

Optimizing Safe Prescribing of HIV Pre-Exposure Prophylaxis (PrEP)



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INTRODUCTION

- The Centers for Disease Control (CDC) Clinical Practice Guidelines for PrEP provide initiation and monitoring guidelines for healthcare professionals.
- Inadequate PrEP monitoring may increase a patient's risk of HIV transmission, HIV drug resistance, adverse drug reactions, or unidentified sexually transmitted infections.
- U.S. Preventive Services Task Force states that all persons at high risk of HIV acquisition should be offered PrEP (Grade A recommendation).
- A recent analysis of HIV PrEP prescribing practices in our family medicine residency clinic indicated several areas needing improvement with PrEP prescribing at the initial visit.

PRIMARY OBJECTIVE

Improve HIV and renal function screening at the initial HIV PrEP visit from baseline values of 90% and 84%, to 100%.

METHODS

FOCUS-PDSA model
IRB exempt

Primary barrier: lack of education of providers and staff regarding HIV PrEP prescribing process.

Intervention: 7 minute online HIV PrEP educational module

HIV PrEP EDUCATIONAL MODULE

1. Truvada vs Descovy
2. HIV PrEP EPIC Note Template
3. HIV PrEP EPIC Order Set
4. PrEP Prescribing Guidelines
 - a. HIV, renal function, STI, Hepatitis B screening
 - b. 90 day medication supply
 - c. Send Rx before end of visit
 - d. No refills
5. PrEP Follow Up Recommendations
 - a. 1 month follow up scheduled before end of visit
 - b. 3 month follow up

DATA COLLECTION

- Online module completion was tracked using Canvas.
- New PrEP prescriptions at our clinic were tracked and analyzed every month for 3 months after the intervention.
- Chart review of new patients looked at: HIV screening, renal function screening, dispense amounts, note template usage, STI screening, and follow up visits.

RESULTS

- 93% of clinic staff completed the module before data collection began.
- 15 new PrEP prescriptions over the 3 month data collection period.
- All new PrEP initiations met the 100% testing rate for HIV and renal function screening.

RESULTS CONTINUED

HIV PrEP Prescribing Guideline	Patients, n=15 (%)
HIV test within 7d of starting PrEP	15 (100)
Renal function screening	15 (100)
90-day supply of medication	9 (60)
PrEP note template used	11 (73)
Other STI testing performed	13 (87)
1 month follow up visit completed	8 (53)

CONCLUSIONS

- Module completion did increase HIV and renal function screening rates
- The module targeted many other important facets of PrEP prescribing that still demonstrate variable compliance.
- Dispense amounts were the most variable aspect of prescribing.
- PrEP prescribing tools are still slightly underused.
- Patient follow up and retention issues were not targeted specifically, and still need improvement.

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