Evidence for PROMs in HIV care

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2023 Spring Conference

Mon 24th – Wed 26th April Gateshead, UK



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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?



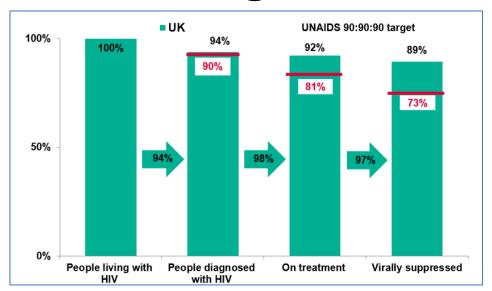
- Making care more personalised and holistic, helps us define unmet needs
- Improve doctor-patient communication on more complex issues such as mental and sexual health
- Increase commitment to self care improving health outcomes
- Increase satisfaction in the service pt feel 'heard'
- May even speed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

Utility is 3-fold:

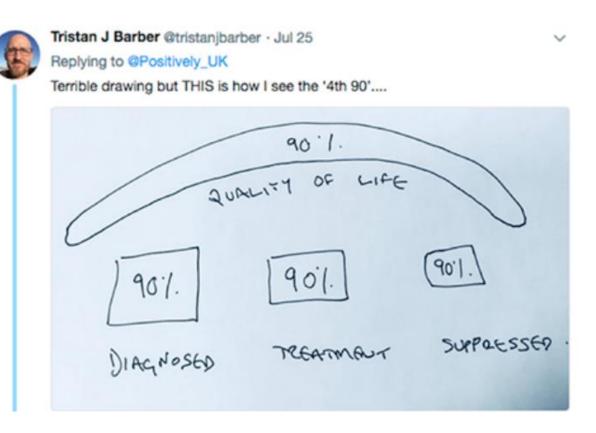
- 1. Essential data for pt evaluation in clinic and monitoring over time
- 2. Clinical decision making re pathways stratifying care
- 3. At service level assess quality of care provided ?KPI for HRQOL

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



1. Lazarus et al. BMC Medicine (2016) 14:94 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





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

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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

- M Kall, C Kelly, M Auzenbergs, and V Delpech. Positive Voices: The National Survey of People Living with HIV - findings from the 2017 survey. January 2020. Public Health England: London.
- 2. Bailin SS, Gabriel CL, Wanjalla CN, Koethe JR. Obesity and Weight Gain in Persons with HIV. Curr HIV/AIDS Rep. 2020 Apr;17(2):138-150. doi: 10.1007/s11904-020-00483-5. PMID: 32072466; PMCID: PMC7719267.

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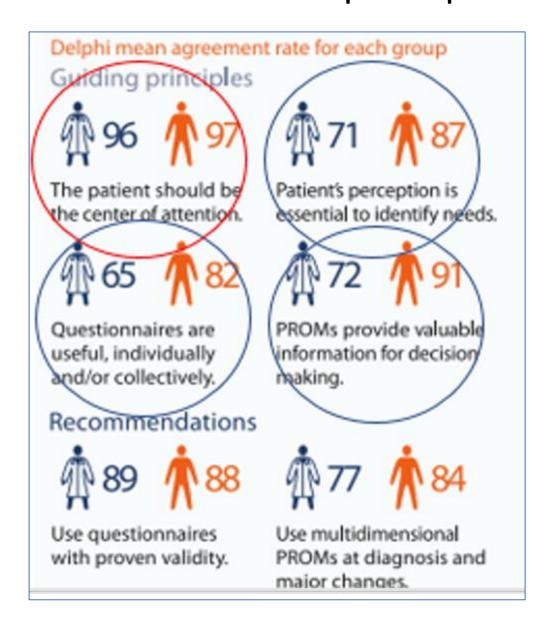
- Managing long term conditions -1/3 living with 2 or more co-morbidities in addition to HIV
- Welfare needs housing, employment, benefits applications

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

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- 2. Bailin SS, Gabriel CL, Wanjalla CN, Koethe JR. Obesity and Weight Gain in Persons with HIV. Curr HIV/AIDS Rep. 2020 Apr;17(2):138-150. doi: 10.1007/s11904-020-00483-5. PMID: 32072466; PMCID: PMC7719267.

Pt vs clinician perspective on PROMs





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

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

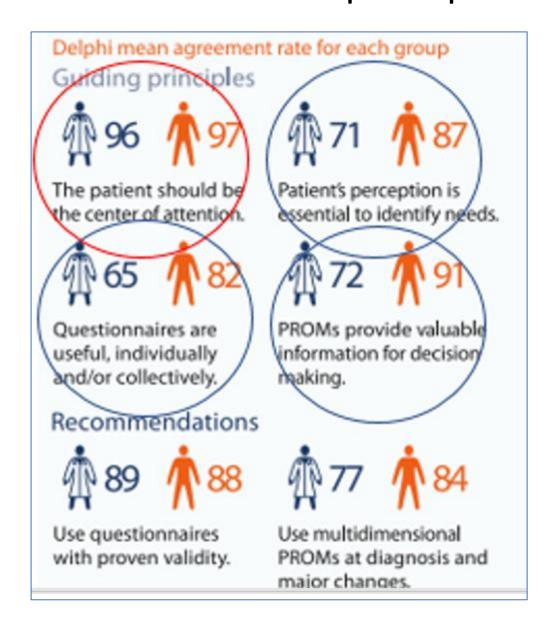
Antela A et al, Patient-Reported Outcomes (PROs) in HIV Infection: Points to Consider and Challenges

Infect Dis Ther, 2022;11:2017-2033

Greenhalgh J et al, J Patient Rep Outcomes. 2018 Sep

Pt vs clinician perspective on PROMs





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

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

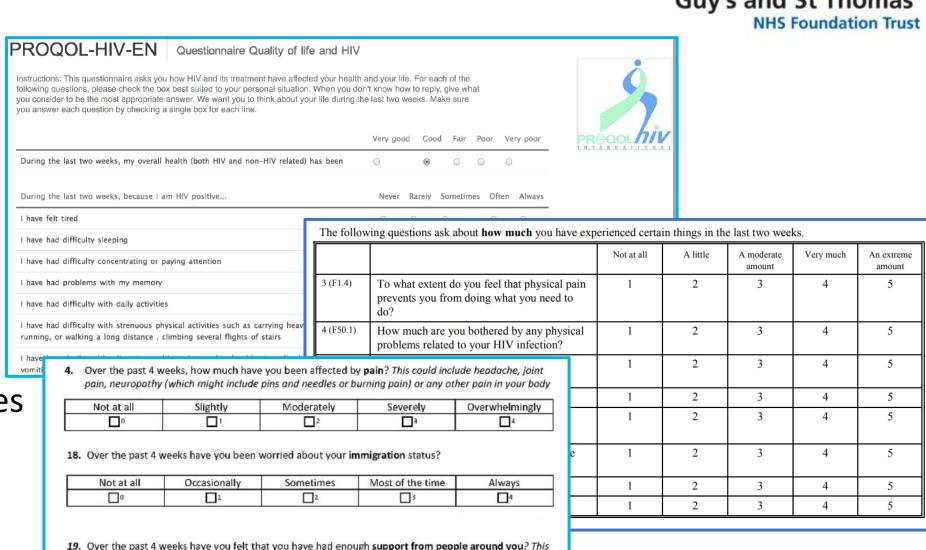
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Which HIV PROM?

Guy's and St Thomas'

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

To name a few!



may include partners, friends, family, support groups and other networks.

Sometimes

□ 2

Occasionally

Not at all

Most of the time

Always

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

Below are some statements that people sometimes make when they talk about their health. Please indicate how much you agree or disagree with each statement as it applies to you personally by circling your answer. Your answers should be what is true for you and not just what you think others want you to say.

If the statement does not apply to you, circle N/A.

| 1. | When all is said and done, I am the person who is responsible for taking care of my health | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
|----|-------------------------------------------------------------------------------------------------------------------------------|----------------------|----------|-------|-------------------|-----|
| 2. | Taking an active role in my own health care is the most important thing that affects my health | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 3. | I am confident I can help prevent or reduce problems associated with my health | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 4. | I know what each of my prescribed medications do | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 5. | I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |

Kinney RL, et al. Patient Educ Couns. 2015 May;98(5):545-52

Mosen DM, et al. Is patient activation associated with outcomes of care for adults with chronic conditions?J

Ambul Care Manage.2007;30:21–29



High
Activation,
High Medical
Complexity

Low Activation, Low Medical Complexity Low Activation, High Medical Complexity



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

Medical Complexity



High
Activation,
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Low Activation, Low Medical Complexity Low Activation, High Medical Complexity

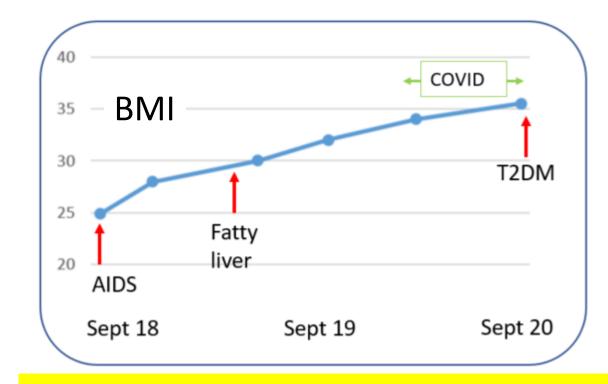


- 1 to 1 coaching
- Group work?
- Higher intensity FU
- Lifestyle interventions
- Bigger goals

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



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



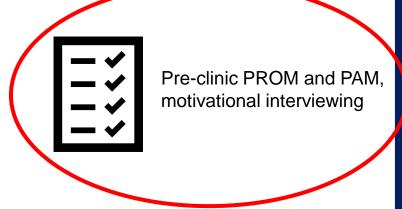
Dietary advice and education, anthropometry, referral into obesity management programmes, personalised goal setting





Clinical measurement: waist, height, weight, BMI, BP, fibroscan

Living well clinic intervention





smoking cessation



Exercise planning, education, personalised goal setting



High
Activation,
High Medical
Complexity

Low Activation, Low Medical Complexity Low Activation, High Medical Complexity



- 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

