Situational Brief

• HIV a global health epidemic
• High-risk populations: MSM, PWID
• Pre-exposure Prophylaxis (PrEP): preventative to reduce the risks of acquiring HIV.
• PrEP can reduce risks of HIV acquisition from sexual transmission by 99%; 74% among PWID.
• Screening for and initiation of PrEP severely lacks nationwide
• 2015: estimated 1.1 million Americans “at-risk;” 90,000 (8.2%) prescriptions were filled. (Allen et al., 2019)
• PrEP use not prevalent enough to affect HIV incidence.

Aims

• **Aim #1**: increase PrEP uptake to 50% among individuals at high-risk for HIV infection.
• **Aim #2**: Quantitative screening tool (Denver HIV Risk Score Tool) to improve self-identification risk for HIV

Methods

• Enhanced PrEP care cascade delivery model within a community-based pharmacy
• Promotional signage, social media, screening tool
• Self-Risk vs Denver Risk Tool
• High-risk screening → Telehealth
• Mail-in Testing Kit
• Interim PrEP prescription
• Refill authorizations
• Sign-up for PrEPme app
• End goal: effective initiation of PrEP

Results and Conclusions

• GOAL: 50% increase in PrEP uptake
• 75% seeking HIV testing; 25% actively seeking PrEP
• **Aim #1 Results**: 33.3% achieved successful PrEP uptake
• Defer reasons: time, availability of providers, and indecisiveness
• All engaged with PrEPme app

• **Aim #2 Results**: 45% perceived as high risk; 100% scored as high-risk
• Moderate improvement in PrEP uptake by minimizing the duration of PrEP initiation and abating barriers and obstacles
• Need for an all-encompassing PrEP care cascade evident
• Need: Policies increasing Pharmacists’ scope of practice to initiate and monitor PrEP
• Need: feasibility of PrEP uptake targeting low health literacy populations

Purpose

• Current Model
• Solutions to low PrEP uptake through redesign of PrEP care cascade.
• Pilot an improved PrEP care cascade within a community-based pharmacy in Baltimore, Maryland.

References