

Treatment Adherence Counseling Standards of Care

Definition:

The provision of counseling or special programs to ensure readiness for and adherence to complex HIV/AIDS treatment, provided by non-medical personnel outside of the Medical Case Management and clinical setting.

Limitations:

Funds cannot be used to duplicate treatment adherence counseling under Medical Case Management.

Services:

Treatment Adherence Counseling is the provision of services designed to help people living with HIV or AIDS make informed decisions about their treatment and when the decision is to take antiretroviral therapy (ART) to help them follow the prescribed treatment regimen. Because difficulty following an ART regimen can be tied to many life circumstances, addressing both medical and non-medical needs are key to adherence support. The objective is to provide treatment adherence counseling services to support clients as they self-manage their care through a plan of action that encourages and supports the client's compliance with treatment regimens. These standards apply to Treatment Adherence Counseling provided as a stand-alone service, outside the context of case management or outpatient/ambulatory care.

Agency/Personnel /Staff Training

Staff Qualification	Expected Practice
<p>Agency Policies and Procedures</p>	<p>The agency shall have policies/procedures for each of the following:</p> <ul style="list-style-type: none"> -Client rights and responsibilities, including confidentiality guidelines -Client grievance policies and procedures -Data collection procedures and forms, including data reporting -Guidelines for language accessibility -Collection of client satisfaction and methods to address <p>Program will establish Memorandums of Agreement/Understanding to facilitate collaboration with service providers to whom clients may be referred.</p>
<p>Staff Qualifications Staff should be knowledgeable and experienced regarding referral services and the HIV continuum of care (e.g. care and clinical resources).</p>	<p>Staff and volunteers who provide treatment adherence counseling shall possess the following:</p> <ul style="list-style-type: none"> -Knowledge about and experience working with underserved populations -Knowledge of and ability to effectively utilize interviewing, assessment and presentation skills, and techniques in working with a wide variety of people -Knowledge of community resources available to eligible persons so that appropriate effective referrals can be made -Knowledge of HIV risk behaviors -Skills and experience necessary to work with a variety of HIV/AIDS service providers, including case managers and interdisciplinary personnel, and consumers who are culturally and linguistically diverse. <p>Knowledge and skills will be documented in the staff personnel file.</p>
<p>Staff Education</p>	<p>Within the first three (3) months of hire, training for new staff and volunteers shall include but is not limited to:</p> <ul style="list-style-type: none"> -Specific HIV-related issues <ul style="list-style-type: none"> • Case Management 101 • Clinical training models on medications and adherence

	<ul style="list-style-type: none"> • Motivational Interviewing <p>-Continuum of care for HIV+ persons in the TGA, EMA, or HSDA, including linkage and retention in care</p> <p>-Staff has knowledge of local resources</p> <p>At least 12 hours of continuing education is required annually for staff to maintain current knowledge about advances in medical care, antiretroviral therapy, and treatment of PLWHA.</p> <p>Personnel records will reflect completion of training.</p>
Supervision	<p>All non-professional staff must be supervised by a degreed or licensed individual in the fields of health, social services, mental health, or possess equivalent experience.</p> <p>Supervisors must review a 10 percent sample of each staff member's client records each month for completeness, compliance with these standards, and quality and timeliness of service delivery.</p> <p>Each supervisor must maintain a file on each staff member supervised and hold supervisory sessions at least monthly. The file on the staff member must include, at a minimum:</p> <ul style="list-style-type: none"> -Date, time, and content of the supervisory sessions -Results of the supervisory review addressing, at a minimum of completeness and accuracy of records, compliance with standards and effectiveness of service.

Standards of Care

Standard	Measure
<p>Treatment Adherence Counseling Services According to HRSA National Monitoring Standards, develop and implement services to direct clients to needed services.</p>	<p>Regional administrator providing RW/State Services funding in the TGA/EMA/HDSA will: -Define the circumstances under which activities may take place to avoid duplication with treatment adherence counseling through Medical Case Management</p>
<p>Intake and Service Eligibility According to the HRSA HIV National Monitoring Standards, eligibility for services must be determined.</p>	<p>Agency will receive referrals from a broad range of HIV/AIDS service providers or by self-referral.</p> <p>Eligibility information will be obtained from the referral source and will include:</p> <ul style="list-style-type: none"> - Contact and identifying information (name, address, phone, birth date, etc.) -Language(s) spoken -Literacy level (client self-report) -Demographics -Emergency contact -Household members -Pertinent releases of information -Documentation of insurance status -Documentation of income (including a “zero income” statement) -Documentation of state residency -Documentation of proof of HIV positivity -Photo ID or two other forms of identification -Acknowledgement of client’s rights <p>Agencies should attempt to get all relevant eligibility information from the referral source or the client before providing services to client.</p> <p>Staff will conduct an intake within five (5) business days of initial contact with the client to determine eligibility for and need of health care or supportive service referral services.</p>
<p>Initial Assessment</p>	<p>Initial Assessment will be completed within ten (10) business days of referral for treatment adherence counseling and will include:</p> <ul style="list-style-type: none"> -Medical history and current health status -Understanding of HIV medications and the importance of adherence -Readiness to take medications -Medications included in their current

	<p>prescribed regimen, and the perceived complexity of this regimen</p> <ul style="list-style-type: none"> • Date prescribed • Dosages and frequency • Special circumstances (taken with food or on an empty stomach or before or after doses of other medications) <p>-Cultural beliefs -Strength of the patient-prescriber relationship -Recent success in adherence -Side effect concerns -Substance use issues -Mental health issues -Other barriers (limited income, housing instability, domestic violence, child care) -Client’s support systems -Need for treatment adherence services</p>
<p>Treatment Plan</p>	<p>Within 30 business days of the initial assessment, a detailed treatment plan will be developed and should include:</p> <ul style="list-style-type: none"> -Defined treatment goals/objectives with action steps delineating individual responsibilities -Treatment modality (individual or group) -Timeframe for treatment adherence counseling services to include quantity and frequency -Date for reassessment not to exceed 90 days -Recommendations for follow-up -Treatment education <ul style="list-style-type: none"> • Factual information including known side effects • Known drug interactions, including alcohol, illegal drugs, and nontraditional treatment • Importance of adherence • Known consequences in “drug holidays” • Potential for drug resistance -Side effect management <ul style="list-style-type: none"> • Possible adverse reactions • Dealing with the impact, including disfiguration • Involving providers and pharmacists to minimize side effects -Problem-solving barriers <ul style="list-style-type: none"> • Cultural • Housing • Domestic violence issues

	<ul style="list-style-type: none"> • Income • Substance use • Mental Health <p>-Reminder tools</p> <ul style="list-style-type: none"> • Use of pillboxes • Electronic reminder devices • Involvement of peers and family <p>-Motivational Interviewing in support of strengthening provider-client relationship</p> <p>-Strategies to expand and improve social support</p> <p>-Relapse prevention and management</p> <p>Treatment plan will be signed by the client and the treatment adherence counselor.</p> <p>Treatment plan should be reviewed at least every three (3) months.</p> <p>Client progress toward meeting goals/objectives will be documented in the client’s progress notes in the primary record.</p>
Referral	<p>Staff will refer client to other services as appropriate to assist in removing barriers to treatment adherence</p> <p>Referrals will be documented in the client primary record.</p> <p>Follow-up status on all referrals will be documented in the client primary record.</p>
Case Closure	<p>Case closure plan should be developed once goals/objectives have been met or client no longer wants the services, and should include:</p> <p>-Case Closure Summary</p> <ul style="list-style-type: none"> • Services • Summary of success or challenges at closure • Referrals made • Reason for termination • Summary of relapse prevention and management plan.

References

Colorado Department of Public Health and Environment HIV Care and Treatment Program Standards of Care. April 2012 located at:

https://www.colorado.gov/pacific/sites/default/files/DC_STI_HIVPrev_Standards-of-Care_0.pdf

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April 2013. p. 49-50.

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April, 2013. p. 48-49.

Virginia Department of Health, Division of Disease Prevention, Treatment Adherence Counseling Standards January 2015 located at:

<https://www.vdh.virginia.gov/epidemiology/DiseasePrevention/HCS/documents/2015/pdf/Treatment%20Adherence%20Counseling%20Standards.pdf>