Accelerating the Implementation of Antiretroviral Medications to Prevent HIV Infection in New York City (NYC)

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Issue

• Mounting data and new guidelines support the need for scaling up the use of antiretroviral medications for the prevention of HIV (ARV-P), specifically:
  – Pre-exposure prophylaxis (PrEP)
  – Post-exposure prophylaxis (PEP)

• Implementation of ARV-P interventions requires addressing:
  – Knowledge gaps and stigma among potential users and among providers
  – Barriers in the health delivery systems
Setting

• NYC is a large urban area with:
  – Mature HIV epidemic, and
  – Tradition of early adoption of HIV-related technologies and interventions

• NYC DOHMH rapidly developed an ARV-P program portfolio:
  – Multi-domain
  – Collaborative
  – Integrates community needs and City/State initiatives

Goal: Greatly expand awareness and uptake of PrEP and PEP
Project

- NYC DOHMH launched programs in several domains to accelerate ARV-P implementation; 1st programs in mid-2013

- Main domains:
  1. Awareness campaigns for potential ARV-P users
  2. Education and support for potential ARV-P prescribers and other clinical staff
  3. ARV-P referral network
  4. Direct delivery of PEP
  5. Advocacy for state-level PrEP assistance programs
  6. Redefining HIV testing: Gateway to ARV-P for those testing negative

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ARV-P Awareness Campaigns

• Social marketing and new media utilized to promote ARV-P to populations at epidemiologic risk, starting in June 2014
ARV-P Awareness Campaigns

Over 89K notes! Highest engagement rate to date for any NYC Health Tumblr post
Combination Prevention Social Marketing Campaign

• More recent: *Be Sure. Play Safe.*

• Distributed palm card at Pride (Summer 2015)

• Launched a new combination prevention social marketing campaign World AIDS Day 2015

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Combination Prevention
Social Marketing Campaign

https://www.youtube.com/watch?v=RNfqz
kHy79M

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ARV-P Education and Support: Frontline Staff

- Developed a training for frontline staff
  - **Goal:** enable staff to educate and refer for ARV-P
  - **Target audience:** staff from CBOs and clinical organizations
- Titled “Importance of Biomedical Interventions for High-Impact Prevention” (aka HIV 201)
- Full-day, interactive trainings held since Feb 2014
  - Review basics of treatment as prevention, PrEP/PEP
  - Address myths and attitudes
  - Introduce social marketing materials, how to use/order
- 324 individuals participated in this training since its inception

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ARV-P Education and Support: Potential Prescribers

- Public health detailing campaign using *PrEP and PEP Action Kit for Health Care Providers*
  - Focused on primary care & ID specialty practices that diagnose HIV among populations at highest epidemiologic risk


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ARV-P Education and Support: Clinic Leadership

- PrEP Implementation Workshop
  - Full-day work session for clinic administrators and medical directors
  - Developed with academic partner Dr. Sarit Golub (CUNY)
  - Covers components of optimal PrEP program; e.g., sample protocols and implementation tools

- Since Oct 2014, 4 workshops and 93 attendees

- Attendees rated confidence in PrEP implementations skills before and after workshop: significant increases in all skills measured

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ARV-P Referral Network

- Well-vetted, publicized list of clinical sites willing and able to provide PrEP and/or PEP
- Facilitated through a **readiness** checklist
- Launched June 2014
- Currently includes 62 NYC clinical sites

**Clinical Site Checklist**

Non-Occupational Post-Exposure Prophylaxis (nPEP): PEP is the use of anti-HIV medications after possible sexual or needle-sharing exposure to HIV. Many clinics now offer nPEP to patients with appropriate exposures.

1. Is your clinic ready to offer PEP? Use this checklist to confirm that your clinic is ready to provide emergency PEP:
   - 1a. Clinical staff have completed at least one hour of CME credit on the use of nPEP and are familiar with the NYS Clinical Guidelines for nPEP prescribing
   - 1b. Front-desk staff are familiar with nPEP, are aware that it is provided, understand the time sensitivity of the visit, and are able to triage patient calls and visits accordingly
   - 1c. Triage staff are aware that a high-risk HIV exposure that occurred within the past 36 hours should be triaged as an urgent visit
   - 1d. An after-hours plan is in place to receive calls for nPEP (e.g., patients know of the number to call; answering services knows how to triage the calls)
   - 1e. On-site HIV testing is available to ensure that HIV testing is conducted rapidly
   - 1f. Starter packs of medication are available on-site to ensure rapid receipt of first dose of PEP
Direct Delivery of PEP: SBH Programs

- Sexual and Behavioral Health (SBH) programs funded by DOHMH
- Offer comprehensive sexual health services to uninsured/underinsured individuals at epidemiologic risk for HIV
- Starting providing PEP starting mid-2013
- Expanded to support PrEP prescribing in Sept 2015

Services Received among SBH Program Clients who are MSM, 2014 (N=425)

- Mental health or substance use screening: 100%
- STI screening and treatment: 80%
- HIV testing: 79%
- PEP initiation: 53%
- Service linkage: 21%


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Direct Delivery of PEP: DOHMH STD Clinics

- PEP starter kits at DOHMH STD clinics
- Provided free of charge starting in April 2014
- 3-day starter kit along with referral to another facility for remainder of 28-day course
- Acceptance of starter kit very high (97%)
- 439 starter packs dispensed, April 2014-October 2015


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People started on PrEP in STD clinics will be referred into triad or to other NYC PrEP providers.

Proposed PrEP Triads

NYC-Supported Testing Site

STD PrEP ONE STOP

NYC-Supported PEP/PrEP Clinic

PrEP referrals for the insured

NYC-Supported CBO
Advocacy for PrEP Assistance Programs

- Participated in New York State End of Epidemic Taskforce to draft a blueprint

- Advocated for the development of a care assistance program for uninsured ARV-P users...

- PrEP-AP
  - Reimburses health care providers for PrEP-related care and services for uninsured or underinsured patients

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HIV Testing as Gateway to ARV-P

- Provide a voluntary HIV test to every New York City resident who has never been tested
- Make HIV testing a routine part of health care in New York City
- Identify undiagnosed HIV-positive people in New York City and link them to medical care
- Connect people who test negative for HIV to prevention services, including PrEP

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Monitoring and Evaluation

- Evaluation of the uptake of PrEP and PEP in NYC underway
- Leverages existing data sources

The New HIV Neutral Continuum of Care (Theoretical)

HIV CARE AND PREVENTION ARE THE SAME = GETTING TO HIV NEUTRAL
Awareness and engagement in clinical HIV prevention among MSM*, Sexual Health Survey (Online), NYC Fall 2014 (n=349)

- Total Sample: 100.0%
- PrEP Candidate: 79.9%
- Aware of PrEP: 80.8%
- Comfortable disclosing as MSM: 73.6%
- Discussed PrEP with doctor: 32.7%
- On PrEP: 6.6%

*Aged 18-40 years, sexually active, with self-reported HIV status as negative or unknown

Scanlin et al. (unpublished), NYC DOHMH, 2015.
Results

• Given the urgent need for biomedical HIV prevention scale-up, NYC developed a multi-domain ARV-P portfolio
• Collaboration with colleagues across the Health Department and community partners occurred
• ARV-P successfully incorporated into major high-level initiatives

Materials and programs are already being adapted by other municipalities; likely scalable to others

MORE ARV-P RESULTS FROM NYC DOHMH
Mensah et al. Trends in Awareness and Use of PrEP. Abstract #2087, Monday, 1:30-3pm
Edelstein et al. Public Health Detailing on PrEP/PEP. Abstract #1344, Tuesday, 10:30am-12pm
Merges et al. PEP initiation in SBH Programs. Poster #1905, Tuesday, 12:00-1:30 pm

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Lessons Learned

• A multi-pronged approach of targeting both potential users and potential prescribers was essential
  • Reaching front-line staff and clinic leadership also a priority

• Effective scale-up requires close partnership with other government agencies and community stakeholders
  • Now including ARV-P in all high-level initiatives to end the epidemic

• Well-designed materials served as a major catalyst
  • Sparked interest and enthusiasm both locally and nationally

• Planning and creativity were key for evaluation
  • Results already in use to monitor and address potential disparities in ARV-P access
Acknowledgements

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Thank You