SHARE

A study of patient and provider perspectives on overcoming barriers to HIV care and retention

"It's just all about building relationships": Care provider perspectives on supporting care engagement for PLWH experiencing HIV treatment interruptions

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BACKGROUND

- Advances in HIV care and antiretroviral therapy (ART) have led to significant improvements in health and life-expectancy for people living with HIV (PLWH), however, treatment interruptions are common, limiting the full potential of ART[1,2].
- We conducted a strengths-based, qualitative study to elucidate the approaches and strategies utilized by health care providers (HCP) to overcome barriers to treatment engagement among under-served populations in British Columbia (BC).

METHODS

Recruitment & Study Sample

- Healthcare providers were recruited through regional HIV programs and word of mouth.
- Purposive sampling to saturation ensured representation of a wide variety of HCP (e.g. nurses, peer navigators, pharmacists, etc) across BC's 5 health authorities.

Data Collection & Analysis

- An academic and community researcher co-conducted semi-structured phone interviews with HCPs
- Emergent coding and participatory analysis, guided by interpretive description[3] and the socio-ecological model[4], were used to uncover themes around care engagement.

Participatory community-engaged analysis

Collaborative qualitative analysis by team of community and academic researchers

Aim ⇢ co-creation of knowledge that is driven by collaboration between community member, knowledge user, and researcher expertise

Process ⇢ communicate/review emerging insights via weekly in-person (virtual) participatory sessions

Guided by ⇢ GIPA/MIPA[5] and Community-Based, Participatory Research (CBPR) principles[6]

RESULTS: Major themes

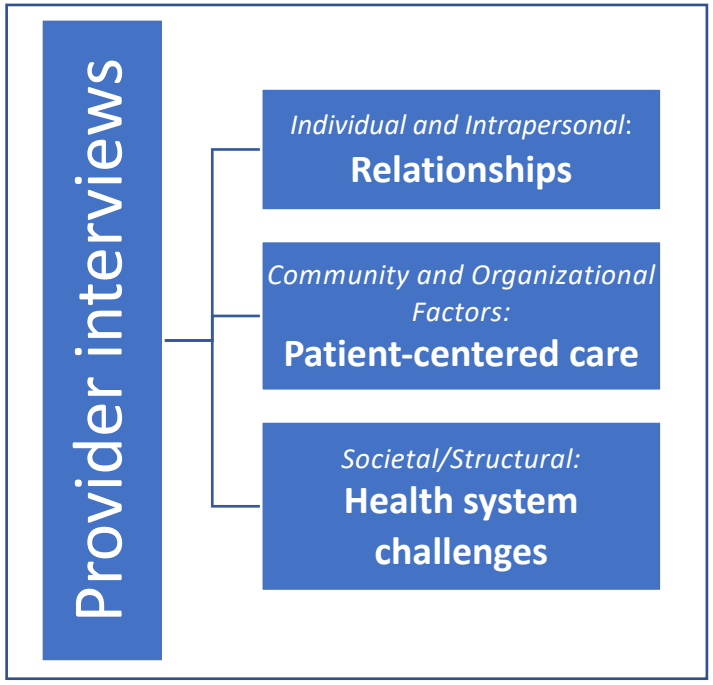
Client-Provider Relationships

- Narratives centered around forming connections, and HIV care as a relational practice.
- Participants underscored the need to foster long-term, trusting relationships with clients, founded on respect, compassion, and non-judgmental approaches.

"My position as a HCP is that I have no leverage unless I have a relationship. Unless they understand and trust me I've got nothing. So I worked hard to create that."

"We just treat everyone like their concerns matter, with non-judgemental open mindedness."

"I just feel like you have to meet people where they are, and engage with them in a way that's respectful, obviously, and kind of let them be the driver."



"That has been the valuable part of it for me… to make these connections with agencies or other medical health services, where I can just phone, hey, so-and-so, can you drop over and see what is happening with so-and-so's hand or something.?

"It's more of a team approach in this setting that I'm in right now. It's nice being in the same building as a physician and a social worker who can help me. It's a much better team approach because one person can't do it all. I can't be everywhere, and I'd miss a lot of opportunities if I wasn't located here with this kind of slightly more multidisciplinary team."

Provider-Provider Relationships

Collaborative relationships with other providers, both formal multidisciplinary team-based care and informal HCP partnerships, emphasized holistic well-being and improved care continuity.

Health System Challenges

- Regional resource disparities contributed to care fragmentation and increased barriers to services.
- HCPs addressed system disparities and gaps by using creative approaches - with many often having to go "above and beyond" their scope of practice to address care access gaps.

"…I think [there are] physicians that are quite wary of HIV and are like, oh, that's a specialty, I don't know how to do this, I'll just leave that to the specialist. But the specialists sometimes are super over run and it could take a long time to get into that care."

"First of all HIV treatment is not accessible in every single [Vancouver Island] community… we have one IDC specialist there. If you're a type of person who is not so great about appointments or wrapped up with addictions or homelessness, then getting to those, what I refer to as higher barrier appointments, is one of the reasons that people cannot get back on their ARVs."

"…although I'm a nurse, I feel like I do more social work than I do nursing. But that's paid off, it's been successful because it helps, it's developed relationships and helped me to help clients move forward with their health, and getting on ARVs, and staying on ARVs."

Patient-Centered Care

- Successful engagement approaches supported clients' overall stability, and were contextually-tailored to address client priorities related to psychosocial and other intersecting health needs.

"We meet them where they're at. There's always this kind of balance - between supporting them and helping them do what they need to do in their lives and the concern about public health."

"I learned with each case. Everything is unique so you have to problem solve and figure out - what's the approach, and who do I talk to, and where do I go for this?"

"All of our clients get the choice of how they want us in their lives. We have to respect that, and we do our best to do that."

CONCLUSIONS

- Our study highlights important findings on mechanisms and strategies utilized by health care providers to support engagement in HIV care for individuals experiencing breaks in treatment.
- Interviews identified relationship building, and collaborative care which addresses client priorities, as critical components of successful care engagement.
- Greater integration of specialized HIV services is needed to strengthen care continuity for PLWH in BC.

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