



Practices and Challenges for an HIV-infection Model of Care: The Australian Experience

Smith DE^{1,2}, Woolley IJ³, Russell DB^{4,5}, Bisshop F⁶, Furner V¹

¹Albion Centre, South Eastern Sydney Local Hospital Network, Sydney; ²School of Public Health and Community Medicine, University of NSW, Sydney, New South Wales; ³Monash Infectious Diseases, Monash Health and Centre for Inflammatory Diseases, Monash University, Melbourne, Victoria; ⁴Cairns Sexual Health Service, Cairns, Queensland; ⁵College of Medicine and Dentistry, James Cook University, Cairns, Queensland; ⁶Holdsworth House Medical Practice, Brisbane, Queensland

Background

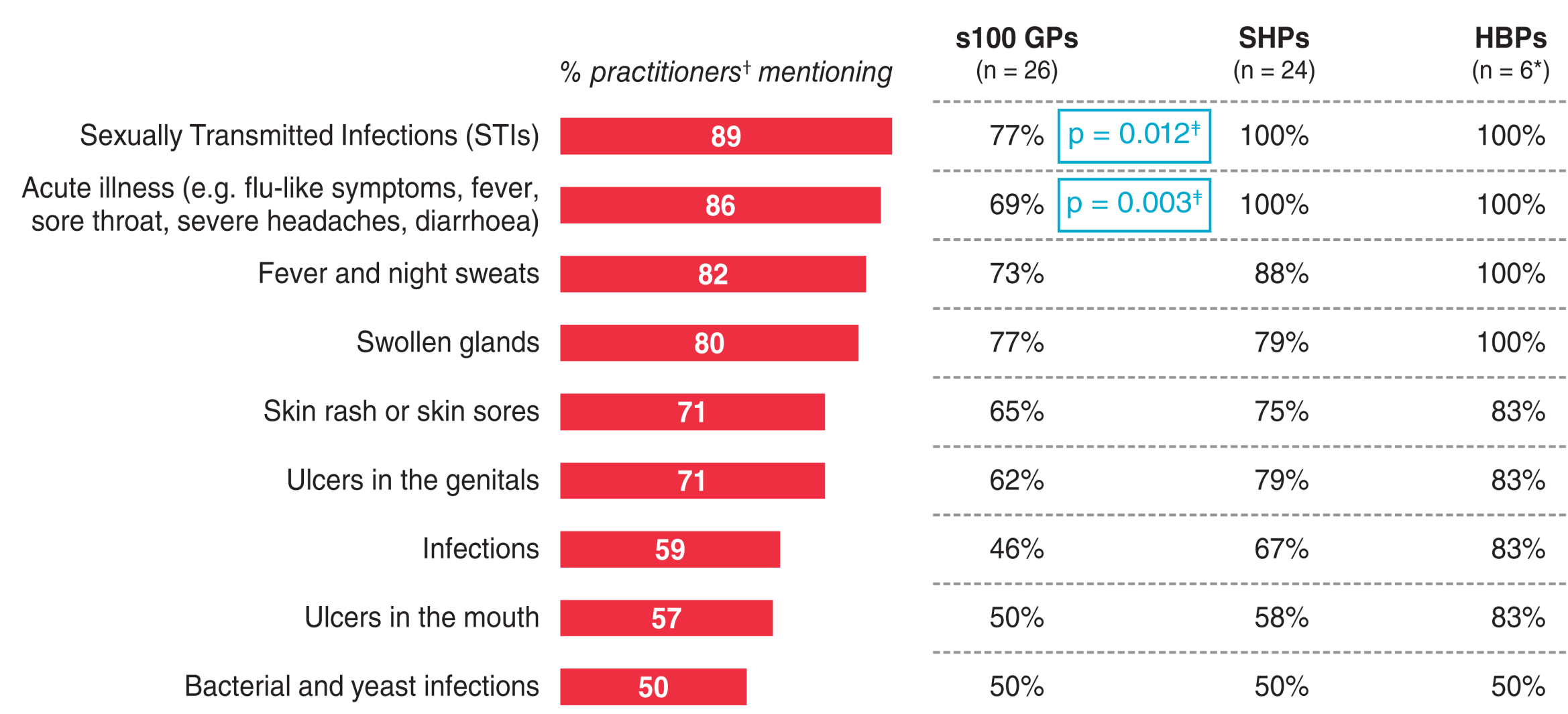
- Unlike some other developed countries, people living with HIV (PLWHIV) in Australia can select how they access care
- Patients can elect to be managed by 's100 HIV-therapy prescribing' General Practitioners (s100 GPs), Sexual Health Physicians (SHPs), Hospital-Based Physicians (HBPs), or a combination of these options
- We explored the strengths and weaknesses of the Australian model of care, by investigating the practices and challenges in HIV-infection management for each practitioner specialty group

Materials and Methods

- We conducted a 20-minute online quantitative survey of s100 GPs, SHPs and HBPs currently involved in HIV-infection management in Australia
- The survey was designed by a panel of HIV-therapy prescribers. Invitations to participate were sent to:
 - s100 GPs, SHPs and HBPs from Kantar Health (global research organisation) database
 - a random selection of HIV-therapy prescribers from Australasian Society of HIV Medicine (ASHM) membership database
- Participants who completed the survey were:
 - 26 of 835 invited s100 GPs (3%)
 - 24 of 174 invited SHPs (13%)
 - 6 of 54 invited HBPs (11%). Sample size for HBPs was low and results should be interpreted with caution
- The survey was conducted between October and November 2017 by Kantar Health, and results analysed between November 2017 and January 2018
- The 47 survey questions sought to identify current practices and challenges for HIV-infection management under the Australian model of care, and differences in approaches between practitioner specialties
- Survey questions focused on patient profile, testing triggers, treatment selection and initiation, alignment with management guidelines, and unmet needs

Results

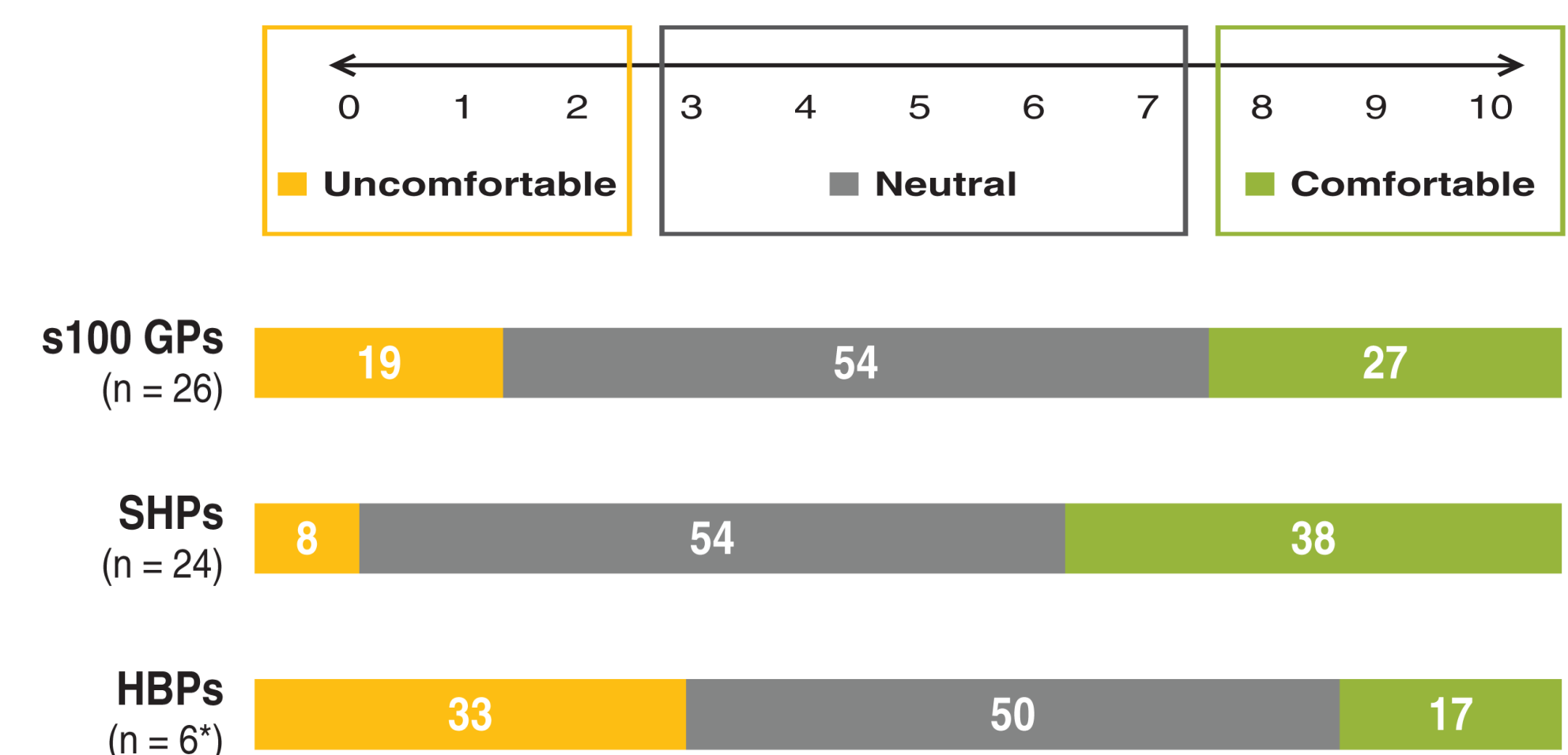
Figure 1: Symptoms triggering HIV testing



*Denotes small sample size.
†n = 56.
‡Chi-square test.

- STIs, acute illness, and fever and night sweats were the major triggers for practitioners to order an HIV test
- However, s100 GPs were significantly less likely to order an HIV test in response to STIs and acute illness symptoms, in contrast with SHPs

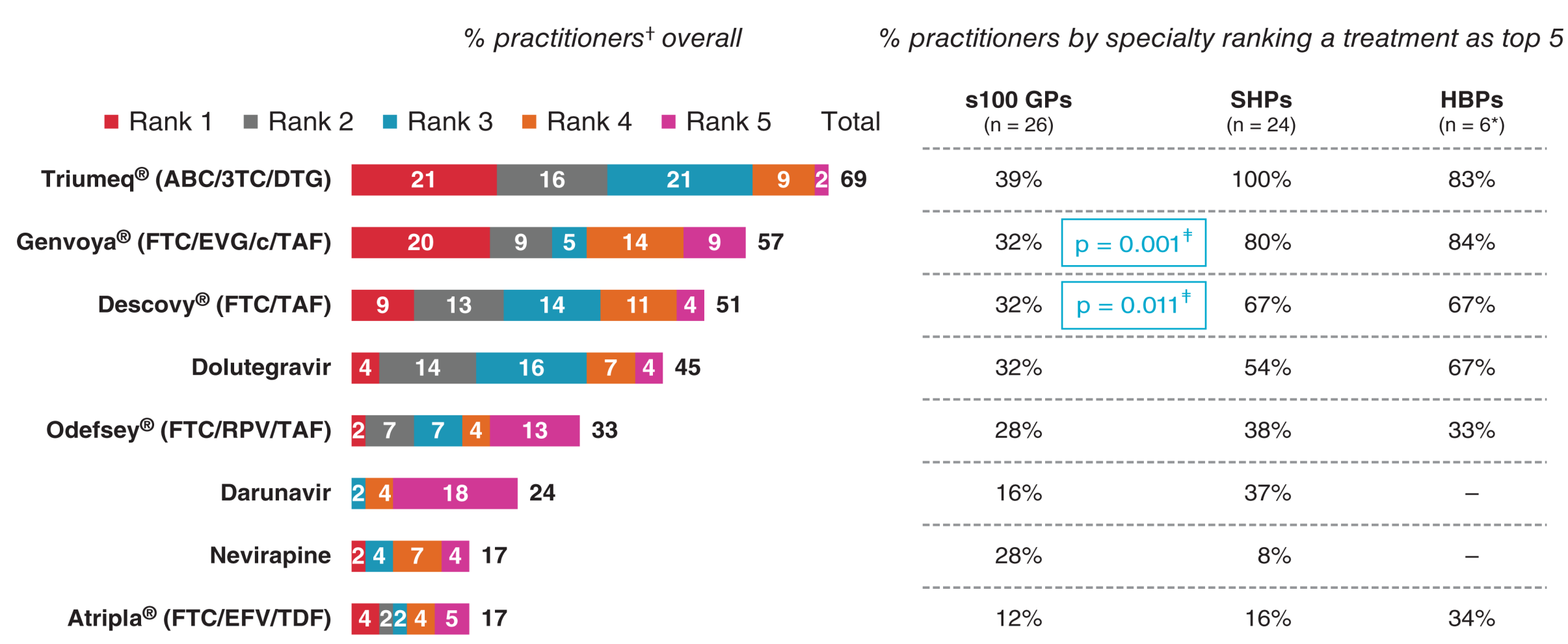
Figure 3: Comfort with initiating HIV treatment on day of diagnosis (% practitioners)



*Denotes small sample size.

- s100 GPs reported a higher level of discomfort in initiating HIV treatment on the day of diagnosis if requested by the patient, compared with SHPs
- A lack of information regarding the patient profile was the main barrier for initiating treatment on the day of HIV diagnosis (reported by 30% of all practitioners)

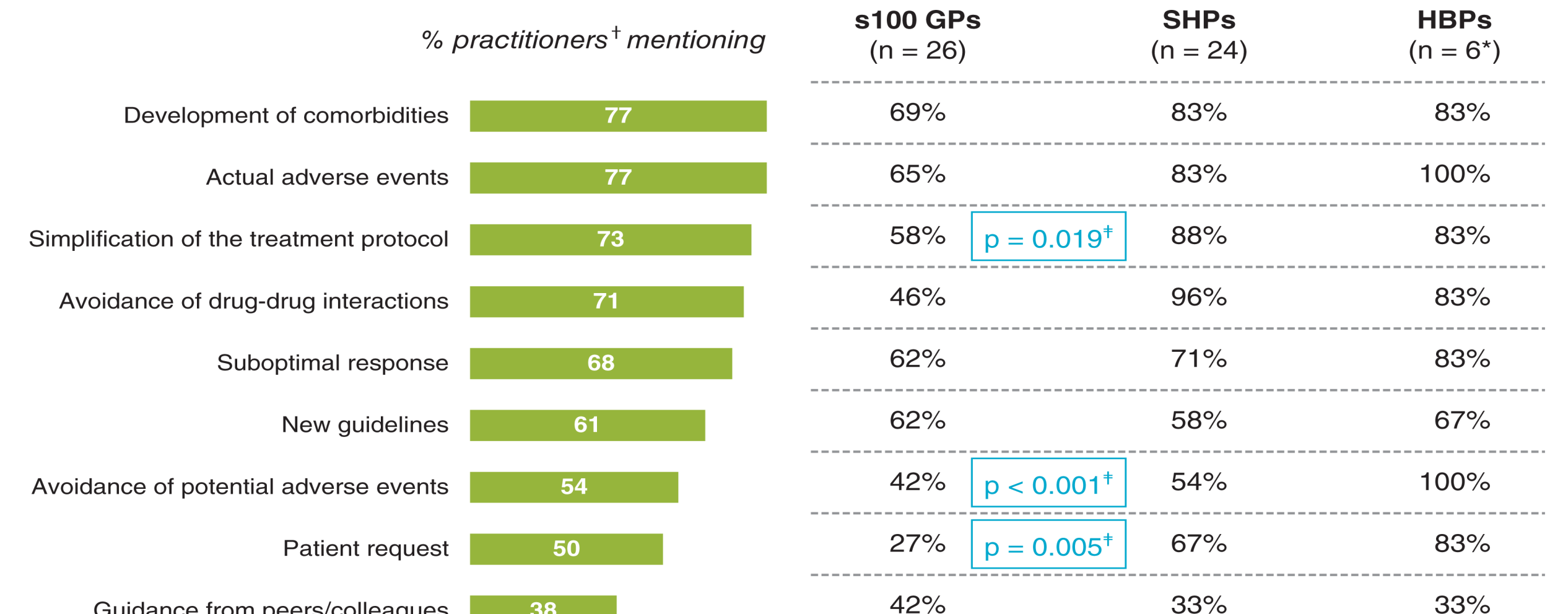
Figure 2: Most commonly prescribed HIV treatments in past 6 months



*Denotes small sample size.
†n = 56.
‡Chi-square test.

- More s100 GPs listed older therapies (such as nevirapine) as their preferred treatment options in contrast with SHPs and HBPs
- s100 GPs were also substantially less likely to choose integrase-based therapies Trimeq® and Genvoya® compared with the other practitioner specialties

Figure 4: Drivers for switching HIV treatment



*Denotes small sample size.
†n = 56.
‡Chi-square test.

- s100 GPs were less likely to change HIV therapies to simplify treatment regimens or avoid drug-drug interactions, compared with SHPs
- Patient request to switch and avoidance of potential adverse events were nominated by significantly more SHPs than s100 GPs as drivers for changing HIV treatments

Challenges and Unmet Needs

- s100 GPs reported considerably lower satisfaction with current HIV treatment guidelines in contrast with SHPs (46% very satisfied vs. 83%, respectively)
- Increasing mental health support also appears to be a critical issue in Australian HIV-infection management, noted by 36% of all practitioners as a major unmet need

Acknowledgements

- This study was commissioned and sponsored by Gilead Sciences Australia via an unrestricted educational grant. The authors thank Kantar Health for their assistance in conducting the survey and analysing its results, Wiley for project management services, and Tanya Heaton for writing support. Data from figures/tables included in this poster have been adapted with permission from HIV Med 2018; 19 (Suppl. 3): 5–23.

Conclusions

- The Australian model of care provides patients with choice as to their preferred management access point; however, greater support may be needed for some s100 GPs to ensure all patients are receiving treatment consistent with best-practice guidelines
- Key areas where s100 GPs may benefit from further support include:
 - choosing HIV therapies
 - building confidence and familiarisation with current HIV treatment and practice guidelines
- Further investigation with a much larger sample size of s100 GPs is warranted
- A greater focus on improving mental health services for PLWHIV in Australia is also recommended