



Person-Centered HIV Care: Implementing ~~Patient~~ Choice in ART **INDIVIDUAL**

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Outline

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- Define person-centered care
- Review select data about ART options



Person-Centred Care research collaborative: Identifying research gaps

Meeting report, 23 July 2024

Source: Consolidated guidelines on the use of recommendations for a public health approach

Picker's Eight Principles



Figure 1. Operational principles of person-centred care. Adapted from Health Foundation, Scholl et al 2014 and IAS-convened stakeholder consultations



For and with people: announcing the *Lancet* *Global* *Health* Commission on people-centred care for universal health coverage

The Lancet Global Health,
2024

Patient-centred care

"Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring patient values guide all clinical decisions"³

Person-centred care

"Highlights the importance of knowing the person behind the patient—as a human being with reason, will, feelings, and needs—in order to engage the person as an active partner in his or her care and treatment"⁸

People-centred care

"An approach to care that consciously adopts individuals', carers', families', and communities' perspectives as participants in, and beneficiaries of, trusted health systems that are organised around the comprehensive needs of people rather than individual disease, and respects social preferences. ... People-centred care is broader than patient and person-centred care, encompassing not only clinical encounters, but also including attention to the health of people in their communities and their crucial role in shaping health policy and health services"⁷



REVIEW

Person-centred interven
relationships for HIV ser
countries: a systematic r

Laura K. Beres^{1,2}, Ashley Underwood³, No
Lauren Yaeger³, Jingjia Li¹, Alec Aaron¹, Cl
Aaloke Mody² , Sheree Renae Schwartz¹,
Ingrid Eshun-Wilson³ , Elvin H. Geng³ 

Table 2. PCC components by outcomes for studies with a comparison arm

PCC components	Individualized counselling and PC communication (n/N, %)	Provider sensitisation training (n/N, %)	Friendly services (n/N, %)	Pt empowerment (n/N, %)	HCW feedback (n/N, %)
HIV outcomes^a					
Linkage	NA	Positive effect (1/1, 100.0)	Positive effect (2/2, 100.0)	NA	NA
ART initiation	No difference (0/1, 0.0)	NA	No difference (0/1, 0.0)	NA	NA
Adherence	Mixed findings (1/3, 33.3)	Positive effect (1/1, 100.0)	NA	No difference (0/1, 0)	NA
Retention	Mixed findings (1/4, 25.0)	Positive effect (1/1, 100.0)	Positive effect (3/3, 100)	NA	No difference (0/2, 0.0)
Viral suppression	Mixed findings (1/5, 20.0)	No difference (0/1, 0.0)	Mixed findings (6/6, 100.0)	NA	NA
Studies reporting a positive effect on at least one HIV care continuum outcome by PCC component	3/6 (50.0)	1/1 (100.0)	8/8 (100.0)	0/1 (0.0)	0/2 (0.0)
PROs^b					
Patient–provider communication	Positive effect (2/2, 100.0)	NA	NA	Positive effect (1/1, 100.0)	Positive effect (1/1, 100.0)
Patient satisfaction	Positive effect (2/2, 100.0)	NA	NA	NA	
Perceived quality of care	NA	NA	NA	NA	Positive effect (3/3,100.0)
Other identified mechanisms	Mixed findings (4/7, 57.1)	NA	Mixed findings (2/3, 66.7)	NA	NA
Economic-related outcomes	NA	NA	Mixed findings (1/4, 25.0)	NA	NA
Studies reporting at least one positive effect on PROs by PCC component	2/2 (100.0)	NA	2/2 (100.0)	1/1 (100.0)	1/1 (100.0)



Box 7.2 Interventions to improve relationships between patients and health-care providers

Interventions that were found to improve relationships between patients and health-care providers could be classified into the following approaches:

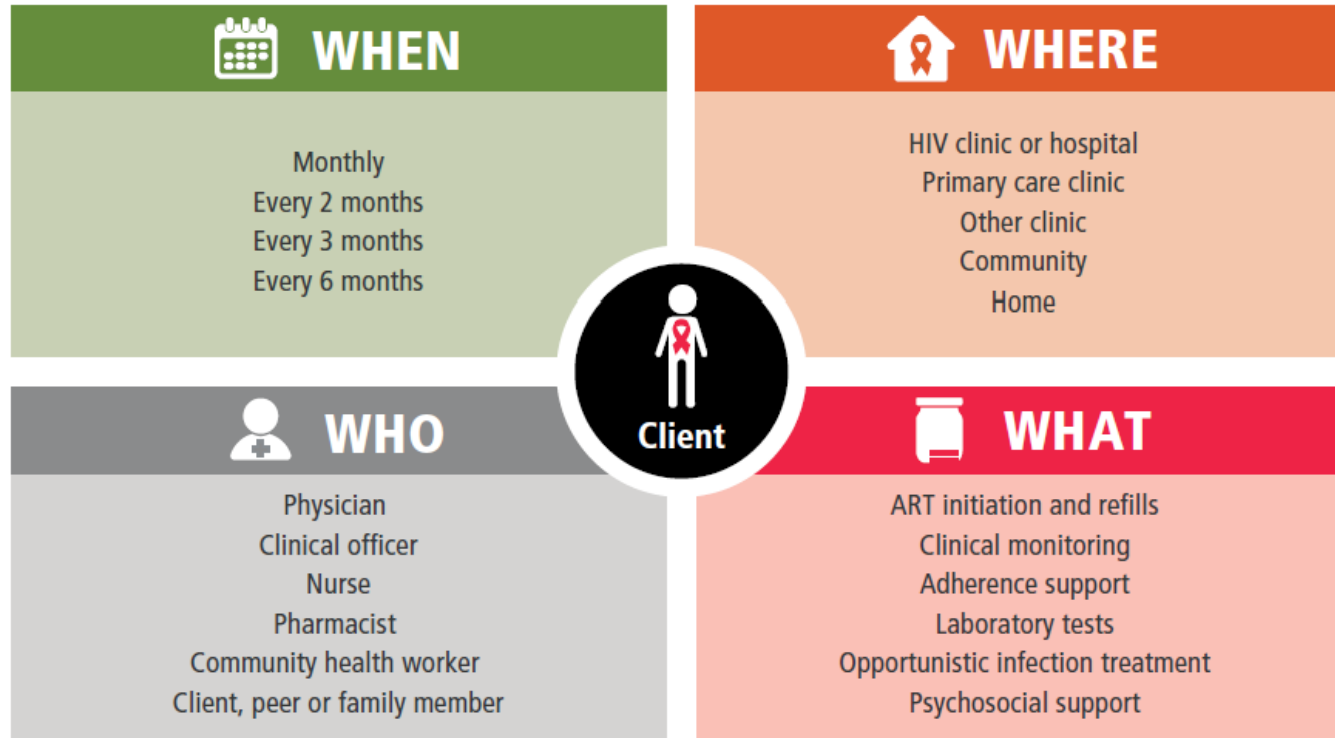
- providing friendly and welcoming services:
 - such as through training providers to make general HIV services more welcoming, providing adolescent-friendly services outside school hours and training providers to welcome patients back into care;
- conducting sensitization training for clinical and non-clinical health-care providers to improve care for key populations:
 - both at the primary care and community levels, which includes issues related to stigma and discrimination;
- offering individualized adherence counselling and patient-centred communication:
 - such as shared decision-making and planning for ART initiation and adherence and supporting change in provider attitudes towards those who have disengaged from care;
- facilitating client education in empowerment and communication skills; and
- providing feedback to health-care workers on patient concerns and evaluation of service quality:
 - such as community score cards, patient feedback mechanisms combined with quality improvement exercises.

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WHO 2021-2022: HIV Prevention, Testing, Treatment, and Service Delivery: Public Health and Key Populations

Fig. 7.1 The building blocks of differentiated service delivery for HIV treatment



Step 5

HIV treatment further

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*Call to
action:
change
legal and
health
regulations*

<https://www.differentiatedservicedelivery.org/models/treatment/>

What are feasible outcomes to capture in the era of multiple ART options?

Specific (number of items)

1 (21); MOS-HIV (36); PROQOL-HIV (43);
QOL-HIV BREF (31); FAHI (47); PozQoL (13);
Outcomes (23); QOL-CHAI* (47)

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Patient empowerment CD-RISC (25);
PAM-13 and I

Life satisfaction PWB (4); FLZ

More patient-reported outcomes

Stigma and discrimination ..

Antiretroviral therapy SMAQ (6); M
adherence, treatment side-
effects

Fatigue or sleep disorders FIS (40) and d

Mental health (anxiety, CES-D (20, 10
depression, stress, etc) DASS-21 (21)

HIV status disclosure ..

Weight management IWLS (9); BIS

Pain and function Visual Analog
BPI (9 [short

Use of alcohol, tobacco, AUDIT (10); A
and drugs

Outcomes

Healthy ageing

Lifestyle (eg, physical activity, alcohol and tobacco use); nutrition; loneliness and resilience

Patient empowerment

Self-efficacy; self-management behaviours; perceived knowledge or information seeking; patient activation; resilience, and tolerance of uncertainty

Experience with HIV and ART

Self-reported symptoms; beliefs about treatment; adherence; fatigue, and sleep disorders

Sexual and reproductive health

Sexual dysfunction (lack of desire, sexual arousal disorders or orgasm disorders, sexual pain) and satisfaction with sex life

Use of psychoactive substances

Alcohol consumption; tobacco smoking, and use of cannabis and other psychoactive drugs

ART=antiretroviral therapy.

Table 3: Popular topics in HIV research and patient-reported outcomes to measure

Injectable Treatment CAB/RPV Use

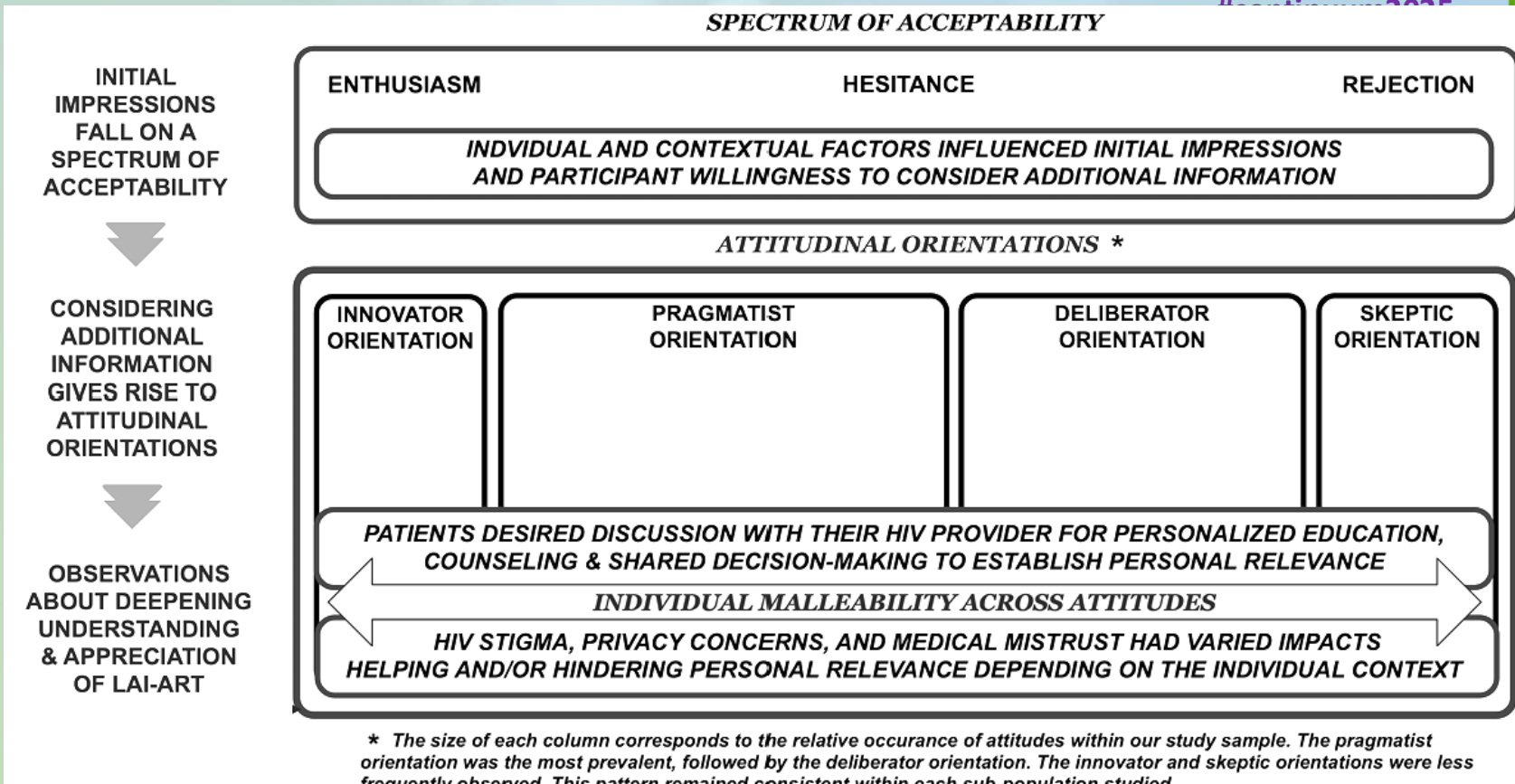
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Trial	LAI ART Use
IMPAACT 2017 (MOCHA)	100% uptake and 96.4% (53/55) retention (week 28)
CARES	100% uptake and 99.6% (255/256) retention (week 48)
SOLAR	67% uptake (stigma)

Kityo CM, et al. Lancet ID. 2024
Gaur AH, et al. Lancet HIV. 2024
Ramgopal MN, et al. Lancet HIV. 2023

Types of People Who Use LAI ART and the Journey



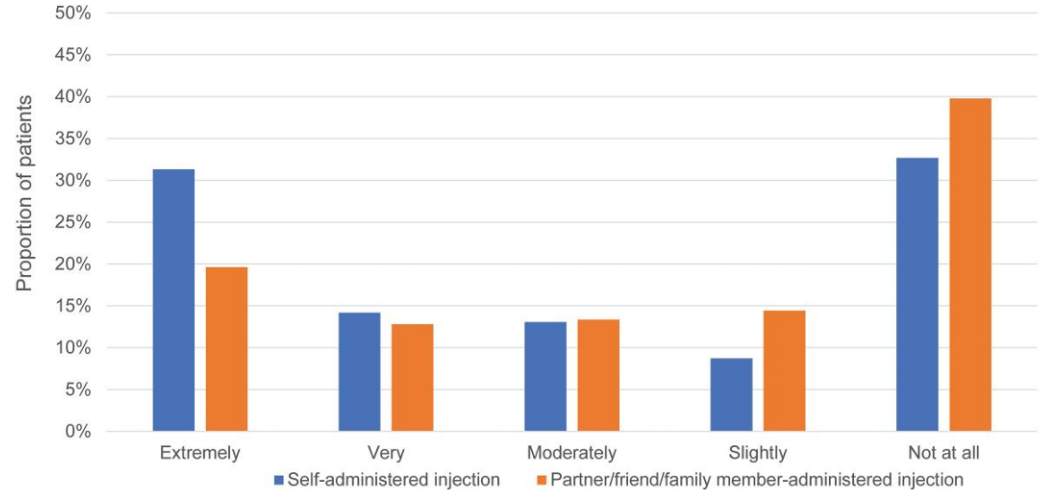
Long-Acting Therapies and the Future

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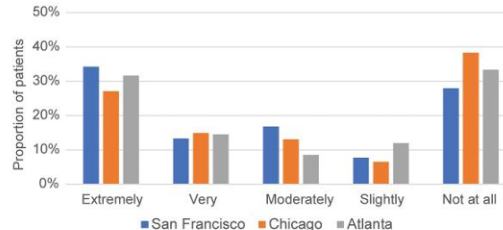


- Three site study (n=370 PWH) (2021-2022)
- 67% appeal for self injection

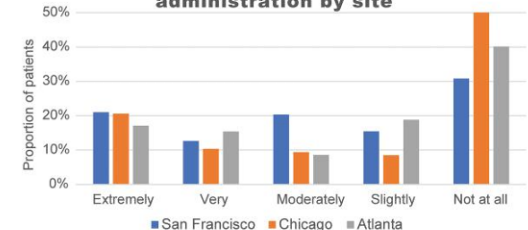
Appeal of out-of-clinic administration of long-acting injectable cabotegravir/rilpivirine by self or partner/friend/family member



Appeal of self-administration by site



Appeal of partner/friend/family member administration by site



Long-Acting Therapies and the Future

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Theme	Thematic Summary	Exemplar Quote(s)
Thematic domain 1: drivers of acceptability		
Subtheme 1 (ST1)	Convenience and ease of use motivated appeal of out-of-clinic injections	ST1: "Some people don't have transportation places. So, you know, even better they can do it they self at home ... So, not just like the convenience of it, but literally if you're having trouble getting there, then that's a good option for you." (30 y, Black gay male, Atlanta)
Subtheme 2 (ST2)	Prior experience with injectables impacts acceptability	ST2: "The idea of self-administering it is a bit of a turnoff. And it's probably memories of my brother dealing with his [diabetes] ... I'm assuming there'd be a lot of ancillary things ... You've got your two vials. You've got your syringe, your needle, your alcohol prep pads ... There's a lot of prep and a lot of [steps] to get it done." (58 y, White gay male, San Francisco)
Subtheme 3 (ST3)	Fear of self-inflicted pain hinders self-injection acceptability	ST3: "If you're going to have a painful shot like that, you should be laying down ... because when you say it could be less than a penicillin, more than a flu, that to me says to me it's going to be more like the penicillin and you're just not saying it yet ... If I stick myself in the butt with a needle and then hurting myself, that's kind of like along the lines of suicide." (65 y, multiracial gay male, San Francisco)
Subtheme 4 (ST4)	Fear of dependence on others and HIV disclosure hinders injection by a partner, friend, or family member	ST4: "If I had [a partner], I would want to train them—I would teach them how to do it, and since I don't, that would not be an option. I can't train my dog to do it for me, and he's the only one that lives with me. It's kind of like—as far as a neighbor, I used to think the whole world needs to know [about my HIV status], and now I'm finding out it's not." (62 y, White heterosexual male, San Francisco)



Conclusions

- Person-centered HIV care that fosters true individual ART choice will require DSD
 - Legal health frameworks will need to continue to expand and change
- Health programs need to lay the critical foundations for change to embrace the future longer acting ART pipeline