

# Getting Out of Our Comfort Zone: Detailing on PrEP & PEP in New York City

**Zoe Edelstein, PhD MS**

Director of Research and Evaluation

New York City Department of Health and Mental Hygiene

NaRCAD 2017

November 7, 2017



# Disclosure Statement

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- No conflicts of interest or relevant financial/nonfinancial relationships to disclose

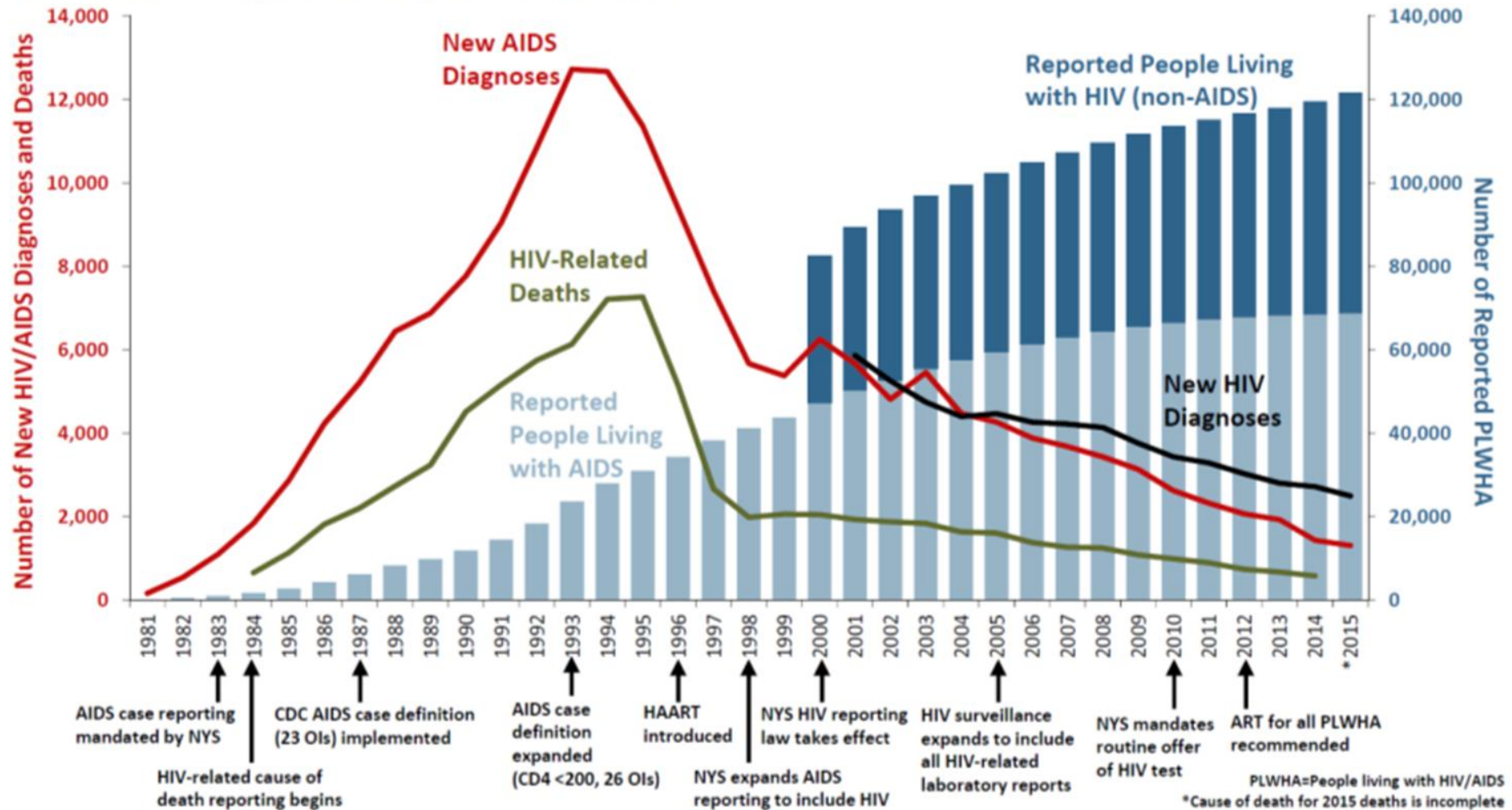
# Outline

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- Epidemiology, Context, and Motivation
- PrEP and PEP Detailing
- Next Steps
- Call to Action

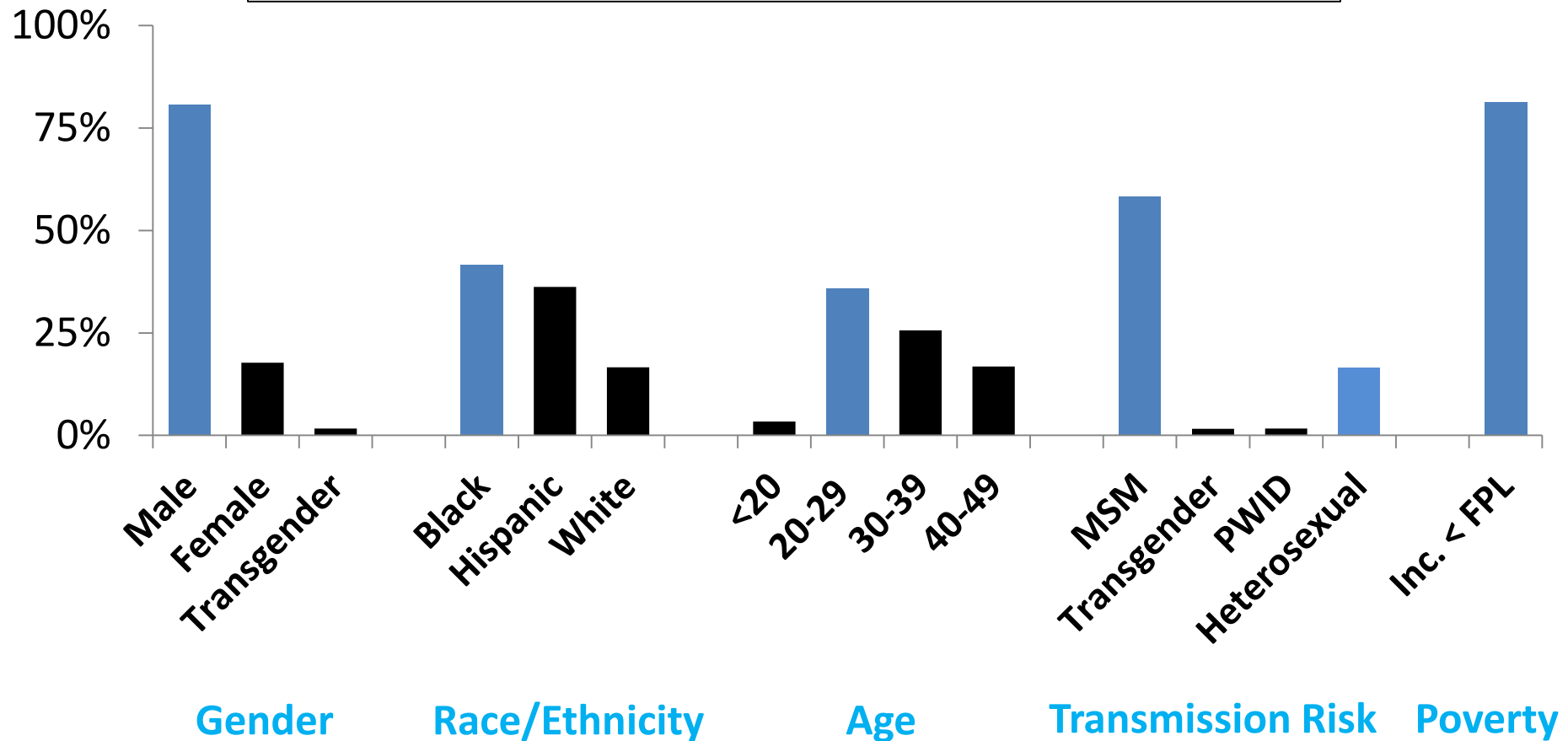
# HISTORY OF THE HIV EPIDEMIC IN NYC

**FIGURE 1.1:** History of the HIV epidemic, NYC 1981-2015



# Diagnoses Still High and Effect is Disproportionate

## 2,493 HIV Diagnoses in NYC (2015)



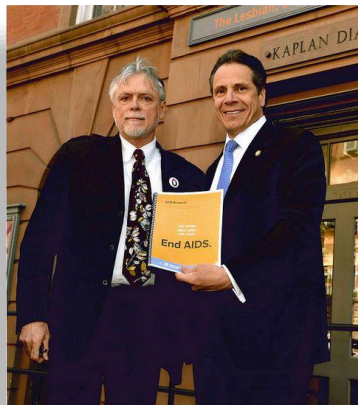
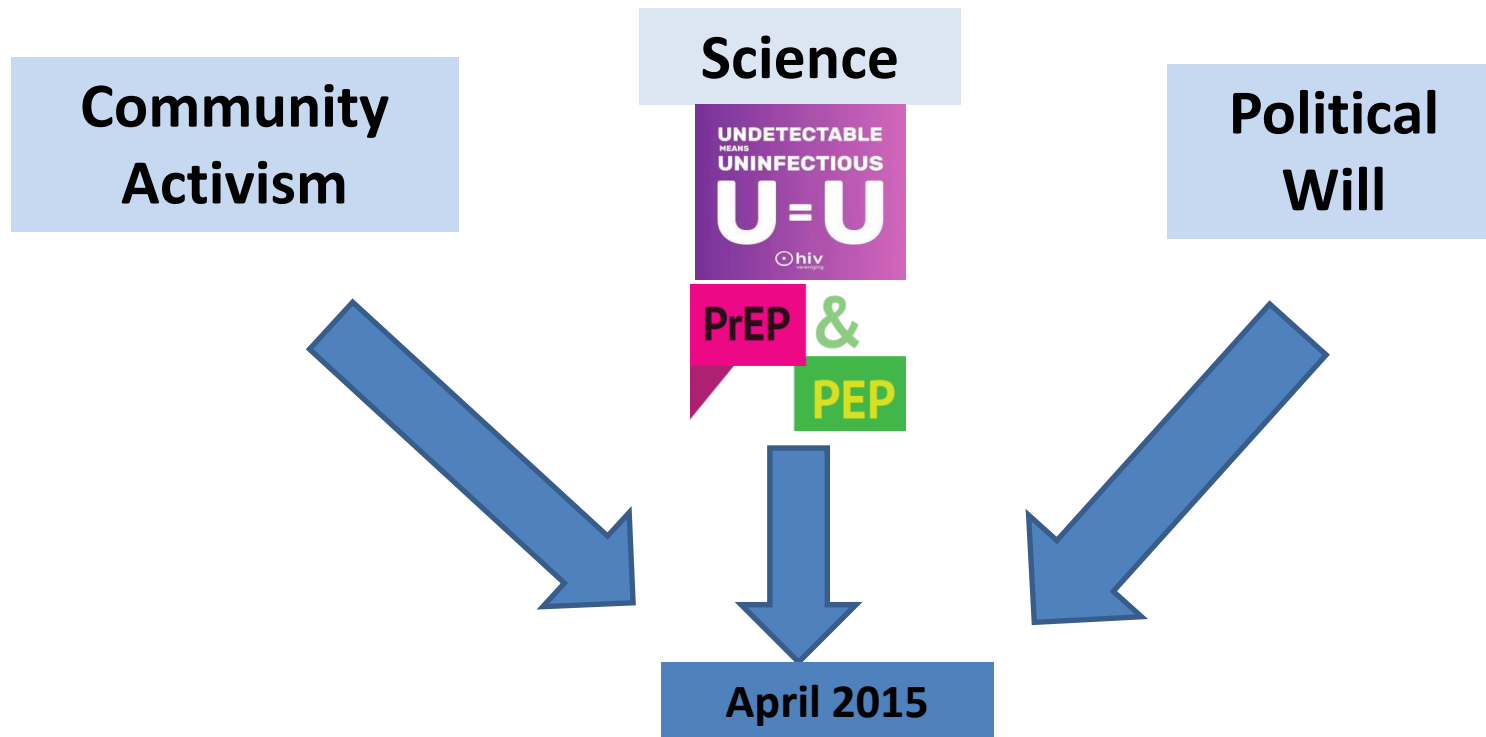
# Getting Us Out of Our Comfort Zone

## Community Activism → →

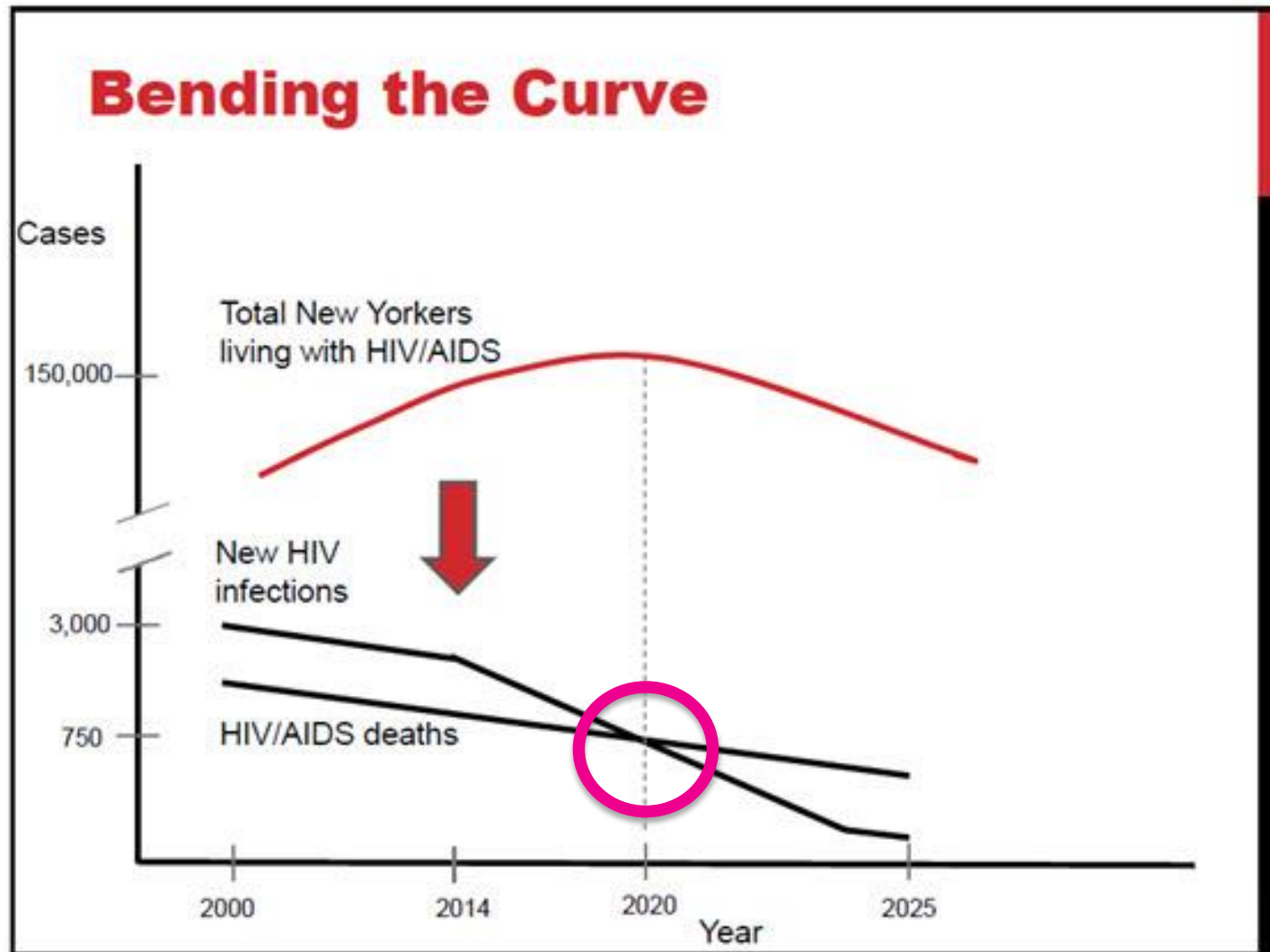


→ → Political Will

# Add Emerging Science → Recipe for Ending the Epidemic (EtE)



# What Does Ending the Epidemic Mean?





# What is the Plan? Test, Treat and PrEP

1. Identifying people with HIV who remain undiagnosed and linking them to health care
2. Linking and retaining people with HIV to health care, getting them on antiretroviral therapy to improve their health and prevent transmission
3. **Providing Pre-Exposure Prophylaxis (PrEP) to people at-risk to keep them HIV-negative**



# PrEP and PEP

## What is PrEP?

**PrEP** (pre-exposure prophylaxis) is a medication taken daily to prevent HIV infection.

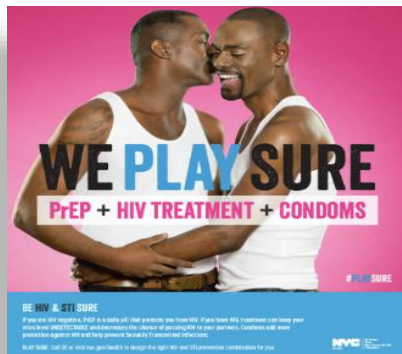
## What is PEP?

**PEP** (post-exposure prophylaxis) is a combination of medications taken daily for 28 days to prevent HIV infection after a high-risk exposure to HIV.



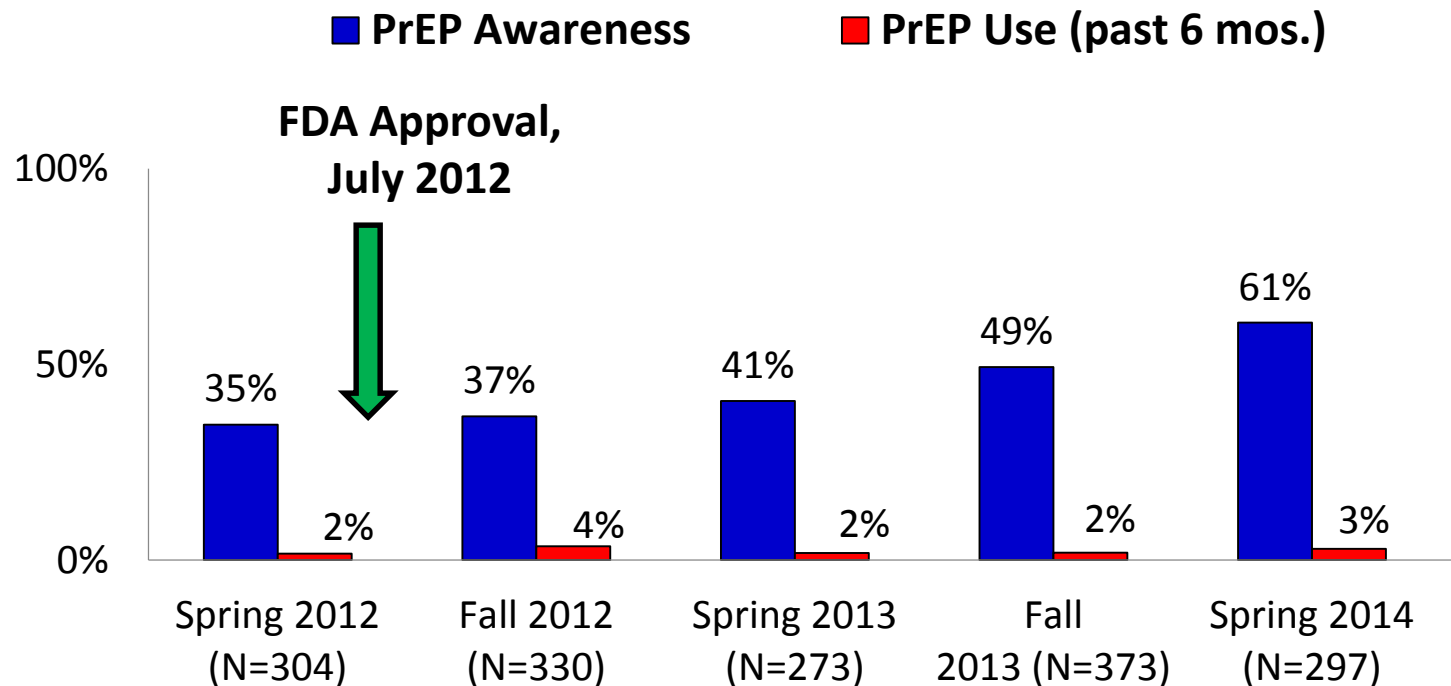
# Why Promote PrEP to Providers?

- PrEP is a scientifically-proven, effective HIV prevention intervention
- Major barriers to prescribing exist among providers
  - Limited and sometimes incorrect knowledge
  - Reluctance to screen for behaviors related to HIV - **Sex! Drugs!**
  - Purview paradox – area of specialty vs. patient population
- To take the onus off patient
  - Support providers in starting the discussion vs. patient request



# PrEP Underutilized

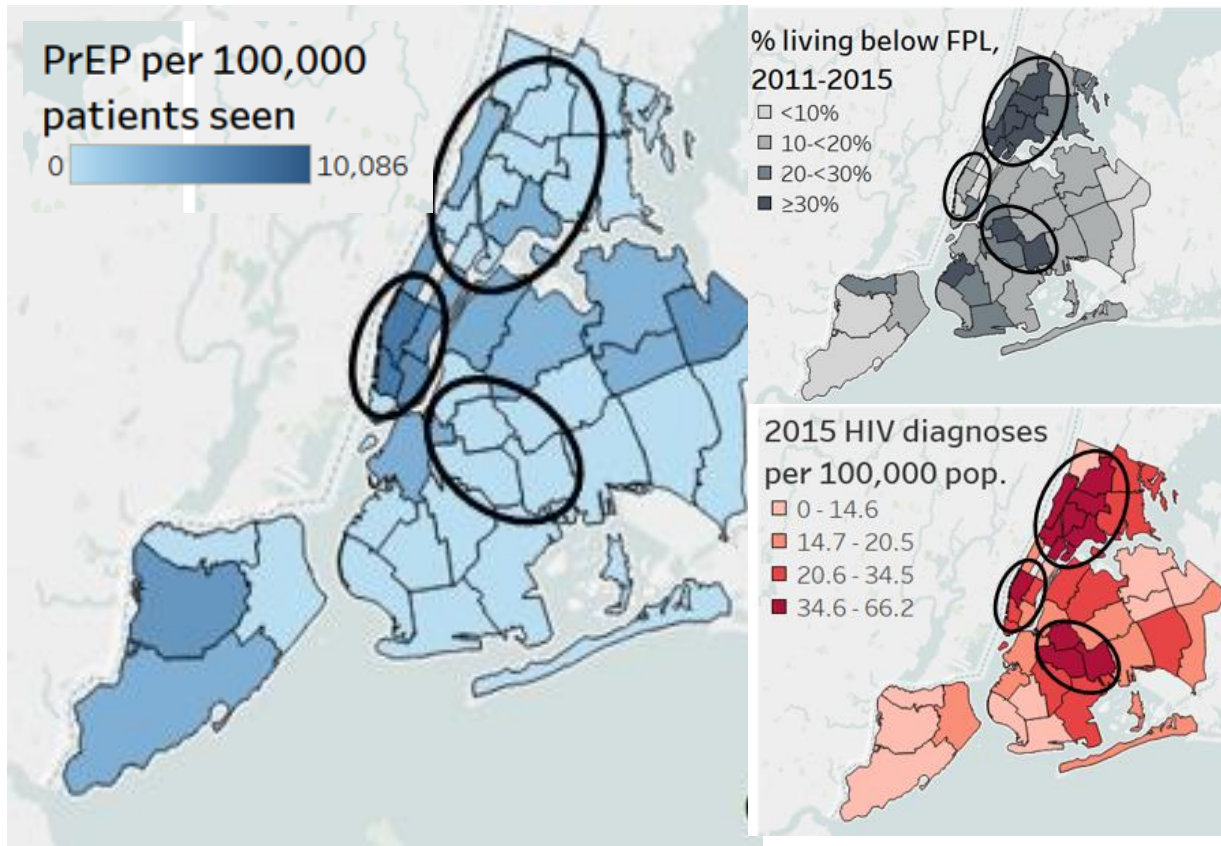
## PrEP Awareness and Use among MSM\*, Sexual Health Survey, Online Sample, NYC, 2012-2014



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

# Higher Rx in Higher Income Neighborhoods

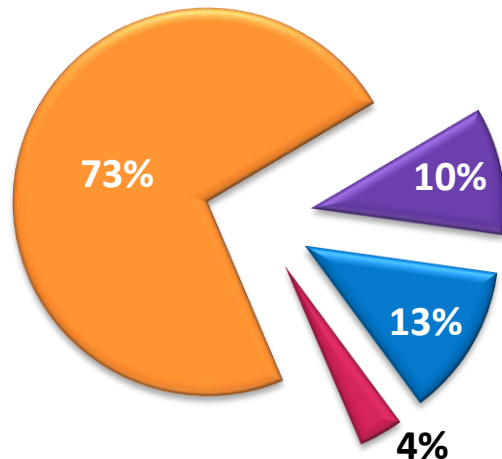
PrEP prescription rates per 100,000 patients seen in 602 practices,  
NYC, Q1 2014



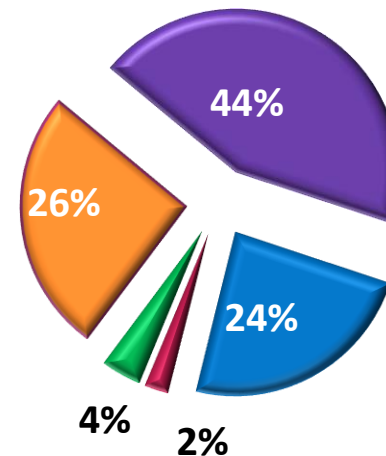
# PrEP Not Reaching Priority Populations

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

Total FTC/TDF for PrEP Utilization  
by Race/Ethnicity,  
Sept 2016<sup>a</sup>



Estimated New HIV Infections,  
2015<sup>b</sup>



■ Black ■ White ■ Hispanic ■ Asian ■ Multiracial/Other\*

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

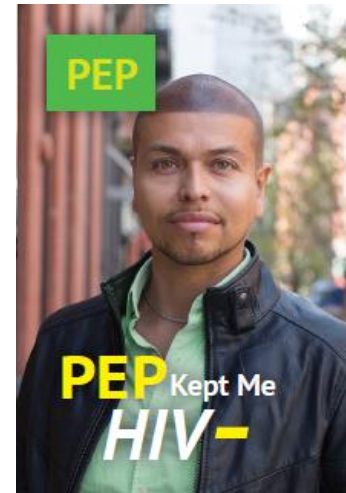
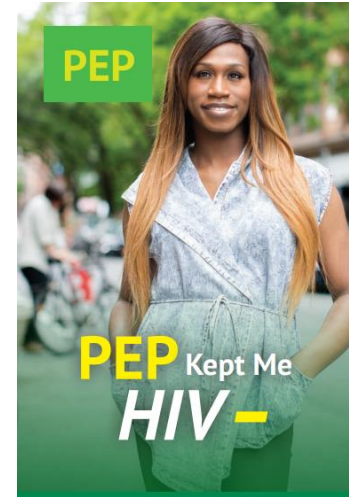
a. These data represent 41% of unique individuals who have started TVD for PrEP from 2012-3Q2016.

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

# Why Promote PEP to Providers?

- Providers may be familiar with PEP for occupational exposures, but not for non-occupational exposures
- PrEP and PEP should be linked in practice
  - Patients seeking PEP may be good candidates for initiating PrEP





# NYC DOHMH PrEP/PEP Activities and Programs

- **Promoting PrEP to potential users**
  - Media and Social Marketing
  - Provider Directory
- **Promoting PrEP to potential providers**
  - **Public Health Detailing Program**
  - Technical assistance with PrEP programming
  - Implementation Workshop
  - Training for Front-Line Staff
- **Supporting PrEP in diverse service models**
  - Municipal Sexual Health Clinics
  - PlaySure Network – CBO/Testing/Clinics
  - NY State PrEP Assistance Program
- **Monitoring awareness and uptake**



**Why conduct  
detailing?**





# Detailing Supports Providers and Promotes Health Equity

- Wider dissemination of new public health policies, practice guidelines and key evidence-based recommendations
- Distribution of materials and related tools to a targeted provider audience, including providers outside our “comfort zone” because they are:
  - Lesser known the health department
  - Provider/practice types who might not be expected to be early adopters, but are key to intervention uptake
  - Less able to or interested in attending trainings
- Facilitates ongoing provider support and linkage to technical assistance
- Promotes equity by distributing valuable information to providers who see some of the most vulnerable patients

# The Campaign

## PrEP and PEP Public Health Detailing



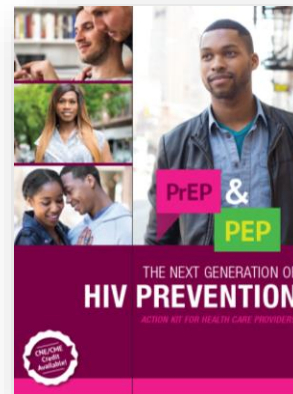
# Campaign Planning

- 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)



# Key Messages – Sexual Health Included

1. ***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. Empiric treatment is often indicated.
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



To access NYC PrEP & PEP Resources, including Detailing Action Kits:

<https://www1.nyc.gov/site/doh/providers/resources/public-health-action-kits-prep-pep.page>



# A Little Swag Never Hurt!



# 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



# Detailer Training – Content and Strategies

- 5-day training conducted by DOHMH Staff
- Lectures on HIV and prevention
- Role play and exercises
- Discuss strategies
- Ample time for Q&A





## Example Training Activities

# PrEP and PEP Public Health Detailing



# Health Screening: A Thought Experiment

# Health Screening: A Thought Experiment

- It is important for doctors to screen for \_\_\_\_\_ .
- Depending on the results, doctors can counsel patients to \_\_\_\_\_ .
- If patients are unable or unwilling to do this, doctors can then offer \_\_\_\_\_ .

# Health Screening: Cholesterol

- It is important for doctors to screen for cholesterol .
- Depending on the results, doctors can counsel patients to \_\_\_\_\_ .
- If patients are unable or unwilling to do this, doctors can then offer \_\_\_\_\_ .

# Health Screening: Cholesterol

- It is important for doctors to screen for cholesterol .
- Depending on the results, doctors can counsel patients to change their diet .
- If patients are unable or unwilling to do this, doctors can then offer statins .

# Health Screening: Sexual History

- It is important for doctors to screen for sexual risk behavior .
- Depending on the results, doctors can counsel patients to \_\_\_\_\_ .
- If patients are unable or unwilling to do this, doctors can then offer \_\_\_\_\_ .

# Health Screening: Sexual History

- It is important for doctors to screen for sexual risk behavior .
- Depending on the results, doctors can counsel patients to always use condoms .
- If patients are unable or unwilling to do this, doctors can then offer PrEP .

## Addressing Objections to Key Message #1

**Take a thorough sexual history from all patients  
as part of routine medical care**

**Objection: Not all patients *need* a sexual  
history.**

**What are some potential responses?**



## Addressing Objections to Key Message #1

**Take a thorough sexual history from all patients  
as part of routine medical care**

**Objection: Not all patients *need* a sexual  
history.**

How do you decide who does and does not need a sexual history?

Sexual history is critical to determining whether STI testing is indicated.

Sexual history-taking is a best practice for primary care.

Sexual history acknowledges the wholeness of the patient as a person  
and your interest in *all aspects of their health* and life.

# Where to Detail? - A Data-Driven Approach to Leaving the Comfort Zone

- 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), included:
  - Different facilities types: hospital affiliated, private practice, community health center
  - Those who were not already leaders in implementing key messages



# Detailing Visits – Calls and Follow-up

- “Total Office Call”
  - Not scheduled (“cold calls”)
  - Introduce campaign to all clinic staff
  - Identify practice gatekeepers and decision makers
- 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



# Hot Tips from NYC Detailers

*"A good strong introduction that uses the DOH name and explains the purpose of the visit... that helps lend some expedience to getting to see a provider."*

*"What works is assessing the facility and what they do. Find a way to engage them based on what they're doing in their practice. If it's a pediatrics office, where and how are you going to involve them? Remind them they see adolescents who may be sexually active – it opens the conversation when they may shut it down."*

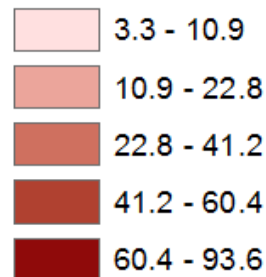
# Broad Reach of the Campaign

## Representatives have:

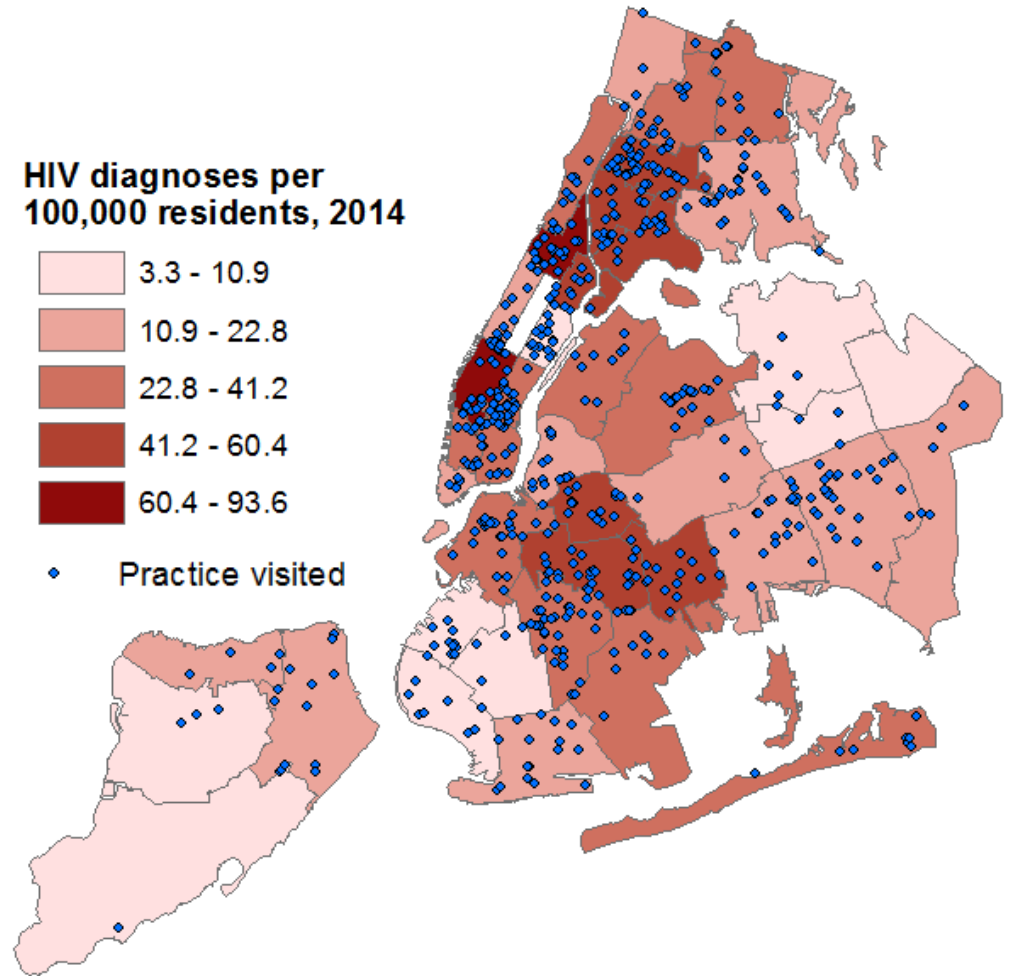
- Visited approximately **1,300** facilities
- Interacted with over **5,000** clinical staff
- Detailed almost **2,500** prescribing providers



HIV diagnoses per  
100,000 residents, 2014



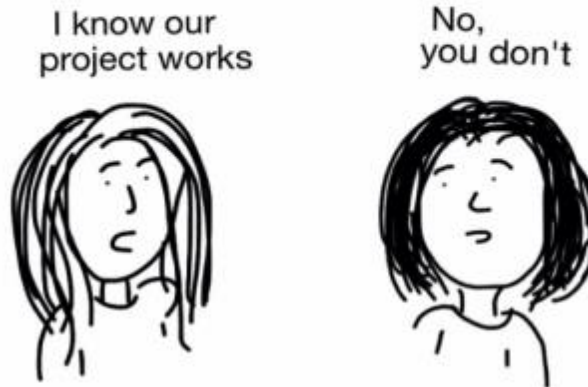
◆ Practice visited



# Campaign Monitoring and Evaluation

- Database with line-level data on each provider visit
- Structured, standardized provider assessment
- Detailer field notes and weekly feedback
- Online follow-up survey

At the beginning of every evaluation...



Courtesy <https://www.nten.org>

# Standardized Provider Assessment

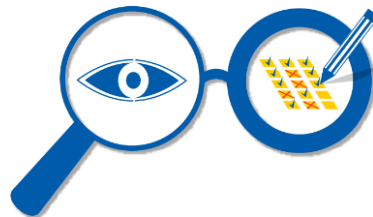
## Brief questionnaire at initial and follow-up calls:

- Asked at the beginning of every initial and follow-up call
- **Dual purpose:** 1. Informs approach for discussion; 2. Measures adoption of Key Messages and related knowledge/attitudes

## NYC Example Questions

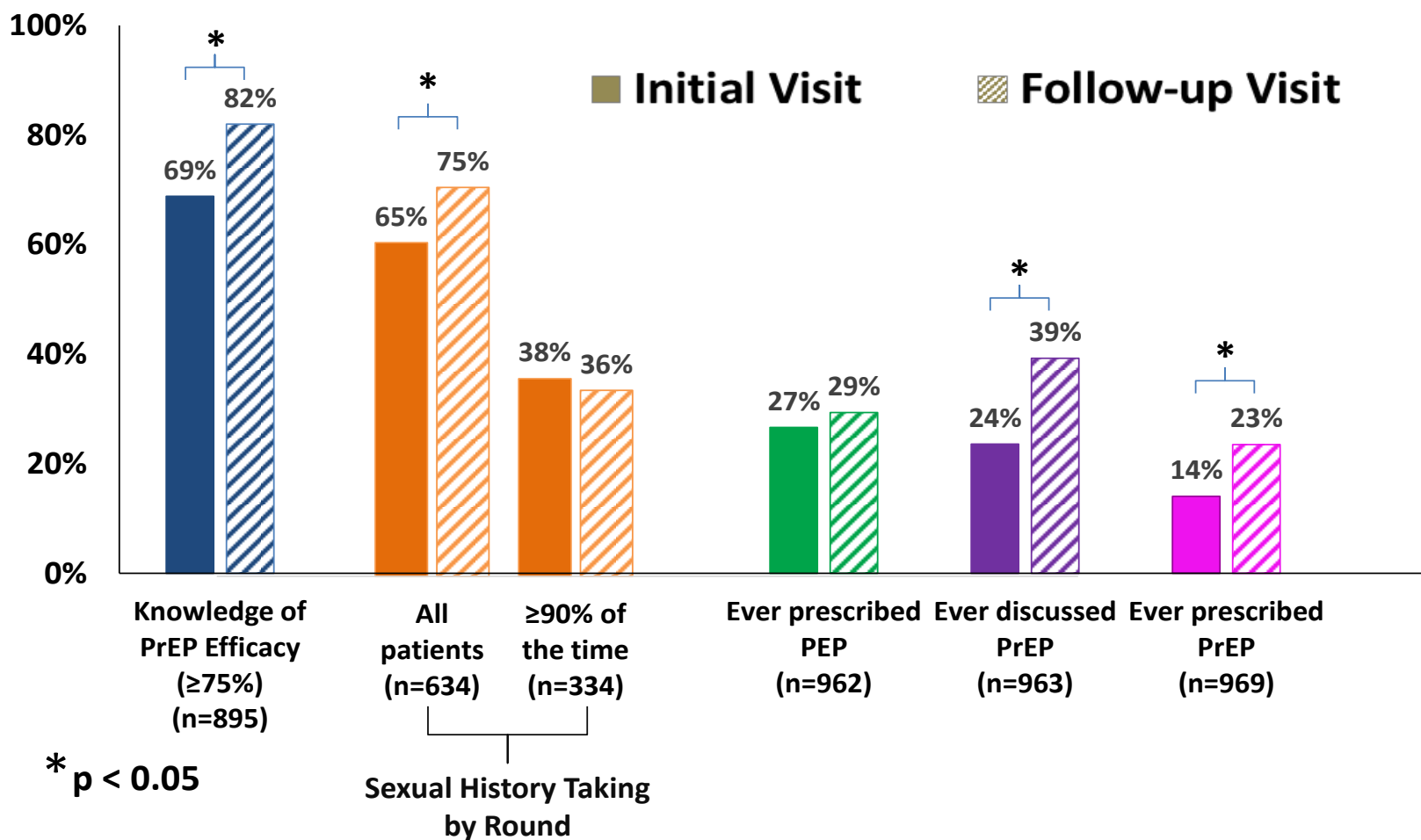
- *Do you take a sexual history from all patients?*
- *Have you ever prescribed PEP for non-occupational exposure?*
- *Have you ever discussed PrEP with your patients?*
- *Have you ever prescribed PrEP to your patients?*

**Data Analysis:** Compared provider responses initial vs. follow-up call; only among providers queried at both



# Positive Change in Key Practices

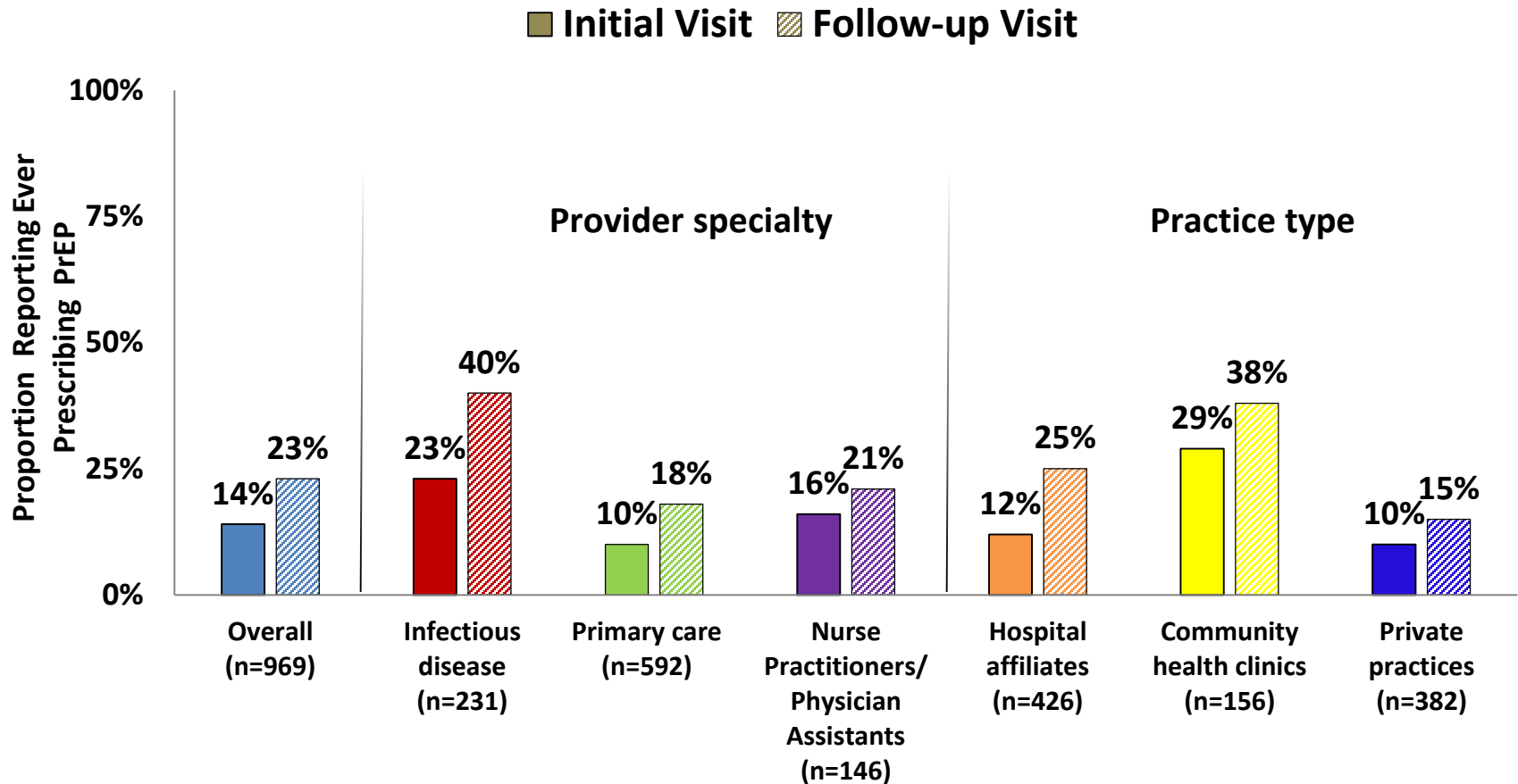
PrEP-Related Knowledge and Practices Among Detailed Providers with Initial and Follow-up Visits, NYC, **October 2014-April 2015**





# Change Seen in All Practice and Provider Types

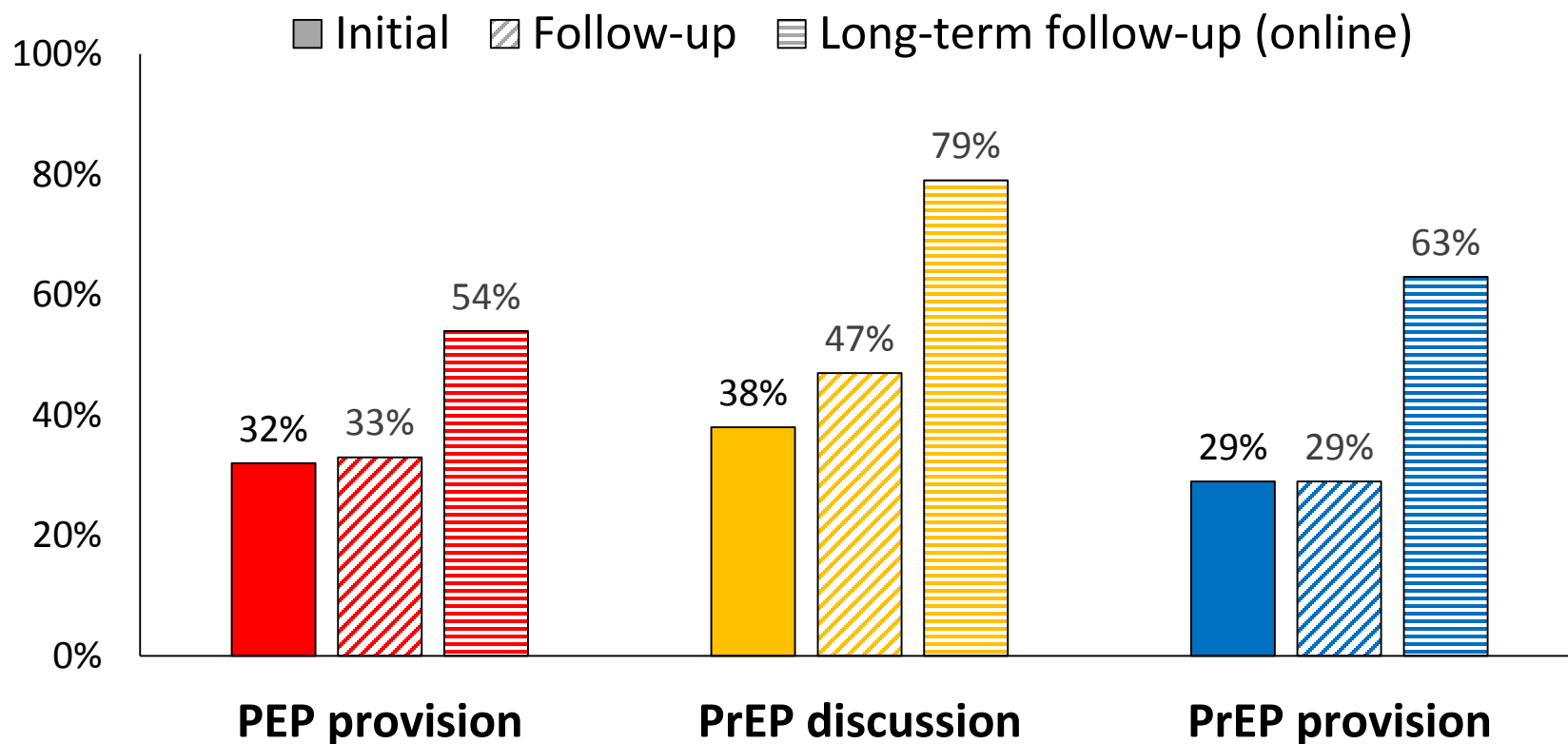
PrEP Prescribing by Provider Specialty and Practice Type, Among Detailed Providers with Initial and Follow-up Visits, NYC, October 2014-April 2015\*



\*Change in proportion reporting ever prescribing PrEP from initial to follow-up visit is statistically significant overall and within every strata shown above ( $p < 0.05$ )

# Increase Maintained 8-12 Months Later

Key practices over time among detailed providers who responded to an online survey 8-12 months post-campaign, NYC, Dec 2015-Jan 2016, (n=102)



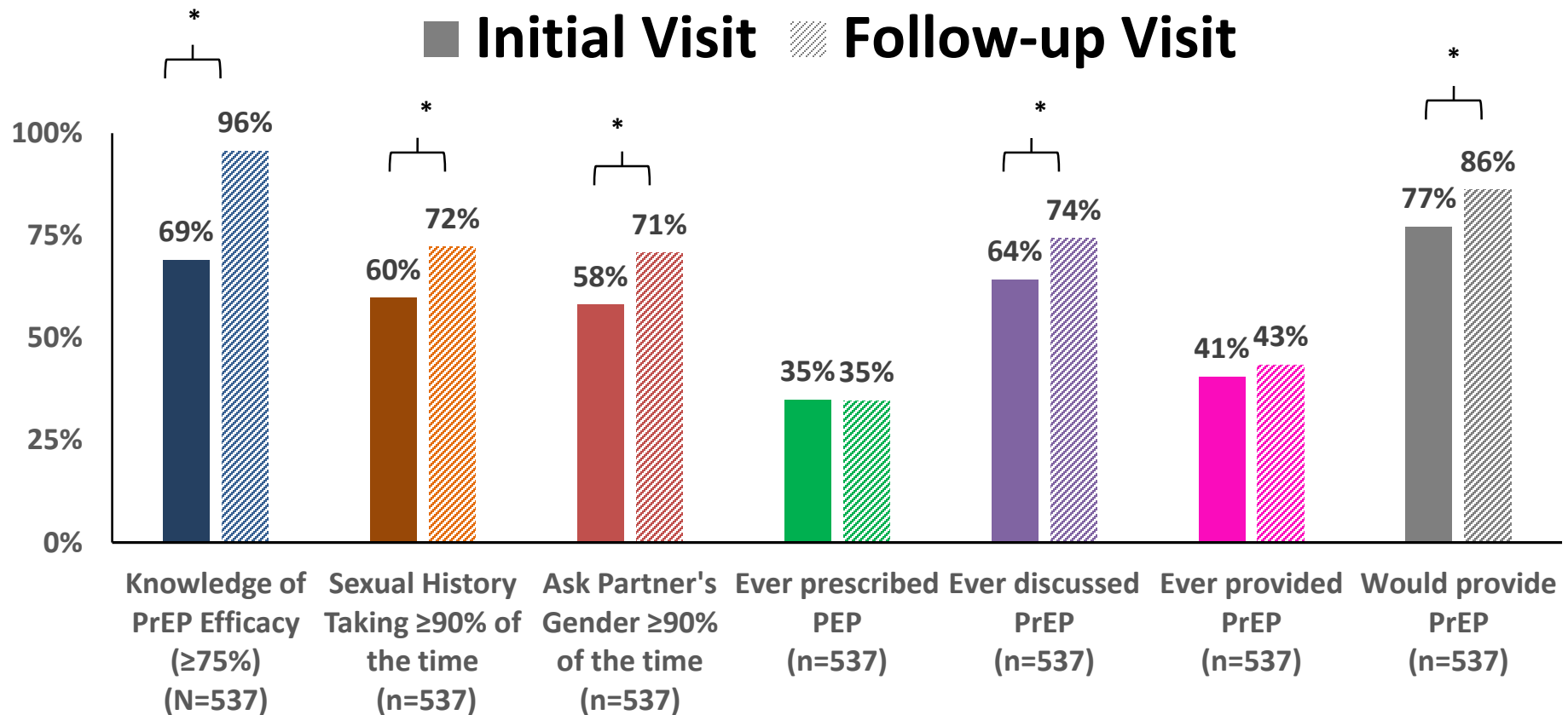
# PrEP and PEP Detailing in 2016 and 2017

- 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)



# More Increases – From Prior Round and Within these Rounds

PrEP-Related Knowledge and Practices Among Detailed Providers with Initial and Follow-up Visits, NYC, 2016-2017



\* $p < 0.05$

# Provider Testimonials

## **PrEP & PEP are meaningful to providers!**

- Upon hearing about the current incidence of HIV:  
**“This shouldn’t be the case. We need to do better.”**
- **“This medication [PrEP] is a godsend.”**
- The Action Kit is **“what doctors need: a clinic resource.”**

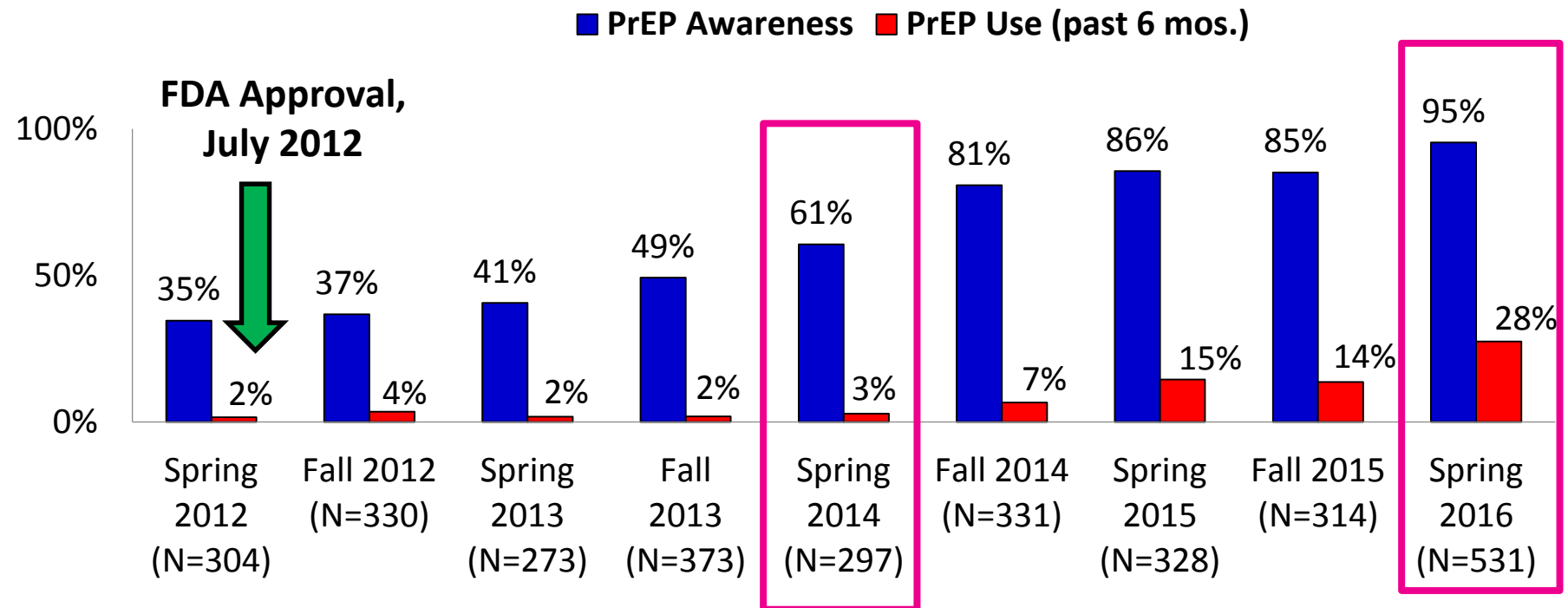
# Summary

- Conducted detailing on PrEP and PEP prescribing and associated best practices, visiting approximately 2500 providers in total
- Improvements seen in PrEP prescribing and other key practice
- Feedback suggests that tools and materials made a difference



# Data Suggest PrEP Utilization Increased

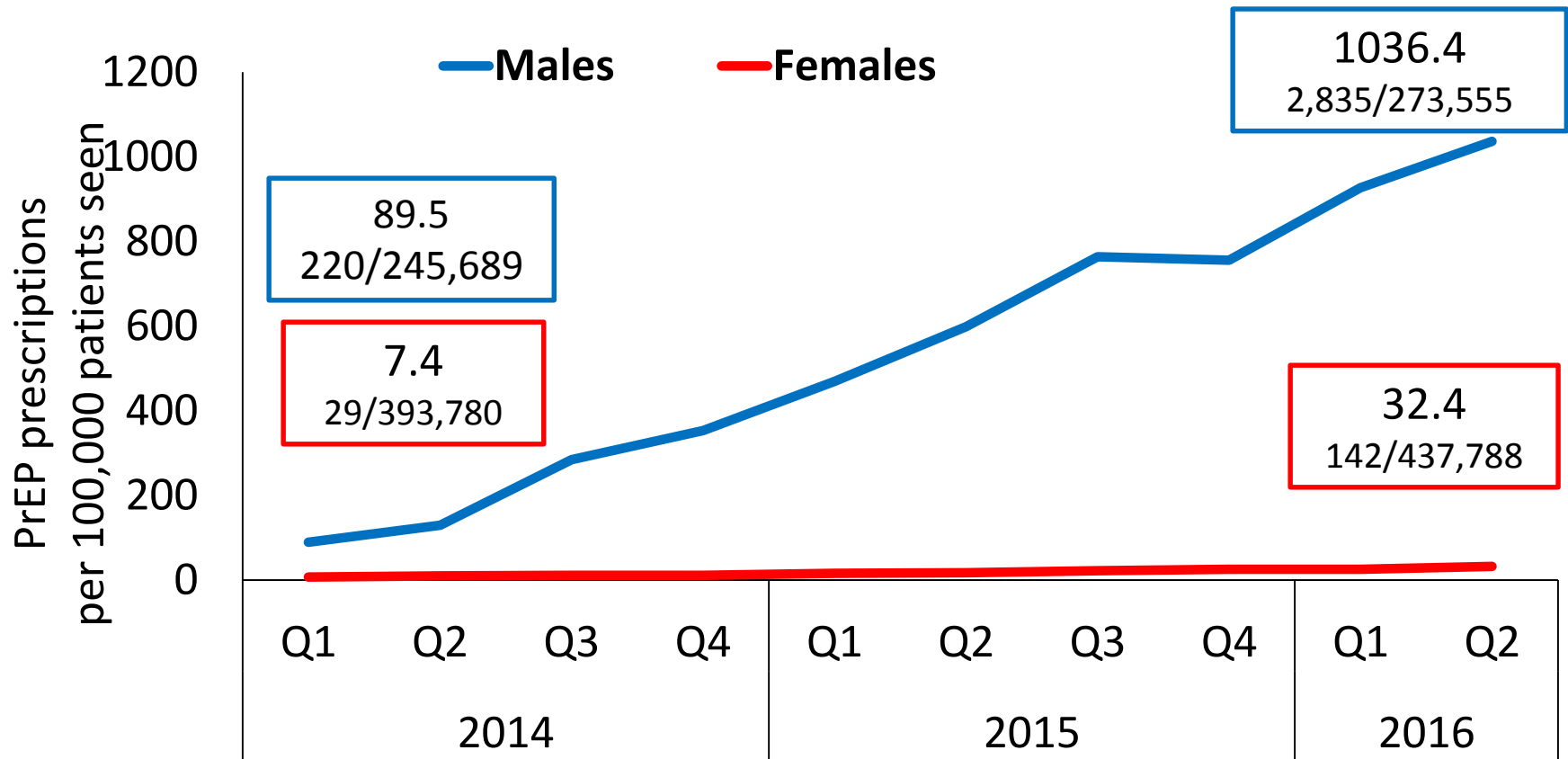
## PrEP Awareness and Use among MSM\*, Sexual Health Survey, Online Sample, NYC, 2012-2016



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

# ... Though Not as Much among Women

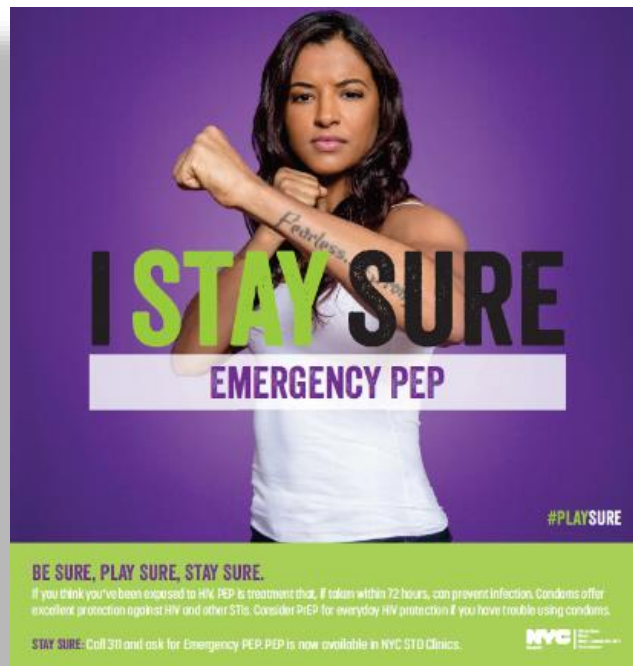
PrEP prescription rates per 100,000 patients seen in 602 ambulatory care practices, by sex, NYC, 2014-2016





# Next Steps

- Detailing among women's healthcare providers – Spring 2018
- Capacity Building Assistance and Trainings – PrEP Detailing Institute, Feb, 2018



# A Note on Scalability

## Facilities:

- Target practices & providers that will have the highest impact

## Action Kits:

- Toolkits can include basic printed guidelines and flyers
- Can distribute electronic version to providers

## Personnel:

- Departmental staff and interns can be trained as detailers



# Welcome to Your New Comfort Zone: Calls to Action


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- Be responsive to the impacted community – listen to activists
- Challenge your providers to start the discussion - take the onus off the patient
- Broaden your provider base to promote health equity
- Be a PrEP/PEP Champion – Break through provider barriers to be a part of ending of the epidemic

**PrEP  
Champion**



# Acknowledgements



**The NYC DOHMH Team:** Julie Myers, Demetre Daskalakis, Anisha Gandhi, Paul Salcuni, Amanda Wahnich, Adriana Andaluz, Elizabeth Thomas, Ben Tsoi, Arjee Restar, Amanda Reid, Amina Khawja, Paul Santos, Monica Gierada, Michelle Dresser, Sue Blank, Jay Varma, Mary Bassett

**Our Detailers:** Maryellen Lively, Alex Cherisme, Gregory Gattereau, Jacqueline Kirkland, Stanford Smith, Jeffrey Watson, Larry Henson, Javan Wakefield, Christine DeCanio, Arthur Henry

# Contact information

Zoe Edelstein

[zedelst1@health.nyc.gov](mailto:zedelst1@health.nyc.gov)

Anisha Gandhi

[agandhi@health.nyc.gov](mailto:agandhi@health.nyc.gov)

**To access NYC PEP & PrEP Resources, including Detailing Action Kits:**

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