Evidence for PROMs in HIV care

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Conflict of Interest

I have received speaker fees from Gilead, Viiv and Jansen
I have received advisory board fees from Gilead, Viiv and Jansen
I have received grants to support clinical services from Gilead

Speakers are required by the Federation of the Royal Colleges of Physicians to disclose conflicts of interest at the beginning of their presentation, with sufficient time for the information to be read by the audience. They should disclose financial relationships with manufacturers of any commercial product and/or providers of commercial services used on or produced for patients relating to the 36 months prior to the event. These include speaker fees, research grants, fees for other educational activities such as training of health professionals and consultation fees. Where a speaker owns shares or stocks directly in a company producing products or services for healthcare this should also be declared.
Why Use PROMs in HIV Care?

- Making care more personalised and holistic, helps us define unmet needs
- Improve doctor-patient communication on more complex issues such as mental and sexual health
- Increase commitment to self care – improving health outcomes
- Increase satisfaction in the service – pt feel ‘heard’
- May even speed up an appt, if we have pre-populated information

Utility is 3-fold:
1. Essential data for pt evaluation in clinic and monitoring over time
2. Clinical decision making re pathways – stratifying care
3. At service level assess quality of care provided ?KPI for HRQOL
The 4th 90 – good health related QOL

- 97% of our pt now undetectable
- Looking beyond VL to make sure that we are providing a quality service
- Service delivery promoting wellness rather than survival – the 4th 90.
- ART is a clinician-led intervention vs adopting lifestyle changes to influence co-morbidities – taking into account ability to self-manage

2. Trends in HIV testing, new diagnoses and people receiving HIV-related care in the UK: data to end December 2019 Health Protection Report Volume 14 Number 20
The 4th 90 – good health related QOL

Cash strapped NHS – making best use of resources available to us

One size does not fit all

Personalise and stratify the care we give – better for pt, better for us

Service delivery promoting wellness rather than survival – the 4th 90.

- ART is a clinician-led intervention vs adopting lifestyle changes to influence co-morbidities – taking into account ability to self-manage

2. Trends in HIV testing, new diagnoses and people receiving HIV-related care in the UK: data to end December 2019 Health Protection Report Volume 14 Number 20
What’s important to our patients?

- Mental health
- Obesity management
- Loneliness and isolation
- Managing long term conditions – 1/3 living with 2 or more co-morbidities in addition to HIV
- Welfare needs – housing, employment, benefits applications

What’s important to our patients?

- Mental health
- Obesity management
- Loneliness and isolation
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- Welfare needs – housing, employment, benefits applications

We need to ask the right questions to understand unmet needs - PROMs can help us

Pt vs clinician perspective on PROMs

Patient perspective:
• PROM should be brief, clear, concise with some open ended questions
• They allow for more personalised care
• Training for completion is important as some questions complex

We all agree that the patient should be at the centre of the consultation

Antela A et al, Patient-Reported Outcomes (PROs) in HIV Infection: Points to Consider and Challenges Infect Dis Ther, 2022;11:2017-2033
Pt vs clinician perspective on PROMs

Clinician perspective:
- There’s no time in clinic to look at the outcomes
- Support staff should be administering PROMs
- Training for completion is important as some questions complex

We all agree that the patient should be at the centre of the consultation

Antela A et al, Patient-Reported Outcomes (PROs) in HIV Infection: Points to Consider and Challenges Infect Dis Ther, 2022;11:2017-2033
Which HIV PROM?

- MOS-HIV
- WHOQOL-HIV
- PROQOL-HIV
- MQOL-HIV
- POZQOL
- CEAT-HIV
- Positive outcomes HIV PROM

To name a few!
Generic PROMs

- Allow us to compare with other LTC
- EQ5D simple, quick, free – scored to enable look at changes over time in person and potentially across services
- Less meaningful in HIV?

No clear steer on which PROM is best
Good if its validated in PLWH
Measuring ability to self-manage:
Patient activation measure (PAM)

- 13 point questionnaire
- Scored via algorithm
- PAM levels indicate:
  - Empowerment
  - Readiness to take charge of their health
  - Readiness to make changes

Higher PAM = Better outcomes

Tailored interventions can increase activation

• Stable patient pathways
• Reduced monitoring
• Non-F2F – email / video / Tel
• Light touch support
• Screening / prevention

- 1 to 1 coaching
- Group work?
- Higher intensity FU
- Lifestyle interventions
- Bigger goals
Case: PJ – return to health and more

- Presentation with PCP
- Likely long hx untreated HIV
- ART - VL <20
  - But….
- Wt increase from 75-105kg
- Fatty liver
- Hypertension
- COVID pandemic – WFH
- T2DM
- Body image
- New diagnoses

PROMs and PAM can help identify what’s important to PJ and what the levers for motivation might be to support him to make changes.
Clinical measurement:
- waist, height, weight,
- BMI, BP, fibroscan

Tailored consultation, medicines optimisation, identifying tangible risk factors, liaison with GP and other specialists

Dietary advice and education, anthropometry, referral into obesity management programmes, personalised goal setting

Pre-clinic PROM and PAM, motivational interviewing

Dietary advice and education,
- anthropometry, referral into obesity management programmes, personalised goal setting

Exercise planning, education,
- personalised goal setting

smoking cessation

Living well clinic intervention

Presenter’s experience
BMI, body mass index; BP, blood pressure; GP, general practitioner; HCA, healthcare assistant; PROM, patient reported outcome measures; PAM, patient activation measures
- L2FU / DNA case work
- 3rd sector organisations
- Peer support
- 1 to 1 coaching
- Case management
- Group work
- Smaller goals
Summing up: Using PROMs to personalise the care we give

• PROMs support us in discovering unmet needs in clinic
• Scoring helpful in monitoring pt and services over time ?KPI for HRQOL
• Taking into account ability to self-manage and empowering pt
• Using tools to stratify care
  • Personalise the care we give – better outcomes
  • Utilise resource wisely, redirect resources where needed
• Developing pathways / signposting for unmet needs
• Reaching for the 4th 90!

...BUT...

• Which PROM?
• Barriers to overcome