Introduction

- Pre-exposure prophylaxis (PrEP) is a two-drug combination of antiretroviral medications that are prescribed to patients without HIV but at risk of infection (Sillapawan, Krakower, & Mayer, 2017).
- The FDA identified PrEP as a safe and effective HIV preventative measure in 2012, however, a minority of those eligible receive PrEP (Sillapawan, Krakower, & Mayer, 2017).
- In the project, the DNP student worked with Newark-based primary care clinic staff to implement the PrEP protocol described by evidence-based guidelines.

Background/Significance

- PrEP decreases a person’s chances of contracting HIV by more than 92%.

Aims

- Increase HIV prevention services in one month by initiating a standardized PrEP implementation protocol.
- Improve staff screening of patients who qualify for PrEP and provide a PrEP cascade, per CDC guidelines, for implementing PrEP after identifying at-risk patients.
- Promote provider ability to identify, manage, and counsel patients by providing a standardized protocol on implementing PrEP.

Methods

- Design: Mixed-method design to assess quantitative/qualitative data

Setting: Integrated behavioral health in a primary care setting located in an urban city within Essex County

Sample

- Chart review: 50 Charts: 18 years or older who presented at the clinic one month before and one month after initiating the protocol without an existing HIV/AIDS diagnosis

- Interviews: Convenience sampling of the providers at the integrated behavioral health service in the primary care clinic

Measure & Analysis

- Chart review: Descriptive statistics and paired statistical tests compared the data for the two sets of outcomes
- Non-Parametric Statistics: McNemar test was used to determine the difference in the number of charts that included the HIV risk behaviors assessment between the pre- and post-intervention periods

Results

- Chart Review

  - Structured Phone interview: Measured providers’ perspectives regarding implementation of the protocol in everyday practice through using the grounded theory approach

  - Non-Parametric Statistics: McNemar test was used to determine the difference in the number of charts that included the HIV risk behaviors assessment between the pre- and post-intervention periods
  
  - Summary score for the overall number of HIV risk behaviors assessed was create and used a Wilcoxon signed-rank test
  
  - PreP Prescriptions: After the introduction of the PrEP implementation protocol there was an 33% increase in PrEP prescriptions

Discussion

- The objective of creating a standard PrEP implementation protocol was achieved
  - Project goal of increasing PrEP prescriptions by 25% was achieved, but the goal to increase the assessed HIV risk behaviors by 25% was not met
- The chart review did not provide statistically significant results, but the results identified the need for future research and interventions in this field
- The interviews assessed the PrEP training’s effectiveness, but only half of the clinic providers agreed to participate in the interviews
- The clinic no longer includes the behavioral health component and incorporated a primary care model during the implementation process
- No changes made to the project protocol or objectives

Implications/Recommendations

- Clinical Practice: Even when a standardized protocol is in place a clinic still faces implementation barriers such as: (1) providers’ lack confidence in PrEP prescription, (2) failure to integrate the full team in care, (3) concerns about PrEP follow-up care

- Healthcare Policy: Identify policies effecting PrEP implementation
  - Address the state-level social policies that affect how PrEP is implemented and viewed

- Quality & Safety: Future research indicated in PrEP telehealth and Develop and validate highly accurate risk assessment tools for identifying people at high risk of HIV

- Education: Continuous education recommended for providers, clinical staff, and students on HIV prevention practices

- Economic: Case management telehealth to address economic concerns with follow-up.
  - Advocate for future policies and laws reducing the medication cost of PrEP

Summary

- The DNP student will use the project’s findings to re-design the protocol and educational module to build on a potentially successful model that could increase access to HIV preventative care in a high-risk community.

References


Economic: Case management telehealth to address economic concerns with follow-up.
  - Advocate for future policies and laws reducing the medication cost of PrEP