

**PROTOCOL TITLE:** Adapting PrEP Optimization Among Women to Enhance Retention and Uptake (POWER Up) Strategies in Community Health Clinics in the Midwest and Southern U.S.

## **FOCUS GROUP DISCUSSION GUIDE OUTLINE - PROVIDER**

### **OBJECTIVES:**

- Understand CHC's provider training/education received
- Understand existing PrEP patient education
- Preview existing intervention material and discuss how contextual factors may inform adaptation

### **FORMAT**

Focus group (60 minutes)

*[After the consent process with each participant individually, the facilitator will begin the focus group.]*

### **PART 1. Welcome and Ground Rules**

Welcome, everyone! The first thing we are going to have you do is display whatever you would like me to call you today. You can use any first name you like. Please do not include your last name, as we want this to be anonymous. You can leave your video off for the duration of our conversation.

Today we are going to introduce the POWER Up intervention and talk about how we might modify the strategies to better fit your specific clinic site. We would like to learn about any interventions that your site may be implementing to improve PrEP uptake among Black cisgender women. We will also discuss any training you have participated in previously. Finally, we will preview some EMR flags, reports, and ideas for optimization. The purpose of the focus group is to learn as much as we can about what currently exists at your site and how we can adapt POWER Up to the needs of Black cisgender women in the South. Before we begin, we will go over a few general rules for our group.

- *Introduction of facilitator, Dr. Ridgway and/or Dr. Johnson, and other project staff on the call*
- *Housekeeping*
  - Audio recording is for research purposes and for internal use only. When we are finished, the audio files will be uploaded to a secure transcription service for transcription. Then, we will destroy all of the recordings so that everyone's participation will remain anonymous.
  - We will be asking lots of questions. It is important to remember that there are no right or wrong answers, but we might ask you to elaborate and explain your answers. For example, we may ask a lot of "Why?" questions for explanations to clarify your answer and make sure we understand your thoughts. There is no judgment in our discussion.

### **PART 2. POWER Up**

Okay, let's get started. The first thing we are going to do is introduce POWER Up. *Show slides with POWER Up intervention strategies, definitions, and outcome data (% increase in PrEP over time).*

### **PART 3. Implementation strategy: provider training**

Now that you've heard about our project, we want to know more about how familiar you are with PrEP and what kind of training you've had on the topic.

- Have you completed any PrEP-related training?
  - *Probe: If yes*, can you describe the training and content? What did you learn about PrEP? How effective was the training?
  - *Probe: If yes*, how? - self-guided online training, in-person training, webinar, written material, other (any format, conference lecture with emailed resources)
  - *Probe for Southern sites: If yes*, was there anything in the training that was specifically tailored to the Southern United States?
  - *Probe: If yes*, was there anything in the training that was specifically tailored to women overall or Black cisgender women specifically?
  - *Probe: If no*, why? (unnecessary, uninterested, not relevant to role, no time, not offered, etc.)
- Our project focuses specifically on improving PrEP uptake among Black cisgender women. In thinking about our community of focus, what topics should be included in PrEP training for providers?
  - *Probe*: Comfort discussing HIV/sexual health topics, medical mistrust among Black ciswomen, assessing women's perceived susceptibility and severity of HIV, geographic HIV risk and STI history related to determining PrEP eligibility, PrEP efficacy, side effects, medication interactions, access to PrEP, insurance/cost issues, lab monitoring, barriers/facilitators to adherence, etc.

For this project we proposed having three 1-hour interactive virtual training sessions using case-based scenarios. We are exploring the option of offering CME or MOC credit. What are your thoughts on this format? Any suggested revisions?

- What are your thoughts on the training incorporating interactive role plays, to support practicing having conversations with Black female patients about PrEP.
- In thinking about your specific clinic environment, how should the training be offered? (modality, in person vs. remote)
- *Probe*: who should be trained; how often should training be offered?
- *Probe*: What type of ongoing feedback or support do you recommend we provide after the training?

### **Provider training overview**

Now I want to go over some of the content of the existing provider training. I'm interested in your feedback on how we can adapt the content to best serve clinicians at your site. Let's start with the learning objectives of the content, and a brief outline.

### Learning Objectives

- Understand risk factors of HIV transmission
- Summarize the guideline recommendations for pre-exposure prophylaxis (PrEP)
- Apply recommendations for PrEP to case examples

### PrEP

- History of PrEP, landmark studies, effectiveness, drug resistance concerns
- Side effects
- PrEP guidelines and recommendations (CDC, USPSTF)
- What to expect for PrEP appointments (first and follow-ups)
  - **How can we describe this for your clinic?**
- Gaps in PrEP Uptake
- New Discoveries in PrEP; New medication
  - Compare older meds to newer meds
  - Effectiveness and Efficacy (studies)
  - Which what type of PrEP should be prescribe
  - **What is available in your clinic?**
- Future of PrEP
  - Bedsider website visual (birth control)



- Study comparing CAB LA to daily oral tablet
  - **Is this available at your clinic?**



• First study to compare the efficacy of long acting cabotegravir (CAB LA) every 8 weeks to daily oral TDF/FTC for HIV PrEP

• 4,5% cisgender men and transgender women (TGW) who have sex with men at 43 sites

• Only 50 incident HIV infections occurred over ~3 years

- 38 incident infections in the TDF/FTC arm (rate 1.24%)
- 12 incident infections in the CAB LA arm (rate 0.39%)

• CAB LA is highly effective for the prevention of HIV acquisition in cisgender men and transgender women

• HPTN 084 studying CAB LA vs TDF/FTC for HIV PrEP in cis-women, results expected Fall 2020

- Flow chart to assess PrEP eligibility patients for at risk
  - **Would anything make this more helpful for providers assess eligibility?**



### Case Scenarios and Discussion

Next, I'd like to describe some case scenarios and hear your feedback on them. Specifically, your thoughts on whether the scenarios should be modified to represent only Black cisgender women? And whether there are scenarios you would like to review that have not been presented.

#### FG 1:

- Case #1: High risk patient has condom less sex 48 hours ago, Recommendations?
- Case #2: Patient with chronic conditions is interested in PrEP, after recent episode of rectal gonorrhea. Recommendations?
- Case #3: Patient involved in Sex work is interested in PrEP and has reported having STI symptoms, but is HIV-negative. You treat her symptoms, what next?
- Case #4: Patient is in a relationship with HIV-infected male, virally suppressed for many years, and they don't want to use condoms during sex, what do you recommend?
- Case #5: A new PrEP patient wants to know when the drug will be "effective". What do you tell them?

#### FG 2

- Case #6: A patient that just started PrEP is experiencing side effects, what do you advise?
- Case #7: A patient wants to stop PrEP because they are now in a relationship with a HIV-negative individual. Recommendations?
- Case #8: A patients has missed several doses of PrEP and has expressed barriers to adherence. What are the next steps?
- Case #9: A women with a partner living with HIV, who often disengages from care, wants to have children. Recommendations?
- Case #10: A patient has stopped taking Truvada because they found out about the Truvada lawsuit through Facebook. Recommendation?

Is there anything else you'd like to share on the topic of provider training?

### **PART 4. Patient Education**

Now I am going to ask you some questions about providing routine PrEP education to patients at your clinic. We will also discuss some patient education material that exists including opportunities for improvements.

- Can you describe the information or education about PrEP that is currently available to patients at your clinic?  
*Probe: What delivery methods are used by your clinic use to educate patients on HIV and PrEP? (ex. social media, visuals, flyers, videos, classes, counseling)*

#### **Topics covered in print patient education materials**

The current topics are covered in print-based materials we have for clinic sites.

- What is PrEP?
- Who can take PrEP (Who is eligible for PrEP)?

- How do you get PrEP?
- How much does PrEP cost?
  - Payment Resources
    - For the Insured
    - Copayment Assistance for the Insured
    - For the Uninsured and the Underinsured
      - Is there a state program that covers PrEP for uninsured or underinsured clients?
- What to expect taking PrEP.
  - What you will need to bring to your first appointment
  - First appointment
  - Follow-up appointments
  - Adherence

We will also be holding focus groups with patients, but from your initial review, are there any other topics you think patients would like information on?

Are there any topics that you think should be removed?

How can we best tailor the information for Black cisgender women?

## **PART 5. Thank You**

Thank you for your time and for sharing your thoughts, opinions, and experiences with us. You will receive your monetary incentive (\$50) in person or via Cash App, PayPal, or Venmo as soon as possible. If applicable, we will contact you to make sure you received your incentive.