Patient-Centered Strategies for Retention In HIV Care

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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

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

Giordano, 2010
Care Cascade

- PLWH (100%) = 1,106,000
- Know about Dx (~79%) = 874,000
- Linked to Care (~75%) = 655,500
- Retained in Care (~67%) = 437,000
- Need ART (~80%) = 349,600
- on ART (~75%) = 262,000
- Suppressed VL (~80%) = 209,700

Gardner et al., Clinical Infectious Diseases, 2011
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
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
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.
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
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
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

Rollnick, Miller & Butler, 2007
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
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
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.”
The **ABCs** of communicating with health care providers

- **A**sk questions
- **B**e prepared
- **C**ommunicate concern
- **E**xtra **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
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