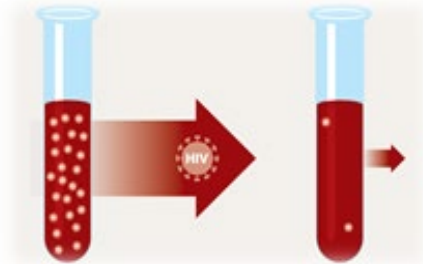


The High Viral Load Initiative: A Get to Zero Mission

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Background: Special Needs Clinic



Demographics

- SNC provides comprehensive mental health care for HIV-infected and affected children, adolescents, parents and families of color for over 25 years
- Hospital-Based Multidisciplinary Team
- Treatment integrates and adapts evidence-based modalities

Adherence

- Typically, 86% suppression
- Patients continue to struggle with adherence
- Not so simple!
- Not just taking a pill
- Exists on a spectrum
- Variability with adherence

Barriers

- Variability due to barriers
- Individual factors
- Health system factors
- Other contextual factors

Barriers to Adherence

Individual Factors

Depression or other illness

Changing in daily routine

Substance use or alcohol use

Absence of supportive environments

HIV-related stigma and discrimination

Medication Related Factors

The pill burden

Dietary restrictions

Complexity of dosing regimens

Adverse events

Forgetting doses

Health System Factors

Traveling distance to clinic

Bearing the direct/indirect cost of care

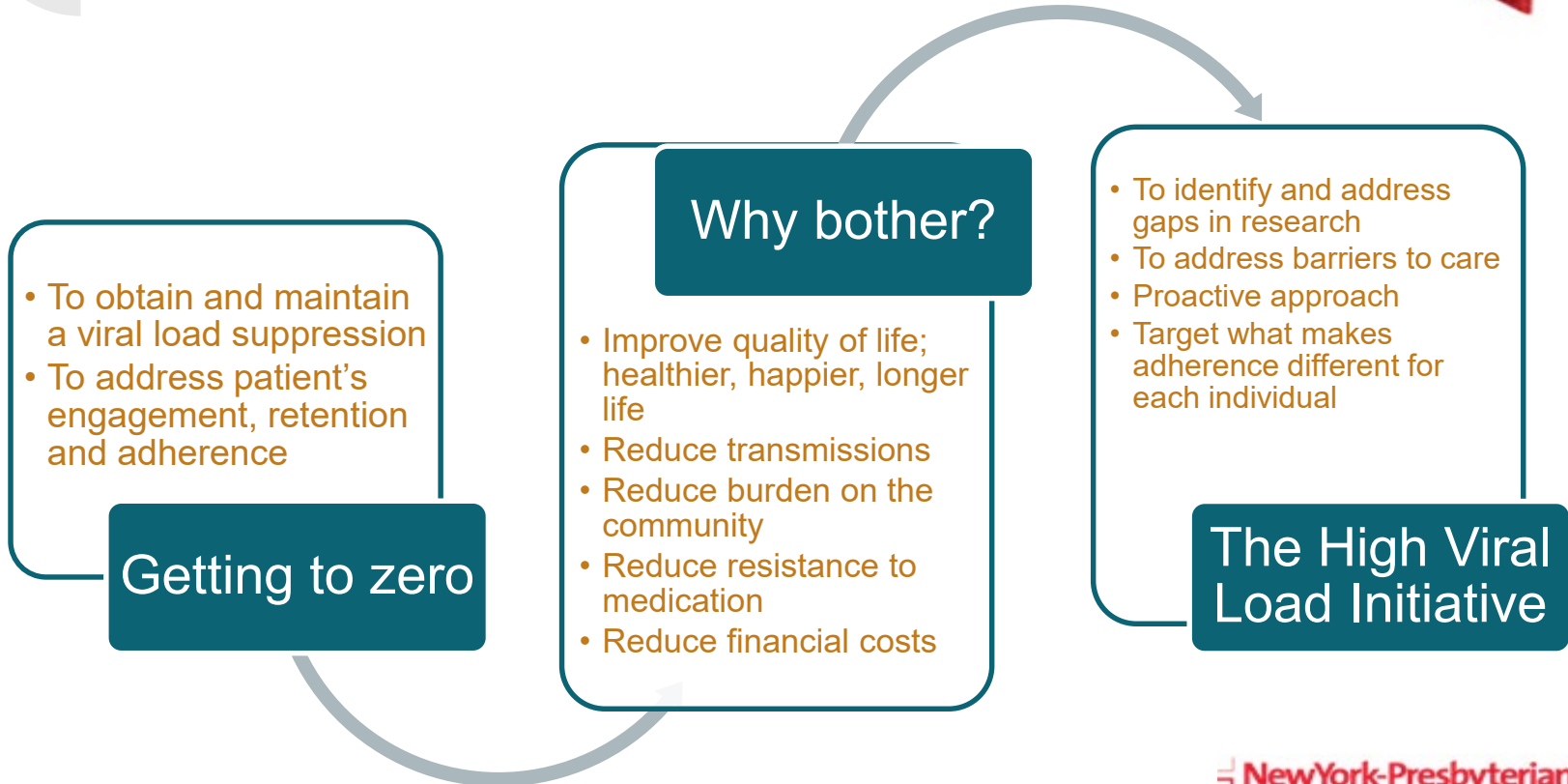
Lack of clear information or instruction on medication

Interrupted ARV drug supply and difficulties with continuity of care

Limited knowledge on the course of HIV infection and treatment

Goal: Viral Load Suppression

GETTING TO
ZERO



Methods

Identify

- Identify the patient (VL > 1,000 copies/mL)

Coordinate

- Primary therapist coordinates with HVL Team Leaders

Plan

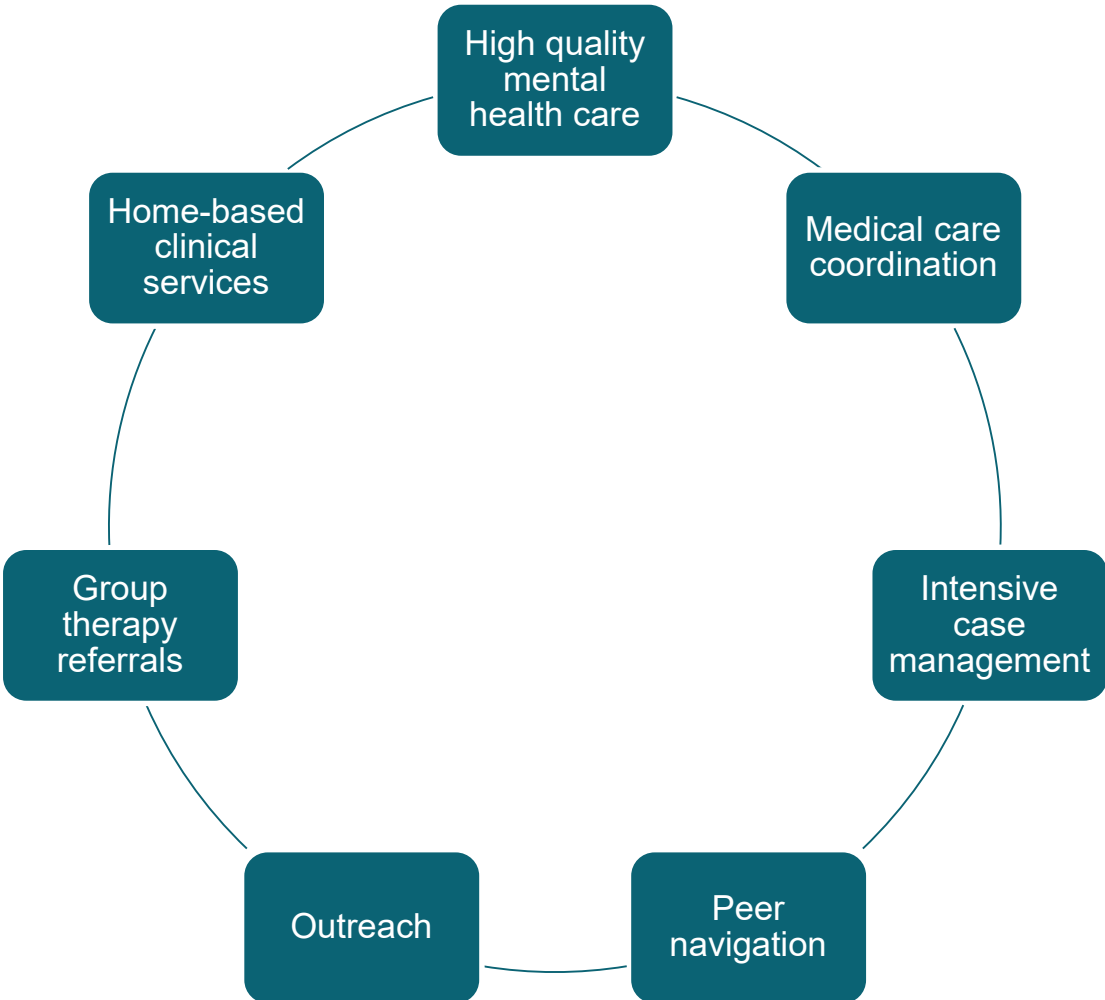
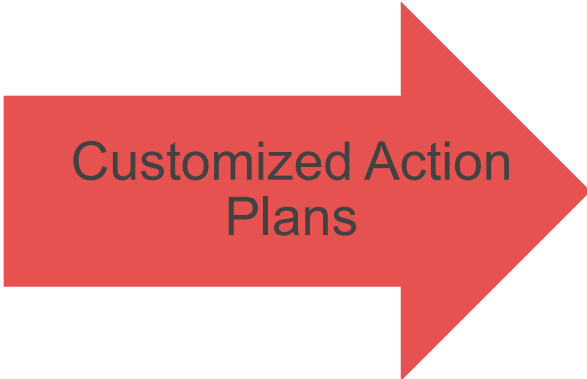
- Action Plan for appropriate interventions based on
 - Qualitative data from primary therapist, care providers and patient
 - FIT scale
- Providers meet monthly for HVL Team Meeting

Intervene

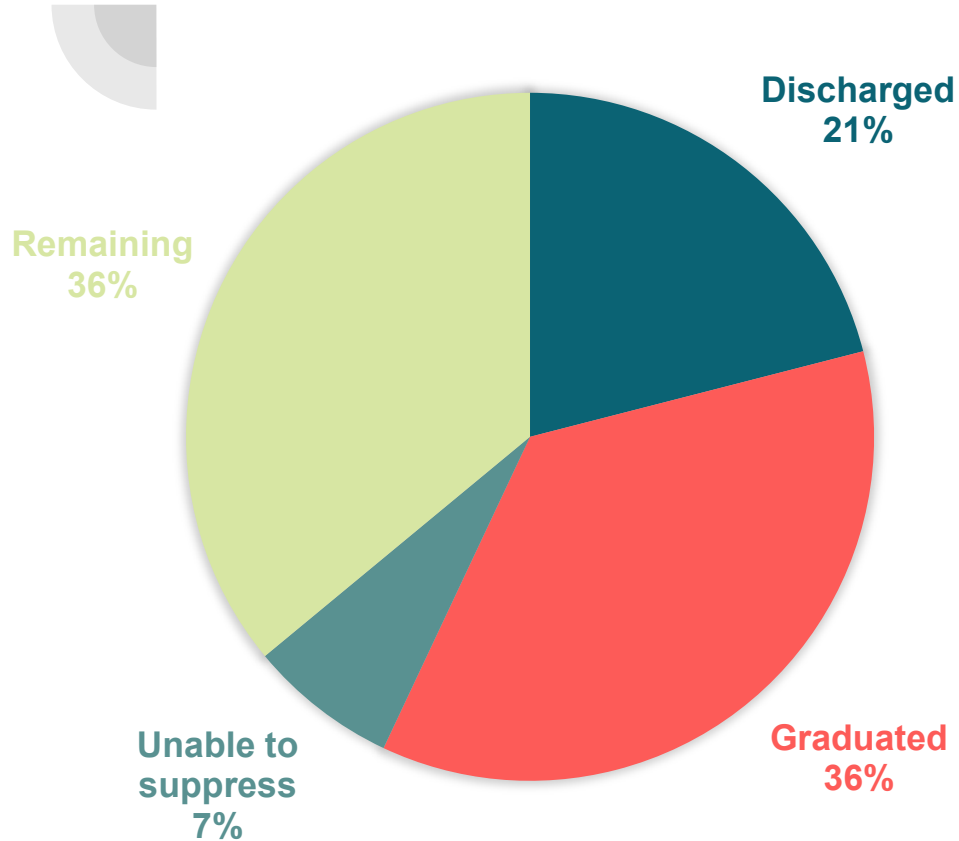
- Introduce interventions to patient
- Deliver interventions to patient



Interventions



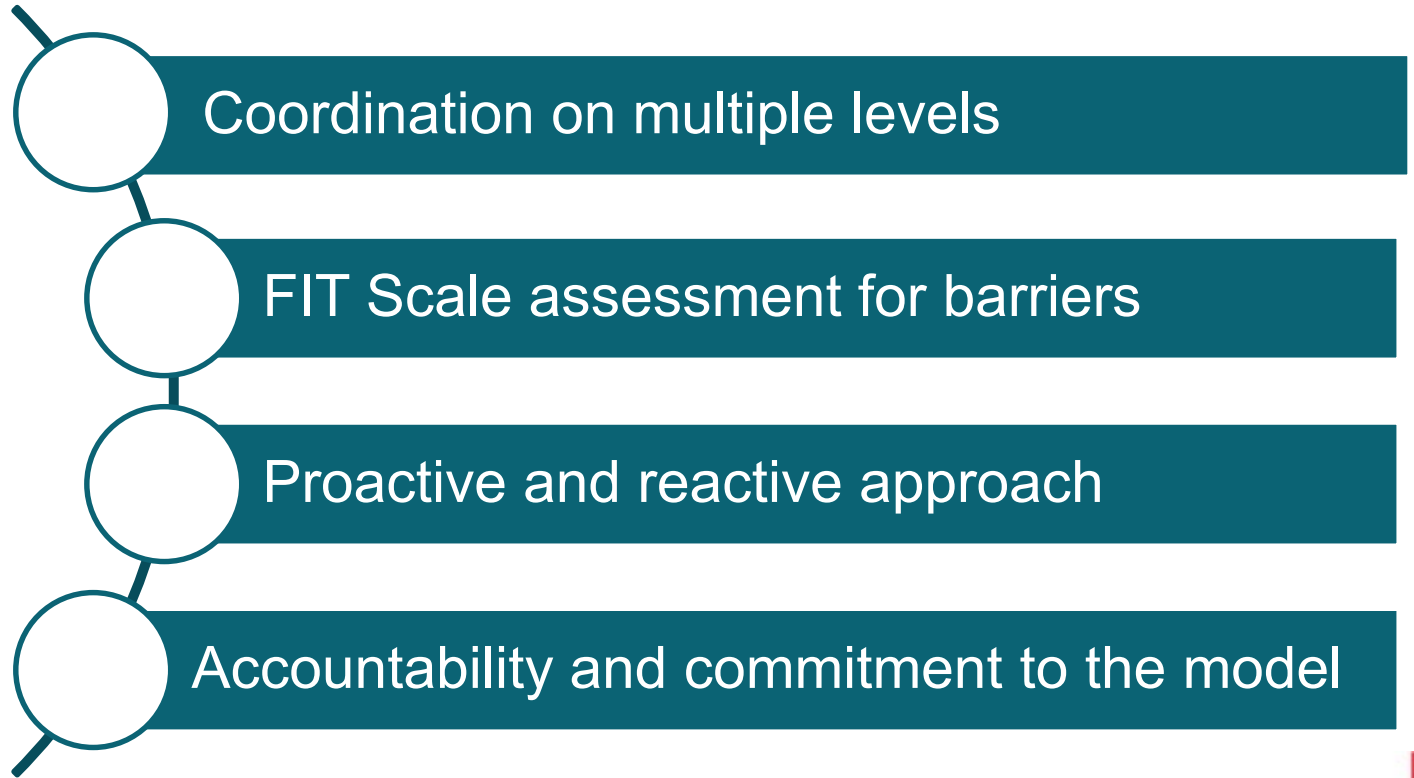
Results



- N=14
- Initial results suggest a negative correlation between mental health treatment attendance and viral load
- Results currently being collected for FIT scale
- Barriers to psychiatric care: Initial finding suggest concerns of being judged by others, lack of energy or motivation, issues with transportation, and physical symptoms

Discussion:

The HVLI is a meaningful intervention for patients with high viral loads.



Conclusions and Next Steps



Advantages

- One stop shop intervention
- Access to resources
- Reduces burden on system
- Reduces burn out
- Universality to reduce stigma
- Improves quality of life
- Reduces potential transmission

Limitations

- Timely
- Can increase burn out
- Generalizability
- Small sample size
- High attrition rate
- Access to the model

- Utilization of approach to promote engagement and adherence
- Bridge to external resources
- Thorough assessment at first point of contact and throughout
- Advocacy and psychoeducation



References

- 9.2 Guidance on operations and service delivery: Adherence to ART. (2013, July 16). Retrieved from <http://www.who.int/hiv/pub/guidelines/arv2013/operational/adherence/en/>
- Moher, et al. (2010). Perceived barriers to psychological treatments and their relationship to depression. *Journal of Clinical Psychology*, 394-4090.