



2018 NATIONAL
RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

Leveraging the Ryan White System to Improve Access to PrEP and Other Services

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Background

- Advent of **PrEP** and **PEP** to prevent HIV infection has underscored need to offer continuum of care for those at risk of HIV infection
 - Including addressing all physical and psychosocial needs that may be barriers to PrEP/PEP adherence
- Active **Ryan White Medical Case Management** programs received funding through the New York City Council to:
 - Expand their services to include HIV- individuals at risk of HIV infection
 - Use existing infrastructure to increase reach to clients in need of prevention services
- **Status-Neutral Care Coordination (SNC)** contracts were awarded to **6 clinic-based** and **2 non-clinic-based** sites

Medical Case Management and SNC

RWHAP MEDICAL CASE MANAGEMENT

HIV+



Address HIV Healthcare disparities by facilitating access to care and other services

Leads orientation, **assessment** and **care planning**
 Verifies program eligibility
Coordinates with medical providers
 Facilitates **case conferences**

Provides **health education**
 Provides mDOT and **accompaniment** to appointments
 Provides **navigation** and **support** to clients
 Provides **appointment reminders** and follow-up
 Provides **linkages** to needed services
 Leads client **engagement** and **re-engagement** in service elements
 Participates in **planning** and **assessment** activities



CARE COORDINATOR

NAVIGATOR

STATUS-NEUTRAL CARE COORDINATION

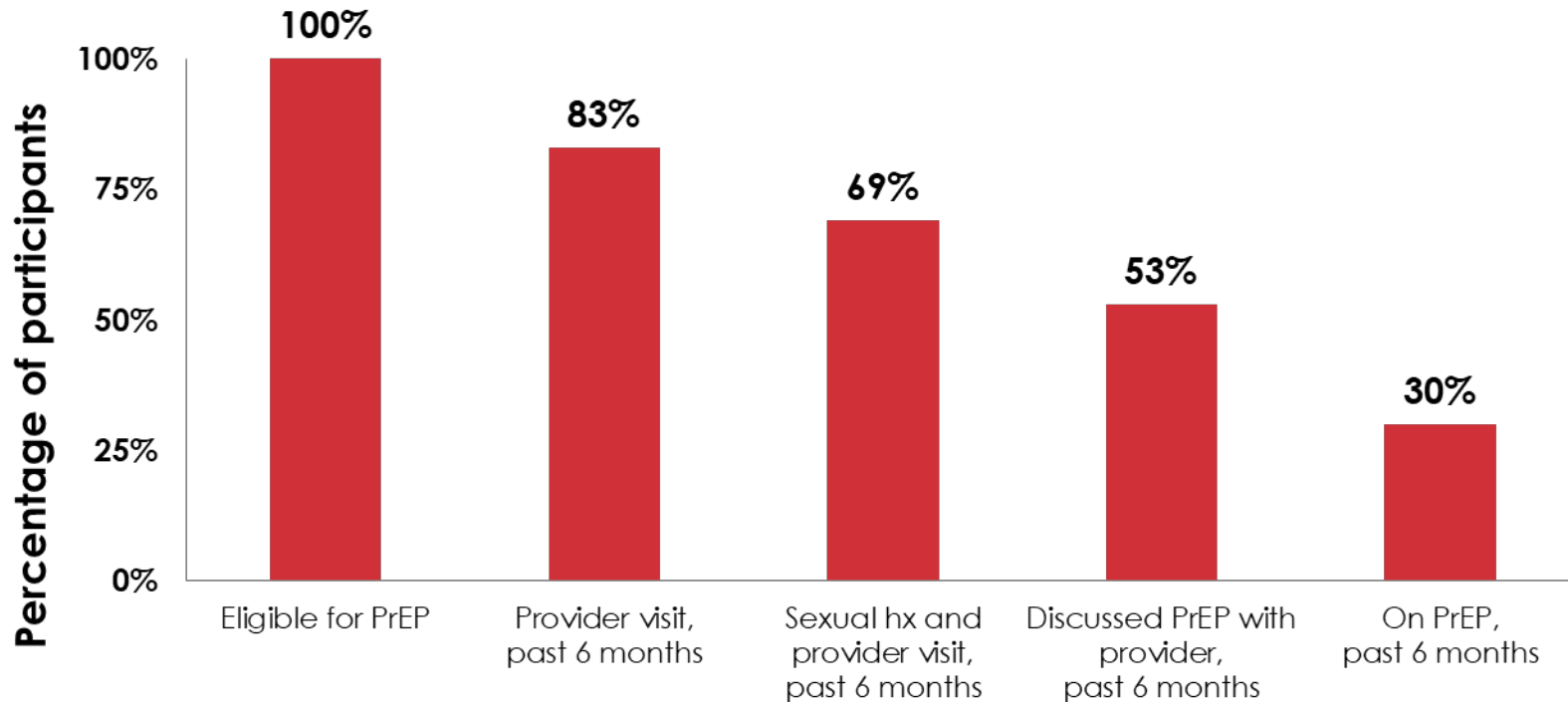
HIV-

Address disparities in HIV incidence by facilitating access to PrEP and other services

Leads orientation, **assessment** and **care planning**
 Verifies program eligibility
Coordinates with medical providers
 Facilitates **case conferences**

Provides **health education**
 Provides **accompaniment** to appointments
 Provides **navigation** and **support** to clients
 Provides **appointment reminders** and follow-up
 Provides **linkages** to needed services
 Leads client **engagement** and **re-engagement** in service elements
 Conducts **outreach** activities to identify new clients

HIV Prevention Continuum among NYC MSM Eligible for PrEP, 2016*



*Sample includes sexually active MSM aged 18-40 years and who report HIV-negative/unknown status. PrEP-eligible defined as reporting diagnosis of an anal STI in the past year or any of the following in the previous 6 months: unprotected anal intercourse, transactional sex, use of cocaine, crack, methamphetamines, or injection drugs, using PEP or having had an HIV-positive partner.

Edelstein Z, Scanlin K, Findlater C, Salcuni P, Daskalakis D, Myers J. HIV Prevention Continuum among MSM, New York City, Spring 2016. Oral presentation at 12th International Conference on HIV Treatment and Prevention Adherence, June 2017. Miami Beach, FL. Abstract #270.

PrEP Utilization in NYC, 2014-2016

- Compared to women, men were **13.5** times more likely to be prescribed PrEP
 - Between Apr-Jun 2016, **95%** of all PrEP prescriptions were written for men
- Compared to White patients, Latino patients were **50%** less likely to be prescribed PrEP and Black patients were **40%** less likely
- People under 30 were prescribed PrEP at a **higher rate** than those over 30

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Client Enrollment and Priority Populations

- **1,354** clients were enrolled between January 1, 2017 and July 31, 2018
 - Most clients (**77%**) were low-income and
 - **67%** belonged to at least one priority population

| Priority Population * | Number of clients | Percentage of client population |
|---|-------------------|---------------------------------|
| MSM | 601 | 44% |
| MSM of color | 348 | 26% |
| Cisgender women of color | 200 | 15% |
| Sero-discordant partnership | 163 | 12% |
| Young MSM (13-24) | 94 | 7% |
| Persons who engage in transactional sex | 71 | 5% |
| Transgender WMSM** | 21 | 2% |

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

**Transgender WMSM – Transgender women and men who have sex with men.

PrEP Indication Criteria

Clients were classified as PrEP indicated if they met at least one (1) of the following criteria:

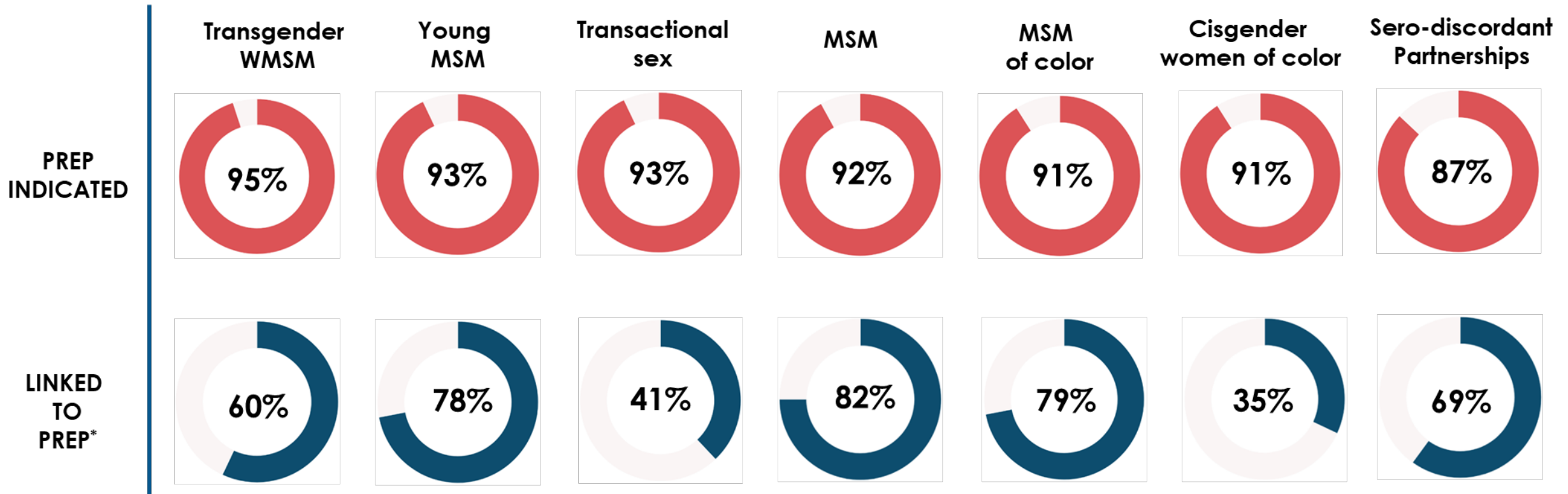
- Not currently on PrEP
- In the past 6 months:
 - Condomless sex with multiple partners
 - HIV-positive sexual partner
 - Engaged in transactional sex
 - Stimulant or injection drug use
 - Injection equipment sharing
- STI diagnosis in past 12 months
- Self-reported perceived benefit of being on PrEP

PrEP Indication, Facilitation and Linkage*



*Clients included were enrolled in Status-Neutral Care Coordination between Jan 1, 2018 and Jul 31, 2018. PrEP facilitation and linkage services were completed during the same time period.

PrEP Indication and Linkage, by Priority Population



*Among clients who were PrEP indicated. PrEP linkage services were completed between Jan 1, 2017 and Jul 31, 2018.

Lessons Learned – Facilitators and Barriers to PrEP linkage

FACILITATORS

- Assistance with paying for PrEP
- Selection of appropriate provider
- Explanation of services
- Escort to appointments
- Appointment reminders
- Health Promotion

BARRIERS

- Low perceived risk of HIV exposure
- Limited availability of services like housing and mental health
- Lack of mass media messaging targeting WOC
- Rigor of daily pill taking
- Stigma

Lessons Learned – Program Implementation

- Leveraging Ryan White medical case management to implement SNC
 - ❖ Mixed results
- Significant time & effort required for outreach
 - ❖ Addressed through contract modification at renewal
- Clinical protocols for PrEP initiation/recall visits vary
 - ❖ Care coordination to ensure patients start PrEP & return for follow-up
- Program reaches persons whose psychosocial characteristics place them at increased risk for HIV

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