Early Adopters and Incident PreP Prescribers in a Public Health Detailing Campaign

Background

- Pre- and post-exposure prophylaxis (PrEP and PEP) are effective at preventing HIV infection
- They are under-prescribed

- New York City (NYC) Health Department and Mental Hygiene (DOHMH) conducted a public health detailing campaign about PrEP and PEP (Figure 1)
- DOHMH representatives visited primary care (PC) and infectious disease (ID) providers, focusing on those that had recently diagnosed HIV and that were located in high need neighborhoods
- Initial and follow-up visits consisted of short, individual-level presentations using the PreP and Action Kit

- Initial visit of public health detailers revealed a significant increase in provider report of PreP prescribing

Objectives

Among providers who had been included in the PrEP and PEP public health detailing campaign, we examined characteristics associated with

- PreP prescribing at initial visit
- PreP prescribing at initial visit and incident PEP prescribing

Methods

Study population: Potential prescribers (MDs, nurse practitioners (NPs), and physician assistants (PAs), who received both initial and follow-up visits during the campaign

Data collection: Brief questionnaire at beginning of initial and follow-up visits, Action Kit materials were presented, administered by DOHMH representatives

Outcomes

- Early adopters: Providers who reported ever prescribing PreP at initial visit
- PreP prescribing at initial visit
- Early adopters of PreP and PEP at initial visit
- PreP prescribing at initial visit and incident PEP prescribing

Analysis: Cluster-adjusted and multivariable models were constructed using generalized estimating equations

Results

Overall early adoption and incident prescribing (Figure 2) • 18% (315/1,750) were ever-prescribing PreP • 13% (387/2,929) were incident prescribers of PreP

Associations with early adoption (Table 1)
- In the multivariate model, early adoption was associated with:
  - Community health clinic practice type vs. private practice
  - MD ID specialty vs. MD PC

- Report of PreP prescribing at initial visit

Associations with incident prescribing (Table 2)
- In the multivariate model, incident prescribing was associated with:
  - Ever-prescribed PEP (initial visit) and incident PEP prescribing (follow-up visit)

Discussion

Limitations

We observed early adoption and incident PEP prescribing at NC sites presumed to be serving at-risk and potentially low-income populations
- Near- & 8% potential prescribing providers were in an early-adopter group
- The results cannot be generalized

References


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