

PrEP FOR PRIMARY CARE

[Evidence-Informed for the Pre-Exposure Prophylaxis Chapter](#)
[Evidence-Informed for the Structural Interventions Chapter](#)



POPULATION

- Primary care physicians

KEY INTERVENTION EFFECTS

- Increase in PrEP prescriptions

BRIEF DESCRIPTION

PrEP for Primary Care expanded the clinical scope of practice for primary care providers to prescribe PrEP. The intervention uses the following:

- Electronic Health Record (EHR) templates comprised of care elements for PrEP visits including key questions for decision making.
- Provider education and outreach with a tailored curriculum for prescribing PrEP that includes:
 - A 30-minute presentation that includes a formal didactic component, open discussion of best practices, and review of any challenges related to PrEP care
 - Conversations with more experienced clinicians about sexual history taking and lessons learned
 - Training videos on taking a sexual history
 - Education module and annual grand rounds presentations on providing care to LGBTQIA+ communities
 - Community outreach including educational booths at and sponsorship of local LGBT events

DURATION: One 30-minute training session plus other activities

SETTING: Primary care clinic (Seattle, WA)

STUDY YEARS: 2012 – 2020

STUDY DESIGN: Retrospective cohort

DELIVERERS: Primary care providers (including internal medicine and family medicine), EHR template

DELIVERY METHODS: Discussion, Lecture, Technology, Video

STUDY SAMPLE

PrEP prescription data from 848 patients' medical records were analyzed. The sample is comprised of:

- 89% male persons
- Average age of 37 years (minimum-maximum: 18-87 years)

*Race/ethnicity not reported

STRUCTURAL COMPONENTS

Capacity Building – Technology

- Created EHR template for PrEP prescribing and patient treatment flow

Capacity Building – Provider training

- Trained physicians on PrEP prescribing, EHR template, sexual history taking

KEY INTERVENTION EFFECTS (see [Primary Study](#) for all outcomes)

- The percentage of primary care providers who prescribed PrEP to new patients increased from pre- to post-intervention (9.2% vs. 33.4%, $p < 0.001$).

CONSIDERATIONS

- The intervention was implemented through a series of informal Plan-Do-Study-Act (PDSA) cycles, the generalized throughout the medical system.
- Two hundred sixteen unique providers wrote new prescriptions during the study period.
- According to the authors, the success of the intervention was facilitated by the:
 - institutional culture that emphasizes teamwork, innovation, and standardization
 - participation of clinical champions who were already established in departments of primary care and various specialty departments
 - relatively small size of the institution
 - support from a task force that had a track record of implementing evidence-based practices and the structure of sectional meetings at each of the primary care clinical sites

ADVERSE EVENTS

- The author did not report adverse events.

FUNDING

- None reported

PRIMARY STUDY

Lumsden, J., Dave, A. J., Johnson, C., & Blackmore, C. (2022). [Improving access to pre-exposure prophylaxis for HIV prescribing in a primary care setting](https://doi.org/10.1136/bmjopen-2021-027499). *BMJ Open Quality*, 11(2), e001749. <https://doi.org/10.1136/bmjopen-2021-027499>

PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.

Contact information

Craig Blackmore Doe, MD, PhD, MPH

Center for Health Care Improvement Science
Virginia Mason Medical Center
Seattle, Washington

Email: craig.blackmore@vmmc.org