

Joint Patient-Provider Decision Making was Associated with Improvements in Quality of Life and Treatment Satisfaction in the Positive Perspectives 3 Study

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Key Takeaways

- **Optimal-self-rated health was more common among those that felt involved in their care and jointly decided their HIV treatment regimens compared to those that were not involved.**
- **Despite high trust in healthcare providers, many individuals still feel unheard and reported difficulty initiating conversations, particularly those with a detectable viral load.**
- **The positive association between involvement in care and self-reported health highlights the importance of understanding patient needs and utilising appropriate tools to actively involve them in their care to improve health outcomes.**

Introduction

- The Positive Perspectives studies are a series of global, cross-sectional surveys that have been co-created with community representatives from around the world to capture and amplify the experiences of people living with HIV.
- High-quality provider-patient relationships are key to better health outcomes for people living with HIV, driving improved ART adherence, quality of life, satisfaction, and trust.¹
- The objective of this analysis was to evaluate the quality of healthcare provider (HCP) interactions, including trust, communication about side effects, involvement in care, and support with uncertainty, stratified by viral suppression status, gender, and age, to identify disparities and inform targeted interventions aimed at improving HIV care outcomes.

Methods

- Cross-sectional survey of people living with HIV on ART. Participants were recruited via HIV clinics and patient support groups. This interim analysis includes 698 individuals across 16 countries (Argentina, Australia, Austria, Canada, Chile, Colombia, Ireland, Italy, Mexico, Poland, South Africa, South Korea, Switzerland, Taiwan, United Kingdom, United States).
- This analysis assessed self-reported health, patient engagement in HIV care and shared decision making.

Results

Table 1. Demographic and clinical characteristics of participants (n = 698)

| Variable | Category | N | Percentage, % |
|---------------------------------|-------------------------|-----|---------------|
| Gender identity | Female | 279 | 40.0 |
| | Male | 386 | 55.3 |
| | Transgender | 14 | 2.0 |
| | Non-binary | 12 | 1.7 |
| | Other gender/missing | 7 | 1.0 |
| Age | ≤ 50 years | 426 | 61.0 |
| | > 50 years | 272 | 39.0 |
| Years since HIV diagnosis | Within the past year | 171 | 24.5 |
| | 1-5 years ago | 182 | 26.1 |
| | 6-10 years ago | 129 | 18.5 |
| | Over 10 years ago | 216 | 30.9 |
| Self-reported viral suppression | Undetectable viral load | 492 | 70.9 |
| | Detectable viral load | 202 | 29.1 |

- 75.4% of all respondents (n=698) felt involved in their care decisions.
- 60.3% stated that their current ART regimen was jointly decided with their healthcare provider.

Figure 1. Percentage of participants who reported optimal self-rated health, by feeling of involvement in treatment decisions

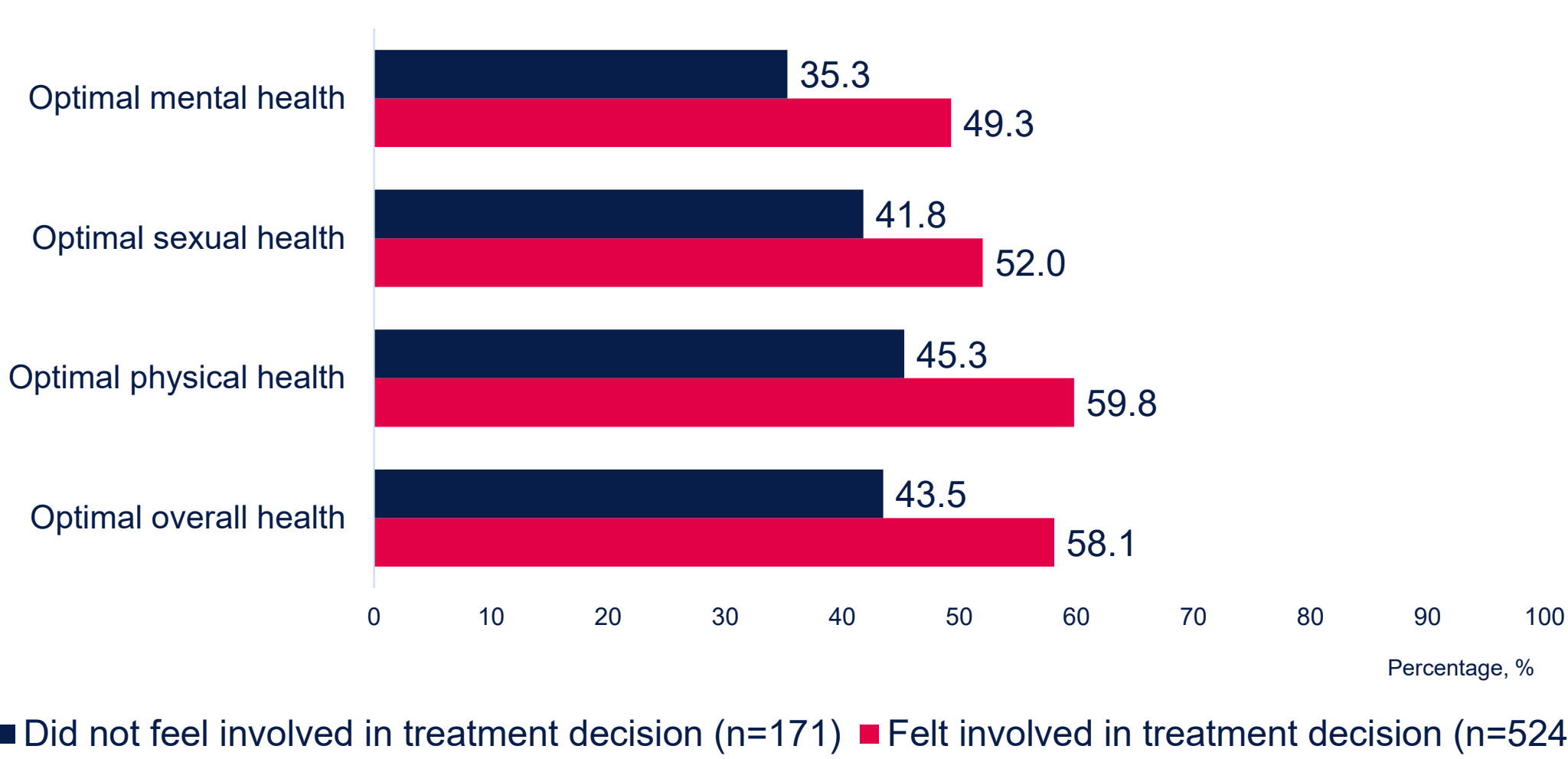
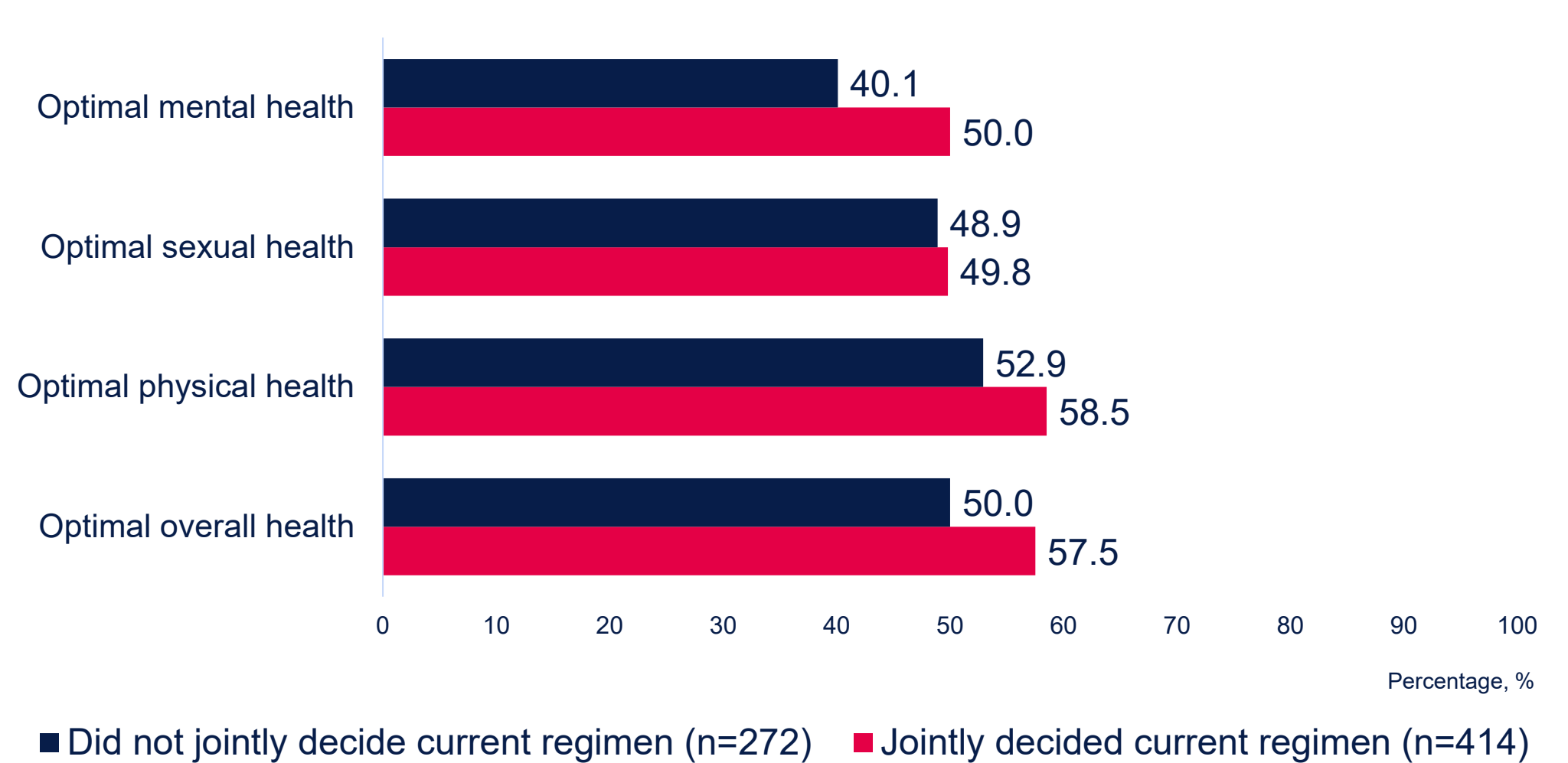
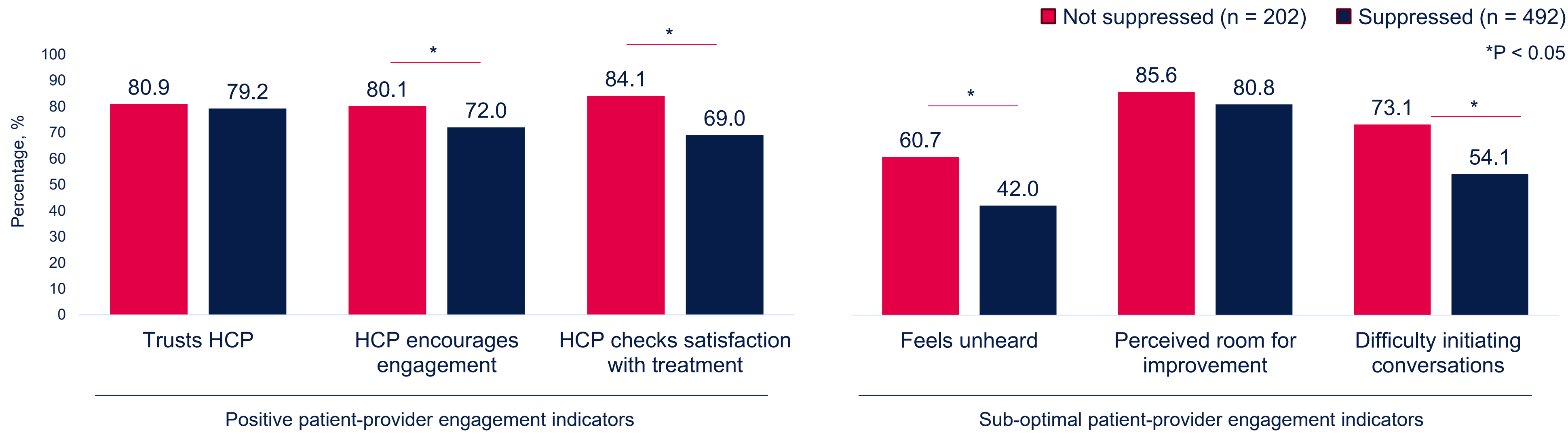


Figure 2. Percentage of participants who reported optimal self-rated health, by joint decision making



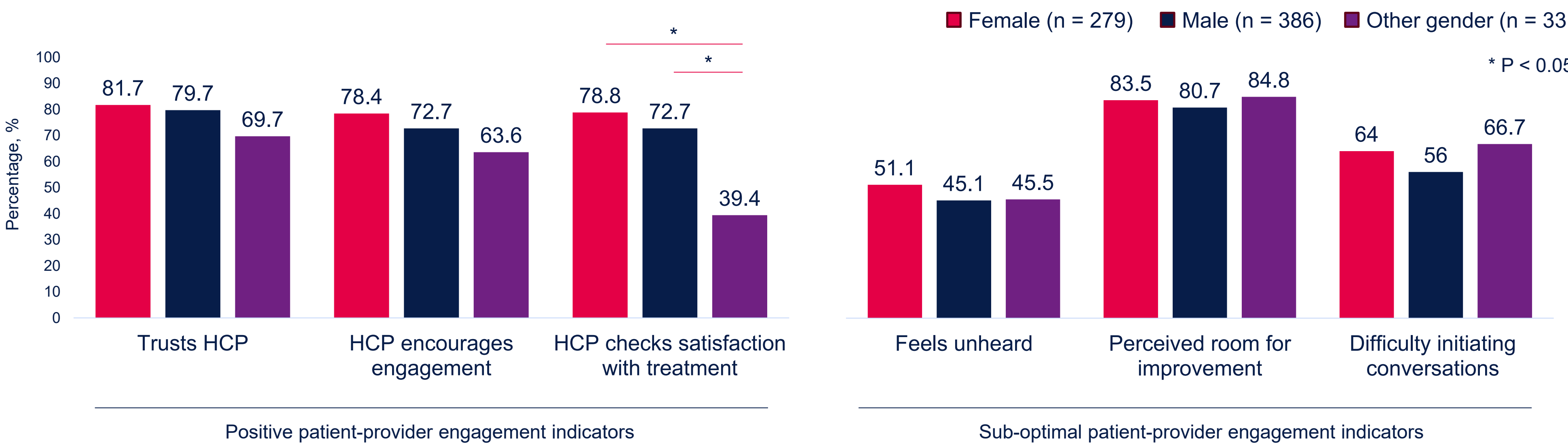
- A higher proportion of those who felt involved, and reported jointly deciding their current ART regimen reported optimal self-rated health compared to those who did not feel involved, or did not jointly decide their treatment regimen.

Figure 3. Indicators of patient-provider engagement, by self-reported viral load



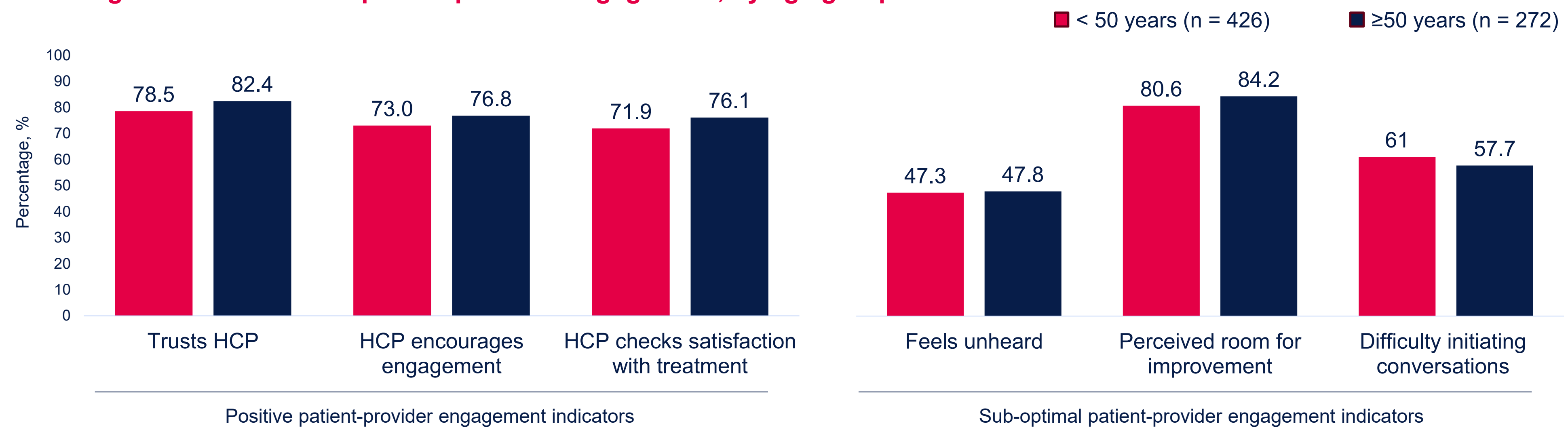
- Trust in HCPs was high among both those with a suppressed and unsuppressed viral load.
- A significantly higher proportion of individuals with an unsuppressed viral load reported that their HCP tried to engage them in care and check that they were satisfied with their treatment compared to those with a suppressed viral load. Despite efforts of their HCP, a significantly higher proportion people with an unsuppressed viral load reported feeling unheard or difficulty initiating conversations about issues that worried them with their HCP compared to those with suppressed viral load.

Figure 4. Indicators of patient-provider engagement, by gender identity



- Overall, high and comparable proportions of males and females reported positive experiences with their healthcare provider, however fewer people of other gender identities reported positive experiences.
- Despite trust in HCPs and encouragement to engage in care, many reported gaps and concerns in their care; almost half felt unheard, a third reported difficulty initiating conversations about issues that worry them and 4 in 5 felt there was room to improve coordination between HIV and general care across all gender identities.

Figure 5. Indicators of patient-provider engagement, by age group



- Experiences of patient-provider engagement were similar across age groups.

Conclusions and Implications

- Overall, those involved in their care and making joint decisions about their treatment more commonly reported optimal self-rated mental, sexual, physical and overall health.
- Despite high trust, some individuals indicated that they sometimes feel unheard and struggle to initiate conversations about issues that worry them. These findings were generally consistent among subgroup analyses of age, gender identity and viral load status.
- Notably, HCPs try to engage those who are not virally suppressed more commonly than those that have a suppressed viral load. Despite these efforts, significantly more individuals with an unsuppressed viral load still feel unheard by their HCP and find it difficult to raise issues that worry them compared to those with a suppressed viral load.
- These findings highlight the need for service providers to better understand, and work to overcome, barriers to honest and open communication and encourage collaborative decision-making to improve health outcomes for people living with HIV

Limitations

- Non-probability-based sampling: Snowball sampling may overrepresent certain groups (e.g., those connected to HIV clinics or online communities), potentially skewing results and limiting generalizability.
- Preliminary data: The analyzed dataset achieved 23.7% of the target sample (n=2940), which may reduce statistical power and representativeness of findings.
- Self-Reported Data: Reliance on self-reported adherence and satisfaction introduces recall bias and social desirability bias, potentially affecting data accuracy.
- Cross-sectional design: Single snapshot in time; only associations can be inferred

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References: (1) Okoli C, Brough G, Allan B, et al. Shared Decision Making Between Patients and Healthcare Providers and its Association with Favorable Health Outcomes Among People Living with HIV. AIDS Behav. 2021 May;25(5):1384-1395. doi: 10.1007/s10461-020-02973-4.

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