



# OC In+Care

Newsletter for providers serving people living with HIV/AIDS in Orange County

Issue 1 discussed the efforts made by providers like you to achieve the goal of increasing access to care and improving health of people living with HIV/AIDS (PLWH/A) in Orange County.

Also discussed was the importance of linking and retaining patients into medical care in order to help patients be adherent to medications, maintain undetectable viral loads, to have less opportunistic infections, and decrease transmission. This can be done by making reminder calls, ensuring patients' contact information is updated, and using peer educators to make contact with the patient.

Additionally, the recommended guidelines for initiating treatment for PLWH/A were provided.

## Orange County In+Care Goals

1. Increase the proportion of **newly diagnosed individuals linked to clinical care** within three months of diagnosis
2. Increase the proportion of PLWH who are **in continuous care**
3. Increase the proportion of PLWH with **suppressed viral loads** (less than 200 copies per mL)

To help ensure treatment adherence, it is important to discuss issues that may pose barriers to initiating and maintaining a treatment regimen.

Issue 2 will continue to explore the topic of treatment, common barriers to adherence, and what you can do to help your patient adhere.

### Barriers to Treatment Adherence

Although a patient's ability to commit to a treatment plan should

be assessed prior to initiating treatment, unexpected changes in the patient's life can disrupt treatment adherence.

There may be many barriers that prevent a patient from adhering to their treatment regimen. Some barriers that may arise are:

- Active substance abuse (drugs and/or alcohol)
- Patient feels healthy
- Food requirement
- Forgot or busy
- Away from home
- Traveling
- Change in daily routine
- Side effects
- Depression or illness
- Lack of interest
- Desire to have a drug "holiday"
- Treatment fatigue

### Public Health Services Guidelines

**CD4 Count <500:**

*Anti-retroviral Therapy is strongly recommended and should always be offered.*

**CD4 Count >500:**

*Anti-retroviral Therapy is moderately recommended and should generally be offered.*

## Strategies to Treatment Adherence

It is important for the medical provider to understand and be aware of the patient's overall situation. During the appointment, ask the patient if there are any changes in their lifestyle or daily routine that may affect their medication intake. Education should include potential consequences of not adhering strictly to the treatment plan. Let them know that changes in lifestyle may disrupt their treatment plan and remind them of their treatment regimen. Emphasize the importance of committing to the plan even with these changes.

A common reason for why many patients discontinue their treatment regimen is because they do not feel sick. Encourage patients to continue their medication even when they are physically feeling well.

Communication between the doctor, case manager, and pharmacist (with appropriate release of information) is key to helping them continue to commit to their treatment plan.

Some patients may find using a diary or medication log useful in remembering what medications to take and when to take them.

The patient can include individuals to support them in their treatment plan. This can be a family member, peer, or friend

whom they feel comfortable with and have disclosed their HIV/AIDS status.

## The Pharmacist's Role

The pharmacist's role in HIV care is essential. A patient may see multiple providers with prescribing privileges, but typically goes to one pharmacy. Because of this, their pharmacy becomes the "hub" for the patient's care. As noted before, it is important for doctors, pharmacists, and case managers (if applicable) to have a good relationship. Doctors should contact the pharmacy to follow up on a patient's treatment plan and more importantly, learn of any other drugs the patient is taking that may lead to drug-drug interactions.

Pharmacists should contact the doctor if a patient's treatment plan may lead to adverse effects. Contacting the doctor or case manager may also be necessary if patients are not picking up their medications (non-adherence).

## Orange County Resources

Check out **HIV THRIVE** ([hivthrive.com](http://hivthrive.com)), for information on living with HIV/AIDS and improving overall wellness.

**Peer Support Services (PSS)** offers support to individuals who are living with HIV/AIDS. For more information on PSS, contact Bobby Avalos at (714) 868-1829 or e-mail [bobbyonstage@hotmail.com](mailto:bobbyonstage@hotmail.com).

For information on different support groups that may help with treatment adherence, please contact **AIDS Services Foundation** at (949) 809-5700. Or visit <http://www.ocasf.org/client-activities-2.html>.

For other events in Orange County, please visit <http://ohealthinfo.com/phs/about/dcepi/hiv/events>.

## Orange County FAST FACTS

# 1 in 5

People living with HIV in Orange County **do not know they are infected**.\*

# 2 in 5

People living with HIV in Orange County **haven't seen a doctor in the last year**. \*\*

# 3 in 5

People living with HIV in Orange County **aren't viral load suppressed**. \*\*\*

\* CDC Estimated Back Calculation Methodology

\*\* OC Unmet Need Estimate as of July 2010

\*\*\* OC HIV Case Registry as of December 2011

## ORANGE COUNTY HIV QUALITY MANAGEMENT COMMITTEE



OC In+Care is a project of the Orange County HIV Quality Management Committee. The HIV Quality Management Committee works to increase the quality of Ryan White services. For more information about the committee, please call (714) 834-8711.

If you have feedback or topic suggestions for future newsletters, please contact Melissa Corral at [MCorral@ochca.com](mailto:MCorral@ochca.com).