

Background

HIV continues to affect the population in the United States with an estimated 1,189,700 people currently diagnosed with HIV in 2019 and 30,692 people were newly diagnosed in 2020 per the CDC^{1,2,4}. There is an estimated 18,500 deaths per persons with a HIV diagnosis as of 2019^{2,4}. Pre-exposure prophylaxis therapy (PrEP) was approved by the FDA in 2012 under the generic formulations of emtricitabine-tenofovir to prevent HIV as a daily tablet^{1,2,4,5}. The combination tablet acts to prevent HIV by inhibiting viral replication by interfering with HIV viral RNA dependent DNA polymerases^{2,6}. For patients with difficulty adhering to a daily medication, a long acting (every 8 weeks) intramuscular medication under the generic formulation of Cabotegravir (integrase inhibitor) was approved in⁹.

Despite the availability of multiple options, only 25% of 1.2 million people for whom PrEP was recommended were prescribed it⁵. A study done in 2017 showed that approximately 75% of the participating primary care providers were aware that PrEP therapy was available, but only 37% were familiar with the guidelines and only 17% had prescribed it⁹. Post exposure therapy is also an available option to be used after exposure with three medications (combination pill of emtricitabine-tenofovir and Dolutegravir or Raltegravir) for twenty-eight days⁵. The CDC estimates that new HIV infections decreased by 8% from 2015 to 2019 and contributes it partly to the increase in PrEP use^{4,5}. Thus our project aims to identify at risk patients and appropriately prescribe PrEP or PEP therapy as needed.

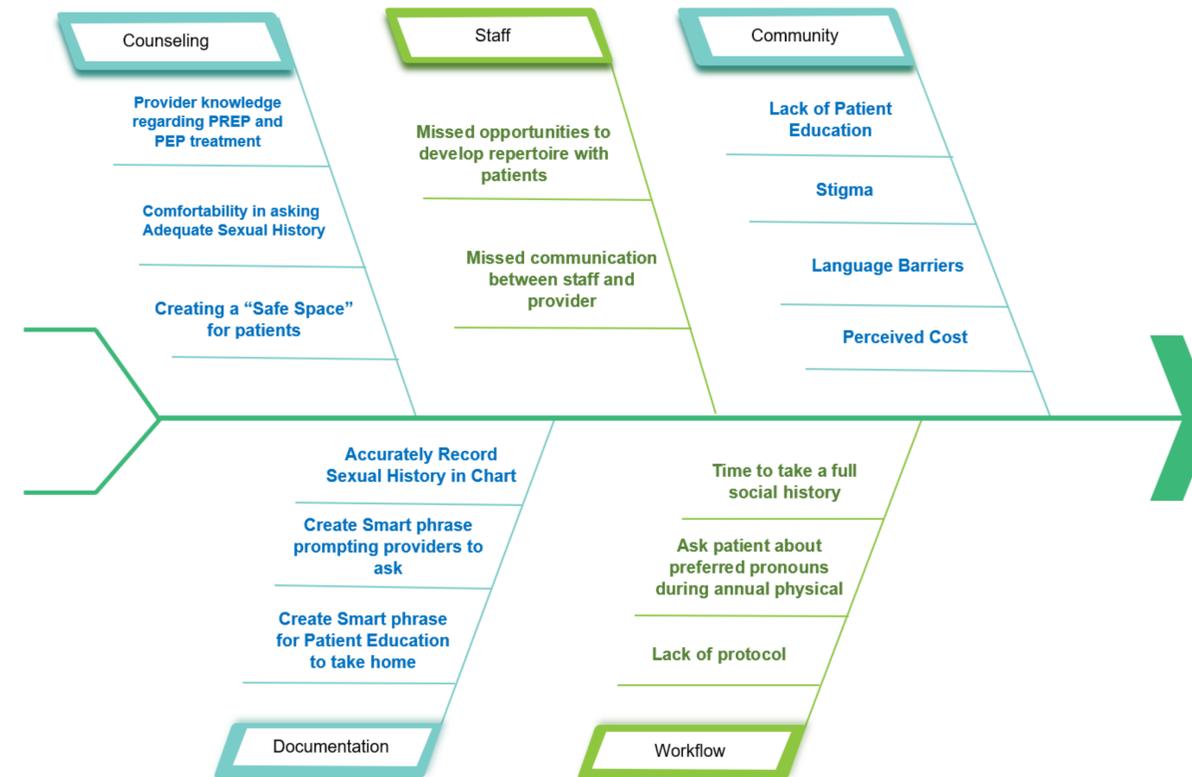
Objectives

- To use education of providers to improve counseling of patients and promote PREP and PEP use
- To improve provider comfortability in asking adequate sexual history and in turn identifying at risk populations who may benefit from therapy
- To implement various interventions to address potential barriers to prescribing PREP/PEP
- To create a “Safe Space” for patients

References

¹ Benedikt Pleuhs, Katherine G. Quinn, Jennifer L. Walsh, Andrew E. Petroll, and Steven A. Health Care Provider Barriers to HIV Pre-Exposure Prophylaxis in the United States: A Systematic Review. *John. AIDS Patient Care and STDs* 2020 34:3, 111-123
² Baeten JM, Donnell D, Ndase P, et al. Antiretroviral prophylaxis for HIV prevention in heterosexual men and women. *N Engl J Med* 2012;367:399–410
³ Baeten JM, Haberer JE, Liu AY, Sista N. Preexposure prophylaxis for HIV prevention: where have we been and where are we going? *J Acquir Immune Defic Syndr*. 2013 Jul;63 Suppl 2(0 2):S122-9. doi: 10.1097/QAI.0b013e3182986f69. PMID: 23764623; PMCID: PMC3710117.
⁴ Centers for Disease Control and Prevention (CDC). HIV Surveillance Report, 2016; Vol. 28. Available at: <https://cdc.gov/hiv/library/reports/hiv-surveillance.html>
⁵ Centers for Disease Control and Prevention (CDC), US Public Health Service. Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 update: a clinical practice guideline. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>.
⁶ Centers for Disease Control and Prevention (CDC). Truvada Fact sheet. https://www.cdc.gov/hiv/pdf/prep_gl_patient_factsheet_truvada_english.pdf
⁷ Landovitz RJ, Donnell D, Clement ME, et al; HPTN 083 Study Team. Cabotegravir for HIV prevention in cisgender men and transgender women. *N Engl J Med*. 2021;385(7):595-608. doi:10.1056/NEJMoa2101016 [PubMed 34379922]
⁸ Partners PrEP: Baeten JM, Donnell D, Ndase P, et al; Partners PrEP Study Team. Antiretroviral prophylaxis for HIV prevention in heterosexual men and women. *N Engl J Med* 2012;367(5):399-410.
⁹ Walsh JL, Petroll AE. Factors related to pre-exposure prophylaxis prescription by U.S. primary care physicians. *Am J Prev Med* 2017;52:e165–e172.

Provider-Identified Barriers to Increasing Pre and Post-exposure Prophylaxis for HIV Prevention



Barriers are divided into five broad categories: Counseling, Staffing, Community, Documentation, and Workflow. Each category is further divided into subcategories identifying more specific barriers commonly cited by providers as obstacles to successful counseling and therapy, towards which structured interventions designed to increase screening completion rates will be targeted.

Interventions

- Data will initially be collected to establish the baseline number of patients who currently are prescribed PREP or PEP therapy (primarily looking at
- During didactics, resident physicians will be given an evaluation to gauge their knowledge regarding PREP and PEP therapy and indications
- Subsequently, an educational PowerPoint will be presented to the residents outlining necessary information
- Residents will then be re-tested with the same exam to assess the short-term recall of the information and whether the examination scores improve
- Modify workflow of new patients and annual physical to ask all patients their preferred pronouns
- Modify annual physical workflow and better assess the “sexual history” component
- Educate providers on how to take an appropriate sexual activity
- Create smart phrase outlining HIV prophylaxis medications and lab monitoring for education
- Will modify fliers with education for HIV and prophylaxis options

Data

Prior to any new targeted interventions, the current number of patients who have been prescribed Truvada, Descovy, Apretude, Isentress (raltegravir) with Truvada are 26 patients.

Projected Outcomes

This quality improvement will involve physicians, residents, and staff of a multi-provider primary care facility, located in an underserved urban neighborhood. Our interventions will increase the number of patients at our office who are prescribed both PREP and PEP therapy. Additionally, we project that it will improve and increase the number of patients at our office who identify as being apart of the LGBTQ+ community.