

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 frequency of safe sex counseling, PrEP discussion, new PrEP prescription & overall PrEP coverage in eligible patients.
- Understand the distribution of STI diagnosis and high risk sexual practices in those eligible for PrEP.
- Evaluate for any differences in PrEP discussion/ prescription practices amongst provider specialties.

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 sexual behavior risk reduction counseling, PrEP discussion and prescription was reviewed from electronic medical records for each encounter.
- Descriptive statistics and analysis were completed in STATA Version 16.1, StataCorp LLC.

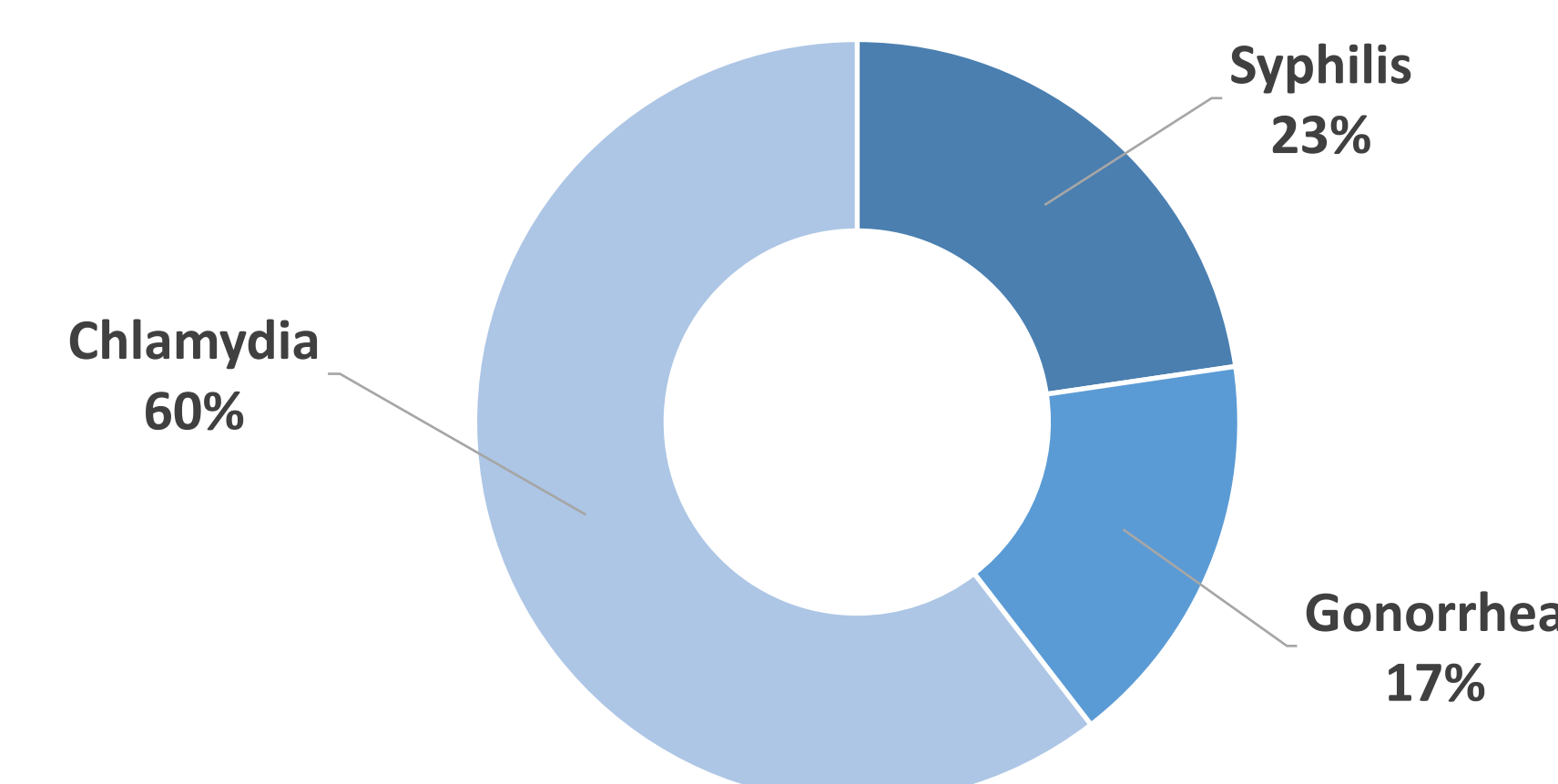
Results

- 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. Further breakdown by specialty is seen in Table 2.
- Total PrEP coverage (new PrEP prescriptions plus existing) was 6.8%.
- Among all encounters, 209 visits (54.9%) were for high risk sexual behavior and 172 (45.1%) were for a STI. Further distribution of STI's are shown in Figure 1.

Demographic	Count (%)
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%)

Specialty	Non-PrEP HIV Counseling (Yes)	PrEP Discussion (Yes)	PrEP Prescription (Yes)
Primary Care	71 (18.6%)	25 (6.6%)	8 (2.1%)
Family Medicine	59 (15.5%)	20 (5.2%)	7 (1.8%)
Internal Medicine	12 (3.2%)	5 (1.3%)	1 (0.3%)
Ob/Gyn	89 (23.4%)	0 (0.0%)	0 (0.0%)
ED/ Urgent Care	18 (4.7%)	3 (0.8%)	0 (0.0%)
Emergency Medicine	16 (4.2%)	2 (0.5%)	0 (0.0%)
Urgent Care	12 (3.1%)	1 (0.3%)	0 (0.0%)
Total	188 (49.3%)	28 (7.3%)	8 (2.1%)

Figure 1: Distribution of Total Positive STI Diagnosis (N=172)



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%).
- Primary care providers such as Family and Internal Medicine had a greater frequency of PrEP discussion (5.2% and 1.3% respectively) and PrEP prescription (1.8% and 0.3% respectively) compared to OB/GYN, EM and urgent care when looking at total encounters.
- Our data has great representation of the Latinx and Black communities. In a safety-net system that largely serves these communities at high risk for HIV infection, the low rates of PrEP discussion and prescription suggest there is further work to be done to understand prescriber, patient and institutional attitudes towards PrEP as well as structural barriers to care.

Limitations

- Our sample only reflected encounters with ICD-10 coded diagnosis of an STI or high risk sexual behavior.
- Collection of data including non-PrEP HIV counseling, PrEP discussion, and PrEP prescription was obtained via chart review on EMR and may be limited by discrepancies between what was documented and what was discussed with patients.

Acknowledgements

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Citations

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