



### Background

- Pharmacist provision of pre-exposure prophylaxis (PrEP) through collaborative practice agreements could expand patient access, though their ability to do so varies by state (see map).
- We sought to characterize pharmacists' knowledge about and willingness to provide PrEP services in Nebraska and Iowa.



### Methods

- 18-question survey was distributed via email to 1140 pharmacists in Nebraska and lowa.
- The survey collected demographics, professional experience, PrEP-related knowledge and willingness to provide PrEP.
- Pharmacists ranked their concerns regarding the provision of PrEP at their pharmacy from not at all concerned to very concerned.
- Descriptive analyses were performed.
- Pearson chi-square tests were performed to determine if and to what extent demographics and knowledge were independently associated with respondent willingness to provide PrEP.
- Wilcoxon rank-sum was used to compare responses to number of HIV-infected patients treated annually.
- P-values less than 0.05 were considered significant.

Resu	lts

140 responses (12.3%) were received.

Demogra	Mean (Range) or N (%)	
Age		45.3 (26-73)
Years in Practice		19 (1-50)
Female		75 (54%)
Race	White/Caucasian Black or African American Other	135 (96%) 1 (1%) 4 (3%)
Setting of Pharmacy	Urban Suburban Rural	80 (58%) 17 (12%) 41 (30%)
Highest Level of Education	Bachelor of Science Pharm D PGY1 or equivalent PGY2 or equivalent Fellowship	25 (18%) 73 (52%) 26 (19%) 15 (11%) 1 (1%)
Specialty training in infectious dis	12 (9%)	

# MIDWEST PHARMACISTS' KNOWLEDGE OF & WILLINGNESS **TO PROVIDE PRE-EXPOSURE PROPHYLAXIS**

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## Characteristics Associated with Willingness to Provide PrEP

### How likely do you think you would be to provide PrEP services to clients at risk for HIV after completion of additional training and participation in a collaborative practice agreement?

	Ν	Somewhat, A little, or Not at all likely	Very or Fairly likely	Odds Ratio (95% CI)	P- value
HIV-infected iretroviral	123	14 (25)	30 (45)	2.43 (1.12, 5.27)	0.023
HIV-related in the past year.	123	7 (13)	19 (28)	2.77 (1.07, 7.19)	0.032
the use of e as pre- (PrEP) for the %)	123	22 (39)	32 (48)	1.41 (0.69, 2.90)	0.346
current CDC se. n (%)	123	12 (21)	19 (28)	1.45 (0.63, 3.33)	0.378
patients on for PrEP use.	123	3 (5)	14 (21)	4.67 (1.27, 17.19)	0.013
d patients have ast year as part n (sd)	113	14 (70)	38 (144)		0.003

Respondents were more likely to express an interest in providing PrEP services if

- $\succ$  Prior experience counseling HIV-infected patients (OR 2.43; p=0.023)
- $\succ$  Prior experience counseling on PrEP (OR 4.67; p=0.013)
- Completed HIV-related continuing education (OR 2.77; p=0.032)
- Greater number of HIV-infected patients cared for in the past year (p=0.003)
- Familiarity with PrEP use or guidelines did not affect respondents' willingness to

### Conclusions

- Less than half of pharmacists surveyed in Nebraska and Iowa were familiar with
- Most indicated willingness to provide PrEP through collaborative practice agreements after additional training.
- Provision of PrEP-focused continuing education may lead to increased willingness to participate in PrEP programs.
- Attention to the pharmacist-reported concerns highlighted here may facilitate development of this innovative model of PrEP delivery.

