

Barriers to health insurance coverage and intention to continue Pre-Exposure Prophylaxis (PrEP) reported by men who have sex with men (MSM) in a PrEP demonstration project

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Background

- Real world PrEP implementation raises concerns of access, cost, medication adherence, and identifying barriers for individuals who would otherwise qualify for PrEP

Objective

- To describe health insurance coverage by demographic and socioeconomic characteristics in participants
- To describe health insurance coverage, informedness, and intent to continue PrEP by health barriers, health literacy, risk behaviors, depression score, and substance use

Methods

- CCTG 595 is a controlled, un-blinded, two-arm, randomized (1:1) clinical demonstration project to assess the efficacy of a text-message based intervention on the improvement of retention and adherence to PrEP in 400 high-risk, HIV-negative MSM and transwomen
- Health insurance information, in the context of PrEP, was collected between November 2014 and February 2015 to coincide with open enrollment for Covered California
- Participants were asked if they had health coverage, they had a primary care provider (PCP), their insurance plan covered PrEP, and they intended to continue PrEP after completing the study
- Participants completed CASI-based questionnaires regarding their risk behaviors and possible health barriers
- Barriers were grouped into domains a-priori based on source of barrier: personal, logistical, or provider.
- Fisher's exact test was used to analyze frequency distributions in health insurance coverage and reported barriers.

Table 1: Health insurance coverage

	Insured	p-value
Race		
White	159 (79.9%)	0.913
Black	37 (77.1%)	
Other	23 (79.1%)	
Ethnicity		
Latino	64 (82.1%)	0.513
Not Latino	154 (77.8%)	
Income		
< \$1000/month	16 (69.6%)	0.164
≥ \$1000/month	179 (82.1%)	
Education		
High school or less	14 (73.7%)	0.644
College	158 (78.6%)	
Post-graduate	48 (82.8%)	
Barriers		
Personal	No 79.0%	0.839
	Yes 81.8%	
Logistical	No 86.7%	0.001
	Yes 70.7%	
Provider	No 79.1%	0.839
	Yes 81.4%	



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Table 2: Reported logistical barriers to intention to continue PrEP

	Intend to continue	p-value
Logistical Barriers		
None	119 (85.6%)	0.016
Any	80 (72.7%)	
No transportation		
No	191 (79.6%)	0.692
Yes	8 (88.9%)	
Takes too much time		
No	178 (81.7%)	0.092
Yes	21 (67.7%)	
Cost		
No	133 (82.6%)	0.19
Yes	66 (75.0%)	
Worries about immigration status		
No	198 (79.8%)	>0.99
Yes	1 (100%)	

Table 3: Other reported barriers

	Intend to continue
Personal Barriers	
None	168 (81.2%)
Any	31 (73.8%)
Don't know how to access	9 (100%)
Other health problems are interfering	0 (0%)
Forget	11 (73.3%)
Other things take priority	7 (7%)
Doesn't believe it will improve health	4 (57.2%)
Worries others will pass judgment	2 (66.7%)
Prefers alternative treatment (prevention strategies)	6 (50%)
Provider Barriers	
None	168 (80.8%)
Any	31 (75.6%)
Previous bad clinic experience	3 (50%)
Doesn't trust "the system"	5 (62.5%)
Clinic too busy	24 (77.4%)

Results

- Baseline Characteristics**
- N=281 participants
 - Average time on study was 36 weeks
 - Mean age was 35 years old (IQR, 28-40)
 - 72% self-identified as White, 17% Black, 28% Latino, and 1% transgender

- Health Insurance Coverage:**
- 79% reported having health insurance coverage
 - Participants reporting any logistical health care barrier were significantly less likely to have health insurance than those that did not report any barriers (71% vs 87%, p=0.001)
 - No statistically significant differences in age, race, ethnicity, education, income, risk behavior, and depression score between participants with and without health insurance coverage
 - Logistical barriers include cost of medications, lack of transportation to facility, length of visit, and worry over immigration status

- Intent to continue PrEP:**
- 80% (206/256) of participants intend to continue PrEP after study ends
 - Latinos trended towards higher intention to continue PrEP than non-Latinos (89% vs 78%, p=0.07).
 - Those reporting logistical barriers had lower intention to continue PrEP (73% vs 86%, p=0.016)
 - Most frequently cited barriers were cost (35%), time (12%), and unable to schedule appointment (12%)
 - No significant differences in demographics, risk behavior, substance use, and depression score between subjects that intended to continue PrEP vs do not intend to continue after study completion

Conclusions

- Most participants had health insurance coverage and intended to continue PrEP after study completion
- Although cost was reported to be a barrier to continuing PrEP, time efficient provider visits, ease of access, and streamlined service delivery are all important in implementation of PrEP in a real world setting.