



Patients' and providers' preferences for evidence-based and scaleable interventions: Sequential explorations among key stakeholders on the best ways to support high-risk individuals on HIV treatment

Lora Sabin,¹ Allen L. Gifford,² Jessica Haberer,³ Kelsee Harvey,¹ Natalya Sarkisova,¹ Kyle Martin,¹ Jessie Stephens,¹ Natacha Berkowitz,⁴ Karen Jennings,⁴ Lauren Jennings,⁴ Catherine Orrell⁵

¹ Department of Global Health, Boston University School of Public Health, Boston, MA, USA

² Center for Healthcare Organization and Implementation Research, VA Boston Healthcare System, and Boston University Schools of Medicine and Public Health, Boston, MA, USA

³ Center of Global Health at Massachusetts General Hospital, and Department of Medicine at Harvard Medical School, Boston, MA, USA

⁴ City of Cape Town, Cape Town, South Africa

⁵ Desmond Tutu HIV Foundation, Cape Town, South Africa

Conflict of Interest Disclosure



Lora Sabin, PhD, MA
Allen L. Gifford, MD

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Background



- In resource-limited settings, people living with HIV often have poor retention and adherence to antiretroviral therapy (ART)
- South Africa bears the world's greatest HIV burden, and more than 20% fall out of care by 12 months
- Interventions tailored to local settings can improve ART adherence and retention
- Translation of evidence-based strategies into resource constrained clinical settings has been slow. There are limited resources and knowledge of strategies, weak locally-relevant evidence.

Previous Research



- In Cape Town, Médecins Sans Frontières and the Western Cape Government have established a *Risk of Treatment Failure (ROTF)* program
- ROTF uses two approaches from the literature in patients with unsuppressed viremia:
 - Adherence Support Groups
 - Adherence Consultations with behavioral clinicians
- ROTF helps some, but is not optimal
 - Viral re-suppression ranges from 30-70%

Locally-tailored, *Evidence-based*, And *Personalized* Support (LEAP)



- Develop scaleable intervention strategies for ART patients at high risk of treatment failure
- Qualitative, formative research among policymakers, patients, and providers, in Cape Town



POLICYMAKERS

- A list of effective, scaleable strategies was reviewed with leaders in the City of Cape Town health office in early 2019
- Strategies were removed from the list if they were not feasible for broad implementation or unsustainable without external research funding
- Cape Town officials reduced the final list to strategies likely to be achievable and agreeable in community-based clinics in Cape Town

Methods: Subjects and Study Design



PATIENTS AND PROVIDERS

- Cape Town, South Africa, July and August 2019
 - Home to 7.7 million PLWH
 - 4.7 million individuals on ART
- In-depth interviews and focus group discussions with patients and providers in three community-based clinics
 - Two patient groups: raised viral load, discontinued care
 - Provider groups: physicians and nurses, community care workers, and counselors









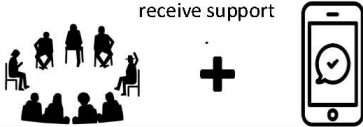


Methods: Qualitative Data Collection



- ART adherence and retention, and specific evidence-based intervention strategies
 - Typical questions: *“What challenges have you encountered staying on HIV treatment?”* and *“Which of these options (interventions) do you think would be most helpful to you, and why?”*

Interventions



<p><u>A) Am I Doing As Well As Other People?</u></p> <p>A text message will be sent every week that gives you the percentage of your medications that you took and compares it to other ART users. An example: "Congratulations, you took 70% of your medications and your friends took 85%."</p> 	<p><u>B) Let's Look at How You're Taking Your Meds</u></p> <p>A clinic-based counselor meets with you monthly to look at and discuss charts that show how you've taken your pills.</p> 	<p><u>C) Individual Counseling</u></p> <p>A clinic-based counselor or nurse meets with you to discuss what you <u>intend</u> to do, in taking your medication, and what your actual actions are. Why is it hard to do what you intend</p> 
<p><u>D) Getting Support from a Group</u></p> <p>A clinic-based counselor holds daily support sessions at your ART clinic for up to 10-15 individuals to discuss together the difficulties that you are having with staying on your medication.</p> 	<p><u>E) A Text to Check How You're Doing</u></p> <p>You will get a weekly text asking if you are OK. If you do not respond or your response is "no", you will receive a call from a clinic-based counselor and receive support.</p> 	<p><u>F) I Can Choose a Treatment Friend to Help Me</u></p> <p>You choose a friend or family member to help you with your treatment. They can help with reminders to take medication, help you get to the clinic, and help to reduce stigma.</p> 
<p><u>G) Getting Support from a Group and A Text to Check How You're Doing</u></p> <p>A clinic-based counselor holds daily support sessions at your ART clinic for up to 10-15 individuals. You will also get a weekly text asking if you are OK. If you do not respond or your response is "no", you will receive a call from a counselor and receive support</p> 	<p><u>H) Individual Counseling and A Text to Check How You're Doing</u></p> <p>A clinic-based counselor or nurse meets with you to discuss what you intend to do, in taking your medications, and what your actual actions are. You will also get a weekly text asking if you are OK. If you do not respond or your response is "no", you will receive a call from a counselor and receive support.</p> 	<p><u>I) Look at How You're Taking Your Meds and Send a Text to Check on How You're Doing</u></p> <p>A clinic-based counselor meets with you monthly to look at and discuss charts that show how you've taken your pills. You will also get a weekly text asking if you are OK. If you do not respond or your response is "no", you will receive a call from a counselor and receive support.</p> 

Results: Demographics



Demographic Characteristics	IDI Participants (n=41)	FGD Participants		
		Doctors/Nurses (n=6)	CCWs (n=7)	Counselors (n=7)
Status	n (%)	n (%)	n (%)	n (%)
Raised Viral Load	20 (49%)			
Discontinued Care	21 (51%)			
Age				
<25	0	0	1 (17)	0
25-29	4 (10)	1 (17)	0	1 (14)
30-34	14 (34)	2 (33)	1 (17)	0
35-39	8 (19)	1 (17)	2 (33)	0
40 or above	15 (37)	2 (33)	3 (43)	6 (86)
Sex				
Female	21 (51)	5 (83)	7 (100)	6 (86)
Male	20 (49)	1 (17)	0	1 (24)
Education				
Tertiary	0	6 (100)	0	1 (24)
Secondary	23 (56)	0	7 (100)	6 (86)
Primary	18 (44)			
Years in position (if applicable)				
<1		1 (17)	0	0
1-4		2 (33)	5 (71)	1 (14)
5-9		2 (33)	1 (14)	2 (29)
>10		1 (17)	1 (14)	4 (57)

Results: Patient Individual Interviews

Support from a Group

Confidence and motivation to openly share about their status and medication regimen (17 participants [9 DC, 8 RVL])

“It would help with talking and sharing things. By talking, sharing and chatting about this thing and advising each other about taking your medication.”

Check-In Texts

Texts to check how you’re doing would be convenient because the phone is always nearby and you use it every-day, easy to respond (7 participants [4 DC, 3 RVL])

“I think so because we always have our phones handy, you always use your phone”



D) Getting Support from a Group

A clinic-based counselor holds daily support sessions at your ART clinic for up to 10-15 individuals to discuss together the difficulties that you are having with staying on your medication.



E) A Text to Check How You’re Doing

You will get a weekly text asking if you are OK. If you do not respond or your response is “no”, you will receive a call from a clinic-based counselor and receive support.



Results: Patient Individual Interviews

Individual Counseling, Treatment Buddy, and Data-Informed Counseling (tied for third)

Individual Counseling

“But if you have someone calling you and asking after your health and you generally, that would be very helpful, not having to wait for your clinic date which could be in August.”

A Treatment Friend to Help Me

“Because, if you have a problem, you’re able to share it with your friend or else someone that you live with, it could help me a lot because at least you can talk to them to say you have a certain problem”

Let’s Look at How You’re Taking Your Meds (Data-Informed Counseling)

“...this is encouraging because this one talks about you but they are all encouraging ...it is important to know how you have done so that if there is any mistake then you can rectify the mistake because you understand how you have taken your medication.”



C) Individual Counseling

A clinic-based counselor or nurse meets with you to discuss what you intend to do, in taking your medication, and what your actual actions are. Why is it hard to do what you intend



F) I Can Choose a Treatment Friend to Help

Me

You choose a friend or family member to help you with your treatment. They can help with reminders to take medication, help you get to the clinic, and help to reduce stigma.



B) Let’s Look at How You’re Taking Your Meds

A clinic-based counselor meets with you monthly to look at and discuss charts that show how you’ve taken your pills.



Results: Nurses and Doctors

Individual Counseling+Check-In Text, Data-Informed Counseling+Check-In Text, Individual Counseling

“...maybe I like facts.... the person hasn't come to the clinic for 2 weeks and is that kind of a person who takes the tablets every 2/3 days, the way you approach that client will be different and maybe the reasons or the barriers will be different from the one who missed 2 weeks vs the one who take them today and doesn't take it tomorrow. Now you have the data like that as a counsellor, then it means you are empowered to actually counsel specifically for the problem that applies to this particular patient...”

H) Individual Counseling and A Text to Check How You're Doing

A clinic-based counselor or nurse meets with you to discuss what you intend to do, in taking your medications, and what your actual actions are. You will also get a weekly text asking if you are OK. If you do not respond or your response is “no”, you will receive a call from a counselor and receive support.



Community Care Workers & Counselors

Individual Counseling, Individual Counseling+Check-In Texts, Support Groups

“Because ...we all have HIV right? ...and then to get support from you, you tell me, “no maan you mustn’t default you must do this because of this and this and this” and the other one will also say, “no maan you mustn’t default you gonna be like this”, you give me your advice... “okay, it means I’m not going to die I can continue with my life...”

Individual Counseling, Data-Informed Counseling, Support Group

“... they don’t like to talk about their problems in front of other people so that’s why I chose the individual, the one-on-one between you and counsellor and you can say anything.”

C) Individual Counseling

A clinic-based counselor or nurse meets with you to discuss what you intend to do, in taking your medication, and what your actual actions are. Why is it hard to do what you intend



Conclusions



- Peer Support from a Group and Individual Counseling strategies were favored by all
- FGD groups favored Counseling, whether Individual, Data-informed, or in combination with the Check-in texts
- FGD groups did not like the Check-in texts alone as an intervention
- Peer Support Groups and Individual Counseling (alone or in combination) warrant attention for better scale-up in resource-constrained settings, possibly in combination with text or data support.