

ADAPTING PROVISION OF HIV PRE-EXPOSURE PROPHYLAXIS (PREP) IN AUSTRALIAN CLINICS FOLLOWING PUBLIC SUBSIDY: ISSUES IDENTIFIED BY CLINICIANS

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Theme track: B - Clinical management and Therapeutics. Managing HIV and/or sexual health, related infections and co-morbidities

Background:

In 2018, HIV pre-exposure prophylaxis (PrEP) was publicly subsidised in Australia, enabling greater access to patients with Medicare. Minimal research has explored clinicians' experiences of providing PrEP in Australia, and existing research was primarily conducted prior to public subsidy. We conducted qualitative interviews to explore how clinicians adapted to shifting workforce and regulatory challenges, including restrictions on who can prescribe and who can receive subsidised medication, debates on who is best suited to providing PrEP, and their views on different PrEP dosing regimens.

Methods

PrEP-experienced doctors and nurses were recruited from New South Wales (NSW) and Western Australia (WA) between October 2019 and July 2020 for one-hour phone or in-person interviews. Participants (n=28) included general practitioners (GPs; n=12), sexual health nurses (n=9), and sexual health doctors (n=7), from NSW (n=18) and WA (n=10). This paper describes key themes in relation to workforce challenges in providing PrEP.

Results:

After demonstration studies of PrEP ended, sexual health services were reconfigured to meet changing patient demand and restrictions to nurse-led provision of PrEP. Some services began to focus on supporting patients without Medicare to personally import PrEP, while referring patients with Medicare to suitable GPs, in order to manage clinic caseloads. Some participants believed GPs were less effective at prescribing PrEP, while GP participants indicated that PrEP was a relatively easy intervention to understand, but difficult to integrate into shorter appointments. Across clinics and specialties, participants expressed discomfort with on-demand PrEP, as many did not trust patients would effectively adhere to nondaily dosing.

Conclusion:

Our findings indicate that supporting patients without Medicare to access PrEP inexpensively, advocating for nurse-led PrEP, and developing guidelines adapted to general practice settings could ensure that PrEP is delivered more effectively and equitably. Additionally, PrEP providers require encouragement to build confidence in providing on-demand PrEP.

Disclosure of Interest Statement:

The Centre for Social Research in Health and Kirby Institute receive funding from the Australian Government Department of Health. This study was funded by the UNSW Faculty of Arts & Social Sciences HDR Faculty Supported Research Funding Scheme. Smith was supported by a Scientia PhD scholarship from UNSW Sydney. No pharmaceutical grants were received in the development of this study.