# Expanding Access to HIV Pre-exposure Prophylaxis (PrEP) at VA San Diego

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VA U.S. Department of Veterans Affairs

NCPS+ VHA National Center for Patient Safety

## Background

HIV remains a significant public health issue in the US.

HIV pre-exposure prophylaxis (PrEP) medication is over 99% effective.

PrEP is underutilized, with 36% of high-risk patients prescribed PrEP nationally and only 20% in VA San Diego.

Primary care providers must place a Special ID (SPID) clinic referral or e-consult before a patient can be prescribed PrEP at VA San Diego.

Greater LA VA implemented educational sessions and a new process for primary care providers to prescribe PrEP.

It is important to consider barriers preventing access to PrEP to increase consideration for and prescribing of PrEP.

## Methods

The current state was explored through Gemba walks and stakeholder interviews, which identified multiple barriers to accessing PrEP (Figure 1).

Interventions were implemented to address barriers, including development of a new PrEP Champions Pathway allowing primary care providers to prescribe PrEP directly to patients (Figure 2).

SMART Aim: This project aims to increase the percentage of high-risk patients prescribed PrEP by 10%, increase new PrEP prescriptions by 20%, and improve provider confidence, comfort, and knowledge on PrEP by 20% in the 4N primary care and H-PACT clinic caring for patients with housing instability by May 2025 in VA San Diego.

Outcome, process, structural, and balancing measures were assessed using statistical analysis and statistical process control (SPC) charts.

**Figure 1: Fishbone Diagram to Identify Root Cause for Low Rate of High-Risk Patients Prescribed PrEP at VA San Diego**

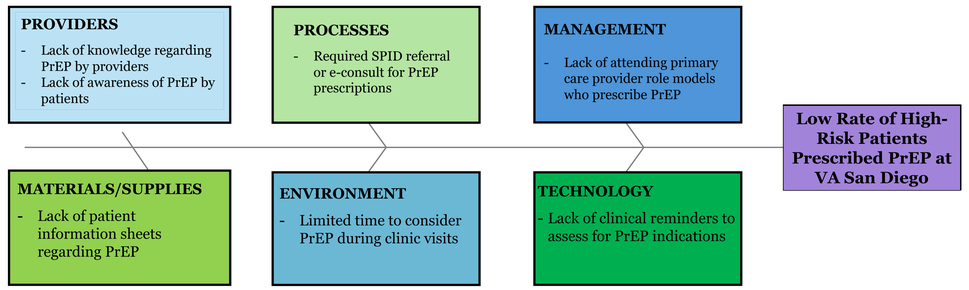
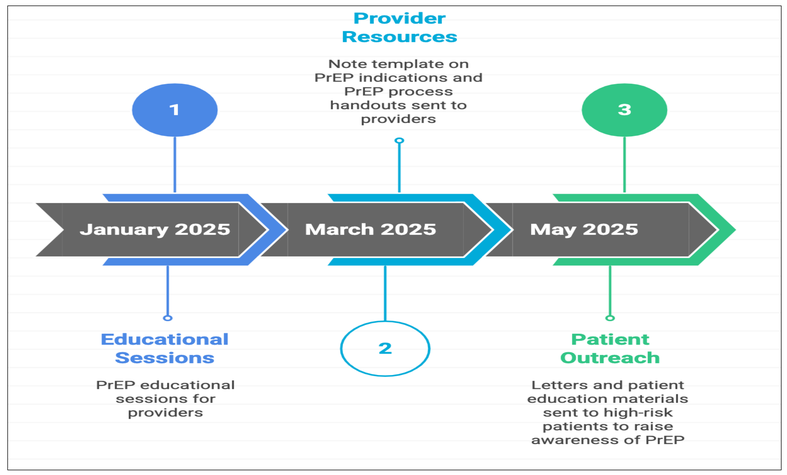


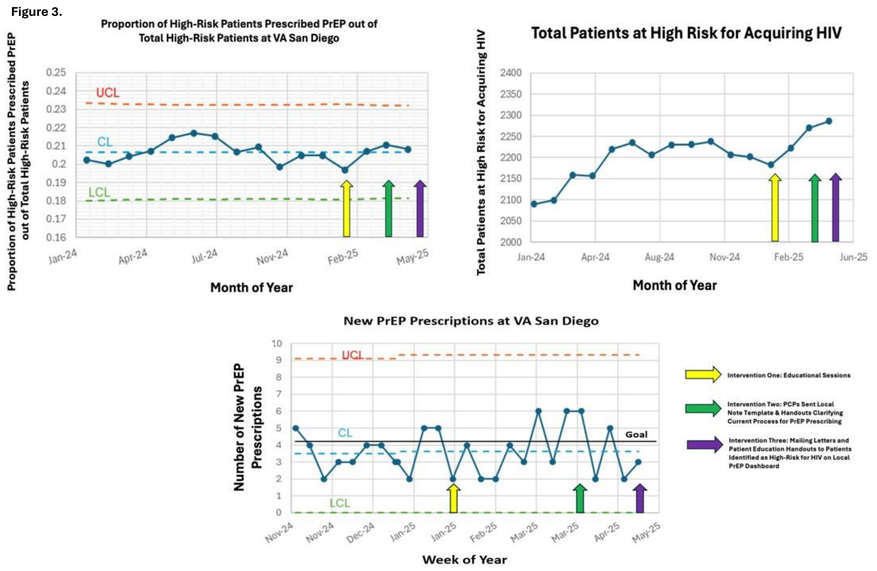

**Figure 2: Timeline of Interventions**




## Results

The percentage of high-risk patients prescribed PrEP remained stable post-interventions, although the total number of high-risk patients increased, resulting in a higher absolute number of patients receiving PrEP although new PrEP initiations did not significantly increase (Figure 3).

Figure 3.




The educational sessions (n=48 pre-survey, n=37 post-survey) increased provider confidence in PrEP indications from 52% to 91% and comfort with initiation from 31% to 70%, and knowledge-based responses showed over 20% improvement (Figure 4). There were no significant changes in SPID referrals, e-consults, or average SPID clinic wait times (Figure 5).

Figure 4.

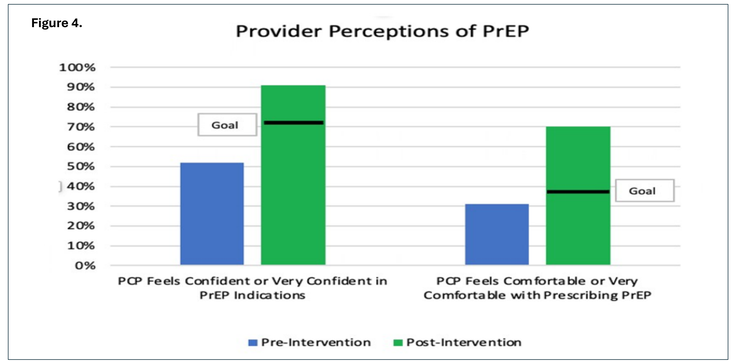
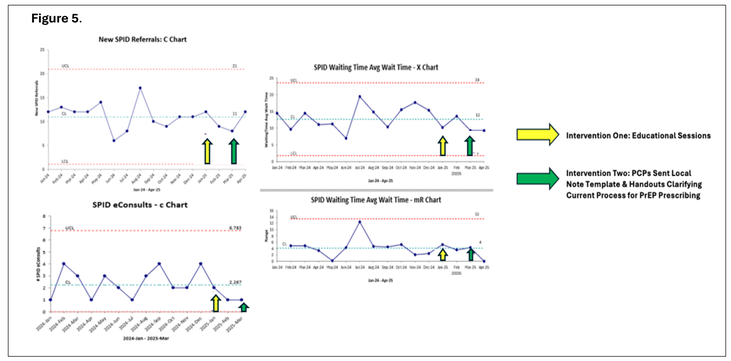



Figure 5.




## Discussion and Conclusions

Although target increases in the percentage of high-risk patients prescribed PrEP and new PrEP prescriptions were not met, the project succeeded in increasing the absolute number of veterans on PrEP.

The educational sessions increased provider confidence, comfort, and knowledge related to PrEP.

More time may be needed to evaluate the impact of the interventions.

**Strengths:** multi-faceted approach and alignment with VHA HIV care priorities

**Limitations:** clinic time constraints and buy-in from providers and patients

**Future Directions:** implementation of the PrEP Champions Pathway and continued monitoring of measures

This project is promising to expand PrEP access at VA San Diego and reduce HIV infection among veterans.

## References

Gregg, E., Linn, C., Nace, E., Gelberg, L., Cowan, B., & Fulcher, J. A. (2020). Implementation of HIV preexposure prophylaxis in a homeless primary care setting at the Veterans Affairs. *Journal of Primary Care & Community Health, 11*, 2150132720908870.
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