Improving HIV Prevention in the Urgent Care Setting: Outcomes of a Pre-Exposure Prophylaxis (PrEP) Protocol

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Purpose:
Pre-exposure Prophylaxis (PrEP) was approved for the prevention of HIV in those individuals deemed to be at high risk for the infection (US Food and Drug Administration, 2012). While PrEP has shown the ability to reduce the spread of HIV, use is deficient due to lack of provider awareness, comfort, and knowledge (Krakower, Ware, Mitty, Maloney, & Mayer, 2014). The purpose of this presentation is to provide the audience with the outcomes from disseminating a Pre-exposure Prophylaxis (PrEP) protocol for use within the urgent care settings. The presentation aims to discuss the protocol and the results of a quality improvement project.

Methods:
Institutional Review Board approval was received for this project. All potential participants were contacted in person or by email at one of six urgent cares in Louisiana. Inclusion criteria consisted of any medical provider (physician, nurse practitioner, or physician assistant) providing patient care in the urgent care setting. Each participant contacted received a study invitation letter, informed consent, and IRB approval letter. After consent was given, an initial pre-dissemination survey was conducted to ascertain baseline provider awareness, knowledge, and perceived barriers to initiating PrEP services. Next, a PrEP protocol was disseminated to all participants for a period of 20 weeks. Finally, a post dissemination survey was disseminated to providers to measure for changes in outcomes at the end of the 20 week period.

Results:
A total of 29 out of 31 providers agreed to participate in the project. Overall, there was a statistically significant increase when comparing the pre-dissemination survey ($M = 30.82$, $SD = 6.66$) versus post-dissemination ($M = 35.82$, $SD = 7.59$) surveys ($p = .005$). When comparing the pre-dissemination survey ($M = 1.76$, $SD = .912$) and the post-dissemination knowledge rating ($M = 2.97$, $SD = .981$), there was a significant change ($p = .001$). Also, there was a significant change ($p = .001$) in comfort with PrEP resulting in the dissemination of the protocol from the pre-dissemination survey ($M = 3.58$, $SD = 1.70$) to the post-dissemination survey ($M = 5.24$, $SD = 2.11$). While there was a decrease in barriers to PrEP use when comparing the pre-dissemination ($M = 12.31$, $SD = 4.78$) versus the post-dissemination survey ($M = 14.72$, $SD = 4.98$), this outcome was not significant ($p = .074$). The feasibility of PrEP use in the urgent care setting did not improve when comparing the pre-dissemination ($M = 13.17$, $SD = 2.49$) versus the post-dissemination ($M = 12.89$, $SD = 1.97$) surveys ($p = .671$).

Conclusion:
The results of this project show that an urgent care specific PrEP protocol has the ability to help the urgent care provider to initiate or continue PrEP. The developed protocol improved knowledge and comfort and reduced barriers to PrEP use within the urgent care setting. These outcomes are important to clinical practice due to the current state of reduced knowledge, comfort, and intention to prescribe or continue PrEP in the clinical setting (Underhill et al., 2014).

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**Keywords:**
HIV prevention, PrEP protocol and PrEP service utilization

**Abstract Summary:**
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**References:**

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Author Summary: Jack Mayeux has practiced as a family nurse practitioner for four years. Jack developed a strong interest in developing an HIV protocol specifically to this setting. His primary research interest relates to HIV and PrEP as it relates to an urgent care setting. Jack has numerous publications and presentations on the topic of HIV and pre-exposure prophylaxis. Jack Mayeux is an Assistant Professor at the University of Louisiana at Lafayette.

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Author Summary: Dr. Ng has developed a strong interest and enthusiasm for both innovative engineering designs and the medical field. Dr. Ng holds a strong and passionate commitment to provide novel solutions to improve a patient’s healthcare outcome. One of his professional goals includes the development of innovative software equipment for improving a patient's adherence towards their medical appointments.