



# PrEP Implementation from Diverse Settings

Rupa Patel, MD MPH  
Assistant Professor, Washington University in St. Louis

**Adherence 2018 • June 8-10 • Miami**

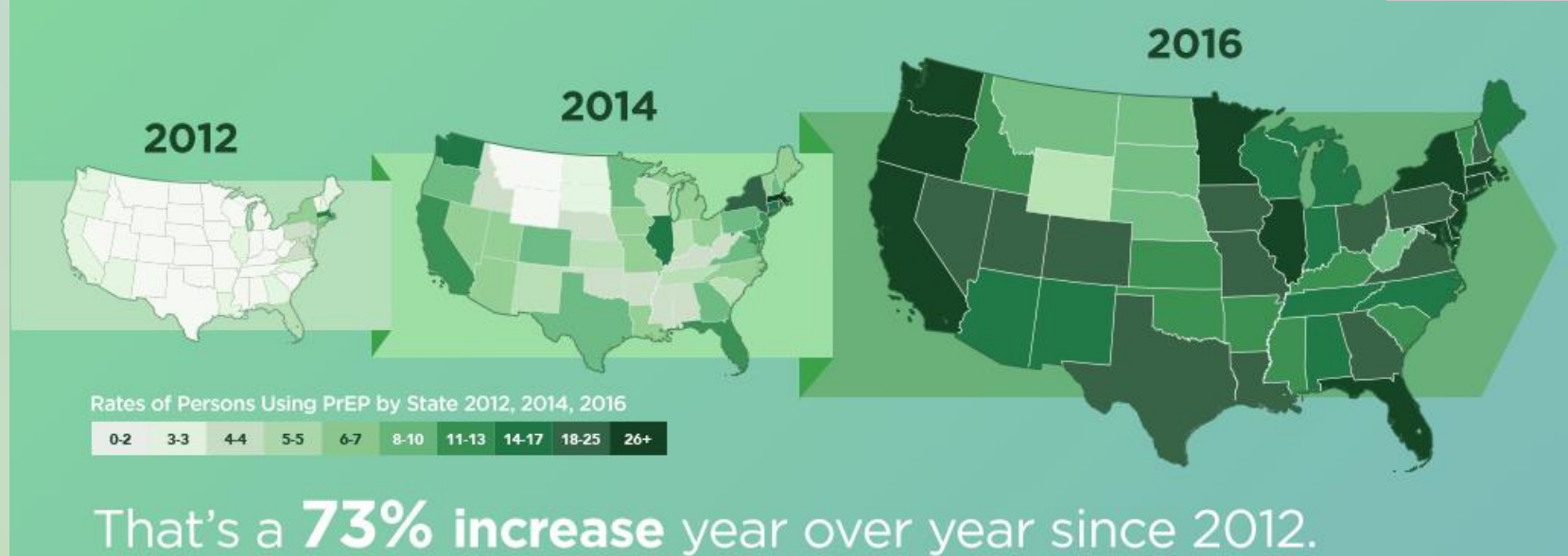
# PrEP Implementation in the US

#ADHERENCE2018



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

AIDSVu 



That's a **73% increase** year over year since 2012.

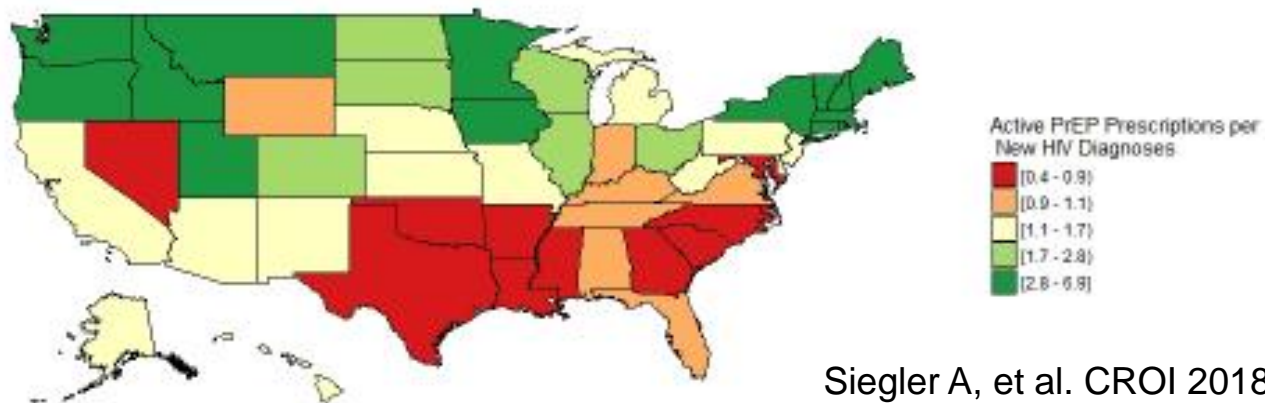
Gender, racial, and geographic disparities in PrEP utilization exist:

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

Prevalence of Active PrEP Prescriptions per 100,000 population  
Q2 2017



PrEP-to-Need Ratio  
Q2 2017



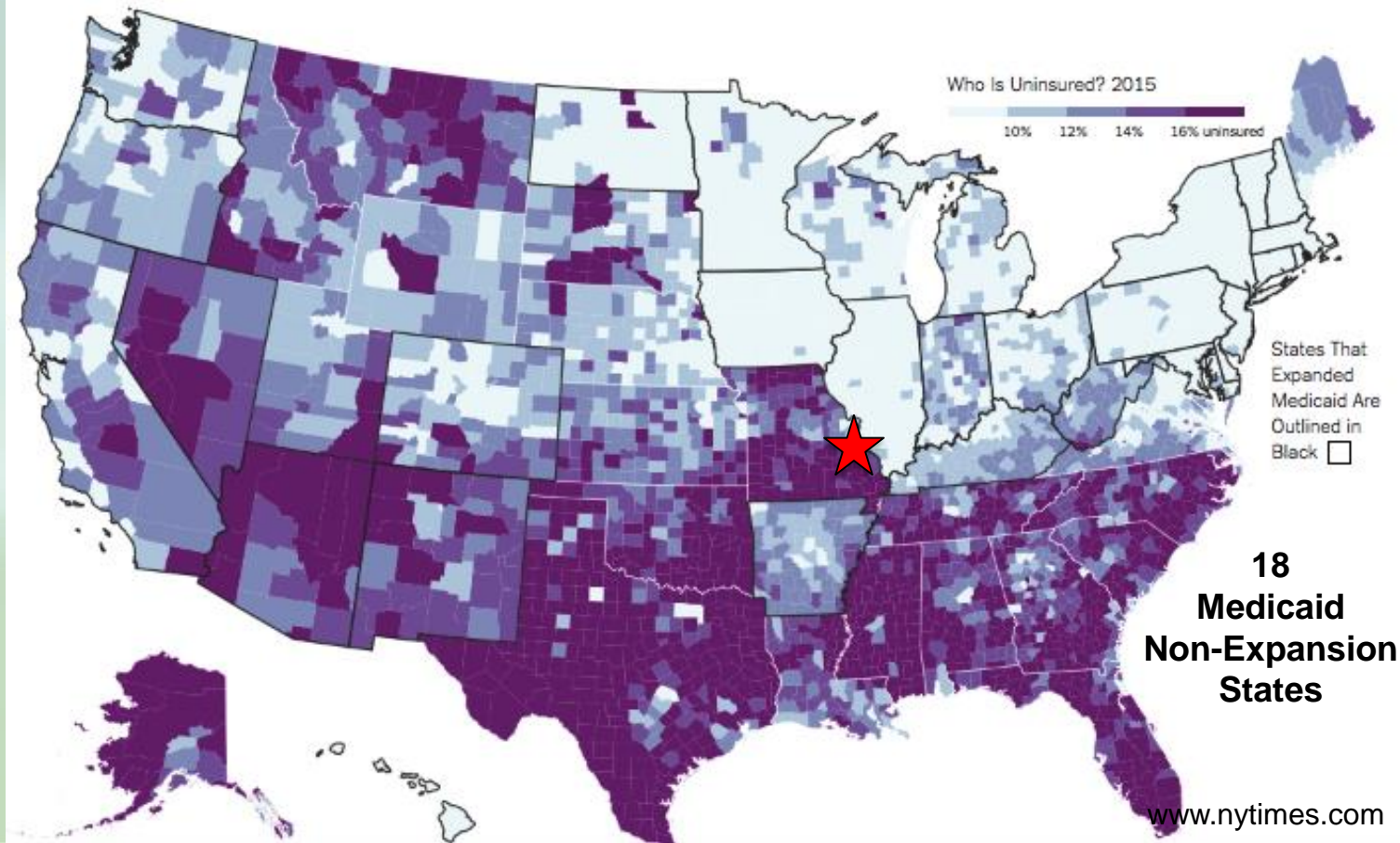


# Lack of insurance creates barriers to PrEP linkage, initiation, and retention

#ADHERENCE2018

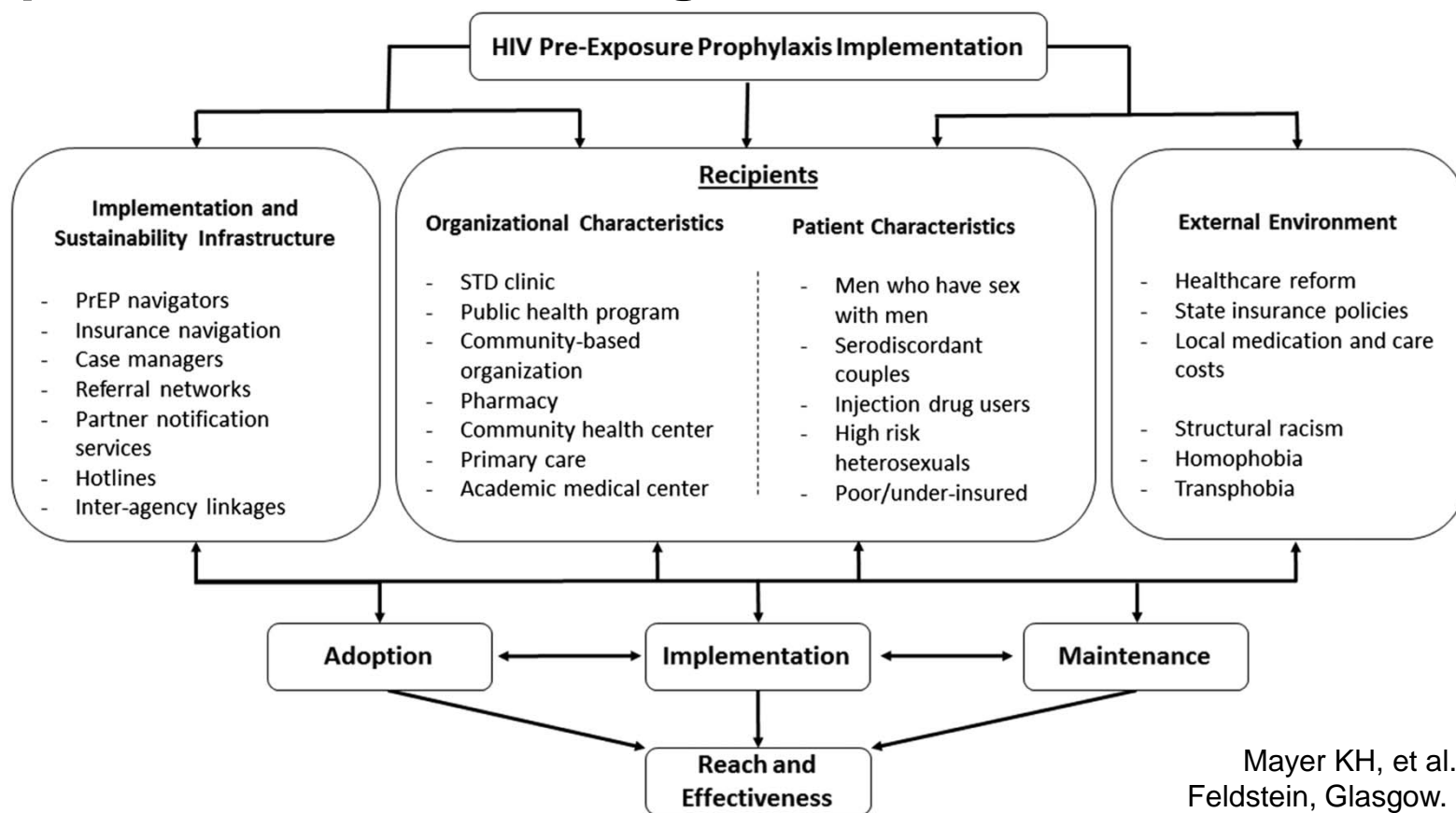


- Coverage types: uninsured, UNDERinsured, and insured
- Coverage changes
- Need to accelerate implementation in primary care safety net settings

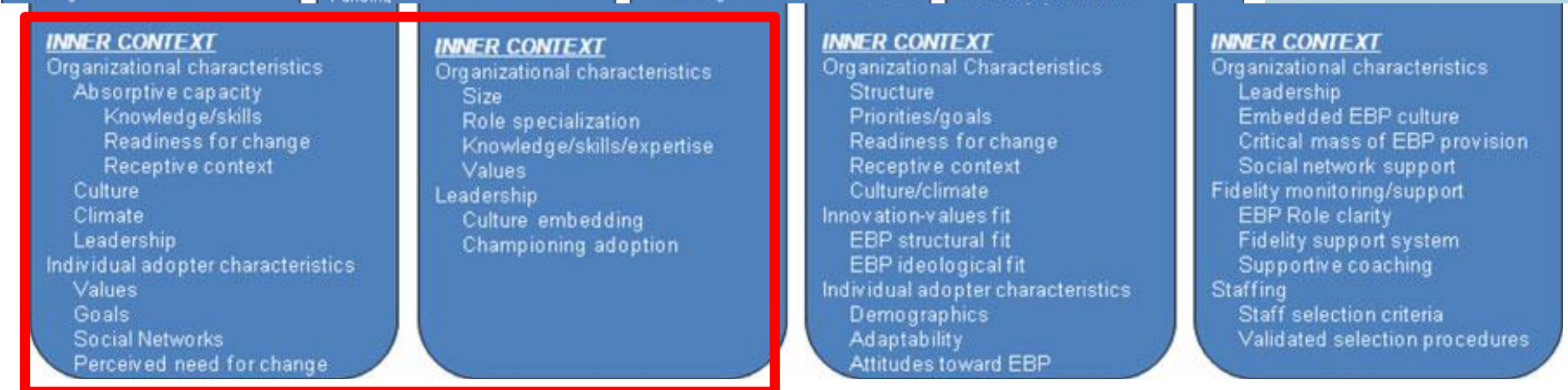
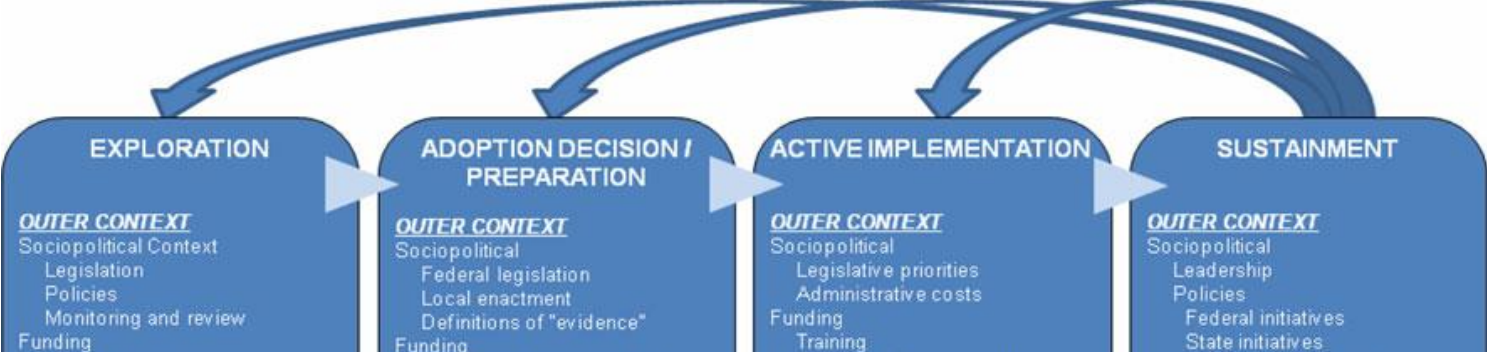


# Implementation science frameworks for PrEP adoption in different settings

ADHERENCE2018



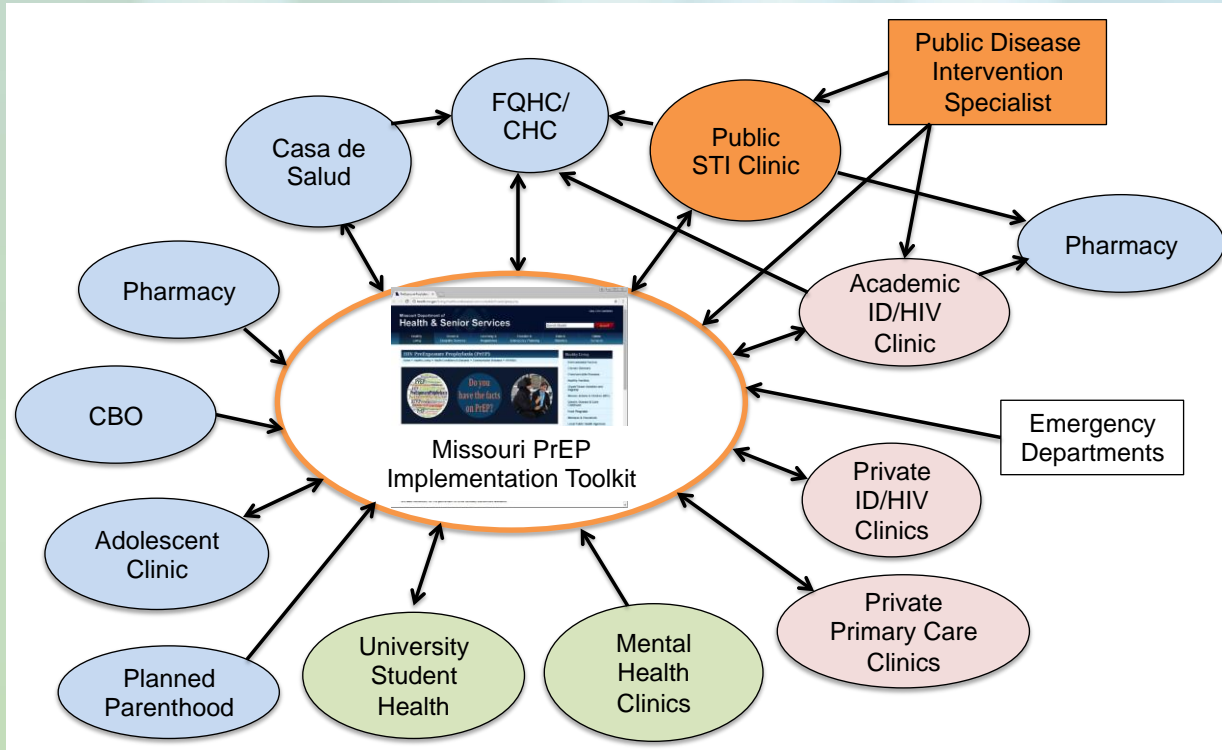
Mayer KH, et al. JAIDS 2017  
Feldstein, Glasgow. PRISM 2008



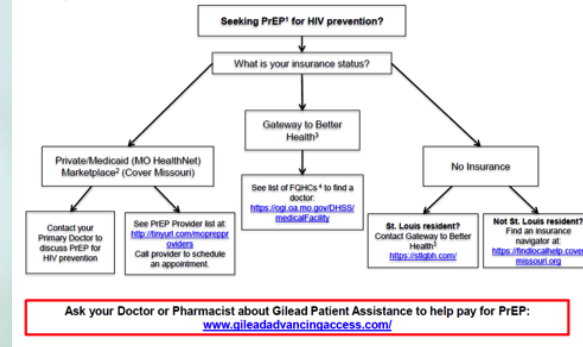


# Multi-level (organization, provider, PrEP user) support for safety net settings to adopt PrEP

#ADHERENCE2018



Pathways to Get PrEP in St. Louis



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

# PrEP Implementation in Pharmacies

#ADHERENCE2018



- 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

PrEP Counselling Session in Private Room



Private room to provide PrEP care!



Point-of-care creatinine test! device to assess kidney function!







# 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