



Focus on Providers: Identifying and Training PrEP Providers

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Studies Examining Clinician Awareness, Knowledge, Practice

- *Informing Strategies to Build PrEP Capacity among San Francisco Bay Area Clinicians*; Oliver Bacon, MD, MPH, et al. JAIDS. 2016
- *Primary care clinicians' experiences prescribing HIV pre-exposure prophylaxis at a specialized community health center in Boston: lessons from early adopters*; Douglas S Krakower, et al. J Int AIDS Soc. 2016
- *The future of PrEP among transgender women: the critical role of gender affirmation in research and clinical practices*; Sevelius JM, et al. J Int AIDS Soc. 2016
- *PrEP Attitudes 'Paradoxical' Among Docs in Training*; Michael Smith. Medpage Today. 2016
- *PrEP Awareness and Attitudes in a National Survey of Primary Care Clinicians in the United States, 2009 – 2015*. Smith, DK, et al. PLOS ONE 2016.

What Do We Know?

CDC Survey

- Awareness is increasing : 24% 2009 to 66% 2015 among PCPs; 1/3 PCPs nationally unaware of PrEP; : fewer than 10% of PCPs had prescribed
- PCPs are interested: 91% in DocStyles survey willing to prescribe to at least one at-risk group

PrEP diffusion requires sufficient number of knowledgeable, willing providers

- HIV Specialists/ID Clinicians vs. Primary Care Providers
- Most likely in primary care settings where HIV clinical services are provided

What Do We Know?

SF Survey

- Awareness is rapidly increasing (92% aware); 26% had prescribed
- Willingness to prescribe associated with HIV experience
- 65% wanted additional training: associated with concerns about drug resistance and side effects; more common among PCP providers
- On-line and in-person training preferred

California

- Number of PrEP RXs increased from 264 in 2012 to 2,914 in 2015
- 16.7% starting PrEP from CA (IAS 2016 Durban; Gilead data)

East Bay PrEP Provider Survey: Spring 2016

Small survey with 86 primary care providers

8 healthcare settings: CHCs, Planned Parenthood, Highland clinic

- 90% were PrEP aware
- 80% willing to prescribe with training or already prescribing; 1/3 already prescribing (most with <10 patients on PrEP)
- Extensive training NOT needed: want on-line information; on-site lunchtime training; access to expert clinical consultations
- Less interest in off-site training (1/2 day, CME dinner meeting)
- Need clinical support services: team-based care; trained staff for medication coverage, follow-up coordination (labs, refills)

PrEP for Transgender Women

- Clinical trials and demonstration projects: few or no transgender women
- Limited information about transwomen's needs and effective strategies
- Gender-affirming providers and clinical environments are needed
- Must avoid settings that threaten identities of transwomen and increases stigma
- No current evidence for drug-drug interactions between PrEP and hormone regimens- BUT must address this concern
- Trained providers who offer gender-affirming health services including hormone provision

Summary: Prescribers

- PCPs are aware of PrEP
- Willing to prescribe: need clinical guidelines
- Screening: risk assessment/need, eligibility, contraindications
- *PROVIDER BIAS*: comfort level, adherence concerns
- *PROVIDER BIAS*: Does patient's race impact clinical decisions re: sexual health (some evidence for racial disparities in prescription practices and HIV treatment)
- *PROVIDER CONCERNS*: Increased risk for STDs; Increased risky sexual activity

PrEP Clinical Support Services

- Vital to PrEP expansion in primary care settings
- Leaders and Administrators: buy-in
- Providers need a team-based system with trained staff: insurance coverage, follow-up coordination for refills and labs/visits
- Other services: adherence counseling, risk reduction counseling, other support services, adherence reminders

Takeaways

What Providers Need/Want

Interventions for Providers

- Training/education: clinical information; drug resistance; side effects; HIV testing frequency; contraindications; labs, adherence counseling; STD screening and treatment; considerations to discontinue; ***stigma; attitudes***
- On-line resources: accessible, up-to-date
- Electronic tools: on-line risk assessments that fit with work flows; EHR reminders; other automated systems

AETCs: site-based trainings for clinic teams; adaptable protocols; phone and email consultation; work flow consultation

Takeaways

What Providers Need/Want

Training Methods

- On-line; eLearning; in-person (lunch time, existing structures); phone warm line
- PrEP Line (855-448-7737); PEP Line (888-448-4911); Clinician Consultation Center (nccc.ucsf.edu)

Remember: knowledge + willingness  utilization

Takeaways: Systems

Clinical Expertise + Structural Capacity

Address Bias & Concerns

Community Partnerships

- Linkages to routine HIV testing in medical and community settings: PrEP questions, PrEP referrals
- Linkage with STD services
- Role of pharmacists/pharmacies: What do they need?

Wellness Approach

PrEP is also an opportunity for MSM of color and transgender women to develop ongoing relationship with the HC system: increase trust, more prevention services, early diagnosis of other medical problems, interventions (domestic violence)