

# Enhancing HIV PrEP Prescription through Physician Education and Assessment

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## BACKGROUND

- ❖ Pre-exposure prophylaxis (PrEP) for the prevention of HIV is widely available and can be started as young as 12 years old
- ❖ Even with widespread availability, provider comfortability is variable. This has led to the under prescription of potentially life-saving preventive medicine.
- ❖ Medications used for PrEP (ie, Descovy, Truvada, Apretude) are safe, effective, and cost effective when prescribed using approved guidelines. Various services exist to help pay for these medications (e.g., MISTR, SISTR)

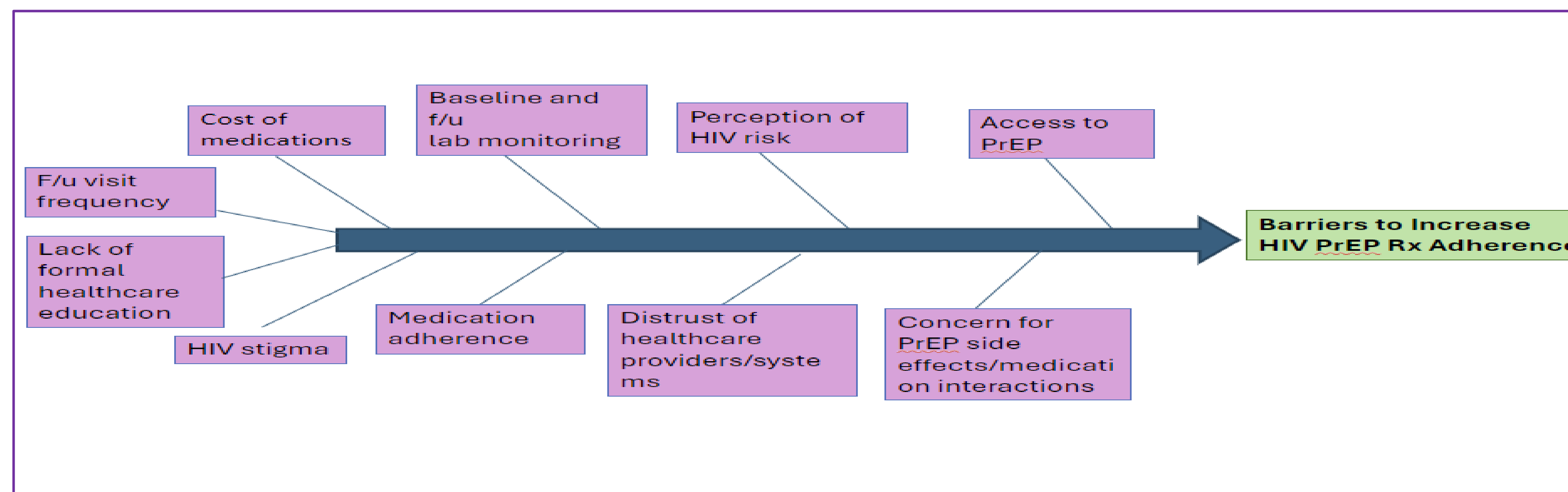
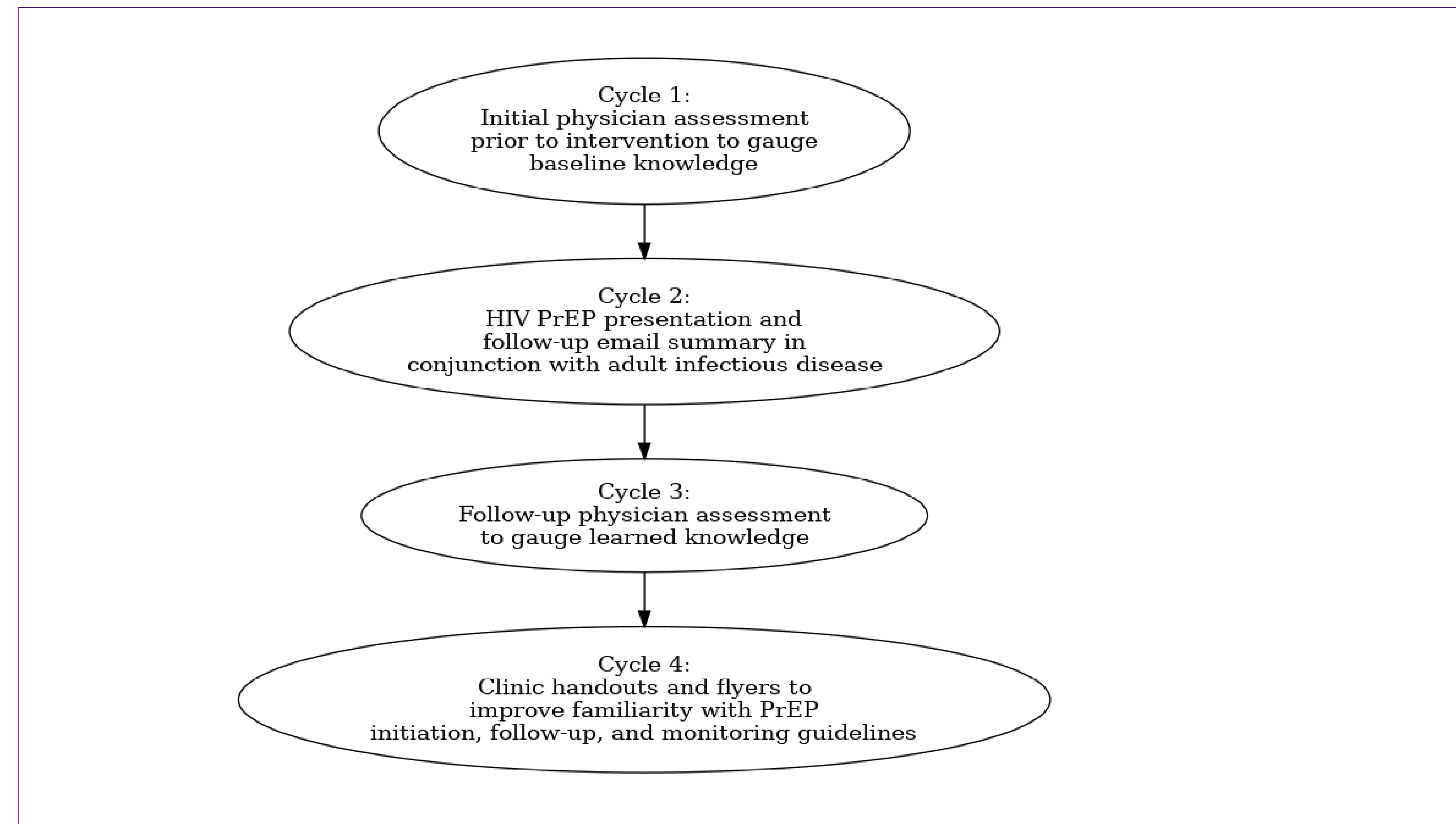
## PROJECT AIM

- ❖ Achieve a 20% improvement in provider comfortability in the practice of evidence-based HIV Pre-Exposure Prophylaxis (PrEP) prescription within a 12-month period.
- ❖ This will be measured through assessments of prescriber knowledge of available medications, indications and contraindications to their use, adverse effects, and necessary screenings in the form of a short multiple choice assessment tool. The results of these assessments will be used to create an informative lecture.

## PROJECT DESIGN/STRATEGY

- ❖ 17 question pre- and post-intervention test was administered via Google survey
- ❖ Survey consisted of questions assessing the indications, contraindications, prescribing practices, monitoring, and therapeutic monitoring guidelines of PrEP
- ❖ Education provided via PowerPoint presentation directed by ECU Infectious Disease; clinic group presentation also sent out
- ❖ Mean of results taken for both surveys

## CHANGES MADE (PDSA CYCLES)



## RESULTS/OUTCOMES

- ❖ 22 of 22 (pre-survey): Avg of 43% with Score Range: 17% to 94%
- ❖ 19 of 22 (post-survey): Avg of 63.5% with Score Range: 23% to 94%
- ❖ Goal: Increase average to  $\geq 63\%$  correct
- ❖ 15 improved; 3 worsened; 1 stay consistent
- ❖ Achieved goal improvement of  $\geq 20\%$  as a group

## LESSONS LEARNED

Despite widespread availability and ongoing advancements in the field of HIV prevention, baseline knowledge of these therapies in residents is limited; however, this is amenable to targeted interventions using available consultants and easy-to-access charts/forms.

## NEXT STEPS

- ❖ Expanding to FM/IM/Peds/OB
- ❖ Expand to non-resident clinics within the health system and community, starting with the ECU Health student clinic
- ❖ Monitor frequency of PrEP prescription(s) within each system/program
- ❖ Develop a dot phrase for initiating, monitoring, and discontinuing PrEP therapy
- ❖ Create an order set
- ❖ Institute quarterly education
- ❖ Follow small population of patients to see adherence & identify barriers

## ACKNOWLEDGEMENTS

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