



# **Patient-Centered Strategies for Retention In HIV Care**

**MARLA A. CORWIN, LCSW, CAC III**  
**Mountain Plains AIDS Education & Training Center**  
**University of Colorado, Anschutz Medical Campus**  
**Department of Medicine**  
**303.724.0817**

[marla.corwin@ucdenver.edu](mailto:marla.corwin@ucdenver.edu)



**MountainPLAINS**

# Background

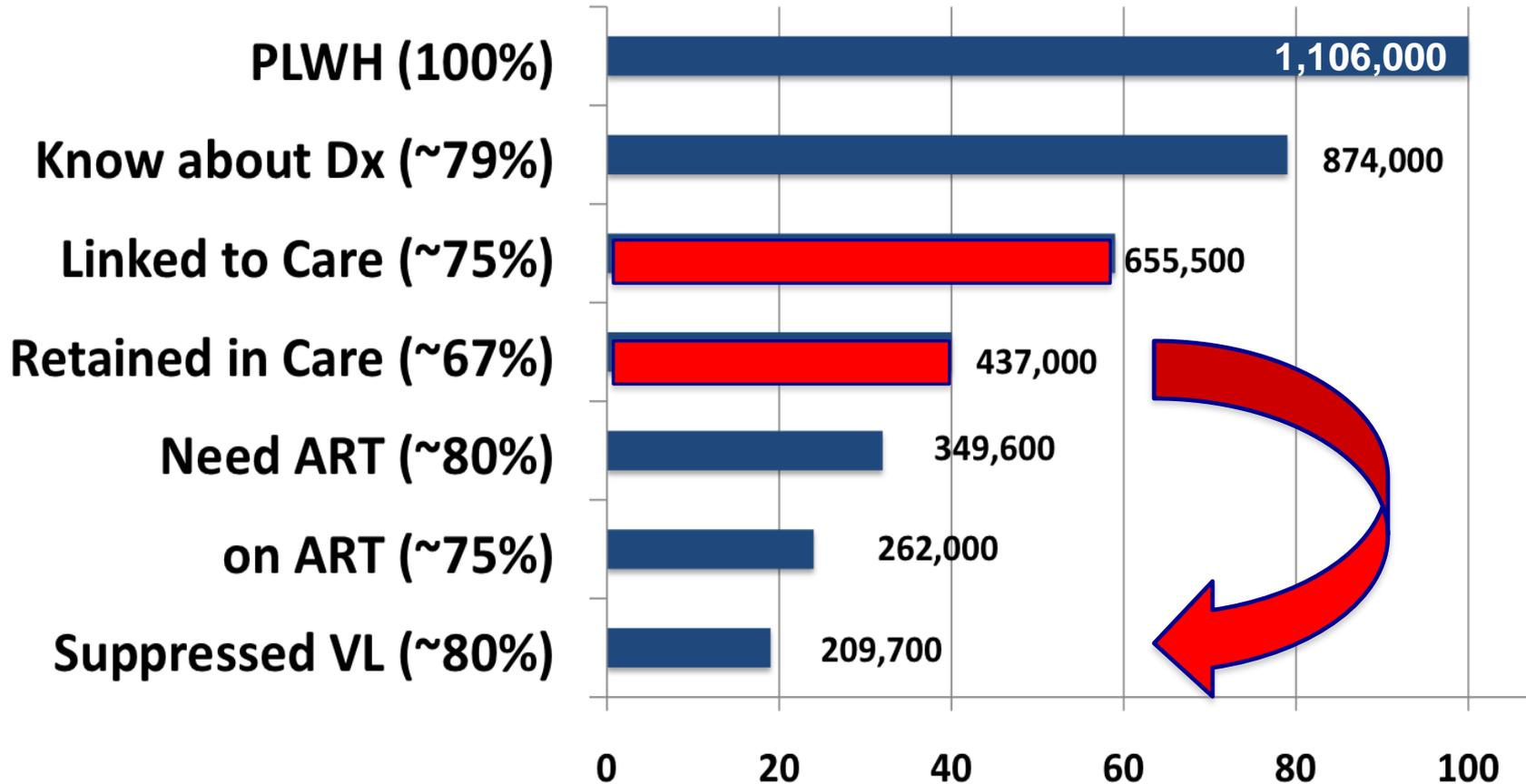
- 50K new HIV transmissions a year
- 1/3 of people with known HIV not in care
- PLWH in active care can live years/decades longer
- Maximum benefits from ARVs require regular clinic visits
- Retaining patients in care helps ↓ # new transmissions

CDC, 2008; Mugavero, et al, 2007, 2010; Mugavero, 2011

# Non-Adherence to Clinic Visits

- **Among new patients in care**
  - Mortality twice as high for those who miss 1 visit within a year of diagnosis
- **Appointment non-adherence**
  - Associated with virologic failure (failure to reach undetectable levels)
  - Clinical disease progression (including AIDS defining illness)
  - Death
  - Appointment non-adherence
- **Not all or nothing; most patients cycle in/out of care**

# Care Cascade



# **Structural Barriers to Engaging in Care**

- **Clinic hours not convenient for working patients**
  - **Not on bus line**
  - **Long waiting times for appointments**
  - **Perceived homophobia, racism, stigma**
  - **Culturally insensitive treatment, language barriers**
  - **Patient cycles in/out of prison**
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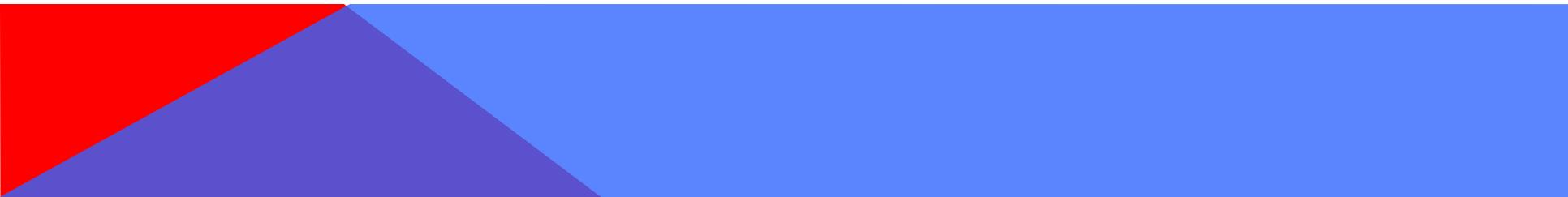
# **Individual Barriers to Engaging in Care**

- **Not perceiving need for care**
  - **Not liking care provider/clinic staff**
  - **Forgetting appointments**
  - **Too sick to come in**
  - **Substance abuse/mental health**
  - **Housing issues**
  - **Limited means of transportation**
  - **Family responsibilities/need to care for others**
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# **Increased Need for HIV Care**

- **Linkages to care and retention in care will become even more important as the number of new patients in need of HIV treatment increases**
  - **This will be partly in response to the CDC HIV testing recommendations that advocate opt-out testing**
  - **Partly in response to the National HIV/AIDS Strategies designed to get people in care**
  - **Retention in care can be improved through the use of a variety of tactics**
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# **Tactics to Improve Retention**

- **Provide comprehensive and easy-to-access services, including case management**
  - **Decrease structural barriers at clinics by including expanded appointment times for working patients, one-stop care, and transportation vouchers**
  - **Create a clinic environment that is friendly and welcoming**
  - **Provide basic HIV education**
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# **Tactics to Improve Retention**

- **Teach patients skills that will help them stay in care**
  - **Use Motivational Interviewing to build relationship and engage patients in care**
  - **Use Strengths-Based Strategies to enhance patient's self-efficacy and show you believe in him/her**
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# Enhancing the Clinic Environment

- **Create a clinic environment that is friendly and welcoming**
- **From the receptionist to the hygienist to the assistant to the dentist:**
  - Greet patient by name
  - Say “Thanks for coming in today; it’s good to see you”
  - Remind the patient that good health care is a team effort and s/he is the most important person on the team
  - Emphasize that people who keep their appointments live longer and do better, so “It’s great that you are taking such an active role in your care”

# Getting Motivated Can be Hard



# What Is Motivational Interviewing?

- **More than just use of techniques**
- **Spirit of MI is**
  - Egalitarian in nature
  - Collaborative
  - Evocative
  - Honoring of patient autonomy

# Aligning with the Patient

- “Dancing rather than wrestling”
- Patient responsible for setting goals/making changes
- Provider offers support/resources/menu of options
- Provider guides rather than directs, listens as much as speaks

# Motivational Interviewing

- **Originally designed for substance abuse counselors**
  - Now used by health care providers, teachers, team leaders
- **Currently >160 randomized clinical trials using MI with the numbers doubling every 3 years including:**
  - Smoking cessation
  - Diet/exercise/weight loss
  - HIV risk behavior
  - Water purification
  - Psychiatric treatment/retention/adherence
  - Problematic gambling

# Motivational Interviewing

**Stephen Rollnick, William Miller, Christopher Butler**

- **Motivation can be defined as the probability that a person will enter into, continue, and adhere to a specific change strategy**
- **Provider's responsibility is not simply to dispense advice but to motivate patient toward change**

# Misperceptions

**Common misperceptions of motivation are that it means:**

- **Agreeing with the provider**
- **Accepting the provider's diagnosis**
- **Expressing a need for help**
- **Following the provider's advice**

# Misperceptions II

- To disagree with the provider is to be “in denial”
- Agreement with provider = “insight” into the problem

# 5 General Principles

1. Express empathy
2. Develop discrepancy
3. Avoid arguing
4. Roll with resistance
5. Support self-efficacy

# Express Empathy

- **Empathy = accepting who the patient is (not the same as agreement or approval)**
- **Meeting the patient “where s/he’s at”**
  - This frees the patient to change
  - Non-acceptance (“you have to change”) creates resistance
- **Empathy is expressed through active, reflective listening**

# Accurate Empathy

- **Warmth**
- **Genuineness**
- **Non-identification**
  - Identification with the patient often clouds the provider's judgment
  - It's about the patient's meaning and experience, not the provider's

# Develop Discrepancy

**Create a discrepancy in patient's mind  
between current behavior and  
broader goals**

- Make use of patient's ambivalence
- Help patient clarify goals
- Support patient's reasons for change

# Avoid Arguing

- **Direct argument evokes reactance**
  - The more you tell someone “You shouldn’t” the more s/he responds with “I will”
- **People tend to remember what they hear themselves say**
- **Resistance is a signal for provider to change tactics**

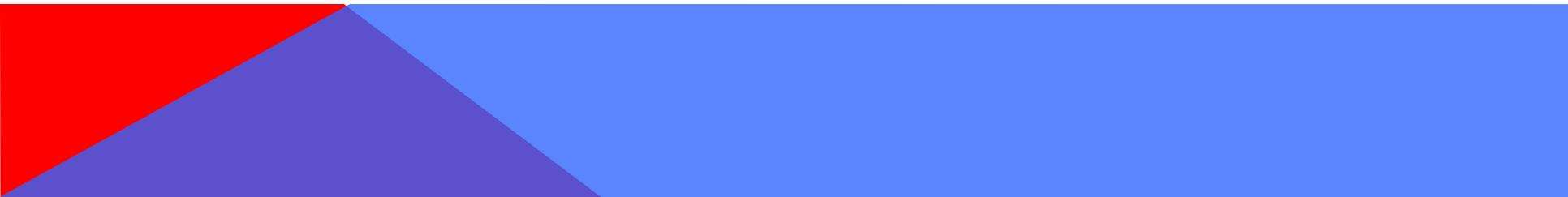
# Roll with Resistance

- **Provider offers information; does not impose goals**
  - Patient can take or leave the info
- **Provider turns question or problem back to the patient**
  - Not the provider's job to generate all solutions
  - Patient actively participates in problem-solving

# Roll with Resistance

- **Use “normalizing” statements**
  - Some of my patients find that exercise helps them sleep better. I have information about that if you’re interested.
- **Turn question or problem back to patient**
  - What are things you’ve tried in the past when you’ve had this problem?

# **Support Self-Efficacy**

- **Provider believes in patient's ability to change**
  - **Patient is responsible for choosing and carrying out personal change**
  - **There is a range of alternative approaches available**
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# MI Techniques “OARS”

- **Open-ended questions**
  - How is the new diet working for you? What are any changes you’ve noticed?
- **Affirming statements**
  - Thanks for coming in today. I know it’s sometimes hard for you to get here.
- **Reflective listening**
  - You try to use condoms when you have sex.
- **Summarizing**
  - You try to use condoms when you have sex, but your partner hates them, and you don’t want to fight with him about it.

# MI RULE(s)

- **Resist** – the urge to “right” the patient
- **Understand** – the patient’s motive’s and reasons to change behavior or continue the behavior as is
- **Listen** – with sincere interest in hearing patient’s reasoning and making sure you understand
- **Empower** - help patient explore how s/he can make a difference in health

# Strengths-Based Interventions



**Methods that emphasize**

- Skills, abilities and self-efficacy

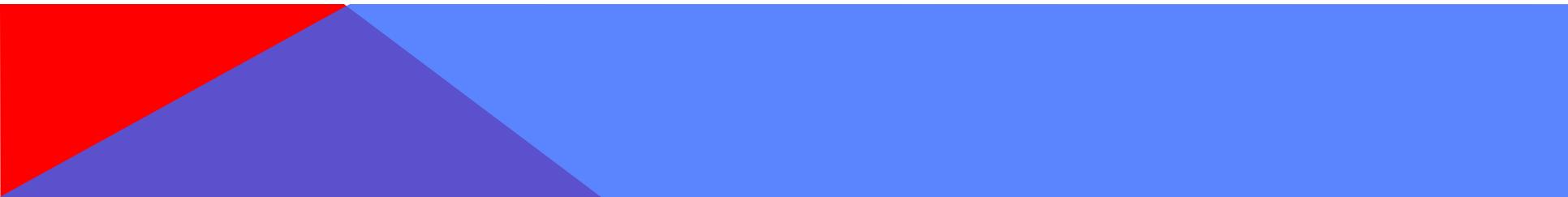
**And minimize**

- Deficits, pathologizing and expressions of helplessness

# **Benefits of Using SB Strategies**

- **Enhance provider-patient relationship**
- **Decrease patient resistance**
- **Teach patient to advocate for self**

# Principles of Strengths-Based Care

- **Patient-driven**
    - Patient is in control of own life and choices
  - **Focus on patient strengths**
    - The most “dysfunctional” patients have certain strengths/skills
  - **Make use of formal and natural resources in patient’s life**
    - Formal = Substance abuse/mental health treatment, case management, housing, etc.
    - Natural = Patient’s skills, abilities, employment, people in patient’s life who provide support/assistance
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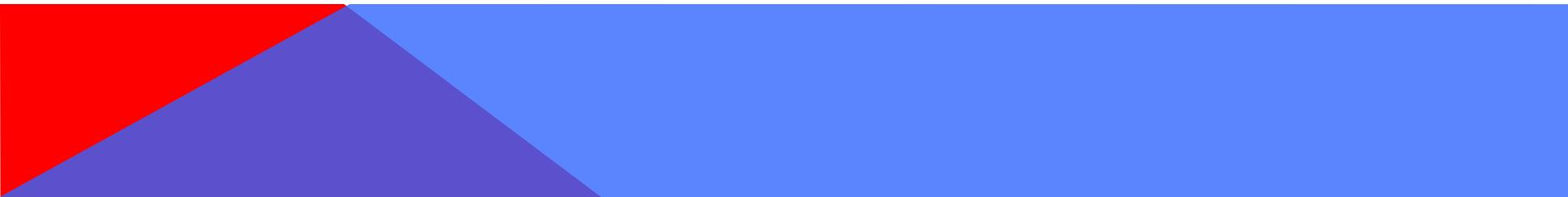
# **Provider Should**

- **Help patient identify skills, abilities**
- **De-emphasize and reframe statements that are negative or express helplessness**
- **Base goals on past successes**
- **Support patient autonomy**
- **Acknowledge patient effort and motivation**

# **Your Own Past Successes**

**Think of a time in your life when you were successful at achieving a goal**

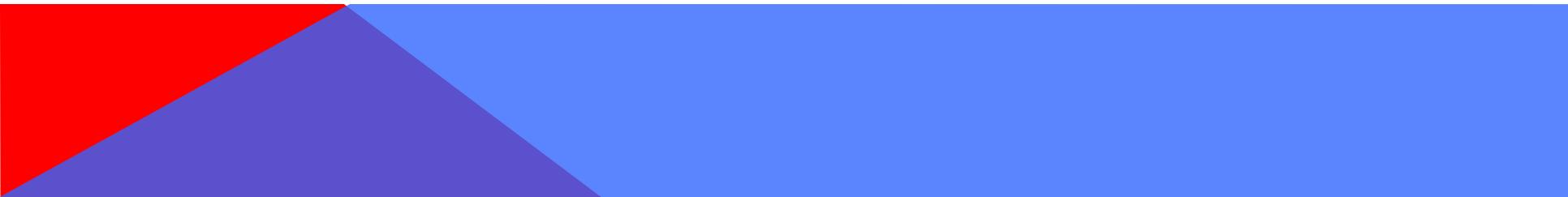
**What were the skills or resources that helped you get there?**



# Lack of Success

**Think of a time when you tried to  
achieve a goal and you were not  
successful**

What got in the way?



# Reframing

- **A skill used in both MI and SB interventions**
- **Purpose = to minimize negative or defeatist thinking**
- **Shows patient that you believe in her**

# **Teach Patients Skills for Retention in Care**

- **Organization**
- **Problem Solving**
- **Communication with the health care providers**

# Prioritizing Activities

- **A – things that need to be done this week**
- **B – things that need to be done in 2 weeks**
- **C – thing that need to be done in a month**

# Calendar

- **Assure that patient has calendar - hard copy or on phone**
- **Demonstrate how**
  - Appointments and dates
  - Organizing and planning
  - Contact info
  - Carry a pen/pencil to write appointments, enter information, list questions
  - Keeping track of the calendar – safety and confidentiality

# Filing System

- **Provide or encourage patient to buy accordion file**
- **Demonstrate how to manage the file**
  - What needs to be saved, thrown away, shredded
  - What works for the patient?
  - Keeping track of the file – safety and confidentiality

# Problem Solving

## The 3 Os of problem solving

- Options
- Order
- Outcomes

# Options

- **State the problem as clearly as possible**
  - I can't keep my clinic appointment because I don't have anyone to watch my baby
- **Generate as many possible options as patient can think of**
  - I could ask my mother to watch her
  - I could ask my landlady to watch her
  - I could take her to the clinic with me

# Outcomes

## What are the anticipated outcomes for each option?

- If I ask my mother, she will do it, but I will get a lecture about my responsibility
- If I ask my landlady, she might do it, but she'll expect me to watch her 3 kids in return
- If I take the baby to the clinic with me, she might cry and fuss, or she might sleep the whole time

# Order

## Decide which option to do first

- Of all ways to solve the problem, which would work the best?
- If that option doesn't work, which is the next best choice?
- Are there more possible options?



# **It Starts with You**

- **Create a safe, welcoming space**
- **Use MI skills & SB strategies**
- **Reframe defeatist statements**
- **Offer affirmations and hope**

# Reflective Listening

- Engages the other person
- Builds trust
- Fosters motivation



# How Listening Breaks Down

- **Speaker does not say what s/he means**
- **Listener does not hear correctly**
- **Listener hears, but applies different meaning than speaker intended**

# Helpful Phrases

- So you think ... ?
- It sounds like you ... ?
- You're wondering if ... ?
- Anything else ... ?
- Tell me more about that.

# 3 Levels of Listening

- Repeating/rephrasing
- Paraphrasing/summarizing
- Reflecting feeling (the deepest level of listening)

# Important Rules

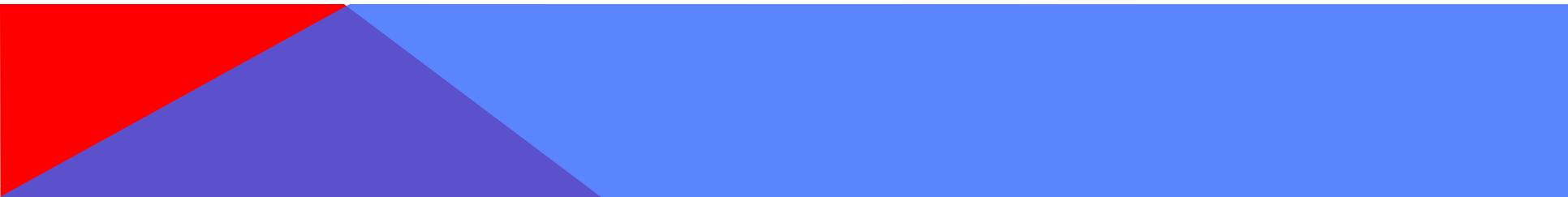


**When asking  
questions:**

- **Don't interrupt**
- **Give the speaker time to pause, think, reflect**

# **Tell the Patient**

**“Your health care providers want to hear your questions and concerns. We are here to help you.”**



# ABCs

## The ABCs of communicating with health care providers

- Ask questions
- Be prepared
- Communicate concern
- Extra C = Clarify

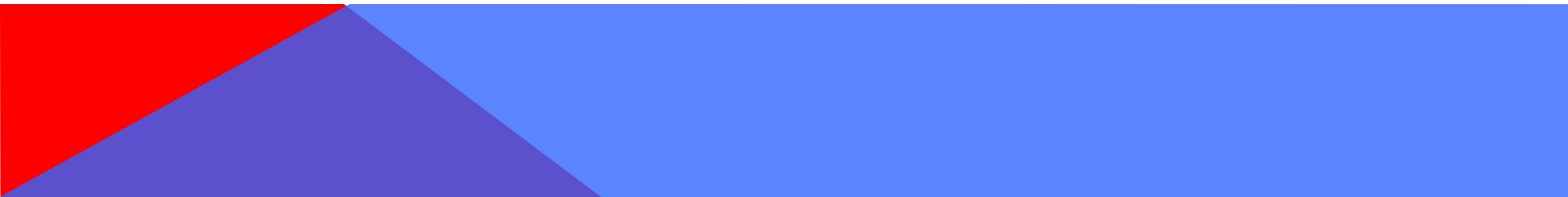
# Ask Questions

- **What does my CD4 count mean?**
- **Why do I need another blood test?**
- **I'm on methadone. How will these medications interact with that?**

# Be Prepared

- **Write questions down, and bring them to appointments**
  - Designating a page of the calendar for these lists can be helpful
- **Bring a list of all medications to appointments**
- **Bring a list of any problems related to medication or health**

# Communicate Concerns

- I am afraid of pain if I have my teeth worked on
  - Sometimes I think it's just not worth the effort
  - My job can make it hard to keep my clinic appointments
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# Clarify

- **Patient:** Sometimes when my dentist explains something to me, I don't understand, but I don't want to seem stupid, so I nod, but I when I leave, I don't know what she meant.
- **You:** All your providers want to help you. When we express ourselves in a way that is unclear, ask "Can you find another way to explain that to me?"

# Communicating with Patients

- Use your MI skills
- Use “what” and “how” questions
  - Why not ask “why?”
- Use clear and easily understood language
- When patient is angry/inappropriate
  - Affirm feelings
    - You seem angry/upset/sad
  - Ask patient to reframe inappropriate behavior
    - Can you find another way to express this (to me, to the receptionist, etc.)?

# **Resilience**

**People are constantly adapting, evolving,  
and capable of affecting their  
environment and circumstances, not  
simply reacting to them**



# Resilience

- Despite their problems and tragedies, the patients you see are survivors
- So are *you*
  - Each of us has a story