Inter-professional HIV Education for HIV Professionals Focused on the Four Cs:

CULTURE, CARE, COMMUNICATION, AND COLLABORATION

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Disclosure of Financial Relationships

This speaker has no significant financial relationships with commercial entities to disclose.

This slide set has been peer-reviewed to ensure that there are no conflicts of interest represented in the presentation.

Communication:
Session Specific Learning Objectives

By participating in today's program attendees will be able to

1. Discuss how interprofessional healthcare teams can assist patients who experience stigma, aggression, anger, depression, anxiety and other difficult emotions related to living with HIV to remain in care.
2. Explain how the team approach to care benefits patients living with HIV in our communities.
3. Explain what "share the care" means and list ways to implement interprofessional HIV care into a healthcare setting.
4. Describe "huddles" and how huddles can improve health outcomes for patents living with HIV.

The 4 C's & Person-Centered Care

CULTURE

CARE

COMMUNICATION

COLLABORATION

Collaborating with Patients and Healthcare Team Members

Components of Interprofessional Team Care

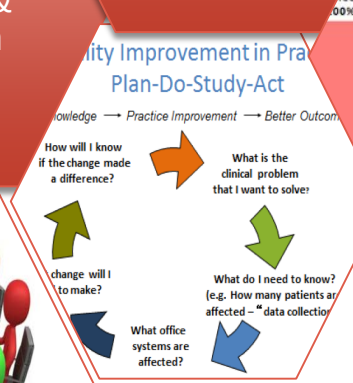
Principles of Interprofessional Team Care

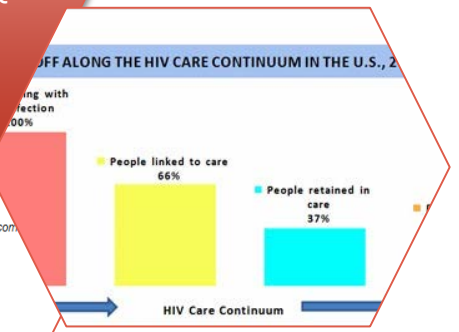
Shared Patient-Centered Problem Solving

Team Development Roles & Practices

Patient Health Outcomes & Satisfaction

Community Health Outcomes & HIV Care Continuum





D. Cestaro-Seifer (2015)

Is your clinic/practice in a rural or urban setting?

- a. Rural
- b. Urban

What type of care does your clinic/practice provide?

a. Primary care with HIV care integrated into primary care visits

a. Primary care that focuses on chronic diseases, including HIV

a. HIV specialty care (without primary care)

a. HIV specialty care with primary care integrated into visits

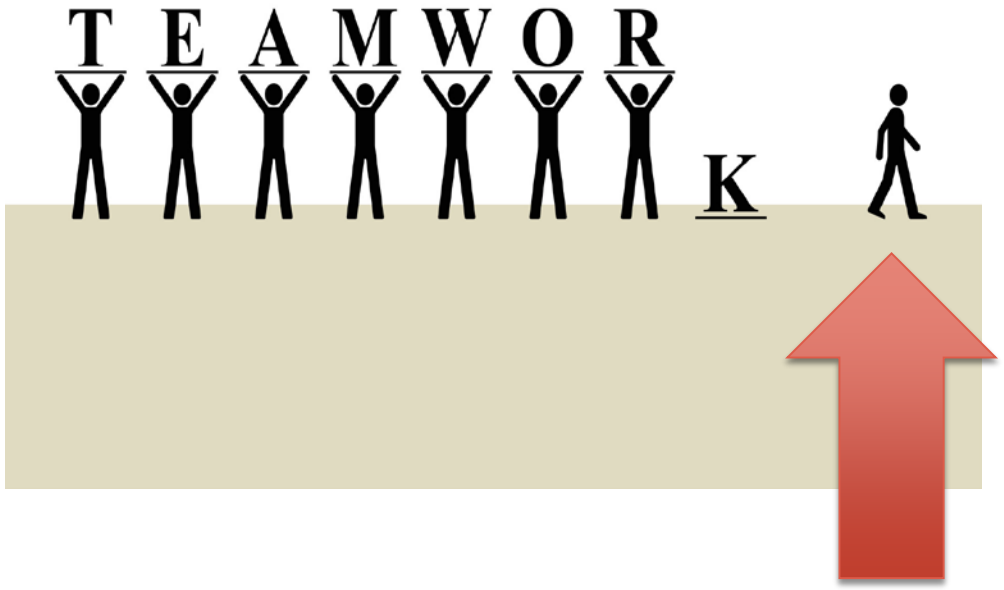
b. Other

What additional care options does your clinic/practice offer "in-house?"

Choose the most "accurate" answer below:

a. Primary care or HIV specialty care (stand alone)
b. Mental health services provided with primary care (integrated)
c. Dental services provided with primary care (integrated)
d. Case management provided with primary care (integrated)
e. Mental health and dental care provided with primary care (integrated)
f. Mental health, dental care and case management are all provided with primary care (integrated)
g. Other

Patient Engagement and Team-based Healthcare



Patient's as Partners

"Instead of treating patients as passive recipients of care, they must be viewed as partners in the business of healing, players in the promotion of health, managers of healthcare resources, and experts on their own circumstances, needs, preferences and capabilities."

Coulter (2011)

Coulter A. (2012) Patient engagement—what works? J Ambul Care Manage 2012, 35(2):80–89. doi: 10.1097/JAC.0b013e318249e0fd [PubMed]

Pomey, M.-P., Ghadiri, D. P., Karazivan, P., Fernandez, N., & Clavel, N. (2015). Patients as Partners: A Qualitative Study of Patients' Engagement in Their Health Care. PLoS ONE, 10(4), e0122499. http://doi.org/10.1371/journal.pone.0122499

Person-Centered Team Care

- **Patient is a member of the healthcare team**
- Integrated primary, HIV (including all chronic diseases) and behavioral health care
- Patients see their primary care provider and practice care team and are prioritized on the appointment schedule

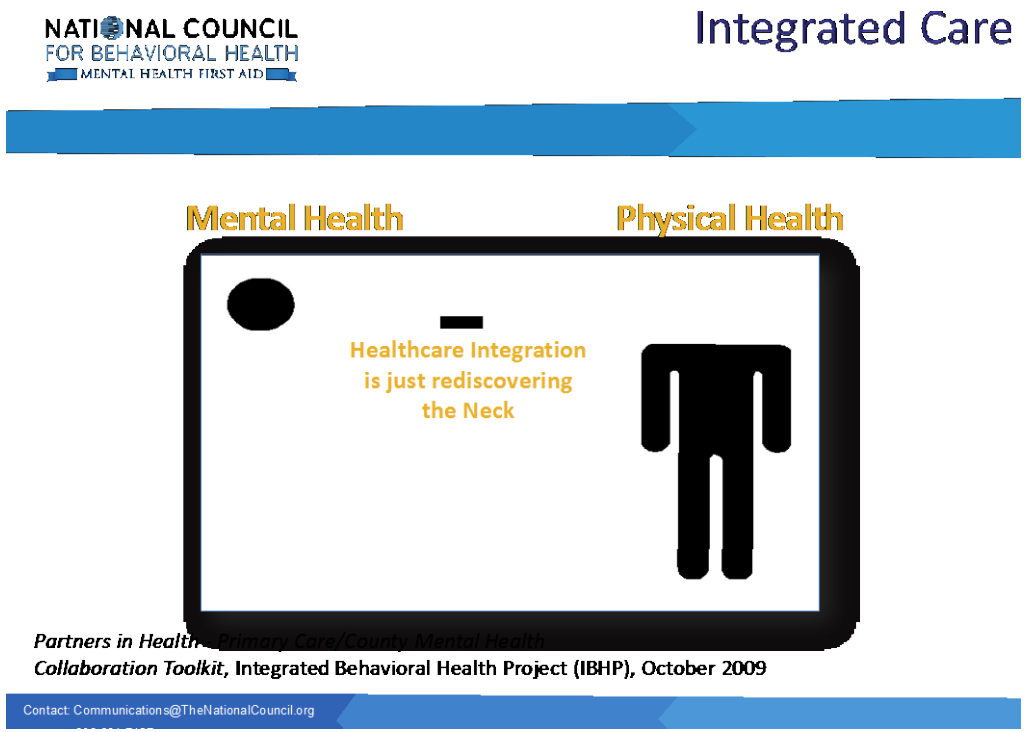
Chronicle / Mark Costantini

Person-Centered Team Care

- Patient care clinic visits are organized to address both acute and planned care needs
- Protocols/alerts exist for when a patient comes to clinic and is overdue for screenings/assessments
- Individualized Healthcare Plan updated at each visit

Proactive “Whole Person” Health Management

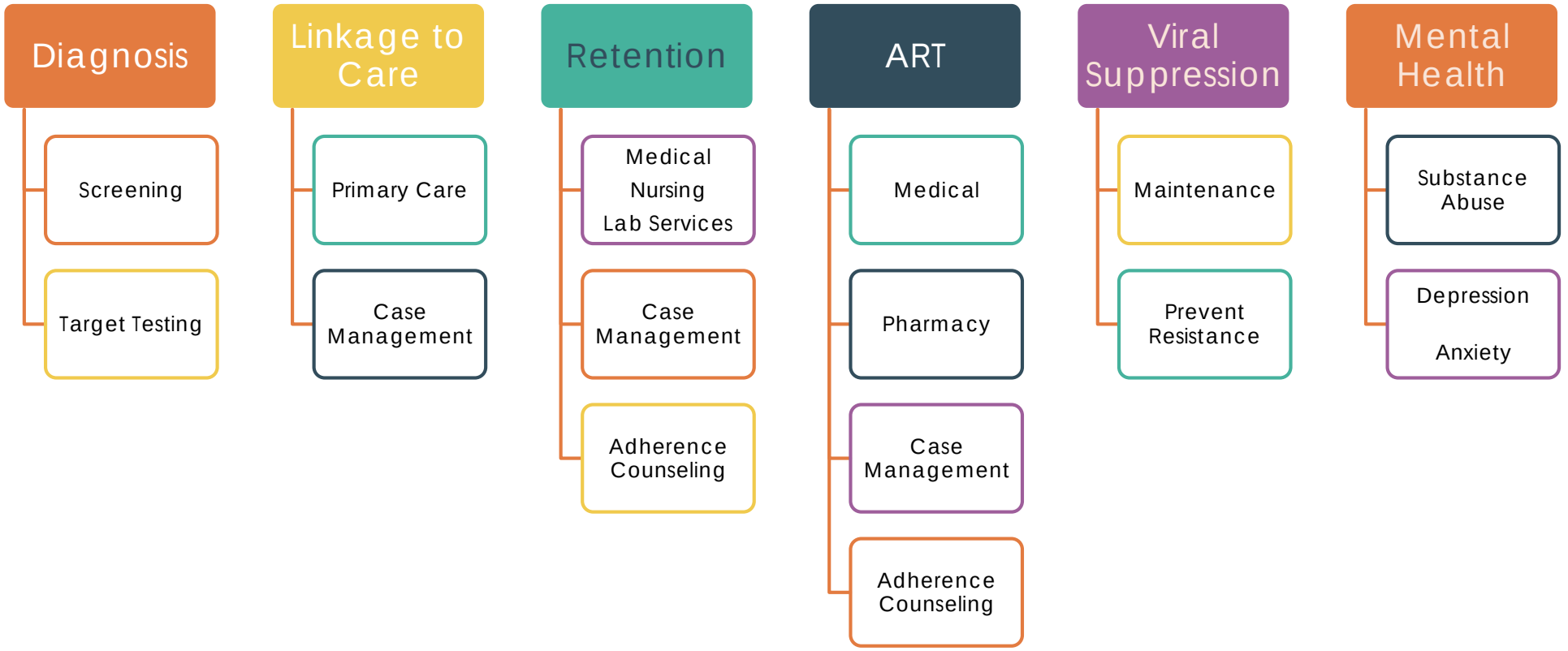
- Chronic disease
- Wellness
- Integrated & “whole person” care
- Linkage & engagement to needed care



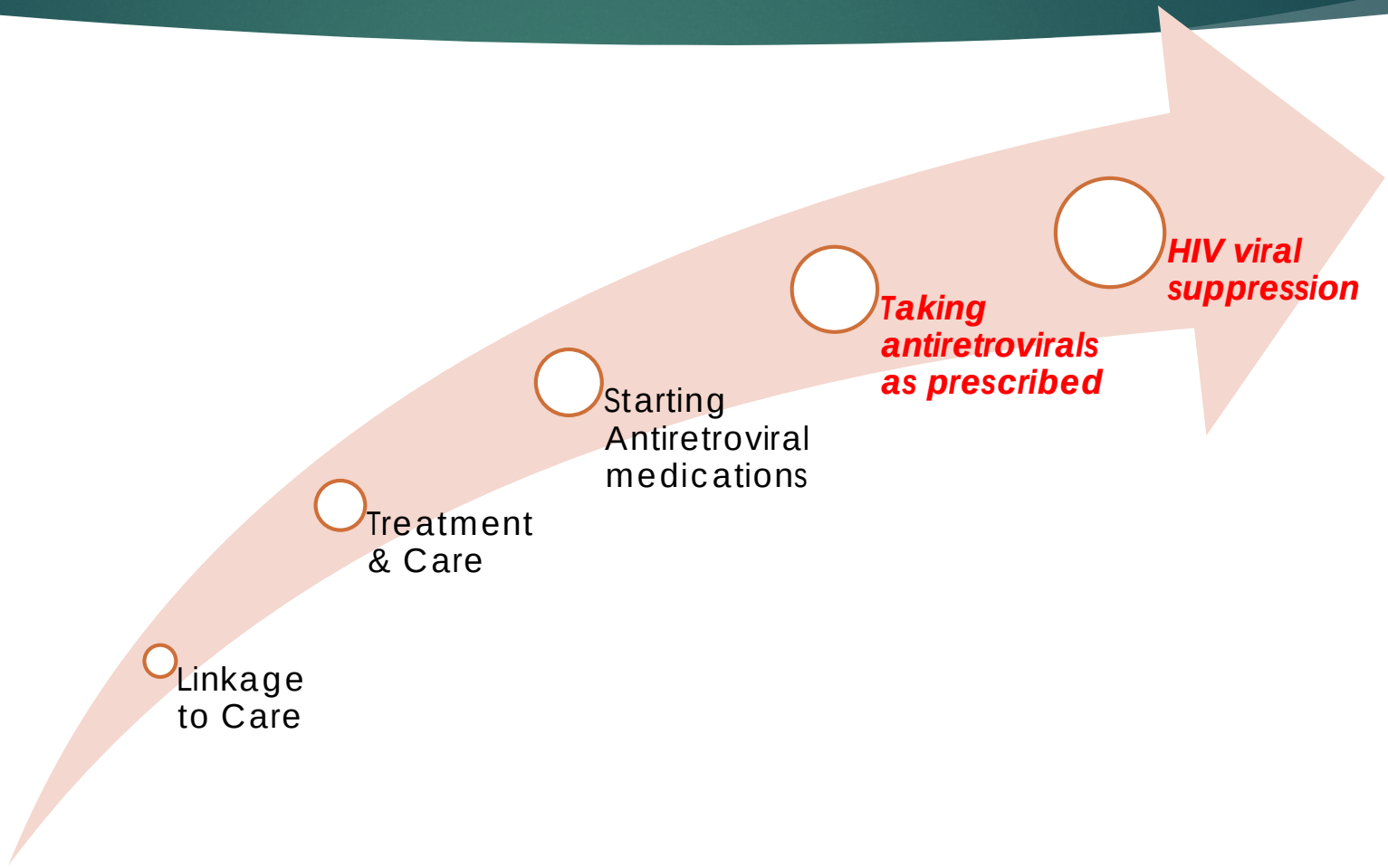
Principles of Interprofessional Team Care

- Person centered model of care versus disease centered model of care
- Strong commitment to team communication (includes patient), shared expertise and shared accountability
- Shared accountability with other professions, patients and communities for outcomes relevant to HIV prevention and integrated healthcare
- Includes process improvement strategies to increase effectiveness of teamwork and team-based care

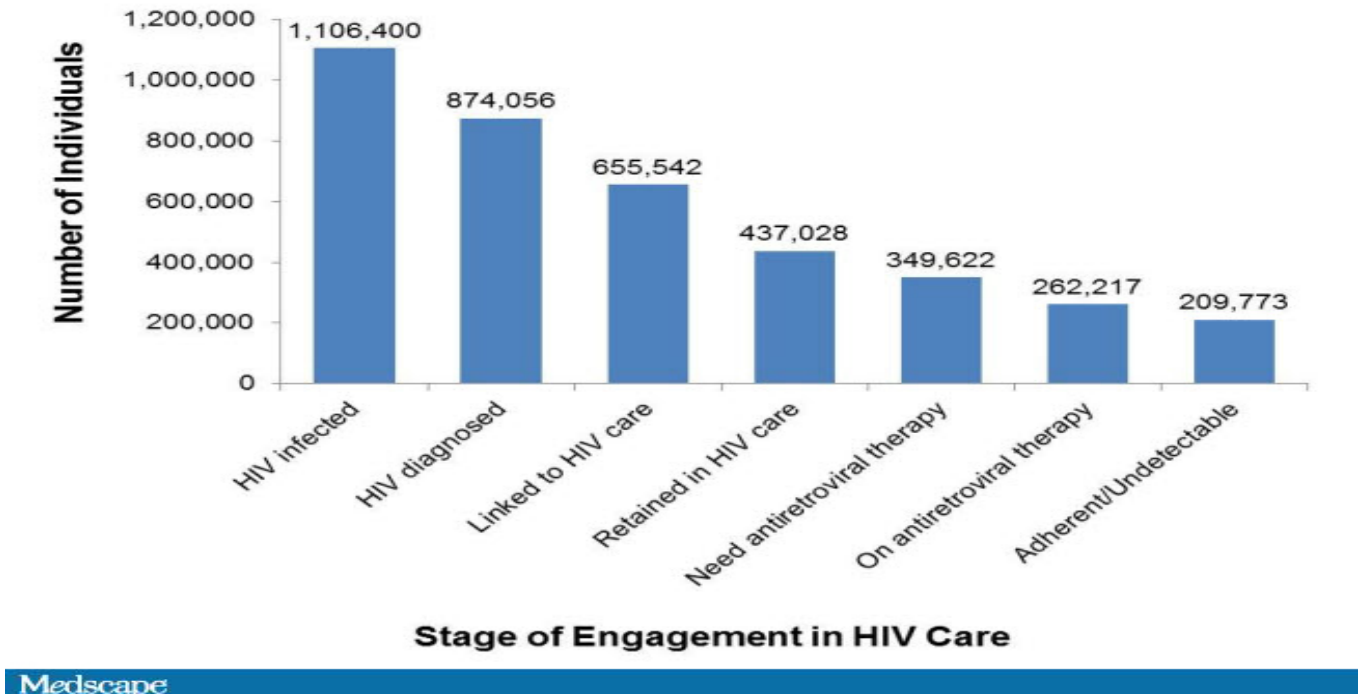
HIV Care Continuum



HIV Continuum of Care Goal: Viral Suppression & Quality of Life

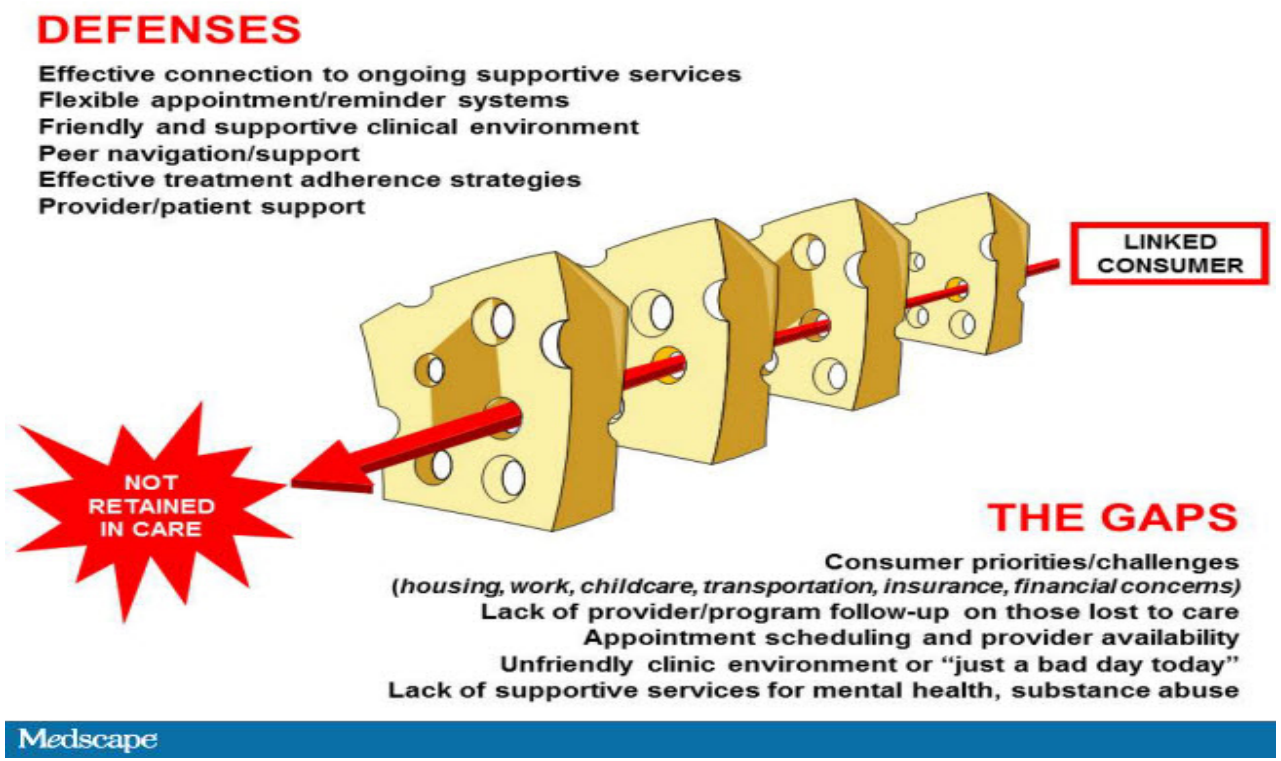


Retention in HIV Care 2011



Gardner EM, McLees MP, Steiner JF, Del Rio C, Burman WJ. (2011) The spectrum of engagement in HIV care and its relevance to test-and-treat strategies for prevention of HIV infection. Clin Infect Dis.;52:793-800. Abstract

Retention in HIV Care 2012

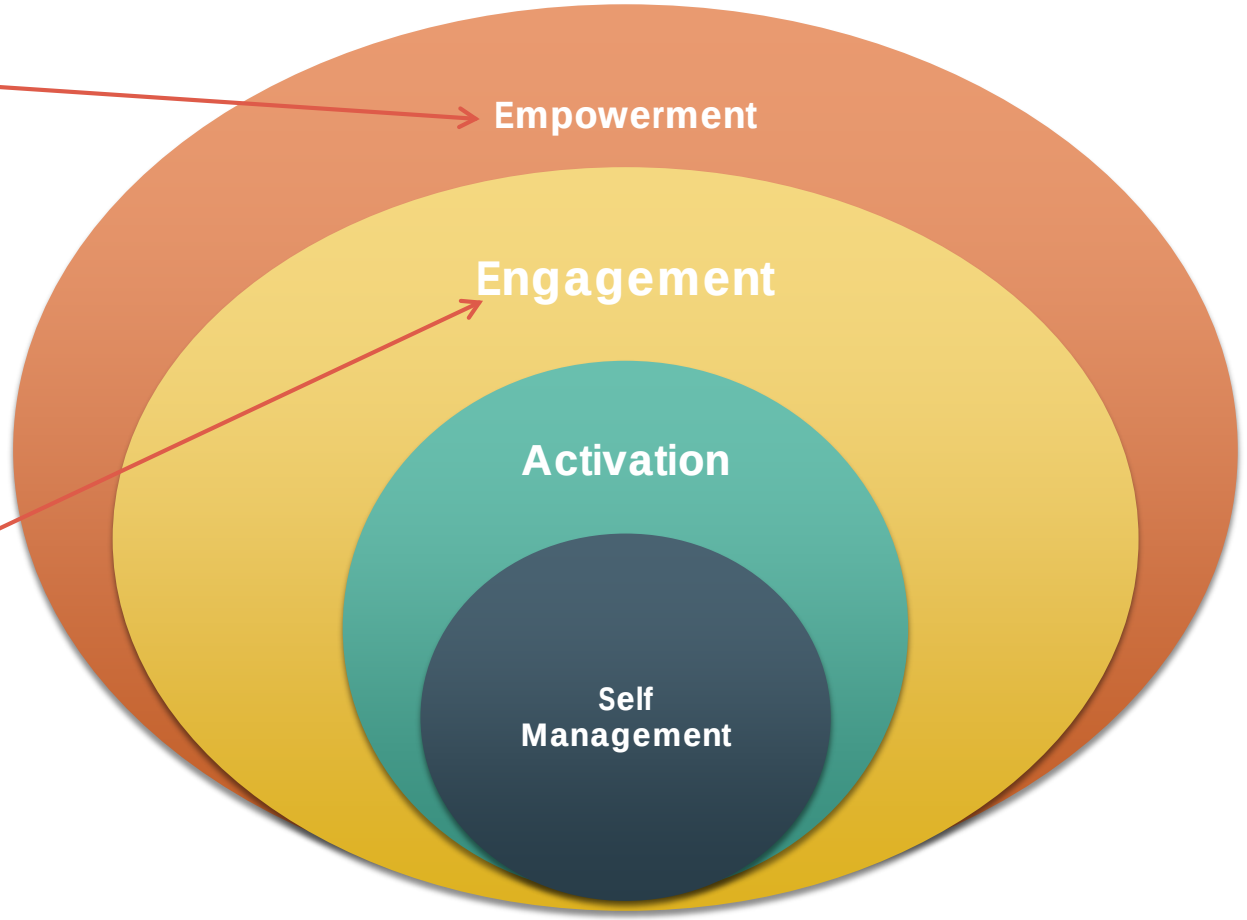


Downs, B. (2012) How can we improve rates of retention in HIV care?. *Medscape*: *www.medscape.com/viewarticle/768637*

Patient Empowerment & Engagement in Care

"A process through which people gain control over decisions and actions affecting their health."
(WHO, 1998)

"Actions individuals must take to obtain the greatest benefit from the healthcare services available to them."
(AHRQ, 2010)

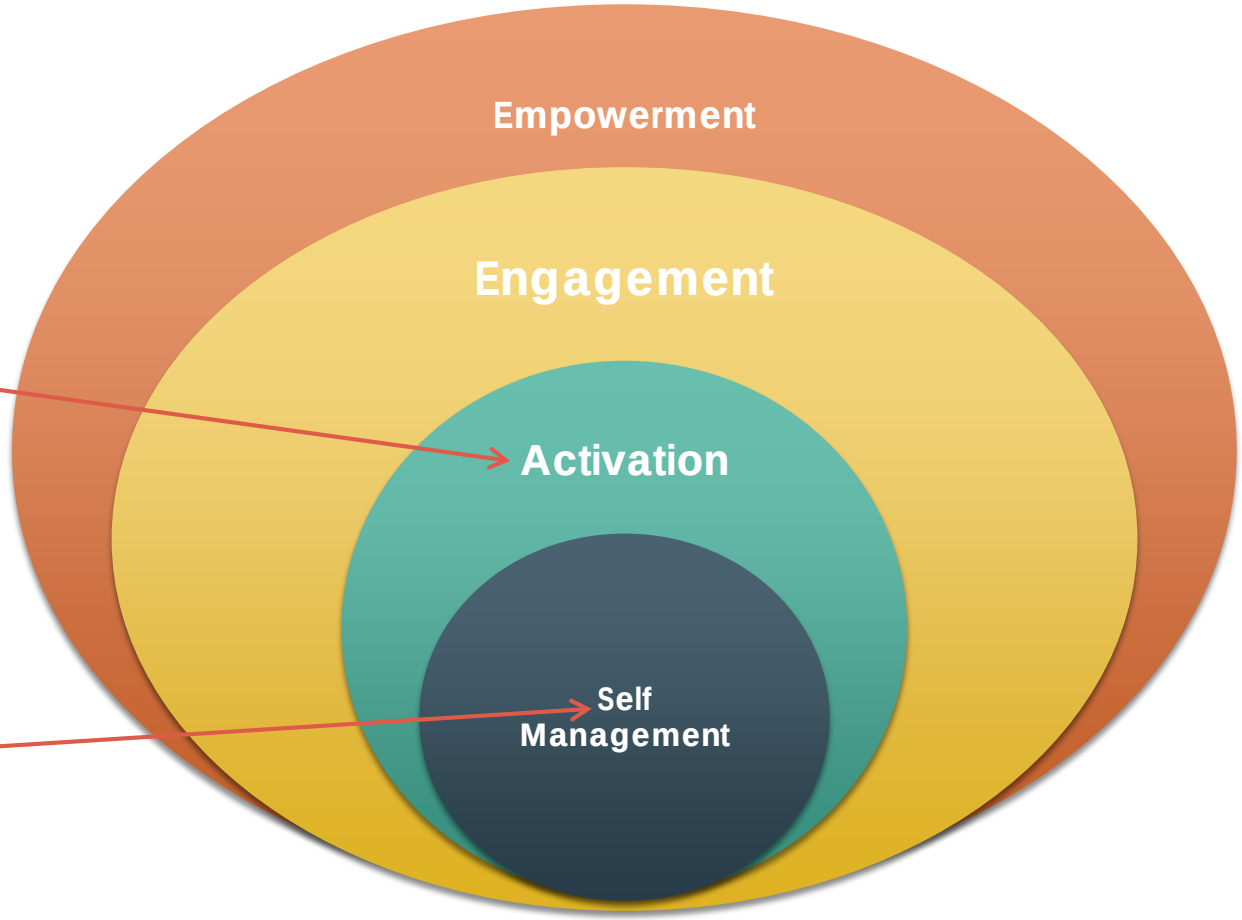


Activation and Self-management

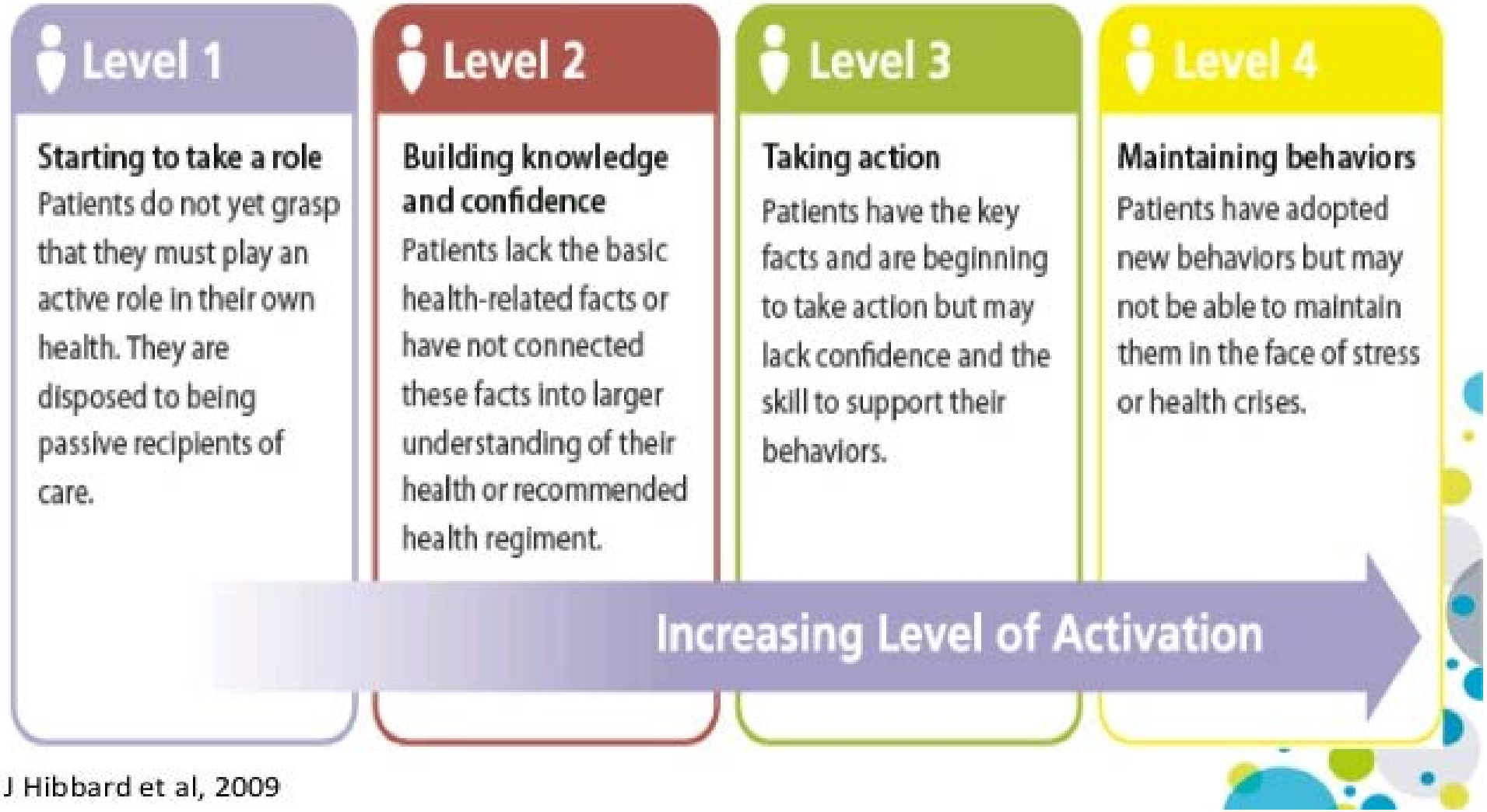
"An individual's knowledge, skill and confidence for managing their health/healthcare." (Hibbard, 2004)

"Tasks individuals must undertake to live well with illness & includes having the confidence to deal with medical, role and emotional management of illness."

(IOM, 2003)



What is patient activation?



J Hibbard et al, 2009

Patient Activation: Knowledge, Skill & Confidence

Figure 1: 13-Question Patient Activation Measure

Level 1	When all is said and done, I am the person who is responsible for taking care of my health
	Taking an active role in my own health care is the most important thing that affects my health
Level 2	I am confident I can help prevent or reduce problems associated with my health
	I know what each of my prescribed medications do
	I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.
	I am confident that I can tell a doctor concerns I have even when he or she does not ask.
	I am confident that I can follow through on medical treatments I may need to do at home
	I understand my health problems and what causes them.
Level 3	I know what treatments are available for my health problems
	I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising
	I know how to prevent problems with my health
Level 4	I am confident I can figure out solutions when new problems arise with my health.
	I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.

Source: University of Oregon, 2010.

Healthcare Teams are in the Business of Empowering Patients

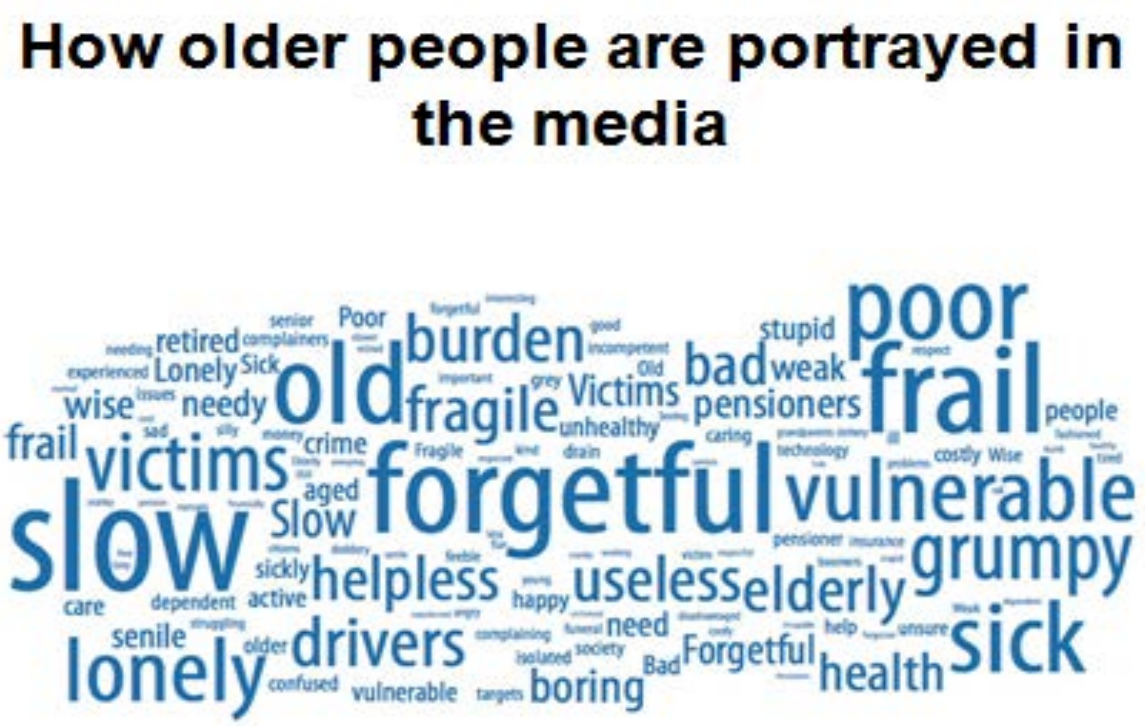
EMPOWERED PATIENTS

PLAY AN ACTIVE ROLE

IN THEIR OWN TREATMENT

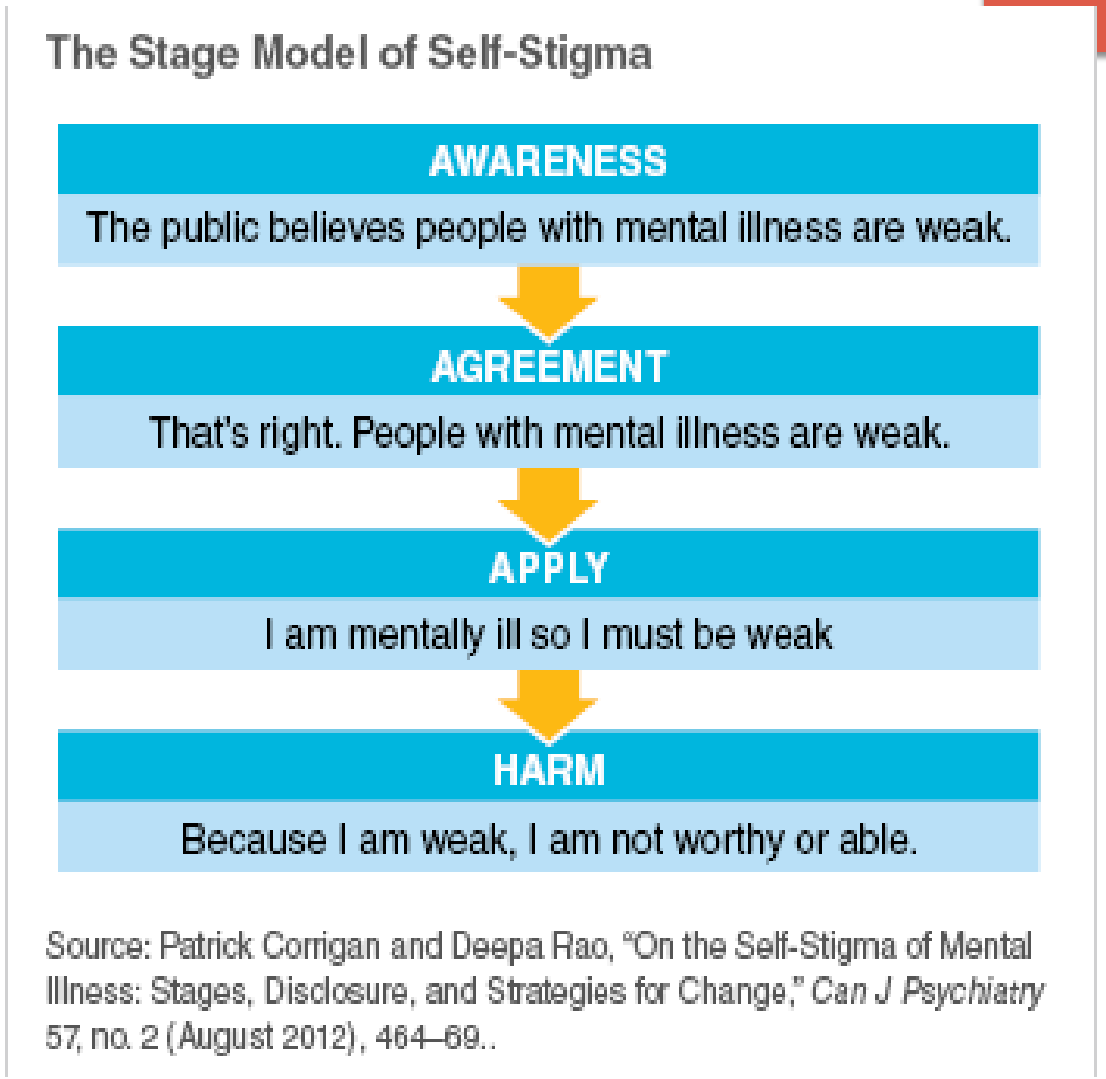
Barriers to Patient Activation, Engagement & Retention in HIV Care

How do we think about various groups of patients?



Corrigan, P. W., & Rao, D. (2012). On the Self-Stigma of Mental Illness: Stages, Disclosure, and Strategies for Change. Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie, 57(8), 464–469.

STAGE MODEL OF SELF-STIGMA



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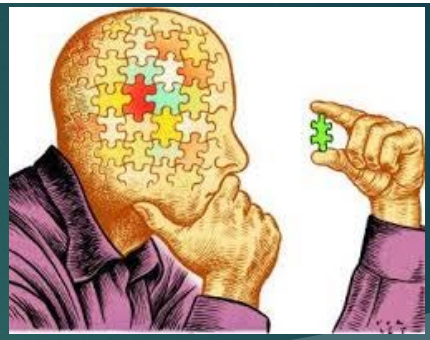
Coping with Shame/Inferiority

- Compensation: Making up for the deficits
- Concealment: Hiding the “real self” from view
- Aggression: Threaten other to “never notice”
- Avoidance: Avoid situation/encounters where shame affects may occur
- Projection: Others see me as I see myself; shame others (“you are worthless”)
- Dissociation: Acting without feeling, separating
- Numbing: Substance misuse

One Potential Outcome of Chronic Disease

Unplugged and Out of Care

Critical Thinking



- Critical thinkers are active learners and they analyze information as opposed to being a passive recipient of information
- Critical thinkers are aware of themselves, their strengths, preferences and biases, and weaknesses
- The most important element of critical thinking is foresight; looking ahead to see how an action/behavior will impact a patient, family or a community/organization

http://www.skillsyouneed.com/learn/critical-thinking.html

Education is a Core Competency of Team-based Care

NCSD
National Coalition of STD Directors
Preventing Sexual Health Through STD Prevention

NASTAD
National Alliance of State & Territorial AIDS Directors

patients in developing greater knowledge of their sexual health needs.

Black and Latino MSM-Centered Care

Recent data underscores the need to do more to eliminate adverse sexual health outcomes among MSM – and particularly among MSM of color. In the report "Estimated HIV Incidence in the United States, 2006-2009," researchers found that between 2006 and 2009 there was a 48 percent increase in new HIV infections (an increase of 12.2 percent annually) in young (ages 13-29) Black MSM.

In addition, recent HIV and STD incidence data from 27 states reported an increase in syphilis rates among Black and Latino MSM, which were up to eight times that of white MSM. The data highlight the need to address the role stigma plays in impeding patient-centered care for Black and Latino MSM.

Break through Stigma

A provider may be better able to deliver culturally appropriate care when he or she understands how racial bias and same-sex sexuality stigma may be associated with STD and HIV infection and act as barriers to appropriate diagnostic and treatment services for Black and Latino MSM. For instance, studies suggest that racial bias and same-sex stigma (or homophobia) impair the relationship between providers and MSM patients.

Some physicians' "negative perceptions of African-Americans influence their expectations of these patients

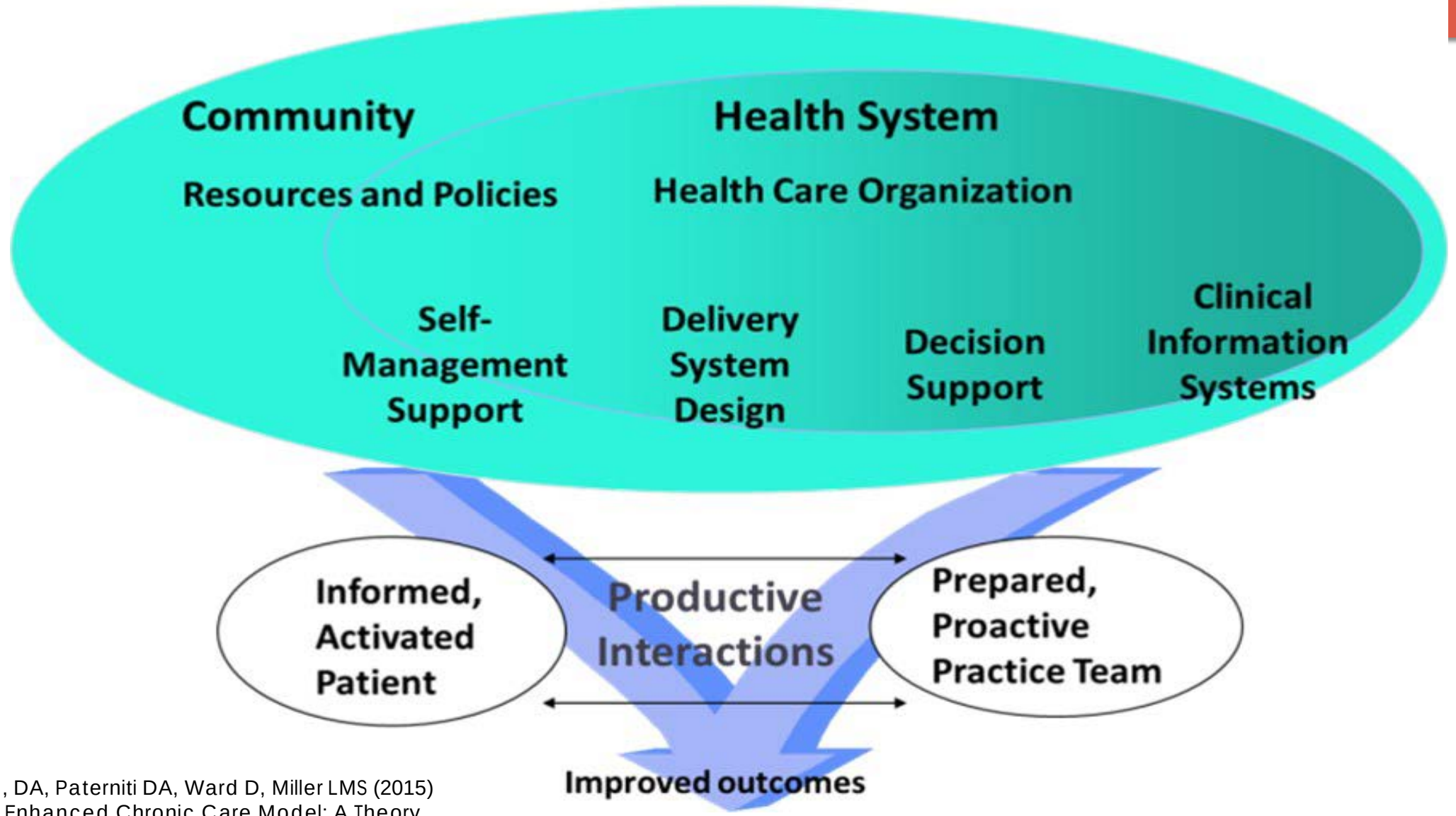
context, discussing STDs, such as Syphilis, Gonorrhea, viral hepatitis and HIV/AIDS with an MSM patient can be difficult but necessary.

In fact, discomfort with the discussion of sexual history may exist for both the provider and the MSM patient. Some physicians identify stigma-related barriers as the reason for not recommending HIV testing, such as the concern that a recommendation to test would be perceived as accusatory or judgmental by their patients.[3]

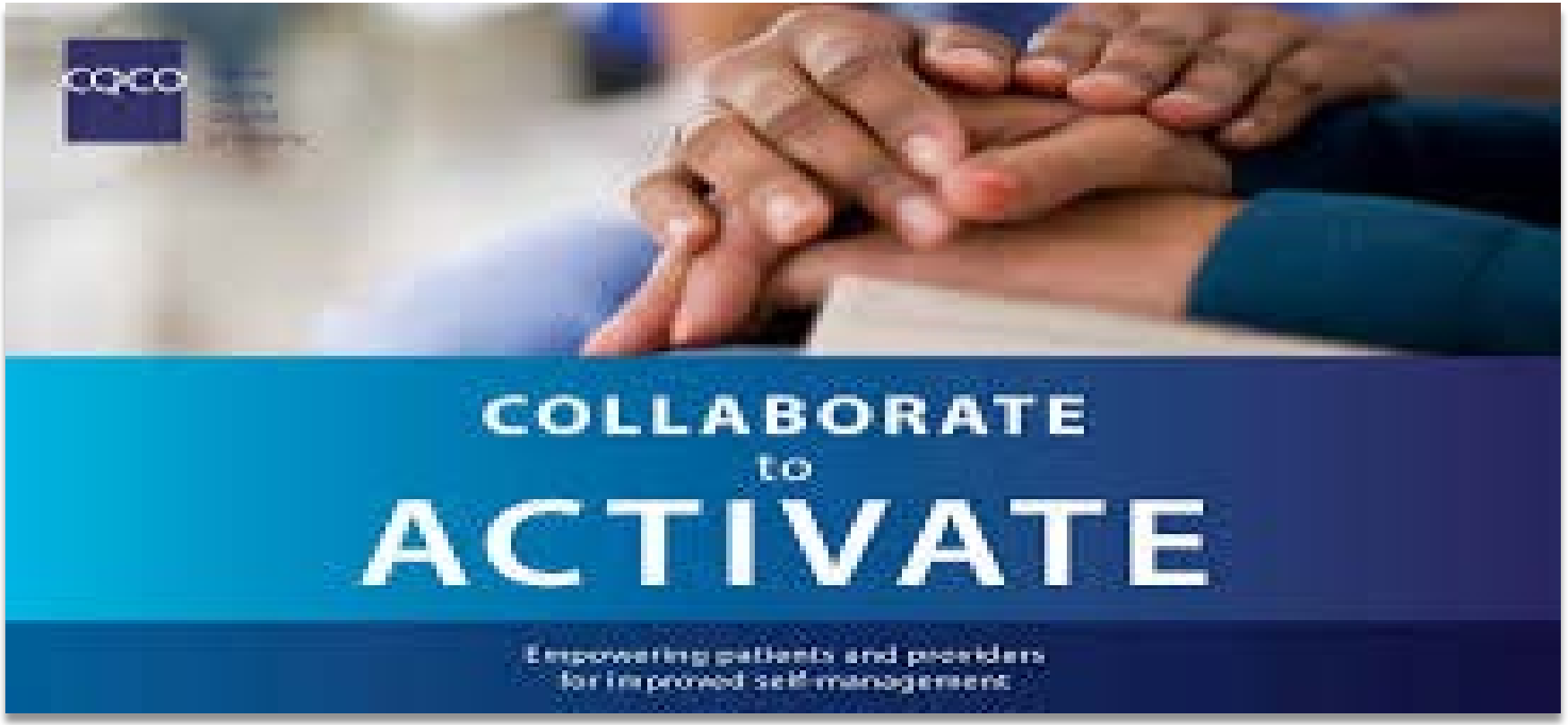
To Remove Stigma from the Conversation

- Emphasize that you ask every patient the same questions
- Assure patient of confidentiality
- Make NO assumptions about sexual practices or identities

Chronic Care Model

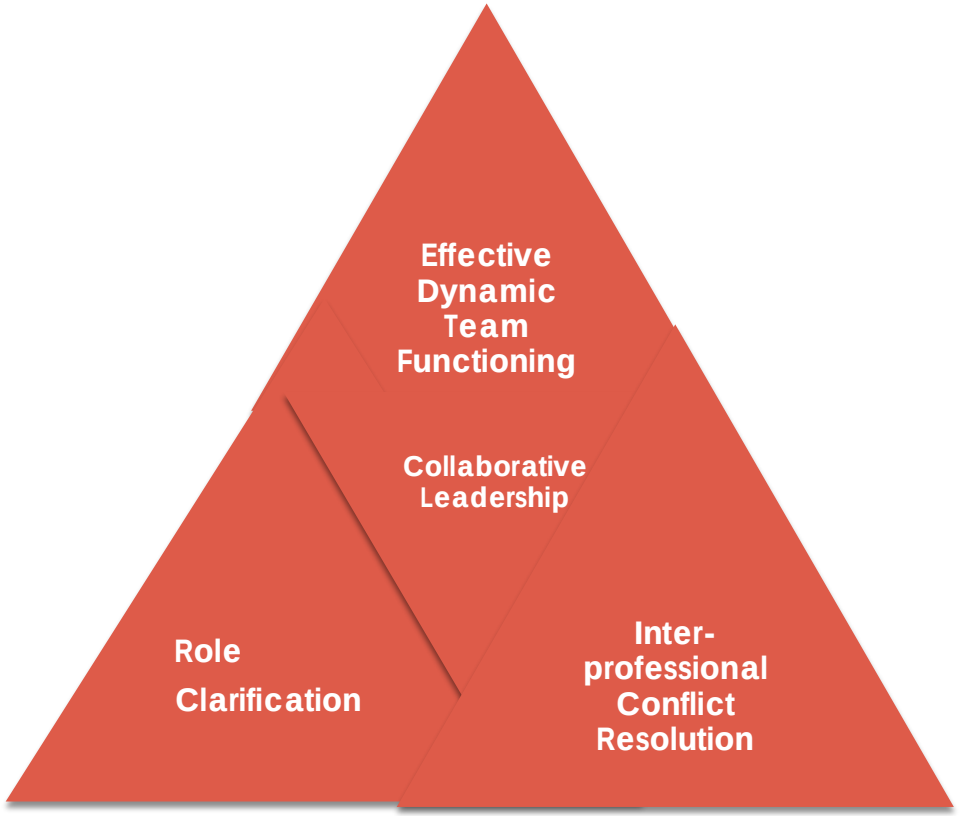


Greenwood, DA, Paterniti DA, Ward D, Miller LMS (2015) The eHealth Enhanced Chronic Care Model: A Theory Derivation Approach, *J Med Internet Res,*17(4):e86, URL: http://www.jmir.org/2015/4/e86



Improve Care Through Teamwork
Moving from Roles & Responsibilities to
Sharing the Care

Goal: Effective Team Collaboration

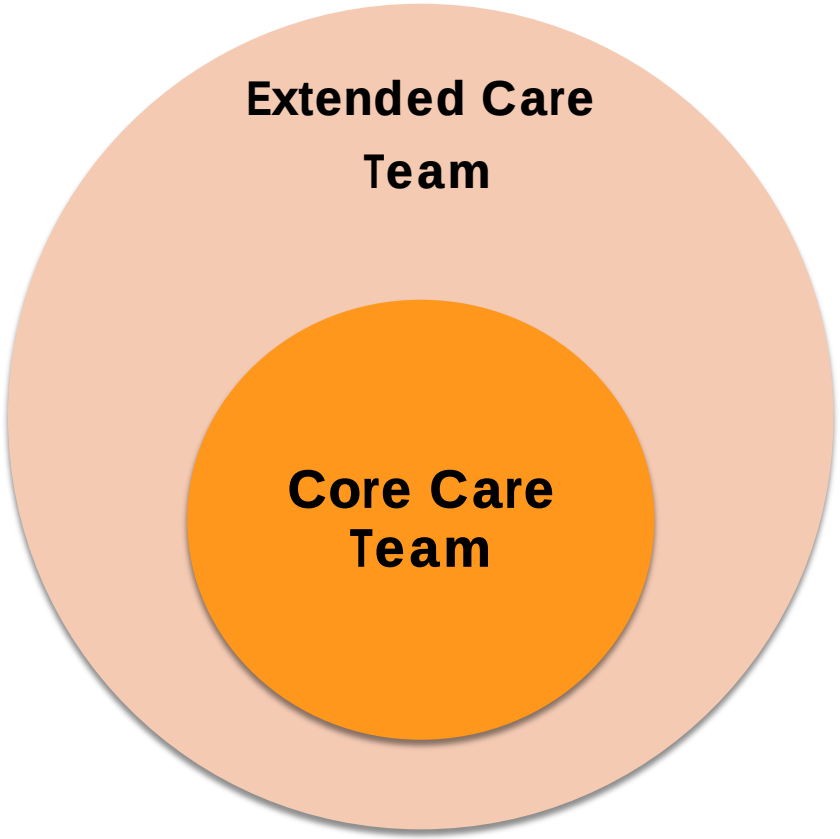


Core Care Team & Extended Care Team Model

Barriers to care

Care Facilitators

Expanded Hours



Accessibility

Responsiveness

Availability for patient care conferences

Community Engagement Activities

Team Members: Core and Expanded Teams

- Medical Assistant (MA)
- Nurse (RN and/or LPN)
- Peer Advocate and/or Peer Navigator
- Case Manager (CM)
- Physician Assistant
- Nurse Practitioner
- Receptionist/Front Desk
- Behavioral Health Specialist
- Pharmacist
- Dentist
- Health Educator (HE) or Health Coach (HC)
- Patient Care Facilitator
- Community Health Worker (CHW)
- Physician/Infectious Disease Specialist?

Who Does What?

- Blood pressures, vital signs
- Blood draws
- Patient medication education
- Patient care planning
- Medical history
- Psychosocial history
- Medication reconciliation
- Screenings for depression, anxiety
- Pt. appointment reminder phone calls
- HIV testing
- Immunizations
- Acute care problem callbacks
- Follow-up patient phone calls

Do team roles and responsibilities match abilities and credentials?

- Are all team members working “at the top” of their licenses (Scopes of Practice)?

- Are there standing orders that could be developed to increase role responsibilities of identified staff and allow other teams members more time to do what they do best?

(efficiency and timeliness benefit the patient’s experience)

Role Expansion

Goals

1. Maximize team members unique skills
2. Provide training
3. Use standing orders

Results

1. Develops trust, teamwork and practice efficiency
2. Improved patient care (everything gets done with more time for patients)
3. Improved staff satisfaction

Interprofessional Team Communication

Active Listening

- Daily
- Huddles
- Patient care conferences
- Phone conversations

Valuing Different Perspectives

- Learn from, with and about
- Agree to disagree
- Set a goal to deliver evidence-based care
- Nurture and value the patient perspective (step away from “us” versus “patient”

Interprofessional Communication

Shared Decision Making

- Focus on the goal to improve patient experience, engagement in care & health outcomes and quality of life
- Conflict resolution principles
- Integrated care with patient participation (individualized health management plans)
- Base decisions on evidence-based practice & patient assessment & lab trend data

Shared Leadership

- Different team members take leader role when identified health behaviors are negatively affecting health outcomes
- Different team members take leader role during patient care conferences

Standards of Effective Communication

- **Complete**
  - Communicate all relevant information
- **Clear**
  - Convey information that is plainly understood
- **Brief**
  - Communicate the information in a concise manner
- **Timely**
  - Offer and request information in an appropriate timeframe
  - Verify authenticity
  - Validate or acknowledge information

http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/officebasedcare/classroom.html

Interprofessional Team Care

Team Activities

Communication

1. Critical thinking!
2. Work flow design models
3. Meetings
4. Data (patient/group/trends/registry/longitudinal care cascade)
5. Continuous quality improvement

Coordination

Team Meetings

Huddles

Core Team Meetings

Patient Care Conferences

Data Registry/Data Trending

- Excel spreadsheets available
- EMR data extraction
- Easy access
- Summary of patient team trends for patients served; quarterly (template)
- Internal, collegial chart review findings
- Data driven quality improvement

Patient Experience

The sum of all **interactions**, shaped by an organization's **culture**, that influence patient **perceptions** across the **continuum** of care.

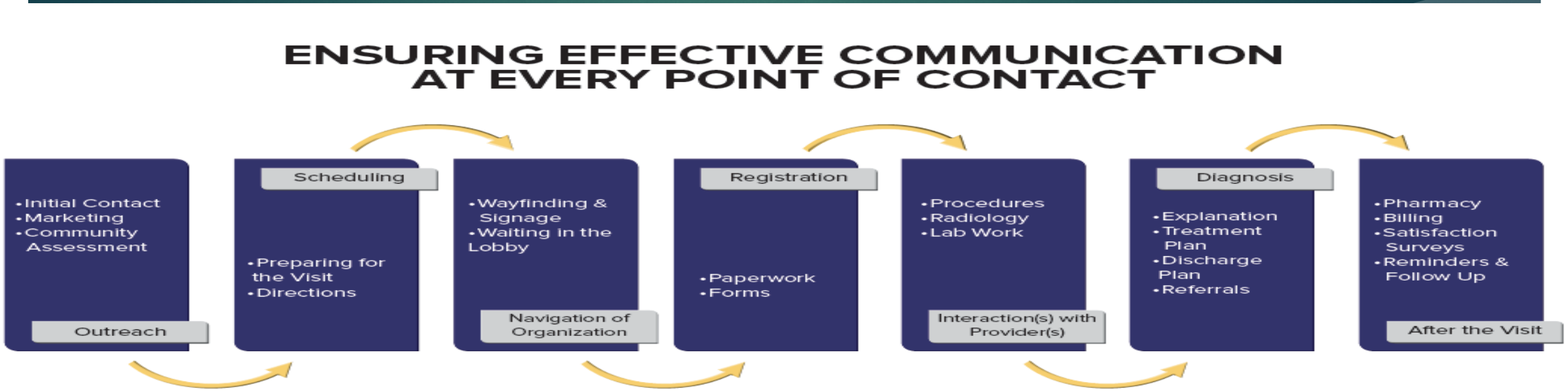
- The Beryl Institute

http://www.theberylinstitute.org

Broader Definition of Patient Experience

Interactions	Culture	Perceptions	Continuum of Care
The orchestrated touch-points of people, processes, policies, communications, actions and environment	The vision, values, people (at all levels and in all parts of the organization) and community	What is recognized, understood and remembered by patients and support people. Perceptions vary based on individual experiences such as beliefs, values, cultural background, etc.	Before, during and after the delivery of care

Effective Communication



Does your organization communicate effectively with all of your patients or clients at every point of contact? What about those who don't speak English as their first language? Or who are deaf? Blind?

Effective communication is the cornerstone to ensuring you reach the community you serve, providing the highest quality of care and services and advancing health equity at every point of contact.

CAHPS Survey Domains

- Communication with health care professionals
- Access to care and information
- Customer service
- Coordination of care

Why Does Teamwork Matter in Ambulatory Care Settings?

- Better continuity of care, access to care, and patient satisfaction
- Higher patient-perceived quality of care
- Improved health outcomes

http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/officebasedcare/classroom.html

Webinar Wednesday Healthcare Clinic

Who is our patient? How do we view our patient? Why is that important?

- This is a 27-year old BMSM male from Tallahassee, Florida. He is a bartender and sex worker "on and off" since the age of 18. The last time he was paid for sex was more than 1 year ago. He reports he has been in a monogamous relationship for almost 6 months with another BMSM
- The patient knew HIV was a risk for BMSM men in Tallahassee, but never thought he was personally at risk, so he never got tested. He recently found out that one of his former partners is HIV-positive.
- The patient has been continuously ill for the last 6 months. He has been noncompliant with medications given to him at several urgent care centers in Florida and Georgia.

Who is our patient? How do we view our patient? Why is that important?

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Let's try to describe our patient again! What is different?

- The patient is a 27-year old male who is BMSM living in Tallahassee, Florida. He works as a bartender and volunteers 3 hours a day at a local daycare center for the elderly.
- He is articulate, energetic and personable. He knew that HIV was a risk for BMSM in Tallahassee, but never thought he was personally at risk, so he never got tested. The patient's sexual health history includes several STDs over the past 10 years, which he attributes to his history of sex work reportedly since the age of 18. The patient says he has not engaged in any sex work for over a year. He denies using drugs, alcohol or herbals.
- He recently learned that one of his former partners is HIV-positive. He has been in a new monogamous relationship with a teacher at a local community college who is BMSM. The patient has numerous family members who work at the Tallahassee Health Department. He has experienced numerous health problems over the past 6 months, for which he sought care in Georgia and Florida. He brought 2 medications with him today. Pills remain in both bottles.

Let's try to describe our patient again! What is different?

- The patient is a 27-year old male who is BMSM living in Tallahassee, Florida. He works as a bartender and volunteers 3 hours a day at a local daycare center for the elderly.
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Huddle

Problem Oriented Care Versus Strength-based Care

Acute Care: Patient with an STD

A 23-year-old black male presents to the clinic to be treated for syphilis. The patient states that he is "straight" but that he sometimes has sex with other straight men. He does not use condoms for anal sex because he states that most of his older partners refuse to use condoms. The patient denies having receptive anal sex. When asked permission to do an exam of his rectum, the patient declines the exam. The doctor approaches him about PrEP, but the patient states that he does not think he needs it. He says that it is good for "gay guys" but not for "straight" guys like him. He heard that the old guys who use PrEP are "bottoms" and that means that they are "whores."

http://www.ncsddc.org/what-we-do/health-disparities

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Huddle

Team Question #1

How best should the team address the patient's stigma and health literacy challenges related to same-sex behaviors practiced by this patient?

a. The MA should screen the patient for depression, alcohol and drug use
b. The Navigator should introduce himself and provide information about the clinic's resources, including free condoms
c. The Nurse should administer the Penicillin G injection to the patient per standing orders
d. The CHW or CM should give the patient a brochure about anoscopy (anal colposcopy) and use motivational interviewing to explore the patient's plan for maintaining his sexual health

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How best should the team address the patient's stigma and health literacy challenges related to same-sex behaviors practiced by this patient?

a. The MA should screen the patient for depression, alcohol and drug use
b. The Navigator or Peer Advocate should introduce himself and provide information about the clinic's resources, including free condoms
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d. The CHW, CM, HE, or Nurse should give the patient a brochure about anoscopy (anal colposcopy) and use motivational interviewing to explore the patient's plan for maintaining his sexual health

Team Care Question #2

What is the best strategy for our healthcare team to provide this patient with evidence-based treatment and care, given the limits he has set?

a. Refer the patient to the STD clinic at the local health department
b. Assign a team member to call the patient in 2 weeks for follow-up
c. Talk to the patient about his “next steps” in protecting his health and discuss options for follow-up and continued primary health care
d. Refer the patient for mental health counseling at Personal Care, Inc. to encourage the patient to talk with a private therapist about being LGBTQ and issues of stigma and disclosure

Team Care Question #2

What is the best strategy for our healthcare team to provide this patient with evidence-based treatment and care given the limits he has set?

a. Refer the patient to the STD clinic at the local health department
b. Assign a team member to call the patient in 2 weeks for follow-up
c. Talk to the patient about his "next steps" in protecting his health and discuss options for follow-up and continued primary health care
d. Refer the patient for mental health counseling at Personal Care, Inc. to encourage the patient to talk with a private therapist about being LGBTQ and issues of stigma and disclosure

Close Loops on Gaps in Care

Acute Care: Patient with a Sty in the Eye

Webinar Wednesday Medical Clinic

*Fictitious Clinic, Providers and Patients

Meet Our Patient

Health Care Visit

- First visit
- Patient is 29 years old and has come to clinic to have his eye examined
- His girlfriend brought him to clinic
- He paints houses and today he is complaining of an red, itchy, watery left eye
- His healthcare provider has diagnosed him with conjunctivitis also known as “pink eye”

Provider's Post Examination Conversation with the Patient

"The drug store eye drops you are using are not strong enough to treat your eye problem because you have an eye infection known as conjunctivitis or pink eye. It is spread very easily from person to person usually involving our hands and fingers. Good hand washing will prevent the infection from spreading to your other eye or to other people. I am giving you a prescription for eye drops that will treat the infection and make your eye less red and itchy. You will need to use these eye drops 3 times a day for 7 days. How does this all sound to you so far?"

The Provider-Patient Conversation continues……

“One other request that I would make at this time is that you have a blood test for your yearly blood sugar, cholesterol and sexual health panel that includes a test for HIV. These are all important tests that are recommended for everyone, all ages, to help prevent health problems early. Your health insurance will pay for these tests, your visit with me today and the medicine that you will need to treat your eye infection. I will let you know the results of your blood tests in a week.

If your HIV test is positive I will need to notify the health department so that they can help me help you locate important health resources. You may refuse to take some or all of these tests today if you wish, but I hope that if you do refuse we can talk about your concerns together to be sure that you have all the facts you need to make the important decisions about your health that only you can make. What questions or concerns, if any, do you have for me about everything I have recommended to you today?”

The patient responds.....

“My mother has sugar problems so I understand the blood sugar test. I send money to my mother every week so that she can buy her insulin where she lives in Mexico. I saw her 2 years ago and her feet were looking badly. I worry for her.”

“The cholesterol test sounds ok too. The thing I don’t understand is why you want me to take an HIV test. I’ve never had the HIV test before- why do you want me to take it now? If I had it wouldn’t I already be feeling badly?”

How would you answer this patient's question?

a. "HIV is silent in the body and people walk around with it and don't even know they have it. So you've never been tested?"
b. "Not everybody gets the fever, chills, body aches and flu symptoms that often accompanies the early stage of HIV."
c. "Yes many patients get opportunistic infections and that is the first sign of HIV, but actually, opportunistic infections are a late sign of HIV, meaning the person has had it for awhile."
d. "That's a really good question. What have you heard about the way people feel when they have HIV?"

How would you answer this patient's question?

a. "HIV is silent in the body and people walk around with it and don't even know they have it. So you've never been tested?"
b. "Not everybody gets the fever, chills, body aches and flu symptoms that often accompanies the early stage of HIV."
c. "Yes many patients get opportunistic infections and that is the first sign of HIV, but actually opportunistic infections are a late sign of HIV, meaning the person has had it for awhile."
d. "That's a really good question. What have you heard about the way people feel when they have HIV?"

Motivational Interviewing Techniques to Guide Patients and Create Partnerships

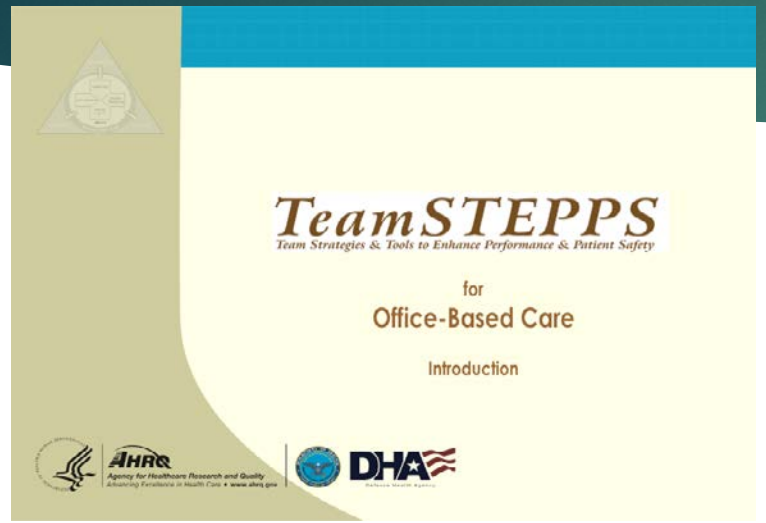
Direct	Guide	Follow
Teach	Draw out	Listen
Instruct	Encourage	Understand
Lead	Motivate	Go along with

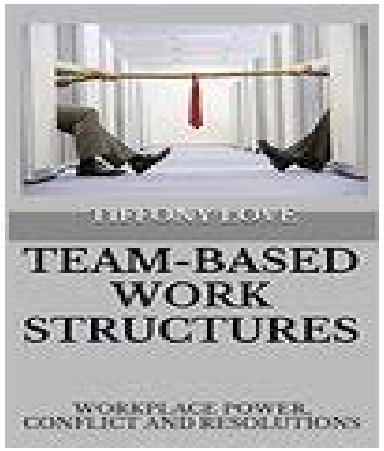
Possible Provider Responses

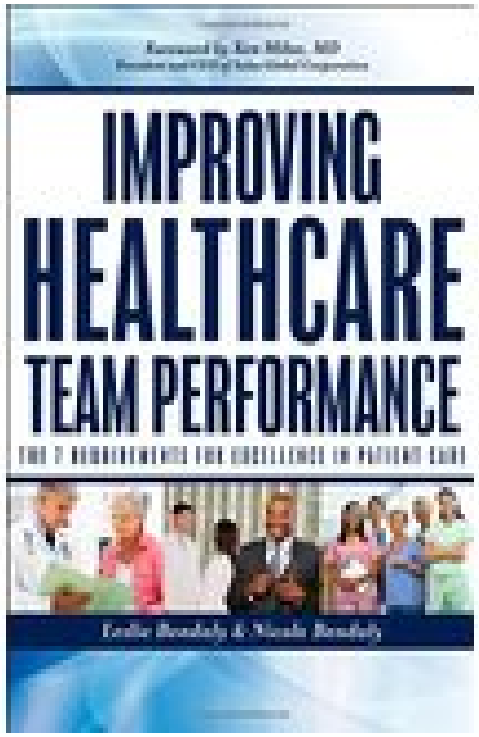
Affirmation → Chunk → Open-ended Question

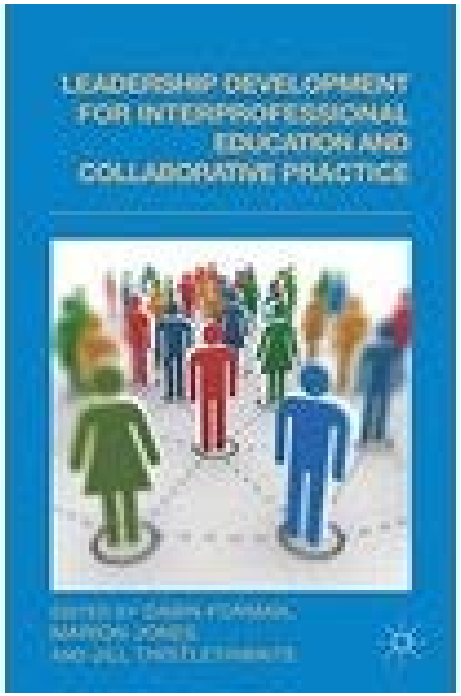
- "This is a really good question you bring up about HIV. Let me also say that I can see that you care deeply for your mother and I recognize how hard you work to help her every way you can. "
- "Testing your sugar, cholesterol and HIV status gives you and me information about the inside of your body before symptoms can actually even show up for diseases such as diabetes, heart disease and HIV. All these diseases begin very quietly and can actually not show any real noticeable symptoms to patients for a long time…years, in fact, and then they might start to feel badly."
- "What are some of the HIV symptoms that you have heard about?"

Suggested Readings









Questions/Comments
Thank you.....

thank you
danke
謝謝
ngiyabonga
teşekkür ederim
gracias
merci
obrigado
go raibh maith agat
mochchakkeram
dziękuję
sukriya
kop khun krap
grazie
arigatô
dakujem
terima kasih
спасибо
Баярлалаа
рахмат
dank je
bedankt
hvala
tapadh leat
감사합니다
ありがとう
мерси
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enkosi
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barka
welalin
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blagodaram
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najis tuke
tanemirt
rahmet
diolch
dhanyavadagalu
shukriya
trugarez
kam sah hamnida
xiexie

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