

# POSITIVE HEALTH CHECK



Best Evidence for the Medication Adherence Chapter

Evidence-Based for the Linking and Retention in HIV Care Chapter

## POPULATION

- People with a new HIV diagnosis
- People with HIV (PWH) who are new to care
- People with HIV who are engaged in care, but not virally suppressed

## KEY INTERVENTION EFFECTS

- Improved viral suppression
- Improved retention in HIV care

## BRIEF DESCRIPTION

**Positive Health Check** is a highly tailored, patient-centered, brief video intervention designed to improve viral load suppression and retention in HIV care for PWH who are newly diagnosed, new to care, or engaged in care but not virally suppressed.

- PHC consists of seven core components:
  - Questions that tailor the intervention based on users' responses to six modules (i.e., treatment readiness, medication adherence, retention in HIV care, sexual risk reduction, mother-to-child transmission, and injection drug use) delivered by a virtual video nurse and doctor
  - User-tailored content delivered in the six modules
  - Behavior-change tips provided across the six modules
  - Four virtual video-doctor options varying by race and gender
  - Library that automatically generates a list of questions tailored to and selected by the user
  - Patient handouts with users' selected questions for their provider and resources tailored for the user
  - Website access to resources
- Patients select the video doctor they would like to interact with as part of the intervention experience.
- Patients are given a tablet, earbuds, and privacy screen to complete the intervention during the clinic visit.

**DURATION:** 12 months

**SETTING:** 4 HIV primary care clinics (1 in south central US, 2 in the southeast US, 1 in northeast US)

**STUDY YEARS:** February 27, 2018 – October 31, 2020

**STUDY DESIGN:** Type-1 hybrid effectiveness-implementation randomized trial

**DELIVERERS:** Virtual video nurse and doctor (actors)

**DELIVERY METHODS:** Digital video counseling tool, Printed materials (patient handout), Tablet

## STUDY SAMPLE

The analytic study sample of  $n = 799$  was characterized by the following:

- 76% Black or African American persons
- 76% male persons, 24% female persons
- 22% White persons
- Mean age = 44.9 years
- 3% persons who identify as "other" race

*Note: Percentages may not add up to 100% due to rounding.*

## STRUCTURAL COMPONENTS

There are no reported structural components for this study.

### KEY INTERVENTION EFFECTS (see **Primary Study** for all outcomes)

- Male persons in the intervention group were more likely to have viral suppression at 12 months than male persons in the comparison arm (adjusted risk ratio, aRR [95% CI] = 1.14 [1.00-1.29]). \*

\*Adjusted for log-transformed baseline viral load, demographics (age, sex, and race), site, and new to care.

### CONSIDERATIONS

- The extent that staff thought the intervention aligned with their values and were ready to implement the intervention remained the same throughout the study. \*\*
- The extent to which clinic leadership expected, supported, and rewarded implementation changed over time and was found to be an important factor for implementation success. \*\*
- For retention in HIV care, there was a lower risk for a 6-month visit gap in the intervention arm for the youngest (18-29 years old) age group (aRR [95% CI] = 0.55 [0.33-0.92]) and the oldest (61 to 81 years old) age group (aRR [95% CI] = 0.49 [0.30-0.81]) than among those receiving the standard of care. †

\*\* [Garner et al. 2022.](#)

†Adjusted for demographics (age, sex, and race), site, and new to care.

### ADVERSE EVENTS

- The authors did not report adverse events.

### FUNDING

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### PRIMARY STUDY

Lewis, M. A., Harshbarger, C., Bann, C., Marconi, V. C., Somboonwit, C., Dalla Piazza, M., Swaminathan, S., Burrus, O., Galindo, C., Borkowf, C. B., Marks, G., Karns, S., Zulkiewicz, B., Ortiz, A., Iddrisu, A., Garner, B. R., Courtenay-Quirk, C., & Positive Health Check Study Team. (2022). [Effectiveness of an interactive, highly tailored 'Video Doctor' intervention to suppress viral load and retain patients with HIV in clinical care: A randomized clinical trial.](#) *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 91(1), 58-67. doi: 10.1097/QAI.0000000000003045

### PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.

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