

Provider Perspectives on Long-Acting Injectable Antiretroviral Therapy: A “Golden Ticket”?

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Background

Long-acting injectable antiretroviral therapy (LAI-ART) is FDA approved as an alternative to daily oral ART for people living with HIV (PLWH). Several studies have assessed the LAI-ART knowledge, acceptance, and preferences among PLWH but is less understood about the perspectives of healthcare providers regarding injectable HIV therapy.

Purpose

To characterize perceptions and preferences related to LAI-ART and clinic implementation facilitators and barriers among HIV care providers.

Methods

Study Design

Formative qualitative study representing phase one of the Shared Decisions when Choosing between Long-Acting Injecting or Oral Therapy (SELIGO) study.

Sampling and Recruitment

From November 2019 to March 2021, providers were recruited at 3 clinics in the eastern U.S. Providers were purposively sampled based on provider type and included: physicians, nurse practitioners, physician assistants, registered nurses, clinical pharmacists, social workers, medical assistants, and HIV navigators. We used thematic saturation to determine the final sample size.

Data Collection

Interviews were audio-recorded and conducted in-person or virtually using a semi-structured guide that explored 3 key LAI-ART themes:

1. LAI-ART awareness and attitudes
2. HIV treatment decision-making process for patients considering LAI-ART
3. Clinic readiness to implement LAI-ART

Data Analysis

Using transcribed transcripts, we completed three phases of data analysis:

Narrative Summaries	Wrote short summary of each providers’ experience providing HIV care to preserve the holistic nature of the data.
Coding	Developed and piloted a codebook integrating inductive and deductive codes. All transcripts single-coded using Dedoose.
Matrices	Compared data on concerns, information needed, benefits, and clinic readiness by clinic site.

Results

Participant Demographics	n= 32
Age (Mean, Range)	42 (23-64)
Gender Identity	
Cisgender Male:	6 (19%)
Cisgender Female:	24 (75%)
Transgender Male:	1 (3%)
Transgender Female:	1 (3%)
Race	
White	22 (69%)
Black	2 (6%)
Asian	1 (3%)
Multiracial	1 (3%)
Other	5 (16%)
Missing	1 (3%)
Ethnicity	
Hispanic	11 (34%)
Non-Hispanic	20 (63%)
Missing	1 (3%)

HIV Care Provider Types & Experience	
Prescribing Providers: n= 16 (50%)	Physician: 10 (31%) Nurse Practitioner: 4 (13%) Physician Assistant: 2 (6%) Registered Nurse/BSN: 9 (28%) Social Worker: 2 (6%) Clinical Pharmacist: 1 (3%) Medical Assistant: 1 (3%) Health Educator/Navigator: 3 (9%)
Non-Prescribing Providers: n= 16 (50%)	Physician: 10 (31%) Nurse Practitioner: 4 (13%) Physician Assistant: 2 (6%) Registered Nurse/BSN: 9 (28%) Social Worker: 2 (6%) Clinical Pharmacist: 1 (3%) Medical Assistant: 1 (3%) Health Educator/Navigator: 3 (9%)
Years’ Experience in HIV Care (Mean, Range)	9 (1-32)

5 Factors that Influence Clinic Readiness:

1 Demand

Most providers anticipate patient demand for LAI-ART to be low at the beginning:
“I don’t think like all of a sudden we’re going to see this huge influx of like all of our patients switching to injectables.” – Non-prescribing provider

However, some worried about clinic capacity:
“But even 5% of 1500 is you know, 75 people, right? If I do the math right. Um, you know, that, that’s a pretty big number.” – Prescribing provider

2 Staffing

More staff needed for injection administration and patient coordination:
“...because already the case managers are so overtaken....if there could be, like, another kind of coordinator person.” – Non-prescribing provider

3 Removing Barriers

Increased visits will require more transportation and parking resources

Helping patients navigate the cost of LAI-ART

4 Clinic Capacity

Patient tracking system needed

Provider training desired:
“...if it has to be in divided doses, like a certain amount on one side, certain amount on the other – they [nurses] need to know that.” – Prescribing provider

Developing LAI-specific protocols and clinic workflows:
“I think it’d be fine. I think we would treat it just like we treat hormone therapy...I mean, obviously it’s a little bit different, but, there’s probably going to be a consent form involved somewhere. There’ll be teaching that will need to be signed off...” – Non-prescribing provider

5 Physical Space

- Space for injections and observations
- Medication storage and cold-chain management

Providers saw these 5 factors as interrelated:

“Depending on how many patients we were talking about. Even if it was just one a day is probably not a huge deal. But if it’s multiple patients a day, it would probably require having a nurse with more protected time.” – Prescribing provider

Benefits of LAI-ART

- **Easier to take and improved ART adherence**
“...there’s a lot of hope that for individuals that it’s really hard to have them take a daily medication – this might be like the golden ticket” – Non-prescribing provider
- **Reduce risk of HIV disclosure and internalized stigma**
- **Seeing patients more frequently could improve clinic care**

LAI-ART Concerns

- **Patients will not want to have more frequent clinic visits**
- **Understanding how LAI-ART works in different body shapes**
- **Understanding side effects and anticipating patients concerns**
“I know the integrase inhibitors can lead to some headache...insomnia...letting patients know about that, because once it’s in, it’s in for a little while.” – Prescribing provider
- **Risk of resistance and window between injections**

Conclusions

- Many providers see the potential for LAI-ART to improve ART adherence and reduce social risks related to HIV but have concerns regarding the logistics of injection administration, side effects, and efficacy.
- LAI-ART was expected to place a burden on clinics including need for more staffing effort to support drug procurement, administration, and tracking as well as space for injecting and storage.
- Providers concerns highlight the need for additional resources to support LAI-ART implementation and for decision-making between patients and providers.