

Challenges and Barriers to Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) Initiation within Community Health Centers

Mohamed Hashem of University of Pikeville Kentucky College of Osteopathic Medicine

Roky P. Truong of Yale University School of Medicine

Dr. Stephanie Cox-Batson, MD of Near North Health in Chicago, IL

BACKGROUND

- Near North Health (NNH) is a community health center with 9 locations in Chicago, IL that serves approximately 40,000 patients a year. One of the populations that it serves are individuals who are at risk for/have been exposed to HIV.
- PrEP** is a prevention method used by people who are HIV-negative and at high risk for being exposed to HIV through sexual contact or injection drug use.
- PEP** refers to the use of antiretroviral drugs for people who are HIV-negative after a single high-risk exposure to stop HIV infection.
- Near North Health currently has **72 patients** on PrEP (Truvada or Descovy)
- Early Intervention Services (**EIS**) team at Near North provides comprehensive medical and case management for people living with HIV and candidates for PrEP/PEP.

OBJECTIVES

- Assessing self-evaluation of provider baseline knowledge of HIV prevention framework on PrEP/PEP
- Determine challenges and barriers to prescribing PrEP/PEP at Near North Health

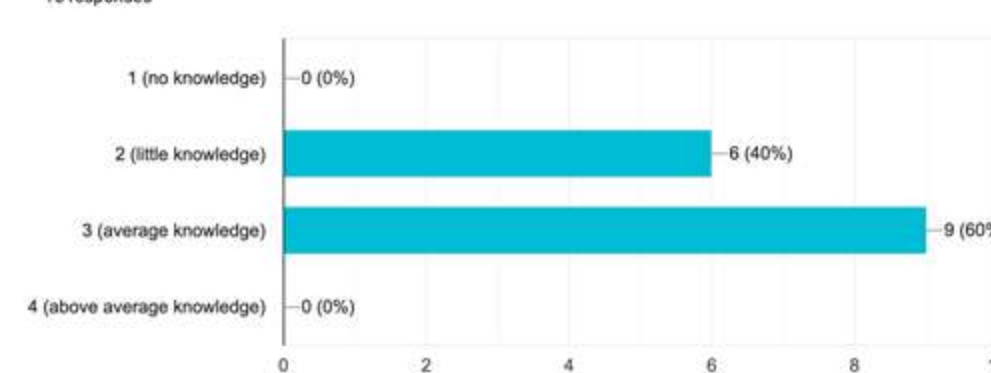
METHODOLOGY

- A survey was formulated using Google forms. The questionnaire consisted of 13 questions that aimed to assess provider knowledge and potential prescribing barriers towards PrEP/PEP.
- The survey was distributed via e-mail and physical copies to actively working medical providers at NNH.
- The responses collected were anonymous to ensure honest and open feedback.

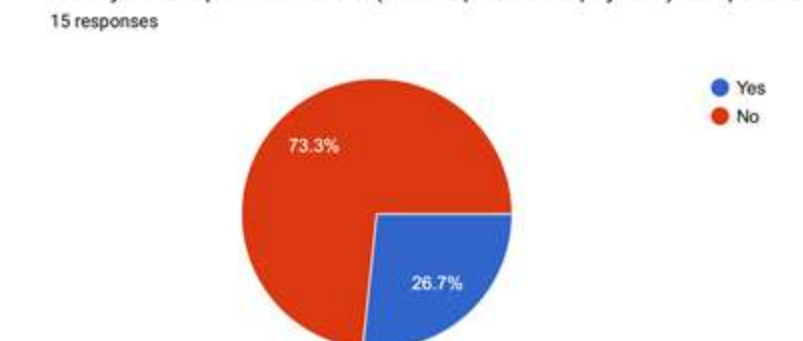
RESULTS

- Fifteen responses were collected from the questionnaire.
- Eight identified as physicians and seven as Nurse Practitioner/Physician Assistant
- Eight providers have worked at NNH for greater than 3 years whereas seven have been there for less than 3 years.
- When asked to identify reasons for not prescribing Prep in practice, **46.7%** identified that “Majority of my patient population do not meet at-risk target population for PrEP.” **33.3%** preferred EIS team to care of Prep patients and **33.3%** felt that they did not have time to prescribe Prep.
- As of January 2020, seven providers have prescribed Prep to **less than 5 patients**, one provider has prescribed to **5-10 patients** and seven providers have **not prescribed** Prep to any patients.

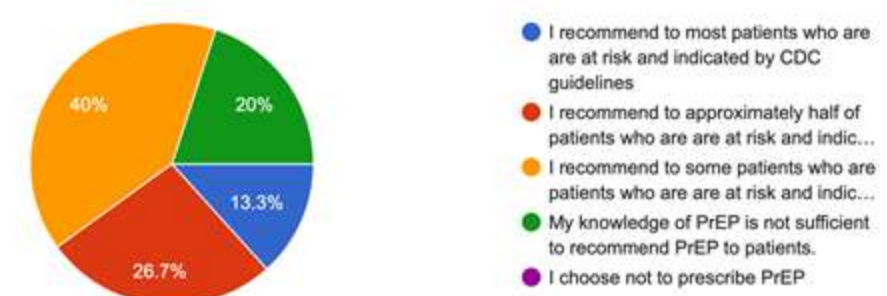
Rate your knowledge on PrEP/PEP (Pre/Post exposure prophylaxis) guidelines:
15 responses



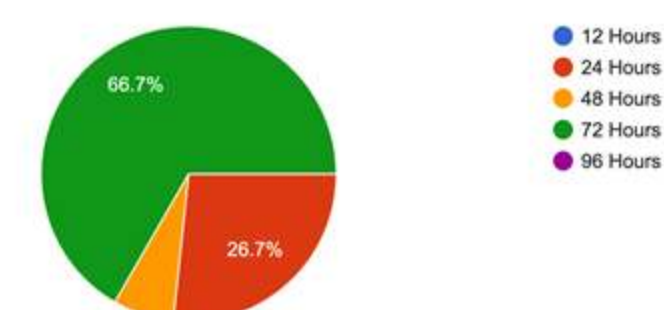
Have you ever prescribed PEP (Post-exposure Prophylaxis) to a patient?
15 responses



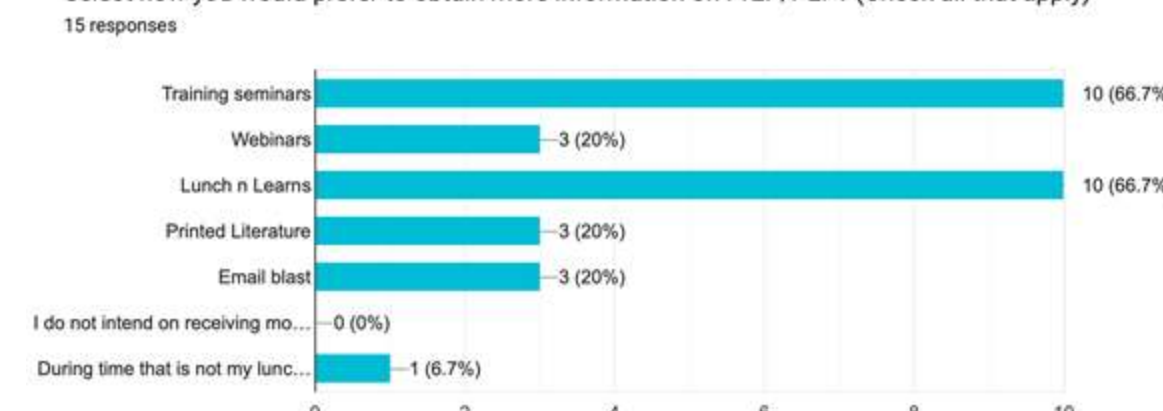
How often do you recommend PrEP (Pre-Exposure Prophylaxis) to your patients based on CDC guidelines?
15 responses



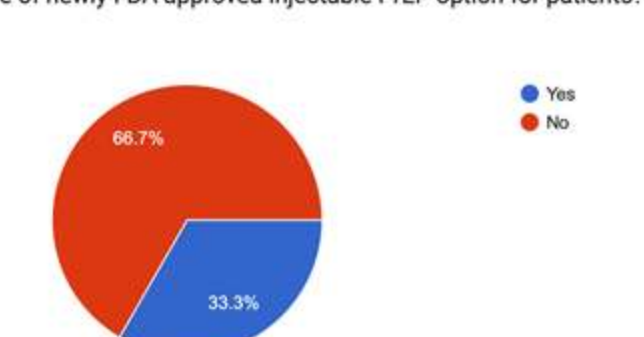
According to CDC guidelines, PEP (Post-exposure prophylaxis) should be initiated within ____ of HIV exposure.
15 responses



Select how you would prefer to obtain more information on PrEP/PEP? (Check all that apply)
15 responses



Are you aware of newly FDA approved injectable PrEP option for patients?
15 responses



CONCLUSION

- Patient time during a Primary Care visit seems to be a major barrier for providers to fully assess needs and risk for patient’s sexual health.
- Newer providers lack experience with PrEP patients to provide comprehensive medical care
- EIS team not fully integrated with medical providers to maintain updates on HIV prevention initiatives

RECOMMENDATIONS

- Adopting HIV risk assessment as a standard of care to improve health provider’s ability to identify PrEP/ PEP candidates.
- EMR System of flagging at risk patients to recommend administration of PrEP
- Continual training on HIV testing, assessing PrEP/PEP side effects, providing ongoing support and risk reduction counseling, monitoring kidney function and conducting regular STI testing as parts of standard care of the PrEP/PEP cascade.
- Framework of HIV prevention to be taught during medical school training.

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References
 [APA format of any references used or quoted in poster]