

INCORPORATING HIV PREVENTION INTO THE MEDICAL CARE OF PERSONS LIVING WITH HIV

DESCRIPTION

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV is a set of recommendations published in MMWR in 2003, by CDC, the Health Resources and Services Administration, the National Institutes for Health, and the HIV Medicine Association of the Infectious Diseases Society of America.^{1,2,3,4,5} Prevention in the care setting uses the outpatient clinic and health care providers to screen for HIV risk behaviors and sexually transmitted diseases (STDs), provide brief behavioral prevention interventions, and facilitate partner notification and counseling.

Goals

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV aims to reach a large number of HIV-infected people who regularly visit a clinic or HIV care providers for treatment. It also aims to implement a safer-sex program to instill self-protective and partner-protective motivations for reducing risk behaviors over time. Other goals are to integrate prevention into routine medical care and involve clinic staff physicians, physician assistants, nurses, nurse practitioners, and counselors in prevention counseling.

How It Works

The recommendations state that medical care providers can decrease patients' risks for transmitting HIV by doing the following:⁵

- Performing a brief screening for HIV risk behaviors.
- Communicating prevention messages.
- Discussing sexual and drug-use behavior.
- Positively reinforcing changes to safer behaviors.
- Referring patients for services such as substance abuse treatment.
- Facilitating partner services, counseling, and testing.
- Identifying and treating other STDs.

These recommendations are integrated into 3 major components:⁵

- Screen for HIV transmission risk behaviors and for STDs.
- Provide brief behavioral risk-reduction interventions in the office setting and refer selected patients with HIV risk behaviors for additional interventions and other related services.
- Facilitate partner services for sex partners and needle-sharing partners of infected people.

The recommendations are intended for all persons who provide medical care to people living with HIV (e.g., physicians, nurse practitioners, nurses, physician assistants). They are also appropriate for community-based organizations (CBOs) that provide medical care; however, CBOs that do not provide care may partner with medical care providers to offer a range of services, including the development and support of culturally appropriate brief prevention messages to be delivered by the provider as well as more conventional prevention services (e.g., comprehensive risk counseling and services, partner services, counseling testing and referral for partners) that could be available at the clinic.

Research Findings

After receiving a positive HIV test result, many people decrease behaviors that may transmit HIV to others.^{1,2} However, recent studies suggest that not all HIV-infected people maintain such behavioral changes over time and that some continue to engage in behaviors that place others at risk for HIV infection.^{3,4} The frequency of physicians providing HIV prevention counseling to their HIV-infected patients was assessed through a self-administered questionnaire in 2004: 60% of HIV care providers counseled their patients during the initial visit, but only 14% provided ongoing prevention counseling.⁶

Brief prevention messages delivered by medical providers can change patients' behaviors in ways that decrease their risk for transmitting HIV.⁶ Receiving HIV care is associated with reduced prevalence of sexual risk behavior and is a setting for providing education to prevent HIV transmission.^{7, 8, 9}

Approaches to Prevention in Care

CDC supports the development and implementation of 3 approaches for Incorporating HIV Prevention into the Medical Care of Persons with HIV. One is Ask, Screen, Intervene (ASI): Incorporating HIV into the Care of Persons with HIV. This approach offers training on the strategies and skills medical care providers need to initiate risk discussions, deliver prevention messages, and apply an effective counseling method and to use partner services to reduce the likelihood of transmitting HIV and other STDs. It is offered in four 1-hour modules or one half-day session. ASI offers a flexible approach and focuses on the direct care providers in private practice and other clinical settings.

Contact the National Network of STD/HIV Prevention Training Centers

(<http://www.nnptc.org>) to arrange these trainings.

The second approach is an evidenced-based intervention called Partnerships for Health, which is designed to help provider-patient communication about safer sex, disclosure of HIV status, and HIV prevention. Providers and all clinic staff attend half-day training plus a 2-hour "booster" training specific to this intervention. Contact the AIDS Education and Training Centers (<http://www.aids-ed.org/>) for training. A separate procedural guidance addresses the core elements, key characteristics, and policies and procedures for Partnerships for Health. Many common elements are found in the key strategies elements and procedures for Incorporating HIV Prevention into the Medical Care of Persons Living with HIV.

The third approach is the Prevention In Care Services (PICS) Campaign, a social marketing approach to communication with physicians about the importance of prevention in care settings.

KEY STRATEGIES, ELEMENTS, AND PROCEDURES

Key Strategies and Elements

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV has the following key strategies and elements:

- Adopt prevention as a standard part of clinical practice.
- Conduct a brief assessment (risk screening) of behavioral and clinical factors associated with transmission of HIV and other STDs at each medical visit.
- Identify patients who are at highest risk for transmitting HIV and who should receive more in-depth risk assessment and HIV risk-reduction counseling, other risk-reduction interventions, or referral for other services.
- Deliver to every patient at every medical visit a brief HIV prevention message focused on current risk behavior for the patient, the partner, or both and disclosure of HIV status.
- Screen for and treat STDs, as appropriate.
- Discuss reproductive health options with women of childbearing age.
- Hang posters in waiting and examination rooms and hand out patient brochures that present education and prevention messages and reinforce messages delivered by the medical care provider.
- Train all clinical provider staff about using open-ended questions, demonstrating empathy, and remaining nonjudgmental.
- Base session length on the needs of the patient (counseling sessions can last more than 5 minutes, and follow-up reminders may last less than 3 minutes). Repeat the message during subsequent visits.
- Make condoms available in a way that patients can feel comfortable taking some home.

Procedures

Procedures are detailed descriptions of some of the elements and characteristics listed above. Procedures for Incorporating HIV Prevention into the Medical Care of Persons Living with HIV are as follows:

Incorporating prevention

Incorporating prevention into a busy clinical practice can be difficult but can be facilitated by modifying the clinic structure and flow. Creating an atmosphere that endorses an integrated approach shows that HIV prevention is important to the medical care provider and staff. Posting prevention messages in the waiting and examination rooms and giving every patient printed material related to HIV prevention reminds the medical care provider and prepares the patient to discuss HIV prevention.

Behavioral screening

Screening patients before they see the medical care provider (using paper surveys; audio-, video-, or computer-assisted questionnaires; or brief interviews with nonmedical staff) can help the medical care provider understand patients' risk factors and symptoms of STDs and to initiate more in-depth discussions of HIV prevention during the visit. Provider discussions with clients regarding their sexual and substance use should be a part of each visit.

Behavioral screening is a vital element. Many providers use a paper instrument to conduct behavioral screening. An example—Protect Your Health Screener—can be found at CDC's National Prevention Information Network (800-458-5231 and <http://www.cdcnpin.org/scripts/campaign/pic.asp>).

Providing prevention messages

If the patient reports engaging in risky behaviors outside the context of a committed relationship (unsafe sex or injection practices), the medical care provider should provide an appropriate brief prevention message. This message may include a general prevention message, a message that addresses behaviors or concerns specific for the patient, correction of misconceptions about risk, and reinforcement of steps the patient has already taken to decrease risk for HIV transmission.

Prevention messages should stress that the only way to ensure that HIV is not transmitted is abstinence or sex with a partner of concordant HIV status. However, patients should also know that sex with partners of concordant HIV status does not protect against other STDs or reinfection with HIV. For sexually active patients, consistent and correct condom use is the safest way to prevent transmission of HIV and other STDs. Patients should also be made aware of the need to disclose their HIV status to potential sex partners and the benefits and availability of partner services.

Testing for STDs

Because an STD can dramatically increase the transmissibility of HIV and the progression of HIV disease, the medical care provider should also recommend screening (for asymptomatic patients) or diagnostic testing (for symptomatic patients) and treatment, as appropriate, for STDs for patients who engage in unsafe sexual behaviors. These tests should be recommended at the first visit for all patients, at least yearly for sexually active patients, and more frequently for patients at high risk. Patients should be tested for STDs if they report any symptoms of infection, regardless of reported sexual behavior or other risk factors.

Assessing women's reproductive status

Without appropriate intervention, the risk for perinatal HIV transmission is high. Therefore, medical care providers should assess whether women of childbearing age might be pregnant, are interested in becoming pregnant, or are not specifically considering pregnancy but are sexually active and not using reliable contraception. Such women may need to be referred for reproductive health issues and counseling.

Referring patients

The medical care provider should also refer the patient for more extensive prevention interventions or to other services that may benefit the patient, the partner, or both, as needed (eg, substance abuse treatment services, mental health services, medication adherence counseling, partner counseling, and referral services). These may include the patient's Ryan White or Medicaid Case Manager. Referral follow-up can provide the medical care provider with information about the success of the referral, patient satisfaction with the referral, or barriers to completing it. This information can be used to compile a referral guide for use by all providers in that clinic.

Following up

Medical care providers should recognize that risk is not static. Patients' lives and circumstances change, and their risk of transmitting HIV may change. Screening and providing risk-reduction messages should occur at every visit unless the client has medical needs that take precedence.

Having appropriate materials

The following materials are helpful for introducing the concept of integrated prevention and care services:

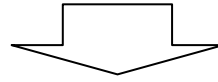
- Posters that display prevention messages in languages appropriate to the populations served, to hang in clinic waiting areas, hallways, and examination rooms.
- Brochures in languages appropriate to the populations served that are given to patients when they register. The brochures should emphasize the role of STDs in HIV transmission and the need to be tested and treated at the first sign or suspicion of STD, the potential role of drug use in increasing risky behaviors, the risks of unsafe sex or injection practices for patients and their partners, even in the presence of a low or undetectable viral load, and the need to disclose HIV status.
- Documentation of patient counseling, which may be done with a chart sticker, a stamp, or a check box in the printed or electronic medical record. The purpose is to remind the provider to do the counseling regularly.
- Additional supportive materials, given out as supplements to the brochure at subsequent visits. Materials can address additional prevention topics of interest and may include helpful information and testimonials related to changing behavior.

Examples of brochures, posters, and prevention prescription pads can be found at <http://www.mpaetc.org>. Go into the Positive Steps section. A full set of supporting materials, fliers, and patient brochures can also be found at CDC's National Prevention Information Network (800-458-5231 and <http://www.cdcnpin.org/scripts/campaign/pic.asp>).

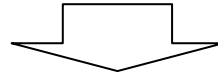
A model for integrating prevention into care is diagrammed below.

Patient is given a brochure or flyer (in patient's preferred language) by front desk staff and asked to read it before seeing the medical care provider. Patient reads it while

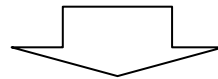
waiting and also sees the prevention posters in the waiting room.



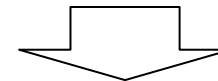
Patient goes into examination room and sees a small poster on the wall that reinforces the same messages in the brochure.



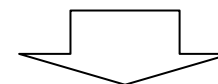
Medical care provider screens for risk behavior and examines the patient.



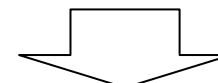
After or during the examination, the medical care provider conducts a brief (3- to 5-minute) intervention. Medical care provider reads the patient's answers to the survey and asks clarifying questions. Medical care provider gives a brief prevention message that fits the needs of the patient.



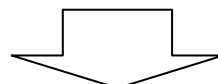
Medical care provider uses the brochure, poster, or other prevention materials to help with counseling. Medical care provider or patient places a check mark next to behaviors noted in the brochure and sets goals for behavior change. Medical care provider documents in the patient's chart that counseling was done.



If needed, the medical care provider refers the patient to other services. Medical care provider tells patient that he or she will be interested in hearing how the patient is doing at the next appointment.



Patient leaves feeling cared about, knowing more about safer sex and disclosure of HIV status, and ready to practice safer behaviors.



At follow-up visits, medical care provider asks about progress on goals and referrals, if given at last visit. Medical care provider offers reinforcement for healthy behavior and helps patient find ways to overcome obstacles. Medical care provider and patient set goals for next time.

Collaborating

CBOs that do not provide medical care can partner with a medical provider to help create prevention messages and materials that are appropriate for the clinic and to help with training and prevention strategies for clinics. The AIDS Education and Training Centers (<http://www.aids-ed.org/>) or National Network of STD/HIV Prevention Training Centers (<http://www.nnptc.org>) are resources for materials and training for clinics. CBOs can also help clinics provide and facilitate referrals and can provide more extensive prevention services to those patients with additional prevention needs.

RESOURCE REQUIREMENTS

People

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV uses existing providers and clinic staff, so no new staffing is required. Providers are asked to spend 3 to 5 minutes during each patient visit to discuss safer-sex behavior and disclosure of HIV status. Providers and clinic staff will need to attend the ASI training, either as a half-day session or four 1-hour sessions. The AIDS Education and Training Centers (<http://www.aids-ed.org/>) or National Network of STD/HIV Prevention Training Centers (<http://www.nnptc.org>) can arrange these trainings.

A nurse, physician's assistant, or physician should serve as a prevention coordinator. This person will set up training, make sure that materials are on hand, and make sure that the intervention is being carried out. HIV medical care facilities should have support and a commitment from all their medical care providers, medical director, and administrative leadership (such as the chief executive officer) to participate in training, talk with patients about sex and drug use, understand prevention interventions and factors related to risk behavior, and know what community resources, including partner services, are available for referral.

Space

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV is done at HIV outpatient primary care clinics. Clinics should have private examination rooms where medical care providers and patients can talk privately about the patient's sex behaviors and drug use.

Supplies

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV optimally includes training materials, posters, brochures, chart stickers, anatomical models, and condoms and lubricant. Along with staff time for training, these supplies are the major expenses for incorporating prevention into care. Programs may be able to obtain some or all of these materials from their state or local health department.

RECRUITMENT

Providers who choose to incorporate HIV prevention into medical care will offer prevention services as the standard of care in their clinical settings. While no specific recruitment strategy is endorsed for Incorporating HIV Prevention into the Medical Care of Persons Living with HIV, working with medical and nursing professional associations to market the training and prevention support services is encouraged. All patients are recommended to have an initial risk screening for behavioral risk and risk factors. Medical providers should repeat the screening process on subsequent medical visits and screening should be done regularly.

POLICIES AND STANDARDS

Before a clinic attempts to implement Incorporating HIV Prevention into Medical Care of Persons Living with HIV, the following policies and procedures should be in place to protect clients and the clinical practice.

Clinic Support

Clinic management must demonstrate support for incorporating prevention into care by encouraging staff to attend training related to providing prevention services (e.g., providing paid time off to attend); obtaining, distributing, and maintaining prevention materials; and committing to having primary care providers deliver patient counseling and allowing providers the time to deliver prevention messages at every visit.

Confidentiality

A system must be in place to ensure that the confidentiality is maintained for all clinic patients. Health Insurance Portability and Accountability Act standards must be complied with when providing medical care.

Cultural Competence

CBOs must strive to offer culturally competent services by being aware of the demographic, cultural, and epidemiologic profile of their communities. CBOs should hire, promote, and train all staff to be representative of and sensitive to different cultures. In addition, they should offer materials and services in the preferred language of clients, if possible, or make translation available, if appropriate. CBOs should facilitate community and client involvement in designing and implementing prevention services to ensure that cultural issues are incorporated. The Office of Minority Health of the Department of Health and Human Services has published the *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, which should be used

as a guide for ensuring cultural competence in programs and services. (Please see Ensuring Cultural Competence in the [Introduction](#) of this document for standards for developing culturally and linguistically competent programs and services.)

Data Security

Agencies must have a data handling policy that will ensure patient confidentiality and the confidentiality of chart notes and intervention reminders.

Informed Consent

All clinic patients should be informed that addressing issues of sexuality and HIV prevention is part of the standard of care at the medical care facility that incorporates HIV prevention into medical care. As with any patient care issues, they have the right to refuse treatment.

Legal and Ethical Policies

For clinics following these prevention guidelines, patients will be disclosing their HIV status. CBOs must know their state laws regarding disclosure of HIV status to sex partners and needle-sharing partners; CBOs are obligated to inform clients of the organization's responsibilities and the organization's potential duty to warn. CBOs also must inform clients about state laws regarding the reporting of domestic violence, child abuse, sexual abuse of minors, and elder abuse.

Referrals

CBOs must be prepared to refer clients as needed or work within the existing Ryan White or Medicaid case management system in their community. For clients who need additional assistance in decreasing risk behavior, providers must know about referral sources for prevention interventions and counseling, such as comprehensive risk counseling and services, partner services, and health department and CBO prevention programs for persons living with HIV. Consent for release of information to other agencies must be obtained as well as any interagency referral forms completed.

QUALITY ASSURANCE

The following quality assurance activities should be in place for Incorporating HIV Prevention into the Medical Care of Persons Living with HIV in CBOs that provide medical care.

Providers

The following are done to help ensure quality of the prevention services that have been incorporated into care.

Auditing

Audit charts ensure that providers are delivering and noting the delivery of prevention messages.

Assessing

Providers should be assessed for skill in eliciting behavioral information and providing prevention messages, attitudes and beliefs about their role in delivering prevention messages, frequency of message delivery, and satisfaction with the intervention.

Observing

The clinic coordinator should ensure that materials are maintained in the waiting and examination rooms and that patient brochures and informational flyers are given to all patients. Support staff must be supportive of the process and provide appropriate information and messages.

Patients

Patients' satisfaction with the services and their comfort in discussing risk behavior should be assessed periodically.

MONITORING AND EVALUATION

Specific guidance on the collection and reporting of program information, client-level data, and the program performance indicators will be distributed to agencies after notification of award.

General monitoring and evaluation reporting requirements for the programs listed in the procedural guidance will include the collection of standardized process and outcome measures. Specific data reporting requirements will be provided to agencies after notification of award. For their convenience, grantees may utilize PEMS software for data management and reporting. PEMS is a national data reporting system that includes a standardized set of HIV prevention data variables, web-based software for data entry and management. CDC will also provide data collection and evaluation guidance and training and PEMS implementation support services.

Funded agencies will be required to enter, manage, and submit data to CDC by using PEMS or other software that transmits data to CDC according to data requirements. Furthermore, agencies may be requested to collaborate with CDC in the implementation of special studies designed to assess the effect of HIV prevention activities on at-risk populations.

KEY ARTICLES AND RESOURCES

US Department of Health and Human Services, Office of Minority Health. National standards for culturally and linguistically appropriate services in health care. Washington, DC: US Department of Health and Human Services; 2001. Available at: <http://www.omhrc.gov/omh/programs/2pgprograms/finalreport.pdf>.

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