

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV

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Module 4

Partner Services (PS)

Developed by:

The National Network of STD/HIV Prevention
Training Centers, in conjunction with the
AIDS Education Training Centers



Learning Objectives: Module 4

Upon completion of training, providers who care for HIV-infected persons will be able to:

- ◆ Define Partner Services (PS);
- ◆ Explain the importance of PS in relation to HIV;
- ◆ Describe 5 partner referral options;
- ◆ Utilize PS available through state and local health department;
- ◆ Refer patients to PS.

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Quick Poll

What comes to mind when
you hear the term
partner services?

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Breaking the Chain of Infection



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What are Partner Services (PS)?

- ◆ **Partner Services:**
 - Are voluntary and confidential.
 - Assist persons living with HIV with telling their partner(s) about possible exposure.
 - Facilitate linkages to services.
 - May be handled differently for HIV and other STDs based on jurisdiction.

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Rationale for Partner Services (PS)

- ◆ **Partner services provide an opportunity to:**
 - Interrupt disease transmission and prevent complications.
 - Provide counseling and education for reducing behavioral risks that increase the risk of STD/HIV transmission.
 - Provide access to testing and other prevention services.

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Partner Counseling, Testing, and Referral in Ten States with Highest Reported HIV/AIDS Cases in 2002*

- ◆ Total HIV/AIDS cases = 55,167
- ◆ 12,137 (**22%**) were interviewed and partners elicited through PCTRS
- ◆ Of 14,042 partners elicited
 - 2,247 (**16%**) previously known to be HIV+
- ◆ Of partners not previously known to be HIV+
 - 6,133 (**52%**) were tested through PCTRS
 - 1,104 (**18%**) of those were newly identified HIV+

*California, Florida, Illinois, Louisiana, New York, New Jersey, North Carolina, Pennsylvania, Texas, Virginia

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Key Benefits to Patients and Partners

- ◆ Patient does not have to reveal HIV/STD status.
- ◆ Fulfills ethical desires for patient.
- ◆ Partner learns information about real risk.
- ◆ Opens access to wide range of prevention and care services to partner
- ◆ Intervenes in spread to other partner(s) or unborn children

Common Concerns



- ◆ Threat to confidentiality.
- ◆ Potential for violence, especially against women, when HIV+ serostatus is revealed.
- ◆ Stigma-related discrimination.

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Key Benefits to Clinician

- ◆ Fulfills public health and ethical concerns.
- ◆ Improves patient outcomes.
- ◆ Provides ongoing health department support to meet legal obligations.
- ◆ Can be performed by non-clinical staff.

Common Concerns

- ◆ Threat to confidentiality and patient/clinician relationship.
- ◆ Increased work load in a time-limited environment.
- ◆ Unclear legal expectations

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Laws and Regulations

A brief overview related to informing partners

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Reporting Requirements

- ◆ Because the STD/HIV/AIDS requirements for reporting differ by state, clinicians should be familiar with local reporting requirements
- ◆ Consult with state HIV/AIDS program and policy offices
- ◆ Some areas also have laws and regulations about informing partners of their exposure to HIV

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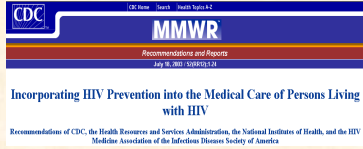
Handout 1



Local Reporting Requirements & PS Program Guidelines

- ◆ Laws specific to the clinician
- ◆ Coordination with private sector for partner services
- ◆ Protecting confidentiality
- ◆ Partner notification time frame
- ◆ Reporting of names/information to other agencies
- ◆ Management of other jurisdiction requests for partner services
- ◆ Referrals for additional services

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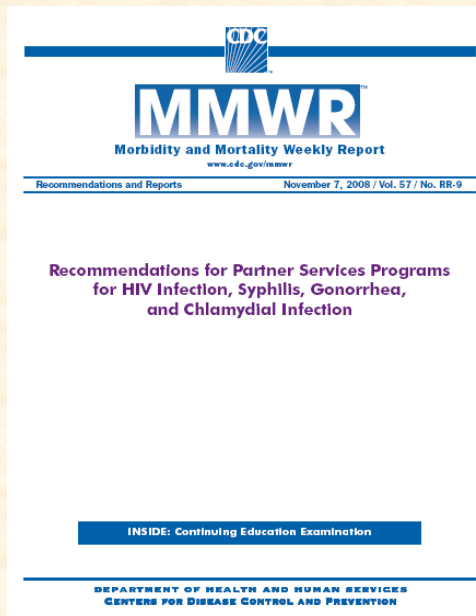


Recommendations for HIV Partner Services

1. In HIV health-care settings, follow all reporting requirements.
2. At the initial visit, patients should be asked if all of their sex and needle-sharing partners have been informed of their exposure to HIV.
3. At follow-up visits, patients should be routinely asked about new sex or needle-sharing partners who have not been informed of their exposure to HIV, including any new partners.
4. All patients should be referred to the appropriate health department to discuss partners who have not been informed of their exposure and to arrange for their notification and referral for HIV testing.
5. In HIV health-care settings, access to available community partner counseling and referral resources should be established.

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CDC/HRSA/NIH/IDSA Recommendations



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Partner Services (PS) Notification Options: At-A-Glance

Type of Options	Who notifies and refers this partner?
1) Provider Referral	Trained health department personnel
2) Patient Referral	Patient with coaching from PS provider or clinician
3) Contract Referral	Patient makes initial attempt; if unsuccessful, PS provider conducts referral
4) Third-Party Referral	Providers other than health department (HIV counselors or private physicians)
5) Dual Referral	Patient agrees to disclose HIV status with PS provider or clinician present

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Handout 3



Option 1: Provider Referral

- ◆ Often clinicians do not have sufficient time or training for PS
- ◆ The health department can:
 - Talk with your patients to identify partners and determine notification strategy
 - Perform the notification
 - Help other health providers learn how to elicit and establish notification plans for each partner
- ◆ Clinicians who wish to perform PS themselves should know CDC and state health department guidelines for PS

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Option 1: Provider Referral

- ◆ Trained and experienced health department staff provide PS and other STD-related counseling services in both field and clinic settings
- ◆ No information about your patient is given to the partner
- ◆ Linkages to other services
- ◆ Immediate notification of partners (usually within 24-48 hours)
- ◆ Relieves you and your staff of those duties

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Handout 4



Provider Referral

- Clinicians often ask how health departments notify partners
- Video demonstration of a health department staff confirming the identity of a partner



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Provider Referral

Video demonstration of notifying a partner of her exposure to HIV



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How Do Patients Feel About Health Department PS Provider Referral?

- ◆ Seattle survey of persons w/recently reported HIV (80% MSM)
 - 84% agreed (somewhat/strongly) the health department should routinely offer everyone diagnosed with HIV help in notifying their partners
 - 20% would want help notifying at least one partner from the last six months

Golden et.al. JAIDS 32:196-202 2003

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Handout 5



Option 2: Patient Referral

- ◆ The infected patient agrees to inform partners of possible exposure and refer to appropriate services
- ◆ Persons initially prefer to inform their partners themselves, although, many patients often find this more difficult than anticipated
- ◆ Notification by health department staff seems to be substantially more effective than notification by the infected person

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(CDC/HRSA/NIH/IDSA Recommendations)

Option 2: Patient Referral

Patient should assess own willingness & ability to:

- Disclose own HIV status
- Accept that partner is not bound to protect confidentiality
- Contact partner promptly
- Find a private place for discussion
- Help partner understand seriousness of HIV
- Refer the partner for services
- Anticipate and handle partner's reactions

Follow-up to confirm notification occurred and make an alternate plan when necessary is ideal patient care and should occur whenever possible

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Handout 6



Option 3: Contract Referral

- ◆ The infected person has agreed to a set time period (usually a few days) to notify his or her partner(s)
- ◆ If by the agreed date, the partners have not been notified of possible exposure and of the need for counseling and testing, they are confidentially contacted by health department staff

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Option 4: Third-Party Referral

- ◆ Third-party referral notification involves partners being notified by providers who are not with health departments (e.g., private physicians).
- ◆ Often inability to conduct field notification due to time constraints, more likely to interview infected patient to elicit partner information.
- ◆ More likely to participate in Dual referral.

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Option 5: Dual Referral

- ◆ The infected person elects to notify their partner(s) in the presence of the PS provider
- ◆ The patient understands he/she is waiving the right to anonymity
- ◆ Typically done in a clinic or office setting
- ◆ A discussion around boundaries and session management is required prior to meeting with partners

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How to Bring Up the Subject of Partners

“Now that we’ ve talked about ways to keep you healthy, let’ s talk about ways to keep your partner(s) healthy. How do you feel about telling your partner(s) they’ ve been exposed to HIV?”

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Handout 2 

How to Discuss Partner Referral Options:

Video demonstration of a health department PS provider discussing 4 patient referral options



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“Take Home” Messages for Patients

- ◆ Partner Services is an assistance program available to inform partners of possible exposure to HIV
- ◆ Partner Services is a *confidential* service that a person elects to use
- ◆ These services can assist patients with telling their partners about possible exposure and/or provide a trained staff person who can notify partners without ever mentioning the original patient’s name
- ◆ When Partner Services staff notify a patient’s partners, the partners are never provided with identifying information of the person who named them
- ◆ This is a free and ongoing service that can be accessed at any time

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Skills Practice



Goal: To enhance comfort with bringing up the subject of partners, describing partner referral options and discussing the value of utilizing the health department to notify partners and provide linkages to other services

- Find your partner
- Take a moment to review the “*Skills Practice*”
- Use 5 minutes to practice bringing up the subject of partners, describing the partner management options and discussing how the health department can be useful
- Then stop, switch roles, and take an additional 5 minutes to practice
- We will then reconvene and discuss “sticking points” with the larger group

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Skills Practice:

DEBRIEFING



- ◆ What was challenging about this exercise?
- ◆ As the provider, how comfortable were you discussing partner services?
- ◆ Were you comfortable bringing up the topic?
- ◆ How did you bring up the health department?
- ◆ As the patient, were you comfortable revealing information?
- ◆ Were there any “sticking points”?

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PS In Action: “Real Life”

- ◆ A 22 year-old male tests HIV positive in a correctional setting;
- ◆ PS is offered and he names 3 women- a 19 year-old, a 20 year-old; and a third woman who was un-locatable;
- ◆ Both women did not believe they were at risk, but both elected to test for HIV & were infected;
- ◆ PS was offered and each accepted the service.

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“Real Life” - The Partners

- ◆ The 19 year-old
 - Named the original patient and said he was her only lifetime partner
 - She entered an Early Intervention Program
 - No risk factors other than unprotected sex
- ◆ The 20 year-old
 - She was leaving the area to attend college when she received her positive test result
 - Notified her female partner in the presence of PS provider (Dual Partner Management Option)
 - She also entered EIP and returned annually for care

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“Real Life”- Back to the 22 Year-Old Male Patient

- ◆ After being released from prison, he names 3 additional partners at an EIP session
- ◆ 1 of the 3 new partners was a 16 year-old girl who had recently given birth to his child; she was unable to be located
- ◆ The status of the other 2 additional partners is unknown

In Summary


- Confidentiality was maintained for all patients and their partners
- Multiple jurisdictions were involved
- 2 of the 3 initial partners for the male were found and neither would have known they were infected

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Additional Resources

- ◆ National Alliance of State and Territorial AIDS Directors (NASTAD) – <http://www.nastad.org>
 - State Health Department HIV/AIDS Program Directory can be found on this web site
- ◆ AIDS Education and Training Centers – www.aetc.com
- ◆ Centers for Disease Control and Prevention – www.cdc.gov
- ◆ National Coalition of STD Directors – www.ncsddc.org
- ◆ National Network of STD/HIV PTCs: Partner Management and Program Support Services Training – www.nnptc.org
- ◆ MMWR Recommendations for Partner Services – <http://www.cdc.gov/mmwr/PDF/rr/rr5709.pdf>
- ◆ State STD Program Managers – Handout 7

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Handouts 7 and 8 



What is one thing
you will change in
your practice...?

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What are your
Next Steps?



- PARTNER SERVICES
- REFERRALS
- BRIEF BEHAVIORAL INTERVENTIONS
- ADDRESSING MISCONCEPTIONS
- PREVENTION MESSAGES
- STD SCREENING
- RISK SCREENING

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