

Perspectives on collaborative PrEP care

Results HRC survey

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Background

■ Growing number of PrEP users

- Puts pressure on HRC services
- PrEP use by key populations limited

■ Exploring collaboration with other care providers

- Diminish workload on specialists
- Improve access to PrEP

■ In Belgium

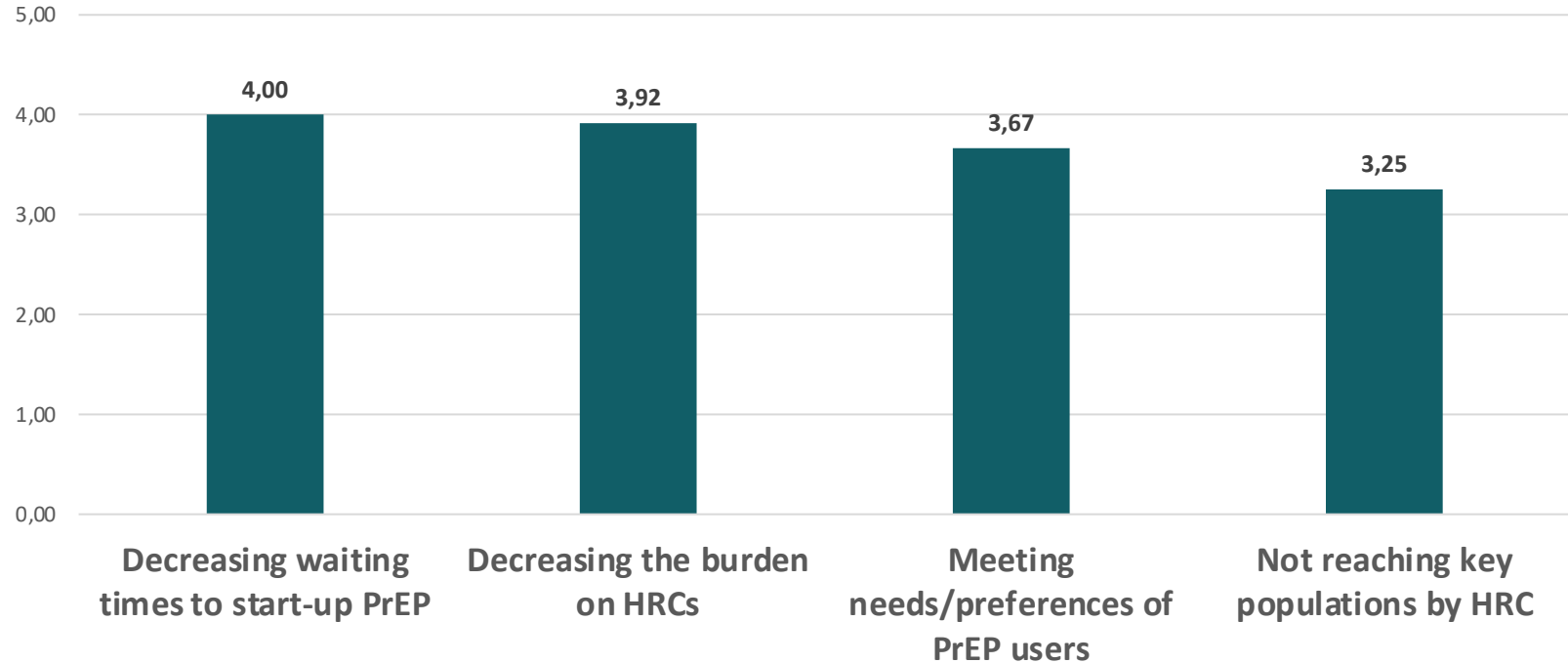
- First experiences with PrEP care by nurses, GPs and CBOs
- Working Group on Collaborative PrEP care
- Survey to investigate HRCs' perspective

Methods

- **Questionnaire developed in WG Collaborative PrEP Care**
 - Current practices, motivation, attitudes, priorities, preferences
 - 5 closed questions
 - 4 open-ended questions for further exploration
- **Questionnaire sent to all HRCs in April 2023**
 - Response obtained from all 12 HRCs

Main motivation for collaborative PrEP care

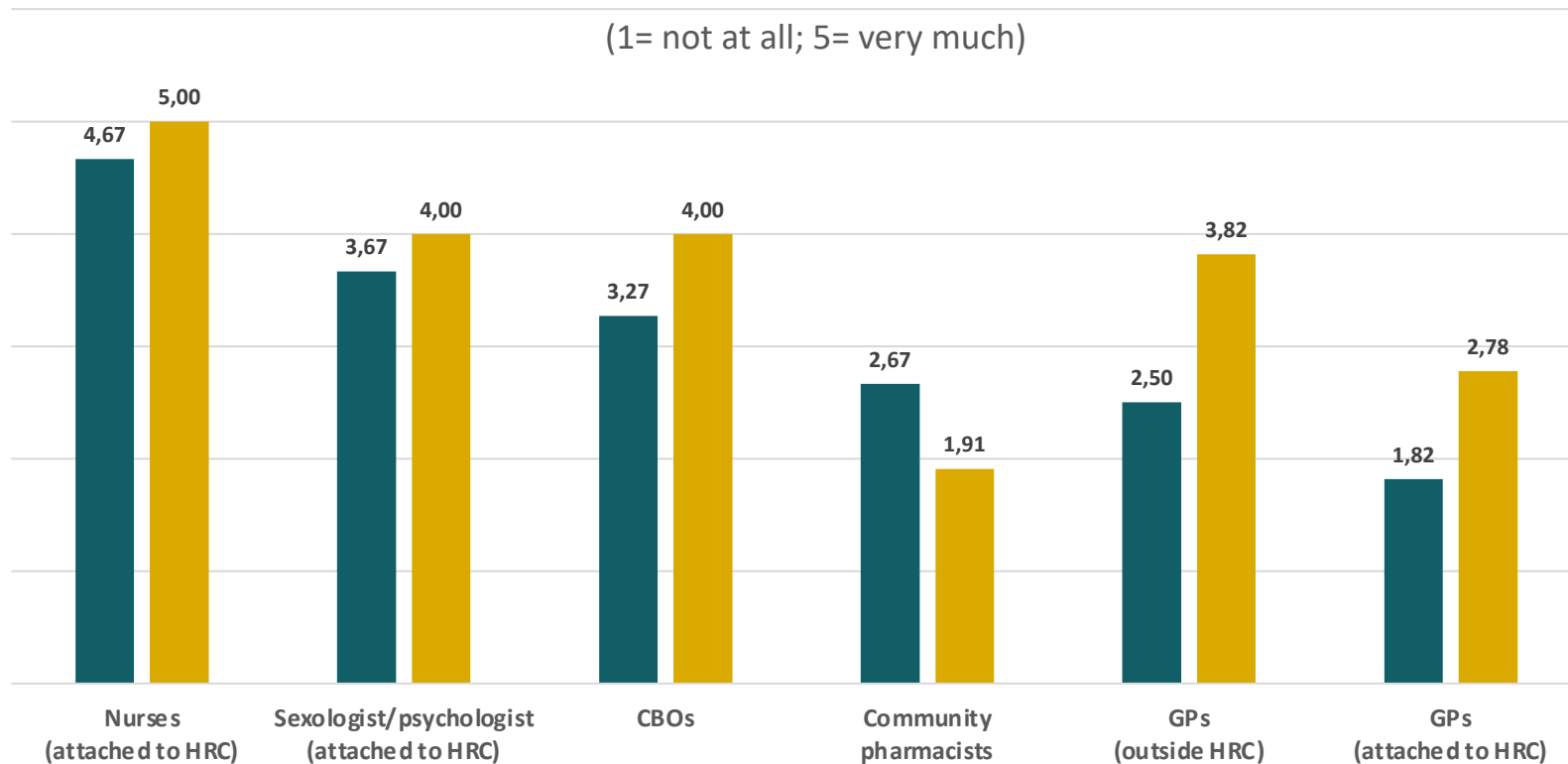
(1= not at all; 5= very much)



Current practices and future priorities

■ Degree of current collaboration ■ Most priority to include

(1= not at all; 5= very much)



Description of collaboration

■ Nurses (attached to HRC)

- Nurses' involvement is pivotal, since they see all patients
- Crucial role in communication between patients and team
- Can conduct 1st and/or follow-up consultations, supervised by doctor
- Tasks
 - patient education (testing, PrEP medication)
 - indication, anamnesis, attestation, prescriptions
 - FU adherence
 - vaccination, STI screening & treatment, ...
- Official recognition of “specialized PrEP nurses”?

Description of collaboration

■ GPs (outside the HRC)

■ For stable patients

- at low risk of STIs, good adherence, no complications
- or patients who prefer GP, live remotely, ...

■ Tasks

- informing and referring patients to HRC
- intermediate FU visits (every 6m in HRC), STI testing, ...

■ but conditions need to be met

- clear collaboration protocols
- easy communication with HRCs (contact HRC in case of problems/questions)
- training of GPs, sharing of PrEP guidelines

Description of collaboration

■ CBOs

- Improve access to PrEP for vulnerable groups
 - sex workers, transgender people, migrants (women, minors)
- Tasks
 - Inform about PrEP, refer potential users to HRC
 - Intensive collaboration with some CBOs (Centre S, Alias)

■ Community pharmacists

- Most PrEP medication is dispensed by community (not hospital) pharmacists
- Contact in case of problems (e.g. PrEP authorisation renewal)
- Currently no collaboration, but maybe in the future

Description of collaboration

■ Sexologist, psychologist, social worker (attached to HRC)

- Consulted when needed

- For: chemsex, addiction, mental health, sexual health, ...

■ GPs (attached to HRC)

- Only in some HRCs (St.Pierre, Liège), under supervision of infectiologist

- But if: they do most of the PrEP consultations

■ Most collaboration is not formalized

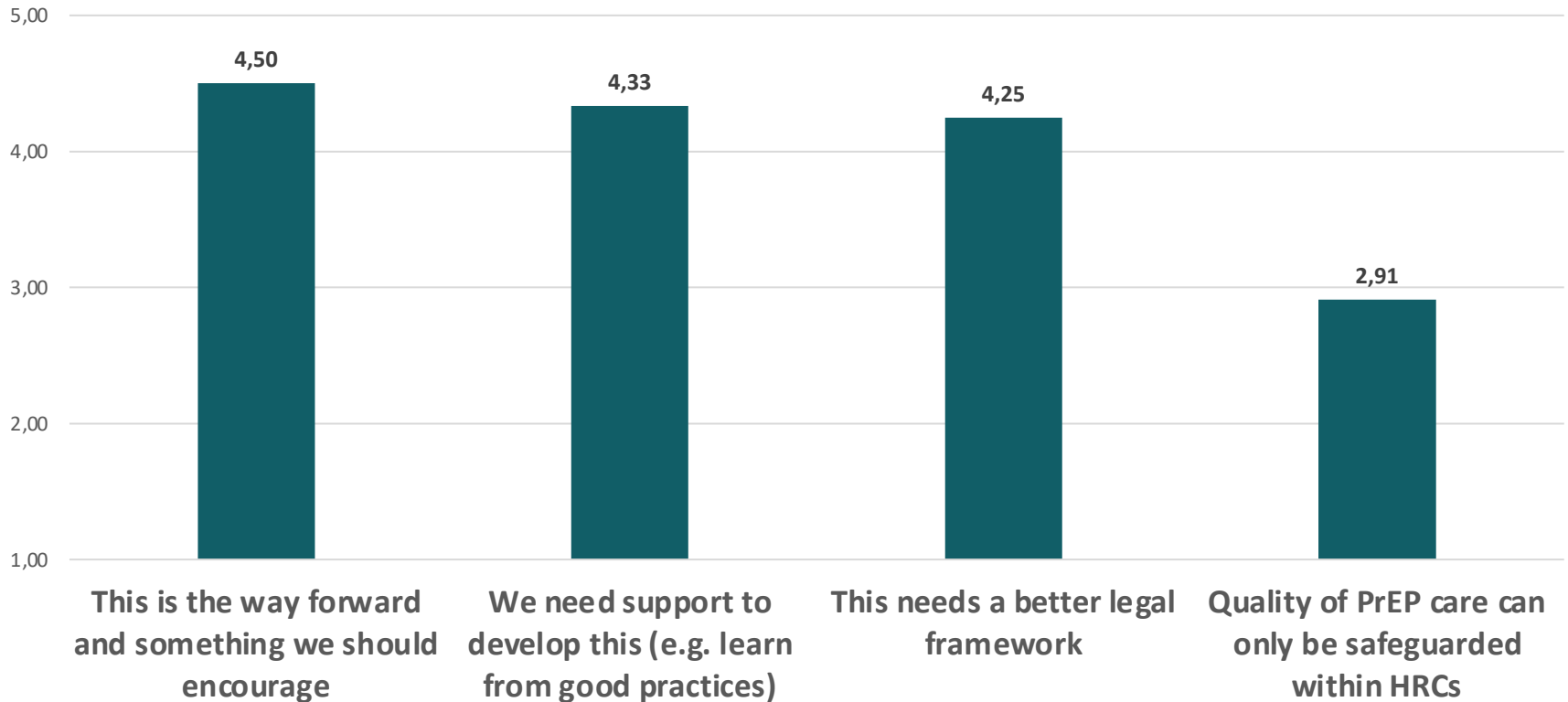
- More informal, some HRCs use internal protocols or guidelines

■ Some HRCs have no external collaboration at all

- e.g. HRCs with no problem with number of PrEP users

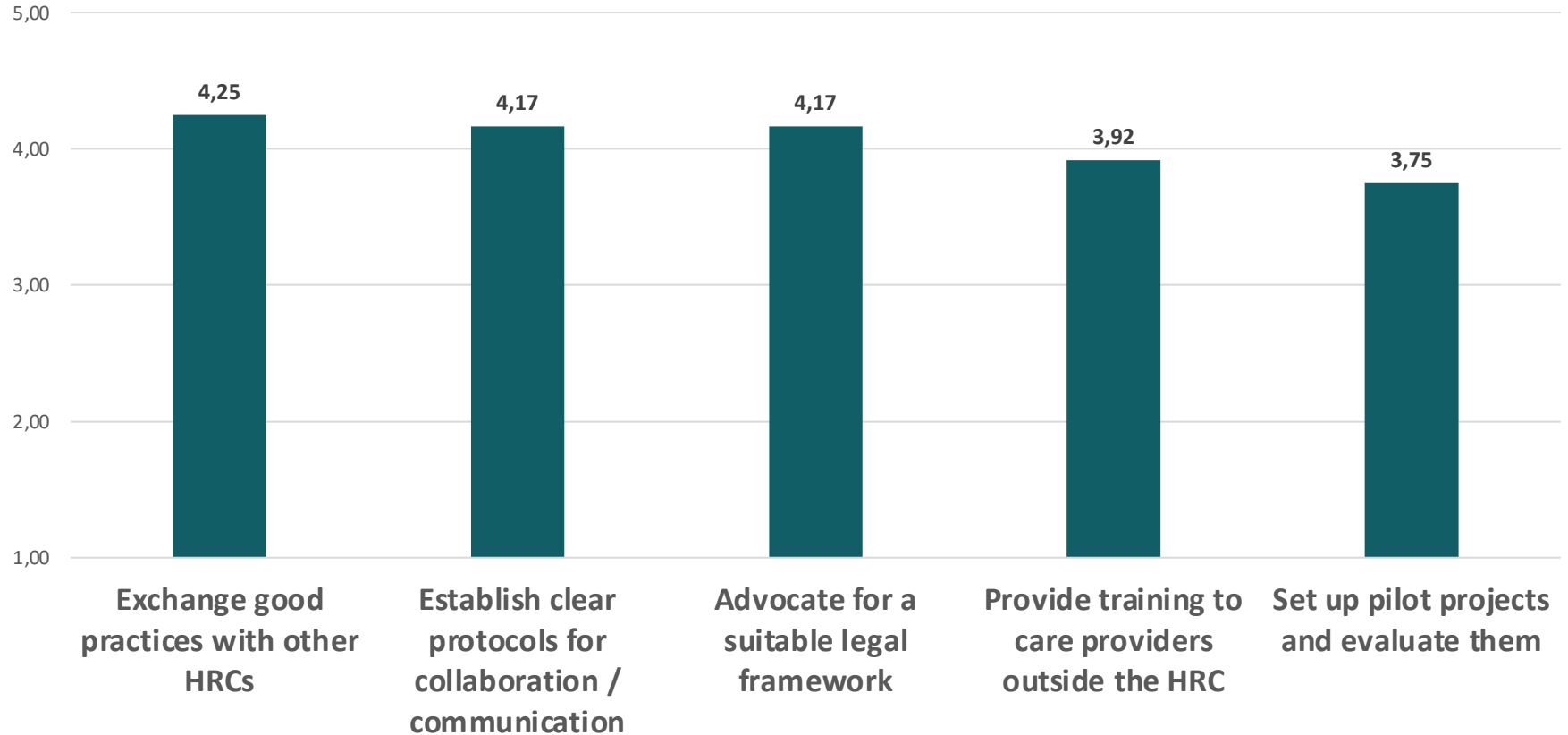
Attitudes toward collaborative PrEP care

(1= totally disagree; 5= totally agree)



Ways to move forward with collaborative PrEP care

(1= not at all; 5= very much)



Conclusions

- Most collaboration takes place with **nurses** within the HRCs
 - but lack of funding for their services, absence of a legal framework
- HRCs are largely positive about involvement of **GPs** in PrEP care
 - FU of stable PrEP users, but conditions need to be met
- Collaboration with **CBOs** important to ensure access to PrEP
- Collaborative PrEP care requires the **involvement of HRCs** to support provision of high-quality PrEP care
- Setting up **pilot projects** with GPs and CBOs advisory to test feasibility

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