

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 6883

Title

Clinical outcomes of administering an ePROM of barriers to adherence to ART to people with HIV through a patient portal

Priority 1 (Research Category)

Clinical research (other)

Presenters

MHD Amir Chalati, MD, David Lessard, PhD, Kim Engler, PhD, Joseph Cox, MD, MSc, Cecilia Costiniuk, MD, MSc, Bertrand Lebouché, MD, PhD, Ashkan Baradaran, MD, MSc, Tarek Hijal, Yuanchao MA, MSc, Alexandra de Pokomandy, MD, MSc

Abstract

Context: Adherence to antiretrovirals (ART) by people with HIV (PWH) is crucial, however, many face obstacles that go undiscussed with health professionals. We used the patient portal (Opal) to administer the I-Score, a 7-item electronic patient-reported outcome measure (ePROM) of barriers to ART adherence.

Objective: To describe patient and service-related outcomes of the I-Score intervention and outline adherence barrier management by physicians.

Study Design Analysis: 6-month one-arm implementation pilot study.

Setting: A hospital-based clinic in Montreal, Canada.

Population: Adult PWH on ART, speaking French or English, owning a smartphone, willing to use the patient portal, with a history of adherence issues.

Intervention/Instrument: Patients completed the I-Score on the patient portal up to two days before visits with their physician at Baseline (T1), 3 months (T2), and 6 months (T3). We collected patients' sociodemographic information at T1, and HIV viral loads at T1 and T3. At each visit, patients reported ART adherence, and physicians completed a checklist of actions undertaken based on I-Score results.

Outcome Measures: Patient outcomes at T1 and T3, included HIV viral load undetectability, mean scores for self-reported adherence (score of 1 to 5) and adherence barriers (score of 1 to 10) over the past

month. For service outcomes, we report frequencies and proportions of clinical visits where physicians took actions based on I-Score results.

Results: Out of 26/32 participants who completed the intervention, 11/26 (42%) were female; 14/26 (54%) aged ≥ 50 years; and 8/26 (31%) had an income below \$19,999. Most patients (23/26) had an undetectable viral load at T1 and T3. Concerning domains of adherence barriers, mean scores decreased for: Thoughts/Feelings (T1=2.9/10 to T3=2.3/10), Habits/Activities (1.8;1.7), Medication (2.1;1.5), and Health (2.0;1.3), but increased for: Social (2.5;2.9) and Economic Situation (2.4;2.6), and Care (1.3;1.4). Average self-reported adherence increased from T1 (4.11) to T3 (4.19). Physicians ordered new tests for 10/26 (38%) patients, changed the medication plan of 7/26 (27%) patients, and referred 14/26 (54%) patients to a specialist.

Conclusions: Administering the I-Score on a patient portal is feasible and appears to improve patient and service outcomes, yet with slight fluctuations. Further research is recommended for a more robust understanding of its efficacy.

Downloaded from the Annals of Family Medicine website at www.AnnFamMed.org. Copyright © 2024 Annals of Family Medicine, Inc. For the private, noncommercial use of one individual user of the Web site. All other rights reserved. Contact copyrights@aafp.org for copyright questions and/or permission requests.