

## Poster #7

### Research Study

Title: “Perceptions and Current Practices in Patient-Centered Care: A Qualitative Study of HIV Providers in South Florida”

Jennifer Knight, MPH; Sofia Fernandez, PhD; Melissa Ward, PhD; Cynthia Ibarra, MPH; Becky L. Genberg, PhD, MPH; Mary Catherine Beach, MD, MPH; Mary Jo Trepka, MD, MPH

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**Introduction and Objective.** Globally, there is increasing emphasis on embracing patient-centered care (PCC) models and has been adopted as a priority to improving care. PCC applied to HIV care settings has demonstrated improvements in adherence, retention and viral suppression in addition to greater patient satisfaction and patient-provider relationships. Despite clear benefits, lack of consensus on the conceptualization, ideal framework, measures and implementation strategies hinder scale up of high-quality PCC practices. Greater efforts to understand PCC as perceived and interpreted by HIV providers are critical to fully leveraging the benefits of HIV treatment and improving patient outcomes. This study aims to characterize the perceptions and practices of PCC among HIV care providers in Ryan White Programs in south Florida.

**Methods.** We recruited and consented 20 HIV care providers at 13 Ryan White Program (RWP)-funded medical case management programs in Miami-Dade County, FL for 60-90 minute interviews conducted by trained study investigators. Interviews were transcribed and analyzed in NVivo. Thematic analysis was applied to identify core consistencies in the data pertaining to 1) provider perceptions, and 2) current practices promoting PCC.

**Results.** Provider perceptions concerning definitions of PCC emerged under 4 domains: 1) holistic view of patient, 2) individualized care, 3) respect for patient comfort and security, and 4) patient engagement and partnership. Practices fostering PCC occurred at multiple levels: 1) individual support including psychosocial and logistical support, 2) interpersonal support in patient-provider relationships through respect for comfort and security, and active engagement in care, and 3) institutional practices including patient and staffing feedback mechanisms, service integration, patient convenience and access to services, and diverse staffing and resources.

**Conclusions-Implications.** This study offers a multilevel framework adapted to HIV care settings to guide conceptualization of PCC as a multilevel construct, enabling future intervention and evaluation at all levels. Our findings build on previous work and highlight the central tenets of PCC as holistic, individualized care that is respectful of patient preferences and values, and actively engages them in care. Greater focus on creating environments of security is needed in this population to enable true implementation of PCC as the new standard of care.