OPTICS.

Observing PrEPs Transition Into the Community Setting. What does it look like a year on?

Vaux LH¹, Cornelisse V¹,², Doab A¹, Ephraums J³, Rukasha MR³, Read P¹,²

¹- Kirketon Road Centre, Sydney
²- Kirby Institute, UNSW Sydney
³- Medical School, UNSW Sydney

Phillip.Read1@health.nsw.gov.au
www.theKRC.org
BACKGROUND

• When PrEP PBS listed, KRC provided information and details about GP access to PrEP
• No clients were required to transition to GP care
• Important to determine at a service level that PrEP was continued

AIMS

To evaluate the ongoing care of clients who started PrEP at KRC and transitioned to GP care in the community.

METHODS:

A telephone survey of all clients prescribed PrEP until June 2018

Included private and EPIC participants

3-6 months post last PrEP provision Aug 18-Feb 19

• Had patients transitioned to a GP?
• Were patients still using PrEP?
• If not, was PreP still indicated?
• Barriers to PrEP access

Patient consented to questionnaire and continuation of the study:

Y - Yes
N - No

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answer</th>
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<tbody>
<tr>
<td>1. Since the PrEP trial has finished have you attended a GP?</td>
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<td>2. Are you still taking PrEP?</td>
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<td>3. If no to Question 2</td>
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<td>3a. Do you still need PrEP?</td>
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<td>3b. If you need PrEP and have been accessing it what have been your barriers?</td>
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<td>4. Do you have Medicare?</td>
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<td>5. If no to 4 - Do you want to follow up with KRC?</td>
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<td>6. Did you have an STI screen at your GP visit?</td>
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<td>If yes to Question 6</td>
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<td>6a. Did you have a blood test?</td>
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<td>6b. Did you do a urine test?</td>
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<td>6c. Did you have a rectal swab?</td>
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<td>6d. Did you have a throat swab?</td>
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<td>6e. Did you have your kidney function tested?</td>
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RESULTS:

Prescribed PrEP n=257

Able to be contacted and provided info n=132 (51%)

Still taking PrEP n=85 (64%)

76% GPs
24% Sexual Health (KRC)

Born outside Aus/NZ = OR 3.3 of being prescribed at KRC

83% of KRC PrEP medicare ineligible

Ceased PrEP n=47 (36%)

Still eligible n=15 (32%)

No longer indicated n=32 (68%)

Barriers reported:
- Difficulty locating prescribers outside metro
- Unaware of local prescribers after leaving NSW
- Difficulty seeing preferred GPs familiar with PrEP
- Feeling of judgment when requesting PrEP
- Shame in asking GPs for PrEP
- Financial barriers to GP care
CONCLUSIONS/IMPLICATIONS:

• Post PBS listing most patients continued PrEP and had successfully transitioned to GP care.

• A significant percentage of patients did not successfully transition because of a variety of barriers.

• 1/3 of those no longer accessing PrEP were still eligible- invited back to KRC and several restarted.

• Sexual health services such as KRC continue to play a role in initiating and prescribing PrEP as a “safety net” for populations unable or unwilling to attend GPs.