

**Telephone Interview Protocol For  
HIV Partner Services  
A Guidance by MDHHS HIV/STI Program**

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## Introduction

Telephone interviews for sexually transmitted infection (STI) and human immunodeficiency virus (HIV) are an acceptable method for conducting partner services. After gaining approval from the State's legal department that it was permissible under Michigan law to provide STI and HIV results, as well as partner services via telephone, a one - year pilot project was conducted with selected public health departments. *This guidance will only focus on the delivery of test result and partner services for individuals living with HIV.* In addition, all the same confidentiality protections and requirements that are applicable to in-person discussions are equally applicable when the same information is being delivered via telephone.

## **Program Components**

- Disease Intervention Specialist (DIS) are encouraged to conduct telephone interviews when warranted;
- First Line Supervisor (FLS) provides oversight of field and case management activities;
- Program Manager (PM) monitor staff performance and monthly program indicators
- MDHHS Partner Services (PS) Program in concert with the Surveillance Program will continue to conduct analysis of interview activities and outcomes via PS Web or any subsequent data systems

## 1. Phone Results

Local Health Departments (LHDs) can offer in-person and telephone results to clients testing for HIV. For those clients who choose telephone results, the goal is to provide HIV results, and HIV post-test counseling, including elicitation efforts by telephone in a confidential, sensitive and safe manner while meeting mandated requirements.

### ***Requirements of MDHHS' Disease Intervention Specialist (DIS):***

MDHHS recommends DIS who have successfully completed the in-person classroom trainings, such as PS Certification Training, HIV Prevention Module 2 & 3 Trainings and/or the CDC's Passport to PS Training should be able to conduct telephone interviews when it is warranted.

### **Eligibility:**

All clients are eligible for phone results and can be offered results by phone. However, if a client is court-ordered to test for HIV due to being charged with a sex-crime, it is recommended this mandated test result is not provided over the phone to ensure the individual's confidentiality is maintained while incarcerated and awaiting trial and/or sentencing.

The DIS should mention both in-person and phone results options to the client and discuss with the client which option ideally will work. However, it should be noted the client will make the final decision about how to receive results.

A DIS may decline, however, to offer phone results to a client if there is evidence of impaired mental status. This may include a person diagnosed to have psychotic disorders (such as schizophrenia or bi-polar illness) or who appears to have serious anxiety, depression, potential suicide/homicide or a need for structured post-test counseling session. This type of information may be noted on the HIV Adult Case Report or after the DIS following up with the test administrator to gather additional information and any other supporting documentation.

DIS will continue to adhere to the timeframes outlined in the Recommendations for Conducting Integrated Partner Services for HIV/STD Prevention 2011 & subsequent editions and all efforts will be made to locate an individual in timely manner stressing disease intervention.

## **Procedure:**

The DIS or trained program staff will provide HIV results and partner services in a form of a direct, one -to-one interview with the client by telephone in a confidential manner. During a HIV pre-test session:

\*1). The client will be offered the option of receiving test results by phone or in-person. The option is to be offered to the client in a neutral tone with no attempt to influence the client's decision about which option to choose, unless the DIS has concerns about providing phone results (**see Eligibility above**).

\*2). When the DIS and/or trained program staff receives the laboratory results or case report they will contact the client by phone and verify the identity by securing the client's birthdate, address, and provider name. Other information maybe requested, such as the address or phone number originally provided by the client to the DIS and/or trained program staff if staff is not confident that the person calling is the actual client. All clients are eligible unless they do not speak English or the DIS and/or trained program staff does not have an enough level of confidence this is the client. LHDs should ensure interpreter services are available for non-English speaking clients.

\*3). A client offered phone results for HIV may be asked to meet in person at the clinic within 48 hours (72 hours if the result is given on a Friday) after receiving reactive or indeterminate results over the phone to ensure care services can be initiated. If the client will not agree to this then the DIS will conduct an in-person visit to provide results, and conduct partner elicitation.

\*4). The DIS and/or trained program staff can utilize visual applications such (i.e. Facetime, Skype, etc.) on a smartphone to confirm the identity of the client.

\*6). DIS and/or trained program staff will not leave test results on a client's answering machine or voice mail. The DIS and/or trained program staff may call and leave a message stating that they have a personal health information to share with the client and request the client call ASAP. The message should not state the name of the program, but the health department. For example: ***"Hi this message is for {CLIENT NAME}, my name is \_\_\_\_\_ and I am calling from the \_\_\_\_\_ health department. I have some important personal health information to share with you. Please return my call as soon as possible"***.

### **After providing results:**

For reactive/indeterminate HIV results, the DIS and/or trained program staff will:

- a. Assess the client's emotional status and assure that the client is not immediately suicidal/homicidal, review emotional support and provide appropriate referrals.
- b. Remind the client of the client's agreement to return to clinic for in-person follow-up.
  - i. Schedule re-testing for a client with indeterminate results.
  - ii. Discuss importance of medical care and case management services, and link client into service utilizing the Client Authorization for Counselor-Assisted Referral (CARF) or specific tool used by local health department.
- c. If the client refuses to return to clinic, declines referral to care, the DIS and/or trained program staff should:
  - i. Assess where client will obtain medical care services or reasons for avoiding assessing medical care services.
  - ii. Remind the client you can assist with obtaining medical care services and make appropriate referrals to such services or other supportive services.
- d. Discuss ways to reduce risk of spreading HIV and contracting STIs.
- e. Discuss the importance for partners to be notified and benefits of testing and how best this can be accomplished:
  - i. The DIS and /or trained program staff should not assume that the client testing reactive/indeterminate cannot handle discussions such as risk reduction and partner elicitation. The DIS and/or trained program staff should attempt such discussions and base a decision of whether to continue at that time or later the client's responses/ reactions.
  - ii. Request the client's contact information. If the client has previously supplied an address/phone number, the DIS and/or trained program staff should verify that this information is accurate.
- f. After the call:
  - i. Document call information on Index Patient Field Template form for PS Web and enter PS web.
  - ii. Debrief with your supervisor if needed.

### **Telephone Interview Guidelines:**

- DIS and/or trained program staff should conduct the telephone interview in a confidential setting with limited background noises and no interruptions.
- When a DIS and/or trained program staff contacts the client, they should follow standard procedures to verify the person's identity (usually this is done by confirming full name and two pieces of identifying information, e.g., date of birth and address)
- DIS and/or trained program staff should not pursue a telephone interview when the client's identity is questionable.
- Before proceeding with the interview, DIS and/or trained program staff should emphasize the importance of confidentiality.
- DIS and /or trained program staff need to inform the client an interview can be a lengthy process and the client may need to provide sensitive information over the phone. If the client prefers to meet face-to-face, arrangements should be made to meet for an interview; and
- DIS and/or trained program staff should obtain index client permission for another person to listen on the call when a supervisor is conducting an audit

### **Safeguarding Privacy:**

Verifying caller identity is a required part of providing test results by phone and beginning the elicitation of partner information. All callers are informed of Public Health's desire to provide quality service. This include protecting the index client's privacy and the privacy of the medical record. All DIS and/or trained program staff will ensure confidentiality and protected health information (PHI) is not being released improperly.

### **Evaluation Activities:**

MDHHS PS Program will be responsible for assessing telephone interview outcomes for each local health department via monthly data review and during bi-annual site visits. First Line Supervisors will be asked to evaluate at least one telephone interview during the calendar year for each DIS. A standard interview evaluation form should be used to collect this information. Please see draft interview evaluation in Appendix A



**Appendix A:**

*Sample telephone interview evaluation form*

The purpose of this form is to identify a Disease Intervention Specialist (DIS) strengths and limitations in conducting partner services via a phone interview. This form should be completed on a yearly basis by a supervisor to provide critical quality assurance and support to a DIS professional development and effectiveness of phone interviews. MDHHS 's Partner Services Program rely on this input to continue to provide highly trained professionals to conduct partner services and meet the CDC's 85% interview rate for newly diagnosed clients.

**Check the number that best reflect the rating of the characteristics you observed in the DIS as:**

**3 – Above expectations** – exceeds expectation at yearly review, took extra initiative or demonstrated creative approaches conducting a phone interview.

**2 – Satisfactory** – meets requirement for yearly review conducting a phone interview

**1 – Needs improvement** – needs improvement to reach expected level of competence conducting a phone interview – Comments must be given for areas marked 1.

**Supervisors should document outcomes based on observed and audible outcomes**

<b>Name of DIS:</b>				
<b>Date/Time of Phone Interview:</b>				
<b>Review Elements</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Comments</b>
Demonstrate the ability to make the client/partner feel at ease before starting the phone interview				
Able to obtain the client/partner's consent to participate in the interview prior to disclosing important health information				
Demonstrate the ability to ask questions to ensure he/she were speaking to the correct individual e.g. ask full name, date of birth, home address				

<b>Able to provide effective prevention counseling and assist client with developing risk reduction plan</b>				
<b>Demonstrate ability to give a reactive test result over the phone if needed</b>				
<b>Review Elements</b>	<b>1</b>	<b>2</b>	<b>3</b>	
<b>Able to explain partner services, and the benefits for notification purpose</b>				
<b>Able to conduct a thorough PS counseling session over the phone by imparting needed information to client e.g. inform of status, help client to identify ways which placed them at risk, informed ways to notify partners, learn about treatment and referral options to care, PrEP (for partner) and U=U</b>				
<b>Able to conduct a thorough PS counseling session over the phone with a partner by imparting needed information e.g. availability of testing options, PrEP</b>				
<b>Demonstrate ability to use open-ended questions, and remain non-judgmental while working with clients/partners</b>				

## *Sample Partner Services Telephone Interview Script (Index Client)*

Good morning/afternoon, my name is \_\_\_\_\_ and I'm calling from the \_\_\_\_\_ health department. Am I speaking with \_\_\_\_\_ (client's name) \_\_\_\_\_?

**(If Not):** is \_\_\_\_\_ (client's name) \_\_\_\_\_ available?

**(If client is not available):** Thanks. I'll try back later, or do you know when would be a good time to try and contact {CLIENT NAME}?

**(If Yes):** I have some important health information for you. Is now a good time to talk?

**(If No):** When would be a better time for me to call you?

**(If Yes): Before we begin, I just need to confirm that I am speaking with the right person. Can you please tell me your date of birth and home address?** *(This may not be needed if (DIS) is utilizing a smart phone and the client has access to a smart phone. Most smart phones are equipped with face time and other visual apps. In this case, the DIS can examine the client's (physical description) to ensure they are speaking to the correct person.*

If the client is unable or unwilling to confirm their date of birth and home address, inform the client due to the important nature of the health information, you (DIS) can come to their home to discuss the matter. Do not proceed with the notification until you can confirm their identity.

**(After confirming date of birth and address):** "We have recently learned that you are living with HIV. It is important that we talk about resources such as care and case management services that will be of benefit for you. Another important services I would like to discuss with you is ways in which I can assist you with talking with your partners who may have been exposed. First, let's discuss your next steps ..... *starting the conversation on care services and the availability of referring the client into care and case management may help to alleviate the clients concerns, and show you have an interest in their health and help to develop a rapport with the client. During this time, it is also important to discuss with the client the importance of being in care and becoming virally suppressed (U=U – undetectable = untransmittable). Please remember to check in*

*with the client about how they are feeling, and answer questions. During and throughout the conversation remind the client the information they may sure will remain confidential.*

(After discussing their referral into care and case management services, remind the client there is one other service you can assist them with, and that is the notification of partners who may have been exposed – Partner Services)

“We have talked a lot about you accessing care and case management services; however, there is one other service I would like to assist you with which can help you notify partners who may have been exposed. “Who would you like to share this information with”?

**(If the client is hesitate):** “I know this is a lot; however, as you were not made aware of your partner’s status wouldn’t it be great that your partners are contacted so they can be given the opportunity to be tested, and get information on their health”. Continue to explain the benefits of Partner Services to client, and the various options to notify – health department, physician, client, or combination)

**(If client agrees to participate in Partner Services): Begin partner elicitation to obtain, identifying, and locating and exposure information:** “How would you describe him/her?” What would be the best place for me to meet with him/her? What type of exposure?”

**(If client states they don’t want to participate):** Explain the benefits of Partner Services, and the various options to notify – health department, physician, client or combination). However, if the client continues to express their unwillingness to participate state to the client: *“At this time you don’t want to participate. That is okay. If in the future you would like to discuss notifying your partners, please feel free to give my office a call at XXX-XXX-XXXX”*. End the call by thanking the client for their time

Close out the conversation with the client by stating: “We discussed a lot of information today. I hope I was able to answer all your questions. Do you have any additional questions I can answer for you?” Review with the client the referrals you will make for them for care and case management services. Provide the client with your business contact information. End the call by thanking the client for their time.

## *Sample Partner Services Telephone Interview Script (Partner)*

Good morning/afternoon, my name is \_\_\_\_\_ and I'm calling from the \_\_\_\_\_ health department. Am I speaking with \_\_\_\_\_ (client's name) \_\_\_\_\_?

**(If Not):** is \_\_\_\_\_ (partner's name) \_\_\_\_\_ available?

**(If partner is not available):** Thanks. I'll try back later, or do you know when would be a good time to try and contact {Partner's name}?

**(If Yes):** I have some important health information for you. Is now a good time to talk?

**(If No):** When would be a better time for me to call you?

**(If Yes): Before we begin, I just need to confirm that I am speaking with the right person. Can you please tell me your date of birth and home address?** *(This may not be needed if (DIS) is utilizing a smart phone and the client has access to a smart phone. Most smart phones are equipped with face time and other visual apps. In this case, the DIS can examine the partner's (physical description) to ensure they are speaking to the correct person.*

If the partner is unable or unwilling to confirm their date of birth and home address, inform the partner due to the important nature of the health information, you (DIS) can come to their home to discuss the matter. Do not proceed with the notification until you can confirm their identity.

**(After confirming date of birth, address, and/or physical description):** "We have recently learned that you may have been possibly exposed to HIV. It is important that you are tested for HIV so that you can learn if your HIV status. You can come to \_\_\_\_\_ health department for a free HIV test, or I can come to your home and provide you with a test. If you are HIV – negative, I can give you information on how you can remain free from HIV (PrEP). If you are HIV-positive, I can refer you to care services for medications which can help you stay health and reduce your chances of passing HIV onto others.

**(If the partner would like to be tested at the health department):** What day and time would you like to come in for an HIV test?

**(If the partner would like to be tested at home):** What date and time would you prefer for me (DIS) to come to your home to conduct the HIV test?

Close out the conversation with the client by stating: “We discussed a lot of information today. I hope I was able to answer all your questions. Do you have any additional questions I can answer for you?” Review with the partner their decision on where and if they are going to get tested for HIV. Provide the partner with your business contact information. End the call by thanking the partner for their time.

**Script for Partner Services: Voicemail Message:** in case no one answers the phone:

*“Hi, this message is for {CLIENT/Partner NAME}, my name is \_\_\_\_\_ and I am calling from the \_\_\_\_\_ health department. I have some important personal health information to share with you. Please return my call as soon as possible. My phone number is XXX-XXX-XXXX. I will also try back later. Thank you and have a nice day.”*