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

In a major study of HIV care, involvement of patients in care, eg, seeking their view before prescribing new treatment was associated with PLHIV reporting better health outcomes (all P<0.05). Among those rating these issues as important, ~one-third were uncomfortable discussing with their HCP. 80% of patients reported not wanting to come across as being difficult. The strongest patient responses attributable to specific HCP behaviors are shown above. Failing to discuss treatment with PLHIV was associated with PLHIV reporting lower health outcomes (all P<0.05).

Methods

1. 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). 2. An advisory committee comprising PLHIV, PLHIV advocacy groups, and HCPs helped identify key themes. A combination of different non-probability-based convenience 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.

Results

1. Surveyed participants were from North America (N=532), Europe (N=1119), Latin America (N=221), Asia (N=230), and South Africa (N=179). 2. Inclusion criteria were as follows: Adult age (18+), willingness to provide electronic/verbal informed consent to participate. 3. A combination of different non-probability-based convenience 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. 4. 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 “not suppressed” were classified as having an undetectable viral load.

Discussion

1. Good communication with HCPs on specific issues was associated with PLHIV reporting better understanding of their treatment and perceiving their treatment needs as met. 2. 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 with their HCPs. 3. PLHIV behaviors assessed, the one most strongly predictive of patients’ desire to be involved in care was HCP discussions of new treatment options with patients (OR=2.0, 95% CI). 4. PLHIV who felt supported in the treatment process were more likely to report better treatment adherence (99% vs 71%, P<0.05).

Figure 3 illustrates indicators of engagement in care. Figure 5. Adjusted Odds Ratios and Corresponding 95% Confidence Intervals for the Relationship Between Engagement in Care and Health Outcomes (N=2389)

Table 1. Characteristics of the Study Population (N=2389) Variable Self-reported virologic status Indeterminate (114) 5% Nonsuppressed (505) 22% Viral suppression (1760) 73%

Sexual orientation Heterosexual (985) 41% Self-identified female (574) 24% Self-identified male (720) 31% Other (190) 8% Year of HIV diagnosis 2017 to 2019 (646) 27% 2010 to 2016 (1003) 38% 2000 to 2009 (740) 31% Region Northern America (520) 22% Europe (1119) 47% Latin America (221) 9% Asia (230) 10% Africa (96) 4% South Africa (179) 7%

Key Measures and Approach

1. 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 “not suppressed” were classified as having an undetectable viral load. 2. 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 “not suppressed” were classified as having an undetectable viral load. 3. 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 “not suppressed” were classified as having an undetectable viral load. 4. 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 “not suppressed” were classified as having an undetectable viral load. 5. 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 “not suppressed” were classified as having an undetectable viral load.

Figure 1. Modified from The Observing the Patient Involvement OPTION Scale. Scale: 1-2 Item Scored Between 0 (the Behavior Is Not Observed) to 4 (the Behavior Is Exhibited to a Very High Standard) 6. 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 “not suppressed” were classified as having an undetectable viral load. 7. 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 “not suppressed” were classified as having an undetectable viral load.

References: 1. Elwyn et al. 2003;12:93

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