

# INTRODUCTION TO PARTNER SERVICES FOR PARTNER SERVICES PROVIDERS

## What are the functions of Partner Services?

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Partner Services interview persons infected with STD/HIV to elicit information about their partners and social contacts. These partners and contacts can then be confidentially notified of their possible exposure or potential risk.

Partner Services also fulfill other functions:

- Prevention counseling
- Testing for HIV and other types of STDs, hepatitis screening, and vaccination
- Treatment or linkage to medical care
- Linkage or referral to other prevention services
- Linkage or referral to other services (e.g., reproductive health services, prenatal care, substance abuse treatment, social support, housing assistance, legal services, and mental health services).

## How do you define the key terms “index patient,” “partner,” and “social contact?”

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“Index patient” is defined as a “person with newly diagnosed or reported STD/HIV infection.” [CDC (2008), MMWR]

“Partner” is defined differently depending upon the index patient. When an index patient has syphilis, gonorrhea, or chlamydial infection, the term partner refers to persons with whom s/he has had sex at least once. When the index patient is HIV-infected, the term partner refers to persons with whom s/he had sex or shared drug-injection equipment at least once.

“Social contacts” are defined as persons who are named by index patients as part of their social network, but who are not sex or drug- injection partners.

## Where are Partner Services based?

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Most Partner Services providers are based in local and/or state health departments.

In certain jurisdictions, other persons provide certain or all elements of Partner Services, such as HIV counselors or clinicians.

Providers conducting interviews on behalf of the health department need appropriate training, mentoring and monitoring by a supervisor. For example, monitoring is required for the intervention outcomes of interviews conducted.

## Why are Partner Services offered? What are positive outcomes from this work?

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Partner Services are used to:

- Identify infected persons
- Notify partners and social contacts of their possible exposure
- Provide a range of medical, prevention, and psychosocial services to infected persons and their partners and social contacts.

Positive outcomes can result in:

- Positive behavior changes and reduced infectiousness
- Decreased STD/HIV transmission
- Reduced STD/HIV incidence and improved public health
- Prophylactic treatment of those exposed.

## What types of information are discussed with the index patient?

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The purpose and functions of Partner Services

Benefits and potential risks of Partner Services for index patients and their partners and social contacts, plus steps taken to minimize risks

How and to what extent privacy and confidentiality can be protected

How participation in Partner Services is voluntary

Available options for notifying partners and social contacts

## What are the key steps for Partner Services providers when working with index patients?

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Identify index patients and prioritize them for Partner Services.

Introduce Partner Services to index patients, and conduct interviews to elicit information about their partners and social contacts.

Counsel index patients about reducing their risk for acquiring or transmitting infection to others, and refer them for additional prevention services if needed.

Treat index patients, or link them to medical care and treatment.

Refer index patients to other services.

## What are the key steps guiding work with partners and social contacts?

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Notify partners and social contacts of their exposure.

Counsel partners and social contacts about reducing their risk for acquiring HIV infection and other types of STDs, and refer them for additional prevention services if needed.

Offer partners and social contacts STD/HIV testing.

Treat partners and social contacts or link them to medical care and treatment.

Refer partner and social contacts to other services.

### **According to CDC recommendations, who should be offered Partner Services?**

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Persons with newly diagnosed/reported early syphilis or HIV infection

Resources permitting, persons with newly diagnosed/reported gonorrhea and chlamydial infection

Persons with previous HIV diagnosis who identify new partners and social contacts not informed of their exposure

Persons with newly diagnosed/reported chlamydial infection should be offered either Partner Services or an alternative strategy (e.g. Expedited Partner Delivered Therapy) for locating and treating partners and social contacts based on local resources/priorities.

### **Regardless of infection, which patients are top priorities?**

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- Pregnant women and male index patients with pregnant partners and social contacts.
- Index patients engaging in behaviors that substantially increase risk for transmission to other persons.
- Persons co-infected with HIV and one or more other STDs.
- Persons with recurrent STD infections.

### **What are the primary goals of Partner Services?**

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Maximize access to Partner Services by providing all infected persons with support to ensure that partners and social contacts are confidentially informed of their exposure.

Maximize effective linkage to medical care, treatment, prevention interventions, and other services to reduce the risk for transmission to others.

Maximize the proportion of partners and social contacts who are notified of their exposure.

Maximize early linkage of partners and social contacts to testing, medical care, prevention interventions, and other services.

Reduce future rates of transmission by aiding in early diagnosis, treatment (or linkage to treatment for those with STD/HIV infection) and provision of prevention services to infected persons.

## What are essential principles of Partner Services?

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- Client centered/client focused
- Confidential
- Voluntary and non-coercive
- Free
- Evidence based
- Culturally, linguistically, and developmentally appropriate
- Accessible and available to all
- Comprehensive and integrative: Partner Services should be part of an array of services that are integrated to the greatest extent possible for persons with STD/HIV and their partners and social contacts.

## A key part of your work as a Partner Services provider is to help the patient make a notification plan for each partner or social contact. What are the five referral options that a patient may choose?

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The patient may choose different referral, (or notification) strategies for different partners and social contacts.

1. **Provider referral:** A Partner Services provider such as a Disease Intervention Specialist (DIS) confidentially notifies a partner of possible exposure.
2. **Third-party referral:** A professional other than a health department staff (e.g., a private physician) notifies a partner or social contact of exposure to HIV or another STD.
3. **Self-referral (also known as patient referral):** An index patient accepts full responsibility for informing a partner or social contact of possible exposure and referring the partner or social contact to appropriate services. A Partner Services provider helps the index patient determine when, where, and how to notify the partner or social contact as well as how to cope with potential reactions.
4. **Dual referral:** An index patient, together with a provider (a Partner Services provider or third party) notifies a partner or social contact of possible exposure.
5. **Contract referral:** An index patient identifies a specific partner or social contact to notify of possible exposure and agrees to do so within a specific time frame, with the understanding that if notification does not occur within the designated time frame, the Partner Services provider will notify the partner or social contact.

## **What are key considerations in selecting a referral strategy?**

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Provider referral is effective in identifying new cases. It is also prompt which is critical for primary and secondary syphilis which spreads quickly.

On the basis of evidence of effectiveness, CDC strongly recommends that all persons with newly diagnosed or reported HIV infection or early syphilis receive Partner Services with active health department involvement. When patients select self-referral, monitoring may be involved to verify that partners and social contacts are actually notified and receive appropriate counseling and testing.

Local jurisdictions' policies or laws may determine which referral strategies are used.

When there is not sufficient identifying and locating information, other strategies may be necessary such as Internet Partner Services (IPS). Types of internet-based approaches may include e-mail, instant messaging, and use of chat rooms to notify partner(s) and social contacts.

## **What different points of view on perceived benefits and concerns must Partner Services providers balance?**

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Partner Services providers work hard to maintain a delicate balance between the need to provide Partner Services in order to stop the spread of disease, and the index patient's right to choose whether or not to participate.

There are at least four differing points of view about key benefits and concerns on Partner Services: the patient, partner or social contact, provider, and the community.

## **Knowledge of evidence-based research can help you in clarifying misconceptions and explaining the importance of Partner Services. What is the scientific evidence on Partner Services effectiveness?**

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Research has confirmed that provider referral is an effective intervention for finding cases.

Partner Services notification has resulted in higher rates of HIV testing and in identifying higher HIV infection rates in referred partners.

Recent research found that HIV Partner Services are widely accepted by potential patients and their partners. They considered Partner Services a service rather than an imposition.

## **How is confidentiality defined for Partner Services?**

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Information obtained from or about index patients, partners, social contacts, and associates is kept in confidence.

Information is not divulged to others, or obtained or maintained in a way that makes it accessible to others.

Confidentiality is subject to legal exceptions and to practical limits, including the possibility that partners and social contacts might guess the identity of the index patient at any point during the process.

If you don't know your agency-specific policies on confidentiality, make sure you contact your local program manager to learn about them.

## What are five guiding principles of confidentiality?

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1. Partner Services information should be maintained in a physically secure environment.
2. Electronic Partner Services data should be held in a technically secure environment, with the number of data repositories and persons permitted access kept to a minimum. Operational security procedures should be implemented and documented to minimize the number of staff members who have access to personal identifiers and to minimize the number of locations where personal identifiers are stored.
3. Individual program staff members and persons authorized to access case-specific information are responsible for protecting confidential Partner Services case information and data. These persons will face legal action for confidentiality violations.
4. Security breaches of Partner Services data will be investigated thoroughly and sanctions imposed as appropriate.
5. Security practices and written policies will be reviewed and assessed continuously and, as necessary, changed to improve the protection of confidential Partner Services case information and data.

## What are the standards for record keeping and data collection?

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Procedural steps must be taken to assure that confidential information is safeguarded. Each jurisdiction must adhere to 32 Program Standards for Area Specific Guidelines, Policies and Procedures for Individual Level Record-Keeping and Data Collection, Management and Security (MMWR).

## What is the impact of a breach in confidentiality?

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The impact of a breach of confidentiality on the patient, partners and/or social contacts may include discrimination, violence (against the patient by a partner or social contact), less trust/willingness to participate in Partner Services and/or disruption of relationships.

The impact of a serious breach for a Partner Services provider could include loss of job (or license to practice), lawsuits or other legal ramifications.

Lost credibility and trust in Partner Services leads to lost opportunities for prevention, lost opportunities for identifying infected partners and social contacts and offering early intervention.

## What is the legal basis of your work as a Partner Services provider?

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As a Partner Services provider, it is essential that you understand the legal basis of your work, such as legal restrictions on your practice, the extent to which you are protected from civil litigation, and how to coordinate with law enforcement officials in ways that protect the civil and procedural rights of the persons involved.

States hold legal authority for the notification and referral of partners and social contacts. Local variations exist in legal authority, policies and practices.

Consult your jurisdiction's written policies and procedures.

The Ryan White CARE Act Amendments of 1996 are a federal law that requires states receiving funds to make a good faith effort to notify the spouse of a known HIV-infected patient exposed within a ten-year period.

### **What is Expedited Partner Therapy (EPT)?**

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EPT is an alternate partner management strategy through which treatment for partners and social contacts of persons with a diagnosis of gonorrhea or chlamydial infection is administered before the clinical evaluation occurs. Most uses of EPT involve Patient-Delivered Partner Therapy (PDPT), meaning the patient is given medications or prescriptions to give to his/her partners and social contacts.

CDC developed a tool to assist state and/or local jurisdictions in implementing EPT.

The legal implementation of EPT varies state to-state.