

Roles and opportunities for the family physician in providing PrEP – an online qualitative study in Flanders, Belgium



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Background & objective

- In Belgium, PrEP delivery for HIV prevention is centralized in specialized HIV Reference Centers.
- Primary care practitioners, such as family physicians (FPs), currently have no formal role in the provision of PrEP.
- Engaging FPs in PrEP care could help to scale-up PrEP delivery and improve access for currently underserved population groups.
- **Objective:** to gain an in-depth understanding of FPs' self-perceived roles in providing PrEP, and to explore opportunities to increase their engagement in PrEP care.

Methods

Participants: Flemish FPs, who meet regularly in local groups for continuous medical education (i.e. 'LOK groups') participated in online group discussions (GDs) on sexual health and PrEP.

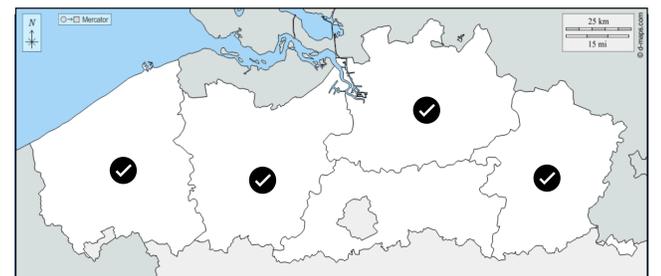
Data collection: Between November 2020 and February 2021, we conducted 16 online GDs (using Zoom) with a total of 105 participants. FPs first completed an online questionnaire assessing socio-demographics and relevant experience with sexual health and PrEP.

Data analysis: We analyzed verbatim transcribed data in QSR Nvivo, using a grounded theory approach.

Results

Four general **FP roles** emerged from the data, which FPs found to be compatible with several **aspects of PrEP care** (see figure). Perceived **barriers** to taking-up these roles in daily practice were also identified:

- **Advice & education:** FPs saw the opportunity of being a low-threshold point-of-contact for questions on sexual health and PrEP. However, **limited awareness and knowledge of PrEP** were reported as main barriers.
- **Identifying prevention opportunities:** FPs acknowledged their preventive role, yet they preferred opportunistic case finding over systematic screening for PrEP eligibility. A **perceived low exposure to clients at high HIV risk**, and a **lack of clients' mandate to talk about sex** were main barriers to conducting proactive HIV risk assessments.
- **Initiating care:** Since FPs are often entry-points to care, they perceived referral of PrEP-eligible clients to specialist services as their minimal role. Some FPs would start clients on PrEP themselves. Main barriers to start-up PrEP in an FP setting included **low familiarity with antiretrovirals, time constraints** and **feeling less experienced with providing sexual health counseling**.
- **Coordinating care:** This fitted FPs' commitment to person-centered care. Here, PrEP presented an opportunity to gain more insight in clients' sexual health, adding value to their holistic approach. The perceived low complexity of delivering clinical care for PrEP added to the feasibility of taking up this role, provided that **clear guidelines for integrating PrEP in primary care** are available.



- **16 online GDs** in 4 out of the 5 provinces of the Flanders region.
- Included FP groups represented a mix of rural, semi-urban and urban practices.
- The majority of participants (95%) had no practical experience with PrEP.
- Almost half (44%) of all participants had already received questions from clients about PrEP.

"I think we do need to know very well what this [PrEP] is about. We will have to be able to give information if clients ask for it. We need to have a neutral position about this, and present all available options"

Low-threshold point-of-contact for sexual health and PrEP

Opportunistic case finding of PrEP candidates

"A systematic screening for sexual health, I feel that would be difficult for me with all the other work. It would rather be based on 'red flags', like if you see that people keep returning with STIs."

Advise and educate in health

Identify prevention opportunities

Roles of FP

Coordinate care

Initiate appropriate care

"I think it can be an advantage that we know the patient better. We know more about their history. We can keep oversight, and keep track of the tests that have been done or still need to be done."

Ensure follow-up of clients on PrEP

Start-up PrEP or navigate towards specialist services

"I would really like to learn some more about PrEP to be more comfortable, before prescribing it. [...] On the other hand, it would lower the threshold [for clients] if we [FPs] could prescribe it as well."

Discussion and conclusion

- Despite limited awareness and knowledge of PrEP, **FPs in our study were willing to be more involved** in several aspects of PrEP care, congruent with their roles as FP.
- **Expert-led interactive training sessions** together with **FP-relevant PrEP guidelines** are valuable tools towards successfully integrating PrEP into the FP setting.
- A clear **division of roles and responsibilities** between specialist physicians ('start-up') and FPs ('follow-up'), is a prerequisite for a successful collaboration model of PrEP delivery in Belgium.



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