Implementing PrEP for HIV Prevention: State-wide Initiatives and Provider Experiences

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Disclosures

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Learning Objectives

1. Describe at least one challenge that providers have experienced in adopting PrEP into clinical practice
2. Describe at least one way in which providers have found success in adopting PrEP into clinical practice
3. List at least two activities that the Massachusetts Department of Health is doing to support PrEP implementation
4. List at least two activities that the Connecticut Department of Health is doing to support PrEP implementation
Providers’ Firsthand Experiences with PrEP Initiation and Clinical Management: A Qualitative Study

Sarah K. Calabrese
Yale School of Public Health
Background
There is an Unmet Need for PrEP in the U.S.

- ~50,000 new HIV infections per year in the U.S. (CDC, 2014)

- Only a fraction of people who could benefit from PrEP are currently taking PrEP (Bush et al., 2014; Flash et al., 2014; Mera et al., 2013, 2014; Grant et al., 2015)

- Many members of high-incidence populations have expressed a desire to use PrEP (e.g., Brooks et al., 2015; Cohen et al., 2015; Flash et al., 2014; Stein et al., 2014)

- Potential PrEP users have reported interest in learning about PrEP from a diversity of healthcare providers and in a diversity of settings (Auerbach et al., 2014; Underhill et al., 2014)
Providers Report Numerous Barriers to Uptake

1. Difficulty determining eligibility
2. Concerns about adherence
3. Anticipated behavior change/risk compensation
4. Possible side effects
5. Uncertainty about financial coverage
6. Concerns about implementation logistics/fitting PrEP into clinical practice

(Adams et al. 2015; Blumenthal et al., 2015; Karris et al., 2014; Krakower et al., 2014; Mullins et al., 2015; Sharma et al., 2014)
Study Objective:

- To describe healthcare providers’ early experiences with PrEP implementation in clinical practice, including prescribing considerations and logistical challenges
Methods
Qualitative Interview Study
September 2014 - February 2015

- $n = 18$ U.S. providers with experience prescribing PrEP
- Participants recruited via referral from colleagues and other participants and direct outreach
- One-on-one, 90-minute semi-structured interviews conducted in person or by phone
- Interviews transcribed and thematically analyzed using NVivo software
Participant Characteristics (n = 18)

- **Age (years)**
  - Mean (SD) = 43.2 (8.3)
  - Range = 31 - 53

- **Race**
  - 39% White
  - 33% Asian
  - 11% Black
  - 17% Other

- **Gender**
  - 72% Men
  - 17% Women
  - 6% Other

- **Sexual Orientation**
  - 56% Heterosexual
  - 44% Gay

- **Education (highest degree)**
  - 94% MD
  - 6% Other
Participant Characteristics (n = 18)

- **Practice Setting***
  - 50% university/academic
  - 33% hospital
  - 17% community health center
  - 6% private practice

- **Medical Specialization**
  - 94% HIV and/or ID Specialist
  - 18% PCP

- **PrEP Rx for Research**
  - 39% Providers
    - Median = 145 Patients
    - Range = 1 - 300

- **PrEP Rx in Practice**
  - 94% Providers
    - Median = 6 Patients
    - Range = 2 – 56

*categories not mutually exclusive
* n = 17
Positive Overall Experience with Clinical Management of PrEP

- It’s gone very well
  - 36yrs, Asian

- It’s pretty good
  - 48yrs, Latino

- I haven’t had any issues so far
  - 31 yrs, Asian

- Both [patients] have done well
  - 43 yrs, White
Experience Relative to Barrier 1: Determining Eligibility

- Joint decision-making process with patient

36yrs, Asian

My approach with all this is harm reduction, so try to meet people where they're at. So I really try never to tell people what to do. I really try to work with them to come up with a plan that's right for them.

31yrs, Black

We are giving them a choice. We're empowering them to sort of be their own doctor.
Experience Relative to Barrier 1: Determining Eligibility

- CDC guidelines often referenced
- Other factors considered

We don’t wait for someone to be at risk. We also offer it to them, like, “Do you – could you see yourself, in the future, being at risk? Is this something that you could incorporate into your life?”

…Like, women who are on – starting birth control pills, often will start on the pill before they are at risk for pregnancy.

…I think it should be the same way [for PrEP].
Experience Relative to Barrier 1: Determining Eligibility

- Other factors considered

35yrs, Asian

If they are just going to tell me…

“I know my transmission risk is really low, but psychologically I really want to be on this drug because it would make me feel that I can be more intimate with my partner”

… then I will prescribe it.
Experience Relative to Barrier 2: Adherence

- Strong adherence among motivated PrEP-seekers

Individuals who are actively… taking PrEP right now are the extremely highly motivated. And these are…what we consider as healthcare providers to be "good patients."

...They do as we ask them to do. They come back on time. They remember their appointments. And they're pretty much on top of all of it.

33yrs, Asian
Experience Relative to Barrier 2: Adherence

- Target demographic unaccustomed to pill-taking and medical visits

37yrs, Latina

It's just so different when I have my HIV clinic and when I have my PrEP clinic. [In my] HIV clinic, I have all my patients show up, you know, 'cause they have a problem.

…but the PrEP [patients]…they just don't feel that they're sick. Why should they go or why should they follow up?…They don't feel that they need to take it every day.
Experience Relative to Barrier 3: Behavior Change/Risk Compensation

- Most patients reported no change in condom use
- Some patients reported decreased risk (e.g., # partners)
  - Greater health awareness/empowerment/engagement in care

36yrs, Asian

So just knowing he had to see me every three months and that I was going to ask him questions like, “How many people have you had sex with? Are you still using condoms?”

…He felt like he was a little more accountable to me and therefore was paying a little more attention to his own health.

- Supportive, nonjudgmental reactions to increased risk behavior
Experience Relative to Barrier 4: Side Effects

- PrEP was well tolerated with no side effects among most patients

I do think that you have to have a higher standard of safety for people who are negative than you do for the people who are positive.

53yrs, White
Experience Relative to Barrier 5: Financial Access

- Most patients were able to access coverage, but navigating insurance or assistance program requirements was sometimes laborious
- PrEP access paradox

36yrs, Asian

We have gone through the Gilead Assistance Program... for people without insurance and that's worked well, they've covered people without insurance or below a threshold income.

They get covered and we've done that for several patients. But it's these people that do have insurance, but just have these really high deductibles that have this problem...

They just do not get PrEP.
Experience Relative to Barrier 6: Implementation Logistics/Fitting PrEP into Clinical Practice

- Tailored treatment plans
- Collaboration between HIV specialists and primary care providers
- Leadership and teamwork at implementation sites

We came up with a PrEP working group… a multidisciplinary team to figure out how we could incorporate PrEP into our practice.

…I volunteered to be the PrEP champion, we call it, in our clinic, which would be the point person or provider who would lead the initiative on prescribing PrEP.

36yrs, Black
Conclusions
Implications for PrEP Implementation

- Overall, providers reported favorable experiences with PrEP initiation and monitoring.

- Providers indicated commonly anticipated problems were minimal (e.g., side effects, sexual risk compensation) or manageable (e.g., financial access) relative to most patients.
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  - Nathan B. Hansen
  - Trace S. Kershaw
  - Joseph R. Betancourt
- Other Collaborators
  - Douglas Krakower
  - Kristen Underhill
- RA and Student Volunteer
  - Adam Eldahan
  - Lauren Gaston-Hawkins
- Yale University Center for Interdisciplinary Research on AIDS
Thank you!

- Email: sarah.calabrese@yale.edu
Clinical Challenges
Prescribing PrEP

David St. George PA-C
Introduction

David St. George PA-C

- Practicing since 2011
- Experience in Suboxone, Interventional Pain Management
- Fenway Health for 2.5 years with a panel of ~1,500 patients

- 90% of patients are younger than 50
- Male Patients 1279 (84%), Female Patients 233 (16%)
- HIV+ 97
- Transgender 99
- On PrEP 126 (8%) (One female patient)
First Visit, First Challenge

- Determining Eligibility for PrEP
  - Get to know your patient – Creating an environment to have an open conversation regarding sexual health
  - Overcoming insecurities – It’s difficult to have a conversation with an individual from a community you may know little about
  - Obtaining detailed sexual history – Understanding a patient’s risk
  - Reviewing other risks for HIV acquisition – Crystal meth, alcohol

- CDC Recommendations
Initiation of PrEP, 2nd Challenge

- Speaking Confidently about PrEP
  - Tell me what you know already...
  - Review the basics
  - Why is this something we do?
  - The discussion about adherence
  - Side effects
  - Cost
  - Labs
  - Follow up
Follow Up

- One Month Follow Up
  - How’s it going?
  - Review side effects
  - Discuss adherence
  - Feelings with being on this medication
  - Sex history over the last month

- Routine Follow Up
  - Discuss above
  - Labs
Patient Resources

- Prepfacts.org

- Gilead Co-Pay Card (gileadcopay.com)
Promoting PrEP in Massachusetts

Barry Callis
Office of HIV/AIDS (OHA)
Bureau of Infectious Disease
Overview

- Getting started
- Community advisory
- Early adopters
- Expanded access and strategic utilization
Getting Started

- Formed PrEP work group
- Conducted stakeholder consultations
- Formed PrEP Clinical Advisory Group
- Component of population health promotion
Community Advisory

- Community forums
- MA Integrated Prevention and Care Committee (MIPCC)
- Statewide Consumer Advisory Board (SWCAB)
- PrEP Clinical Advisory Group (PCAG)
- National Alliance of State and Territorial AIDS Directors (NASTAD)
Early Adopters

- Conducted provider capacity assessments
- Identified pilot sites – community health centers and safety net hospitals
- Allowable resources for PrEP services
- Screening and enrollment procedures
- Support for peer-to-peer learning
Expanded Access and Strategic Utilization

- Community engagement
- Capacity assessment
- Primary care provider education/training
- PrEP public information/literacy campaign
- Consumer education
- Assessment of provider readiness
- Address gaps in access
Acknowledgements

- Dawn Fukuda, Director, Office of HIV/AIDS
- Boston Public Health Commission
- OHA staff
- Funded prevention & screening and medical case management providers
- Members of advisory committees
- Consumers of PrEP services
Connecticut DPH Community PrEP implementation Summit

Marianne Buchelli, MPH, MBA
CT DPH Health Program Supervisor
Agenda

- Background
- Summit Goal
- CT PrEP Awareness and Implementation Strategy
- Process to date
- Summit Outcomes
- Next Steps
PrEP Implementation

Background

In 2013, DPH began to plan for enhance educational and promotional activities geared towards PrEP Implementation and education in CT. A PrEP summit was planned to address this.

Goal: The goal of the PrEP Summit was to bring awareness to PrEP as a prevention tool for at risk populations, and educate the community about PrEP initiatives currently being implemented by providers and the DPH in CT.
PrEP Awareness Strategy: Process to Date

- **April 2014**: DPH ordered PrEP Education and information from Project Inform. Information available at the Community Distribution Center.

- **May 2014**: DPH participates in PrEP Interest Work Group

- **June 2014**: DPH initiated a Capacity Building Assistance (CBA) Request through the CDC for a PrEP training for health departments.

Strategy Process to Date

- **October 2014:** DPH staff attended the CDC sponsored PrEP training titled ‘**HIV Pre-Exposure Prophylaxis for Health Department Supporting Implementation**.’ This training was provided by Center for Health & Behavior Training (CHBT)

- **December 2014:** DPH hosts 2014 PrEP Summit
2014 PrEP Summit

- On December 10, 2014, CT DPH successfully held its first PrEP Summit at Four Points in Meriden, CT.
- Over 110 persons registered for the event, and 100 persons attended the summit.
- A variety of providers from all over CT and MA attended the conference.
PrEP Summit

Summit included the following:

- Overview of PrEP from DPH staff

- A video showing what PrEP is

- Panel speakers that shared their experiences with implementing PrEP programs in CT, and research scientists currently implementing studies about PrEP in the community.
2015 Strategy Process to Date

- **January 2015:** DPH updates PrEP Provider List
- **February–present 2015:** Began planning the PrEP social marketing campaign strategy
- **May 2015:** PrEP print material and bus ad campaign Prototype developed
- **June 2015:** Pilot social marketing materials with HIV care and prevention sites
PrEP Print Material Prototype

Special Thanks to: The New York City Department of Health and Mental Hygiene for PrEP printed materials.
PrEP Bus Ad Campaign Prototype

Special Thanks to: The New York City Department of Health and Mental Hygiene for PrEP printed materials
Summit Outcomes

- Integrated a PrEP component into HIV care and prevention trainings.
- Continue to expand PrEP awareness in CT using social media and other CDC PrEP social marketing campaigns.
- PrEP section on the CT DPH website: ct.gov/dph
What is Pre-exposure Prophylaxis (PrEP)

“PrEP” stands for Pre-Exposure Prophylaxis. The word “prophylaxis” means to prevent or control the spread of an infection or disease. Pre-exposure prophylaxis is the use of antiretroviral (ARV) medication to prevent possible HIV infection with HIV-negative individuals who may be at higher risk of infection.

The goal of PrEP is to prevent HIV infection from taking hold once exposure to the virus has occurred - this is done by taking one pill (Truvada®) every day. As of July 16, 2012, Truvada (Gilead Sciences) is the only ARV approved by the U.S. Food and Drug Administration (FDA) for use as PrEP. Truvada® is a combination of emtricitabine and tenofovir, some of the same antiretroviral medicines used to keep the virus under control in people who are already living with HIV. PrEP is currently recommended for sexually active men who have sex with men (MSM), heterosexual men, women, and intravenous drug users (IDU). Additional information on PrEP is available on the U.S. Centers for Disease Control and Prevention (CDC) website.

Why take PrEP?

With 50,000 new HIV infections each year in the United States, and no cure or vaccine available, prevention is key. When taken every day, PrEP can provide a high level of protection against HIV, and is even more effective when it is combined with condoms and other prevention tools. In several studies of PrEP, the risk of getting HIV infection was much lower — up to 92% lower — for those who took the medicines consistently than for those who didn’t take the medicines. Read more about it at http://www.cdc.gov/hiv/basics/prep.html.

The list below contains known centers that provide PrEP. If any of these centers can’t provide PrEP due to insurance plan or lack of insurance, then request referrals to other local providers if they are aware of them. As awareness and acceptance of PrEP continues to grow, this resource will be updated with the additional information.
<table>
<thead>
<tr>
<th>PrEP Program</th>
<th>Address</th>
<th>Telephone</th>
<th>Program Contact</th>
<th>Program Email</th>
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</thead>
<tbody>
<tr>
<td>City of Hartford</td>
<td>131 Coventry Street Hartford, CT 06112</td>
<td>860-757-4846</td>
<td>Carol Steinke</td>
<td><a href="mailto:Steic001@hartford.gov">Steic001@hartford.gov</a></td>
</tr>
<tr>
<td>Yale New Haven Hospital (YNHH)</td>
<td>20 York Street, cb 85 New Haven, CT 06510</td>
<td>203-688-3297</td>
<td>June Holmes</td>
<td><a href="mailto:june.holmes@ynhh.org">june.holmes@ynhh.org</a></td>
</tr>
<tr>
<td>Southwest Community Health Clinic (SCHC)</td>
<td>46 Albion Street Bridgeport, CT 06605</td>
<td>203-332-3518</td>
<td>Gary Spinner, PA Willy Quesada</td>
<td><a href="mailto:wquesada@swchc.org">wquesada@swchc.org</a></td>
</tr>
<tr>
<td>Fair Haven Community Health Center (FHHC)</td>
<td>374 Grand Avenue New Haven, CT 06513</td>
<td>203-752-5125</td>
<td>Dr. Krystn Wagner</td>
<td><a href="mailto:k.wagner@fhhc.org">k.wagner@fhhc.org</a></td>
</tr>
<tr>
<td>Cornell Scott Hill Health Corp</td>
<td>428 Columbus Avenue New Haven, CT 06519</td>
<td>203-503-3550</td>
<td>Delores Greenlee</td>
<td><a href="mailto:dgreenlee@cornellscott.org">dgreenlee@cornellscott.org</a></td>
</tr>
<tr>
<td>The Waterbury Hospital</td>
<td>140 Grandview Avenue, Suite L-01 Waterbury, CT 06708</td>
<td>203-574-4187</td>
<td>Dr. Steve Aronin</td>
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<tr>
<td>Circle Care Center, World Health Clinicians, Inc</td>
<td>618 West Avenue, Norwalk, CT 06850</td>
<td>203-852-9525</td>
<td>Dr. A.C. Demidont</td>
<td><a href="mailto:acdemidont@whccc.org">acdemidont@whccc.org</a></td>
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<tr>
<td>CCMC/UCONN Pediatric, Youth + Family HIV Program</td>
<td>CT Children’s Medical Center 282 Washington St., 2L Hartford, CT 06106</td>
<td>860-545-9490</td>
<td>Gail Karas, RN</td>
<td><a href="mailto:Gkaras@connecticutchildrens.org">Gkaras@connecticutchildrens.org</a></td>
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<tr>
<td>Rockville General Hospital</td>
<td>145 Union Street, Vernon Rockville, CT 06606</td>
<td>860-872-5158</td>
<td>Jonnie Garcia, LPN (client must be partners with existing patient)</td>
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<td>University of Connecticut Health Center</td>
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</tbody>
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For more information or if you have questions about High Impact Prevention strategies, such as PrEP, please contact Marianne Buchelli, Health Program Services Supervisor at 860-509-8053 or email at marianne.buchelli@ct.gov

Connecticut Department of Public Health
HIV Prevention Program • 860-509-7801
www.ct.gov/dph
Next Steps

- Continue to updated and redistribute a PrEP providers list
- Run PrEP Awareness Bus Ad campaign in Connecticut's three largest cities (i.e., New Haven, Bridgeport and Hartford) from August 31, 2015-July 31, 2016.
- As requested by the first PrEP Summit participants, a second PrEP summit is scheduled for October 2015.
- Collaborate with providers through participation on the New England HIV Implementation Science Network (concept papers and evaluation projects).
Next Steps (Cont.)

- Work with Ryan White Programs to develop a mechanism to pay for PrEP medications with state funding.
- Outreach, Testing and Linkage (OTL) Staff will educate and provide information to targeted HIV risk populations local areas PrEP providers contact information.

![Daily PrEP to prevent HIV](image1)

If you are HIV-negative and concerned about exposure to HIV, ask your doctor if PrEP (Pre-exposure Prophylaxis) may be right for you.

PrEP is a daily pill that can protect you from HIV as long as you take it every day.

Condoms provide additional protection against HIV, most sexually transmitted infections and unintended pregnancy.

Many insurance plans, including Medicaid, cover PrEP. Assistance may be available if you are uninsured.

PrEPNowCT.org for more information.

For further information, please contact:

Dr. Krystn Wagner (203) 752-5125

Provider Contact Info
Thank You!
Questions?

- Type your questions into the Q&A box on the right hand side of your screen.
- Send the questions to the “Webinar Host” and don’t forget to click submit!