Figure 1. PrEP Cascade at VAMHCS by year. Non-statistically significant (P=0.33) when comparing engagement in care between different years.

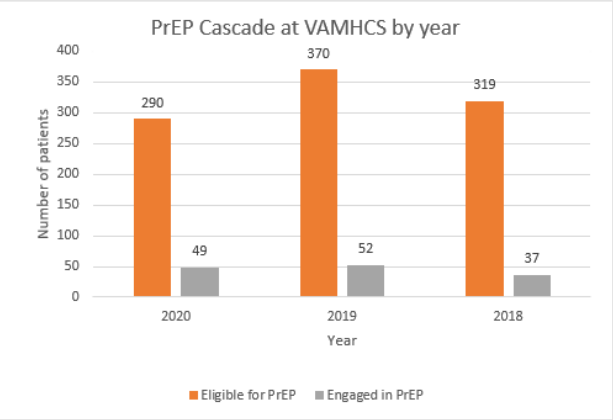
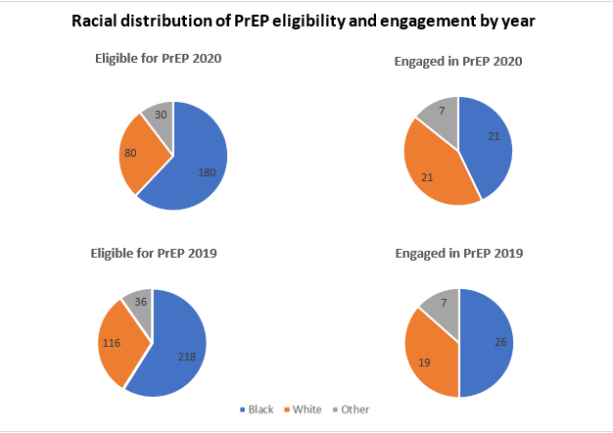


Figure 2. Racial distribution of PrEP eligibility and initiation by year at the VAMHCS.



Conclusion. While during the coronavirus pandemic in 2020, fewer Veterans sought STI testing at the VAMHCS, the number of positive STI results remained steady, leading to a higher positivity rate. The rate of initiation of PrEP did not differ between 2020, 2019 and 2018. Racial inequities in initiation of PrEP increased in 2020.

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852. Bridging the Gap in PrEP Provider Training: An Implementation Science Study

Aditi Ramakrishnan, MD[1]; Jessica Sales, PhD[2]; Micah McCumber, PhD[3]; Matthew Psioda, PhD[3]; Leah Powell, PhD[4]; Anandi N. Sheth, MD, MS[5]; [1]Emory University School of Medicine, Atlanta, GA; [2]Emory University, Rollins School of Public Health, Atlanta, GA; [3]Department of Biostatistics, Collaborative Studies Coordinating Center, University of North Carolina at Chapel Hill, Chapel Hill, NC; [4]Department of Behavioral, Social, and Health Education Sciences, Rollins School of Public Health, Emory University, Atlanta, GA; [5]Emory University, Atlanta, GA

Session: P-49. HIV: Prevention

Background. Training healthcare providers in a variety of clinical settings to deliver pre-exposure prophylaxis (PrEP) is a key component of the Ending the HIV Epidemic (EHE) initiative. Self-efficacy, the individual's belief in their ability to carry out the steps of PrEP delivery, is a core part of provider training and necessary for successful PrEP implementation. We characterized self-efficacy among providers from family planning (FP) clinics that do not provide PrEP to inform provider training strategies.

Methods. We surveyed providers (any clinical staff who could screen, counsel, or prescribe PrEP) from FP clinics in 18 Southern states (Feb-June 2018, N=325 respondents from 224 clinics not providing PrEP) using contraception- and PrEP-specific self-efficacy questions (overall and grouped into PrEP delivery steps: screening, initiation, and follow-up). We compared self-efficacy scores (5-point Likert scale) by prescriber status, between PrEP delivery steps, and used linear mixed models to analyze provider-, clinic-, and county-level covariates associated with overall PrEP self-efficacy.

Results. Among 325 FP providers, self-efficacy scores were lowest in the PrEP initiation step, higher in follow-up, and highest in screening ($p < 0.0001$, Table). Mean overall PrEP self-efficacy scores were significantly higher among prescribers compared to non-prescribers ($p < 0.0001$). However, providers reported lowest self-efficacy regarding insurance navigation for PrEP with no significant difference by prescriber status. The mixed model demonstrated overall PrEP self-efficacy was positively associated with favorable PrEP attitudes among non-prescribers, PrEP knowledge among prescribers, and contraception self-efficacy in both groups, but was not associated with availability of insurance navigation on-site or other covariates (Figure).

Provider Self-Efficacy along the PrEP Delivery Model stratified by prescriber status

Provider Self-Efficacy Survey Topics and Questions[1]	All Providers N = 325 (mean, SD)	Non-prescribers N = 176 (mean, SD)	Prescribers N = 149 (mean, SD)	*P*-value[2]
PrEP Screening	3.57 (0.81)	3.25 (0.81)	3.94 (0.64)	<0.0001
A. Patient Engagement HIV risk assessment per CDC PrEP guidelines. PrEP readiness assessment. PrEP side-effects counseling. PrEP adherence counseling. Patient referral to subspecialists for PrEP/HIV.	3.67 (0.84)	3.38 (0.86)	4.02 (0.66)	<0.0001
B. Initial Clinical Evaluation Test for HIV. Screen for acute HIV. Kidney function assessment. Test for and interpret active hepatitis B virus results. PrEP medication interactions assessment.	3.46 (0.91)	3.12 (0.90)	3.86 (0.75)	<0.0001
PrEP Initiation PrEP prescription. PrEP insurance navigation.	2.33 (0.95) 2.34 (1.26) 2.31 (1.03)	2.01 (0.76) 1.73 (0.82) 2.30 (1.01)	2.70 (1.02) 3.07 (1.31) 2.32 (1.05)	<0.0001
PrEP Follow-up Medication adherence counseling and side-effect assessment. Appropriate interval laboratory testing.	3.29 (1.15)	3.07 (1.12)	3.55 (1.13)	<0.0001
Overall PrEP Self-Efficacy	3.35 (0.78)	3.05 (0.75)	3.71 (0.66)	<0.0001
Contraception Self-Efficacy Pregnancy intentions and contraceptive counseling initial assessment. Pregnancy intentions and contraceptive counseling follow-up.	4.03 (0.92)	3.82 (1.03)	4.28 (0.70)	<0.0001

Table: Provider Self-Efficacy along the PrEP Delivery Model stratified by prescriber status (n = 325). Self-efficacy scores for each step of the PrEP Delivery Model represent the means of scores corresponding to questions within each step. Overall PrEP Self-Efficacy scores represent the means of all steps within the model. 1. Survey question text is abridged in this table to highlight question topic. 2. *P*-values comparing non-prescriber and prescriber self-efficacy scores were calculated using unpaired t-tests. *P*-values described in the abstract text comparing self-efficacy scores between the steps of the PrEP Delivery Model were calculated using paired t-tests.

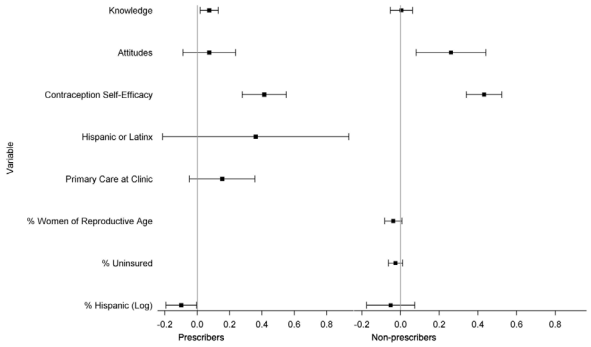

Figure. Linear Mixed Model Results for Self-Efficacy among Providers from Non-PrEP Providing Family Planning Clinics in the Southern United States February-June 2018. Variables were selected for inclusion using a backward selection approach. Variables missing in the model results above were not selected. The percent and prevalence rate variables are the percents or log transformed percents or rate among the county population where the provider's clinic is located and based on data from the U.S. Census Bureau 2010 Census and AIDSVu. The points indicate linear mixed model estimates and whiskers indicate unadjusted 95% confidence intervals.

Conclusion. FP providers reported low confidence in their ability to perform the steps that comprise PrEP initiation. Provider training focused on elements of PrEP initiation are critical to improve PrEP implementation and EHE initiatives. Alternatively, programs employing referral or telehealth models to support the PrEP initiation step can successfully bridge this gap.

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853. Real-World Persistency of Patients Receiving Tenofovir-Based Pre-Exposure Prophylaxis for the Prevention of HIV Infection in the US

Alan Oglesby, MPH[1]; Guillaume Germain, MSc[2]; Francois Laliberte, MA[2]; Staci Bush, NP[1]; Heidi Swygard, MD[1]; Sean MacKnight, MScPH[2]; Annalise Hilts, BA[2]; Mei Sheng Duh, MPH, ScD[3]; [1]ViiV Healthcare, Research Triangle Park, NC; [2]Analysis Group, Montreal, Quebec, Canada; [3]Analysis Group, Inc., MA

Session: P-49. HIV: Prevention

Background. Once-daily oral tenofovir-based combinations as pre-exposure prophylaxis (PrEP) have shown to be an effective biomedical HIV prevention strategy for populations at-risk of acquiring HIV-1. However, low adherence can lead to poor effectiveness. This study described the characteristics of commercially-insured US PrEP users.

Methods. This retrospective study used IQVIA™ PharMetrics Plus data (1/1/2015–3/31/2020) to identify adults newly initiated (index date) on