Overview of Presentation

• Learning Objectives
• Background & Rationale
• Developing Positive Health Check
  – Selecting Key Stakeholders
  – Collecting Feedback
  – Integrating Feedback
• Questions for Group Discussion
Learning Objectives

1. Describe the development of tailored digital intervention for HIV prevention
2. Demonstrate how a Technical Consultant panel contributes to the development of an intervention
3. Discuss how to tailor behavioral interventions

Background & Rationale
HIV & Care in the United States

86% 80% 40% 37%
Diagnosed Linked to Care Engaged in Care Prescribed ART

1.2M Americans

30%
PLWH

Only 30% of all PLWH know they are infected, get regular medical care, take ART, and achieve HIV viral suppression

ART can durably suppress the plasma HIV viral load.

Need for An Intervention

- There are gaps in the continuum of HIV care that leave a large proportion of PLWH unable to fully maximize the health benefits of effective ART

- Effective interventions are needed that focus on enhancing prevention and care to improve the health of and to reduce HIV transmission risk among PLWH.

- Clinics and providers need evidence-based interventions that can be implemented easily in clinical settings.
Responding to a Need

From 2012 to 2014 the Centers for Disease Control and Prevention in collaboration with RTI International and CACI developed Positive Health Check, a Web-based video counseling intervention to improve clinical health outcomes among PLWH.

Development Goals

• **Crate an interactive Web-based video HIV intervention** that delivers tailored evidence-based prevention messages on:
  - Treatment initiation
  - Medication adherence
  - Retention in care
  - Sexual risk reduction
  - Pregnancy planning
  - Intravenous drug use

• **Features to include:**
  - **Customized Tips** to help patients manage medications and clinic appointments, and to increase protective behaviors
  - **Handouts** to facilitate patient-provider communication
  - **Extra Info** section to give patients additional resources and information on a variety of topics
How will the New Intervention Work?

By...

Delivering Tailored Prevention Messages
- More effective than one-size-fits-all approach

Facilitating Patient-Provider Communication
- Customized handouts for patients and providers to encourage communication
- Standardized patient-tailored messaging
- Can be disseminated and implemented at a relatively low cost, compared with human-delivered interventions
- Uses clinic-friendly technology and requires very little staff time

Using Web-Based Video Doctors
- Science-based
- Cost-effective
- Scalable to reach high-risk groups

Using a High Impact Prevention Approach

The Patient Experience

Patient arrives at clinic
Patient checks in & is invited to log onto PHC
Patient has visit with health care provider
Patient receives tablet & headphones from clinic staff
Patient called & takes handout to appointment
Patient returns device & receives printed handout
Patient completes tool in private area of waiting room
Patient takes handout to appointment
Purpose of Formative Work

1. To understand if providers viewed the Positive Health Check concept as an acceptable intervention to support patients in clinical settings.

2. To obtain provider input on intervention component development and potential implementation barriers.

Developing Positive Health Check

Selecting Key Stakeholders
Why Providers?

- They are gatekeepers for interventions used in clinical settings
- They are important stakeholders to engage in the HIP intervention development process
- They can be engaged in collaborative formative research and intervention development, not unlike community-based participatory approaches
- Engaging them will help to ensure that the intervention is acceptable and usable in a clinical context

Key Stakeholder Demographics

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Total Participants N=7
Developing Positive Health Check

Collecting Feedback

Methods

- A panel of **7 HIV primary care providers** shared their input and feedback on intervention development over a 15-month period
  - **2 Group Webinars** using open-ended questions
  - **7 Individual Online Sessions** using open-ended and closed-ended questions
  - Likert-scale ratings analyzed and used to understand opinions
  - Qualitative data summarized into key themes and used further understand Likert-scale ratings

- Behavioral scientists, epidemiologists, medical doctors, clinicians, information technology specialists, graphic artists, videographers, and closed captioning experts also contributed to PHC’s development

**Example Close-Ended Question**

This message would be easy for my patients to understand.

([Strongly disagree, disagree, neither disagree or agree, agree, strongly agree])

**Example Open-Ended Question**

If a patient says they want to discuss certain topics from PHC, would this disrupt the flow of the visit? Would you discuss or would you refer the patient to someone else?
Content Areas

- **Scripting**: tailored message wording and content, behavioral strategies, and questions

- **Creative design**: the design elements, such as actors to portray the virtual providers, background and set design, screen layout, logo, and storyboarding

- **Handouts**: Patient Handout, Provider Summary Sheet, and links to additional resources

- **Clinic Implementation**: feedback on how to integrate the intervention into a clinic workflow.

Developing Positive Health Check

Analyzing & Integrating Feedback
Scripting Feedback

Draft Sexual Risk-Reduction Message Example

It's good that you're only having sex with one person. This helps keep you and your partner safer. It's especially good if the two of you are only having sex with each other. But if you think that your partner might be having sex with someone else, consider talking to them about that. If your partner gets an STD like syphilis or gonorrhea you could get infected too. And that's not good for your health. Having an open and honest talk with your partner can help keep both of you safe.

Provider Feedback

• The message contains accurate information, would be easy for their patients to understand, and would be of interest to them.

• Neutral about whether the message used the correct wording for their patients, and whether the message was sufficiently comprehensive.

“[the] message is too judgmental with the repeated use of ‘good’...because it praises monogamy.”

“[the intervention] should address preventing ‘another serious viral infection like hepatitis C’.”

Scripting Revisions

Draft Sexual Risk-Reduction Message Example

It's good that you're only having sex with one person. This helps keep you and your partner safer. It's especially good if the two of you are only having sex with each other. But if you think that your partner might be having sex with someone else, consider talking to them about that. If your partner gets an STD like syphilis or gonorrhea you could get infected too. And that's not good for your health. Having an open and honest talk with your partner can help keep both of you safe.

Final Sexual Risk-Reduction Message Example

You're having sex with only one person, and that's great. This can help keep you and your partner healthy. But if you think your partner might be having sex with someone else, consider talking to them about that. If your partner gets an STD, like syphilis or gonorrhea, you could get infected too. [Pause] What do you think about using condoms? Condoms block the exchange of bodily fluids that carry STDs and HIV, and that will help both of you to stay healthy.
Creative Design Feedback

**Instructions to Participants:** Please review the screen layout that shows how people might meet the video doctors and select the one they want to work with.

**NURSE READS:**

We have a great staff of doctors you can choose to work with for the rest of your virtual visit.

*Please click on the video icon next to each doctor to learn a little more about them.*

Then use the selection box next to the doctor to make your choice and click the next button.

**Provider Feedback**

- The layout is streamlined, the positioning of the doctors on the page is good, and the layout of the doctors is visually appealing.
- Would know which button to press to watch and select a doctor.

Handout Feedback

- Include space for patients to write notes
- Put questions for doctors at the top of the first page followed by Tips.
- Make it more colorful
- Reduce the amount of text for patients with low literacy
- Worried that patients would be concerned about privacy if they receive a personalized handout in a clinic
Feedback of Overall Tool

Instructions to Participants: In this session, you will be providing feedback on your experience using the Positive Health Check intervention. We encourage you to play around in the tool and make selections as though you were a patient using the tool in your clinic. After you have used the tool, please answer the following questions.

Provider Feedback

- Overall, the tool was easy to use, the questions were easy to answer, and the tips were easy to select.
- The main messages were easy to understand, motivating, and were acceptable from their clinical perspective.

“It allows the patient to interact in a way that is private and non-judgmental. They can focus on what’s important to them instead of the direction I move the office visit.”

“I liked it! Very easy to navigate. Voices clear. Buttons clear & easy to see/activate. Info presented well.”
Suggested Future Improvements

• Provide more information for young MSM
• Some messages could be more motivational
• Include “other” selection to input personal challenges to be addressed by doctors
• Additional Content:
  – Information on local support groups & outpatient drug rehabilitation programs
  – More info on housing, transportation, mental illness
  – PrEP in main body instead of Extra Info

Implementation Feedback

We asked providers to think about how the intervention would work best within their own clinics.

Patients That Would Benefit Most from Using It:
• Everyone, but may be most impactful for youth or those newly diagnosed
• It could remind older patients that it is okay to think and talk about issues presented in PHC
• Best for adolescent patients prior to their visit

Where the Intervention Should be Used:
• In a private location, such as an exam room, but be flexible given the variation in structure and workflow among clinics.

Possible Barriers to Implementation:
• Time constraints and competing priorities
• Privacy and security concerns
• Lack of Wi-Fi capability
• Staff resistance to adding more work
• Language barriers
• Lack of familiarity with technology
Questions for Group Discussion

Discussion Question

• What are some projects that you have worked on or are currently working on where you used key stakeholders to develop an intervention?
  – What strategies did you use?
  – Which stakeholders did you talk to and why?
  – What was helpful about engaging them? Not helpful?
  – What would you do differently next time?
Discussion Question

• What other strategies have you used to tailor interventions to target populations?
  – When in the intervention development stage did you use these strategies? (i.e. before, during, or after the intervention was developed?)
  – What was successful or unsuccessful about these strategies?

Thank You

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