

HPTN 065 (TLC-Plus): A Study to Evaluate the Feasibility of a Community-Focused Approach for HIV Prevention in the United States

Provider Survey Fact Sheet

HPTN 065, also known as the Test, Link-to-Care Plus Treat (TLC-Plus) study, was a three-year research study evaluating the feasibility of a community-focused strategy to expand HIV testing, diagnose HIV infection, link HIV-positive individuals to medical care, initiate treatment according to current guidelines, and ensure that patients adhere to their treatment regimens.¹ This continuum, which begins with HIV testing and ends with viral suppression, is essential for a successful community-wide strategy centered on the use of antiretroviral therapy for HIV prevention. HPTN 065 (TLC-Plus) was designed with the aim to increase testing, linkage and viral suppression, key steps of the continuum.

Provider Surveys:

HPTN 065 included two surveys (baseline and follow-up) involving antiretroviral therapy (ART)-prescribing clinicians (e.g. physicians, nurse practitioners, physician assistants and residents/fellows) to assess their knowledge, attitudes and practices about ART initiation and the use of ART for HIV treatment and prevention. In addition, the surveys asked about clinicians' knowledge, attitudes and practices regarding use of financial incentives (FIs) to encourage HIV-positive individuals to link to medical care and achieve and maintain a suppressed viral load. The surveys were administered at the beginning of the study (baseline: Sept 2010 – May 2011) and toward the end (follow-up: May – Dec 2013) of the study's implementation with about 30 months between the two surveys.

All clinicians at the HIV care sites participating in HPTN 065 (20 in Bronx, 19 in DC) were invited to complete both surveys, which were conducted anonymously over the internet. In total, 165 surveys were available for analysis from baseline and 141 surveys from follow-up (response rates of 57% and 53%, respectively).

Results from the baseline survey have been published.² Overall, there was support for early ART initiation among this group of ART-prescribing clinicians, especially for situations where transmission was more likely to occur. Key results from the follow-up survey were presented at CROI 2015³, and include the following:

- The proportion of clinicians who recommended ART initiation irrespective of CD4 cell count increased significantly from 15% baseline to 68% at follow-up.
- The proportion of clinicians who strongly agreed that early initiation of ART can decrease HIV transmission rose significantly from 65% at baseline to 88% at follow-up.

- More clinicians supported the use of ART for prevention in the follow-up survey: clinicians reported they would initiate ART earlier for patients in HIV-discordant sexual partnerships (87%, compared with 75% at baseline) and for patients having unprotected sex with partners of unknown HIV status (82% at follow-up compared with 64% at baseline).

In summary, from 2011 to 2013, more ART-prescribing clinicians in the Bronx, NY and Washington, DC supported initiating ART for all HIV-positive patients and using ART to prevent transmission, which is consistent with new scientific evidence⁴ and subsequent changes in HIV treatment recommendations⁵ that took place during the conduct of HPTN 065.

For More Information:

For more information about HPTN 065 visit:

http://www.hptn.org/research_studies/hptn065.asp

References

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4. Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *The New England journal of medicine* 2011;365:493-505.
5. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Revised November 2014. (Accessed January 6, 2015, at <http://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf>.)