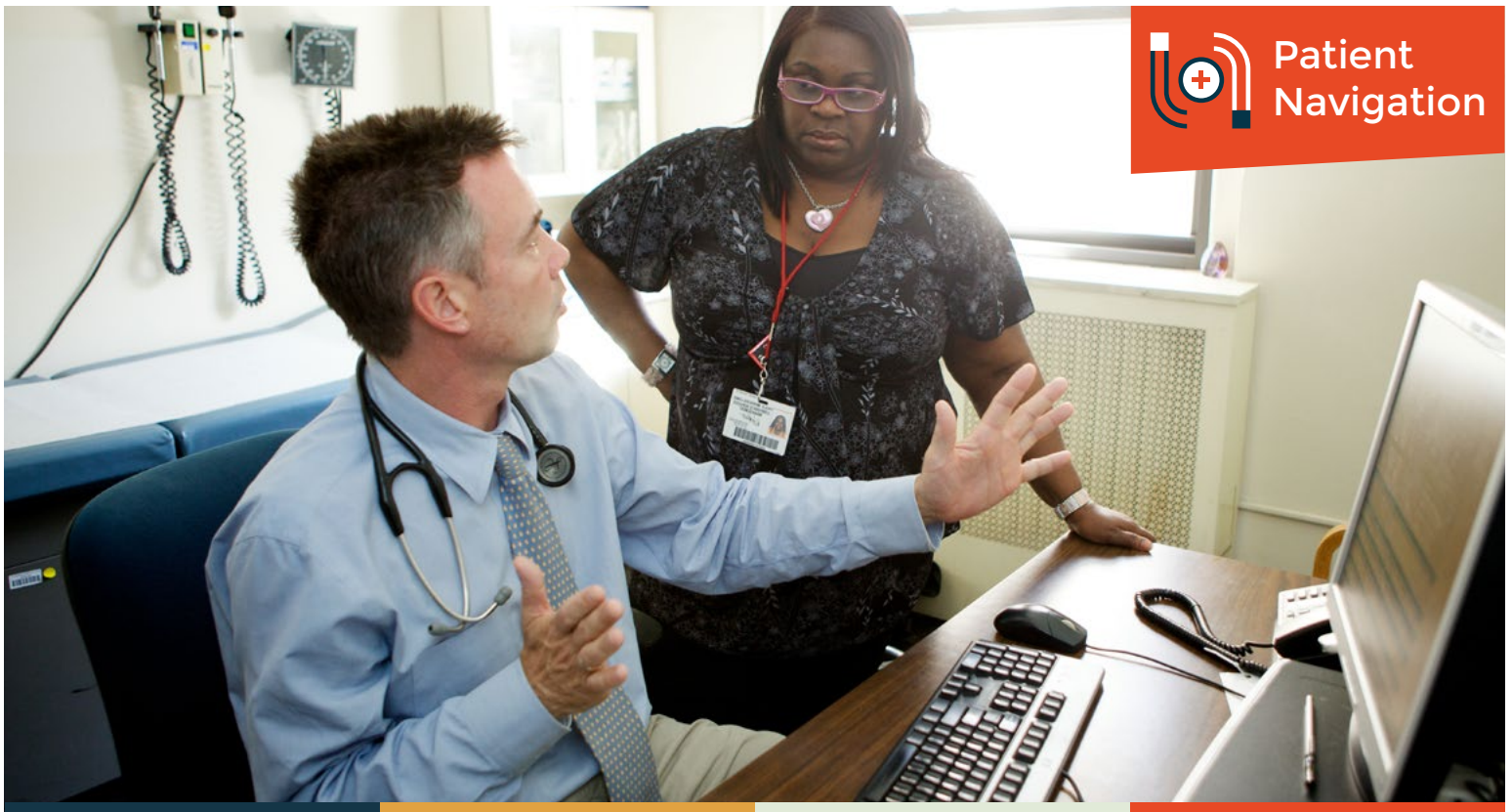
DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 14:**

Participate in a question and answer session.

**CLOSING**

Next, we will discuss strategies for delivering patient education sessions, assessing clients' needs, and developing goals collaboratively with clients.



## MODULE 3:

# Multidisciplinary Care Team

**Topics Covered:** Multidisciplinary care team, roles, responsibilities, staff, patient navigator

### OBJECTIVES

**By the end of this module, participants will be able to:**

- Define the multidisciplinary approach to care.
- Recognize the vital role of the patient navigator in the multidisciplinary care team.
- Differentiate between the traditional and multidisciplinary approach to clinical care.

### MATERIALS NEEDED



**POWERPOINT**



### REFERENCE MATERIALS

- Enhanced Patient Navigation for HIV-Positive Women of Color Implementation Manual:  
<https://nextlevel.targethiv.org/deii/navigators>



### Method(s) of Instruction

- Lecture
- Facilitated Discussion
- Small Group Activity

## PROCESS

### LECTURE

- Begin by first asking group to define “What is a multidisciplinary team?” Allow group to share responses then continue with a short lecture on multidisciplinary care teams.
- Describe examples of multidisciplinary teams in the healthcare system and the business community. Solicit examples from the group to normalize the approach.
- Chronicle multidisciplinary team meetings in HIV clinics.
- Delineate differences between a traditional and multidisciplinary approach to delivering services to clients to support their engagement in care.

### DISCUSSION

Lead a discussion using the following questions:

- What are the major differences between the traditional approach versus the multidisciplinary approach of collaborating with clients?
- What are some of the benefits to the multidisciplinary approach?
- How do you ensure that each discipline’s role on the multidisciplinary team is valued?

## Key Words and Phrases

- *Patient Navigation*
- *Definition Staff Roles*
- *Skills and Qualities of a Navigator*
- *Multidisciplinary Care Team*



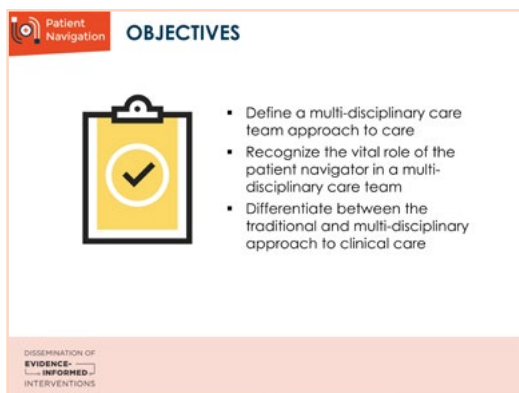
**The approximate length of time the session will take.**

**Total: 20 minutes**



**SLIDE 1:**

During the next 30 minutes, we will discuss the vital role each person plays on a collaborative multidisciplinary team to meet the needs of clients. We will review slides and ask relevant questions to help us understand the pivotal role patient navigators play on the team.

**SLIDE 2:**

Objectives for this module include to:

- Define a multidisciplinary care team approach to care.
- Recognize the vital role of the patient navigator in the multidisciplinary care team.
- Differentiate between the traditional and multidisciplinary approach to clinical care.

**SLIDE 3:**

Let's start by first asking the question to participants: What is a multidisciplinary team?

Multidisciplinary teams are:

- Groups of professionals from diverse disciplines who come together to provide comprehensive assessments and consultation for a common client goal.
- Members do not have to be all located at the same agency/clinic, but are connected in the provision of services to the same client.
- More prominent in health care-at hospitals, clinics, social services agencies, non profit community based organizations, and state funded agencies. Multidisciplinary teams are also found in businesses and schools, but may go by a different name.
- Comprised of professionals from diverse disciplines coming together to provide assessments for a common purpose.


An example in the business field would be a proposal to bid on a construction job where the diverse disciplines would include marketing department, sales, mechanical and electrical engineers, computer aided designers, etc. An example in the school setting would be to explore resources that might assist a student function better at school where the diverse disciplines would include the school counselor, the school nurse, the home room teacher, etc.

Ask participants, "What are other examples of multidisciplinary teams?"

**Patient Navigation** **MULTI-DISCIPLINARY TEAMS**

**Multi-disciplinary team meetings:**

- Occur weekly
- Involve diverse disciplines
- Complete client case conferences
- Speak of patients respectfully



DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 4:**

Ryan White clinics are located in hospital systems or stand-up clinics. They facilitate multidisciplinary team meetings to increase collaboration and communication with providers who are working with the same client.

These multidisciplinary meetings:

- Most clinics host weekly meeting, others will vary from every two-weeks to once monthly.
- Comprised of diverse disciplines, such as: social workers; case managers; physicians; nurses; psychiatrists or other mental health providers; patient navigators; and others depending on the number of disciplines and services offered at the hospital or clinic.

How the team decides which case to conference varies. In some instances, they chose a case because:

- Multiple agencies are involved in providing services to the client and meeting is an opportunity for everyone to be on the same page.
- A client maybe at risk of losing housing or insurance.
- A client may not have been case conferenced in six months.
- The client is coming in for a medical appointment.
- There is concern about substance use that is affecting adherence to medications.

Lastly, and most important, communicating information about the client must be shared in a respectful manner. Pretend the client is in the room to ensure that what is shared is professional and represents the client with dignity.

**Patient Navigation** **PATIENT NAVIGATORS IN THE MULTI-DISCIPLINARY TEAM**



- Common Goal
  - Assess client needs
  - Develop care plan between client and team
- Holistic approach

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 5:**

A multidisciplinary team meeting ensures that all providers working with the same client communicate about the client's needs and develop goals collaboratively with the client.

During a case conference, all providers are encouraged to share information that they know about the client. The goal is support a holistic assessment and explore resources for the client.

**Patient Navigation** **TRADITIONAL APPROACH**

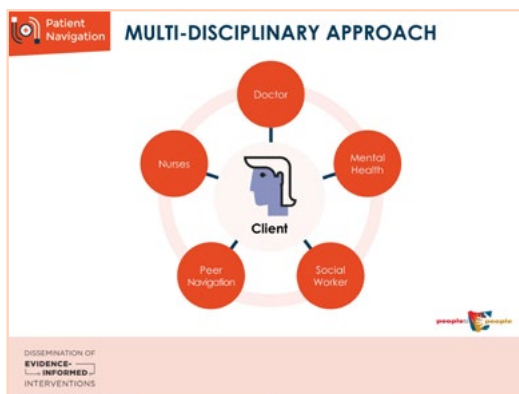


DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 6:**

This graphic depicts the traditional approach to case conferencing. As you can see, it's a top down approach comprising of the doctor who gives direction to the nurse, social worker, and mental health clinician. Their decision is then filtered to the patient navigator. The patient navigator has no opportunity to provide insight from their working relationship with the client—insight that may benefit the direction of care planning and provide a holistic approach to service delivery.

From Training Manual- Building Blocks to Patient Navigation Success.

**SLIDE 7:**

In the traditional approach, the team comprises of only providers and the communication style is directive.

We want to demonstrate the approach that we consider to be primary—the multidisciplinary approach. This approach lends to the client being central to the team, with the other disciplines including the patient navigator sharing information. There is no one person who has more power over the process and it allows for a coordinated team approach to assessing needs and developing care plans in conjunction with the client as services are delivered.

Let us emphasize that the patient navigator is vital to the connections between the client and the multiple service providers. It is a collaborative communication style and a holistic approach.

So let's answer the following questions:

- What are the major differences between the traditional approach versus the multidisciplinary approach of collaborating with clients?
- What are some of the benefits to the multidisciplinary approach?
- How do you ensure that each discipline's role is valued on a multidisciplinary team?

**SLIDE 8:**

Ask participants what questions they have and lead a group discussion based on the responses.

**CLOSING**

Next, we will discuss strategies for delivering patient education sessions, assessing clients' needs, and developing goals collaboratively with a client.



## MODULE 4:

# Delivering Patient Navigation Intervention Services

**Topics Covered:** Delivering patient navigation intervention services, assessing need, educational sessions

### OBJECTIVES

**By the end of this module, participants will be able to:**

- Demonstrate understanding of the educational sessions to be delivered to clients.
- Practice completion of the acuity tool and patient care plan.

### MATERIALS NEEDED



#### POWERPOINT



#### HANDOUTS

- List of Patient Educational Sessions, *Appendix 2*
- Checklist for Preparing for Patient Education Session, *Appendix 5*
- Patient Navigation Care Plan, *Appendix 6*
- Acuity Tool, *Appendix 7*

## PROCESS

### In this activity you will:

Lecture about the inclusion of the patient educational sessions to support clients' understanding of HIV in relation to engagement in care. Participants will review the goals, frequency, and content of each session.

### HANDOUT

HIV/AIDS Medical Case Management Acuity Tool Form, Massachusetts Department of Public Health Boston Public Health Commission

The facilitator will lead the group in the activity by asking them to think of a client they have worked with and complete the acuity tool with that client in mind. Each person will calculate their acuity based on the acuity tool scoring to help with identification of clients' needs.

The facilitator will lead a lecture on the role of the patient navigator in developing the patient care plan, assessing progress, identifying new goals with the client, and locating potential services that the patient navigator can help the client secure.

### HANDOUT

Patient Navigation Care Plan

By using the outcomes from the acuity tool to identify clients' needs, participants will practice developing goals for the patient care plan.

## Key Words and Phrases

- *Patient Care Plan*
- *Acuity Tool*
- *Educational Sessions*



### The approximate length of time the session will take.

Total: 50 minutes

Summary of educational sessions: 15 minutes

Acuity tool: 25 minutes

Patient care plan: 10 minute



### Method(s) of Instruction

- Lecture
- Facilitated Discussion
- Small Group Activity



**SLIDE 1:**

We will now focus our time on how the patient navigator delivers the educational sessions.

**SLIDE 2:**

Distribute the handout “Summary of Patient Education Sessions” to all training participants.

Explain that there are six educational tools that can be used whenever a patient navigator believes a visual educational tool will assist them in transferring basic HIV facts to clients. Patient navigators are encouraged to assess a client’s knowledge of each session topic by asking the client what they know about the specific topic for review during the session.

Utilize the content from slides in a conversational manner. You may have resources in your organization that address the session topics or you may conduct a search on credible websites to diversify the method of delivering session content.

There are six educational sessions:

1. Basic HIV Facts
2. Provider Communication
3. Lab Work
4. Stigma and Disclosure
5. Substance Use and Harm Reduction
6. Mental Health

The order of topic sessions can be determined in collaboration with clients or based on their relevance to the client’s experience. For example, if a client is describing symptoms of depression choosing the session on mental health may be most relevant at the time.

Completion of each session is determined by the patient navigator and client. A client may have full understanding of HIV basics and may choose to spend the session focused on adherence.



**Patient Navigation**

### PATIENT NAVIGATION EDUCATION SESSION GOALS

The goals of the education sessions are to:

- Document enhanced client knowledge in health maintenance activities for the management of HIV.
- Improve the client's involvement in their HIV care.
- Assist the client in making healthy life choices.
- Improve client attitudes toward antiretroviral therapies.
- Reduce client fears regarding antiretroviral therapy.
- Reduce client isolation and decrease stigma.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 3:**


As part of this intervention, patient navigators will conduct a series of one-on-one educational sessions with their clients. The sessions are 30-60 minute face-to-face meetings that are roughly scheduled on a weekly or every other week basis.

The goals of the education sessions are to:

- Document enhanced client knowledge in health maintenance activities for the management of HIV.
- Improve the client's involvement in their HIV care.
- Assist the client in making healthy life choices.
- Improve client attitudes towards antiretroviral therapies.
- Reduce client fears regarding antiretroviral therapy.
- Reduce the client's isolation and decrease stigma.

**Patient Navigation**

### SESSION PREP CHECKLIST



**Tips for Preparing for a Client Session**

- It is helpful to review case notes from previous client encounters or sessions.
- Check client progress from case notes that other providers (if you have access to these) have completed.
- Check most up-to-date client lab results.
- Check notes from team meetings or huddles.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 4:**

See the handout, "Checklist for Preparing for Patient Education Sessions."

In preparation for each session with a client, it is helpful to set aside approximately 15 minutes to review the client's medical records or other case notes that members of the multidisciplinary team may have documented in the delivery of services to the client. In addition, you may have access to the client's lab results and can review their CD4 or viral load as medication adherence may be a topic of one of your education sessions. Lastly, there may be notes from huddle or multidisciplinary team discussion that can support your preparation for the client session.

The more prepared you are the better the client feels, because you have taken the time to do your homework before they arrive to meet with you.

**Patient Navigation**

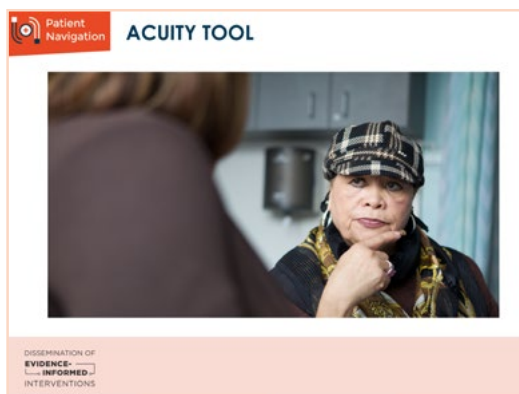
### DELIVERING PATIENT NAVIGATION INTERVENTION SERVICES: ASSESSING NEED



DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 5:**

To best deliver services, it is helpful to determine a client's need. We will next review an acuity tool used to determine a client's need, and how we can incorporate client's needs in the development of goals in a care plan.

**SLIDE 6:**

See the handout, "Acuity Tool."

The facilitator will begin this section by stating that this acuity tool is one of many examples of tools used to determine client needs. Navigators should explain to the client that the goal of the acuity tool is to establish their level of need and services that would support their overall wellness. Navigators will begin by asking the client to respond, identifying their current level of function within each of the biological, psychological and social areas listed. Clients will rank using the range of: (3) being intensive need to (0) being self-management. Proceed down the list of factors until all areas of functioning are assessed. Upon completion of the interview, score the results which will determine level of acuity.

If your agency's case managers already use a tool, it may be best to utilize their acuity tool when assessing client needs. The needs identified can then be part of the goals section in the patient care plans.

**SLIDE 7:**

See the handout, "Acuity Tool."

Steps for the Activity:

- Everyone should have a copy of the "HIV/AIDS Medical Case Management Acuity Tool Form," Massachusetts Department of Public Health Boston Public Health Commission.
- Think of a client that you have worked with and complete the acuity tool with that client in mind.
- Calculate their acuity based on acuity tool scoring.
- What are some of the goals for the care plan based on need?

**SLIDE 8:**

See the handout, "Patient Care Plan."

The facilitator will begin this section by reminding participants that:

- The tool documents what the client identifies as their goals to support engagement in care.
- The care plan can be developed in conjunction with results from an acuity tool. We are using the example of the "HIV/AIDS Medical Case Management Acuity Tool Form," Massachusetts Department of Public Health Boston Public Health Commission.
- We will also review and practice how to complete the patient care plan and acuity tool.

**Patient Navigation** **PATIENT CARE PLAN**



- Documents goals identified between client and navigator.
- Assigns roles and responsibility for achieving goals.
- Identifies the timeline for achievement of goals.
- Demonstrates the achievement of goals.
- Living document to be reviewed and revised for the inclusion of new goals.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 9:**

See the handout, "Patient Care Plan."

The patient care plan:

- Documents goals identified between the client and the navigator.
- Assigns roles and responsibilities for achieving goals.
- Identifies a timeline for the achievement of goals.
- Demonstrates the achievement of goals.
- Is a living document to be reviewed and revised for the inclusion of new goals.

**Patient Navigation** **PATIENT CARE PLAN PRACTICE**

**Activity**

- Apply the results from completing the acuity tool to identify areas of need.
- Practice writing goals based on areas of need.
- Identify the person responsible for completing the goals and the date by which the goal is to be accomplished.



DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 10:**

See handouts, "Patient Care Plan" and "Acuity Tool."

**Activity:**

We will now use the results from the psychosocial assessment/acuity tool we completed.

- Identify areas of high acuity as they represent client needs.
- Document needs identified from the acuity tool as goals on the care plan.
- Identify persons responsible for completing the goals and the date by which the goal is to be accomplished.

**Patient Navigation** **RESOURCES**



The following resources are to be used to implement this intervention:

- Training Manual
- Implementation Manual

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 11:**

Upon showing of this slide, the facilitator will say the following:

The Implementation and Technical Assistance Center (ITAC) at AIDS United, the Dissemination and Evaluation Center (DEC) at Boston University, and the Health Resources and Services Administration (HRSA) collaborated to create the training manual and the implementation manual.



**QUESTIONS?**

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 12:**

As the group for questions and lead a discussion based on answers to their questions.

**CLOSING**

Next, we will learn in greater detail the content of the educational sessions provided to the client by the patient navigator. Participants will have an opportunity to role play and practice facilitating these sessions.



## MODULE 5:

# HIV, the Viral Life Cycle, and Understanding HAART

**Topics Covered:** Educational sessions, HIV, the viral life cycle, understanding HAART

### OBJECTIVES

**By the end of this module, participants will be able to:**

- Demonstrate understanding of the educational sessions to be delivered to clients.
- Practice completion of the acuity tool and patient care plan.

### MATERIALS NEEDED



#### POWERPOINT



#### HANDOUTS

- HIV Drug Chart, Appendix 8



#### REFERENCE MATERIALS

- Enhanced Patient Navigation for HIV-Positive Women of Color Implementation Manual:  
<https://nextlevel.targethiv.org/deii/navigators>



### Method(s) of Instruction

- Lecture
- Facilitated Discussion
- Roleplay

## PROCESS

### LECTURE

- We will begin reviewing the educational sessions that patient navigators will complete with clients.
- The facilitator will review the training objectives and begin by delivering the educational session as a navigator would with a client. The facilitator will engage the group to ensure understanding, model the importance of using plain language, and summarize the videos being viewed.

### ROLEPLAY

- The facilitator will now ask for two volunteers to demonstrate teaching of this session. One person will be the patient navigator and the other will be the client. The group will observe the interaction. The group will provide feedback upon completion of the roleplay.

## Key Words and Phrases

- *Viral Life Cycle*
- *What is HIV?*
- *Medications*
- *Viral Load*
- *CD4*



**The approximate length of time the session will take.**

**Total: 70 minutes**

Stages of HIV infection and routes of transmission:

**20 minutes**

Viral life Cycle:**15 minutes**

How medications work in the body to build CD4 and reduce viral load:

**15 minutes**

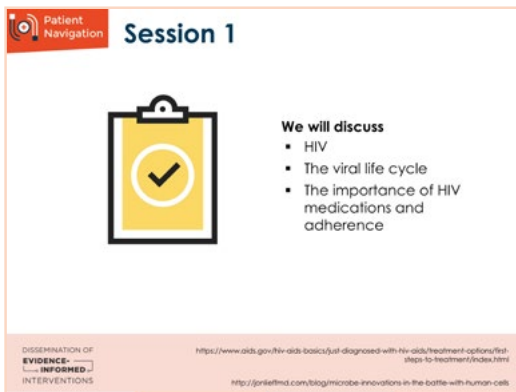
Role play: **20 minutes**



**SLIDE 1:**

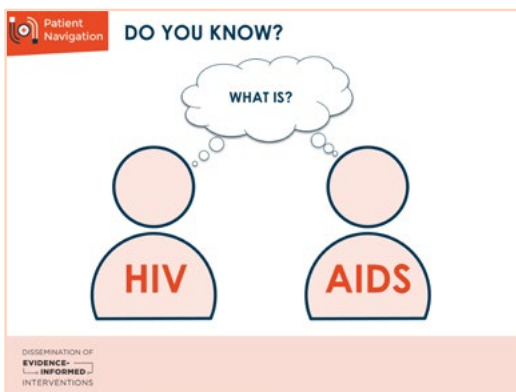
This is one of six educational tools available to patient navigators when a visual educational tool will assist them in transferring basic HIV facts to clients. Navigators are encouraged to assess a client's knowledge of each session topic and utilize the content from the slides in a conversational manner.

This session about basic HIV facts.

**SLIDE 2:**

By the end of this session on basic HIV facts, the client will be able to define:

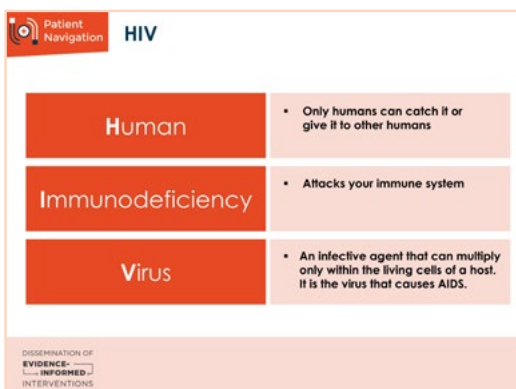
- What is HIV and AIDS.
- Routes of HIV transmission.
- How medications work in body.
- How HIV medications help the body's immune system get stronger (CD4 increase).
- How medications can reduce the amount of HIV in the body (reduce viral load).
- The importance of adherence.

**SLIDE 3:**

The patient navigator starts by asking the client:

- What is HIV?
- What is AIDS?

These questions will help determine what the client already knows about HIV and AIDS.

**SLIDE 4:**

The patient navigator defines the acronym:

**Human**—Only humans can catch it or give it to other humans.

**Immunodeficiency**—Attacks the immune system.

**Virus**—An infective agent that can multiply only within the living cells of a host. It is the virus that causes AIDS.



**Patient Navigation AIDS**

**Acquired Immune Deficiency Syndrome**

**To be diagnosed with AIDS, a person must:**

- Be HIV+
- CD4 below 200, or
- Opportunistic Infection

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 5:**

AIDS is a diagnosis that a medical provider determines. The person must meet certain criteria for this diagnosis:


1. Be HIV +.
2. Have a CD4 below 200, or
3. Have an opportunistic infection.

AIDS is also known as late stage HIV. It is a group of symptoms and signs of illness that occur together, because the virus is attacking the immune system and breaking it down.

A person living with HIV can get one or more opportunistic infections (OIs) such as:

- Pneumocystis pneumonia (PCP)
- Kaposi's Sarcoma
- Thrush (yeast infections usually found in the mouth and throat)

**Patient Navigation BODY FLUIDS AND HIV TRANSMISSION**



**Unprotected sexual intercourse with an infected partner**

**Vertical transmission (from mother to child)**

**Injection drug use (rare: infected blood/blood products)**

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 6:**

HIV can be transmitted through these fluids:

- Blood
- Semen
- Vaginal fluid
- Breast milk

HIV can be transmitted through:

- Condomless vaginal or anal sex with a person living with HIV who is not virally suppressed.
- Mother-to-child transmission. Babies born to women living with HIV who are not virally suppressed can be infected with the virus before or during birth, or through breastfeeding after birth.
- Transmission by injection needle.
  - Sharing needles, syringes, or other injection equipment with someone who has been diagnosed with HIV.
  - Healthcare professionals have acquired HIV in the workplace, usually after being stuck with needles or sharp objects containing the blood of someone diagnosed with HIV.
  - Transmission via donated blood or blood clotting factors. However, this is now very rare in countries where blood is screened for HIV antibodies, including in the United States.

**Patient Navigation** **SAFE SEX**



**Undetectable = Untransmittable**  
CDC Prevention Campaign

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 7:**

Undetectable = Untransmittable (otherwise known as U=U) states that people living with HIV who are on antiretroviral therapy and have been undetectable (less than 40 copies in a milliliter of blood) for at least six months cannot transmit HIV to others via sexual contact.

**Patient Navigation** **SAFE SEX**



- Use condoms (female or male) every time you have sex (vaginal or anal).
- Always use latex or polyurethane condom (not a natural skin condom).
- Always use a latex barrier during oral sex.
- Ask your partner if they are virally suppressed.
- Take PrEP.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 8:**

There are many ways we can have safer sex with people who are living with HIV:

- Use condoms (insertive or penile) every time you have sex (vaginal or anal).
- Always use latex or polyurethane condom (not a natural skin condom).
- Always use a latex barrier during oral sex.
- If your sex partner is living with HIV, ask them if their viral load is suppressed as there is less chance of them transmitting HIV.
- If your partner is HIV negative and you are living with HIV, encourage them to get on PrEP. PrEP is an HIV medication proven to reduce the chance of a person who is HIV negative acquiring HIV.

Steps to using a condom:

1. Make sure the package is not expired.
2. Make sure to check the package for damage.
3. Open the package with your fingers and not your teeth to decrease risk of tearing.
4. Use one condom for each time you have sex.
5. Use water-based lube.

**Patient Navigation** **MOTHER-TO-BABY**



- Before birth
- During birth
- Postpartum (after the birth)

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 9:**

While a pregnant woman living with HIV can transmit HIV to their babies during pregnancy, clinical research indicates the mother's adherence to HIV medication reduces transmission to the baby by 98 percent. To remain virally suppressed, it is vital that pregnant women stay engaged in medical care and remain adherent to HIV medications.

It is a standard of care that women living with HIV do not breastfeed their babies, as this strategy reduces the chance of transmission. Breastmilk of a woman living with HIV is an infectious fluid and can transmit the virus to the baby.

**STERILE SYRINGES**

- Use clean or new syringe.
- If a needle/syringe or cooker is shared, it must be disinfected:
  - Fill the syringe with undiluted bleach and wait at least 30 seconds.
  - Thoroughly rinse with water.
  - Do this between each person's use.

WITHOUT STERILIZATION, THE CHANCES OF CONTRACTING HIV INCREASES.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 10:**

Another way HIV may be transmitted is through intravenous drug use. To prevent transmission:

- Use a clean or new syringe.
- If a needle, syringe, or cooker is shared, it must be disinfected:
  - Fill the syringe with undiluted bleach and wait at least 30 seconds.
  - Thoroughly rinse with water.
  - Do this between each person's use.

**BODY FLUIDS AND HIV TRANSMISSION**

<p><b>Fluids that <u>DO</u> transmit HIV:</b></p> <ul style="list-style-type: none"> <li>Blood</li> <li>Semen</li> <li>Vaginal fluid</li> <li>Breast milk</li> </ul> <p>*In order of the highest concentration of HIV</p>	<p><b>Fluids that <u>DO NOT</u> transmit HIV:</b></p> <ul style="list-style-type: none"> <li>Saliva</li> <li>Tears</li> <li>Mucus</li> <li>Urine</li> <li>Sweat</li> <li>Feces</li> </ul>
---	---

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 11:**

There are specific fluids and transmission routes for HIV transmission. Let's learn how HIV enters the body.

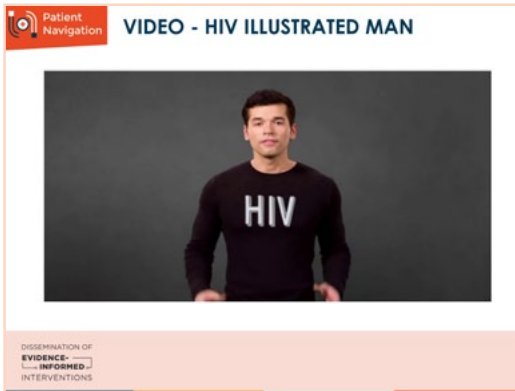
- HIV is carried in semen, vaginal fluid, blood, and breast milk.
- During sex, HIV can enter the body through the fragile tissue that lines the vagina, penis, anus, and mouth.
- During drug use, tattooing, or body piercing, the virus can enter the bloodstream through a shared syringe or needle.
- A mother living with HIV can transmit HIV to her child during childbirth and/or through breastfeeding. ([www.fairviewebenezer.org/HealthLibrary/Article/82145](http://www.fairviewebenezer.org/HealthLibrary/Article/82145))

In order of the highest concentration of HIV fluids that DO transmit HIV:

- Blood
- Semen
- Vaginal fluid
- Breast milk

Here are fluids that DO NOT transmit HIV:

- Saliva
- Tears
- Mucus
- Urine
- Sweat
- Feces

**SLIDE 12:**

If used, show the video and follow up by highlighting important points made throughout the video.

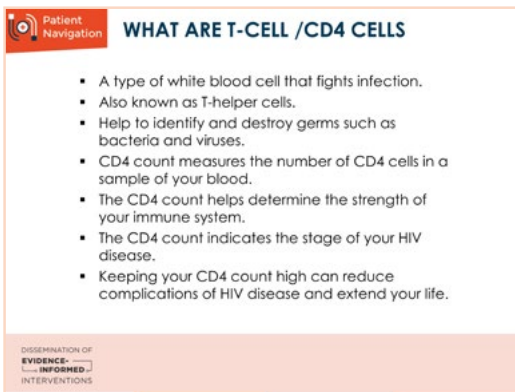
<https://www.youtube.com/watch?v=HL02LjVDElw>

**SLIDE 13:**

Refer to the handout, "HIV Drug Chart."

The patient navigator will now discuss how HIV medications are used to disrupt the HIV life cycle.

- HIV medicines protect the immune system by blocking HIV at different stages of the HIV life cycle.
- Antiretroviral therapy, or ART, is the use of HIV medicines to treat HIV. People on ART take a combination of HIV medicines from at least two different HIV drug classes every day.
- ART is very effective at preventing HIV from multiplying, because HIV medicines in different drug classes block HIV at different stages of the HIV life cycle. ART also reduces the risk of HIV drug resistance.
- ART can't cure HIV, but HIV medicines help people with HIV live longer, healthier lives.
- ART also reduces the risk of sexual transmission of HIV.

**SLIDE 14:**

You may often hear your doctor or your lab work refer to CD4 cells.

CD4 cells:

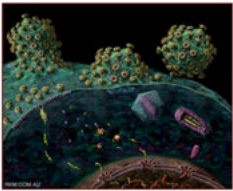
- Are a type of white blood cell that fights infection.
- Are also known as T-helper cells.
- Help to identify and destroy germs such as bacteria and viruses.

A CD4 count:

- Measures the number of CD4 cells in a sample of your blood.
- Helps determine the strength of your immune system.
- Indicates the stage of your HIV.

Keeping your CD4 count high can reduce complications of HIV and extend your life.

**Patient Navigator** **HOW DOES HIV GET INTO A T-CELL?**



1. HIV attaches to infection fighting T4 cell.
2. Locks on to two entry areas of the T4 cell at once. (Keys in lock).
3. Tricks T4 cell to allow virus RNA to enter.


All graphics © Russell Kightley  
Graphics may not be reproduced w/o permission  
johmwal02015

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 15:**

**Note:** If your client understands the basics of HIV and has a history of medication adherence, you can make viewing this slide optional. Some clients, however, may be very interested in the biological aspect of the virus and viewing them may satisfy their interest.

**Patient Navigator** **WHAT DOES HIV DO INSIDE A T-CELL?**



1. Virus's RNA changes into DNA.
2. Enters Cell nucleus & becomes part of the host's DNA!
3. Programs T cell to produce virus in abundance.
4. New viruses bud off host T cell, killing the T cell, and enters the bloodstream.
5. New HIV viruses infect more T cells.

All graphics © Russell Kightley  
Graphics may not be reproduced w/o permission  
johmwal02015

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 16:**

**Note:** If your client understands the basics of HIV and has a history of medication adherence, you can make viewing this slide optional. Some clients, however, may be very interested in the biological aspect of the virus and viewing them may satisfy their interest.

Let's discuss medication and adherence a little before we are done.

**Patient Navigator** **HIV MEDICATION**

- HIV medications are prescribed in combination (at least three different classes of drugs) that attack the virus in different ways.
- HIV medication helps increase CD4 counts and decrease the virus in the blood.
- Medications help make living with HIV manageable.
- The goal of HIV medications is to help the client become virally suppressed.



DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 17:**

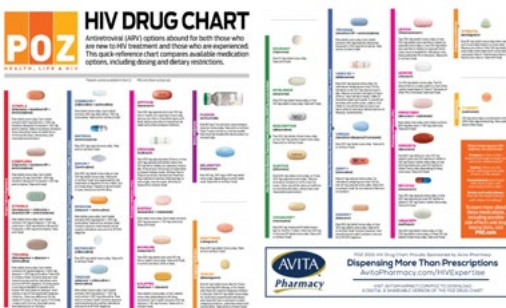
The navigator next reviews the importance of HIV medications:

- HIV medications are prescribed in combination (at least three different classes of drugs) that attack the virus in different ways.
- HIV medication helps increase CD4 count and decrease the virus in the blood.
- Medications help make living with HIV manageable.
- The goal of HIV medications is to help the client become virally suppressed.

**Patient Navigator** **MEDICATION CHART & SAMPLE REVIEW OF BASIC HIV REGIMENTS**

**HIV DRUG CHART**

Antiretroviral (ARV) options abound for both those who are new to HIV treatment and those who are experienced. The quick reference chart compares available medication options, including dosing and dietary restrictions.



AVITA Pharmacy  
Dispensing More Than Prescriptions  
AvitaPharmacy.com/HIVExpertise

**SLIDE 18:**

**Note:** The patient navigator may look for the most up to date HIV drug chart that can be found on the internet. This is an example of a chart with current medications available to treat HIV. Patient Navigator should search for the most updated HIV Drug Chart available.

Have a printed copy of the chart available and ask the client if she sees any medications that she is currently taking or has taken.



**Patient Navigation** **ADHERENCE**



**Adherence means sticking to your:**

- Scheduled appointment with your primary care provider, getting labs, and meeting with your case manager.
- HIV regimen, by taking HIV medicines every day and exactly as prescribed.
  - Once a day is every 24 hours.
  - Twice a day is every 12 hours.
  - Three times a day is every eight hours.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 19:**

Adherence means sticking to your:

- Scheduled appointment with your primary care provider, getting labs, and meeting with your case manager.
- HIV regimen by taking HIV medicines every day and exactly as prescribed.
  - Once a day is every 24 hours.
  - Twice a day is every 12 hours.
  - Three times a day is every eight hours.

Adherence can be difficult for many reasons. For example, side effects from some HIV medicines can make it hard to stick to an HIV regimen. We will discuss this in more detail during the section on symptoms and side effects.

Strategies to help maintain adherence include:

- Using a 7-day pill box.
- Setting daily pill reminders on a smartphone. Ask the client if they would like help setting up reminders based on any current medications. Patient Navigators can find medication reminder apps to offer to the client.
- For more tips on medication adherence, read the AIDInfo fact sheet, "Following an HIV Regimen: Steps to Take Before and After Starting HIV Medicines." ([www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov))

**Patient Navigation** **ADHERENCE**

- HIV treatment adherence protects and supports the immune system to fight off the HIV virus.
- Prevent viral resistance by taking your medicines as prescribed.
- Other benefits of adherence include:
  - Better overall health
  - Improved quality of life
  - Decreased risk of HIV transmission

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 20:**

HIV treatment adherence protects and supports the immune system to fight off HIV.

Prevent viral resistance by taking your medicines as prescribed. Other benefits of adherence include:

- Better overall health.
- Improved quality of life.
- Decreased risk of HIV transmission.

We will look at drug resistance more closely.

**Patient Navigation** **DRUG/VIRAL RESISTANCE**

- WHAT IS RESISTANCE?**  
Resistance occurs when the medicines you may be taking for your HIV disease do not stop the virus from making more copies of itself—a process known as replication.
- WHAT CAUSES RESISTANCE?**
  - Not taking medications as prescribed.
  - Acquiring HIV resistance through unprotected sex with a person who is living with HIV and resistant to certain medications.

**WE WANT TO PREVENT RESISTANCE!!!**

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 21:**

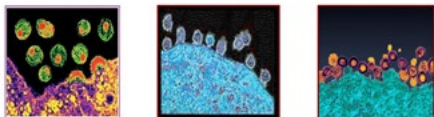
Let's discuss resistance. Resistance occurs when the medicines you may be taking for your HIV do not stop the virus from making more copies of itself—a process known as replication.

What can make one's HIV strain resistant to medications?

- Not taking medications as prescribed.
- Acquiring HIV resistance through condomless sex with a person who is living with HIV and resistant to certain medications.

**Patient Navigation** **DRUG/VIRAL RESISTANCE**

If you are not adherent to your HIV medication, the virus can make billions of new virus particles every day.



**NEW HIV VIRUSES LEAVING A CD4 CELL**

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 22:**

The best way to prevent resistance is to keep HIV from replicating. If it isn't reproducing, the virus can't mutate and make new strains of HIV that are drug-resistant. That's what antiretroviral drugs do—they keep HIV from reproducing. And that's why it's important to take all your HIV medications on time and consistently. When you do that, your medications can do a better job of keeping the virus under control and keep it from mutating into strains that won't respond to treatment.

**Patient Navigation** **WAYS TO PREVENT RESISTANCE**

- 1. Take your HIV meds as prescribed.**  
– Your medication keeps HIV from reproducing. And that's why it's important to take all your HIV medications on time and consistently.
- 2. If you are having trouble taking your medication talk with your health provider (prescriber, nurse, or pharmacy).**
- 3. Share any medication concerns or fears with your health provider.**

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 23:**

By being adherent to your medications you can do a better job of keeping the virus under control and preventing HIV from developing drug resistance, which can lead to the virus not responding to treatment.

**Patient Navigation** **REMEMBER STAYING ON TRACK IS KEY**

- Once you start, it's very risky for you to stop taking your medication.
- Even if you're feeling well, it's crucial that you stay on your medication. If you stop treatment it gives the virus a chance to spread and could cause challenges with your health.
- HIV is now a manageable disease. You must do your part to manage it—and that means sticking with treatment.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 24:**

Some important things to remember include:

- Once you start, it's very risky for you to stop taking your medication.
- Even if you're feeling well, it's crucial that you stay on your medication. If you stop treatment, it gives the virus a chance to spread and could cause challenges with your health.
- HIV is a chronic illness that is also very manageable. One of the best things you can do to manage it is to adhere to treatment.

**QUESTIONS, THOUGHTS/COMMENTS & FEEDBACK**

**THANK YOU**

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 25:**

Ask the participants for their questions, thoughts, comments, and feedback.

**Roleplay Activity:**

Two participants will volunteer to roleplay the session. One participant will be the navigator and the other will be the client. The navigator will lead the session to gain confidence and familiarity with content. Volunteers will debrief what went well and what they could do to strengthen facilitation of content.

**CLOSING**

Next, we will continue to review the education sessions patient navigators will conduct with clients. The next education session focuses on ways to communicate with your medical providers.



## MODULE 6:

# Communicating with Health Care Providers About Adherence and Managing Side Effects

**Topics Covered:** Communication, health care providers, side effects, medication

## OBJECTIVES

**By the end of this module, participants will be able to:**

- Be confident in their ability to communicate with providers.
- Identify stages in preparing for medical appointments.
- Understand the relationship between medication adherence, viral load, CD4, and HIV drug resistance.
- Understand potential side effects of treatment (nausea, diarrhea, dizziness).
- Identify ways to cope with side effects.



### Method(s) of Instruction

- Lecture
- Facilitated Discussion
- Roleplay

## MATERIALS NEEDED



### POWERPOINT



### HANDOUTS

- HIV Patient and Bill of Rights, Appendix 9
- Symptom Log, Appendix 10
- Blank piece of paper for clients to write down their questions

## PROCESS

### LECTURE

- We will continue reviewing the educational sessions patient navigators will complete with clients.
- The facilitator will review the training objectives and begin by delivering the educational session as a navigator would with a client. The facilitator will engage the group to ensure understanding, model the importance of using plain language, and summarize the videos being viewed.

### ROLEPLAY

- The trainer will ask for two volunteers to demonstrate teaching of this session. One person will be the patient navigator and the other will be the client. The group will observe the interaction.

## Key Words and Phrases

- *Communicating with Providers*
- *Adherence*
- *Preparation for Medical Appointments*
- *Side Effects*



**The approximate length of time the session will take.**

**Total: 40 minutes**

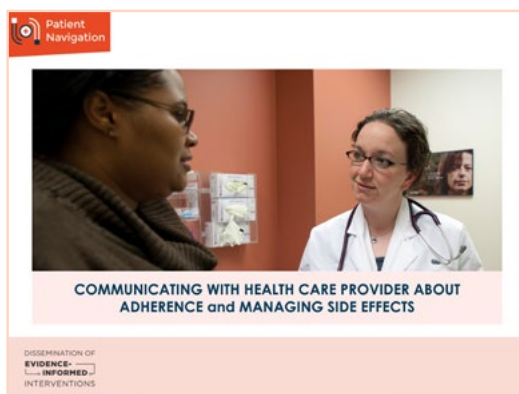
Summary of educational sessions:

**20 minutes**

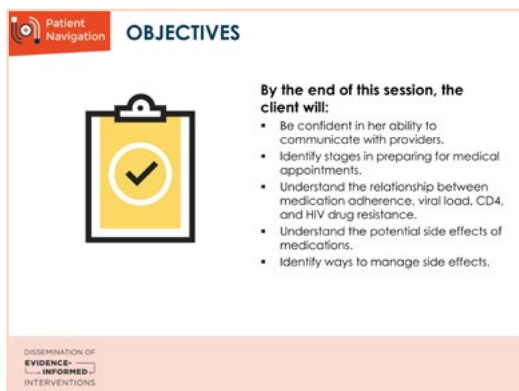
Role play: 20 minutes

**SLIDE 1:**

This educational tool was created using the slides shown during the segment of patient navigation training on coaching and mentoring. This tool may be used whenever a patient navigator believes a visual educational tool will assist them in transferring information on the role of coaching, mentoring, and communication with health care teams.

**SLIDE 2:**

During this session we will discuss coaching, mentoring, and basic education on "Communicating with Health Care Providers about Adherence and Managing Side Effects." Before we start, I want to take a few minutes to talk about my role with you as a coach and mentor.

**SLIDE 3:**

By the end of this session, the client will:

- Be confident in her ability to communicate with providers.
- Identify stages in preparing for medical appointments.
- Understand the relationship between medication adherence, viral load, CD4, and HIV drug resistance.
- Understand the potential side effects of medications.
- Identify ways to manage side effects.



**SLIDE 4:**

This diagram shows four points or steps to coaching and mentoring. I will take a few minutes to discuss each.

1. The patient navigator and client will build a relationship that allows the patient navigator to serve as an educator, guide, and support through the program. This relationship will help the client acquire the client tools needed to remain engaged and to navigate systems and challenges that may arise while managing her HIV care.
2. The patient navigator and the client will agree to some basic relationship roles, and the patient navigator will support the client in learning the roles of others on the client's health team. These roles are designed to minimize client confusion in a complex health system.
3. The patient navigator will provide education, support, demonstrations, and feedback to help the client gain knowledge and the ability to self-advocate. The goal is to decrease barriers that may arise and create unwanted outcomes in her HIV care and treatment.
4. Over a six to twelve month period, the patient navigator and client will work closely to provide the client with health management tools. From the first meeting, the patient navigator must make the limited relationship known to the client. It is a key role of the patient navigator to enable the client to set health goals with her health team and for the patient navigator to support her through the process. Therefore, at the end of the program the client will have what she needs to be retained in care.

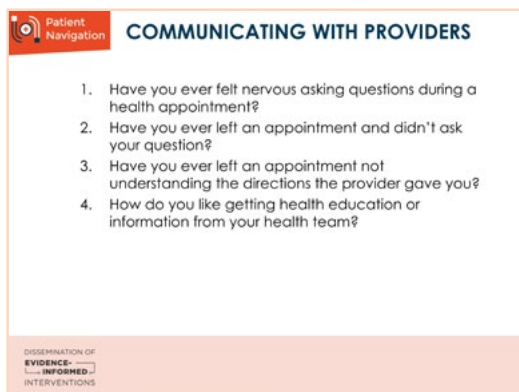
**SLIDE 5:**

Let's review the importance of communicating effectively with your providers and how that impacts your health, as well as the importance of advocating for yourself. We know that HIV treatment is complicated. Making decisions to begin medications, manage side effects, and understand laboratory results requires that you and your provider are communicating and sharing health goals.

Having a partnership with your health provider is important because you want to have equal ownership about your health decisions.

Usually, as a client we follow whatever the doctor or nurse tells us to do; however, we have learned that clients who ask questions increase their understanding of their health and disease. They are better at partnering with their health team in making health decisions.

The patient navigator reinforces with the client that they are also here to support them to improve their communication with the health team through these sessions.



**Patient Navigation**

**COMMUNICATING WITH PROVIDERS**

1. Have you ever felt nervous asking questions during a health appointment?
2. Have you ever left an appointment and didn't ask your question?
3. Have you ever left an appointment not understanding the directions the provider gave you?
4. How do you like getting health education or information from your health team?

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 6:**

Let's check in to determine how confident you are in communicating with your provider. The patient navigator will ask the following questions of the client. Remember this isn't a yes, no or true, false test. It is an opportunity to discuss the client's comfort level in asking questions and advocating for themselves. Below are some sample suggested responses, but the patient navigator is open to tailor their response to be more inline with the client.

**#1: Have you ever felt nervous asking questions during a health appointment?**

If the client responds yes:

- Let her know that many people find themselves feeling nervous when speaking with their provider.
- Ask if she has ever bypassed the nervousness to ask her provider questions.
- If so, ask her what happened that helped her engage with her provider. Provide positive reinforcement.

**#2: Have you ever left an appointment and didn't ask your question?**

If the clients says yes:

- Ask her what did she do in that circumstance. Some responses might be to go back to the doctor's office, call the provider's nurse, save it until the next appointment, or nothing.
- If the client has questions, encourage her to call the clinic and ask someone to help her connect with a person who can address her question or concern, such as a nurse, case manager, or patient navigator.

**#3: Have you ever left an appointment not understanding the directions the provider gave you?**

If the clients says yes:

- Ask her what did she do in that circumstance. Some responses might be to go back, call the provider's nurse, save it until the next appointment, or nothing.
- If the client has questions, encourage her to call the clinic and ask someone to help her connect with a person who can address her question or concern, such as a nurse, case manager, or patient navigator.

**#4: How do you like getting health education or information from the healthcare team?**

- Record the client's responses (e.g., education through talking, reviewing brochures, or conducting research on the computer).
- Encourage the client to share this preference with other clinic providers, so they will understand her choice. Remember to let her know not all educational tools are available in print.

**Transition:** It has been great discussing communication and types of communication, let's take a few minutes and discuss how you can prepare for your medical appointments.

**Patient Navigation**

### COMMUNICATING WITH YOUR HEALTH TEAM

- Discuss missed appointments.
- Discuss honestly any missed doses of medications.
- Describe side effects you may have experienced from your medications since your last appointment—**write a symptom log.**
- Share what you like and do not like about your care and treatment.



DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 7:**

See the handout “Share the Symptom Log”

The patient navigator will discuss each item on the side, but can **tailor their response to be more relevant for the client.**

1. If you have missed appointments with the provider or others, share this with them and maybe reasons so they understand potential challenges you have to manage to keep appointments. By doing so, you can ensure that they are up to date on your overall care.
2. Discuss honestly any missed doses of medications.
3. Describe side effects you may have experienced from your medications since your last appointment. Create a symptom log, where you write down any unusual symptoms you experience and share that log at your appointment.
4. Share what you like and do not like about your care and treatment.

The patient navigator can encourage the client to share what is going on in their everyday life with their care team or provider, as it will help the client team make health decisions with you. They are your support system and want to help you.

**Patient Navigation**

### PREPARING FOR A VISIT WITH YOUR DOCTOR



- Schedule appointments on days & times that work for you.
- Arrange or plan for transportation in advance.
- Be sure to have your ID and health insurance card.
- Write a list of questions or concerns to discuss.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS


**SLIDE 8:**

There are a few things to consider as you prepare for your provider or doctor appointments. Preparing for appointments can start the day or two beforehand. Let's discuss some of the things you can do to be most prepared.

1. When scheduling your appointment be sure it is a day and time that will work for your schedule. Consider whether you prefer morning or afternoon appointments. What days work best for you? Work with the doctor's scheduler to make an appointment that works for you with little or no conflicts.
2. Be sure you have your identification and health insurance card on the day of your medical appointment. If you have a co-pay cost, be sure you have the money to pay in advance.
3. Ask the client how they get to appointments; the distance from their home to the doctor's office; whether they have to arrange transportation assistance; and the amount of time needed to schedule their ride. While some clients may have their own car, some may rely on the bus, train, shared rides, or coordination with support systems. Some clinics also are able to provide transportation assistance.
4. As stated in an earlier slide, encourage the client to write her list of concerns or questions they may have or their health care provider in advance. They can use their cell phone or the Symptoms Log to write and track their questions/concerns.

**Patient Navigation** **SAMPLE QUESTIONS**

Dr. Joe I have a few questions about my treatment.



- Why have I been prescribed this medication?
- How should I take it?
- Should I take it with or without food?
- How will it make me feel?
- What are the side effects?
- What do I do if I forget a dose?

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 9:**

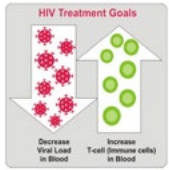
Reinforce to the client that some of her questions might be similar to what is on this slide. Review the sample questions that a client might ask of their medical provider:

- Why have I been prescribed this medication?
- How should I take it?
- Should I take it with or without food?
- How will it make me feel?
- What are the side effects?
- What do I do if I forget a dose?

Note that sometimes we all forget, and writing down our questions will help ensure that we get answers to concerns during the appointment.

**Patient Navigation** **TREATMENT GOAL**

- Prolong and improve quality of life
- Adherence to medications results in viral suppression
- Adherence results in higher CD4 count
- Missed medication doses can result in:
  - Increased viral load
  - Lower CD4
  - Medication resistance



DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 10:**

There are four simple goals to starting HIV treatment:

- We know today people living with HIV can prolong and improve their quality of life, with the use of HIV medications.
- HIV medications have proven to be able to suppress the virus from replicating or producing new HIV.
- If the virus is suppressed and not replicating we will improve and increase our CD4 count to further fight any infections in the body.
- Missed doses of medications can result in increased viral load, lower CD4 count, and medication resistance.

**Transition:** So let's practice what we have learned so far. On this sheet of paper write down the questions or concerns you want to ask your health provider. The patient navigator will provide positive reinforcement.

**Patient Navigation** **ADHERENCE TO MEDICATIONS**

- Adherence is taking your medications as prescribed.
- Taking your medications at least 95% of the time.
- Take every dose, every day, every time at the prescribed time.
- If you miss a dose, take it right away unless you realize it at the next time you're to take meds—do not double dose next
- Missed medications can lead to increased virus and resistance to medications.
- Important to know if you must take your medications with food or on an empty stomach.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 11:**

Adherence can be defined as:

- Taking your medications as prescribed.
- Taking your medications at least 95% of the time.
- Taking every dose, every day, every time at the prescribed time.

If you miss a dose, take it right away. However, if you realize you missed a dose at your next scheduled time to take your medications, do NOT double dose your medications.

Adherence is important as missed medications can lead to increased virus and resistance to medications. It is also important to know if you must take your medications with food or on an empty stomach.

**Patient Navigation** **MANAGING DRUG INTERACTIONS**



- Ask your provider or your pharmacist about potential drug interactions with your HIV medications.
- Ask about drug interactions with other prescribed medications you are taking.
- Identify foods or over-the-counter medications you should avoid.
- Contact your provider if you are having a drug interaction.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 12:**

Let the client know that prescribed medications, whether for HIV or other illnesses, as well as vitamins and other over-the-counter medications and supplements, could have negative interactions with food or over-the-counter medications. It is always best to ask your provider or your pharmacist about what foods or over-the-counter medications you should stay clear of to avoid potential interactions with your medications.

Drug interactions can cause:

- Medications not to work as well as they should.
- Exposure to too much of a medication.
- Dangerous reactions.

**Emphasize to the client the following:** Fewer drug interactions are a treatment goal for you and your health team, so discuss all medications, supplements, or herbs you are taking or thinking about taking.

**Patient Navigation** **MEDICATION SIDE EFFECTS**

- **Not everyone will experience side effects or the same side effects.**
- **Short term side effects last 2-6 weeks.**
  - Nausea/vomiting, diarrhea, headaches
- **Long-term side effects show up after the client has been on medications for multiple months.**
  - Liver and kidney issues, anemia, abnormal fat distribution
- **Communicate medication concerns with health team.**
  - Report side effects or other symptoms on your symptom log.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 13:**

Side effects are any negative experiences that result from taking a medication. Examples include nausea or upset stomach, rashes, or dizziness. Side effects can range from mild to severe.

Ask the client if she has experienced side effects with treatment and, if so, ask if she shared this with the health team.


If this information is not in the client's file, encourage her to inform the health care team so they can make it a part of her record. This is the type of communication that's very important to HIV care and the overall health of the client.

Share an example of the symptom log. Let her know she might not experience symptoms but this exercise is to help her in case she does.

1. Let's talk a little more about symptoms. I have a sample symptom log we can use.
2. The patient navigator should take 10-15 minutes and walk the client through the symptom log handout.
3. At the completion of the tool, the patient navigator emphasizes the importance of sharing this information with the health provider and asks the client to share this information with their provider on the next visit. (Patient navigator please make a copy of the form in case she forgets the form on the next visit.)

**Patient Navigation** **COPING WITH SIDE EFFECTS**

- Monitor side effects and communicate with provider
- **BRAT Diet for Nausea, Vomiting, or Diarrhea.**
  - The BRAT diet consists of foods that are bland and gentle on the stomach.
  - BRAT: Is an acronym for Bananas, Rice, Apples and Toast.

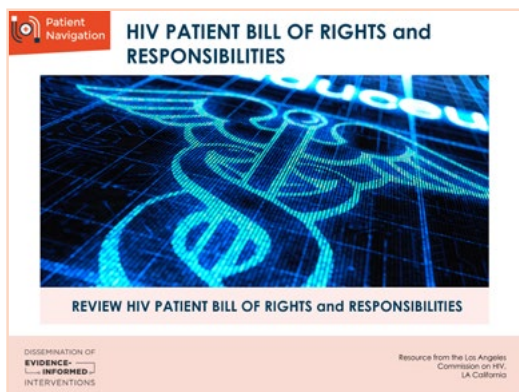


DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 14:**

Track side effects on the symptom log and communicate side effects with your provider. The BRAT diet is used to ease for nausea, vomiting, or diarrhea. Your provider may suggest the BRAT diet to manage these short term side effects. BRAT is an acronym for bananas, rice, apples, and toast. These foods are bland and gentle on the stomach.



**SLIDE 15:**

See the handout, “HIV Patient Bill or Rights and Responsibilities.”

**Note:** The patient navigator must print and have available the handout, “HIV Patient Bill of Rights and Responsibilities.” The patient navigator should read the handout prior to the session to be familiar with the documents. This will be very helpful as you are to read it aloud.

One of the first steps in creating or improving communications between you and your health care providers, especially in the areas of adherence and managing side effects, is to make clients aware they have rights and responsibilities in this relationship. Exercising these rights and responsibilities will help to establish or improve relations with their provider.

Let’s review an example of the “HIV Patient Bill or Rights and Responsibilities” from the Los Angeles Commission on HIV in California.

**SLIDE 16:**

Let the client know the things we discussed today are ways to increase communication with your health provider while advocating for yourself. Sometimes it may take a while to gain a trusting relationship. I am available to attend your appointments with you, or if there is a supportive person in your life, you can ask them to attend the appointments.

**Review key points from this module:**

- Communication is key to my treatment success.
- Being prepared for appointments is key to my treatment success.
- Discussing me and my health concerns are key to my treatment success.
- Speaking openly and honestly to my health team is key to my treatment success.
- Bringing and sharing all questions about my treatment or care is key to my treatment success.
- Reporting all side effects and symptoms with my health team is key to my treatment success.
- Understanding the “HIV Patient and Bill of Rights” key to my treatment success.

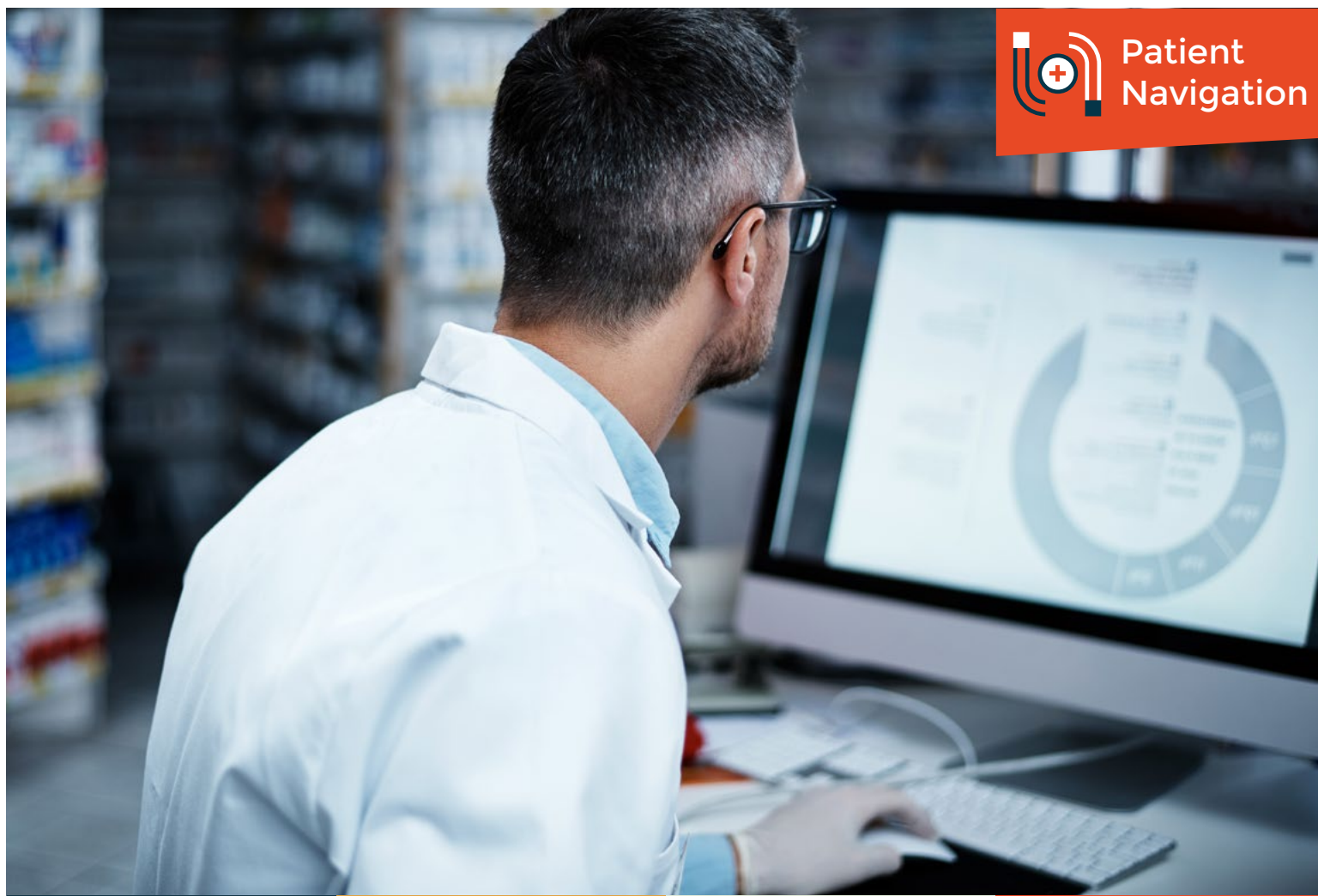
Let’s plan to meet again on \_\_\_\_\_

**Roleplay Activity:**

Two participants will volunteer to roleplay the session. One person being the navigator and the other the client. The navigator will lead the session to gain confidence and familiarity with content. Volunteers will debrief what went well and what they could do to strengthen facilitation of content.

**CLOSING**

This concludes review of session 1. What questions do you have for the facilitators and each other? We will move forward with session 2-Basic Lab Work and Adherence.



## MODULE 7:

# Basic Lab Work and Adherence

**Topics Covered:** Basic lab work, adherence, resistance, viral load

### OBJECTIVES

**By the end of this module, participants will be able to:**

- Gain increased understanding of HIV lab work.
- Identify basic lab work and monitoring of lab work.
- Link the importance of adherence to maintaining good health.



### Method(s) of Instruction

- Lecture
- Facilitated Discussion
- Roleplay

## MATERIALS NEEDED



### POWERPOINT

- Internet access will be needed.



### FLIP CHART SHEETS



### REFERENCE MATERIALS

- Lab Tests and Results: [www.hiv.gov/hiv-basics/staying-in-hiv-care/provider-visits-and-lab-test/lab-tests-and-results](http://www.hiv.gov/hiv-basics/staying-in-hiv-care/provider-visits-and-lab-test/lab-tests-and-results)
- Viral Load and Monitoring: <https://youtu.be/pG-2z0xJdwl>
- Adherence Resistance Issues with HIV Drug Treatment: <https://www.youtube.com/watch?v=uCKjwSDsQuc>

## Key Words and Phrases

- *Lab Work*
- *Adherence*
- *Resistance*
- *Viral Load*
- *Helper T-Cells*
- *CD4 Cells*
- *HIV Genotype*

## PROCESS

### LECTURE

- We will continue reviewing the educational sessions patient navigators will complete with clients.
- The facilitator will review the training objectives and begin by delivering the educational session as a navigator would with a client. The facilitator will engage the group to ensure understanding, model the importance of using plain language, and summarize the videos being viewed.

### ROLEPLAY

- The trainer will ask for two volunteers to demonstrate teaching of this session. One person will be the patient navigator and the other will be the client. The group will observe the interaction.



### The approximate length of time the session will take.

**Total: 50 minutes**

Introduction of the importance of lab work:  
**10 minutes**

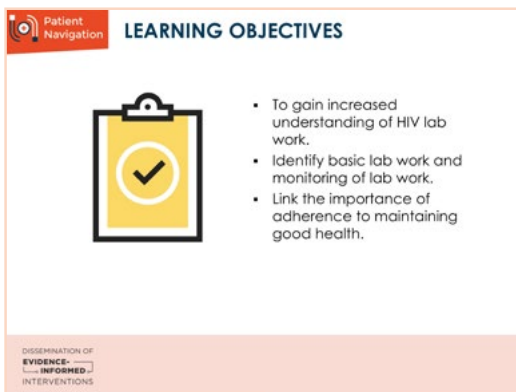
Viral load and monitoring video and debrief:  
**10 minutes**

Adherence and resistance issues with HIV drug treatment:  
**10 minutes**

Roleplay and debrief:  
**20 minutes**

**SLIDE 1:**

Introduce the next education session on lab work and adherence.

**SLIDE 2:**

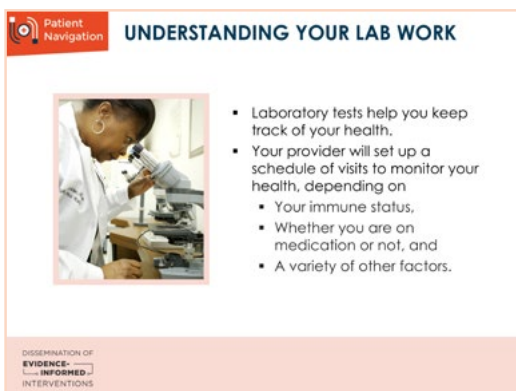
The patient navigator will review the objectives of the education session with clients:

- To gain increased understanding of HIV lab work.
- Identify basic lab work and monitoring of lab work.
- Link the importance of adherence to maintaining good health.

**SLIDE 3:**

During this session we will review your lab work and the importance of medication adherence. We will break it up into several smaller sections:

1. Lab work
2. Monitoring lab work
3. Taking HIV medications
4. Managing challenges
5. Adherence

**SLIDE 4:**

This slide is to begin the conversation of lab work with clients.

Laboratory tests help you keep track of your health.

Your provider will set up a schedule of visits for you to monitor your health, depending on

- Your immune status,
- Whether you are on medication or not, and
- A variety of other factors.

Continued on next page...

**SLIDE 4: Continued**


The patient navigator will ask the client if she has received education on her HIV labs previously to assess her knowledge.

- If she says yes, ensure her some of the content may be a refresher, but you are sure she will find some new and valuable information to support her in managing her health.
- If she says no, ensure her that she will find some new and valuable information to support her in managing her health.

**UNDERSTANDING YOUR LAB WORK**

**Blood Tests Specific to Monitoring Your HIV**

- Helper T-cells
- CD4 cell count
- Viral load count
- HIV genotype
- Routine screening
  - Tuberculosis (TB) test
  - STD screening
  - Hepatitis A, B, and C



DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 5:**

Before we go in-depth, please note that in this session, we will only review the following lab tests:

- CD4
- Viral load
- HIV genotype

These tests tell a story about your health and what needs to be done to keep you healthy. The additional lab tests are considered standard screenings that your doctor will order.

We will review a short video titled, “Viral Load & Monitoring” if time permits. If the client is unable to view the video, use the slides 7–14 to identify key points.

**Animated HIV Science**  
www.AnimatedHIVScience.com

**Viral Load Monitoring**

*Please note: This animation represents a visual interpretation and is not intended to provide, nor substitute as, medical and/or clinical advice. Developed by Mechanisms in Medicine Inc.*

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 6:**

Click on the arrow to start video. When the YouTube page opens remember to expand to full screen.

At the end of the video, ask the client if they have any questions and explain that the next few slides are a review of key points regarding lab tests and results: [www.hiv.gov/hiv-basics/staying-in-hiv-care/provider-visits-and-lab-test/lab-tests-and-results](http://www.hiv.gov/hiv-basics/staying-in-hiv-care/provider-visits-and-lab-test/lab-tests-and-results)

**Understanding Your Lab Work**

TYPE OF LAB TESTS	REASON FOR LAB TESTS
1. Helper T-Cells	How well your immune system is functioning
2. CD4	How well your immune system is functioning
3. Viral Load	How rapidly HIV is replicating, or multiplying
3. HIV Genotype	Whether the virus in your body is resistant to any HIV medications
4. Routine Screening	How preventive care is used to maintain your health

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 7:**

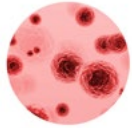
We will focus on three key HIV labs:

- Helper T-cells and CD4 cells are the same, and you may see these terms used interchangeably. This test measures how well your immune system is functioning.
- Viral load is the test that measures how much HIV is in the blood.
- HIV genotype measures if your body is resistant to any HIV medications.

Routine screenings tell your health care provider what actions are needed to maintain your health.



**Patient Navigation** **BLOOD WORK**



**CD4 Cells**

- CD4 cells are a type of white blood cell. They are specialized cells of the immune system that are destroyed by HIV.
- A CD4 count measures how many CD4 cells are in your blood. The higher your CD4 cell count, the healthier your immune system.

*Another name for CD4 is Helper T-Cells.*

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS


**SLIDE 8:**

Ask the client if she remembers what is a CD4 cell? Only after she has responded share the answer.

Provide praise if she gets it correct, but never say her answer is wrong. Instead share the answer and reflect back to the video if it was viewed.

CD4 cells are a type of white blood cell. They are specialized cells of the immune system that are destroyed by HIV. A CD4 count measures how many CD4 cells are in your blood. The higher your CD4 cell count, the healthier your immune system. Another name for a CD4 cell is helper T-cell.

**Patient Navigation** **BLOOD WORK**



**CD4 Cell Count**

- Knowing how many CD4 cells you have, can tell you how healthy your immune system is and how well it can fight against HIV.
- Your CD4 cell count will also be helpful in figuring out when to start antiretroviral (ARV) therapy and whether or not you should start taking medications to prevent AIDS-related infections.

*The higher the CD4 count the better*

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 9:**

Knowing how many CD4 cells you have can tell you how healthy your immune system is and how well it can fight against HIV. Your CD4 cell count will also be helpful in figuring out when to start antiretroviral (ARV) therapy and whether or not you should start taking medications to prevent AIDS-related infections.

**Patient Navigation** **BLOOD WORK**

**CD4 Cells**

- Protect you from viral infections; help other cells fight bacterial and fungal infections; produce antibodies; fight cancers; and coordinate the activities of other cells in the immune system.
- As HIV disease progresses, the CD4 cells fall from a normal count of 500-1,500 down to as low as zero.
- Too few CD4 cells means that the immune system will no longer function like it is suppose to.
- When the CD4 cell count goes below 200:
  - A person is diagnosed with AIDS.
  - There is an increased risk of opportunistic infections.

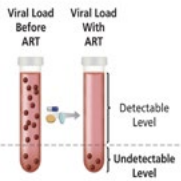
DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 10:****CD4 cells:**

- Protect you from viral infections; help other cells fight bacterial and fungal infections; produce antibodies; fight cancers; and coordinate the activities of other cells in the immune system.
- As HIV disease progresses, the CD4 cells decrease from a normal count of 500-1,500 down to as low as zero.
- Too few CD4 cells means that the immune system will no longer function like it is suppose to.
- When the CD4 cell count goes below 200:
  - A person is diagnosed with AIDS.
  - There is an increased risk of opportunistic infections.

**Patient Navigation** **BLOOD WORK**

**Viral Load Count**



- The viral load count measures the amount of HIV in a cubic milliliter of blood.
- If only a small amount of virus is present (between 40 and 75 copies of virus depending on the test), then the test cannot detect the virus. This is what is meant when a viral load count comes back with a result of “undetectable.”

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 11:**

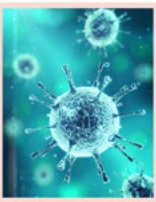
The patient navigator will ask the client if she remembers what is viral load? Only after she has responded share the answer. Provide praise if she gets it correct, never say her answer is wrong, instead share the answer and reflect back to the video if it was reviewed.

The viral load count measures the amount of HIV in a cubic milliliter of blood.

If only a small amount of virus is present (between 20 and 75 copies of virus depending on the test), then the test cannot detect the virus. This is what is meant when a viral load count comes back with a result of “undetectable.”

**Patient Navigation** **BLOOD WORK**

**Viral Load Count**



- A measurement of virus in the blood.
- Adherence to HIV medications can lead to an undetectable viral load.
- However, this does not mean that HIV is absent from your body.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS


**SLIDE 12:**

Ask the client if they know what viral load count means. When she responds, support client with clarity, if needed, and add praise.

The viral load count is a measurement of the amount of virus in a milliliter of blood. If you are medically adherent to your HIV medications this can lead to you having an undetectable viral load. It does not mean that HIV is absent from the body. It means the current test can not measure the small amount of HIV in your blood.

**Patient Navigation** **THE IMPORTANCE OF MONITORING**

**HIV DRUG CHART**



**How Blood Work Is Used**

**It is important to regularly monitor blood work to:**

- Determine when to start taking antiretroviral therapy.
- Determine if medications are working correctly.
- The ultimate goal of taking HIV medications is viral suppression.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

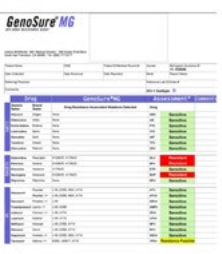
**SLIDE 13:**

It is important to regularly monitor blood work to:

- Determine when to start taking antiretroviral therapy.
- Determine if medications are working correctly.
- The ultimate goal of taking HIV medications is viral suppression.

As we have discussed taking HIV medications can lead to viral load suppression, but if your viral load continues to increase while you are on treatment, it may be necessary to discuss medication changes to protect your CD4 cells and health.

**Patient Navigation** **THE IMPORTANCE OF MONITORING**



**HIV Genotype**

**A test to determine if the virus in your body is resistant to HIV medications.**

- Green shows the medications and drug classes available.
- Yellow shows signs of early resistance to the drug class.
- Red shows resistance to drug classes.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 14:**

We are going to discuss HIV resistance testing: HIV reproduces rapidly and, as the virus makes copies of itself, small changes (or mutations) sometimes result. These changes can lead to different HIV strains, particularly if you are taking HIV medicines and your viral load is not completely controlled or suppressed.

If a strain that is resistant to your HIV drugs develops, the virus will be able to grow even though you are on medication. Your viral load will start to rise. The resistant virus soon will become the most common strain in your body. If this occurs, your provider may order a resistance test to check for mutations in the HIV virus. A person can have a drug resistant strain of HIV if they acquired HIV from an individual with resistant virus. For this reason, an HIV resistance test is recommended for people newly diagnosed with HIV to determine the best classes of HIV medications they can be prescribed.

The picture is a sample of an HIV genotype test result. The green shows the medications and drug classes available for the doctor to prescribe to you also referred to the medications you are sensitive to, red shows medications that are resistant that the provider would not prescribe and, the yellow shows early resistance in the drug classes.

**Patient Navigation** **PATIENT ENCOUNTER PRACTICE QUESTION**

**Have you had lab work done?**

- Let's review your lab work to ensure that you understand the different labs that are monitored.
- We can also track your results on a spreadsheet or a grid. That way you can monitor independently and increase understanding of labs and your health.
- Always ask for a copy of your labs and keep them in one place so that if you move or change physicians, your new physician has a history of your care and treatment.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 15:**

Now that we have reviewed the types of lab work that is done and the importance of monitoring this lab work, let's discuss ways we can support you in taking your medications on a regular, consistent basis, beginning with the question:

**When was the last time you had your lab work done?**

**If lab work was done:**

**Do you know the results of your lab work?**

The navigator may need to help the client get a copy of their lab work. It is important to encourage patients to be informed of their lab results. Provided that there is a copy of lab work you can proceed with the education. The results of your lab work indicate that:

- Your CD4 count is \_\_\_\_
  - **Above 500**, which is considered to be in the normal range and this is good provided your viral load is undetectable.
  - **Below 500**, which means there is room for improvement.
- Your viral load is \_\_\_\_
  - **Undetectable** - this means that your virus is under control and you are maintaining your health.
  - **Is not undetectable** – this means your virus is still highly active and can affect your health.
    - \* Are you interested in working together to achieve an undetectable status?
    - \* Let's plan to meet again on \_\_\_\_.

**Continued on next page...**

**SLIDE 15: Continued****If lab work was not done:**

- Let's discuss ways we might be able to work together to address the challenges you face in taking your medications (or meds)
- Would you be interested in scheduling an appointment to have your lab work done?
- Let's plan to meet again on \_\_\_\_

**For both scenarios:**

It might be helpful to keep track of your lab results so that you can monitor them yourself as you visit your doctor. Looking at your lab results over time will help increase your awareness and understanding of the importance of your lab work and maintaining your health.

- If **yes**, let's do so when we see each other again.
- If **no**, I will check in again with you at a future date. Would that be all right with you?

**SLIDE 16:**

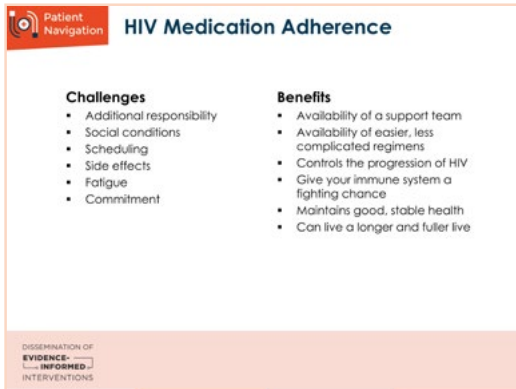
This is a transition point. If the client has time continue or this is a stopping point until your next appointment.

Let the client know we will look at another short video and discuss key points afterwards.

**SLIDE 17:**

Click the red arrow to start video, Adherence Resistance Issues with HIV Drug Treatment:

<https://www.youtube.com/watch?v=ucKjwSDsQuc>



**Challenges**

- Additional responsibility
- Social conditions
- Scheduling
- Side effects
- Fatigue
- Commitment

**Benefits**

- Availability of a support team
- Availability of easier, less complicated regimens
- Controls the progression of HIV
- Give your immune system a fighting chance
- Maintains good, stable health
- Can live a longer and fuller life

DISSEMINATION OF  
EVIDENCE-INFORMED  
INTERVENTIONS

**SLIDE 18:**

Now that we have reviewed the importance of understanding your labs, let's look at HIV medications again. Earlier we reviewed the different types of HIV medications available and how they are used to control your HIV.

**As you may recall:**

While the decision to start and continue taking HIV medications is entirely up to you, these medications are necessary to control HIV replication. It's always good to weigh the benefits and challenges of taking them. From this list the benefits outweigh the challenges.

The bottom line is this—medications can stop HIV from multiplying in order to give your immune system a fighting chance to help you maintain your health. So taking medications is one of the most important things you can do to control your HIV.

At this point let us discuss how you are managing with your medications. I am going to ask you questions that will help you and I, as a team, determine how well you are doing with taking your medications:

- Which medications are you currently taking?
- How frequently do you have to take each one of your meds?
- What are the food restrictions for each of your medications (i.e., with or without food)?
- Why do you think some medications need to be taken with food and some on an empty stomach?
- Why do you think that some medications are taken once a day and others twice a day?
- What helps you remember to take your medications?
- What do you do when you miss a dose?
- What problems have you encountered from taking medications?
- How soon before you run out of medications do you order refills?
- Do you believe the medications are helping you and if so, how?
- Now, let's discuss the benefits and challenges of taking medications, adhering to medication, and caring for one's HIV.

**Review list of challenges:**

Additional responsibility  
Social conditions  
Scheduling  
Side effects  
Fatigue  
Commitment

**Review list of benefits:**

Availability of a support team  
Availability of easier, less complicated regimens  
Controls progression of HIV  
Give your immune system a fighting chance  
Maintains good, stable health  
Can live a longer and fuller life



**Patient Navigation**

### TIPS FOR MANAGING MEDICATION SCHEDULING



- There are many methods and tools available to help maintain a regular, consistent schedule for taking medications.
- These include pillboxes, calendars, alarm watches, phone reminders, etc.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 19:**

Ask the client how she remembers to take her medication regularly?

Let her know she has a team of people supporting her in sticking to her medications and identifying possible barriers to adherence.

In order to experience the benefits we just reviewed, we will now explore medication adherence and the important role adherence plays in maintaining your health.

**Patient Navigation**

### THE IMPORTANCE OF ADHERENCE



- Adherence is taking medications on a regular and consistently.**
- Adherence results in:**
  - High CD4 count
  - Low viral load or viral suppression

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 20:**

Taking medications correctly may seem like a simple or personal matter, but non-adherence (or not taking medications as directed) is a complicated and a common problem so you are not alone. If you are unable to take your medications as directed, let us make a plan to speak to your health provider. Many people who are adherent to HIV medications and engaged in care become virally suppressed or undetectable and report decreased health related stress.

**Roleplay:**

Ask for two volunteers to demonstrate teaching of this session. One person will be the patient navigator and the other will be the client. The group will observe the interaction.

**Patient Navigation**

### REFERENCES

Iowa Healthcare Collaborative (IHC) <a href="http://www.ihc-online.org">www.ihc-online.org</a>	Centers for Disease Control and Prevention (CDC) <a href="http://www.cdc.gov/healthliteracy">www.cdc.gov/healthliteracy</a>
Minnesota Health Literacy Partnership (MHLF) <a href="http://www.healthliteracymn.org">www.healthliteracymn.org</a>	Institute of Medicine <a href="http://www.nationalacademies.org">www.nationalacademies.org</a>
American Medical Association (AMA) <a href="http://www.ama-assn.org/">www.ama-assn.org/</a>	Institute for HealthCare Improvement <a href="http://www.ihci.org">www.ihci.org</a>
Agency for Healthcare Research & Quality (AHRQ) <a href="http://www.ahrq.gov/browse/hliti.htm">www.ahrq.gov/browse/hliti.htm</a>	Wikipedia <a href="http://www.wikipedia.org">www.wikipedia.org</a>

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 21:****CLOSING**

Next, we will continue to review the education sessions patient navigators will conduct with clients. The next education session focuses on stigma and disclosure.



## MODULE 8:

# Stigma and Disclosure

**Topics Covered:** Covered: Stigma, disclosure

### OBJECTIVES

**By the end of this module, participants will be able to:**

- Gain increased understanding about stigma and the impact of disclosing HIV status.
- Identify how and when to disclose HIV status.
- Explore ways to disclose and hear stories of women who have disclosed their status.



### Method(s) of Instruction

- Lecture
- Facilitated Discussion
- Roleplay

## MATERIALS NEEDED



### POWERPOINT

- Internet access will be needed.



### FLIP CHART SHEETS



### REFERENCE MATERIALS

- HIV Law and Policy
  - <http://www.hivlawandpolicy.org/sourcebook>
- Women's stories
  - Linda Scruggs: <https://youtu.be/eD7wnfZuxH0>
  - Gina Brown: <https://youtu.be/740A4gt9Wiw>

## PROCESS

### LECTURE

- We will continue reviewing the educational sessions patient navigators will complete with clients.
- The facilitator will review the training objectives and begin by delivering the educational session as a navigator would with a client. The facilitator will engage the group to ensure understanding, model the importance of using plain language, and summarize the videos being viewed.

### ROLEPLAY

- Ask for two volunteers to demonstrate teaching of this session. One person will be the patient navigator and the other will be the client. The group will observe the interaction.

## Key Words and Phrases

- *Patient Navigation*
- *Disclosure*
- *HIV Criminalization*
- *Stigma*



### The approximate length of time the session will take.

**Total: 60 minutes**

Understanding about stigma and disclosing HIV status:

**10 minutes**

The five Ws and discussion:

**15 minutes**


Disclosure stories and video: **15 minutes**

Roleplay and debrief: **20 minutes**

**SLIDE 1:**

Introduce this module, "Managing Stigma and Disclosure."

**OBJECTIVES**



- Gain understanding about stigma and the impact of disclosing one's HIV status.
- Identify who and when to disclose one's HIV status.
- Explore ways to disclose and hear stories of women who have disclosed their status.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 2:**

During this sessions we will:

- Gain understanding about disclosing one's HIV status.
- Identify to whom and when to disclose one's HIV status.
- Explore ways to disclose and hear stories of women who have disclosed their status.

**WHAT IS STIGMA?**

**“** Short definition of stigma is “a mark of disgrace or reproach.”  
*Webster's New World Dictionary*

**“** “Stigma is a perceived negative attribute that causes someone to devalue or think less of the whole person.”  
*Kristalyn Salters-Pedneault, Ph.D.*

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 3:**

Stigma is a deeply negative mindset and provides no value to society in general. People with mental illness represent perhaps one of the most deeply stigmatized groups in American culture. Many of the over 46 million Americans who suffer from some type of mental health disorder may describe and define stigma using one of these words or phrases: hate, discrimination, prejudice, fear inducing, humiliating, hurtful.

People with mental illness feel diminished, devalued, and fearful because of the negative attitude society holds toward them. As a result, people struggling with mental health challenges may not get the help they need for fear they'll be discriminated against.

**HIV AND STIGMA**



HIV/AIDS related stigma refers to prejudice, discounting, discrediting and discrimination directed at persons perceived to have AIDS or HIV, as well as their partners, friends, families and communities.\*

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

\*Source: Herek GM. AIDS and stigma: A Conceptual Framework and Research Agenda. Research work of the National Institute of Mental Health. Pg. 1.

**SLIDE 4:**

HIV/AIDS related stigma refers to prejudice, discounting, discrediting, and discrimination directed at persons perceived to have AIDS or HIV, as well as their partners, friends, families, and communities.\*

**\*Source:** Herek GM. AIDS and stigma: A Conceptual Framework and Research Agenda. Research work of the National Institute of Mental Health. Pg. 1.

**Patient Navigation** **HOW HIV/AIDS STIGMA IS MANIFESTED**

- Individuals with HIV/AIDS
- Groups of people perceived to be likely to be infected
- Individuals, groups, and communities with whom these individuals interact



DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

\*Source: Heretik GM. AIDS and stigma: A Conceptual Framework and Research Agenda. Research work of the National Institute of Mental Health. Pg. 1.

**SLIDE 5:**

**Primary HIV/AIDS Stigma**—Defined as the stigma directed at those individuals who have contracted and/or those perceived as living with the virus.


In order to cope with this form of stigma, individuals resort to the concealment of their seropositive status for fear of being shunned by others, including their medical provider. This may prove to be detrimental to issues of health care. Concealment of seropositive status often leads to social isolation and internalized feelings of self-loathing and a cycle of hopelessness.

**Secondary HIV/AIDS Stigma**—Is aimed at those individuals and/or groups associated with people living with HIV. This includes partners, family, friends, professionals volunteers, and agencies that have close proximity with PLWH/A. Secondary stigma may also be directed towards individuals who are part of a group associated with HIV.

**Patient Navigation** **STIGMA AND IMPACT ON DISCLOSURE**

HIV/AIDS stigma often reinforces existing social inequalities. Expressions of stigma include:

- Ostracism, rejection, and avoidance
- Discrimination
- Quarantine of persons who are HIV infected
- Violence
- Fear of disclosure



DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS


\*Source: Heretik GM. AIDS and stigma: A Conceptual Framework and Research Agenda. Research work of the National Institute of Mental Health. Pg. 1.

**SLIDE 6:**

HIV/AIDS stigma often reinforces existing social inequalities based on gender, race, ethnicity, class, sexuality, and culture. HIV stigma is a problem throughout the world and has been expressed in a variety of ways, including:

- Ostracism, rejection, and avoidance of people living with HIV.
- Discrimination against people living with HIV by their families, health care professionals, communities, and governments.
- Quarantine of people living with HIV.
- Violence against people who are perceived to be a person living with HIV belong to “high risk groups.”
- Fear of disclosure.

**Patient Navigation** **TO TELL OR NOT TO TELL:**  
Disclosing your HIV Status



DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 7:**

Introduce the topic of disclosure.



**Patient Navigation** **DISCLOSURE**



Who do I tell? — When do I tell?

**REMEMBER DISCLOSURE CAN BE A PROCESS; IT MAY TAKE SEVERAL CONVERSATIONS.**


DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 8:**

**Note:** When discussing disclosure, please remember that it is a process and will be different with each client. It is the patient navigator's role to introduce who, what, when, where, and why to disclose and support a client if they choose to disclose.

The patient navigator should only support with general information as outlined throughout this presentation.

**Patient Navigation** **YOU DON'T HAVE TO TELL EVERYONE**



- Remember the choice is yours to tell and when to tell
- Be selective

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 9:**

You do not have to tell everyone. Remember the choice is yours to tell and when to tell. Be selective.

**Patient Navigation**



**IT'S A GOOD IDEA NOT TO RUSH INTO DISCLOSING ONE'S STATUS WITHOUT FIRST GIVING IT SOME THOUGHT.**

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 10:**

Patient navigators can remind clients that disclosure is a process and they can support the client by educating them on HIV and what types of information to disclose.

**Patient Navigation** **CONSIDER THE 5 W'S WHEN THINKING ABOUT DISCLOSURE**



DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 11:**

Consider the 5 W's when thinking about disclosure:

- Who
- What
- Where
- When
- Why

**QUESTIONS CONCERNING THE 5 W'S**



- Who do you need to tell?
- What are you expecting from the person to whom you are disclosing?
- When should you disclose your HIV status?
- Where is the best place to have this conversation?
- Why are you telling them?

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 12:**

Consider these 5 questions we call the 5 Ws:

- Who do you need to tell?
- What are you expecting from the person to whom you are disclosing?
- When should you disclose your HIV status?
- Where is the best place to have this conversation?
- Why are you telling them?

**UNDETECTABLE: Do I Disclose?**

- Lab results can confirm that you are virally suppressed (undetectable) and less likely to transmit HIV.
- If I am undetectable, do I still have to disclose my status?
- Yes! In many states persons living with HIV have to disclose their status to all sexual partners. Check your state laws.
- Regardless of your viral load, you are living with HIV.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 13:**

Fortunately for people living with HIV, lab results can confirm that you are virally suppressed (undetectable) and less likely to transmit HIV.


You might ask yourself, "If I am undetectable, do I still have to disclose my status?" In many states people living with HIV must disclose their status to all sexual partners. Check your state laws. Research on national websites such as <http://www.hivlawandpolicy.org/sourcebook>

Regardless of your viral load, you are living with HIV.

Honesty is important in relationships, but ultimately, you decide if you disclose.

**UNCERTAINTY**

- Many clients will express having feelings of uncertainty about disclosing; this is a very common reaction in this situation
- Think about the pros and cons of sharing your HIV status.
  - "Do they need to know?"
  - "Is there something I am looking for from the person? If so what?"



DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 14:**

Many clients will express having feelings of uncertainty about disclosing; this is a very common reaction in this situation. Think about the pros and cons of sharing your HIV status.

- "Do they need to know?"
- "Is there something I am looking for from the person? If so, what?"

The patient navigator can help the client list both health and personal pros and cons.

**THERE IS NO PERFECT ROADMAP ON HOW TO DISCLOSE.**



DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 15:**

Remind clients they there is no perfect way to disclose their status. It is best to trust their instincts, not their fears.

Even if it doesn't go the way they had hoped, you, their patient navigator is there to support them. They may have other trusted people in their lives who can support them.

**Slide 16: PEOPLE A CLIENT SHOULD ALWAYS TELL...**



**The people who need to know your status are those who come in direct contact with your body fluids such as:**

- Blood
- Semen
- Vaginal secretions
- Breast milk

Remember unless you know your labs and that you are virally suppressed, it's important to tell intimate partners and medical providers that care for them

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS


**SLIDE 16:**

The people who need to know your status are those who come in direct contact with your body fluids such as:

- Blood
- Semen
- Vaginal secretions
- Breast milk

Remember unless you know your labs and that you are virally suppressed, it's important to tell intimate partners and medical providers that care for you.

**Slide 17:**



Many states have laws that **REQUIRE** people to **TELL** sexual partners about their HIV status.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 17:**

While disclosing can be difficult, in some states it is a requirement that you tell your sex partners your HIV status. You can conduct research to determine if you are mandated by your state laws at [www.hivlawandpolicy.org/sourcebook](http://www.hivlawandpolicy.org/sourcebook). While it can sound scary, there have been stories of people who have been criminalized or served prison time for non-disclosure in some states.

**Slide 18: REMEMBER: Keep it safe & simple!**



**Consider the following:**

- Have the conversation in a safe and secure place.
- Choose a space that provides privacy, yet offers comfort and familiarity.
- Be prepared to talk about your diagnosis in a clear way and provide basic information about what it means to live with HIV.
- Be confident as you discuss your diagnosis.
- Practice with a trusted support.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 18:**

Consider the following when you plan to disclose:

- Have the conversation in a safe and secure place.
- Choose a space that provides privacy, yet offers comfort and familiarity.
- Be prepared to talk about your diagnosis in a clear way and provide basic information about what it means to live with HIV.
- Be confident as you discuss your diagnosis.
- Practice with a trusted support.

**Slide 19: WHAT ARE SOME BENEFITS OF DISCLOSING?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 19:**

Discuss with clients what they consider to be the benefits of disclosing one's diagnosis of HIV.

**Patient Navigation** **THINKING ABOUT HIV DISCLOSURE**




- Is there someone you would like to disclose to? If so, what is their relationship with you?
- What do you want them to know?
- Is there anything else you want them to know?

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 20:**

It takes strength and character to be honest in such a circumstance. Perhaps, the real benefit of disclosing to a date, casual sex partner, or anonymous sex partner is for the client personally. The client is behaving responsibly with that person by disclosing.

**Patient Navigation** **VIDEO**



**Linda Scruggs Shares Her Story of Disclosure**  
Published on Mar 27, 2015  
Approximately 8 minutes long  
<https://youtu.be/eD7wnfZuxH0>

**Gina Brown Shares Her Story of Disclosure**  
Published on Mar 27, 2015  
<https://youtu.be/740A4g19Wiw>

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 21:**

Click on the YouTube links to watch the videos with participants.

**Patient Navigation** **STORIES OF DISCLOSURE**

**Melissa of Philadelphia, PA** says, when I practiced disclosing I found it helpful. I also noticed after repeating my status out-loud it became easier to say, so I was more comfortable when sharing with my sisters and oldest daughter.

**Sharon of Nashville, TN** talked about how becoming educated about her status empowered her to disclose to her sexual partners. She knew and understood how to talk about HIV, and she encouraged them to get tested. She tells us one partner got mad and she hasn't seen her since. Her other partner did get tested and is negative. They are still together, and he supports her. He's only question was "what took her so long to tell him." She told him, "I was afraid."


**Queenie of Clinton, NC** says it took her ten years of living in fear and stress to become honest with herself to address her status. She told us "first I had to disclose to me. I needed new information because what I thought about HIV keep me out of care. I made an ID clinic appointment, and I cried, and my doctor said: 'you are not alone, we are here with you.'"

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 22:**

This is a transition slide with three women living with HIV sharing stories about how they handle disclosure. Ask the client, of the three stories did anything stand out? Did she hear any take aways that might be helpful? Be sure to respond to her feedback. Patient Navigator is encouraged to share samples of how they have disclosed from their own experiences if they are living with HIV or those of a client without providing the client's name.

**Patient Navigation** **TAKE AWAY POINTS**



**Things to consider as you decide to tell a person that you are living with HIV:**

- What kind of relationship do I have with this person?
- What are the pros and cons of telling this person that I am living with HIV?
- Are there particular issues this person might have that will affect how much he or she can support me?
- What is this person's attitude and knowledge about HIV?

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 23:**

Things to consider as you decide to tell a person that you are living with HIV:

- What kind of relationship do I have with this person?
- What are the pros and cons of telling this person that I am living with HIV?
- Are there particular issues this person might have that will affect how much he or she can support me?
- What is this person's attitude and knowledge about HIV?

**SLIDE 24:**

Review this quote with clients and ask for their responses. How does this sentiment make them feel about HIV disclosure?

**Roleplay:**

Ask for two volunteers to demonstrate teaching of this session. One person will be the patient navigator and the other will be the client. The group will observe the interaction.

**CLOSING**

Next, we will continue to review the education sessions patient navigators will conduct with clients. The next education session focuses on HIV and substance use.





## MODULE 9:

# HIV and Substance Use

**Topics Covered:** HIV, substance use, harm reduction, recreational drugs

### OBJECTIVES

**By the end of this module, participants will be able to:**

- Identify recreational drugs and define their impact on the effectiveness of HIV medication.
- Acknowledge their own recreational drug use (if applicable) and the potential impact on HIV-specific health outcomes.
- Develop a harm reduction plan if they are currently using recreational drugs.



### Method(s) of Instruction

- Lecture
- Facilitated Discussion
- Roleplay

## MATERIALS NEEDED



### POWERPOINT

- Internet access will be needed.



### FLIP CHART SHEETS



### REFERENCE MATERIALS

- What is Harm Reduction? - Sistering Promotional Clip:  
<https://www.youtube.com/watch?v=RjXStRANyQE&t=12s>

## PROCESS

### LECTURE

- We will continue reviewing the educational sessions patient navigators will complete with clients.
- The facilitator will review the training objectives and begin by delivering the educational session as a navigator would with a client. The facilitator will engage the group to ensure understanding, model the importance of using plain language, and summarize the videos being viewed.

### ROLEPLAY

- Ask for two volunteers to demonstrate teaching of this session. One person will be the patient navigator and the other will be the client. The group will observe the interaction.

## Key Words and Phrases

- *Patient Navigation*
- *Substance Use Disorders*
- *HIV and Substance Use*
- *Harm Reduction*
- *Recreational Drugs*



### The approximate length of time the session will take.

**Total: 50 minutes**

Identifying recreational drugs an impact on HIV medications:

**20 minutes**

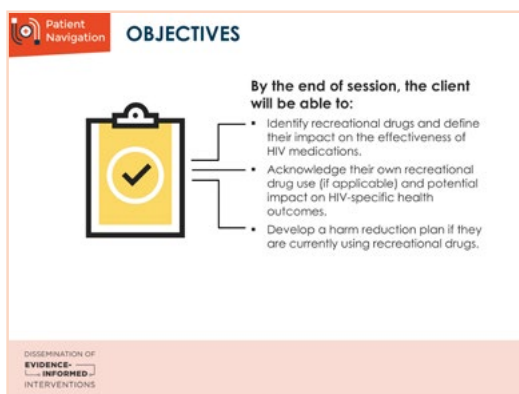
What is harm reduction and examples of how it is applied to varied behaviors:

**15 minutes**

Roleplay: 15 minutes

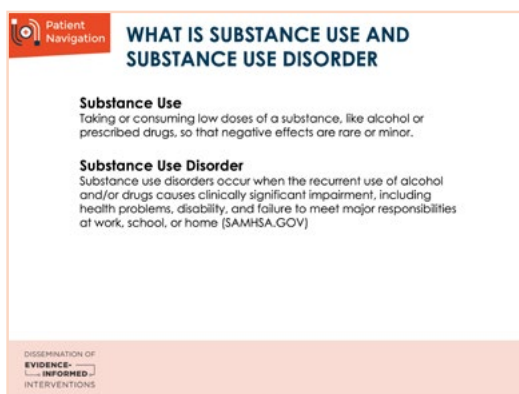
**SLIDE 1:**

Welcome to the educational session on substance use and harm reduction.

**SLIDE 2:**

Today's objectives include helping you:

- Identify recreational drugs and define their impact on the effectiveness of HIV medications.
- Acknowledge your own recreational drug use (if applicable) and its potential impact on HIV-specific health outcomes.
- Develop a harm reduction plan if you are currently using recreational drugs.

**SLIDE 3:**

**Note:** The patient navigator should assess if the client has a history of substance use. If the client does not have a history of substance use, reframe the session as more informational in nature as the session could evolve into the client feeling judged by the patient navigator.

Today we're going to focus on substance use, and how it may impact your health or the health of anyone who is managing their HIV care. Remember, if you have any questions during the dialogue, please don't hesitate to ask.

We will use the following definitions:

- **Substance Use**—Taking or consuming low doses of a substance, like alcohol or prescribed drugs, so that negative effects are rare or minor.
- **Substance Use Disorder**—Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home (SAMHSA.GOV).

**Patient Navigation**

### COMMON SUBSTANCES OF USE



**Legal Substances**—alcohol, tobacco, prescription drugs, and inhalable substances (e.g., paint thinner, gasoline, glues, butane, nitrous oxide or whippets, etc.) and marijuana in many states.

**Illegal Substances**—cocaine, crack cocaine, crystal meth, fentanyl, heroin, hallucinogens like LSD and mushrooms, and “club drugs” like ecstasy.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 4:**

These are some of the legal and illegal substances that are used in the United States. All of these substances can affect one’s ability to make decisions and may cause changes in behavior. We should also note they can alter our ability to make healthy life choices and decisions that can impact one’s HIV management.

Some of these substances also go by street names, including:

- Nitrous oxide = whippets
- Amyl nitrite = poppers
- Marijuana = weed, pot
- Cocaine = coke
- Heroin = horse
- LSD = acid
- Ecstasy = e
- Methamphetamine = crystal meth



**RECREATIONAL DRUGS**

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 5:**

Introduce the topic of recreational drugs.

**Patient Navigation**

### ALCOHOL

Contains ethanol, which is a psychoactive drug that has a depressant effect

FORMS OF ALCOHOL	IMPACT
<ul style="list-style-type: none"> <li>• Beer</li> <li>• Wine</li> <li>• Rum</li> <li>• Whiskey</li> <li>• Tequila</li> </ul>	<ul style="list-style-type: none"> <li>• Binge drinking</li> <li>• Alcohol poisoning</li> <li>• Weakens the immune system and damages the liver</li> <li>• Poor medication adherence</li> <li>• HIV medications can be less effective</li> </ul>

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 6:**

Review the forms of alcohol and their potential health impacts. Some specific concerns related to HIV medications include:

Some cases of alcohol poisoning have been reported of individuals experiencing increased levels of Ziagen because of acute alcohol use, including an increased risk of corresponding side effects (life threatening body rash and fever).

When Stavudine (d4T) or Didanosine (ddI) are mixed with alcohol, there is an increased risk of pancreatitis. Acute use can cause alcohol poisoning.

RECREATIONAL DRUGS	
FORMS OF RECREATIONAL DRUGS	IMPACT ON PEOPLE LIVING WITH HIV
<ul style="list-style-type: none"> <li>Ecstasy/MDMA</li> <li>Crystal Methamphetamines</li> <li>Cocaine</li> <li>Heroin</li> <li>PCP</li> <li>LSD</li> <li>GHB</li> </ul>	<ul style="list-style-type: none"> <li>HIV meds cause Ecstasy to be 5-10x more potent</li> <li>HIV drug toxicity</li> <li>HIV meds cause recreational drugs to have longer and stronger effects</li> <li>Stroke, heart attacks, change in blood pressure</li> <li>Liver damage</li> </ul>

**SLIDE 7:**

**Note:** Assess whether your client has a history of recreational drug use. This slide presents the negative health impact that recreational drugs can cause when mixed with HIV medications. It is helpful to have these conversations with the client; however some clients may feel that the patient navigator is judging that they are a person using drugs.

Here are some examples of recreational drugs that are used by people. Let's review a few forms of them.

- **MDMA** is also known as Ecstasy: Ecstasy's primary effect is to stimulate the release of large amounts of serotonin as well as dopamine and noradrenaline in the brain, causing a general sense of openness, energy, euphoria, and well-being. Protease Inhibitors—in particular Norvir—slow down the liver enzyme that breaks down Ecstasy. As a result, Ecstasy dose becomes five to ten times stronger when taken with HIV medications.
- **Crystal Methamphetamines** can cause a Protease Inhibitor, like Norvir, to become toxic due to elevated drug levels in the blood, which could lead to stroke, heart attack, or changes in blood pressure.
- **GHB (the date rape drug):** GHB interacts with Norvir, making it five to ten times stronger and longer lasting.
- **PCP:** PCP is a powerful hallucinogen, which can cause feelings of empowerment and invulnerability. Potentially dangerous effects include seizures, hypertension, hyperthermia, and rhabdomyolysis. When mixed with a Protease Inhibitor, such as Delavirdine and possibly Efavirenz, concentrations of PCP can increase and become toxic.
- **LSD:** LSD is a powerful hallucinogen that causes intense hallucinations, agitation, psychosis, and perception disorders known as 'flashbacks.' Side effects of the drug include higher body temperatures, increased heart rate, blood pressure, sweating, sleeplessness, and tremors.

A combinations of recreational drugs and these HIV medications have the greatest potential to cause toxicity:

- Norvir
- Kaletra
- Viracept
- Agenerase
- Lexica
- Rescriptor
- Sustiva



**Patient Navigation**

### PRESCRIPTION AND OVER-THE-COUNTER DRUG ABUSE

Prescription drug abuse is taking medication for non-medical reasons. This can be dangerous and addictive.

Here are the three categories of commonly abused prescription drugs along with some examples of each:

- **Painkillers** (narcotics)
- **Depressants** (sleeping medications, anti-anxiety medications)
- **Stimulants** (attention deficit disorder medications)

**In 2016 54 Million Americans** reported using a prescription drug for nonmedical reasons in their lifetime

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 8:**

Taking medication for nonmedical reasons means:

- Taking a prescription medication that is not prescribed for you.
- Taking a prescription medication for reasons or in dosages other than as prescribed.

Remember, over-the-counter medicines like cough suppressants, sleep aids, and antihistamines can also be abused when not used as instructed.

Here are the three categories of commonly abused prescription drugs along with some examples of each:

- **Painkillers** (narcotics)
- **Depressants** (sleeping medications, anti-anxiety medications)
- **Stimulants** (attention deficit disorder medications)

Resource: <https://talbotcampus.com/prescription-drug-abuse-statistics/NIDA>

**Patient Navigation**

### SUBSTANCE USE CAN IMPACT HIV



**ALCOHOL AND DRUGS CAN IMPAIR YOUR JUDGMENT AND AFFECT YOUR ABILITY TO MAKE SAFE CHOICES, PUTTING YOU AT GREATER RISK FOR HIV.**

Substance use is not just harmful to your health. Drugs and alcohol can also promote the transmission of HIV from:

- needles and shared equipment
- Encouraging HIV risk-related sexual behavior

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 9:**

Substance use can impact transmission of HIV. Research has indicated that alcohol and drug use can inhibit a person's judgment, reducing the chance of using condoms or some type of barrier during sexual encounters, that may lead to exposure of sexually transmitted infections or just STIs.

**Patient Navigation**



**SUBSTANCE USE IS ALL AROUND US**

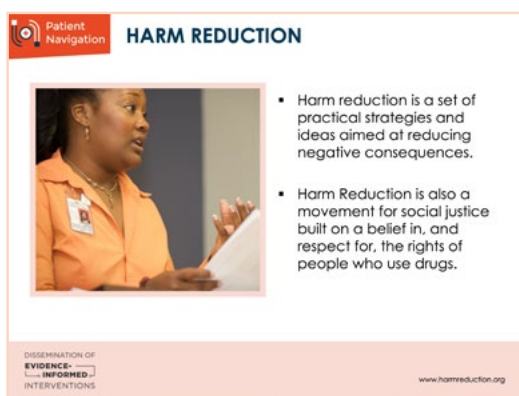
DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 10:**

We have discussed a lot about substance use and the impact substance use has on people living with HIV and on HIV medications. As the patient navigator I am here to support you, not to judge. If you use drugs it is helpful to develop a harm reduction plan.

**SLIDE 11:**

Introduce the next concept of the session, which is harm reduction.

**SLIDE 12:**

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences.

Harm reduction is a philosophy/paradigm within public health built on a belief in, and respect for, the rights of people who use drugs.

A harm reduction approach can be applied to substance use, safer sex, smoking cessation, weight loss, and many other behaviors a person may be working to reduce to become healthier.

*Your patient navigator is not a substance abuse counselor and is not recommending any of the following information to you; however they are able to address a harm reduction approach and can make a referral for further services as needed.*

**SLIDE 13:**

There are many behaviors where a harm reduction approach can be applied, such as:

- Condom use
- Syringe exchange
- Naloxone/Narcan\* distribution
- Alcohol use in moderation
- Cigarette smoking in moderation
- Seat belt use

Ask the client for examples about other behaviors where a harm reduction approach can be applied.

**\*Naloxone** is used to treat a narcotic overdose in an emergency situation. This medicine should not be used in place of emergency medical care for an overdose.

**Patient Navigation** **HARM REDUCTION CLIENT STORY**



DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 14:**

Please review the client story that is available on YouTube.

<https://www.youtube.com/watch?v=RjXStRANyQE&t=12s>

**Patient Navigation** **HARM REDUCTION CLIENT STORY**

Ryan is a 27 year old woman living with HIV for four years. She grew up in foster care and group homes. She started to use drugs in her early teens and began injecting morphine daily for five years, often living on the street. She had been through addiction treatment, and despite many attempts to quit, she always ended up back on drugs.

Ryan became sick and tested positive for hepatitis C. Her ID doctor suggested she consider going on buprenorphine to manage her addiction. Through rough relationships with staff, and understanding the choice was hers, she decided the buprenorphine program with a harm reduction approach was right for her.

That was two years ago. Buprenorphine has done wonders for Ryan's life. She is now stable, holding a job, and planning on getting married next month. Buprenorphine allows Ryan to function normally and maintain good health.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 15:**

Review the client story on the slide.

**Patient Navigation** **DEVELOPING A HARM REDUCTION PLAN FOR ALCOHOL USE**

- Choose which days and how many days each week you wish to abstain.
- Choose which days and how many days each week you wish to use or drink moderately.
- Choose which days and how many days you wish to get high/intoxicated.
- Choose how much you want to drink daily.
- Choose days to not drink at home.
- Choose days and times to drink.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 16:**

It's important for you, the client, to make a decision that you want when developing a harm reduction approach to reduce substance use or recreational drug use.

This is a preliminary plan and we will use the example of reducing alcohol. Review slide. Ask her if she has ever tried to abstain or modify her drinking habits. If she says yes or no, walk her through the steps below.

This strategy is not for everyone, but some people who primarily drink at home choose not to have alcohol in their house on abstinence days. They buy it only on the days when they intend to drink. Some people with blue laws in their states even use Sunday (the day on which booze is not sold) as their sober up day—on purpose.

Instead of reducing the number of days you drink per week (or month), you may choose to reduce the number of drinks you drink per day. Or you may choose to do both.

Drinking in reaction to anger is particularly likely to lead to a bad drinking episode. Unplanned drinking episodes are also fraught with danger.

**Patient Navigation**

### DEVELOPING A HARM REDUCTION PLAN FOR RECREATIONAL DRUG USE

People who use drugs can take small steps to reduce harm to themselves and others:

- Know one's dealer to establish the source, the strength, and the toxicity of the drug.
- Reduce the number of days drugs are used.
- Reduce the amount of drugs consumed.
- Avoid using drugs alone.
- Get support for physical and mental health concerns, housing, or basic necessities.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 17:**

Let's review the harm reduction plan if a person wanted to reduce their recreational drug use.

People who use drugs can take small steps to reduce harm to themselves and others:

- Knowing one's drug-dealer to establish the source may increase their knowledge of the drug's strength and toxicity.
- Reduce the amount of drugs consumed.
- Avoid using drugs alone.
- Get support for physical and mental health concerns, housing, or basic necessities.

Refer the client to a substance abuse counselor or connect her with a support network. If not, link her to the appropriate person if she would like to address this more.

**Patient Navigation**

### DEVELOPING A HARM REDUCTION PLAN FOR INTRAVENOUS DRUG USE (IDU)

- If you do share your syringe and works, make sure you clean your works with bleach and water.
- Do not share your syringes with anyone else, as this is the easiest way to transmit HIV and hepatitis C (HCV).
- Identify agencies that have an exchange program.
- Choose the days and time when you use drugs.
- Choose to attend a Narcotics Anonymous Group or other support group.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 18:**

If your client shared that they use drugs intravenously, this maybe the harm reduction plan to review.

- Do not share your syringes with anyone else, as this is the easiest way to transmit HIV and hepatitis C (HCV).
- If you do share your syringe and works, make sure you clean your works with bleach and water (instructions listed below).
- Identify agencies that have a syringe exchange program.
- Choose the days and time when you use drugs.
- Choose to attend a Narcotics Anonymous Group or other support group.

**How to clean a syringe with bleach:**

**Step 1:** Fill syringe with water.

**Step 2:** Shake it up to rinse it. Tap it to get out air bubbles.

**Step 3:** Shoot the water out. Dump out this water. Repeat steps two and three until you can't see any blood.

**Step 4:** Pour some bleach into a glass. Stick the needle in the bleach and draw the bleach through the syringe up to the top. Leave the needle in the glass of bleach and wait 30 seconds.

**Step 5:** Shoot the bleach back into the glass. Dump out this glass of bleach so you won't reuse it.

**Step 6:** Fill the syringe again with new water, shoot it out and repeat at least three times to make sure you rinse all the bleach out. Shooting bleach into your veins can cause serious medical problems.

If you don't have new works, do the same thing with them-rinse with water, soak in bleach for 30 seconds, then rinse THOROUGHLY with water. And always use new cotton. Try to clean needles and works as soon after use as possible, before blood can clot on them.

**Patient Navigation**

### DEVELOPING A HARM REDUCTION PLAN FOR SAFER SEX

- Identify the number of sex partners and days you want to have sex.
- Identify how many times you want to use male or female condoms when you want to have sex.
- Acquire the male or female condoms.
- Gradually decrease the number of sex partners and days you want to have sex.
- Use condoms every time you have sex. Choose a male condom made of latex or polyurethane—not natural materials. Choose a female condom made of polyurethane.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 19:**

If a client is at risk based on known behaviors, ask her if she knows about safer sex harm reduction. If not, then develop a harm reduction plan for safer sex with her.

There are other things you can do to protect yourself when you have HIV. For example:

- Having fewer condomless sex events.
- Having fewer partners.
- Having regular screenings for sexually transmitted infections (at least twice a year).
- Being vaccinated against hepatitis A and B.
- Avoiding vaginal sex during menstruation.
- Avoiding alcohol and drugs before or during sex as these substances impair decision making.

Free condoms are not distributed to encourage people to have sex. Recognize that people have condomless sex for many different reasons, and that factors such as embarrassment and poverty may get in the way of purchasing condoms. Free condoms prevent a lot of illness and problems associated with condomless sex.

**Patient Navigation**

### HARM REDUCTION and SAFER SEX TIPS

- Avoid drinking alcohol or using drugs as this increases the chance that you will participate in high-risk sex.
- Have regular Pap tests, pelvic exams, and periodic tests for sexually transmitted infections (STIs).
- For oral sex, help protect your mouth by having your partner use a condom (male or female).
- Women should not douche after intercourse—it does not protect against STIs, could spread an infection farther into the reproductive tract, and can wash away spermicidal protection.
- Be aware of your partner's body. Look for signs of a sore, blister, rash, or discharge.
- Check your body frequently for signs of a sore, blister, rash, or discharge.
- Consider sexual activities other than vaginal, oral, or anal sex — techniques that do not involve the exchange of body fluids or contact between mucous membranes.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 20:**

Review slide for harm reduction and safer sex tips:

- Avoid drinking alcohol or using drugs as this increases the chance that you will participate in high-risk sex.
- Have regular Pap tests, pelvic exams, and periodic tests for sexually transmitted infections (STIs).
- For oral sex, help protect your mouth by having your partner use a condom, dental dam, or other barrier method prophylactic.
- People with vaginas should not douche after intercourse—it does not protect against STIs, could spread an infection farther into the reproductive tract, and can wash away spermicidal protection.
- Be aware of your partner's body. Look for signs of a sore, blister, rash, or discharge.
- Check your body frequently for signs of a sore, blister, rash, or discharge.
- Consider sexual activities other than vaginal, oral, or anal sex — techniques that do not involve the exchange of body fluids or contact between mucous membranes.



**Patient Navigation** **THINKING ABOUT HARM REDUCTION?**



- What might be something you are thinking about reducing activity of or changing?
- Why would you like to make this change?
- What have you tried this before? If so what happen?
- What do you need to support you?

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 21:**

Ask the client if, based on the information discussed today, she can think of something she might want to work with staff to modify. If she answers "yes," be sure to connect her to the appropriate service (e.g., substance use treatment or counselor).

**Patient Navigation** **KEY TAKE-A-WAYS**

- Substance use impacts millions of people around the world.
- Using substances can impact your immune system.
- Using substances can impact HIV and HIV treatment.
- Harm reduction strategies may decrease:
  - Your number of HIV exposures
  - STI infections
  - Legal needs

**IF YOU USE SUBSTANCES THERE IS HELP AVAILABLE FOR YOU.**

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 22:**

Review key points:

- Substance use impacts millions of people around the world.
- Using substances can impact your immune system.
- Using substances can impact HIV and HIV treatment.
- Harm reduction strategies may decrease:
  - Your number of HIV exposures.
  - STI infections.
  - Legal needs.

Be sure to offer support for clients with a history of substance use or who are at risk for a substance use disorder.

**Patient Navigation** **REFERENCES**

[www.avert.org/professionals/hiv-social-issues/stigma-discrimination](http://www.avert.org/professionals/hiv-social-issues/stigma-discrimination)

[www.socialworkers.org/practice/hiv\\_aids/AIDS\\_Day2012.pdf](http://www.socialworkers.org/practice/hiv_aids/AIDS_Day2012.pdf)

[http://medicine.yale.edu/spiritualselfschema/training/hhnp/Margolin%20Gr%20Neg%20WKWK\\_tcm566-160786\\_tcm566-284-32.pdf](http://medicine.yale.edu/spiritualselfschema/training/hhnp/Margolin%20Gr%20Neg%20WKWK_tcm566-160786_tcm566-284-32.pdf)

<https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/nsduhresults.pdf>

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 23:**

Share references with participants.

**Roleplay:**

Ask for two volunteers to demonstrate teaching of this session. One person will be the patient navigator and the other will be the client. The group will observe the interaction.

**CLOSING**

Next, we will continue to review the education sessions patient navigators will conduct with clients. The next education session focuses on HIV and mental health.



## MODULE 10:

# HIV and Mental Health

**Topics Covered:** HIV, mental health

### OBJECTIVES

**By the end of this module, participants will be able to:**

- Identify ways in which mental health might impact her ability to care for herself.
- Identify individuals, resources, and tools to support her mental health.



### Method(s) of Instruction

- Lecture
- Facilitated Discussion
- Roleplay

## MATERIALS NEEDED



### POWERPOINT

- Internet access will be needed.



### FLIP CHART SHEETS



### REFERENCE MATERIALS

- [www.mentalhealth.gov](http://www.mentalhealth.gov)
- [www.apositivelife.com](http://www.apositivelife.com)
- List of common Mental Health Disorders at [www.medlineplus.gov/mentaldisorders.html](http://www.medlineplus.gov/mentaldisorders.html)

## PROCESS

### LECTURE

- We will continue reviewing the educational sessions patient navigators will complete with clients.
- The facilitator will review the training objectives and begin by delivering the educational session as a navigator would with a client. The facilitator will engage the group to ensure understanding, model the importance of using plain language, and summarize the videos being viewed.

### ROLEPLAY

- Ask for two volunteers to demonstrate teaching of this session. One person will be the patient navigator and the other will be the client. The group will observe the interaction.

## Key Words and Phrases

- *Patient Navigation*
- *Mental Health Disorders*
- *HIV and Mental Health*
- *HIV and Stigma*
- *Depression*



**The approximate length of time the session will take.**

**Total: 40 minutes**

What is mental health and common disorders:

**15 minutes**

HIV and Mental Health:

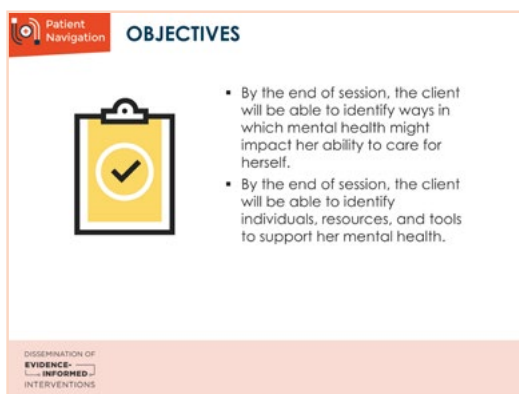
**15 minutes**

Resources and Tools:

**10 minutes**

**SLIDE 1:**

Introduce the topic of HIV and mental health.

**SLIDE 2:**

By the end of session, the client will be able to identify

- Ways in which mental health might impact her ability to care for herself.
- Individuals, resources, and tools to support her mental health.

**SLIDE 3:**

We all have things that create stress in our lives. The stress of living with HIV and taking medications every day that may not make us feel great all the time is common and challenging to live with. Many people living with HIV experience depression, anxiety, or other forms of mental health challenges. You are not alone. Many people who are depressed are not even aware of it.

Many people may not even like to talk about HIV or depression because they fear what other people might say or how they will be treated if they find out. I can share with you some tips on how to manage stress, such as exercising, talking with a trusted friend, writing in journals, or attending a support group. I am here to listen and if you are experiencing any of these symptoms I can help you find a professional who can help you find a way get the treatment you need.

**SLIDE 4:**

During this last session we will review HIV and mental health. Let's first define what it is mental health.

Mental health includes our emotional, psychological, and social well-being.

- It affects how we think, feel, and act.
- Helps determine how we handle stress, relate to others, and make choices.
- Mental health is important at every stage of life, from childhood and adolescence through adulthood.

**Patient Navigation** **MENTAL HEALTH EXPERIENCES**

**Factors that contribute to mental health experiences or challenges include:**

- Biological causes such as a chemical imbalance in our brain.
- Life experiences through physical or emotional trauma
  - Violence
  - Stigma
  - Stressful situations.
- Family history



DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 5:**

Mental health experiences or challenges occur during the course of our life. Factors that contribute to mental health challenges include:

- Biological causes such as a chemical imbalance in our brain.
- Life experiences through physical or emotional trauma:
  - Domestic violence, sexual assault.
  - Stigmatization as a person living with HIV.
  - Stressful situations such as death, loss of a job or home, relocation, divorce, poverty, being racially profiled.
- Family history.

**Patient Navigation** **OVERVIEW**



**Nationwide 50 million Americans suffer from a mental health disorder in a given year.**

- Mental health challenges are more common than:
  - Cancer
  - Diabetes
  - Heart disease
- Psychiatric disorders are the number one reason for hospital admissions nationwide
- Mental illness is treatable

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 6:**

Managing a mental health disorder is more common than we think. Nationwide, 50 million Americans experience a mental health disorder in a given year. Mental health challenges are more common than:

- Cancer,
- Diabetes, and
- Heart disease.

Psychiatric disorders are the number one reason for hospital admissions nationwide.

Mental illness is treatable.

**Patient Navigation** **EXAMPLES OF MENTAL HEALTH DISORDERS**

- **Mood Disorders**
  - Major Depression, Seasonal Affective Disorder, Bipolar Disorder
- **Anxiety Disorders**
  - Generalized Panic, PTSD
- **Psychotic Disorders**
  - Schizophrenia
- **Personality Disorders**
  - Dissociative Identity Disorder
- **Impulse Control, Addictive Disorders/Eating Disorders**

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 7:**

One in four women and one in ten men develop some type of mood disorder during their lifetimes. Major depression affects your ability to engage in activities of daily living such as work and social interactions. It can also affect your physical functioning, including having suicidal thoughts. Depression may last for months or years if untreated.

Anxiety disorders affect about 19 million American adults. Most anxiety disorders begin in childhood, adolescence, and early adulthood. They occur slightly more often in women than in men, and occur with equal frequency in Whites, Blacks, and Latinos.

Psychotic disorders such as schizophrenia occur during late teens to early twenties, triggered usually by a stressful situation and marked family history.

**Patient Navigation** **HIV AND MENTAL HEALTH**



- Persons living with HIV are four times more likely to have a mental health diagnosis compared to the general population.
- Depression is the most commonly reported mental health condition of persons living with HIV.
  - Persons living with HIV and their family members may require appropriate access to supports and information.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 8:**

Persons living with HIV are four times more likely to have a mental health diagnosis compared to the general population. Mental health disorders often begin during early adult years. Depression is the most common reported condition in persons living with HIV. Family history, substance use, and stress can increase one's risk of depression.





### HIV AND MENTAL HEALTH

- Depression can be associated with non-adherence to HIV care, and the treatment of depression can improve the health of people with HIV.
- Viral suppression provides benefits that include reducing the impact of HIV on the central nervous system and increasing the likelihood of better management of mental health conditions.

DISSEMINATION OF  
EVIDENCE-  
INFORMED  
INTERVENTIONS

### SLIDE 9:

Depression can be associated with non-adherence to HIV care, and the treatment of depression can improve the health of people with HIV.

Viral suppression provides benefits that include reducing the impact of HIV on the central nervous system and increasing the likelihood of better management of mental health conditions.



### HIV AND DEPRESSION



- Depression is the most common mental health condition among people living with HIV.
- People living with HIV may suffer from post-traumatic stress disorder.
- Some may even have thoughts of suicide.
- It is important to address any of these mental health problems to ensure your overall health.

DISSEMINATION OF  
EVIDENCE-  
INFORMED  
INTERVENTIONS

### SLIDE 10:

Many people living with HIV experience depression, anxiety, or other forms of mental health challenges. You are not alone. Many people who are depressed are not even aware of it. Many people may not even like to talk about HIV or depression because they fear what other people might say or how they will be treated if they find out.



### DEPRESSION

- HIV does not directly cause depression. But depression is twice as common in women living with HIV as in the general public.
- Depression is a separate medical issue that needs to be treated. Research shows that depression can speed up HIV's progression to AIDS.
- Diagnosing depression can be hard in someone with HIV. Some HIV symptoms and side effects of HIV drugs are the same as those of depression.

DISSEMINATION OF  
EVIDENCE-  
INFORMED  
INTERVENTIONS

### SLIDE 11:

HIV does not directly cause depression. But depression is twice as common in women with HIV as in the general public.

Depression is a separate medical issue that needs to be treated. Research shows that depression can speed up HIV's progression to AIDS.

Diagnosing depression can be hard in someone with HIV. Some HIV symptoms and side effects of HIV drugs are the same as those of depression. These include:

- Fatigue,
- Low sex drive,
- Little appetite,
- Confusion,
- Nightmares,
- Nervousness, and
- Weight loss.

But a true loss of interest in activities that someone used to enjoy can be a sign that a person is depressed.

If you have any of these feeling please speak with your medical provider.

I can share with you some tips on how to manage stress, such as exercising, talking with a trusted friend, writing in journals, or attending a support group.

**Patient Navigation** **HIV AND MENTAL HEALTH STIGMA**

- Stigma can result in persons living with mental health conditions, substance use disorders, or HIV not engaging in health care.
- When left untreated, mental illness as well as substance use disorders can create additional health and psychosocial problems, beyond non-adherence to HIV care.



DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 12:**

The impact of HIV and mental health stigma results in:

- Persons with mental health conditions, substance use disorders, or HIV not engaging in health care.
- Untreated, mental illness as well as substance use disorders can create additional health and psychosocial problems, beyond non-adherence to HIV care.

Treatment for mental health and substance use disorders can have a significant, positive impact on achieving the goals of HIV care and treatment, and improve the health of people with HIV.

**Patient Navigation** **HIV AND MENTAL HEALTH STIGMA**

- Women living with HIV have to deal with many challenges. They may face stigma from other people, a lack of support, unemployment, low income, low self-esteem, sexual assault, and depression.
- Many women with HIV are caregivers to others, which can also cause a lot of stress. Caregiving involves a great commitment of time and energy, and can be an emotional roller coaster. It can be hard to focus on your own health and needs.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 13:**

Women living with HIV have to deal with many challenges. They may face stigma from other people, a lack of support, unemployment, low income, low self-esteem, sexual assault, and depression. Many women living with HIV are caregivers to others, which can also cause a lot of stress. Caregiving involves a great commitment of time and energy, and can be an emotional roller coaster. It can be hard to focus on your own health and needs.

**Patient Navigation** **GET TREATMENT FOR DEPRESSION**



**You and your provider can decide your treatment for depression.**

- Antidepressant medications are generally well-tolerated and safe for people with HIV.
- "Talk" therapy, also can relieve depression.
- Some treatments combine antidepressants and therapy.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 14:**

Treatment for depression in the context of HIV should be managed by a mental health professional—a psychiatrist, psychologist, or clinical social worker—who is in close communication with the physician providing the HIV treatment. This is especially important when antidepressant medication is prescribed, so that potentially harmful drug interactions can be avoided. In some cases, a mental health professional that specializes in treating individuals with depression and co-occurring physical illnesses such as HIV may be available.

**Patient Navigation** **SHARING WITH YOUR MEDICAL PROVIDER**



- Talk with your medical providers about your mental health history.
- Be sure to discuss any medications (prescription or non prescription), because they can interact with your HIV drugs.
  - Herbal Supplements
  - St John's Wort
- Discuss any mental health counseling you're receiving.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 15:**

It can be overwhelming to deal with an HIV diagnosis, but do not neglect your mental health. It is very important to manage all aspects of your health when you are living with HIV.

Talk with your medical providers about your mental health history. Be sure to discuss any medications (prescription or non prescription), because they can interact with your HIV drugs. Discuss any mental health counseling you're receiving.

Scientists recently discovered that St. John's Wort, an herbal remedy sold over-the-counter and promoted as a treatment for mild depression, can have harmful interactions with other medications, including those prescribed for HIV. In particular, St. John's Wort reduces blood levels of many protease inhibitors and probably the other ARV drugs as well. If taken together, the combination could allow the HIV copies to rebound, perhaps in a drug-resistant form.

**Patient Navigation** **RESOURCES AND TOOLS**

- Connect to support groups and friends.
- Talk to your providers, therapist, or counselor.
- Talk to a case manager. A case manager can help you with things like medical care, mental health treatment, job options, housing and transportation programs, food, domestic violence shelters, and child care.
- Call the Centers for Disease Control and Prevention (CDC) National AIDS Hotline at 800-CDC-INFO (232-4636). They can connect you with resources in your area.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 16:**

It is normal to feel down, or even devastated, after being diagnosed with HIV or during the course of the illness. A support network can help you cope with tough times, but when feelings become severe, won't go away, and limit your ability to stay healthy, you should talk with your doctor.

Here are some other tips to find help:

- Connect to support groups.
- Talk to your provider, therapist, or counselor.
- Talk to a case manager. A case manager can help you with things like medical care, mental health treatment, job options, housing and transportation programs, food, domestic violence shelters, and child care.
- Call the Centers for Disease Control and Prevention (CDC) National AIDS Hotline at 800-CDC-INFO (232-4636). They can connect you with resources in your area.

**Patient Navigation** **STRATEGIES TO MANAGE STRESS**

- Exercise (has been found to be as effective as medication in treating depression).
- Volunteer or help others.
- Journal.
- Build in a breath practice, reminding yourself to focus on breathing.
- Spend time in nature.
- Pray, meditate, and/or connect with your spirituality.
- Participate in creative projects such as arts and crafts, hobbies, or gardening.

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 17:**

- Exercise (has been found to be as effective as medication in treating depression).
- Volunteer or help others.
- Journal.
- Build in a breath practice, reminding yourself to focus on breathing.
- Spend time in nature.
- Pray, meditate, and/or connect with your spirituality.
- Participate in creative projects such as arts and crafts, hobbies, or gardening.

**Roleplay:**

Ask for two volunteers to demonstrate teaching of this session. One person will be the patient navigator and the other will be the client. The group will observe the interaction.

**Patient Navigation** **REFERENCES**

- <http://www.samhsa.gov/hiv-aids-viral-hepatitis>
- <http://www.samhsa.gov/medication-assisted-treatment/treatment/common-comorbidities>
- <http://www.mentalhealth.gov>
- Cruess et al. BIOL PSYCHIATRY D.G. 2003;54:307-316
- Tegger et al. AIDS PATIENT CARE and STDs 2008; Volume 22, Number 3.
- Pence et al. J Acquir Immune Defic Syndr 2006;42:298Y306
- The Mind Exchange Working Group. Clin Infect Dis; 28 Nov 2012 (epub ahead of press).
- Angelino A & Treisman G. Clinical Infectious Diseases 2001; 33:847-56.
- <https://www.womenshealth.gov/hiv-aids/living-with-hiv-aids/mental-health-and-hiv-aids.html>
- <http://www.webmd.com/mental-health/mental-health-types-illness>
- A topical approach to Life Span Development, John W Santrock

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

**SLIDE 18:**

Share references with participants.

**CLOSING**

This now concludes our training. What questions do you have for the facilitators and each other?



# APPENDICES

# Appendix 1:

## Patient Navigation Intervention Summary



### Intervention Summary

The Enhanced Patient Navigation for Women of Color Living With HIV intervention is designed to retain Women of Color (WoC) living with HIV in HIV primary care after receiving support, education, and coaching from a patient navigator. Patient navigators are critical members of the health care team focused on reducing barriers to care for the client at the individual, agency, and system levels. While engaging with clients, patient navigators lend emotional, practical, and social support; provide education on topics related to living with HIV and navigating the health care system; and support both clients and the health care team in coordinating services. In this intervention, patient navigators will work with WoC living with HIV who are experiencing at least one of the following challenges: have fallen out of care for six months or more, have missed two or more appointments in the prior six months, are loosely engaged in care (have cancelled or missed appointments),<sup>1</sup> are not virally suppressed, and/or have multiple co-morbidities.

#### HIV Care Continuum



This intervention is intended for organizations, agencies, and clinics considering integrating a structured patient-navigation model to increase retention of WoC living with HIV to ultimately improve health outcomes.



### Professional Literature

Reaching, linking, and retaining people living with HIV (PLWH), including Women of Color (WoC) in health care, are federal priorities and are integral steps of the HIV Care Continuum due to their importance in increasing viral load suppression (the main goal of HIV treatment and a key factor in prevention). Pecoraro et al. found, “patients dropped out of care because of multiple factors such as substance abuse, unstable housing, psychiatric disorders, incarceration, side-effects from HIV medication, denial about diagnosis, relocation, stigma, forgetfulness, and problems with the patient’s medical home.”<sup>2</sup> Higa et al. found, “Patients retained in care have decreased likelihood of developing HIV opportunistic infections, greater viral load suppression, and increased survival rates [and] poor retention is associated with higher viral loads and lower CD4 counts increased HIV risk behavior, and more hospitalizations.”<sup>3</sup> According to Higa et al., lower retention in HIV care is associated with client-level factors including:

- ▶ being female;
- ▶ ethnic and racial minority status;
- ▶ minimal social support;
- ▶ having competing caregiver responsibilities;
- ▶ having mental health or substance abuse issues;
- ▶ lack of understanding regarding health insurance;
- ▶ discomfort in talking to health care providers;
- ▶ stigma; and
- ▶ negative perceptions of the health care system.<sup>4</sup>



Defining “out of care” and identifying out-of-care patients is complex. Patient engagement in care (i.e. attending medical visits and adherence to treatment) is fluid and requires a proxy measure (e.g. viral load test, appointment attendance, etc.) to use for patient evaluation and assessment. PLWH do not stay on one point of the care continuum throughout their lifespan, and movement along the care continuum is not linear.<sup>5</sup> PLWH can also cycle in and out of care. Successful retention in care can break this cycle and improve patient health outcomes.

Underserved and marginalized populations, including many racial or ethnic minority communities, face numerous structural, financial, and cultural barriers to linking to, re-engaging in, and being retained in care.<sup>6</sup> Women of color, especially African American women, “currently represent the majority among women living with HIV/AIDS

Women of color  
currently represent

## the majority

among women living  
with HIV/AIDS.

... and face numerous social and economic factors that both increase their vulnerability to HIV infection and decrease their access to care.”<sup>7</sup> Subsequent negative outcomes are largely due to the inequitable distribution of power, money, and resources.<sup>8</sup> Linkage and re-engagement in care leads to improved health outcomes<sup>9</sup> and retention in care is an independent predictor of survival.<sup>10,11</sup> Mugavero et al. found, “patients with missed visits in the year after establishing initial outpatient HIV care had more than twice the rate of subsequent mortality, compared with patients who did not miss visits, even when controlling for baseline CD4 count and antiretroviral receipt within the first

year.”<sup>12</sup> Giordano et al. found, “Patients out of care for as little as 3 months beginning in the first year of therapy had worse survival after adjusting for age, CD4 count, plasma HIV concentration, hepatitis C virus co-infection, and other comorbid conditions.”<sup>13</sup>

Navigation services in health care have been shown to improve HIV treatment outcomes, client satisfaction, and mental health outcomes, and to increase client self-management.<sup>14</sup> Findings from a patient navigation program among African-American/Black women living with HIV suggest that patient navigators provided clients with necessary knowledge, skills, and access to resources to be able to manage their HIV.<sup>15</sup> Additionally, participants in this study felt more hopeful about successfully living with HIV and identified the value of the emotional support provided by the nurse patient navigator.<sup>16</sup>

The patient navigation model originally evolved as a strategy to eliminate barriers to cancer care among vulnerable populations by supporting the client in moving through a complex and fragmented health care system.<sup>17</sup> The work of patient navigation is guided by the principles of disease management and cultural sensitivity,<sup>18</sup> and enhancing the ability to connect clients with care while establishing trust. Core patient navigation activities are meant to remove patient and system barriers so that patients may better receive health care services.<sup>19,20,21,22</sup> Parker et al. divided core activities of patient navigators into two categories: tasks and networks. Task categories include navigation, facilitation, maintaining systems, and documenting activities. Patient navigation work encompassed in the network category included engagement with clients, clinical providers, nonclinical staff; formal and informal support; and documenting in medical record systems (and subsequent communication with team members).<sup>23</sup> Navigators come from various backgrounds, experiences, and education levels. There is no clear evidence to support the required background of a navigator. Patient navigators share many qualifications, skills, and responsibilities as other support service providers in the clinic setting (advocates, health educators, and case managers) yet their work has a “predetermined endpoint” which is dependent on the parameters intervention.<sup>24</sup>



## Theoretical Basis

A theory is a combination of, “interrelated concepts, definitions, and propositions that present a systematic view of events or situations by specifying relations amount variables, in order to explain or predict the events or situations.”<sup>25</sup> By grounding an intervention in theory, the component parts are intentionally sequenced to build off of one another to facilitate a change in health behavior.

The Enhanced Patient Navigation for Women of Color Living With HIV intervention is based on the conceptual framework presented in the 1993 Institute of Medicine report *Access to Healthcare in America*.<sup>26</sup> The framework presented by the IOM includes four categories: barriers, uses of services, mediators, and outcomes. Barriers are categorized as being structural (availability, organization, transportation), financial (insurance coverage, reimbursement, public support), and personal (acceptability, cultural, language, attitudes, education/income). Uses of services included visits and procedures. Mediators included appropriateness, efficacy of treatment, quality of providers, and patient adherence. Outcomes included health status (mortality, morbidity, well-being, functioning) and equity of services.

Bradford et al. found that an adapted patient navigation model was effective among patients who were loosely engaged in care or who had fallen out of care in reducing barriers (e.g. lack of insurance, lack of information related to services available), increasing mediators (e.g. linking to case management, engagement with health care providers), and improving health outcomes (e.g. viral load suppression, health-related quality of life).<sup>27</sup>



## Intervention Components and Activities

This Enhanced Patient Navigation for Women of Color Living With HIV intervention targets WoC living with HIV 18 years and older who meet the following criteria: have not been seen at the clinic in the prior six months; have missed two or more appointments in the prior six months; are loosely engaged in care (have cancelled or missed appointments in the prior 12 months); are not virally suppressed; and/or have multiple co-morbidities. The intervention focuses on providing enhanced services in addition to the clinic’s existing case management standard of care and support to clients, building client trust, meeting client priorities first (putting the clients priorities ahead of service provider priorities), increasing client health literacy, strengthening client health beliefs, and developing client self-efficacy in managing their care. Services are tailored to the individual client and typically include appointment scheduling, transportation, accompaniment, referrals, health education, and counseling. The goal of the Enhanced Patient Navigation for Women of Color Living With HIV intervention is to better understand client needs, help clients to optimize care, to ultimately develop client autonomy for their care and to retain clients in HIV primary care.

Intervention components and activities that occur at the client level include:

- ▶ Contact eligible clients and initiate a process of developing rapport and providing support to clients using motivational interviewing<sup>28</sup> and trauma informed care principles through:
  - a. Assessing client barriers, needs, and acuity;
  - b. Developing a client care plan with the client;
  - c. Implementing the care plan; and
  - d. Monitoring the client care plan.

- ▶ Conduct structured sessions on health education topics including:
  - a. HIV transmission and the life cycle of HIV;
  - b. Understanding lab values;
  - c. HIV medications;
  - d. Drug resistance and adherence;
  - e. Understanding and managing side effects;
  - f. Effective communication and self-advocacy;
  - g. Disclosure and stigma;
  - h. Mental health;
  - i. Substance use; and
  - j. Harm and risk reduction.
- ▶ Support clients in obtaining referrals for needed services (including transportation, housing, etc.).<sup>29</sup>
- ▶ Offer accompaniment to internal and external appointments.
- ▶ Work in tandem with standard case management throughout the intervention time period.
- ▶ Conduct the transition to the standard of care (standard case management) using a standard transition protocol.

Patient navigators will work with clients for a minimum of six months and a suggested maximum of 12 months. After six months, clients will be reassessed every three months using an acuity based system to determine if they still need the support of the navigator. If a patient reassessment shows that they still need patient navigation services after 12 months, the patient will still be eligible for enhanced navigation services. Clients who are transitioned to the standard of care after receiving the enhanced patient navigation intervention and are subsequently lost to care will be eligible to receive services from a patient navigator.

Intervention components and activities that occur at the agency and systems level include:

- ▶ Creation of a monthly eligible client list using both electronic systems and local public health data;
- ▶ Use of clinic team members to identify clients who meet the eligibility criteria for participating in the intervention;
- ▶ Assign eligible clients to patient navigators;
- ▶ Provide navigators with access to electronic medical record system(s) to document activities and keep informed about their client's progress;
- ▶ Incorporate navigators into the clinical team to facilitate communication between clinicians and navigators to best meet the client's needs;
- ▶ Facilitate ongoing, consistent, and bidirectional communication between intervention staff and community partners (who provide support services); and
- ▶ Facilitation of weekly administrative supervision sessions and monthly clinical supervision (both group and individual) for the navigator provider.



## Staffing Requirements

The following staff positions need to be developed and filled in order to successfully implement the intervention.

STAFF TITLE	DESCRIPTION
<b>Linkage staff</b>	
<b>PATIENT NAVIGATOR</b> 	<p>Patient navigators in the HIV Patient Navigation intervention will have a bachelors (or equivalent) level of education, training in a related social service or human service field, and experience working in the community and with co-morbidities.</p> <p>The patient navigator is responsible for:</p> <ul style="list-style-type: none"><li>▶ Engaging eligible clients;</li><li>▶ Providing patient education sessions;</li><li>▶ Documenting services to client in the electronic health record and updating the patient care plan;</li><li>▶ Connecting clients to services (care coordination);</li><li>▶ Accompanying clients to appointments;</li><li>▶ Providing reminder phone calls;</li><li>▶ Arranging transportation;</li><li>▶ Assisting with medication and adherence support;</li><li>▶ Assisting with arranging child care (where applicable);</li><li>▶ Explaining information from medical providers;</li><li>▶ Developing a patient care plan to help clients achieve their goals; and</li><li>▶ Transitioning clients to standard of care.</li></ul> <p>The Patient Navigator is expected to attend weekly conferences with the health care team and case conferences. Patient navigators will receive regular administrative and clinical supervision.</p>
<b>ADMINISTRATIVE NAVIGATION SUPERVISOR</b> 	<p>The Administrative Navigation Supervisor is responsible for:</p> <ul style="list-style-type: none"><li>▶ Providing weekly administrative supervision of navigator(s);</li><li>▶ Supervising the creation of a monthly eligible client list;</li><li>▶ Confering with clinical team to finalize monthly eligible client list; and</li><li>▶ Assigning eligible clients to the patient navigator.</li></ul>
<b>CLINICAL NAVIGATION SUPERVISOR</b> 	<p>The Clinical Navigation Supervisor is responsible for:</p> <ul style="list-style-type: none"><li>▶ Participating in case conferencing (as needed);</li><li>▶ Providing of monthly or as requested individual clinical supervision patient navigator(s); and</li><li>▶ Providing of monthly group clinical supervision to intervention team.</li></ul>
<b>DATA MANAGER</b> 	<p>The Data Manager is responsible for:</p> <ul style="list-style-type: none"><li>▶ Creating monthly out-of-care lists to identify eligible clients (may need to work with other staff to create list);</li><li>▶ Consenting patients into the study;</li><li>▶ Collecting and submitting data required for multi-site evaluation;</li><li>▶ Coordinating the collection of client surveys, encounter forms, basic chart data abstraction, and implementation measures, and reporting them to the Dissemination and Evaluation Center (DEC); and</li><li>▶ Providing quality assurance reports and updates to intervention team about study referrals, enrollment retention, etc.</li></ul>

## Staff Characteristics



There are additional clinic staff who are important to the success of the intervention. These positions may not be considered “intervention staff,” yet their training, support, and engagement is essential. All staff need to demonstrate:

- ▶ culturally sensitive services to reduce stigma;
- ▶ ability to provide trauma-informed care;
- ▶ commitment to support the aims and activities of the intervention;
- ▶ a team-based, inter-professional approach;
- ▶ genuine desire to work with women of color (which includes meeting patient priorities first, be able to engender patient trust, and be welcoming and accessible); and
- ▶ thorough and documented communication under HIPAA requirements.



## Programmatic Requirements

The following are programmatic requirements that need to be addressed prior to implementation in order to facilitate a successful implementation:

- ▶ Determine methods for identifying clients population based on the intervention inclusion criteria;
- ▶ Train patient navigators;
- ▶ Establish relationships with community based agencies and clarify the mechanisms to generate referrals;
- ▶ Determine when and how to transition clients to the standard of care;
- ▶ Customize existing or design new assessment and transition protocols;
- ▶ Identification of who will provide administrative and clinical supervision to patient navigators;
- ▶ Train patient navigator supervisors (both clinical and administrative);
- ▶ Establish administrative, programmatic, and clinical support for intervention-related training of patient navigators; and
- ▶ Ensure patient navigators have access to client information to both record their activities and review record for pertinent information prior to meetings with clients.

The following are programmatic requirements that need to be addressed throughout implementation in order to facilitate a successful implementation:

- ▶ Weekly administrative supervision of patient navigators by the administrative supervisor;
- ▶ Monthly and as requested clinical supervision of patient navigators by the clinical supervisor;
- ▶ Inclusion of patient navigators in team case conferencing meetings;
- ▶ Grant navigators access to client EMR information;
- ▶ Create open lines of communication between patient navigators, case managers, and clinical staff; and
- ▶ Implementation of policies that address safety and boundary issues.





## Costs

Estimated costs for navigation-like interventions with the goal of linking clients living with HIV to care ranged from \$97 to \$536 per month per client from a provider perspective and \$44 to \$545 per month per client from a societal perspective.<sup>30</sup> For interventions with the goal of retention in care the cost per patient per year ranged from \$207 to \$531 from a provider perspective.<sup>31</sup> These interventions used a variety of approaches including peer/patient navigation, motivational interviewing, community health workers, and care coordination.

Unpublished results of the SMAIF Peer Re-Engagement study, found the cost per patient per month was \$289. The intervention included re-engaging and retaining newly diagnosed and patients who had fallen out of care in the prior 4 months.



## Resources

### OVERVIEW OF PRIOR SPNS INITIATIVES

- ▶ Targeted HIV Outreach & Intervention Models for Underserved HIV-positive Populations Not In Care [www.hab.hrsa.gov/about/hab/special/outreachandintervention.html](http://www.hab.hrsa.gov/about/hab/special/outreachandintervention.html).
- ▶ The Costs and Effects of Outreach Strategies that Engage and Retain People with HIV/AIDS in Primary Care: [www.hab.hrsa.gov/about/hab/files/outreachstrategiesmar10.pdf](http://www.hab.hrsa.gov/about/hab/files/outreachstrategiesmar10.pdf).
- ▶ Outreach: Engaging People in HIV Care: Summary of a HRSA/HAB 2005 Consultation on Linking PLWH into Care [www.hab.hrsa.gov/about/hab/files/hivoutreachaug06.pdf](http://www.hab.hrsa.gov/about/hab/files/hivoutreachaug06.pdf).

### IMPLEMENTATION/REPLICATION MATERIALS

- ▶ Making the Connection: Promoting Engagement and Retention in HIV Medical Care Among Hard-to-Reach Populations <https://careacttarget.org/library/making-connection-promoting-engagement-and-retention-hiv-medical-care-among-hard-reach>.
- ▶ Innovative Approaches to Engaging Hard-to-Reach Populations Living with HIV/AIDS into Care
  - Training Manual: <https://careacttarget.org/library/innovative-approaches-engaging-hard-reach-populations-living-hiv-aids-care-training-manual>.
  - Curriculum: <https://careacttarget.org/library/innovative-approaches-engaging-hard-reach-populations-living-hiv-aids-care-curriculum>.

### BACKGROUND INFORMATION

- ▶ Brief Report: Predictors of Optimal HIV Appointment Adherence in Minority Youth: A Prospective Study. [www.jpepsy.oxfordjournals.org/content/35/9/1011.long](http://www.jpepsy.oxfordjournals.org/content/35/9/1011.long).
- ▶ The Association Between Life Chaos, Health Care Use, and Health Status Among HIV-infected Persons. [www.ncbi.nlm.nih.gov/pmc/articles/PMC2219764/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2219764/).
- ▶ Retention Challenges for a Community-based HIV Primary Care Clinic and Implications for Intervention. [www.ncbi.nlm.nih.gov/pmc/articles/PMC4062571/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4062571/).

- <sup>1</sup> Rumpitz MH, Tobias C, Rajabu S, et al. Factors Associated with Engaging Socially Marginalized HIV-Positive Persons in Primary Care. *AIDS Patient Care and STDs (Suppl)*. 2007; 21 (1), S-30–S39.
- <sup>2</sup> Gaston GB, Gutierrez SM, Nisanci A. Interventions That Retain African Americans in HIV/AIDS Treatment: Implications for Social Work Practice and Research. *Soc Work*. 2015; 60 (1):35–42.
- <sup>3</sup> Higa DH, Marks G, Crepaz N, et al. Interventions to Improve Retention in HIV Primary Care: A Systematic Review of U.S. Studies. *Curr HIV/AIDS Rep*. 2012 Dec; 9(4):313–25.
- <sup>4</sup> Higa DH, Marks G, Crepaz N, et al. Interventions to Improve Retention in HIV Primary Care: A Systematic Review of U.S. Studies. *Curr HIV/AIDS Rep*. 2012 Dec; 9(4):313–25.
- <sup>5</sup> Rebeiro P, Althoff KN, Buchacz K, et al. Retention among North American HIV-infected persons in clinical care, 2000–2008. *JAIDS*. 2013; 62, 356–362.
- <sup>6</sup> Tobias C, Cunningham WE, Cunningham CO, et al. Making the connection: the importance of engagement and retention in HIV medical care. *AIDS Patient Care & STDs (Suppl)*. 2007; 21(1): S3–S8.
- <sup>7</sup> Conyers LM, Chiu Y, Shamburger-Rousseau A, et al. Common Threads: An Integrated HIV Prevention and Vocational Development Intervention for African American Women Living with HIV/AIDS. *JHDP*. 2014; 7(2):118–140.
- <sup>8</sup> Webel AR, Cuca Y, Okonsky JG, et al. The impact of social context on self-management in women living with HIV. *Soc Sci Med*. 2013; 87:147–154.
- <sup>9</sup> Horstmann E, Brown J, Islam F, et al. Retaining HIV-infected patients in care: Where are we? Where do we go from here? *Clin Infect Dis*. 2010;50:752–61.
- <sup>10</sup> Mugavero MJ, Lin HY, Willig JH, et al. Missed visits and mortality among patients establishing initial outpatient HIV treatment. *Clin Infect Dis*. 2009;48:248–56.
- <sup>11</sup> Giordano TP, Gifford AL, White AC Jr., et al. Retention in care: a challenge to survival with HIV infection. *Clin Infect Dis*. 2007;44:143–9.
- <sup>12</sup> Mugavero MJ, Lin HY, Willig JH, et al. Missed visits and mortality among patients establishing initial outpatient HIV treatment. *Clin Infect Dis*. 2009;48:248–56.
- <sup>13</sup> Giordano TP, Gifford AL, White AC Jr., et al. Retention in care: a challenge to survival with HIV infection. *Clin Infect Dis*. 2007;44:143–9.
- <sup>14</sup> Broecker L, Challacombe L. CATIE. *Health Navigation: A Review of the Evidence*. Fall 2014. Available at: [www.catie.ca/en/pif/fall-2014/health-navigation-review-evidence](http://www.catie.ca/en/pif/fall-2014/health-navigation-review-evidence)
- <sup>15</sup> Sullivan KA, Schultz K, Ramaiva M, et al. Experiences of Women of Color with a Nurse Patient Navigation program for Linkage and Engagement in HIV Care. *AIDS Patient Care and STDs (Suppl)*. 2015; 29(1) S49–S54.
- <sup>16</sup> Sullivan KA, Schultz K, Ramaiva M, et al. Experiences of Women of Color with a Nurse Patient Navigation program for Linkage and Engagement in HIV Care. *AIDS Patient Care and STDs (Suppl)*. 2015; 29(1) S49–S54.
- <sup>17</sup> Freeman HP. The Origin, Evolution, and Principles of Patient Navigation. *Cancer Epidemiol Biomarkers Prev*. 2012; 21(10): 1614–1617.
- <sup>18</sup> Vargas RB, Ryan GW, Jackson CA, et al. Characteristics of the Original Patient Navigation Programs to Reduce Disparities in the Diagnosis and Treatment of Breast Cancer. *Cancer*. 2008; 113: 426–33
- <sup>19</sup> Paskett ED, Harrop PH, Wells KJ. Patient Navigation: An Update on the State of the Science. *CA Cancer J Clin*. 2011;61:237–249.
- <sup>20</sup> Bradford JB, Coleman S, Cunningham W. HIV System Navigation: An Emerging Model to Improve HIV Care Access. *AIDS Patient Care and STDs (Suppl)*. 2007;21(1), S-49–S-58.
- <sup>21</sup> Koester K, Morewitz M, Pearson C, et al. Patient navigation facilitates medical and social services engagement among HIV-infected individuals leaving jail and returning to the community. *AIDS Patient Care and STDs*. 2014;28(2), 82–90.
- <sup>22</sup> Craw JA, Gardner LA, Marks G, et al. Brief strengths-based case management promotes entry into HIV medical care: Results of the antiretroviral treatment access study-II. *JAIDS*. 2008; 47(5), 597–606.
- <sup>23</sup> Parker VA, Clark JA, Leyson J, et al. Patient Navigation: Development of Protocol for Describing What Navigators Do. *Health Serv Res*. 2010;45(2):514–53.
- <sup>24</sup> Farrisi D, Dietz N. 2013. Patient navigation is a patient-centered approach that helps to engage people in HIV Care. *HIV Clin*. 2013. 25(1), 1–3.
- <sup>25</sup> Glanz K, Rimer BK, Viswanath K. *Health Behavior and Health Education: Theory, Research and Practice* (4th Edition). San Francisco, CA: Jossey-Bass; 2008. p. 26.
- <sup>26</sup> Millman M. *Access to Health Care in America*. Committee on Monitoring Access to Personal Health Care Services. Institute of Medicine. Washington, DC: National Academy Press, 1993.
- <sup>27</sup> Bradford JB, Coleman S, Cunningham W. HIV System Navigation: An Emerging Model to Improve HIV Care Access. *AIDS Patient Care and STDs (Suppl)*. 2007;21 (1), S-49–S-58.
- <sup>28</sup> Bradford JB, Coleman S, Cunningham W. HIV System Navigation: An Emerging Model to Improve HIV Care Access. *AIDS Patient Care and STDs (Suppl)*. 2007;21 (1), S-49–S-58.
- <sup>29</sup> Cabral HJ, Tobias C, Rajabu S, et al. Outreach program contracts: Do they increase the likelihood of engagement and retention in HIV primary care for hard to reach patients? *AIDS Patient Care and STDs*. 2007;21(1):59–67.
- <sup>30</sup> Kim JJ, Maulsby C, Zulliger R, et al. Cost and threshold analysis of Positive Charge, a multi-site linkage to HIV care program in the United States. *AIDS and Behav*. 2015; 19(10), 1735–1741.
- <sup>31</sup> Shrestha RK, Gardner L, Marks G, et al. Estimating the cost of increasing retention in care for HIV-infected patients: results of the CDC/HRSA Retention in Care Trial. *JAIDS*. 2015; 68 (3): 345–350.

# Appendix 2:

## List of Client Educational Sessions

### APPENDIX E: CURRICULUM

#### Overview

As part of the Enhanced Navigation intervention, patient navigators will conduct a series of one-on-one educational sessions with their clients. The intervention navigator-patient sessions are 30-60 minute face-to-face meetings that are roughly scheduled on a weekly or every other week basis.

The goals of the education sessions are to:

1. Document enhanced knowledge of client in health maintenance activities for the management of HIV.
2. Improve client's involvement in their HIV care.
3. Assist client in making healthy life choices.
4. Improve client attitudes toward antiretroviral therapies.
5. Reduce client fears regarding antiretroviral therapy.
6. Reduce client isolation and decrease stigma.

The education sessions will address the following learning objectives:

#### **Session 1: HIV, the Viral Life Cycle and Understanding HAART**

- By the end of session one, the client will be able to define:
  - The stages of HIV infection.
  - Routes of HIV transmission.
  - HIV viral life cycle.
  - How medications work in the body.
  - How HIV medications help the body's immune system get stronger (CD4 increase).
  - How medications can reduce the amount of HIV in the body (reduce viral load).

#### **Session 2: Communicating with Health Care Provider About Adherence and Managing Side Effects**

- By the end of session 2, the patient will understand:
  - The relationship between missing doses of HIV pills and the viral load in the body
  - The relationship between the time of day when medications are taken and HIV drug resistance
- By the end of session 2, the patient will be confident in her ability to talk to her doctor about:
  - How and when medications are taken and when medications are not taken
  - Potential side effects of treatment (nausea, diarrhea, dizziness)
  - Ways to cope with side effects

#### **Session 3: Review understanding of basic lab tests: CD4 & Viral Load**

- By the end of session three, the client will be able to identify the relationship between CD4 count and her immune system.
- By the end of session three, the client will be able to define viral load and the relationship between viral load and disease progression.

# Appendix 2:

## List of Patient Educational Sessions (cont.)

### **Session 4: Stigma and Disclosure**

- By the end of session four, the client will be able to identify issues related to stigma and potential positive and negative outcomes from disclosure.
- By the end of session four, the client will be able to identify one person with who she can talk about her HIV status and turn to for support.

### **Session 5: HIV and Substance Use**

- By the end of session five, the client will be able to identify recreational drugs and define their impact on the effectiveness of HIV medications, as well as acknowledge their own recreational drug use (if applicable) and potential impact on HIV-specific health outcomes.
- By the end of session five, the client, if currently using recreational drugs, will be able to develop a harm reduction plan.

### **Session 6: HIV and Mental Health**

- By the end of session six, the client will be able to identify ways in which mental health might impact her ability to care for herself.
- By the end of session six, the client will be able to identify individuals, resources, and tools to support her mental health.

## Appendix 3:

### Roles and Responsibilities

# Enhanced Patient Navigation for Women of Color Living With HIV

Dissemination of Evidence Informed Interventions

Boston University School of Public Health

AIDS United

Health Resources and Services Administration (HRSA) Special Programs of National Significance





# Patient Navigator

## Job Description

### Description of the Enhanced Patient Navigation for Women of Color Living With HIV Intervention:

This intervention is focused on using patient navigators to retain Women of Color (WoC) living with HIV in HIV primary care. Patient navigators are critical members of the health care team focused on helping reduce barriers to care for the client at the individual, agency, and system level. Patient navigators lend clients emotional, practical, and social support; provide clients with education on topics related to living with HIV and navigating the health care system; and support clients and the health care team in coordinating services. In this intervention, client navigators will work with WoC living with HIV who are experiencing at least one of the following challenges: they have fallen out of care for six months or more, are loosely engaged in care (have cancelled or missed appointments), are not virally suppressed, and/or have multiple co-morbidities. The intermediate goal of the HIV Patient Navigation intervention is to retain HIV-positive WoC in care and the long-term goal is viral load suppression.

### Purpose of Position

The patient navigator provides services within a broad range of focus areas to assist patients in accessing and adhering to care. Services provided may include patient assessments, assisting to reduce access and adherence barriers, follow-up to ensure referrals are completed, patient navigation assistance, and coordination with case managers and other clinic staff.

### Key Responsibilities

1. Provide intensive care coordination to patients.
2. Develop and implement individualized care plans based on assessed needs and barriers.
3. Assist patients with access and adherence to care:
  - a. Deliver skill-enhancing and educational sessions about adhering to HIV and general health care treatment planning.
  - b. Help patients develop methods for self-management; assist patients in developing strategies to remember appointments.
  - c. Provide support through phone calls, mailings, and in-person reminders in the clinic/hospital to ensure that patients return for follow-up visits.
  - d. Reschedule appointments as necessary.
  - e. Help patients attend health care appointments by escorting them or arranging for support services.
  - f. Assist patients in obtaining eligibility and other required documentation for clinic enrollment.
  - g. Assist patients in obtaining or arranging for services such as transportation or child care to eliminate possible barriers to care.
  - h. Assist patients in navigating service delivery systems and agency procedures.
4. Assure patients are linked to care through referrals and follow-up:
  - a. Monitor patients' progress by reviewing attendance at HIV primary care appointments and by following up on status to ensure any referral appointments have been made and kept.

- b. Work with case manager or HIV care team to ensure newly diagnosed patients have scheduled an eligibility appointment and have obtained all necessary documentation.
  - c. Provide linkage to insurance and medication benefits enrollment.
  - d. Support and facilitate care transitions, working towards helping patients achieve independence.
5. Collaborate with the clinical care team:
  - a. Work within a team environment to collaborate on cases and provide feedback on service delivery model.
  - b. Participate in multidisciplinary care team meetings.
  - c. Work closely with both internal and external medical and social service providers to ensure follow up adherence to the treatment plan.
6. Maintain regular communication with patients.
7. Document patient information and encounters as required and guided by protocols, including but not limited to electronic medical records.
8. Collect and document outcomes, challenges, and barriers.
9. Adhere to department and/or grantor guidelines and policies and procedures for the provision of patient services and the effective operation of the Department.
10. Participate in all training and departmental meetings as assigned by supervisor.
11. Perform administrative functions as assigned, including completion of study documentation or other documentation required.

#### **Qualifications/Requirements**

- Patient navigators in the HIV Patient Navigation intervention will have a bachelor (or equivalent) level of education, training in a related social service or human service field, and experience working in the community and with co-morbidities.
- Demonstrated ability to effectively implement evidence-based interventions including, but not limited to: Motivational Interviewing, Cognitive Behavioral Therapy, Harm Reduction, and Intensive Case Management.
- Demonstrated ability to work collaboratively in a team environment.
- Demonstrated computer literacy in Microsoft and web-based applications.
- Excellent verbal and written communication skills.
- Excellent interpersonal and organizational skills.
- Knowledge of community resources; demonstrated ability to network and build strong relationships with community organizations serving priority populations as identified by the agency and/ or funder.
- Demonstrated ability working with patients of diverse backgrounds, underserved communities, sexual and gender minorities, and with complex cases or comorbid conditions.
- Demonstrated knowledge of working with patients with HIV/AIDS.

#### ***Preferred Skills***

- Experience working in a medical, clinical, or social services environment (including documenting patient needs)
- Experience working in, and familiarity with, the local community
- Bilingual as needed to serve patient population

## Appendix C: 3 Year Work Plan

Goal	Action Steps	Project Staff Responsible	Post- notice of award	Year 1	Year 2	Year 3
<b>Implementation and Maintenance</b>						
Identify eligible patients	Create monthly out-of-care list following protocol established in pre-implementation	Data manager		X	X	X
	Review list with clinical team	Intervention team, clinical team		X	X	X
	Assign patients to patient navigators	Administrative supervisor		X	X	X
Initiate contact with eligible patients	Contact eligible patients	Patient navigator		X	X	X
	Consent patients into the study and conduct baseline survey	Data manager		X	X	X
Initiate intervention	Assess patient barriers, needs, and acuity	Patient navigator		X	X	X
	Develop patient care plan with the patient	Patient navigator		X	X	X
Provide patient support	Connect patients to appropriate medical and social services	Patient navigator		X	X	X
	Accompany patients to appointments (as requested/needed)	Patient navigator		X	X	X
	Provide appointment reminders	Patient navigator		X	X	X
	Conduct weekly patient check-ins	Patient navigator		X	X	X
	Arrange for transportation for patients to and from medical and social service appointments	Patient navigator		X	X	X

Goal	Action Steps	Project Staff Responsible	Post- notice of award	Year 1	Year 2	Year 3
	Assist with medication and adherence support	Patient navigator		X	X	X
	Explain information a patient receives from her medical provider	Patient navigator		X	X	X
	Monitor patient care plan, and make adjustments as necessary	Patient navigator		X	X	X
Provide health education by conducting 6 structured health education sessions	Conduct Session 1: HIV, the Viral Life Cycle & Understanding HAART	Patient navigator		X	X	X
	Conduct Session 2: Communicating with Health Care Provider about adherence & managing side effects	Patient navigator		X	X	X
	Conduct Session 3: Review understanding of basic lab tests: CD4 & Viral Load	Patient navigator		X	X	X
	Conduct Session 4: Stigma & Disclosure	Patient navigator		X	X	X
	Conduct Session 5: HIV and Substance Use	Patient navigator		X	X	X
	Conduct Session 6: HIV and Mental Health	Patient navigator		X	X	X
Transition	Transition patients to the standard of care	Patient navigator, clinical team, case manager		X	X	X
Supervision	Conduct weekly administrative supervision meetings	Administrative supervisor, patient navigator		X	X	X
	Conduct monthly clinical supervision meetings	Clinical supervisor, patient navigator		X	X	X
	Participate in case conferencing	Intervention team, clinical team		X	X	X

# Appendix 4:

## Core Competencies Elements

### PATIENT NAVIGATOR INTERVENTION CORE ELEMENTS

The *Enhanced Patient Navigation for Women of Color Living With HIV* Intervention has five (5) core elements that must be implemented in a consistent way, without local adaptation or modification. Each element will be monitored by the DEC throughout implementation to measure:

- Adherence to the intervention plan and the training provided by the ITAC
- Quality of program delivery
- Patient responsiveness and engagement throughout the intervention

Core Element (detailed in implementation manual)	Evidence that the Core Element was Implemented with Fidelity to the Model (detailed in training manual)	Data Collection Method (detailed in evaluation manual)
Initiation of intervention, including: <ul style="list-style-type: none"> <li>• PN explanation of the intervention to the patient</li> <li>• Discussion of roles, responsibilities and expectations;</li> <li>• How barriers are assessed</li> <li>• Development of (patient) care plan</li> </ul>	<ul style="list-style-type: none"> <li>a) PN assertion of boundaries and expectations with clients</li> <li>b) PN demonstrate ability to leave space for patient questions and answer questions appropriately</li> <li>c) PN collaboratively develop care plan by prioritizing patient goals</li> <li>d) Using trauma-informed and motivational interviewing skills</li> <li>e) PN assertion of the timeline of the intervention, and what the transition to the standard of care will look like</li> </ul>	<ul style="list-style-type: none"> <li>• Audio record</li> <li>• Patient Care Plan</li> </ul>
1. Patient barriers are assessed and a patient care plan is developed	<ul style="list-style-type: none"> <li>a) Patient navigators collaboratively develop care plan and set goals (using MI techniques to move someone along the stages of change model).</li> <li>b) PN use open-ended questions; affirmations; reflections; summaries; active listening; non-judgmental responses</li> <li>c) PN assesses client confidence to take the steps needed to meet the goals outlined by the plan</li> <li>d) PN support patient decision-making</li> </ul>	<ul style="list-style-type: none"> <li>• Audio recording</li> </ul>
2. 6 structured education sessions	<ul style="list-style-type: none"> <li>a) Navigator explanation of the content and use of the handouts</li> <li>b) Collaboratively completing the handouts as appropriate for sessions</li> <li>c) Navigators allow space for asking questions, identify further information and resources needed</li> <li>d) Navigators use MI techniques and teach back opportunities to assess patient's understanding of the material</li> <li>e) PN covers all of the learning objectives outlined in the manual, and patient acknowledges that the session met the learning objectives</li> <li>f) Provision of adequate time for each session based on patient needs</li> <li>g) Scheduled at regular intervals</li> </ul>	<ul style="list-style-type: none"> <li>• Audio recording of sessions with selected clients</li> </ul>



3. PNs are part of the care team-weekly conferences	<ul style="list-style-type: none"> <li>a) Weekly meetings occur at a regularly scheduled time (meetings may be more frequent, but must happen at least once a week) with a pre-determined agenda that outlines all members of the care team and provides each member of the care team with time to “report-in” on the patient (allowing PN to offer regular contributions to meetings)</li> <li>b) Meetings include a diverse range of clinical staff, with each the client</li> <li>c) PNs are invited and encouraged to participate in case management meetings</li> <li>d) PNs feel like “one of the team” and are perceived by others as “one of the team”</li> <li>e) Meeting minutes reflect “next steps” for each client</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting minutes from all staff meetings and clinical meetings</li> <li>• Site visits and staff interviews</li> <li>• Twice yearly Intervention Community</li> </ul>
4. Provision of clinical supervision	<ul style="list-style-type: none"> <li>a) Record that clinical supervision was provided at a regularly scheduled time (if the session needs to be rescheduled, reschedule within 48 hours)</li> <li>b) Clinical supervisor uses pre-determined agenda with the PN during each meeting</li> <li>c) Clinical supervisor discusses appropriate roles and boundaries between patients and PNs (including ethical boundaries)</li> <li>d) Clinical supervisor assists with emotional support of the PN               <ul style="list-style-type: none"> <li>a. Supervisor discusses self-care strategies with the PN</li> </ul> </li> <li>e) Clinical supervisor provides education on mental health diagnoses (specific to clients that the PN is working with)</li> <li>f) PN is encouraged to discuss training and capacity needs</li> <li>g) Clinical supervision meetings reflect the principles of continuous quality improvement and risk management</li> <li>h) Supports effective teamwork and conflict management</li> <li>i) Clinical supervisor discusses cultural humility as it relates to current caseloads</li> <li>j) Identifying and managing challenging behaviors and attitudes of the PN (in working with other clinic staff and with their clients)</li> <li>k) Clinical supervisor clarifies his/her role and the boundaries of that role</li> <li>l) PN is able to have ongoing access to clinical supervisor (or back up provider if clinical supervisor is sick or on leave)</li> </ul>	<ul style="list-style-type: none"> <li>• Calendar of supervision sessions</li> <li>• Supervision monthly notes of general issues in providing services in accordance with the protocol and recommendations for further training</li> </ul>
5. Transition to standard of care	<ul style="list-style-type: none"> <li>a) PN discuss transitioning to the standard of care at multiple points throughout the intervention (starting at the initial interaction with the patient)</li> <li>b) Patient, PN, and case manager are all present at the transition meeting</li> <li>c) PN facilitate a caring and compassionate transition</li> <li>d) Role of PN versus role of Case Manager discussed with patient</li> <li>e) Patient’s ongoing barriers to care and struggles raised with case manager</li> </ul>	<ul style="list-style-type: none"> <li>• Audio recording</li> <li>• Supervision observation</li> <li>• Encounter form</li> <li>• Site visits and staff interviews</li> </ul>

# Appendix 5:

## Checklist to Prepare for Patient Education Sessions

### MODULE 4

#### Checklist to Prepare for a Patient Education Session

- ☒ Check notes from previous client encounters
- ☒ Check progress notes from other providers (if have access to these) that are part of the client's electronic health record
- ☒ Check latest labs
- ☒ If possible, meet with the multidisciplinary team to discuss progress or challenges your client may be experiencing. If not at multidisciplinary team meeting, an alternate time can be during team huddles.

## Appendix 6:

### Patient Care Plan

# Enhanced Patient Navigation for Women of Color Living With HIV

Dissemination of Evidence Informed Interventions

Boston University School of Public Health

AIDS United

Health Resources and Services Administration (HRSA) Special Programs of National Significance

#### Appendix D: Patient Care Plan

Note: Sites will need to add this to their current contact form that includes contact information, emergency contacts, etc. as well as their HIPAA and Confidentiality forms.

Patient Name:

Patient Record Number:

Date Created:

What days and times are best for you to meet with the patient navigator in person?

Day(s) of Week:	Time(s) of Day:
<input type="checkbox"/> <b>Monday</b>	
<input type="checkbox"/> <b>Tuesday</b>	
<input type="checkbox"/> <b>Wednesday</b>	
<input type="checkbox"/> <b>Thursday</b>	
<input type="checkbox"/> <b>Friday</b>	
<input type="checkbox"/> <b>Saturday</b>	
<input type="checkbox"/> <b>Sunday</b>	
<input type="checkbox"/> <b>Other answer (Specify: _____)</b>	

Where would you most like to meet?

- ☐ **At home**
- ☐ **At another person's home (Specify the home and relationship: )\***
- ☐ **Your PCP's office**
- ☐ **Other location. Specify: )\* \_\_\_\_\_**

For reasons of confidentiality, how would you like me to identify myself, when calling you or visiting you? (For example, should I go by my first name, say I am a "friend," or say they "work with so-and-so?")

Would you like to communicate by text? Y/N

#### Section 1: Coordination of Care

##### 1a. Goal: First PCP Visit Attendance

Date of first PCP visit attended:

Action Steps	Responsible Party	Target Date	Outcome	Outcome Date
	<input type="checkbox"/> <b>PCP</b> <input type="checkbox"/> <b>Navigator</b> <input type="checkbox"/> <b>Patient</b>		Completed? Y/N/Other  Notes:	

	<input type="checkbox"/> <b>Other:</b>			
	<input type="checkbox"/> <b>PCP</b> <input type="checkbox"/> <b>Navigator</b> <input type="checkbox"/> <b>Patient</b> <input type="checkbox"/> <b>Other:</b>		Completed? Y/N/Other  Notes:	
	<input type="checkbox"/> <b>PCP</b> <input type="checkbox"/> <b>Navigator</b> <input type="checkbox"/> <b>Patient</b> <input type="checkbox"/> <b>Other:</b>		Completed? Y/N/Other  Notes:	
	<input type="checkbox"/> <b>PCP</b> <input type="checkbox"/> <b>Navigator</b> <input type="checkbox"/> <b>Patient</b> <input type="checkbox"/> <b>Other:</b>		Completed? Y/N/Other  Notes:	

1b. Goal: Case management visit attendance

Date of case management visit:

Action Steps	Responsible Party	Target Date	Outcome	Outcome Date
	<input type="checkbox"/> <b>PCP</b> <input type="checkbox"/> <b>CM</b> <input type="checkbox"/> <b>Navigator</b> <input type="checkbox"/> <b>Patient</b> <input type="checkbox"/> <b>Other:</b>		Completed? Y/N/Other  Notes:	
	<input type="checkbox"/> <b>PCP</b>		Completed?	



	<input type="checkbox"/> <b>CM</b> <input type="checkbox"/> <b>Navigator</b> <input type="checkbox"/> <b>Patient</b> <input type="checkbox"/> <b>Other:</b>		Y/N/Other Notes:	
	<input type="checkbox"/> <b>PCP</b> <input type="checkbox"/> <b>CM</b> <input type="checkbox"/> <b>Navigator</b> <input type="checkbox"/> <b>Patient</b> <input type="checkbox"/> <b>Other:</b>		Completed? Y/N/Other Notes:	
	<input type="checkbox"/> <b>PCP</b> <input type="checkbox"/> <b>CM</b> <input type="checkbox"/> <b>Navigator</b> <input type="checkbox"/> <b>Patient</b> <input type="checkbox"/> <b>Other:</b>		Completed? Y/N/Other Notes:	

## Section 2: Patient identified goals

### 2a: Patient identified goal:

Date Resolved:

Action Steps	Responsible Party	Target Date	Outcome	Outcome Date
	<input type="checkbox"/> <b>PCP</b> <input type="checkbox"/> <b>Navigator</b> <input type="checkbox"/> <b>Patient</b> <input type="checkbox"/> <b>Other:</b>		Completed? Y/N/Other Notes:	
	<input type="checkbox"/> <b>PCP</b> <input type="checkbox"/> <b>Navigator</b>		Completed? Y/N/Other	

	<input type="checkbox"/> <b>Patient</b> <input type="checkbox"/> <b>Other:</b>		Notes:	
	<input type="checkbox"/> <b>PCP</b> <input type="checkbox"/> <b>Navigator</b> <input type="checkbox"/> <b>Patient</b> <input type="checkbox"/> <b>Other:</b>		Completed? Y/N/Other  Notes:	
	<input type="checkbox"/> <b>PCP</b> <input type="checkbox"/> <b>Navigator</b> <input type="checkbox"/> <b>Patient</b> <input type="checkbox"/> <b>Other:</b>		Completed? Y/N/Other  Notes:	

2b. Patient identified goal:

Date Resolved:

Action Steps	Responsible Party	Target Date	Outcome	Outcome Date
	<input type="checkbox"/> <b>PCP</b> <input type="checkbox"/> <b>Navigator</b> <input type="checkbox"/> <b>Patient</b> <input type="checkbox"/> <b>Other:</b>		Completed? Y/N/Other  Notes:	
	<input type="checkbox"/> <b>PCP</b> <input type="checkbox"/> <b>Navigator</b> <input type="checkbox"/> <b>Patient</b> <input type="checkbox"/> <b>Other:</b>		Completed? Y/N/Other  Notes:	
	<input type="checkbox"/> <b>PCP</b>		Completed?	

	<input type="checkbox"/> <b>Navigator</b> <input type="checkbox"/> <b>Patient</b> <input type="checkbox"/> <b>Other:</b>		Y/N/Other Notes:	
	<input type="checkbox"/> <b>PCP</b> <input type="checkbox"/> <b>Navigator</b> <input type="checkbox"/> <b>Patient</b> <input type="checkbox"/> <b>Other:</b>		Completed? Y/N/Other Notes:	

### Section 3: Curriculum

#### 2b. Patient identified goal

Date Resolved:

3a. CURRICULUM TOPICS TO BE COVERED		Target Date	Date Completed
<i>Please list topics to be completed before next plan update</i>			
Session 1: HIV, the Viral Life Cycle & Understanding HAART			
Session 2: Communicating with Health Care Provider about adherence & managing side effects			
Session 3: Review understanding of basic lab tests: CD4 & Viral Load			
Session 4: Stigma & Disclosure			
Session 5: HIV and Substance Use			
Session 6: HIV and Mental Health			

# Appendix 7:

## Acuity Tool



### HIV/AIDS Medical Case Management Acuity Tool Form

Massachusetts Department of Public Health

Boston Public Health Commission



Area of Functioning		Intensive Need	Moderate Need	Basic Need	Self Management
		(3)	(2)	(1)	(0)
<b>Adherence to Medical Care and Treatment &amp; HIV Health Status</b>					
HIV Care Adherence		Has missed 2 or more consecutive HIV medical appointments in the last 6 months	Has missed 1 or 2 (non-consecutive) HIV medical appointments in the last 6 months but has been seen by member of HIV medical team	Has attended HIV medical appointments in the last 6 months as indicated by HIV medical provider	Has attended all scheduled HIV medical appointments in the last 12 months as indicated by HIV medical provider
		Requires on-going accompaniment or assistance with medical appointments due to limited language or cognitive ability	Needs referral to or help accessing a culturally competent service provider (e.g. LGBT, linguistically appropriate, etc.)	Needs assistance with making and keeping HIV medical appointments	Does not require any assistance or reminders to schedule or keep medical appointments
Acuity Score:		Has not been seen by HIV medical team in the last 6 months	Requests accompaniments to medical appointments from MCM or other member of the care team		

<i>Comments (include referrals needed):</i>							
Current HIV Health Status		Has detectable VL and CD4 below 200		Has detectable VL and is working towards viral suppression with the medical team		Is on ARVs, in care, and being monitored by medical team, but unable to achieve viral suppression	Is virally suppressed
		Has current OI and is not being treated		Has history of OI in last 6 months which are treated and/or client using prophylaxis (if indicated)		Has no history of OIs in last 6 months	Has no history of OIs in last 12 months
		Has been hospitalized or visited the ER in last 30 days due to HIV related illness		Has been hospitalized or visited the ER in last 6 months due to HIV related illness		Has had no hospitalizations or visited the ER in last 6 months, but at least 1 hospitalizations or visit to the ER in the last 12	Has no history of hospitalizations or visits to the ER in last 12 months due to HIV related illness
		Newly diagnosed within last 6 months and concurrently diagnosed with AIDS		Newly diagnosed within the last 6 months and/or is new to the MCM program		Newly diagnosed within the last 12 months	
Acuity Score:		Demonstrates no understanding of HIV labs and lab results		Demonstrates minimal understanding of HIV labs and lab results		Demonstrates some understanding of HIV labs and lab results	Demonstrates understanding/ Knows of HIV labs and lab results
<i>Comments (include referrals needed):</i>							
Other Non-HIV Related Medical Issues		Has been hospitalized or visited the ER for non-HIV related illness in last 30 days		Has been hospitalized or visited the ER in last 6 months due to non-HIV related illness		Has had no non-HIV related hospitalizations or visits to the ER in last 6 months, but at	Has no history of non-HIV related hospitalizations or visits to the

				least 1 in the last 12	ER in last 12 months
		Has 2 or more non-HIV related illnesses (chronic or non-chronic) that impact health and/or care adherence	Has a non-HIV related illness (chronic or non-chronic) that impacts health and care adherence	Has a non-HIV related medical issue, but it does not impact HIV care and/or is not receiving treatment	Has no non-HIV related illnesses
		Currently receiving treatment for non-HIV related medical conditions (e.g. chemo, dialysis, HCV, on-going dental complications, etc.) that impacts daily living	Currently recovering from treatment for non-HIV related medical conditions (e.g. chemo, dialysis, HCV, on-going dental complications, etc.) that impacts daily living	Has no current non-HIV related medical issues, but past illnesses require monitoring by a medical provider	
		Requires assistance to make and keep non-HIV related medical appointments due to language or cognitive ability	Needs referral to or help accessing a culturally competent service provider (e.g. LGBT, linguistically appropriate, etc.) for non-HIV related medical issues	Requests assistance with reminders for non-HIV related medical appointments	No assistance needed for reminders for non-HIV related medical appointments
<b>Acuity Score:</b>		Requires accompaniments to specialty medical appointments due to language or cognitive ability	Requests accompaniments to specialty medical appointments from MCM or other member of the care team	Requests assistance with coordinating non-HIV related medical care	No assistance needed with coordinating non-HIV related medical care



Comments (include referrals needed):							
HIV Medication Adherence		Misses HIV medication doses daily	Misses HIV medication doses weekly	Misses HIV medication doses monthly, or on occasion		Rarely or never misses a dose of HIV medications	
		Needs and is not currently enrolled in directly-observed therapy (DOT) or other intensive adherence support	Needs and is enrolled in DOT or other intensive adherence support				
		Experiences adverse side effects that consistently impact adherence to HIV medication	Experiences adverse side effects that occasionally impact adherence to HIV medication	Experiences side effects, but manages them with no impact on adherence to HIV medication		No side effect concerns reported	
		Demonstrates no understanding of correlation between medication adherence and achieving/sustaining viral load suppression	Demonstrates minimal understanding of correlation between HIV medication adherence and achieving/sustaining viral load suppression	Demonstrates some understanding of correlation between HIV medication adherence and achieving/sustaining viral load suppression		Demonstrates full understanding of correlation between HIV medication adherence and achieving/sustaining viral load suppression	
		Demonstrates no understanding of basic health or prescription information (e.g. drug resistance, drug interactions, etc.) due to language barriers or cognitive function	Needs assistance to understand health and prescription information due to language barrier or cognitive function	Needs some assistance to understand health and prescription information		Manages health and prescription information with no assistance	

		Not on ARVS against medical providers advice	Is starting new ARV treatment regimen	Not on ARVs in consultation/support from medical provider	On ARVs and does not need additional assistance
<b>Acuity Score:</b>		Cultural beliefs around medication prevent client from taking medication as prescribed by medical provider			
<i>Comments (include referrals needed):</i>					
<b>Insurance</b>					
Health Insurance & HDAP Status		Lacks health insurance (e.g. MassHealth/Medicaid, no access to employer-based health insurance, outside open enrollment period for private insurance, with no "qualifying event", etc.)	Has health insurance and needs but lacks HDAP coverage	Has health insurance, HDAP and/or other health benefits, but requires support to maintain coverage and complete re-certifications	Has health insurance, HDAP and/or other health benefits and requires no support to maintain coverage and complete re-certifications
		Is ineligible for Masshealth or other comprehensive insurance coverage (e.g. receives Health Safety Net)	Client is uninsured and is awaiting enrollment (pending applications) in health insurance and/or other health benefits.		
<b>Acuity Score:</b>		Has health insurance, HDAP and/or other benefits, but faces significant deductibles and/or medical co-pays (e.g.	Client needs or currently utilizes the CHII program and needs regular assistance to maintain coverage		

		client is underinsured)					
<i>Comments (include referrals needed):</i>							
<b>Sexual and Reproductive Health Status</b>							
Sexual and Reproductive Health Status		Does not or is unable to communicate with sexual partner(s) around sex and sexual health needs (e.g. disclosure, negotiating condom use, PrEP use, partner's health status, etc.)		Inconsistently communicates with sexual partner(s) around sex and sexual health needs (e.g. disclosure, negotiating condom use, PrEP use, partner's health status, etc.)		Requests support to communicate with sexual partner(s) around sex and sexual health needs (e.g. disclosure negotiating condom use, PrEP use, partner's health status, etc.)	Consistently communicates with sexual partner(s) around sex and sexual health needs (e.g. disclosure, can negotiate condom use, PrEP use, partner's health status, etc.)
		Demonstrates no understanding of HIV/HCV/STI transmission, and/or no understanding of correlation between HIV transmission and viral load suppression		Demonstrates minimal knowledge of HIV/HCV/STI transmission, and minimal understanding of correlation between HIV transmission and viral load suppression		Needs occasional assistance understanding HIV, HCV, STI transmission and/or assistance understanding correlation between HIV transmission and viral load suppression	Demonstrates understanding of HIV, HCV, STI transmission, and/or understanding of correlation between HIV transmission and viral load suppression
		Reports at least 1 STI in the past 6 months		Reports at least 1 STI in the past 12 months		No history of STI in the past 12 months, but no STIs in the last 24 months	Reports sexual abstinence

		Engages in transactional sex (e.g. for money, drugs, a place to stay, etc.)		No discussion of HIV status with sexual partner(s), but maintains a suppressed viral load	Sexual partner(s) currently on PrEP (need to put this elsewhere)
<b>Acuity Score:</b>		HIV+ female not on treatment and pregnant or desires pregnancy	HIV+ female on treatment and is pregnant or desires pregnancy		
<i>Comments (include referrals needed):</i>					
<b>Mental Health</b>					
Current Mental Health Status		Clinical diagnosis with no current mental health provider, no pending appointments, no desire and/or is resistant to seek treatment	Clinical diagnosis or otherwise engaged with a mental health provider, but inconsistent with appointment attendance and/or treatment adherence	Engaged with a mental health provider and is consistent with mental health treatment and/or appointments	No indication of need for clinical mental health assessment
		Currently awaiting treatment or appointment with mental health professional	Referral to a new mental health professional in the past 6 months	Receives MCM support to make and keep appointments with mental health professional	No support needed to make and keep appointments with mental health professional
		Consistent challenges with adherence to prescribed psychiatric medicines or treatment protocol	Moderate challenges with adherence to prescribed psychiatric medicines or treatment protocol (missed doses more than a few times a month)	Some challenges with adherence to prescribed psychiatric medicines or treatment protocol (occasional missed doses)	No challenges with adherence to prescribed psychiatric medicines or treatment protocol

		Indication of need for mental health support, clinical mental health assessment, and/or treatment and does not receive it	Needs referral to or help accessing a culturally competent mental health provider (e.g. LGBT, linguistically appropriate, etc.)			
<b>Acuity Score:</b>		Client's behaviors negatively impact interactions with providers and/or other social supports	MCM or other member of the care team is an integral part of mental health support (e.g. regular check-ins etc.)			
<i>Comments (include referrals needed):</i>						
<b>Alcohol and Drug Use</b>						
Current Substance Use		Chronic daily drug or alcohol use or dependence that consistently interferes with adherence to HIV care and treatment and/or activities of daily living and expresses no desire for treatment (e.g. methadone, Suboxone, detox, etc.)	Current or recent drug or alcohol use or dependence that sometimes interferes with adherence to HIV care and/or daily living	Current or recent drug or alcohol use does not interfere with adherence to care, treatment, and/or activities of daily living but MCM assesses a need for additional support or regular check-in		Current or recent drug or alcohol use that does not interfere with adherence to care, treatment, or activities of daily living.
		Intermittent engagement in drug and alcohol treatment (e.g. methadone, Suboxone, detox, etc.)	Currently in residential or in-patient treatment for drug or alcohol use	Currently receiving treatment for drug and alcohol use in an out-patient setting		Receives sufficient supports around past substance use and/or no indication of need for

						additional support
		Expresses a need or desire for drug or alcohol treatment (e.g. suboxone, methadone, detox, etc.) but has not yet received it	Currently on a wait list to receive treatment for substance use disorder	Currently attends 12-step groups (e.g. AA, NA, etc.) or engaged in other types of recovery support		No current or past issues with drug or alcohol use
		Imminent harm associated with substance use and/or no engagement/interest in harm reduction practices (e.g. sharing needles, naran, etc.)	Experiences harm associated with substance use and/or has minimal ability to engage in harm reduction practices (e.g. sharing needles, naran, etc.)	Experiences some harm associated with substance use and/or has some ability to engage in harm reduction practices (e.g. sharing needles, naran, etc.)		No harm associated with current or past alcohol and drug use. Is able to engage in harm reduction practices (e.g. no needle sharing, carries naran, etc.)
<b>Acuity Score:</b>		Ongoing alcohol use in the context of liver disease (e.g., HIV/HCV co-infection etc.)				
<i>Comments (include referrals needed):</i>						
<b>Housing</b>						
Current Housing Status		Currently lives in shelter or any place not meant for human habitation (e.g. street, car, etc.)	Has chronic challenges maintaining housing	Lives in permanent or stable/safe housing but needs short term rent or utility assistance to remain housed		Has stable and affordable housing that meets client's needs



		Current living situation has major health or safety hazards or limits the client's ability to care for themselves	Has difficulties managing ADLs (e.g. navigating stairs, showering) in current living situation	Requests assistance from MCM to complete paperwork to maintain eligibility for housing subsidies		
		Needs a referral to a supportive housing program and/or other in-home support services to remain safe in their home	Currently resides in a supportive housing program and/or receives a non-permanent housing subsidy	Currently working with a MCM to maintain housing subsidy		
		Is expected to be released from incarceration in the next 3 months or was released from incarceration within the last 6 months	Lives in transitional/temporary housing or is doubled-up with no imminent loss of housing			
<b>Acuity Score:</b>		Faces eviction or imminent loss of current housing	Seeks to relocate in order to improve proximity to medical care, safety of housing environment, or access to services and supports	Currently working with a housing search and advocacy case manager		
<i>Comments (include referrals needed):</i>						
<b>Legal</b>						

Current Legal Status		Has urgent legal issues related to benefits access, discrimination, employment, health insurance coverage, housing, disability, eviction, or CORI		Has pending legal issues related to benefits access, discrimination, employment, health insurance coverage, housing, or disability (e.g. appeal for SSI)		Needs assistance completing standard legal documents		No current or recent legal issues
		Has time-sensitive need to complete or obtain standard legal documents (e.g., will, guardianship, identification, birth certificate, etc.)		Needs linkage to services to address legal issues that impact ability to obtain needed services or benefits		Currently working with a provider to address legal issues		All desired legal documents are complete
		Has issues relating to immigration status						
		Currently on parole or probation						
Acuity Score:		Has outstanding warrants and/or open legal cases						
Comments (include referrals needed):								
Relationships and Support Systems								
Support Systems and Relationships		Reports no close relationships, family, or supportive relationships		Reports feeling isolated or unsupported in current relationships (e.g. family and friends)		Reports having a support system, but identified need for regular check-ins from MCM		Has satisfactory social support

		Has not shared HIV status with any members of social support system due to stigma, language barriers, cultural beliefs around HIV, etc. which directly impacts social supports	Has not shared HIV status with many members of support system due to stigma, language barriers, cultural beliefs around HIV, etc. which impacts social supports	Has shared HIV status to members of support system but requests assistance in talking with others to decrease social isolation	Client reports feeling comfortable with the number of people in their social circle/family who know their HIV status and it does not impact their social support
			Relies on MCM, peer, or other program staff for social support		
Acuity Score:		Reports current or potential intimate partner violence and needs immediate intervention	Has experienced intimate partner violence in the past that impacts current relationships, financial situation, housing status, etc.		Past experience with intimate partner violence does not impact present care
<i>Comments (include referrals needed):</i>					
<b>Income</b>					
Current Income/Personal Finance Management Status		Has no stable income or benefits established and no identified source of financial support	Income inadequate to meet basic needs at the end of every month for 3 or more months in a 6 month period	Income occasionally (no more than 2 times in a 6 month period) inadequate to meet basic needs	Has steady income; manages all financial obligations
		Requires but does not receive public benefits such as SSI/SSDI and/or		Requests support with benefits applications or other means to	Receives benefits and requires no assistance with

		has pending applications			increase and manage income	maintaining benefits
		Receives no public benefits such as SSI/SSDI and is ineligible to receive them due to immigration status				
		Has immediate need for financial assistance to stay housed, maintain utilities, obtain food, or access medical care		Expenses currently exceed income	Requests assistance with budgeting	
		Needs referral to representative payee		Currently uses a representative payee		No need for representative payee
<b>Acuity Score:</b>		Application for benefits such as SSI/SSDI have been denied or are under appeal				
<i>Comments (include referrals needed):</i>						
<b>Transportation</b>						
Current Transportation/Mobility Status		Has limited or no access to transportation (e.g. ineligible for PT-1, no public transportation options) which impacts engagement in medical care, appointments, and other support services		Has PT-1 or agency transport vouchers/passes but requires MCM assistance to complete applications and/or maintain eligibility	Relies on PT-1 or agency supported transportation vouchers or family/friend	Has consistent and reliable access to transportation with no need for agency support

		Has physical limitations or other mobility issues that impacts ability to access transportation and/or engage in medical care and other support services				
		Client's available transportation options put the client legally or physically at risk (e.g. unregistered car, uninsured driver, hitchhiking)				
<b>Acuity Score:</b>		Has limited language or cognitive functioning that limits ability to coordinate transportation			Occasionally needs assistance with transportation to stay engaged in medical care	
<i>Comments (include referrals needed):</i>						
<b>Nutrition</b>						
Current Nutritional Status		Relies on food pantries, soup kitchens or other community food resources on a weekly basis	Relies on food pantries, soup kitchens, and other community food resources 1x per month or more	Relies on food pantries, soup kitchens, or other community food resources less than 1x per month		All nutritional needs are met and/or MCM assistance not needed to access food assistance

		Needs immediate linkage to medical care due to problems related to low body weight, poor appetite, nausea, vomiting, or other urgent health issues that are impacted by lack of nutrition	Needs linkage to nutritional counseling or other education to help manage nutrition and diet which impact overall health and/or other medical issues	Needs information about nutrition, and/or food preparation to improve or maintain health		
		Needs a referral to obtain food related benefits (e.g. SNAP, WIC, etc.) and/or assistance to access community food resources	Needs assistance completing applications to maintain current food related benefits (e.g. SNAP, WIC, etc.)	Receives food related benefits (e.g. SNAP, WIC, etc.) to meet nutritional needs for self or household		
		Is ineligible for food related benefits (e.g. SNAP, WIC, etc.)	Relies on access to an agency food program in order to obtain adequate food	Client benefits from utilizing an agency nutrition program		
<b>Acuity Score:</b>		Needs nutritional supplements to maintain health	Needs and is prescribed nutritional supplements to maintain health (e.g. Ensure)			
<i>Comments (include referrals needed):</i>						
<b>Summary &amp; Signatures</b>						
Acuity Score:	0	Level of Need	(29-42) Intensive Need			
Client Name/Client Code:						



PN Name:	
PN Signature:	
Date:	

# Appendix 8:

## HIV Drug Chart



\*generic version available

E experimental

### Single-Tablet Regimens

#### DRUG

#### ADULT DOSING

#### DOSING INFO



[Atripla \(efavirenz + tenofovir disoproxil fumarate + emtricitabine\)](#)

One tablet once a day. Each tablet contains 600mg efavirenz + 300mg tenofovir disoproxil fumarate + 200mg emtricitabine.

This is a complete one-pill, once-daily drug regimen. Take on an empty stomach. Dose should be taken at bedtime to minimize dizziness, drowsiness and impaired concentration.



[Biktarvy \(bictegravir + tenofovir alafenamide + emtricitabine\)](#)

One tablet once a day. Each tablet contains 50 mg bictegravir, 25 mg tenofovir alafenamide, and 200 mg emtricitabine.

This is a complete one-pill, once-daily drug regimen. It can be taken with or without food.



[Complera \(rilpivirine + tenofovir disoproxil fumarate + emtricitabine\)](#)

Each tablet contains 25 mg rilpivirine + 300 mg tenofovir disoproxil fumarate + 200 mg emtricitabine.

This is a complete one-pill, once-daily drug regimen. Take with a meal.



[Delstrigo \(doravirine + tenofovir disoproxil fumarate + lamivudine\)](#)

One tablet once a day. Each tablet contains 100mg doravirine + 300mg tenofovir disoproxil fumarate + 300mg lamivudine.

For adults taking the antibiotic rifabutin, Delstrigo should be taken once a day, followed by one tablet of Pifeltro (darunavir) approximately 12 hours later.







This is a complete one-pill, once-daily drug regimen. Take with or without food.



[Genvoya \(elvitegravir + tenofovir alafenamide + emtricitabine + cobicistat\)](#)



One tablet once a day. Each tablet contains 150 mg elvitegravir, 150 mg cobicistat, 10 mg tenofovir alafenamide fumarate and 200 mg emtricitabine.

This is a complete one-pill, once-daily drug regimen. Take with food.







DRUG	ADULT DOSING	DOSING INFO
 <a href="#"><u>Juluca (dolutegravir + rilpivirine)</u></a>	One tablet once a day. Each tablet contains 50mg dolutegravir + 25mg rilpivirine. Juluca must be taken with a meal (with breakfast or dinner, for example). If you take any supplements containing calcium or iron, you should take Juluca together with these supplements or take Juluca four hours before or six hours after taking these supplements.	This is a complete one-pill, once-daily drug regimen. It must be taken with a meal.
 <a href="#"><u>Odefsey (rilpivirine + emtricitabine + tenofovir alafenamide)</u></a>	One tablet once a day. Each tablet contains 25 mg rilpivirine + 200mg emtricitabine + 25mg tenofovir alafenamide fumarate.	This is a complete one-pill, once-daily drug regimen. Take with a meal.
 <a href="#"><u>Stribild (elvitegravir + cobicistat + tenofovir disoproxil fumarate + emtricitabine)</u></a>	One tablet once a day. Each tablet contains 150 mg elvitegravir, 150 mg cobicistat, 300 mg tenofovir disoproxil fumarate and 200 mg emtricitabine.	This is a complete one-pill, once-daily drug regimen. Take with food.
 <a href="#"><u>Symfi and Symfi Lo (efavirenz + lamivudine + tenofovir disoproxil fumarate)</u></a>	One tablet of either Symfi or Symfi Lo once a day. Each tablet of Symfi contains 600mg efavirenz + 300mg lamivudine + 300mg tenofovir disoproxil fumarate. Each tablet of Symfi Lo contains 400mg efavirenz + 300mg lamivudine + 300mg tenofovir disoproxil fumarate.	This is a complete one-pill, once-daily drug regimen. Take on an empty stomach. Dose should be taken at bedtime to minimize dizziness, drowsiness and impaired concentration.
 <a href="#"><u>Symtuza (darunavir + cobicistat + emtricitabine + tenofovir alafenamide)</u></a>	One tablet once a day. Each tablet contains 800 mg darunavir, 150mg cobicistat, 200mg emtricitabine and 10mg tenofovir alafenamide.	This is a complete one-pill, once-daily drug regimen; if Symtuza is used by people living with HIV that has developed resistance to other available antiretrovirals, it may be combined with other HIV drugs. It should be taken with food.
 <a href="#"><u>Triumeq (dolutegravir + abacavir + lamivudine)</u></a>	One tablet once a day. Each tablet contains 50 mg dolutegravir, 600 mg abacavir, and 300 mg lamivudine. Triumeq alone is not recommended for people with known HIV resistance to abacavir, lamivudine or any of the approved integrase inhibitors.	This is a complete one-pill, once-daily drug regimen. Take with or without food. Contains abacavir and should only be used by patients who have tested negative for HLA-B*5701 (see below).

## Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs)


DRUG	ADULT DOSING	DOSING INFO
 <a href="#">Cimduo (lamivudine + tenofovir disoproxil fumarate)</a>	One tablet once a day. Each tablet of Cimduo contains 300 mg lamivudine + 300 mg tenofovir disoproxil fumarate.	Take with or without food.
 <a href="#">Combivir (zidovudine + lamivudine)</a>	One tablet twice a day. Each tablet contains 300mg zidovudine + 150mg lamivudine.	Take with or without food, however taking with food may minimize stomach upset.
 <a href="#">Descovy (emtricitabine + tenofovir alafenamide)</a>	One tablet once a day. Each tablet contains 200mg emtricitabine + 25mg tenofovir alafenamide fumarate (TAF).	Take with or without food.
 <a href="#">Emtriva (emtricitabine)</a>	One 200mg capsule once a day.	Take with or without food. Take with or without food.
 <a href="#">Epivir (lamivudine)</a>	One 300mg tablet once a day, or one 150mg tablet twice a day	Epivir is also used to treat patients infected with the Hepatitis B Virus (HBV), but at a different dose. If you are dually infected with HIV and HBV, the dosage indicated for HIV therapy should be used.
 <a href="#">Epzicom (abacavir + lamivudine)</a>	One tablet once a day. Each table contains 600mg abacavir + 300mg lamivudine.	Take with or without food. Contains abacavir and should only be used by patients who have tested negative for HLA-B*5701 (see below).
 <a href="#">Retrovir (zidovudine)</a>	One 300mg tablet twice a day.	Take with or without food, however taking with food may minimize stomach upset.
 <a href="#">Trizivir (abacavir + zidovudine + lamivudine)</a>	One tablet twice a day. Each tablet contains 300mg zidovudine + 150mg lamivudine + 300mg abacavir.	Take with or without food. Contains abacavir and should only be used by patients who have tested negative for HLA-B*5701 (see below).
 <a href="#">Truvada (tenofovir disoproxil fumarate + emtricitabine)</a>	One tablet once a day. Each tablet contains 300mg tenofovir disoproxil fumarate + 200mg emtricitabine.	Take with or without food.
 <a href="#">Videx EC (didanosine)</a>	One 400mg capsule once a day. For patients weighing less than 133 lbs. (60 kg), the dose is one 250mg capsule once a day. A powdered version of Videx, for mixing into an oral solution, is also available.	Take on an empty stomach (2 hours after or 1 hour before a meal). Videx EC should be taken with water. It should not be taken with acidic juices, soda, or milk. Videx EC should be taken at least two hours after or two hours before Aptivus (tipranavir) and Reyataz (atazanavir). Avoid alcohol.
 <a href="#">Viread (tenofovir disoproxil fumarate)</a>	One 300mg tablet once a day.	Take with or without food. If Viread is taken with Videx EC (didanosine), it can increase didanosine levels in the blood by as much as 60%, causing increased side effects.

DRUG	ADULT DOSING	DOSING INFO
 <a href="#">Zerit (stavudine)</a>	One 40mg capsule, twice a day. For patients weighing less than 133 lbs. (60 kg), one 30mg capsule, twice a day.	Take with or without food.
 <a href="#">Ziagen (abacavir)</a>	One 300mg tablet twice a day, or two 300mg tablets once a day.	Take with or without food.

## Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)

DRUG	ADULT DOSING	DOSING INFO
 <a href="#">Edurant (rilpivirine)</a>	One 25mg tablet once a day.	Take with food.
 <a href="#">Intelence (etravirine)</a>	One 200mg tablet twice a day or two 100 mg tablets twice a day. One 100mg tablet once a day.	Take with food.
 <a href="#">Pifeltro (doravirine)</a>	For adults using the antibiotic rifabutin, the dose is one 100mg tablet every 12 hours.	Take with or without food.
 <a href="#">Rescriptor (delavirdine)</a>	Two 200mg tablets three times a day or four 100mg tablets three times a day.	Take with or without food.
 <a href="#">Sustiva (efavirenz)</a>	One 600mg tablet once a day, or three 200mg capsules once a day	Take on an empty stomach. Dose should be taken at bedtime to minimize dizziness, drowsiness and impaired concentration.
 <a href="#">Viramune and Viramune XR (nevirapine)</a>	One 200mg Viramune IR tablet once a day for 14 days, then one 400mg Viramune XR tablet once a day	Take with or without food.




## Protease Inhibitors (PIs)

DRUG	ADULT DOSING	DOSING INFO
 <a href="#">Aptivus (tipranavir)</a>	Two 250mg capsules plus two 100mg Norvir tablets (or capsules), twice a day.	Aptivus and Norvir should be taken with food, preferably a meal. Aptivus/Norvir should not be taken with other protease inhibitors. If taken with Videx or Videx EC (didanosine), Aptivus/Norvir should be taken at least two hours before or two hours after taking ddl.



DRUG	ADULT DOSING	DOSING INFO
 <a href="#">Crixivan (indinavir)</a>	Two 400mg capsules, every 8 hours, OR two 400mg capsules with either one OR two 100mg Norvir tablets (or capsules) twice a day (preferred dosing).	Without Norvir: Take on an empty stomach (no food two hours before or one hour after dosing), or with a light, low-fat snack.  With Norvir: Take with or without food.  Drink at least 48 ounces (six 8-oz. glasses) of water daily to prevent kidney stones.
 <a href="#">Evotaz (atazanavir + cobicistat)</a>	One tablet once a day. Each tablet contains 300 mg Reyataz (atazanavir) + 150 mg Tybost (cobicistat).	Take with food.
 <a href="#">Invirase (saquinavir)</a>	Two 500mg tablets plus one 100mg Norvir tablet (or capsule), twice a day	Take with food, preferably a meal, or within 2 hours after a meal.
 <a href="#">Kaletra (lopinavir + ritonavir)</a>	Two tablets twice a day, or four tablets once a day, depending on HIV drug resistance. Each tablet contains 200 mg lopinavir and 50 mg Norvir (ritonavir).	Take with or without food.
 <a href="#">Lexiva (fosamprenavir)</a>	Two 700 mg tablets twice a day, or two 700 mg tablets plus one or two Norvir tablets once a day, or one 700 mg tablet plus one Norvir tablet twice a day (recommended for individuals who have used other PIs in the past). Take with or without food.	Take with or without food.
 <a href="#">Norvir (ritonavir)</a>	Six 100 mg tablets twice a day. The full dose of Norvir is rarely used. It is most often used at lower doses to boost the levels of other antiretrovirals in the blood.	Take with food.
 <a href="#">Prezcobix (darunavir + cobicistat)</a>	One tablet once a day. Each tablet contains 800 mg Prezista (darunavir) + 150 mg Tybost (cobicistat).	Take with food.
 <a href="#">Prezista (darunavir)</a>	One 800 mg tablet (or two 400 mg tablets) plus one 100 mg Norvir tablet or 150 mg Tybost tablet once a day OR one 600 mg tablet plus one 100 mg Norvir tablet twice a day, depending on evidence of drug resistance.	Take with food. If taken with ddl (Videx or Videx EC), Prezista/Norvir should be taken at least two hours before or one hour after taking ddl.
 <a href="#">Reyataz (atazanavir)</a>	Two 200 mg capsules once a day OR one 300 mg capsule plus one 100 mg Norvir tablet or 150 mg Tybost tablet once a day.	Take with food.
 <a href="#">Viracept (nelfinavir)</a>	Two 625 mg capsules twice a day OR five 250 mg capsules twice a day OR three 250 mg tablets three times a day. A powder formulation is also available.	Take with food.




## Integrase Inhibitors

DRUG	ADULT DOSING	DOSING INFO
 <a href="#">Isentress (raltegravir)</a>	Two 600 mg (HD) tablets once a day for those who are treatment naive or whose virus has been suppressed on an initial regimen of twice-daily Isentress, or one 400 mg tablet twice a day.	Take with or without food.
 <a href="#">Tivicay (dolutegravir)</a>	One 50 mg tablet once a day for those starting antiretroviral therapy for the first time, or for those who have not used an integrase inhibitor in the past.  One 50 mg tablet twice a day for treatment-experienced individuals who have HIV that is resistant to other integrase inhibitors, and when taken with certain ARVs.  One 85 mg tablet once a day when taken with twice-daily Kaletra (lopinavir) or once-daily Reyataz (atazanavir)/Norvir (ritonavir)	Take with or without food.
 <a href="#">Vitekta (elvitegravir)</a>	One 150 mg tablet once a day when taken with twice-daily Lexiva (fosamprenavir)/Norvir (ritonavir), Prezista (darunavir)/Norvir (ritonavir) or Aptivus (tipranavir)/Norvir (ritonavir)	Take with food.


## Entry Inhibitors

DRUG	ADULT DOSING	DOSING INFO
 <a href="#">Fuzeon (enfuvirtide)</a>	One 90mg (1-ml solution) subcutaneous injection twice a day.	Take with or without food. Fuzeon comes as a white powder that must be mixed with sterile water in a vial each day.
 <a href="#">Selzentry (maraviroc)</a>	One 150mg, 300mg, or 600mg tablet, twice a day, depending on other medications used.	Take with or without food.

## Monoclonal Antibodies

DRUG	ADULT DOSING	DOSING INFO
 <a href="#">Trogarzo (ibalizumab)</a>	Trogarzo is administered intravenously (IV) as a single loading (or initial) dose of 2,000 mg followed by a maintenance dose of 800 mg every 2 weeks.	NA

## Pharmacokinetic Enhancers

DRUG	ADULT DOSING	DOSING INFO
 <a href="#">Tybost (cobicistat)</a>	150 mg once a day in combination with antiretrovirals that require boosting	Take with food.

**DRUG Atripla (efavirenz + tenofovir disoproxil fumarate + emtricitabine)**



**ADULT DOSING** One tablet once a day. Each tablet contains 600mg efavirenz + 300mg tenofovir disoproxil fumarate + 200mg emtricitabine.

**DOSING INFO** This is a complete one-pill, once-daily drug regimen. Take on an empty stomach. Dose should be taken at bedtime to minimize dizziness, drowsiness and impaired concentration.

**DRUG Biktarvy (bictegravir + tenofovir alafenamide + emtricitabine)**



**ADULT DOSING** One tablet once a day. Each tablet contains 50 mg bictegravir, 25 mg tenofovir alafenamide, and 200 mg emtricitabine.

**DOSING INFO** This is a complete one-pill, once-daily drug regimen. It can be taken with or without food.

**DRUG Complera (rilpivirine + tenofovir disoproxil fumarate + emtricitabine)**



**ADULT DOSING** Each tablet contains 25 mg rilpivirine + 300 mg tenofovir disoproxil fumarate + 200 mg emtricitabine.

**DOSING INFO** This is a complete one-pill, once-daily drug regimen. Take with a meal.

**DRUG Delstrigo (doravirine + tenofovir disoproxil fumarate + lamivudine)**



**ADULT DOSING** One tablet once a day. Each tablet contains 100mg doravirine + 300mg tenofovir disoproxil fumarate + 300mg lamivudine.

For adults taking the antibiotic rifabutin, Delstrigo should be taken once a day, followed by one tablet of Pifeltro (darunavir) approximately 12 hours later.

**DOSING INFO** This is a complete one-pill, once-daily drug regimen. Take with or without food.

**DRUG Genvoya (elvitegravir + tenofovir alafenamide + emtricitabine + cobicistat)**



**ADULT DOSING** One tablet once a day. Each tablet contains 150 mg elvitegravir, 150 mg cobicistat, 10 mg tenofovir alafenamide fumarate and 200 mg emtricitabine.

**DOSING INFO** This is a complete one-pill, once-daily drug regimen. Take with food.

**DRUG Juluca (dolutegravir + rilpivirine)**



**ADULT DOSING** One tablet once a day. Each tablet contains 50mg dolutegravir + 25mg rilpivirine. Juluca must be taken with a meal (with breakfast or dinner, for example).

If you take any supplements containing calcium or iron, you should take Juluca together with these supplements or take Juluca four hours before or six hours after taking these supplements.

**DOSING INFO** This is a complete one-pill, once-daily drug regimen. It must be taken with a meal.

**DRUG Odefsey (rilpivirine + emtricitabine + tenofovir alafenamide)**



**DRUG Odefsey (rilpivirine + emtricitabine + tenofovir alafenamide)**

**ADULT DOSING** One tablet once a day. Each tablet contains 25 mg rilpivirine + 200mg emtricitabine + 25mg tenofovir alafenamide fumarate.

**DOSING INFO** This is a complete one-pill, once-daily drug regimen. Take with a meal.

**DRUG Stribild (elvitegravir + cobicistat + tenofovir disoproxil fumarate + emtricitabine)**



**ADULT DOSING** One tablet once a day. Each tablet contains 150 mg elvitegravir, 150 mg cobicistat, 300 mg tenofovir disoproxil fumarate and 200 mg emtricitabine.

**DOSING INFO** This is a complete one-pill, once-daily drug regimen. Take with food.

**DRUG Symfi and Symfi Lo (efavirenz + lamivudine + tenofovir disoproxil fumarate)**



**ADULT DOSING** One tablet of either Symfi or Symfi Lo once a day. Each tablet of Symfi contains 600mg efavirenz + 300mg lamivudine + 300mg tenofovir disoproxil fumarate. Each tablet of Symfi Lo contains 400mg efavirenz + 300mg lamivudine + 300mg tenofovir disoproxil fumarate.

**DOSING INFO** This is a complete one-pill, once-daily drug regimen. Take on an empty stomach. Dose should be taken at bedtime to minimize dizziness, drowsiness and impaired concentration.

**DRUG Symtuza (darunavir + cobicistat + emtricitabine + tenofovir alafenamide)**



**ADULT DOSING** One tablet once a day. Each tablet contains 800 mg darunavir, 150mg cobicistat, 200mg emtricitabine and 10mg tenofovir alafenamide.

**DOSING INFO** This is a complete one-pill, once-daily drug regimen; if Symtuza is used by people living with HIV that has developed resistance to other available antiretrovirals, it may be combined with other HIV drugs. It should be taken with food.

**DRUG Triumeq (dolutegravir + abacavir + lamivudine)**



**ADULT DOSING** One tablet once a day. Each tablet contains 50 mg dolutegravir, 600 mg abacavir, and 300 mg lamivudine.

Triumeq alone is not recommended for people with known HIV resistance to abacavir, lamivudine or any of the approved integrase inhibitors.

**DOSING INFO** This is a complete one-pill, once-daily drug regimen. Take with or without food. Contains abacavir and should only be used by patients who have tested negative for HLA-B\*5701 (see below).

**DRUG Cimduo (lamivudine + tenofovir disoproxil fumarate)**



**ADULT DOSING** One tablet once a day. Each tablet of Cimduo contains 300 mg lamivudine + 300 mg tenofovir disoproxil fumarate.

**DOSING INFO** Take with or without food.

**DRUG Combivir (zidovudine + lamivudine)**



**ADULT DOSING** One tablet twice a day. Each tablet contains 300mg zidovudine + 150mg lamivudine.

**DRUG Combivir (zidovudine + lamivudine)**

**DOSING INFO** Take with or without food, however taking with food may minimize stomach upset.

**DRUG Descovy (emtricitabine + tenofovir alafenamide)**



**ADULT DOSING** One tablet once a day. Each tablet contains 200mg emtricitabine + 25mg tenofovir alafenamide fumarate (TAF).

**DOSING INFO** Take with or without food.

**DRUG Emtriva (emtricitabine)**



**ADULT DOSING** One 200mg capsule once a day.

**DOSING INFO** Take with or without food.

**DRUG Epivir (lamivudine)**



**ADULT DOSING** One 300mg tablet once a day, or one 150mg tablet twice a day

**DOSING INFO** Take with or without food.

Epivir is also used to treat patients infected with the Hepatitis B Virus (HBV), but at a different dose. If you are dually infected with HIV and HBV, the dosage indicated for HIV therapy should be used.

**DRUG Epzicom (abacavir + lamivudine)**



**ADULT DOSING** One tablet once a day. Each table contains 600mg abacavir + 300mg lamivudine.

**DOSING INFO** Take with or without food. Contains abacavir and should only be used by patients who have tested negative for HLA-B\*5701 (see below).

**DRUG Retrovir (zidovudine)**



**ADULT DOSING** One 300mg tablet twice a day.

**DOSING INFO** Take with or without food, however taking with food may minimize stomach upset.

**DRUG Trizivir (abacavir + zidovudine + lamivudine)**



**ADULT DOSING** One tablet twice a day. Each tablet contains 300mg zidovudine + 150mg lamivudine + 300mg abacavir.

**DOSING INFO** Take with or without food. Contains abacavir and should only be used by patients who have tested negative for HLA-B\*5701 (see below).

**DRUG Truvada (tenofovir disoproxil fumarate + emtricitabine)**



**ADULT DOSING** One tablet once a day. Each tablet contains 300mg tenofovir disoproxil fumarate + 200mg emtricitabine.

**DOSING INFO** Take with or without food.

## DRUG Videx EC (didanosine)



**ADULT DOSING** One 400mg capsule once a day. For patients weighing less than 133 lbs. (60 kg), the dose is one 250mg capsule once a day. A powdered version of Videx, for mixing into an oral solution, is also available.

**DOSING INFO** Take on an empty stomach (2 hours after or 1 hour before a meal). Videx EC should be taken with water. It should not be taken with acidic juices, soda, or milk. Videx EC should be taken at least two hours after or two hours before Aptivus (tipranavir) and Reyataz (atazanavir). Avoid alcohol.

## DRUG Viread (tenofovir disoproxil fumarate)



**ADULT DOSING** One 300mg tablet once a day.

**DOSING INFO** Take with or without food. If Viread is taken with Videx EC (didanosine), it can increase didanosine levels in the blood by as much as 60%, causing increased side effects.

## DRUG Zerit (stavudine)



**ADULT DOSING** One 40mg capsule, twice a day. For patients weighing less than 133 lbs. (60 kg), one 30mg capsule, twice a day.

**DOSING INFO** Take with or without food.

## DRUG Ziagen (abacavir)



**ADULT DOSING** One 300mg tablet twice a day, or two 300mg tablets once a day.

**DOSING INFO** Take with or without food.

## DRUG Edurant (rilpivirine)



**ADULT DOSING** One 25mg tablet once a day.

**DOSING INFO** Take with food.

## DRUG Intelligence (etravirine)



**ADULT DOSING** One 200mg tablet twice a day or two 100 mg tablets twice a day.

**DOSING INFO** Take with food.

## DRUG Pifeltro (doravirine)



**ADULT DOSING** One 100mg tablet once a day.

For adults using the antibiotic rifabutin, the dose is one 100mg tablet every 12 hours.

**DOSING INFO** Take with or without food.

## DRUG Rescriptor (delavirdine)



**DRUG Rescriptor (delavirdine)**

**ADULT DOSING** Two 200mg tablets three times a day or four 100mg tablets three times a day.

**DOSING INFO** Take with or without food.

**DRUG Sustiva (efavirenz)**



**ADULT DOSING** One 600mg tablet once a day, or three 200mg capsules once a day

**DOSING INFO** Take on an empty stomach. Dose should be taken at bedtime to minimize dizziness, drowsiness and impaired concentration.

**DRUG Viramune and Viramune XR (nevirapine)**



**ADULT DOSING** One 200mg Viramune IR tablet once a day for 14 days, then one 400mg Viramune XR tablet once a day

**DOSING INFO** Take with or without food.

**DRUG Aptivus (tipranavir)**



**ADULT DOSING** Two 250mg capsules plus two 100mg Norvir tablets (or capsules), twice a day.

**DOSING INFO** Aptivus and Norvir should be taken with food, preferably a meal. Aptivus/Norvir should not be taken with other protease inhibitors. If taken with Videx or Videx EC (didanosine), Aptivus/Norvir should be taken at least two hours before or two hours after taking ddl.

**DRUG Crixivan (indinavir)**



**ADULT DOSING** Two 400mg capsules, every 8 hours, OR two 400mg capsules with either one OR two 100mg Norvir tablets (or capsules) twice a day (preferred dosing).

**DOSING INFO** Without Norvir: Take on an empty stomach (no food two hours before or one hour after dosing), or with a light, low-fat snack.

With Norvir: Take with or without food.

Drink at least 48 ounces (six 8-oz. glasses) of water daily to prevent kidney stones.

**DRUG Evotaz (atazanavir + cobicistat)**



**ADULT DOSING** One tablet once a day. Each tablet contains 300 mg Reyataz (atazanavir) + 150 mg Tybost (cobicistat).

**DOSING INFO** Take with food.

**DRUG Invirase (saquinavir)**



**ADULT DOSING** Two 500mg tablets plus one 100mg Norvir tablet (or capsule), twice a day

**DOSING INFO** Take with food, preferably a meal, or within 2 hours after a meal.



**DRUG Kaletra (lopinavir + ritonavir)**



**ADULT DOSING** Two tablets twice a day, or four tablets once a day, depending on HIV drug resistance. Each tablet contains 200 mg lopinavir and 50 mg Norvir (ritonavir).

**DOSING INFO** Take with or without food.

**DRUG Lexiva (fosamprenavir)**



**ADULT DOSING** Two 700 mg tablets twice a day, or two 700 mg tablets plus one or two Norvir tablets once a day, or one 700 mg tablet plus one Norvir tablet twice a day (recommended for individuals who have used other PIs in the past). Take with or without food.

**DOSING INFO** Take with or without food.

**DRUG Norvir (ritonavir)**



**ADULT DOSING** Six 100 mg tablets twice a day. The full dose of Norvir is rarely used. It is most often used at lower doses to boost the levels of other antiretrovirals in the blood.

**DOSING INFO** Take with food.

**DRUG Prezcobix (darunavir + cobicistat)**



**ADULT DOSING** One tablet once a day. Each tablet contains 800 mg Prezista (darunavir) + 150 mg Tybost (cobicistat).

**DOSING INFO** Take with food.

**DRUG Prezista (darunavir)**



**ADULT DOSING** One 800 mg tablet (or two 400 mg tablets) plus one 100 mg Norvir tablet or 150 mg Tybost tablet once a day OR one 600 mg tablet plus one 100 mg Norvir tablet twice a day, depending on evidence of drug resistance.

**DOSING INFO** Take with food. If taken with ddI (Videx or Videx EC), Prezista/Norvir should be taken at least two hours before or one hour after taking ddI.

**DRUG Reyataz (atazanavir)**



**ADULT DOSING** Two 200 mg capsules once a day OR one 300 mg capsule plus one 100 mg Norvir tablet or 150 mg Tybost tablet once a day.

**DOSING INFO** Take with food.

**DRUG Viracept (nelfinavir)**



**ADULT DOSING** Two 625 mg capsules twice a day OR five 250 mg capsules twice a day OR three 250 mg tablets three times a day. A powder formulation is also available.

**DOSING INFO** Take with food.

#### DRUG Isentress (raltegravir)



**ADULT DOSING** Two 600 mg (HD) tablets once a day for those who are treatment naive or whose virus has been suppressed on an initial regimen of twice-daily Isentress, or one 400 mg tablet twice a day.

**DOSING INFO** Take with or without food.

#### DRUG Tivicay (dolutegravir)



**ADULT DOSING** One 50 mg tablet once a day for those starting antiretroviral therapy for the first time, or for those who have not used an integrase inhibitor in the past.

One 50 mg tablet twice a day for treatment-experienced individuals who have HIV that is resistant to other integrase inhibitors, and when taken with certain ARVs.

**DOSING INFO** Take with or without food.

#### DRUG Vitekta (elvitegravir)



**ADULT DOSING** One 85 mg tablet once a day when taken with twice-daily Kaletra (lopinavir) or once-daily Reyataz (atazanavir)/Norvir (ritonavir)

One 150 mg tablet once a day when taken with twice-daily Lexiva (fosamprenavir)/Norvir (ritonavir), Prezista (darunavir)/Norvir (ritonavir) or Aptivus (tipranavir)/Norvir (ritonavir)

**DOSING INFO** Take with food.

#### DRUG Fuzeon (enfuvirtide)



**ADULT DOSING** One 90mg (1-ml solution) subcutaneous injection twice a day.

**DOSING INFO** Take with or without food. Fuzeon comes as a white powder that must be mixed with sterile water in a vial each day.

#### DRUG Selzentry (maraviroc)



**ADULT DOSING** One 150mg, 300mg, or 600mg tablet, twice a day, depending on other medications used.

**DOSING INFO** Take with or without food.

#### DRUG Trogarzo (ibalizumab)



**ADULT DOSING** Trogarzo is administered intravenously (IV) as a single loading (or initial) dose of 2,000 mg followed by a maintenance dose of 800 mg every 2 weeks.

**DOSING INFO** NA

#### DRUG Tybost (cobicistat)



**ADULT DOSING** 150 mg once a day in combination with antiretrovirals that require boosting

**DOSING INFO** Take with food.



# Appendix 9:

## Patient and Client Bill of Rights Example

### **PEOPLE WITH HIV/AIDS BILL OF RIGHTS AND RESPONSIBILITIES**

The purpose of this Patient and Client Bill of Rights is to help enable clients act on their own behalf and in partnership with their providers to obtain the best possible HIV/AIDS care and treatment. This Bill of Rights and responsibilities comes from the hearts of people living with HIV/AIDS in the diverse communities of Los Angeles County. As someone newly entering or currently accessing care, treatment or support services for HIV/AIDS, you have the right to:

#### **A. Respectful Treatment**

1. Receive considerate, respectful, professional, confidential and timely care in a safe client-centered environment without bias.
2. Receive equal and unbiased care in accordance with federal and state law.
3. Receive information about the qualifications of your providers, particularly about their experience managing and treating HIV/AIDS or related services.
4. Be informed of the names and work phone numbers of the physicians, nurses and other staff members responsible for your care.
5. Receive safe accommodations for protection of personal property while receiving care and services.
6. Receive services that are culturally and linguistically appropriate, including having full explanation of all services and treatment options provided clearly in your own language and dialect.
7. Look at your medical records and receive copies of them upon your request (reasonable agency policies including reasonable fee for photocopying may apply).
8. When special needs arise, extended visiting hours by family, partner, or friends during inpatient treatment, recognizing that there may be limits imposed for valid reasons by the hospital, hospice or other inpatient institution.

#### **B. Competent, High-Quality Care**

1. Have your care provided by competent, qualified professionals who follow HIV treatment standards as set forth by the Federal Public Health Service Guidelines, the Centers for Disease Control and Prevention (CDC), the California Department of Health Services, and the County of Los Angeles.
2. Have access to these professionals at convenient times and locations.
3. Receive appropriate referrals to other medical, mental health or other care services.

#### **C. Make Treatment Decisions**

1. Receive complete and up-to-date information in words you understand about your diagnosis, treatment options, medications (including common side effects and complications) and prognosis that can reasonably be expected.
2. Participate actively with your provider(s) in discussions about choices and options available for your treatment.
3. Make the final decision about which choice and option is best for you after you have been given all relevant information about these choices and the clear recommendation of your provider.
4. Refuse any and all treatments recommended and be told of the effect not taking the treatment may have on your health, be told of any other potential consequences of your refusal and be assured that you have the right to change your mind later.
5. Be informed about and afforded the opportunity to participate in any appropriate clinical research studies for which you are eligible.
6. Refuse to participate in research without prejudice or penalty of any sort.
7. Refuse any offered services or end participation in any program without bias or impact on your care.
8. Be informed of the procedures at the agency or institution for resolving misunderstandings, making complaints or filing grievances.
9. Receive a response to any complaint or grievance within 30 days of filing it.
10. Be informed of independent ombudsman or advocacy services outside the agency to help you resolve problems or grievances (see number at bottom of this form), including how to access a federal complaint center within the Center for Medicare and Medicaid Services (CMS).

#### **D. Confidentiality and Privacy**

1. Receive a copy of your agency's Notice of Privacy Policies and Procedures. Your agency will ask you to acknowledge receipt of this document.
2. Keep your HIV status confidential or anonymous with respect to HIV counseling and testing services. Have information explained to you about confidentiality policies and under what conditions, if any, information about HIV care services may be released.
3. Request restricted access to specific sections of your medical records.
4. Authorize or withdraw requests for your medical record from anyone else besides your health care providers and for billing purposes.
5. Question information in your medical chart and make a written request to change specific documented information. Your physician has the right to accept or refuse your request with an explanation.

#### **E. Billing Information and Assistance**

1. Receive complete information and explanation in advance of all charges that may be incurred for receiving care, treatment and services as well as payment policies of your provider.
2. Receive information on any programs to help you pay and assistance in accessing such assistance and any other benefits for which you may be eligible.

#### **F. Patient/Client Responsibilities**

In order to help your provider give you and other clients the care to which you are entitled, you also have the responsibility to:

1. Participate in the development and implementation of your individual treatment or service plan to the extent that you are able.
2. Provide your providers, to the best of your knowledge, accurate and complete information about your current and past health and illness, medications and other treatment and services you are receiving, since all of these may affect your care. Communicate promptly in the future any changes or new developments.
3. Communicate to your provider whenever you do not understand and information you are given.
4. Follow the treatment plan you have agreed to and/or accepting the consequences of failing the recommended course of treatment or of using other treatments.
5. Keep your appointments and commitments at this agency or inform the agency promptly if you cannot do so.
6. Keep your provider or main contact informed about how to reach you confidentially by phone, mail, or other means.
7. Follow the agency's rules and regulations concerning patient/client care and conduct.
8. Be considerate of your providers and fellow clients/patients and treat them with the respect you yourself expect.
9. The use of profanity or abusive or hostile language; threats, violence or intimidation; carrying weapons of any sort; theft or vandalism; intoxication or use of illegal drugs; sexual harassment and misconduct is strictly prohibited.
10. Maintain the confidentiality of everyone else receiving care or services at the agency by never mentioning to anyone who you see here or casually speaking to other clients not already know to you if you see them elsewhere.

#### **For More Help or Information**

Your first step in getting more information or resolving any complaints or grievances should be to speak with your provider or a designated client services representative or patient or treatment advocate at the agency. If this does not resolve any problem in a reasonable time span, or if serious concerns or issues that arise that you feel you need to speak about with someone outside the agency, you may call the number below for confidential, independent information and assistance.

For patient and complaints/grievances call (800) 260-8787  
8:00 am – 5:00 pm  
Monday-Friday

Resource-Los Angeles County Commission on HIV-Los Angeles County, Los Angeles California

# Appendix 10:

## Symptom Log

### Taking your HIV medicines: How's it going?

*HIV medicines can help save your life, but they also can be hard to take. These questions can help you work with your healthcare provider if you are having a hard time taking your medicines as you should. There may be ways to make your HIV treatment easier.*

NAME \_\_\_\_\_ DATE \_\_\_\_\_

1 Is it hard for you to take your HIV medicines the way your healthcare provider told you to? ☐ Yes ☐ No

2 How hard are your HIV medicines to take? Mark an X on the line below.

Very easy      Easy      Not too bad      Sometimes difficult      Difficult

3 If you miss a dose, is it in the morning, evening, or middle of the day?

☐ Morning    ☐ Evening    ☐ Middle of the day    ☐ I don't forget or skip doses

4 Do you ever skip a dose because the medicines make you feel bad? ☐ Yes ☐ No

5 Do you ever go a day without taking your HIV medicines?

☐ Yes; why? \_\_\_\_\_ ☐ No

6 Do you ever have any of these possible side effects?

Side effect	How many times a month?	How long have you had this side effect?	How much does it affect your daily activities? 0=none; 1=somewhat; 2=always
Feeling sick to my stomach			
Vomiting			
Diarrhea			
Headache			
Feeling tired			
Rash			
Shortness of breath			
Trouble sleeping			
Change in skin color			
Bad dreams			
Nervousness			

7 Has your energy changed since you started taking your current HIV medicines?

Mark an X on the line below.

Less energy      Same energy      More energy

8 Are you concerned that the HIV medicines you are taking now might cause either of these side effects?

Weight loss in the arms, legs, buttocks, or face ☐ Yes ☐ No

Weight gain in the upper back and neck, breast, or trunk ☐ Yes ☐ No

9 Would you be interested in talking to your healthcare provider about whether a change to your HIV regimen is right for you? ☐ Yes ☐ No

10 If you could change one thing about your HIV treatment, what would it be?

---



---



---

*Use your answers to talk to your healthcare provider.*

