

What Does It Take to Integrate HIV Prevention and Care?

Preliminary findings based on a qualitative evaluation of a multi-site, U.S.-based demonstration project

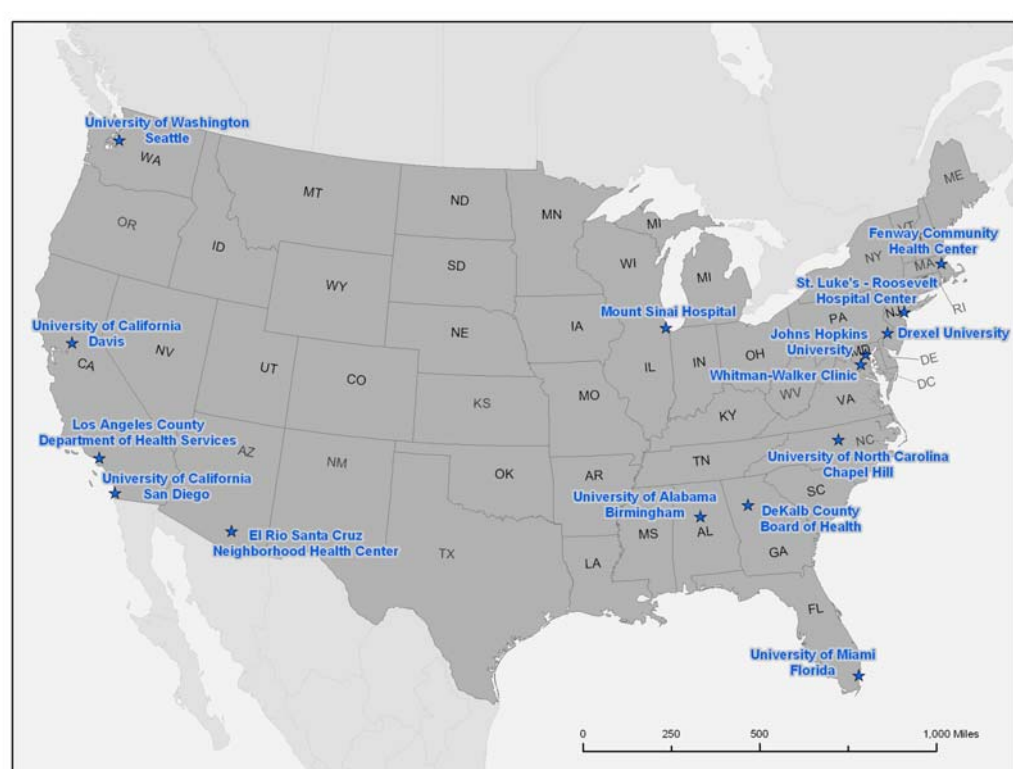
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Background

- HIV prevention in U.S. shifts focus to “Prevention with Positives” (PwP)
 - 2003 Centers for Disease Control prioritized PwP to reduce rate of new infections by 50%
- PLWHA in care settings targeted
 - 2001 Institute of Medicine recommends integrating prevention into clinical care
- 2003 Health Resources & Services Administration (HRSA) funds Special Projects of National Significance (SPNS) Prevention with Positives Initiative
 - 15 demonstration projects & 1 evaluation center to test effectiveness of interventions in clinical settings

HRSA/SPNS Demonstration Sites



UCSF Evaluation & Support Center

Qualitative Evaluation Goals:

- To assess feasibility & acceptability of interventions
- To provide context of the quantitative evaluation of intervention outcome variables
- To document the intervention implementation process for replication purposes

Methods

- Conducted in-depth interviews
- Purposely selected sample (n=61) of research team members & interventionists
- Audio-recorded interviews transcribed verbatim & entered into Atlas.ti©
- Framework Analysis (Ritchie & Spear) data were coded, synthesized, charted

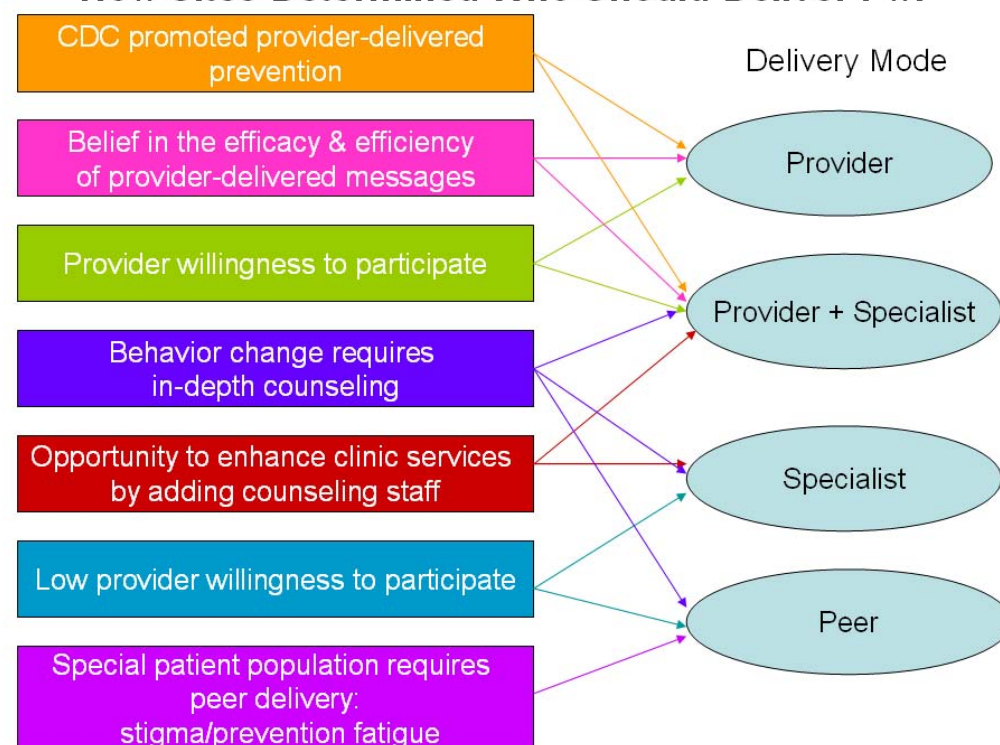
The Interventions

Intervention Types Differ By “Messenger”:

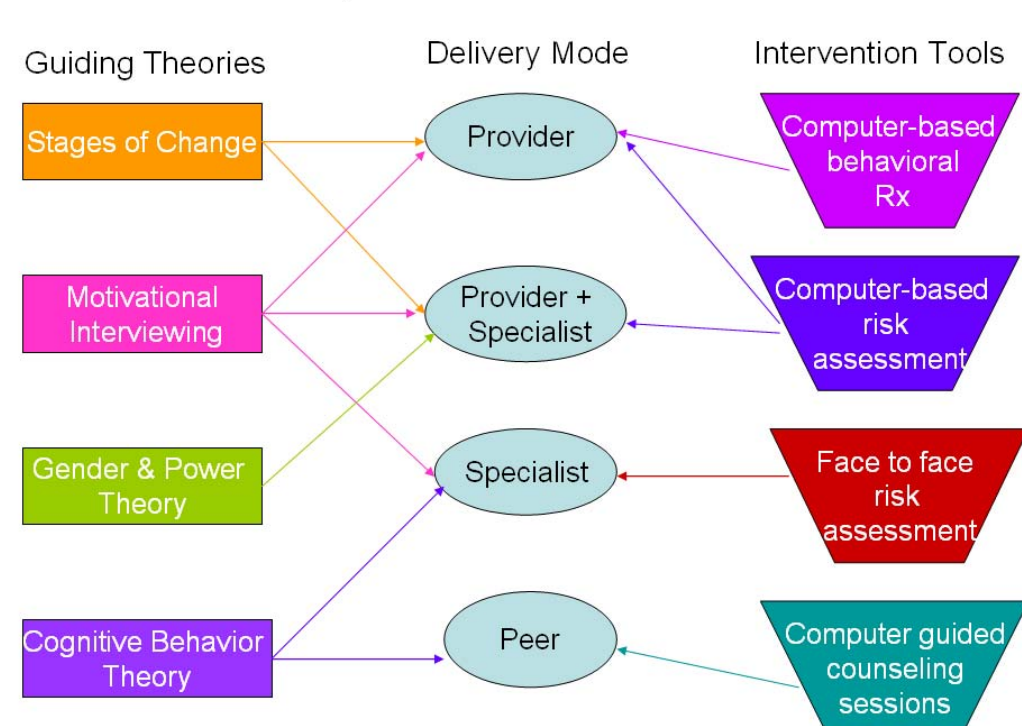
- Provider-delivered (n=3)
 - MDs and/or NPs and/or PAs
 - Specialist-delivered (n=3)
 - Health Educators or Social Workers
 - Peer-delivered (n=3)
 - People living with HIV/AIDS
 - Provider + specialist-delivered (n=6)
 - Combination of MDs and/or NPs and/or PAs + Health Educators or Social Workers
- Provider-Delivered PwP Interventions**
 - Occurs during routine HIV care clinic visit
 - Patient risk & stage of change is assessed via computer or face-to-face with provider
 - Risk assessment/stage generates prescriptive behavioral counseling recommendation for provider
 - Provider delivers brief prevention message tailored to patient risk profile & readiness for change
 - Specialist-Delivered PwP Interventions**
 - Typically occurs separate from routine clinical care visit over 4-5 sessions
 - Social worker or health educator engages in PwP counseling in individual or group setting
 - Counseling topics typically include safer sex, drug use, relationships, taking medication, disclosure, emotional well-being, assertiveness training, and patient priorities
 - Peer-Delivered PwP Interventions**
 - Typically occurs separate from routine clinical care during 4-9 individual or group counseling sessions
 - Modular PwP counseling curriculum facilitated by peer & tailored to patient priorities
 - Counseling topics typically include sexual behavior, disclosure, adherence, stigma, relationships, drug use, emotional well-being

- Provider + Specialist-Delivered PwP Interventions**
 - Provider:** brief stage-based or prescribed prevention message based on risk assessment delivered during routine visit
 - Specialist:** 3-5 counseling sessions with health educator or social worker covering topics such as safer sex, drug use, stigma, medications, relationships, disclosure, emotional well-being

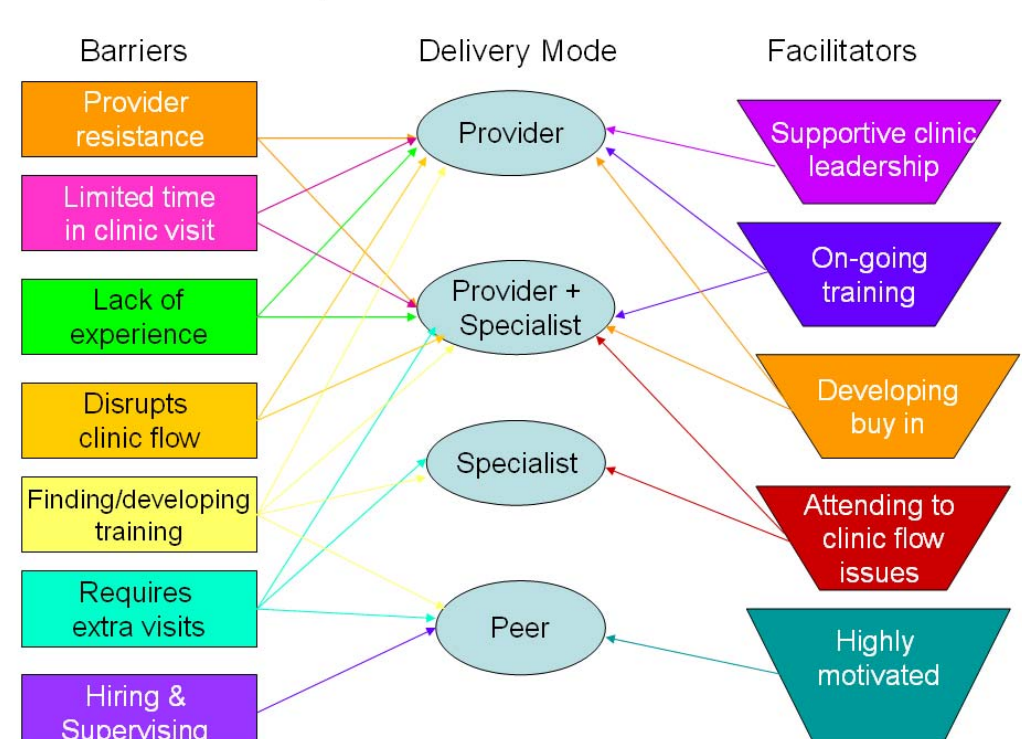
How Sites Determined Who Should Deliver PwP



Theories, Modes and Intervention Tools



Intervention Implementation Barriers & Facilitators



Integration Challenges

- Integration most difficult in locations that utilized providers
 - Requires change in clinical practice
 - Requires patient willingness to discuss risk
- Specialist- & peer-delivered rely on patient desire to participate
 - Requires patient motivation to attend additional sessions and engage in process

Integration Facilitators

- Internal leadership to overcome resistance and foster interest and motivation on the part of medical providers and staff to integrate prevention into medical care and other services
- Core belief among key stakeholders in importance, need, viability, and appropriateness of PwP in clinical setting
- Securing high quality behavior change training tailored to clinical environment

Lessons Learned

Each intervention model is accompanied by barriers & facilitators. Successful integration depends on the complementary fit between the intervention model and the clinical setting.

Recommendations

- Conduct formative research to determine culturally appropriate intervention models for clinic environment and patient population
 - Assess current provider practices and willingness to under take prevention counseling
 - Assess patient concerns and comfort with PwP to tailor content
 - Assess capacity of clinic to integrate PwP
- Invest time and effort in developing shared vision among key stakeholders and methods for integrating PwP in clinic

Acknowledgments

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