

Real-World Insights on HIV Treatment Decision-Making in Federal and Public Healthcare Settings



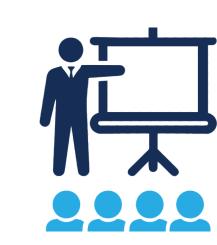
Jason F Okulicz, MD¹; Chad J Zawitz, MD²; Jason M Blaylock, MD, FACP, FIDSA, CTropMed³; Ekaterina Taneva, PhD⁴; Laura Simone, PhD⁴; Jeffrey Carter, PhD⁴; Tamar Sapir, PhD⁴

(1) San Antonio Military Medical Center, San Antonio, TX; (2) Cermak Health Services of Cook County, Chicago, IL; (3) Walter Reed National Military Medical Center, Bethesda, MD; (4) PRIME Education, LLC, Fort Lauderdale, FL

INTRODUCTION

Evidence-based guidelines and novel antiretroviral therapies (ART) for people living with HIV (PLHIV) are quickly evolving. Understanding the practice patterns, gaps, and needs of healthcare professionals (HCPs) who care for PLHIV in specific settings, such as those in the federal and public healthcare sector, can inform education and implementation strategies to improve evidence-based and patient-centered treatment.

METHODS



1.5-hour continuing education programs on HIV treatment were conducted live in 40 US cities between April 2019 and March 2020



The programs were tailored to address educational needs relevant to HCPs who practice in federal and public healthcare settings



Surveys were administered to HCPs (N = 655) before and after each educational session to evaluate knowledge, competency, confidence, and performance related to HIV treatment decision-making

RESULTS

Table 1. Disciplines of Participating HCPs

Discipline	Number of Responses
Physician	229 (35%)
Nurse practitioner/physician assistant	164 (25%)
Nurse	138 (21%)
Pharmacist	124 (19%)

Table 2. Practice Settings of Participating HCPs

Practice Setting	Number of Respondents
Veterans Affairs clinic/medical center	288 (44%)
Military medical treatment facility	151 (23%)
Defense Health Agency	79 (12%)
Federal or state prison	79 (12%)
State health department	72 (11%)
Federally Qualified Health Center	66 (10%)
Indian Health Service	39 (6%)

Figure 1. Challenges in HIV Treatment Identified by HCPs

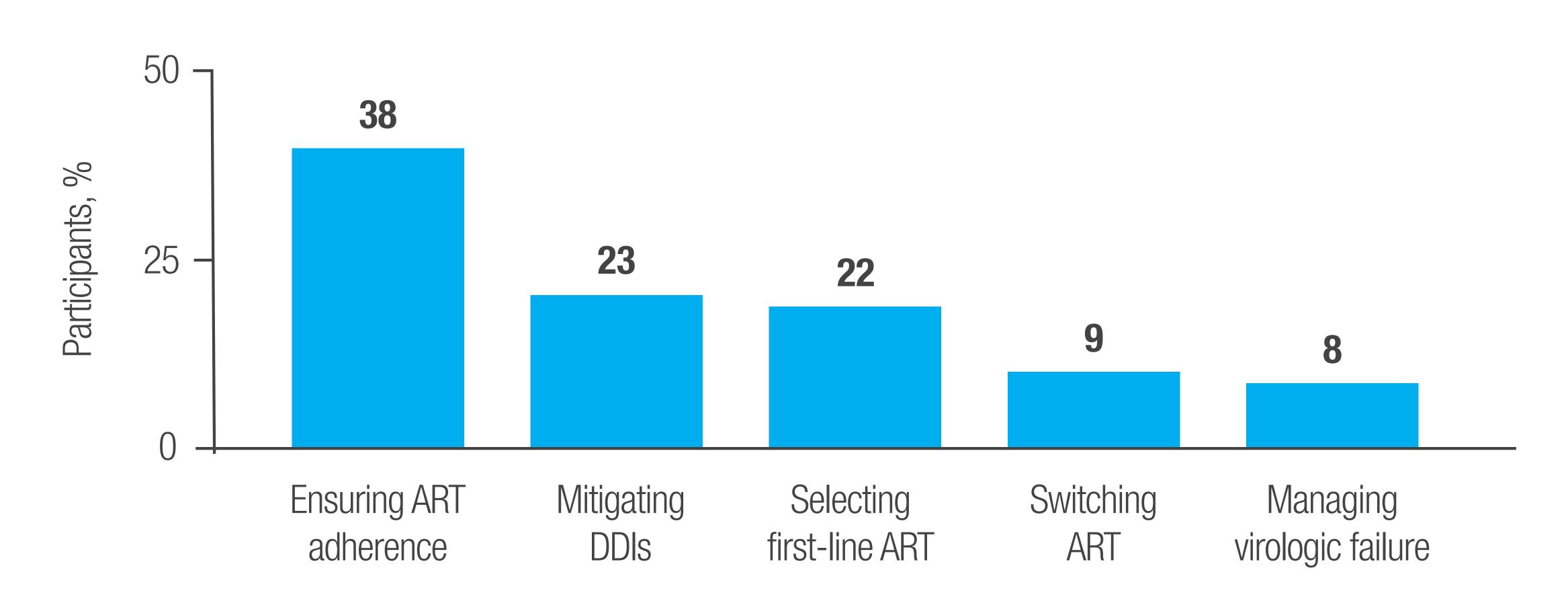
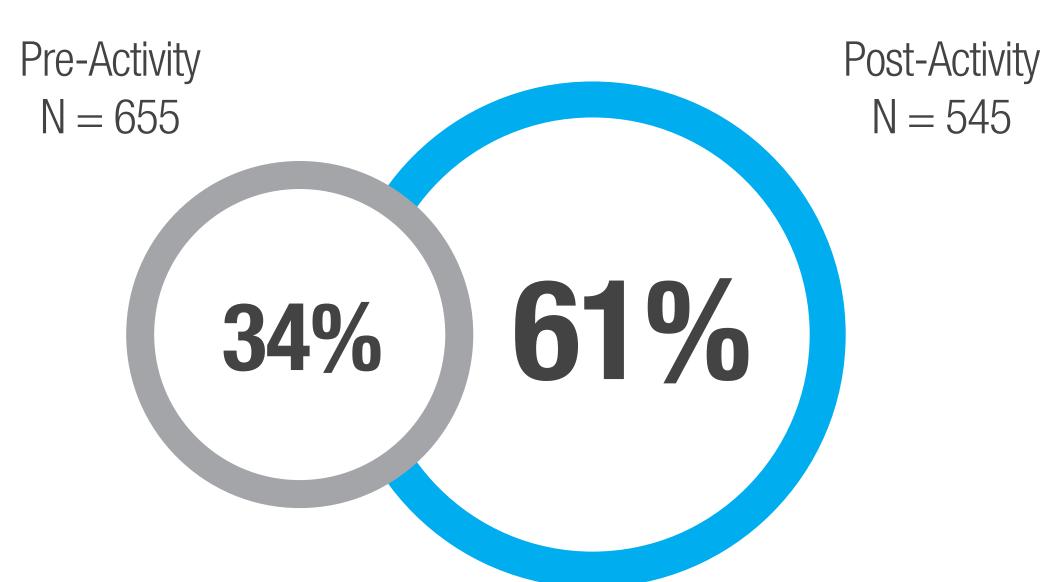


Figure 2. Challenges and Educational Impact in ART Initiation

Knowledge Impact: Proportion of HCPs who correctly identified INSTI-based regimens as guideline-recommended initial ART for most PLHIV



Confidence Impact: Proportion of HCPs reporting a high level of confidence (4/5 on a Likert scale) in selecting optimal ART for rapid/same-day ART initiation

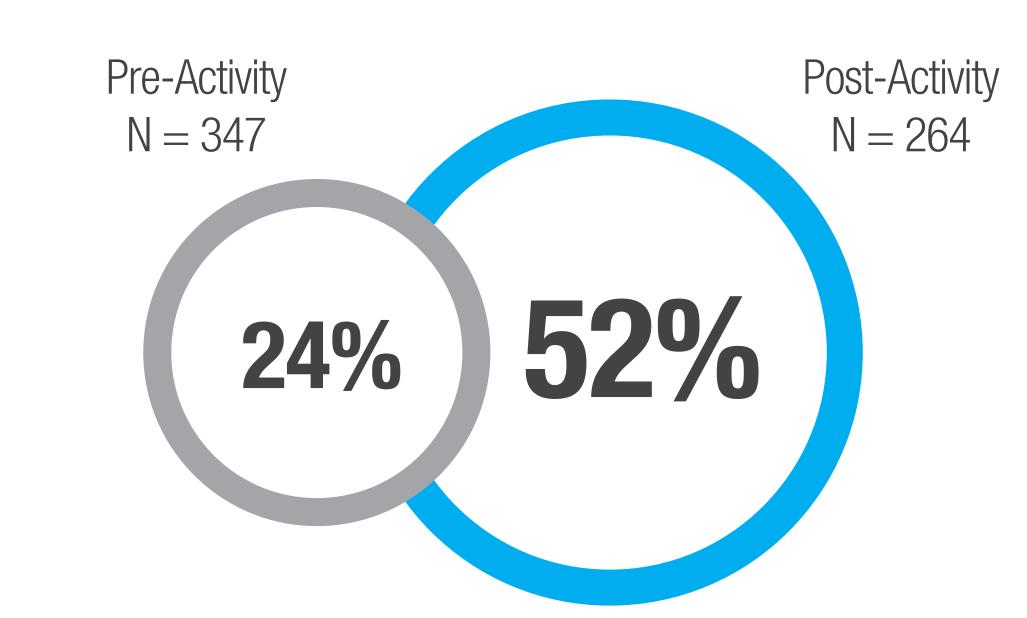
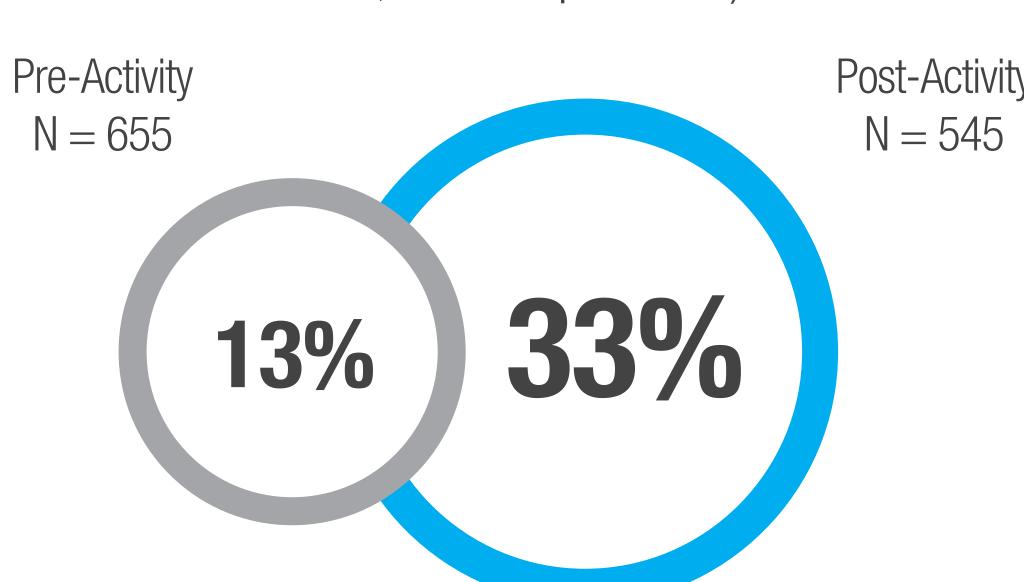


Figure 3. Challenges and Educational Impact in ART Switching

Confidence Impact: Proportion of HCPs reporting a high level of confidence (4/5 on a Likert scale) in switching ART in older patients with comorbidities (eg, cardiovascular disease, metabolic disorders, renal impairment)



Competency Impact: Proportion of HCPs who recommended ART switching in a virologically suppressed patient with comorbidities from a boosted PI-based regimen to an INSTI-based regimen

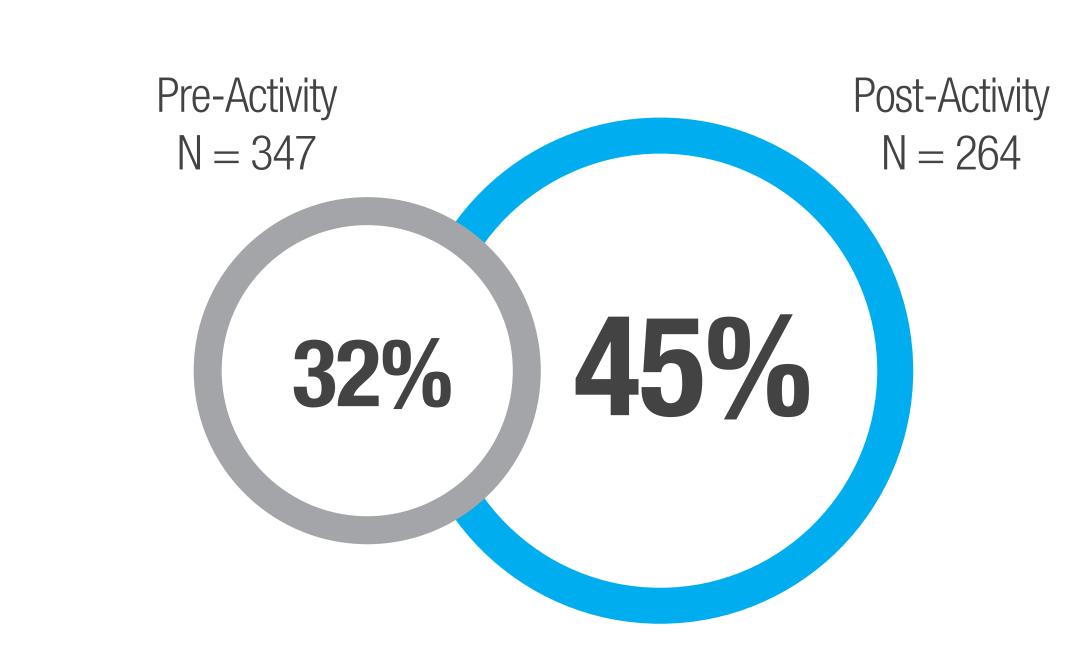


Figure 4. Aspects of HIV Care that HCPs Plan to Improve in Their Practice/Organization

48%	Implement processes to facilitate $rapid/same-day\ ART\ initiation\ (N=565)$

35%	Optimize ART selection for patients with comorbidities and polypharmacy ($N = 5$	0



Improve treatment adherence (N = 565)

Optimize treatment for patients experiencing **virologic failure(s)** with **multiclass drug resistance** (
$$N = 565$$
)

CONCLUSIONS

These findings indicate persistent gaps among HCPs in federal and public healthcare settings in knowledge, confidence, and competency in selecting initial ART and switching ART for complex patients with comorbidities. This education also helped HCPs identify action plans for optimizing HIV care.

DISCLOSURES

The authors of this presentation have no financial relationships to disclose. This project was funded by educational grants from Gilead Sciences, Inc. and ViiV Healthcare. The study sponsors did not play a role in the design or analysis of the study or in the decision to submit for presentation.

Contact: t.sapir@primeinc.org