The Purview Paradox: PrEP Utilization at a Major Southern California County Teaching Hospital and Affiliated Clinics

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Background

- In 2012, the FDA approved Truvada, a once daily pill for pre-exposure prophylaxis (PrEP) against HIV. [1]
- An estimated 1.2 million persons had indications for PrEP in 2018, with only 18.1% prescribed PrEP in the U.S. and 21.9% in CA. [2]
- PrEP coverage was 3x as high among males (20.8%) compared to females (6.6%). By race/ethnicity, PrEP coverage was lowest for Black individuals (5.9%) compared to their Hispanic/Latinx (10.9%) and white (42.1%) counterparts.
- Clinician-patient encounters for sexually transmitted infections (STIs) provide opportunities to offer HIV preventative services, including PrEP.
- Harbor-UCLA Medical Center (HUMC) and affiliated clinics are part of the Los Angeles County Department of Health Services, serving southern California's largely Latinx and Black residents.

Objectives

- Identify the pattern non-PrEP HIV counseling, PrEP discussion, and PrEP prescriptions.
- Explore provider specialty differences in PrEP discussion and prescription practices.

Methods

- A retrospective chart review of HIV-negative patients with ICD-10 coded diagnoses of STIs or high-risk sexual behavior was performed across various medical specialties at HUMC and affiliated clinics from 01/01/2018 to 12/31/2018.
- Documentation of non-PrEP HIV counseling, PrEP discussion and prescription was reviewed from electronic medical records for each encounter.
- Descriptive statistics and unadjusted logistic regression were used in STATA Version 16.1, with P value <0.5 as significant level

Results

- The sample included 250 individual patients, all with indications for PrEP (laboratory diagnosed STI or high risk sexual behavior). Demographics are shown in Table 1.
- Of the 250 individual patients, 87 (34.8%) returned for a 2nd visit, 35 (14.0%) for a 3rd, and 9 (3.6%) for a 4th visit for a total of 381 clinician-patient encounters.
- Of the total encounters, Non-PrEP HIV counseling was documented in 49.3% of visits, PrEP discussion in 7.3% of visits, and new PrEP prescriptions in 2.1% of visits.
- Total PrEP coverage (new PrEP prescriptions plus existing) was 6.8%.

Table 1: First Encounter Demographics (N=250 Individual Patients)

Mean Age	32.4
Gender	
Male	101 (40.4%)
Female	147 (58.8%)
Non-Binary	2 (0.8%)
Race/ Ethnicity	
Asian/ PI	15 (6.0%)
Black	68 (27.2%)
European	19 (7.6%)
Latinx	118 (47.2%)
Mixed Race	7 (2.8%)
Other	23 (9.2%)
Sexual Orientation	
Bisexual	11 (4.4%)
Heterosexual	185 (74.0%)
Gay/Lesbian	23 (9.2)%
Unspecified	31 (12.4%)
Insurance	
Self-Pay	40 (16.0%)
Medicaid	168 (67.2%)
Managed Care	2 (0.8%)
Private	2 (0.8%)
FPACT	38 (15.2%)

Table 2: Clinical Outcomes between Specialties Recoded (Encounter Level Analysis- N=Encounters)

Variable	Primary Care	OB/Gyn	ED/UC	[1]P
HIV Counseling, (N) %				<.001
0:No	(94) 57.0%	(49) 35.5%	(50) 64.1%	
1:Yes	(71) 43.0%	(89) 64.5%	(28) 35.9%	
PrEP Discussion, (N) %				0.017
0:No	(140) 84.8%	(138) 100.0%	(75) 96.2%	
1:Yes	(25) 15.2%		(3) 3.8%	
PrEP Prescribed, (N) %				0.030
0:No	(147) 89.1%	(138) 100.0%	(77) 98.7%	
1:Yes/Maintenance	(18) 10.9%		(1) 1.3%	

[1]Multinomial logistic or logistic regression using Huber-White standard errors for patient level clustering

Conclusions

- Our findings demonstrate that PrEP coverage (6.8%) at HUMC and affiliated clinics is less than that reported nationally (18%) and in California (21.9%).
- OB/GYN providers had no discussions (P =0.017) or new prescriptions (P =0.03) of PrEP compared to primary care and acute care providers.
- Harbor UCLA and affiliated clinics is part of LA County Department of Health Services which largely serves Latinx and Black communities disproportionately impacted by HIV infection. The low rates of PrEP discussion and prescription suggest there is further work to be done to understand provider/ system related factors to discussing, and prescribing PrEP.

Limitations

- Our sample only reflected encounters with ICD-10 coded diagnosis of an STI or high risk sexual behavior.
- Chart review and may be limited by discrepancies between what was documented and what was discussed with patients.
- Our results were based on unadjusted tests, therefore further studies are needed to include confounding variables to provide alternative explanations for outcomes.

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Citations

1. Robert M. Grant et al. (2010). Preexposure Chemoprophylaxis for HIV Prevention in Men Who Have Sex with Men. New England Journal of Medicine. 363:2587-2599
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