

Delivering HIV Test Results



Before we begin, please use your phone or device to go to www.menti.com

and enter code 46949

Or just scan this code →

**(You will be asked questions later.
Your responses will be anonymous)**





Faculty Disclosures

- Greg Corby-Lee does not have any relevant financial relationships to content discussed today.

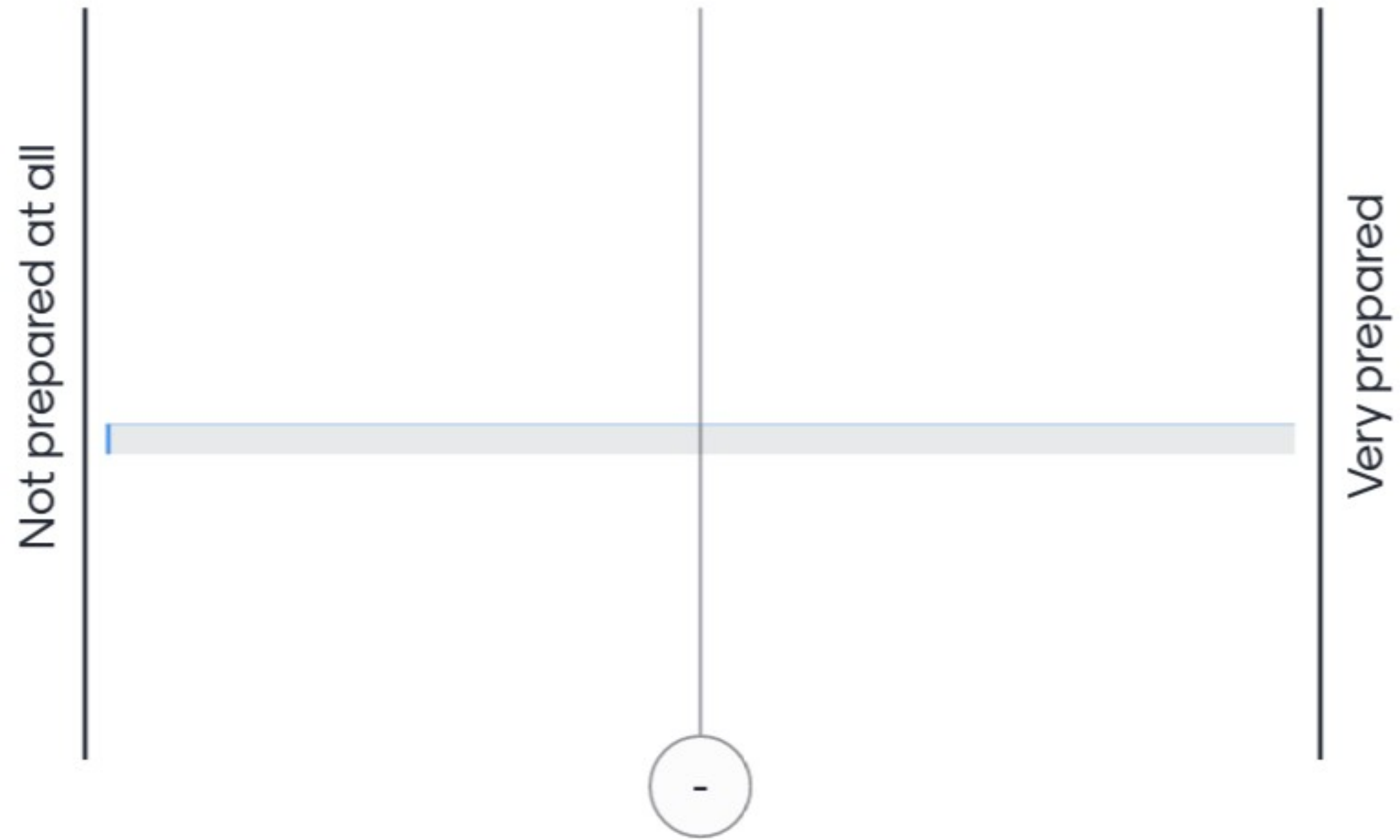
Practice Gaps/Educational Needs

- In 1996 the CDC recommended that every adult should be tested for HIV at least once. However, most Kentuckians have never tested. 63% of Kentuckians diagnosed with “full-blown AIDS” in the past decade didn’t even know they had HIV. Many of these people had multiple interactions with providers prior to their concurrent diagnoses with HIV and AIDS – yet they had never been tested.
- Providers need to become more comfortable with and proficient at giving HIV test results. Given the global emphasis on “test and treat,” “treatment as prevention,” and the increasing awareness that early intervention can save thousands of lives, this step in the HIV testing process has become a critical component of the spectrum of HIV care.

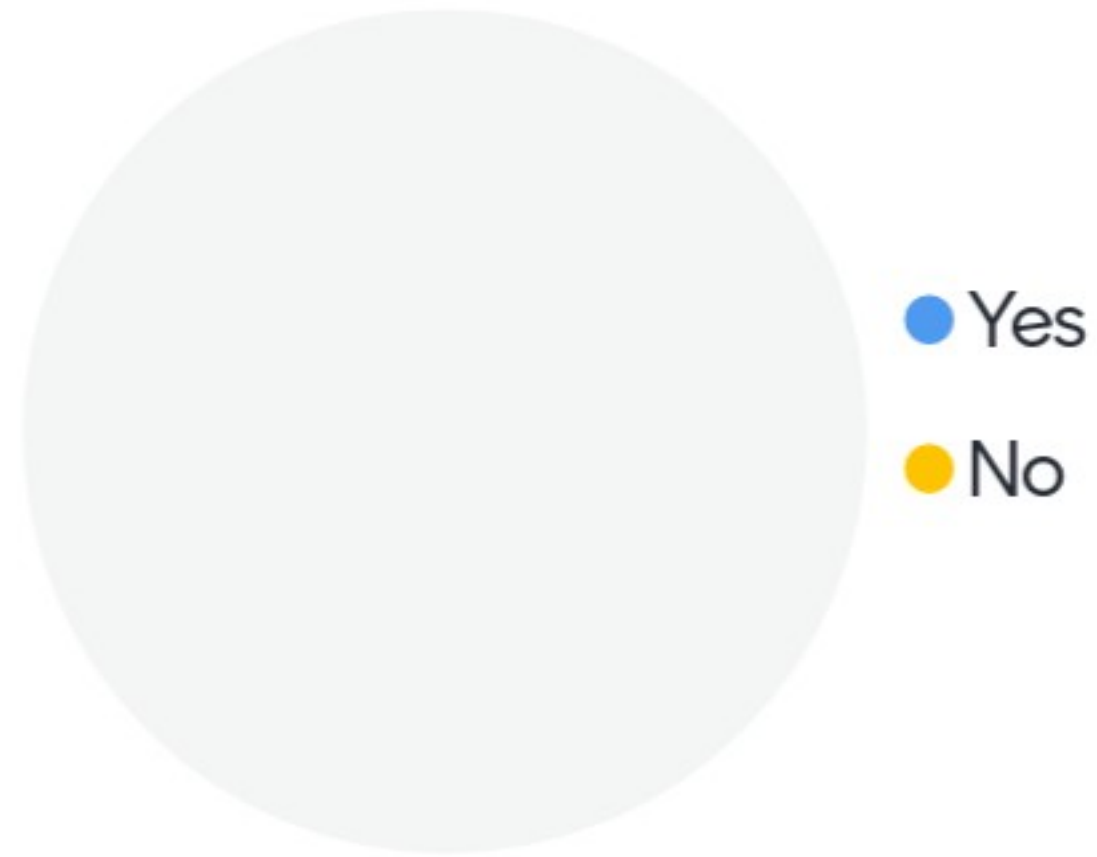
Objectives

- Participants will be able to demonstrate the counseling concepts and skills required to effectively counsel people as they receive their HIV results.
- Participants will be able to identify the next steps for people being tested for HIV (whether negative or positive).

On a scale from 1 to 5, how prepared do you feel to give HIV results?



Have you ever given HIV results to a patient?



Kentucky **Law** on HIV Testing

- KRS 214.625

- (4) The physician or advanced practice registered nurse who orders the test pursuant to subsections (1) and (2) of this section, **his or her designee,** or the attending physician, shall be responsible for **informing the patient of the results of the test** if the test results are positive for human immunodeficiency virus infection. If the tests are positive, the physician or advanced practice registered nurse, or his or her designee, shall also be responsible for either:
 - (a) Providing information and counseling to the patient concerning his infection or diagnosis and the known medical implications of such status or condition; or
 - (b) Referring the patient to another appropriate professional or health-care facility for the information and counseling.
- (5)
 - (a) No person in this state shall perform a test designed to identify the human immunodeficiency virus, or its antigen or antibody, without first obtaining the **informed consent** of the person upon whom the test is being performed, except as specified in subsections (2) and (3) of this section.
 - (b) No test result shall be determined as positive, and no positive test result shall be revealed to any person, without **corroborating or confirmatory tests** being conducted.

PRE-TEST counseling (FYI)

The best practice is to offer counseling to the patient before testing (thus providing informed consent).

Pre-test counseling involves:

- Brief explanation of HIV testing (window period)
- Assessment of risk behaviors and circumstances
- Identifying safer goal behaviors that the patient is willing to adopt (safer sex, drug harm reduction, PrEP)
- Developing a patient-focused action plan (including re-testing)

POST-TEST counseling

Since you may be unaware of how much pre-test counseling took place (if any), be prepared to:

- Assess the patient's readiness to hear the results
- Deliver the test result
- Briefly explain HIV testing (window period)
- Review risk behaviors and circumstances
- Identify safer goal behaviors that the patient is willing to adopt (safer sex, drug harm reduction, PrEP)
- Develop a patient-focused action plan (including re-testing)

Counseling **Concepts** and Skills

- **Focus on feelings**

- Refers to the importance of acknowledging patient's feelings first.
- People are more likely to engage in a counseling session when providers are willing to bring up, listen to, and respond to their feelings.



Counseling **Concepts** and Skills

- **Manage personal discomfort**

- Refers to the importance of managing your values in a counseling session.
- The goal is to manage our discomfort and not let it hinder the relationship with the patient.

Counseling **Concepts** and Skills

- **Set boundaries**

- The patient is in charge of making decisions about their life and in carrying out those decisions. Your role is to encourage and facilitate.
- By supporting self-determination, we accept that patients may make choices that we may not agree with.
- Remember: Establish boundaries and respect your patient's decisions about their life.

Counseling **Concepts** and Skills

- **Set boundaries (continued)**
 - Avoid over-attachment (basing your competence on the patient's actions).
 - Maintain healthy detachment (this means detachment from our assumption that success is defined by clients' actions and behavior change).

Counseling Concepts and Skills

- **Asking open-ended questions**
 - Open-ended questions:
 - Require more than “yes” or “no” response
 - Solicit more information from client
 - Begin with who, what, when, where, and *sometimes why*

Counseling Concepts and Skills

- **Attending**

- Communicate active listening through eye contact and non-verbal body language (not possible with phone-audio only).
- Verbally “follow” the client by using brief encouraging words (“Uh-hum,” “Yes”) or by repeating key words.

Counseling Concepts and **Skills**

- **Offering options, not directives**

- A technique used to place control in patient's hands by:
 - Offering them a "buffet" of prevention options
 - Allowing them to choose from the buffet what is best for them
 - Normalizing and confirming potential patient decisions

Counseling Concepts and Skills

- **Giving information simply**
 - Address client needs specific to their concerns.
 - Use simple, non-technical words.
 - Be brief and to the point.
 - Say “I don’t know” when you don’t. It’s okay!

Delivering **NEGATIVE HIV** results

- Present the test result clearly and simply, and explain the meaning of a negative result.
- Discuss the three-month “window period” with the patient and the possible need for testing again. Help the patient to assess their risks and potential exposure period.

Delivering **NEGATIVE HIV** results

- Recognize that while many will be relieved to receive a negative test result, some will have mixed feelings, including guilt and anxiety.
- Use this teachable moment to reinforce messages and plans for reducing HIV risk.
- Discuss PrEP for patients with ongoing high risks and make referral to a PrEP provider.
- Discuss safer goal behaviors specific to the patient's risks.
- Check your biases. Be supportive, encouraging and non-judgmental.

Delivering **POSITIVE HIV** results

- Assess the patient's readiness to hear results (including privacy).
- Present the test result clearly and simply, and emphasize the importance of a confirmatory result (*if not already done*). Be specific about the results. Tell the patient **“the tests confirm that you have HIV infection.”**
- After giving the positive result, allow the patient time to react and process the news before launching into further information. Be prepared for a full range of patient reactions. Some will cry, some will shrug, some will storm and some will be ready to hang up.
- Let the patient express emotions. Listen and stay engaged. Compassionate listening is a powerful response.

Delivering **POSITIVE HIV** results

- Regardless of the patient's sex or drug behavior, hearing a diagnosis of HIV (or any chronic illness) may be something of a shock. Shock and disorientation are common initial reactions to such life-changing news, as are sorrow, anger, fear, or shame – even for patients who already suspected that they were infected.
- Human emotions are complex and varied. Your patient may respond with relief or acceptance. You may be surprised by the patient's reaction. Remain calm and nonjudgmental regardless of the patient's response to the news. You might say, **“Tell me about your reaction. Is this a surprise or something you were expecting?”**

Delivering **POSITIVE HIV** results

- Help the patient to understand that HIV is not a death sentence. With appropriate medical care, it is a treatable, manageable chronic illness.
- Inform them that with treatment, they can avoid AIDS and even transmission of HIV.

Delivering **POSITIVE HIV** results

- *If the patient asks*, tell them that additional testing will be needed to know whether they have AIDS or not. Explain the difference between HIV and AIDS. Do NOT tell them they don't have AIDS ... we don't know!
- Ask what specific questions and concerns the patient has right now. Address the immediate questions in as simple terms as possible. Follow this with, "As time passes, you will have more questions, and your care providers will do their best to answer all of them. If you have questions be sure to ask."



Delivering **POSITIVE HIV** results

- Let the patient know that a number of auxiliary and support services exist for people with HIV, and that you will link them to a social worker or case manager to help access services available in your area. Familiarize yourself with the local resources available.
- *Really know your referral network.* Have referral information at your fingertips, both referrals for HIV medical care, and for other services such as substance abuse treatment and financial assistance.
- **Assist the patient in setting up an appointment for HIV care.**



Delivering **POSITIVE HIV** results

- When the patient is ready (for some, this may be the same day as receiving the test results, for others it may be at a follow-up visit after they've had a chance to process the diagnosis), **conduct a comprehensive risk assessment to identify continued risk behaviors.**

Delivering **POSITIVE HIV** results

- Recommend that the patient refer their sex partners (and injecting partners) from the last 2 years for HIV testing.
- Help for partner referrals is available from the health department, so advise the patient that the health department may be calling to provide this service.

Delivering **POSITIVE HIV** results

- Explore whom the patient is able to confide in and rely on for support. Be ready to refer the patient to a counselor or mental health care provider if indicated.
- Ask the patient what they will do after your meeting (or call) with them. Work with them to make a short-term plan to get support and to take next steps. Let the patient know that they can call you back with any questions or concerns.

Suggestions

Prepare information packets that include local referral information.

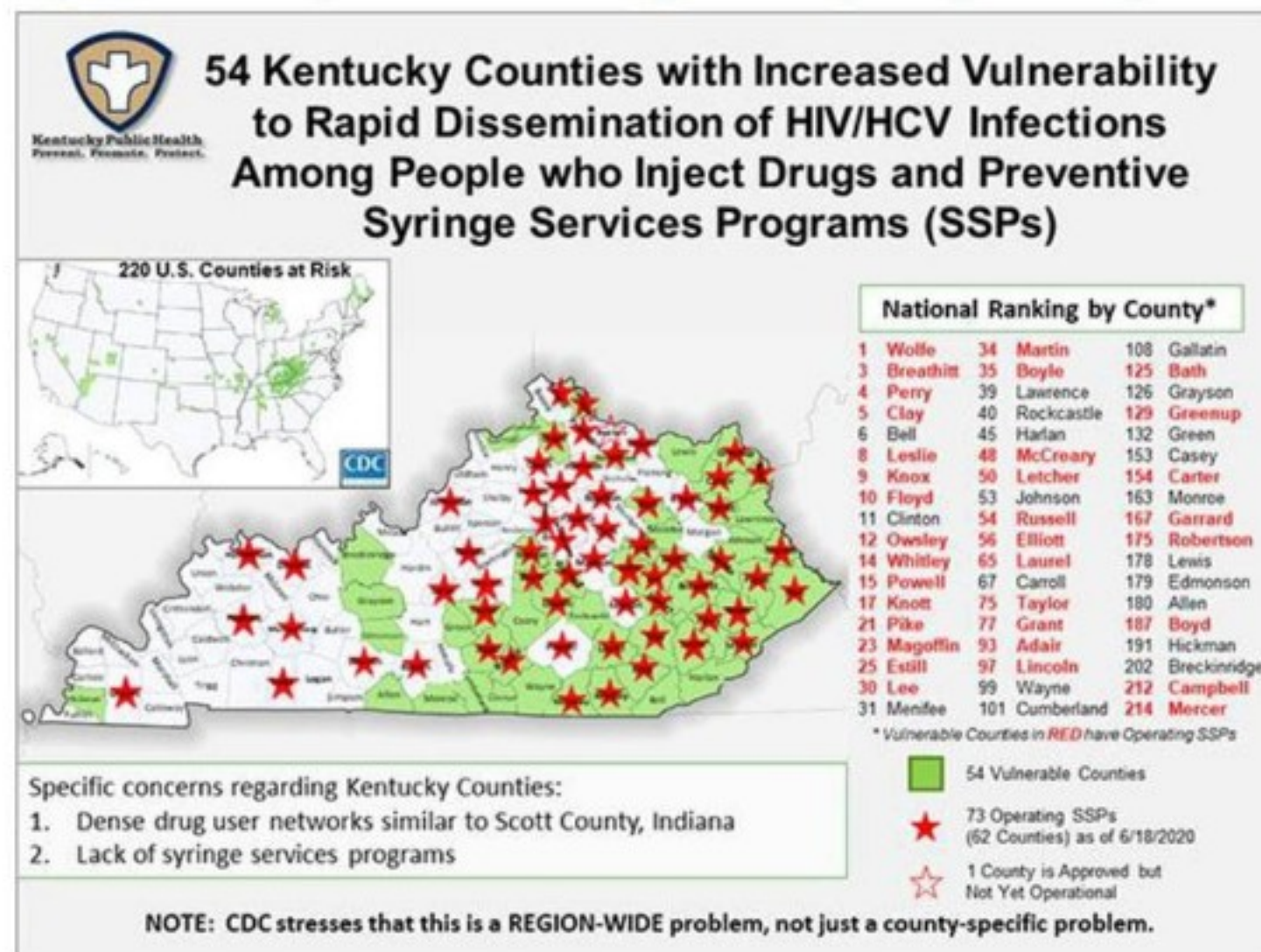
Explore options of getting information to the patient:

- Can information be safely mailed to the patient? E-mail?
- Set up an appointment with a Care Coordinator at the Bluegrass Care Clinic (or other Ryan White care provider)

Suggestions

Refer people who inject drugs to Kentucky's Syringe Services Programs:

<https://chfs.ky.gov/agencies/dph/dehp/hab/Pages/kyseps.aspx>



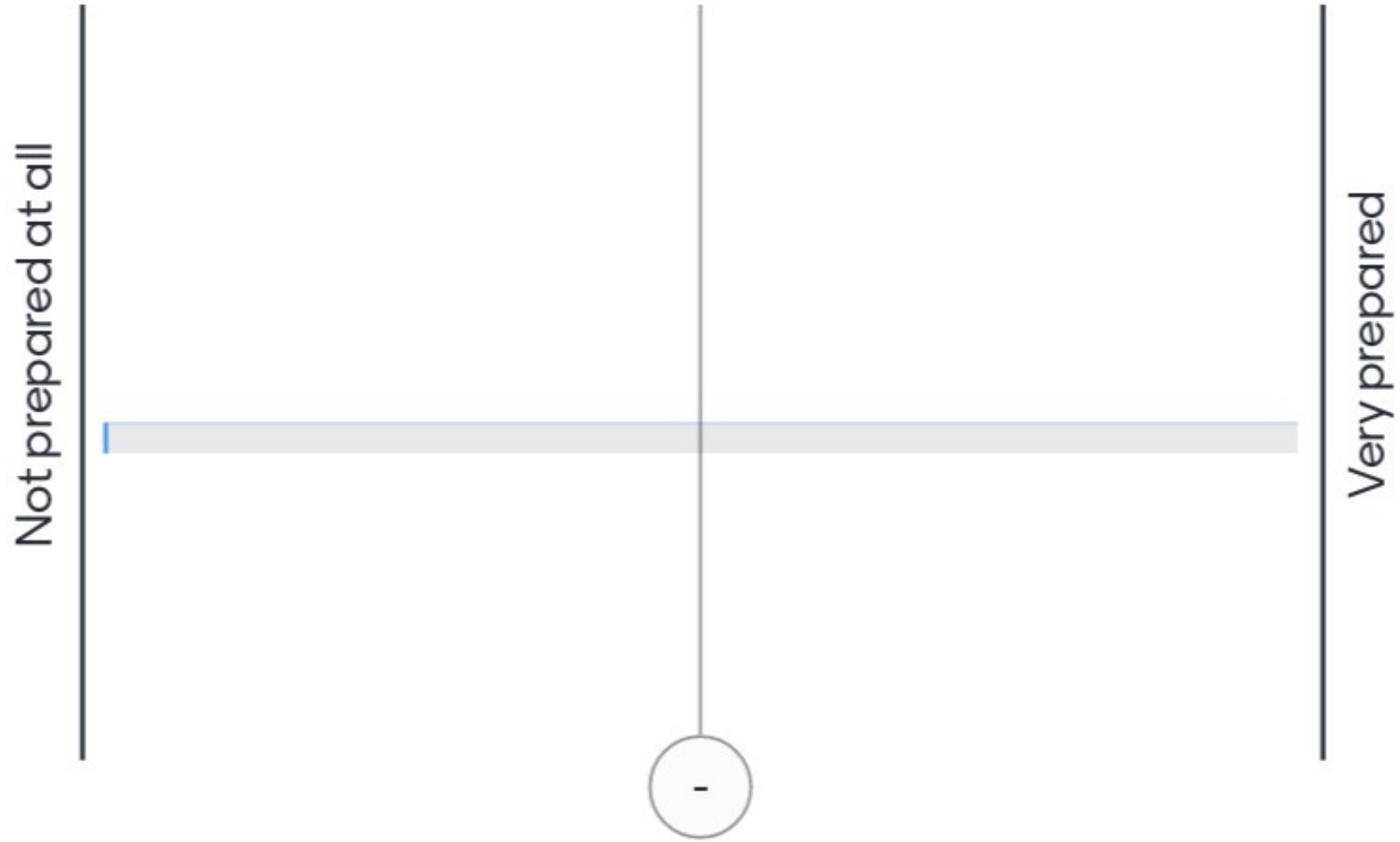
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Questions?

Again: How prepared do you feel to give HIV results now?





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Thanks!