HIV in Podcast USA

Episode title: Engagement in HIV care

Episode length: 13:43

Intro music

Rachel Rogers: Hi there and welcome to HIV in Podcast brought to you by Gilead Sciences. This episode on engagement in HIV care has been adapted from a webinar that was filmed on June 3rd, 2022; the discussion was based on data available at the time of recording. We hope you enjoy it! I'm Rachel Rogers, Director of US Medical Affairs at Gilead Sciences and in this episode, you'll hear from Dr Theo Hodge. Dr. Hodge was compensated for his time by Gilead Sciences and is also a member of the company's Speaker Bureau in the HIV therapeutic area. Thanks for listening to HIV in Podcast!

Megan Dunbar: Welcome, everyone. Thank you so much for joining us today. My name is Megan Dunbar, and I am senior director within Global Medical Affairs at Gilead Sciences, helping to oversee late phase research and virology. I am delighted to introduce Dr Theo Hodge. Dr Hodge is the medical director of the Washington Health Institute in DC and has over 25 years of experience serving individuals with HIV. He is passionate about engaging with individuals from the African American community and the LGBTQ+ community in HIV care. And we're honoured to have Dr Hodge join us today to share the lessons he has learned during his career for increasing engagement in HIV care within these communities. So, Dr Hodge, over to you.

Theo Hodge: Thank you, Megan. The one thing that hasn't changed over the 25 years that I've been doing this is when a patient is first finding out about HIV and presenting to my office. Fear has not changed, 25 years, you feel it every single time a patient comes in to see you about a brand-new diagnosis of HIV. And it's incredibly empowering to a patient to sit down and do HIV 101. And yes, you need to have the time - 15 minutes - that ain't going to work. Yes, I allot an hour to see each of my patients that is coming in for a new diagnosis of HIV.

And we break it down. We go through how the virus actually attacks the T cell, how the T cells fall, what can happen when that happens? And then we talk about, okay, here's what you can do. We talk about medication. I always present it as viral birth control. And I can't tell you how often patients are like "Oh, viral birth control?" Yeah - your medication stops that virus from having babies, and boom, you are undetectable, and boom, you can't transmit that virus, and boom, you can do other things with your life than worry about HIV, but you got to take your medications. It's important that you do a teach back method. I just don't lecture to my patients when I'm doing HIV 101. I make it very clear to them from the very beginning: "Hey, you can be part of this discussion; I am not just going to be lecturing to you. I'm going to find out if you're actually paying attention to me". And I can tell you it's a very engaging conversation. And at the end of it, people look at me and they go "Well, you know what? No one ever said

this to me. No one ever let me know that this virus doesn't have to control me." I'm telling you, HIV 101, taking the time to do it - huge difference in terms of how patients react to you for the rest of your patient–doctor relationship. Now, I'm fortunate because I work at a non-profit. And as you know, although we're talking about keeping people engaged in care and we're focusing on HIV, there's a whole lot of other things going on outside of their HIV. So, it's very important that you actually take a history, find out where people are. Did they have a problem getting to the clinic? Are they having insurance issues? Okay, again, we know there are other things other than HIV. What about the depression? What about the alcoholism? What about the fact that they're tripping out on crystal meth?

Fortunately for me, I do have services I can offer those patients; case management, I really don't know how I survived in private practise before case management came into my life. They have been saviours – talk about a team effort. There is nothing like having a team where you have case management, mental health and substance abuse counselling. All of those things, I think is very important and engaging in the all-around care of the patient. Now, for me, I really service the LGBTQIA community and mainly African American men who have sex with men. And as many of you know, that is a very disenfranchised population. We've had all kinds of drama, accessing care, staying in care. Well, for me, when I started, I was really engaged with the community, and I still am. In fact, I'm scheduled to do an 'Ask the Doc' evening tomorrow. That's a big deal. I'm out in the community. People see that I'm a real person. They're like, "Oh ok, well maybe we can actually talk to you". And when they get to ask their questions and they see that okay I'm not this *doctor* talking to them, but another member of the community trying to uplift them as it regards their medical care. That is very helpful in engaging the patient not only to come and see the first time, but to actually stay there.

Black Gay Pride was just here in Washington. My organisation was very much represented. When I was first beginning, I was 15 years the doctor on site, taking blood pressures, doing, handing out condoms, talking about HIV 101. All these things are very important if you're talking about engaging a patient population and having them remain engaged. And churches, I can't tell you, especially in the African American community, churches are a very, very important part of that community. And yes, I have been with many a church group talking about HIV and HIV 101. And I can tell you we do HIV 101 every day in this office, but when you do it out in the community, it's amazing how much even today in 2022, the myths that you have to dispel. I'm telling you, it's a way to engage people and have them remain engaged in care. It is all about that doctor–patient relationship and that's how people up front "Look, here's the deal. You start a new relationship. So how about we have some ground rules. Here is my job description. It's my job as the health care provider to give to you, to the best of my ability, based on my years of education and years of experience. The options you have to address your medical concerns. Your job description as the patient is active participation in your health care. We agree to mutual respect. We also agree that we need to communicate. I can't read your mind. Yes, I know some of my colleagues actually do feel they have descended from the heavens to walk among the people and they can read your mind - I can't". I make it very clear to my patients that if there is any issue that they need to talk to me about, they need to be able to do that. And I give them every means and access that they can to reach me. And I can tell you when I presented to a patient – "Here's your job description, here's my job description, this is how I'd like our relationship to go", I've had so many people say nobody has ever said that to me and no one

has ever let it be clear to me that I have a voice in my health care provider relationship. Yes, the doctor–patient relationship is sacrosanct.

I also focus with my patients – I do focus storytelling. Now, back in the day when I was first starting, I would always talk about Magic Johnson and the fabulosity of being him and every magazine and their huge thing about them saying he didn't have HIV when they meant to say he was undetectable. Well, now I say that to my 30-year-olds and they're like “Who?” so now I have to come up with a more updated version and Billy Porter has nicely fit into that, known, of course, his famous acting and his fashion taste. He recently finished, I guess it's been a year ago or two now an FX series called Pose. Well, I can tell you all my patients as soon as they walk in, the first thing I have to talk about is what was the latest episode of Pose. When you start talking about this stuff again, you talk about fostering a patient–doctor relationship. You're on it when you find something that you have in common with your patients. Yes, I look like my patients, that, of course, it's going to make a huge difference. Yes, I come from the same community. Yes, that makes a huge difference. I can't tell you how many patients I've gotten just simply because of that. But you know what? It takes more than that. You have to be able to talk to your patients. You have to be able to meet them where they are, and you have to engage them.

I am really big on presenting HIV as wellness. Back in the day, there was a doom and gloom associated with AIDS. But these days I am like, this is all about wellness. And with wellness, you live your better life. And I'm famous for letting my patients know they need to lean into their greater fabulosity and in leaning into their greater fabulosity, these are the things they need to do. We talk about this and we talk about the challenges and obstacles and all of that. We get that on the table and we move forward. So, when patients do the things that we've agreed upon, I'm their biggest cheerleader. I'm almost doing back flips: “Your viral load is undetectable – yay! Your T-cells are where they are – yay!”. People look at me like I'm crazy. But you know what? People really do appreciate that. I'm just making it very clear that as the health care provider being the head cheerleader, that's part of your job. And of course, use the resources available.

So, I'm going to summarise my little talk here: on board patients with an HIV 101 – beyond important need to do it – and work with your colleagues beyond the clinical setting to address the whole person; a case management, substance abuse, all those things. Because you know what? If those things aren't addressed, you're not going to get viral suppression. It's just not going to happen. And in terms of helping to engage and keep patients in place, get out there in the community. Let people know that you're real. Let them know you're real. Let them see that you're a real person, that doctor–patient relationship, hey, again, I'm really big about giving the job descriptions and people look at me like I'm crazy, but hey, when I give them, tell them what to expect, it makes a difference. And please use the resources available. That's all I have to say.

Megan Dunbar: Thank you so much. Dr Hodge, before you go, though, I do have one question for you and thank you, first of all, for that very entertaining description of the way you engage with your patients, and that's kind of what I want to ask you about. So, you speak so much to the importance of being able to bridge that doctor–patient gap. And I wondered what advice or guidance you would have for providers to

help bridge that gap, especially if they don't come from or share the same cultural, racial, or identity backgrounds as the patients or the communities that they serve. What advice would you have for us on that?

Theo Hodge: My advice on that - it's all about authenticity. Don't pretend you know what you don't know, and people kill me when they do that. I'm the first to say when I don't know. You ask questions. I mean, you're taking a history. "You're like, “oh, you're occupation, you're a teacher. What's that like?” These are the things you do. And I usually build off having taken a history, asking questions. For me, it's all about creating a bond and creating some common ground. So, if someone starts talking about, say, their occupation and is a teacher, typically, I'm going to be able to come up with “oh, I remember my teacher. This is what they did”, especially once you find out what they're teaching. So, my answer to that question is be authentic “what can you tell me?”, ask them specific questions. And with that, I'm certain you'll be able to find something along the way, may take a moment, where you will have common ground.

Megan Dunbar: Excellent. Thank you once again so much. Dr Hodge, really appreciate your time with us today. And with that, thank you very much.

Rachel Rogers: And this brings us to the end of this episode. Many thanks to Gilead Sciences, who have supported this podcast, and to Oxford PharmaGenesis for their assistance in editing and production. Listeners should note that our discussions in this episode are relevant to the USA only and may not be appropriate for other regions. If you would like to learn more about the topics covered today, our references will be in the show notes. If you enjoyed this podcast, spread the word and join us again next time. I'm Rachel Rogers and thanks for listening to **HIV in Podcast**.

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Supplementary information

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Episode description

Dr Megan Dunbar is joined by Dr Theo Hodge for a conversation about improving engagement in HIV care throughout the care pathway. The expert panel will discuss barriers to engagement and the available strategies, tools, and resources to increase engagement in HIV care. The views expressed by the expert panel are those of the panellists and not necessarily those of Gilead Sciences, Inc.

Speakers

Rachel Rogers (Introductions)

Megan S Dunbar, DrPH, MPH (host)

Dr Dunbar is Executive Director, Medical Affairs Research, Virology at Gilead Sciences.

Theo W Hodge Jr, MD, AAHIVS

Dr Hodge is Medical Director, Washington Health Institute, Washington, DC, USA

Declaration of interests

- Dr Megan Dunbar is an employee of Gilead Sciences, Inc.

- Dr Hodge is currently a member of speakers' bureaus for Gilead Sciences, Inc., Janssen Pharmaceuticals and ViiV Healthcare

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