

Ask · Screen · Intervene

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV

Susan Zik Shewmaker MA, RN

Health Education Specialist
Centers for Disease Control and Prevention
Division of HIV Prevention, Capacity Building Branch
Sshewmaker@cdc.gov

Based on a presentation by Mark Thrun MD Denver Public Health

Developed by:

The National Network of STD/HIV Prevention Training Centers,
in conjunction with the AIDS Education Training Centers



Overview

- Background
- Prevention with people living with HIV needed
- Prevention in care settings can result in behavior change
- Barriers/challenges to prevention in care
- Ask, Screen, Intervene curricula
- Partnerships for Health curricula
- Dissemination and impact



The Recommendations

Medical providers can **substantially affect**

HIV transmission when they

- **screen** for risk behaviors
- **identify and treat** other STDs
- **communicate** prevention messages
- **discuss** sexual and drug-use behavior
- **positively reinforce** changes to safer behavior
- **refer** patients for services (substance abuse treatment)
- **facilitate** partner notification, counseling, and testing



What is the rationale for this new emphasis?

- “Every HIV transmission event involves a person already HIV infected” (IOM)
- Those living with HIV are fewer in number and easier to define than those at risk
- Most HIV+ persons have contact with healthcare system
- Better prevention services to HIV+ will improve their health outcomes

Prevention = Care



The Impact of STDs on Sexual Transmission of HIV

- STDs increase *susceptibility to and infectiousness of* HIV infection
- Risk of HIV transmission is 2 to 5 times higher in the presence of other STDs

SO.....

- Risk screening and STD screening is an effective intervention for reducing HIV transmission

(Wasserheit & Fleming, 1999)

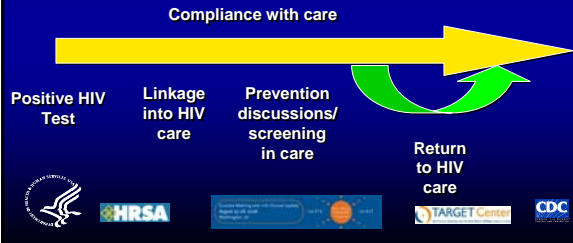


Prevention counseling in the medical setting works



Prevention is multifaceted

Spans the spectrum of care
of persons **living with HIV**



Brief messages from providers may reduce risk of transmission

Richardson – AIDS 2004

- Messages delivered in loss or gain frames
- 38% reduction in UAV for those patients with 2 or more partners
- OR of UAV 0.34 (0.24-0.49)

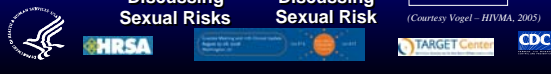
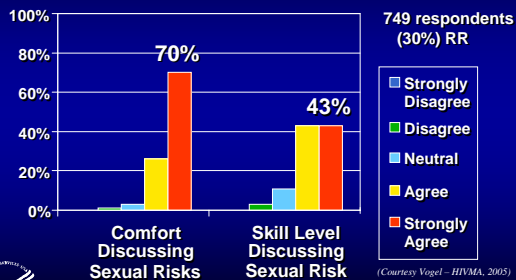
Table 4. Generalized estimating equations^a for unprotected and/or vaginal intercourse at time 2 by number of partners.

	Odds Ratio	95% Confidence interval	P
Overall ^b			
Attention-control	1.0		
Gain-frame	1.89	0.64-1.85	0.75
Loss-frame	0.70	0.40-1.24	0.22
One baseline sex partner ^b			
Attention-control	1.0		
Gain-frame	1.25	0.90-1.75	0.19
Loss-frame	1.13	0.81-1.54	0.44
Two or more baseline sex partners ^b			
Attention-control	1.0		
Gain-frame	1.19	0.73-1.94	0.50
Loss-frame	0.34	0.24-0.49	0.0001

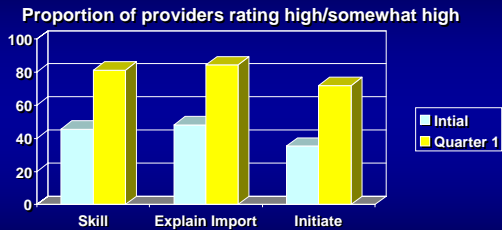
^aThese models adjust for the effect of the clustering of patients by clinic. ^bStatistically controlling for the following variables at baseline: unprotected and/or vaginal intercourse, age, ethnicity, education, gender of sex partners, income, employment, years since testing HIV-positive, CD4 cell count, viral load, and being under treatment with antiretroviral therapy.



HIVMA Survey of HIV Care Providers Suggests Needs Despite Comfort



Training increases provider self-efficacy and changes practice patterns

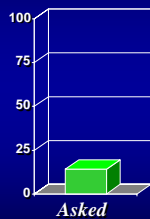


Thrun, 2005 HIV Prevention Conference

Proportion of Physicians Discussing Topics with HIV-Positive Patients

4 US Cities (n=317)

- Adherence to ART
84%
- Condom use
16%
- HIV transmission and/or risk reduction
14%



(Clin Infect Dis 2003; 36: 1577-84)



Provider Barriers to Screening for Behavioral Risk Factors

- Inexperience or discomfort asking questions
- Discomfort responding to issues that arise
- Incorrect assumptions about sexual behavior and risk
- Patient perception of stigma from a medical care provider
- Limited time is available
- Perceived re-imburement issues



Overcoming Barriers

- Identify specific questions to ask all patients
- Train providers to enhance competence
- Develop clinic policy for risk screening and integration into overall care (When and Where)
 - Questionnaire, CASI
- Develop plan to respond to information that might surface
- Determine ways to overcome stigma



HRSA



TARGET Clinics

CDC

Discomfort as a Barrier

“Ironically, it may require greater intimacy to discuss sex than to engage in it.”

The Hidden Epidemic
Institute of Medicine, 1997

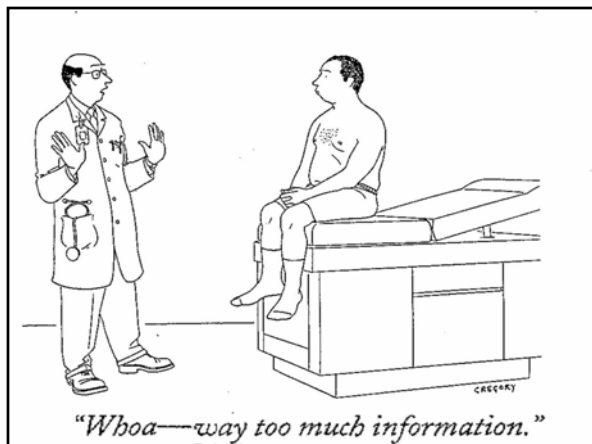


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TARGET Clinics

CDC



ASI Curriculum

- A collaboration between the National Network of STD/HIV Prevention Training Centers (NNPTC) and AETCs to develop a curriculum (training, other materials) for CDC
- Supports the consensus recommendations of CDC/HRSA/IDSA on HIV prevention in care
- Developed in 2004-2005 by multidisciplinary working group
- Piloted in six U.S. cities in 2005



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ASI Content

- **Module 1:** Risk Screening for Behavioral Risks and STDs
- **Module 2:** Universal Prevention Messages & Addressing Misconceptions
- **Module 3:** Tailored Behavioral Interventions
- **Module 4:** Partner Counseling & Referral Services



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ASI Module One

- Identify risk screening benefits
 - Provider perspective
 - Patient perspective
- Describe the difference between screening for risk and assessing for in-depth risk behaviors
- Develop techniques for asking about risk
- Identify timeline for offering screening tests for STIs in an HIV practice setting



ASI Module Two

- Deliver prevention messages
 - Provider-delivered
 - Structural
- Develop techniques for delivering prevention messages
- Identify patient misconceptions
- Develop techniques to address patient misconceptions



HRSA



TARGET Communities

CDC

What are Prevention Messages?

Statements that emphasize the need for safer behaviors to protect both the patient's health and the health of her/his sexual or needle-sharing partners

What are Misconceptions?

Incorrect assumptions or beliefs patients may have about HIV transmission

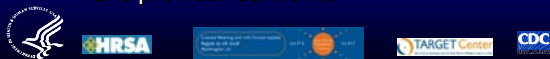
ASI Module Three

- Assess behavioral risk
 - Behaviors, attitudes, circumstances
- Assess readiness for change
- Develop skills to deliver a tailored intervention
- Develop referral plans
- Develop referral resources



ASI Module Four

- Describe local and state laws and regulations regarding reporting and partner services
- Develop skills for discussing partner services with every patient
- Identify health department resources
- Develop techniques to address patient and provider concerns



Breaking the Chain of Infection



Partnership for Health

- Is an evidence based approach to integrating a provider delivered intervention for HIV positive patient's clinic visits
- Teaches medical providers how to deliver a short 4 minute intervention to their HIV positive patients with each clinic visit



Partnerships for Health

- Uses message framing, repetition and reinforcement during clinic visits
- Increases HIV –positive patient' knowledge, skills and motivations to practice safer sex
- Improves patient provider communications about safer sex, disclosure of serostatus and HIV prevention
- Please visit www.effectiveinterventions.org



PREVENTION IS CARE
Screen for risky behavior.
Prescribe healthy behavior.

FREE Provider Resource Kit
available [here](#) at the session or
cdc.gov/PreventionISCare



Conclusions

- Prevention in care is an important component of the larger array of prevention programs
- Providers can effectively impact patient behaviors
- Continuing education for providers may increase likelihood that prevention discussions occur
- NNPTC offers resources to providers interested in under taking more prevention discussions

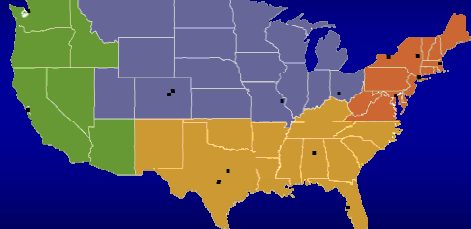


www.stdhivpreventiontraining.org



The National Network of STD/HIV Prevention Training Centers

- 18 regional centers in network



www.stdhivpreventiontraining.org