

## Provider Post-Test

**Introduction Text:** Thank you for participating in this follow up survey to explore providers' awareness and familiarity with Pre-Exposure Prophylaxis aka PrEP for HIV prevention. Your participation in this survey will help the Colorado Department of Public Health & Environment (CDPHE) measure change in providers' practices using PrEP. Please answer the questions based on your individual practice. This survey should take approximately 3-5 minutes to complete. If you have any questions, please contact CDPHE's PrEP specialist Dr. Deborah Monaghan at [Deborah.monaghan@state.co.us](mailto:Deborah.monaghan@state.co.us) or 303-692-2767.

Thank you again for your time and feedback.

1. To start, we want to hear your thoughts on the academic detailing session with Dr. Monaghan about Pre-Exposure Prophylaxis (PrEP). Please rate the extent to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
The academic detailing session provided me with useful information and resources about PrEP.					
Dr. Monaghan is a well-informed source of evidence-based information about PrEP.					
The content in the detailing session was unbiased and balanced.					

For the next set of questions, please tell us about your practices and thoughts on PrEP.

2. For every 10 patients, on how many do you take an annual sexual history?

0 1 2 3 4 5 6 7 8 9 10 patients

3. Have you ever prescribed PrEP/Truvada to prevent an HIV infection?

- Yes
- No

4. How effective do you think PrEP is for preventing HIV when taken as directed?

- 70% or less
- 70%-89%
- 90% or more
- Unsure

5. How often do you think a patient taking PrEP needs an HIV test? (Please select the best option)

- Every 3 months
- Every 6 months
- Annually
- Unsure
- Other: \_\_\_\_\_

6. I think managing PrEP is within my scope of practice.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

7. I am willing to talk to my patients about PrEP if it might be indicated.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

8. I am or would be comfortable prescribing and managing patients on PrEP.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

9. I am or would be more likely to prescribe PrEP/Truvada to patients at risk for HIV since there are financial assistance programs to offset PrEP related costs.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree

- Strongly Disagree

10. Beyond insurance programs, are you aware of the following financial assistance programs to help patients pay for PrEP including medication, medical appointments, and lab tests? (Please check all that apply.)

- Gilead® Medication Assistance Program/Advancing Access Program
- CDPHE’s Financial Assistance Program (PHIP)
- Patient Advocate Foundation
- Patient Access Network Foundation
- Other: \_\_\_\_\_
- None

11. Please rate the extent to which agree or disagree with the following statements about PrEP.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
PrEP is an effective biomedical intervention to prevent HIV.					
PrEP’s side effects are manageable when compared with the benefits it offers.					
PrEP may increase rates of condomless sex, which may increase the risk for STIs.					

12. For the next set of questions, please tell us about your experience as a provider and with clients regarding PrEP.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
As a provider, I do not have the capacity and/or time to manage PrEP for my patients.					
My patients are asking me about PrEP.					
My patients cannot afford to					

pay for PrEP.					
My patients cannot attend the follow-up and maintenance for PrEP (including medical appointments and lab tests) because it is too time-consuming.					
My patients have other concerns, and protecting themselves against HIV is not a priority.					

12a. Display Logic: If Q13 ‘My patients have other concerns, and protecting themselves against HIV is not a priority.’= ‘Strongly Agree’ or ‘Agree’

From your experience as a provider, what are your clients other concerns/needs? (Please check all that apply.)

- Housing
- Employment
- Insurance
- Mental health
- Drug/Alcohol treatment
- Other health conditions
- Safety
- Other, please explain:

13. Please identify what supports have helped you in implementing PrEP into your practice. (Please check all that apply).

- CDPHE consultation/educational session about PrEP with CDPHE
- Gilead representative visit(manufacturer of Truvada ®)
- Financial assistance programs offset the cost of drugs and services for PrEP.
- ProudtoPrescribePrEP website and resources ([www.proudtoprescribeprep.com](http://www.proudtoprescribeprep.com))
- Pharmacies that carry PrEP.
- None, I have not implemented PrEP.
- Other: \_\_\_\_\_

14. Please indicate if you would like to receive any additional support(s) from CDPHE for the following areas:

- Sexual history taking
- Extra-genital STI testing

- HIV testing and counseling
- Cultural awareness/working with LGBTQ community
- nPEP (non-occupational Post-Exposure Prophylaxis)
- CDPHE's PHIP and other financial assistance options
- Other: \_\_\_\_\_

Please rate the extent to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
The academic detailing session with CDPHE helped me implement PrEP into my practice.					
CDPHE is an ongoing resource to support PrEP implementation in my practice.					
I find the PrEP resources useful in my practice.					

15. What was the most valuable part of the academic detailing session?

16. Would you utilize academic detailing in the future for other issues/topics?

- Yes
- No
- Unsure

17. What other topics/issues would you be interested in?