Understanding the role of adaptive responses in the service delivery of PrEP in Belgian HIV clinics

a qualitative multiple case study

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The Belgian PrEP service delivery model

- PrEP care provided through **12 HIV Reference Centres (HRCs)**

- PrEP care **partly reimbursed**

- PrEP care provision highly **regulated**
  - Eligibility criteria for reimbursement
  - Only infectious disease specialists in HRCs can prescribe
  - Quarterly follow-up visits required
Uptake of PrEP in Belgium

Evolution in the number of yearly PrEP users
(=obtained reimbursed PrEP at least once from community pharmacy)

126% increase from 2018 to 2021

Yet, limited increase in resources for HIV clinics (budget ceiling)

How do providers in HIV clinics cope with new responsibilities and additional demands under conditions of constraint?
Research objectives

1. To investigate how Belgian PrEP providers integrate PrEP care into routine HIV services (incl. formal and informal adaptations).

2. To understand better how local context contributes to variation in PrEP service delivery models across different settings.
Methods

Study visits in 8 Belgian HRCs

36 semi-structured interviews

Multiple case study design

50 hours of (un)structured observations

17 informal interviews

Specialist physicians, nurses, psychologist/sexologist

Purposive sampling

Care settings and (clinical) interactions

Data collection between January 2021 and June 2022

Thematic analysis of verbatim transcripts and field notes

extended Normalisation Process Theory (eNPT) as a guiding theoretical framework
Extended Normalisation Process Theory (eNTP)

**CAPACITY**
- Available resources
- Professional expertise
- Access to funding
- Organisational structure

**NORMATIVE RESTRUCTURING**
- Re-organising clinic structures
- Progressing clinical practice norms

**RELATIONAL RESTRUCTURING**
- Manage clinic workload
- Tailoring care to individual needs

**POTENTIAL**
- Leadership commitment
- Motivation of staff
- Dedication to team work
- Continued investment in learning

- Expanding roles and responsibilities for nurses
- Engaging with psychosocial expertise
- Relations and interactions with family physicians
Normative restructuring

Re-organizing clinic structures

“We now have PrEP visits every Monday [...] We have strongly optimized the process, meaning it is very good and efficient, but it has two disadvantages: you [clients] have to be strictly on time, and we cannot compromise on the day. [...] That’s the best we are able to offer.”

(physician; regional hospital)
Relational restructuring

Expanding roles and responsibilities for nurses

Nurses as “PrEP experts”

- Clear clinical protocols
- Supportive leadership
- Mutual trust and open communication
- Co-location

- High workload for physicians
- Task-shifting / Task-sharing to nurses
- Increased exposure to PrEP care
- Improved PrEP knowledge and confidence

Nurses as caregivers

“I see sometimes physicians that, when they have to make choices because they have a lot on their plate, they might be inclined to spend less time on PrEP, saying these are healthy people and all goes well [...] I sometimes go to the waiting room to call in PrEP clients, just to ask how they are doing. You would be surprised to hear what this brings to surface …”

(nurse; high-volume clinic)
Relational restructuring

Engaging with specialized psychosocial expertise

“You proactively have to ask [about sexuality-related psychosocial issues] because 90% won’t tell you about it if you don’t ask. [...] I notice that clients are more inclined to come and see us if the nurse proactively explores these issues and informs them [clients] of what they can expect when they come and see us, it lowers the threshold.”

(sexologist; high-volume clinic)

Relations and interactions with family physicians

Generally passive and limited

“Clients do not want to have their FP involved”
Reimbursement policies do not allow for FP engagement
Perceived lack of capacity and expertise of FPs

Capacity issues pushed one clinic to move to “shared PrEP follow-up” with FP
**Capacity**

- HIV and sexual health expertise (for MSM)
- Access to professional networks with latest scientific knowledge on HIV and PrEP
- Degree to which clinic resources match PrEP demand
- Co-location of different providers involved in PrEP care
- Availability of additional funding for HIV and PrEP care responsibilities
- Connections and interactions with FPs

**Potential**

- Alignment of PrEP with organisational goals and mission
- Clinic leaders’ commitment to PrEP care
- Staff motivation and interest in sexual health and PrEP
- Open communication based on trust across professional cadres
- Team-based approach with shared goal of delivering care responsive to PrEP user needs
- Clinicians’ attitudes towards engaging other providers in PrEP care

**Normative restructuring**

- Increasingly structured PrEP workflows
- Removing unnecessary clinic visits
- Competing priorities faced by physicians
- Growing clinical experience with PrEP
- Increased flexibility in follow-up
- Responding to clients’ complex psychosocial needs

**Manage clinic workload**

- Increasing PrEP expertise
- Attending to clients’ unspoken needs
- Emerging roles for HIV nurses in PrEP care
- Identifying issues warranting referral

**Tailoring care to individual needs**

- Involving sexologists/psychologists
- Including clients’ FP in PrEP follow-up

**Growing PrEP client cohort**

- Growing clinical practice norms
- Progressing clinical practice norms

**Relational restructuring**

- Involving sexologists/psychologists
- Including clients’ FP in PrEP follow-up

- Open communication based on trust across professional cadres
- Team-based approach with shared goal of delivering care responsive to PrEP user needs
Lessons learned

• Effective PrEP care implementation constitutes more than executing a standardized set of activities according to prescribed protocols or policies.

• Provider-initiated adaptive responses are crucial to ensure the ‘workability’ of PrEP services under broader health system dynamics/constraints.

• Providers challenge existing policy and practice norms on PrEP care to manage workload more effectively and realize their ambition to provide client-centered care.

• Policymakers should refrain from installing “one-size-fits-all” service delivery standards and legitimize the practice-based evolution towards different PrEP service delivery models.
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