

Accelerating the Implementation of Antiretroviral Medications to Prevent HIV Infection in New York City (NYC)



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Issue

- Mounting data and new guidelines support the need for scaling up the use of antiretroviral medications for the prevention of HIV (ARV-P), specifically:
 - Pre-exposure prophylaxis (PrEP)
 - Post-exposure prophylaxis (PEP)
- Implementation of ARV-P interventions requires addressing:
 - Knowledge gaps and stigma among potential users and among providers
 - Barriers in the health delivery systems

Setting

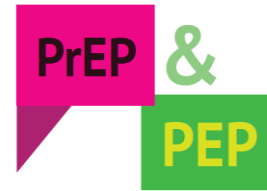
- NYC is a large urban area with:
 - Mature HIV epidemic, and
 - Tradition of early adoption of HIV-related technologies and interventions
- NYC DOHMH rapidly developed an ARV-P program portfolio:
 - Multi-domain
 - Collaborative
 - Integrates community needs and City/State initiatives

**Goal: Greatly expand awareness and uptake
of PrEP and PEP**

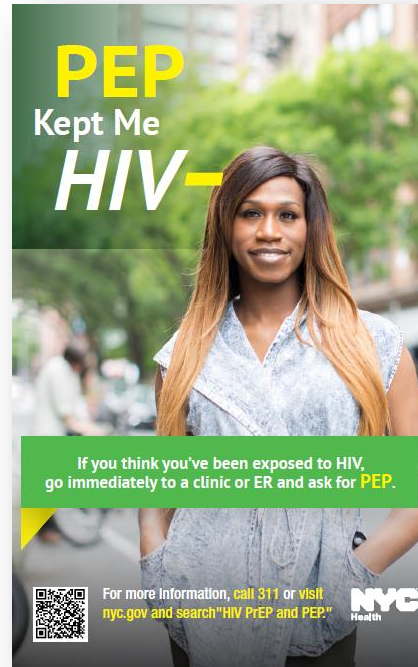
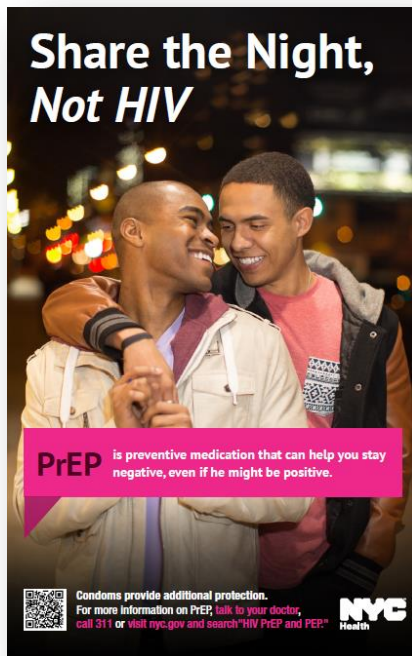
Project

- NYC DOHMH launched programs in several domains to accelerate ARV-P implementation; 1st programs in mid-2013
- Main domains:
 1. Awareness campaigns for potential ARV-P users
 2. Education and support for potential ARV-P prescribers and other clinical staff
 3. ARV-P referral network
 4. Direct delivery of PEP
 5. Advocacy for state-level PrEP assistance programs
 6. Redefining HIV testing: Gateway to ARV-P for those testing negative

ARV-P Awareness Campaigns



- Social marketing and new media utilized to promote ARV-P to populations at epidemiologic risk, starting in June 2014



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ARV-P Awareness Campaigns



Over 89K notes!
Highest engagement
rate to date for any
NYC Health Tumblr post

Emergency PEP

If you are HIV-negative and think you were exposed to HIV, immediately go to a clinic or emergency room and ask for PEP (Post-exposure Prophylaxis).

- PEP can stop HIV if started within 36 hours of exposure.
- You continue taking PEP for 28 days.

Many insurance plans including Medicaid cover PEP and PrEP. Assistance may be available if you are uninsured. Visit NYC Health's website to find out where to get PrEP or PEP in New York City.

89,720 notes • 1 Comments

Tagged: HIV, AIDS, HIV Prevention, pre-exposure prophylaxis, post-exposure prophylaxis, PrEP, PEP, gay, bisexual, transgender, LGBT, GLBT, HIV testing, Get Tested, condoms, NYC condoms.

Combination Prevention Social Marketing Campaign

- More recent:
Be Sure. Play Safe.
- Distributed palm card at Pride (Summer 2015)
- Launched a new combination prevention social marketing campaign World AIDS Day 2015



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Combination Prevention Social Marketing Campaign

<https://www.youtube.com/watch?v=RNfqzkHy79M>

ARV-P Education and Support: Frontline Staff

- Developed a training for frontline staff
 - **Goal:** enable staff to educate and refer for ARV-P
 - **Target audience:** staff from CBOs and clinical organizations
- Titled “Importance of Biomedical Interventions for High-Impact Prevention” (aka HIV 201)
- Full-day, interactive trainings held since Feb 2014
 - Review basics of treatment as prevention, PrEP/PEP
 - Address myths and attitudes
 - Introduce social marketing materials, how to use/order
- 324 individuals participated in this training since its inception

ARV-P Education and Support: Potential Prescribers

- Public health detailing campaign using *PrEP and PEP Action Kit for Health Care Providers*
 - Focused on primary care & ID specialty practices that diagnose HIV among populations at highest epidemiologic risk
 - First round: Oct 2014-Jan 2015, Second round: Feb-Apr 2015



Edelstein et al. NHPC 2015. Abstract ID 1344.

ARV-P Education and Support: Clinic Leadership

- **PrEP Implementation Workshop**
 - Full-day work session for clinic administrators and medical directors
 - Developed with academic partner Dr. Sarit Golub (CUNY)
 - Covers components of optimal PrEP program; e.g., sample protocols and implementation tools
- Since Oct 2014, 4 workshops and 93 attendees
- Attendees rated confidence in PrEP implementations skills before and after workshop: significant increases in all skills measured



ARV-P Referral Network

- Well-vetted, publicized list of clinical sites willing and able to provide PrEP and/or PEP
- Facilitated through a readiness checklist
- Launched June 2014
- Currently includes 62 NYC clinical sites

Clinical Site Checklist

Non-Occupational Post-Exposure Prophylaxis (nPEP): PEP is the use of anti-HIV medications after possible sexual or needle-sharing exposure to HIV. Many clinics now offer nPEP to patients with appropriate exposures.

1. Is your clinic ready to offer PEP? Use this checklist to confirm that your clinic is ready to provide emergency PEP:

- ☐ **1a. Clinical staff** have completed at least one hour of CME credit on the use of nPEP and are familiar with the [NYS Clinical Guidelines](#) for nPEP prescribing
- ☐ **1b. Front-desk staff** are familiar with nPEP, are aware that it is provided, understand the time sensitivity of the visit, and are able to triage patient calls and visits accordingly
- ☐ **1c. Triage staff** are aware that a high-risk HIV exposure that occurred within the past 36 hours should be triaged as an urgent visit
- ☐ **1d** An after-hours plan is in place to receive calls for nPEP (e.g., patients know of the number to call; answering services knows how to triage the calls)
- ☐ **1e.** On-site HIV testing is available to ensure that initial HIV testing is conducted rapidly
- ☐ **1f.** Starter packs of medication are available on-site to ensure rapid receipt of first dose of PEP

PrEP/PEP Provider Locator

Clinics with Experience Providing PrEP and/or PEP

NYC HEALTH SERVICES

Select Services

Services: ☐ + PrEP & PEP

Borough: ☐ Bronx

☐ Brooklyn

☐ Manhattan

☐ Queens

☐ Staten Island

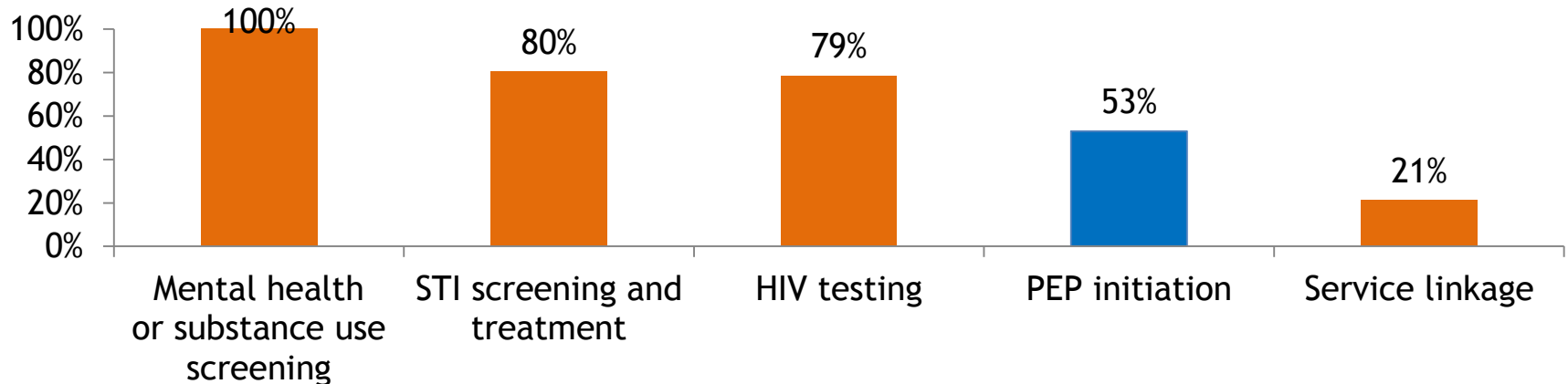
Zip Code:

[Add this widget to your site](#)

Direct Delivery of PEP: SBH Programs

- Sexual and Behavioral Health (SBH) programs funded by DOHMH
- Offer comprehensive sexual health services to uninsured/underinsured individuals at epidemiologic risk for HIV
- Starting providing PEP starting mid-2013
- Expanded to support PrEP prescribing in Sept 2015

Services Received among SBH Program Clients who are MSM, 2014 (N=425)



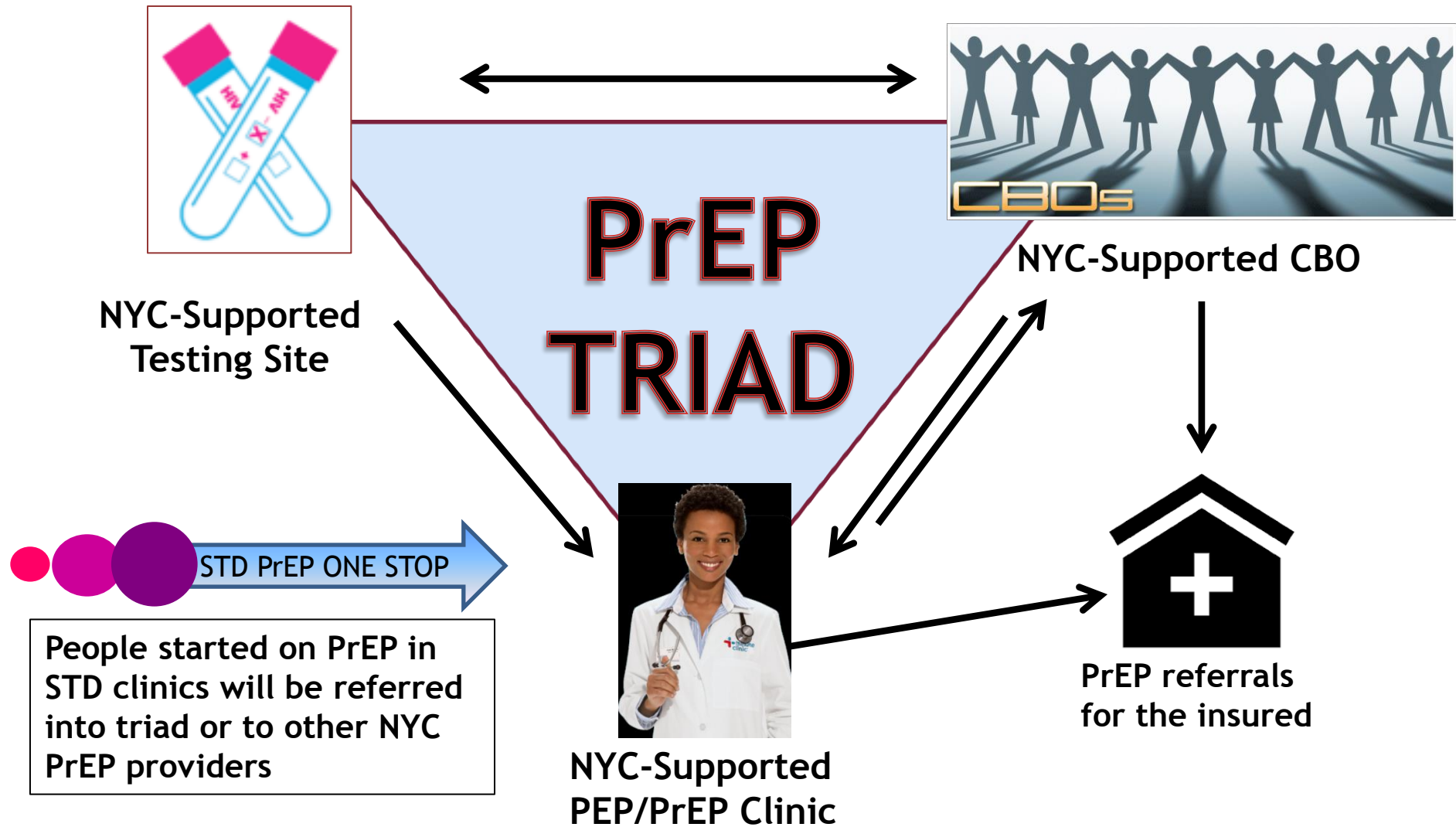
Merges et al. NHPC 2015. Poster ID 1905.

Direct Delivery of PEP: DOHMH STD Clinics

- PEP starter kits at DOHMH STD clinics
- Provided free of charge starting in April 2014
- 3-day starter kit along with referral to another facility for remainder of 28-day course
- Acceptance of starter kit very high (97%)
- 439 starter packs dispensed, April 2014-October 2015

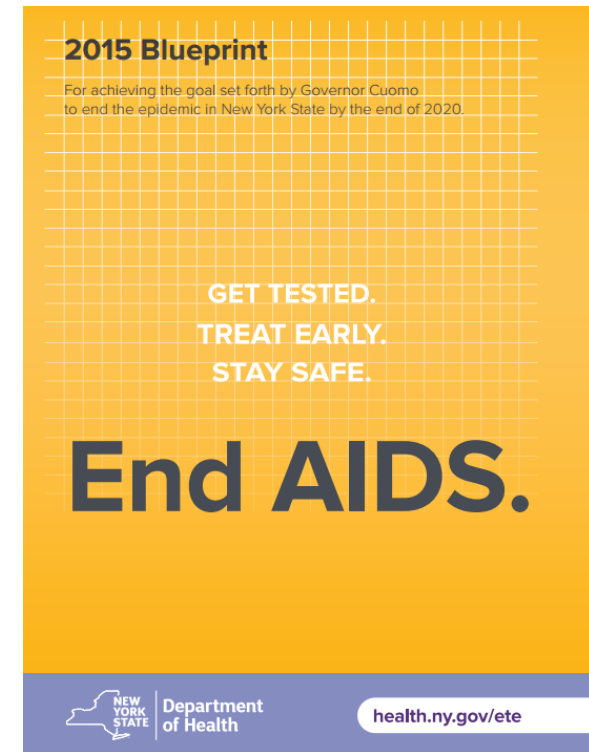
Westheimer et al. IAPAC 2015. Abstract ID 10.

Proposed PrEP Triads



Advocacy for PrEP Assistance Programs

- Participated in New York State End of Epidemic Taskforce to draft a blueprint
- Advocated for the development of a care assistance program for uninsured ARV-P users...
- PrEP-AP
 - Reimburses health care providers for PrEP-related care and services for uninsured or underinsured patients



health.ny.gov/ete

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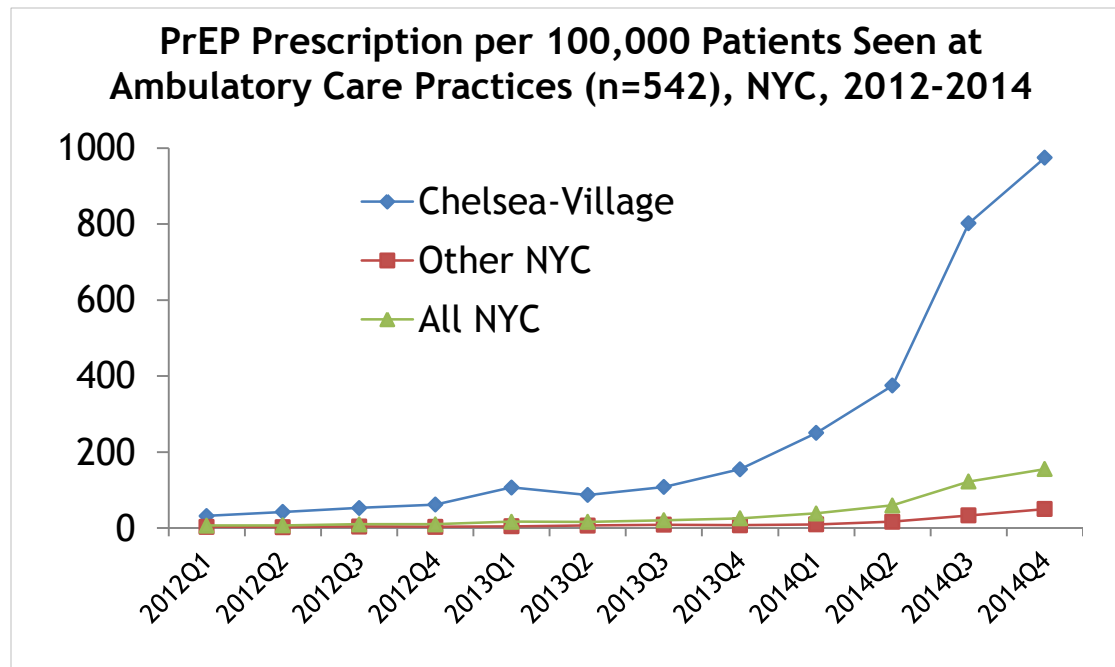
HIV Testing as Gateway to ARV-P



- ✓ Provide a voluntary HIV test to every New York City resident who has never been tested
- ✓ Make HIV testing a routine part of health care in New York City
- ✓ Identify undiagnosed HIV-positive people in New York City and link them to medical care
- ✓ Connect people who test negative for HIV to prevention services, including PrEP

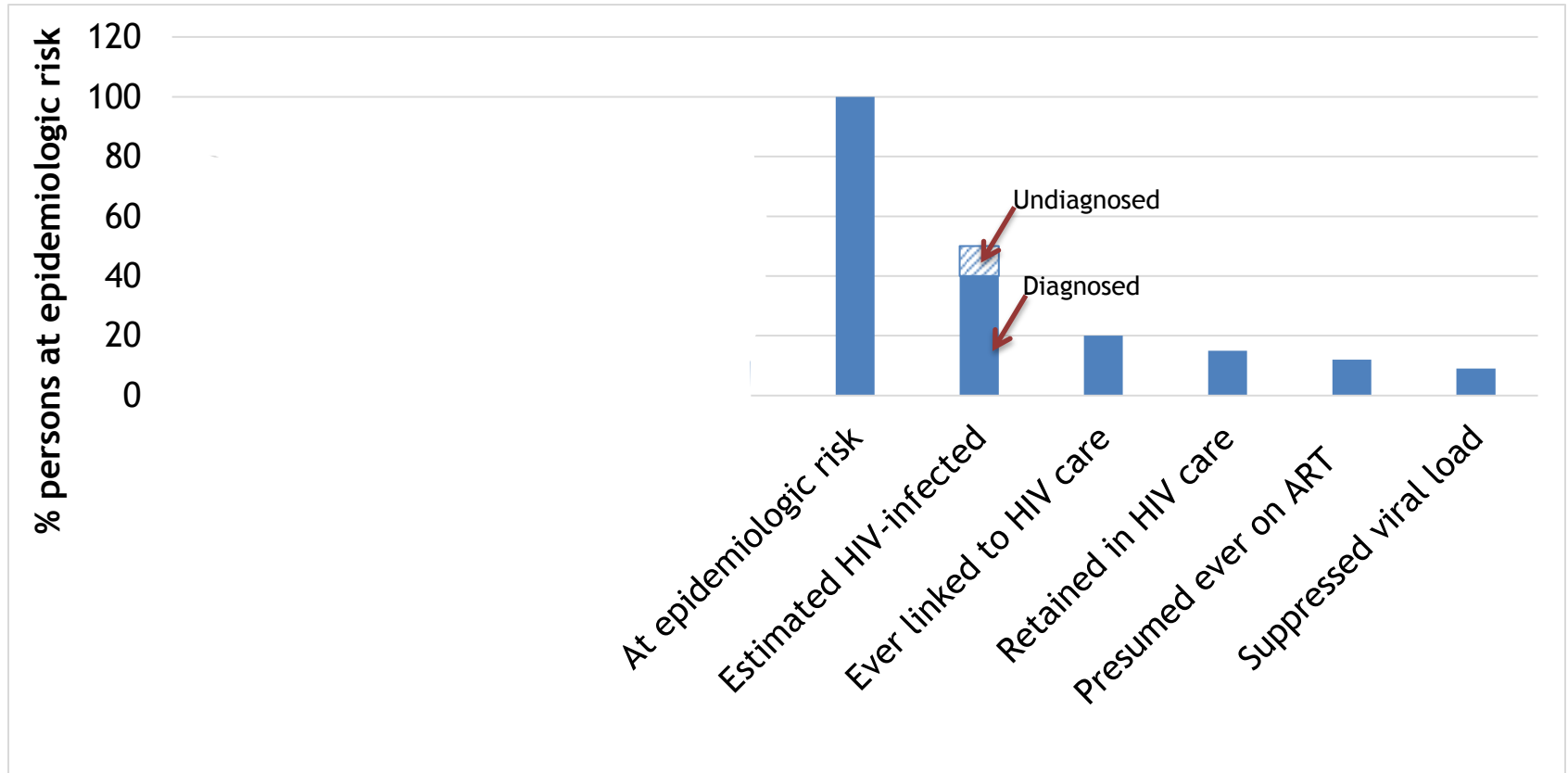
Monitoring and Evaluation

- Evaluation of the uptake of PrEP and PEP in NYC underway
- Leverages existing data sources



Edelstein et al. IAPAC 2015. Abstract ID 126.

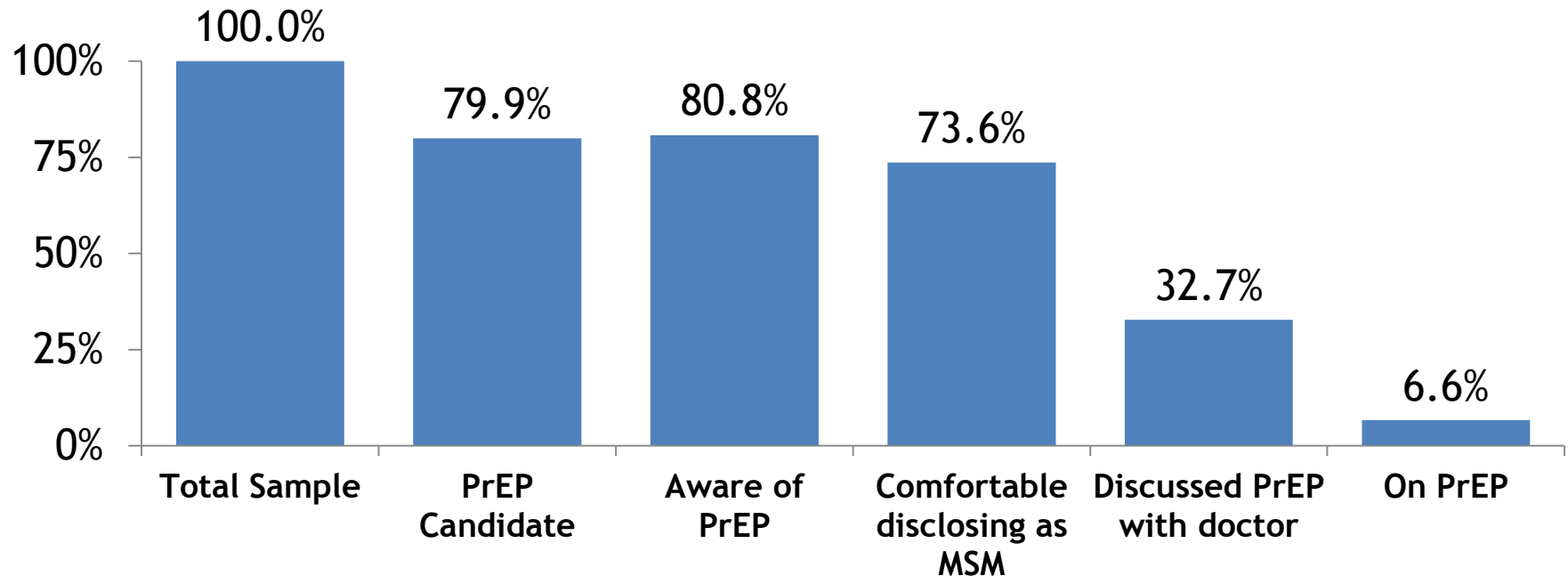
The New HIV Neutral Continuum of Care (Theoretical)



HIV CARE AND PREVENTION ARE THE SAME=GETTING TO HIV NEUTRAL

Prevention Continuum

Awareness and engagement in clinical HIV prevention among MSM*, Sexual Health Survey (Online), NYC Fall 2014 (n=349)



*Aged 18-40 years, sexually active, with self-reported HIV status as negative or unknown

Scanlin et al. (unpublished), NYC DOHMH, 2015.

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Results

- Given the urgent need for biomedical HIV prevention scale-up, NYC developed a multi-domain ARV-P portfolio
- Collaboration with colleagues across the Health Department and community partners occurred
- ARV-P successfully incorporated into major high-level initiatives

Materials and programs are already being adapted by other municipalities; likely scalable to others

MORE ARV-P RESULTS FROM NYC DOHMH

Mensah et al. Trends in Awareness and Use of PrEP. Abstract #2087, Monday, 1:30-3pm

Edelstein et al. Public Health Detailing on PrEP/PEP. Abstract #1344, Tuesday, 10:30am-12pm

Merges et al. PEP initiation in SBH Programs. Poster #1905, Tuesday, 12:00-1:30 pm

Lessons Learned

- A multi-pronged approach of targeting both potential users and potential prescribers was essential
 - Reaching front-line staff and clinic leadership also a priority
- Effective scale-up requires close partnership with other government agencies and community stakeholders
 - Now including ARV-P in all high-level initiatives to end the epidemic
- Well-designed materials served as a major catalyst
 - Sparked interest and enthusiasm both locally and nationally
- Planning and creativity were key for evaluation
 - Results already in use to monitor and address potential disparities in ARV-P access

Acknowledgements

Co-authors: Zoe R. Edelstein, Patricia Abshier, Adriana Andaluz, Christine M. Borges, Sarit A. Golub, Paul Kobra, Nana P. Mensah, Benjamin W. Tsoi, Julie E. Myers

New York State DOH and community partners

Thank You