CME OUTFITTERS

SHARED DECISION-MAKING FOR HIV PREVENTION

A Practical Guide for Healthcare Practitioners

Supporting PrEP Conversations Using Motivational Approaches and Clinical Decision Pathways

Purpose of This Resource

Shared decision-making (SDM) is a foundational component of effective HIV prevention care in the United States. Although pre-exposure prophylaxis (PrEP) is highly effective, uptake and persistence remain uneven across clinical settings.

Clinical evidence and real-world experience demonstrate that **how clinicians engage patients around HIV prevention is as important as which option is selected**.

This resource supports U.S. health care practitioners in using SDM and motivational communication strategies to:

- Normalize HIV prevention discussions
- Conduct culturally sensitive sexual health histories and risk assessments
- Collaboratively identify appropriate PrEP options
- Support initiation, persistence, adjustment, interruption, and re-initiation of PrEP

Why Shared Decision-Making Matters in HIV Prevention

In the United States, missed opportunities for PrEP initiation are often driven by:

- Limited visit time
- Clinician discomfort discussing sexual health
- Assumptions about patient interest or readiness
- Incomplete sexual health histories

SDM reframes HIV prevention as a **routine, patient-centered, and collaborative process** rather than a one-time recommendation.

Culturally sensitive sexual health history-taking and risk assessment are foundational to SDM and are integrated throughout this resource.

> **Clinical takeaway:**
> *SDM is not an "add-on." It is how guideline-recommended PrEP care is delivered effectively in real-world practice.*

Core Principles of Shared Decision-Making for PrEP

1. Normalize the Conversation (Status-Neutral Care)

Normalize HIV prevention discussions with *all* patients, regardless of perceived risk.

> **Example language:**
> *"I talk with all my patients about HIV prevention options, including PrEP, as part of routine care."*

- ☐ Reduces stigma and profiling
- ☐ Encourages disclosure
- ☐ Aligns with US prevention priorities

2. Present PrEP Options Clearly and Neutrally

Describe currently available, U.S.-approved PrEP options using clear, non-technical language.

Consider briefly reviewing:

- Dosing and administration
- Follow-up visits and laboratory monitoring
- Privacy considerations
- Insurance and access basics

Avoid framing any option as "best." The goal is **informed choice**, not persuasion.

3. Explore Patient Values and Context

PrEP use is influenced by real-life circumstances. Explore factors such as:

- Daily routines and schedules
- Housing stability and transportation
- Privacy or disclosure concerns
- Travel, caregiving, or life transitions
- Past experiences with medications or prevention

These factors are expected to change, and prevention plans should change with them.

4. Make Decisions Together

Support patients in selecting a prevention strategy that fits their priorities *right now*.

Reinforce that:

- Patients control the decision
- Switching, pausing, or restarting is acceptable
- Prevention plans are flexible and open to revisit

5. Revisit Decisions Over Time

PrEP use is not linear.

Follow-up conversations should be framed as:

- Supportive check-ins
- Opportunities to reassess goals
- Adjustments ➔ not setbacks

Motivational Communication That Fits Busy Clinical Settings

Motivational interviewing–informed strategies can be integrated into routine visits without adding significant time.

A 5-Step Micro-Framework

EXPLORE → **AFFIRM** → **OFFER INFORMATION** → **ELICIT RESPONSE** → **SUPPORT A PLAN**

> Example:
> *"Would it be okay if I shared a few HIV prevention options that might fit your life right now?"*

Use Open-Ended Questions

- "What interested you about PrEP?"
- "What concerns do you have about starting or continuing?"
- "What would make prevention feel manageable?"
- "What's worked, or not worked, for you before?"

Reflect and Normalize

- "It sounds like daily medication might be challenging with your schedule."
- "Many people have concerns about privacy or side effects."

Normalize uncertainty and ambivalence as part of decision-making, not resistance.

Addressing Ambivalence Without Pressure

Ambivalence is expected and appropriate.

Helpful approaches include:

- Allowing time to decide
- Avoiding data overload when concerns are practical or emotional
- Asking permission before offering information

> Example:
> *"Would it be okay if I shared how other patients have approached this decision?"*

Reframing Adherence as Fit

Traditional adherence models focus on patient behavior. SDM reframes the goal as **finding the best fit between prevention strategy and the patient's life**.

Key Mindset Shifts

If a plan doesn't fit, it's the plan, not the patient, that needs to change.

Language That Supports Engagement and Persistence

Small language shifts can reduce stigma and improve re-engagement.

Supportive Language	Language to Avoid
"What got in the way?"	"Why didn't you...?"
"What might work better next time?"	"You should have..."
"How can we adjust the plan?"	"Non-compliant"

How clinicians respond to lapses strongly influences whether patients stay engaged.

Follow-Up Visits as Opportunities

Follow-up visits should feel supportive, not supervisory.

Use them to:

- Reassess prevention goals
- Identify emerging challenges early
- Reinforce patient autonomy and success

When appropriate, engage the broader care team (e.g., nurses, pharmacists, community health workers).

QUICK
Practice Checklist

- [ ] Normalize HIV prevention conversations
- [ ] Use open-ended, non-judgmental questions
- [ ] Present PrEP options clearly and neutrally
- [ ] Explore patient context before recommending
- [ ] Support adjustment without blame
- [ ] Reinforce prevention as an ongoing partnership

Key Takeaway

PrEP uptake and persistence improve when patients feel heard, respected, and involved. SDM supports sustainable HIV prevention by recognizing patients as active partners in their care.

> Prevention works best when it works *with* patients, not just for them.

References

Centers for Disease Control and Prevention (CDC), National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention. *Expanding PrEP coverage in the United States to achieve EHE goals*. CDC website. Published October 17, 2023. Accessed December 19, 2025. https://www.cdc.gov/nchhstp/director-letters/expanding-prep-coverage.html.

US Preventive Services Task Force; Barry MJ, Nicholson WK, et al. Preexposure prophylaxis for the prevention of HIV infection: US Preventive Services Task Force recommendation statement. *JAMA*. 2023;330(8):736-745.