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Understanding Patient-Provider Relationships in Rural HIV Care: Insights from a Montana Needs Assessment

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Disclosures

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We have no financial conflicts of interest to disclose.

Objectives

- To understand key elements of patient-provider relationships among people living with HIV and how patient-provider relationships are central to engagement and retention in HIV care
- To learn about what these elements look like for people living with HIV in Montana
- To apply information about people living with HIV's experiences to your practice as healthcare practitioners

HIV Care Continuum & Rural Residency

Adapted from: What is the HIV Care Continuum. HIV.gov. Accessed November 2021.

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Patient-Provider Relationships in HIV Care

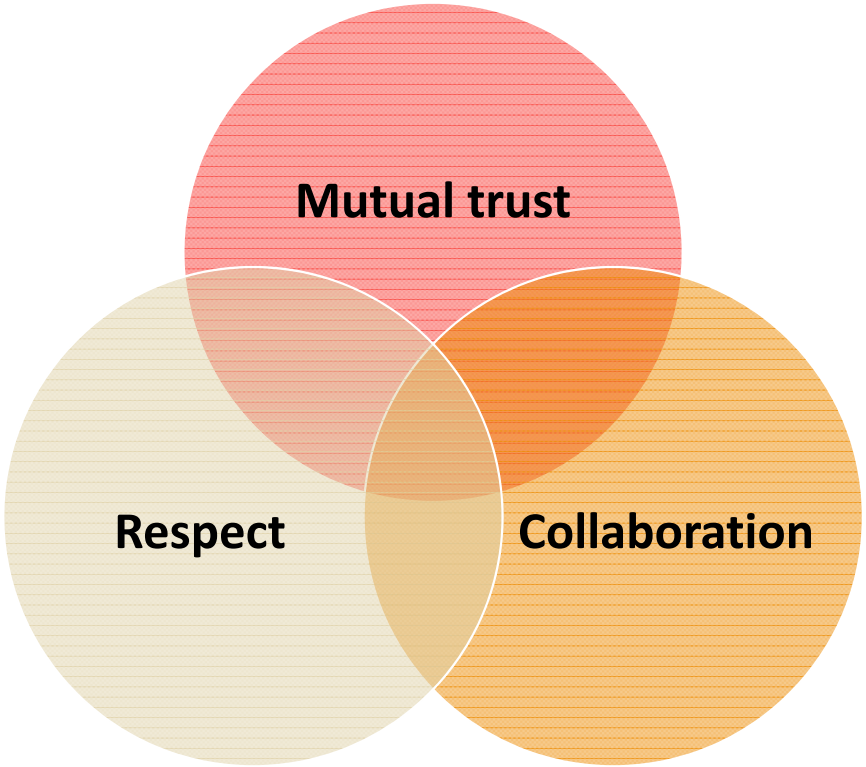
Increase patient attendance at appointments & communication about risk behaviors such as substance use (Pettinati, 2003)

Foster treatment adherence & better health outcomes

(Dawson-Rose et al 2016; Kamimura et al. 2020)

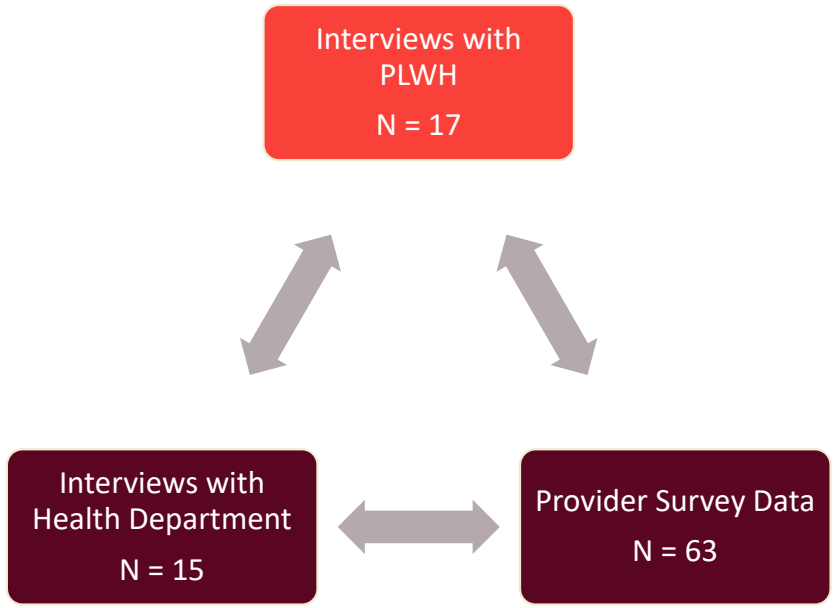
Experiences of stigma can lead to lower rates of medication adherence and retention in medical care
(Kalichman et al, 2020a, 2020b)

Patient-Provider Relationships in HIV Care



Current Study

- RQ: *How do people living with HIV in Montana characterize their experiences with providers?*
- Methods:
  - Based on data from a 2022 statewide needs assessment for HIV and HCV
  - Exploratory, inductive secondary qualitative analysis of semi-structured interviews.
  - Interviewed 17 participants



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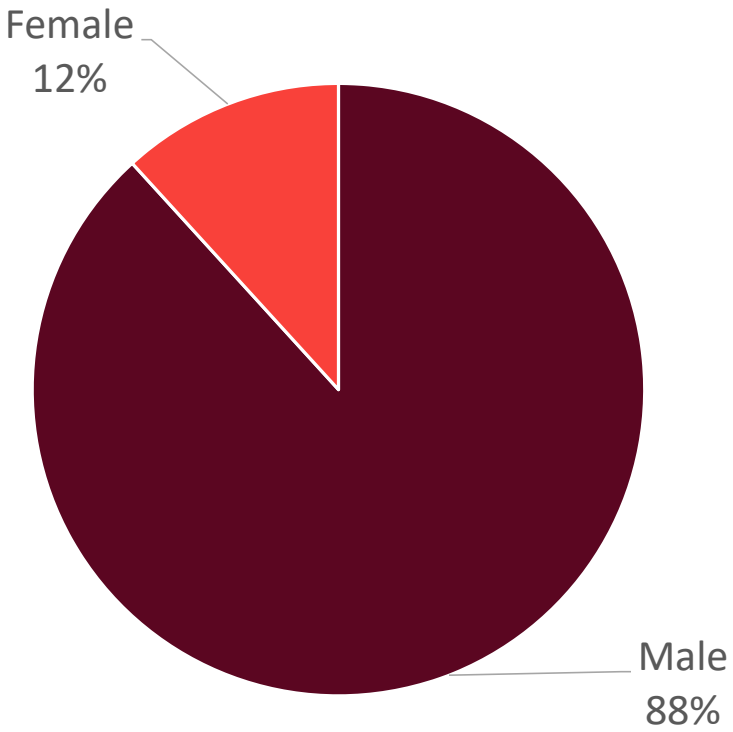
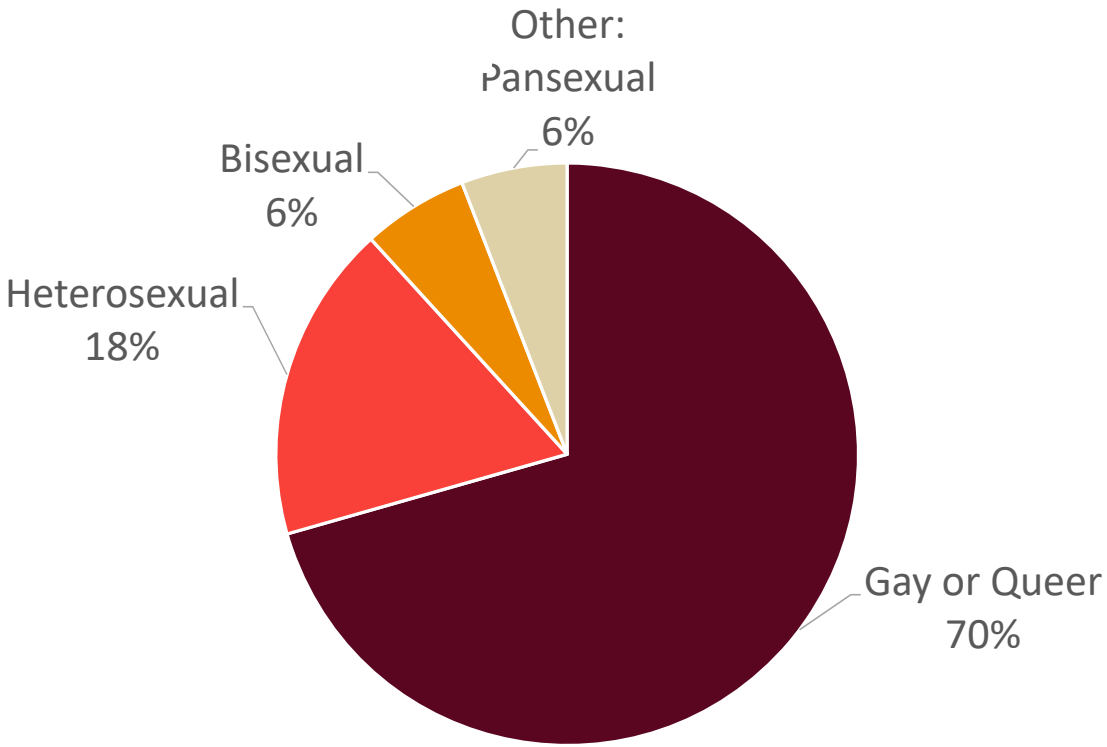
Participant Demographics: GENDER



Participant Demographics: SEXUAL ORIENTATION



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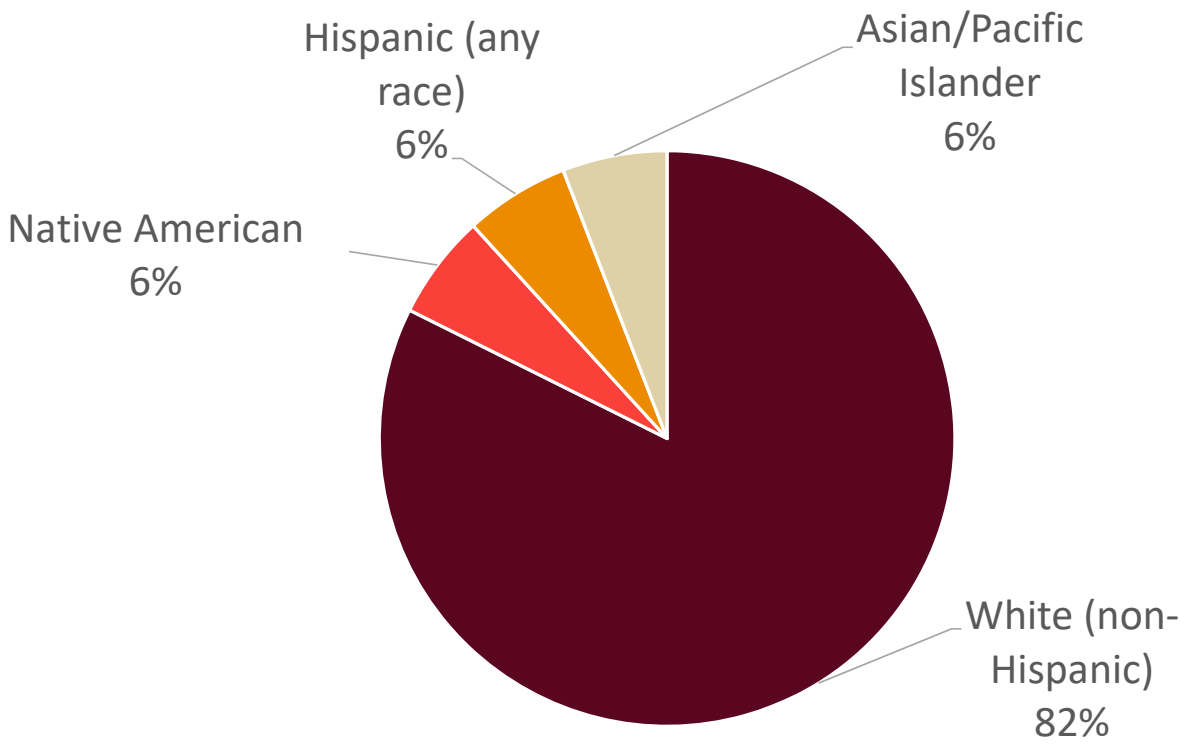
Participant Demographics: RACE/ETHNICITY



Theme 1: Providers' HIV and LGBTQ Competencies

- "I went to [town] to find a doctor…The doctor I talked to said that he just wasn't familiar with HIV because there was no HIV in [state].

- "Three times in a row now, [they've] not done the right test for my HIV, they aren't doing the viral load test. [They are] ordering a different test and then my insurance won't cover it, and I am having to pay for it out of pocket."

Theme 1: Providers' HIV and LGBTQ Competencies

- "I think what is important for them to know…is about gay men, about their relationships with each other, and…for them to be educated on the sex habits of gay men…I think that some education like that about gay culture, particularly the sexual part of it, but the relationships and stuff [too]."
- "Am I in the wrong facility? Like is this just for straight people?"

Theme 1: Providers' HIV and LGBTQ Competencies

- "I've got a great doctor, advocate… She's probably one of the best doctors I've had… The services are good compared to the big cities. Actually I've gotten better care since I've lived in [town] because it's smaller. You get more one-on-one here than being in a big city."

Theme 2: Desire for Empathetic, Non-Judgmental Care

- "Don't make an assumption about what I'm going through or what happened, or who I am as a person."
- "I call it a cattle line [in other states]. Like, 'Okay, bring them in. Okay, got we got the blood. Okay. Now we…' and then up in [rural state] it's, 'How are you doing? How have you been doing?' It's like trying to create a friendship and an actual relationship.

Theme 2: Desire for Empathetic, Non-Judgmental Care

- "She cares and you can tell she cares about you, about what you're doing. She's interested in your virus, and she's interested in fixing things. We can tell that she's sincere in what she's trying to do for us."

- "[My provider] takes the time with me. She fills out my paperwork. She tries every avenue that I need… She's become more than just an HIV doctor. She is into the whole case management really."

Theme 3: Dismissal or Dehumanization

- "The immunologist I saw there...when I was telling her about weight gain and body issues, she just dismissed it all. 'No, no, no, no.' And I insisted because it only started when I started taking this drug… But she's still going back to, 'Well you need to exercise maybe'… so there was a frustration because … there I was going to the gym [for a] crazy amount of time and still gaining weight, and that's where my doc, immunologist … was just short of accusing me of lying about what I ate."

Theme 3: Dismissal or Dehumanization

- “It's very difficult to build a relationship with locums because they're super busy… It's not their fault, but they kind of treat you like a number, instead of a patient. You feel very not heard.”

Theme 4: Fear of HIV and Intersectional Stigma

- "I wasn't irresponsible. Like I wasn't throwing caution to the wind… There's some of us out there who understand and know it and have taken it seriously. Could we have done more, obviously, because I wouldn't be in the situation if I had, but at the time, I thought I was doing everything … so it's just that kind of mentality for [providers] to have that … not everyone's being irresponsible."

Theme 4: Fear of HIV and Intersectional Stigma

- “We heard him telling another person, ‘We can’t help her. She's got a heart issue, she has a weight problem, and she has HIV.’”

Summary of Findings

Provider Knowledge of HIV Care

- Provider knowledge could be a significant barrier to strong PPR in rural areas with low HIV prevalence.
- LGBTQ individuals felt providers lacked understanding of their specific health needs.

Importance of Strong PPR

- Participants valued empathetic, respectful, non-judgmental care

HIV-Related Stigma

- Participants reported anticipated or enacted stigma in healthcare settings

Limitations

Study Sample:

- Does not include experiences of those people who are not seeking or disengaged from HIV care

Demographics:

- Limited representation of women, transgender, gender non-conforming individuals, and people of color
- Future research is needed among American Indian people in frontier states with unique perspectives of PPR with Tribal and non-Tribal health systems

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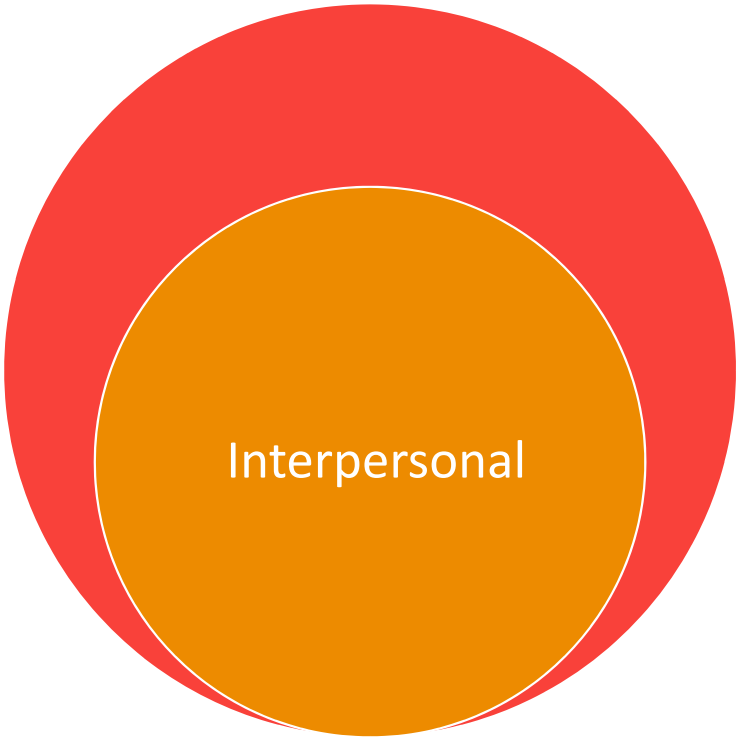
Implications for Practice & Policy



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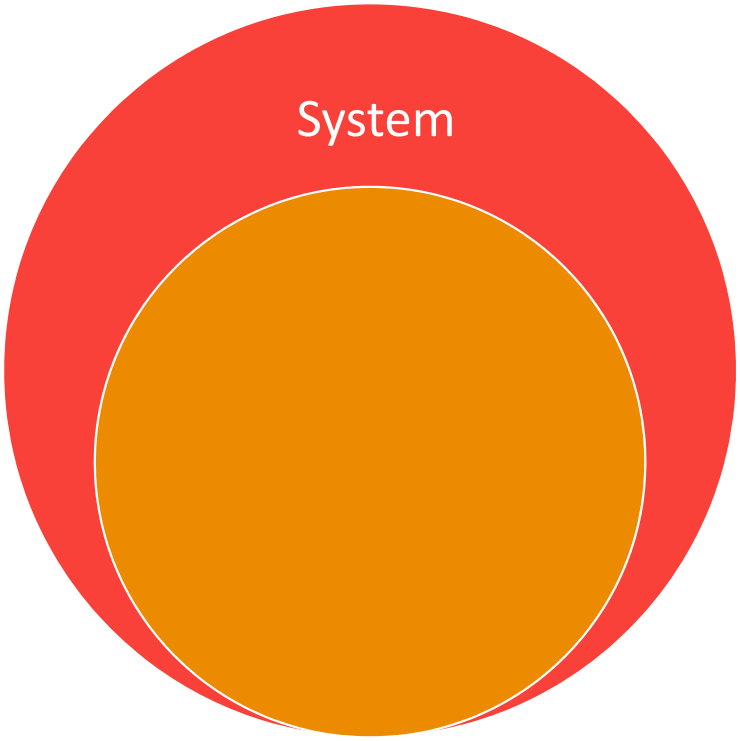

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Questions?

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