

PrEP Survey for IHS Providers

Background: HIV remains a public health challenge among American Indian and Alaska Native (AI/AN) populations. Among IHS-served populations, the average annual rate of new HIV diagnoses among AI/ANs from 2005-2014 was 15.1 per 100,000 persons.¹ This rate is among the highest in the US. AI/AN populations at risk for HIV transmission remain vulnerable: From 2011 to 2015, there was a 54% increase in HIV diagnoses among gay and bisexual AI/AN men, while 31% of new diagnoses of HIV among AI/AN women had injection drug use as the mode of transmission.² Once diagnosed with HIV/AIDS, AI/ANs have one of the lowest survival rates of any racial/ethnic group in the US.²

In response, IHS and tribal health organizations are working to curb new HIV infections by supporting sexual risk reduction evidence-based interventions (EBIs) in AI/AN-serving organizations and promoting greater screening and linkage to care for HIV. This includes an agenda to enhance pre-exposure prophylaxis (PrEP) provisions within IHS and tribal clinics and promote uptake among AI/AN populations at risk. As part of this initiative, IHS seeks to gather information about current PrEP prescribing and utilization trends in IHS facilities and to identify any provider-perceived barriers that may limit more widespread use of PrEP in AI/AN patient populations at risk for HIV infection.

Purpose of survey: The survey will assess current availability of Pre-Exposure Prophylaxis for HIV (PrEP) with IHS facilities servicing AI/ANs and seeks to determine provider-perceived barriers that may be preventing a more widespread uptake and utilization of PrEP within IHS.

Intended audience: All IHS clinical providers working in a federal facility treating adolescents and adults may be eligible for inclusion in the survey.

Modality of survey administration: The survey will be administered via email containing a hyperlink using SurveyMonkey. Respondents will be contacted 3 times by email to complete the survey. Responses will be anonymous by provider.

Proposed administration dates: April 2019_

Copy of survey: A hard copy of the survey questions and available responses can be found at [Insert location if applicable].

Plan to disseminate survey to your target respondent group: The survey will be submitted by hard copy for review of content by leadership at the IHS Office of Clinical and Preventive Services (OCPS) in the first week of March 2019. After subsequent revisions (as necessary) the survey will be submitted to appropriate parties for review at IHS, including the Privacy Act Office. This will also include a Third Party Website Assessment to ensure the survey, its delivery vehicle, and responses are compliant with IHS and HHS mandated guidelines. After approval for dissemination, information regarding the survey and links to electronically accessing it will be emailed to a list serve of target respondents. An anticipated recruitment time of 3 weeks will be appropriated for data collection, with a subsequent reminder email

¹ Reilley, B., Haberling, D. L., Person, M., Leston, J., Iralu, J., Haverkate, R., & Siddiqi, A. (2018). Assessing New Diagnoses of HIV Among American Indian/Alaska Natives Served by the Indian Health Service, 2005-2014. Public Health Reports, 133(2), 163-168. doi:10.1177/0033354917753118

² Centers for Disease Control and Prevention. (2018). HIV Among American Indians and Alaska Natives in the United States. Retrieved from <https://www.cdc.gov/hiv/group/raciaethnic/aian/index.ht>

to be sent out sent at the midpoint of this period to facilitate greater participation. After collection results will be generated and prepared for distribution to personnel within IHS and respondents over a two-week period.

Anticipated use of results: Results of the survey will be distributed within OCPS and to IHS leadership for review. It is the objective of the survey that it be used to assess the current status of PrEP within IHS and any policy and/or personnel limitations that may affect achieving goals of the prevention of new cases of HIV going forward and HIV eradication in AI/AN populations over time. The survey may be also be used to monitor trends over time.

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What best describes your facility?

Urban facility

IHS (Federal) facility

Tribal (638) health center/clinic

Other

What state do you work in?

Text Box

What facility do you work in?

Text

Please let us know your licensure

Physician

Advanced Practice Nurse/NP

Physician Assistant

Pharmacist

Registered Nurse

Social Worker/Counselor

Other (please specify)

Do you regularly see any HIV-negative patients who are over 14 years old for any of the following: primary care, walk-in or emergency care, STD or family planning, obstetric or gynecologic care?

Yes

No (Skip to **“End of Survey”**)

Rate your comfort level initiating conversations about sexual preferences and sexual practices with your patients: (Likert Scale 4-5 responses)

Not comfortable at all → Very Comfortable

Rate your comfort level initiating conversations about sexual practices with your *older* patients (age 55 and older): (Likert Scale 4-5 responses)

Not comfortable at all → Very Comfortable & “N/A--I do not see older patients”

To what degree has your facility expressed interest in expanding and/or promoting HIV prevention services? (Likert, 5 choices)

Not sure, no interest, very little interest, some interest, substantial interest

Can the patients at your facility currently access PrEP?

Not sure

Not available in our area (within 30 minutes)

Yes, PrEP is available in our facility

Yes, PrEP is available in a nearby facility (within 30 minutes)

What role does PrEP play in your current practice?

I am not familiar with PrEP

I am not interested in prescribing PrEP (Skip logic)

I've considered PrEP in my practice, but “see many pros and cons” (Skip logic)

I'm planning on prescribing PrEP but have not used it yet (Skip logic)

I screen for HIV but refer at-risk patients to other providers for PrEP (Skip logic)

I currently prescribe PrEP to my patients (Skip coding)

What are your concerns with prescribing PrEP in your practice? (Select all that apply)

My patients are not high-risk for acquiring HIV

My patients get their PrEP prescribed elsewhere

Cost/payer issues

Concerns about using potentially toxic drugs in healthy persons

Concerns about higher risk sexual activities after starting PrEP (e.g., condomless sex, etc).

Concerns about compliance and future HIV drug resistance

Insufficient data on PrEP effectiveness in real-world settings

Approximately how many patients do you estimate you are treating with PrEP?

1-3

3-5

5-10

Greater than 10

Rate your comfort level with prescribing PrEP in persons actively using drugs: (Likert Scale 4-5 responses)

Not comfortable at all → Very Comfortable

Rate your comfort level with the following: (Not comfortable at all → Very Comfortable)

Assessing HIV risk and PrEP candidacy






Discussing PrEP efficacy with patients

Discussing PrEP side effects










Discussing costs/insurance access with patients

Adherence issues
Risks of drug resistance
Monitoring protocols

My ability to prescribe PrEP has been limited by (Likert scale- Strongly disagree to strongly agree)

-  Cost of PrEP or insurance access
-  Difficulty discussing sexual activity/sexual preferences with my patients
-  Lack of patient knowledge about PrEP
-  Lack of patient interest in PrEP
-  Competing demands on my practice/Time constraints

What would be most helpful in facilitating PrEP prescribing in your practice: (Likert: Not helpful→Very helpful)

-  Patient materials (print) available for patients regarding PrEP
-  Provider-oriented materials that review:
 -  Current guidelines for PrEP
 -  How to assess candidates for PrEP
 -  Sample dialogues to help initiate PrEP discussions
 -  The efficacy of PrEP
 -  Prescribing protocols and visit checklists
 -  Information on insurance and financial access for PrEP
-  Tablet-based or computer based behavioral/risk assessments

End of Survey

