

Prepping Providers for Pre-Exposure Prophylaxis (PrEP) Implementation: Findings from California Office of AIDS' (OA) Local Site Evaluation of Project PrIDE PrEP Training Activities Kolbi Parrish, MA • Hannah Johnson, MA • Sheryl Williams, Ph.D. - California Department of Public Health (CDPH), Office of AIDS (OA)

1. Background

Annually, approximately 5,000 Californians are newly-diagnosed with HIV infection. PrEP is a daily pill individuals at high risk for HIV can take to lower their chances of being infected with HIV. Yet, AIDSVu estimated only 12,778 Californians in 2017 were on PrEP.

Improving PrEP uptake can reduce new HIV infections. Achieving optimal PrEP uptake will require an adequate supply of medical providers willing and able to prescribe PrEP. Using Centers for Disease Control and Prevention PS15-1506 (Project PrIDE) funds, OA supported activities designed to educate medical providers about PrEP, including PrEP trainings that covered topics such as: post-exposure prophylaxis (PEP), general PrEP info (e.g., efficacy), PrEP screening and referral processes, prescribing PrEP, billing / paying for PrEP, HIV testing, and STI education.

This poster highlights evaluation methodology and findings from the evaluation of these activities.

2. Methods

A retrospective pre-post training questionnaire, the Project PrIDE Provider Training Questionnaire, was distributed to prescribing and non-prescribing provider attendees immediately following Project PrIDE-supported PrEP training events. Prescribing attendees included medical doctors and nurse practitioners. Nonprescribing attendees included other clinic staff such as medical assistants, health educators, and outreach workers.

Four local Project PrIDE grantees submitted training evaluation data to OA. OA analyzed demographic characteristics of training attendees and conducted a series of Wilcoxon signed-ranks tests to compare pre and post training ratings of key metrics among prescribers and non-prescribers.

A content analysis was conducted to evaluate provider experienced or anticipated barriers to referring / navigating clients to or prescribing PrEP.

Figure 1. Project PrIDE Provider Training Questionnaire

NSTRUCTIONS: Please answer the following que unless instructed otherwise. All of your answers ar		nse for each question						
ssistance, please ask the person who gave you t		9. Which factors decrease ye prescribe PrEP to patients		14. How would you ra	te your level of conf escribing PrEP to pa			
Mail Address (optional, used for follow-up survey only raining Title:	/: Date of Trai	acquiring HIV? (mark all that	-		nsgender persons?			
		Not clinically eligible		Before the Training		.		
Name of Workplace (agency): Work What is your employment setting? (mark only one) 5. Are you a prescri Community Health Center Yes N Hospital 6. Do you currently Yes State/Tribal/Local Health Department Yes N				 Very Low Low Moderate High Very High 	16. How would you rate your willingness to refer and/or navigate clients in each of the following categories to PrEP? (mark only one per type of client)		 19. Did this training help you address any of these barriers? Yes No If yes, which ones? (mark all that apply) 	
						Willingness to Refer/Navigate	Barrier 1 Barrier 2 Barrier 3 N/A	
Specialty Clinic/Office Primary Care Clinic/Office	7. How would you ra	Lack of client interest		This is the END o	Type of Client	Very Low Low Mod- erate High Very High	20. How would you rate your level of confidence in successfully providing referral/navigatio	
Emergency Department Correctional Facility	to prescribe PrEP [·] Before the Training	Other, specify:		Thank you for partici to register your pra	A. MSM with HIV+ Partner		services to PrEP clier (mark only one in each colu	nts?
Other, specify:	Very Low	10. What are the top three ba PrEP you have either exp		15. How would you	B. MSM with HIV- Partner		Before the Training	After the Training
Vhat is your <u>primary</u> profession/service provider role? (mark only one)	☐ Moderate ☐ High	anticipate?		to refer and/or n (mark only one in ea	C. MSM not in Relationship			Very Low
Clinician/Medical Doctor Dentist	Very High	1.) 2.)		<u>Before the Training</u>	D. MSM Who Have Condomless Sex		Moderate	☐ Moderate ☐ High
Medical Assistant Nurse Practitioner/Advanced Practice Nurse	8. How would you rat prescribe PrEP to prescribe PrEP to prescribe PrEP to prescribe PrEP to prescribe PrEP to prescription of the prescription o	3.)		Low	E. Transgender Persor	n i i i i i i i i i i i i i i i i i i i	Very High	Very High
Nurse/RN/LVN	following categorie	11. Did this training help yo these barriers?	u address any of	Moderate	F. Person who Injects Drugs			ding referral/navigation
Patient Navigator Pharmacist	Type of Patient	Yes No		Very High	G. Non-PWID Substance User			no identify as <u>men who</u> (mark only one in each column)
Physician Assistant Social Worker	A. MSM with HIV+	If yes, which ones? (mark		Check here if this qu primary profession/s	H. Person without		<u>Before the Training</u> ☐ Very Low	<u>After the Training</u> │Very Low
Other Clinic Staff Other, specify:	Partner	12. How would you rate you		If checked, this is t	Reliable Housing I. Sex Worker		Low	Low
ow would you rate your overall knowledge of	B. MSM with HIV- Partner	in successfully prescribing PrEP to patie (mark only one in each column)		тнанк у	17. Which factors decrease your willingness to		Moderate	☐ Moderate ☐ High
re-exposure prophylaxis (PrEP)? (mark only one	C. MSM not in Relationship	Before the Training After the Training Very Low Very Low		If <u>not</u> checked, ple on the	n <u>not</u> one one di an anti a stati a stati a stati a stati can		Very High	Very High
each column)Before the TrainingAfter the TrainingVery LowVery Low	D. MSM Who Have Condomless Sex	Low Low Moderate Moderate High High Very High Very High					22. How would you rate your level of confidence in successfully providing referral/navigation services to clients who identify as <u>transgender persons</u> ? (mark only one in each column)	
	E. Transgender Person F. Person who Injects							
Moderate Moderate High High	Drugs (PWID) G. Non-PWID	13. How would you rate you			Time needed for	monitoring PrEP patients	Before the Training	After the Training
□ Very High □ Very High	Substance User H. Person without	in successfully prescribi who identify as <u>men who</u>	have sex with men?		Lack of knowledg	ce in determining PrEP eligibility ge or comfort in obtaining a	Very Low	☐ Very Low ☐ Low
atients to PrEP?	Reliable Housing	(mark only one in each column) <u>Before the Training</u>	After the Training		Lack of client inte		Moderate	☐ Moderate ☐ High
Yes No	I. GEA WUIKEI	Very Low	Very Low		Lack of clinical P	rEP training	Very High	Very High
		Moderate Moderate High High Very High Very High			18. What are the top three barriers to referring and/or navigating clients to PrEP you have either experienced or anticipate?		This is the END of the Survey Thank you for participating. Visit PleasePrEPme.c to register your practice/clinic as a PrEP provide	
		Project Pride Provider Training Quest	ionnaire		1.) 2.)		ADMINISTRATOR ONLY - Unique Participant ID	
				3.)				
							First two letters of grantee F name (AL, DE, OR or SA)	our digit continuous numberi (e.g., AL0001; AL0002 etc.)

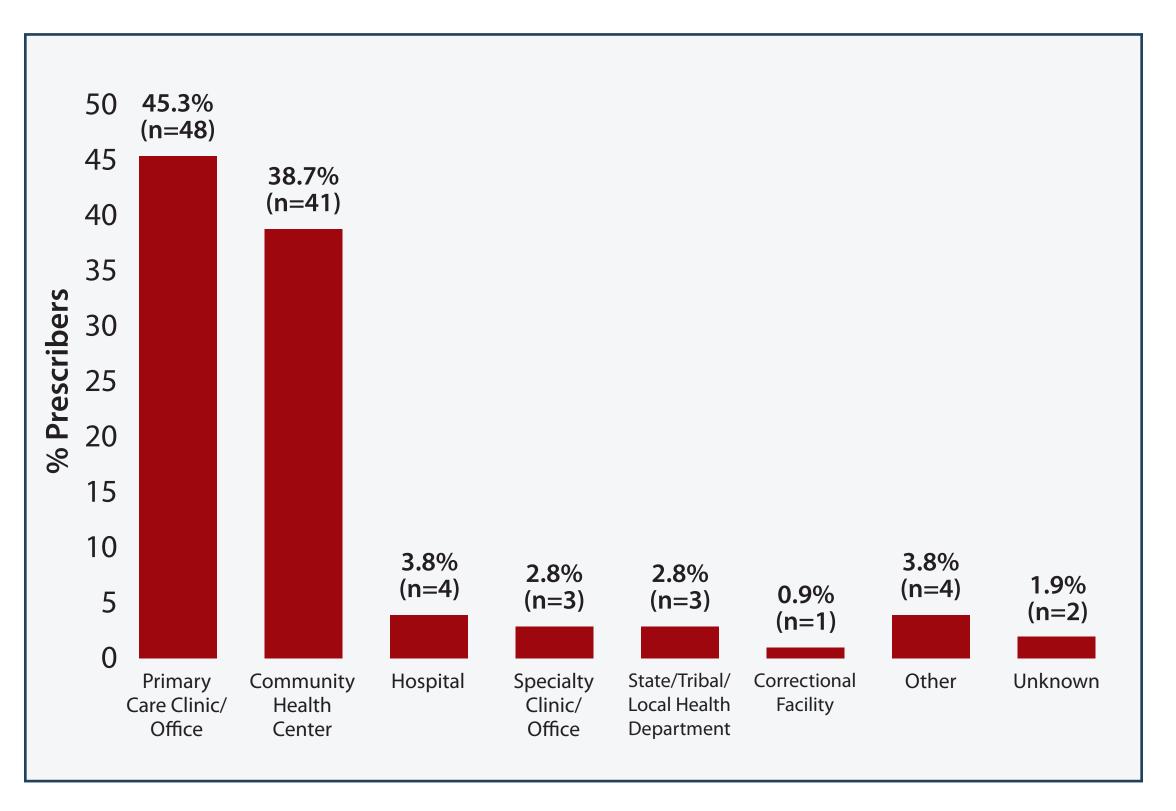
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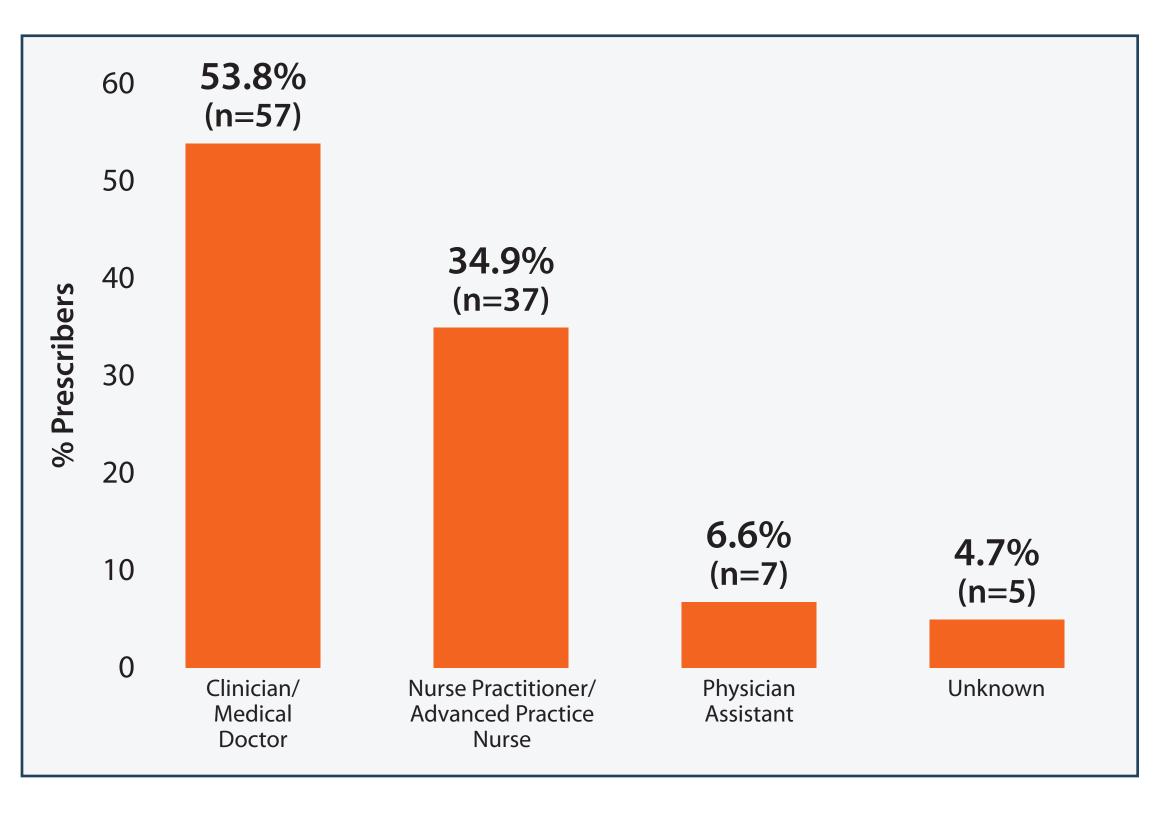
3a. Results - Sample Characteristics

Wilcoxon signed-ranks tests indicated that overall median post-test scores were statistically higher than the overall median pre-test scores for the following key variables: Training evaluation data collected during the three-year demonstration project (October 2015 – September 2018) included responses from 106 prescribers and 165 non-prescribers from various employment settings and professions. **Non-Prescribers: Prescribers: Barriers:** The majority of prescribers participating in the training evaluation were not currently prescribing PrEP (72.6%).

Prescribers:

Figure 2. Prescribers' Employment Setting: Project PrIDE **Provider PrEP Training Evaluation Findings from Years 1-3** (Oct. 2015 – Sept. 2018); N= 106





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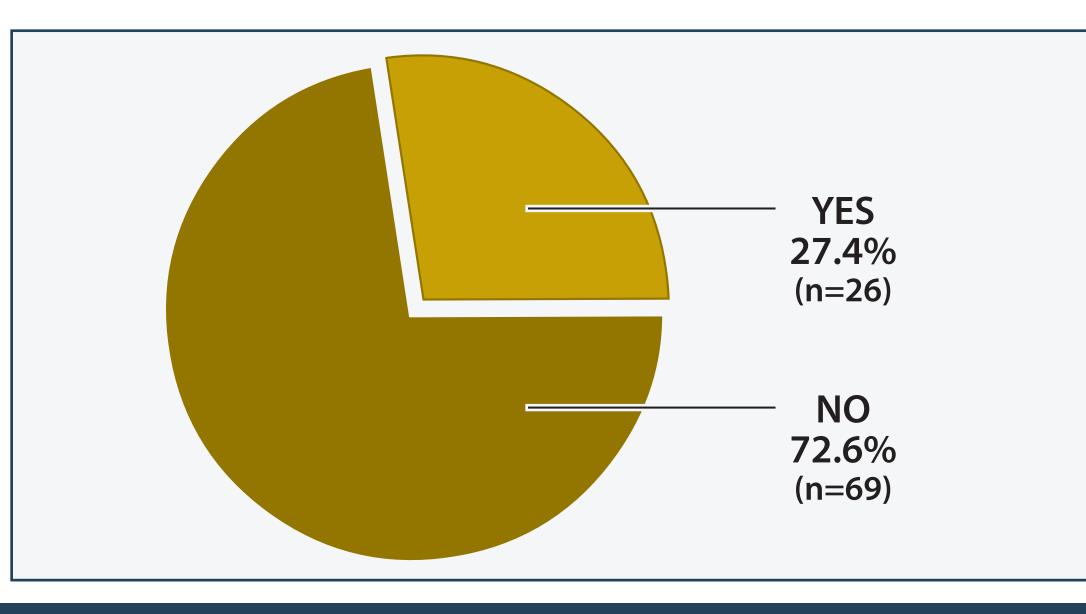


Figure 3. Prescribers' Primary Profession / Service Provider **Role: Project PrIDE Provider PrEP Training Evaluation Findings** from Years 1-3 (Oct. 2015 – Sept. 2018); N= 106

Figure 4. Prescribers' Response to "Do you currently prescribe PrEP?": Project PrIDE Provider PrEP Training **Evaluation Preliminary Findings from Years 1-3** (Oct. 2015 – Sept. 2018); N= 95

Non-Prescribers:

Figure 5. Non-Prescribers' Employment Setting: Project PrIDE Provider PrEP Training Evaluation Findings from Years 1-3 (Oct. 2015 – Sept. 2018); N= 165

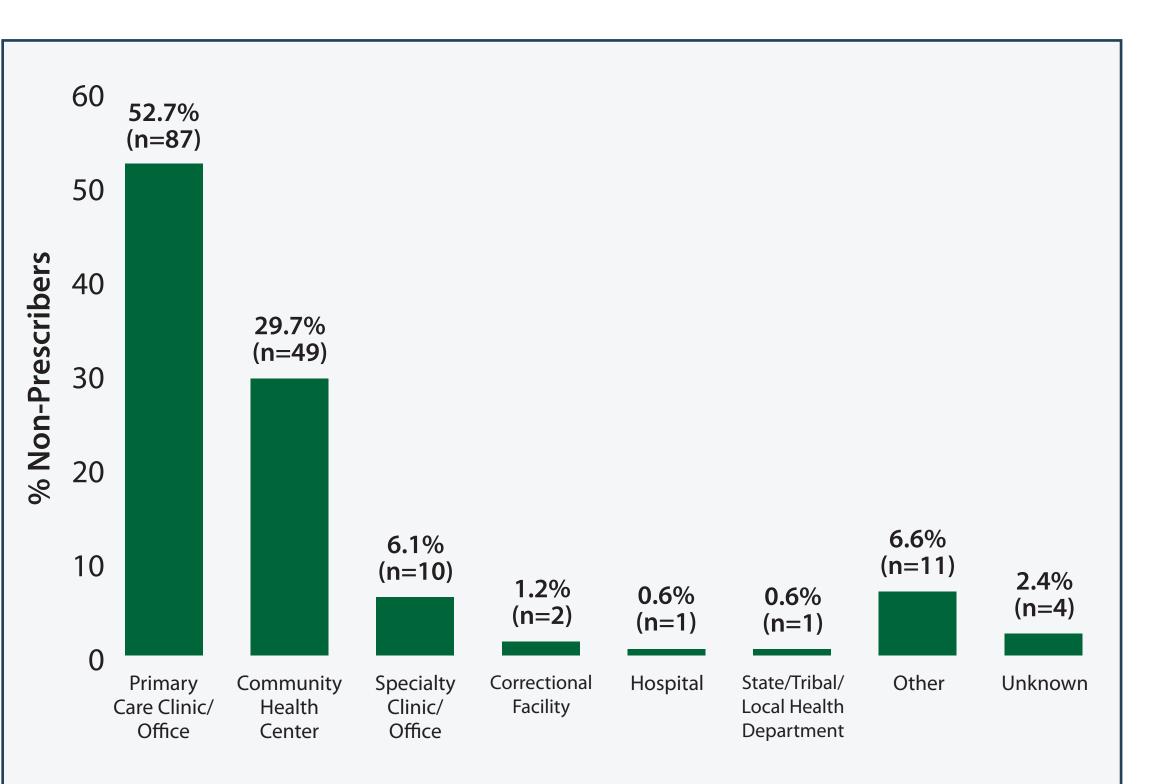
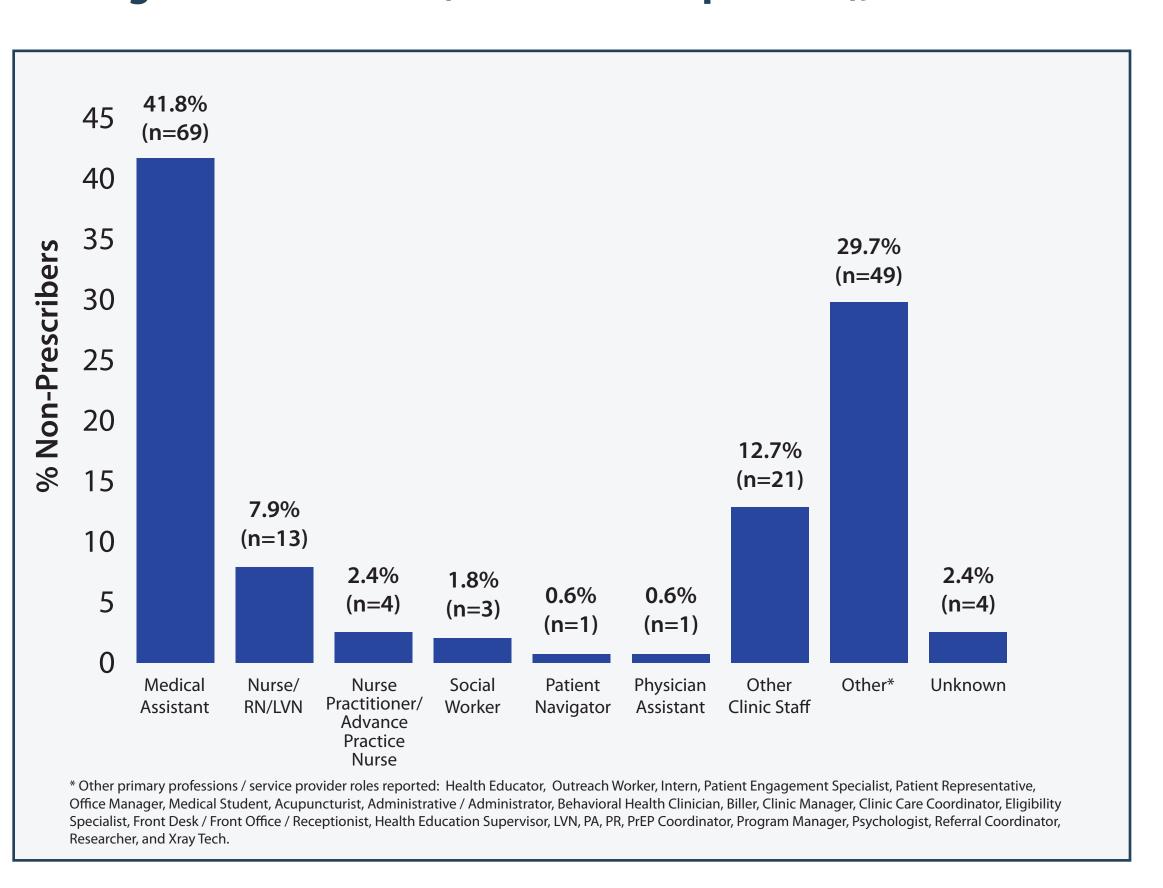


Figure 6. Non-Prescribers' Primary Profession/Service Provider Role: Project PrIDE Provider PrEP Training Evaluation Findings from Years 1-3 (Oct. 2015 – Sept. 2018); N= 165



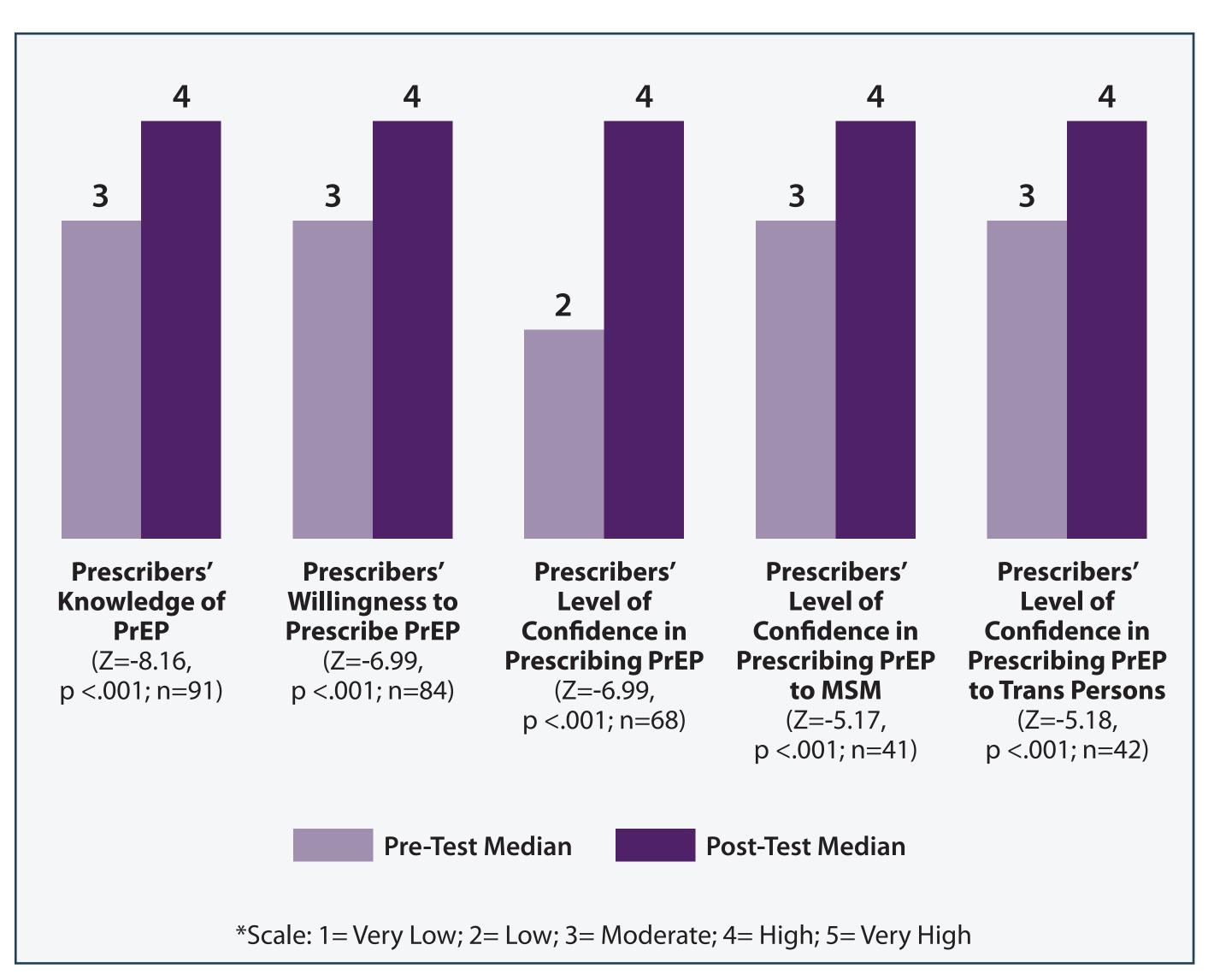
"During our medical detailing sessions, we learned that many clinicians are uncomfortable discussing sexual behaviors with their patients. Clinicians were also concerned that their patients would be offended if it appeared that the clinician believed the patient was at risk for HIV."

- California Project PrIDE Grantee

3b. Results - Knowledge and Attitude Differences

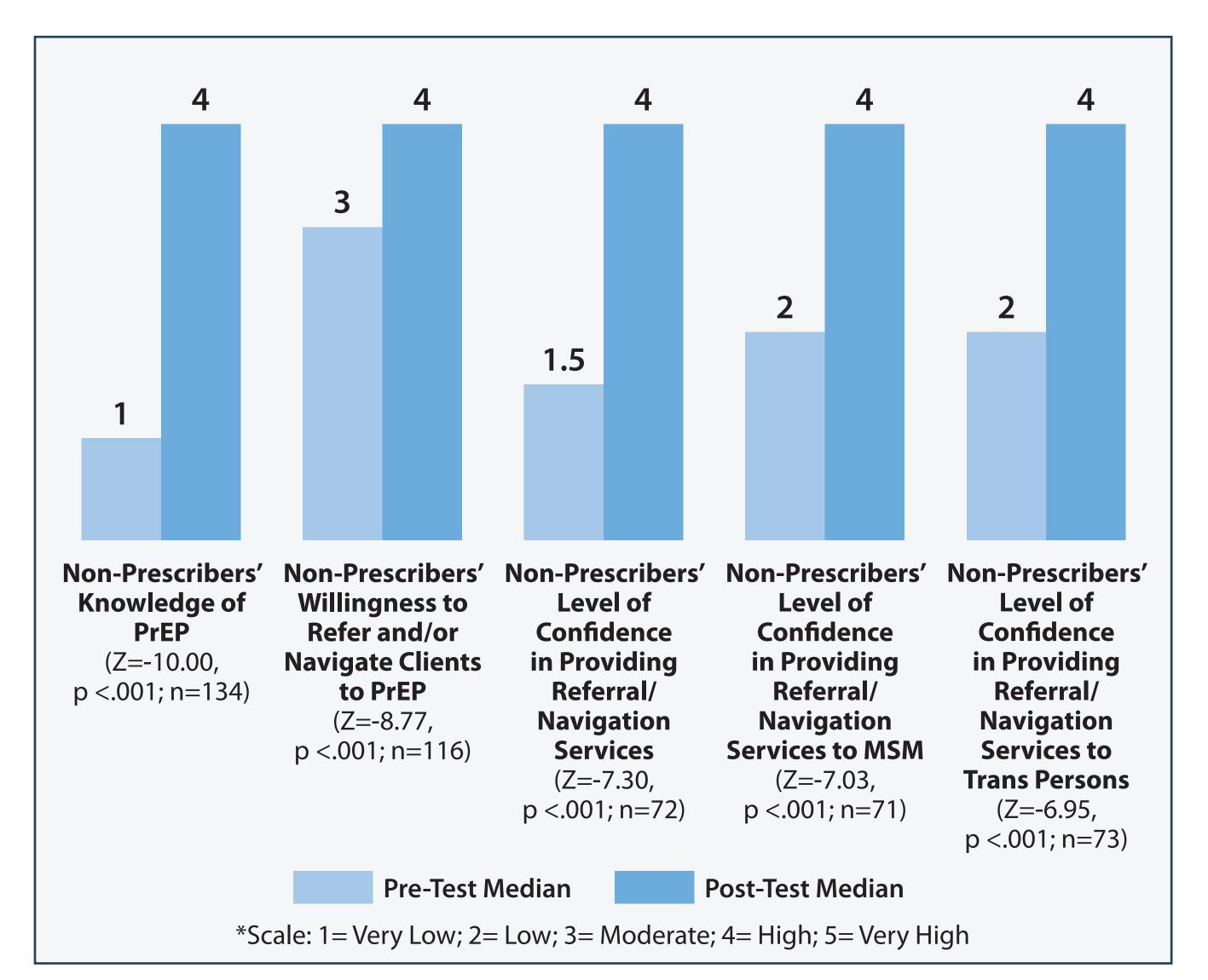
- Knowledge of PrEP
- Willingness to prescribe PrEP
- Level of confidence in prescribing PrEP
- Level of confidence in prescribing PrEP to MSM
- Level of confidence in prescribing PrEP to trans persons

<u>Figure 7.</u> Median Pre-Post Training Scores for Prescribers: **Retrospective Pre-Post Project PrIDE Provider PrEP Training Evaluation Findings from Years 1-3** (Oct. 2015 – Sept. 2018)*



- Knowledge of PrEP
- Willingness to refer and/or navigate clients to PrEP
- Level of confidence in providing referral/navigation services
- Level of confidence in providing referral/navigation services to
- Level of confidence in providing referral/navigation services to trans person

Figure 8. Median Pre-Post Training Scores for Non-Prescribers: Retrospective Pre-Post Project PrIDE **Provider PrEP Training Evaluation Findings from** Years 1-3 (Oct. 2015 – Sept. 2018)*



"Clinician education led to developing new community partnerships with medical clinicians who, as a result of the trainings, referred their patients to [our] on-site sexual health clinic for PrEP screenings. Additionally, as a result of the trainings, clinicians who became knowledgeable about prescribing PrEP contacted PleasePrEPme.org to be added to the clinician directory."

- California Project PrIDE Grantee

4. Conclusions / Implications

HIV prevention strategies aimed at increasing PrEP uptake should include a PrEP training component for prescribing and non-prescribing providers. PrEP trainings can improve prescribing and non-prescribing providers' PrEP knowledge and attitudes, which, in line with the Health Belief Model (HBM), may lead to behavior change such as provider implementation of PrEP. Training content should include information and resources that address common provider- experienced or anticipated barriers to PrEP implementation.

5. Acknowledgements / Contact

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For questions or comments, email: Kolbi Parrish at Kolbi.Parrish@cdph.ca.gov.



The content analysis highlighted similarities and differences in barriers experienced or anticipated by non-prescribers and prescribers regarding referring / navigating clients to PrEP (reported by non-prescribers) and prescribing PrEP (reported by prescribers). Of experienced or anticipated PrEP implementation barriers reported by prescribers and non-prescribers (N=135 and N=89, respectively), prescribers appeared to be most concerned about cost / insurance coverage and client noncompliance / adherence with the prevention method and/or monitoring while non-prescribers appeared to be most concerned with client noncompliance / adherence with the prevention method and/or monitoring and insufficient PrEP knowledge.

Figure 9. Key Provider Experienced or Anticipated PrEP Implementation Barriers by Barrier and Provider Type (Oct. 2015 – Sept. 2018)

