Capacity for Pharmacy PrEP in Baltimore and San Diego: A Mixed Methods Study

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BACKGROUND

- PrEP uptake has risen 36% since 2019, but disparities persist in coverage of those likely to benefit (White: 94%, Black: 13%, Hispanic: 24%)
- Structural inequities, including long wait times, travel time and clinic inconvenience, stigma and healthcare access, all limit PrEP uptake
- 90% of US population lives within 5 miles of a pharmacy.
- 10 US states (including CA) allow pharmacists to prescribe PrEP; Maryland does not.

OBJECTIVE:

Assess pharmacists' and pharmacies' perceptions of capacity and implementation for pharmacy-initiated PrEP in Baltimore and San Diego.

METHODS

Design: Mixed methods study

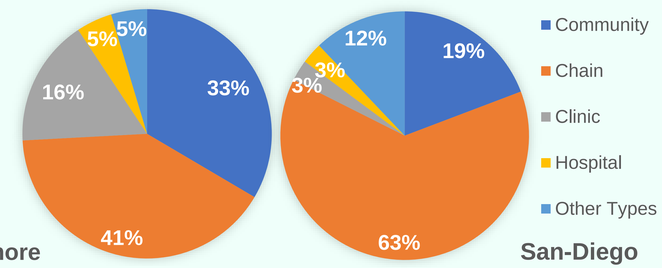
Quantitative:

- Census of registered pharmacies in Baltimore and San-Diego
- Brief phone survey assessing:
  - ➤ Capacity for PrEP initiation
  - ➤ Status of pharmacy-initiated PrEP programs

Qualitative:

- Semi-structured, in-depth interviews with Pharmacists and PrEP-affiliated providers
- Analysis:
  - ➤ Rapid qualitative analysis using CFIR framework
  - ➤ Deductive & inductive coding for emergent themes and factors affecting implementation

Pharmacy Types by City



KEY POINTS:

Pharmacy-initiated PrEP may serve as a **complementary strategy** for expanding PrEP access, but **implementation challenges** exist.

Effective implementation of pharmacy-initiated PrEP may require:

- **Standardized Workflows and checklists**
- **Electronic records**
- **Testing and referral system**
- **Additional staff**
- **Pharmacist training**
- **Community awareness**
- **Financial sustainability** (insurance coverage, government grants, corporate incentives)

RESULTS

	Overall (n=234)	Baltimore (n=148)	San-Diego (n=86)	
			PrEP not initiated at pharmacy (n=80)	PrEP initiated at pharmacy (n=6)
Private space available	135 (58%)	90 (61%)	38 (51%)	6 (100%)
PrEP/HIV counselling offered	188 (81%)	121 (82%)	57 (75%)	6 (100%)
POC HIV test available	6 (2.6%)	3 (2%)	2 (2.6%)	1 (17%)
POC Pregnancy test available	26 (11%)	11 (7.5%)	11 (14%)	3 (50%)
POC Syphilis test available	4 (1.7%)	2 (1.4%)	2 (2.6%)	0
STI tests available	4 (1.7%)	2 (1.4%)	2 (2.6%)	0
Hepatitis test available	2 (0.9%)	1 (0.7%)	1 (1.3%)	0
Renal function test available	1 (0.4%)	1 (0.7%)	0	0
Average number of pharmacists on staff	2 (1, 3)	2 (1,2)	3 (1,4)	2 (2,4)
Average number of pharmacy technicians on staff	3 (2, 5)	3 (2, 4)	4 (2, 10)	3 (1,4)
Average number of PrEP clients initiated to date	-	-	-	0.5

418 pharmacies contacted
61% completed assessment
8 interested in starting PrEP
3 reported training for PrEP

24 Interviews
20 pharmacists
4 physicians
2 nurse practioners

"We can do everything like… we do the point of care testing, we send them out for labs, we prescribe, we can do pregnancy testing, STD testing. A lot of things that they usually get at the doctor's office, they can get with us." -Pharmacist with PrEP program

Advantages

✓ Expands **access**, especially in underserved communities
✓ Reduces stigma & offers **flexible hours**
✓ Enhances **privacy** & integrates care
✓ Serves as a **one-stop service model**

Facilitators

✓ Pharmacist expertise in **insurance navigation**
✓ Dedicated **counseling** rooms
✓ **Client trust** in pharmacists

"The main problem is the expectation to do more with fewer resources." -Pharmacist without PrEP program

Barriers

Pharmacy-level

✗ Insufficient **staffing** & high **pharmacist workload**
✗ Variability in **testing** & counseling
✗ Poor **EHR infrastructure** and defined **protocols**

Policy-level

✗ Lack of recognized **provider status** → **reimbursement** challenges
✗ No pharmacy **incentives** or structured **collaborations** and **stakeholder support**

Client Perspectives

✓ Seen as **convenient & accessible**
✓ Strong **pharmacist-patient relationships** enhance receptiveness
✗ Barriers: **Lack of awareness, inconsistent pharmacist knowledge**

"In states where pharmacy-based PrEP operates as a business model, requiring patients to pay for services, it might limit accessibility for underserved populations who benefit from free services at government clinics" -Nurse Practioner

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