

# PrEP Decision Factors: a CHORUS Healthcare Professional Survey

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## Background

- PrEP is a key primary strategy for preventing acquisition of HIV infection and ending the HIV epidemic; it has been recommended by all major HIV guideline groups
- Currently, there are three approved PrEP options for adults and adolescents (2 oral, 1 LA)
- Despite increasing PrEP uptake over the past 12 years of availability, PrEP use remains suboptimal and not equal. Non-White individuals, people aged 16-24, and women are under-prescribed PrEP in the US

## Objective

Assess factors being considered by HCPs when recommending or prescribing PrEP and, specifically, LA PrEP

## Methods

### Study Population

- HCPs that provide care to people at risk of HIV acquisition and use the CHORUS mobile application

### CHORUS Platform

- A web-based clinical decision support system that translates, transforms, and organizes electronic health record data into useful reports for healthcare providers in addition to providing access to surveys to clinic staff and HCPs

### Survey

- 50 multiple-choice questions related to:
  - Knowledge, effectiveness, and importance of **any PrEP** and **LA PrEP**
  - Conversations with patients about **any PrEP**
  - Attitudes and perceptions about offering **any PrEP**
  - Attitudes and perceptions about prescribing **any PrEP** and **LA PrEP**
  - Who should receive **any PrEP** and **LA PrEP**
- Survey respondents received a small financial compensation

### Analyses

- Survey responses were summarized using counts and proportions
- Analyses of attitudes and perceptions about prescribing **any PrEP** and **LA PrEP** were restricted to prescribers (MD, DO, nurse practitioner, physician assistant, pharmacist)

### Abbreviations

**DO**, Doctor of Osteopathic Medicine; **MD**, Doctor of Medicine; **HCP**, healthcare professional; **HIV**, human immunodeficiency virus; **LA**, long-acting; **PrEP**, pre-exposure prophylaxis; **STI**, sexually transmitted infection; **US**, United States

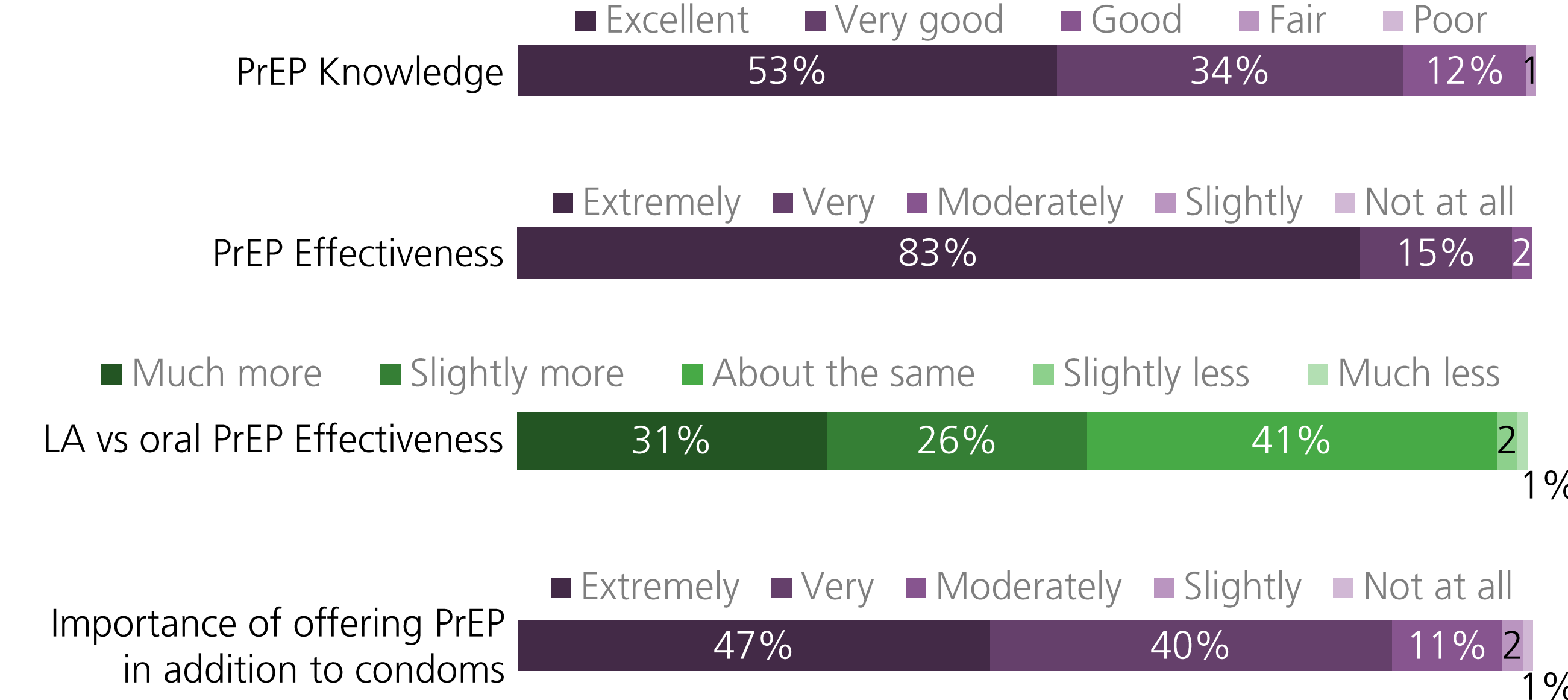
## Results

**Table 1. HCP Characteristics (N = 167)**

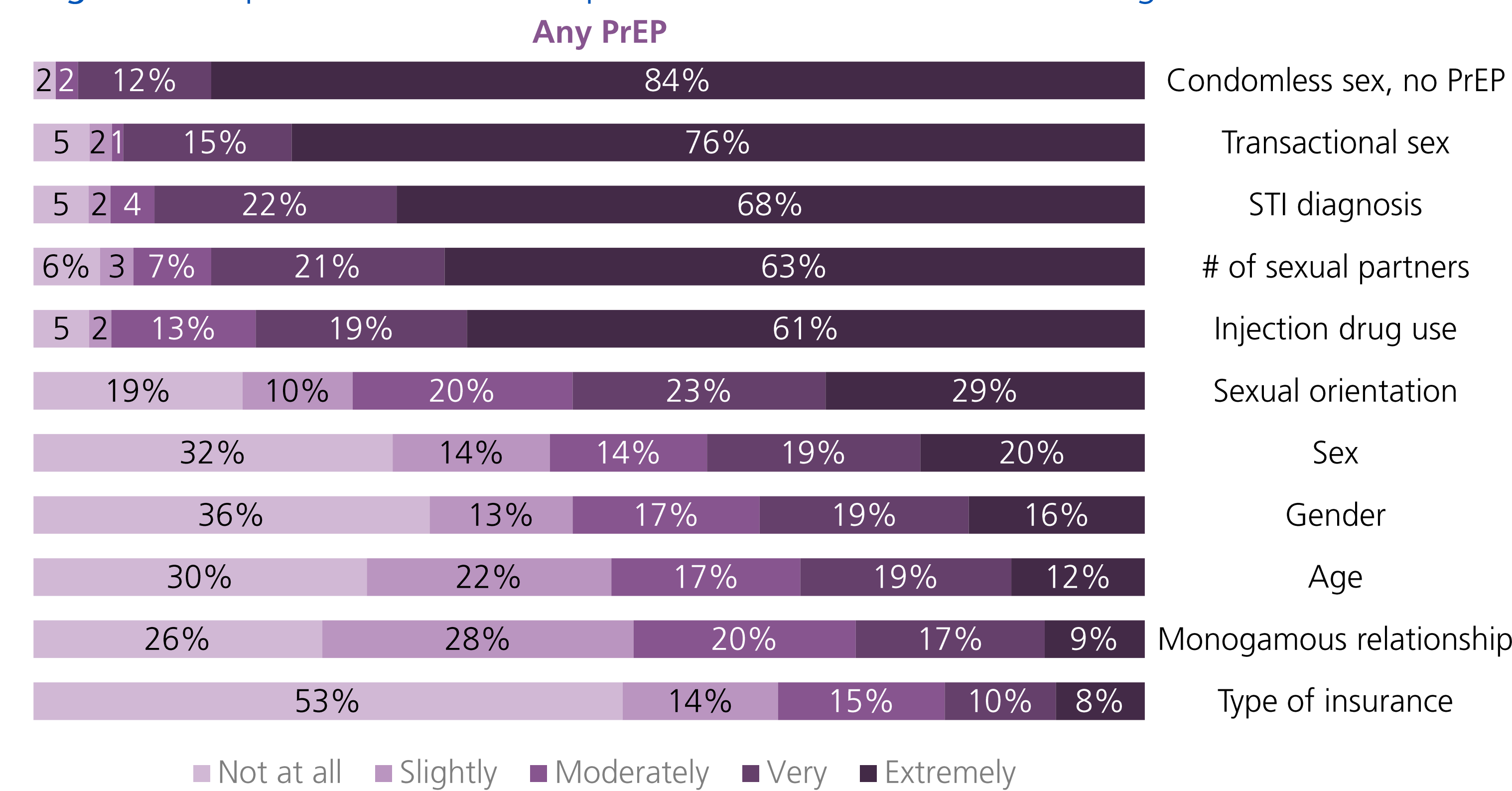
	n (%)
<b>Medical role</b>	
MD/DO	36 (22)
Nurse <sup>a</sup>	57 (34)
Nurse Practitioner	41 (25)
Pharmacist	23 (14)
Physician Assistant	10 (6)
<b>Years of practice</b>	
0 to 4	63 (38)
5 to 9	32 (19)
10 to 19	35 (21)
20 or more	37 (22)
<b>Race and ethnicity</b>	
Asian	12 (7)
Black, Hispanic	2 (1)
Black, non-Hispanic	40 (24)
White, Hispanic	18 (11)
White, non-Hispanic	78 (47)
Multiple/Other race	12 (7)
I prefer not to answer	5 (3)
<b>Gender</b>	
Cisgender man	59 (35)
Cisgender woman	100 (60)
Other <sup>b</sup>	8 (5)

<sup>a</sup> Not licensed to prescribe  
<sup>b</sup> Includes transgender women, non-binary or fluid, or 'prefer not to answer'

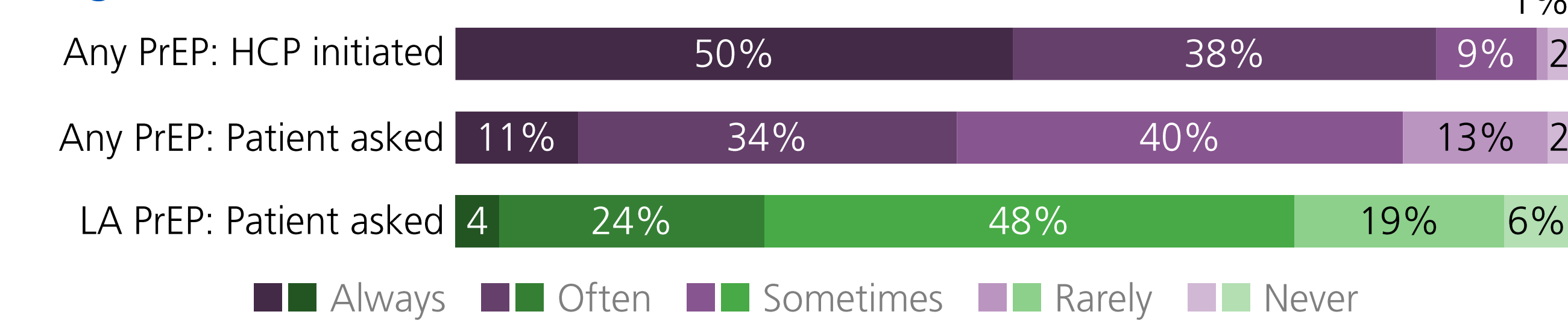
**Figure 1. Self-reported PrEP knowledge, effectiveness, and importance (N = 167)**



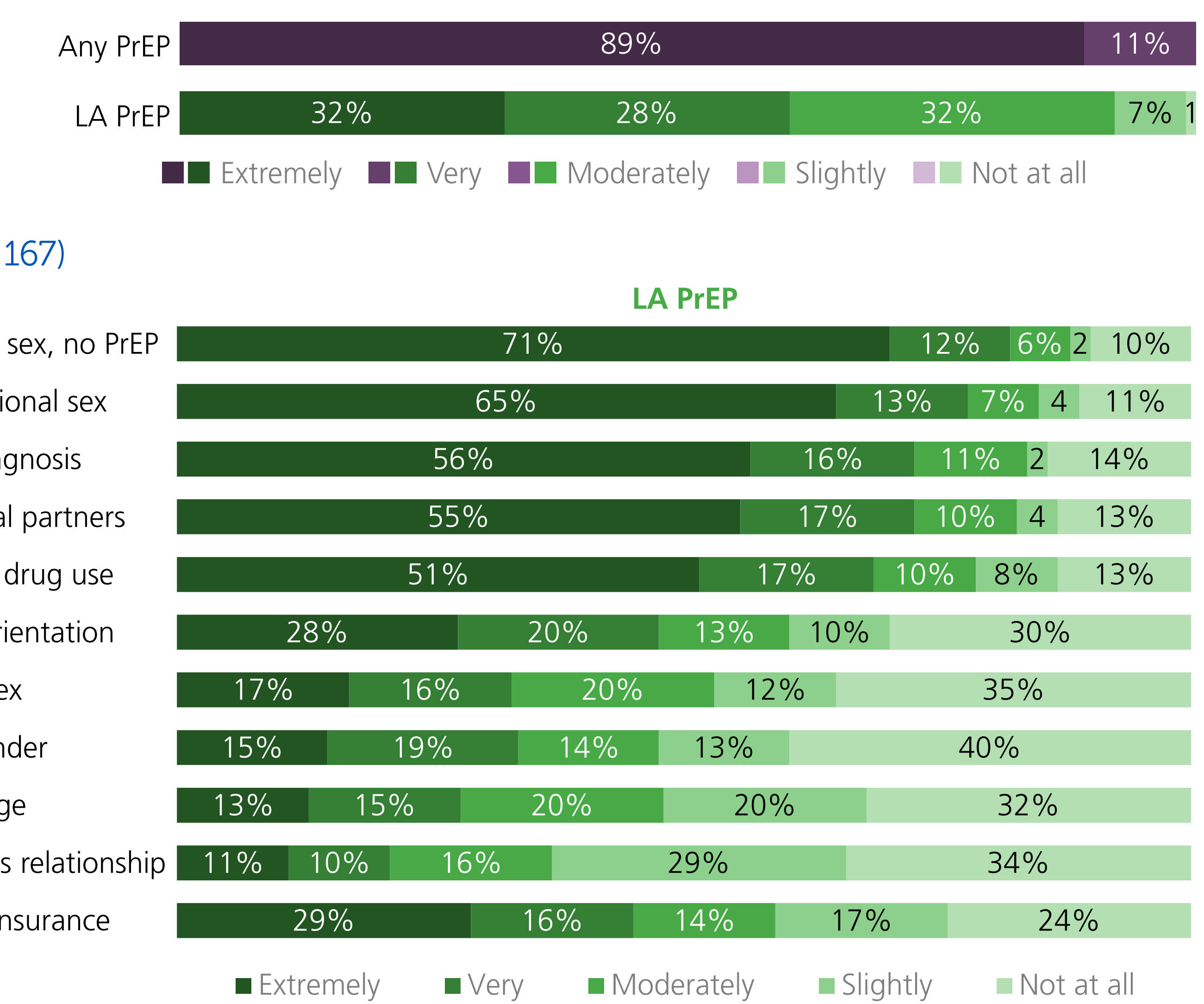
**Figure 4. Importance of various patient factors for recommending PrEP (N = 167)**



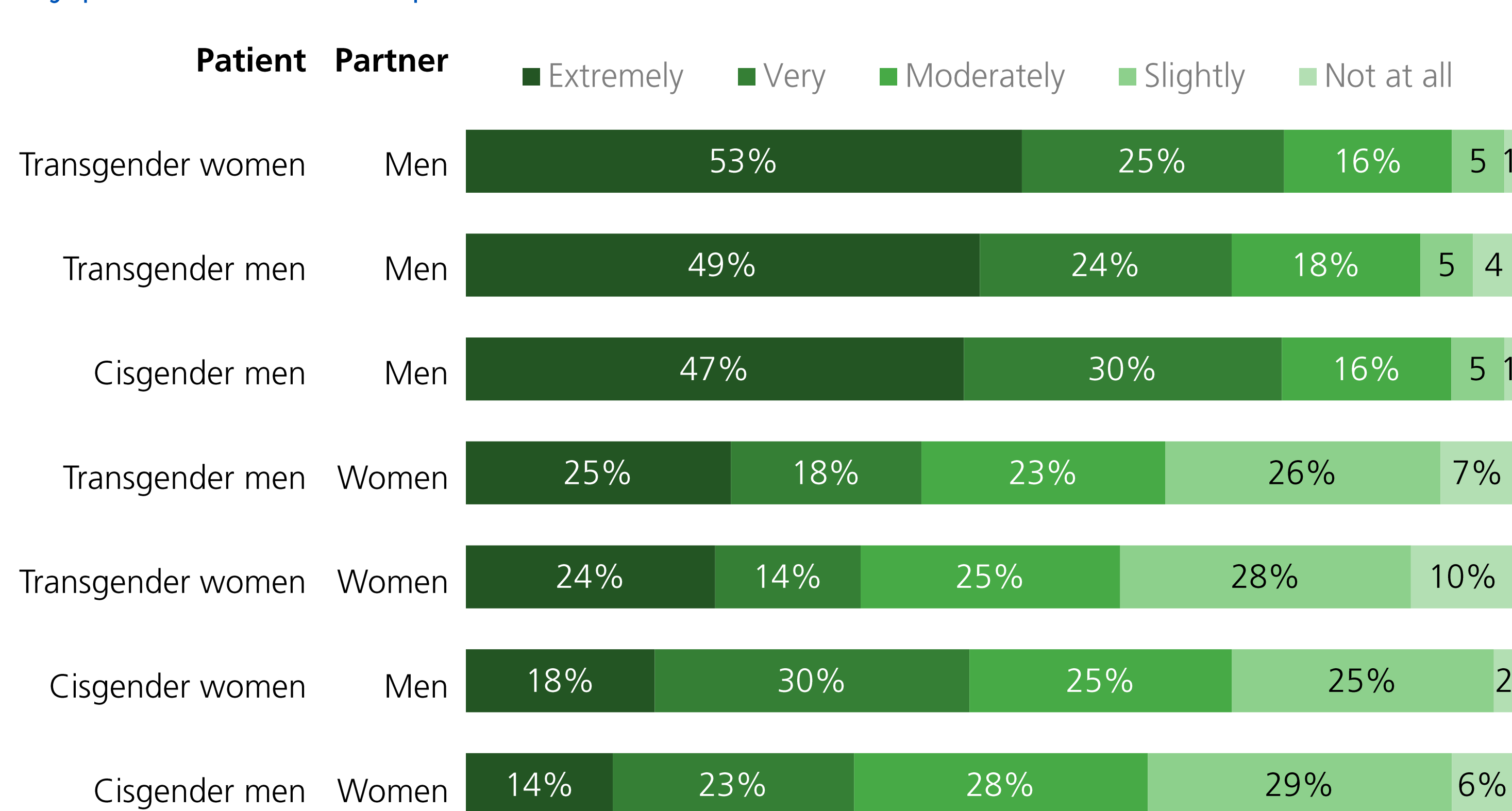
**Figure 2. Conversations about PrEP (N = 167)**



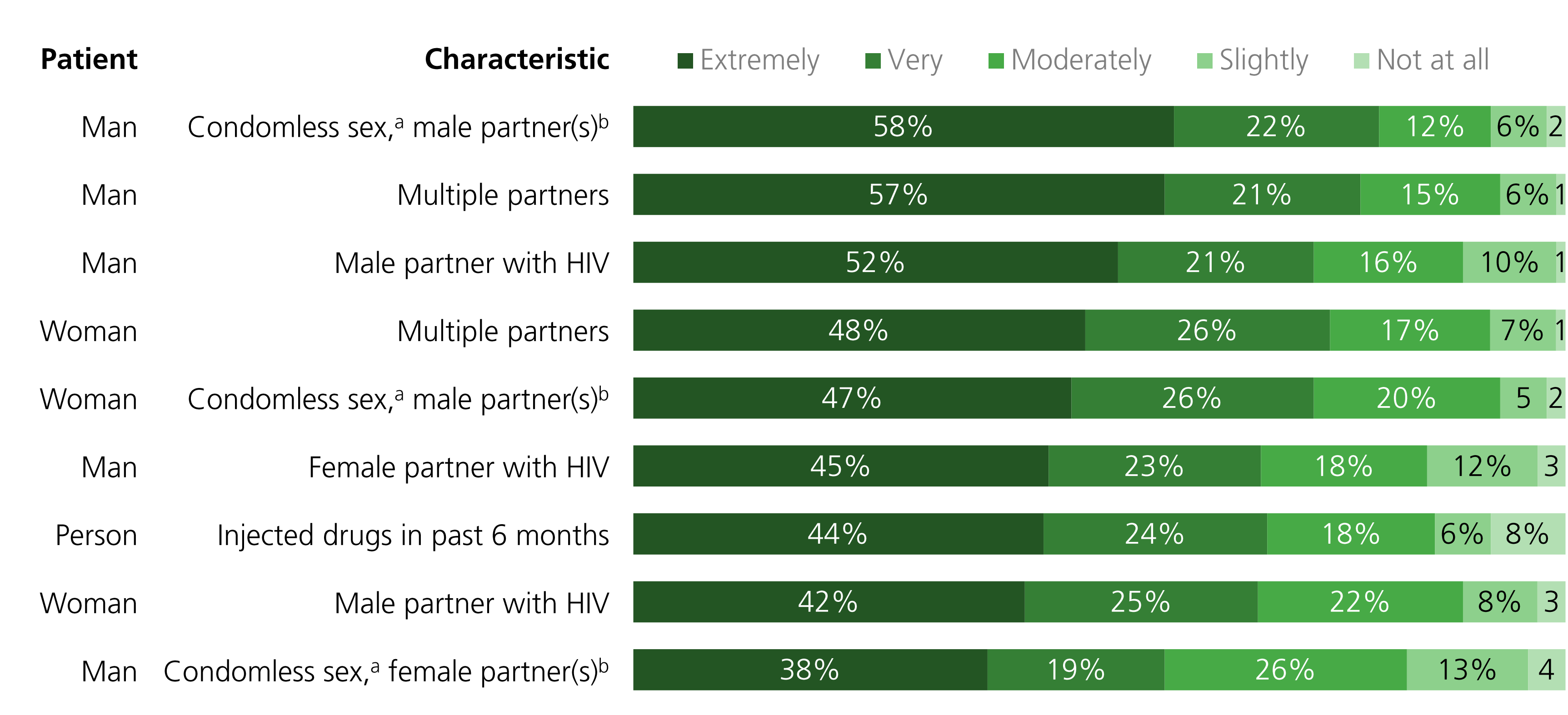
**Figure 3. Among prescribers, likelihood of prescribing PrEP and LA PrEP (N = 110)**



**Figure 5. Among prescribers, likelihood of prescribing LA PrEP to various individuals, by patient and sexual partner(s) (N = 110)**



**Figure 6. Among prescribers, likelihood of prescribing LA PrEP to various individuals, by patient and characteristic (N = 110)**



<sup>a</sup> without PrEP <sup>b</sup> with unknown HIV status

## Discussion

- Between 04OCT2023 and 17JUL2024, 167 HCPs completed the survey, of which 110 (66%) were prescribers (Table 1)
- Among all HCPs:
  - Self-reported PrEP knowledge was high; almost all perceived PrEP as very/extremely effective in preventing HIV acquisition; more than half perceived LA PrEP as more effective than oral PrEP, and 41% perceived similar effectiveness; and most believed it is important to offer PrEP in addition to condoms (Figure 1)
  - Most initiate conversations about PrEP with their patients, but less than half are asked about PrEP by their patients and even fewer are asked about LA PrEP specifically (Figure 2)
  - Condomless sex without PrEP, transactional sex, and STI diagnoses were rated as the most important factors for recommending PrEP (Figure 4)
- Among HCPs licensed to prescribe:
  - All reported being very or extremely likely to prescribe PrEP to individuals at high risk of HIV acquisition (Figure 3)
  - Individuals who have condomless sex with men of unknown HIV status or have multiple sex partners, as well as transgender individuals who have sex with men were rated as the most likely individuals to be prescribed LA PrEP (Figures 5-6)

## Key Findings

- HCPs expressed knowledge and positive perceptions about PrEP in general and LA PrEP specifically, as well as willingness to consider PrEP for individuals at risk of HIV acquisition
- Almost half of surveyed HCPs did not view LA PrEP as more effective than oral PrEP, despite clinical trial evidence to the contrary
- Work is needed to increase HCP knowledge of the efficacy of LA PrEP and its suitability for various populations in need of HIV prevention

## Acknowledgments

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