



**TYPE OF INTERVENTION OR STRATEGY:** Individual

**GOAL:** The main goals of Early Alert/Rapid Response: Responding to Red Flags are (1) to identify clients who are at risk of dropping out of care and poor adherence (2) to intervene so that clients stay connected to services and preventively address adherence barriers. By systematically identifying “red flags” providers can address client concerns and treatment barriers before they interfere with care.

**CHALLENGES THAT CAN BE ADDRESSED:** Re-engaging clients who have dropped out of services, supporting and retaining current clients in care, improving treatment adherence and structuring use of client data to achieve viral suppression

**OVERVIEW:** Early Alert/Rapid Response was developed by CAI as an intervention to help providers identify and respond to the markers that indicate a client is at risk for dropping out of care and having poor adherence. By identifying (screening) for these red flags early and responding to them before a problem develops, the clinic staff can enlist supports and intervene to address the clients’ needs and challenges. As clients’ needs are recognized and proactively addressed, clients are more likely to stay connected to services and to adhere to treatment.

**The following are red flags that may indicate a client is at risk for dropping out of care or having poor adherence:**

- **Missing appointments/continuously rescheduling appointments/missing referral appointments**  
When clients have issues with attending appointments, they are at risk for non-adherence and all the challenges associated with non-adherence. Attending appointments and referrals very important for a client. It is important to address non-attendance for appointments as soon as possible in order to prevent the negative health impacts that can result from this. This also includes screening for attendance to appointments for laboratory testing.
- **Non-adherence to medications/side effects**  
Adherence to anti-retroviral (ARV) treatments is important for viral suppression, increasing immune functioning and improving the health of PWHAs. Non-adherence to medications can result in poorer health, faster disease progress and a more drug-resistant virus. Some studies have shown an increased impact of non-adherence on the health of Latina and African American women as compared to white women.<sup>2</sup> In addition some studies have shown higher rates of sexual risk behaviors among women who are non-adherent as compared to women who are treatment adherent.<sup>3</sup> Another red flag associated with this is experiencing multiple side effects or unpleasant side effects to the medications. When a client experiences side effects that cause him/her difficulty, he/she is at increased risk of becoming non-adherent to the medications.
- **Non-disclosure of HIV status to household members or support network**  
A social support network has been associated with treatment adherence. When PWhA do not disclose their HIV status to people who could provide support, adherence becomes more difficult.
- **Alcohol and substance use**  
Excessive alcohol use has been associated with decreased adherence to ARVs and decreased viral suppression.<sup>4</sup> Additionally, PWHAs who use alcohol and other drugs may be less consistent in treatment, which can lead to impaired health and self care.

<sup>2</sup>Losina et al CROI Los Angeles 2007

<sup>3</sup>Kalichman, S. Co-occurrence of Treatment Nonadherence and Continued HIV Transmission Risk Behaviors: Implications for Positive Prevention Interventions Psychosomatic Medicine 70:593–597 (2008)

<sup>4</sup>Chander, G. ; Lau, B., Moore, R.D. (2006) J Acquir Immune Defic Syndr. 2006; 43(4):411-417.

- **Mental illness**

Among PWHAs who are on antiretroviral medications (ARVs), those struggling with mental health and/or substance use disorders had the lowest rates of adherence to ARVs. In addition, mental health disorders may impair self-care, attendance in treatment, adherence to HIV and other medications, and weaken the immune system (e.g., depression, anxiety). Additionally, when someone is experiencing psychological distress, he/she may be less able to cope with the increased stress that HIV can place on his/her life and family.

- **Needs of childcare and caretaking issues**

PWHA parents who are taking care of children may put the needs of their children before their own, which can make it difficult for some PWHAs to care for their own health and attend treatment and services. HIV+ parents who care for HIV+ children may face additional challenges in coping with child's illness. HIV infection can become an added stressor in families, which can have an impact on everyone in the family.

- **Significant changes in intimate relationships**

Stable, supportive relationships can be a positive influence. Changes or conflicts in these relationships can have a negative impact on the physical health, mental health and adherence to treatment of PWHAs. One study found that over 25% of women experienced changes in their intimate relationships after their partners found out they were HIV positive. Other studies indicate that conflict with a partner may impact on the woman's mental health and result in increased depression.<sup>5</sup>

- **Operating in a constant state of crisis**

Many PWHA clients have chaotic lives affected by many stressors. Clients whose lives are in a constant state of crisis have trouble managing their day to day lives.

The increased stressors imposed by HIV make life even more unmanageable.

- **Not feeling connected to staff or agency**

How the client perceives the quality of the relationship with the provider can have an impact on the client's health and adherence to treatment. One study found that clients who missed appointments or used injection drugs were significantly less engaged with their treatment providers.<sup>6</sup>

A positive relationship between the client and the provider has been associated with a positive impact on treatment adherence, attending appointments, decreasing stress, decreasing alcohol and drug use, and quality of life.<sup>7</sup>



<sup>5</sup>De La Garza, F. Relationship Functioning & Immune Health in HIV+ Latinas  
<http://repositories.cdlib.org/csw/thinkinggender/TG08/DelaGarza>

<sup>6</sup>Kathleen Johnston Roberts. AIDS Patient Care and STDs. January 2002, 16(1): 43-50.

<sup>7</sup>Keleekai, N. Associations between Engagement in the Patient-Provider Relationship and Quality of Life and Adherence among Persons Living with HIV/AIDS  
<http://biblioteca.universia.net/irARecurso.do?page=http%3A%2F%2Fhdl.handle.net%2F1811%2F178&id=4605179>

Each of these red flags indicates concerns that, if not addressed immediately, can lead to clients dropping out of care or having poor adherence. It is important to develop systems that will identify and address these red flags as they occur, rather than waiting until the client drops out of care. Although each of these red flags can indicate a client who is at risk of dropping out of treatment, the different reasons behind the red flags that need to be understood or addressed may be different for different clients.

When responding to a red flag it is important to:

- 1 **Identify** and recognize the red flag
- 2 **Contact** the client and express concern
- 3 **Check** facts and confirm accuracy
- 4 **Problem-solve** and begin early intervention
- 5 **Document** ensure follow-up

By responding to red flags immediately, the client may stay connected to care, and the provider may receive valuable feedback about his services. For instance, if a client misses an appointment, the provider or other clinic staff can contact that client as soon as possible to express her/his genuine concern, identify what interfered with the client keeping the appointment, and problem solve. In this manner, the client is engaged and able to have her/his concerns acknowledged. This rapid response to red flags can thus result in keeping the client adherent to treatment and connected to care.

**APPLICATIONS:** Early Alert/Rapid Response can be used to keep clients connected to care and services and improve adherence to treatment. The clinic staff may need to develop specific interventions to help their clients, or they can combine this intervention with others such as Motivational Interviewing. By responding to the red flags, providers and other clinic staff can continue to build trust and engage clients in services, and can take an active role in anticipating and addressing barriers to accessing and remaining in services. In these ways, Early Alert/Rapid Response can help retain clients in services and improve adherence in a systemic fashion.

**PROVIDER ROLE IN EARLY ALERT/RAPID RESPONSE:** The role of the provider will vary depending on the red flag. It is very important that the provider or designated clinic staff and client communicate throughout this process in order to assure that everyone on the clinic team is working to identify and address these red flags. In general, the provider role would include:

- Developing systems to identify red flags immediately
- Developing and/or implementing systems to address red flags
- Problem-solving
- Working in partnership with other clinic staff to advocate for clients' needs
- Communicating with clients to gather more information, providing support and education as appropriate
- Developing systems to collect data on red flags, interventions and outcomes