



High-Impact HIV Prevention
Capacity Building Assistance
for Healthcare Organizations

Designing Client-centered Service Plans

A Tool for Case Managers on How to Address Barriers & Risk Factors with Open-ended Questions

As case managers, you play an important role in creating a safe and supportive environment for your client. By following the steps below and using the open-ended questions provided in this tool, you can design client-centered service plans that allow clients to share their experiences and communicate their questions or concerns.

1. Before meeting with a client, review the open-ended questions about barriers and risk factors in this tool.
2. Determine which questions are the most appropriate to use with the client.
3. Use the answers that the client provides to design a service plan that is responsive to the barriers and risk factors that the client is confronted with.
4. Keep this booklet in your office so it is readily accessible when working with clients.

Open-ended Questions Tool

question categories

- I. **General Barriers to Care and Treatment Questions**3
This section covers the following topic areas:
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Fear
Confidentiality
Disclosure
Giving-Up
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- II. **Barriers to Health Care Questions**4
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Mixing Drugs and Alcohol
Unprotected Sex
Unknown Status

General Barriers to Care and Treatment Questions

HIV Identity

What role does HIV play in your life?

How has your life changed since your diagnosis?

Fear

What are you afraid of?

What concerns do you have about your treatment?

What have you experienced that makes you afraid?

Confidentiality

Tell me what you think confidentiality means.

What do you know about the laws of confidentiality?

Have you ever had to break your confidentiality with anyone? Tell me about it.

Tell me about any of your confidentiality concerns.

Have you told anyone your status?

Disclosure

What are your concerns around disclosure?

Tell me about a time you disclosed your status and your experience doing it?

What keeps you from disclosing your status?

What do you feel will happen if you disclose?

Giving-Up

How do you feel about your diagnosis?

What do you think will happen if you don't get care or take your meds?

Where do you see yourself in the next two years?

How do you cope with difficult situations?

What or whom do you confide in or talk to when dealing with difficult situations?

Patients Not Wanting Care

Tell me reasons why you do not want to be in care?

What stops you from being in care?

Tell me about your previous experience with medical care.

What have been your experiences with accessing care?

Barriers to Health Care Questions

Access to Care

What insurance do you have?

Tell me about how you come to have services at this clinic.

What prevents you from engaging in care or keeping appointments?

Comprehensive Treatment

Tell me about your treatment regimen.

What barriers do you have to taking your medication?

What strategies do you use to remind yourself to take your medication?

Quality of Care

How do you feel about your doctor?

Tell me about your experiences at the clinic?

What do you like about your primary care provider?

How do you feel about the care/services you receive from your doctor?

History of Conflict with Providers

Tell me about your past experiences with doctors.

What characteristics do you look for in a doctor?

What do you like about your doctor?

What has been your experience with your provider?

How do you feel about the care you receive?

Insurance

Tell me about your financial issues regarding obtaining your medication/care.

What are some things that get in the way when it comes to insurance?

Has insurance ever been a barrier to care? Can you tell me about that?

Do you know what it's like to be without insurance? Tell me about that.

Treatment Fatigue

Tell me about your treatment history.

What will motivate you to stay in treatment?

Barriers to Health Care Questions (continued)

Access to Medication

Tell me how you get your medication.

What is your process for accessing your medication?

What gets in the way of you getting your medication?

What kind of insurance do you have? (if cannot afford meds)

Definition of Retention

Tell me what you think retention is.

What do you think is the importance of retention?

Retention on Their Terms

What are some of the expectations you have for a provider, agency or agency of assistance?

How many times do you think you need to see a doctor in a year?

What does viral suppression mean to you?

When would you like to see a physician?

What kind of services would you like to receive? When would be a convenient time for you?

What makes you go to the doctor?

What issues would you like a physician to ask you about?

Non-Compliance

What are some barriers that get in the way of you taking your medication?

What are some of the difficulties you are having with taking your medication?

How does your daily schedule impact your ability to take your medication?

Why do you choose not to take your medication?

Side Effects

How do you feel after taking your medication?

What has been your experience with taking your medication?

What sorts of side effects have you had with your medication?

Personal Barriers to Care Questions

Work Lifestyle

Describe a typical day in your life to me.

Tell me about your day: Where do you work? How does that affect your day to day activities?

Tell me about your daily routine.

What things do you feel get in the way of what you want or need to do?

Children and Family

What are your child care arrangements for appointments?

Tell me about your family support.

How do you handle family issues?

Mental Health

What do you feel may be preventing you mentally from doing some of the things you would like to do?

What has been your experience with mental health services?

What do you know about mental health services?

Have you ever worked with a therapist or psychiatrist before? Tell me about it.

Tell me how you have been feeling lately. How do you feel about seeing someone to discuss your feelings?

How do you feel you would benefit from mental health services?

Disabilities

What, if any, are your physical or mental hardships?

What might make it difficult for you to complete a medical visit?

Tell me about any special accommodations you have needed in the past, if any.

Transportation

Tell me how you get to your appointments.

How do you usually travel? What about when you have to go far?

What is the best way for you to get to your appointments?

How can we help you get to your appointments?

Language

How comfortable are you with English?

How well do you understand English, both written and spoken?

What other languages do you speak?

Lifestyle Risk Factor Questions

Substance Abuse

- How do you feel about drugs?
- What has been your experience with substance use?
- What substances have you used in the past or currently?
- What has been your experience with using alcohol?

Mixing Drugs and Alcohol

- Tell me what you have heard about your medication being mixed with drugs and alcohol.
- Tell me about your medication regimen and how often you use alcohol or drugs.
- Using a %, how many times have you taken your medication with drugs and alcohol?

Unprotected Sex

- Describe to me or demonstrate (using a model) how to put on a condom.
- What are your barriers to using a condom?
- Where do you go to get condoms?
- What has been your experience with using condoms?
- How do you feel about condoms?
- What prevents you from using condoms?

Unknown Status

- What do you know about your partner's status?
- How do you know your partner's status?

Additional Questions

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**If you need further technical assistance
in developing client-centered service plans,
please visit our website www.hivcbacenter.org
or call Emily Rebella at 212-594-7741 ext. 291.**

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