GET2PREP3: RCT OF PROVIDER MESSAGING TO IMPROVE LINKAGE TO HIV PREVENTION SERVICES

Poster #917

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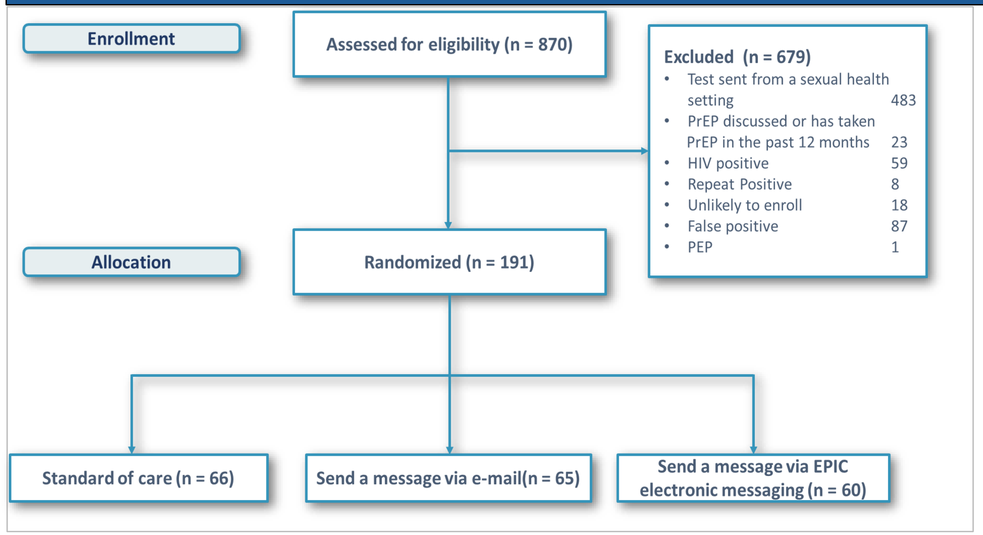
Background

- Pre-exposure prophylaxis (PrEP) reduces HIV acquisition; however, achieving the full benefit of this intervention requires linking patients with PrEP providers, uptake, and effective use.
- Bacterial sexually transmitted infections (STIs) are useful biomarkers for HIV risk and can be used to identify PrEP candidates.
- At our institution, we demonstrated that PrEP was discussed with fewer than 5% of patients diagnosed with a bacterial STI.
- Our subsequent work showed that adding an electronic medical record (EMR) lab comment to all positive STI results did not meaningfully increase the frequency of PrEP discussions between patients and providers.
- In this study we assess the impact of personalized provider messaging on documentation of PrEP discussions, referrals, and provision.

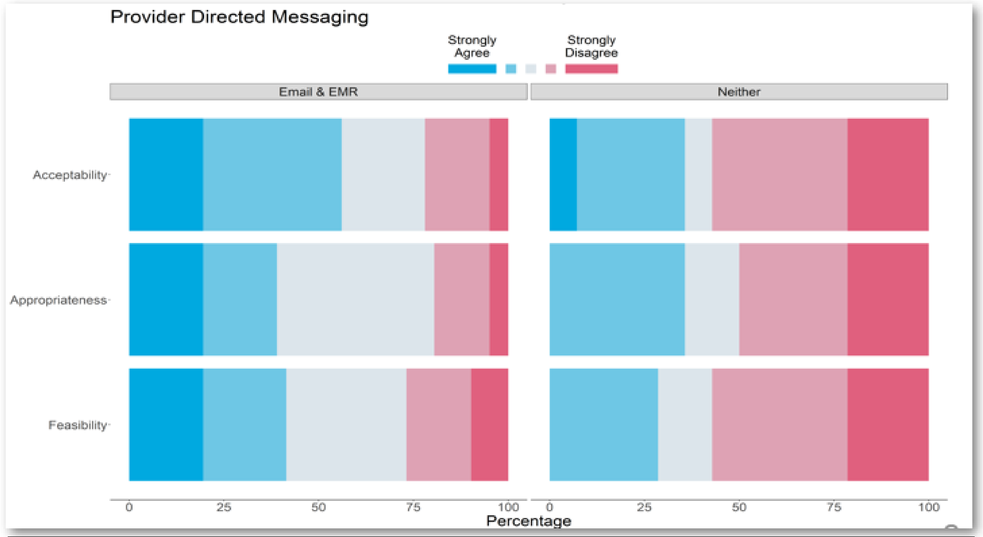
Methods

- We conducted a three-arm randomized controlled trial.
- Patient visits with a positive STI test were randomized to receiving a
  - Personalized email message
  - Personalized EMR messages
  - Standard of care (no message)
- Messages highlighted the patient's recent STI, PrEP candidacy, and local PrEP resources, including information for referrals.
- The primary outcome was the provider documented PrEP-discussion or referral four weeks after STI diagnosis.
- Secondary outcomes included documentation of any other HIV prevention topic.
- All patient-provider visits in which the patient tested positive for an STI were randomized.
- Visits were excluded if testing was performed in sexual health settings, if PrEP had been discussed with in the past 12 months, or if the patient was not a candidate for PrEP.
- Providers were surveyed about their experience 4 weeks after their patient tested positive.

Results

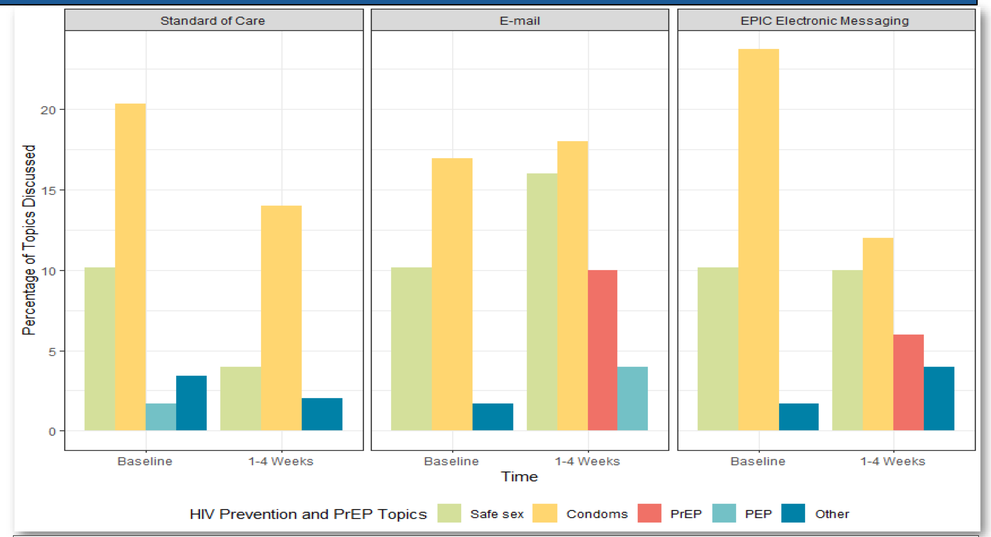


There were 191 unique visits randomized to the standard of care (N=66), email (N=65), and EMR messaging (N=60) arms. The majority of patients under 24 years old (52%), women (78%), Hispanic ethnicity (62%), Black/African American (18%), and diagnosed in the outpatient setting (50%) or the emergency department (48%). Exactly 147 patients were positive for chlamydia, 31 for gonorrhea, and 16 for syphilis. 34% were symptomatic; 56% were tested as routine screening or by request.



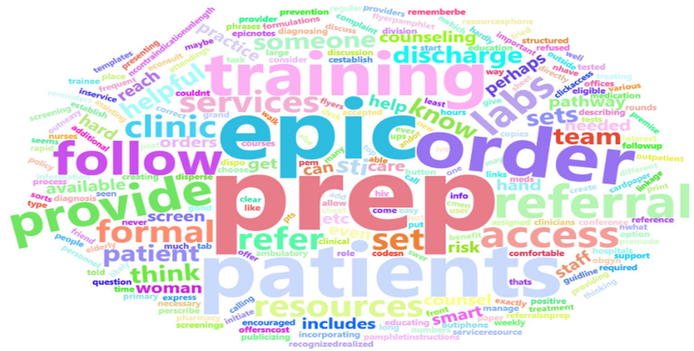
Providers (N=144) participated in 191 visits in which an STI was diagnosed, and 54 (38%) completed the survey. Providers were predominantly female (83%), white (64%), and attending physicians (48%).

Among providers who participated in the RCT, a significantly larger proportion of those who experienced the personalized messaging did not disagree with their acceptability (78% vs. 43% p=0.02), appropriateness (73% vs. 43% p=0.05), and feasibility (80% vs. 50% p=0.04) as compared to providers randomized to no message.



Patients whose provider received any message were 7% (CI 1.01-1.14) more likely to have a PrEP discussion or referral documented (Red Bars).

How can we make it easier for you to refer or provide patients HIV prevention services?



Word cloud of responses to an open-ended question asking providers, "How can we make it easier for you to refer or provide patients HIV prevention services.

Conclusions

- In a population of patients testing positive for an STI, personalized messaging to providers (by email or by EMR) increased PrEP discussions with potential PrEP candidates at one month.
- Providers who received the intervention did not disagree with the appropriateness, acceptability, or feasibility of a personalized messaging intervention delivered through email or the EMR.
- Future directions include evaluating if an EMR message to the patient can increase the provision of HIV prevention services among patients with a positive STI test