

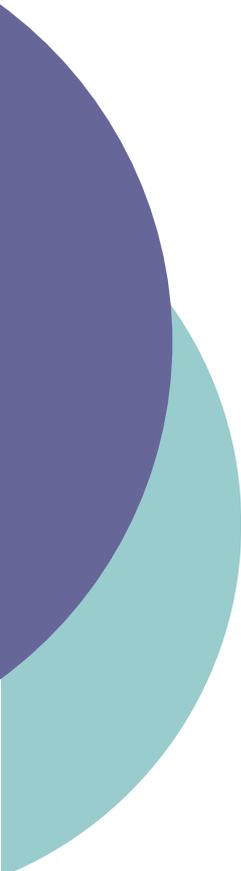
Key Components of HIV Medical Case Management:

- Treatment Adherence
- Prevention with Positives

Updated 11/28/12



Maine Center for Disease
Control and Prevention
*An Office of the
Department of Health and Human Services*



Treatment Adherence Counseling

Every goal on the care plan must relate to HIV treatment/care.

Every case note must describe how the contact supported the client's treatment adherence.

This is a contractual requirement (Rider A).

What it's not

- CM: "Are you taking your meds?"
 - Client: "Always."
 - CM's case note: "Client reports 100% adherence."
-
- Scrupulously studying the client's lab work

So, what is it?

- Treatment adherence is a defining characteristic of Medical Case Management, and includes activities that **increase access to and retention in medical care**:
 - helping clients acquire and maintain health insurance (including MaineCare and ADAP)
 - ensuring that clients are seeing their medical providers and having their labs done as often as they should
 - participating in the ADAP/MaineCare adherence monitoring project
 - screening for medication side effects
 - screening for barriers related to seeing physicians, picking up medications, and maintaining adherence to medications



US Public Health Service Guidelines

- Patients with early stage disease should be seen by a medical provider with prescribing privileges at 3-month intervals to undergo routine medical evaluation and monitoring
 - Visits should be more frequent when therapy is introduced and when the CD4 T-cell count is below 200
- CD4 T-cell count should be determined every three to six months
- HIV-infected adults with a CD4 T-cell count below 200 should receive PCP prophylaxis
- Antiretroviral therapy is recommended for all patients with a history of AIDS-defining illness or severe symptoms of HIV infection, regardless of CD4 T-cell count
- Health care providers may consider antiretroviral therapy for HIV-positive women during pregnancy



Expectations of CMs

- You do not need a specific medical background

- However...



Expectations of CMs

- You will have a basic understanding of the major drug classes and how they work
- You will have a basic knowledge of common side effects
- You will be aware of optimal adherence rates
- You will have a basic understanding of common contraindicated over-the-counter products and be comfortable referring clients to physicians for more information
- You will be aware of effective adherence tools and techniques
 - This includes participating in the ADAP/MaineCare adherence monitoring project
- You will have skills and comfort discussing medications in lay terms with clients and medical providers



Classes of Antiretroviral Meds

- Nucleoside/Nucleotide Reverse Transcriptase Inhibitor (NRTI)
- Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)
- Protease Inhibitors (PI)
- Combined Anti-retroviral Class
- Fusion Inhibitor
- CCR5 Antagonist
- Integrase Inhibitor

NRTIs

Combivir
(zidovudine/
lamivudine)

Emtriva
(emtricitabine
or FTC)

EpiVir
(lamivudine
or 3TC)

Epzicom
(abacavir/
lamivudine)

Retrovir
(zidovudine
ZDV or AZT)



Trizivir
(abacavir/
lamivudine/
zidovudine)

Truvada
(tenofovir DF/
emtricitabine)

Videx, Videx EC
(didanosine
or ddl)

Zerit
(stavudine or d4T)

Ziagen
(abacavir
or ABC)

Viread
(tenofovir DF
or TDF)



NNRTIs

Edurant
(rilpivirine
or RPV)



Intelence
(etravirine
or ETV)



Rescriptor
(delavirdine
or DLV)



Sustiva
(efavirenz
or EFV)



Viramune
(nevirapine
or NVP)



PIs

Aptivus
(tipranavir or TPV)



Crixivan
(indinavir or IDV)



Invirase
(saquinavir or SQV)



Kaletra
(lopinavir/ritonavir)



Lexiva
(fosamprenavir or FPV)



Norvir
(ritonavir or RTV)



Prezista
(darunavir or DRV)



Reyataz
(atazanavir or ATV)



Viracept
(nelfinavir or NFV)



Combined Anti-retroviral Class

Atripla

(efavirenz/
emtricitabine/
tenofovir DF)



Complera

(rilpivirine/
emtricitabine/
tenofovir DF)



Stribild

(elvitegravir/cobicistat/
emtricitabine/
tenofovir DF)



Fusion Inhibitor, CCR5 Antagonist, Integrase Inhibitor

Fusion Inhibitor

Fuzeon
(enfuvirtide
or ENF)



CCR5 Antagonist

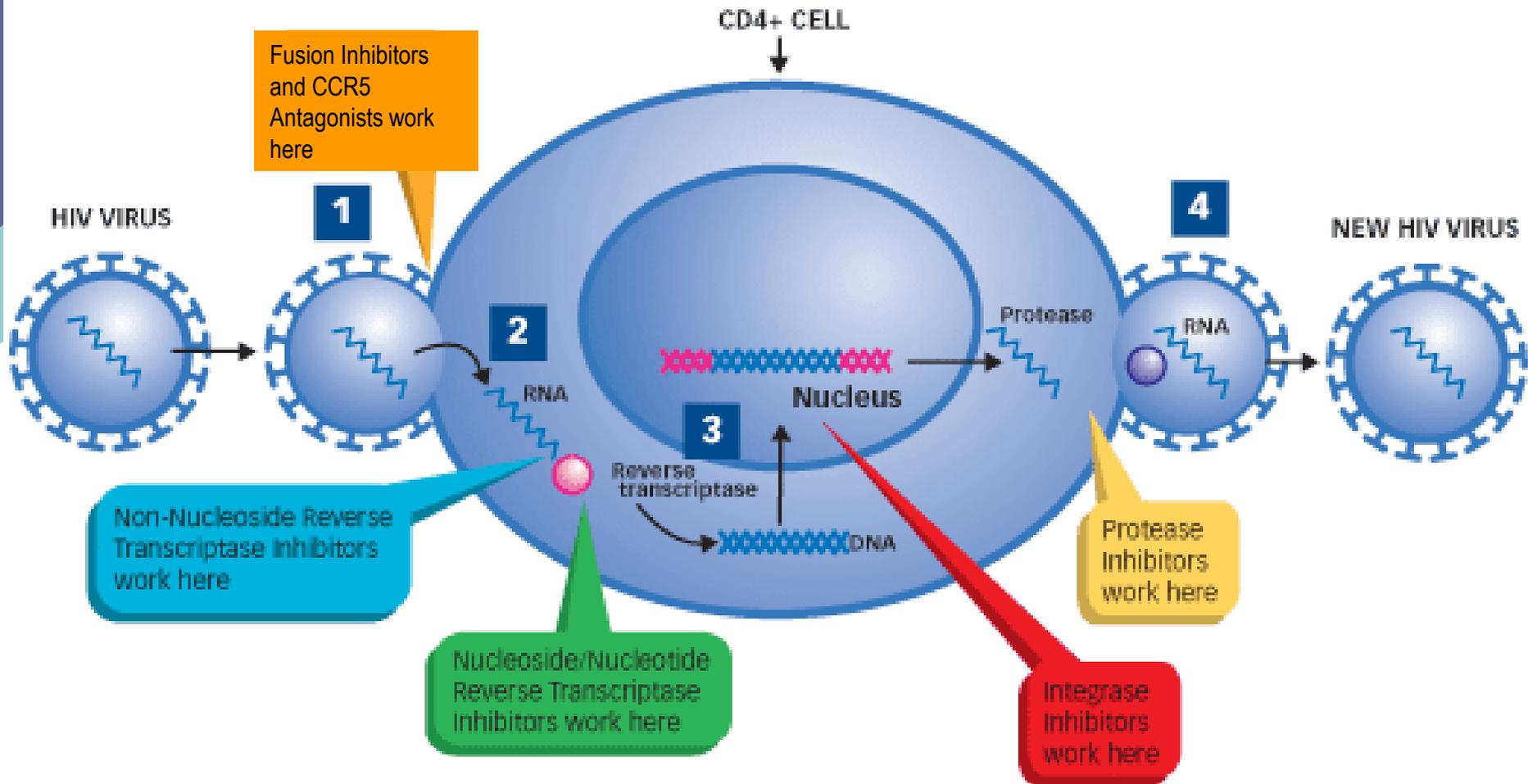
Selzentry
(maraviroc or
MVC)

Integrase Inhibitor

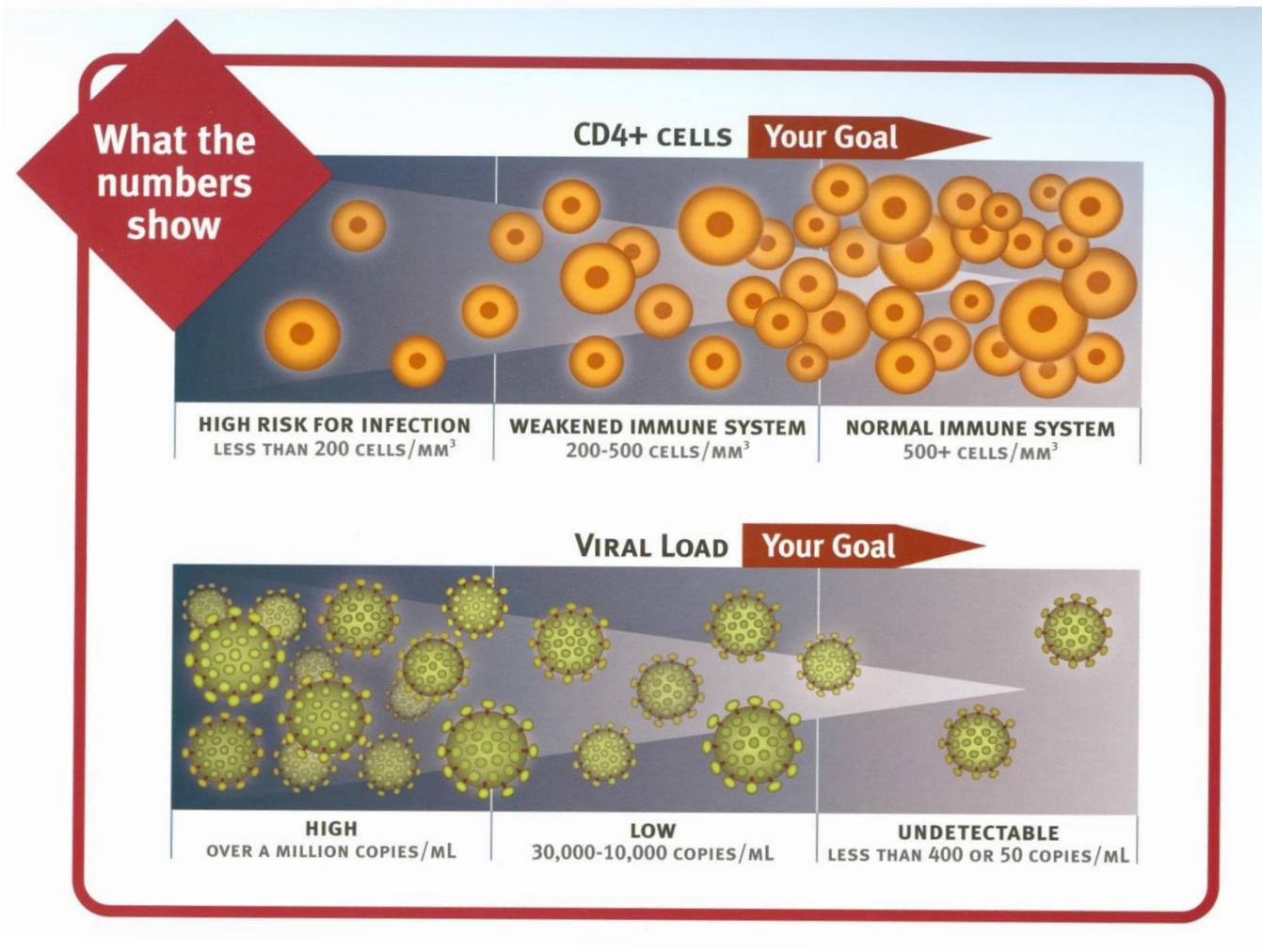
Isentress
(raltegravir
or RAL)



How the Meds work



The Goals of Therapy



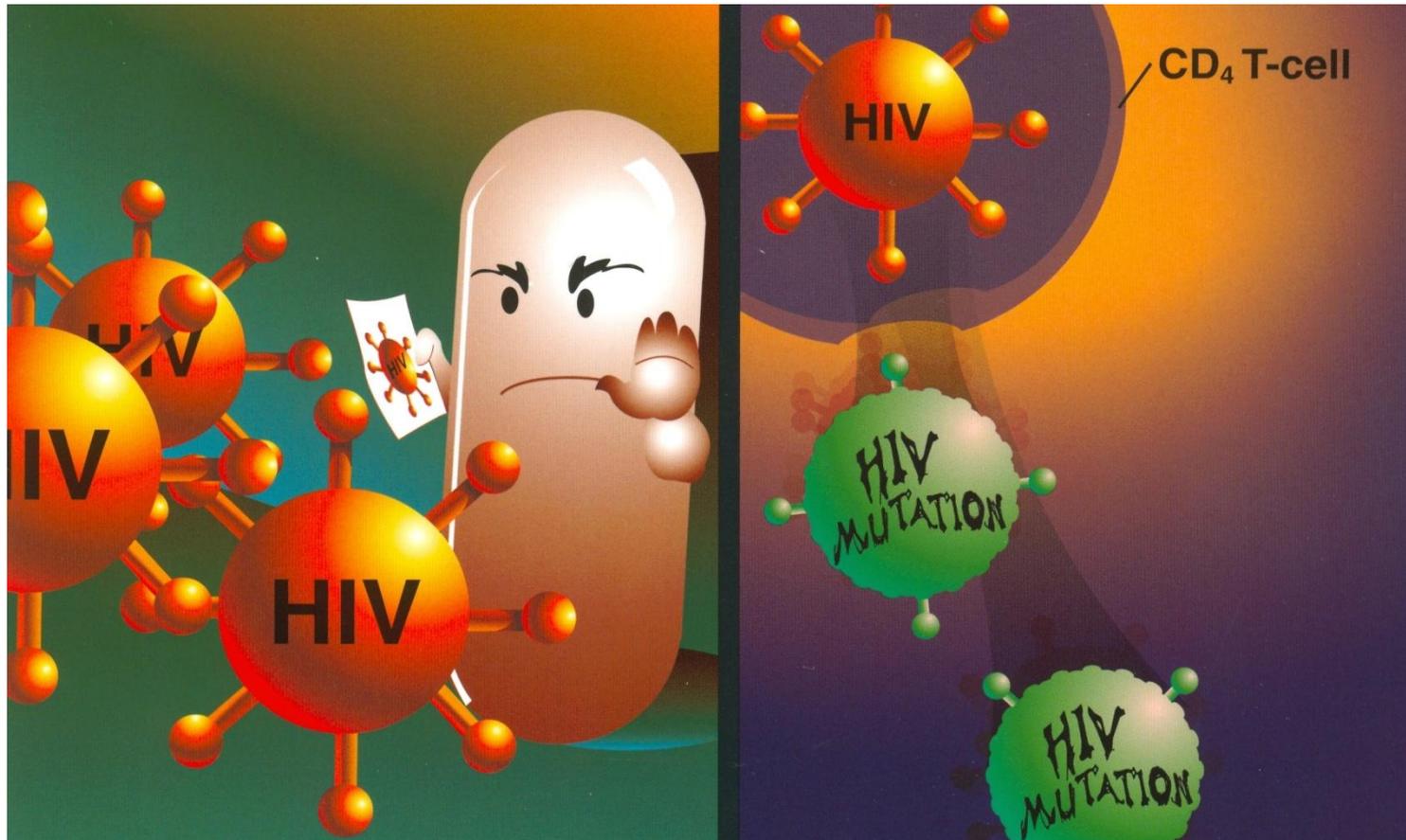


Optimal adherence

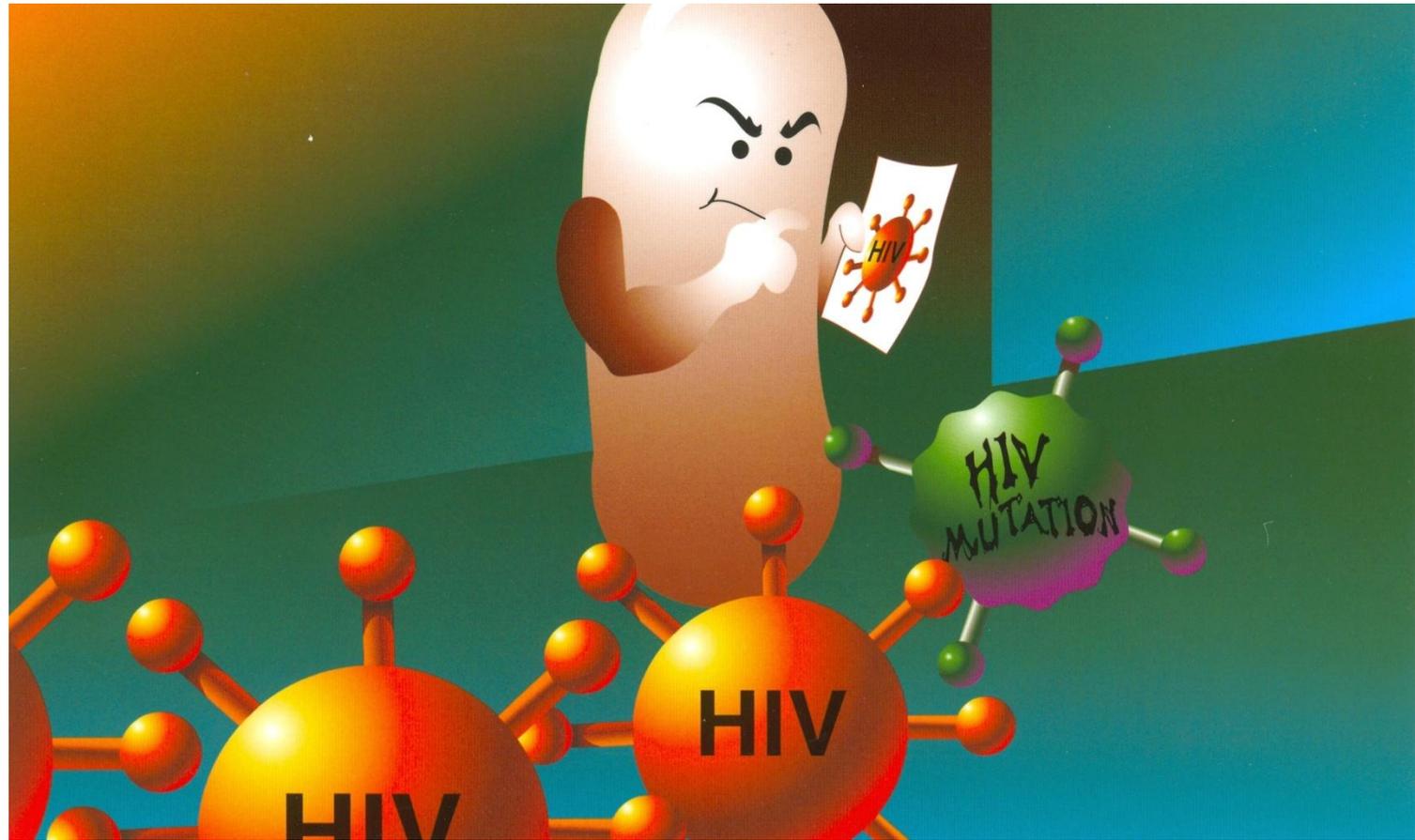
Optimal adherence
is 95% or better.

If you have to take two pills a day, this means you can only take three doses late in a month's time and still maintain the appropriate level of adherence.

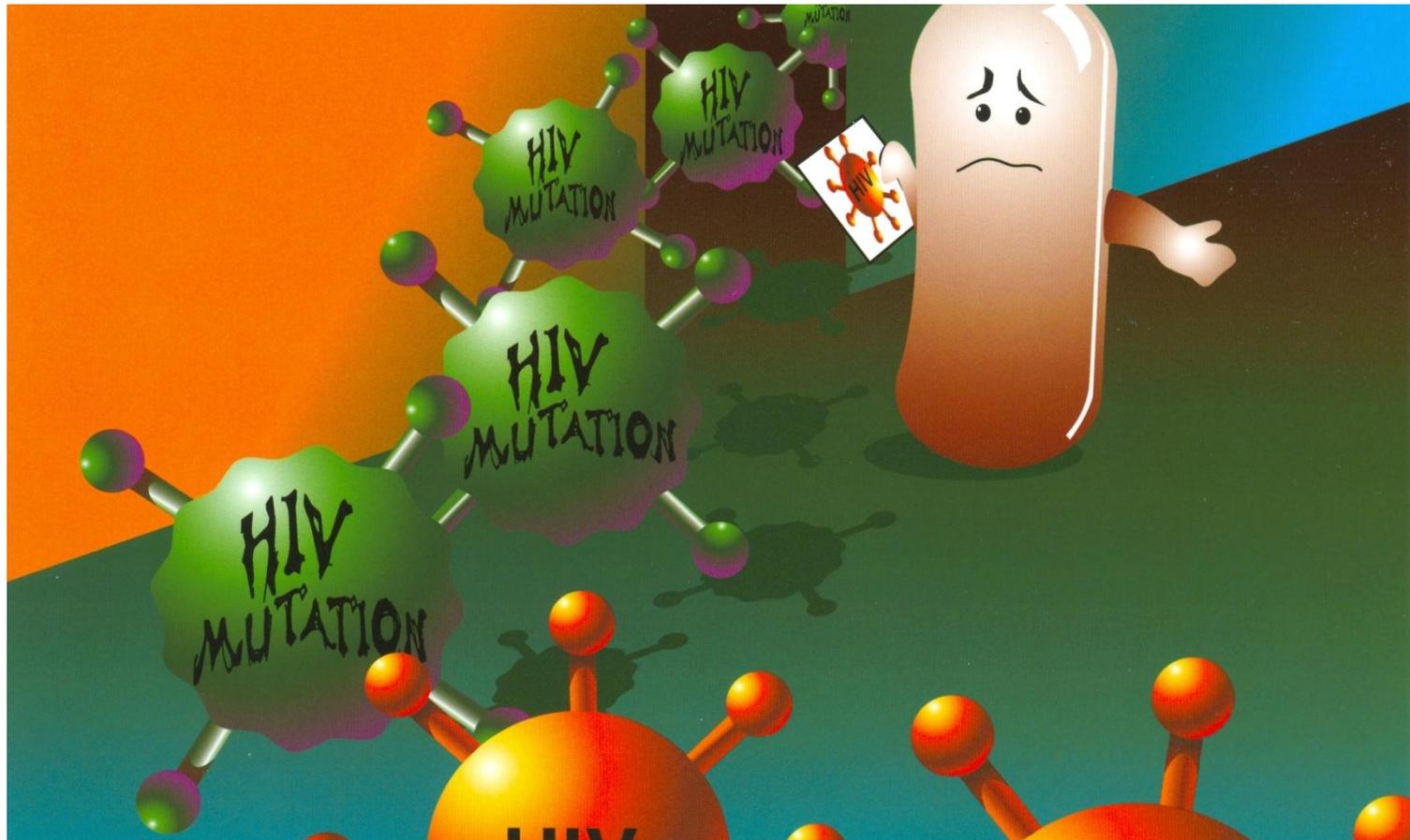
How Adherence affects HIV



For ARVs to keep HIV under control, they must be able to recognize the HIV virus in your blood. Otherwise the meds won't work. Sometimes HIV mutates.



Sometimes, these mutant HIV copies are so different that the meds won't recognize and attack them. These are the resistant HIV.



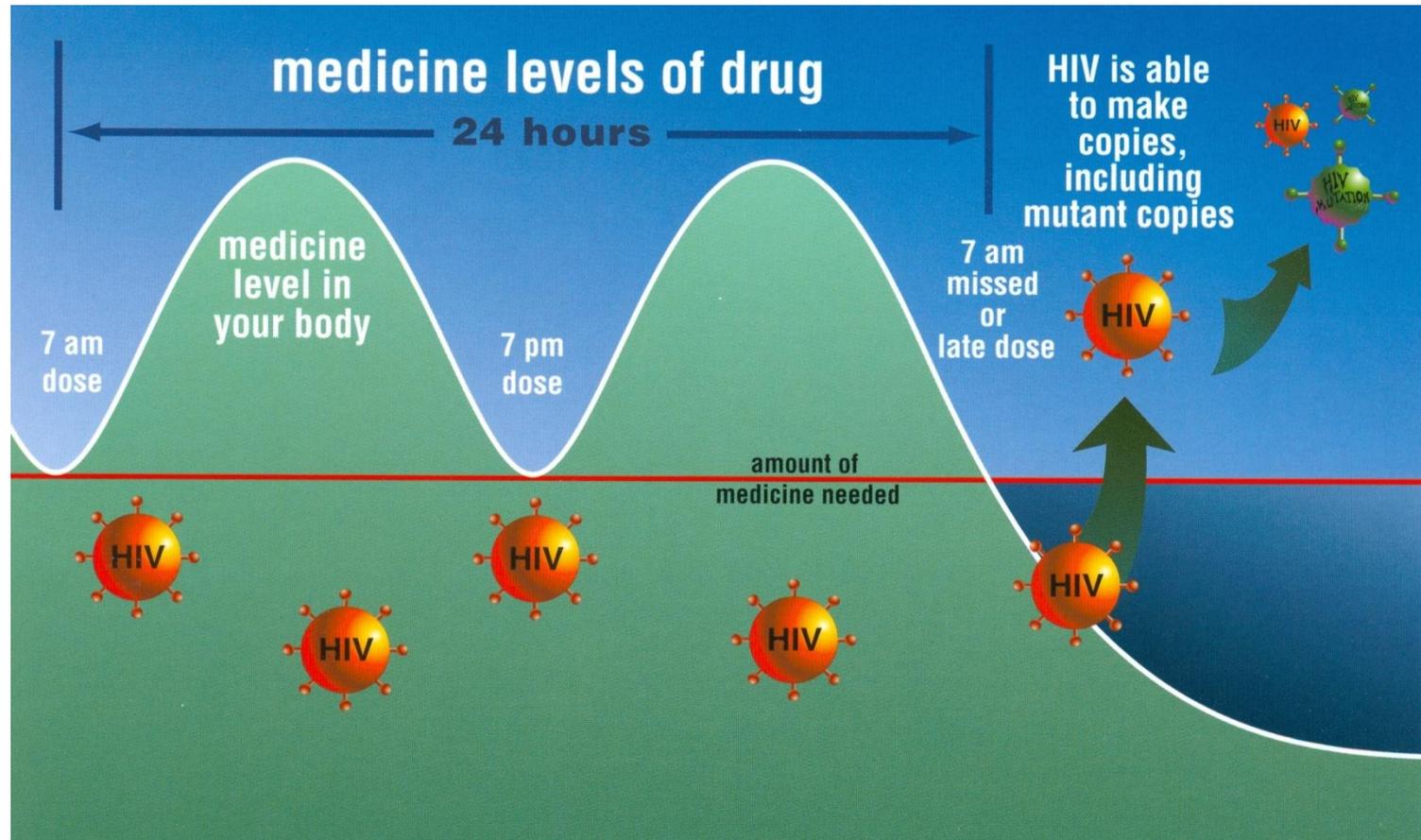
As the resistant copies of the mutated HIV make more copies of themselves, the meds become less and less effective until a person has to switch their meds.



Resistance to one HIV med can cause resistance to other HIV meds. This can limit which meds a person can take in the future.

There are two blood tests that can determine if someone has become resistant to their meds:

- A phenotypic test measures how well a medicine stops the HIV in a person's blood from making copies of itself.
- A genotypic test identifies which mutations the HIV has developed.



To keep HIV from making copies of itself, a person must have enough medicine in their blood at all times. Without enough medicine, HIV will be able to make copies, including mutant copies that may be resistant to the person's meds. Taking meds as prescribed is one way to make sure that there is enough medicine in the blood.



Side effects can affect Adherence

The side effects of some ARVs can cause patients to stop taking their HIV meds, sometimes without notifying their doctor or against doctor's advice.



Common Side Effects

- Common side effects for all ARVs
 - Diarrhea
 - Fatigue
 - Headache
 - Liver Problems
 - Upset stomach, nausea, stomach pain, vomiting and poor appetite

PI-specific side effects

- Lipodystrophy – change in the way the body stores fat
 - Patient may lose weight, especially in the arms, legs, buttocks or face (lipoatrophy)
 - Patient may gain weight in the waist, stomach, base of the neck, or breasts (lipohyperatrophy)
 - In rare cases, fat deposits may develop at the base of the neck.
- Metabolic Problems
 - HIV meds and HIV itself can change the level of fats, sugars and insulin in the blood.
 - This can lead to heart disease, heart attacks, stroke and diabetes.

NRTI- & NNRTI-specific side effects

○ **Blood Problems**

- **Anemia:** a decrease in the number of red cells in your blood, which can make you feel very tired
 - **Neutropenia and leukopenia:** a decrease in the number of white blood cells. These cells fight bacteria and infection and help to keep your immune system healthy.
 - **Thrombocytopenia:** a decrease in **platelets**, the cells that make blood clot and help stop bleeding.
- **Lactic Acidosis:** when the lactic acid level in the body becomes too high; can lead to liver failure and death.
 - **Neuropathy:** nerve problems, tingling hands and feet, numbness or burning in the fingers and toes that doesn't go away.
 - **Skin-related side effects:** rashes, itchiness, or very dry skin
 - **Thinning bones:** osteoporosis or osteopenia



Fusion Inhibitor-specific side effects

- Fuzeon – because it's injected, there might be problems at the injection site
 - Itching
 - Swelling
 - Redness
 - Pain and tenderness
 - Hardened skin
 - Bumps



If a client tells you he/she is having side effects...

Encourage your client to talk to their doctor **AS SOON AS POSSIBLE** to prevent poor adherence or unscheduled treatment interruption.

We also want to help clients have the best quality of life possible.



Common contraindications

- St. John's Wort and other supplements
- Antacids
- Clients should inform their medical provider about **ALL** over-the-counter products and herbal supplements that they are taking

ADAP

- Assists clients to access the prescription medications needed to
 - manage and treat HIV
 - prevent and treat illnesses that develop as a result of a suppressed immune system or are commonly associated with HIV (e.g. Opportunistic Infections)

ADAP

- Pays deductibles and co-pays for medications on the formulary (<http://go.usa.gov/PMp>)
- Wraps around
 - MaineCare
 - Medicare Part D
 - Private Insurance
- If client has no insurance, ADAP pays 100% for covered medications



ADAP eligibility

- HIV verification
- Residence in the state of Maine
- Income below ADAP limit (500% FPL)
- Client has applied for all other eligible health insurance programs
- Completion of the ADAP Application and the ADAP Release of Information

ADAP application

- Client fills out the application
- Doctor or CM fills out one page
- Send signed application and release page to ADAP
- ADAP can usually process application in one business day
- Application online at <http://go.usa.gov/PMG>
- ADAP release online at <http://go.usa.gov/PM7>

Problems at the pharmacy?

- Clients need to show their ADAP cards at the pharmacy
- If being charged co-pays or incorrect co-pays, have the pharmacist call the GHS Help Desk
1-888-420-9711



Adherence monitoring project

- CM role:
 - Find out why the client was late picking up meds
 - Are there barriers to picking up meds?
 - Are these barriers we can address?



Barriers

- Most common reasons for late pick up of meds:
 - Have extra medication
 - Work-related (conflict of work hours and schedule with pharmacy hours)
 - Doctor and/or pharmacy issues
 - Includes multiple pick ups of meds
 - Health reasons/illnesses
 - Includes side effects



Psycho-social barriers

- Lack of transportation
- Traveling
- Alcohol/Drug use
- Living alone/No support system
- Low literacy level
- Depression/Anxiety
- Mental Illness



MaineCare's ER use project

CM role:

- Ensure client knows proper use of ER
- Ensure client has PCP
- Ensure client knows about after-hours access



Monitor review dates

- MaineCare waiver clients must recertify once per year
- ADAP clients must recertify every six months
- Lapses in coverage can cause serious delays in receiving appropriate care

Sample Adherence Tools

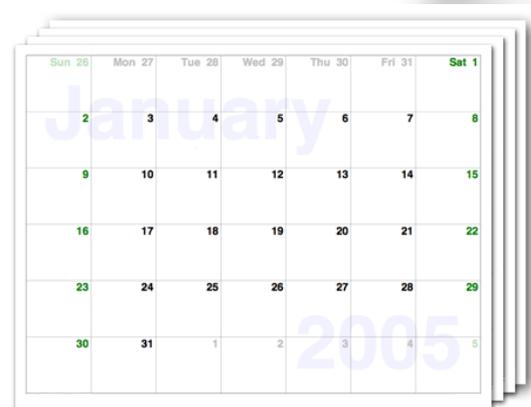
- Pill boxes



- Alarm clocks



- Calendars





Technological tools

- Use service sharing in CAREWare to see information from ADAP

- ADAP Formulary

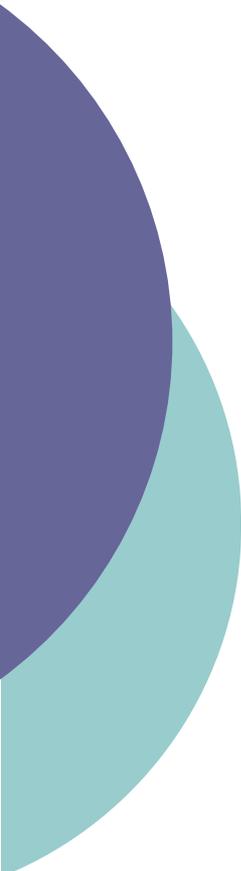
<http://go.usa.gov/PMp>

- MaineCare's Preferred Drug List

<http://www.mainearepdl.org/index.pl/pdlfiles>

REMEMBER

- Adherence is more than just reminding clients to take their medications.
 - Adherence includes:
 - Making sure clients see their doctors regularly
 - Making sure clients get their labs done regularly
 - Making sure clients have insurance – ADAP, MaineCare, Medicare, Private insurance
 - Making sure clients have transportation to get to their appointments



Prevention

Case Managers engage in at least one prevention session with all clients at least once per year.

This is a contractual requirement (Rider A).

HRSA is now requiring all Ryan White Part B programs to include prevention services.



Why prevention is important

- By addressing HIV prevention in care, clients can avoid:
 - Transmission of HIV to uninfected partners
 - Acquiring STIs and other pathogens (such as hepatitis) – which are associated with rapid disease progression and increased rates of HIV transmission
 - Potential reinfection or superinfection



Expectations of CMs

- You will have advanced knowledge of HIV transmission via risk behaviors
- You will have advanced knowledge of the principles, practices and techniques of risk reduction
- You will be have the skills and comfort to discuss sex and sexuality with clients
- You will be have the skills and comfort to discuss illicit drug use with clients
- You will have a respect for and comfort with a diversity of lifestyles and personal choices
- You will be knowledgeable about key referral programs, including Partner Services, STD services, Needle Exchanges



Partner Services

- Confidential service that assists clients to notify partners who have been exposed to HIV or STDs
 - Central Maine – Lewiston STD Clinic, 795-4019
 - Northern Maine – Bangor STD Clinic, 947-0700
 - Southern Maine – Portland STD Clinic, 756-8086 or 756-8084



Needle Exchange

- Central Maine
 - Next Step Needle Exchange, 621-3785
- Northern Maine
 - Down East AIDS Network, Ellsworth: 667-3506
 - Eastern Maine AIDS Network, Bangor: 990-3626
- Southern Maine
 - Portland Public Health, 874-8446



Ways to broach the subject

- Many of my clients find it hard to practice safer sex and safer drug use on a day-to-day basis. The reality is that these are not easy things to do. I don't know if you are having any trouble being safe, but if you are, I'd like to understand what you find difficult about it? What works for you, and what doesn't, when it comes to safer sex and safer drug use?
- I know that practicing safer sex and safer drug use is not easy to do every day. In fact, a lot of my clients struggle with it. I'd like to get a sense of whether it's a struggle for you.
- There are a lot of things that can get in the way of a person being safe when they have sex or use drugs. What do you do to protect yourself and your partners? What, if anything, makes it difficult to do it consistently?
- A lot of people find it very difficult to practice safer sex every day. What role does safer sex play in your life? When do you practice safer sex? When don't you?

But my client isn't having sex or injecting drugs....

- Prevention services can include basic HIV information and education, including
 - conversations about common household infections (see Project Inform brochure in your Case Management binder)
 - counseling about stigma and disclosure
 - education about universal precautions and how to react to serious injuries at home or in the workplace