Engaging Clinical Providers to Offer PrEP in Communities of Color



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Biomedical HIV Prevention Summit December 4, 2017

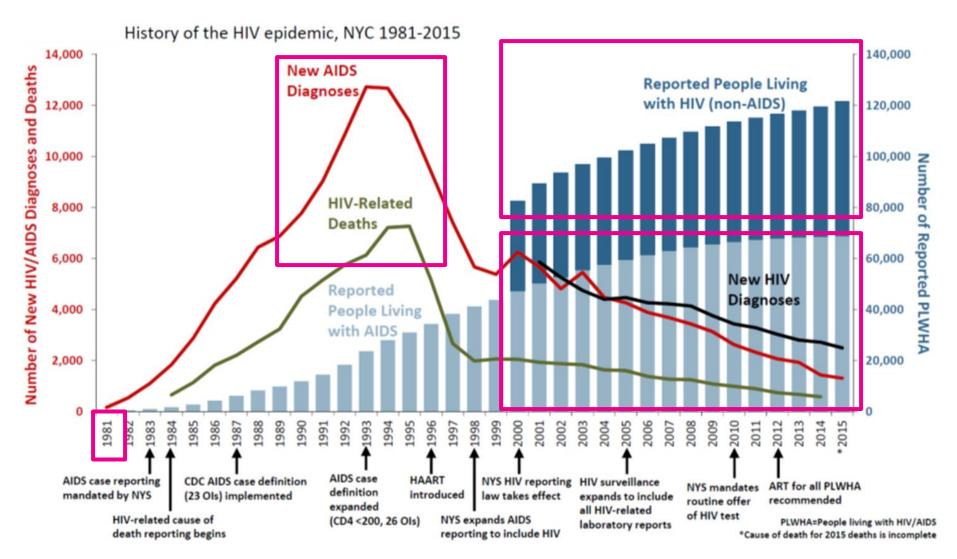


Outline

- Epidemiology
- Overview of PrEP Programs & Activities
 - Training Initiatives
 - Various PrEP service models
 - PrEP Detailing Program
- Next Steps & Support

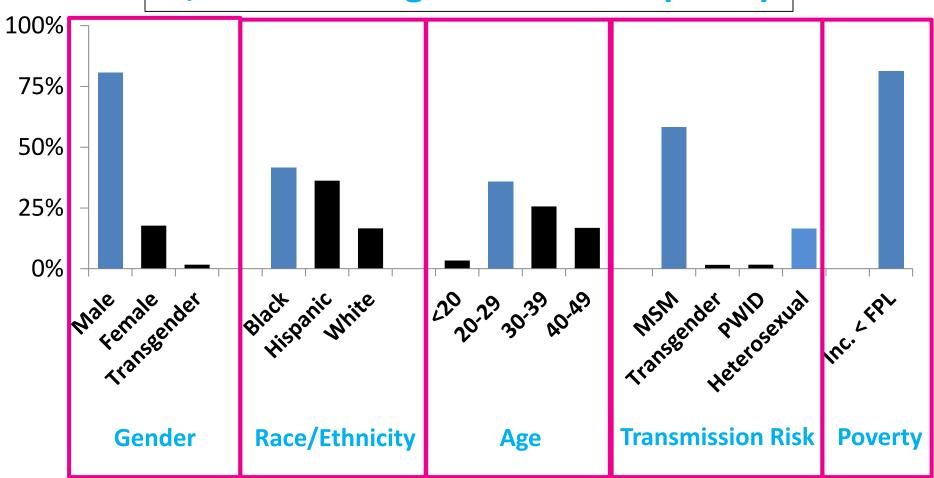


HISTORY OF THE HIV EPIDEMIC IN NYC



Diagnoses Still High and Effect is Disproportionate







Ending the Epidemic (EtE): A Recipe

Community



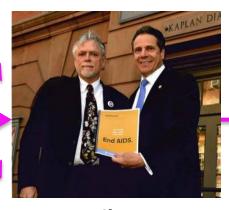
Science





Political Will





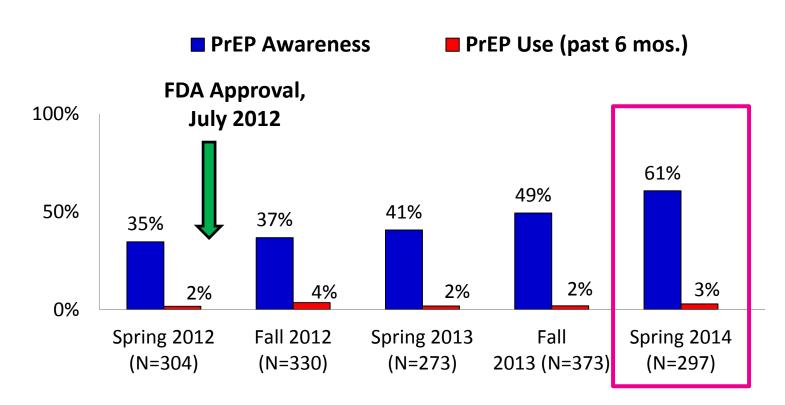
April 2015



December 2015

PrEP Use in 2014

PrEP Awareness and Use among MSM*, Sexual Health Survey, Online Sample, NYC, 2012-2014

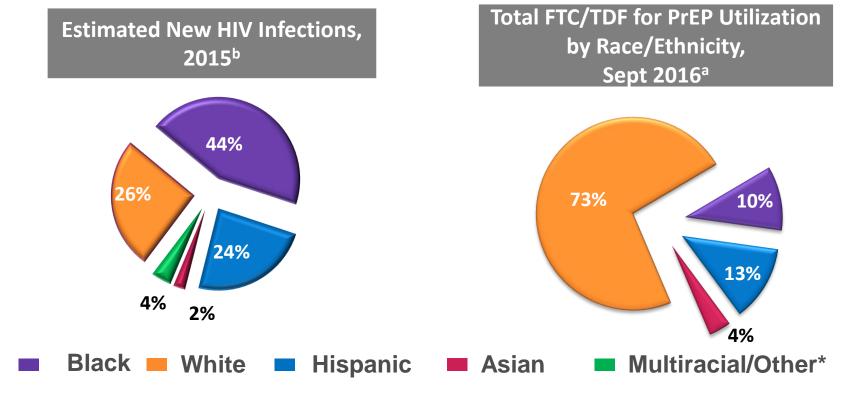


^{*}Sample includes sexually active MSM aged 18-40 years and who report HIV-negative/unknown status



PrEP Not Reaching Priority Populations

FTC/TDF for PrEP Compared With Population and New HIV Infections



FTC/TDF for PrEP use among black and Hispanic individuals is low relative to the rate of new HIV infections

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a. These data represent 41% of unique individuals who have started TVD for PrEP from 2012-3Q2016.

b. http://kff.org/hivaids/fact-sheet/black-americans-and-hivaids-the-basics based on CDC Surveillance Report 2015

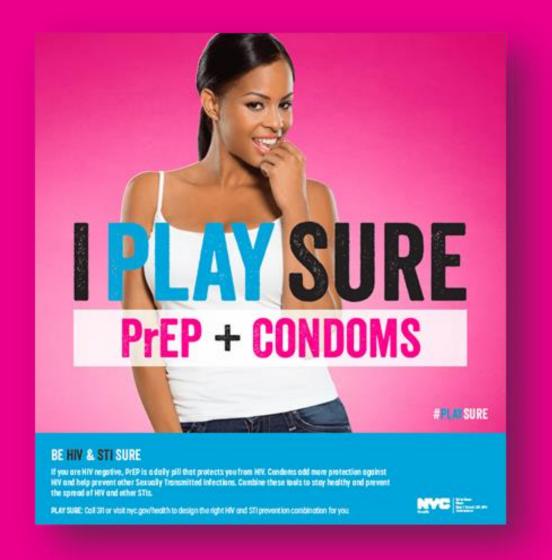
^{*} Other indicates American Indian or Alaska Native, Native Hawaiian or Pacific Islander

The NYC PrEP Plan: Strategies to Address Disparities

Str	ategy	Activity
•	Promote PrEP to potential providers	 Implementation Workshop Best Practices in PrEP/PEP Education and Counseling Training
•	Increase financial access to PrEP	NYS PrEP APBenefits Navigation Training
•	Support PrEP in diverse service models	 PrEP Initiation in Sexual Health Clinics PlaySure Network Technical assistance with Play Sure Network Public Health Detailing
•	Promote PrEP to potential users	 PrEP Provider Directory Combination Prevention HIV Neutral Social Marketing Campaign



Promote
PrEP to
Potential
Providers





PrEP Program Implementation Workshop

- Goal: Support development of programs in diverse clinical settings.
 Attendees identify resources, create action plans, and select a timeline for PrEP implementation
- Format: 2-day work session for clinic administrators and medical directors (institutional pairs)
- Modules/Key Considerations:
 - Who should be offered PrEP?
 - What will the PrEP package look like?
 - How will patients pay for PrEP?
 - By whom will each piece of the package be done?
 - How will the PrEP program be implemented?



PrEP Program Implementation Workshop

Follow-up with preliminary workshop attendees felt that the workshop changed their approach to PrEP:

- 77% started the development of a PrEP policy or protocol
- 44% ordered NYC DOHMH social marketing materials
- 33% named a champion
- 22% hired PrEP-specific staff





Best Practices in PrEP/PEP Education and Counseling

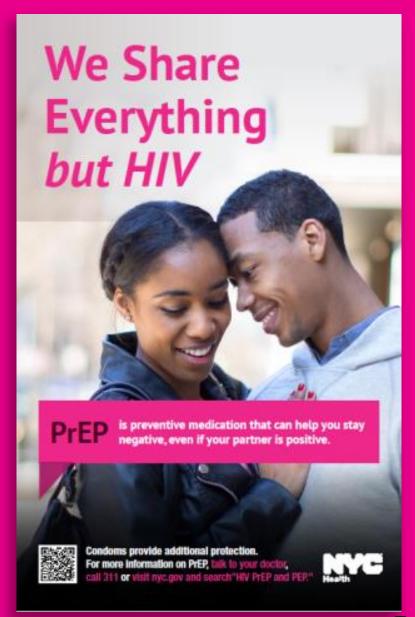
- Goal: Review the latest scientific information about PrEP and PEP and practice delivering general education and adherence counseling
- Format: 1 day training for frontline staff (navigators, health educators, HIV test counselors, front desk staff)

Modules:

- PrEP 101
- PEP 101
- Principles of Decision Making Counseling with practice
- Principles of Adherence Counseling with practice
- Overview of PrEP Payment Options



Increase
Financial
Access to
PrEP





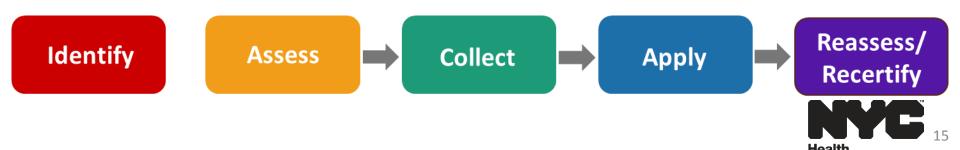
Addressing Financial Barriers: PrEP Assistance Program (PrEP-AP)

- Modeled on HIV Uninsured Care Programs and ADAP Plus programs
- Reimburses eligible providers for visits not covered by Gilead MAP.
- For uninsured patients or those whose coverage is a barrier to care
- Covers cost of:
 - Clinician (MD, NP, PA) visits
 - Lab tests, HIV and sexually transmitted infection (STI) testing
 - Counseling
 - Supportive primary care services

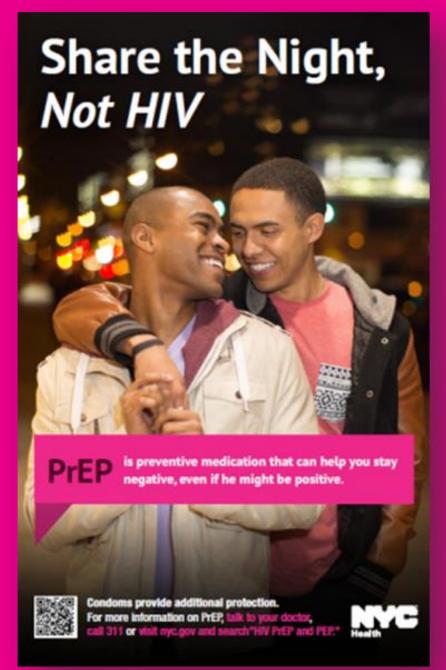


Addressing Financial Barriers: Benefits Navigation

- Goal: Review and apply the benefits navigation model that was designed to provide an organized approach to navigating clients through the Patient Assistance Programs for PrEP and PEP
- Format: 2 day training for front-line benefits navigators
- Modules:
 - Introduction to Benefits Navigation
 - NYC Benefits Navigation Model
 - Strategies for Success



Support PrEP in Diverse Service Models

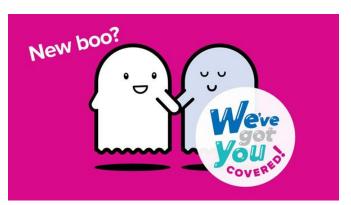




Transform City STD Clinics into "Destination Clinics" for Sexual Health Services

- ✓ Expand hours, improve triage
- ✓ Restore screening services for asymptomatic clients
- ✓ Enhance HPV-related services
- ✓ Offer *Quick Start* contraceptives
- ✓ Engage with community to improve services for priority populations





State of the Art HIV Interventions in Sexual Health Clinics

BIOMEDICAL EVALUATION AND INTERVENTION:

Instant Starts of ARV Treatment and Prevention

SOCIAL WORK ASSESSMENT:

Social Determinants, Insurance

NAVIGATION TO LONGITUDINAL CARE:

For both HIV Negative and Positive Clients



NYC Sexual Health Clinics: NYC Sexual Health Centers are HIV Hubs!

PrEP Navigation

- Launched 10/31/16
- ALL Clinics
- Over 4,700 encounters

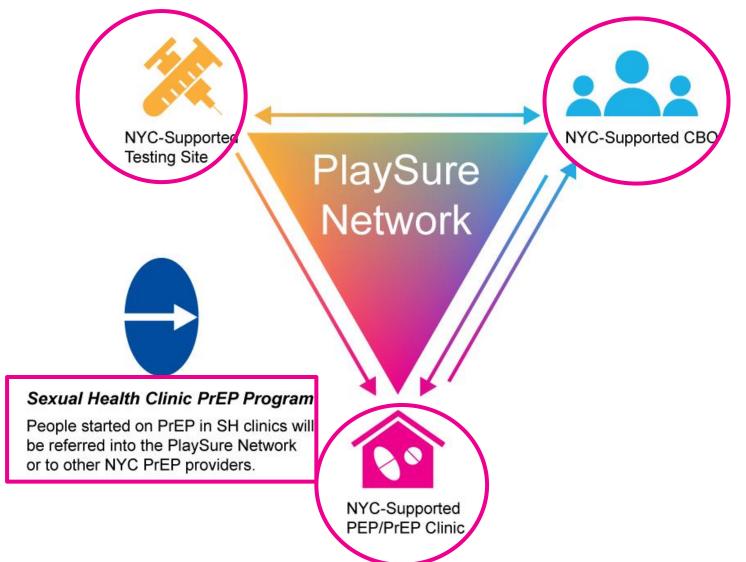
PrEP Initiation

- Launched 12/22/16
- Started in one clinic, now at 5th clinic
- 641 PrEP starts
 - 58% Black/Latino





PlaySure Network



PlaySure Collaborative

- Foster networking and partnerships
- Establish strong linkages between community-based organizations and clinical settings
- Share strategies to engage priority populations

In-person Meetings and Workshops:

- 38 contracted agencies in Network 18 clinical contracts
- 4 meetings and workshops held in 2017

Topics Discussed:

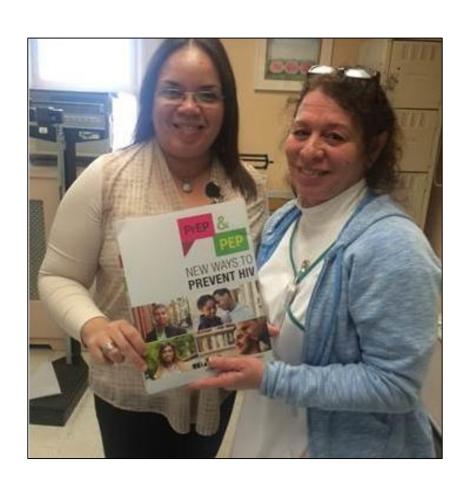
- Navigation to PrEP/PEP services and to medication assistance programs;
- Client recruitment strategies (targeted and new media outreach);
- Strengthening linkages and referrals from Sexual Health Clinics





The Campaign

PrEP and PEP Public Health Detailing



Campaign Planning

- Based a successful history of public health detailing at DOHMH
- Planned for 10-12 week campaign, with brief visits to a large volume of facilities
- Formative research included discussion with key informants and focus groups among providers (MD and nurse practitioners)





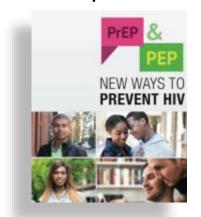
Representatives – Trained in Detailing

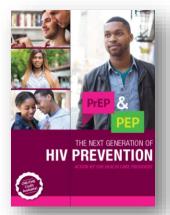
- Non-clinical personnel
- Former pharmacy representatives
- Most with prior experience in public health detailing
- Tenacity and winning personalities!
 - Success often hinges on gaining access to practices and getting onto providers' schedules



Key Messages – Sexual Health Included

- Take a thorough sexual history from all patients as part of routine medical care.
- 2. Screen and treat sexually active patients for STIs based on sexual history and clinical guidelines.
- **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.







Action Kit – Supports Key Messages





Where to Detail? A Data-Driven Approach

- Identified high-priority facilities primarily using HIV and STI surveillance data
- For first 4 campaigns, focused on facilities specializing in infectious disease (ID) and primary care
- Sites were distributed throughout NYC (all 5 boroughs)
- Different facilities types: hospital affiliated, private practice, community health center



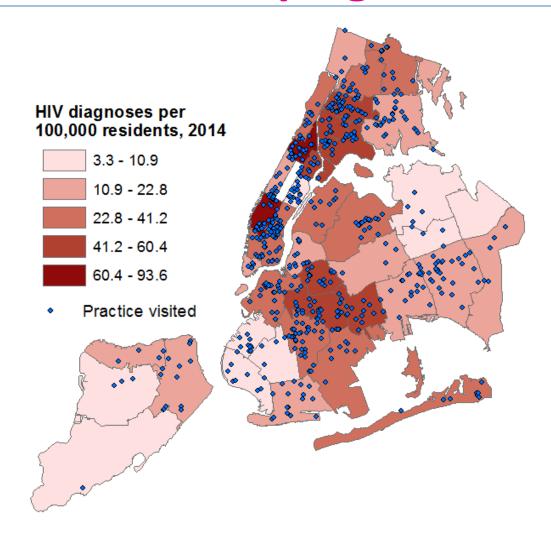


Broad Reach of the Campaign

Representatives have:

- Visited approximately 1,300 facilities
- Interacted with over 5,000 clinical staff
- Detailed almost 2,500 prescribing providers





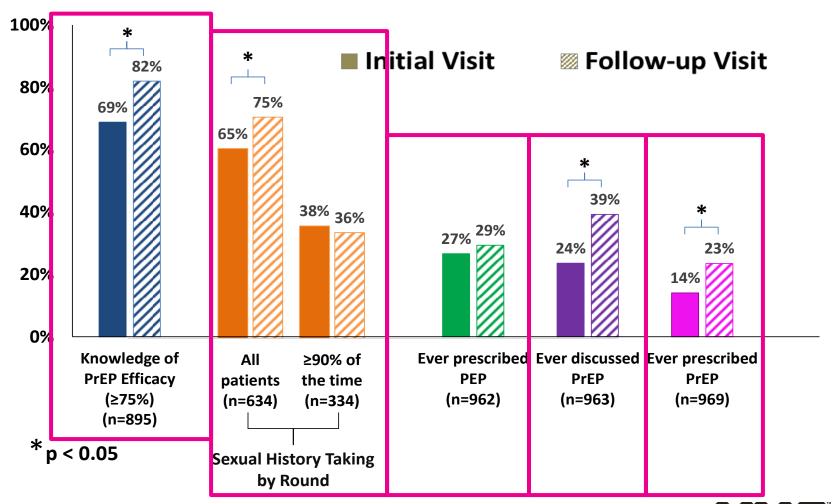
Detailing Visits – Calls and Follow-up

- Not scheduled ("cold calls")
- "Total Office Call"
 - Introduce campaign to all clinic staff
- Short, one-on-one presentations to prescribing providers
 - 10-20 minutes, on average
- Representatives perform initial calls, then follow-up calls after 4-8 weeks
 - Multiple calls may produce greater and longer-standing changes in provider behavior



Positive Change in Key Practices

Predicted Knowledge and Practices Among Detailed Providers with Initial and Follow-up Visits, NYC, October 2014-April 2015



PrEP and PEP Detailing in 2016 and 2017

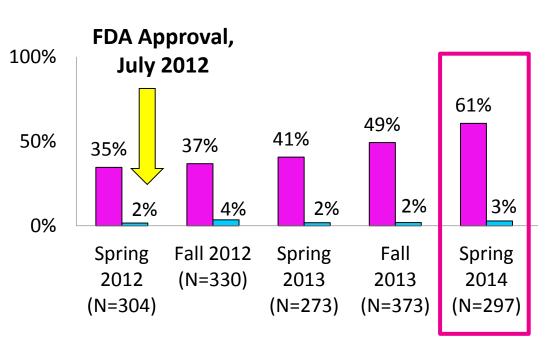
- Conducted two more rounds of PrEP/PEP public health detailing
 - July-October, 2016
 - February-April, 2017
- Greater proportion of primary care providers
- Facilities chosen in similar manner, but in last round did not visit practices known/suspected to be high prescribers (e.g., lower Manhattan)



Data Suggest PrEP Utilization Increased

PrEP Awareness and Use among MSM*, Sexual Health Survey, Online Sample, NYC, 2012-2016



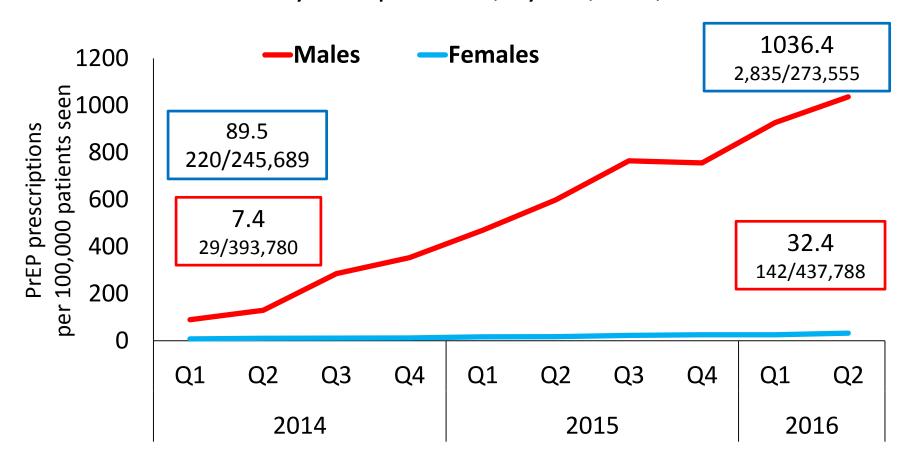


^{*}Sample includes sexually active MSM aged 18-40 years and who report HIV-negative/unknown status



... Though Not as Much among Women

PrEP prescription rates per 100,000 patients seen in 602 ambulatory care practices, by sex, NYC, 2014-2016



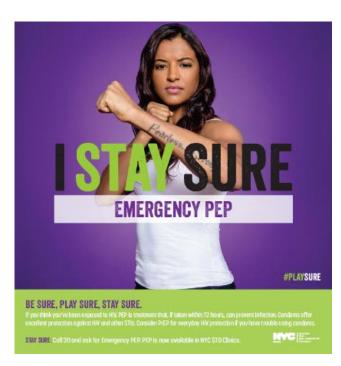


Next Steps for 2018

 Detailing among women's healthcare providers

 Social marketing campaign focused on women

- Public Health Detailing Institute for **High Impact Prevention**
 - February 14-16, 2018
 - San Francisco, CA
 - To register : https://tinyurl.com/SFphdi



How can we support you?

The NYC DOHMH's Capacity Building Assistance (CBA) program works to empower organizations and increase health equity through:



- Training
- Technical Assistance
- Information Dissemination

We provide support to health departments and community based organizations.

For more information contact Melanie Graham, mgraham6@health.nyc.gov



Contact us!

We can share the following products:

- Request for Proposals tool used to recruit organizations to join the PlaySure network
- Screening tool, data collection instruments and published results
- NYC PEP & PrEP Resources including Detailing Action Kits
- Adaptable social marketing campaigns

In-person events:

- Public Health Detailing Institute for High Impact Prevention
- Benefits Navigation Training
- PrEP Implementation Workshop
- Best Practices in PrEP/PEP Education & Counseling Training



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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

