

Pre-Exposure Prophylaxis (PrEP) Referral and Prescription at University Healthcare Centers, New York City, 2014-2015

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Background

- Pre- and post-exposure prophylaxis (PrEP and PEP) have been shown to prevent HIV among populations at epidemiologic risk, including young men who have sex with men (YMSM)^{1,2,3}
- University health centers (UHCs) may be the first point of access to HIV preventive services for young people, including YMSM
- New York City (NYC) Health Department and Mental Hygiene (DOHMH) conducted a PrEP and PEP public health detailing campaign (Figure 2) between October 2014 and April 2015
 - DOHMH representatives visited primary care (PC) and infectious disease (ID) clinicians, focusing on practices that had recently diagnosed HIV and that were located in high needs neighborhoods
- We examined PrEP prescribing and associated best practices at UHCs in New York City (NYC) from October 2014 to April 2015

Objectives

- Among UHC clinicians visited by the PrEP/PEP Public Health Detailing campaign, we:
- Described PrEP-related knowledge and practices
 - Examined university-level characteristics associated with PrEP referral or prescription

Methods

- Study design:** Cross-sectional design using evaluation data collected during NYC (DOHMH)'s PrEP/PEP Public Health Detailing campaign
- Study population:** UHC staff who received detailing visits, including clinicians [medical doctors (MDs), nurse practitioners (NPs), physician assistants (PAs), registered nurse (RNs), licensed practical nurse (LPNs)], health educators, and administrators
- Data collection:**
- Evaluation questionnaire administered to clinicians by DOHMH public health detailers at the beginning of each visit
 - Questions addressed PrEP awareness, PrEP discussion with a patient (ever), and PrEP referral or prescription (ever)
 - Data on university-level characteristics were collected via Internet search with phone calls to confirm as needed

- Analysis:**
- Descriptive statistics were calculated for PrEP-related knowledge and practices
 - Associations with PrEP referral/prescription were tested using chi-square or Fisher's exact tests as appropriate

Outcomes: Ever heard of PrEP, ever discussed PrEP and ever referred/prescribed PrEP

- Characteristics examined:**
- Clinician prescribing authority: prescribers (MDs/NPs/PAs) vs. non-prescribers (RN/LPN)
 - University student population: small (<5,000 students) vs. large (≥5,000 students)
 - University type: private vs. public
 - Location: Manhattan vs. other boroughs
 - Medical school: has vs. does not have
 - LGBT center: has vs. does not have

Results

- Representatives visited 35 UHCs and engaged with 89 UHC staff; 27 UHCs visited had at least 1 clinician present, and 46 clinicians were visited in total
- Among clinicians responding to the questionnaire (Table 1, Figure 1):
 - 90% had heard of PrEP
 - 37% had discussed PrEP with a patient
 - 28% had referred or prescribed a patient for PrEP
- Aside from university's student population, all characteristics examined were associated with PrEP referral/prescription (p<0.05; Table 1)
 - PrEP referral/prescription was more common among clinicians who were prescribers (37%) vs. non-prescribers (8%)
 - PrEP referral/prescription was more common among clinicians who worked at universities that were private (44%) vs. public (0%), that were located in Manhattan (43%) vs. other boroughs (11%), that had a medical school (55%) vs. not (17%), and that had an LGBT center (41%) vs. not (0%)

Table 1. PrEP Referral/Prescription at Initial Visit in UHCs Visited by PrEP/PEP Public Health Detailing Campaign, by Provider and University Characteristics, NYC 2014-15

Characteristics	Total Column % (N)	Ever Referred or Prescribed PrEP Row % (n/N)	p-value
Total	100 (46)	28% (11/40)	
Provider Characteristics			
Prescribing authority			0.05* ^f
Prescribers (MD, NP/PA)	63 (29)	37 (10/27)	
Non-prescribers (RN/LPN)	37 (17)	8 (1/13)	
University Characteristics			
Student Population			ns
<5000 students	59 (27)	29 (7/24)	
≥5000 students	41 (19)	25 (4/16)	
Type			0.001*** ^f
Private	65 (30)	44 (11/25)	
Public	35 (16)	0 (0/15)	
Medical School			0.02* ^f
Has	24 (11)	55 (6/11)	
Does not have	76 (35)	17 (5/29)	
LGBT Center			0.005** ^f
Has	65 (30)	41 (11/27)	
Does not have	35 (16)	0 (0/13)	
Location			0.02*
Manhattan	50 (23)	43 (9/21)	
Other	50 (23)	11 (2/19)	

* p-value ≤0.05, ** p-values ≤0.01, *** p-values ≤0.001
^f P-values based on Fisher Exact Test

Figure 1. PrEP-Related Knowledge and Practices Among Detailed Providers Initially Visited by PrEP/PEP Public Health Detailing Campaign, NYC 2014-15

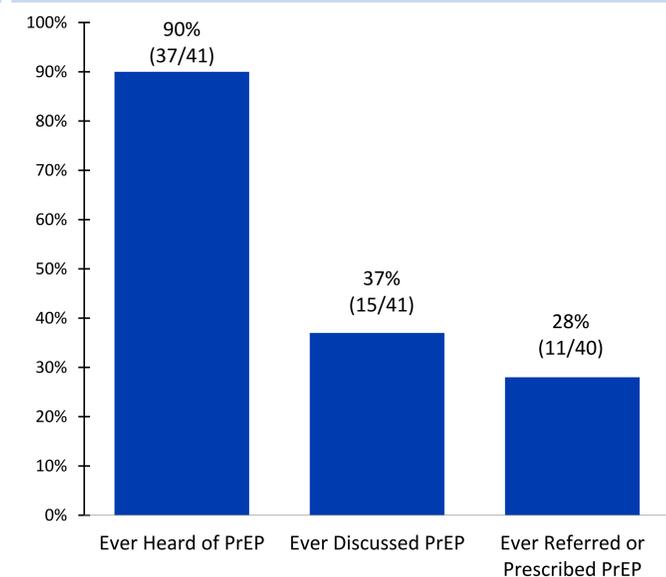
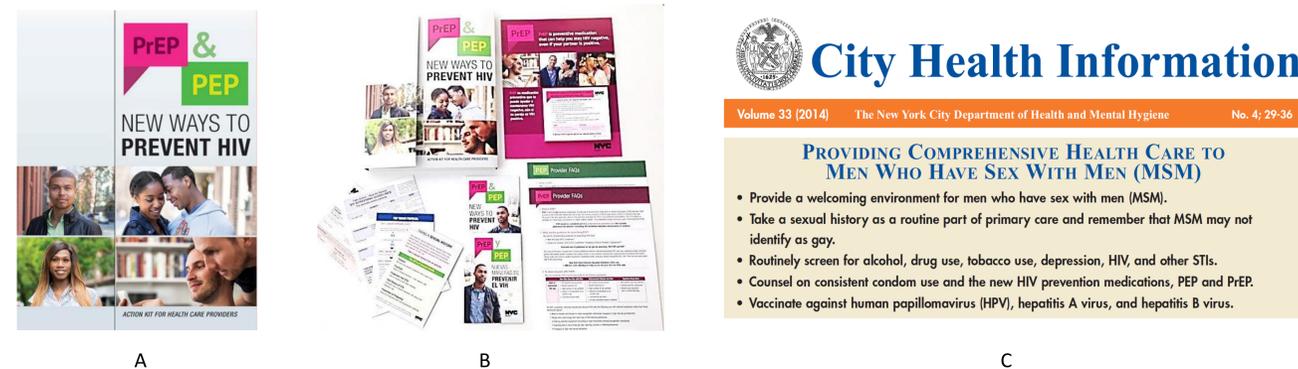


Figure 2. Examples of recent NYC DOHMH PrEP/PEP Public Health Detailing materials for initial visits (A and B) and follow-up visits (C)



Limitations

- Data come from a convenience sample which may not be representative of all UHC staff in NYC
- Potential for social desirability bias and recall error may exist since responses were self-reported
- Cross-sectional design of the study does not reflect changes over time of UHCs in NYC
- Data may not be generalizable to all NYC providers or other types of health facilities/centers.

Discussion

- We observed a high level of PrEP awareness among NYC UHC clinicians with frequent report of PrEP discussion and referral/prescription
- PrEP referral or prescription was more likely among those working at private universities with presumably greater resources and at universities with evidence of institutional support for LGBT youth
- These findings highlight the need for PrEP-related education for all UHC staff and a robust system of referral for students who could benefit from PrEP

Next steps

- NYC DOHMH will continue to conduct public health detailing and other PrEP-related initiatives for patients and providers to help address potential disparities in PrEP access

References

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