

## Baseline Adherence Review

### Structural Barriers

1. How does the patient come to clinic? (Foot, bicycle, car, bus, other)
2. Is the trip to clinic physically difficult or tiring?
3. On average, how long does it take the patient to travel to clinic?
4. Does the patient pay for transportation to clinic?
5. Does the patient pay clinic fees?
6. In general, how does the patient characterize the trip to clinic? (easy, medium, difficult)
7. When the patient comes to clinic, does s/he miss work (outside the house, in the garden, chores, other) or school?
8. Are clinic hours inconvenient for the patient?
9. Has the patient attended health care appointments in the past? (antenatal clinic, TB clinic, other). If so, did s/he miss appointments? Why?

Which of the following best describes this patient's situation?

<b>MINIMAL/NO</b> structural barriers	<b>MODERATE</b> structural barriers	<b>SEVERE</b> structural barriers
Structural barriers should not cause a problem with adherence. The trip to clinic is relatively easy, there are no financial barriers to attendance, and the hours are convenient. S/he does not miss vital work, home, or school activities while at the clinic. No interventions are required.	Structural barriers may create adherence problems. It is sometimes difficult for the patient to come to clinic because of the trip itself, the cost of transportation, inconvenient clinic hours, and/or the time lost at work, home, or school. Interventions to decrease these barriers should be considered.	Structural barriers are very likely to create adherence problems. Coming to clinic is often or always difficult for the patient, either because of the trip itself, the cost of transportation, inconvenient clinic hours, and/or the time lost from work, home, or school. Interventions to decrease these barriers are required.

### Psychosocial barriers (understanding/expectations; health beliefs; mental health and/or substance abuse; secrecy/stigma)

#### A. Understanding/ expectations

1. How and by whom was the patient referred to the clinic? What did that person explain about the program?
2. Does s/he know any other patients receiving care from this program? If so, who? Has she discussed the program with this person?
3. Has the patient been seen at this clinic before? If so what were her/his experiences? Was s/he satisfied with the care and services?
4. What does the patient expect from the program? What is his/her understanding of what will happen in the next month? The next year?
5. Does the patient understand that HIV/AIDS is an infection? Does s/he understand how it is transmitted, how s/he contracted it, and how s/he can prevent spreading the infection to others?
6. Does the patient understand that HIV/AIDS cannot be cured, and that medication, once started, generally needs to be taken for life?

Which of the following best describes this patient's situation?

<b>MINIMAL/NO</b> barriers related to understanding and/or expectations	<b>MODERATE</b> barriers related to understanding and/or expectations	<b>SEVERE</b> barriers related to understanding and/or expectations
Patient expectations should not create a barrier to adherence. S/he understands the goals of HIV/AIDS care, has confidence in the program, and has reasonable expectations about his/her care and treatment.	Patient expectations may create a barrier to adherence. S/he may benefit from additional information and counseling about the goals of HIV/AIDS care, clinic protocols, and what s/he can expect from participation.	Patient expectations are likely to create a barrier to adherence. S/he does not understand the goals of HIV/AIDS care, has unreasonable expectations, and/or has been disappointed with medical care in the past. Further education and counseling are required.

**B. Health beliefs and behaviors**

7. Does the patient have a regular provider of health care? If so, who is that person?
8. When was the last time the patient saw a traditional healer or took traditional, herbal or home remedies? What symptoms were treated? Was s/he satisfied with the results?
9. Is the patient currently under the care of a traditional healer? Does s/he plan to continue to see that provider while s/he is enrolled in HIV/AIDS care at this clinic?
10. Is the patient currently taking traditional, herbal, or home remedies? Does s/he plan to continue to take these while s/he is enrolled in HIV/AIDS care at this clinic?

Which of the following best describes this patient's situation?

<b>MINIMAL/NO</b> barriers related to health beliefs	<b>MODERATE</b> barriers related to health beliefs	<b>SEVERE</b> barriers related to health beliefs
Health beliefs should not create a barrier to adherence. The patient has confidence in the clinic, and in providers of "Western" medicine. S/he is not getting conflicting messages about HIV/AIDS care from other sources or providers and is not taking medications or herbs that are known to interfere with HIV/AIDS treatment. If s/he sees another health care provider, s/he is willing to discuss that provider's recommendations with the HIV/AIDS care team before acting upon them. No interventions are required.	Health beliefs may create a barrier to adherence. The patient may lack confidence in the clinic and/or providers of "Western" medicine. S/he has alternate providers of health care/sources of information who do not reinforce the messages about HIV/AIDS care given by the program. The team is not convinced that she will tell them if she is taking medicines/herbs from another provider. Additional counseling and education may be helpful.	Health beliefs are very likely to create a barrier to adherence. The patient lacks confidence in the clinic and/or providers of "Western" medicine and/or has misconceptions about the nature of HIV/AIDS care and treatment. S/he has alternate providers of care/ sources of information who contradict or undermine the messages about HIV/AIDS care given by the program. S/he is taking (or is likely to take) medications/herbs from another provider which may interfere with HIV/AIDS treatment. Additional counseling and education are required.

**C. Mental health and/or substance abuse**

11. Does the patient have a history of depression? Does s/he currently have symptoms of depression? (See Chapter 3.5).
12. Does the patient drink alcohol? If so, how often, and how much alcohol does s/he drink? Does alcohol interfere with her/his daily activities?
13. Does the patient use recreational drugs such as marijuana or dagga? If so, how often and how much? Does drug use interfere with her/his daily activities?

Which of the following best describes this patient's situation?

<b>MINIMAL/NO</b> barriers related to mental health and/or substance abuse	<b>MODERATE</b> barriers related to mental health and/or substance abuse	<b>SEVERE</b> barriers related to mental health and/or substance abuse
There are no mental health or substance abuse-related barriers to adherence. No counseling or treatment is needed.	Mental health and/or substance abuse may pose a barrier to adherence. The patient may benefit from counseling and/or treatment.	Mental health and/or substance abuse are very likely to pose a barrier to adherence. Counseling and/or treatment is required.

**D. Secrecy and stigma**

14. Has the patient disclosed his/her HIV status to anyone? (see Chapter 3.3)
15. If the patient has disclosed his/her diagnosis, whom did s/he tell? Did anything good happen after disclosure? Did anything bad happen after disclosure?
16. Does anyone in his/her household know of the diagnosis?
17. If the patient has not disclosed his/her diagnosis, why not? What is s/he worried might happen if the diagnosis is shared?

18. Does the patient have a treatment “buddy,” a friend or relative who can accompany him/her to clinic, learn about HIV/AIDS care and reinforce his/her adherence to care and treatment?
19. Has the patient ever attended a patient support group?

Which of the following best describes this patient’s situation?

<b>MINIMAL/NO</b> barriers related to secrecy/stigma	<b>MODERATE</b> barriers related to secrecy/stigma	<b>SEVERE</b> barriers related to secrecy/stigma
Secrecy/stigma should not pose a barrier to adherence. The patient has social support and/or a treatment “buddy,” is willing to participate (or is participating) in a support group, and does not feel the need to hide his/her clinic visits and/or medications from household members.	Secrecy/stigma may pose a barrier to adherence. The patient does not have robust social support and may benefit from additional counseling and/or referral to a support group.	Secrecy/stigma is very likely to pose a barrier to adherence. The patient is unable to share his/her diagnosis, has no friends/family to provide emotional and practical support, and/or feels the need to conceal clinic visits and medications. Additional counseling and referral to a support group is required.

**Summary of Baseline Adherence Review:**

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Barriers identified:

Recommended interventions/ referrals:

Next steps:

## Follow-up Adherence Assessment

### Structural Barriers (follow-up adherence assessment):

Have answers to the following questions changed since the baseline (or most recent) adherence assessment?

If so, record the new information:

1. How does the patient come to clinic? (Foot, bicycle, car, bus, other)
2. Is the trip to clinic physically difficult or tiring?
3. On average, how long does it take the patient to travel to clinic?
4. Are there financial barriers to attending clinic (transportation fees, clinic fees, other?)
5. In general, how does the patient characterize the trip to clinic? (easy, medium, difficult)
6. When the patient comes to clinic, does s/he miss work (outside the house, in the garden, childcare, chores, other) or school?
7. Are clinic hours inconvenient for the patient?

Review the patient's experience with the program to date:

8. Has the patient missed a scheduled appointment or test since enrolling in the program? If so, why? What happened?
9. Has the patient had a "near miss" – a time when s/he almost missed an appointment or test? If so, why? What happened?
10. Does the patient have any suggestions as to how the program can make it easier to come to appointments?
11. Has the patient had any difficulty storing medications at home? If so, describe.

Which of the following best describes this patient's situation?

<b>MINIMAL/NO</b> structural barriers	<b>MODERATE</b> structural barriers	<b>SEVERE</b> structural barriers
Structural barriers have not caused a problem with adherence. The trip to clinic is relatively easy, there are no financial barriers to attendance, and the hours are convenient. S/he does not miss vital work or school activities while at the clinic. No interventions are required.	Structural barriers may create adherence problems. It is sometimes difficult for the patient to come to clinic because of the trip itself, the cost of transportation, inconvenient clinic hours, and/or the time lost work or school. Interventions to decrease these barriers should be considered.	Structural barriers are very likely to create (or have already created) adherence problems. Coming to clinic is often or always difficult for the patient, either because of the trip itself, the cost of transportation, inconvenient clinic hours, and/or the time lost from work or school. Interventions to decrease these barriers are required.

**Psychosocial barriers** (follow-up adherence assessment):

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**A. Understanding/expectations:**

1. Has the patient's experience with the HIV/AIDS care program been what s/he expected? If not, how is it different?
2. Is the patient generally satisfied with the care s/he has received to date? If not, what could improve?
3. Does the patient have any unanswered questions about his/her medical condition or his/her participation in the HIV/AIDS care program?

**B. Health beliefs:**

4. Has the patient attended counseling and education sessions? If not, why not?
5. Does the patient understand the "HIV basics" – how the infection is spread, how it affects an individual over time, how illness stage is monitored, how HIV/AIDS is treated, and how to prevent spread to others? If not, why not?
6. Is the patient receiving care from any providers other than those at the HIV/AIDS care program (including traditional healers)? If so, what services and/or medications/herbs are they providing?
7. Is the patient currently taking traditional, herbal, or home remedies? Have these been discussed with and approved by the clinicians of the HIV/AIDS care program?

**C. Mental health/substance abuse:**

8. Does the patient currently have signs or symptoms of depression? (See Chapter 3.5).
9. Does the patient currently have signs or symptoms of anxiety? (See Chapter 3.5).
10. Does the patient drink alcohol? If so, how often and how much? Does alcohol interfere with his/her daily activities?
11. Does the patient use recreational drugs? If so, which drugs, how often, and how much? Does drug use interfere with his/her daily activities?

**D. Secrecy/stigma:**

12. Has the patient disclosed his/her HIV status to anyone? If so, to whom? If not, would additional counseling be helpful?
13. Does the patient have a treatment "buddy," a friend or relative who can accompany him/her to clinic, learn about HIV/AIDS care, and reinforce adherence to care and treatment?
14. Has the patient ever attended a support group? If not, why not?
15. Has the patient had to hide his/her clinic visits or medications from anyone? If so, please describe.
16. Does the patient have a partner and/or children? If so, have they been referred for voluntary counseling and testing (VCT)? If they have not been referred for VCT, why not? If they have been referred for VCT, what was the outcome?
17. Does the patient have household members known to have HIV? If so, have they been enrolled in care and treatment? If not, why not?

Which of the following best describes this patient's situation?

MINIMAL/NO psychosocial barriers	MODERATE psychosocial barriers	SEVERE psychosocial barriers
Adherence has not been affected by psychosocial barriers such as: understanding and expectations; health beliefs; mental health and/or substance abuse; secrecy and stigma. No new interventions are needed.	Adherence may be affected by psychosocial barriers such as: understanding and expectations; health beliefs; mental health and/or substance abuse; secrecy and stigma. New interventions should be considered.	Adherence is very likely to be affected by psychosocial barriers such as: understanding and expectations; health beliefs; mental health and/or substance abuse; secrecy and stigma. New interventions and support are required.

**Medication-specific barriers (follow-up adherence assessment):**

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1. By reviewing the patient’s medical record, make a list of all the medications s/he is currently taking:
2. Can the patient list all of his/her medications and describe exactly how they are to be taken?
3. How does s/he remember to take the medications?
4. Does s/he use a pill box, blister pack or other adherence support tools? If not, would these be helpful?
5. Do any of the medications taste bad? If so, does the patient know how to mask the taste? Would additional training be helpful?
6. Do any of the medications cause side effects (nausea, diarrhea, etc)?
7. Is there anything about these specific medications that bother the patient, or that s/he does not like?
8. Has the patient ever missed a dose of medication? If so, why? What happened?
9. Has the patient ever had a “near miss” – a time when s/he almost forgot a dose of medication? If so, why? What happened?
10. Has the patient ever had difficulty obtaining a new supply of medicines (for example, picking up medicines from the clinic or pharmacy)? If so, why? What happened?

Which of the following best describes this patient’s situation?

<b>MINIMAL/NO</b> medication-specific barriers	<b>MODERATE</b> medication-specific barriers	<b>SEVERE</b> medication-specific barriers
<p>Medication-specific barriers have not caused a problem with adherence. The patient understands his/her regimen and how to take each medicine. S/he has not had difficulty with palatability, side effects, pill count, or dosing interval, and has not had problems remembering to take the medicines. No interventions are required.</p>	<p>Medication-specific barriers may cause a problem with adherence. The patient has had some difficulty with one or more of the following: learning how and when to take each medicine; number of pills or doses a day; palatability; side effects; or remembering to take the medications. Further interventions, education, and/or support may be helpful.</p>	<p>Medication-specific barriers have caused a problem with adherence. The patient has had difficulty with one or more of the following: learning how and when to take each medicine; number of pills or doses a day; palatability; side effects; or remembering to take the medications. Further interventions, education, and/or support are required.</p>

**Summary of Follow-up Adherence Review:**

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Barriers identified:

Recommended interventions/ referrals:

Next steps: