

# HIV Providers' Perceived Barriers and Facilitators to Implementing Treatment as Prevention in Clinical Practice: A Qualitative Study

Douglas Krakower<sup>1,2,3</sup>, Jennifer Mitty<sup>1,2,3</sup>, John Trinidad<sup>4</sup>, Kenneth Mayer<sup>1,2,3</sup>

Beth Israel Deaconess Medical Center<sup>1</sup>; Harvard Medical School<sup>2</sup>, The Fenway Institute<sup>3</sup>; University of California San Francisco<sup>4</sup>

Contact: Douglas Krakower, MD (dkrakowe@bidmc.harvard.edu)

## Background

- Administration of early antiretroviral therapy (ART) to HIV-infected persons (i.e., before immunologic decline) reduces HIV transmission to their sexual partners ("Treatment as Prevention").
- Optimizing Treatment as Prevention will depend critically on whether HIV providers are willing to prescribe ART to all of their HIV-infected patients in clinical practice.

## Aim

- To assess HIV providers' perceived barriers and facilitators to implementing Treatment as Prevention in clinical practice, using qualitative methodology.

## Methods

- Six focus groups with HIV providers from 6 Boston-area clinics were conducted during May-June 2012.
- The qualitative agenda explored perceived facilitators and barriers to prescribing ART to all HIV patients in routine clinical practice.
- Discussions were audio recorded, transcribed verbatim, and analyzed for relevant themes using modified grounded theory methodology.

## Sample

Focus Group Participant Characteristics (n=39)		
Female		56%
Race/Ethnicity	White	66%
	Asian	21%
	Hispanic/Latino	5%
	Black/African-American	3%
	Prefer not to say	5%
Practice Setting	Hospital-based clinic	82%
	Community Health Center	18%
Infectious Diseases Training		77%
>5 years experience providing HIV care		62%
Care for >10 HIV-infected patients/month		79%

## Results: Facilitators

### Positive attitudes towards Treatment as Prevention

Providers expressed positive attitudes towards prescribing early ART, as they believed there would be a benefit to individuals and on a population level.

- "Based on scientific evidence...there's benefit [for individuals] to starting earlier." (Male, Community Health Center).
- "I think that it's a great idea from a population standpoint...it will do a lot to reduce transmission of HIV and that there's great data to support that it will." (Female, Hospital-based).

### Additional evidence that individuals will benefit from early ART

Providers believed that data in support of individual health benefits from early ART, long-term safety data, and guidelines that endorse universal ART would increase their willingness to prescribe ART to all patients.

- "It will be a much easier argument to make if...we have good evidence that this patient you are talking to is gonna benefit who's got a CD4 count of 900." (Male, Hospital-based)
- "I still don't know what the toxicities are of taking 40 years of a nucleoside inhibitor, ...so I think there is a very real question with all of these meds that haven't been around for decades." (Female, Hospital-based)
- "Now that the national guidelines are really pushing towards treating everyone... I find that to be powerful when I am counseling patients about getting started." (Female, Hospital-based)

## Results: Barriers

### Intention to prioritize individual health benefits over prevention considerations when making prescribing decisions

Providers asserted that patient readiness to start ART and provider perceptions of each patient's capacity to adhere to lifelong therapy would be the strongest determinants of whether they would actually prescribe ART.

- "Adherence and resistance is my biggest concern. So for unmotivated people to push them to take a drug that they are not ready for I think is a concern." (Male, Hospital-based)
- "How long are people going to be compliant on taking meds every day when they feel really well?" (Female, Hospital-based)

### Perception that some patients will be unwilling to start ART early

Participants believed that absence of symptoms and mistrust of the medical and pharmaceutical communities could limit patient acceptance.

- "As a provider you just think, it's Atripla one pill per day, but for patients, there's a lot of other associations..." (Female, Hospital-based)
- "I had one patient say to me, 'Oh this is great, now the drug companies are going to make even more money because you are going to put more and more people on treatment and they are going to sell more drugs,' and who saw it very cynically as just an attempt to sell more medication." (Female, Hospital-based)

## Discussion

### HIV providers express positive attitudes towards Treatment as Prevention, but they report concerns about the practical aspects of prescribing ART to all of their HIV-infected patients.

- Providers incorporate individual and public health considerations when making prescribing decisions.
- Further evidence of the individual benefits of early ART, such as data from studies that are comparing the individual benefits of early vs. delayed ART (i.e., the ongoing START study), could increase prescribing practices.
- Patient readiness and anticipated adherence were strong determinants of whether providers would prescribe ART.
- Interventions to address provider concerns will be critical to implement this strategy in clinical settings.

## Next Steps

- These results will inform a quantitative survey of HIV providers to assess attitudes and practices regarding Treatment as Prevention in clinical settings.
- Qualitative and quantitative data will inform the development of an intervention designed to support implementation of Treatment as Prevention by HIV providers.

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