

BRIDGING THE GAP BETWEEN PATIENT PERCEPTIONS AND DELIVERED CARE AMONG PEOPLE LIVING WITH HIV IN THE ASIAN REGION

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Abstract # PESUB25

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Introduction

- Person-centered care is recommended for the care of people living with HIV (PLHIV) to improve client retention, treatment adherence and wellbeing outcomes.¹
- We assessed how Asian PLHIV perceived their personal healthcare needs/priorities were met, and how these beliefs were associated with health-related outcomes.

Methods

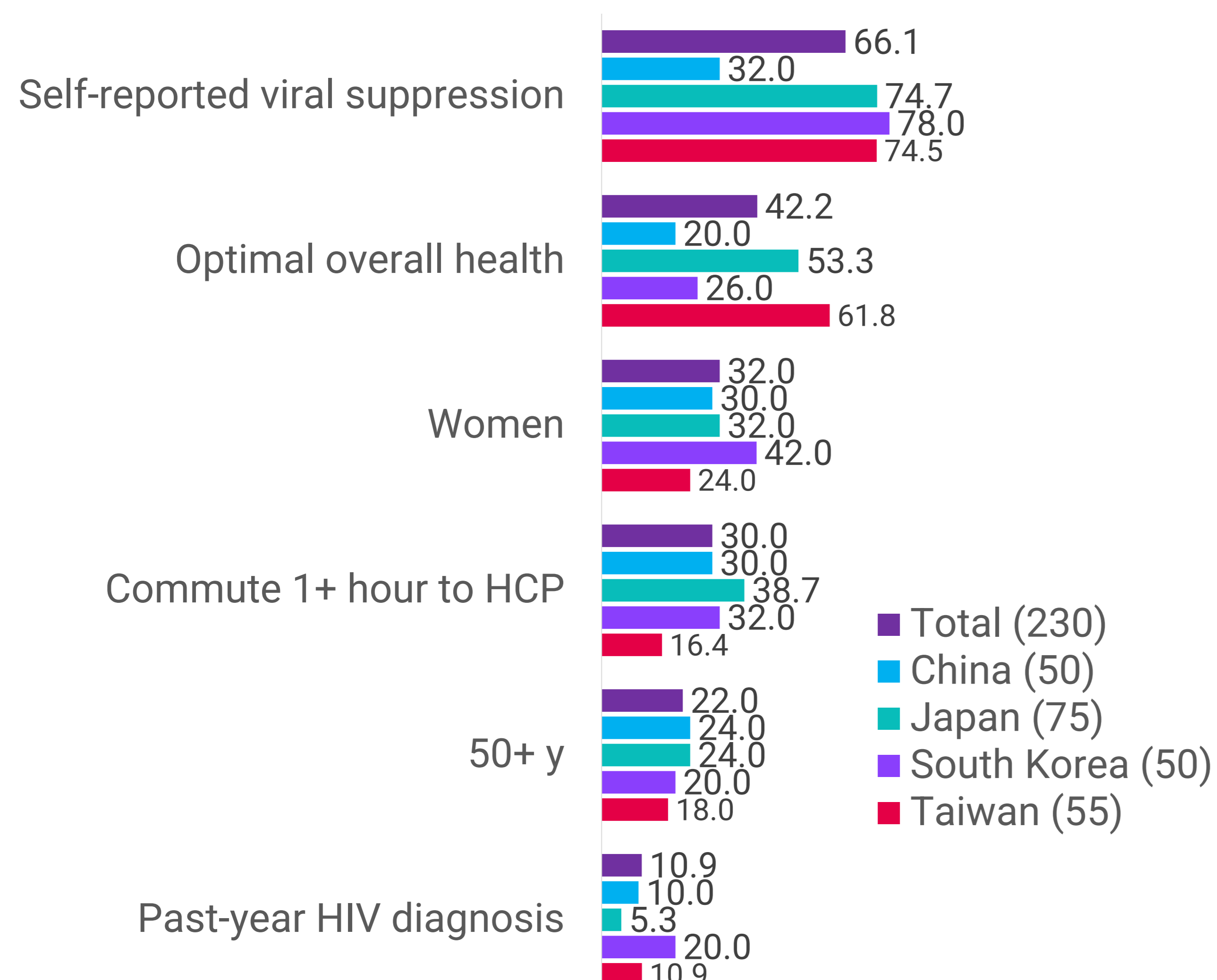
- Data were from the 2019 Positive Perspective web survey of 230 PLHIV from China (n = 50), Japan (n = 75), South Korea (n = 50), and Taiwan (n = 55).²

Measures and analysis

- Participants were asked "When it comes to the management of your HIV treatment, do you feel your main HIV care provider meets your personal needs and takes into account the things that are most important to you?" Those with responses of ≥ 4 on an ordinal scale ranging from 1 to 5 were classified as perceiving that their healthcare provider (HCP) met their personal healthcare needs.
- Treatment satisfaction was defined as an answer of "Satisfied" or "Very satisfied" in response to the question: "Overall, how satisfied are you with your current HIV medication?"
- Concerns regarding HIV treatment and interactions with HCPs also assessed.
- Data summarized with percentages. Subgroup differences compared with χ^2 at $p < 0.05$.
- Using logistic regression adjusting for age, gender, and HIV duration, we explored how having personal health needs met was associated with ART-related perceptions and self-rated health.

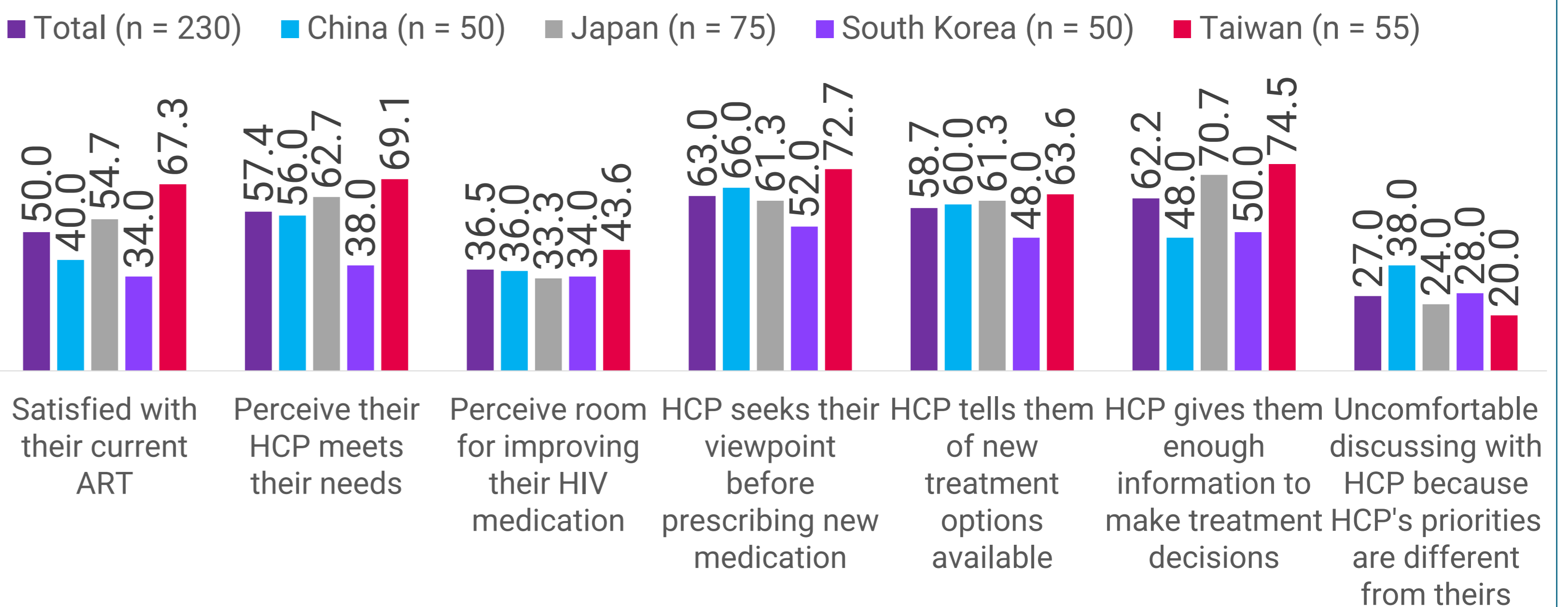
Results

Fig 1 Characteristics of participants (n = 230)



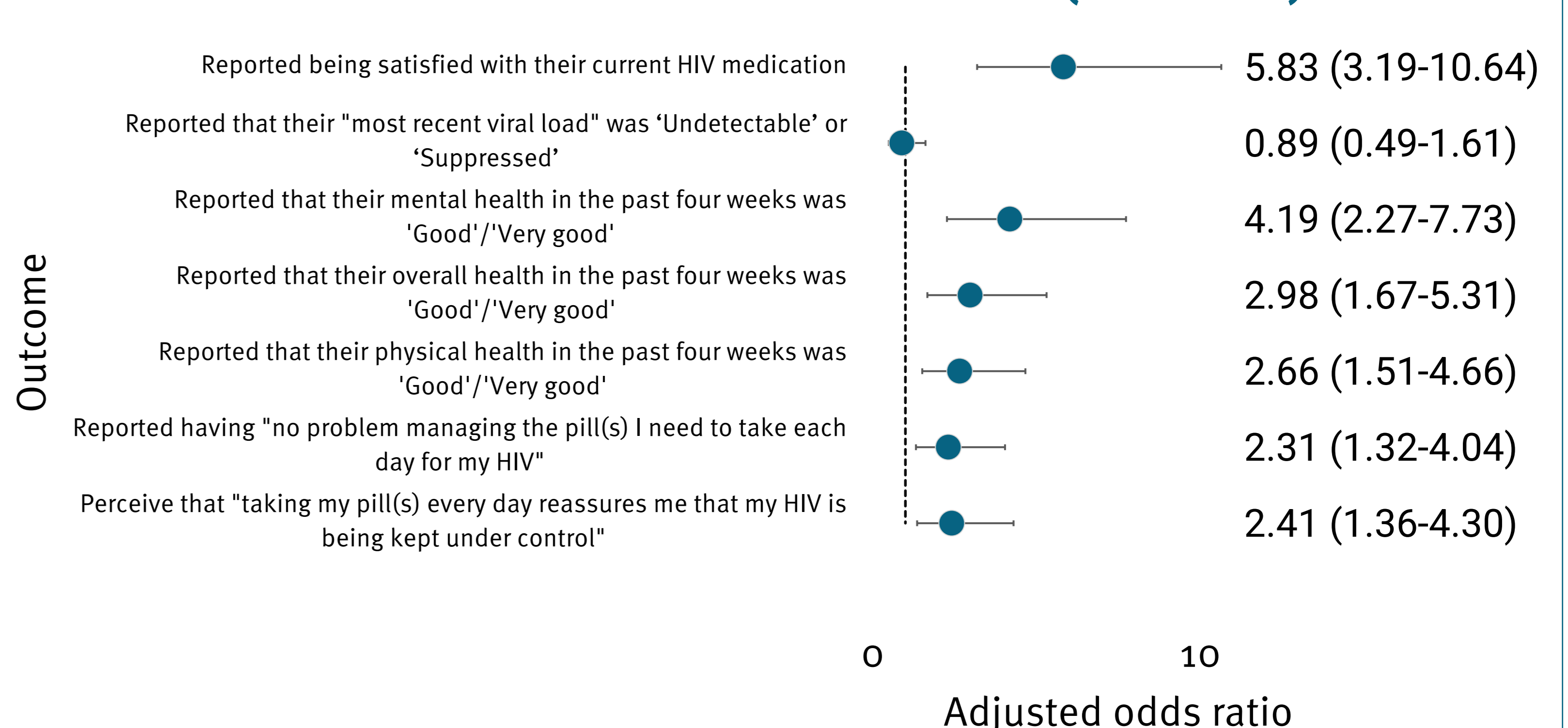
- 11% were diagnosed of HIV in the past 12 months. Mean age was 38.7 (SD=11.3) yrs.
- 42.2% and 66.1% reported optimal overall health and viral suppression, respectively

Fig 2 Percentage of PLHIV who reported various indicators of engagement with their HCP (n = 230)



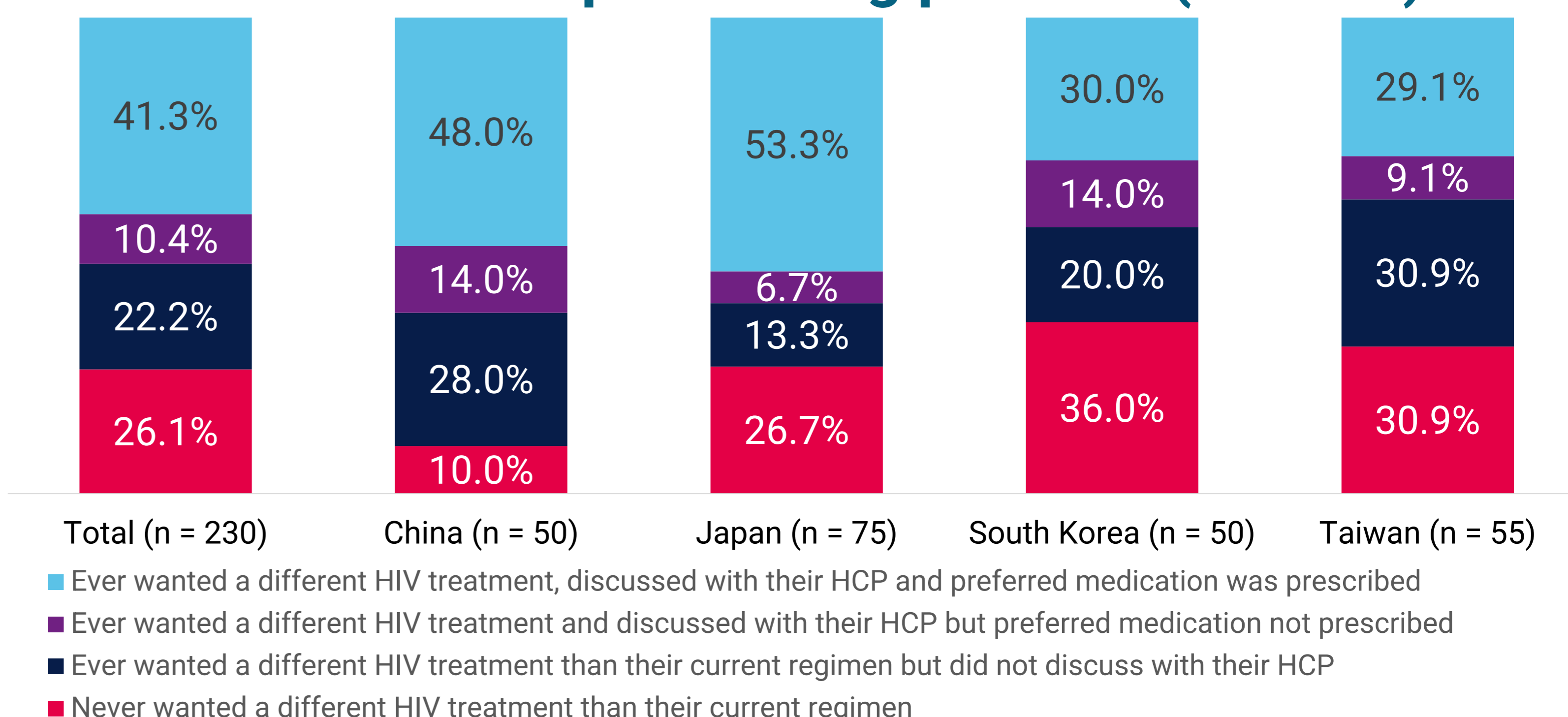
- Areas with the highest and lowest prevalence for the sentiment that personal health needs were met also had the highest and lowest prevalence for treatment satisfaction respectively.
- Over 1 in 4 indicated their viewpoint was not sought by their HCP before prescribing new treatments.

Fig 3 Relationship between having medical needs met and various health-related outcomes (n = 230)



Participants who felt that their provider met their personal health needs had higher odds of reporting treatment satisfaction, optimal overall health, and greater self-efficacy in managing their daily ART dose. No significant associations were seen with viral status.

Fig 4 Contrasting PLHIV's preferences for new treatment vs HCPs' prescribing patterns (n = 230)



- Those who ever wanted a new HIV medication different from what they were on but never discussed with their HCP was highest in China (28.0%) and Taiwan (30.9%).
- Of those who discussed with their HCP, the percentage who were offered the medication was highest in Japan and lowest in South Korea.

Conclusion

- The study's strengths include the use of a standardized instrument with an international sample of PLHIV. Nonetheless, the cross-sectional design and self-reported measures limit causal inferences.
- Improving client-provider relationships may improve care continuum and treatment satisfaction. ART planning should be done proactively and collaboratively with PLHIV to deliver person-centered care.

Acknowledgements:

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