HIV Providers’ Perceived Facilitators and Barriers to Implementing PrEP in Clinical Settings: A Qualitative Study

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Potential Competing Interests

Current funding:
- National Institute of Mental Health (NIMH K23 MH098795-01)
- AMA Foundation Research Seed Grant

Additional project support:
- Bristol-Myers-Squibb Virology Fellowship
- Gilead Sciences
To implement PrEP successfully, it will be essential to engage practicing clinicians
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- Oral pre-exposure prophylaxis (PrEP) is efficacious, though variable results
- Clinicians central to optimizing PrEP in care settings
  - Able to identify persons most likely to benefit
  - Willing to prescribe PrEP
- Critical need to understand clinician perceptions about prescribing PrEP
HIV providers could play an important role in implementing PrEP
We assessed HIV providers’ perceived facilitators and barriers to prescribing PrEP

A Qualitative study of Boston HIV providers
A 6 Focus groups (4 hospital-based clinics, 2 community health centers)
A May – June 2012
A Variation-oriented approach to data analysis
  A i.e., Identify as many potential influences on prescribing practices as possible
  A Beginning investigation into novel area
39 self-identified HIV providers participated

<table>
<thead>
<tr>
<th>Focus Group Participant Characteristics (n=39)</th>
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<tbody>
<tr>
<td><strong>Female</strong></td>
<td>56%</td>
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<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
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<tr>
<td>White</td>
<td>66%</td>
</tr>
<tr>
<td>Asian</td>
<td>21%</td>
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<tr>
<td>Hispanic/Latino</td>
<td>5%</td>
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<tr>
<td>Black/African-American</td>
<td>3%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Practice Setting</strong></td>
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<tr>
<td>Hospital-based clinic</td>
<td>82%</td>
</tr>
<tr>
<td>Community Health Center</td>
<td>18%</td>
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<tr>
<td><strong>Infectious Diseases Training</strong></td>
<td>77%</td>
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<tr>
<td>&gt;5 years experience providing HIV care</td>
<td>62%</td>
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<td>Care for &gt;10 HIV-infected patients/month</td>
<td>79%</td>
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Facilitators to prescribing

Perceived efficacy

Patient factors
  Motivation
  Specific clinical scenarios
  Lack of empowerment
  Anticipated high adherence

Social norms
  Peer norms
  Guidelines

Temporary use
Well you know I think the PrEP data regardless of the gender study that was performed, I think really show that PrEP works, when it’s used correctly.

- Male, Hospital-based

I would prescribe it. It obviously works.
- Male, Hospital-based
Motivation

I have not yet prescribed PrEP, and I don’t see situations in the foreseeable future where I probably would. Unless a patient kind of came in and said, ‘I am very interested in this and let’s kind of talk it through.’

– Male, Hospital-based
I think that a lot of providers would feel far more comfortable [with guidelines]...Maybe then PrEP would also become one of those things we feel comfortable saying, ‘Let’s talk about this.’

– Female, Community Health Center
Barriers to prescribing

Barriers to “real life” effectiveness
  Adherence concerns
  Logistics (cost, insurance, monitoring)
  Risk assessment

Potential unintended consequences
  Drug resistance
  Medication toxicities
  Risk compensation

Perceived patient apathy

Resource limitations

Purview paradox
Barriers to “real life” effectiveness

Adherence concerns

Is someone gonna take something that they don’t quote unquote need *per se*, but do they want it enough, do they feel themselves at risk enough, to take this medication everyday, pay the co-pay... go to the pharmacy, get the refills. ...Our patients who are HIV-positive don’t even do that for their own medication... I find it difficult to operationalize PrEP in that world.

— Female, Community Health Center
Perceived patient apathy

I have several HIV-negative primary care patients and nobody has ever asked me for it. I brought it up to a couple of people, and I have never had anybody interested in it. So I actually don’t think it’s a real practical dilemma. I don’t think anybody’s interested.

– Male, Hospital-based

The silence has been deafening.

– Male, Hospital-based
Purview paradox: contradictory beliefs about which providers will prescribe PrEP

**HIV providers**
Primary care providers are in the best position to prescribe PrEP

**Primary care providers**
It would not be feasible to prescribe PrEP
Practical issue number one is that the people who are going to be prescribing these drugs in theory, who are going to be in the best position, are going to be primary care providers with little or no HIV experience.

- Male, Hospital-based

The idea of adding to what I just did this morning and adding a discussion with my patients about what is their likelihood of having sexual encounters with patients who are HIV-infected, and then on top of that trying to prescribe and get approved medication like Truvada... I just can’t imagine it working in the hands of a primary care doctor.

- Female, Hospital-based
In conclusion, on balance, HIV providers currently report limited prescribing intentions

General belief that PrEP is efficacious
Patient motivation and guidelines are facilitators
Real-world barriers and lack of patient interest (so far) limit prescribing intentions
Perceive PrEP to be in purview of primary care and the feeling may be mutual
Implementation in HIV clinics unlikely to occur unless provider concerns addressed
Thank you!

Study participants
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Funding: NIMH, AMA Foundation
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