

Assessing engagement in primary care over time amongst high-risk men who have sex with men: opportunities for pre-exposure prophylaxis initiation

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Background

- Men who have sex with men (MSM) make up a majority of new HIV diagnoses in British Columbia.
- Use of HIV Pre-Exposure Prophylaxis (PrEP) can decrease risk for HIV infection.
- Highest risk MSM can be identified through application of clinical screening measures including prior diagnosis of rectal sexually transmitted infection, and the HIV risk index HIRI-MSM.
- In order for screening to occur, and in order to receive PrEP, MSM have to be engaged in regular health care.
- It is unclear if young MSM are engaged in regular primary care, therefore we undertook to evaluate uptake of primary care services amongst MSM engaged in the Momentum Cohort, Vancouver, Canada.

Methods

- Participants of the Momentum cohort who were enrolled between February 2012 and February 2015 were eligible for participation if they were HIV negative at baseline, had available information to determine HIRI-MSM risk index and had documented history regarding sexually transmitted infections.
- Study visits occurred until February 2017.
- Risk status for HIV infection was defined as being high if HIRI-MSM ≥ 10 or if rectal STI was documented.
- Self-reported engagement with a primary care physician was recorded over time.
- Being "out" to their physician through disclosure of MSM sexual partners was also recorded.
- Multi-level multivariate models of engagement in care for each HIV risk group adjusted for sexual identity, ethnicity, education, income level and age were conducted.

Results

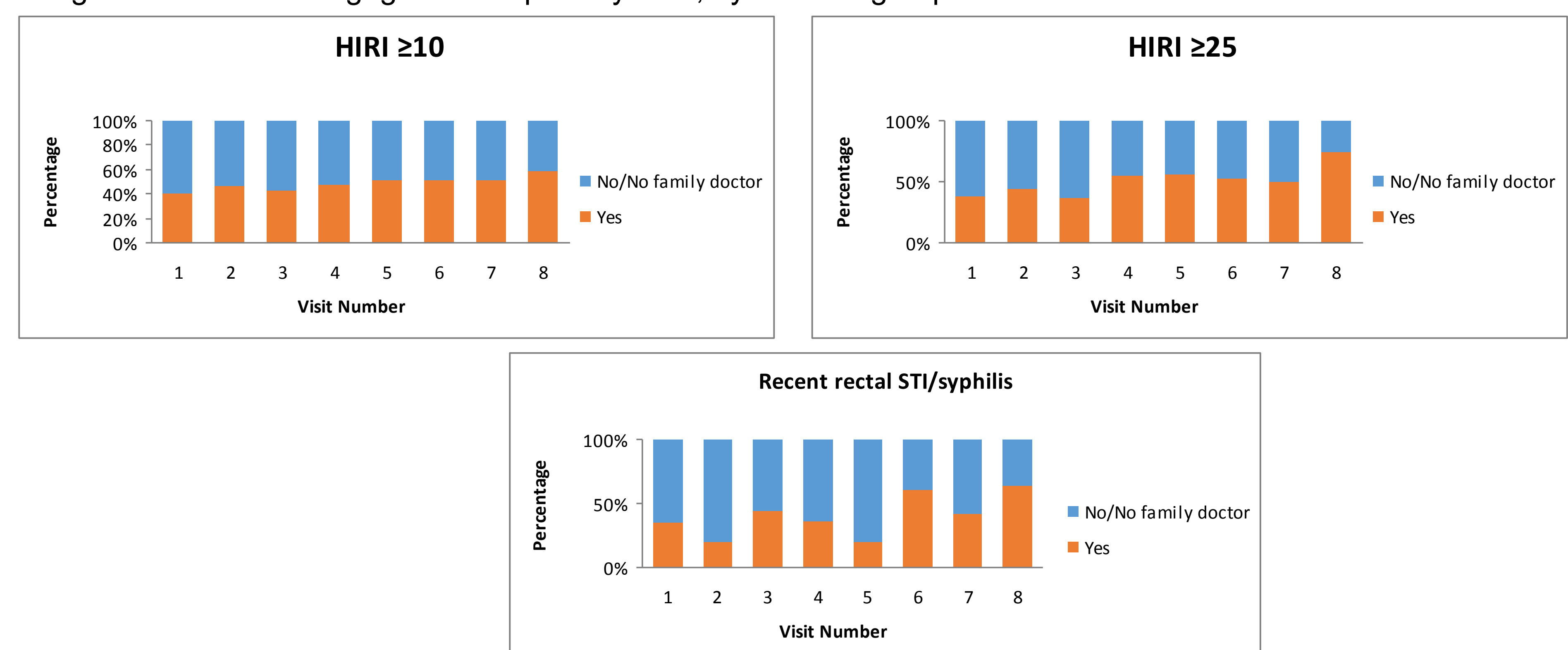
- Baseline characteristics for the Momentum cohort are shown in Table 1.
- At baseline, 50.6% (n=308) of participants reporting being engaged with a primary care physician.
- Of those, 74% (n=229) had disclosed their MSM status to their physician.
- Trends in reporting engagement with a primary care physician over time by HIV risk group is shown in Figure 1.
- Engagement increased over time among all participants (Odds Ratio [OR]=1.19, 95% CI: 1.10-1.29 per study visit) with 70% reporting primary care at last visit.
- In adjusted multivariate models, neither HIRI-MSM ≥ 10 (adjusted OR [aOR] 0.77; 95% CI 0.58 – 1.03), or HIRI-MSM ≥ 25 (aOR 0.83; 95% CI 0.5 – 1.40) were associated with being engaged in primary care.
- Recent rectal STI diagnosis was associated with lower odds of being engaged in primary care (aOR 0.58; 95% CI 0.34 – 0.98).

Results

Table 1. Baseline Demographic Characteristics (n=551).

| Variable | |
|--|-----------------|
| Age (median, Q1-Q3) | 29 (24 – 39) |
| Ethnicity (n, %) | |
| White | 412 (74.8) |
| Asian | 61 (11.1) |
| Latin American | 28 (5.1) |
| Indigenous | 27 (4.9) |
| Other | 23 (4.2) |
| Sexual Identity (n,%) | |
| Gay | 465 (84.4) |
| Bisexual | 51 (9.3) |
| Other | 35 (6.4) |
| Education level (n, %) | |
| Higher education (college, university) | 440 (79.9) |
| High school | 111 (20.1) |
| Income level, \$ annual (n, %) | |
| <30,000 | 325 (59.0) |
| 30 – 60,000 | 153 (27.8) |
| >60,000 | 73 (13.2) |
| HIRI-MSM Score (n, %) | |
| ≥ 10 | 339 (61.5) |
| ≥ 25 | 59 (10.7) |
| Recent rectal STI or syphilis (n,%) | 20 (3.6) |

Figure 1. Trends in engagement in primary care, by HIV risk group.



Discussion

- MSM enrolled in the Momentum study demonstrated relatively high rates of engagement in primary care.
- Nonetheless at the end of the follow-up period a significant (30%) proportion did not have a primary care doctor. In addition, not all participants were out to their physician.
- Higher risk MSM based on HIRI risk index were no more likely to have a physician than lower risk MSM.
- Scaling up HIV PrEP initiatives may therefore require entry points (ie. Sexual health clinics) rather than relying on primary care physicians to conduct screening.