A GUIDE FOR HEALTH CARE PROVIDERS

Starting the Conversation: HIV Treatment & Care

Health care providers play an important role in helping patients with HIV improve their health outcomes. By engaging your patients in brief conversations at every office visit, you can help them stay in HIV care, improve their medication adherence, and achieve viral suppression.

HIV Care is Prevention

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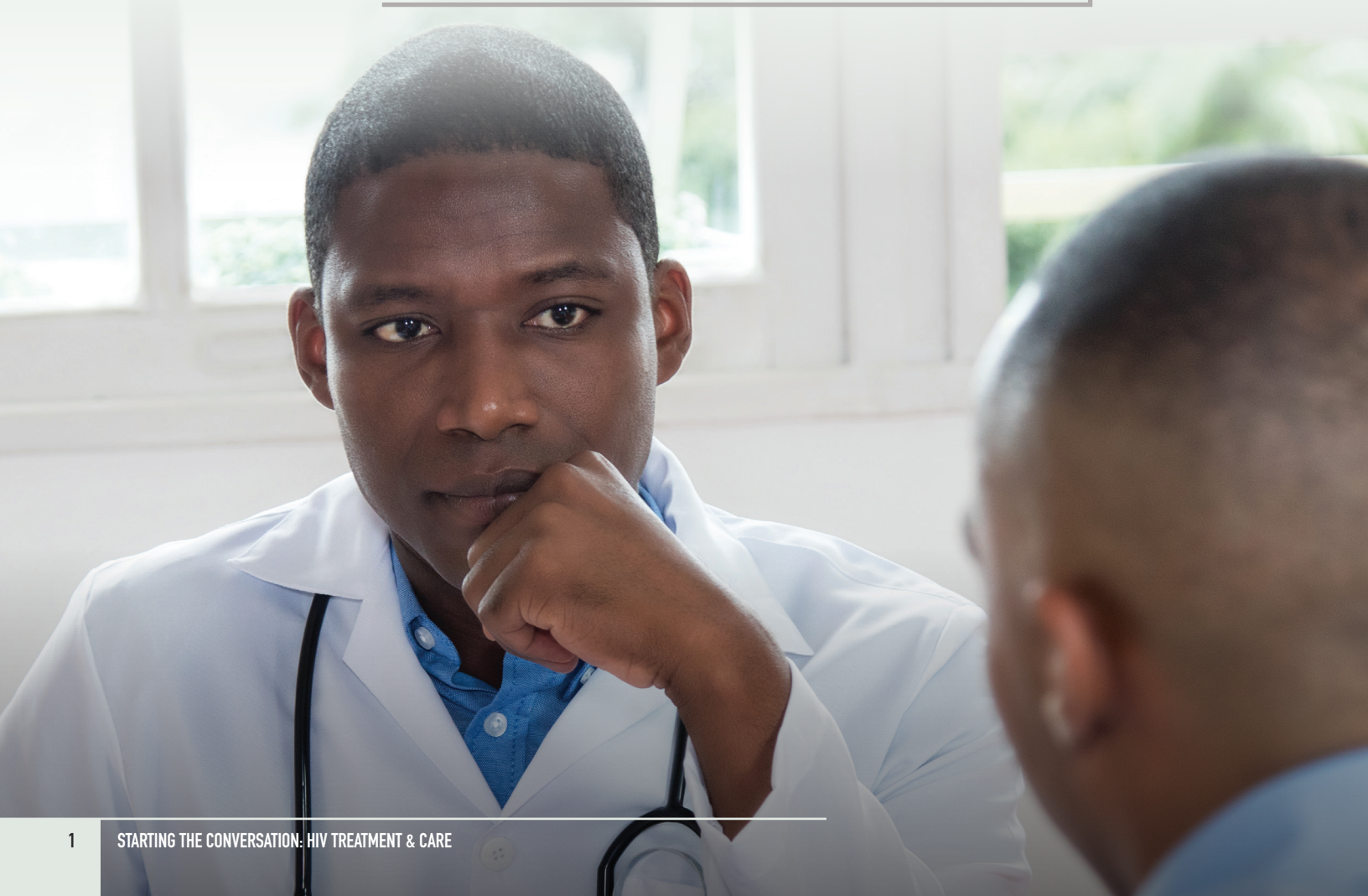
LET'S STOP HIV TOGETHER

Ending the HIV Epidemic

Antiretroviral therapy (ART) reduces HIV-related morbidity and mortality at all stages of HIV infection and also reduces HIV transmission.[1-8] When taken consistently as prescribed, ART can suppress viral load, maintain high CD4 cell counts, prevent the most advanced stage of HIV, prolong survival, and reduce the risk of transmitting HIV to others, all of which are important treatment goals.[8,9]

Current treatment guidelines recommend ART for all people with HIV, regardless of CD4 cell count. ART should be started as soon as possible after diagnosis and should be accompanied by patient education regarding the benefits and risks of ART and the importance of adhering to ART.



How Do I Initiate ART With My Patients?

Health care providers play an important role in helping patients initiate ART, including describing the benefits of early initiation of ART, offering and prescribing ART, helping to manage long-term ART use, and providing information on other interventions that can reduce HIV transmission risk.

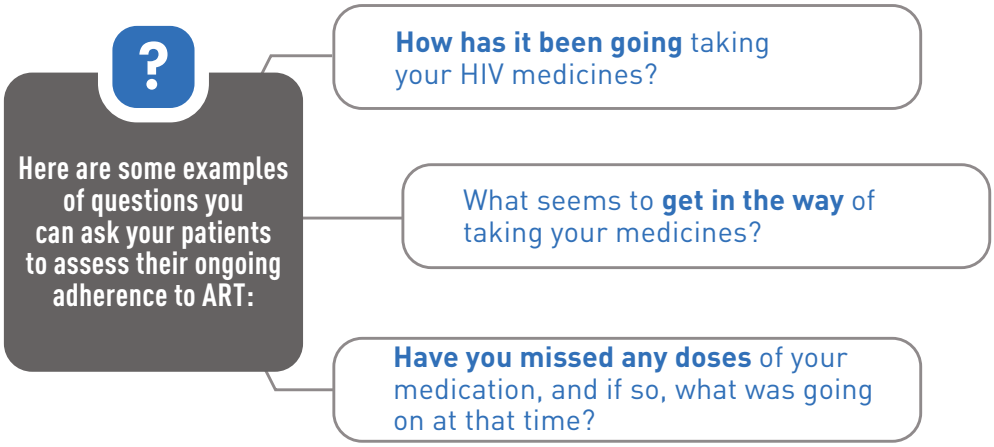
Talking to your patients with HIV makes a difference. By engaging your patients in brief conversations at every office visit, you can emphasize the benefits of consistent, long-term adherence to their prescribed ART regimen and the potential consequences of nonadherence. One way you can enhance communication is to ask your patients open-ended questions. These questions can help you better understand each patient's views, barriers, and ability to adhere to their treatment regimen.

Here are some examples of questions you can ask your patients about initiating ART:

- What have **you heard** about HIV medicines?
- What are the **most important results** you hope to get from treatment?
- What are **your concerns** about HIV medicines?

How Can I Help My Patients Adhere to ART?

Health care providers can positively impact ART adherence among people with HIV by engaging in regular conversations at every office visit to identify ART adherence barriers, offer adherence support services, and provide information on other interventions that can improve patient adherence and reduce the risk of HIV transmission to others.[10,11]



Once the conversation has started, you may find that your patients are encountering barriers to adherence. Below is a list of common barriers and ways you can address them through routine conversations during patient visits.

Barrier	Approach to Address the Barrier
Patient beliefs and behaviors, such as not taking their medications when they "feel well."	Explain the importance of consistent ART adherence even when they feel well or when their viral load is already undetectable and emphasize the decrease in transmission risk when viral suppression is achieved.
Cognitive or organizational barriers, such as lack of logistic skills and low comprehension level.	Offer advice about and tools for adherence, such as weekly pill boxes, dose reminder alarms, and linking dosing to daily events/activities. Use a feedback strategy (such as "tell me what you just heard") to help your patients avoid confusion about new medicines, the dosing schedule, and/or a changed regimen.

Barrier	Approach to Address the Barrier
Treatment competence or the overall ability to adhere to a potentially complicated and long-term regimen.	Involve your patients in decision making, including selection of the ART regimen, if options exist. Ensure that your patients understand their treatment plan, including the drug regimen, dosing schedule, and dietary restrictions. Prepare your patients for situations or changes in routine that could trigger nonadherence or short-term interruption, such as side effects, illicit drug use, or running out of HIV medication. Encourage your patients to keep 1 or 2 days' worth of medication on hand in case of an emergency to avoid missed doses. Encourage your patients to recruit friends and/or family members to help with adherence.
Comorbid conditions, such as diabetes, dyslipidemia, hypertension, and viral hepatitis, that may further complicate the treatment plan design and a patient's ability to adhere to the plan.	Regularly review the total treatment plan and simplify the regimen if possible, considering your patients' lifestyles and comorbidities. Anticipate (and plan to manage) possible drug–drug interactions.
Regimen-related barriers, including fear of treatment, fear of treatment-related side effects, and confusion about doses.	Offer ART regimens that are highly effective and simple to take (e.g., once-daily single-tablet dosing, few if any dietary restrictions). Explain that treatment has improved and is easier to take and better tolerated today than ever before. Encourage your patients to recruit friends and/or family members to help with adherence.
Short-term side effects, or effects that can occur when patients start or change ART regimens, such as nausea, fatigue, disturbed sleep, or dreaming.	Alert your patients that some people have side effects but that they are usually mild and short-lived and can be managed. Explain which side effects may occur with the ART they are taking. Anticipate (and plan to manage) these side effects. Instruct your patients that if they experience these or other side effects, they should seek help before stopping their ART regimen.
Psychosocial barriers, such as mental health issues (e.g., depression, perceived low quality of life), drug or alcohol abuse, negative attitudes or beliefs about HIV, and lack of social support.	When possible, refer your patients to designated staff members, often referred to as "patient navigators," for help receiving essential support services related to mental health, substance use, and other support (e.g., psychologists, addiction specialists, support groups, adherence counselors, case managers). Remind your patients not to share their ART with anyone. Encourage your patients to recruit friends and/or family members to help with adherence.
Structural barriers, such as lack of transportation, housing, childcare, or insurance covering ART and long-term HIV care.	When possible, refer your patients to patient navigators for help with issues such as lack of transportation, housing, childcare, and access to insurance.

How Do I Monitor My Patients' Viral Load?

A patient's plasma HIV RNA viral load should be measured regularly to confirm initial and sustained response to ART. Most patients taking ART as prescribed achieve viral suppression within 6 months.

The frequency of viral load testing depends on several factors. Current guidelines recommend viral load monitoring as follows[12]:

With initiation of ART (before initiation and within 2 to 4 weeks after treatment initiation, followed by 4- to 8-week intervals until the levels become undetectable)

After ART modification because of suboptimal response (within 2 to 4 weeks after treatment modification, followed by 4- to 8-week intervals until the levels become undetectable)

After ART modification because of toxicity or need for regimen simplification (within 4 to 8 weeks after changing therapy)

In patients on a stable, suppressive ART regimen (every 3 to 4 months, or every 6 months if virally suppressed for more than 2 years, to confirm durable viral suppression)

In patients with suboptimal response (frequency depends on clinical circumstances)

Patients may experience temporary increases or "blips" in their viral load, defined as viral loads transiently detectable at low levels. These blips usually go back down by the next viral load test. Patients who are using viral suppression as their primary prevention method and experience a blip should use other prevention strategies until their viral load is undetectable again. These prevention strategies could include condoms and pre-exposure prophylaxis (PrEP) for partners who are HIV negative.

How Can I Help My Patients Stay in HIV Care?

Keeping patients in regular care improves their health and reduces their risk of transmitting HIV to others. The benefits of ongoing care can include addressing and supporting ART adherence, maintaining decreased viral load and increased CD4 count, lowering rates of progression to the most advanced stage of HIV, decreasing rates of hospitalization, and improving overall health.[13-15]

Poor retention in HIV care is more common in people who have substance use disorders; serious mental health problems; unmet socioeconomic needs, such as housing, food, or transportation; limited financial resources or health insurance; or schedules that complicate adherence to HIV medication.

There are a number of ways you can help your patients stay in HIV care, improve their medication adherence, achieve viral suppression, and improve their health outcomes.

Clinic-wide marketing (such as posters and brochures) and support (such as customer service training for patient-facing staff) to promote attending scheduled visits and provide your patients with a welcoming and courteous experience.[16,17]

A patient navigator to focus on retention, adherence, and re-engagement efforts. The patient navigator can help with appointments, referrals, system navigation, service coordination, and transportation.[17]

"Data to Care" approaches that use clinic and public health data to identify patients in need of retention, re-engagement, or adherence support services to improve their health outcomes, including achieving viral suppression.[18-20]

Medication adherence support for patients in care. Encourage your patients to download apps that help with appointment and medication reminders.

Retention and re-engagement support for out-of-care persons or patients at risk of falling out of care (such as patients who missed a care visit or are experiencing barriers to care engagement).

Local or state health departments or local community-based organizations can help providers and HIV medical clinics by integrating their existing prevention services within the HIV care clinic to provide the support services your patients need to improve engagement in and adherence to HIV care.

Talking with your patients at each office visit also allows you to reinforce positive behaviors, uncover their barriers to successful long-term treatment, and facilitate their access to services and resources as their needs change over time.

Here are some suggestions to help you start the conversation with your patients:

- 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?
- People with HIV do better overall when they come to their appointments on a regular basis. **How can we work together** to help you stay as healthy as possible?
- It's been a while since you last came in. **Let's talk** about what has been keeping you from coming to see me.

How Can I Foster a Positive Relationship With My Patients?

Establishing patient trust is key to retention in care. Studies have found that low trust in health care providers and poor provider–patient relationships are associated with lower retention in HIV care and lower satisfaction with the clinic experience.[21-23] These findings underscore the need for providers to build supportive relationships with their patients to help improve their health outcomes. On the next page are some ways you can achieve a positive provider–patient relationship.

The following table demonstrates ways you can achieve a positive provider-patient relationship.

Help patients modify behaviors that lead to poor retention in HIV care.	Communicate with your patients nonjudgmentally to learn what they know about the importance of retention. Identify skills that your patients might lack to remain in care, such as problem-solving skills. Guide your patients to identify possible changes to eliminate or reduce the barriers they face; congratulate patients when they are able to lessen these barriers. Strategize with your patients to identify new goals and healthy behaviors. Actively refer your patients to relevant clinic support services as needed to provide additional support for retention.
Foster patient trust.	Be direct, nonjudgmental, and supportive. Use open-ended questions to involve your patients in decision making regarding their HIV treatment and overall care. Include simple, basic actions during patient encounters to foster communication, such as asking how your patients prefer to be addressed.

Allow open communication and collaborative decision making.	Educate your patients about their options and ask what questions come to mind when considering those options to encourage informed conversation as part of the decision-making process. Encourage discussions on subjects about substance use, sexual behavior, and mental health. Provide referrals when appropriate and assess your patients' willingness to complete the referral.*
Demonstrate interest in addressing barriers to care, including structural barriers, from the first interaction.	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 your patients promptly to reschedule missed appointments. Help your patients find resources to address unmet needs and barriers to care. When possible, connect your patients with childcare, transportation, or other services and offer collocation of primary care and social services.* When warranted, encourage your patients to access substance use or mental health services. Encourage your patients to identify friends and family who can help with encouragement and support and attend medical appointments with them.

* Patient navigators, case managers, peer counselors, social workers, and treatment advocates can also assist with referrals and resources.

HIV Treatment and Care Takeaways for Health Care Providers

1

Support your patients with HIV by monitoring and discussing their needs and linking them to services. Staying in care can be challenging, even for the most motivated patients, and their needs may change over time.

2

Emphasize the benefits of consistent, long-term adherence to medication. Positive reinforcement from health care providers can help patients maintain high levels of adherence to care appointments and HIV treatment.

3

Ask your patients open-ended questions to assess adherence to medication. Engaging patients in brief conversations at every office visit can help you build trust with your patients by becoming more familiar with each of your patients, including any challenges with adherence to their medication and barriers they face to staying in care.

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CDC RESOURCES FOR CLINICIANS

Ending the HIV Epidemic