

Value of care and possible risks for overmedicalization among people with HIV: a qualitative study

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Background:

The exceptional efficacy of antiretrovirals for human immunodeficiency virus (HIV) has shifted the focus of treatment from viral suppression to maximising health-related quality of life (HRQoL). Increased multimorbidity has driven the implementation of a shared care model for HIV management, however its impact on HRQoL and the risk of low-value care has not been adequately explored. This study investigates patient perspectives on value of care and explores possible risks for overmedicalisation.

Methods:

Thirteen semi-structured interviews with adults living with HIV residing in and receiving care in Northern NSW were conducted via video conferencing, telephone or face-to-face. The interviews were coded using NVivo and inductive thematic analysis was performed utilising a constructivist approach.

Results:

Participants valued holistic, patient-centred care that provided efficient and effective comorbidity management and psychosocial support from trustworthy and personable healthcare professionals. Poor accessibility compromised continuity of care, resulting in a lack of patient engagement that impaired the ability of GPs to coordinate multidisciplinary shared care. The predominant harm of overmedicalisation expressed was increased treatment burden. Potential overmedicalisation was evident, however high levels of trust, health anxiety and patient expectations resulted in patients highly valuing medical care and failing to recognise low-value care.

Conclusion:

High-value care that contributes to HRQoL while minimising harms associated with overmedicalisation is supported by trust and continuity. Efforts should be made to align patient, clinician and health policy interpretations of value, through further qualitative studies and encouraging patient education and empowerment, in order to facilitate the identification and elimination of overmedicalisation.

Disclosure of Interest Statement:

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