Acceptability of an HIV Pre-Exposure Prophylaxis (PrEP) Shared Decision-Making Tool (SDT) for Diverse Populations and Healthcare Providers

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Key Takeaways

- A pilot PrEP SDT was acceptable among people who may benefit from PrEP (PWBP) and PrEP healthcare providers (HCPs).
- PWBP felt that the SDT addressed knowledge deficits about PrEP and that the format aided PrEP decision making.
- HCPs found that SDT content and format ensured comprehensive, acceptable delivery of PrEP choice information.
- The SDT was seen by HCPs and PWBP to normalize PrEP conversations and reduce stigma around PrEP use by facilitating non-judgmental and more interactive dialogue.
- Trust in the HCP is critical when discussing PrEP options.

Introduction

- Shared decision-making tools (SDTs) support, and in some cases may facilitate, conversations between HCPs and patients around evidence-based care options.[1]
- With FDA approval of long-acting injectable (LA) PrEP in December 2021, PWBP now have the choice of daily oral or LA PrEP for HIV prevention. PrEP SDTs with LA PrEP as an option are urgently needed.[1]
- The goal of this multi methods formative research study was to develop a PrEP SDT to be used by PWBP and their HCPs.

Methods

In-Depth Interviews

- In-depth interviews (IDIs) were conducted with PWBP (n=41) and PrEP HCPs (n=20) in Washington, D.C. in English and Spanish from November 2021 to January 2022 prior to and shortly after LA PrEP became available to explore oral and LA PrEP knowledge, perceptions, and preferences.
- Clinic research coordinators recruited among diverse PWBP [racial, ethnic, gender, sexual orientation, PrEP use (e.g., never, ever, current)].
- Interview transcripts coded in ATLAS.ti qualitative data analysis software.
- Findings were incorporated into a cross interview analytic matrix and provided the foundation for a PrEP SDT prototype (**Figures 1 and 2**).

SDT Mock Encounters & Exit Interviews

- The prototype SDT was piloted in 37 PWBP-HCP mock encounters, in D.C. and North Carolina in English and Spanish from November 2022 to March 2023. All participants were interviewed 1-on-1 post encounter.
- Matrices were used to synthesize feedback on language, visuals, content and flow and implementation of the PrEP SDT.

Inclusion criteria for IDIs and Mock Encounters/Exit Interviews: *PWBP:* 18 years or older, HIV negative, report sexual reasons for PrEP prevention, receive care at participating clinic. *HCP:* Affiliated with a participating clinic, involved in PrEP delivery and support.

Results

A diverse sample of PWBP participated in in depth interviews (**Table 1)** and mock encounters and exit interviews (**Table 2**).

In Depth Interview (IDI) Findings

- Most PWBP (80%) were unaware of LA PrEP; most HCPs (75%) were aware.
- Initial perceptions of LA PrEP:
  - **HCP**: Potentially a good option for PWBP who struggle with adherence, have less stability and who are concerned about privacy and stigma related to PrEP use. Concerns about implementation logistics, cost and coverage, retention in care and schedule and transportation barriers to clinic access.
  - **PWBP**: Assuming equally efficacious to oral PrEP and side effects not a barrier, generally positive initial perceptions of LA PrEP noting convenience and given challenges with remembering to take a daily pill. PWBP with a fear of needles/injections had negative perceptions of LA PrEP.
- Domains that emerged as important to include in a PrEP SDT:
  - PrEP overview; forms of PrEP with images; where/how often administered; effectiveness; short-/long-term side effects; stigma; population specific concerns such as reproductive health considerations; cost and coverage.

Table 1. IDI Participant Demographics & Characteristics

People Who may Benefit from PrEP = 41	N	%
PrEP Use		
Current	17	41%
Ever	12	29%
Never	12	29%
Gender		
Cisgender female	12	29%
Cisgender male	16	39%
Transgender female	12	29%
Non-binary	1	2%
Age in years		
Median (range)	39	(23-37)
Sexual orientation		
Heterosexual	16	39%
Gay/lesbian	13	32%
Bisexual	7	17%
Queer	2	5%
Pansexual	1	2%
Prefer not to say	2	5%
Race/ethnicity		
African American/Black	15	37%
Asian	1	2%
Latine	21	51%
Mixed race	1	2%
White	3	7%

Healthcare Provider IDIs (N=20)

- Inclusive of physicians, physician assistants, nurses, nurse practitioners, health educators, PrEP program specialists
- Specialties: HIV, STI, primary care, family planning, Ob-Gyn.
- All were involved in PrEP delivery and support; about half were prescribing PrEP

Table 2. Exit Interview Participant Demographics & Characteristics

People Who may Benefit from PrEP = 37	N	%
PrEP use, ever		
Yes	14	38%
No	23	62%
Gender		
Cisgender female	6	16%
Cisgender male	22	59%
Transgender female	2	5%
Transgender male	1	3%
Non-binary	5	13%
Non-identifying	1	3%
Age in years		
Median (range)	47	(29-77)
Sexual orientation		
Heterosexual	8	22%
Gay/lesbian	15	41%
Bisexual	7	19%
Queer	1	3%
Pansexual	1	3%
Bisexual/Pansexual	1	3%
Prefer not to say	4	11%
Race/ethnicity		
African American/Black	8	22%
Asian	2	5%
Latine	10	27%
White	17	46%

Healthcare Provider Exit Interviews (N=11)

Over half were physicians, about a third physician assistants, the remaining PrEP Program specialists

Figure 1. PrEP SDT: English Language Pilot

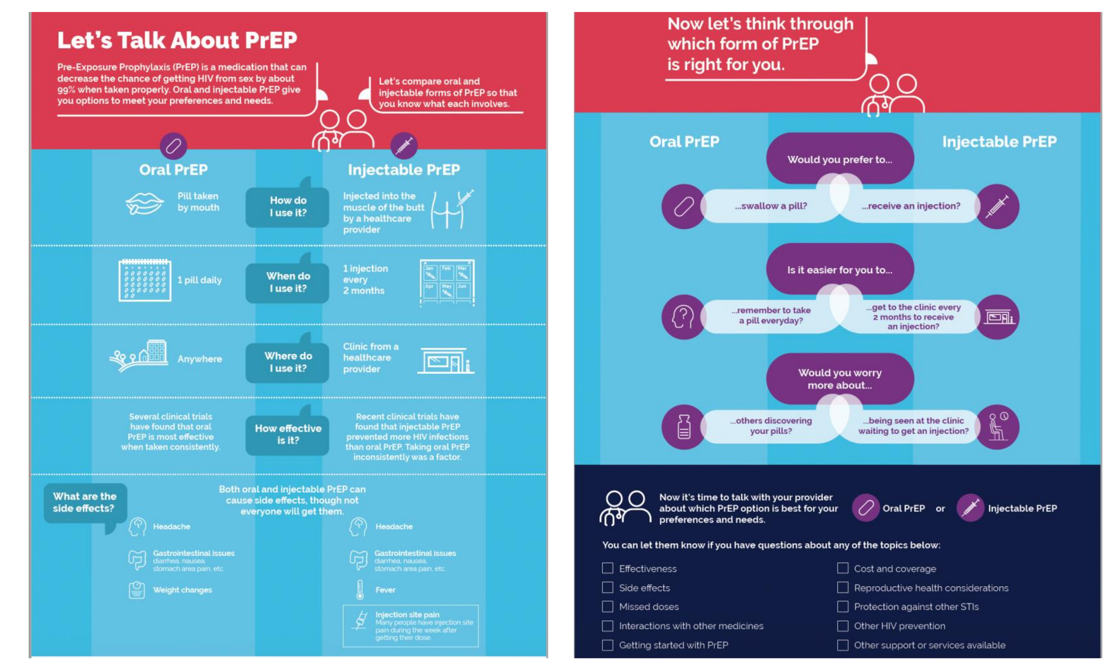
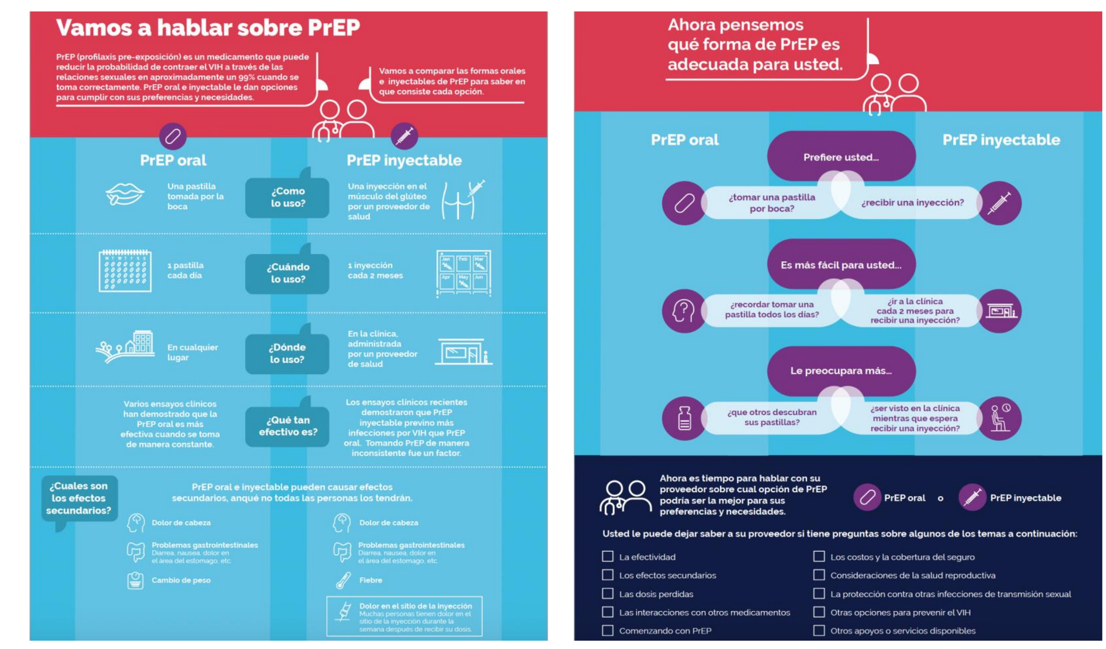


Figure 2. PrEP SDT: Spanish language pilot



Mock Encounter and Exit Interview Findings

1. **SDT Content**
   - Language, visuals, content, flow were highly acceptable
   - Addressed PrEP knowledge deficits
   - Format aided PrEP decision making
   - Worked well for current/never PrEP users and those more/less knowledgeable about PrEP
2. **Suggestions for improving SDT content**
   - Add statement that PrEP is FDA approved
   - Clarify side effects
   - Add a placeholder for any questions after page 1
   - Add information on time from start until HIV protection for each PrEP option
   - Include long-term effects
   - Add missed doses as a discussion point
   - Revise key wording in decision tree: "Would you worry more about…?" (see quote at top of next column)

"I felt like that question sort of assumed there was some stigma or shame around PrEP, or that patients had to have some sort of worry... I mean, I think it's a completely legitimate thing, and it is a factor, for sure. But I think there's also people for whom neither applies. So, if they're thinking about PrEP and they're like 'Oh, this is going to be great,' and then suddenly, someone's like 'Well, what do you worry more about, someone's going to find these pills, or that you're going to be seen at the clinic?' It kind of creates some stigma, I think." - White cis male HCP

3. **Value of an SDT**
   - Encourages never PrEP users to consider initiating PrEP

"If anything, it moved me closer to taking it…I don't know if having the two choices is making me think about it more… but…having the discussion that I had with the provider kind of helped me to focus on the important stuff. - Black cis male PWBP

- For current PrEP users, solidifies decision to stay on oral, encourages trying LA
- Systematizes clinic visit, keeps conversation focused on reason for visit

"I think the value of the tool is to have a ready-made kind of discussion, a template… the complete visit was on that tool, and if you had covered all of that you probably got all the information you could in that timeframe." - Black cis female HCP

- Reduces stigma: conversations less judgmental, less medical, more interactive
- Clarifies previous misinformation or misconceptions

4. **Implementation**
   - Trust in the HCP is critical when discussing PrEP options

"My doctor is a person I trust a lot. I tell him what I feel, what I think on some occasions, and no, I really feel good with him. No, I didn't feel any (negative) impact [when reviewing the tool with him]." – Latina cis female PWBP

- Would be helpful to have:
  - Information on cost and where to get LA PrEP locally
  - Supplementary content with more details on side effects, PrEP clinical trials
  - Brief training on PrEP SDT for HCPs
- Empowering, "a relief" to have SDT in Spanish

Conclusions

- The pilot PrEP SDT was highly acceptable among HCPs and PWBP (current/never PrEP users, more/less PrEP knowledgeable) and was seen to normalize PrEP conversations and systematize PrEP clinical visits.
- Low awareness of PrEP options among PWBP amidst current recommendations that all sexually active individuals be offered PrEP suggests potential utility of the tool in other clinical settings, e.g., OB/GYN.
- Next steps: finalize PrEP SDT, develop supplementary material and HCP training, conduct implementation science research to evaluate tool uptake and use.

References: 1. Sewell WC, et al. Curr HIV/AIDS Rep 2021; 18(1): 48-56.

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