

PrEP FACTORY OR STANDARD PRACTICE? HEALTH CARE PROVIDERS EXPERIENCES AND EXPECTATIONS OF PRESCRIBING PrEP IN QUEENSLAND

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Background:

The Queensland Pre-Exposure Prophylaxis Demonstration Project Expansion (QPrEPd) study utilises a mixed methods evaluation approach to investigate how PrEP is being provided through general practitioner practices (GPP) and public sexual health services (SHS) in Queensland and explore whether service-providers consider both PrEP and the way it's being delivered acceptable.

Methods:

Interviews with 39 health care providers (HCP) from 20 of the 25 study sites and 12 key stakeholders (Aboriginal and Torres Strait Islander HCP, HIV community peer workers, pharmacists) were conducted during the first 6-months of implementation (Jan-June/2017) (n=51). Thematic analysis exploring experiences and barriers for prescribing PrEP and its impact on service provision were conducted.

Results:

Most worked in either a SHS (51%), an S100 prescriber GPP (15.7%) or a community organisation (21.6%) with 78.5% having worked in HIV for ≥six years. Overall experiences had been positive and the addition of PrEP to standard practice considered a given. However, many felt implementation logistics had been understated, under resourced. The pressure to become a “*PrEP factory*” was having significant roll-on effects on services capacity to meet needs of other clients; particularly in services without pharmacist or skilled HIV nursing support. HCPs described a positive effect of QPrEPd being it drew in new clients, including previously never-testers. However, this further stretched services, particularly in SHS without the capacity to generate additional income and staffing. HCP described new client's disappointment and anger on realizing that, despite '*having regular STI testing at their GP*', they had never previously had comprehensive testing prior to QPrEPd.

Conclusion:

Responsive models of service delivery including nurse-led models are needed to ensure equitable PrEP delivery, particularly for those living in regional areas with minimal access to SHS or S100 GPs. Education of non-S100 prescriber GPs about PrEP must include clients' broader sexual health and STI testing needs.

Disclosure of Interest Statement:

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