



7th International
Conference on
**HIV TREATMENT
AND PREVENTION
ADHERENCE**



Quality of Patient-Provider Dialogue about Initiation of Antiretroviral Medications

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Acknowledgments

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Funding

- Health Resources Service Administration and the Agency for Healthcare Research and Quality (AHRQ 290-01-0012).

Introduction

Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents

January 10, 2011

Developed by the DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents – A Working Group of the Office of AIDS Research Advisory Council (OARAC)



How to Cite the Adult and Adolescent Guidelines:

Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. January 10, 2011; 1–166. Available at <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>. Accessed [insert date] [insert page number, table number, etc. if applicable]

It is emphasized that concepts relevant to HIV management evolve rapidly. The Panel has a mechanism to update recommendations on a regular basis, and the most recent information is available on the AIDSinfo Web site (<http://aidsinfo.nih.gov>).

“Prior to writing the first prescriptions, the clinician should assess the patient’s readiness to take medication, factors that might limit adherence, understanding of the disease and the regimen, social support, housing, work and home situation, and daily schedules.”

No studies have directly observed clinicians and patients communicating about ART initiation

Study Aim

- To discover how primary HIV providers communicate about initiation of antiretroviral medication in routine patient encounters



Study Subjects and Setting

- Parent Study: Enhancing Communication and HIV Outcomes (ECHO) Study
- Subjects: 45 providers and 426 adult HIV-infected patients
 - Patients eligible if seen by that provider at least twice in past
- Setting: 4 HIV care sites in United States
 - New York, NY; Baltimore, MD; Detroit, MI; Portland, OR
- Data: 426 audio-recorded, transcribed encounters

Analysis of Audio Recordings

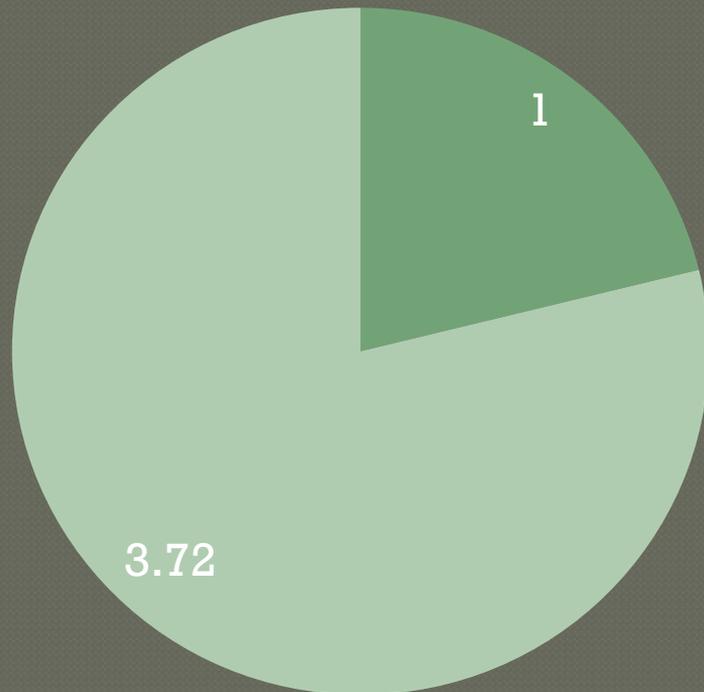
- Audio-recorded, transcribed encounters analyzed by 2 trained research assistants using the General Medical Interaction Analysis System (GMIAS)
 - Every 'utterance' coded by both speech act and topic
 - Encounters with dialogue related to ART initiation identified
- Encounters with ART initiation dialogue then further analyzed by 2 investigators
 - Verbal dominance ratio (provider/patient utterances)
 - Whether and how recommended topics are discussed

Results



Balance of Dialogue

Verbal Dominance



- Patient Utterances
- Provider Utterances

ART Initiation Communication

Topic	Number of Encounters Total N=24	Percent of Encounters
Readiness to Start	12	50%
Factors limiting adherence	3	13%
Home/work situation	1	4%
Daily schedule	1	4%
Patient understanding	0	
Social support	0	

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Readiness – Physician Assesses

● Closed-ended

- D: Do you think this is something you are ready to do?

P: Uh, as long as there is a medication that I'm sure it's not, I'm going to work with

-
- D: Are you ready to go?

P: Okay

● Open-ended

- D: What do you think about it?

P: I mean, I just look at it like its something that I just have to do.

Readiness – Patient Offers

- P: But I could just start the medicine without doing that?
- D: well–
- P: It' s a lot of coming down here paying for parking to keep doing it.
- D: I realize that, but–
- P: Arghhhh! I don' t think I can do this [sounds frustrated]
- D: because if you' re, if your medications become resistant, let' s say, then we' ll have to pick some other combination of three medications that' s not as easy to take, okay, so I' d really rather know–
- P: But I thought I was going to get the medicine today from the last time I came. That' s why I was here.
- D: Yeah, well, I wanted to see the numbers.

Readiness – Patient Offers

- P: How about if I wait 2 or 3 more months?
- D: Okay, that's fine. You're gonna have to start, but you do need to be ready in your mind and in your heart.

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Factors Limiting Adherence

○ 3 encounters

- “Do you have trouble swallowing pills?”
- “How are you with taking pills?”
- “How are you going to remember to take them?”

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D: And you are going to be moving soon?

P: Yes. I don't know where yet.

D: I mean, how do you think that is going to work starting medicines? Not a good time to do that?

P: What, to start my meds? No, I think I need to start my meds.

D: Yeah, you do, but if you start them, you need to take them.

P: Oh, I know, I know. I promise you I would.

D: But you are able to get up here and be seen? Transportation isn't a big problem?

P: Yes, ma'am, no, not too much.

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Doctor: But you don't want to be changing it up all the time, you want to have it pretty much on a schedule, like every morning or every evening or every day. At lunch time. It depends on your schedule, particularly 1) when you eat, because you don't want it on an empty stomach, and 2) some place where you are, where you're not afraid or worried about somebody seeing you taking pills or having the pills with you. So for most people they're more comfortable being at home when they take their meds, and then being at home when they eat and being at home when they eat at pretty much on a routine schedule. So I don't know whether that's mornings for you, dinnertime, lunchtime?

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Sources of Confusion 1

- D: Well, that's what I'm telling you, this is a new one, pill that's come out. It has a combination of three pills in one. So, it's real easy to take, one pill, once a day.
- P: mhm
- D: It's the only one like that though. So I want to make sure that, you know, the virus HIV, your HIV is going to respond to this.
- P: Okay.
- D: Okay, cause if it's not, then I need to come up with a different combination. Okay. The different combination won't be one pill once a day. It might be two pills or three pills.
- P: Okay, so I couldn't take a pill just to make my immune system rise, huh?
- D: Not one, if you take one pill, your viral load will come down, okay? And your T cells might go up for a little bit, but eventually, after about six months, it will come back down again.

Sources of Confusion 1 (cont)

- P: But can't I just try the one to raise my immune system?
- D: What do you mean, try one? What do you mean?
- P: Just one pill to raise—
- D: No, I will not give you one pill, because, it's not a question of if you would get resistance, it's just a question of when. Okay, it would be irresponsible of me to give you one pill and then predictably six months down the line, it's going to get resistance and your number is going to come back down again.
- P: But the pill that you are talking about—what does that pill do?
- D: That pill that I'm talking about has three medications in it.

Sources of Confusion 2

- D: I think we are going to be able to put you on something pretty simple, pretty easy once a day.
- P: Um-hum. I think that would be good once a day.
- D: Actually what I might do, I think one of them will be twice a day, ok? and the reason I' m going to do that is because I just want to make sure that everything is strong enough, okay.
- P: mhm
- D: I' m going to put you on AZT which will be one pill twice a day
- P: mhm
- D: and then you are going to be taking Reyataz, that one pill a day, Norvir, one pill a day, Truvada, one pill a day. And the reason I had to add the AZT which is the one that' s twice a day because you have got a little bit of drug resistance from when you were on the medicines before
- P: mhm
- D: and I think your regimen would be stronger having that on it.

Limitations

- Only one visit in longitudinal relationship
 - May explain why there are such low rates of topic discussion
- Did not record encounters with other members of the care team
 - All sites had some adherence support (e.g. pharmacists, nurses)
- Small sample of conversations about this topic

Conclusions

- Initiation of ART is a critical point in HIV treatment where patient-provider communication is poorly understood
- Recommended topics may not often be discussed
- Preliminary recommendation
 - Use evidence-based techniques (e.g. 'teach-backs') to assess patient understanding and clarify potential sources of confusion

Next Steps

- Evaluate other measures of quality
 - *“Individualization of treatment with involvement of the patient in decision making is the cornerstone of any treatment plan.”*
- Follow patient-provider conversations over time and across care team to determine
 - which types of communication need improvement and
 - how communication can be improved

