Positive Choice:
A "Video Doctor" Intervention Reduces Risky Behaviors by HIV-Positive Adults

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Prevention with Positives

➢ Changing epidemic—longer and healthier lives after infection.

➢ CDC recommends screening HIV+ patients for ongoing risky behaviors.

➢ Providers have limited time, skills, and comfort in addressing sensitive topics.

➢ Need to **support and simplify** providers' risk reduction efforts.

Reframing Prevention with Positives

➢ Behaviors associated with transmission adversely affect the patient's own health.

➢ Reframing reduces potential stigma and may be more acceptable to patients.

➢ Reframing may strengthen patient-provider relationship.

Gerbert B, Danley D, Herzig K, Clanon K, Cicarrone D, Gilbert P, Allerton M (2006). Reframing "prevention with positives:" Incorporating counseling techniques that improve the health of HIV-positive patients. *AIDS Patient Care & STDs*, 20(1):19-29.

The Video Doctor Model

Gerbert B, Berg-Smith S, Mancuso M, et al. (2003). Using innovative video doctor technology in primary care to deliver brief smoking and alcohol inter-vention. *Health Promotion and Practice*, 4(3):249-261.

The *Positive Choice* Project

An innovative computer program to:

➢ Conduct an in-depth risk assessment

➢ Deliver tailored risk-reduction messages

➢ Prompt discussions of risky behavior

➢ Become a seamless part of care

➢ Avoid creating additional burdens for staff and providers.

Study Design
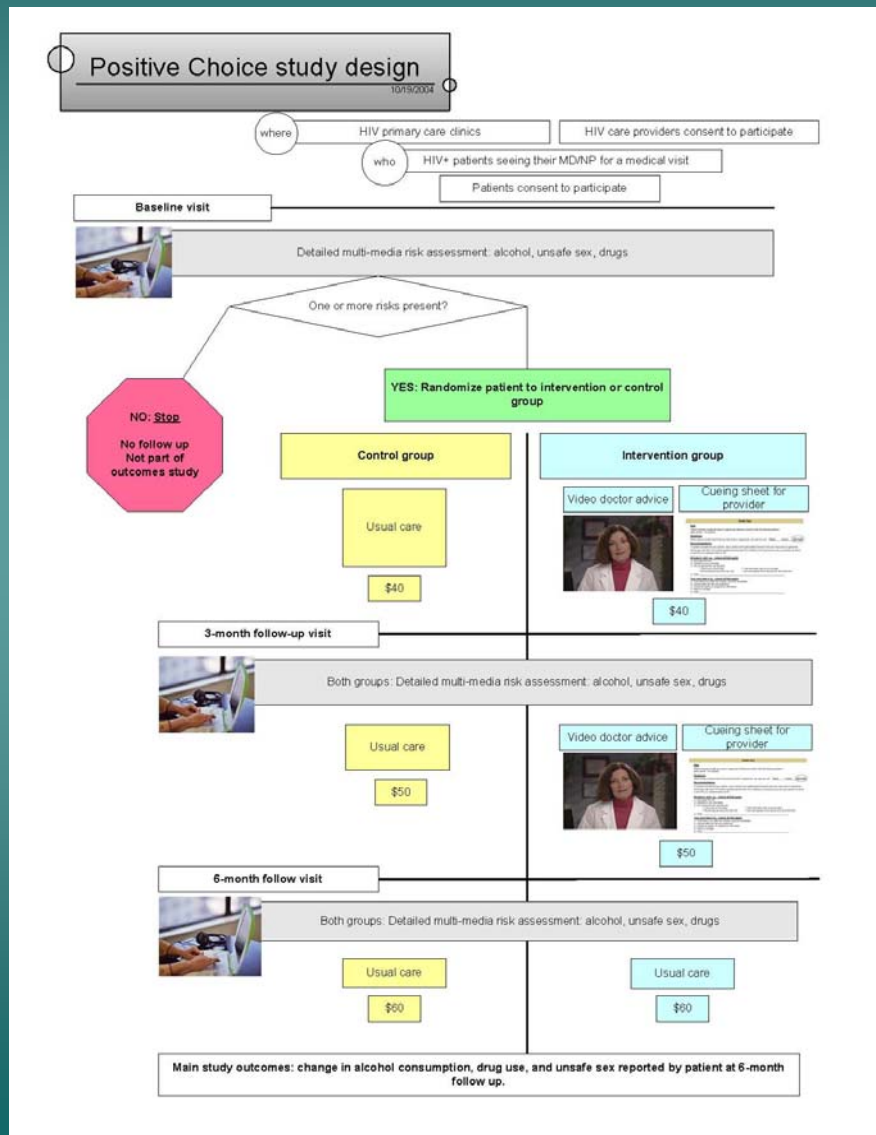
Randomized, controlled trial

In-depth risk assessment

Three part intervention:
- Video Doctor counseling
- Educational worksheet
- Provider cueing sheet

Control receives usual care

Six months of follow-up

Sites & Eligibility Criteria

Five outpatient HIV clinics in the
San Francisco Area:

- Two county hospitals
- A private hospital
- A community-based organization
- A health maintenance organization

Eligible patients were:

- 18 years or older
- HIV-positive 3 months or more
- Conversant in English

Stepped incentives ($40-$60) for participation.

In-Depth Risk Assessment

Demographic & clinical info

Risky alcohol use
• Binge drinking episodes;
• Drinking over the recommended limit

Illicit drug use
• Any use of "hard" drugs;
• 3 or more uses of "soft" drugs
• Does not include marijuana

Sexual risks
• Unprotected anal or vaginal intercourse with a main partner or up to 5 casual partners
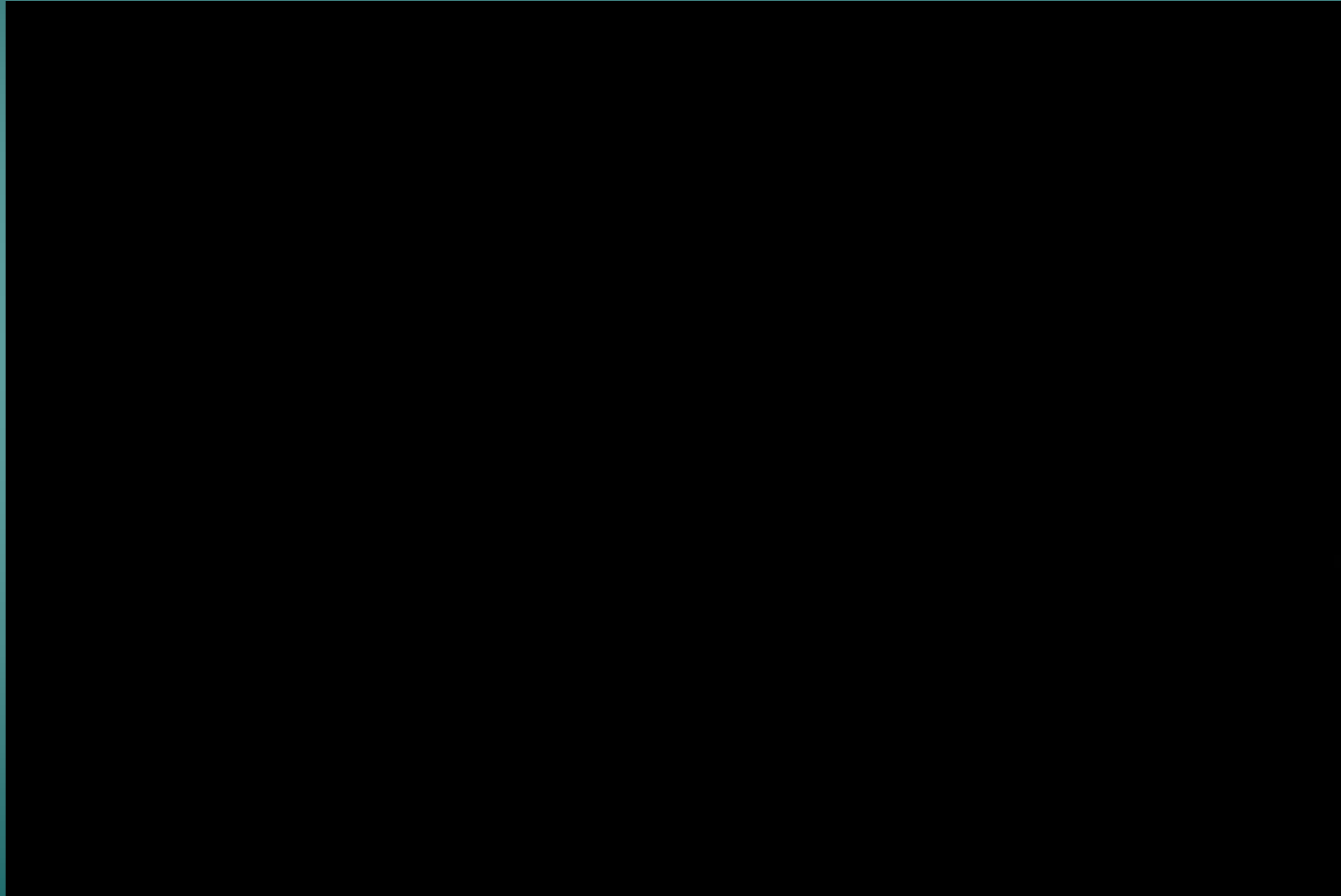• Oral sex not a risk

Depressive symptoms (CES-D)

DRUGS

POSITIVE CHOICE

About speed, crystal meth, crank, or ice...

...when you use these drugs, how do you use them?

Select all that apply

1 Snort
2 Smoke
3 Swallow
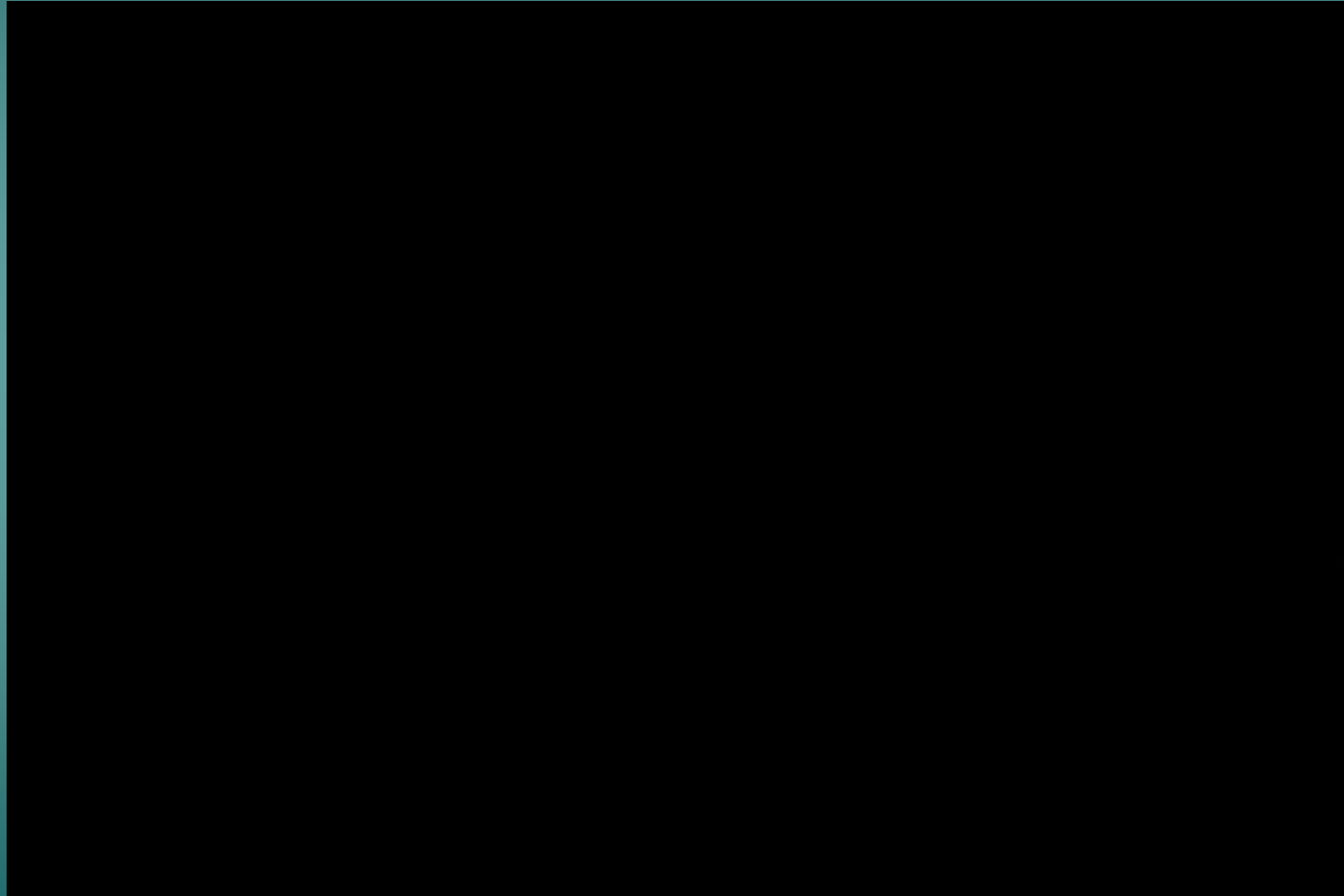4 Inject
5 Some other way

The Video Doctor Introduces Herself
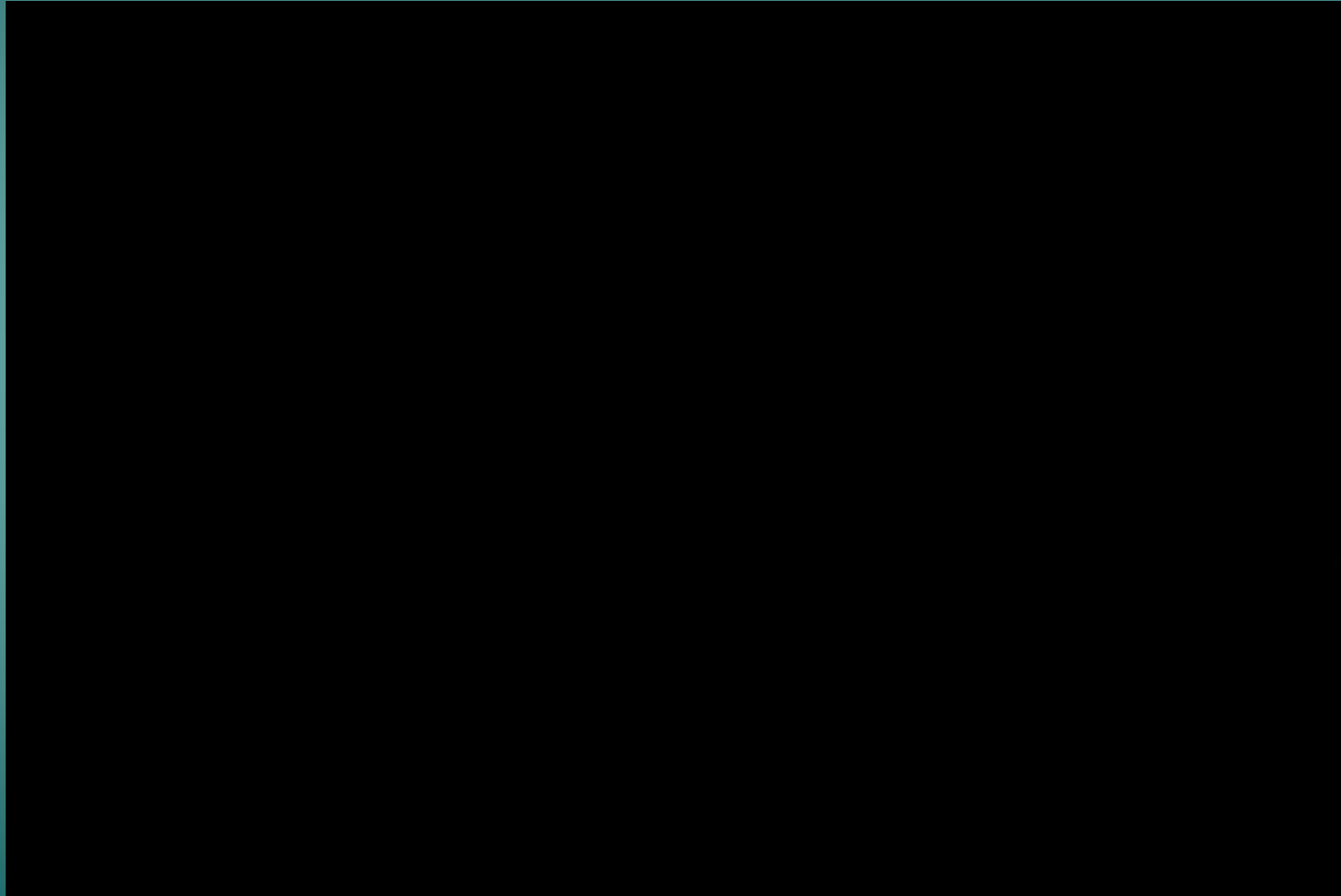
The Video Doctor
Talks About Using Speed

The Video Doctor
Talks About "Party and Play"

Results

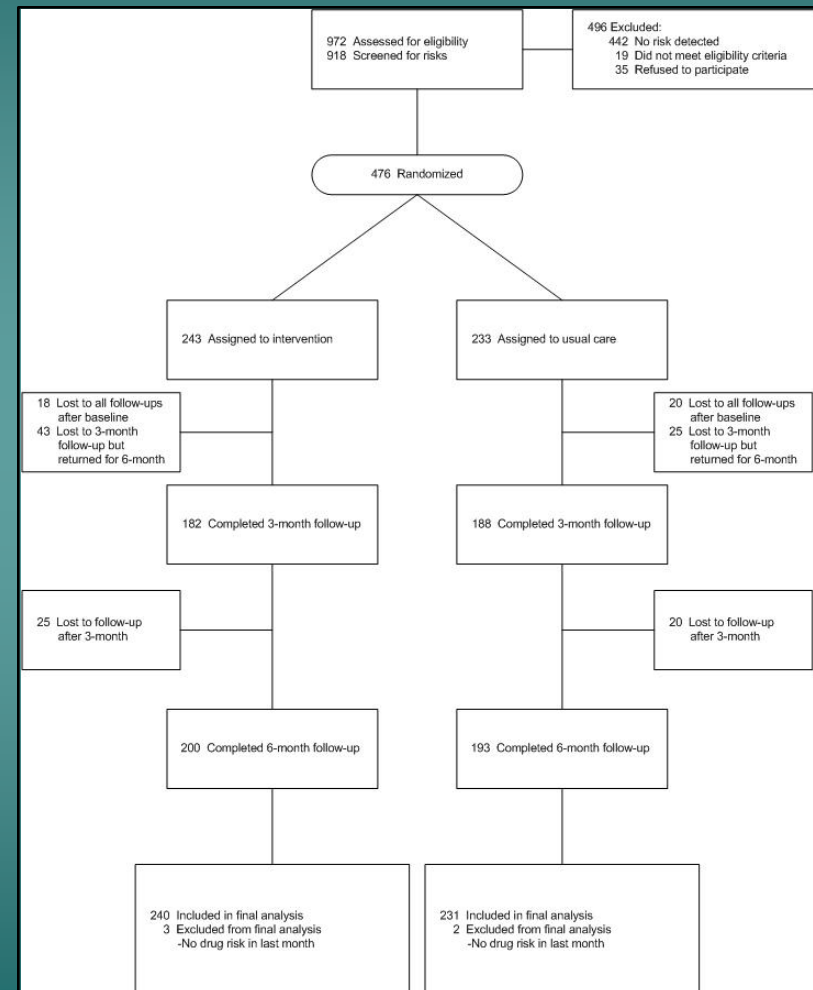December 2003 – September 2006

918 patients screened

476 (52%) reported 1 or more risks and randomized into trial
- Unsafe sex = **284 (31%)**
- Illicit drugs = **200 (22%)**
- Alcohol = **182 (20%)**

78% completed a 3-month follow-up

83% completed a 6-month follow-up

972 Assessed for eligibility
918 Screened for risks

496 Excluded:
442 No risk detected
19 Did not meet eligibility criteria
35 Refused to participate

476 Randomized

243 Assigned to intervention

233 Assigned to usual care

18 Lost to all follow-ups after baseline
43 Lost to 3-month follow-up but returned for 6-month

20 Lost to all follow-ups after baseline
25 Lost to 3-month follow-up but returned for 6-month

182 Completed 3-month follow-up

188 Completed 3-month follow-up

25 Lost to follow-up after 3-month

20 Lost to follow-up after 3-month

200 Completed 6-month follow-up

193 Completed 6-month follow-up

240 Included in final analysis
3 Excluded from final analysis
-No drug risk in last month

231 Included in final analysis
2 Excluded from final analysis
-No drug risk in last month

Results: Elimination of Risk

Ongoing risky behavior at 3- and 6-month follow-up among those reporting the risk at baseline, n/N (%).

Risky Behavior	Intervention	Control	RR (95% CI)	P-value
Drug use				
3-months	70/105 (67)	78/95 (82)	0.812 (0.689, 0.957)	0.01
6-month	59/105 (56)	82/95 (86)	0.651 (0.540, 0.785)	<0.001
Risky drinking				
3-months	48/92 (52)	56/90 (62)	0.839 (0.651, 1.080)	0.17
6-months	47/92 (51)	53/90 (59)	0.868 (0.666, 1.130)	0.29
Unsafe sex				
3-months	104/143(73)	117/141(83)	0.876 (0.773, 0.993)	0.04
6-months	88/143 (62)	108/141(77)	0.803 (0.686, 0.941)	0.01

Results: Measures of Change

Measures of change for specific risky behaviors at 3- and 6-month follow-up among those reporting the risk at baseline and completing a follow-up.

Risky Behaviors	Intervention		Control		
Days of any drug use	N	Mean (SD)	N	Mean (SD)	P-value
3 months	82	-4.0 (11.2)	67	-1.3 (21.2)	0.09
6 months	85	-4.7 (11.6)	73	+0.7 (19.7)	0.04
Days of meth use					
3 months	21	-2.5 (5.0)	25	0.0 (7.6)	0.02
6 months	27	-1.3 (5.4)	29	+1.8 (6.4)	0.02
# of casual partners					
3 months	78	-2.4 (9.2)	88	+1.4 (7.9)	0.02
6 months	89	-2.7 (8.4)	93	-0.6 (5.6)	0.03

Results: Measures of Change

Measures of change for specific risky behaviors at 3- and 6-month follow-up among those reporting the risk at baseline and completing a follow-up.

Risky Behaviors	Intervention		Control		
Binge Drinking Episodes	N	Mean (SD)	N	Mean (SD)	P-value
3 months	72	-4.2 (7.0)	66	-2.9 (7.3)	0.12
6 months	71	-3.6 (14.5)	69	-3.8 (11.1)	0.09
Drinking over the recommended limit					
3 months	43	-9.7 (12.6)	25	-8.1 (18.7)	0.08
6 months	45	-12.7 (13.6)	31	-13.7 (14.9)	0.60

Summary of Findings

➢ High prevalence of ongoing risky behaviors

➢ Significant elimination of illicit drug use and unprotected sex

➢ Significant reductions of days of ongoing drug use and number of casual sex partners

Limitations

➤ Disclosure biases about sensitive behaviors

➤ Unable to assess some risk-reduction strategies (serosorting, strategic positioning)

➤ Absolute risk behaviors declined in both groups (Hawthorne effect)

➤ Unable to determine which component of intervention had greatest effect

Innovative Aspects

- ➢ Reframes risk screening as concern for patient's own health
- ➢ Addresses multiple risky behaviors
- ➢ Uses multimedia computer technology
- ➢ Supports & simplifies providers' tasks
- ➢ Integrated as seamless part of care

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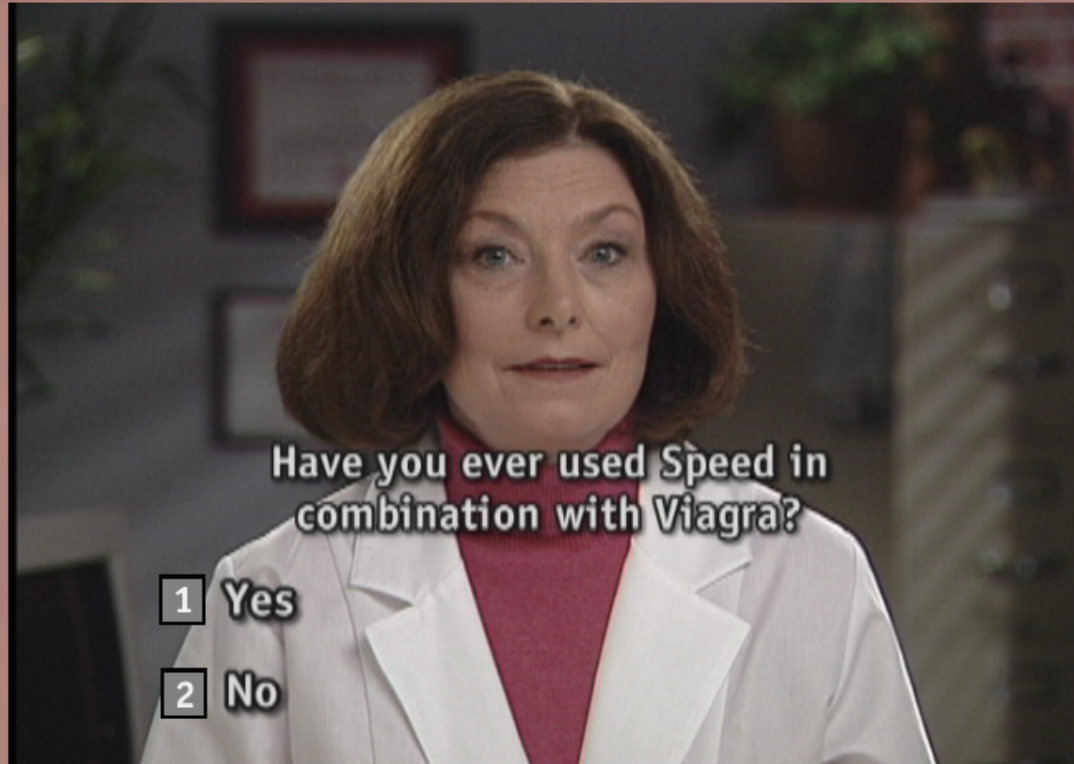Alice Graham
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