

Sigma Theta Tau International's 29th International Nursing Research Congress

Pre-Exposure Prophylaxis (PrEP) in Primary Care Settings: Current Problems and Proposed Solutions

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Background:

Pre-exposure prophylaxis (PrEP) is a once-a-day pill regimen and was first approved by the US Food and Drug Administration as a biomedical in HIV prevention in 2012 (Holmes, 2012; US Food and Drug Administration, 2012). Guidelines for initiating PrEP in primary care settings are widely available from multiple government agency websites (Centers for Disease Control and Prevention, 2014; World Health Organization, 2015). The introduction of PrEP treatment for HIV prevention concept has recently gained traction among clinicians (Smith, Mendoza, Stryker, & Rose, 2016). Between 2012-2015, it was reported that participation in the PrEP program reached approximately 79,000 consumers in the United States (Mera et al., 2016). Compared to the total estimated 120,000 new HIV infections between 2012-2015 (Centers for Disease Control and Prevention, 2015), it is important to emphasize that the PrEP program is still vastly underutilized.

Method:

A review of current clinician guidelines for initiating PrEP was gathered from the Centers for Disease Control and the World Health Organization (Centers for Disease Control and Prevention, 2014; World Health Organization, 2015). The recommendations from these organizations were synthesized based on the appropriate clinical practice for primary care providers (PCP). A review of literature also explored reported barriers to care in primary care facilities.

Findings:

The current official clinician guidelines for PrEP initiation are tailored specifically for PCPs. In general, a majority of the primary care clinics have standard operating business hours from 8-5pm, Monday to Friday. Less than 28 percent of adults sampled in a research driven survey indicated that they were able to seek medical care from their PCP during evening hours or weekends (Schoen et al., 2007). Some studies also reported that same day scheduling is not possible in primary care practice (Mehrotra, Keehl-Markowitz, & Ayanian, 2008). In addition, most primary care settings only cater to certain commercial insurance policy holders in their practice. Thus, patients covered by government assistance insurance programs and uninsured patients will have difficulty locating a PCP for PrEP services.

Discussion:

While the primary care setting should remain as the treatment facility of choice for PrEP services, the program could be expanded beyond present boundaries. Presently, there are approximately 7,400 Urgent care (UC) centers within the United States (Urgent Care Association of America, 2017). The UC is a unique entity as they are usually staffed by PCP's, they have extended operating hours, and patients may walk in for care without having a scheduled appointment (Weinick, Bristol, & DesRoches, 2009). This provides ample opportunity for UC medical providers to offer PrEP services to patients seeking this option.

There are approximately 1.5 million Non-Governmental Organizations (NGOs) in the United States (U.S. Department of State, 2017). Local NGOs have been known encourage and facilitate HIV/AIDS outreach prevention programs within the local community centers, including linking uninsured patients with appropriate programs. Many pharmaceutical companies also provide treatment medication resources through the NGOs to support such activities. This provides another resource for the local hospital or community free clinic to collaborate with NGOs in providing PrEP services.

Conclusion:

PrEP is a lifesaving HIV prevention medication and it should not be solely introduced by a PCP in a primary care setting. If medical providers are aware of and understand current recommended PrEP treatment protocol, all providers can play a major role in providing PrEP services, and thus preventing additional HIV infections. The proposed solutions may engage patients in pursuing PrEP service utilizations, regardless of their current health insurance status.

Title:

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Symposium

Keywords:

HIV prevention, PrEP in primary care and PrEP service utilization

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Abstract Summary:

Pre-exposure prophylaxis (PrEP) is a lifesaving HIV prevention medication that should not be solely introduced by primary care providers in a primary care setting. Urgent Care centers, hospitals, and community free clinics may also play a vital role in providing this important medical service.

Comments to Organizers:

Unwithdrawn with session

Content Outline:

Introduction

- Pre-exposure prophylaxis (PrEP) is a once-a-day pill regimen that was first approved by the US Food and Drug Administration as a biomedical drug in HIV prevention in 2012.

- Guidelines for initiating PrEP in primary care settings are widely available from multiple government agency websites

Body:

- Current official clinical guidelines for PrEP initiation are tailored specifically for Primary care providers.
- Primary care clinics have standard operating business hours, accept certain private insurance, and may require an appointment in advance to seek PrEP services.
- Other facilities such as urgent care clinics have flexible hours, accept walks-in patients and in most cases, do not require appointments.
- Patients who benefit from government assistance programs or do not have insurance would not be able to seek PrEP services in primary care settings.
- Hospitals, Urgent care clinics and community free clinics, could collaborate with local non-government organizations (NGO) to include PrEP as part of their community free services.

Conclusion:

- PrEP can be introduced by PCP's beyond the primary care setting.
- Hospitals, community clinics and free clinics can also play a vital role in providing PrEP services.
- The proposed solutions may engage patients to pursue PrEP service utilizations, regardless of their current health insurance status.

First Primary Presenting Author

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Professional Experience: Dr. Yeow Chye Ng holds a bachelor's degree in Computer and Electrical Engineering. He was employed as a computer hardware design engineer in a private company for three years. Dr. Ng then made the decision to return to school for a nursing degree. Dr Ng had developed a strong interest and enthusiasm for both innovative engineering designs and the medical field. He completed the bachelor's program, master's program and PhD program in nursing. Presently, Dr. Ng teaches in an academic setting, and also practicing as a family nurse practitioner. Dr. Ng is also a board certified HIV Expert™ (AAHIVE) by The American Academy of HIV Medicine. 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.

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.

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Author Summary: Dr. Caires has practiced as a family nurse practitioner for the past 12 years. Her practice focus and research interests relate to homeless care and indigent care in the United States. She serves as Clinical Associate Professor in the Nurse Practitioner Program at the University of Alabama in Huntsville, Alabama.

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Professional Experience: Jack Mayeux holds a Master's of Nursing with a focus as a Family Nurse Practitioner and currently working on his Doctorate of Nursing. He is presently employed at an urgent care clinic and has been practicing in this setting for more than two years. Previously, he was employed at a family practice clinic. He has been a registered nurse for nine years with his primary experience in the cardiac setting.

Author Summary: Jack Mayeux has practiced as a family nurse practitioner for three years. While working at the Urgent care setting, 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 served as preceptor/mentor to current and past NP students. Jack is currently a DNP student at the University of Alabama in Huntsville.