

## RECRUITMENT MATERIALS

-----MESSAGE TEXT (Copy and paste *BELOW* this line) -----

Dear Physician,

You are invited to participate in a brief research study to understand the role of psychiatric care in HIV prevention being conducted by researchers at XXX. People living with mental illness experience disproportionate risk for HIV despite the availability of effective prevention strategies. We seek to investigate the role of psychiatrists in HIV prevention for patients living with mental illness, specifically in the federal *Ending the HIV Epidemic* priority jurisdictions.

Participation in this study consists of completing an online survey. We estimate that it will take **5-10 minutes**. All responses will be confidential and **you will be compensated \$50** for your time.

**CLICK THIS LINK to begin the study:**

[LINK INSERTED HERE]

Please let me know if you have any questions, and thank you for your time!

This study is being conducted by XXX, and XXX, of XXX. If you have questions or concerns about this survey, please contact XXX.

This study was approved by the Institutional Review Board of XXX.

## **Part 1: INFORMED CONSENT FOR RESEARCH PARTICIPATION**

We are asking you to participate in a research study being conducted at the University of Chicago titled Exploring Needs, Barriers, and Opportunities for Integration of HIV Pre-Exposure Prophylaxis (PrEP) Prescription in Psychiatry: A Mixed Methods Study of Patients and Psychiatrists. The goal of this study is to understand if psychiatric care could be involved in preventing HIV infection. The researchers will collect information from practicing psychiatrists as well as people living with mental illness about PrEP and HIV risk factors. PrEP stands for pre-exposure prophylaxis and involves taking a medication daily to prevent HIV infection.

If you agree to participate in this study you will be asked to complete a survey. The survey will take about 5-10 minutes to complete. You will be asked questions to assess your knowledge of PrEP, HIV risk factors, and your experience in prescribing PrEP. You will be asked to provide your opinion on training methods about PrEP and implementing PrEP prescription and management into psychiatric care.

You will receive \$50 for completing the survey. This will be given as a credit to an online marketplace where you can select gift cards to retailers of your choice. We will collect your email address to send instructions on how to redeem the gift card. We will use your email address to send your payment only.

There is a potential risk of loss of confidentiality but every effort will be made to keep your information confidential. You may choose to not answer any questions that make you feel uncomfortable. This study will not directly benefit you but we hope the information learned can contribute to the effort in preventing HIV infection for patients living with mental illness. Your participation in this study is voluntary and you are under no obligation to participate. You have the right to stop your participation at any time.

If you would like to discuss the study before agreeing to participate, please contact the physician conducting the study, XXX at XXX or via e-mail to XXX. If you have any questions concerning your rights as a research study participant, you may contact the Institutional Review Board (IRB) at XXX, office hours are 8:30 am - 5:00 pm, Monday through Friday.

Thank you for your participation in this survey. By clicking on the button below you are agreeing to take part in this study.

## Part 2: ELIGIBILITY SCREENING ITEMS

1. Do you currently provide direct patient care in any part of your practice?

Yes

No -> Excluded if selected.

2. Which type of medical degree do you hold?

Allopathic medicine (MD)

Osteopathic medicine (DO)

Neither of these -> Excluded if selected.

3. Are you currently practicing as a psychiatrist?

Yes

No -> Excluded if selected.

4. Which of the following is your current level of training/practice?

Resident -> Excluded if selected.

Fellow

Attending

**Part 3: DEMOGRAPHIC ITEMS**

**1. Did you complete a fellowship after residency training? If yes, please indicate all that apply:**

- Addiction Psychiatry/Addiction Medicine
- Child/Adolescent Psychiatry
- Community Psychiatry
- Consult/Liaison Psychiatry
- Forensic Psychiatry
- Geriatric Psychiatry
- Global Mental Health
- Hospice/Palliative Medicine
- Sleep Medicine
- Women's Mental Health
- Other (please specify): \_\_\_\_\_
- NO FELLOWSHIP

**2. Which of the following best describes your race/ethnicity?**

- African-American (Black)
- Caucasian (White)
- Hispanic/Latino
- Native American
- Asian

Other (please specify): \_\_\_\_\_

**3. How many years have you been in practice (including residency and fellowship, if applicable)?**

\_\_\_\_\_

**4. Which of the following best describes your primary practice location?**

Academic medical center

Private solo practice

Private group practice

Federally Qualified Health Center (FQHC) or look-alike facility

Certified Community Mental Health Center

Other (please specify): \_\_\_\_\_

**5. What is your gender identity?**

Male

Female

Gender nonbinary

Not listed (please specify): \_\_\_\_\_

**6. What was your sex assigned at birth?**

Male

Female

**7. Which of the following best describes your sexual orientation?**

- Bisexual
- Gay
- Lesbian
- Heterosexual
- Queer
- Asexual
- Not listed (please specify): \_\_\_\_\_

**8. In which state do you practice?**

DROP DOWN MENU OF ALL 50 U.S. STATES

**8.1. Do you practice in any of the following counties?** *(Only presented if California selected in item 8).*

- Alameda County, CA
- Los Angeles County, CA
- Orange County, CA
- Riverside County, CA
- Sacramento County CA
- San Bernardino County, CA
- San Diego County, CA
- San Francisco County, CA
- None of these

**8.2. Do you practice in any of the following counties?** *(Only presented if Texas selected in item 8)*

- Bexar County, TX
- Dallas County, TX
- Harris County, TX
- Tarrant County, TX
- Travis County, TX
- None of these

**8.3. Do you practice in any of the following jurisdictions?** *(Only presented if Maryland selected in item 8)*

- Baltimore City, MD
- Montgomery County, MD
- Prince George's County, MD

None of these

**8.4. Do you practice in any of the following counties?** *(Only presented if Nevada selected in item 8)*

Clark County, NV

None of these

**8.5. Do you practice in any of the following counties?** *(Only presented if Illinois selected in item 8)*

Cook County, IL

None of these

**8.6. Do you practice in any of the following counties?** *(Only presented if Washington selected in item 8)*

King County, WA

None of these

**8.7. Do you practice in any of the following counties?** *(Only presented if Arizona selected in item 8)*

Maricopa County, AZ

None of these

**8.8. Do you practice in any of the following counties?** *(Only presented if Indiana selected in item 8)*

Marion County, IN

None of these

**8.9. Do you practice in any of the following counties?** *(Only presented if North Carolina selected in item 8)*

Mecklenburg County, NC

None of these

**8.10. Do you practice in any of the following counties?** *(Only presented if Pennsylvania selected in item 8)*



Philadelphia County, PA

None of these

**8.11. Do you practice in any of the following counties?** *(Only presented if Tennessee selected in item 8)*

Shelby County, TN

None of these

**8.12. Do you practice in any of the following counties?** *(Only presented if Massachusetts selected in item 8)*

Suffolk County, MA

None of these

**8.13. Do you practice in any of the following counties?** *(Only presented if Michigan selected in item 8)*

Wayne County, MI

None of these

**8.14. Do you practice in any of the following jurisdictions?** *(Only presented if Louisiana selected in item 8)*

East Baton Rouge Parish, LA

Orleans Parish, LA

None of these

**8.15. Do you practice in any of the following counties?** *(Only presented if Florida selected in item 8)*

Broward County, FL

Duval County, FL

Hillsborough County, FL

- Miami-Dade County, FL
- Orange County, FL
- Palm Beach County, FL
- Pinellas County, FL
- None of these

**8.16. Do you practice in any of the following counties?** *(Only presented if New York selected in item 8)*

- Bronx County, NY
- Kings County, NY
- New York County, NY
- Queens County, NY
- None of these

**8.17. Do you practice in any of the following counties?** *(Only presented if Georgia selected in item 8)*

- Cobb County, GA
- DeKalb County, GA
- Fulton County, GA
- Gwinnett County, GA
- None of these

**8.18. Do you practice in any of the following counties?** *(Only presented if Ohio selected in item 8)*

- Cuyahoga County, OH
- Franklin County, OH
- Hamilton County, OH

None of these

**8.19. Do you practice in any of the following counties? (Only presented if New Jersey selected in item 8)**

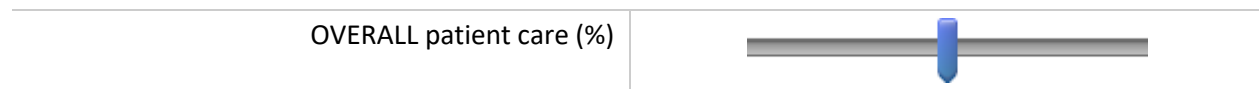
Essex County, NJ

Hudson County, NJ

None of these

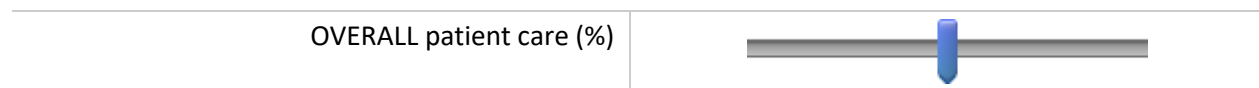
**9.1 Please indicate what percentage of your time is spent on providing patient care OVERALL:**

0 10 20 30 40 50 60 70 80 90 100



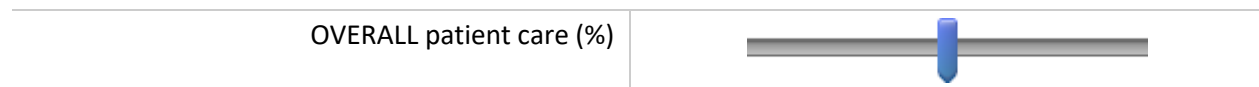
**9.2 Please indicate what percentage of your time is spent on providing patient care in the INPATIENT setting:**

0 10 20 30 40 50 60 70 80 90 100



**9.3 Please indicate what percentage of your time is spent on providing patient care in the OUTPATIENT setting:**

0 10 20 30 40 50 60 70 80 90 100



**10. From the following list, please indicate the PRIMARY setting in which you spend the majority of time providing direct patient care:**

- Inpatient psychiatry unit
- Inpatient substance use treatment unit
- Consult-Liaison psychiatry service
- Outpatient psychiatry practice
- Outpatient addiction or substance use clinic
- Telepsychiatry
- Other (please specify): \_\_\_\_\_

**Part 4: PrEP EXPERIENCE ITEMS**

**1. Before today, have you ever heard of a medication called pre-exposure prophylaxis (PrEP) to prevent HIV? These medications are Truvada® (tenofovir disoproxil fumarate/emtricitabine) or Descovy® (tenofovir alafenamide/emtricitabine) and is taken by people who are HIV-negative to lower their risk of getting HIV?**

Yes

No

**2. Have you received any training related to PrEP?**

Yes

No

**3.1. Has a patient ever asked you for a prescription for PrEP?**

Yes

No

**3.2 If yes, how many times has a patient asked you for a prescription for PrEP?**

1-5 times

6-10 times

> 11 times

**4.1. Have you ever prescribed PrEP to a patient?**

Yes

No

**4.2. If yes, how many times have you prescribed PrEP to a patient?**

1-5 times

6-10 times

> 11 times

**5. Would you be interested in prescribing PrEP?**

Yes

No

## Part 5: BARRIERS TO PrEP PRESCRIPTION

1. We will now present a list of additional, potential barriers to prescribing and managing PrEP within your practice of psychiatry. *Select any/all that apply.*

- Limited knowledge of PrEP
- Time during appointment to counsel patients about PrEP and address mental health concerns
- PrEP prescription and management is out of my scope of practice
- Discomfort discussing sexual activity with patients
- Patients' insurance likely will not cover PrEP medication
- Administrative requirements (e.g., prior authorizations)
- Managing follow-up care for patients taking PrEP (eg. ordering lab tests, regular follow up appointments)
- No process for urgent referral to HIV provider in place if positive HIV screening test results returned
- Risk of interactions between antiretroviral medications for PrEP and psychotropic medications
- Anticipated difficulties adhering to PrEP among patients living with mental illness
- Too much liability involved in prescribing and managing PrEP
- Discomfort treating sexually transmitted infections identified on routine screening

**Part 6: PREFERENCES FOR IMPLEMENTATION AND TRAINING REGARDING PrEP PRESCRIPTION**

**1. Would you be interested in receiving training related to PrEP prescription in psychiatric practice?**

Yes

No

**2. Which of the following would be your preferred method for receiving training about PrEP? *Select any/all that apply.***

In-person training session

Online webinar/training

Written material

Other: \_\_\_\_\_

**3. Which of the following would be acceptable methods for implementing PrEP prescription and management in your practice? *Select any/all that apply.***

All providers trained in PrEP prescription and management

One provider is trained as the PrEP specialist for the practice

Patients seeking PrEP are referred to an outside provider/clinic

Psychiatrist prescribes initial, short supply of PrEP with prompt follow-up with primary care, infectious disease, or another clinician



**Part 7: PREFERENCES FOR IMPLEMENTATION AND TRAINING REGARDING PrEP PRESCRIPTION**

**1. Please rate your confidence in the following areas regarding PrEP. I would feel confident...**

**Prescribing PrEP to a patient**

Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
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**Counseling a patient about PrEP for HIV-prevention**

Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
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**Managing care for a patient taking PrEP**

Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
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**Ordering and interpreting required testing PRIOR to prescribing PrEP**

Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
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**Ordering and interpreting the required follow-up testing for a patient taking PrEP**

Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
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**Assessing a patient's risk for HIV**

Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
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**Taking a comprehensive sexual history**

Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
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**Treating an STI identified on a routine screening for a patient taking PrEP**

Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
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**Referring a patient to an infectious disease specialist if found to be HIV positive**

Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
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**Counseling a patient about the importance of adherence to PrEP**

Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
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**2. Rate your overall confidence in managing common general medical conditions, such as the ones listed below, within the scope of your practice. I would feel confident managing...**

**Hypertension**

Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
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**Hyperlipidemia/Dyslipidemia**

Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
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**Gastroesophageal Reflux Disease (GERD)**

Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
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**Non-narcotic pain management**

Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
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**Thyroid disorders**

Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
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**Upper respiratory infections**

Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
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**Urinary tract infections**

Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
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**Asthma/chronic bronchitis**

Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
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