PrEP Implementation from Diverse Settings

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Gender, racial, and geographic disparities in PrEP utilization exist:

- 93% of users are male (14x higher than female PrEP use)
- 30% of users are from the Southern USA (50% new HIV diagnosis)

**PrEP Implementation in the US**

There were over **77,000 PrEP users** in 2016.

That’s a **73% increase** year over year since 2012.
Lack of insurance creates barriers to PrEP linkage, initiation, and retention

- Coverage types: uninsured, UNDERinsured, and insured
- Coverage changes
- Need to accelerate implementation in primary care safety net settings
Implementation science frameworks for PrEP adoption in different settings

Mayer KH, et al. JAIDS 2017
Feldstein, Glasgow. PRISM 2008
EPIS Model
Aarons G et al. Admin Policy Ment Health 2011
Multi-level (organization, provider, PrEP user) support for safety net settings to adopt PrEP

Coordinated inter-organizational collaboration to address the PrEP Continuum of Care
PrEP Implementation in Pharmacies

- 67,753 pharmacies in the US
- Requires: collaborative practice agreement (pharmacist and MD), staff, lab testing, physical space
- Return on investment allows for sustainability
- High PrEP user retention (Seattle)
- MSM reported high acceptability and setting vs. staff specific facilitators/barriers to receive PrEP in pharmacies

Summary

• Lack of insurance creates barriers along the PrEP continuum of care

• There is a need to accelerate integration of PrEP into routine services offered in primary care safety net clinics

• Sustainable PrEP adoption requires multi-level interventions that address organizational level factors (climate, structure)

• PrEP implementation efforts should encompass pharmacy-based delivery