



Empowering Patients to Collaboratively Address Treatment Resistance with their Care Team

January 7, 2021

- This session is part of a larger webinar series entitled Addressing HIV Treatment Resistance.
- **Please note** that CEUs and CMEs are **not** offered for this webinar.

Learning Objectives

- By the end of today's session, participants will be able to:
 - Describe strategies and tools to educate and empower people with HIV (PWH) and improve patient engagement with their care team
 - Describe strategies and tools to engage PWH with their care teams to address treatment adherence and resistance concerns
 - Utilize motivational interviewing strategies in conversations on HIV treatment adherence and resistance

Faculty



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Let's Kick ASS-AIDS
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Empowering Patients Building Relationships

Tez Anderson
37-year long HIV Long-Term Survivor
Founder, Let's Kick Ass-AIDS Survivor Syndrome

Your doctor works for you.

- They are only as good as the information you give them.
 - Bring notes. Use your phone app or a notebook to make notes between appointments.
 - It is easy to forget everything when you are in the office.
- Listen to your body.

Being a good partner in your care.

- Good providers welcome empowered patients.
- Patients can only be empowered by their health care provider through constant medical feedback, which allows for a smooth path towards self-responsibility.
- If you do not understand something, ask for more info.
- Ask a lot of questions.

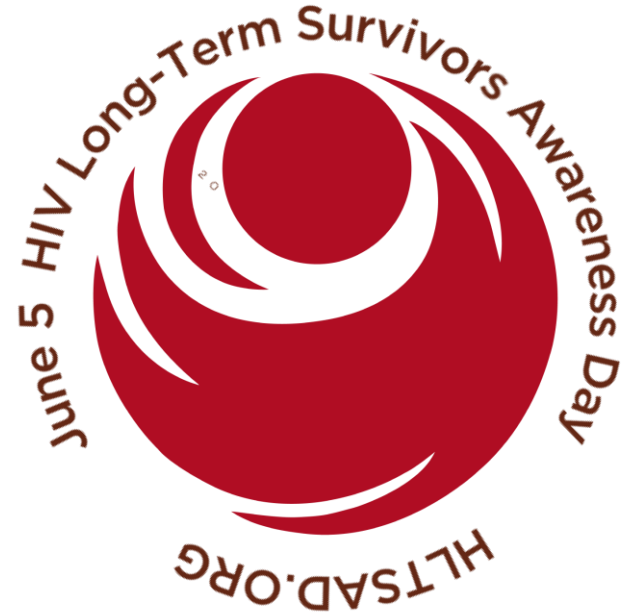
You know your body best and you have the right to make decisions, with your provider.

- You can make your own choices at the doctor's office.
- Have your voice heard. If you are not being heard, Speak Up. Be Persistent.
- Listen to your body. If what you feel is not being addressed, do not let anyone talk you out of getting care or treatment.
- Do not be dismissed! Be persistent until you feel you are heard.

U=U

An Undetectable Viral Load is the Goal.
UNDETECTABLE = UNTRANSMITTABLE

It is the key good health.
It stops the spread of HIV.
It is how we will end the epidemic.





Patient Engagement!

Why its important?

Michelle Lopez
Healthy Aging Specialist, GMHC

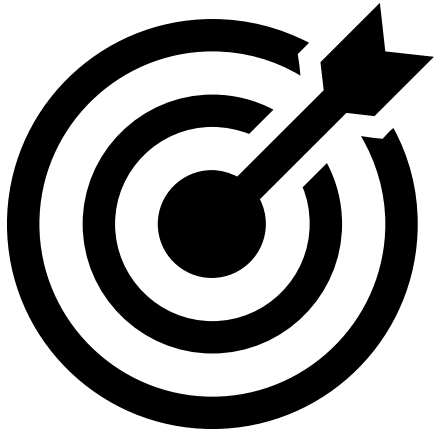
Patient Engagement !

- Meeting a person where they are at is the key to patient engagement.
- Patient-centered care must be the objective to having success with Patient engagement.

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You must be the driver of identifying your care and treatment needs.

- Informing any provider:
 - how we are feeling,
 - how we would like to receive our care and letting the provider know this is the method I would like for you to use when providing information to you
- Gives you the opportunity to define how you would like to be cared for and this is a team you are building as you thrive to get the best of care.



All healthcare providers do not have the capacity to read minds.



Improving Patient Engagement Strategies



Daniel D. Driffin, MPH
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**What's the toughest
conversation you've had with
your doctor/nurse?**

Inconsistent
condom use

Having children
as PLWH

Repeat sexually
transmitted
infections (STI)
exposures

Mental health
concerns

Changing or
starting new
medications

Initial Strategies

- Keep It Simple (Spongebob)
- Using simple, smaller, words increase understanding
- Verbal and non-verbal communication benefits from KISS method





Don't be afraid to
ask questions.

Initial Strategies

- Your time and questions are important
- Shows you are included in YOUR HEALTH CARE
- As understanding increase PLWH are more likely to take ARVS routinely

Initial Strategies

Create peer network:

- A network does not have to be fancy
- Call a friend, family member(s), get someone from the waiting room
- Numbers matter...



Something to watch...

- Telehealth/ Telecare:
 - Tablets, cell phones, laptops or other user to user platforms
- Homebased STI/HIV Testing:
 - Significant increase of 'boxed' options
- PLWH must request and demand for increase diversity, equity and inclusion





Motivational Interviewing: Helping Others with Change

Melissa A. Kelley, EdD, CHES
Senior Manager of Medical Education at HealthHIV

Motivational Interviewing Basics

- While the concepts of MI are easy to understand, making MI part of your vernacular takes time and practice
- MI has simple concepts that can be applied to conversations with clients, peers, or anyone considering a change
- Anyone can put MI to use, however, keeping the spirit of MI and adhering to the basic principles is key for success
- There are many great resources available for further MI study, keep adding to your toolbox!



Miller and Rollnick's Three Definitions of Motivational Interviewing (2013)

- **Layperson's definition:** Motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change.
- **Practitioner's definition:** Motivational interviewing is a person-centered counseling style for addressing the common problem of ambivalence about change.
- **Technical definition:** Motivational interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

Why Use MI?

Supportive

Assist someone
with thinking
through possibilities
and “what ifs”

Collaborative

Welcoming,
affirming, positive
interaction

Requires no
specialty training or
devices

Principles of Motivational Interviewing



Express empathy

Be respectful of where the person is at in terms of changing or modifying a behavior

“What you are saying is really important to me. Would you tell me a little bit more?”



Develop discrepancy

What are the person’s goals related to changing or modifying a behavior?

“As I am listening to you share concerns about making any changes, I’m wondering if you have thought about what strengths or characteristics you have that might help you reach your goal?”



Roll with Resistance

Recognize when someone is showing resistance; acknowledge their efforts

Confrontation or arguments set up future resistance

“It sounds like you’ve tried a few things in the past and you haven’t found them to be helpful.”



Support self-efficacy

Support and encourage the person’s belief in their ability to make change

“It sounds like you really thought about this, what do you think the first step would be?”

OARS

OARS is a tool used in motivational interviewing to help keep the conversation going in the right direction.

- Open Ended Questions
- Affirmations
- Reflective Listening
- Summarizing

Open Ended Questions

- Questions that require more than a one-word answer
- Questions that require to the speaker to think about their response
- Questions that ask the speaker to elaborate, add detail, or explain

Can you tell me more about that?

How did that make you feel?

If you were to make the change, what impact would that have on your day to day?

What would happen if you were to make that change?



Affirmations

- Compliments or statements of understanding or appreciation
- Acknowledgment of a person's strengths or effort
- Helps to build a rapport by validating a person's choices

“I appreciate that you were willing to speak with me today about your struggles with medication adherence.”

“I understand that this hasn't been an easy transition for you.”

“I noticed that you have tried a few different strategies in your efforts to manage your appointments.”

Reflective Listening



Listening is key



Rephrasing a statement to capture the speaker's feelings and implicit meaning



Can be used to magnify a person's desire to change



Can be helpful to explore a person's motivations



“What I hear you saying is that you are concerned that your partner will not support your choices. You want to better manage your health but you are not feeling supported and heard.”

Responses that are NOT Reflective Listening

- Ordering, directing, or commanding phrases
- Warning or threatening
- Providing the solutions
- Persuading, arguing, or lecturing
- Moralizing, preaching, or telling someone what they should do
- Disagreeing, judging, criticizing, or blaming
- Shaming, ridiculing, or labeling
- Interpreting or analyzing
- Reassuring, sympathizing, or consoling
- Questioning or probing

Summarizing

- Synthesizing several items said to close out the conversation
- Helps you move the conversation from the beginning through to closing.
- Summarizing can be:
 - A collective summary — “So let’s go over what we have talked about so far.”
 - A linking summary — A minute ago you said you wanted to talk to your partner about ways that they can be helpful to you, do you want to talk any more about that?”
 - A transitional summary — “So you’ve just described your plan. We’re always here to help in any way. What other questions do you have before you leave today?”



measures how willing a person is to take an action



measures how confident a person is in his / her ability to perform or take the action



measures how ready the person is to take the action

A way to visually demonstrate where a person may be in terms of their willingness, confidence, and readiness to make a change or to do a specific action.

This can be helpful for both the person looking to make the change and to you as the member of the care team or as a peer/friend.

References

- Miller, W.R. & Rollnick, S. (2013). *Motivational interviewing: Helping people change (Applications of motivational interviewing)*, 3rd edition. New York: Guilford Press.
- Rollnick, S., Miller, W.R., & Butler, C.C. (2008). *Motivational interviewing in Health Care: Helping Patients Change Behavior*. New York: Guilford Press.

Q & A

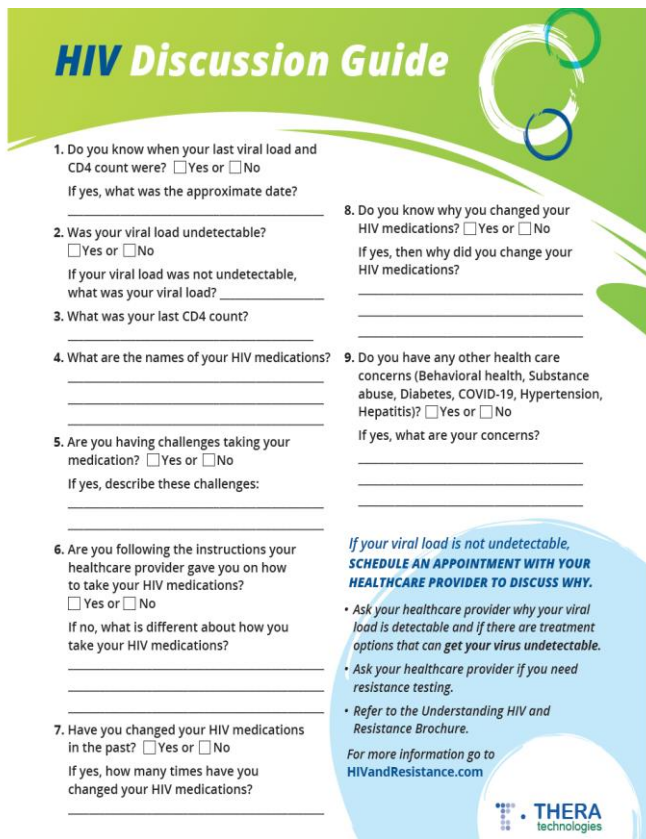
Understanding HIV and Resistance: A Practical Guide to What HIV Resistance Means to You



- What happens if HIV is not well controlled?
- Why do my HIV medications change?
- What is HIV resistance?
- Questions to ask your doctor.

HIVandResistance.com

HIV Discussion Guide

The form is titled "HIV Discussion Guide" in a green header. It contains nine numbered questions about HIV treatment and resistance. Questions 1-6 are on the left, and 7-9 are on the right. Each question has checkboxes for "Yes" or "No" and a space for additional information. At the bottom, there is a blue box with text about scheduling an appointment and a logo for THERA technologies.

HIV Discussion Guide

1. Do you know when your last viral load and CD4 count were? ☐ Yes or ☐ No
If yes, what was the approximate date? _____

2. Was your viral load undetectable? ☐ Yes or ☐ No
If your viral load was not undetectable, what was your viral load? _____

3. What was your last CD4 count? _____

4. What are the names of your HIV medications? _____

5. Are you having challenges taking your medication? ☐ Yes or ☐ No
If yes, describe these challenges: _____

6. Are you following the instructions your healthcare provider gave you on how to take your HIV medications? ☐ Yes or ☐ No
If no, what is different about how you take your HIV medications? _____

7. Have you changed your HIV medications in the past? ☐ Yes or ☐ No
If yes, how many times have you changed your HIV medications? _____

8. Do you know why you changed your HIV medications? ☐ Yes or ☐ No
If yes, then why did you change your HIV medications? _____

9. Do you have any other health care concerns (Behavioral health, Substance abuse, Diabetes, COVID-19, Hypertension, Hepatitis)? ☐ Yes or ☐ No
If yes, what are your concerns? _____

If your viral load is not undetectable, SCHEDULE AN APPOINTMENT WITH YOUR HEALTHCARE PROVIDER TO DISCUSS WHY.

- Ask your healthcare provider why your viral load is detectable and if there are treatment options that can get your virus undetectable.
- Ask your healthcare provider if you need resistance testing.
- Refer to the Understanding HIV and Resistance Brochure.

For more information go to HIVandResistance.com

THERA technologies

Find out if your virus is at risk of becoming resistant to your medication.

Fill out and download this discussion guide to help you talk to your provider.

www.HIVandResistance.com

HealthHIV Consumer Guide

CONSUMER GUIDE TO

IMPROVING HIV CARE COORDINATION AND PROMOTING RESILIENCE



COVID-19 AND CONTINUING HIV CARE

During the COVID-19 pandemic, it is important that people with HIV continue their treatment.¹ Click here for information on staying connected to care:
<https://aidsinfo.nih.gov/guidelines/html/8/covid-19-and-persons-with-hiv-interim-guidance-/554/interim-guidance-for-covid-19-and-persons-with-hiv>

HIV Clinical Considerations



- People with HIV who have a detectable viral load may be at greater risk for serious illness due to COVID-19, so it is essential to continue care such as antiretroviral therapy (ART) medication.^{1,2}
 - People with HIV who become hospitalized should continue their ART during hospitalization. Take all antiretroviral (ARV) medications with you to the hospital, as many ARVs may not be available through the hospital's in-patient pharmacy.
 - People with HIV on an ART regimen that includes Islatravir (Itravir) IV infusions every 2 weeks should contact their providers or THERA patient support* for assistance 1-833-23-THERA (1-833-238-4372) to plan for continued treatment without interruption.¹
 - People with HIV at greater risk for serious illness due to COVID-19 are also those who:
 - have other chronic conditions, such as cancer, diabetes, obesity, or respiratory conditions
 - are age 65+ years
 - are in a nursing home³
 - For those with more than one medical condition, it is important to coordinate care.^{1,2}
 - Some doctor's appointments, clinic visits, or lab tests may be postponed, particularly for those with well-controlled HIV.¹
 - Those with poorly controlled HIV can benefit from continuing or resuming care.
 - People with HIV who stopped ART medication can benefit by starting again.
 - It's important to keep at least a 30-day supply of medication on hand, and if possible, a 90-day supply.^{1,2}
 - No HIV medications (ART) are proven to prevent or treat COVID-19, therefore, it's not necessary to switch medications.^{1,2}
 - COVID-19 treatment and vaccine research studies are underway, and people with HIV may want to enroll.
- More information is available here: <https://clinicaltrials.gov/>



1. <https://aidsinfo.nih.gov/guidelines/html/8/covid-19-and-persons-with-hiv-interim-guidance-/554/interim-guidance-for-covid-19-and-persons-with-hiv>
2. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/hiv.html#7CDD_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fhiv.html
3. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>



CONSUMER GUIDE TO

IMPROVING HIV CARE COORDINATION AND PROMOTING RESILIENCE

- HIV Clinical Considerations
- Telehealth
- AIDS Service Organizations and Community-Based Organizations
- Housing and Access to Healthcare
- Self-Care and Healthy Outlook: Aging People and People of Color
- Faith-Based Approaches for Social Connection

Download from:

<https://tinyurl.com/yxlbry7>

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www.Theratech.com

For More Information & Technical Assistance



www.HealthHIV.org



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www.HealthLGBT.org



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