

**LOS ANGELES COUNTY
COMMISSION ON HIV HEALTH SERVICES**

STANDARDS OF CARE DOCUMENT

**December 2002
County of Los Angeles Commission on HIV Health Services**

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HIV/AIDS Services for the Incarcerated – White Paper

SECTION 1. STANDARDS OF CARE COMMITTEE

In January 1996, the Standards of Care Committee (SCC) FORMED AS A Committee of the Los Angeles County Commission on HIV Health Services in order to define minimum level standards of care for people living with HIV/AIDS. The SCC embarked on their task to develop standards to guide providers in their provision of care to the HIV positive community and guide clients in their selection of providers.

A. **Mission Statement** (approved March 26, 1996, Revised February, 2002)

Within the context of a rapidly evolving environment, the Standards of Care Committee is committed to working with the Office of AIDS Programs and Policy to utilize the tools of quality management, standards, outcomes, and benchmarks, in the evaluation of service effectiveness. The SOC Committee will collaborate with OAPP in the identification, review, and evaluation of HIV Standards of Care so as to:

- Promote the health and optimize quality of life for all persons infected by HIV and their caregivers and families;
- Ensure that the basic level of care throughout Los Angeles County is consistent in both in comprehensiveness and quality;
- Adapting standards into tools that can be used by consumers and providers to assess the appropriateness of services being provided; and,
- Evaluate the effectiveness of HIV/AIDS services in Los Angeles County

To this end, through collaboration with OAPP, existing agencies and expert groups, the work of this Committee shall be based on professional recommendations, evidence-based clinical practice and outcomes, and consumer reports, experience, and input.

B. **Standards of Care Defined** (approved March 26, 1996, Revised November 13, 2001, Revised February 2002)

Standards of Care represent tools by which individuals with, or at risk for HIV disease, or service providers who care for them, can actively determine a regimen by which HIV-infected individuals can best maintain their health.

In addition, Standards of Care represent a dynamic collection of community and scientifically-based clinical practices, through which consumers can be reasonably assured of receiving, and by which service providers can be reasonably expected of providing, a consistent and comparable level of necessary HIV/AIDS-related services throughout an evolving county-wide, public-private system of healthcare.

Achievement of a countywide Standards of Care document entails public-private coordination of, and accountability for, administrative and clinical activities that support a patient-or client-centered healthcare service delivery system embracing the following core elements:

- Patient/Client-informed decision-making, which includes informed consent and informed refusal
- Patient/Client right to continue established experimental therapy as prescribed by the primary physician, regardless of physical location, including hospitals and jails and prisons.
- A relatively stable system of HIV/AIDS service delivery, which supports a patient/client targeted coordination of resources in order to ensure continuity-of-care through a full spectrum of HIV/AIDS services
- Universal access to a full continuum of HIV/AIDS service delivery options, including complementary therapies, which takes into account evolving community norms and standards
- Universal and timely access to physicians and other service providers identified and/or designated by the Infectious Disease Society of America (or other recognized professional organization) to possess experience and expertise in providing primary medical and ancillary care to individuals infected by HIV/AIDS.
- Patients or clients have a right to maintain continuity of care with regard to their primary medical provider and should have the option of remaining in fee-for-service Medi-Cal rather than being involuntarily transferred to a Health Maintenance Organization
- Universal access to HIV/AIDS education and evolving body of knowledge and understanding of HIV/AIDS disease process
- Universal access to participation in ongoing HIV/AIDS Clinical Trials and to such essential support services as transportation and childcare that may be required for clients to enroll and remain in HIV/AIDS Clinical Trials

C. Patient and Client Rights (approved April 23, 1996, Revised July 1, 2001, Revised February 2002))

- A patient or client has the right to be tested in an environment that meets appropriate quality standards and offers medical/psycho-social linkages.
- An individual living with HIV/AIDS has the right to keep their HIV status confidential or anonymous.

- A patient or client has the right to receive culturally appropriate pre-test and post-test risk assessment and disclosure education and counseling. This session must include enough information to allow an individual to give informed consent regarding testing and should include risk reducing and preventive measures. The content and depth of the post-test or disclosure counseling session should address the needs of each patient or client.
- The patient or client has the right to receive coordinated care linkage focused on their needs whether they test negative or positive, including medical/clinical referrals, a complete psycho-social needs assessment, and a comprehensive care plan. These services need to be culturally and geographically appropriate.
- Care linkages refer to an open flow of information, open communication and ongoing dialogue among providers in order to achieve and maintain a patient or client focused coordination of care.
- A patient or client has the right to receive culturally appropriate and comprehensive primary medical care, subspecialty consultation, and ancillary services.
- Clinical/medical needs assessment includes evaluation for referrals for tuberculosis and sexually transmitted disease control, nutrition, dental, vision, diagnostic studies, and medication needs.
- Psychosocial needs assessment includes evaluation for referrals for substance misuse, housing needs, mental health and transportation.
- Comprehensive care plan includes therapy options, referrals, education, and complimentary and alternative therapies.
- Patients/clients have the right to be informed of significant delays in appointment and treatment times.
- Patients or clients have the right to receive culturally and linguistically appropriate information regarding HIV/AIDS Clinical Trials, as enumerated by the ICH (International Conference on Harmonization) that defines an international, ethical, and scientific quality standard for designing, conducting, recording and reporting trials that involve the participation of human subjects.
- Patients/clients have the right be educated, prior to having to make treatment decisions, about the special importance of adherence in HIV/AIDS and the consequences of partial adherence or non-adherence.

D. Patient and Client Responsibilities (approved April 23, 1996, Revised July 1, 2001, Revised February 2002)

- To participate in informed, shared decision-making, a patient or client has the responsibility to educate themselves on various HIV/AIDS issues to the best of their ability.
- It is a patient's/client's responsibility to follow through with their risk assessment and disclosure education, counseling and/or testing sessions. This includes HIV/AIDS risk reduction and preventive measures.
- As the ultimate decision-maker, it is a patient's or client's responsibility to communicate to providers their willingness or reluctance to participate in the process of informed consent or informed refusal.
- A patient or client has the responsibility to respond to follow-up attempts in a timely manner.
- Patients or clients who are either unable or unwilling to attend scheduled HIV/AIDS medical, counseling, educational, or testing appointments are requested to notify their provider at least 24 hours prior to their scheduled appointment. This will allow the provider to accommodate other patient or client needs.

E. Summary Chart of Foundational Elements (Approved April 23, 1996: Revised August 26, 1997; Revised July 1, 2001, Revised February 2002)

The following chart provides a breakdown of when specific aspects of clinical care should be provided to HIV/aids consumers:

IDENTIFY/ EARLY INTERVENTION		PRIMARY CARE/O.I. MANAGEMENT		LATE STAGE
Patient/Client's Rights & Responsibilities	Patient/Client's Rights & Responsibilities	Patient/Client's Rights & Responsibilities	Patient/Client's Rights & Responsibilities	Patient/Client's Rights & Responsibilities
Patient/Client Education	Patient/Client Education	Patient/Client Education	Patient/Client Education	Patient/Client Education
Care Linkage/ Appropriate Referrals	Care Linkage/ Appropriate Referrals	Care Linkage/ Appropriate Referrals	Care Linkage/ Appropriate Referrals	Care Linkage/ Appropriate Referrals
Labs	Labs	Labs	Labs	Labs
Anti-Retrovirals	Anti-Retrovirals	Anti-Retrovirals	Anti-Retrovirals	Anti-Retrovirals

Mental Health Substance Abuse	Mental Health Substance Abuse	Mental Health Substance Abuse	Mental Health Substance Abuse	Mental Health Substance Abuse
Cultural Issues	Cultural Issues	Cultural Issues	Cultural Issues	Cultural Issues
		Palliative Care	Palliative Care	Palliative Care
				End-Of-Life-Care

SECTION II. STANDARDS OF CARE

This section contains the individual Standards of Care created by the Standards of Care Committee and approved by the Los Angeles County's Commission on HIV Health Services. Together, these standards span the services provided within Los Angeles County's Continuum of Care. The Commission intends that each category of standards be able to exist both as a stand-alone document and together as part of a whole. As a result of this dual purpose, there may be redundancies of information in some instances. This serves to ensure that each Standards of Care section is able to stand by itself without further supporting documentation.

The following Standards of Care are contained herein.

- A. Case Management Standards of Care
- B. General Dentistry - Treatment of HIV Positive Patients
- C. Guidelines for Counseling, Testing, and Referral, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), (<http://www.cdc.gov/mmwr/pdf/rr/rr5019.pdf>)
- D. Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents, Panel on Clinical Practices for Treatment of HIV Infection convened by the Department of Health and Human Services (DHHS) and the Henry J. Kaiser Family Foundation. (http://www.hivatis.org/guidelines/adult/Feb04_02/AdultGdl.pdf)
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