Is There a PrEP-to-Primary Care Pipeline?

Taking Truvada or Descovy to prevent HIV may be the first opportunity to encounter regular health care.

September 28, 2021 By Heather Boerner

Men who have sex with men who start pre-exposure prophylaxis (PrEP) may enter a PrEP-to-–primary care pipeline, according to an analysis of interviews published in the Journal of Acquired Immune Deficiency Syndrome (JAIDS).

Whitney Sewell, PhD, of Harvard Medical School, and colleagues conducted in-depth interviews with 25 gay and bisexual men recruited from a social media group for people interested in PrEP and through Fenway Health, New England's largest PrEP prescriber. During the 30- to 60-minute interviews, researchers asked participants how PrEP impacted their use of health care services in general, including primary health care.

The median age of the participants was 34, and most were white (85%), employed (68%) and had health insurance (TK%). In addition, more than half earned $60,000 or more a year. This does not reflect the makeup of most individuals in the United States at highest risk for HIV, who are primarily younger Black queer men, Black and Latina cisgender women and trans women of color, most of whom have lower incomes and many of whom do not have health insurance or live in states that did not expand Medicaid. Despite this, the researchers noticed no difference in perspectives according to race.

The men told a surprisingly consistent story. Many reported that the ongoing doctor and lab visits related to PrEP use were the first time they'd been engaged in health care and that using PrEP was "a strong motivator" to access other primary health care services.

"I really didn't have a primary care provider until I got on PrEP," said one 30-year-old white man. A 21-year-old white man said that since forming a relationship with a primary care provider, he'd received care for other issues, like gastrointestinal complaints and mental health.

This finding wasn't universal, however—especially when providers were pushy about getting people on PrEP immediately.

"I understand the concern, and I understand that I am a high-risk patient," said one 25-year-old

white man. “But I definitely feel like my will was pushed to the side. That formed the primary barrier…those really negative experiences with the practitioner kept me away from PrEP for a long time.”

For others, online access to PrEP alleviated the fear of talking face-to-face with a provider about sex and their PrEP needs. It also addressed the frustration some men expressed when they talked to providers who knew very little about PrEP and required the men to educate the providers.

Interestingly, men also expressed that when they chose PrEP, it engendered “a sense of ease, awareness and control over their health,” wrote Sewell and colleagues.

“I felt like PrEP gave me more agency in my life,” said one 47-year-old white man. “I was no longer spending time or energy worrying about HIV, feeling kind of at the mercy of this virus. Now I’ve started to be able to use my time and concentrate on other things that enhance my life as well.”

All these beliefs and experiences led Sewell and colleagues to suggest that “PrEP can be a catalyst for initiating and sustaining engagement in comprehensive primary care among [men who have sex with men], potentially yielding health benefits that extend beyond HIV prevention.”

Click here to read the study abstract.

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