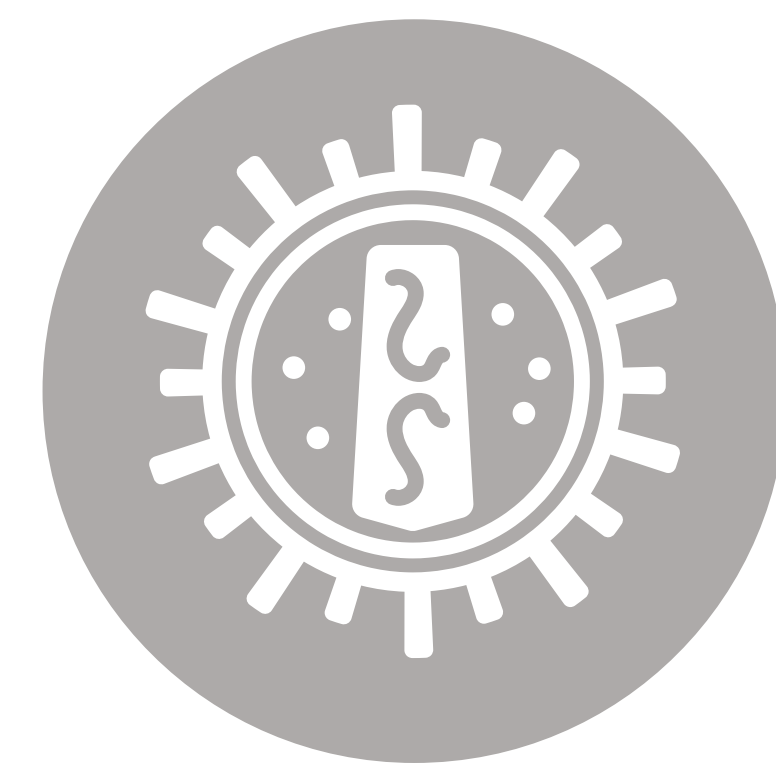


BACKGROUND



Recently, the first long-acting injectable (LAI) for the treatment of HIV was approved by the FDA. Although this advancement in therapeutics offers many potential advantages, including eliminating the need for daily medications, the successful uptake into clinical settings will require navigating systems-level challenges such as clinic or hospital infrastructure (clean needles, staff trained in injection technique, need for uninterrupted supply chain, storage, and clinical staff education). To address these, clinicians need education on how best to incorporate LAI for HIV into clinical care and strategies for implementing collaboration strategies among healthcare providers (HCPs) to optimize patient care. This study examined whether online continuing medical education (CME/CE) focused on evidence-based best practices for incorporating long-acting injectables into clinical care would result in the adoption of new clinical practices.

METHODS

Clinicians participated in an online, 30-minute CME/CE video panel discussion among 3 faculty experts with synchronized slides. Performance in the real world was assessed 30-60 days post-education for learners in the target audience(s). Learners in the first 3 months were invited to complete a survey identifying practice changes and the degree to which clinicians experience barriers to those changes. Each respondent reported for each possible practice whether they were implementing for the first time or had modified it due to education, they were already doing it prior to education; or they were not doing it before or after education. They also indicated barriers they experience at least “some” of the time for each practice. The activity posted on 4/15/2022. Data collection ended on 2/1/2023.



Obstetricians/Gynecologists (OB/GYNs) (n = 94)

Primary Care Physicians (PCPs) (n = 528)

Nurses/Nurse Practitioners (NPs) (n = 4,369)



RESULTS



8,091 PCPs, Ob/Gyns, Nurses, NPs

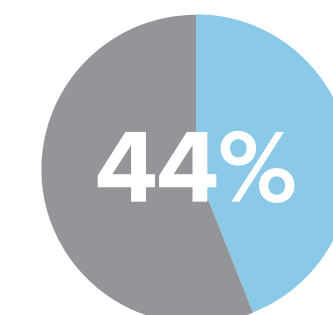


90,619 patients impacted per month potentially due to education

80% made a practice change or had practice reinforced due to education

ADDITIONAL INSIGHT

44% still aren't prescribing LAI ART for appropriate PWH.



Top 5 practice changes included:

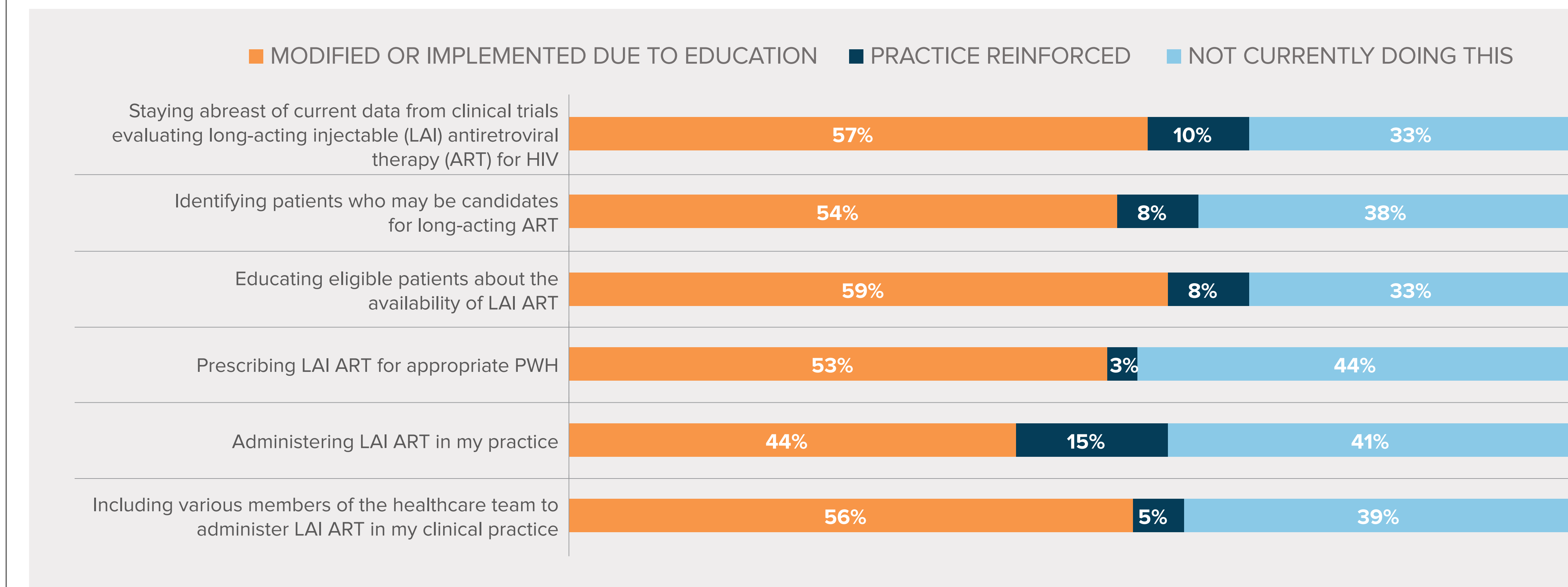
- 59%** • 59% of learners are now educating eligible patients about the availability of LAI antiretroviral therapy (ART)
- 57%** • 57% are staying abreast of current data from clinical trials, evaluating LAI ART for HIV
- 56%** • 56% are implementing LAI ART in clinical practice
- 54%** • 54% are identifying patients who maybe candidates for LAI ART
- 53%** • 53% are now prescribing LAI ART for appropriate people with HIV (PWH)

Survey results evidence persistent barriers to incorporating long-acting injectables into HIV Clinics. Top barriers included:

- 38%** • 38% Lack understanding of guidance about patient eligibility
- 24%** • 24% Lack knowledge of best practices for getting started with LAI ART
- 15%** • 15% lack expertise in counseling patients on LAI ART

EDUCATING ELIGIBLE PATIENTS ABOUT THE AVAILABILITY OF LAI ART

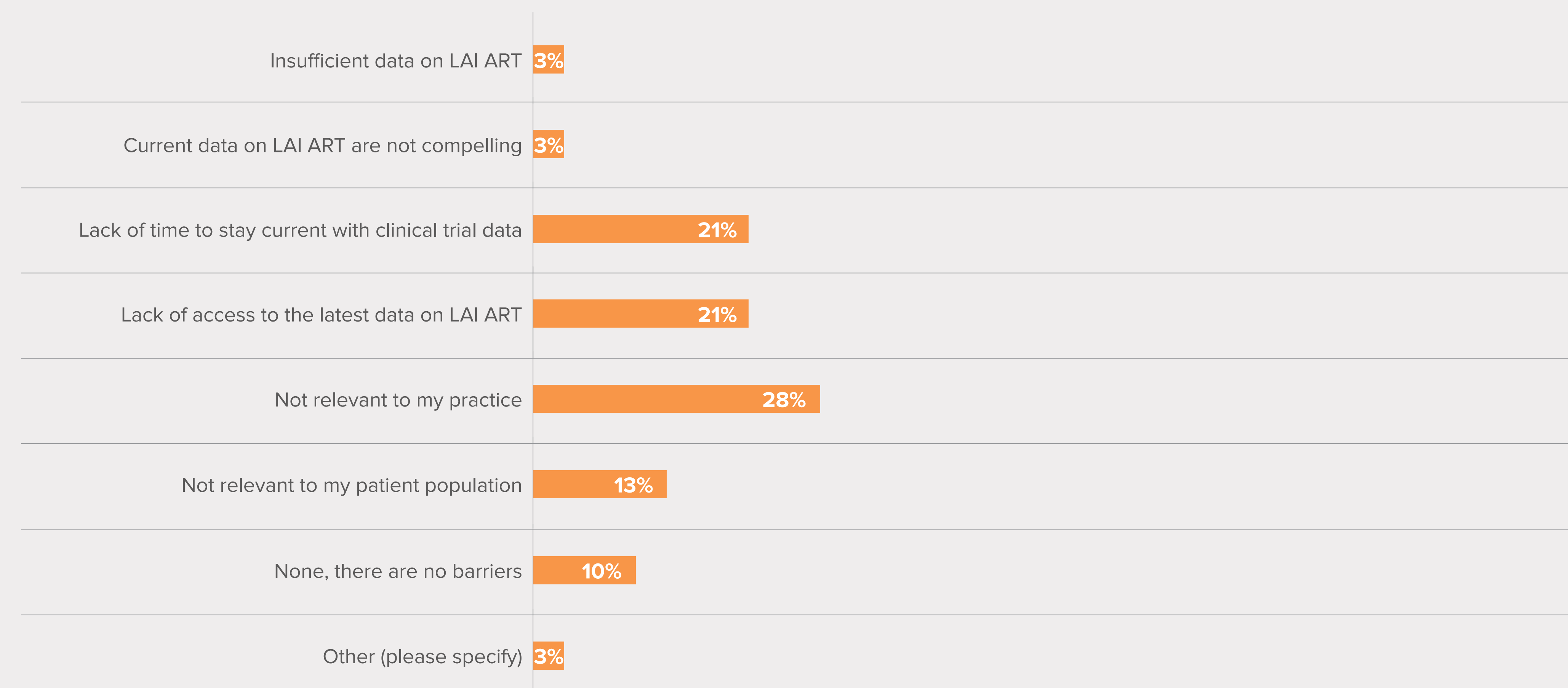
80% of participants modified or implemented a new practice or had their practice reinforced due to education (n = 39)



BARRIERS TO STAYING ABREAST OF CURRENT DATA FROM CLINICAL TRIALS EVALUATING LAI ART FOR HIV

90% of learners identified barriers to staying abreast of current data from clinical trials evaluating LAI ART for HIV (n = 39)

Which of the following are barriers to staying abreast of current data from clinical trials evaluating LAI ART for HIV that you experience at least some of the time?



CONCLUSIONS

The clinical practice changes identified in this assessment provide compelling evidence that participation in online CME/CE prompts adoption of changes in practice related to incorporating LAI ART in the care of people with HIV. Future education is needed to address the barriers identified in this assessment.

ACKNOWLEDGEMENTS

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