PRIMARY CARE DEVELOPMENT CORPORATION

HIP In Health Care

HIV Care Management

How Primary Care Providers Can Help Patients With HIV

For those diagnosed with HIV in 2015, life expectancy is similar to someone who does not have the virus. The medical profession now considers HIV a chronic disease much like Type 2 diabetes. Adherence to a treatment regime, avoidance of risky behavior and careful health monitoring can extend life expectancy considerably, while neglect almost always leads to additional health problems and a reduction of life expectancy.

As with all chronic conditions, the primary care provider plays an important role in helping the patient with HIV manage their condition effectively. Primary care providers are the experts in chronic care management and are able to apply these skills and expertise to HIV treatment. Particularly when primary care providers are delivering care within a patient-centered medical home, patients with chronic conditions receive comprehensive services that address barriers to treatment and support their care management goals. When primary care providers incorporate HIV into their chronic care management services, people living with HIV/AIDS benefit.

Moreover, as people living with HIV/AIDS are living longer lives, primary care providers can ensure that their patients with HIV are receiving appropriate preventive care for the conditions that affect everyone as they age. "In many HIV practices now, 80 percent of patients with HIV infection have the virus under control and live long, full lives. Doctors need to tell their HIV-infected patients, 'Your HIV disease is controlled and we need to think about the rest of you.' As with primary care in general, it's

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about prevention." said Judith A. Aberg, MD, director of the Division of Infectious Diseases and Immunology at the New York University School of Medicine. Dr. Aberg is the lead author of recently updated guidelines from the HIV Medicine Association (HIVMA) of the Infectious Diseases Society of America (IDSA). These updated guidelines reflect the fact that people with HIV are now living normal life spans, and their physicians need to focus on preventive care, including screening for high cholesterol, diabetes and osteoporosis.

For primary care providers who are moving to integrate HIV treatment as part of their chronic care management, free training and technical assistance is now available, funded by the Centers for Disease Control and Prevention (CDC). Below are some suggested strategies and resources for primary care providers to consider as they provide HIV care management:

First HIV Care Appointment
Patients may feel overwhelmed when they first begin treatment for their HIV disease. During their first appointment, primary care providers should ask them questions about medical history, conduct a physical exam, and order various medical tests. The initial medical tests will give a better understanding of how the HIV virus is affecting the patient's immune system. Two of the most important tests will be a CD4 count and a viral load test. Some other tests include:
- Complete blood count
- Blood chemistry profile (including liver and kidney function tests)
- Urinalysis
- Tests for other sexually transmitted diseases (STDs)

• Tests for other infections, such as hepatitis, tuberculosis, or toxoplasmosis

Addresss Barriers to HIV Care

Presence of HIV can be a strong indication of other social or behavioral issues affecting the patient's health, which can also negatively impact the patient's treatment. Primary care providers should try to assess the patient's medical history and social circumstances to determine if other non-medical interventions are needed in conjunction with HIV treatment to keep the patient healthy. These could include:

• Housing
• Supportive care and in-home health care
• Behavioral health (including substance abuse)
• Public assistance
• Domestic violence assistance
• Medication management programs

Antiretroviral Treatment for HIV

Antiretroviral treatment (ART) refers to treatment with highly effective combinations of antiretroviral drugs to suppress HIV replication. Current federal HIV treatment guidelines recommend ART for all persons with HIV, regardless of CD4 cell count, to improve their health, prolong their lives, and reduce their risk of transmitting HIV to others.

There are currently six different "classes" of HIV drugs. Each class attacks the virus at different points in its life cycle. Patients will generally take three different antiretroviral drugs from two different classes. Evidence shows that taking three different HIV drugs does the best job of controlling the amount of virus in the body and protects against HIV drug resistance.

These antiretrovirals are often combined into one single pill with specific fixed doses of these medicines. This treatment regime is often the least disruptive to a patient's daily routine (though it may not be a viable option in the future if a patient becomes drug resistant).

Establishing and Maintaining Treatment Adherence

Treatment adherence for HIV is extremely important because it affects how well the patient's HIV medications decrease a patient's viral load. Adherence also helps to prevent drug resistance. When patients skip doses, their virus may become resistant to their current medication regimen—and possibly even to medications not yet taken. It could leave patients with fewer treatment options in future.

For these reasons, one of the best strategies for treatment adherence is to address potential barriers before a patient begins treatment. Having an honest conversation with a patient about what their HIV status means to them, including what it means to be on HIV medication can help providers understand how ready the patient is to stick with their treatment regimen. Making sure a support system is in place and addressing the patient's psychosocial and environmental needs, such as stable housing prior to beginning treatment will also increase chances for success.

When prescribing ART for patients, primary care providers can follow these steps to help their patients understand and adhere to their regimen:

• Provide a written copy of the treatment plan to the patient that lists each medication and describes how and when to take them.
• Work with the patient to establish a routine as they will need to take medication at the same time each day and keep it in the same place.
   o **Tip:** Encourage your patient to schedule taking medications around daily routines.
   o **Tip:** Mobile apps are now available that can track medications, dosage amounts and send reminders to patients to improve their adherence.
   o **Tip:** Patients often have more success when they use a pill organizer box.
• Consider suggesting a "dry run." Patients' can use candy or vitamins to practice a treatment regimen.
• Establish a procedure for refilling prescriptions.
• Explain all the possible side effects of each medication so patients know what to expect and how to manage any problems.
• Encourage the patient to discuss any challenges to adherence on an on-going basis and work with the patient to seek appropriate assistance for these issues.
• Schedule occasional treatment interruptions called "drug holidays." These holidays should only be decided upon in an agreement between HIV care providers and the patient.

Contact Us

To learn more about PCDC's HIP in Healthcare program and how to access free training and technical assistance for your healthcare organization, contact us at:

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