

PUTTING THE HEART BACK INTO HAART: GREATER HCP-PATIENT ENGAGEMENT IS ASSOCIATED WITH BETTER HEALTH OUTCOMES AMONG PERSONS LIVING WITH HIV (PLHIV) ON TREATMENT

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Background

- While in many settings HIV care involve fewer face to face appointments, a greater movement pushes toward achieving the UNAIDS 90-90-90 targets¹
- In this context, optimizing the relationship between healthcare provider (HCP) and patient is critical
- In addition, inclusion of a fourth '90' target is intended to ensure that 90% of all people living with HIV (PLHIV) have good health-related quality of life (QOL)²
- Today there is increasing recognition by HCPs to work towards achieving the fourth 90 as an added marker of treatment success beyond virologic control
- We investigated healthcare provider (HCP)-patient communication and engagement and explored associations with indicators of Quality of Life and health outcomes among PLHIV

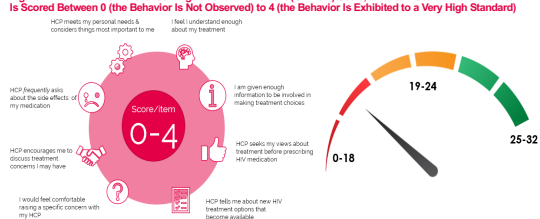
Methods

- We analyzed data from the 2019 Positive Perspectives Survey of PLHIV in 25 countries (N=2389)
- This was a web-based survey conducted between April 2019 and January 2020 to capture attitudes, perceptions, and knowledge about antiretroviral therapy (ART)
- An advisory committee comprising PLHIV, PLHIV advocacy groups, and HCPs helped identify key themes
- A combination of different non-probability-based sampling approaches was used to recruit participants, including snowball sampling, targeted sampling within Patient Advocacy Groups, Patient Support Groups or HIV Charities, and use of existing panels of PLHIV
- Surveyed participants were from North America (N=520), Europe (N=1119), Latin America (N=221), Asia (N=230), Australia (N=120), and South Africa (N=179)
- Inclusion criteria were as follows:
 - Male or female, aged 18 to 84 years, and willing and able to provide electronic/verbal informed consent to participate
 - Self-identified as having been diagnosed by a doctor or other HCP as being HIV seropositive, and currently on ART
 - Resident of selected country and be able to communicate in the language with which the survey is being administered

Key Measures and Approach

- Participants were asked, "What is your most recent viral load?"
 - Those answering "undetectable" or "suppressed" were classified as reporting viral suppression; those answering "detectable" or "unsuppressed" were classified as reporting being virally unsuppressed; and those answering, "I don't know" or "prefer not to say" were classified as indeterminate status
- Participants were classified as fully (100%) adherent if they did not report missing ART for even one time in the past month
- Individuals diagnosed with HIV for 2 years or longer before the survey were classified as being treatment experienced
- Patient engagement in care (low, moderate, high), was measured based on a modified version of the Observing Patient Involvement scale³
- Data were analyzed using descriptive and multivariable techniques
- Figure 1 illustrates the 12-item Observing Patient Involvement scale

Figure 1. Modified From the Observing Patient Involvement (OPI) Scale, a 12-Item Scale Where Each Item is Scored Between 0 (The Behavior is Not Observed) to 4 (The Behavior is Exhibited to a Very High Standard)



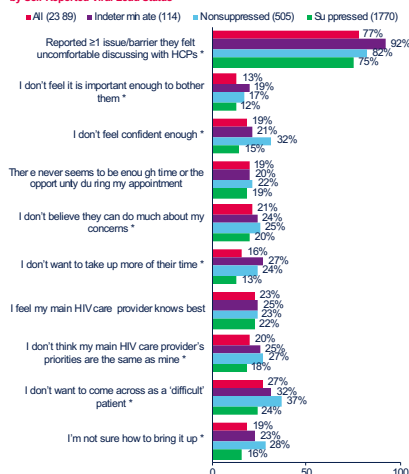
Results

- Most of the study population reported being virally suppressed (74%); younger (<50 y, 71%); men (68%); and diagnosed prior to 2017 (77%) (Table 1)
- Figure 2 details perceived communication barriers by PLHIV of HCPs by viral load status

Table 1. Characteristics of the Study Population (N=2389)

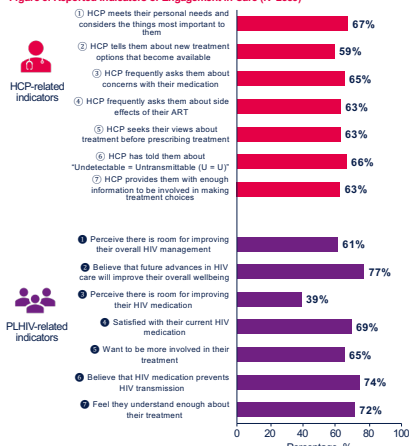
Variable	Categories	Distribution
Self-reported virologic status	Indeterminate (114)	5%
	Non-suppressed (505)	21%
	Suppressed (1770)	74%
Age	<50 (1690)	71%
	50+ (699)	29%
	Men (1623)	68%
Gender	Other gender (70)	3%
	Women (696)	29%
	Sexual orientation	Heterosexual (984)
Homosexual (1094)		46%
Other sexual orientation (311)		13%
Year of HIV diagnosis	2017 to 2019 (548)	23%
	2010 to 2016 (913)	38%
	Pre-2010 (928)	39%
Region	Northern America (520)	22%
	Europe (1119)	47%
	Latin America (221)	9%
	Asia (230)	10%
	Australia (120)	5%
South Africa (179)	7%	

Figure 2. Perceived HCP Communication Barriers Reported by PLHIV, by Self-Reported Viral Load Status



- Those not virally suppressed were the most likely to report barriers
- Overall, 68% had shared their HIV status with a family doctor not providing HIV care, and this was higher among those virally suppressed (72%) than either those non-suppressed (57%) or with indeterminate status (51%)
- Figure 3 illustrates indicators of engagement in care

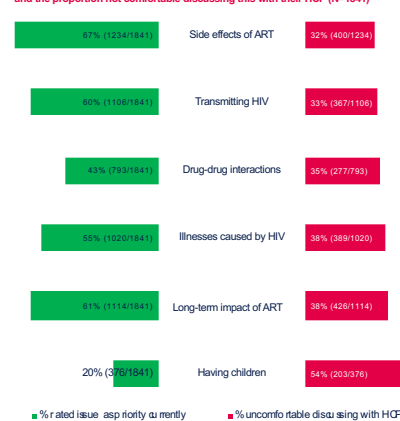
Figure 3. Reported Indicators of Engagement in Care (N=2389)



- 59% were updated on new treatment options
- 63% reported their HCP asked their views before new treatments
- 72% reported they understood their HIV treatment
- However, 65% still wanted more involvement

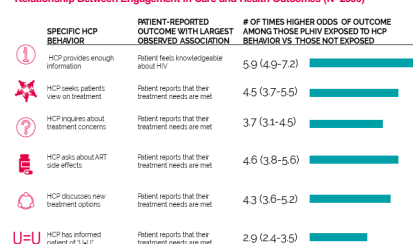
- The top issues considered treatment priorities among those diagnosed for ≥2 years were concerns regarding (Figure 4):
 - ART side effects (67%) and
 - Long-term impacts (60.5%)
 - Transmitting HIV (60.1%)
- Yet, among those rating these issues as important, ~one-third were uncomfortable discussing with their HCP

Figure 4. Illustrates treatment priorities of PLHIV who had been on ART for ≥2 Years and the proportion not comfortable discussing this with their HCP (N=1841)



- Figure 5 details the relationship between engagement in care and health outcomes

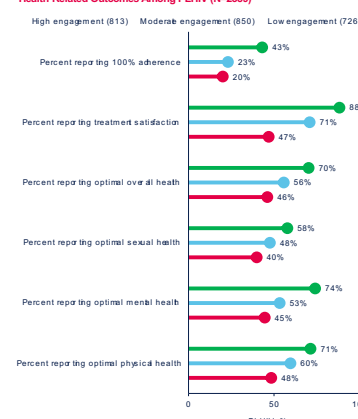
Figure 5. Adjusted Odds Ratios and Corresponding 95% Confidence Intervals for the Relationship Between Engagement in Care and Health Outcomes (N=2389)



- Logistic regression models controlled for gender, sexual orientation, age, duration of disease, comorbidities, region, and education. Values indicated with confidence intervals (CI).
- Specific HCP behaviors were associated with various patient responses differentially
- The strongest patient responses attributable to specific HCP behaviors are shown above
- PLHIV reporting that their HCP provided them with enough information to be involved in making treatment choices had 5.9 times higher odds than those not provided with enough information
- Involvement of patients in care, eg, seeking their view before prescribing new treatment was associated with 4.5 times higher odds of perceiving treatment needs as being met
- Of HCP behaviors assessed, the one most strongly predictive of patients' desire to be involved in care was HCPs discussing of new treatment options with patients (AOR=1.35, P<0.05)

- Prevalence of positive outcomes increased with increasing HCP engagement (Figure 6)
- For example, the percentage who did not miss a single dose in the past month was 20% among those with low engagement, 23% with medium, and 43% with high engagement
- Within adjusted analyses, consistent results were seen. Odds of 100% adherence (0 missed dose/past 30d) were 1.3 and 3.0 higher among those with moderate and high engagement respectively, compared to low HCP engagement (all P<0.05)

Figure 6. Relationship Between Extent of HCP-Patient Engagement and Health-Related Outcomes Among PLHIV (N=2389)



Discussion

- Good communication with HCPs on specific issues was associated with PLHIV reporting better understanding of their treatment and perceiving their treatment needs as met
- Even for the top three issues deemed as current priorities to PLHIV (ART side effects, long-term impacts of ART, and transmitting HIV to a partner), about a third of affected PLHIV did not feel comfortable sharing these concerns to their HCPs
- Of HCP behaviors assessed, the one most strongly predictive of patients' desire to be involved in care was HCPs discussing of new treatment options with patients
- Improving quality of communication between patients and HCPs may better support the fourth 90 goal of improving aspects of quality of life
- PLHIV can be empowered by community and patient associations to ask HCPs who care about their health issues

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Conflicts of Interest: CO, MMB, and MM are employees of ViiV Healthcare.
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