Targeting Effective Analgesia in Clinics for HIV (TEACH): a Randomized Controlled Trial (RCT) to Improve Satisfaction, Confidence, and Trust around Chronic Opioid Therapy in HIV Care

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Background

- Among people living with HIV (PLWH), chronic pain is highly prevalent and use of chronic opioid therapy (COT) is common
- HIV providers' practice often diverge from opioid prescribing guidelines
- It is unknown if system improvements to increase guideline concordance impacts satisfaction, confidence, or trust between patients and providers

Methods

Design: 2-arm cluster randomized trial of a collaborative care intervention compared to standard practice

Participants: HIV care providers who prescribed COT recruited from 2 safety-net hospital-based HIV clinics in a 1:1 ratio and their patients through waiver of enrolled consent

Intervention: Nurse care manager with an electronic registry to manage patients, education and academic detailing, and access to addiction specialists

Control: Educational brochure

Primary Outcome:

Prescriber satisfaction managing COT at 12 mo (Scale 1-10)

Secondary Outcomes:

Prescriber confidence managing COT at 12 mo (Scale 1-10)

Patient satisfaction with pain management at 12 mo (Binary, top vs lower 3 quartiles)

Patient trust in provider at 12 mo (Binary, top vs. lower 3 quartiles)

Covariates:

- study site
- # of patients on COT per prescriber

Analysis: Intention-to-treat analysis was conducted using linear and logistic regression models

Results

- Among intervention providers, at 12 months:
  - The adjusted mean *satisfaction* with managing COT was not significantly different (1.11 points higher, p=0.06) than controls
  - The adjusted mean *confidence* in managing COT was 1.01 points higher (p=0.04) than controls
- Among patients of intervention prescribers, there was no significant difference in *patient satisfaction* with pain management (AOR 1.17, p=0.72) nor *trust* in prescriber (AOR 1.63, p=0.30)

Discussion

- TEACH increases prescriber confidence in prescribing COT to patients
- TEACH does not appear to compromise patient satisfaction or trust in their providers
- The TEACH intervention is a promising strategy to improve adherence to guidelines for COT
- Heightened attention to the opioid epidemic throughout the study period may have led to contamination of control group providers

An HIV primary care program for chronic opioid therapy guideline concordance improved prescriber confidence, without negatively impacting prescriber satisfaction, patient satisfaction with pain management or patient trust in provider.

Table 3: Effect of TEACH Intervention Compared to Standard Practice on Study Outcomes at 12 Months

Study Outcome	Adjusted Mean Difference (95% CI)	p-value
Provider satisfaction[1]	1.11 (-0.04 – 2.26)	0.059
Provider confidence	1.01 (0.05 – 1.96)	0.039
	Adjusted Odds Ratio (95% CI)	
Patient satisfaction	1.17 (0.50 – 2.76)	0.72
Patient trust	1.63 (0.65 – 4.09)	0.30

[1]primary study outcome

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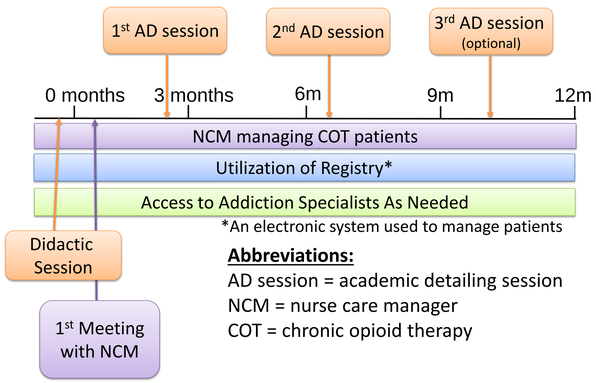

Table 1: HIV Provider Characteristics	Intervention (n=21)	Control (n=20)
Age, mean (SD)	45.0 (11.5)	46.1 (11.7)
Female	57%	70%
Race		
White	57%	70%
African American	10%	10%
Asian	19%	15%
More than one race / other	14%	5%
Hispanic	10%	10%
Professional Title		
Medical doctor	81%	75%
Advanced practice provider	19%	25%
Patients on COT, mean (SD)	4.1 (4.1)	5.0 (6.7)

Table 2: Patient Characteristics	Intervention (n=87)	Control (n=100)
Age, mean (SD)	54.4 (8.0)	53.5 (9.2)
Female	29%	28%
Race		
White	30%	27%
African American	64%	67%
Other	6%	6%
Hispanic	8%	8%
LGBTQ*	34%	34%
High School Graduate*	64%	70%
Own or rent home/apartment*	81%	88%
Past 12-month incarceration*	7%	11%
HIV Transmission route*		
MSM/IDU	5%	5%
MSM Only	28%	23%
IDU Only	10%	9%
Presumed heterosexual	57%	63%
Ever injected drugs*	25%	19%