

15th International Conference on  
**HIV TREATMENT AND  
PREVENTION ADHERENCE**

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# **Biomedical Prevention for Women: Public Health Detailing to Promote PrEP and PEP for Women in NYC**



# Objectives



- Describe NYC pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) public health detailing campaign components
- Explain how resources tailored to providers of women patients
- Present results from NYC's first women-focused PrEP and PEP detailing campaign

## Women in NYC are affected by HIV



- 449 new HIV diagnoses among women in 2019
  - 88% of new HIV diagnoses among women were among Black and Latina/Hispanic women
- 340 new AIDS diagnoses among women
- 402 deaths among women with HIV/AIDS

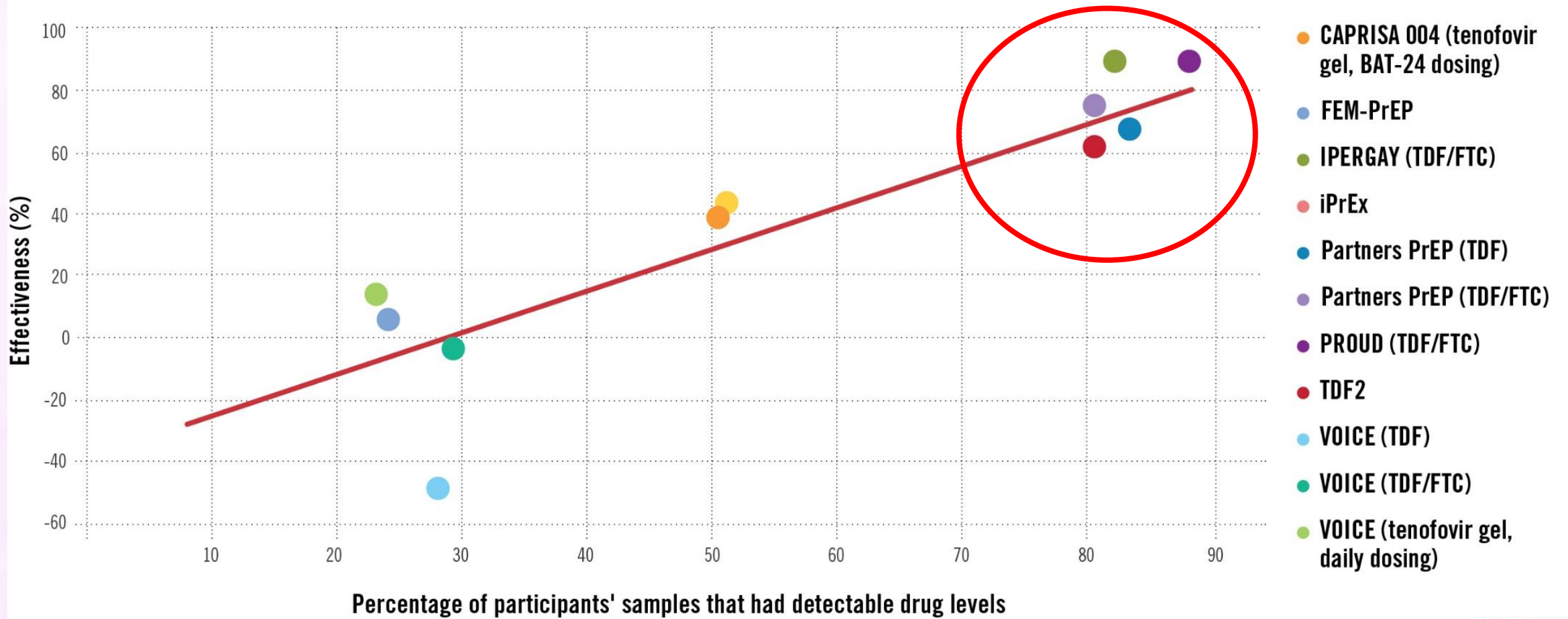
<sup>1</sup> Women includes transgender women and men includes transgender men. There were 55 new HIV diagnoses among transgender women in 2017.

<sup>2</sup>Rates are age-adjusted to the Census 2010 NYC population.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.



# Pre-exposure prophylaxis (PrEP) is an important and highly effective HIV prevention option for women



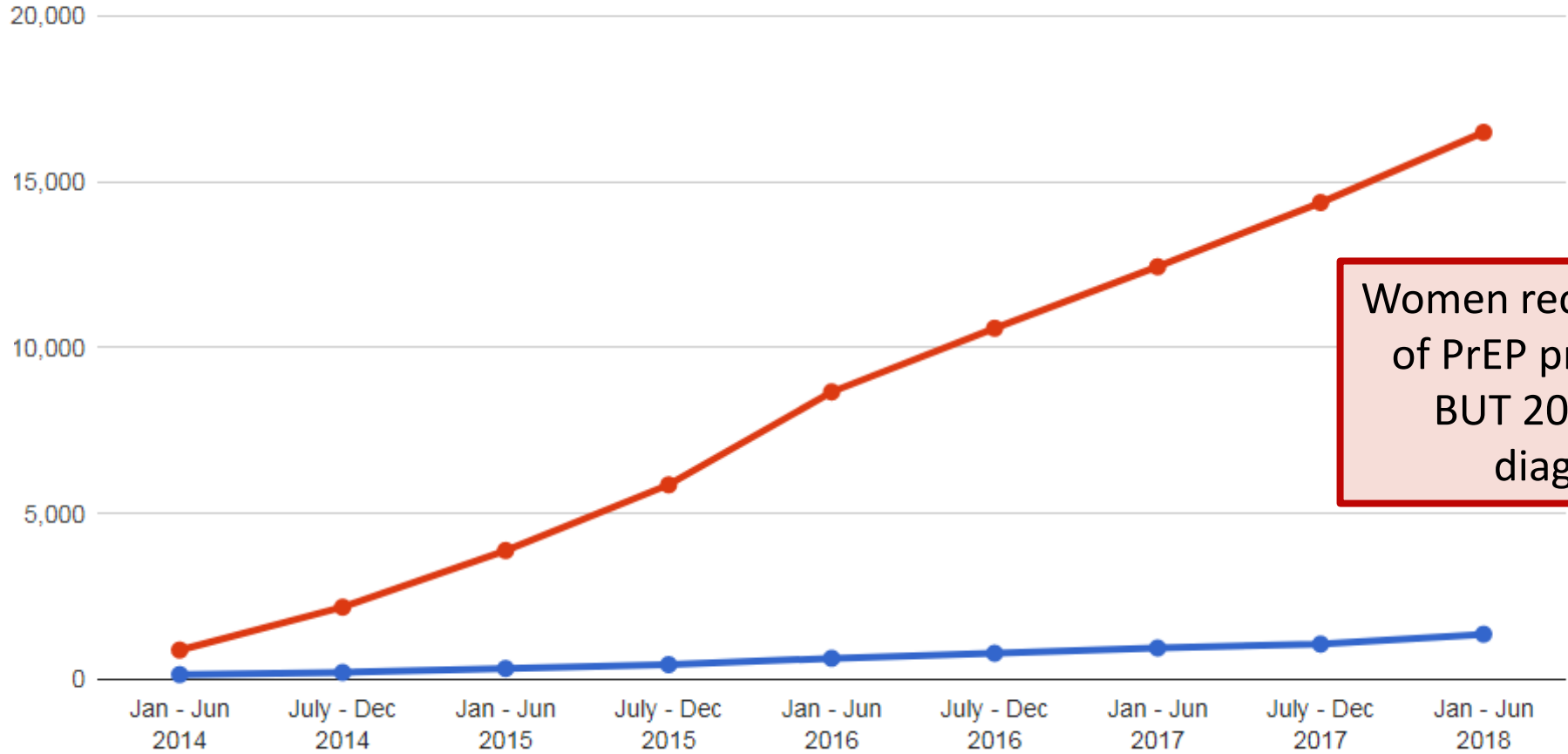
Women are significantly less likely to receive PrEP prescriptions, compared to men



### PrEP prescriptions in NYS, by sex

Female Male

Number of individuals with a PrEP prescription



Women receive only 8% of PrEP prescriptions BUT 20% of new diagnoses

Total PrEP use defined as persons who filled at least one PrEP prescription during a 6 month time period  
<http://etedashboardny.org/data/prevention/prep-nys/>

## Women are less likely to be aware of PrEP



- Only 34% of Black/Latina women surveyed in high HIV burden NYC neighborhoods know about PrEP
- Of those aware:
  - Most (60%) did not perceive they would personally benefit
  - Almost all (93%) would be comfortable discussing PrEP with their provider
  - Nearly all (96%) agreed that women should know more about PrEP
  - More than half (64%) worried about potential adverse effects

## Providers are not prescribing PrEP to women



- As an HIV prevention strategy requiring a clinical evaluation and prescription, providers are essential to increasing uptake of PrEP
- CDC recommends increasing clinicians' PrEP knowledge and clinical skills, including providing PrEP care and effectively assessing HIV risk\*
- Providers' lack of knowledge and comfort discussing and prescribing PrEP to women persist as barriers
- It may be important to “continually engage women” through multiple providers/conversations (“PrEP rumination”)<sup>†</sup>

\*<https://www.cdc.gov/hiv/pdf/group/gender/women/cdc-hiv-women-and-PrEP-discussion-series.pdf>

<sup>†</sup>Park et al., *JANAC* 2019.

# Public Health Detailing Rationale



- NYC developed and deployed two detailing campaigns from May through November 2019 to providers aimed to promote the offer of PrEP and (PEP) to women in the context of comprehensive sexual healthcare
- Based on prior successful detailing campaigns, including on PrEP and PEP to infectious disease and primary care providers





# NYC Public Health Detailing Model



- 10-week campaign
  - First 5 weeks visit practices for a first visit
  - In subsequent 5 weeks, aim to visit all practices for follow-up visit
- One-on-one visits with healthcare providers
- Conducted by trained health department representatives
- Promote adoption of recommended clinical practices to improve patient outcomes
- Distribute supporting materials in form of “Action Kit”
  - Tailored to address concerns, knowledge gaps, and practice needs around providing PrEP and PEP to cisgender and transgender women
  - Additional materials to support patient access to PrEP

## Findings from Formative Research with Women's Health Providers



Formative research of key informant interviews and focus groups with a diverse set of women's providers identified critical concerns, knowledge gaps, and practice needs

- Most of the providers did not routinely ask about partner HIV status as part of sexual history-taking with their patients
- A minority of providers were familiar with PrEP and PEP and comfortable offering it to patients
- Providers wanted scientific evidence and resources to better understand side effects and safety concerns, especially as they related to conception, pregnancy, and breastfeeding
- There were frequent concerns about payment/insurance coverage, how to prescribe and follow patients on PrEP

# PrEP & PEP Action Kit for Women



- **Clinical Tools**
- **Providers Resources**
- **Patient Education**



- Images and messaging relevant to women throughout provider and public materials
- Updated provider materials with most currently available medical knowledge
- Specific safety information and guidance to address use of PrEP can be used alongside birth control and gender-affirming hormones
- Payment information, including copies of payment assistance forms in English and Spanish
- Continuing education offered

# Key Messages



1. **Take a thorough sexual history from all patients** as a part of routine medical care. This includes asking about the HIV status of their sexual partners, as well as experiences of intimate partner violence (IPV) and transactional sex, which are associated with increased risk of HIV and sexually transmitted infection (STI) acquisition among women and should be a part of a thorough history.
2. **Screen sexually active patients for STIs** based on sexual history and clinical guidelines. Offer PrEP to HIV-negative cisgender and transgender women if they receive a **diagnosis of gonorrhea or early syphilis, as these STIs signal increased HIV risk among women** in New York City.
3. **Talk about PrEP and PEP** with HIV-negative patients at ongoing risk of exposure and HIV-positive patients who may have HIV-negative partners.
4. **Prescribe PrEP and PEP** according to clinical guidelines, or refer patients to sites that provide PrEP and PEP.

# Sites Selected for Detailing Visits



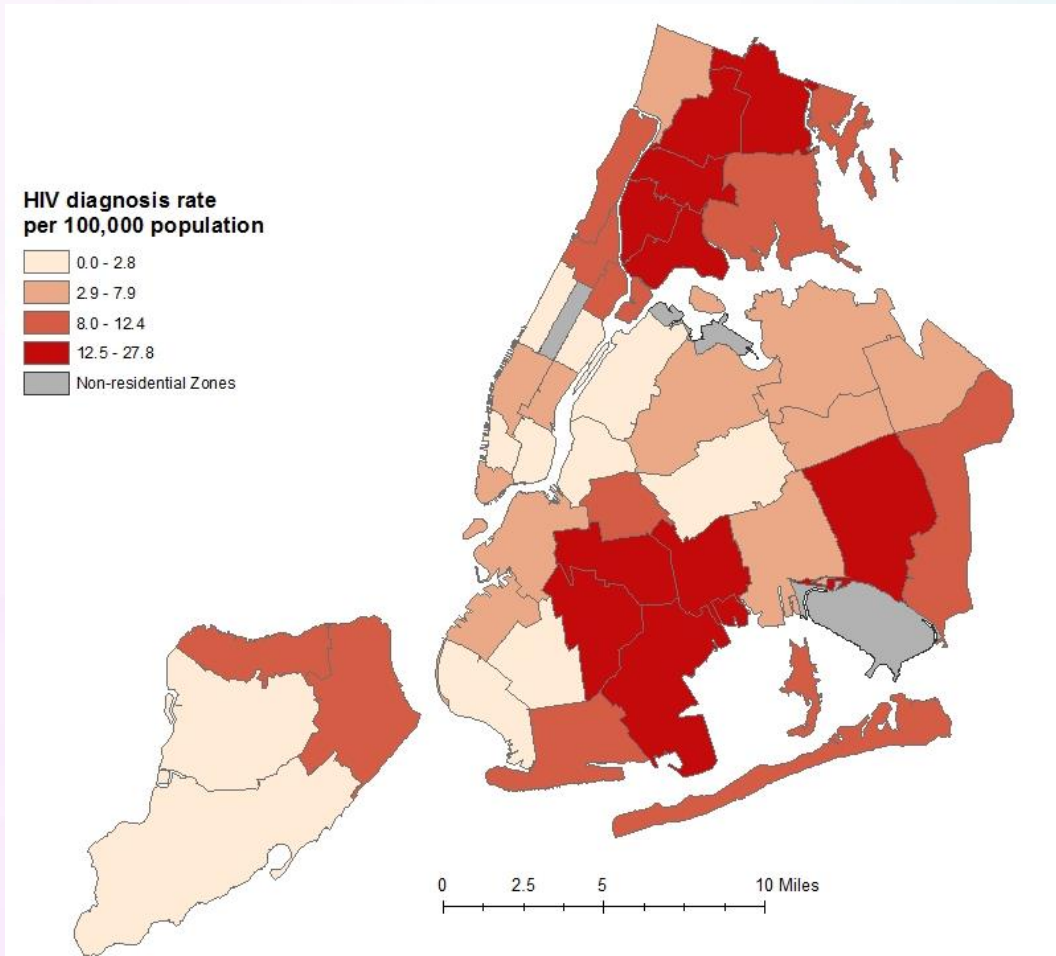
- Aim to visit practices highly impactful at preventing HIV acquisition among women, informed by data
  - Diagnoses of HIV and relevant STIs among women, from surveillance data
  - Receipt of Title X funding
  - Affiliation with American College of Obstetrics and Gynecology
  - Serving young adult populations
  - Prioritization by areas of the city experiencing highest burden of HIV and relevant STIs among women
- Practice types and providers include
  - Primary care
  - Family planning
  - Adolescent health
  - Women's health specialists
  - Obstetrics and gynecological providers

# Monitoring and Evaluation



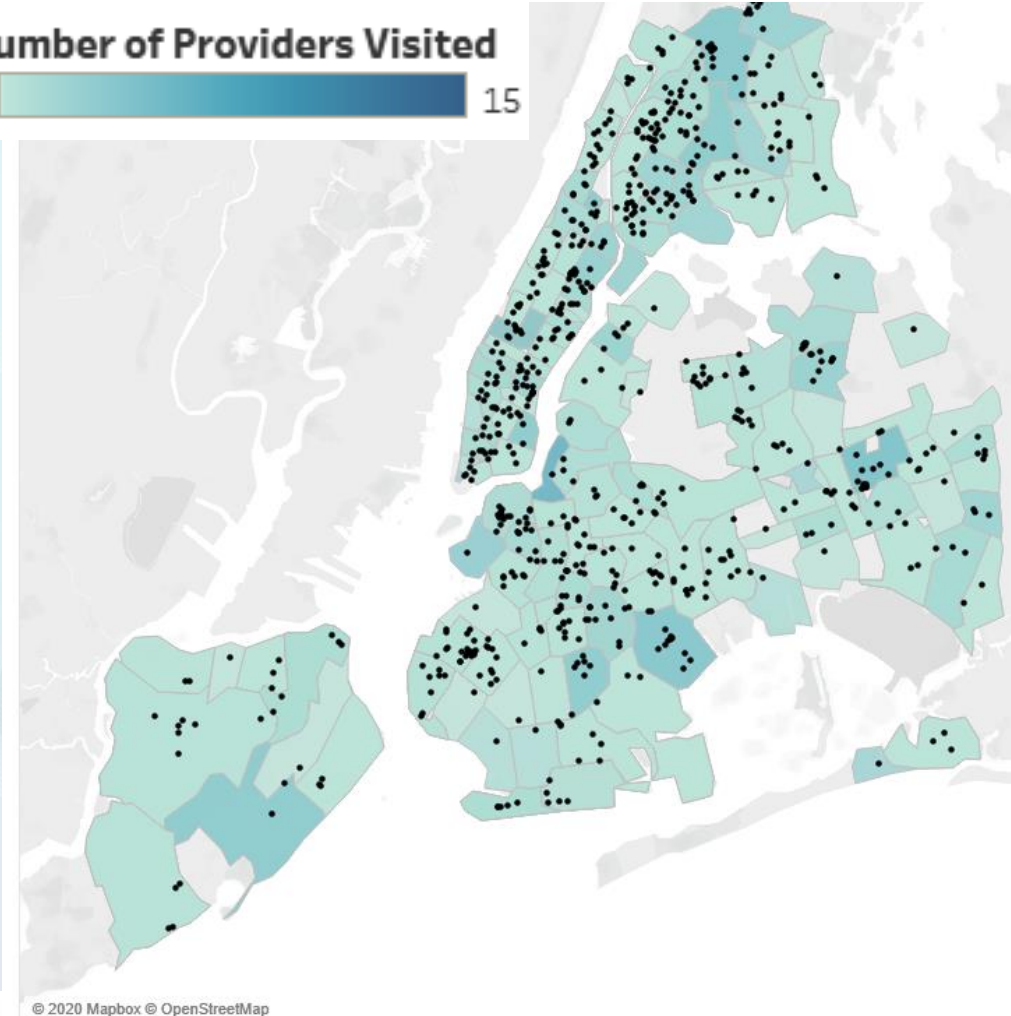
- Providers asked to respond to a brief questionnaire at the beginning of the initial and follow-up visits
- Outcomes correspond to key messages and measure provider behaviors and beliefs
  - Taking sexual histories
  - Asking about partners' HIV status
  - Providing PEP
  - Believing in PrEP effectiveness
  - Discussing, referring, and prescribing PrEP
- Outcomes compared between initial and follow-up visits using generalized linear models

## Diagnosis Rate of HIV among women in NYC, 2017 by United Health Fund region



## Representatives visited 1,348 providers at 860 sites

### Number of Providers Visited



<sup>1</sup> Rates calculated using DOHMH 2016 population estimates, modified from US Census Bureau intercensal population estimates, updated September 2017. Women includes transgender women. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.

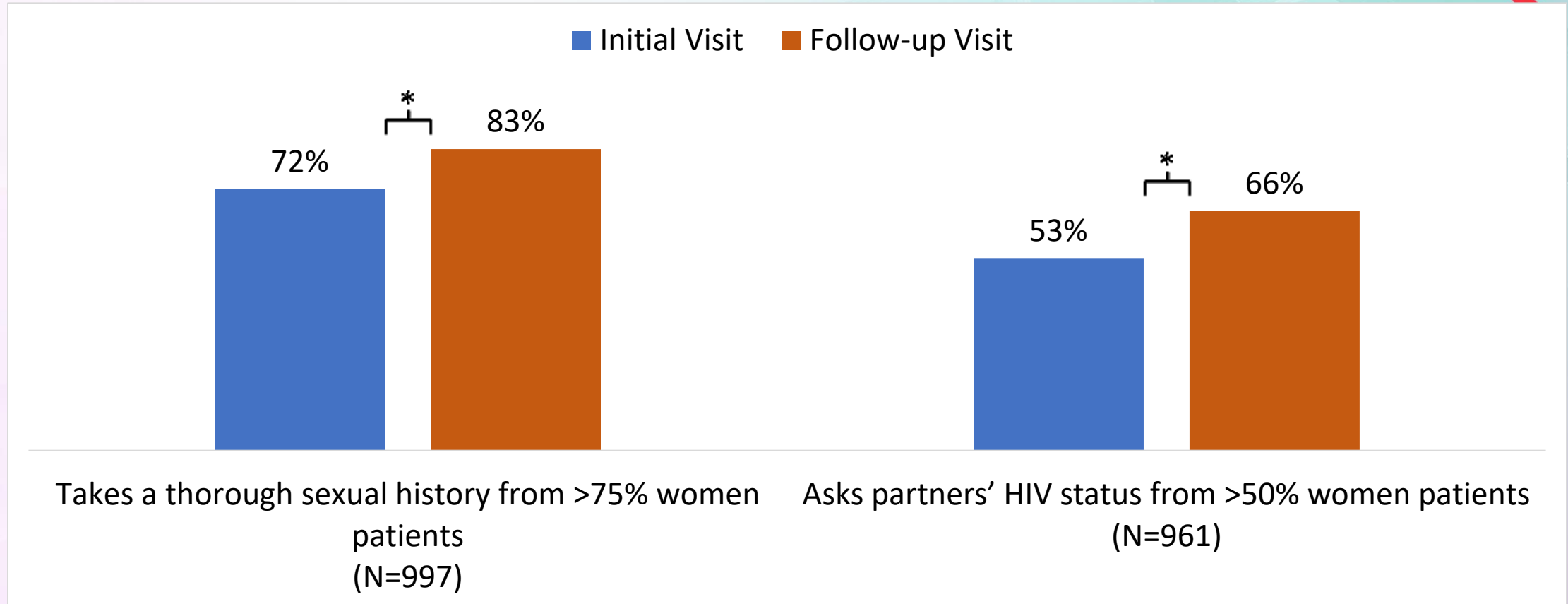
74% (n=1097) of providers who received initial also had a follow-up visit



**74%**

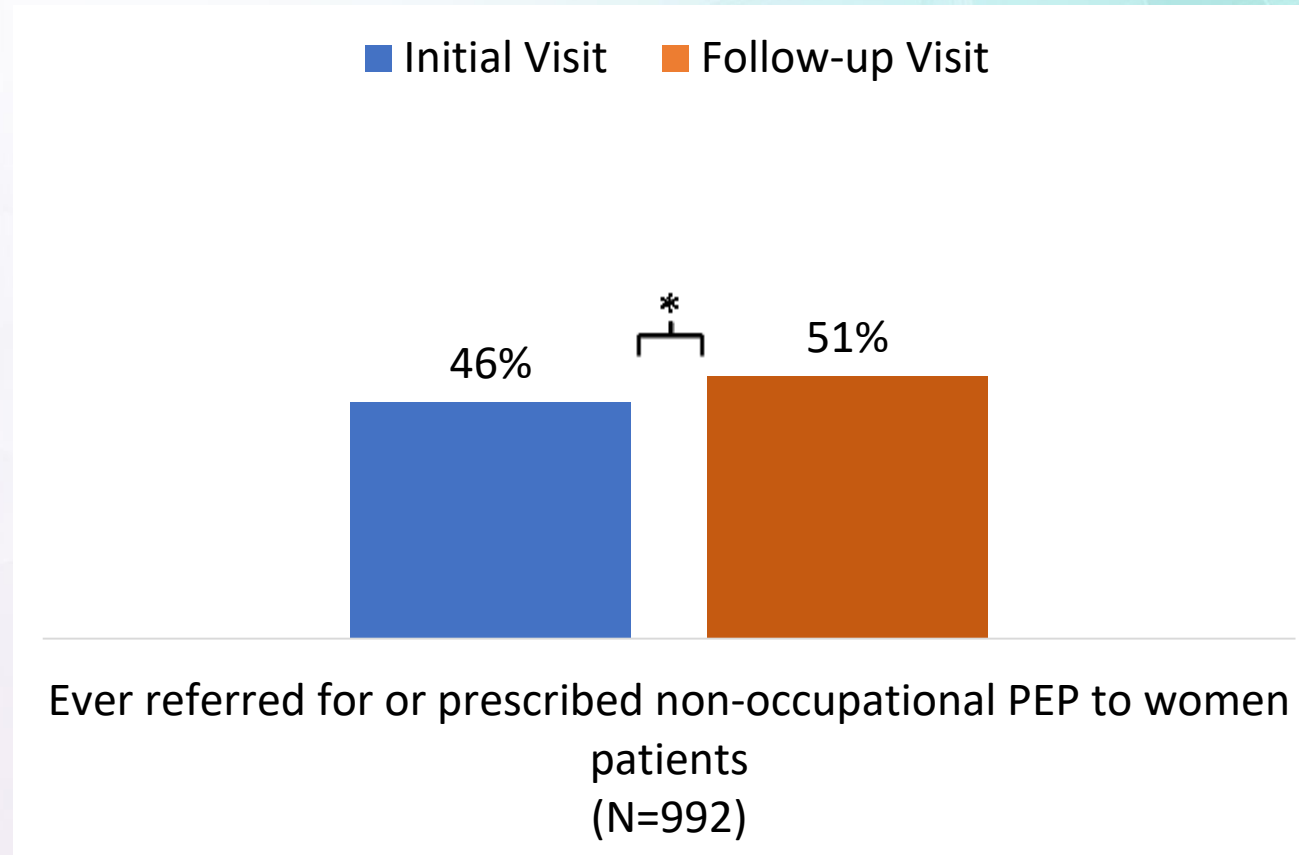


# Sexual History Taking Behaviors



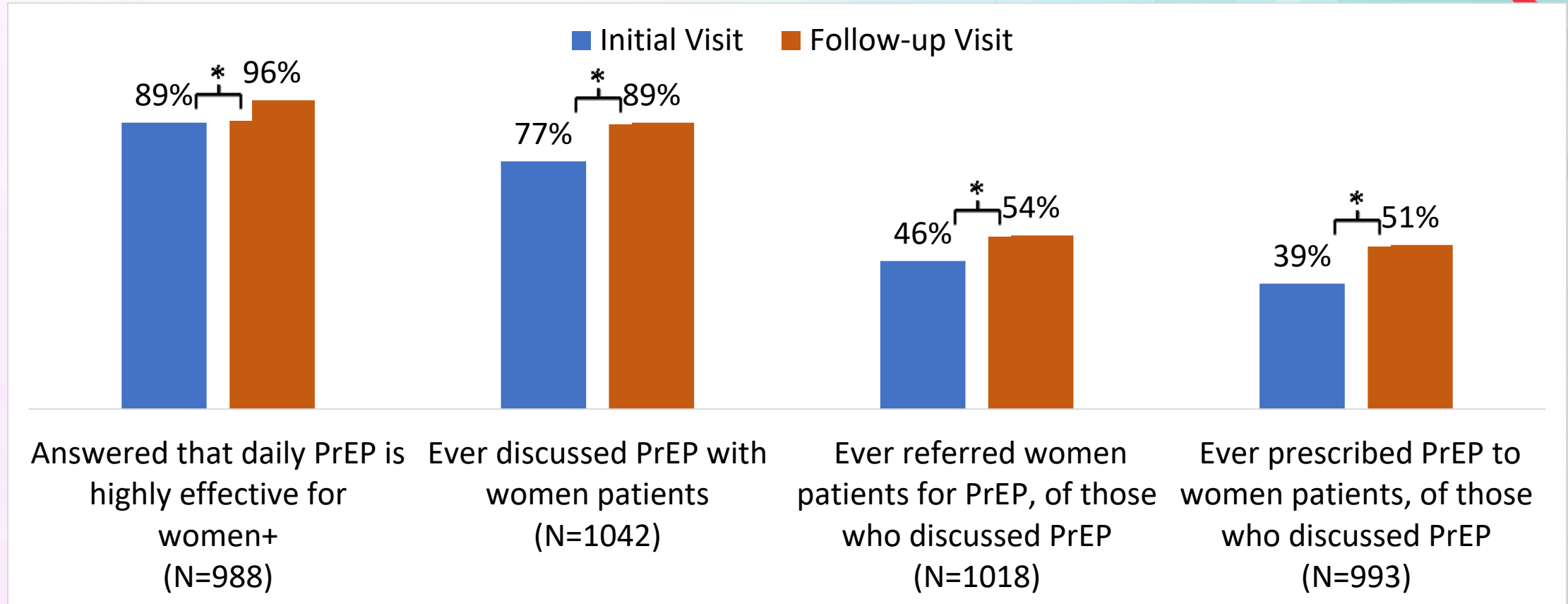
\*Significant results as evaluated by generalized linear model, adjusted for non-independence of providers co-located at the same practice

# PEP Prescribing Behavior



\*Significant results as evaluated by generalized linear model, adjusted for non-independence of providers co-located at the same practice

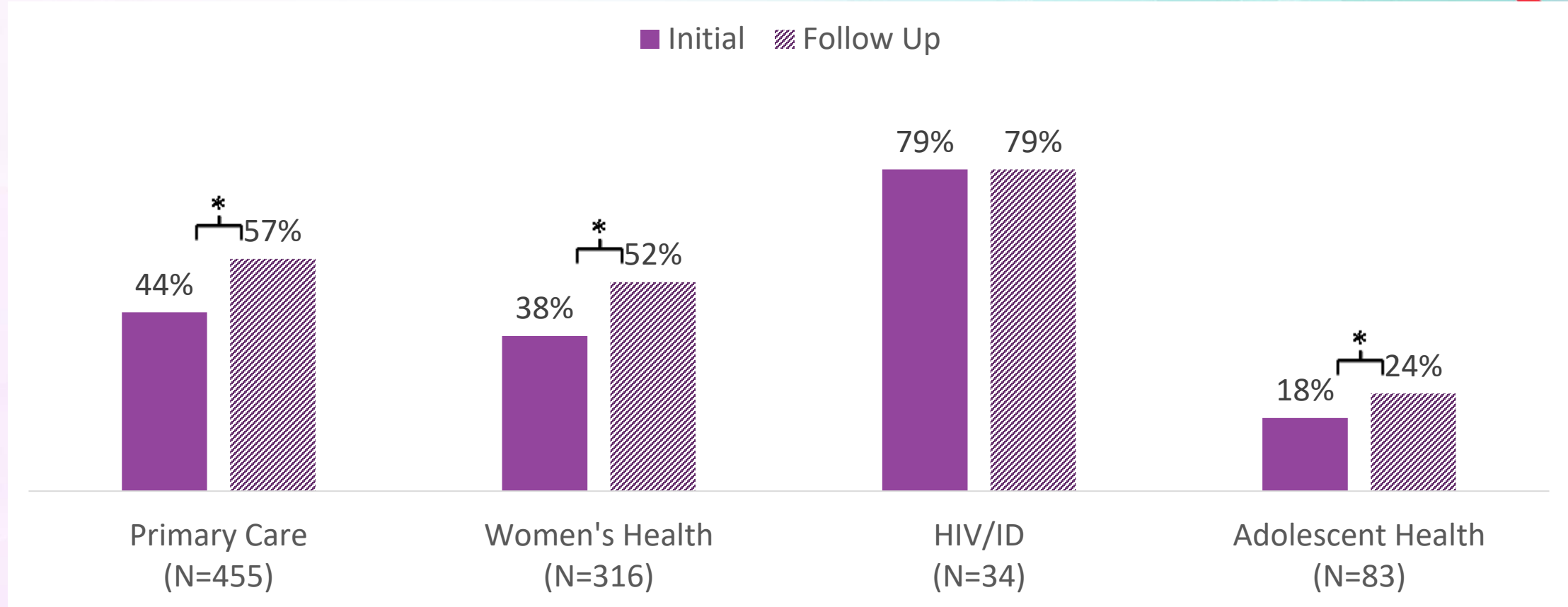
# PrEP beliefs and behaviors



\*Significant results as evaluated by generalized linear model, adjusted for non-independence of providers co-located at the same practice

+As compared to answer options “Not at all”, “Slightly”, or “Moderately”

# Ever prescribed PrEP to women patients by Provider Specialty



# Summary



- Formative research showed PrEP and PEP knowledge and prescribing experience were low, and there were substantial safety concerns, among women's health providers
- Action Kit materials developed and expanded to highlight the safety and efficacy of PrEP and PEP among cis- and transgender women
- Detailing campaign visited a large volume of providers to discuss PrEP and PEP and deliver Action Kits
- Increases reported in adopting recommended practices
  - Taking sexual histories
  - Asking about partners' HIV status
  - Providing PEP
  - Believing in PrEP effectiveness
  - Discussing, referring, and prescribing PrEP

# Limitations



- Provider self-report, potential for social desirability and recall biases
- No control group of unvisited providers to account for possible increases in PrEP awareness and support, interpretation of causality of detailing program limited
- No data on patient-level characteristics or linked prescription records to determine if providers saw PrEP/PEP candidates or confirm increases in prescribing

# Implications and Next Steps



- Detailing as an effective way to reach providers
- Adaptable to other regions and contexts
- NYC HIV program is conducting additional detailing campaigns related to immediate antiretroviral therapy, adapted to current virtual landscape
- Equitable access to PrEP and PEP for women is vital and requires that patients and providers have tailored information to discuss and initiate these options

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**To access NYC PEP & PrEP Resources, including Detailing Action Kits:**  
<https://www1.nyc.gov/site/doh/providers/resources/public-health-action-kits-prep-pep.page>