

Assessing Pre-Exposure Prophylaxis (PrEP) Screening, Counseling and Utilization Among African American MSM



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Background and Significance

- 37.9 million people with HIV ; 1.7 million new HIV infection
- 34,459 diagnosis of HIV infection in the US; MSM accounted for 70%
- African American MSM accounted for more newly diagnosis – 38%
- NYC – highest prevalence of HIV cases, 1900 new cases, 54% were MSM
- Total savings of HIV prevention = **\$229,800**

Purpose and aims

To implement and evaluate the outcomes of a 12-week evidence-based *PrEP awareness campaign* on knowledge of the healthcare providers and the PrEP navigators on the use of existing screening tools, counseling of patients, retention of patients on PrEP prophylaxis and the acceptability of this campaign for long-term sustenance.

AIMS

- Assess the knowledge of PrEP, including screening, efficacy and access barriers among providers and patient navigators.
- Evaluate the number of patients for whom PrEP counseling was given by providers, and patient navigators to those at risk.
- Determine whether prescription and retention metrics for high-risk patients taking PrEP medications improves after compared to before the implementation.
- Evaluate the acceptability

Methods

- Using a quasi-experimental design
- Setting** – Two primary care clinics, Bronx, NY.
- Sample** – Providers, Patient navigators , EMR charts of patients >18yrs

Analysis – Chi-Square or Fisher’s Exact test for participant characteristics, knowledge, counseling. Descriptive for prescriptions and retention.

Interventions

- Pre-intervention stage** – completion of 41-item questionnaire (22 PrEP knowledge questions)
- Intervention stage** – (1) implementations of screening, counseling protocols (2) compliance and utilization reinforcement.
- Post-intervention stage** – measurement of outcomes post intervention

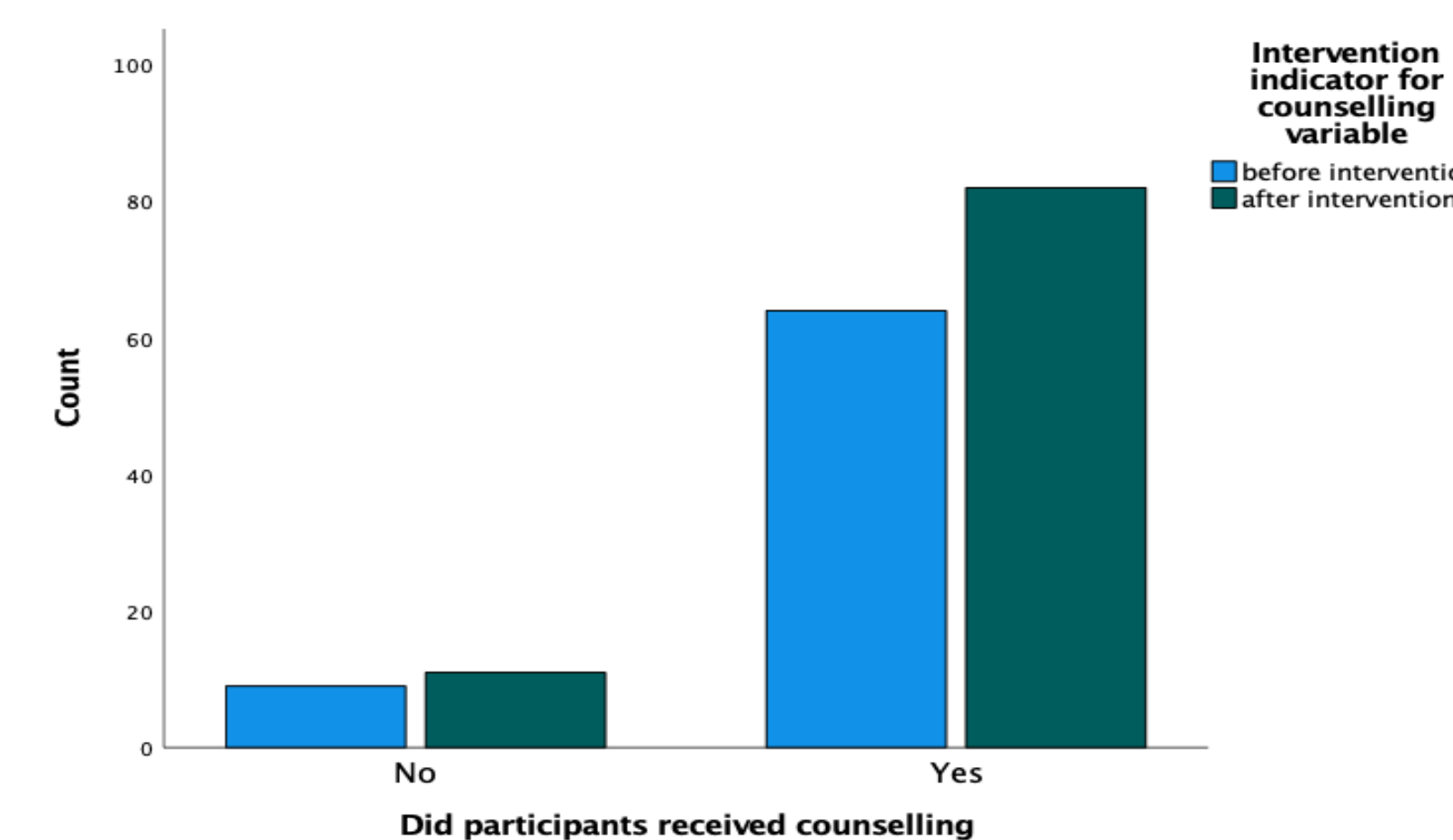
Results

AIMS 1 (knowledge). n=48

- Slight improvement in knowledge of PrEP posttest
- Increase knowledge in PrEP documentations

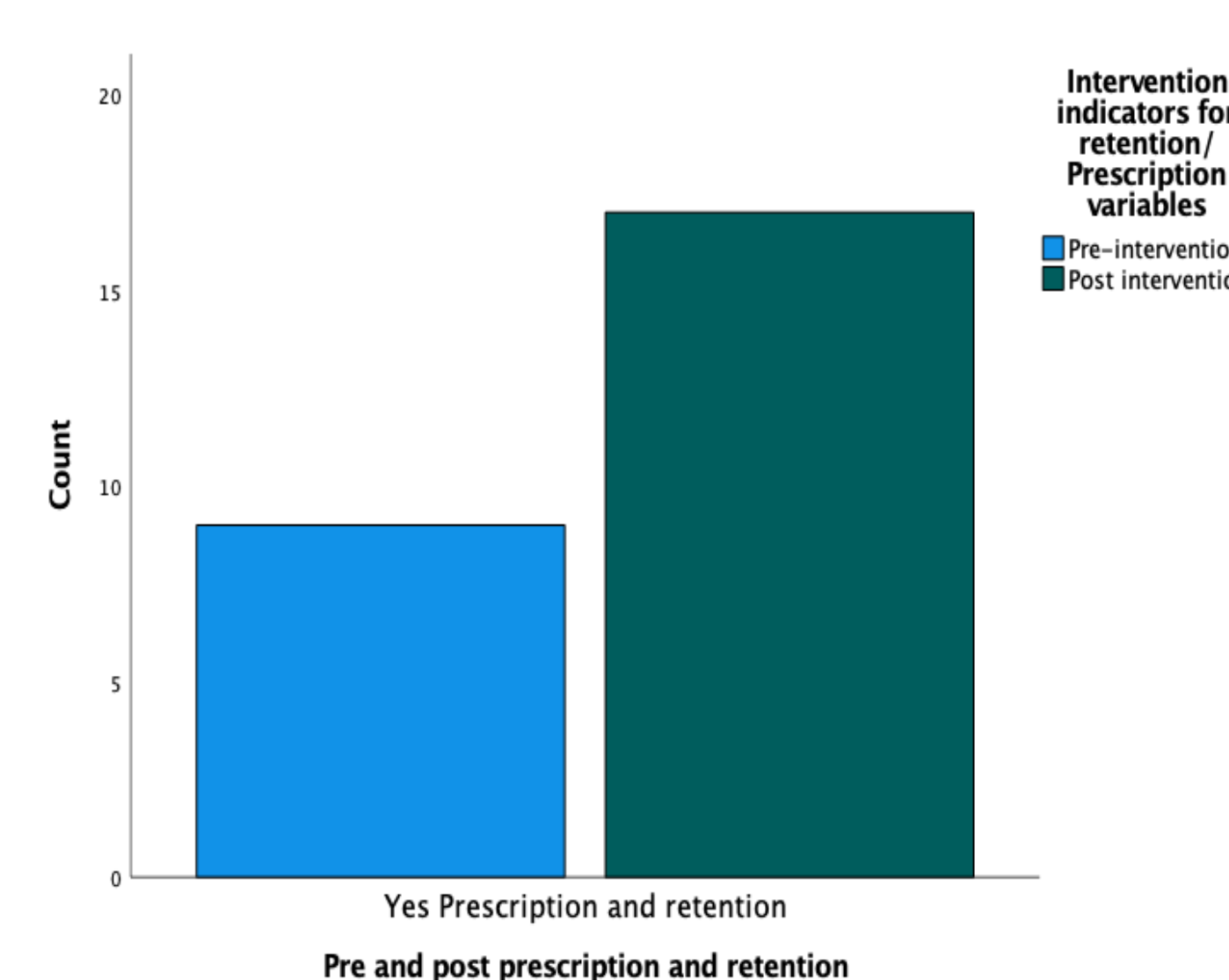
AIMS 2 (counseling) n=166

- 87.7% pretest, 88.2% posttest



AIMS 3 (Prescription and Retention) n=26

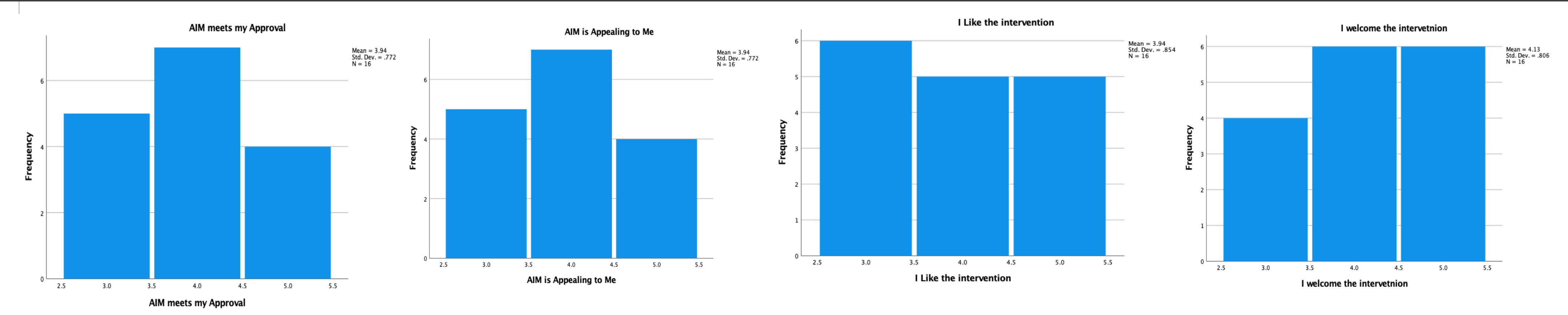
- 37% pretest to 65.4% posttest



AIMS 4 (Acceptability of intervention) n=16

- approval (mean =3.94, md=4.00, SD=0.772),
- Appealing (mean=3.94, md=4.00, SD=0.772,
- like it (mean=3.94, md=4.00, SD=0.854)
- welcomed (mean=4.13, md=4.00, SD=0.806)

Results (AIM 4)



Discussions

- Findings show significant improvement in prescription and retention metrics by 30.8% - fully supports evidence that inclusion of patient navigation improved PrEP adherence/ utilization
- Significant improvement in knowledge of PrEP screening tools in the EMR which correlates with improvement in PrEP prescriptions and retention supports the importance of reinforcing knowledge and awareness among healthcare providers.
- Only 0.5% improvement in counseling, P>0.05

Limitations

– Lack of pilot study. - Covid-19. - Small sample size

Strengths

- Data capturing and identification of gaps to guide future clinical decision making.

Conclusion

- Improvement in knowledge of EMR PrEP documentation, prescription and retention fully supports the synthesized evidence from previous research.
- Overall knowledge on PrEP and counseling were not statistically different pre and post intervention.
- The intervention is sustainable
- It will serve as helpful premise to be relied upon for future quality improvement projects looking to extend the constructs leveraged in this project.

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