

Provider perspectives on ideal candidates for long-acting injectable antiretroviral therapy (LAI ART) for HIV treatment: A multi-site qualitative study in the United States

Tara McCrimmon¹, Rachel M. Maggi¹, Michael P. Vaughn², Amaya Perez-Brumer³, Ryan McNeil⁴, Victoria A. Shaffer⁵, Maria L. Alcaide⁶, Morgan M. Philbin¹

¹Columbia University Mailman School of Public Health, Sociomedical Sciences, New York City, United States, ²Columbia University and the New York State Psychiatric Institute, HIV Center for Clinical and Behavioral Studies, New York City, United States, ³University of Toronto Dalla Lana School of Public Health, Social & Behavioural Health Sciences Division, Toronto, Canada, ⁴Yale School of Medicine, Social and Behavioral Sciences, New Haven, United States, ⁵University of Missouri, Department of Psychological Sciences, Columbia, United States, ⁶University of Miami Miller School of Medicine, Department of Medicine, Miami, United States

Background

LAI ART may facilitate treatment adherence among people living with HIV:

- The US FDA approved a monthly injectable formulation in January 2021 and a bi-monthly injectable in February 2022 (1,2)
- Clinics have been developing protocols for distribution and implementation of LAI ART but existing inequities in treatment access may limit LAI ART uptake
- Women with HIV (WWH) have lower oral ART access and adherence than men due to multiple individual, clinic-level, and structural barriers (3)
- Studies have shown WWH would like LAI ART options (4,5); it is unclear how this interest may play out as providers decide who is offered LAI ART.

Medical and social service providers play a key role in LAI ART access:

- As primary prescribers, they are "gatekeepers" for LAI ART (6)
- While optimistic about LAI ART, many have concerns related to patient adherence and drug resistance (7)

This study therefore explores:

- How do providers perceive and determine LAI ART candidacy?
- How will this influence who is offered LAI ART as it is being scaled-up?

Methods

Data collection:

- 38 in-depth interviews with HIV providers across 5 U.S. cities (Table 1, Figure 1)
- Providers were recruited from HIV treatment clinics and programs across the US
- Providers shared how they decided which patients should be offered LAI ART and reasons why they may not offer it to patients with clinical indications

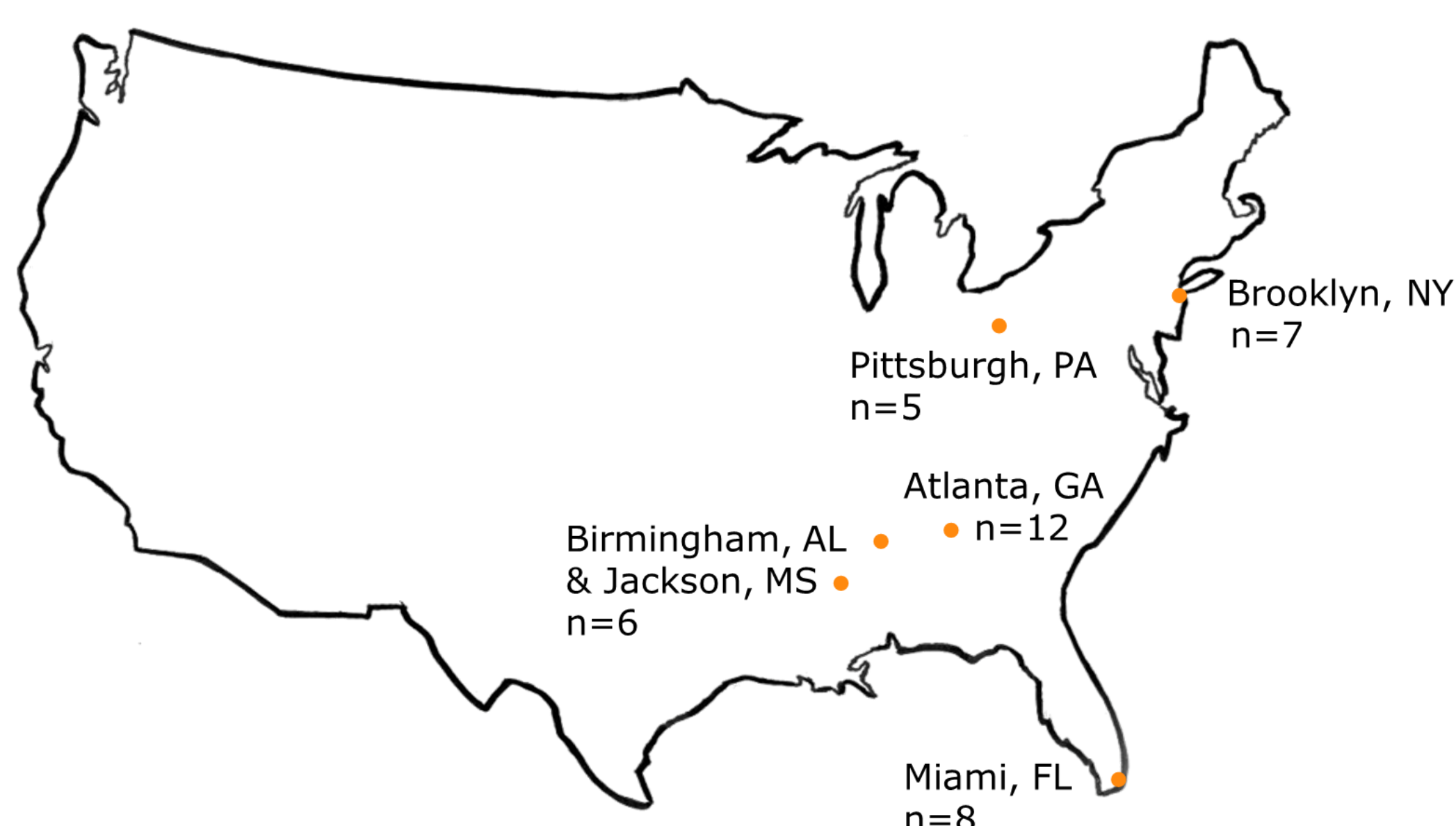
Analysis:

- Interviews were recorded and transcribed
- Dedoose software was used for data management and coding
- Transcripts were analyzed using thematic content analysis

Table 1: Provider roles & experience

Professional role	
Physician	18
Nurse Practitioner	3
Other Nurse	4
Pharmacy-related	2
Patient Navigator/Case Manager	6
Licensed MH practitioner	1
Clinic/community coordination (coordinators, supervisors)	4
Years providing HIV care	
0-3	3
4 to 5	9
6 to 10	9
11 to 20	9
21+	8

Figure 1: Participant recruitment by city



Results

Provider perspectives regarding who should be offered LAI ART reflected 3 main themes:

Theme #1: Suppression-based eligibility

- Patients struggling with viral suppression on oral ART may benefit most from LAI ART but are ineligible under current guidelines
- While acknowledging risks of drug resistance, providers wanted more research and flexibility in prescribing LAI ART to non-suppressed patients

I'd love to see additional studies in patients that are nonadherent... including those challenged with substance use or mental health issues. And I think that that's probably who [LAI] may serve best including patients who may start/stop oral ART and never get suppressed. (Physician, Atlanta, GA)

I think that anybody that's positive is the ideal candidate... this injection is gonna save lives. (HIV Outreach Specialist, Jackson, MS)

I just don't agree it should only be for patients that are suppressed... the targets should be those patients that are not doing good. (Case manager, Atlanta, GA)

- Many providers noted having a cadre of long-term patients who were stable and virally suppressed on oral ART medications. Providers noted that they would struggle to switch these individuals to LAI ART

My patients who are fully suppressed, have been for a while, have no interest whatsoever <laughs> in changing their medicines, because they know that what they're on works, and they don't want to mess with it. (NP, Jackson, MS)

You talk to patients and when you talk to people they say, "Well, you know I'm already used to my pill." Also, change - sometimes it's not easy. (Physician, Miami, FL)

Conclusions

- Beyond existing pharmaceutical guidelines, providers considered multiple behavioral and structural factors in assessing their patients' eligibility for LAI ART
- Providers were eager for additional research into LAI ART for patients who were not virally suppressed
- Our findings suggest risks of gender inequities in LAI ART access: while providers believed that female patients could be successful on LAI ART, their concerns regarding the lack of pregnancy-related data may indicate a barrier to prescribing
- There is immediate need for standardized guidance to ensure consistent implementation and equitable offering of LAI ART to all patients
- Patient decision support tools that incorporate behavioral and structural considerations should be developed to support this goal

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Theme # 2: Patient assessment

- Providers preferred to assess patients individually based on their structural barriers and co-occurring health issues

I think that each provider has to know their patient to even know if they think that this would be an option for them. (Physician, Miami, FL)

I think that we can't make the people fit the system. We have to make the system fit the people that we're serving. (Physician, Birmingham, AL)

It's not one size fits all. There is a need for Cabenuva in a specific population, you know, and I welcome the idea... But it doesn't fit everybody. (Physician, Atlanta, GA)

Theme #3: Gender differences

- Providers described female patients as more reliable, which might affect their success on LAI ART

[Men] are not as attentive as women are... they want it how they want it, versus what's best... Women [say] "Whatever I've got to do, however I've got to do it." They're going to show up and get it done. (Outpatient RN, Atlanta, GA)

- Others noted that LAI may feel more familiar to patients who have a history of injectable birth control

Young women are used to coming in [at a] three-month interval for things like injectable progestins, and so [LAI ART] may be more aligned with their previous experiences. (Physician, Atlanta, GA)

- Providers were concerned with limited pregnancy-related data.

So I guess as a provider [the concern] would be what to do if a woman on a long-acting gets pregnant. Right? How to do the transition to an oral agent... if a woman decides not to take the long-acting anymore. (Physician, Miami, FL)

- Some providers acknowledged this was part of a broader issue in medicine.

As clinicians, we tend to want to roll the dice less with women because we're worried about their reproductive organs, constantly. Which I think I'm certainly guilty of as well, but I think sometimes we need to give that power back to women, too. (Physician, Pittsburgh, PA)

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trm2131@columbia.edu