

Can these types of intervention be replicated in other clinical settings?

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### HRSA/HAB OPTIONS Replication Project 2005 - 2007

- The OPTIONS Project is a clinician-initiated HIV risk reduction program for HIV-positive patients
- Developed with funding from the National Institutes of Health by The University of Connecticut's Center of Health, Intervention, and Prevention\*

\*Fisher, JD et al. (2006) Clinician-delivered intervention during routine clinical care reduces Unprotected sexual behavior among HIV-infected patients. *J.AIDS*, 41(1): 44-52.

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### OPTIONS Intervention

- Consists of brief, collaborative discussions between medical providers and their HIV-positive patients
- Designed to assist patients in addressing risky sexual and drug use behavior to prevent transmission of HIV
- Providers use Motivational Interviewing (MI) techniques to convey critical HIV risk reduction information, motivation, and behavioral skills to patients

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### HRSA/HAB OPTIONS Replication Project

- The goals of the project were two-fold in nature:
  - develop a replication approach which was not overly resource intensive
  - examine the feasibility of the OPTIONS intervention in a range of healthcare settings, patient populations, and regions in the United States
- 15 clinics received a one year award to replicate the intervention
- An evaluation center (John Snow, Inc.) received funding to evaluate the feasibility of the intervention in the 15 settings; they also examined the fidelity of the provider-patient interactions to the OPTIONS protocol

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### Findings from OPTIONS Replication Project Feasibility

- Only one clinic had significant barriers to implementing
  - Change in leadership
  - One additional clinic were challenged due to shortened visit time
- Most providers were very positive and had good feedback from patients
- Disruption in clinic flow from intervention was felt to be limited
- Major challenge was adapting for abstinent patients

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### Lessons Learned from OPTIONS Replication Project

- An intervention can replicated from a research study, but the protocols, tools and training materials need to be adapted for real world resources and constraints
- Once adapted, 14 of the 15 diverse sites were able to be implemented OPTIONS
- In general, well accepted and was not reported to disrupt clinic flow in most sites

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### Lessons Learned from OPTIONS Replication Project

- Even in best clinics, OPTIONS was not appropriate for all patients
  - Severe mental illness, patients only showing up in crisis
- Adaptation for use with patients with no risk (abstinent) or long-term safer practices (condom use always) needs to be considered
- Important key elements for implementation
  - Commitment at site
  - Adequate time (20-minute visits)
  - Team buy-in

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