OPTICS.

Observing PrEPs Transition Into the Community Setting. What does it look like a year on?

Vaux LH[1], Cornelisse V[1,2], Doab A [1], Ephraums J[3], Rukasha MR[3], Read P[1,2]

1- Kirketon Road Centre, Sydney
2- Kirby Institute, UNSW Sydney
3- Medical School, UNSW Sydney

Phillip.Read1@health.nsw.gov.au
www.theKRC.org

BACKGROUND

- When PrEP PBS listed, KRC provided information and details about GP access to PrEP
- No clients were required to transition to GP care
- Important to determine at a service level that PrEP was continued

AIMS

To evaluate the ongoing care of clients who started PrEP at KRC and transitioned to GP care in the community.

METHODS:

A telephone survey of all clients prescribed PrEP until June 2018
Included private and EPIC participants
3-6 months post last PrEP provision Aug 18-Feb 19

- Had patients transitioned to a GP?
- Were patients still using PrEP?
- If not, was PreP still indicated?
- Barriers to PrEP access

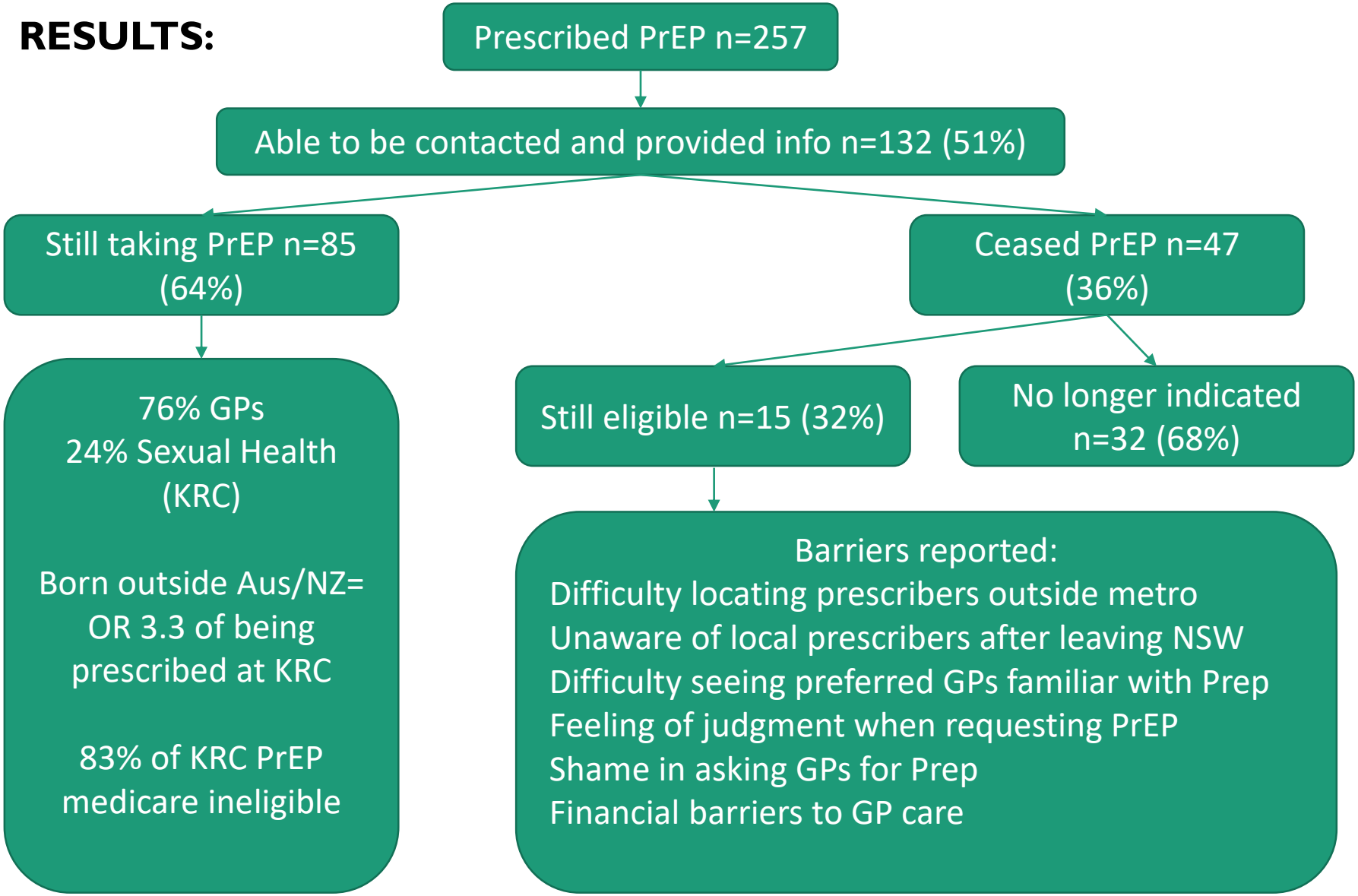
Patient consented to questionnaire and continuation of the study:

Y - Yes
N - No

Questions	Answer
1. Since the PrEP trial has finished have you attended a GP?	
2. Are you still taking PrEP?	
3. If no to Question 2 3a. Do you still need PrEP? 3b. If you need PrEP and have been accessing it what have been your barriers?	
4. Do you have Medicare?	
5. If no to 4 -Do you want to follow up with KRC?	
6. Did you have an STI screen at your GP visit? If yes to Question 6	
6a. Did you have a blood test?	
6b. Did you do a urine test?	
6c. Did you have a rectal swab?	
6d. Did you have a throat swab?	
6e. Did you have your kidney function tested?	

KIRKETON ROAD CENTRE KRC

RESULTS:



CONCLUSIONS/IMPLICATIONS:

- Post PBS listing most patients continued PrEP and had successfully transitioned to GP care.
- A significant percentage of patients did not successfully transition because of a variety of barriers.
- 1/3 of those no longer accessing PrEP were still eligible- invited back to KRC and several restarted.
- Sexual health services such as KRC continue to play a role in initiating and prescribing PrEP as a "safety net" for populations unable or unwilling to attend GPs.