

Assessing the Sensibility, Utility, and Implementation of a Short-Form Version of the HIV Disability Questionnaire in Clinical Practice Settings in Canada, Ireland and the United States: A Mixed Methods Study

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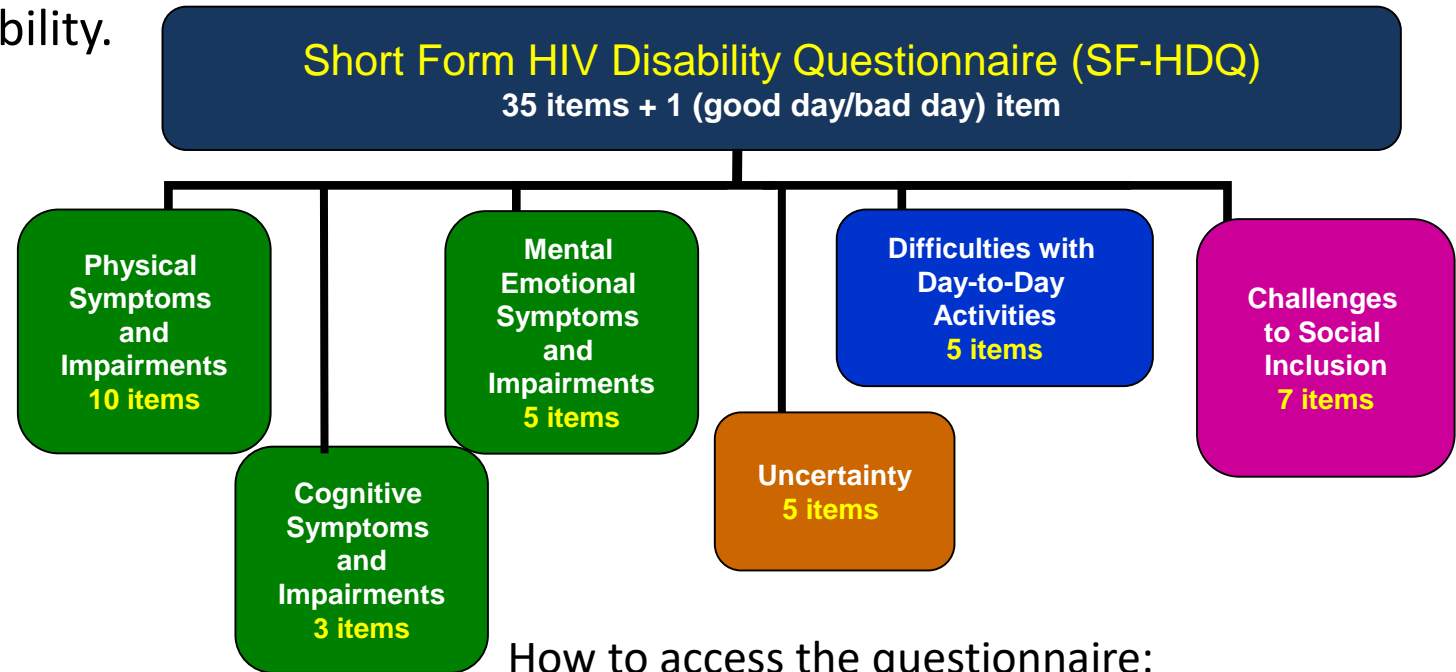
Background & Purpose



- People living with HIV are living longer with the potential combination of physical, mental, and social health challenges associated with HIV, multimorbidity, and aging, known as disability.

- **Disability:** Broadly defined by people living with HIV as any health-related challenge experienced living with HIV.

- **Short-Form HIV Disability Questionnaire (HDQ)** is a 35-item patient-reported outcome measure (PROM) developed to describe the presence, severity, and episodic multi-dimensional nature of disability across six domains.



How to access the questionnaire:

<https://hqlo.biomedcentral.com/articles/10.1186/s12955-020-01643-2>

- Domain scores range (0-100): Higher scores indicate greater presence, severity and episodic nature of disability.

Purpose: To assess the sensibility, utility and implementation of the SF-HDQ in clinical practice.

Methods

Study Design: Mixed methods study with adults living with HIV (n=29) and HIV health care practitioners (n=16) in Canada, Ireland and United States.

3 Sites

- Casey House, Toronto, Ontario
- UHealth Infectious Disease Clinic, University of Colorado, Denver
- GUIDE Clinic, St. James's Hospital, Dublin, Ireland

Data Collection: March 3, 2020 – February 17, 2021

E-Questionnaire Administration (Qualtrics)

- SF-HDQ
- Sensibility Questionnaire (19 items: face and content validity, ease of usage, format)

Semi-structured interviews (Zoom or In-Person): exploring potential sensibility, utility, and implementation considerations of SF-HDQ in clinical practice:

- *Interview Guide:* use of SF-HDQ in practice, experience completing or administering the SF-HDQ, strengths and challenges, feasibility, how and when to administer, who should administer, and how often (episodic nature of disability).

Analysis

Sensibility Questionnaire: SF-HDQ sensible if median scores were ≥ 5 for PLWH and ≥ 4 HIV health providers (7 point ordinal scale) for at least 80% of the items and if no items had median scores of ≤ 3 in either group.

Interview data: Group-based analytical approach using directed content analysis.



Characteristics of Adults Living with HIV (n=29)		N (%)
Age (median years; IQR)		57 (51, 63)
Gender		
Woman		10 (35%)
Man		19 (66%)
Country		
Canada		10 (34%)
United States		10 (34%)
Ireland		9 (31%)
Live alone		14 (48%)
Have children		12 (41%)
Employed (full or part time)		7 (24%)
Retired		5 (17%)
Undetectable Viral load (<50 copies/mL)		26 (90%)
Median # (IQR) concurrent health conditions		7 (4, 10)
Common conditions (>30% of sample)		
Mental Health Condition		17 (59%)
Trouble Sleeping		16 (55%)
Chronic Pain		15 (52%)
Self-Reported General Health		
Excellent or Very Good		16 (55%)
Good		7 (24%)
Fair or Poor		5 (17%)
HIV Health Care Practitioners (n=16)		N (%)
Canada 5; Ireland 6; United States 5		
Physician		5 (31%)
Social Worker		3 (19%)
Nurse		3 (19%)
Physiotherapist		2 (12%)
PT Resident; Massage therapist; Pharmacist		3 (19%)

Sensibility



- **Sensibility Questionnaire**
 - Median sensibility scores were $\geq 5/7$ (adults living with HIV; n=29) and $\geq 4/7$ (HIV clinicians; n=16) for 18/19 (95%) items.
- **Interview Data**
 - SF-HDQ represents the health-related challenges of living with HIV and other concurrent health conditions (where HIV was not the source of disability)
 - HIV specificity of items – difficulties attributing source of health challenges
 - Captured daily episodic nature
 - Easy to use / complete

*“I think almost all of [the items] capture something important that a lot of our clients’ experience.”
(HCP)*

[The question about fluctuations] is probably one of the best questions. (PLWH)

Clinical Utility



Interview Data

- measuring health challenges and change over time
- guiding referral to specialists and services
- informing goal setting
- facilitating communication
- fostering multi-disciplinary approach to care.

*create a roadmap on how to treat [an] individual to get to an optimal outcome
(PLWH)*

start a conversation towards something that maybe they didn’t realize was there. (PLWH)

global assessment, to look at the overall wellness of the patient and identify things to work on through the next year (HCP)

*highlight things that maybe the patient hasn’t thought to bring up with the clinician
(HCP)*

reminds us of the importance of the overall wellness and that taking the time to think outside the box (HCP)

Implementation Considerations & Conclusions

Administration Considerations

- **Burden of administration** - Time, conundrum of identifying health challenges with limited resources to address, logistical issues of internet, space
- Importance of **person-centered approaches** for tailoring the mode of administration
- Offering **flexible options** for modes of processes of administration - format, location, timing, and persons involved in administration

Communication of Scores

- Importance of considering **personal preferences** for communicating SF-HDQ scores among persons living with HIV and their health care practitioners
- Importance of explaining and **interpreting SF-HDQ scores** with persons living with HIV

Conclusions

- The SF-HDQ possessed sensibility and utility for use with adults living with HIV across the 3 clinical settings in Canada, Ireland and the United States.
- Assessment limited participation to individuals who had access to, and had comfort with, the use of technology to complete the questionnaires in a web-based format.
- Next steps: refinement of the SF-HDQ to the Episodic Disability Questionnaire (EDQ), future measurement property assessment (including interpretability) and development of a guidance document to facilitate implementation in clinical practice.

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