

CASE STUDY

INTRODUCTION TO HEALTH CARE SERVICES LEADS TO TURN-AROUND IN TREATMENT ADHERENCE

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BACKGROUND

Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS®), a program conceptualized by the BC Centre for Excellence in HIV/AIDS (BC-CfE), aims to expand access to HIV treatment, care and treatment for all BC residents, particularly for vulnerable populations experiencing difficulties in accessing traditional services. Through health authorities across BC, the STOP® program involves collaboration among nurses, health care professionals, social workers and others in order to provide for the broad spectrum of needs of their clients living with HIV. In 2012, based on the success of STOP pilot programs initially launched in Prince George and Vancouver, the BC provincial government announced \$19.9 million in funding towards STOP®'s expansion to all provincial health authorities.

Members of STOP® outreach teams across the province serve vulnerable populations, many of whom have suffered trauma and lack trust in traditional health care systems. Many clients are simultaneously facing addiction and homelessness problems, while dealing with access to HIV treatment and care. Outreach Nurses with the different STOP® programs work with several clients at time.

Success stories from the STOP® program show the resilience that exists within vulnerable communities, as well as the importance of holistic support systems to address the social determinants of health. This includes a broad spectrum of social and economic needs.

This case study shows demonstrates that, through the gradual introduction of a number of health and social supports, a hard-to-reach client can develop consistent adherence to his HIV treatment. The client's name has been changed for privacy concerns.



CASE STUDY

Members of a STOP[®] outreach team met “Nick”^{*} in 2010 while connecting to one of his friends who was diagnosed with HIV. At the time, he was quiet and withdrawn, rarely making eye contact. When the friend shared her HIV status with

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Nick, he approached one of the outreach nurses for a point of care test. He tested positive and was immediately engaged in the HIV support program available through the appropriate health authority.

As a multiple drug user, Nick was very occupied with seeking and securing drugs, which he used as self-medication. As a result, his life appeared chaotic and adding the time required to access care and treatment for HIV seemed daunting. Incentives – such as meals and food coupons – were used to encourage him to have regular lab work done and to maintain care with a medical doctor. Within a month, through the support of the outreach team with the STOP[®] Program, Nick had seen an HIV specialist and was connected to a family physician working with the outreach program. Initially, Nick grew more engaged in care due to incentives offered. However, eventually, he appeared to genuinely appreciate the support and the treatment for the benefits offered in managing his disease.


Within a couple of months, the team advocated for and were successful in setting Nick up with his own family physician. On antiretroviral treatment for HIV, he achieved a non-detectable viral load. This means the viral load was at such a reduced level that it could not be detected by standard blood tests. At this point, the likelihood of

TasP[®]: Foundation for STOP[®]

The concept behind Treatment as Prevention[®], introduced in 2006 by BC-CfE Director Dr. Julio Montaner, is to start HIV treatment immediately upon diagnosis in order to improve health outcomes and reduce rates of transmission. Once on sustained and consistent treatment, a person’s HIV viral load decreases to undetectable levels, rendering it very unlikely they will transmit the virus.

^{*} Names changed for privacy and confidentiality.





spreading HIV is negligible. Being on consistent and sustained HIV treatment greatly improves a patient's quality of life, while drastically reducing the likelihood of transmission to others.

However, Nick continued to face barriers to his treatment. Nick's medical compliance remained poor and difficult to monitor. He was facing numerous challenges, such as homelessness, poor access to financial resources and few social supports. With the help of the STOP[®] team a disability assessment was conducted resulting in securing Nick some additional funding. This allowed him to access stable housing and to buy necessities such as groceries. Weekly blister packs were used to dispense HIV medications and incentives were offered for successful adherence. When this failed, his medication was daily dispensed and coupled with incentives like food vouchers. This provided positive results.

Thanks to these efforts, Nick maintained sustained and consistent treatment. He also became sociable, well spoken and supportive of others in the community. This led him to become active as a peer distributor for harm reduction supplies.

Nick's story is a true success of what can be done when a network of supports is created. Bringing Nick into regular care for his HIV required time and incentives. However, the improvements Nick experienced in his life through consistent HIV care and treatment inspired him to continue the course. His story makes the case for access to universal care and for expanded education on the benefits of HIV treatment.

