

# Pre-exposure Prophylaxis for HIV Prevention: 2016 Washington State PrEP Provider Survey

Joanne Stekler, MD MPH

February 2, 2017

# Background

- PrEP was approved by the FDA in 2012.
- WA PrEP DAP was started in 2014 to help pay med costs.
- PrEP uptake is increasing locally and nationally, but is still not reaching all high risk individuals who could benefit.
- In May-June 2016, AETC/DOH/UW conducted an online survey of all licensed medical providers in WA to understand knowledge, practices, and barriers to PrEP scale-up among primary care and other non-specialty care providers.

(Thank you if you completed this survey!)

# Methods

- Emails were obtained from WA Dept of Health Care Credentialing for all licensed DO, MD, NP, PA.
- Emails sent with link to online, anonymous survey in RedCap.
- Eligibility:
  - See HIV-negative patients > 14 years old for
    - Primary or longitudinal care
    - Walk-in or emergency care
    - STD or family planning
    - Ob-gyn
- No reimbursement provided

# Results

27,004 licensed providers in WA

13,229 (49%) had email addresses associated with license

2334 (18%) initiated survey

812 (35%) eligible

735 (32%) eligible & primary WA practice

Of 735 providers

476 (65%) heard of PrEP

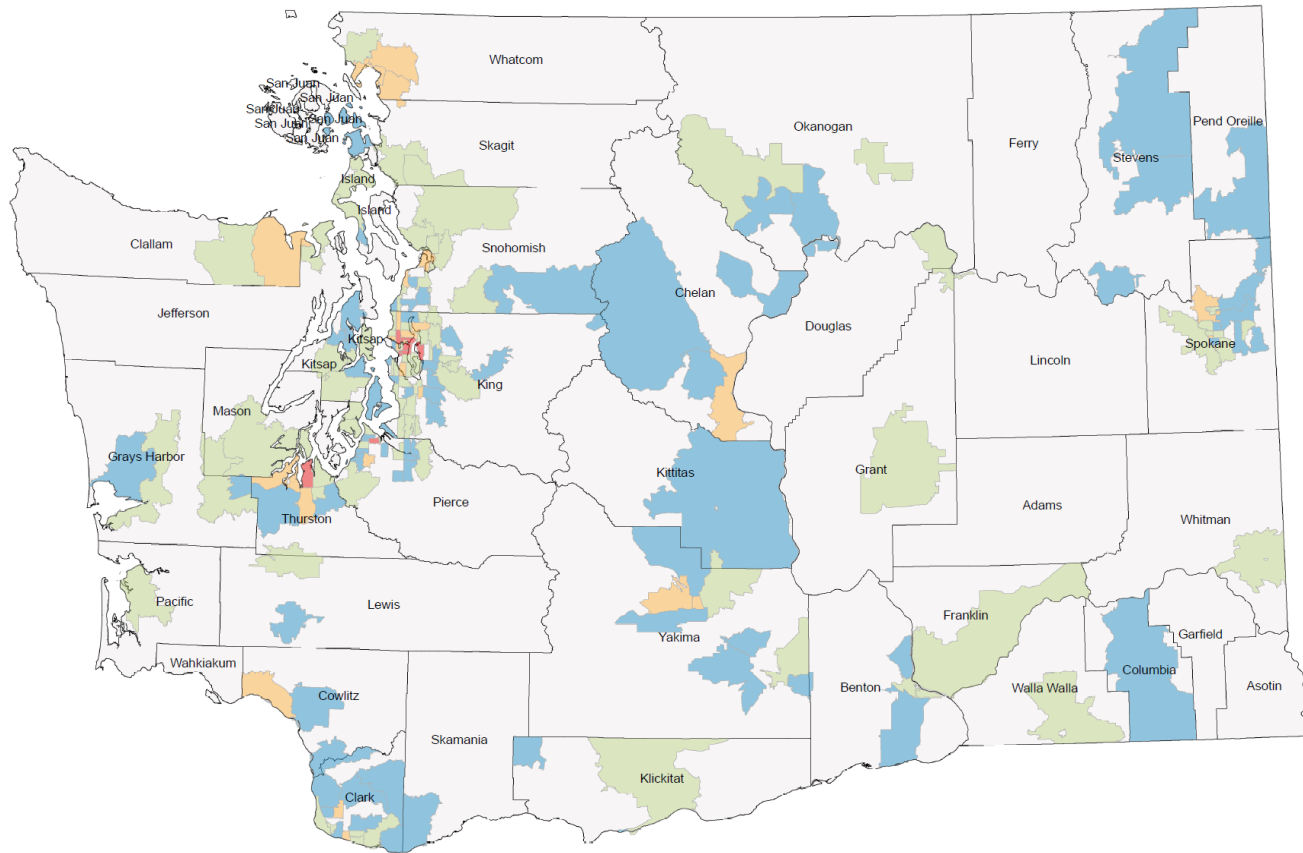
259 (35%) not heard of PrEP

# Characteristics of Respondents

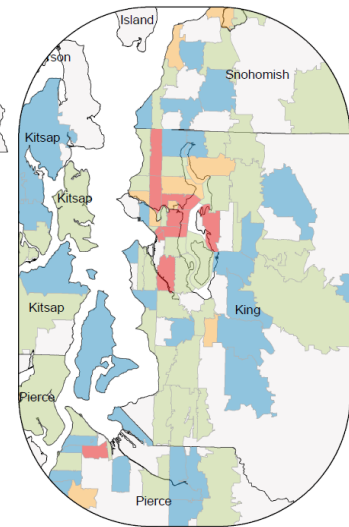
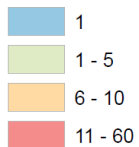
	Heard of PrEP N=476	Not Heard N=259	Total N=735
Male	30%	26%	28%
Female	69%	73%	70%
Transgender	1%		0.4%
Age <30	4%	2%	4%
30-39	49%	31%	43%
40-49	19%	24%	21%
50-59	16%	20%	17%
>60	12%	23%	16%
MD	53%	42%	49%
NP	38%	50%	43%
DO	7%	8%	7%
PA	0.4%	0.4%	0.4%

No association with race/ethnicity

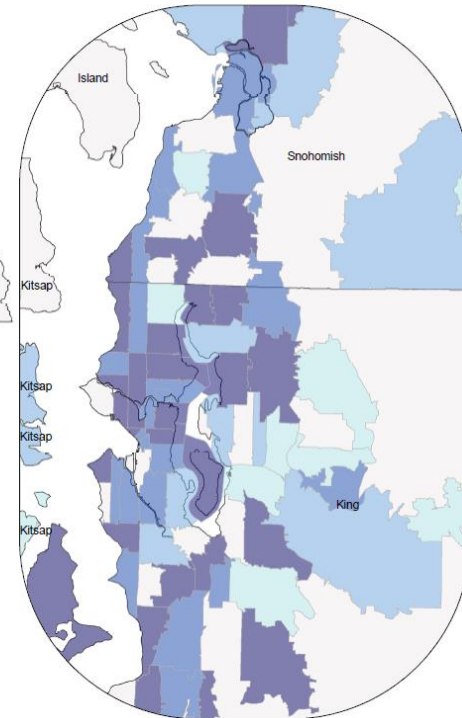
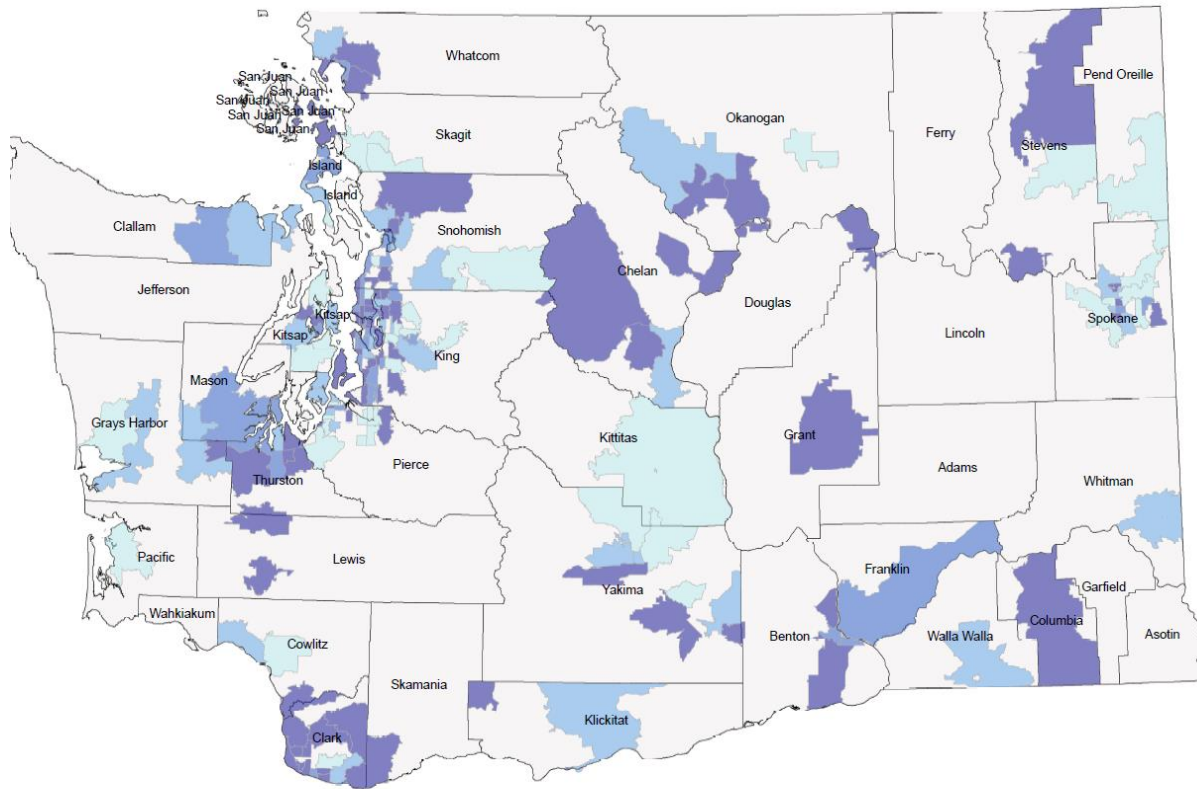
# PrEP Provider Survey Respondents, by Zip Code



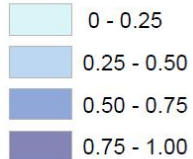
Number of Providers per Zip Code



# Proportion Who Have Heard of PrEP, by Zip Code



Proportion Heard of PrEP by Zip

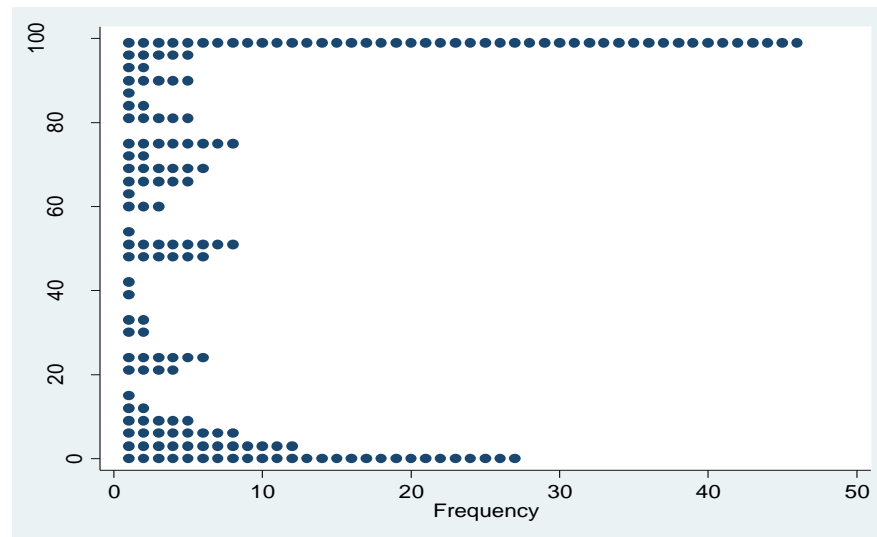






# Discussions About PrEP

- 220 (46%) providers who had heard about PrEP had discussed it with at least one patient
  - median 3 patients (IQR 2-6, range 1-250)
  - % conversations initiated by provider (median 60%)



# Concerns About PrEP

	Total N=476	Not discussed N=256	Discussed ≤2 N=163	Discussed >2 N=57
Adherence	46%			
Cost to patients	43%			
Not certain who for	33%	42%	27%	5%
Risk compensation	26%			
Drug resistance	24%			
Drug toxicity	17%	12%	23%	26%
Effectiveness	16%	19%	15%	4%
Co-morbid conditions	14%			
Staff time	11%			
Unreimbursed costs	6%			
Drug diversion	4%			
No concerns	15%	13%	16%	23%





# Comfort in Discussing Topics Related to PrEP

	Very Comfortable	Somewhat Comfortable	Somewhat Uncomfortable	Very Uncomfortable
Overall	20%	34%	31%	15%
PrEP Candidacy	23%	38%	26%	13%
Efficacy	25%	37%	26%	13%
Cost/insurance	7%	22%	45%	27%
Risk/side effects	14%	31%	37%	18%
Adherence	16%	34%	36%	15%
Drug Resistance	13%	27%	43%	17%
Condoms/safe sex	57%	23%	13%	8%
HIV transmission	36%	33%	21%	10%
Monitoring	17%	25%	33%	25%

# Barriers to PrEP

- 124 prescribers reported
  - Prior authorizations (29%)
  - Insurance denials (12%)
- Reasons for not initiating PrEP (134 providers)
  - Low risk patients (52%)
  - Insurance or cost issues (39%)
  - Concern about side effects (33%)

# If print or online materials were available, which topics would be most useful?

	<b>N=735</b>
Review of guidelines	72%
Assessing candidates	64%
Overview of efficacy	58%
Protocols and visit checklists	55%
PrEP safety/drug resistance	45%
HIV testing/monitoring	45%
Insurance/financial	43%
Adherence monitoring	42%
Template notes	40%
PEP to PrEP	30%

# Conclusions

- Education is still needed to inform WA medical providers about PrEP
  - Particular attention needs to be paid to financial issues
- Most PrEP providers have few PrEP patients and may need different support than PrEP “experts.”
- Work is needed to ensure insurance and cost do not present barriers to effective HIV prevention.
- Thanks to Kelly Naismith at DOH for the maps!