

“SNAPSHOT” VIRAL LOAD TESTING is an individual level intervention that permits a person living with HIV to “get a picture” of his or her HIV status and participate in managing their health through monitoring HIV viral load. The key characteristics of “Snapshot” Viral Load Testing are: to help make living with HIV a tangible reality; to help the client “see” the relationship between treatment and health status; and to provide a common language for both the clinician and client to use when discussing treatment needs.

## CURRENT ACTIVITY SETTING

Health Department. Clinic for the Homeless. Patient Education Program

- ✓ Directly links the client to medical care
- ✓ Gets the client in a conversation about starting medical care
- Brings the agency closer to where HIV+ people are so that the conversation can begin

## I. Description

### OBJECTIVES

- ▶ To acquire a “snapshot” understanding of where a client is in the progression of their HIV infection
- ▶ To help a client understand HIV infection and how it affects the body
- ▶ To help the client set goals and have meaningful objectives for getting into care and treatment using the viral load test as a concrete marker
- ▶ To encourage HIV+ homeless individuals to begin HIV medical care
- ▶ To help the staff make recommendations to the patient about how soon to begin treatment

### TARGET AUDIENCE

- ▶ HIV+ homeless individuals who know their status

### ACTIVITY DESCRIPTION

When clients receiving general medical care at the homeless clinic disclose that they are HIV+, they are offered a viral load test during one of their general medical visits. This test is part of the patient education component of their appointment. The viral load test result is then used to develop a plan for next steps with the client. This plan may include, but is not limited to, HIV medical care and services at the client’s request.



QUICK NOTES:

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*“You have to do the one thing they told you not to do in nursing school - give of self.”*

— NURSE PRACTITIONER, NASHVILLE, TENNESSEE

#### **Patient education and viral load testing:**

- ▶▶ The HIV+ client and the nurse practitioner have a lengthy discussion about HIV. The client is asked about their treatment history, if they are currently in medical care for HIV infection, if they have had a viral load test before, if they know what their general state of health is, and how they are feeling. Transmission routes and prevention strategies are also discussed throughout the course of the conversation.
- ▶▶ Usually the nurse practitioner repeats specific pieces of information several times to emphasize their importance to the client.
- ▶▶ The staff person conducting the appointment explains to the patient what viral load testing is and what it means in terms of their HIV diagnosis. The patient is urged to ask questions and talk about anything they do not understand or would like to know.
- ▶▶ If the patient consents to a test, blood is drawn during the current visit and a follow-up visit is scheduled for a week later.
- ▶▶ The blood sample is sent to the laboratory and the results are sent back to the clinic; the process takes seven days.
- ▶▶ At the follow-up visit the doctor or nurse practitioner goes over the results of the viral load test with the patient and explains what the numbers mean in terms of HIV infection and progression.
- ▶▶ After the explanation of the test results and answering questions from the client, the nurse links the new understanding of HIV infection and the language of “high viral load” and “low viral load” to the usefulness of medical care to treat HIV infection.
- ▶▶ This “new” way of seeing and talking about HIV transforms the infection to something tangible for the client. In many cases, it becomes easier to set objectives, using the viral load test as a concrete marker, “marking” the goals to better health that can be measured, and “marking” a new understanding of HIV infection.
- ▶▶ The client is often able to incorporate this new way of seeing HIV into their language and health care decisions.
- ▶▶ If the patient decides to begin HIV specific medical care, the nurse helps to schedule an appointment at another center (the homeless clinic does not offer HIV specific medical care). The clinic also offers transportation options for helping patients get to their outside appointments.
- ▶▶ If the patient is undecided about beginning or re-connecting with HIV medical care, the client’s education continues at every general medical visit he or she has at the clinic.
- ▶▶ For the client who has scheduled appointments, a verbal follow-up with the client is done during their visits to the homeless clinic to make sure that they keep their appointments and that they are receiving HIV specific medical care.

The client continues to receive educational sessions on HIV every time he or she visits the clinic. If the person is receiving HIV specific medical care from another provider, the clinic staff person encourages the client to keep the clinic staff up to date the about their total health care process.

## **PROMOTION OF ACTIVITY**

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Patients are made aware of this service on an individual basis. The viral load test is offered when the doctor senses that it is necessary, observes noticeable changes in the patient’s health, or determines the patient has never had this test before.

## **II. Logistics**

### **STAFF REQUIRED**

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This test is primarily given by the clinic physician. Follow up is done by either the physician or nurse practitioner.

### **TRAINING AND SKILLS**

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The staff person has to know how to generate and nourish easy conversation and feel comfortable talking about a wide range of health and life issues with the client.

## PLACE OF ACTIVITY

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Clinic exam room

## FREQUENCY OF ACTIVITY

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Due to the costs associated with the activity, the viral load testing is done once for each patient.

## OUTSIDE CONSULTANTS

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Laboratory work

## SUPPORT SERVICES

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None

## CONDITIONS NECESSARY FOR IMPLEMENTATION

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- ▶ The patient must feel comfortable and trustful of the environment.
- ▶ There has to be a good rapport between the patient and the doctor or nurse practitioner conducting the education session.
- ▶ The patient needs to be comfortable with hearing the information provided; he or she must want to be educated.
- ▶ The staff person needs to be persistent and must keep trying to educate the patient on HIV treatment and the importance of good medical care.

## III. Strengths and Difficulties

### STRENGTHS

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- ▶ The test result gives the staff and the patient new information about the health of the patient.
- ▶ It makes HIV infection more understandable for the patient.

### WEAKNESSES

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- ▶ Even if a patient wants to get into care they may not be able to do so if they do not meet certain eligibility requirements.
- ▶ HIV+ patients who have some sort of support system are more likely to get help and thus get into care. People with no such support often don't find their way into a care setting.
- ▶ People who live alone, have a mental illness, or have no family are the least likely to respond to the education interventions and are sometimes found very sick or dying on the streets.

### DIFFICULTIES FOR CLIENTS

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- ▶ For some clients, seven days is too long to wait for test results.
- ▶ If a client returns to the primary care provider and finds that it is not the time to begin antiretroviral treatment, the client could feel "discouraged" and feel like there is no reason to continue going to the appointments, thereby breaking the connection to the care setting.
- ▶ If a client seeks medical care in another setting and is treated with less respect than he or she is used to in the homeless clinic setting, this could jeopardize further connections with that center.

## DIFFICULTIES FOR STAFF

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- ▶▶ The length of time it takes to get the test results back.
- ▶▶ Lack of patient interest in beginning HIV related healthcare.
- ▶▶ In some cases, clients have tried to connect with HIV medical care providers and have not liked the way they have been treated and have ended the relationship with the provider. This leaves the staff at the homeless clinic without any options to offer the client.

## OBSTACLES FOR IMPLEMENTATION

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- ▶▶ Lack of funding. Laboratory costs are high.
- ▶▶ If a clinic does not provide HIV specific care, giving the viral load test in an environment that cannot offer HIV related treatment might not be helpful.
- ▶▶ Some patients will not consent to HIV specific care until they have reached a certain point of illness or physical debilitation.

## NON-APPROPRIATE CLIENTS

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None

# IV. Outcomes

## EVIDENCE OF SUCCESS

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- ▶▶ Clinic staff believes that 100% of those who opt for viral load testing ultimately return and get their results, if not at their scheduled follow-up, then at a later time.
- ▶▶ Patients go into care more frequently after the viral load testing.

## UNANTICIPATED BENEFITS

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None

## “CONNECTING TO CARE” ELEMENTS OF ACTIVITY

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- ▶▶ Helps to make HIV infection concrete so that people can really “see” and understand the process.
- ▶▶ Clients begin to set goals based on the information learned from the viral load test. Some people start talking about getting on medication to “get their numbers down.” The test helps transform the meaning of HIV from a hopeless and inevitable progression towards death to a hopeful state of “longevity.”

## EVALUATION

*“If people don’t have anything meaningful in their life, why start HIV treatment?  
The act of being loved makes a difference when it comes to seeking out health care.”*

— NURSE PRACTITIONER, NASHVILLE, TENNESSEE

- ▶▶ There is no formal evaluation of the actual viral load test experience. The staff evaluates the activity based on the reactions they see and hear through their conversations with the client.
- ▶▶ The clients recount their full medical process at each visit to the clinic, and their charts are changed accordingly. If someone has gotten into care or is taking antiretroviral treatment, it will be noted on their medical chart.

### **KEEP IN MIND...**

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- ▶▶ Organizations that want to implement this activity should work closely with a laboratory and negotiate the cost of the test. They should seek an economically viable arrangement, as well as discuss the options for the shortest turnaround time for the results.
- ▶▶ Good patient education requires “giving of one’s self” from the staff. It is sometimes helpful to share a little bit of personal information with the client to strengthen the human relationship between provider and client.

