



Beth Israel Deaconess
Medical Center



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

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Potential Competing Interests

É Current funding:

É National Institute of Mental Health (NIMH K23 MH098795-01)

É AMA Foundation Research Seed Grant

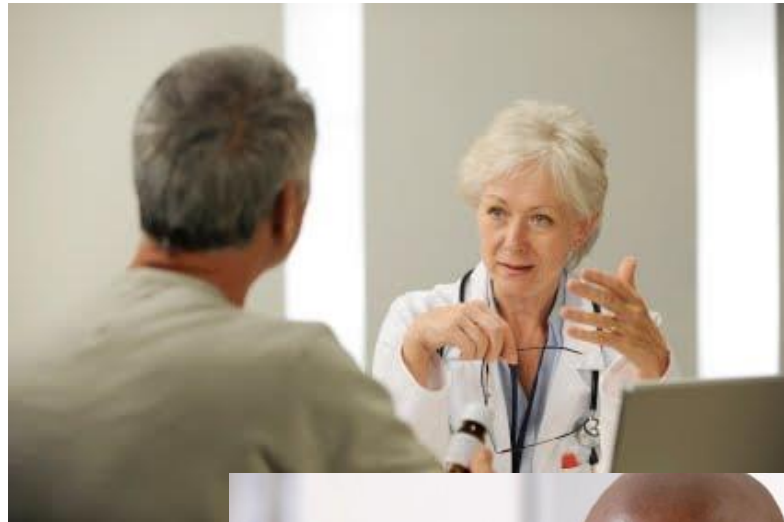
É Additional project support:

É Bristol-Myers-Squibb Virology Fellowship

É Gilead Sciences



To implement PrEP successfully, it will be essential to engage practicing clinicians



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É Oral pre-exposure prophylaxis (PrEP) is efficacious, though variable results¹⁻⁵

É Clinicians central to optimizing PrEP in care settings

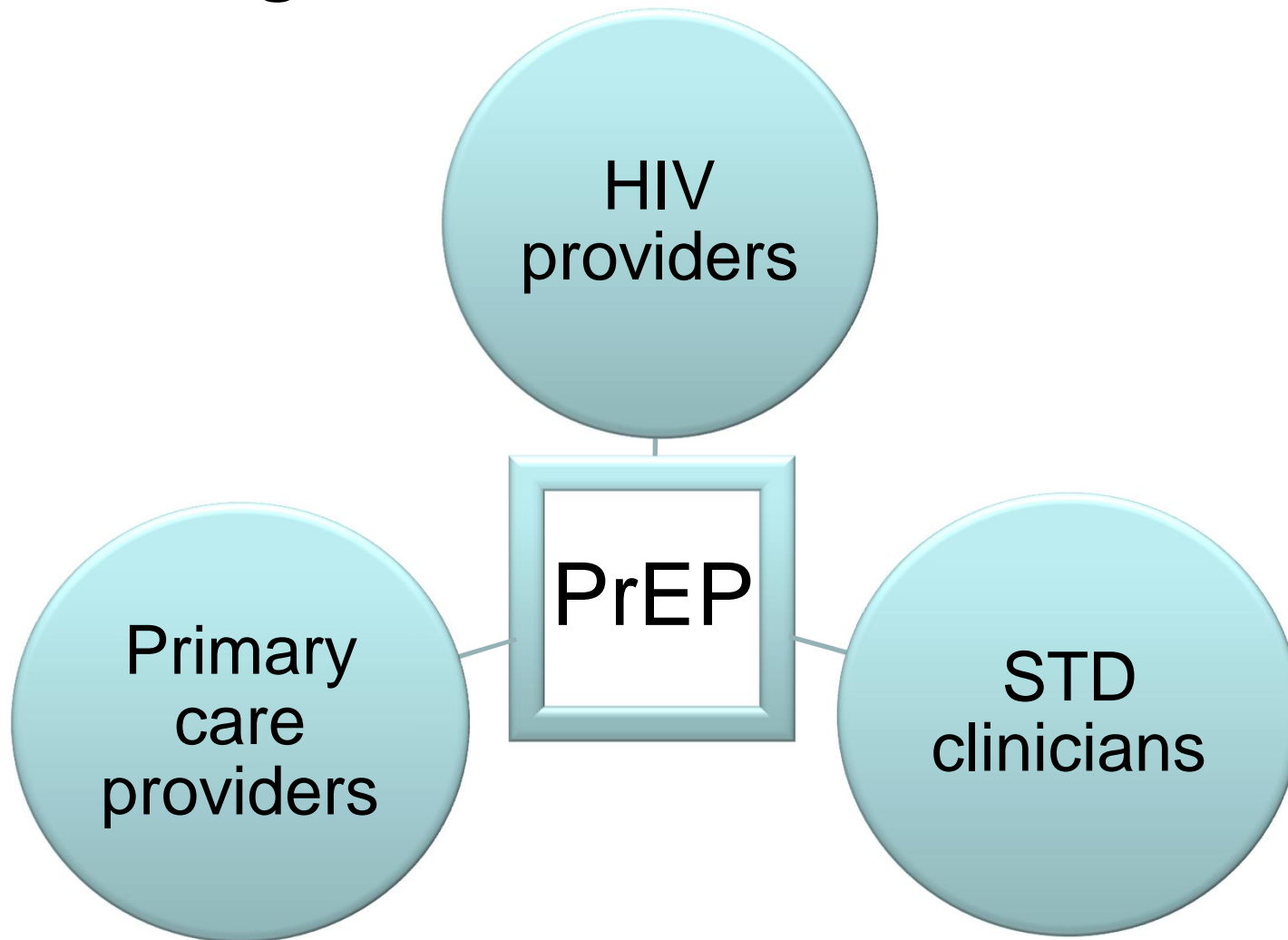
 É Able to identify persons most likely to benefit

 É Willing to prescribe PrEP

É 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

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



39 self-identified HIV providers participated

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



Facilitators to prescribing

Perceived efficacy

Patient factors

Motivation

Specific clinical scenarios

Lack of empowerment

Anticipated high adherence

Social norms

Peer norms

Guidelines

Temporary use



Perceived efficacy

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



Patient factors

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



Social norms

Guidelines

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



Purview paradox

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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