

Addressing Barriers to PrEP Uptake through Client-Centered Care Coordination



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BACKGROUND

Though the efficacy of PrEP as a biomedical tool to prevent HIV infection is well documented, uptake has been slow. This is particularly true for some populations disproportionately burdened by HIV incidence, including MSM of color and cisgender women of color.

Improving PrEP utilization will require addressing challenges such as cost and competing priorities.

Status-Neutral Care Coordination (SNC), an Ending the Epidemic (EtE) funded program in New York City, utilizes a client-centered care coordination approach to connect individuals at risk of HIV infection to PrEP, psychosocial support and medical services.

We examined PrEP utilization within the SNC client population. The program prioritizes individuals at increased risk of HIV exposure.

METHODS

SNC client level data were obtained from the electronic System for HIV/AIDS Reporting & Evaluation (eSHARE) on individuals who

- were enrolled between January 1, 2017 and July 31, 2018,
- completed an intake assessment and
- received at least one non-intake service

Definitions

- **PrEP Indication:** Among HIV-negative clients not currently on PrEP, self-report of:
 - any of the following in the past 6 months: condomless sex, HIV-positive sexual partner, transactional sex, PEP use, stimulant or injection drug use
 - STI diagnosis in past 12 months or
 - perceived benefit of being on PrEP
- **Navigation Services:** services provided to streamline a client's linkage to care
- **Linkage to PrEP Provider:** at least one completed appointment with a PrEP provider
- **Linkage to non-PrEP Services:** at least one completed appointment with a healthcare or social service provider

RESULTS

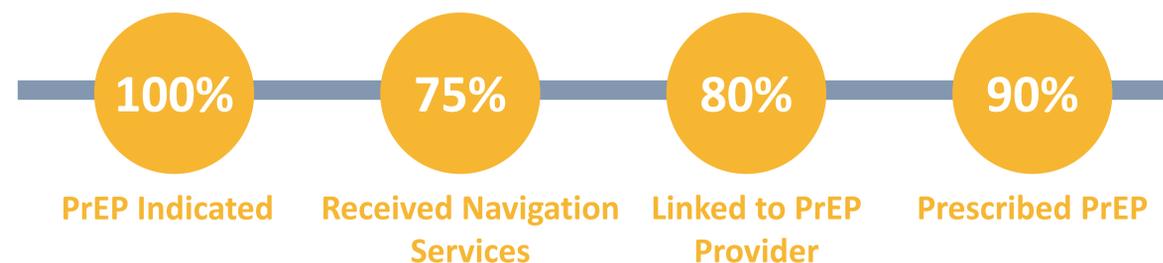
Among 1,346 SNC clients enrolled between January 2017 and July 2018, **PrEP was indicated for 91%**. While the majority (68%) had heard of PrEP, **only 20% reported ever using PrEP** prior to enrollment.

Of PrEP candidates, **75% received navigation services** such as insurance enrollment and communication with a medical provider, to facilitate a PrEP appointment. Among PrEP candidates who received navigation services, **80% completed an appointment with a PrEP provider**, and **90% of those received a prescription for PrEP**.

PrEP candidates were also navigated (76%) and connected (38%) to other services, most often related to health insurance, food/nutrition, PEP, mental health, housing, primary medical care and/or legal support. Cisgender women of color and persons who engage in transactional sex who received navigation services were linked to non-PrEP services at the highest rates (72% and 73%, respectively).

MSM PrEP candidates had the highest PrEP linkage rate, while women of color and persons engaging in transactional sex for whom PrEP was indicated were connected to a PrEP provider at much lower rates.

Nested¹ PrEP Care Cascade among PrEP Candidates Enrolled in SNC



¹Denominator for each stage after "PrEP Indicated is the numerator from the preceding stage

SNC Service Utilization among PrEP Candidates by Priority Population Groups²

	Total Client Population		Navigated to PrEP Provider		Linked to PrEP Provider		Navigated to Non-PrEP Services		Linked to Non-PrEP Services	
	N	%	N	%	N	%	N	%	N	%
MSM	564	41.9	513	91.0	433	84.4	456	80.9	169	37.1
MSM of color	327	24.3	291	89.0	242	83.2	264	80.7	115	43.6
Cisgender women of color	177	13.2	91	51.4	62	68.1	129	72.9	93	72.1
Serodiscordant partnership	150	11.1	128	85.3	98	76.6	115	76.7	73	63.5
Young MSM (13-24y)	89	6.7	81	91.0	65	80.2	66	74.2	31	47.0
Transactional sex	67	5.0	41	61.2	27	65.9	52	77.6	38	73.1
Transgender WMSM³	21	1.6	15	71.4	12	80.0	16	76.2	9	56.3

²Priority populations are not mutually exclusive. A single client might qualify for multiple population groups.

³Transgender women and men who have sex with men

CONCLUSIONS

High PrEP linkage rates among SNC clients demonstrate that patient navigation can promote access to PrEP for those who most need it.

Rates of linkage among individuals receiving navigation support for PrEP, such as assistance with payment, insurance coverage, and appointment management were high, suggesting this type of support may facilitate successful linkages.

Lower PrEP navigation and linkage rates among cisgender women of color and persons who engage in transactional sex suggest there are unaddressed barriers to PrEP utilization within these populations.

However, it is notable that both of the above population groups were connected to non-PrEP services at the highest rates, an indication that they may have the most support service needs and may consider PrEP a low priority.

LIMITATIONS

This program does not collect data on PrEP adherence or length of time clients continue their PrEP regimen post-linkage. Therefore, it is unclear what proportion of clients remain on PrEP after receiving a prescription through SNC's linkage efforts.

However, SNC clients receive health education and non-PrEP services that may also reduce their risk of HIV exposure.

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