

Tab 11: Lessons Learned



**Toolkit for Integrating HIV Services in
Native Health Settings**

**1. Successful Practices for
Integrating HIV Testing**

**2. Overcoming Obstacles in HIV
Integration Process**

Successful Practices for Integrating HIV Services

| PRACTICES FOR MANAGERS WORKING WITH STAFF | PRACTICES FOR STAFF WORKING WITH CLIENTS |
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| Make a Commitment and Set Goals | |
| Provide strong, consistent leadership around offering HIV services – this may include a single advocate | Make a commitment to offer HIV services to both established and new clients |
| Make sure that staff understands exactly why HIV testing is so important – this may involve in-services and trainings | Communicate to clients why testing is so important to themselves, their families, and the community. Do it in language that is easy to understand |
| Establish and communicate clear expectations about assessing clients for risk of HIV | Know which clients you should assess for risk |
| Specify that all clients should be offered an HIV test, and that tests should be encouraged for people with higher risk | Know that all clients should be offered an HIV test |
| Designate staff roles around HIV services (i.e., Who is expected to discuss HIV? Assess risk? Offer counseling? Offering testing? Chart services? Give results? Report data?) | Be clear on your specific role with regard to HIV services, and the roles of other staff |
| If necessary, have a staff member who is trained and experienced in HIV counseling and testing offer these services to clients until other staff receive training and become more comfortable delivering the services | Take advantage of training opportunities, both formal and informal, to sharpen your skills |
| Ensure that all staff, including support staff, are comfortable bringing up the topic of HIV with clients in a respectful and confidential manner | Expand into discussions of HIV with clients by building on the positive relationships you already have with them. Use other existing issues to introduce HIV (such as family planning, STIs) as jumping right into HIV may seem disrespectful and abrupt – especially when topics of risk arise |
| Where practical, have all providers who have a contact with a client during a visit discuss HIV testing with that client | Where appropriate, bring up the topic of HIV and testing during your contact with a client during a clinic visit |
| Establish Effective Routines and Procedures | |
| Work with staff to establish effective site procedures, routines and mindsets that include HIV risk assessment, counseling and testing | Practice incorporating HIV risk assessment, counseling and testing into existing visits and assessments with clients – this may mean combining or creating new assessment tools |
| Establish procedures and routines around HIV | Continuously seek effective ways to |

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| testing that are congruent with your setting type and staffing patterns (i.e., hospital-based, primary care, rotating physician staff, etc.) | incorporate HIV services into the services you are already providing to clients |
| Link HIV testing with other kinds of service visits, especially those indicating that a patient may have engaged in unprotected sex (e.g., ECP, STD testing, STD treatment, or pregnancy test visits) | Offer HIV testing during visits that suggest that a client may have engaged in unprotected sex, such as ECP, STD testing, STD treatment or pregnancy test visits |
| Create a referral network that is up to date and encompasses both internal and external services provided (HIV care, substance abuse, mental health, traditional services, etc.) | Provide a comprehensive selection of culturally appropriate referrals to meet the medical and cultural needs of the client |
| Create a system that wholly supports the client as they navigate the system and ensure that staff understand the confusion a client may experience in a Western clinic model | Utilize systems such as client roadmaps or client advocates that actively support clients as they move through a system of appointments and referrals. |

Support Staff and Reinforce Progress

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| <p>Monitor and reinforce your expectations of staff by:</p> <ul style="list-style-type: none"> • Reviewing service data and giving feedback • Discussing HIV at regular staff meetings • Communicating the expectations informally with staff at all levels • Modeling the desired staff behaviors • Using key onsite experiences as opportunities for staff learning • Encouraging staff to attend training events • Using reminder memos • Providing staff with ongoing feedback, coaching and support around HIV issues • Reviewing client charts • Providing staff with in-services on development in the HIV epidemic, treatment, testing methods, counseling, and cultural competency | <p>Monitor your performance and enhance your client skills by:</p> <ul style="list-style-type: none"> • Reviewing your own HIV service data • Using staff meetings and discussions with supervisors and other staff to learn more about HIV testing • Sharing important learning experiences with others • Taking advantage of on-going education, training and certification opportunities • Seeking feedback and skill coaching when appropriate • Accurately recording any HIV services that you deliver in client charts |
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Plan for Client Contingencies and Follow-up

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| Have staff, when discussing testing with a client, also discuss support and referral services that they can offer should the client's test be reactive | Discuss potential testing outcomes and the resources you can offer a client "up front" so the client is assured that supports are available |
| When a client agrees to be tested, have staff make a plan with that client to return to receive the test results, or a plan for retesting | When a client agrees to be tested, emphasize the importance of returning for a test result, and make a plan to have them return (or retest in the |

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| | future) – preferably setting up the appointment on the spot |
| Devise a system for having staff notified when a client does not return for a test result | Stay informed about which of your clients have not returned to receive their test result |
| Articulate a procedure for how clients will be notified if they do not return for a test result | Know what steps to take when a client has not returned for a test result |
| Create an agency/clinic protocol for when a test returns inconclusive that includes explanation to the client, retesting, and examining the test batch | Train staff on how to handle an inconclusive test result that includes how to explain to a client and how to conduct a retest |
| Create an agency/clinic protocol for when a test returns reactive that includes time for extensive counseling, partner notification/counseling, cultural needs, confirmatory tests, and all immediate needs (childcare, time off work, transportation, and well-being) | Provide training to staff on how to deliver reactive HIV test results, the counseling involved, and the immediate client needs that may need to be met |
| Be Patient, But Tenacious | |
| Remember that integrating HIV services successfully requires commitment, thought, consistency, practice and time | Remember that integrating HIV services successfully requires commitment, thought, consistency, practice and time |

Overcoming Obstacles in the HIV Integration Process

HIV integration obstacles are impediments that occur during the integration process. They are commonly seen as something that can be overcome and are categorized here into five groups to easily identify the types of obstacles that occur during implementation. The definition of HIV integration obstacles and their categories were developed from a variety of interviews from selected HIV integration model clinics. Those clinics reported their experiences integrating HIV prevention services into their reproductive health setting and included stories of their obstacles and how they overcame them.

| Obstacles | How Model Clinics Overcame Obstacles |
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| Obstacles with Staff | |
| Staff resistance to integrating HIV services | <ul style="list-style-type: none"> • Provide HIV education to staff through training that includes the importance of integration and HIV testing • Build knowledge and self-efficacy of staff with training on HIV 101, counseling, rapid testing and giving positive results (being sure to allow sufficient practice for skills building) • Allow staff to hear from community members, elders, healers who would like to see HIV services at their local clinic/agency • Change clinic environment by modifying clinic protocols, staff responsibilities, job descriptions, updating CLIA license, and providing sufficient training to support these changes • Convene regular staff meetings and supervisory conferences to discuss HIV integration • Develop a broad-based team and train some to become HIV champions to actively motivate other staff |
| Staff turn-over, losing HIV champion and increasing responsibilities on staff | <ul style="list-style-type: none"> • Train a variety of staff to do counseling, testing, or returning results • Adjust clinic flow considering when and how the testing and counseling occurs to be easiest and quickest for staff • Select the best person to handle an HIV appointment for all the counseling and testing • Create a team of client advocates who sole job is to help clients navigate medical systems – these multiple people can serve as ‘champions’ for continued integration |
| Logistics Obstacles | |
| State required consent forms and counseling | <ul style="list-style-type: none"> • Educate clinics on consent requirements • HIV testing no longer requires active written consent • Move to opt-out testing with limited counseling Encourage legislators or tribal council to create HIV legislation that matches current CDC recommendations |

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| Clinic flow | <ul style="list-style-type: none"> • Assess clinic flow and reorganize clinic flow system to best distribute staff time and accommodate clients • Plan a schedule that accommodates missing staff • Create algorithms of HIV integration to show how integrated services will work • Phase-in integration one clinic at a time and or different parts at a time to work out kinks as you go • Use client advocates to help manage clinic flow |
| Inadequate Structure to Support Integration | |
| Lack of supportive protocols and policies in clinic | <ul style="list-style-type: none"> • Update CLIA license to accommodate new laboratory testing • Change job descriptions to include HIV prevention services and make HIV training a requirement • Convene meetings with team to discuss protocols and develop implementation plans |
| Difficulty moving away from a counseling session | <ul style="list-style-type: none"> • Use a client centered approach to allow staff to counsel based on clients needs |
| Training Obstacles | |
| Training staff and finding time to train | <ul style="list-style-type: none"> • Train staff in phases • Adjust client schedules by reducing or rearranging appointments to accommodate training • Use self-guided web-based training • Train over luncheons or dinner (provide food) • Train champions who can then train staff in-house |
| Retraining staff | <ul style="list-style-type: none"> • Change training protocols to require all new staff to complete HIV training • Have a staff member complete a training of trainer (TOT) training, allowing this selected staff member to train in house continuously • Have rolling training that is ongoing for new staff and staff needing to retrain |
| Testing and HIV Stigma Obstacles | |
| Giving positive test results (regular, rapid and confirmatory) and performing test | <ul style="list-style-type: none"> • Provide training to staff and give sufficient time to develop skills to overcome fears • Identify staff members that are most comfortable giving news of positive results on all confirmatory tests • Work one on one with staff members unable to give positive results • Triage at risk clients to staff with greater comfort • Allow staff to retake the training on HIV testing • Have staff shadow someone doing rapid testing once or twice before having them do it alone |
| Staff HIV fears and stigmas | <ul style="list-style-type: none"> • Provide HIV training for staff • Encourage staff to overcome fears using training to reduce stigma |

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| | <ul style="list-style-type: none">• Reinforce the importance that staff do this work• Use HIV champions to encourage other staff• Have HIV positive guest speakers come to speak at the clinic |
| Clients not returning for results | <ul style="list-style-type: none">• Offer rapid testing• Consider alternative methods of notification that test results have come in• Do not provide results over the phone• Use CHR's to deliver test results during a home visit |