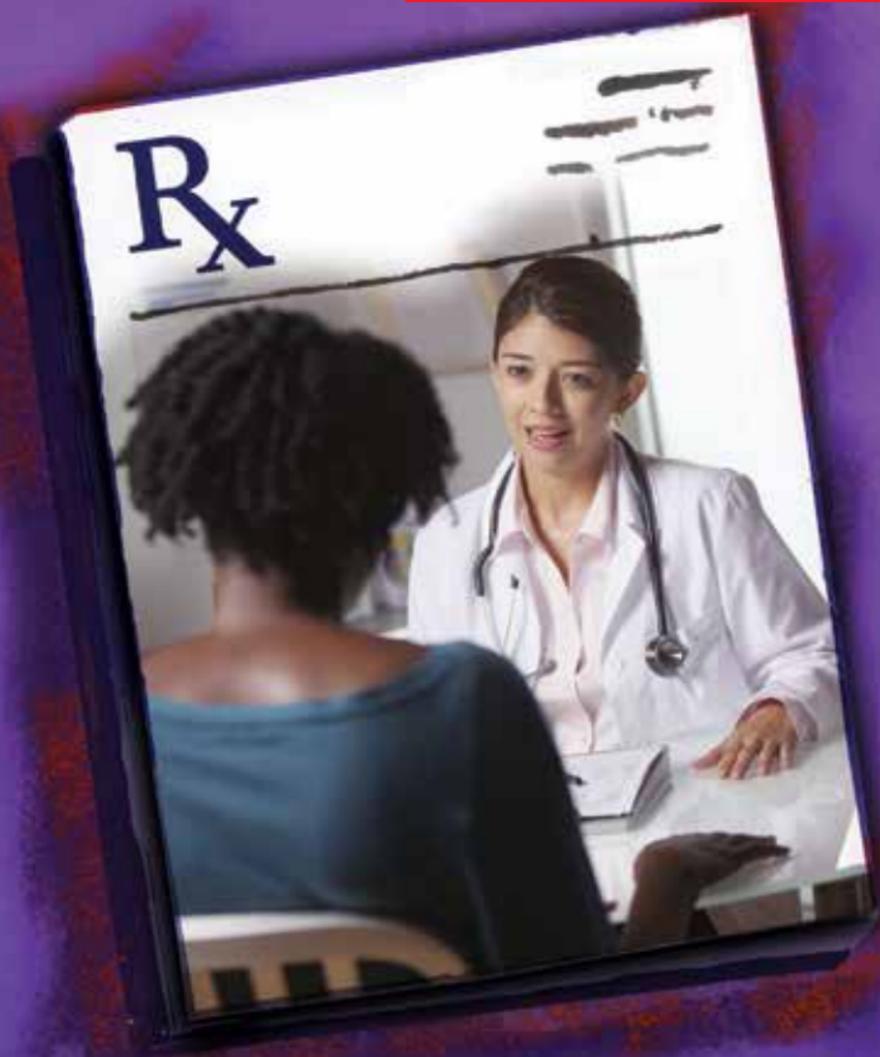


Small Talks ABOUT

# Regular, Ongoing Care



How health care providers can  
help keep patients engaged in HIV care

PREVENTION  
IS CARE  
*Care IS Prevention*



SMALL TALKS ABOUT

# **Regular, Ongoing Care Help Patients Lead Longer, Healthier Lives**

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Sustained, regular HIV care, *including initiating and maintaining ART*, is vital to the overall health of HIV-infected persons and for prevention of HIV transmission.

Retaining patients in regular, ongoing care has been demonstrated to decrease viral load, increase CD4 cell count, reduce morbidity and mortality, and enhance transmission prevention.<sup>1,2</sup>

## ***Some patients may cycle in and out of care.***

Barriers to ongoing care may arise from the patient's personal or cultural beliefs, cognitive abilities, and health status, including comorbidities. Or, they may be related to psychosocial or structural issues such as poor mental health, drug use, or even lack of housing or health insurance.

Factors that may predict patient inconsistencies with ongoing care are listed in the table on the facing page.

***Factors that may predict patients more likely to drop out or be inconsistent with care:<sup>1,3</sup>***

- Younger age (<25 years old).
- Female gender.
- Minority race or ethnicity.
- Lower socioeconomic status.
- No usual source of health care.
- Medically insured via public health services/no insurance/newly changed insurance carrier.
- Drug or alcohol dependence.
- Untreated depression.<sup>4</sup>

***Awareness of these key factors can help providers identify patients who may have challenges staying in care.***



## BRIEF CONVERSATIONS *Help Improve Outcomes by Keeping Patients in Care*

Talking with patients at regular visits allows health care providers to reinforce positive behaviors, uncover barriers to successful long-term treatment, and facilitate access to services and resources as needs change over time. A number of studies have shown that brief conversations engaging patients in care can improve outcomes.<sup>2,3,5</sup>

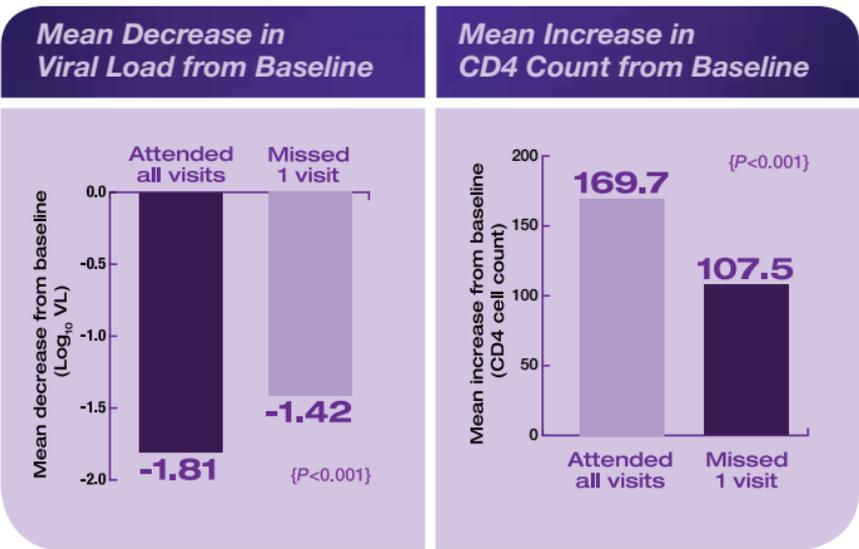
### ***Benefits of ongoing care include:***<sup>2,3,5</sup>

- Better survival rates.
- Decreased viral load and increased CD4 cell count.
- Increased likelihood of receiving consistent ART.
- Lower rates of progression to AIDS.
- Increased safer sexual behaviors and subsequent reduction in HIV transmission.
- Decreased rates of hospitalization.
- Improved overall health.
- Reduced community-level viral burden, which reduces community-wide risk for ongoing HIV transmission.

## Ongoing care means better results

**Improved survival** An increased risk of mortality was seen when patients missed two or more visits over a 2-year period.<sup>2</sup> In a separate study, patients who missed visits in the first year after initiating HIV treatment had more than twice the rate of long-term mortality compared with those who attended all scheduled appointments.<sup>1</sup>

**Improved clinical outcomes** HIV-infected patients who received ongoing, regularly scheduled care had significantly lower viral loads and higher CD4 cell counts than those who missed even one medical visit over a 2-year period.<sup>2</sup>





## SMALL TALKS *Lead to Teachable Moments*

Brief discussions about the importance of ongoing care present teachable moments during which health care providers can help motivate patients to continue with care and/or make positive changes to improve their care.<sup>2,3,5</sup>

The most effective discussions are short, direct, nonjudgmental, and supportive in tone.

**Successful teachable moments** are those during which the provider (1) helps the patient identify and explore barriers to ongoing care, (2) provides information needed to motivate a patient toward a specific change, and (3) confirms the patient's willingness to discuss and commit to the behavior change.<sup>2,3,5</sup>

Here's an example:

### **1. Exploring barriers:**

**Patient:** "I'm sorry I missed my last appointment."

**Provider:**

*"I'm happy to see you today.  
What was going on when you  
missed your appointment?"*

## **2. Offering modifiable health behaviors to motivate the patient toward change:**

**Patient:** "Sometimes I'm afraid to come here. I don't want to hear more bad news."

**Provider:**

*"You have been doing very well, and if you continue to take care of yourself, I expect this to continue. Would it be helpful to have a friend or family member come to appointments with you?"*

## **3. Confirming patient's willingness to commit to behavior change:**

**Patient:** "I never thought of that. My sister can probably come to appointments with me."

**Provider:**

*"That's a great idea. I look forward to meeting her. Let's make sure your next appointment is convenient for both of you."*



## ***How To Keep Patients in Care and Connected***

Many demonstrated effective approaches can help patients remain in HIV treatment. Here are some suggestions.<sup>2,3,5</sup>

### ***Help patients modify behaviors that lead to poor retention in HIV care.***

- Communicate with the patient nonjudgmentally to identify retention information or skills that the patient might lack, such as problem-solving skills.
- Guide the patient to identify possible changes that would eliminate or reduce the barrier.
- Strategize with the patient to identify new goals and healthy behaviors.
- Offer up-to-date information, such as the new HIV Treatment Works website from CDC.

### ***Foster patient trust.***

- Be direct, nonjudgmental, and supportive.
- Use open-ended questions to involve the patient in decision making regarding their HIV treatment and overall care.
- Include simple, basic actions during patient encounters to foster communication, such as asking how a patient prefers to be addressed.

## ***Allow open communication and collaborative decision making.***

- Encourage patients to recognize and use their own capabilities to access resources and solve problems.
- Encourage discussions on subjects about substance use, sexual behavior, and mental health.
- Provide referrals when appropriate, and assess patient willingness to complete the referral.\*

## ***Demonstrate interest in addressing barriers to care, including structural barriers.***

- When possible, extend office hours or offer more flexible appointment times one or more days per week (e.g., offer some walk-in or same-day appointments).
- Maintain accurate patient contact information and update it at every visit.
- Use patient-tracking systems to determine whether a patient has dropped out of care; contact patients promptly to reschedule missed appointments.
- Help patients find resources to address unmet needs and barriers to care. When possible, connect patients with child care, transportation, or other services and offer collocation of primary care and social services.\*
- When warranted, encourage patients to access substance use or mental health services.

\*Case managers, peer counselors, social workers, and treatment advocates can also assist with referrals and resources.

***Resources can be found on the back of this brochure.***





## Start Small...

The following are suggested conversation starters for discussions about ongoing, regular care.



***For new patients, set the stage for long-term care.***

- *“It’s important that you come to your medical appointments regularly so I can monitor your progress and help you stay healthy. Let’s talk about what that means.”*
- *“I know it can be difficult to keep all your appointments, but it’s very important. What can we do to make sure you keep your next appointment?”*
- *“I’m looking forward to seeing you on a regular basis.”*

***For patients who regularly attend appointments, personalize your message to keep them motivated.***



- *“You’re looking well today, and I’m pleased that you’ve been coming in so regularly.”*
- *“Thank you for doing such a good job of keeping your appointments. It makes it easier for us to work together to keep your HIV virus under control and keep you healthy.”*



***For patients who keep appointments inconsistently, be supportive.***

- *“People with HIV do better overall when they come to their appointments on a regular basis. How can we make this happen for you?”*
- *“I need your help to keep you healthy. When you come to your appointments to see me, we can work together to make you as healthy as possible.”*
- *“Let’s talk about what has been keeping you from coming to see me.”*

***Brief discussions with patients at every office visit help build relationships that keep patients engaged in their own care over the long term.***



#### **References**

1. Mugavero MJ, Lin HY, Willig JH, Westfall AO, et al. Missed visits and mortality in patients establishing initial outpatient HIV treatment. *Clin Infect Dis*. 2009;48(2):248–256.
2. Tripathi A, Youmans E, Gibson JJ, Duffus WA. The impact of retention in early HIV medical care on viro-immunological parameters and survival: a statewide study. *AIDS Res Hum Retroviruses*. 2011;27(7):751-758.
3. Giordano TP. Retention in HIV care: what the clinician needs to know. *Top Antivir Med*. 2011;19(1):12-16.
4. Treisman GJ. Impact of depression on ART adherence and retention in care. *HIV Specialist* (in press).
5. Mizuno Y, Zhu J, Crepaz N, Beer L, et al. Receipt of HIV/STD prevention counseling by HIV-infected adults receiving medical care in the United States. *AIDS*. 2014;28(3):407-415.

## Resources

### **Additional Prevention IS Care materials**

Patient education materials designed to foster communication about barriers to and strategies for retention in care are also available.

Access these, along with a variety of educational and informational materials for HIV providers and their patients, at:



**[cdc.gov/actagainstaids/campaigns/pic](http://cdc.gov/actagainstaids/campaigns/pic)**

### **An online resource for patients**

CDC offers a comprehensive website, HIV Treatment Works, designed to provide reliable information to patients at all stages of HIV infection.

Focusing on getting in care, staying in care, and living well, your patients will also find insightful videos of real people sharing how they live well with HIV.



**[cdc.gov/hivtreatmentworks](http://cdc.gov/hivtreatmentworks)**

### **Other resources to consider**

- General information  
**1-800-CDC-INFO (232-4636)**
- Ryan White Program information  
**[findhivcare.frsa.gov/search\\_HAB.aspx](http://findhivcare.frsa.gov/search_HAB.aspx)**
- SAMHSA mental health, alcohol, or drug use services  
**1-800-662-4357**



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