

Supplementary Material

Project ECHO: telementoring to educate and support prescribing of HIV pre-exposure prophylaxis by community medical providers

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Baseline Survey.

Follow-up Survey.

Baseline Survey

Pre-exposure prophylaxis (PrEP) is a strategy in which an HIV-uninfected person takes a medication daily to reduce the risk of HIV infection. The purpose of this survey is to learn about ECHO providers' current familiarity with, and use of, PrEP as well as potential interest in education and support for prescribing PrEP.

1. Do you see the following categories of patients? (Check all that apply)

- Men who have sex with men
- Transgender women (male-to-female) and men (female-to-male)
- Intravenous drug users
- HIV-uninfected men or women whose partner is HIV-infected

2. What are your concerns about the use of PrEP as part of HIV prevention approaches (Check all that apply):

- Effectiveness of PrEP
- Not certain who PrEP is right for
- Staff time involved
- Cost to patients
- Unreimbursed costs to our clinic
- Adherence challenges
- Drug resistance
- Risk compensation (ie. decreased condom use)
- Toxicity
- Medication diversion (selling/sharing meds)
- Other (please explain below):

3. Have you discussed PrEP with any of your patients? (whether or not you ended up prescribing it)

- Yes
If yes, with approximately how many patients? _____
- No

4. Have you prescribed PrEP for any of your patients?

- Yes
If yes, for approximately how many patients? _____

If yes, in approximately what proportion did you recommend PrEP? (versus the patient specifically asking for PrEP) _____

- No
- n/a

5. Which specific patient characteristics would prompt you to recommend PrEP (check all that apply)?

- MSM with history of condomless sex
- Man or woman with HIV-seropositive partner on ARV therapy
- Man or woman with HIV-seropositive partner not on ARV therapy
- Man or woman with recent STI
- Commercial sex worker
- Serodiscordant couple interested in conception
- Active injection drug user
- Other (please explain):

6. If one of your patients were interested in PrEP as part of their HIV prevention approach, how comfortable would you be in discussing and providing PrEP?

- Very uncomfortable
- Somewhat uncomfortable
- Neither comfortable nor uncomfortable
- Somewhat comfortable
- Very comfortable

7. How comfortable do you feel talking with your patients about the following topics? (Check all that apply):

	Very comfortable	Somewhat comfortable	Somewhat uncomfortable	Very uncomfortable
PrEP candidacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efficacy of PrEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs/insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risks/side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug resistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condoms/safe sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV transmission risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring on PrEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What topics would you like to have discussed in the ECHO didactic sessions?

- Overview of PrEP efficacy
- Assessing candidates for PrEP and baseline eval
- Review of guidelines for prescribing PrEP
- Insurance/financial resources
- Adherence monitoring and support
- HIV testing and other lab monitoring for PrEP patients
- PrEP safety and drug resistance

PEP to PrEP transition
Other (please explain):

9. If an online tool were available to review PrEP data and prescribing guidelines and provide additional PrEP education and resources, how likely would you be to use it?

- Very likely
- Somewhat likely
- Neutral
- Somewhat unlikely
- Very unlikely

THANKS. FEEL FREE TO WRITE ANY OTHER COMMENTS IN THE MARGINS!

Follow-up Survey

Thank you so much for participating in our survey. This survey is intended to evaluate the effectiveness of the ECHO sessions to provide education and support to you regarding HIV pre-exposure prophylaxis (PrEP). If you have any questions about this survey, please feel free to direct them towards Dr. Brian Wood (bwood2@uw.edu). Your answers to the following questions are **confidential** and will only be used within a larger data set as **anonymous** values. There are three parts to this survey, and **should take less than 15 minutes** of your time.

Name: _____

Unique AETC ID:

(HRSA requires a **Unique ID [UID]** for all trainees. If you do not have a UID already, you can create one by using the first 2 letters of your first and first 2 letters of your last name, followed by the 2-digit month and date of your birth. E.g.: Jane Smith, born 1/15 would be *jas**m**0115*)

Age:

- <30
- 30-39
- 40-49
- 50-59
- ≥60

Clinic location:

- Urban
- Suburban
- Rural

Clinic setting:

- Academic health center
- Hospital-based clinic
- Federally Qualified Health Center
- Rural Health Center
- Private Practice
- Other, please specify: _____

What is your professional discipline?

- | | |
|---------------------------------|---|
| <input type="checkbox"/> MD | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> APRN | <input type="checkbox"/> Case Manager |
| <input type="checkbox"/> PA | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> PharmD | <input type="checkbox"/> Other, please specify: |

Please specify the # of years you have been in practice:

- Currently in training
- 0-5
- 6-10
- 11-20
- >20

Please specify the # of years you have been providing HIV care:

- Currently in training
- 0-5
- 6-10
- 11-20
- >20

How long have you been participating in the UW/MWAETC HIV ECHO sessions?

- <1 year
- 1-2 years
- 3-4 years
- >4 years

Have you participated in any ECHO session that included HIV PrEP in the form of either a PrEP-related didactic talk or PrEP as part of a case discussion?

- Yes
- No

If Yes, please continue.

If No, please STOP.

Part I: ECHO Sessions

1. To what degree has HIV ECHO (didactics or case discussions) addressed your concerns about the following HIV PrEP topics?

	Not at all	Slightly	Unsure	Moderately	Extremely
Adherence challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who PrEP is intended for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of drug Resistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Compensation (i.e. decreased condom use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Toxicity/side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2. To what degree has ECHO increased your knowledge in each of the following specific areas of PrEP as part of HIV prevention?

	Not at all	Slightly	Unsure	Moderately	Extremely
PrEP candidacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseline laboratory evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance/Financial Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Have you ever presented or observed a case during an ECHO session that included a discussion of any aspect of HIV PrEP?

- Presented
- Observed
- Both

If you presented an HIV PrEP case during an ECHO session:

Please now consider one case you presented and answer the following questions, giving as much detail as possible:

- a. What was your main HIV PrEP question?
- b. How much did presenting the case involving HIV PrEP influence your management of that case?
 - not at all
 - slightly
 - unsure
 - moderately
 - extremely
- c. Please describe how presenting the case impacted your management of that case:
- d. How did presenting the case impact patient outcomes?
- e. How would the patient outcome have been different without ECHO?
- f. How much did presenting the case involving HIV PrEP influence your management of another patient/client in your practice?
 - not at all
 - slightly

- unsure
- moderately
- extremely

If you observed an HIV PrEP case during an ECHO session (please complete even if you also presented a case):

- a. How much did observing an HIV PrEP case presented during an ECHO session influence your management of patients/clients in your practice at risk for HIV acquisition?
- not at all
 - slightly
 - unsure
 - moderately
 - extremely

Please give an example of a case in your practice that was influenced by knowledge gained from observing an HIV PrEP case or PrEP didactic during ECHO:

4. To what degree do you feel that participation in HIV ECHO has helped you stay up-to-date on HIV PrEP guidelines?
- not at all
 - slightly
 - unsure
 - moderately
 - extremely
5. To what degree do you feel that participation in ECHO has increased your likelihood to offer HIV PrEP?
- not at all
 - slightly
 - unsure
 - moderately
 - extremely

Why or why not?

Part II: Community:

6. Have you ever served as a resource to other providers in your area regarding HIV PrEP based on the knowledge you gained from ECHO participation?
- Yes
 - No
7. If you did not participate in ECHO, would you be referring your patients/clients at risk for HIV to another provider for HIV PrEP?
- Yes
 - No

8. Prior to ECHO, who were you turning to for clinical advice regarding HIV PrEP? (select all that apply)
- Another provider at my practice setting
 - Another provider outside of my practice setting but not at the University of Washington
 - A provider at the University of Washington
 - The University of Washington MEDCON consultation and referral service
 - Another university consultation and referral service
 - AETC National Clinician Consultation Center/Pre-Exposure Prophylaxis Service (PrEPline)
 - None
 - Other, please specify:

Part III: ECHO Participant and HIV PrEP

9. Have you discussed HIV PrEP with any of your patients/clients?
- Yes
 - No

If yes, what percentage of those discussions were initiated by you (vs initiated by the patients/clients)?

10. How comfortable do you feel discussing HIV PrEP with your patients/clients?
- very uncomfortable
 - somewhat uncomfortable
 - unsure
 - somewhat comfortable
 - very comfortable

11. How comfortable do you feel talking with your patients/clients about the following topics?

	Very Uncomfortable	Somewhat Uncomfortable	Unsure	Somewhat Comfortable	Very Comfortable
PrEP candidacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efficacy of PrEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs/Insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risks/Side Effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Resistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condoms/Safe Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HIV transmission risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory monitoring on PrEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Can/do you prescribe HIV PrEP?

- Yes
 No

13. If you are a prescriber, have you ever prescribed HIV PrEP for any of your patients/clients?

- Yes
 No

If yes, for approximately how many patients/clients?

14. What concerns have prevented you from prescribing HIV PrEP? (select all that apply)

- Concern about adherence
 Concern about future resistance
 Cost/payer issues
 Concern about side effects
 Insufficient real-world evidence for HIV PrEP efficacy
 Other reasons, please specify:

15. What topics would you like to have discussed in future ECHO didactic sessions regarding HIV PrEP?

16. Would it be okay if we contact you either by email or phone in the future for a short conversation to gather more detail regarding your responses?

- Yes
 No

Thank you for your participation!

Sincerely,

The ECHO Team