



POSITIVE HEALTH CHECK

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

POPULATION

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

KEY INTERVENTION EFFECTS

- Improved retention in HIV care
- Improved viral suppression

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 the 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
- 22% White persons
- 3% persons who identify as "other" race
- 76% male persons
- 24% female persons
- Mean age = 44.9 years

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

STRUCTURAL COMPONENTS

There are no reported structural component for this study.

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

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

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

†Adjusted for 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. *

*Garner et al. 2022.

ADVERSE EVENTS

- The author reported that during the study, there were 14 participant deaths. Each death was reviewed by the respective site's Institutional Review Boards and deemed unrelated to the trial protocol.

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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.00000000000003045

PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.

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