

WAYS TO BUILD TRUST



The Partnership for Health-Medication Adherence intervention is designed to establish a partnership between the patient and health care provider to improve understanding of patients' health care needs and life circumstances with the goal of increasing antiretroviral treatment (ART) adherence to achieve and maintain viral suppression.

Establishing trust and communication are core components of the Partnership for Health-Medication Adherence intervention. Fostering a respectful, open, and honest relationship will enhance your patients' willingness to speak truthfully about potential barriers to adherence and encourage mutual participation in problem-solving solutions.



Engage the patient to discuss concerns

As a healthcare provider, your patients' health and well-being are your number one priority. Often, however, patients may have concerns or questions about their health status or treatment that go unasked and unanswered.

Inviting a patient to discuss concerns or ask questions, and taking a few minutes to actively listen, can reveal a lot about the patient's challenges and successes with adherence to ART.

WHAT TO SAY:

“How has it been taking your HIV medication since your last appointment?”

“Tell me what it's like for you to take your HIV medication every day.”

“What questions or concerns do you have about your health or HIV medication(s)?”

Employ active listening techniques

Using active listening techniques shows that you are making a conscious effort to hear and understand your patients' concerns. According to a 2019 study, physicians interrupt patients who are expressing their concerns in 67% of visits in a median time of 11 seconds.¹

Active listening doesn't need to take long. Taking a few minutes to use active listening techniques can improve communication with patients and create major benefits.



ACTIVE LISTENING TECHNIQUES:

Ask Open-ended Questions

Closed-ended questions make it easy for patients to dismiss questions or concerns they may have about their treatment. Conversely, using open-ended questions invites patients to discuss their concerns. For example:

- “How are you taking your medication?”
- “What happens on days when you miss doses?”
- “What has changed in your daily routine that might make it more difficult for you to take your medication every day?”

Restate

Restating what a patient has said demonstrates that you are paying attention, clarifies the information a patient is giving you, and allows a patient to provide additional information if necessary. For example:

- “You’re finding it difficult to take your pill with food because you don’t have meals at the same time every day. Is that right?”

Reflect

In addition to paraphrasing a patient’s words, reflect the feelings being communicated by a patient’s statements. For example:

- “I understand how frustrating it can be to keep track of different medication schedules.”

Redirect

Redirecting involves bringing patients back to the discussion if they stray off track. Most providers are quite skilled at redirecting. The trick is to redirect so that the patient feels heard. For example:

- “I’m glad to hear things are going well at work. How has that impacted your medication schedule?”

Affirm

Acknowledge and validate the strengths, efforts, and experiences of your patients. For example:

- “It’s clear that you are making great efforts to take your medication every day, despite your busy schedule.”

Nonverbal Communication

Be mindful of your body language. Maintain eye contact when patients speak, nod your head, and wait for patients to finish speaking before responding.

Discuss ART and its benefits

Patients are active participants in this partnership and must understand how treatment benefits them. Encourage them to ask questions and express concerns.



WHAT TO SAY:

- “Tell me what you’ve heard about ART and how it helps.”
- “How do you think ART could help you?”
- “Taking your medication every day will help you to stay healthy. Missing doses can cause the virus to become resistant to the medication, which could mean that the medication stops working.”
- “By taking your medication every day, this will allow you to get and keep an undetectable viral load. Having an undetectable viral load will effectively eliminate your risk of passing HIV on to your sexual partners.”



Inform patients about the medication and how it works

ART can sound complicated and some patients may assume they cannot or do not need to understand how it works. However, even patients with little formal education can understand how ART works to keep them healthy when it is explained appropriately. Use plain language and consider graphic descriptions that are meaningful.

WHAT TO SAY:

“Let’s talk about how this medicine works to keep you healthy and why you need to take it every day. HIV infects human CD4 T-lymphocyte cells, or ‘T-cells.’ These are cells that play an important role in your immune system and your body’s ability to resist infections. When T-cells become infected with HIV, your immune system does not work correctly. HIV treatment medications were developed to work at different points in the lifecycle of the virus to interrupt its ability to make copies of itself in the body and infect additional immune cells.”

“To make sure I’ve done a good job explaining your medication treatment, would you describe for me how your medication works?”

“The CD4 cell count is an indicator of your current health status. A higher CD4 cell count indicates a healthier immune system. Viral load shows how much HIV is in your body. This measure provides information about the speed of disease progression and how actively the virus is replicating in the body. Together the CD4 cell count and viral load are used to determine how well your treatment is working.”

“How would you describe the CD4 cell count and viral load?”



Discuss possible barriers to medication adherence

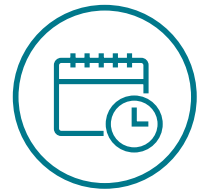
Patients may need help thinking about barriers in their lives that could interfere with adherence, especially when beginning or changing medication regimens. Consider ways to help patients identify specific strategies, behavioral cues, and support options for achieving medication adherence.

WHAT TO SAY:

“What will help you remember when to take your medicine each day?”

“Some patients find a pill organizer helpful for remembering to take their meds. How do you think this will work for you?”

“Phone alarms or scheduling apps help some people remember when to take medication. What kind of reminders might work for you?”



Plan for and manage side effects

Medications can have side effects, especially when people start or change a treatment regimen. Providers should help patients understand when and how to contact them if side effects persist or seem more severe than expected.

WHAT TO SAY:

“What side effects have you experienced since starting the medication?”

“We’ve talked about possible side effects and when to get in touch with me. Call me if it seems like you’re experiencing more serious side effects or if they’re lasting longer than I suggested they would. I want to know if you’re having any trouble.”

“How do these side effects impact your day? How might they impact your work schedule or other obligations?”



Refer to other adherence support strategies

Adherence to ART over the long term can be challenging, even for the most motivated patients. Let patients know

about any support resources available to them, such as peer-to-peer groups, adherence counselors, and case managers. Peer educators and/or group meetings with other people with HIV and taking ART can strengthen patients’ resolve for self-care and their sense of belonging—all of which can support adherence.

WHAT TO SAY:

“Some people find talking with others who take ART to be really helpful, especially as they adjust to a new regimen. What do you think about joining a peer support group?”

“Is there a close friend or family member you can approach to help you stick with your treatment plan?”

“What do you think about following up with the adherence counselor for the next few weeks as you adjust to this new regimen? You can call them, or they can call you. Which would you prefer?”

Sources

1. Ospina NS, Phillips KA, Rodriguez-Gutierrez R, et al. Eliciting the Patient’s Agenda-Secondary Analysis of Recorded Clinical Encounters. *J Gen Intern Med.* 2018;34(1):36–40. doi:10.1007/s11606-018-4540-5.

The research that underlies the Partnership for Health-Medication Adherence strategy was originally published in the *Journal of Acquired Immune Deficiency Syndrome (JAIDS)* as:

Milam J, Richardson JL, McCutchan A, et al. Effect of a Brief Antiretroviral Adherence Intervention Delivered by HIV Care Providers. *J Acquir Immune Defic Syndr.* 2005;40:356–363.

The Partnership for Health-Medication Adherence e-learning course and related materials can be accessed from the CDC Effective Interventions website at <https://www.cdc.gov/hiv/effective-interventions/>.

This publication was supported by Cooperative Agreement PS19-1904 from the Centers for Disease Control and Prevention.