

MODULE 3

FLORIDA DEPARTMENT OF HEALTH

STUDY GUIDE

HIV/AIDS: 101

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SERVICE NEEDS FOR HIV-INFECTED INDIVIDUALS

There are compelling personal and public health benefits to getting a recently diagnosed HIV-infected person linked to care before he or she gets sick.

The personal benefits include delayed disease progression, early initiation of medication, and regular monitoring of CD4+ cell count and viral load.

The public health benefits include maintaining low viral loads, which leads to reduced transmission. In addition, linkage to care shortly after HIV diagnosis provides opportunities for interventions to prevent transmission.

Without treatment, people diagnosed with AIDS typically survive about three years. Once someone has a dangerous opportunistic illness, life expectancy falls to about one year without treatment.

LINKAGES VS. REFERRALS

Linkages differ from referrals because linkages require providers to take whatever steps are necessary to ensure service access.

Linkages: This involves asking the client for their preference in care providers, making the appointment with them, and if possible, assisting the client in attending the appointment. If linkage coordinators are unable to attend the appointment, then they should follow up with either the client or agency to ensure the client was linked to care.

Referrals: This involves giving the client the contact information for the care provider and leaving it up to them to call, get the date and time, and attend the initial appointment. No follow up is expected.

Referral and/or linkage services should be offered to all clients that are in need of medical, prevention and other supportive services. Additional efforts should be made to link HIV-positive clients to appropriate medical services, because such services increase the likelihood of maintaining health, enhancing longevity and quality of life, and reducing the risk of transmission.

Accessing appropriate services increases the likelihood that HIV-infected clients will maintain good health, have greater longevity and quality of life, and reduce the risk of transmission.

LINKAGE/REFERRAL REQUIREMENTS

Typical linkage and referral needs of HIV-infected clients may include but are not limited to the following:

- Partner Services (PS) for sex and/or needle-sharing partners
- Case management
- Medical evaluation, care, and treatment
- Pregnancy issues (e.g. prenatal care, anti-HIV drug intervention therapy)
- Mental health services
- Sexually transmitted disease screening and treatment
- Substance abuse prevention and treatment programs
- Screening and treatment for viral hepatitis.

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Linkage coordinators should maintain current lists or resource guides of local agencies and should be familiar with their services. An important component of linking clients to care is for staff to have detailed knowledge of the agency and the services they provide before recommending it to a client. Getting negative feedback on an agency after you have sent a client there may harm your connection with the client and the linkage may not have been in the client's best interest.

Setting clients' expectations: Every client should be informed of what he or she can expect from each specific agency, such as:

- The wait time the client can expect in the waiting room
- Whether the agency is cold or crowded
- The paperwork he or she will be required to produce
- Any other pertinent information

Agency relationships: Linkage coordinators should establish and maintain good working relationships with these agencies, and they should have a contact person at each agency. Having interagency collaborative agreements/arrangements with agencies can help facilitate linkages.

Client relationships: Agencies should be responsive to clients' needs. Service provisions should be culturally, linguistically and developmentally appropriate, as well as gender and age appropriate.

Eliminating barriers: Linkage staff should be aware of any barriers to clients accessing services, and staff should work with each agency to reduce or eliminate those barriers whenever possible.

Monitoring and reporting linkage: Collecting self-report and medical record evidence of successful linkage to primary care is important for evaluation and monitoring.

HEALTH CARE PROVIDERS

It's important to note that a person's HIV care may come from a team. The "primary" provider may include a physician, nurse practitioner, physician assistant and a nurse. Other team members may include a social worker or case manager, a dietitian and even a psychiatrist or psychologist.

Choosing a provider: A client may or may not be able to choose a health care provider. If he or she is able to choose a provider, it's important to find someone who has up-to-date experience with HIV and with whom the client feels comfortable.

Keeping appointments: Adherence is critical to a client's well-being and health. Client's should NOT miss appointments. It's imperative for clients to stay organized; they can track appointments in their phone or on-line or even with a paper datebook. If a client needs to reschedule, he or she should try to get the earliest available opening. Timely HIV care is the best care.

Preparing for appointments: When preparing for appointments, clients should take a few minutes first to write down any questions or concerns they want to discuss. Appointments can feel rushed, so this helps a client remember what to ask. It's just as important to write down the answers during the appointment so the client will remember what was said.

Clients should always tell their health care providers exactly what is going on with their health. The more the providers know, the better they can focus on clients' specific care plans. Clients should never hold back, and they should never worry about being judged.

They should be open and honest about anything that could be affecting their health, including:

- Other health conditions they have—or may have had since their last appointment
- Any changes in their health
- Life changes that could be causing stress or affecting mental health
- How their medications are working, including any side effects or missed doses.
- Any problems with substance abuse.

MEDICATIONS: ANTIRETROVIRAL THERAPY

All Antiretrovirals (ARVs) work in essentially the same way—that is, to prevent the virus from replicating. The ARVs are classified based on the stage of the HIV life cycle they target. Most ARV regimens include drugs from at least two of the classes.

Responding to treatment: A key factor in how well patients respond to treatment is their adherence to taking their medication correctly and consistently. Even though regimens are easier to take and which help promote adherence, going on lifetime therapy is a huge consideration that patients and their medical provider need to discuss at length.

Side effects: There are still challenges with side effects, especially with many of the older drugs, which contain more toxicities to the liver, kidneys and cardiovascular system. Some medications can have side effects that include anemia, weakness, headaches, nausea, diarrhea, fever, coughing, trouble breathing, rash, painful swallowing, constant fatigue, numbness, irregular menstrual bleeding, nerve damage and changes in fat deposits in the body.

Setting up a regimen: Patients should work with their health care provider to decide when to start medication and which medications to use. Their providers will also help them follow their medication plan and manage any side effects. Clients should follow all of their health care providers' advice for treatment and self-care.

Drug treatments for HIV are not a cure; the best protection is still prevention.

WHAT IS ATR?

Effective Antiretroviral Treatment (ART) with virologic suppression improves and preserves immune function in most patients, regardless of baseline CD4 count. Earlier ART may result in better immunologic responses and clinical outcomes.

ART is strongly recommended for all patients with low CD4 count or symptoms. It can reduce risk of HIV transmission, and recommended ART combinations are effective and well tolerated.

Goals with ARV therapy are to improve patient's quality of life, maintain ARV adherence, avoid long-term toxicities and reduce risk of virologic failure.

ALTERNATIVE THERAPIES

Some people with HIV find acupuncture, homeopathic and other alternative therapies helpful. However, these have not been scientifically proven to work. Using them with conventional health care may be okay, but clients shouldn't rely on them alone. Clients should always consult with their health care provider before trying alternative therapies.

HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA)

HOPWA was created through the National Affordable Housing Act of 1990 and authorized by the AIDS Housing Opportunity Act of 1992. It's administered by the U.S. Department of Housing and Urban Development (HUD); and the Office of HIV/AIDS Housing (OHH) at HUD Headquarters (Office Community Planning and Development).

The State HOPWA Guidelines are written in conjunction with the federal regulations as authorized by the AIDS Housing Opportunity Act (AHOA) and amended by the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992).

AIDS DRUGS ASSISTANCE PROGRAM

The AIDS Drug Assistance Program (ADAP) helps individuals obtain their medications. New HIV drug treatments can help control symptoms and help patients stay healthier longer. Medication can also slow the spread of HIV, make the immune system stronger, and/or treat infections.

HEPATITIS TREATMENT

ADAP provides vaccines and medications for eligible clients co-infected with hepatitis. In order to qualify for hepatitis C treatment, clients must meet the ADAP program qualifications, have been diagnosed with hepatitis C, and have at least one valid prescription for a hepatitis medication on the ADAP formulary.

AIDS INSURANCE CONTINUATION PROGRAM (AICP)

AICP is a statewide program that makes direct payments (up to \$750/month) to each client's employer or insurance company for the continuation of medical, dental, mental health and optical coverage. AICP does not pay for disability or life insurance.

AICP-eligible clients include the following individuals:

- Those who are diagnosed with AIDS
- Those who are HIV positive and have symptoms
- Those who, because of their illness, are unable to maintain their private health insurance coverage.