

Disparities in PrEP Uptake Among Primary Care Patients

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Conclusions

- Age, gender, and racial/ethnic disparities remain in PrEP uptake across DPH-funded primary care clinics in San Francisco, suggesting that access to care is not sufficient to address these disparities. Additional interventions are likely to be needed both to ensure PrEP is offered to high-risk patients and barriers for PrEP use are removed.
- To maximize the preventive impact of PrEP, and reverse HIV-related disparities at a population level, further efforts are needed to support PrEP uptake, especially among women, Blacks, Latinos, and older patients.
- The electronic medical record provides an opportunity for flagging patients that may be good candidates for PrEP and for targeted PrEP outreach by providers.

Introduction

- Pre-Exposure Prophylaxis (PrEP) is a highly effective HIV prevention tool when taken daily.
- PrEP has been prescribed in a variety of primary care settings, but important age, gender, and racial/ethnic disparities in uptake remain.
- Currently limited data on how providers target appropriate PrEP in primary care settings.
- The objective of this study was to identify within the San Francisco Department of Public Health Primary Care Clinics (SFPCC):
 1. PrEP candidates based on available clinical laboratory testing, and
 2. Racial/ethnic and age disparities in uptake.

Methods

- Patients receiving PrEP within SFPCC are included in a centralized PrEP registry for the network.
- Patients were included in the PrEP registry through 5/31/2017 if they received a PrEP prescription from a SFPCC medical provider (confirmed through medical chart review) and were not in the HIV care registry, did not have laboratory tests consistent with HIV positivity, and were not on post-exposure prophylaxis (PEP).
- “High-risk” non-PrEP patients were defined as HIV-negative; not prescribed PrEP; and (1) screened for a rectal sexually transmitted infection; (2) diagnosed with syphilis in the past 12 months; or (3) received ≥ 3 HIV tests in a 24-month period indicating provider repeatedly considered HIV risk.
- χ^2 tests measure the bivariate association between PrEP initiation, demographics, and active panel status (at least one primary care visit in the last 24 months). Multivariate logistic regression to assess outcome of not initiating PrEP.

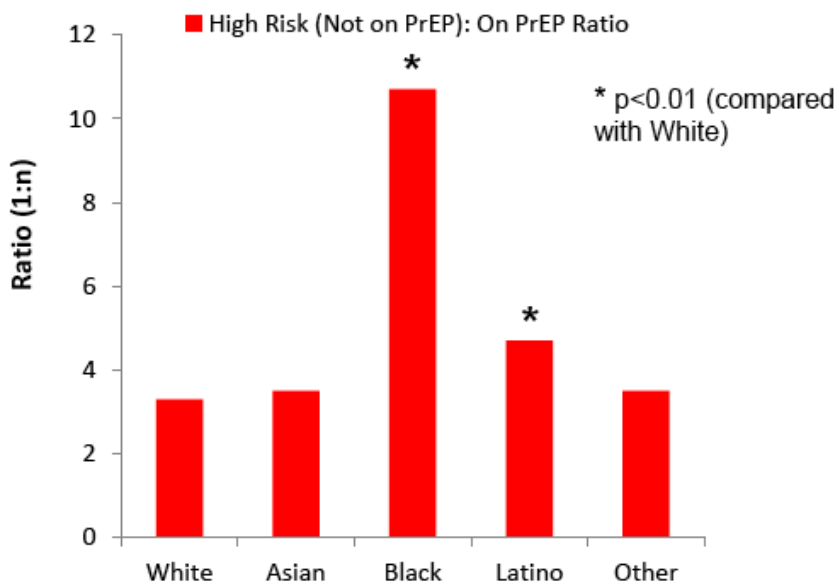
Results

- Overall 451 patients received PrEP, and 2,109 patients were identified as high risk, but not receiving PrEP.
- The largest number of patients on PrEP were in the LGBTQI neighborhood clinic (Castro-Mission Health Center).
- The largest number of patients who were high-risk, and not on PrEP were at the hospital-based clinics.

Number of Patients			
Clinical Sites (location number denoted on map)	High Risk (Not on PrEP)	PrEP Users	High Risk: PrEP Users Ratio
Castro-Mission Health Center (2)	109	117	1:1
Maxine Hall Health Center (11)	45	21	2:1
Family Health Center (7)	230	45	5:1
General Medical Clinic (7)	147	33	4:1
Potrero Hill Health Center (13)	61	17	4:1
South East Health Center (15)	144	16	9:1
Tom Waddell Urban Health Center (16)	198	46	4:1

Note: Only clinics with at least 15 patients on PrEP were included

Racial/Ethnic Disparities (Bivariate)

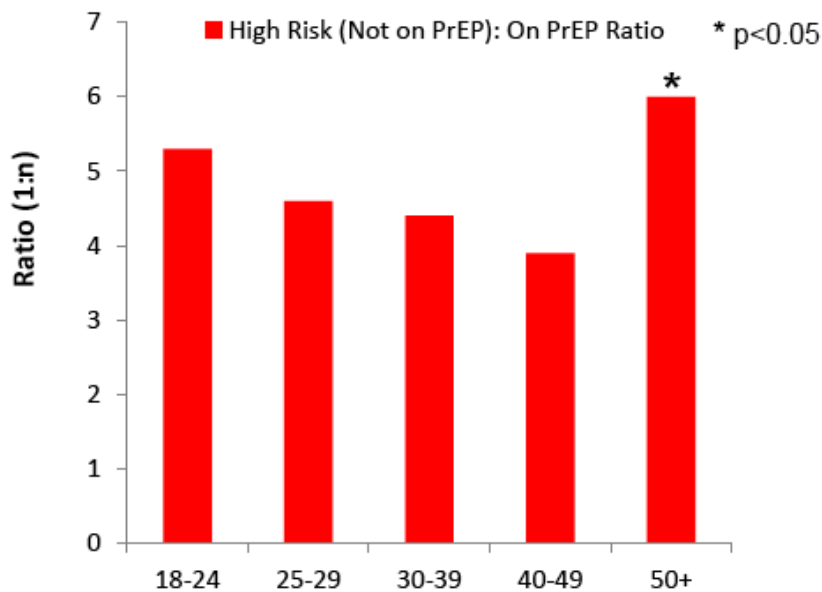


Multivariate Analysis (Not being on PrEP)

Variable	OR	95% CI	P value
Female (sex at birth)	5.64	4.22 – 7.54	<0.001
Age			
<25	0.94	0.66 – 1.33	0.717
25-29	0.90	0.64 – 1.26	0.532
30-49	1	-	-
50+	2.18	1.60 – 2.95	<0.001
Race/Ethnicity			
Latino	1.38	1.02 – 1.87	0.035
Black	2.85	2.03 – 4.00	<0.001
White	1	-	-
Other	1.18	0.85 – 1.64	0.319
Active panel*	0.13	0.09 – 0.17	<0.001

* At least one primary care visit in the last 24 months

Age Disparities (Bivariate)



SFDPH Primary Care Clinics



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