

Provider Knowledge, Use, and Barriers to the Uptake of PEP and PrEP

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Background

- **In 2005, CDC recommended use of non-occupational post exposure prophylaxis (nPEP) for HIV prevention among individuals at high-risk**
- **nPEP as a prevention strategy has not been widely implemented in the District of Columbia (DC)**
- **In 2011, CDC issued guidance on use of pre-exposure prophylaxis (PrEP) among MSM and heterosexuals at high-risk for HIV**
- **DC Department of health planning to**
 - **Conduct a demonstration project to increase utilization of nPEP**
 - **Preparing for an open-label PrEP demonstration project among Medicaid recipients**

Objectives and Methods

- **Objectives: to determine knowledge, use, and barriers to nPEP and PrEP uptake among healthcare providers in DC**
- **Surveyed all licensed infectious disease (ID) and American Academy of HIV Medicine Certified HIV providers in DC between March and August 2012**
- **Assessed provider knowledge, attitudes, use, and perceived barriers to using nPEP and PrEP**
- **Calculated descriptive statistics and performed bivariate analyses to identify potential differences in knowledge and use by provider type**

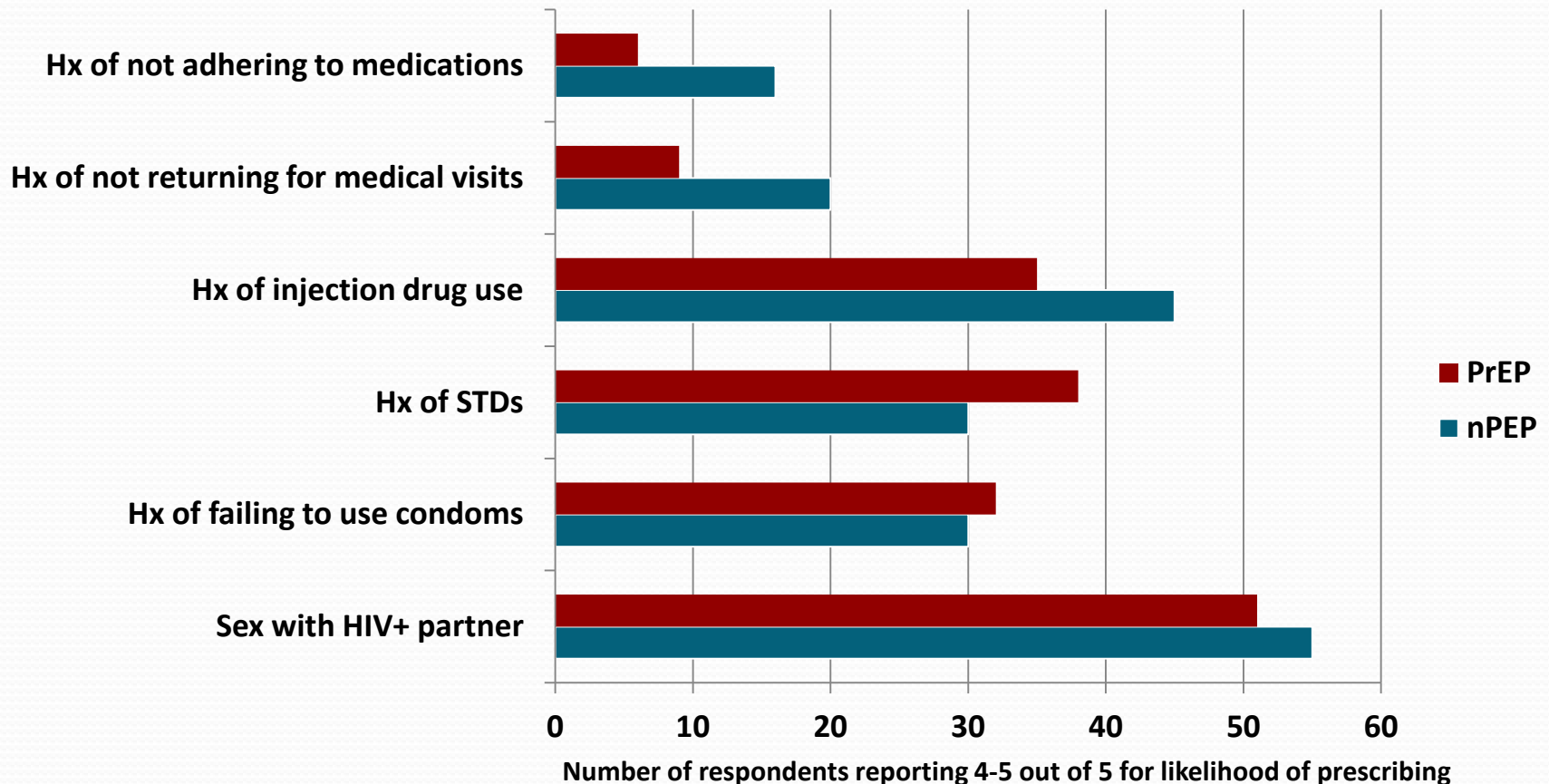
Results: Provider and Practice Characteristics (N=58)

Characteristics	N (%)
Age group: ≥50 yrs old	28(48.3)
White non-Hispanic	39 (67.2)
Male	29 (50)
Infectious disease physician	25 (43.1)
>20 years in practice	24 (41.4)
Patients seen in 1 month at practice: >200	26 (44.8)
HIV patients seen in 3 months: >20	49 (84.5)
HIV patients seen by respondent in 3 months:>20	44 (75.9)

Results: nPEP and PrEP Provider Survey

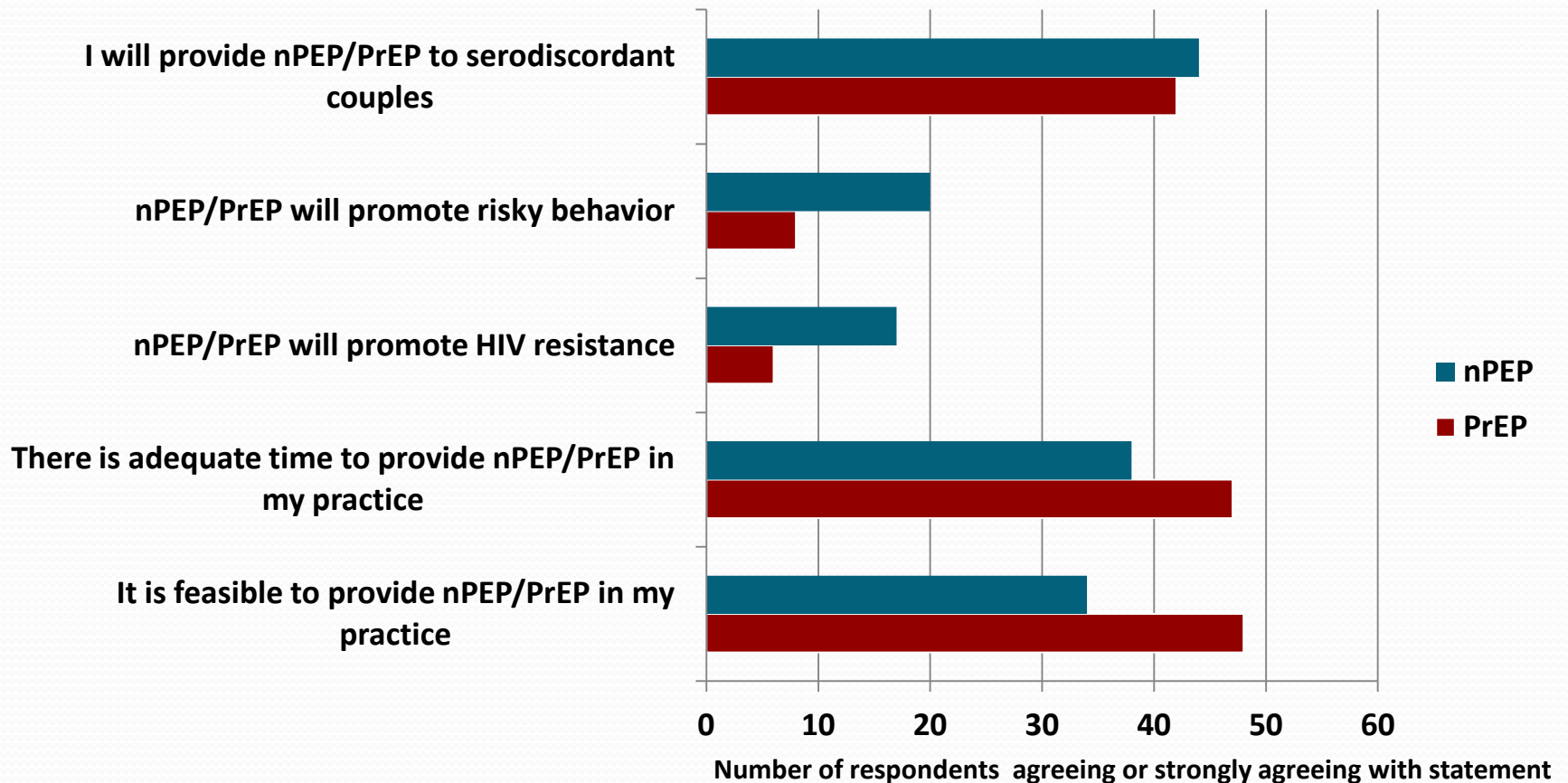
	nPEP		PrEP	
	N	%	N	%
Aware of CDC guidelines				
Yes	47	81.0	34	58.6
No	1	1.7	14	24.1
Protocols in place at practice				
Yes	18	31.0	7	12.1
No	31	53.4	41	70.7
How often encountered patients requesting nPEP/PrEP in past 6 months				
Often (at least once per week)	4	6.9	3	5.2
Occasionally (a few times a month)	13	22.4	4	6.9
Rarely (less than once a month)	18	31.0	19	32.8
Never	22	37.9	29	50.0
Missing	1	1.7	3	5.2
Ever prescribed nPEP/PrEP				
Yes	34	58.6	13	22.4
No	23	39.7	42	72.4
Missing	1	1.7	3	5.2

Patient Factors Influencing Likelihood of Prescribing nPEP/PrEP



**No significant differences observed by provider type*

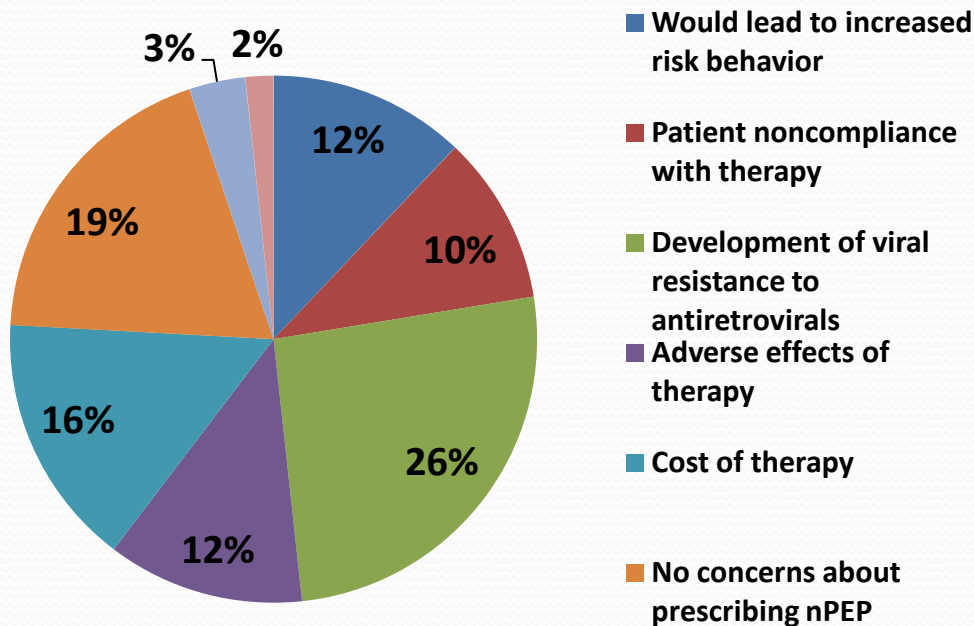
Acceptability of Prescribing nPEP/PrEP



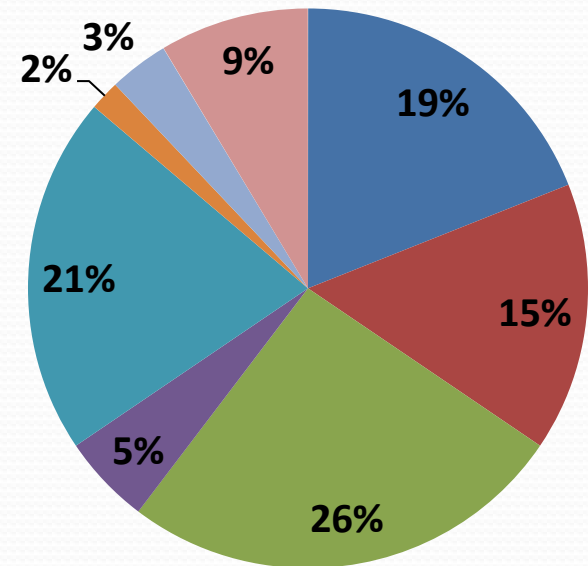
**No significant differences observed by provider type*

Provider Concerns with Prescribing nPEP and PrEP

Greatest Concerns with Prescribing nPEP



Greatest Concerns with Prescribing PrEP



**No significant differences observed by provider type*

Conclusions

- **HIV Providers in DC are familiar with and currently prescribing nPEP and PrEP to select high-risk populations**
- **Similar barriers to providing nPEP and implementation of PrEP were identified including:**
 - **Antiretroviral resistance**
 - **Cost reimbursement**
- **To maximize increase and uptake of both prevention approaches, the DC Department of Health should focus on:**
 - **Increasing patient awareness of nPEP and PrEP through education and social marketing**
 - **Collaborating with health insurers to ensure coverage for medications and administrative costs associated with delivery of nPEP and PrEP**

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Questions

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