Putting the Heart Back Into HAART: The Role Of HCP-Patient Engagement in Improving Health Outcomes Among Persons Living with HIV in Canada

Marvelous Muchenje,1 Danie Massaad,1 Benjamin Young,2 Chinyere Okoli,3 Patricia de los Rios1

1ViiV Healthcare, Canada; 2ViiV Healthcare, Research Triangle Park, USA; 3ViiV Healthcare, Brentford, UK
Addressing gaps in care: the role of patient-provider communication

• Even with highly active antiretroviral therapy (HAART), people living with HIV (PLHIV) still have several unmet needs.

• Good engagement between healthcare providers (HCP) and PLHIV can help address unmet needs that negatively impact health-related quality of life.

• We investigated HCP-PLHIV discussions and explored associations with health outcomes among PLHIV in Canada.
Approach: study population, measures, and analysis

Study population
Convenience sample of 120 PLHIV on treatment in Canada surveyed over the web as part of the 2019 Positive Perspectives Study.
Mean age (SD), 38.3(12.1) years
Women, 25.8%
Diagnosed during 2017-19, 30.8%
Reporting viral suppression, 64.2%

Self-rated health
Those who rated their physical, mental, sexual, or overall health, respectively, as “Good” or “Very good” were classified as having optimal health on that domain.

Treatment satisfaction
Response of “Satisfied”/“Very satisfied” to the question “Overall, how satisfied are you with your current HIV medication?”

Treatment concerns
Participants provided information on duration of diagnosis, emotional challenges with their HIV treatment, and things they would consider as a priority if starting treatment today.

Self-efficacy/barriers to communication
The survey rated participants’ comfort discussing specific issues with HCPs as well as reasons for communication hesitancy.
HCP-patient engagement (low, moderate, high), was modified from the Observing Patient Involvement scale.

Data analysis
Data were summarized with percentages. Statistical comparisons were performed with Chi-squared tests at \( p < 0.05 \)
Key findings: a snapshot of patient priorities and HCP communication

- What do PLHIV prioritize the most after at least 1 year after diagnosis?

  - To minimise the long-term impact of HIV treatment: 47%
  - To ensure side effects would be minimal: 46%
  - To ensure that the virus was suppressed enough so that I could not pass it on to a partner: 44%
  - To manage symptoms or illnesses caused by HIV: 41%
  - To keep the number of HIV medicines in my treatment to a minimum: 40%
  - To ensure it was compatible with other medications/drugs/pills I am taking: 34%
  - To allow flexibility as to when I have to take the HIV medication (time of day, with or without food, etc.): 33%
  - That the treatment is available in my public health facility: 26%
  - The cost of the medication: 25%
  - To have the best option to allow me to have children: 20%

- How comfortable are PLHIV discussing specific treatment priorities with their HCPs?

  - Long-term side effects of my HIV medication (e.g., problems with bones, kidneys, liver): 54%
  - How my HIV medication affects other medications/drugs/pills I take: 53%
  - Side effects of my HIV medication: 53%
  - The illnesses caused by HIV: 53%
  - Skipping/missing medication or forgetting to take my pill(s) each day: 52%
  - The safety of others/preventing transmission: 49%
  - My emotional well-being: 48%
  - The impact HIV is having on my life generally: 48%
  - Privacy and not disclosing my HIV status: 44%
  - Having children: 43%

- To what extent do PLHIV feel engaged by their HCPs?

  - My provider meets my personal needs and takes into account the things that are most important to me: 67%
  - I feel I understand enough about my HIV treatment: 67%
  - I am given enough information to be involved in making choices about my HIV treatment: 61%
  - My provider asks me if I have any concerns about the HIV medication I am currently taking: 60%
  - My provider has told me about “undetectable = untransmittable” (U=U): 56%
  - My provider asks me frequently about any side effects I might be experiencing with my HIV treatment: 56%
  - My provider seeks my views about treatment before prescribing an HIV medication: 55%
  - I would like to be more involved when it comes to decisions about my HIV treatment: 53%
  - My provider tells me about new HIV treatment options that become available: 53%

- What stops PLHIV from discussing their treatment priorities with their HCPs?

  - I don’t think my main HIV care provider’s priorities are the same as mine: 24%
  - I don’t believe they can do much about my concerns: 24%
  - I don’t want to take up more of their time: 23%
  - I’m not sure how to bring it up: 23%
  - I don’t want to come across as a ‘difficult’ patient: 20%
  - I don’t feel confident enough: 20%
  - There never seems to be enough time or the opportunity during my appointment: 19%
  - I feel my main HIV care provider knows best: 17%
  - I don’t feel it is important enough to bother them: 13%

- Why, if at all, would you feel uncomfortable raising concerns with your main HIV care provider? Select all that apply. (Denominator: all participants, n = 120).

  - Muchenje et al. CAHR 2021; Virtual. Slides 59.
There are good outcomes when HCPs put the heart back into HAART

- Positive health-related outcomes increased with increasing HCP-patient engagement (low [n=45], moderate [n=37], high [n=38]).
- These outcomes included greater prevalence of optimal self-rated health on all assessed domains as well as higher treatment satisfaction.

Number of times that PLHIV who felt their HCP took their concerns to heart and prioritized matters important to them were more likely than those without such perception to report they were satisfied with their HIV medication (82.5 [66/80] vs 10.0% [4/40], p<0.001)

In summary...

Increasing patients’ engagement in decision making was significantly associated with health-related outcomes.

Yet, many PLHIV reported gaps in their communication with their HCPs. Close to half were not comfortable discussing specific issues. Various barriers were reported.

By engaging more fully with their patients, HCPs can better understand their unmet needs and develop treatment plans that enhance their overall wellbeing.

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