

PREP KNOWLEDGE, ATTITUDES, AWARENESS, AND EXPERIENCE AMONG A NATIONAL SAMPLE OF US PRIMARY CARE AND HIV PROVIDERS

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DISCLOSURES

- **Gilead Sciences**
 - Investigator Initiated Research Funding
 - Clinical Trial Support

BACKGROUND

- HIV PrEP can significantly reduce HIV acquisition among at-risk individuals
- PrEP adoption and availability depends on medical providers
- PrEP uptake remains too low to affect HIV incidence
- Krakower and Mayer identified the “Purview Paradox” as an important phenomenon affecting PrEP provision

OBJECTIVES

- Understand and compare, among Primary Care Providers and HIV Providers, PrEP
 - Awareness
 - Knowledge
 - Experience
 - Barriers to implementation
 - Capacity
- Extend prior studies by
 - Recruiting a national sample
 - Comparing PCPs and HIVPs

METHODS

- **Cross-sectional, 177-item online survey**
 - July 2014 – May 2015
- **Primary Care Providers & HIV Providers**
 - Physicians, NPs, PAs eligible
- **Databases from 3 national provider organizations**
- **Recruited from 10 US cities with highest HIV prevalence**
- **Descriptive statistics used to characterize participants**
- **Chi-square and Mann-Whitney tests used as appropriate to compare differences between HIVPs and PCPs**

RESPONSES

5124 INVITATIONS
- 1104 UNDELIVERED

4020 NET INVITATIONS

620
RESPONDERS
- 105 DQ'd

515
COMPLETED

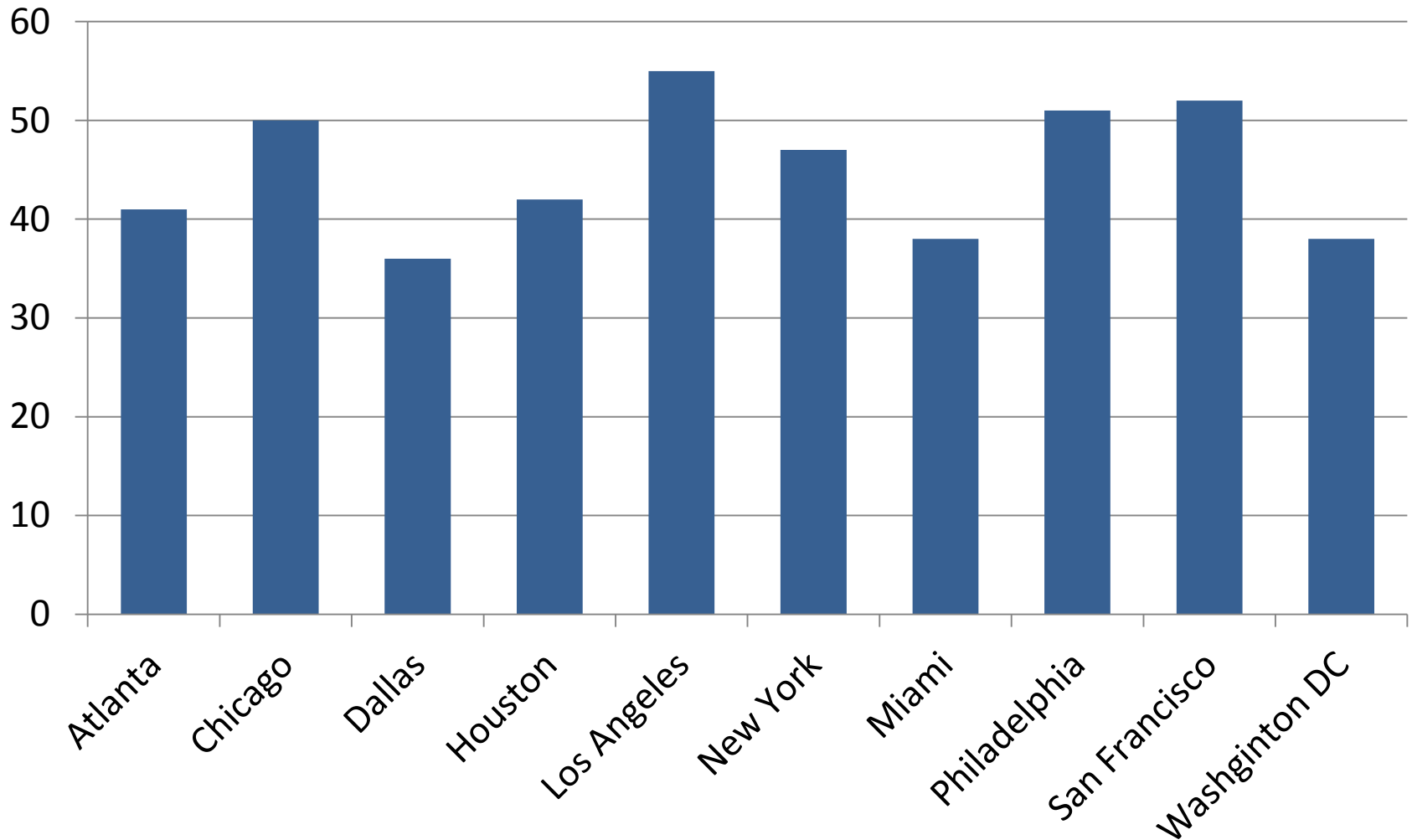


15.4%

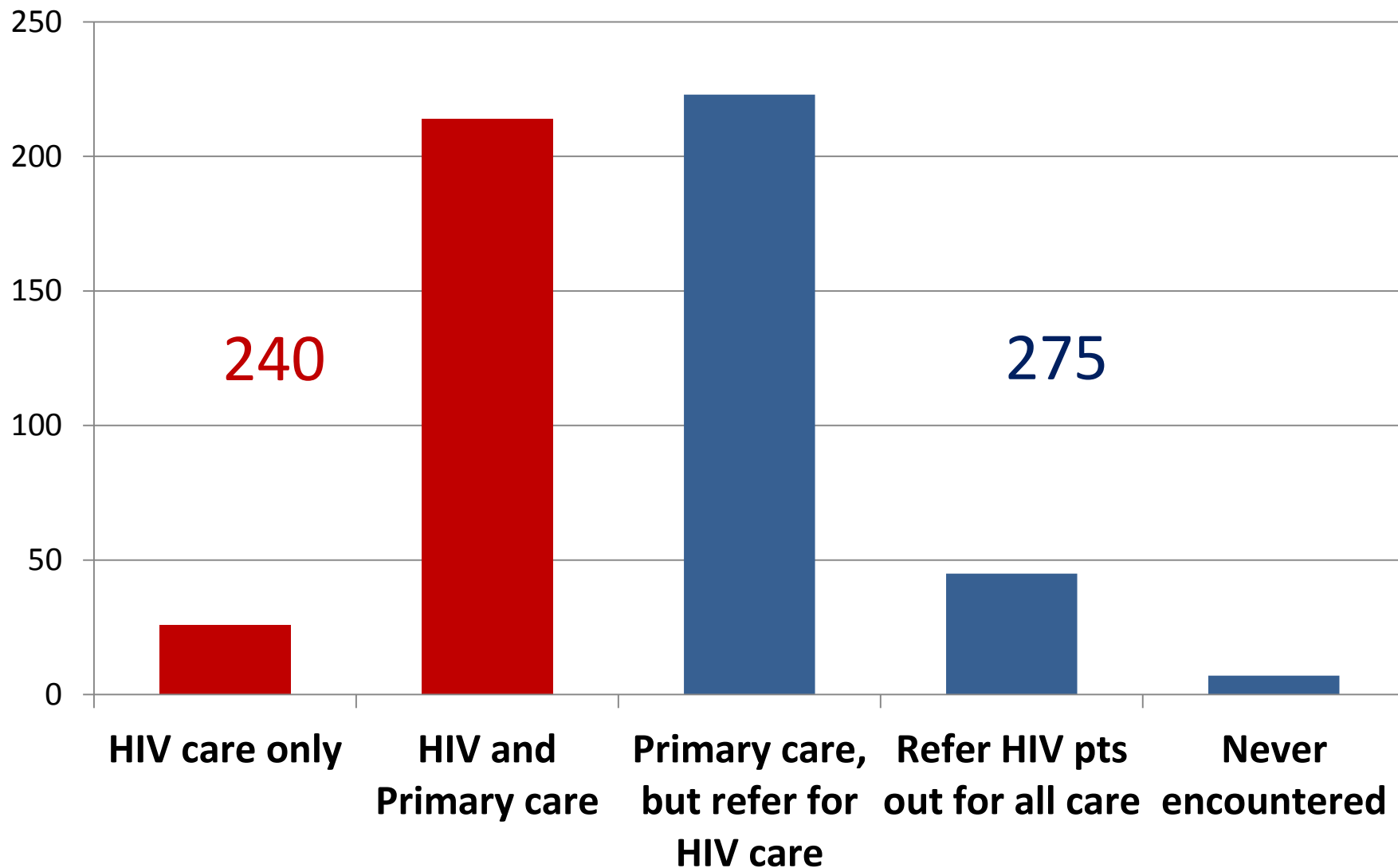
DESCRIPTION OF PARTICIPANTS

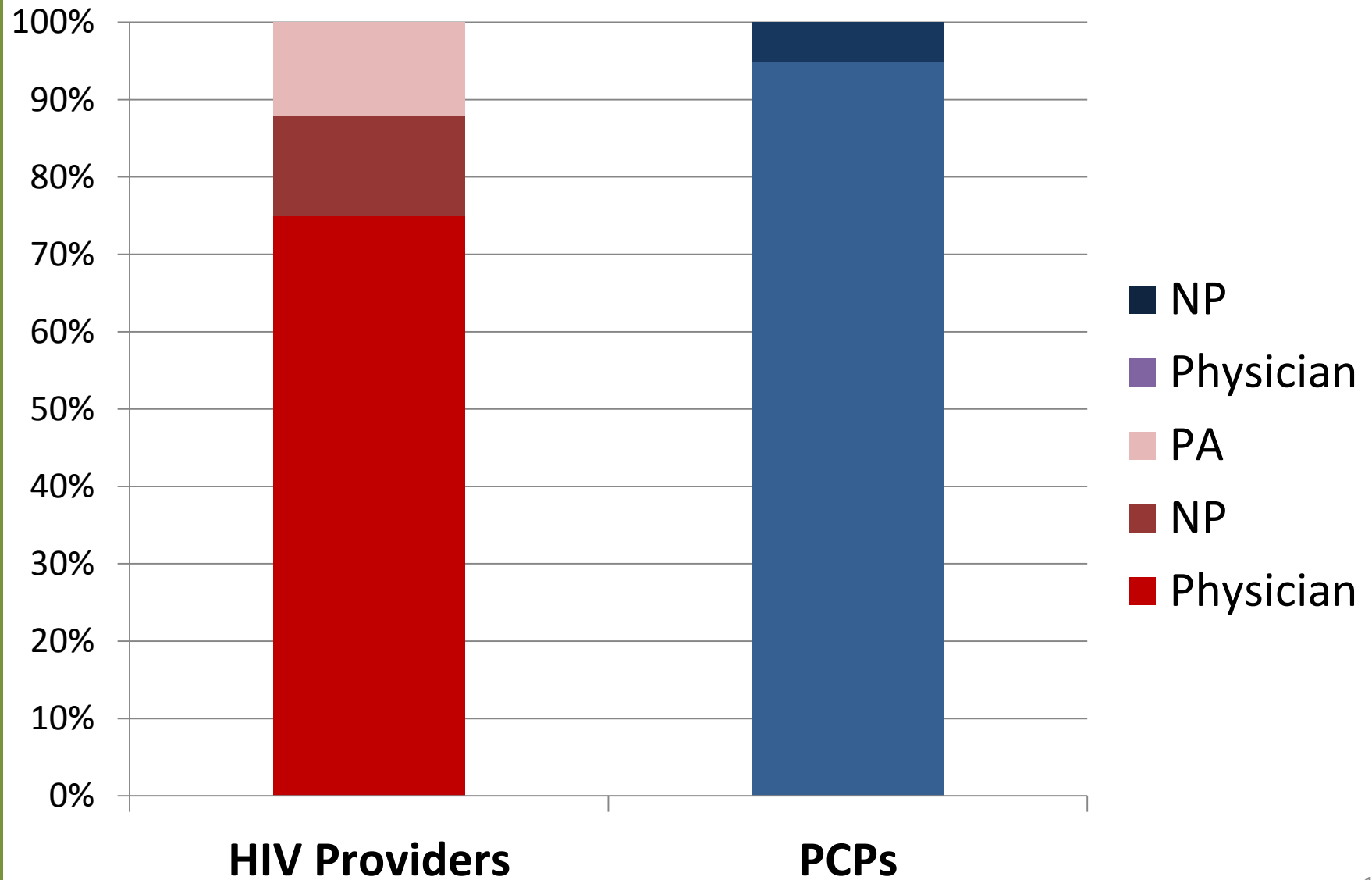
	HIVPs	PCPs
Female	42%	47%
Mean Age	49.5	50.1
White	58%	49%
African-American	13%	8%
Latino	8%	11%
Asian/Asian-American	10%	20%
Private practice	12%	25%
Private organization	26%	35%
Public organization	12%	7%
Comm Health Center	25%	8%
Academic/University	20%	22%
VA	0%	2%
AIDS service org	3%	0%

GEOGRAPHIC DISTRIBUTION



SCOPE OF PRACTICE & STUDY CLASSIFICATION



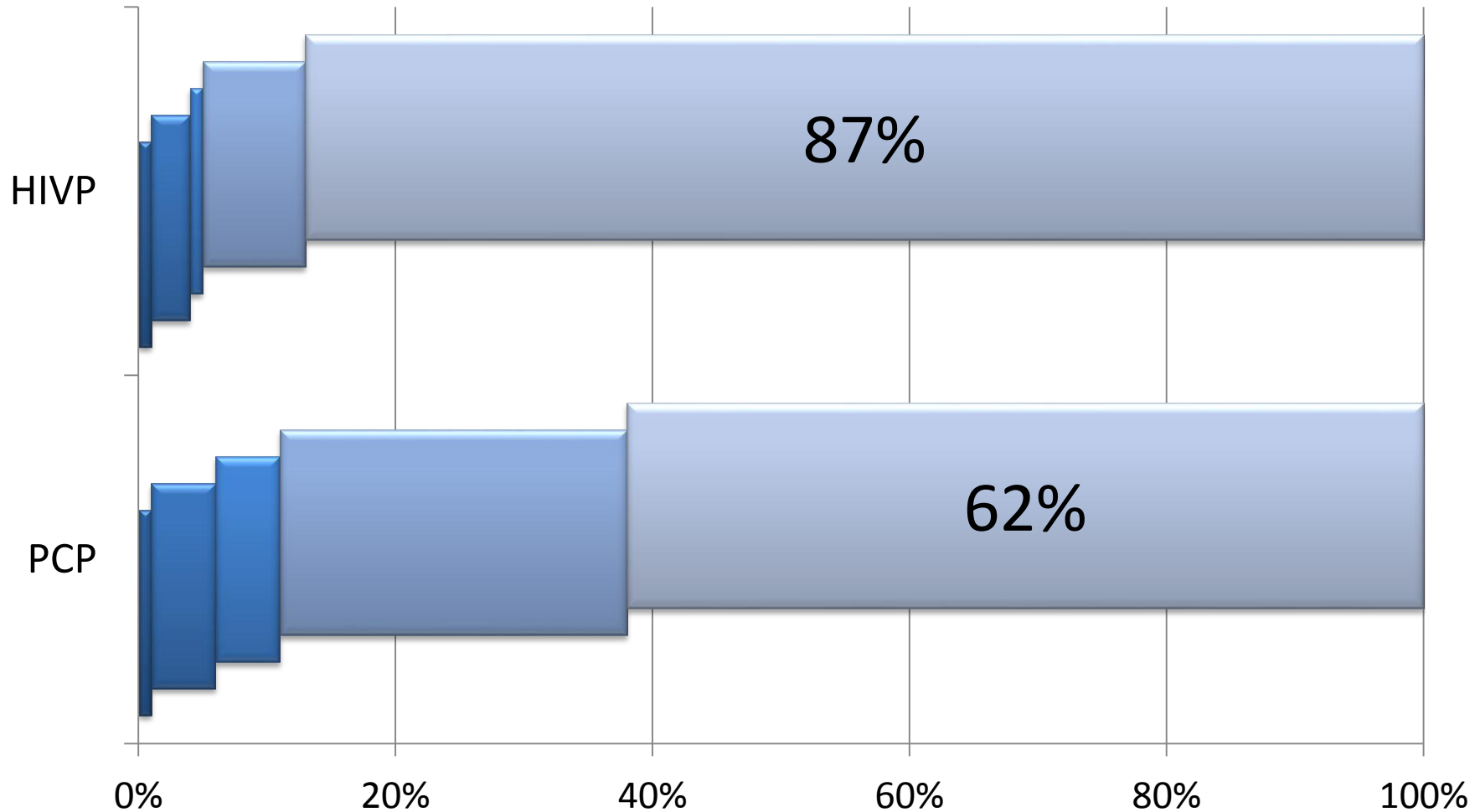


COMFORT WITH PREP-RELATED ACTIVITIES

Discussing sexual orientation

$p < .001$

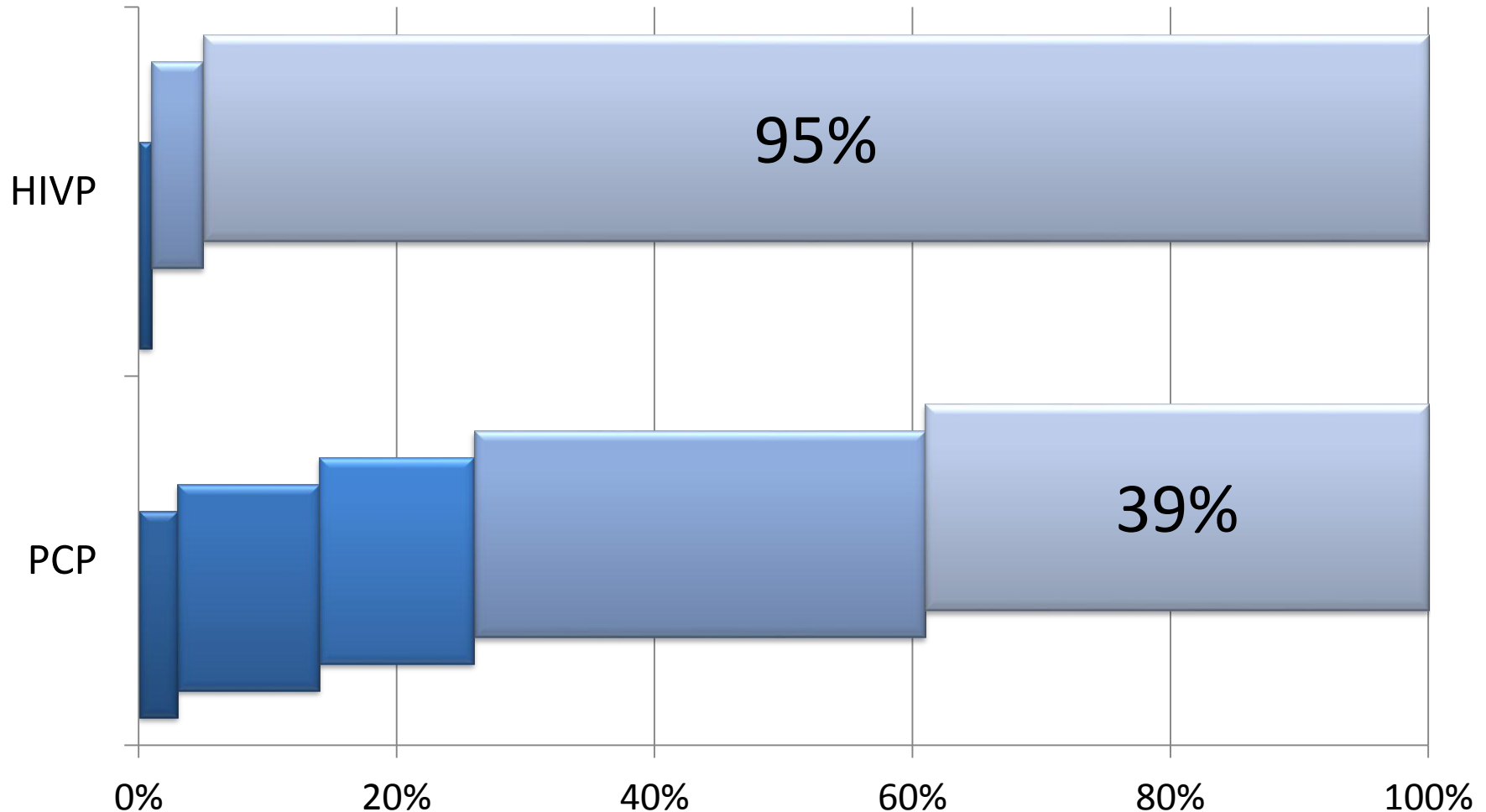
■ Completely Uncomfortable ■ 2 ■ 3 ■ 4 ■ Completely Comfortable



Discussing types of sexual activities

$p < .001$

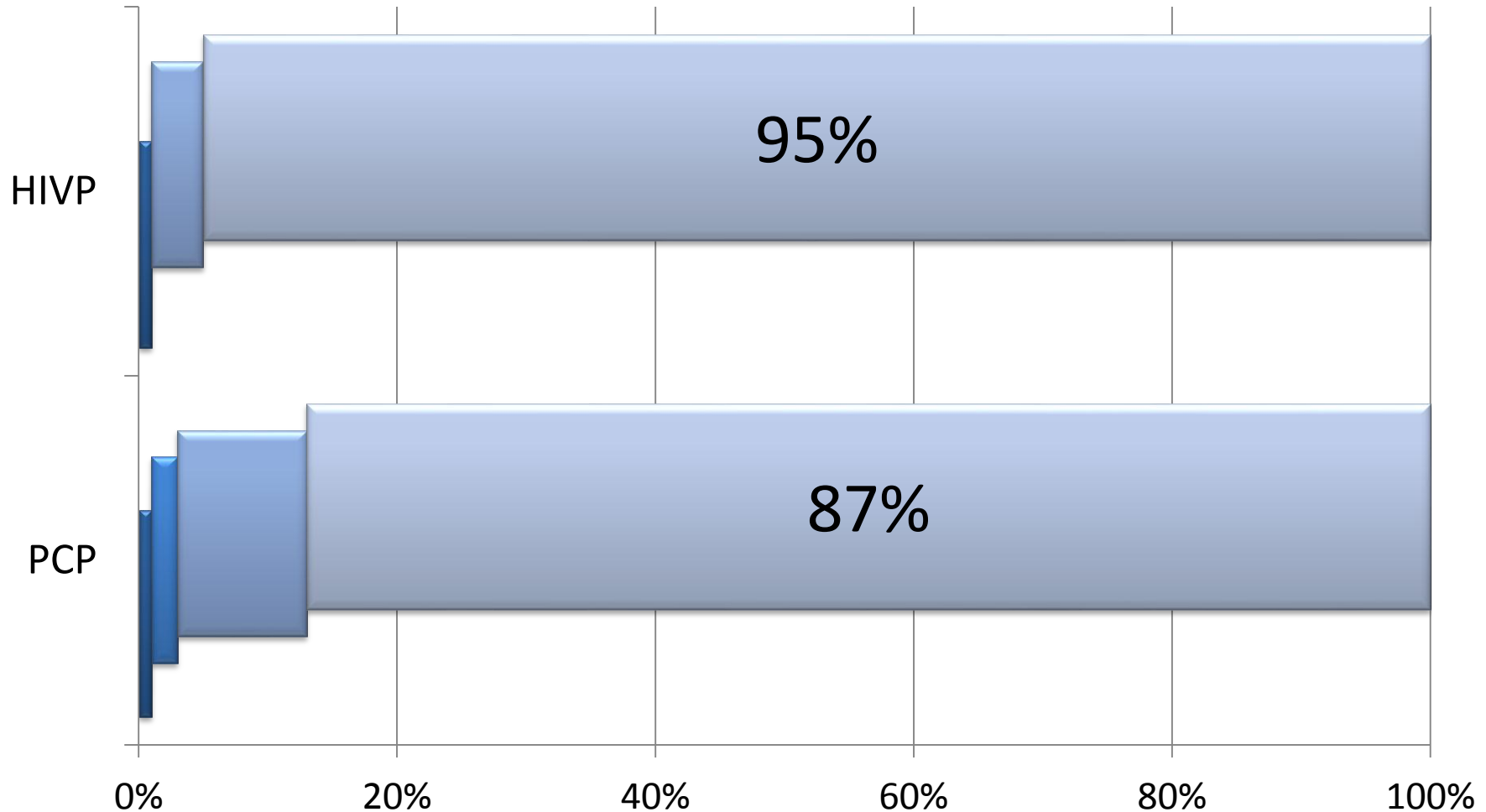
■ Completely Uncomfortable ■ 2 ■ 3 ■ 4 ■ Completely Comfortable



Screening for HIV

$p = .05$

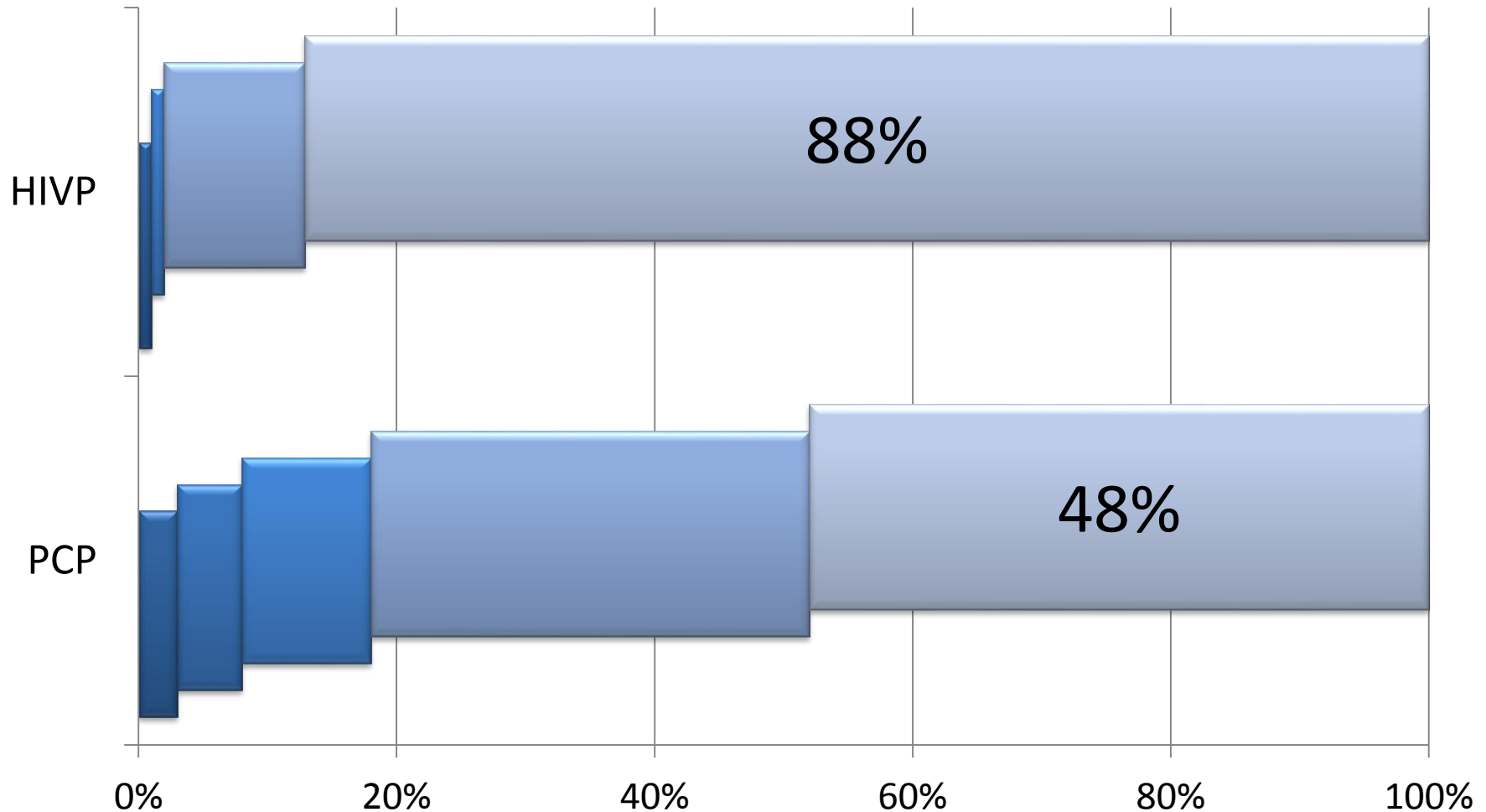
■ Completely Uncomfortable ■ 2 ■ 3 ■ 4 ■ Completely Comfortable



Ordering correct test for acute HIV

$p < .001$

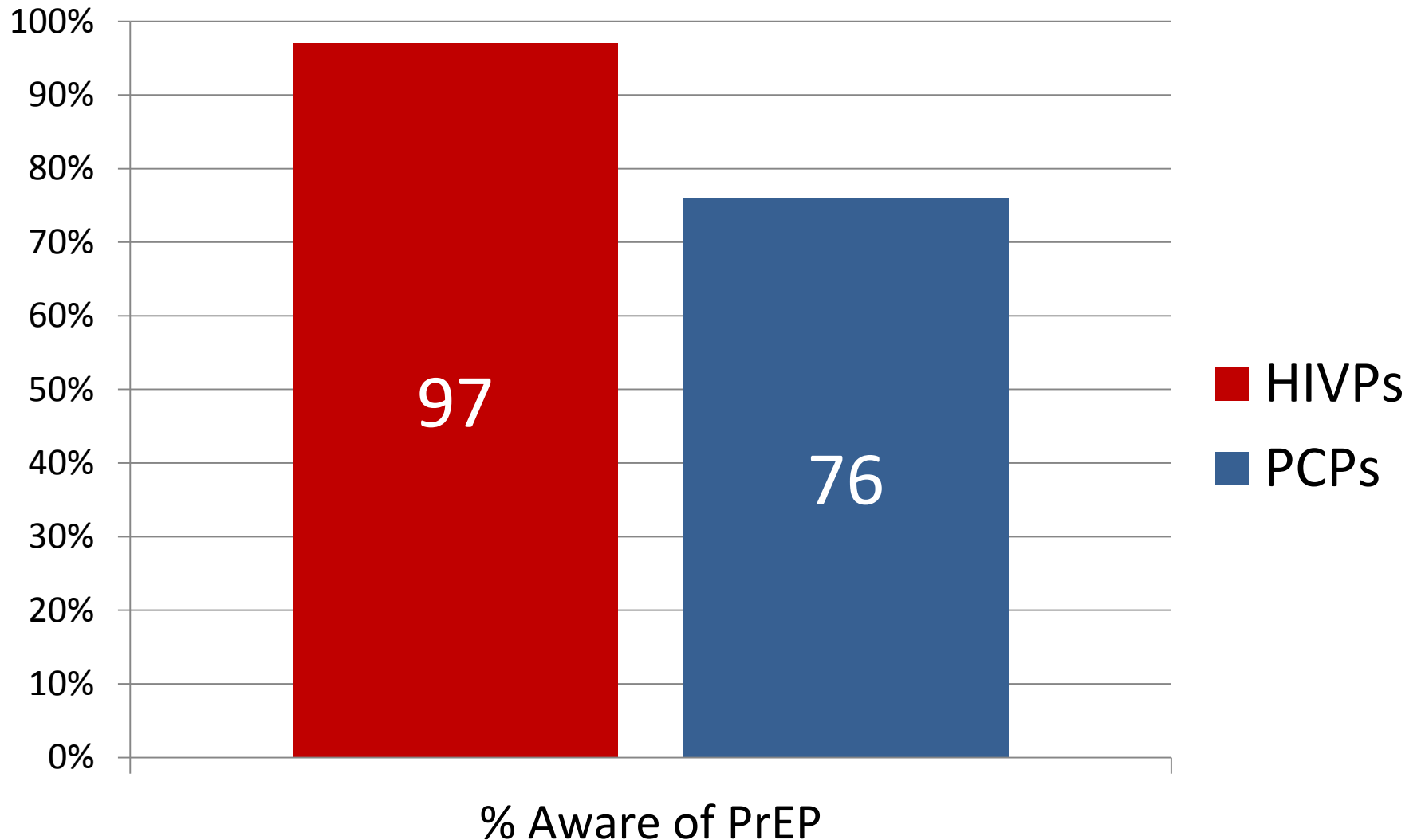
■ Completely Uncomfortable ■ 2 ■ 3 ■ 4 ■ Completely Comfortable



AWARENESS AND FAMILIARITY

AWARENESS OF PREP

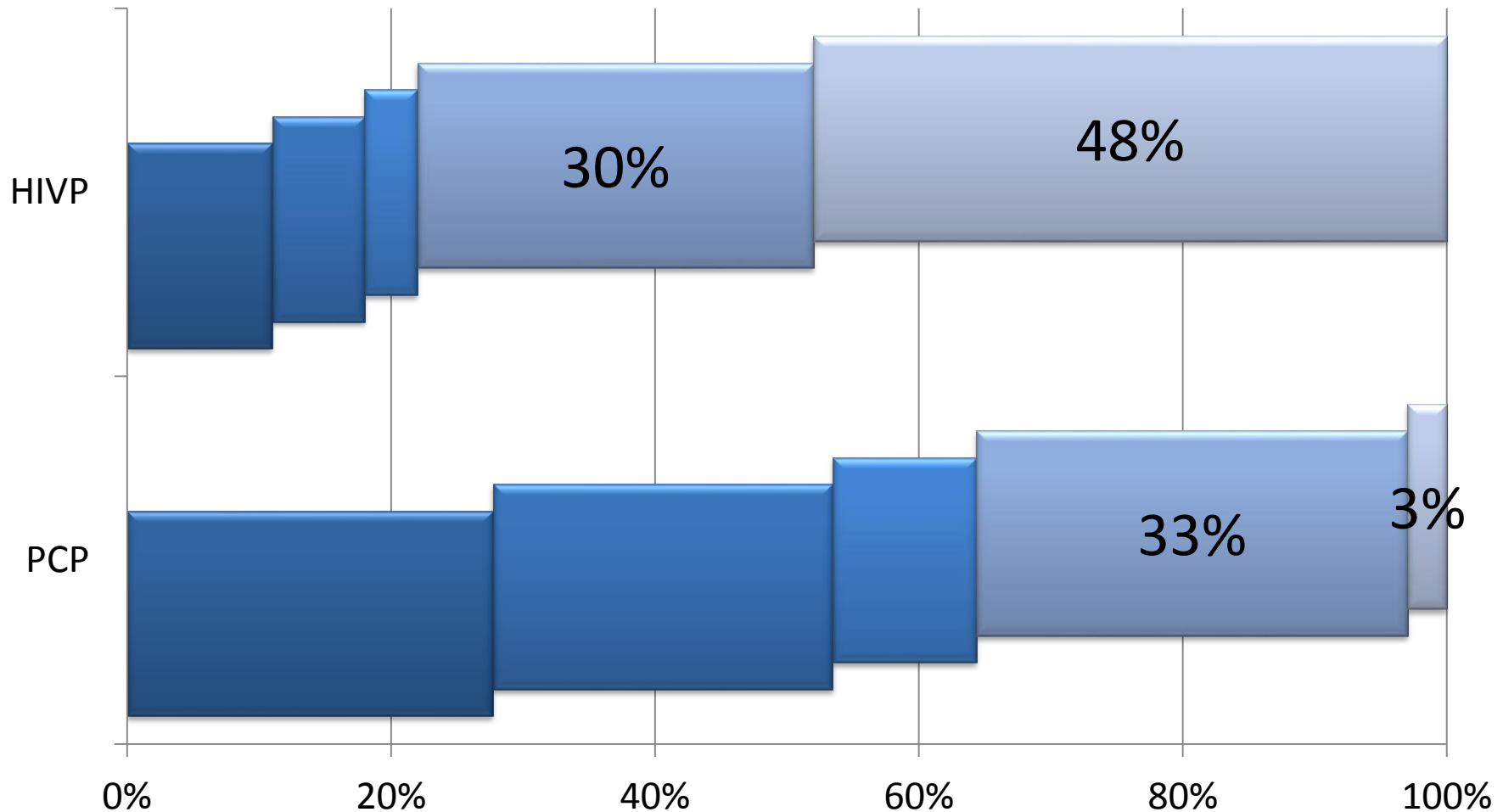
$p < .001$



FAMILIARITY WITH PREP

$p < .001$

■ Very Unfamiliar ■ 2 ■ 3 ■ 4 ■ Very Familiar



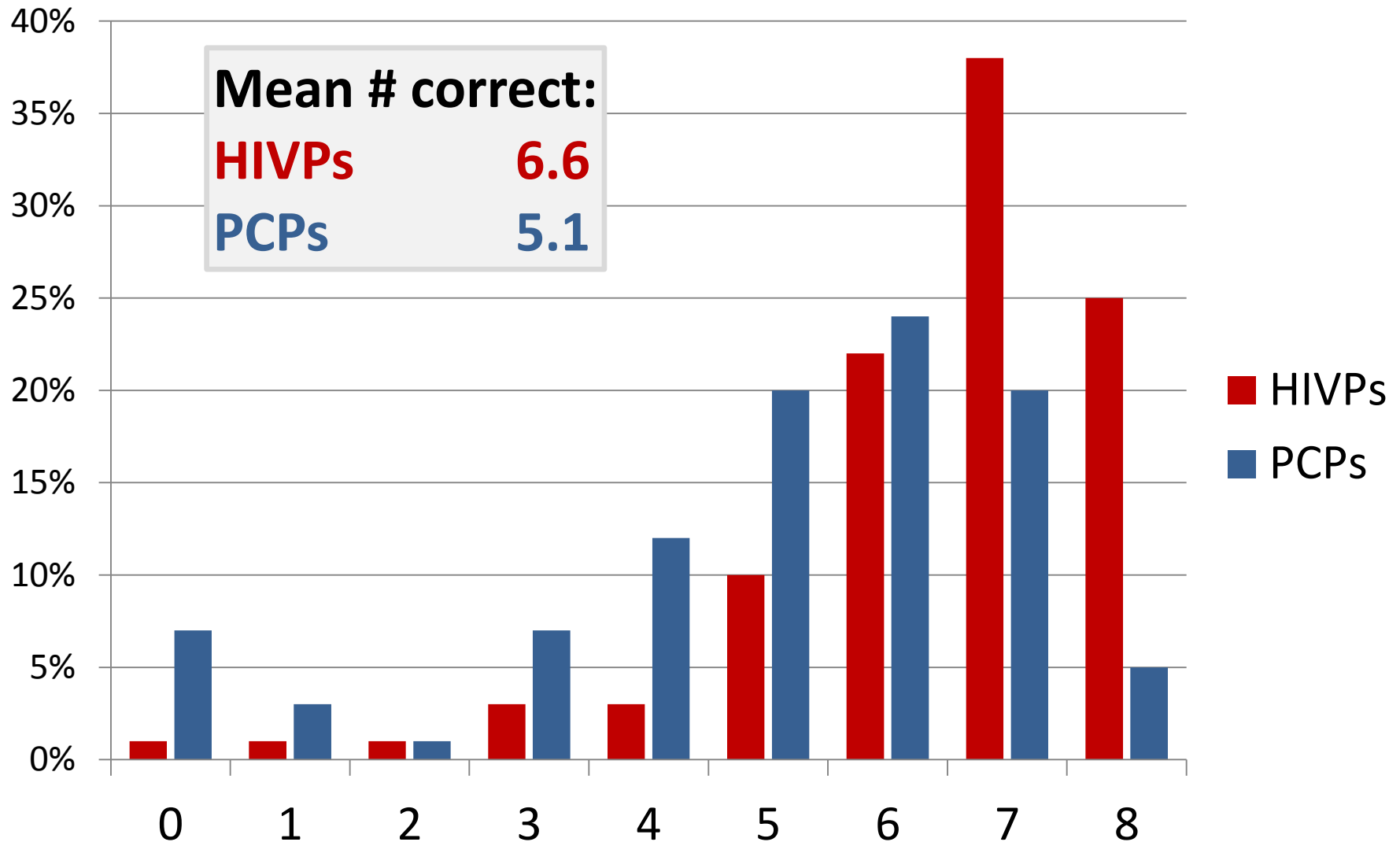
KNOWLEDGE

PREP KNOWLEDGE

- 8 items measured knowledge
 - Testing
 - HIV testing
 - Baseline testing
 - Monitoring
 - ARVs
 - Number, Name
 - Dosing frequency
 - Contraindications
 - Cost

PREP KNOWLEDGE

ITEMS CORRECT $p < .001$

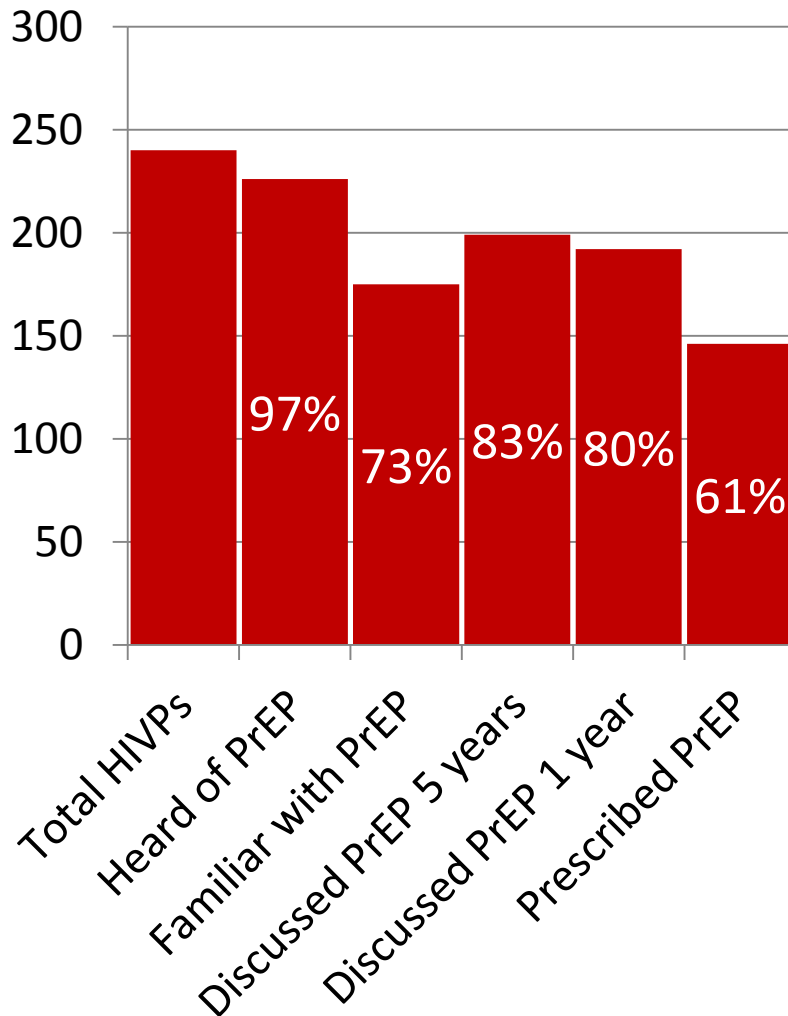


EXPERIENCE

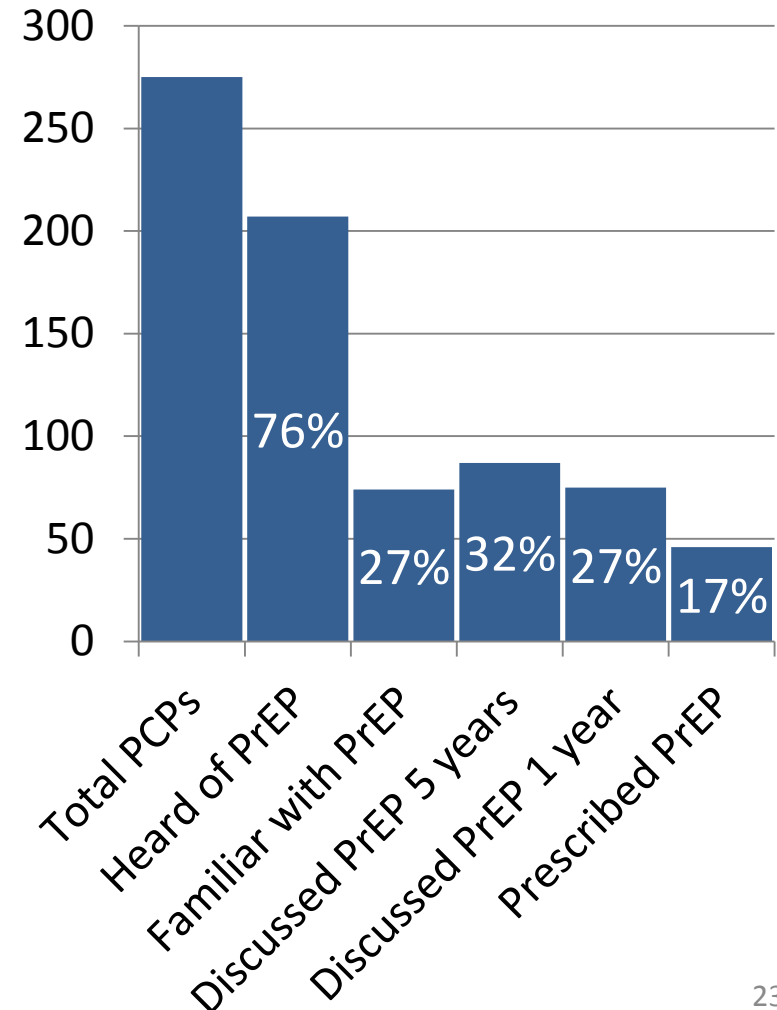
PREP EXPERIENCE

"CASCADE"

HIVP



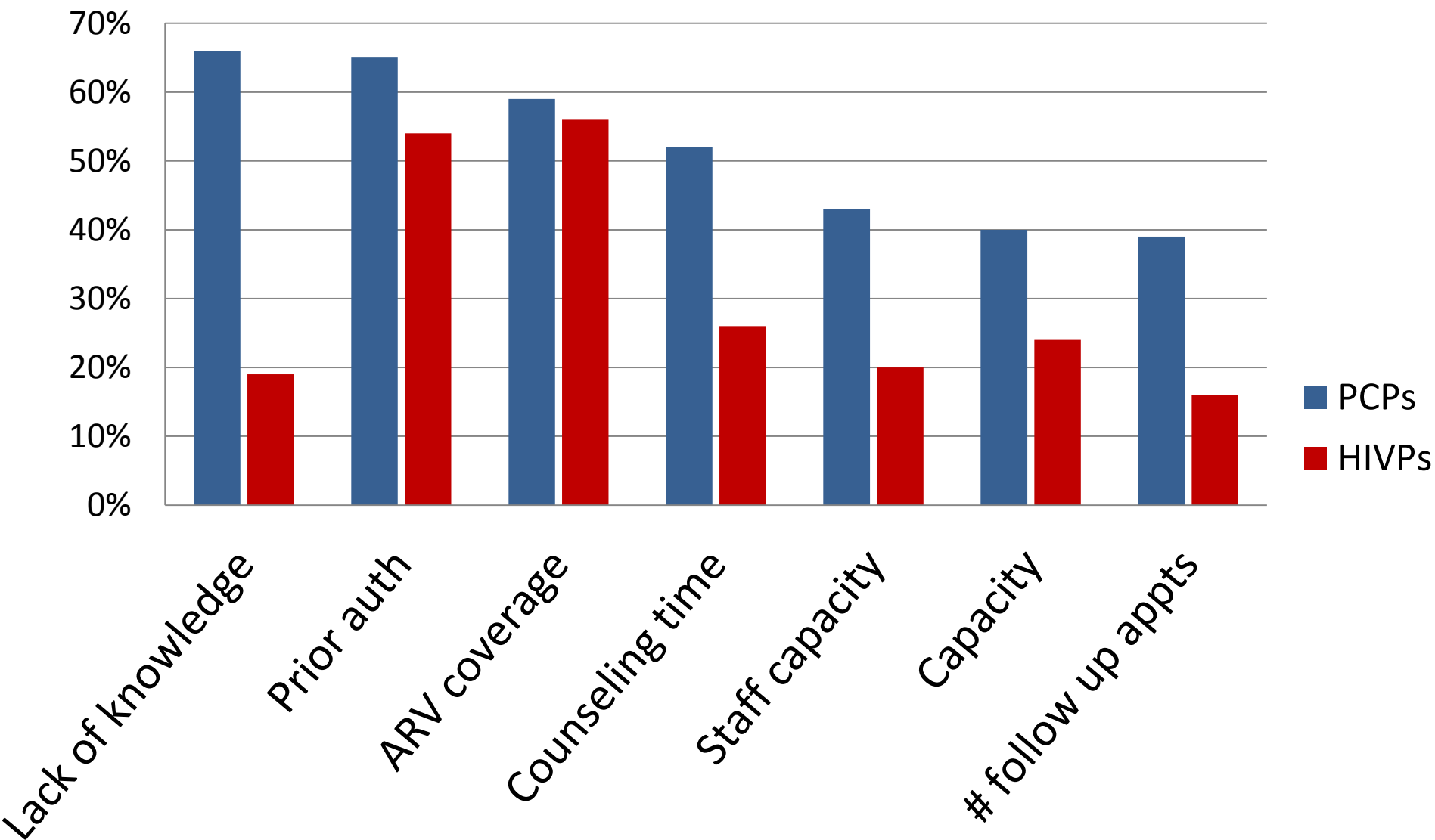
PCP



BARRIERS

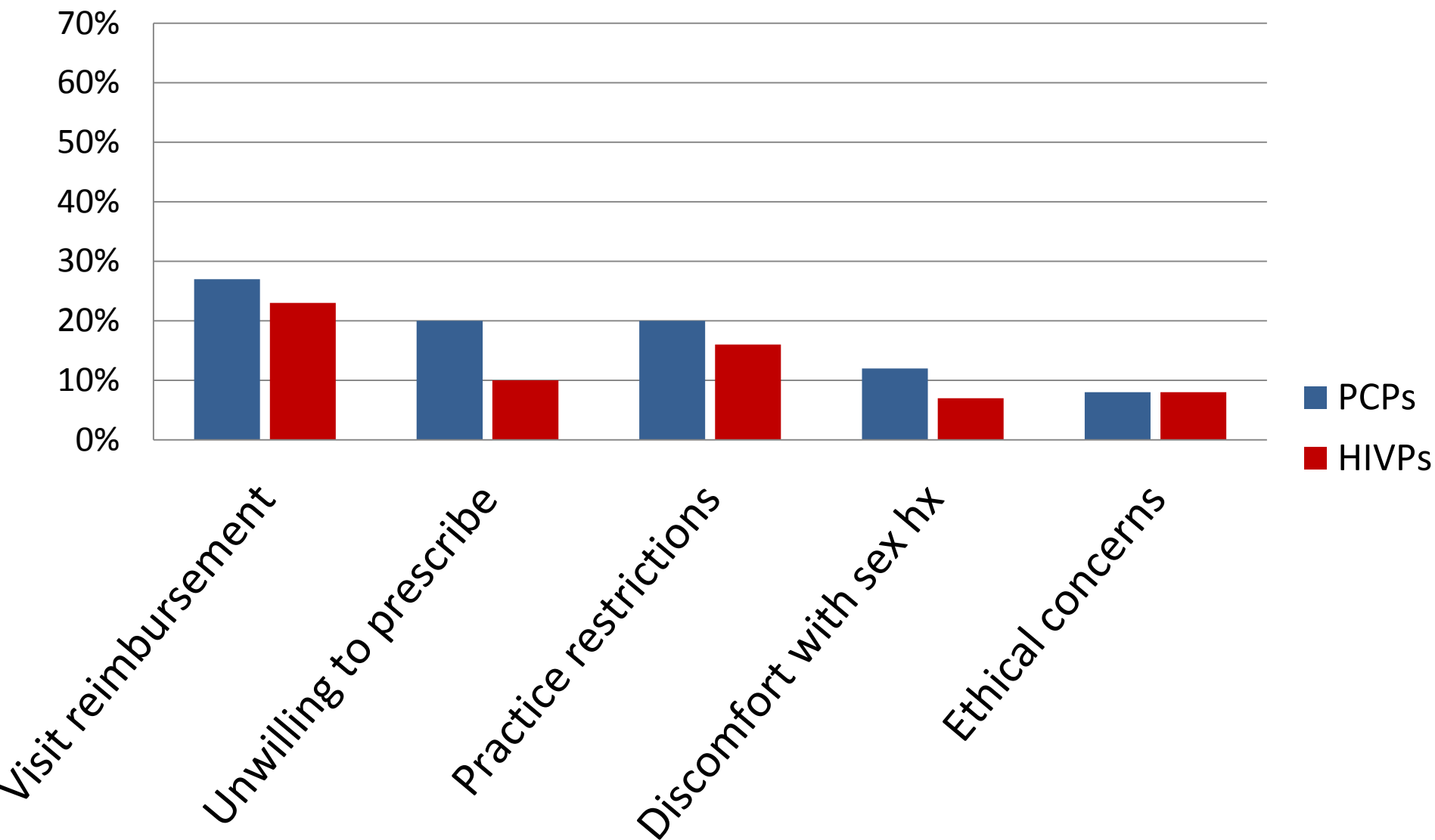
BARRIERS TO PRESCRIBING PREP

% SOMEWHAT OR VERY CONCERNED



BARRIERS TO PRESCRIBING PREP

% SOMEWHAT OR VERY CONCERNED



LIMITATIONS

- Cross-section design
- Low representation from non-physician PCPs
- Response rate: 15.4%

IMPLICATIONS

- Provider interventions need customization
- PCP needs include knowledge of PrEP procedures; navigating logistical barriers
 - May benefit from operationalization models
 - Uncomfortable with aspects of sexual history taking
- HIV Providers
 - High levels of PrEP knowledge and experience
 - Capacity not identified as a barrier
- Next steps:
 - Study models of operationalizing PrEP in varying settings
 - Incorporate skill-building into PrEP educational materials

THANK YOU!



MCW

Jeffrey Kelly
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Abbas Hyderi

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Keith Horvath

University of Pittsburg

Ken Ho

University of Washington

Jared Baeten

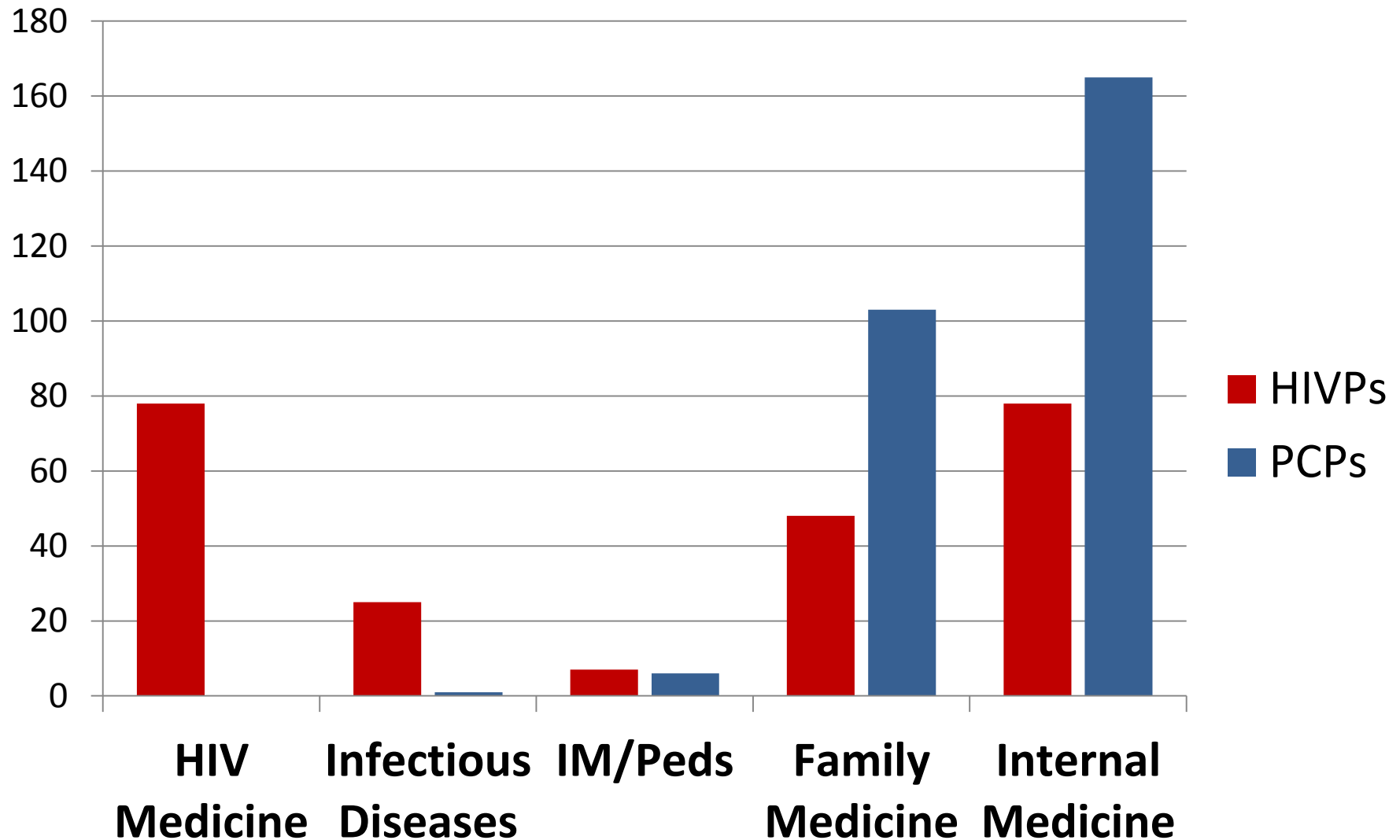
Funders

Gilead Sciences
NIMH: P30MH052776 21



**MEDICAL
COLLEGE**
OF WISCONSIN

PROVIDER SPECIALTY AND CLASSIFICATION



HIV PATIENTS IN PCP PANELS

