

Assessing the Acceptance of PrEP and Need for Teaching It Among Family Medicine Residency Programs

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Background

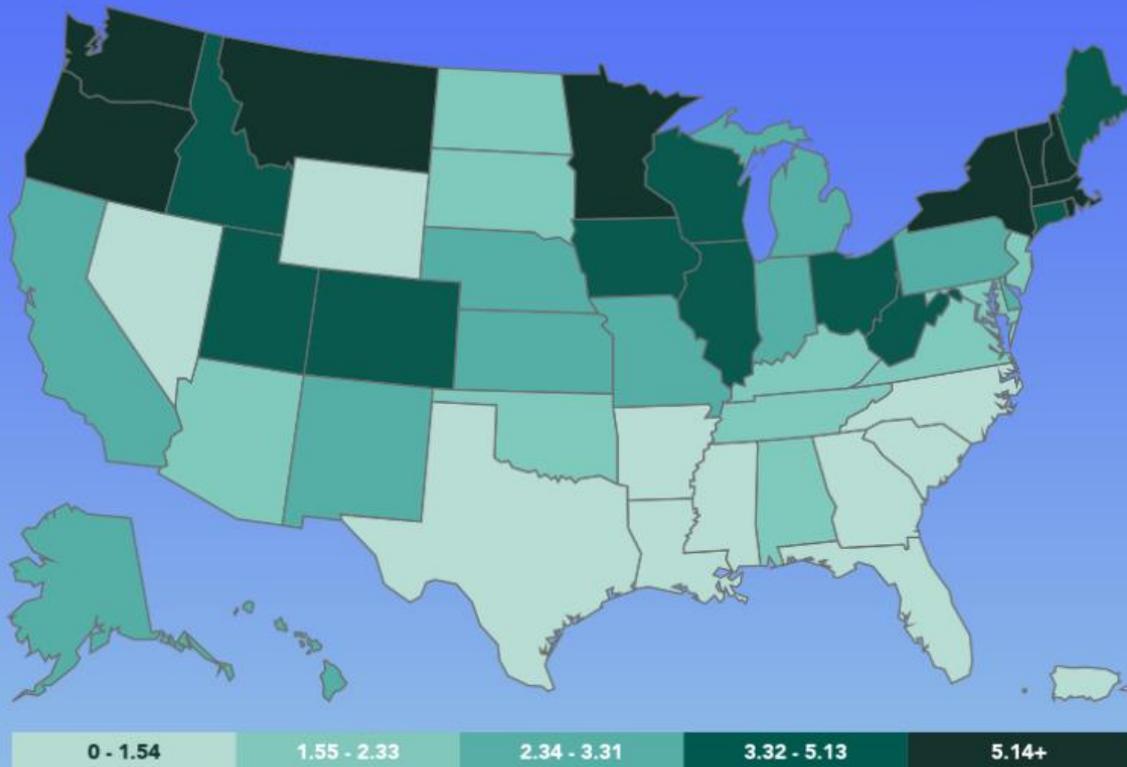
- Utilization of PrEP by Family Medicine (FM) clinicians and residents has not been universal
- There has been no study directly assessing the impact of and barriers to PrEP utilization among FM residency programs in metropolitan or rural counties

Background

- We were interested in looking at how geography affected PrEP adoption and teaching
- We also wanted to look at the associations between levels of PrEP training and PrEP prescribing and assessments of competency within FM residency programs

*Lighter shading indicates fewer PrEP users relative to epidemic need.

PrEP-to-Need Ratio, 2017



PrEP-to-Need Ratio (PnR) is the ratio of the number of PrEP users to the number of people newly diagnosed with HIV.

PnR serves as a measurement for whether PrEP use appropriately reflects the need for HIV prevention in a geographic region or demographic subgroup.

Methods

- The questions were part of a larger omnibus survey conducted by the Council of Academic Family Medicine Educational Research Alliance (CERA)
- The sampling frame for the survey was all ACGME accredited US Family Medicine residency Program Directors as identified by the Association of Family Medicine Residency Directors (AFMRD)

Methods

- Independent Variables (self-assessments of):
 - Level of resident PrEP training
 - Significant vs. None/Some Formal Training
 - Program's community size
 - Rural vs. non-Rural (US Census standards for defining rural communities was used)
- Dependent Variables (self-assessments of):
 - Level of resident PrEP training
 - Significant vs. None/Some Formal Training
 - % PrEP-eligible patients receiving PrEP
 - >50% vs. ≤50%
 - Resident level of PrEP competency
 - Advanced/Independent vs. Basic/None

Methods

- 2 x 2 table - Community size & PrEP training
- Logistic regression was used to look at other associations

Results

Table 1. Description of sample

- 52.9% (276/522) response rate to PrEP questions of Program Directors surveyed

Characteristic	n	%
Type of Residency Program		
University-based	47	17.0
Community-based, university-affiliated	166	60.1
Community-based, nonaffiliated	48	17.4
Military	8	2.9
Other	7	2.5
Geographic Region		
New England (NH, MA, ME, VT, RI, CT)	11	4.0
Middle Atlantic (NY, PA, NJ)	38	13.8
South Atlantic (PR, FL, GA, SC, NC, VA, DC, WV, DE, MD)	34	12.3
East South Central (KY, TN, MS, AL)	12	4.4
East North Central (WI, MI, OH, IN, IL)	53	19.2
West South Central (OK, AR, LA, TX)	28	10.1
West North Central (ND, MN, SD, IA, NE, KS, or MO)	28	10.1
Mountain (MT, ID, WY, NV, UT, AZ, CO, NM)	24	8.7
Pacific (WA, OR, CA, AK, HI)	48	17.4
Community Size		
Less than 30,000	27	9.9
30,000 to 74,999	51	18.6
75,000 to 149,000	45	16.4
150,000 to 499,999	63	23.0
500,000 to 1 million	41	15.0
> 1 million	47	17.2
Number of Residents		
<19	99	36.1
19-31	132	48.2
>31	43	15.7

Results

[H1] Programs in rural communities are less likely to have significant training in PrEP

- No rural communities reported significant PrEP training for their residents

Distribution of significant PrEP training and community size.

		Community Size < 30K		Fisher's Exact P-Value
		No	Yes	
Significant PrEP Training	No	205 [209.1]*	27 [22.9]	0.019
	Yes	41 [36.9]	0 [4.1]	

Results

[H2] Programs with significant PrEP training have more PrEP prescribing within their practice

[H3] Programs with significant training, graduate residents with greater PrEP competency

Associations with Training	Significant Training	
	Odds Ratio	P-Value
> 50% of PrEP-Appropriate Patients Receiving PrEP Reference: ≤ 50% of PrEP-Appropriate Patients Receiving PrEP	7.27	< 0.001
Independent-to-Advanced PrEP Competency Reference: None-to-Basic Competency	18.33	< 0.001

Discussion

- Residency programs in rural settings often lack significant training in PrEP therapy
- This lack of training fails to cultivate residents who are comfortable recommending and prescribing PrEP therapy

Discussion

- Regional gaps in PrEP residency training produce Family Medicine physicians who are unprepared to offer HIV prevention options to appropriate patients, which may contribute to avoidable HIV infections

Future Directions / Additional Points

- PrEP toolkits
- Training (conferences, fellowships)
- Consultation (Your local ID or the CCC)
- TelePrEP (Iowa, Louisiana, more)
- Addressing PrEP Barriers (next slide)



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9 a.m. – 8 p.m. ET
Monday – Friday

PrEP Barriers

	Biggest Barrier (%)	2nd Biggest Barrier (%)
Enough High Risk Patients	91 (30.5)	31 (10.4)
Faculty Expertise	67 (22.5)	71 (23.8)
Inadequate Screening	32 (10.7)	55 (18.5)
Medication Costs	30 (10.1)	25 (8.4)
Patient Interest	27 (9.1)	29 (9.7)
Resident Knowledge/Training	22 (7.4)	52 (17.5)
Provider Resistance	3 (1.0)	7 (2.4)

Emails

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