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Theresa B. Flanagan

Margaret M. Graham

Tihn T. Huynh

Derek L. Luzim

Alexandra K. Miller

See next page for additional authors

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Authors

Theresa B. Flanagan, Margaret M. Graham, Tihn T. Huynh, Derek L. Luzim, Alexandra K. Miller, David M. Nguyen, Yueyue Shen, Peter Jacobsen, and Jerry Larrabee

FACILITATORS AND BARRIERS TO PRESCRIBING PRE EXPOSURE PROPHYLAXIS (PrEP) FOR THE PREVENTION OF HIV

TB Flanagan¹, MM Graham¹, TT Huynh¹, DL Luzim¹, AK Miller¹, DM Nguyen¹, Y Shen¹, P Jacobson², JG Larrabee¹ MD

University of Vermont College of Medicine¹, Burlington VT; Vermont CARES², Burlington VT



BACKGROUND

What is PrEP and who gets it?

- PrEP is the use of medication by individuals to prevent HIV contraction, approved in 2012 after demonstrating safety and efficacy in the iPrEx study¹ and Partners PrEP² trials.
- HIV infection risk is 92% lower in patients using PrEP.
- Truvada®, a combination of tenofovir and emtricitabine taken orally daily, is the only approved PrEP regimen and is intended to compliment other prevention strategies such as condoms.
- HIV negative-individuals at risk for exposure to HIV have been identified as men who have sex with men (MSM), IV drug users, heterosexuals who have unprotected sex with partners of unknown HIV status, and those in serodiscordant relationships³.

Barriers to PrEP Implementation

- PrEP is effective when patients adhere; however, both the medical community and some high-risk populations have been slow to adopt it as an HIV prevention strategy⁴.
- Surveys have shown clinicians perceived barriers to PrEP such as adverse side effects, viral drug resistance, increased high-risk behavior, cost, and training⁵.

HIV in Vermont

- New diagnoses of HIV among Vermont residents has remained relatively stable over the last twenty years⁶.
- Vermont CARES, a non-profit, offers free and anonymous HIV tests and in-person risk-reduction counseling. Clients are increasingly asking about PrEP as a prevention strategy, but the response from the medical community is difficult to ascertain.

OBJECTIVE

- To assess Vermont providers' attitudes towards PrEP and to identify barriers to wider implementation of PrEP as a prevention strategy.

METHODOLOGY

Participants:

- 143 MD, DO, NP and PA, affiliated with Bi-state Primary Care Association, NVRH, UVMMC, CVMC, SVMC, VA, etc. returned completed surveys.

Survey:

- Barriers associated with PrEP prescription were identified.
- 23 question survey was generated based on previous studies to assess knowledge about and barriers to prescription of PrEP among Vermont primary care practitioners.

RESULTS

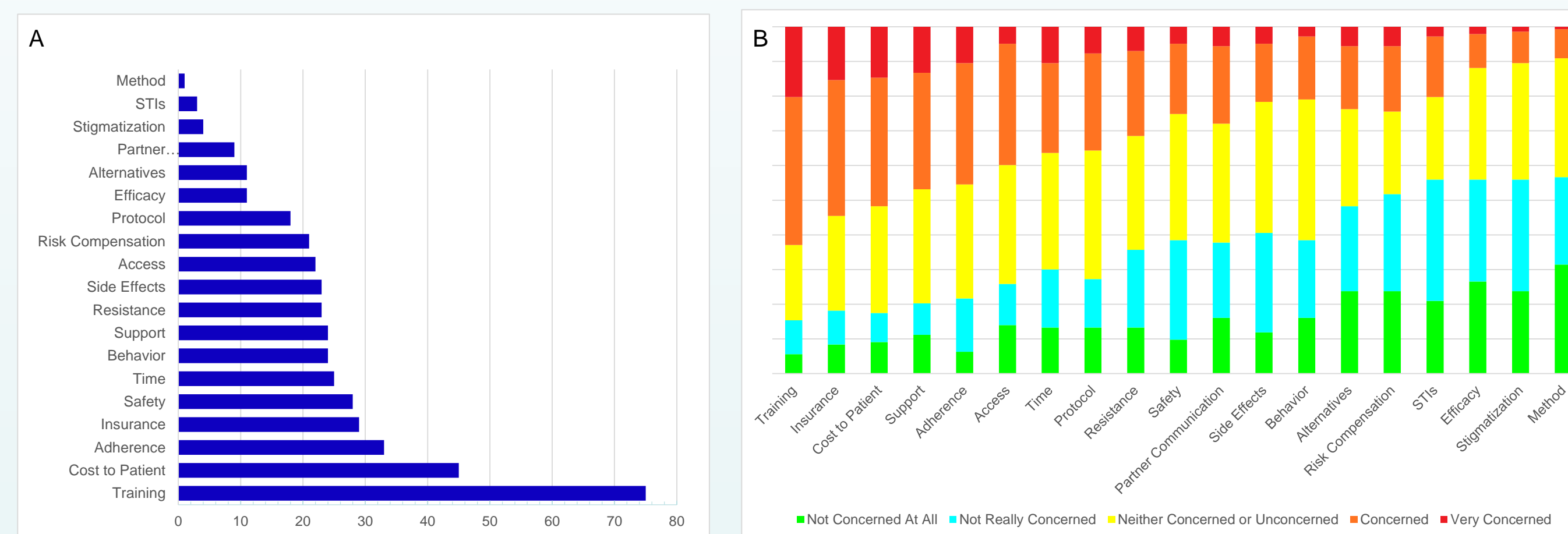


Figure 1. Practitioners' concerns regarding PrEP prescription A). Ranked by practitioner selection of the top three barriers to prescription of PrEP B). Barriers to PrEP prescription ranked by practitioner level of concern on a 5 point scale from "Not Concerned At All" to "Very Concerned"

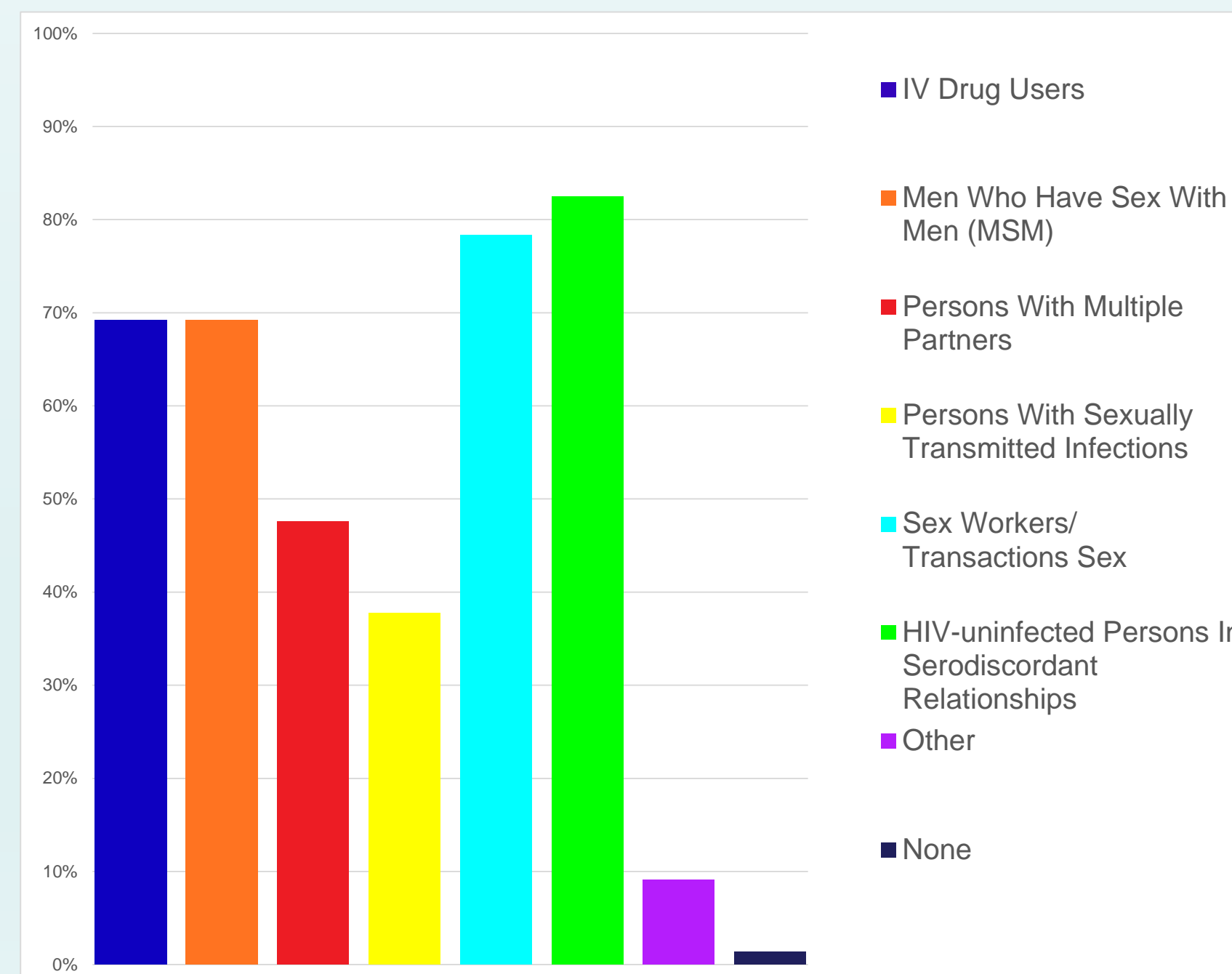


Figure 2. Populations who should be offered PrEP Practitioner selection of groups for whom PrEP is indicated

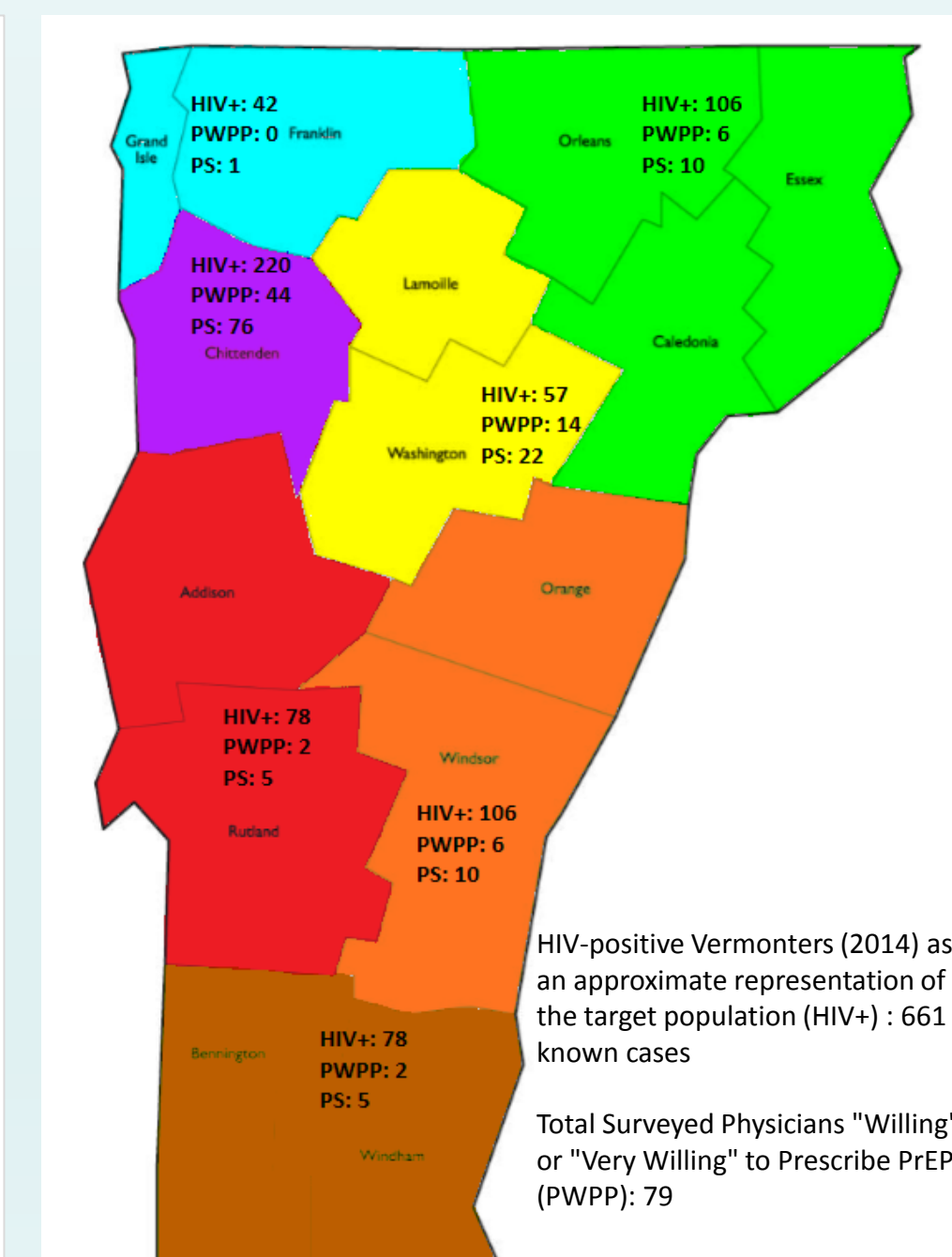


Figure 3. Vermont regions surveyed Distribution of indices by region

DISCUSSION

- Training** is the most prevalent concern amongst all providers surveyed. **Newer doctors show greater concern** about lack of training than more experienced doctors.
- Cost to Patient** is the second most prevalent concern
- Providers of care to HIV (+) patients expressed more concern with **long-term safety** and **drug resistance**.
- Providers who have not provided care to HIV (+) patients in the last year were more concerned with **time**
- Providers "unwilling" to prescribe PrEP expressed greater concern about the de-emphasis of **alternative** HIV interventions with increased prescription of PrEP
- Nearly **47% of providers** consider themselves "**not confident at all**" when asked to assess their confidence level around having an informed discussion with patients regarding PrEP
- Of the providers surveyed, 55% were "willing" or "very willing" to prescribe PrEP, though only 6% had prescribed PrEP in the last 12 months

RECOMMENDATIONS

- Vermont providers experience modifiable barriers to prescribing PrEP. Sharing this data with advocates could prompt the development of targeted interventions to reduce these barriers.
- Continuing education regarding PrEP could decrease concerns about proper training and increase provider confidence about discussing PrEP with patients.
- Awareness of costs to patients and insurance coverage of PrEP may alleviate concerns about the cost of PrEP.

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