Conclusions

- At p > 0.05, Fisher’s exact analysis showed that there was no statistically significant difference in PrEP appointment scheduling with regards to use of in-person versus telephonic PTC suggesting that PrEP appointment scheduling functions independently of varying counseling approaches.
- These surprising findings imply that environmental barriers may play a more significant role in one’s decision to initiate PrEP than originally perceived.
- The observations could possibly be the result of environmental influence where patients counseled in-person were often more concerned with addressing their immediate concerns during their ED visit whereas those counseled over the phone did not have that priority. Furthermore, the hours during which in-person PTC was offered (Monday – Friday, 9am to 5pm) did not correlate with the times at which EMR alert frequency was the highest, effectively reducing the “alert pool” sample size. In addition, during the course of the study the technical issues and changes to the cutoff point at which an alert would be generated could have also limited the availability of in-person PTC. Moreover, the study continues today where many PrEP initiation appointments are still pending.
- Repeat studies should expand in-person PTC availability thus increasing sample size for a more robust comparison basis.
- Future studies should investigate alternative forms of PTC (paper mail, electronic mail, text messaging, and use of social media messaging features) and evaluate their effectiveness in PrEP initiation.

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