Making the Connection:

Standards of Care for Client-Centered Services

Complementary Therapies

San Francisco EMA
Includes San Francisco City and County, San Mateo County, and Marin County

January 2003

All of the existing HHS standards of care were reviewed and evaluated by the HIV Health Services Planning Council over FY-2014-15, finalized in May of 2015 without any revisions required.

Prepared for

San Francisco Department of Public Health,
HIV Health Services, and the
HIV Health Services Planning Council

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Dedication

The Complementary Therapies Standards of Care are dedicated to the clients of the HIV Health Services system, to complementary therapy providers who devote themselves to providing services to others, and to individuals who are both client and provider in the San Francisco EMA.

Acknowledgments

Sincere gratitude goes out to all who contributed to the process of developing the Complementary Therapies Standards of Care. Special thanks goes to the Complementary Therapies Working Group members and to the consumer focus group participants, who contributed their knowledge and experience to make these standards practical and worthwhile.

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COMPLEMENTARY THERAPIES
Standards of Care
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I. Introduction

The Ryan White CARE Act, Title I, provides emergency assistance to Eligible Metropolitan Areas (EMAs) most severely affected by the HIV/AIDS epidemic. As it applies to San Francisco, the CARE Act stipulates that Title I funds should be used to provide access to integrated health services for persons living with HIV/AIDS (PLWHA) who:

- Reside within the San Francisco EMA; and
- Have no third party payment source (uninsured);
- Have limited third party coverage (underinsured); or
- Have been denied coverage by a third party payer (uninsured or underinsured)

In addition, enrollment priorities are as follows:

- First priority: Residents of the San Francisco EMA who have low or no income and are uninsured
- Second priority: Residents of the San Francisco EMA who have low or no income and are underinsured

Finally, CARE funds will be used only for services that are not reimbursed by any other source of revenue.

In addition to these federal guidelines, the San Francisco EMA has developed standards of care for all Title I-funded HIV health services in the San Francisco EMA. These standards, outlined here, are designed to define the minimally acceptable levels of service delivery and provide suggested measures to determine whether service standards are being met.

II. Overview

Complementary Therapies Standards of Care are designed to ensure consistency among the Title I complementary therapy services provided as part of San Francisco's continuum of care for PLWHA. They are not intended to promote a "cookbook" approach to the treatment and care of PLWHA. These minimally acceptable standards for service delivery provide guidance to programs so that they are best equipped to:

- Promote and provide integrated health care services that maximize quality of life, address the spectrum of clients'/patients' health care needs, and minimize barriers to accessing services.
- Promote collaborative relationships between clinicians of both Eastern and Western medicine in order to maximize client/patient health.
- Implement coordinated, client/patient-centered, and effective delivery of service.
- Promote respect for patients and practitioners.
- Encourage clinicians to remain up-to-date regarding treatment guidelines and to comply with all federal, state and local laws, regulations, ordinances and codes.
- Appropriately address issues of consent and confidentiality for clients/patients enrolled in services.
- Deliver complementary therapy services in a culturally and linguistically appropriate manner that takes into account the nature of clients'/patients' family, social, and community support systems and networks.
- Meet the specific and varied needs of HIV-positive clients using a multidisciplinary team approach and as appropriate, conduct HIV risk reduction specifically for HIV-positive individuals (prevention for positives).
- Incorporate harm reduction/risk reduction principles into services.

III. Description of Service

Complementary therapy includes, but is not limited to the following services: Traditional Chinese Medicine and other indigenous healing modalities including acupuncture, therapeutic bodywork, and herbal therapy.

Other therapeutic interactions within the purview of complementary therapy include:

- Referrals to specialists in HIV care or to Western primary care providers.
- Consulting or advocating with an HIV specialist on behalf of the client/patient.
- Providing the client/patient with medications adherence support, consulting on medication side effects, or providing follow-up.
- Other activities that promote client/patient health and well-being (e.g., reviewing laboratory/radiology data, case conferencing, facilitating enrollment into expanded access programs or clinical trials).

A Unit of Service (UOS) is:

- A group hour or a face-to-face visit between a client/patient and a clinician (e.g., acupuncturist massage therapist) for acupuncture treatment, herbal supplements therapeutic massage, self-care or lifestyle counseling, or other complementary therapy.

A. Administration

Administrative standards are intended to ensure all professionals providing complementary therapy services are properly trained and credentialed, have an understanding of the scope of their job responsibilities, and that all programs funded are adequately staffed.

Standard 1: License, credentials, and experience/education.

- All clinicians and staff maintain appropriate licenses and credentials.
- Clinicians will be HIV-experienced and/or be trained in provision of care.

Measure: Completed forms on file for all participating clinicians, including up to date licensing and other appropriate certifications.

Standard 2: Staffing levels.

Contracted agencies will ensure appropriate staffing levels are reached and maintained to provide contracted services.

Measure: Full and part-time positions funded under contract are filled; OR appropriate actions being taken to fill positions.

Standard 3: Job descriptions.

Staff members will have a clear understanding of their job definition and responsibilities.

Measure: Written job description on file signed by the staff/staff supervisor.

Standard 4: Policies and procedures.

Each funded agency will have a written policies and procedures manual that contains both personnel and program policies and procedures for the following areas:

<u>Personnel Policies and Procedures</u>

- Annual performance reviews
- Staff training and other personnel policies (e.g., behavioral standards)

- Compliance with the "USPHS Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis" at http://hivatis.org/trtgdlns.html#Occupational

Program Policies and Procedures

- Client/patient rights and responsibilities, including confidentiality guidelines (with particular discussion of confidentiality issues for PLWHA).
- Client/Patient grievance policies and procedures
- Nondiscrimination policies for patients with children
- Referral resources and procedures that ensure access to continuum of services listed in Standard 8
- All appropriate consent forms (e.g., consent to share information, treatment consent, Reggie consent form for San Francisco only)
- Data collection procedures and forms, including data reporting
- Quality assurance/quality improvement
- Guidelines for language accessibility
- Plans for accommodating people with disabilities (plans should adhere to Americans with Disabilities Act (ADA) standards to the extent possible)
- Infection control and universal precautions
- Instructions for keeping client records
- Verification of eligibility (i.e., income, address, HIV diagnosis)

Measure: Written policies and procedures manual.

Standard 5: Staff training.

Staff training needs, frequency of training, and methods of training are at the provider's discretion.

Training for Clinical Providers

Clinical providers of complementary therapies should receive training to:

- Provide care and treatment appropriate for the management of all stages of HIV disease by utilizing standard complementary therapies strategies as well as the most recent HIV/AIDS and STD treatment guidelines.

Clinical providers of complementary therapies should be familiar with:

- A range of complementary therapies and their appropriate applications to the treatment and management of HIV/AIDS.

- California Acupuncture Board certifications and licensing (http://www.acupuncture.ca.gov/licensing.htm)

Training for Providers of Specific Types of Therapies

In addition, providers of specific types of therapies should be trained to address specific types of conditions, such as the following:

- Acupuncturists and therapeutic massage therapists should be trained to provide treatment that focuses on a variety of conditions including but not limited to neuropathy, diarrhea, chronic pain, fevers, fatigue and weakness, skin rashes and viral warts, HIV and HCV co-infection issues, loss of appetite, night sweats, herpes zoster, sinusitis and headaches, respiratory ailments, mental health disorders, sleep disorders, drug, alcohol, and tobacco use, gastrointestinal conditions, and side effects from pharmaceutical medications. Acupuncturists should also be familiar with:
    - National Certification Commission for Acupuncture and Oriental Medicine Code of Ethics (http://www.nccaom.org/ethics%20and%20grounds%20for%20discipline.htm)
    - Acupuncture National Institute of Health Consensus Statement (http://odp.od.nih.gov/consensus/cons/107/107_statement.htm)
    - California Acupuncture Board certifications and licensing (http://www.acupuncture.ca.gov/licensing.htm)
    - World Health Organization Guidelines on Basic Training and Safety in Acupuncture (http://www.who.int/medicines/library/trm/acupuncture/acupdocs.shtml)

Training for Both Clinical Providers and Support Staff

Staff (both clinical providers and support staff) should be familiar with the most up-to-date information and best practices for the bullet points below. To achieve this goal, all staff should receive training or orientation as appropriate for their scope of practice, previous knowledge/experience, and credentials. Staff training should address the following areas, as necessary:

- Culturally and linguistically appropriate service delivery
- Harm reduction principles
- HIV/AIDS, STDs, Hepatitis C and the delivery of complementary therapies in this context

- Current and new developments in both complementary therapies services as well as Western medical treatments
- Prevention for positives principles
- Agency's written policies and procedures (including confidentiality, patient rights, and human resources)
- Data requirements of the local jurisdiction (e.g.,Reggie)
- Decision-making related to client/patient eligibility for Title I services, including how to access other sources of funding for patients (e.g., Medi-Cal, GA)
- Infection control and universal precautions
- ADA standards
- Referral resources

Measure: Documentation of all completed trainings on file.

B. Facility Standards

Facility standards are intended to ensure program safety and accessibility for both clients/patients and staff.

Standard 6: Standard safety requirements.

The program is located in a physical facility that:

- Meets fire safety requirements
- Meets criteria for (ADA) compliance
- Is clean and comfortable
- Complies with Occupational Safety and Health Administration (OSHA) infection control practices
- Has emergency protocols for health- and safety-related incidents posted
- Is free from anticipated hazards
- Is in a geographic area that is as safe as possible
- Is in a comfortable, accessible environment for PLWHA
- Is as quiet as possible

Measure: Compliance with all appropriate regulatory agencies, including ADA compliance; written policy describing plan for accommodating individuals with disabilities. Client/patient satisfaction surveys performed at least annually that address satisfaction with privacy, confidentiality, safety, and comfort.

C. Service Delivery

Standards related to service delivery define the minimum set of activities to be performed and under what parameters.

Standard 7: The full continuum of services described below is provided on site or through referral.

Services through referral or on site:

- All HIV-related services in the continuum of care (i.e., other non-complementary therapy Title I services)
- A range of complementary therapies as listed in the Description of Service
- All medical diagnostic, screening, and treatment services indicated for PLWHA, including STD screening and treatment and treatment adherence services
- HIV risk reduction specifically for HIV-positive individuals (prevention for positives)
- Substance abuse harm reduction services
- Childcare for patients with children (agency/clinic must either provide child care on site or give information and referrals to child care upon patient request)

Services on site:

- Primary modality of services (e.g., acupuncture, therapeutic massage, herbal therapies)

Measure: Frequently updated inventory of services provided in house as well as referral resources and protocols.

Standard 8: Intake/Assessment.

During the intake process or during subsequent client/patient assessments, providers should:

- Inform client/patient of (1) services available, (2) client/patient rights and responsibilities (including confidentiality), (3) grievance policies and procedures, and (4) agency operations/procedures.
- Provide client/patient with referral information to other services, as appropriate.
- Collect required client/patient data for city/state/federal reporting purposes.

- Collect basic client/patient information to facilitate client/patient identification and client/patient follow-up.
- Obtain client's/patient's signature on the appropriate consent forms, including the Reggie consent form (Reggie consent form for San Francisco only).
- Conduct treatment planning, including creating a treatment plan with client/patient input, noting the plan in the chart, reviewing the plan regularly with the client/patient, and updating the plan as indicated. (A separate treatment plan form is not required; detailed progress notes in client/patient charts are sufficient.)
- Assess client/patient need for harm reduction and primary and secondary prevention education services.

Measure: Documentation in client/patient charts of comprehensive initial assessment and annual follow-up evaluation by both clinician and client/patient on clinical signs and symptoms, medications, herbal supplements, including a reassessment of primary health goals and treatment plan.

Standard 9: Access.

Access to services should be made equal for all individuals. This includes:

- A plan for addressing cognitive, social, economic, and other barriers to access for clients/patients should be in place (e.g., issues that cause clients/patients to regularly miss appointments).
- When possible, all clients/patients should have access to a provider of their choice and should be given the option to transfer their care to another provider if they are dissatisfied.
- Practices for reducing barriers to access for clients/ patients, including streamlining paperwork, must be in place.
- Providers must have in place objectives for availability (i.e., time from request for appointment to actual appointment) of the following types of visits, as well as a plan for meeting those objectives: initial visits, follow-up visits, and urgent visits.

Measure: Client/patient satisfaction surveys that address access to services, performed at least annually.

Standard 10: Client/Patient education.

As indicated by the needs of the individual client/patient, education should be made available either by the provider or through referral. Initial intake should ensure that all clients/patients receive HIV/AIDS and STD education. At a minimum, all clients/patients should receive education in the following areas:

- Natural history of the disease (what to expect as it progresses, including information on TB and STDs as well as gender-specific information);
- Treatment education support;
- Health maintenance strategies;
- Other services available to them, including HIV continuum of care services, prevention for positives, and harm reduction services available to clients/patients.

Measure: Documentation in client/patient charts of education topics discussed.

Standard 11: Cultural sensitivity and competency.

- Agency/clinic must have a non-discrimination policy in place regarding hiring and patient treatment that addresses issues of race/ethnicity, gender identity, sexual orientation, disability, and other relevant issues.
- Agency/clinic must show experience with the target population(s) or have a plan for developing staff sensitivity to the target population(s).
- Staff should be ethnically, culturally, and linguistically diverse or reflect the diversity of the population they serve.
- Services are provided using language and methods sensitive to the communities served.
- Services provide opportunities for clients/patients to assist in identifying issues related to culture that may affect how they respond to services (e.g., primary language, spirituality needs, sexual orientation, community identification, family needs, and customs).
- Service providers should have referral relationships that can address gaps in culturally competent services (e.g., if agency does not have Spanish-speaking staff, Spanish-speaking patients can be referred).
- Agency must have a cultural competency plan on file with the San Francisco Department of Public Health (for agencies in San Francisco).

Measure: Adherence to the San Francisco DPH cultural competency requirements for agencies and services in San Francisco; adherence to relevant local county/city cultural competency plan for agencies and services in San Mateo or Marin County.

D. Coordination and Referral

The objectives of coordination and referral are to follow through on the strategies for addressing client/patient needs and referral to needed services.

Standard 12: Coordination and referral.

Coordination and referral includes identification of other service providers or staff members with whom the client/patient may be working. The agency will:

- Identify and communicate with collateral client/patient caregivers (with client/patient consent), including primary care providers and substance abuse and mental health residential and outpatient programs in which their client/patients are enrolled, to support coordination and delivery of high quality care.
- Provide appropriate referrals to any necessary specialty care in accordance with client's/patient's treatment plan, including mental health and substance abuse treatment services, with client/patient consent.
- Track referrals into the agency, within the agency, and out to other services and providers by recording all referrals in client's/patient's chart.
- Follow-up with client/patient at next visit regarding referrals made.

Measure: Documentation in client/patient record of referrals made; up-to-date treatment plan in patient's chart documenting necessity of specialty referral, follow-up at next client/patient visit, and desired outcome.

E. Quality Assurance and Service Maintenance

The objectives of quality assurance and service maintenance are related to periodic evaluations of client/patient treatment plans, service delivery, and patient satisfaction with service provision, the results of which lead to service improvement.

Standard 13: Client/Patient satisfaction survey.

Providers will conduct client/patient satisfaction surveys (or other patient satisfaction activity) at least annually.

Measure: Annual written summary and analysis of the program's client/patient satisfaction activity.

Standard 14: Quality assurance.

The agency must have an active Continuous Quality Improvement (CQI) program to monitor care provided and identify means of improving care and services.

Measure: Written policies on CQI in place, including how data will be used to improve programs; corrective action plan that includes a process for giving feedback to agency staff in place.

Standard	Measure
1. License, credentials and experience/education.	1. Completed forms on file for all participating providers, including Acupuncture license and other appropriate licenses and certifications.
2. Staffing levels.	2. Full and part-time positions funded under contract are filled; OR appropriate actions being taken to fill positions.
3. Job descriptions.	3. Written job description on file signed by the staff/staff supervisor.
4. Policies and procedures.	4. Written policies and procedures manual.
5. Staff training.	5. Documentation of all completed trainings on file.
6. Standard safety requirements.	6. Compliance with all appropriate regulatory agencies, including ADA compliance; written policy describing plan for accommodating individuals with disabilities. Client/patient satisfaction surveys performed at least annually.
7. Continuum of services.	7. Frequently updated inventory of services provided in house as well as referral resources and protocols.
8. Intake/assessment.	8. Documentation in client/patient charts of comprehensive initial assessment and annual follow-up evaluation by both clinician and client/patient on clinical signs and symptoms, medications, herbal supplements, including a reassessment of primary health goals and treatment plan.
9. Access.	9. Client/patient satisfaction surveys that address access to services, performed at least annually.
10. Client/Patient education.	10. Documentation in client/patient charts of education topics discussed.
11. Cultural sensitivity/competency.	11. Adherence to the San Francisco DPH cultural competency requirements for agencies and services in San Francisco; adherence to relevant local county/city cultural competency plan for agencies

	and services in San Mateo or Marin County.
12. Coordination and referral.	12. Documentation in client/patient record of referrals made; up-to-date treatment plan in client's/patient's chart documenting necessity of specialty referral, follow-up at next client/patient visit, and desired outcome.
13. Client/Patient satisfaction survey.	13. Annual written summary and analysis of the program's client/patient satisfaction activity.
14. Quality assurance.	14. Written policies on CQI in place, including how data will be used to improve programs; corrective action plan that includes a process for giving feedback to staff in place.