PrEP-ARING TO PROVIDE
HOW CAN WE SUPPORT GPs TO PRESCRIBE PrEP?

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BACKGROUND

In 2018, Pre-Exposure Prophylaxis (PrEP) medication, an important biomedical HIV prevention strategy, was made available on the Pharmaceutical Benefits Scheme in Australia. However, PrEP provision by general practitioners (GPs) has been lower than expected. An evaluation of the experiences of service providers participating in the Western Australia (WA) PrEP implementation trial (PrEP-IT) was undertaken over a period of 16 months from November 2017 to March 2019, and offers useful insights related to supporting GPs to prescribe PrEP.

METHODS

Twenty three service providers from four sexual health clinics participating in the WA PrEP-IT provided data through a baseline survey (n=23 service providers), telephone interviews after six months (n=8), a focus group (n=6) and follow up survey after 12 months (n=14), and a knowledge translation workshop 18 months after the trial started (n=6).

KEY INSIGHTS

Why has PrEP provision by GPs in WA been lower than expected?

To support General Practitioners, Nurse Practitioners and other health professionals in prescribing and managing PrEP, The Australasian Society for HIV, Viral Hepatitis and Sexual Heath Medicine (ASHM), was commissioned by the Western Australian Department of Health to provide training. (2) Online training is also available. (2) Service providers had a number of suggestions as to why uptake to prescribe PrEP has been low in WA.

- The most suggested reason was that GPs already have a high workload and PrEP provision may seem like too much extra to take on.
- GPs may feel they would be more likely to prescribe PrEP if the PrEP prescribing guidelines were simpler, succinct and can be adhered to in a standard 15 minute consultation. Table 1, taken from the ASHM prescribing guidelines, details the laboratory evaluation and clinical follow-up required for individuals who are prescribed PrEP. (1)
- Some GPs may be uncomfortable discussing sexual health, sexual health needs may not be high among their patients, or some GPs may hold quite conservative beliefs that may affect their ability to provide non-judgemental primary care.

Table 1: Laboratory evaluation and clinical follow up of individuals who are prescribed PrEP (1)

Test	Baseline	±30 days after initiation (optional)	90 days after initiation	Every 90 days on PrEP	Other frequency (minimum)
HIV testing and assessment for signs or symptoms of acute infection	✔	✔	✔	✔	n/a
Assess side effects	n/a	✔	✔	✔	n/a
Hepatitis B serology	✔	n/a	n/a	n/a	n/a
Hepatitis C serology	✔	n/a	n/a	n/a	Every 12 mths
STI (i.e. syphilis, gonorrhea, chlamydia) as per *Australian STI Management Guidelines*	✔	n/a	✔	✔	n/a
eGFR ±urine protein: creatinine ratio (PCR) at 3 mths and then every 6 mths	✔	n/a	✔	n/a	Every 6 mths
Pregnancy test (women of child-bearing potential)	✔	✔	✔	✔	n/a

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Focus on the benefits for GP

Service providers agreed that discussions or strategies to encourage GPs to prescribe PrEP should include a focus on highlighting the benefits of PrEP. These benefits include:

- an opportunity to increase patient numbers and caseload
- increased monetary remuneration
- increased engagement with people at risk of HIV
- opportunities for discussion around STI and BBV prevention and testing
- improved client-service relationships.

> *"You're encouraging more people to come in, get screening. You have opportunities to talk to them about safer sex options. You have more people admitting that they're actually engaging in chemsex when they weren't admitting it before. So you can talk about all sorts of harm minimisation stuff. It's bringing more people into services and more people are getting good care."* Participant, WA PREP-IT

Share "learnings from the field"

During the trial, service providers found that successful integration of PrEP prescribing into a practice may require:

- Procedures in place to liaise with pathology and pharmacy providers to develop efficient processes for testing and timely provision of medication
- Dedicated PrEP clinics if significant number of patients on PrEP
- Awareness/training to patients and reception staff that a longer appointment is needed for initialising PrEP (usually about forty minutes)
- GP, pharmacist and patient education on accessing emergency supply of PrEP through pharmacies to avoid patients running out of PrEP and/or causing strain on practise resources by needing to fit in emergency appointments
- Organising for patient urine samples to be collected in the morning to avoid effects of protein supplements or exercise on estimated glomerular filtration rate as normal renal function needs to be confirmed before PrEP can be prescribed.

Involve support staff

All trial sites reported that they had utilised existing staff to take on new and/or extra activities e.g. receptionists received training in the process required for booking PrEP patients for follow up appointments so that participants do not run out of medication. Another site diverted some of the extra work for their nursing staff to their reception staff such as phone calls about tests and follow up calls about tests. As such, the study findings suggest that general practises may require some staff reorientation to ensure GPs are supported to prescribe PrEP with minimal unnecessary impact on their workloads.

WHAT NEXT?

- Service Providers in the WA PrEP-IT suggested that the process for provision of PrEP may be more complicated than needed. Review of current processes, particularly number of blood tests required, may be beneficial.
- Service providers noted that due to stigma around men who have sex with men and HIV, many PrEP patients feel more comfortable at peer-based health services or those that have a reputation as a "gay friendly practice". Recommendations for increasing GPs' involvement in LGBTI sexual health and primary care include drawing inspiration from strategies such as The Rainbow Tick Standards (3) or creating an initiative similar to the Federal Government's National Lesbian, Gay, Bisexual Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy. (4)
- Another suggestion for increasing the number of "gay friendly practices" was empowering patients with the skills and knowledge to advocate for comprehensive health care.

> *"Maybe we're going about it the wrong way. Maybe we should be saying to a population that have spent 50 years pushing the political agenda. We should be getting the patients to walk into these practices and say, "I want this." Pick the assertive patients that are up for it. "I want you to have this skill. I'm coming."* Participant, WA PREP-IT

References

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