



Partnering for Success

Patient Engagement and PrEP Adherence Strategies

*This program has been supported by an independent educational grant from
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CMEO Snack

LEARNING OBJECTIVE **1**

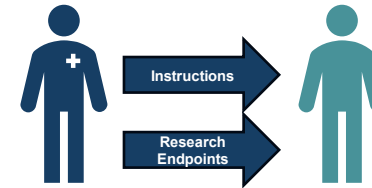
Incorporate effective patient engagement strategies to collaboratively initiate PrEP treatment and support adherence



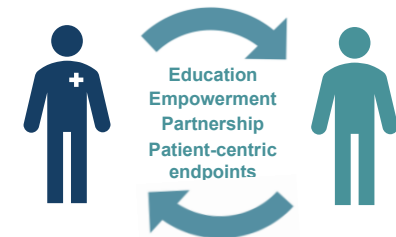
Maslow's Hierarchy of Needs and Transforming the Patient Centered View



Traditional uni-directional research-centered view



New bi-directional patient-centered view



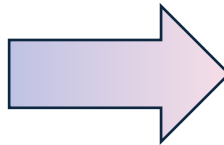
Holistic approach often uncovers issues patients have not previously shared; education extends beyond a single visit

What is Shared Decision-Making

Shared decision-making (SDM) is a collaborative process in which patients and clinicians work together to make healthcare decisions, integrating the best available evidence with the individual's values, preferences, and life context

Traditional Approach

1. Clinician-driven (“doctor knows best”)
2. Focus on clinical risk and biomedical criteria
3. One-size fits all messaging
4. Implicit bias may go unrecognized
5. Historically centered on male, non-pregnant, US-based populations
6. Limited patient engagement and fit



SDM Approach

1. Collaborative clinician-patient partnership
2. Integrates evidence **and** patient values, preferences, and life context
3. Personalized prevention aligned to individualized goals and realities
4. Equity-focused approach that actively mitigates bias
5. Inclusive of diverse genders, cultures, regions, and lived experiences
6. Improves engagement, trust, and PrEP uptake/adherence

Why this matters for PrEP:

PrEP decisions are preference-sensitive—effective prevention depends on **fit**, **trust**, and **sustained engagement over time**.

Why Choice Matters: SDM in PrEP



Patient factors

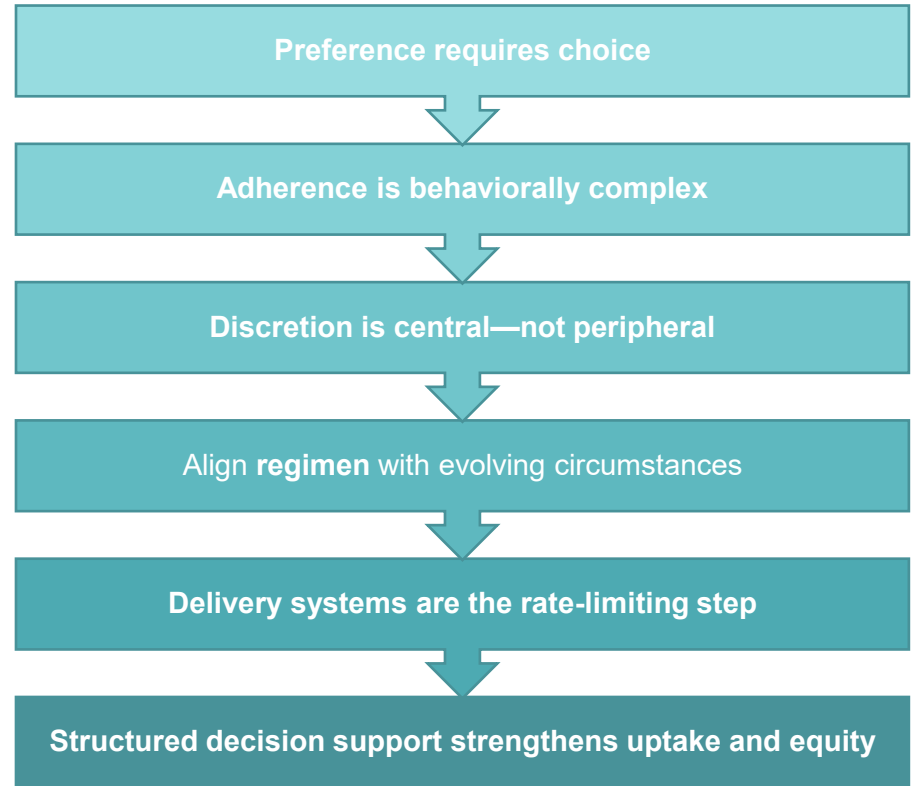


Clinical fit




System delivery

- Choice improves coverage and fit
- Systems enable success



Core Principles of Shared Decision-Making in PrEP

How we talk about PrEP is often as important as **which** prevention option is selected

- 
1. Inviting the conversation
 2. Presenting options clearly
 3. Exploring patient values and context
 4. Making decisions together

We will next discuss how motivational interviewing and teach-back will confirm next steps

What does Motivational Interviewing (MI) Look Like in Practice: Cultural Context

Explore → Affirm → Offer Info → Elicit Response → Support Plan

Use Open-Ended Questions

“Many of my patients are interested in PrEP to keep them safe; would you like to learn about it?”

“What interested you about PrEP?”

“What concerns do you have about starting or continuing PrEP?”

“How can we make it easier to follow a PrEP plan?”

Reflect and Normalize

“It sounds like your schedule makes daily medication challenging.”

“Many people have concerns about privacy or side effects.”

Validate concerns without minimizing them.

Normalize ambivalence and uncertainty.

Emphasize Autonomy

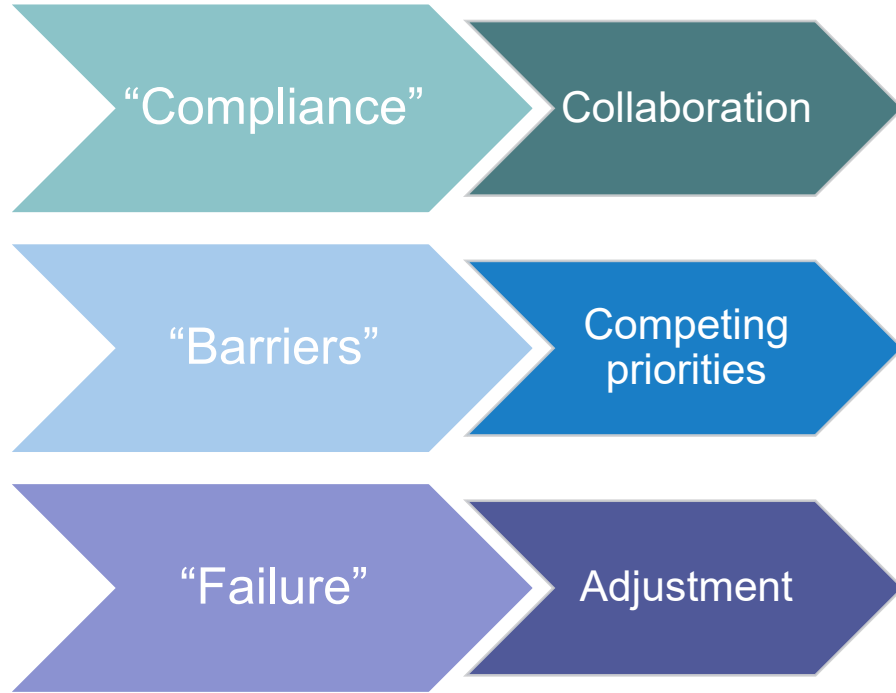
“You are in control of this decision.”

“We can adjust the plan if it stops working for you.”



Practice tip: Ambivalence addressed collaboratively is more likely to lead to initiation or re-engagement.

Reframing the Goal of *PrEP*: From Adherence to Persistence



- A motivational approach reframes the goal as finding the best fit between prevention strategy and the patient's life
- Persistence is more likely when patients feel heard, respected, and involved in decisions

Language Matters: Supporting PrEP Persistence Without Blame



Using small language shifts can help normalize lapses, reduce shame, and re-engage patients in prevention care

Clinical Practice Discussion Examples: How Language Shapes PrEP Persistence

| Supportive, Engagement-focused Language | Language to Avoid |
|---|-----------------------------------|
| Ask about missed doses neutrally | Judgmental or corrective language |
| “What got in the way?” | “Why didn’t you ... ?” |
| “What might work better next time?” | “You should have ...” |
| “How can we adjust the plan?” | “You need to be more compliant” |
| Reinforce restarting as an option | Framing lapses as failure |

How Should SDM Principles be Tailored Globally for PrEP?

- Shape health decisions across settings based on culture, religion, and family-dynamics
- Evaluate when family or community input supports care vs. limits autonomy
- Adjust SDM approaches for varying levels of health literacy
- Leverage community health workers, and trusted intermediaries
 - ASHAs (Accredited Social Health Activists), India
 - Agents de Santé Communautaire (Community Health Workers), Cameroon



AI-generated visuals

Hill LM, et al. *J Int AIDS Soc.* 2022;25(9):e26007. McNulty MC, et al. *Cult Health Sex.* 2022;24(8):1033-1046. Sewell WC, et al. *Curr HIV/AIDS Rep.* 2021;18(1):48-56. Scott K, et al. *Health Res Policy Syst.* 2019;17(1):29. Chi NN, et al. *PLOS Glob Public Health.* 2023;3(2):e0001093.

Tailoring SDM Principles to Global Regions: Culture, Religion, Family Dynamics and Health Literacy

- Build trust through local partnerships
- Align messages across settings
- Adapt to cultural and family decision structures
- Tailor communication to health literacy and lived experience
- Bridge health systems with community values
- Contextualize PrEP choice and adherence within local cultural, family, and access realities
- Adapt PrEP counseling to reflect community norms, disclosure concerns, and available prevention options
- ***Work hand-in-hand to ensure message consistency***

Example: A 24-year-old married woman is interested in PrEP but is concerned her husband may interpret it as mistrust or infidelity.

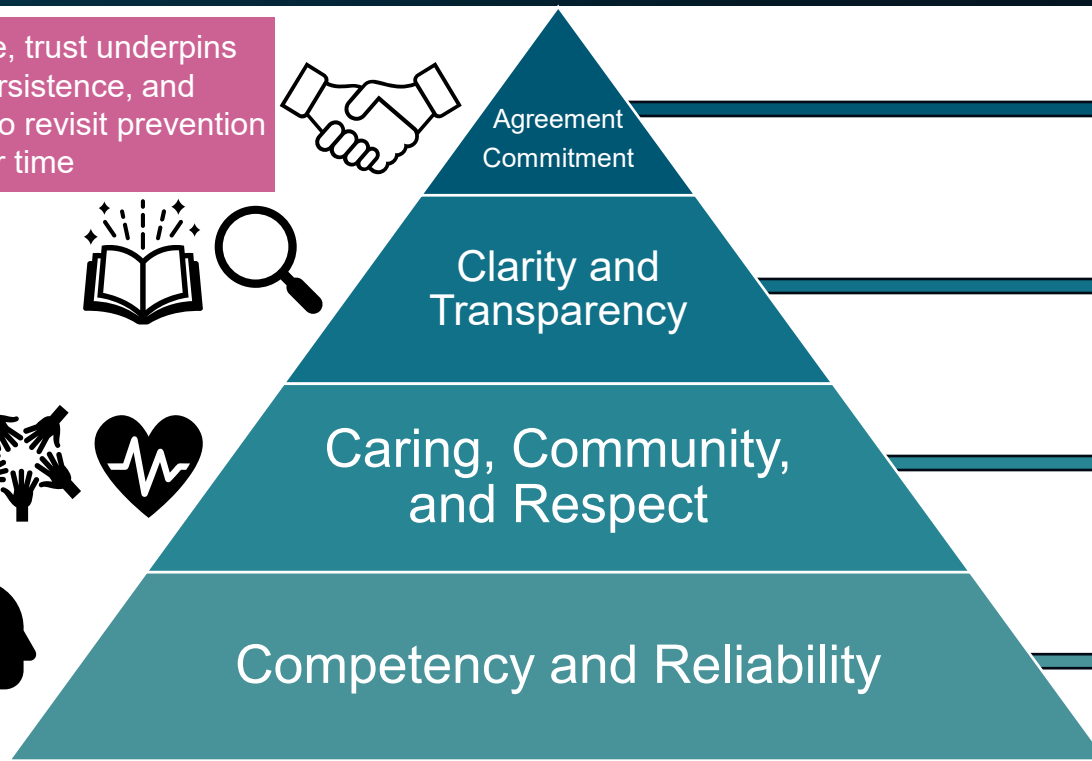
How are health decisions made in your family, what concerns do you have about discussing PrEP at home

- Position PrEP as protecting family
- Discussion discreet options
- Engage community health worker or women's group education

Individual Trust and Cultural Context: Why This Matters



In PrEP care, trust underpins initiation, persistence, and willingness to revisit prevention choices over time



Trust peaks when practitioner and patient align on a plan and both are committed to it

Patients need to know what, why, and how when clinicians explain steps

Patients must feel seen, heard and respected

Patients must trust that care is competent, reliable, and consistent

Discussion

Global Considerations in PrEP Engagement

Across regions, PrEP delivery models vary.

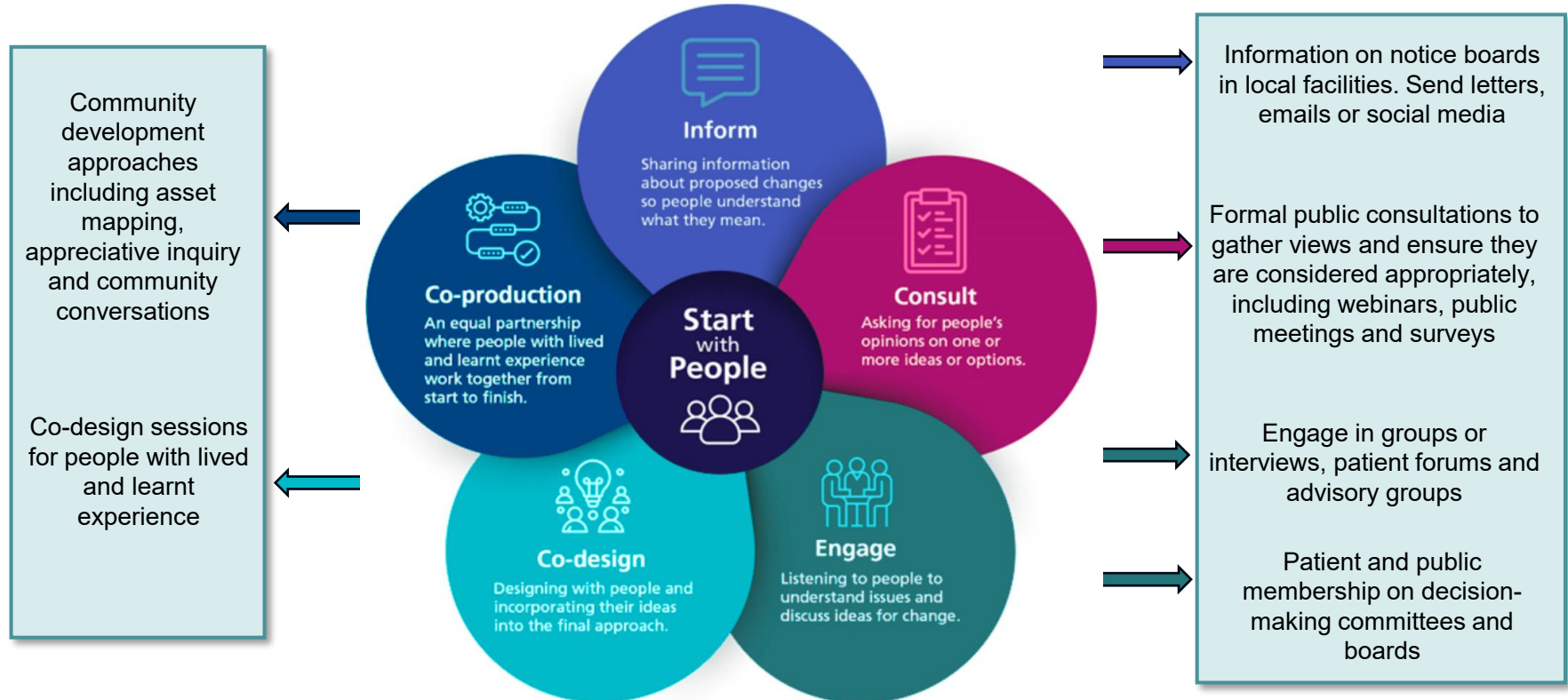
Effective engagement strategies account for:

- Differences in access points (public clinics, non-governmental organizations [NGOs], pharmacies, telehealth)
- Mobility and migration
- Privacy and stigma concerns
- Resource limitations and follow-up capacity

Regardless of setting, motivational approaches and SDM tools remain applicable and adaptable



How to Build Community Trust : Discussion of Why This Matters



Best Practices for Engaging in Sexual Health and PrEP Discussions



- **Create an affirming, nonjudgmental environment**
Build trust by using inclusive language, normalizing sexual health conversations, and acknowledging diverse sexual and gender identities



- **Demonstrate PrEP knowledge and preparedness**
Practitioner awareness matters; patients should not bear the burden of educating clinicians about oral or long-acting PrEP options



- **Center conversations on patient values and priorities**
Discuss what matters most (e.g., HIV protection, side effects, convenience, sense of security, lifestyle fit)

AI-generated visuals

Bennin F, et al. *Front Public Health*. 2024;12:1459418. Kaptchuk RP, et al. *BMC Public Health*. 2024;24(1):1258. van Griensven F, et al. *Sex Transm Infect*. 2017;93(5):356-362.

Best Practices for Engaging in Sexual Health and PrEP Discussions (continued)



- **Offer choice and support informed decision-making**
Present PrEP modalities as options, not directives; preference-sensitive decisions benefit from shared decision-making



- **Address structural and contextual barriers**
Proactively discuss cost, access, stigma, clinic comfort, and trust; these factors strongly influence engagement and persistence



- **Partner and engage with communities and community organizations**
Co-designed, community-informed approaches improve relevance, uptake, and sustained use of prevention strategies

Patients' Perspectives: Adherence Challenges

What makes it harder for patients to disclose adherence challenges is the **fear of judgement, being shouted at, and not being attended to on time** by healthcare workers. This feels like **punishment** as the clinic visit is then delayed and takes much longer as new initiates or those on stable PrEP would be attended to earlier (first).

What makes adherence challenges disclosure easier, is having a healthcare worker who is **non-judgmental, is a good listener, allowing one to explain why there are challenges to adhering and how to deal with those challenges while being reassured during the testing period.**

- An actual patient in South Africa

Barriers to Adherence in Practice: Global and Clinical Perspectives



AI-generated visuals

Celum CL, et al. *J Int AIDS Soc.* 2015;18(4 Suppl 3):20227. Joseph Davey DL, et al. *Lancet HIV.* 2024;11(11):e746-e755. Marcus JL, et al. *Clin Infect Dis.* 2025;ciae648. Ngugi S, et al. *AIDS Behav.* 2025;29(12):3838-3851.

Best Practices for Patient Engagement

For Clinicians and Teams:

- Take a nonjudgmental, open sexual history; avoid assumptions
- Integrate PrEP into routine preventative care discussions
- Use multidisciplinary support (pharmacists, nurses, counselors)
- Addressing low health literacy
 - Incorporate plain language, visual aids, and cultural sensitivity

For Programs and Systems:

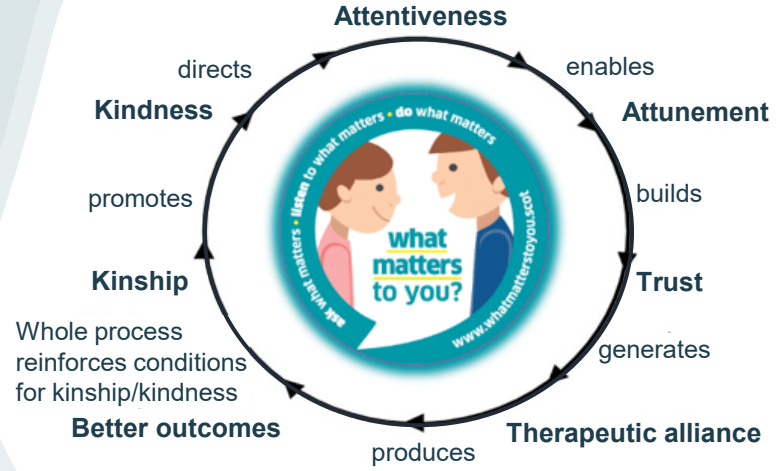
- Train HCPs on culturally sensitive, inclusive communication
- Develop systems to track adherence and follow up proactively
- Dedicate staff for navigation (e.g., health access, billing, medication access)

Key Principle:

Promote PrEP as an empowering, individualized wellness choice, not just a medication

Discussion

- Normalize patients asking questions, adjustments, and follow-up between visits



Enhancing patient **knowledge** and empowering informed decisions

Finding PrEP Options

- Exockere your Ing n

What is PPEPP

- Pucosin (PrEP) is a medicine that
- Love collab (not PrEP) is a
- Cxait show that cool prarmead
- Cxait show that cool prarmead

Talk with Your Healthcare Team

- Arranges to a comrad on PrEP what's s
- Arranges the facility, Cxait show
- Tail PrEP's will speak comrad to prarmead
- Please tag withes your needs.
- Learn chat to comrad (cxait) how comrad
- comrad must can comrad (cxait) to PrEP

LET'S TALK PrEP

Your Rights as a Patient

- LTP can follow gift trips:
- Hgp can beas stakely
- Cexit show that cool prarmead:

Simple, clear language

- Tailored to global contexts
- Supports shared decision-making

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OUTFITTERS

Using patient education tools in practice to discuss options, in supportive, not prescriptive ways

- Patient education tools support shared decision-making
- Clear, plain language reduces power imbalances
- Visual tools help patients compare PrEP options
- Education tools shift the clinician role from “expert” to “partner”
- Tools reinforce that PrEP plans can evolve over time

AI-generated visuals

Tools available at <https://www.cmeoutfitters.com/infectious-disease-hub/>.

SMART Goals

Specific, Measurable, Attainable, Relevant, Timely, Inclusive and Equitable

Put information into action! Consider the following goals; then *set a time frame* that fits with your work environment and *a reasonable improvement target* that aligns with your patient population.

- Incorporate at least **one inclusive patient-centered engagement strategy** (e.g., shared decision-making tools, culturally sensitive questions, or affirming sexual health language) into PrEP initiation conversations to collaboratively select a PrEP option that aligns with patient preferences and needs, **within 30 days**.
- Implement a **structured, shared decision-making–based PrEP initiation process** for oral and long-acting options that includes discussion of adherence expectations, potential barriers (e.g., stigma, cost, life transitions), and individualized strategies to support sustained use **in the next 60 days**.
- Develop and apply a **patient engagement–focused adherence support plan** that includes follow-up touchpoints, reminder systems, patient education materials, and referral to clinic or community resources to address access, psychosocial, and structural barriers to ongoing PrEP use, **in the next 60–90 days**.



Additional Resources

Visit www.cmeoutfitters.com
for clinical information and
certified educational activities





Visit the **Infectious Disease Hub**

Free resources and education for health care professionals and patients

<https://www.cmeoutfitters.com/infectious-disease-hub/>

HCP: [Motivational Approaches and SDM to Improve PrEP Uptake and Adherence](#)

Patients: [Let's Talk PrEP: How to Work with Your Team to Stick with Your Plan](#)

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Other programs in this series include:

1 Breaking Barriers – Implementing Status-Neutral HIV Screening and Prevention for All

Oni Blackstock, MD, MHS (Moderator)
Cristina Mussini, MD
Sunil Suhas Solomon, MBBS, PhD, MPH
Boghuma K. Titanji, MD, MSc., DTM&H, PhD

2 Staying Current – Navigating the Latest Advances in PrEP Options

Christina Madison, PharmD (Moderator)
Chloe Orkin, MBE
Sunil Suhas Solomon, MBBS, PhD, MPH
Boghuma K. Titanji, MD, MSc., DTM&H, PhD

3 Expanding Access – Optimizing Use of Long-Acting Injectable PrEP

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