Change in Healthcare Professional's Identification, Counseling, and Adherence With Black Women for Long-Acting Cabotegravir (CAB LA) for PrEP Across Women's Health, Primary Care, and Infectious Diseases Sites: Findings From the EBONI Study

Dylan M. Baker,[1] Katherine L. Nelson,[2] Satish Mocherla,[3] Yolanda Lawson,[4] Alftan Dyson,[2] Deanna Merrill,[2] Lisa Petty,[2] Peter Jeffery,[5] Kenneth Sutton,[2] Sara M. Andrews,[6] Samantha Chang,[6] Kimberley Brown,[2] Maggie Czarnogorski,[2] Nanlesta Pilgrim,[2] Sonia Patel[2]*

[1]Emory University School of Medicine, Atlanta, GA, USA; [2]ViiV Healthcare, Durham, NC, USA; [3]Legacy Community Health, Houston, TX, USA; [4]Abounding Prosperity, Inc, Dallas, TX USA; [5]GSK, London, UK; [6]RTI International, Research Triangle Park, NC, USA

**Presenting on behalf of the authors.*

Key Takeaways

- **Healthcare professionals (HCPs) providing clinical care to Black women in primary care, women's health and infectious disease clinics reported reduced cabotegravir long-acting (CAB LA) integration concerns around patient identification, counseling, and adherence by Month 4.**
- **At Month 4, HCPs felt enthusiastic about offering CAB LA to Black women and found CAB LA to be a highly appropriate, acceptable, and feasible intervention for pre-exposure prophylaxis (PrEP).**
- **Tailored support tools for HCPs to have conversations and address PrEP concerns in Black women assisted HCPs in counseling and offering PrEP to Black women.**

Introduction

- Only an estimated 1% of Black Women eligible for HIV PrEP in the United States (US) receive a prescription.[1,2]
- Ensuring equitable access requires expanding delivery outside of infectious disease clinics and equipping HCPs with strategies to support Black women's PrEP use.
- CAB LA administered every two months via intramuscular injection is the first and only approved LA agent for PrEP.[3]
- EBONI (NCT05514509) is a 12-month Phase 4 effectiveness–implementation hybrid study evaluating implementation strategies for the delivery of CAB LA for HIV PrEP across infectious disease, primary care, and women's health clinics in the US for adult Black cis- and transgender women.
  - Putting Black women's and community input into action, EBONI is the first industry-led HIV implementation science study to take a gender-aligned approach to recruitment via its inclusion of participants based on female gender identification vs. sex assigned at birth.
- We present changes in HCPs' perceptions of identifying, counseling, and supporting CAB LA use in Black women after 4 months of CAB LA integration in the EBONI study.

Methods

- Twenty clinics located in Ending the HIV Epidemic jurisdictions across the US involved in EBONI contributed to this data analysis.
- Clinics were randomized 1:1:1 into:
  - Standard implementation (SI): standard of care.
  - Enhanced implementation (EI): standard of care and provider support (e.g. PrEP community tool).
  - Enhanced collaborative implementation (ECI): standard of care and provider/patient support (e.g. provider education).
- Shifts from baseline to Month 4 in patient identification, counseling, and adherence, along with appropriateness, acceptability, and feasibility, were assessed via quantitative surveys completed by a longitudinal sample of HCPs (N=92).
- At Month 4, a cross-sectional sample of HCPs from the EI and ECI arms completed quantitative surveys on the usefulness of key provider support tools designed to aid in patient identification and counseling:
  - PrEP Options Communication tool – visual aid that providers use in PrEP discussions with individuals comparing PrEP options in EI arm.
  - PrEP Education Training for Black Women – six modules focused on caring for Black women's health in ECI and EI arms.
- Qualitative data were collected via interviews (N=72) and monthly implementation-monitoring calls (1–2 HCPs per clinic).

Results

Table 1. HCP Demographic Characteristics

Parameter	Longitudinal sample (N=92)
Gender identity, n (%)	
Cisgender male	26 (28.3)
Cisgender female	52 (56.5)
Non-binary	1 (1.1)
Other	6 (6.5)
Prefer not to answer	7 (7.6)
Age, median (interquartile range)	44.0 (35.0, 53.0)
Race, n (%)	
Asian	3 (3.3)
Black	40 (43.5)
Mixed race	8 (8.7)
White	29 (31.5)
Native American	1 (1.1)
Other race	5 (5.4)
Prefer not to answer	6 (6.5)
Role type, n (%)	
Physician	18 (19.6)
Advanced practice provider†	17 (18.5)
Medical assistant	15 (16.3)
Administrator (office/clinic)	7 (7.6)
Nurse	10 (10.9)
Other role	25 (27.2)*
Medical specialty,‡ n (%)	
HIV/Infectious disease specialist	24 (70.6)
Internal medicine/primary care/general doctor	16 (47.1)
Women's health/OBGYN	2 (5.9)
Other specialty§	2 (5.9)

*Pharmacist (n=3), social worker/case manager (n=5), PrEP educator/navigator (n=3), and other (n=14). †Physician assistants and nurse practitioners. ‡Responses are among the n=34 participants who responded "yes" to prescribing medications as part of their role. Participants could select ≥1 specialty. §Includes immunologists. HCP, healthcare professional; OBGYN, obstetrics and gynecology.

- The demographics of the longitudinal sample are shown in **Table 1**; the demographics of the cross-sectional and qualitative samples were similar.

Figure 1. HCP Perceptions of CAB LA of Appropriateness and Feasibility (Qualitative Interview Sample [N=72])

> *"My patient population is about 70% African American females, and this is really, really important to our patients. … They're professionals, they're in ministry. I mean, all the things. I think that the option for CAB LA was needed in my clinic…"*
> **Physician, Primary Care**

> *"Extremely feasible. Not much adjustments needed. I think one of the biggest thing was to have nurses that were trained to do the shots."*
> **Other, Primary Care**

CAB, cabotegravir; HCP, healthcare professional; LA, long-acting.

- HCPs (longitudinal sample [N=92]) reported high levels of appropriateness, acceptability, and feasibility of CAB LA (baseline mean scale scores ≥4.6/5.0; Month 4 mean scale scores ≥4.3/5.0).
- HCPs (longitudinal sample [N=92]) reported feeling "extremely positive"/"positive" about implementing CAB LA into care at baseline (92%) and Month 4 (88%).
- Qualitative data supported quantitative findings, with 61 HCPs (85%) expressing positive beliefs about CAB LA, including being appropriate for Black women, being feasible to implement (**Figure 1**); HCPs also reported reasons they felt enthusiastic about offering CAB LA to patients (**Figure 2**).

Figure 2. HCP Perceptions of CAB LA (Qualitative Interview Sample [N=72])

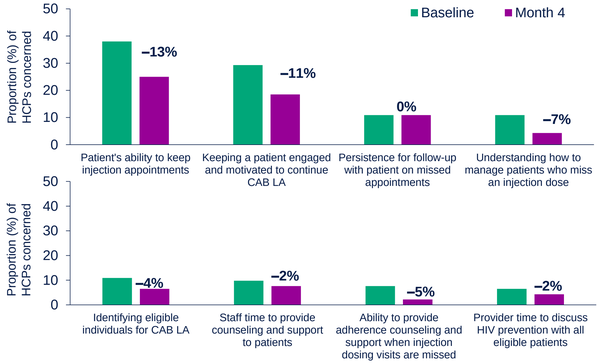
> *"I think it's a great option, especially for our patients who are a little bit less compliant with daily medications and our patients who have different socioeconomic factors working against them. So, it's been really great for a few of our patients."*
> **Other, Women's Health**

> *"All our staff appreciate what it [CAB LA] offers to their patients…*
> **Administrator, HIV Specialist**

> *"Well, the more options that you have to keep yourself safe from HIV is better than less. An injection is a different form of administration than oral, and some people prefer just having an appointment once every 2 months and then not having to worry about it… So just having more options is good."*
> **Physician, Primary care**

- HCPs' enthusiasm was driven by having "peace of mind" knowing that their patients are protected while on CAB LA compared with oral PrEP and having another prevention option to meet patient needs and increase adherence.

Figure 3. Factors Related to Patient Identification, Counseling, and Adherence (Longitudinal Sample, N=92)*



Concerns were measured on a 5-point Likert scale (1 = extremely concerned, 5 = not at all concerned). *Results presented here were rated by HCPs as "extremely concerned" or "moderately concerned." Absolute percent change is depicted.
CAB, cabotegravir; HCP, healthcare professional; LA, long-acting.

- Concerns decreased between baseline and Month 4 for the perceived factors related to patient identification, counseling, and adherence (**Figure 3**).
- Qualitative data (n=72) supported quantitative findings, with 47 (65%) HCPs discussing strategies that their clinic staff uses to support patients in being adherent.

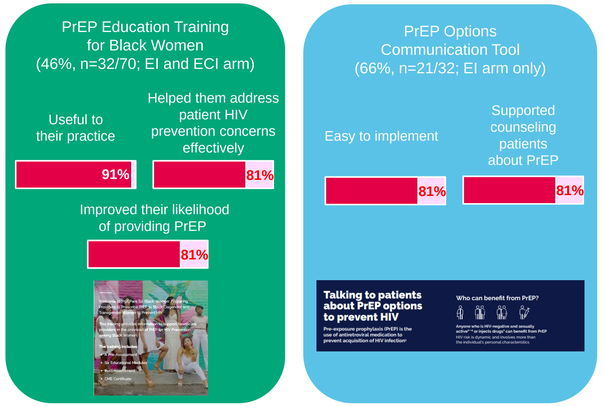
Figure 4. HCP Strategies for Supporting CAB LA Patient Adherence (Qualitative Interview Sample [N=72])

> *"We've put together, for example, spreadsheets of all the patients who have requested it and what stage of the approval process they're in…"*
> **Physician, HIV Specialist**

> *"…we always have reminder calls and reminder texts. And also, if they do have questions —they can reach out to our patient portal…"*
> **Advanced Practice Provider, Primary Care**

- Strategies included employing suitable scheduling approaches (e.g. advance appointment scheduling), using multiple formats for appointment reminders, developing tracking systems, and offering patient counseling (**Figure 4**).

Figure 5. Usefulness of Provider Support Tools (Cross-Sectional Sample)*



*Results presented here were rated by HCPs as "Completely agree" or "Agree." In total, 70 and 32 HCPs had access to the PrEP Education Training for Black Women and PrEP Options Communication Tool, respectively. ECI, enhanced collaborative implementation; EI, enhanced implementation; HCP, healthcare professional; PrEP, pre-exposure prophylaxis.

- HCPs were positive about using the PrEP Education Training for Black Women (EI and ECI arms; n=70) and the PrEP Options Communication Tool (EI arm only; n=32) to improve quality of care for Black women (**Figure 5**).
- Themes from interviews with HCPs who used the PrEP Education Training for Black Women included that it was generally useful and informative, as well as helpful to review prior to enrolling participants into EBONI.
- Themes from interviews with HCPs who used the PrEP Options Communication Tool included that it was helpful when counseling patients about PrEP and it provided a visual.

Conclusions

- HCPs providing clinical care to Black women expressed positive beliefs about CAB LA, including the need for CAB LA as an HIV prevention option for Black women and feeling enthusiastic about offering it as a prevention option to meet individual patient needs and increase adherence.
- Within the first 4 months of integrating CAB LA into care, HCPs' concerns reduced across women's health, primary care, and infectious disease clinics about identifying, counseling, and supporting CAB LA use in Black women.
  - HCPs continued to find CAB LA highly appropriate, acceptable, and feasible after 4 months of integrating into care.
- Tools tailored for HCPs to have conversations and address PrEP concerns in Black women can support HCPs in identifying, counseling, and supporting CAB LA use in Black women.

Acknowledgments: This study was funded by ViiV Healthcare. Data included in this poster have previously been presented in full at IDWeek 2024; October 16-19, 2024; Los Angeles, CA; Poster P-1879.

References: **1.** Centers for Disease Control and Prevention. https://www.hiv.gov/blog/hiv-prevention-pill-not-reaching-most-americans-who-could-benefit-especially-people-color. Accessed April 17, 2025. **2.** Arnold et al. *J Racial Ethn Health Disparities*. 2023;10:2744-2761. **3.** Apretude [prescribing information]. ViiV Healthcare; 2025.

Presenting author: Sonia Patel; sonia.8.patel@viivhealthcare.com