The intent or drive to adhere to treatment affects not just the need to take antiretroviral therapy, but all the steps involved in healthcare utilization. A mere 10% decrease in compliance to antiretroviral therapy is associated with a doubling of the HIV RNA.

An educational intervention is designed to change the case manager’s knowledge, attitudes, and beliefs about EBP. The literature suggests removing the focus and blame of the patient and focusing in on how the provider can increase a patient’s drive to adhere to treatment. The success of any type of adherence intervention is dependent upon the intent or drive to adhere.

Non-adherence to antiretroviral therapy is associated with the development of viral resistance. Treatment failure increases the rate of disease progression.

• The literature supports addressing adherence before treatment is initiated.
• HIV Case managers are the first to address adherence behaviors before treatment is initiated and are considered the gatekeepers of treatment.
• HIV Case managers are not limited by the same time constraints affecting practitioners.

Successful adherence interventions require the identification of specific individual behaviors and multiple influencing factors driving one’s ability and willingness to adhere.

The purpose of this study was to evaluate the impact of an educational intervention that utilized evidence-based practices (EBP) and strategies to increase a patient’s drive to adhere to treatment in HIV care. Participants completed the following online via a link to survey monkey: Pre and Post EBP Beliefs Questionnaire, Pre and Post EBP Knowledge Questionnaire, and Demographic survey. The literature supports addressing adherence before treatment is initiated. The literature suggests removing the focus and blame of the patient and focusing in on how the provider can increase a patient’s drive to adhere to treatment.

The success of any type of adherence intervention is dependent upon the intent or drive to adhere.

• The HIV system of care is complex comprised of multiple stakeholders.
• A gap in one system affects them all.
• Due to the multiple influencing factors affecting adherence in the HIV population (substance abuse, mental health issues, homelessness, stigma, etc.) a “one size all” approach is frequently met with failure.

• Patients and practitioners at a local HIV clinic with an adherence gap in treatment adherence and subsequent loss of drug coverage to poor case management.
• Figure 1.1: Disenrollment statistics compiled from “ADAP” (AIDS Drug Assistance Program) display this notion.
• Disenrollment rates are actually caused by patients failing to take the necessary steps required to stay in treatment.

Data findings outcome results were not statistically significant, suggesting no change in attitude or belief.

As a result of the patient’s failure to take the necessary steps to remain in treatment:

Conclusions

• An increase in knowledge about EBP and how to use it to increase adherence to treatment in the HIV population was attained as a result of the educational intervention.
• No change in attitude or beliefs towards EBP occurred as a result of the educational intervention.
• No change in predisposition level towards implementing EBP at their site.
• No change in confidence level towards implementing EBP if sufficient enough to make a practice change at site.
• No change in the belief that EBP will improve the care they deliver.
• Time or lack of access to EBP were not barriers to implementing EBP.

Participants possessed a high level of confidence in their skills and knowledge in order to use EBP to improve patient self-efficacy.

100% of participants demonstrated a willingness to incorporate EBP into practice.

100% of participants held a Master’s degree or higher in social work and had previous EBP experience.

According to Melnyk & Fineout-Overholt (2008), the strength of beliefs in EBP is strongly associated with the frequency of implementing EBP, prior training in EBP and/or graduate education. This could explain the lack of statistically significant results.

Recommendations

• An educational intervention can be used to successfully increase a provider’s knowledge about EBP in order to increase adherence. However, it may not necessarily change the provider’s belief, attitude or confidence towards applying EBP.
• A live educational lecture rather than an online format of delivery better promotes adult learning and could strengthen post-test knowledge results as well as the number of participants.
• Identify barriers within the organization that could inhibit effective implementation of EBP.
• A change in attitudes and beliefs towards EBP occurs over time. Provide consistent reinforcement and support to sustain practice wide change.

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References


Figure 1.1: Disenrollment statistics compiled from "ADAP" (AIDS Drug Assistance Program) display this notion.

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