

Outpatient parenteral antimicrobial therapy (OPAT) service delivery of antiretrovirals – clinical staff and patient-reported outcome measures (PROMs)

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1. Background

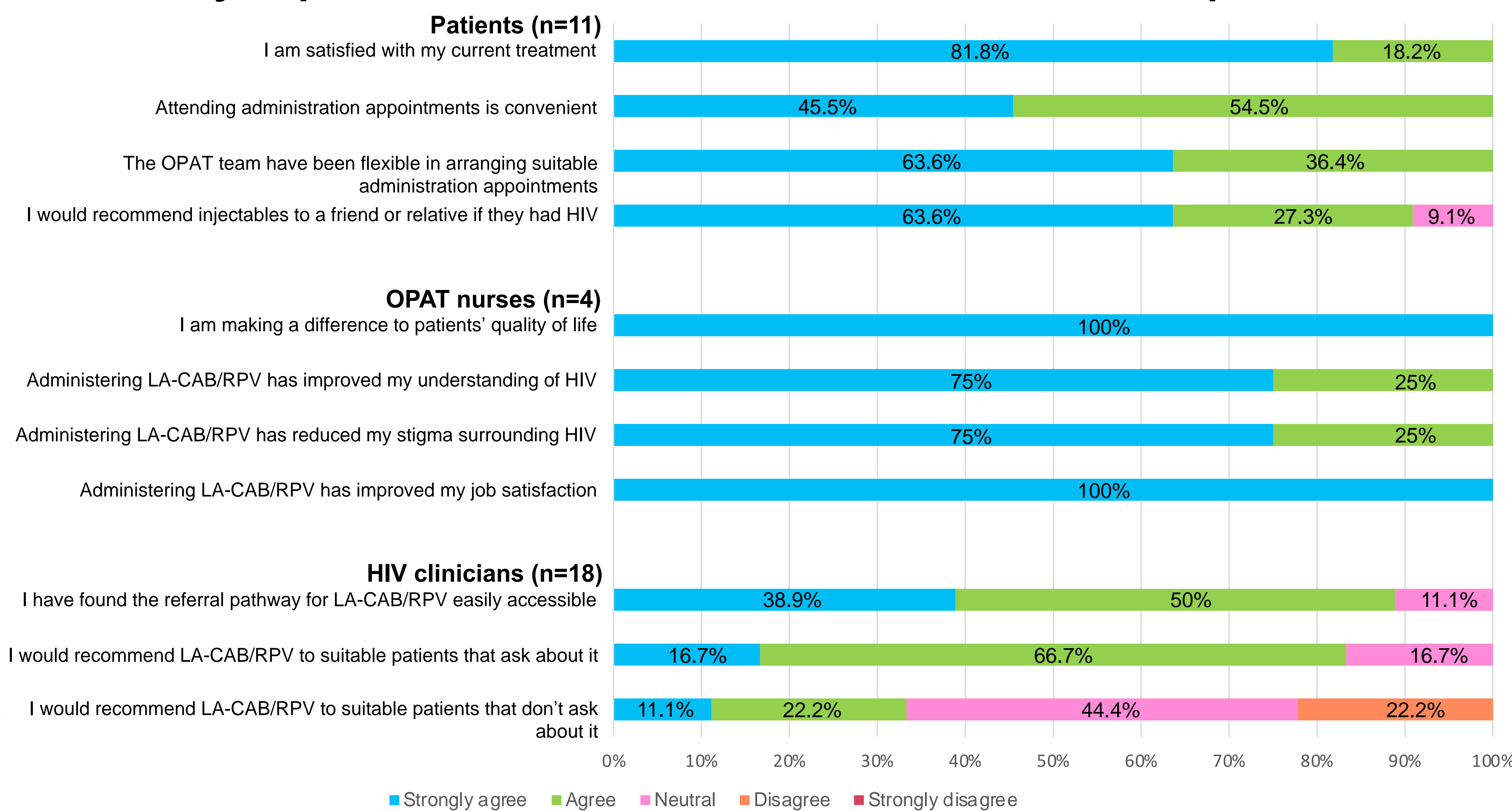
- Long-acting cabotegravir/rilpivirine (LA-CAB/RPV) are new injectable anti-retroviral therapy (ART) formulations. Cardiff and Vale University Health Board has implemented a novel approach to delivering HIV care by administering LA-CAB/RPV using the existing outpatient parenteral antimicrobial therapy (OPAT) service. BHIVA recognises the logistical challenges associated with administering LA-CAB/RPV¹. OPAT runs extended hours 365 days a year, offering flexibility and accessibility, which is not logistically possible in traditional HIV clinic setups. In 2017, 102 OPAT services were identified across the UK², so this approach is potentially widely scalable.
- The suitability of LA-CAB/RPV is determined via a multi-disciplinary decision. A specialist HIV pharmacist then initiates an oral lead-in, refers the patient to OPAT, and monitors their therapy. LA-CAB/RPV is administered by nursing staff that are not specialised in managing HIV.
- As with any new service, the experience of its users is paramount to its success. We sought to evaluate the experiences of patients, HIV clinicians, and OPAT nurses in receiving, referring, and delivering LA-CAB/RPV.

2. Methods

- We developed and distributed three distinct questionnaires using Google Forms; for patients, HIV clinicians, and OPAT nurses.
- Relevant questionnaires were sent electronically to all patients who received at least one dose of LA-CAB/RPV (n=15), OPAT nurses (n=7), and local HIV clinicians (n=21).

3. Results

Summary of patients', OPAT nurses', and HIV clinicians' responses



4. Patient comments

- "Since starting the injectable medications, I have been able to stop taking anti-depressants."
Patient A
- "I have forgotten that I have HIV; the daily pills were a reminder."
Patient B
- "I feel less stigmatised for having HIV each day."
Patient C
- "The nurses are really friendly and try their best."
Patient D
- "Due to my visual impairment, attending appointments with the OPAT team has given me my independence back when managing my HIV care; one of the nurses meets me at the entrance and takes me to my appointment. It's a complete game changer for me."
Patient E

5. Staff feedback

- "Excellent service via OPAT"
HIV clinician A
- "I feel I am making a difference to these patients."
OPAT nurse A
- "I feel my knowledge of HIV has increased and given me a better understanding of the difficulties these patients encounter."
OPAT nurse B
- "I now have increased confidence with this patient cohort. It's so lovely to hear people say we have 'literally changed their life'. What an achievement – it doesn't get better than that in nursing."
OPAT nurse C

6. Discussion

- Administering these new ART formulations in this novel, community, non-specialist setting via OPAT is acceptable, convenient, and flexible for patients, allowing this potentially life-changing medication to be provided to suitable patients outside of traditional HIV clinic setups.
- As demonstrated from the patient comments, facilitating the administration of LA-CAB/RPV via OPAT has increased the quality of life of many of the patients.
- Administering LA-CAB/RPV in this way has improved the OPAT nurses' job satisfaction and understanding of HIV, while reducing the stigma surrounding HIV.
- Local HIV clinicians have varied views on recommending LA-CAB/RPV to all suitable patients, particularly if the patient does not enquire about the medications. This is potentially due to the increased treatment failure rates reported in studies³.

7. Conclusions

- This novel approach to delivering LA-CAB/RPV has received positive responses from patients, OPAT nurses, and HIV clinicians. Due to the number of OPAT services across the UK, it is potentially widely generalisable to HIV services, increasing the availability of LA-CAB/RPV to suitable candidates.
- Further work should continue to monitor the reported outcome measures and treatment failure rates of patients prescribed these medications.

References

- British HIV Association. BHIVA Guidelines on Antiretroviral Treatment for Adults Living with HIV-1 2022. <https://www.bhiva.org/HIV-1-treatment-guidelines> (accessed 27 March 2023).
- Durojaiye OC, Cartwright K, Ntziara F. Outpatient parenteral antimicrobial therapy (OPAT) in the UK: a cross-sectional survey of acute hospital trusts and health boards. *Diagnostic Microbiology and Infectious Disease* 2019;93(1): 58-62.
- Overton ET *et al.* Long-acting cabotegravir and rilpivirine dosed every 2 months in adults with HIV-1 infection (ATLAS-2M), 48-week results: a randomised, multicentre, open-label, phase 3b, non-inferiority study. *Lancet* 2021;396(10267):1994-2005.