

The Experience of Migrant Patients with Rapid and Free B/F/TAF Initiation in a Montreal-based Multidisciplinary HIV Care Setting

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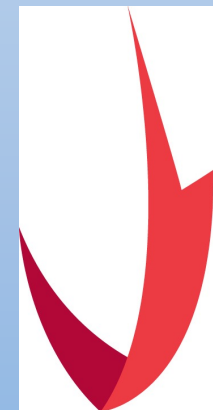
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Background

- Rapid antiretroviral therapy (ART) initiation for persons newly diagnosed with HIV is a key strategy to ending the HIV epidemic.¹
- Vulnerable populations such as migrants living with HIV (MLWH) often experience delays in accessing HIV care, initiating ART, and achieving viral suppression.²
- Initiating ART as soon as possible in a multidisciplinary care setting may reduce barriers encountered by MLWH.³
- **Our Purpose:** Explore MLWH experiences with rapid and free B/F/TAF initiation in a multidisciplinary HIV clinic.

1. World Health Organization. Guidelines for managing advanced HIV disease and rapid initiation of antiretroviral therapy, July 2017.

2. Arora AK, Ortiz-Paredes D, Engler K, Lessard D, Mate KK, Rodriguez-Cruz A, Kronfli N, Vedel I, Cox J, Antiviral Speed Access Program (ASAP) Migrant Advisory Committee, Quesnel-Vallée A. Barriers and Facilitators Affecting the HIV Care Cascade for Migrant People Living with HIV in Organization for Economic Co-Operation and Development Countries: A Systematic Mixed Studies Review. AIDS Patient Care and STDs. 2021 Aug 1;35(8):288-307.

3. Ford N, Crawford KW, Ameyan W. Rapidly starting antiretroviral therapy to improve outcomes among disadvantaged groups. AIDS (London, England). 2021 Nov 1;35(13):2217.

Methods

- 96-week prospective cohort study with a convergent mixed-method design.
 - Initiated in January 2020 at a hospital-based clinic serving the largest proportion of MLWH in Montréal, Canada.
- All patients received:
 - Cost-covered bicitgravir/emtricitabine/tenofovir alafenamide (B/F/TAF).
 - Multidisciplinary care by a team of physicians, nurses, social workers, and pharmacists.
- Only preliminary qualitative analysis is presented here:
 - 18 interviews conducted with 10 MLWH at two time-points.
 - 10 interviews after 1 week of treatment and 8 after 24 weeks.
 - Analyzed via Gale et al.'s Framework Method.

Results – 4 sets of categories

1. **Facilitators** to HIV care and treatment for MLWH.

- E.g., Free ART; non-judgmental, resourceful, and empathetic healthcare staff and clinicians; having social support systems in place.

2. **Barriers** that MLWH continue to encounter.

- E.g., Fear of disclosure; mental health-related challenges; difficulty navigating several clinics for various HIV-related services (e.g., access to free blood tests in certain clinics for those without coverage).

3. The **need to improve multidisciplinary care teams** to further address challenges encountered by MLWH.

- E.g., Through empowering patients with their health information and engaging them in HIV health care decisions, while also refining communication and coordination between all stakeholders.

4. The **intersectional burden** experienced by MLWH due to HIV, migration, and COVID-19.

- E.g., many MLWH moved to Canada just before the implementation of pandemic-related lockdown measures, hindering their integration into Canada.

Conclusions

- Results suggest that **free and rapid B/F/TAF initiation** can lead to **satisfaction** for MLWH.
- Despite rapid initiation and cost covered ART within a multidisciplinary model, **challenges continue to impede engagement in care for MLWH.**
- Targeted **interventions to improve communication, coordination, and empowerment** at the clinic-level may better address MLWH's needs and challenges.