Barriers and facilitators to implementation of Cabotegravir + Rilpivirine long-acting injectable HIV treatment among healthcare providers: baseline qualitative interview findings from the ILANA study

Hayes, Rosalie*[1]; Mwendera, Chikondi*[2]; Apea, Vanessa[1]; Paparini, Sara*[1]; Orkin, Chloe*[1]; for the ILANA writing group
(Kasadha, B; Fox, J; Clarke, E; Byrne, R; Clarke, A; Barber, T; Ullah, S; Halim, N; Hand, J; Farooq, H; Parker, R; Thornhill, J.)
[1] SHARE Collaborative, Queen Mary University of London, London, UK; [2]University of Liverpool, Liverpool, UK; *Joint first and last authors

Background

- ILANA (Implementing Long-Acting Novel Antiretrovirals) is a pragmatic implementation study of the feasibility and acceptability of long-acting injectable (LA-I) Cabotegravir and Rilpivirine administration in HIV clinics and community settings for people living with HIV.
- Patients receive LA-I in clinic for the first six months, and at month six choose to stay in clinic or receive LA-I in a community setting decided by the clinic. The study sites have chosen to deliver injectables in two community settings: patients' homes (n=3) and at community-based HIV support non-governmental organisations (n=2) (in the remaining clinic, no patients wished to move to a community setting).
- ILANA's primary endpoint is to evaluate the feasibility of LA-I administration from the perspective of patient participants in clinic and community settings. Here we present preliminary findings on a secondary endpoint to explore the barriers and facilitators to implementation of LA-I from the perspective of HIV clinic staff participants.

Methods

- Semi-structured qualitative interviews (Aug-Nov 2022) with health care professionals (HCPs) participating in ILANA.
- Interviews were conducted at baseline before most patients had started their injections.
- Purposive recruitment from six HIV clinics across Brighton, Liverpool, and London.
- Interview data was analysed using thematic analysis.
- Follow-up interviews planned at month 8 for community sites and month 12 for all HCP participants.

Findings

Participant characteristics

- Thirteen HCPs were interviewed.
- They included doctors (n=6), nurses (n=6), and pharmacists (n=1).
- Eight worked in London, three in Brighton and two in Liverpool.
- The majority were female (n=10).

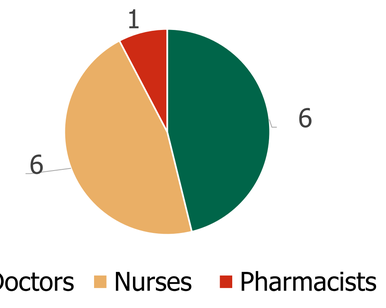

Figure 1. Provider Type (n=13)

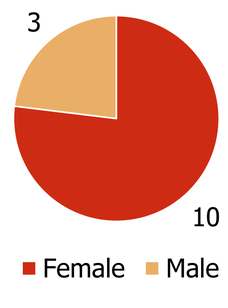

Figure 2. Gender (n=13)

Barriers	**Concerns about new regimen**	Among HCP participants: • Ensuring they inject correctly (unfamiliar injection site) • Patients developing drug resistance • Patients not attending scheduled appointments Among patients (as described by HCPs): • Being forced to switch to injectables • Drug resistance resulting in onward transmission to partners • Serious side-effects and pain	**"There's that bit of anxiety - God, I hope we've given the injection in the right place and that the injections are working"** **"A lot of people were quite worried they were gonna be kind of pushed onto a new treatment."**
	Burden on time and resources	• Greater frequency of patient visits • Longer appointment times • More complex prescription pathway and medication not always in stock at the right time • Understaffing due to COVID-19 and other illness plus limited funding • Medication wastage if patients initiate injectables close to their last prescription of oral ART • Some patients want sero-different partners to go on PrEP due to fears about drug resistance – although reassuring for patient doesn't seem cost-effective	**"They're already quite busy and you know, through COVID, sicknesses, winter, you know, we've had people off sick and so people have to cover. So to have additional kind of injections and although it doesn't take a long time, there's a lot involved in organising all the patients."**

	Unfamiliarity with delivery in community settings	• Concerns about delivery in community being more complex due to:
		  • Travelling time
		  • Maintaining the cold-chain
		• Reluctance among patients to attend community sites due to lack of familiarity with the sites.
			"At the moment I cannot figure out the community side. Injections needs to be kept at a certain temperature and that is very strict. If it goes above certain degrees, it cannot be used. So, while it's here in our clinic it's fine, we can keep control but once it's going to be out there, how are we going to manage."

Facilitators	**High acceptability**	• Highly acceptable due to potential to improve care for patients due to:
		  • removal of daily reminder of their HIV status
		  • reduced pill fatigue
		  • increased privacy for treatment use
		• Despite initial concerns, acceptability increased among patients who had started the oral lead-in or had their first injections due to smaller pills, lack of side-effects, relief from pill fatigue, minimal pain and maintenance of viral suppression
			"People that have started seemed to be really quite sort of impressed with the lack of side effects that they've experienced."

	Communication with patients	Ongoing communication was essential for building patients' confidence and their trust in the treatment, in particular: • verbal counselling about LA-I with their usual HIV consultant • speaking at patient forums; • providing leaflets/brochures; • giving continual reminders that patients can withdraw from the study at any time • making the research team available to speak to patients about any concerns	**"What seems to have been most important so far is careful counselling by their usual consultant, because it just seems to have really improved the trust that they have in [CAB+RPV LA] and they just know what to expect."**
	Tools and strategies to manage service changes	HCP participants used a range of tools and strategies to support implementation of CAB+RPV LA-I. These included: • establishing working groups for creating Standard Operating Procedures (and involving patient representatives in these discussions) • virtual clinics and screening • patient-facing appointment management apps • staff information resources (e.g., guide with training log and video) • allocating dedicated staff time for LA-I provision • flexibility in appointment scheduling for patients.	**"We set up a working group that included the research consultants, the nurse, myself and a pharmacist... we've involved a member of the patient panel as well"**

Discussion

- HCP participants had a range of initial concerns about LA-I but these were mostly assuaged when treatment commenced and patients found it highly acceptable.
- Staff capacity is an issue, particularly if LA-I is to be scaled up. However, tools and strategies can help manage the additional burden on clinical resources created by LA-I, and HCPs feel positive about its benefits for patients.
- HCP participants felt more hesitant about delivery of LA-I in community settings, and increased information and planning is required to facilitate community roll-out.
- Limitations include the provision of funding for dedicated staff time for the study, which may limit generalisability.

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Corresponding author: Rosalie Hayes, r.hayes@qmul.ac.uk
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