Public Health Detailing on
Pre- and Post-Exposure Prophylaxis (PrEP and PEP)
New York City, 2014-2015

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Background

• Pre- and post-exposure prophylaxis (PrEP and PEP) are scientifically proven HIV prevention interventions, yet underutilized

• Major barriers to prescribing PrEP and PEP exist among health care providers
  – Limited and sometimes incorrect knowledge
  – Reluctance to screen for behaviors related to HIV risk
  – Purview paradox:
    • Infectious disease (ID)/HIV providers: Comfortable with HIV-related meds/may not see HIV-negative patients at risk
    • Primary care (PC) providers: May not comfortable with HIV-related meds/see HIV-negative patients at risk

• New York City Department of Health and Mental Hygiene (NYC DOHMH) is committed to increasing access to PEP and PrEP
  – Goals include addressing barriers to prescribing among NYC providers

Background

• To address provider barriers to prescribing, NYC DOHMH conducted PrEP and PEP public health detailing (PHD) campaign

• Built on a history of successful PHD campaigns at NYC DOHMH

• PHD is similar to pharmaceutical sales approach
  – Brief, one-on-one interactions with health care providers and office staff
  – Effective model for “selling” or promoting public health interventions

• PrEP and PEP PHD campaign’s key messages:
  1. Take a sexual history as a routine part of care
  2. Appropriately screen and treat sexual transmitted infections
  3. Discuss PrEP and PEP with eligible patients
  4.Prescribe PrEP and PEP to patients who would benefit

Methods

• First round of PrEP and PEP PHD campaign conducted Oct 2014 - Feb 2015
• 5 trained DOHMH representatives visited clinical facilities citywide

• Facilities chosen via data-driven approach, primarily through HIV Surveillance
  – Identified institutions that had newly diagnosed at least one person in 2012
  – Selected PC or ID facilities at those institutions

• Preference was given to facilities that:
  – Diagnosed at least one man who had sex with men (MSM) of color or
  – Were located in a designated high-need neighborhood:
    – South Bronx, East and Central Harlem, Central Brooklyn
Methods

- Representatives performed initial visits and follow-up visits ~5-8 weeks later
- Short, 1:1 presentations based on *PrEP and PEP Action Kit*; resources for
  - **Providers**: FAQs, clinical guidelines pocket cards, billing codes, information on workshops/trainings and CME/CNE credits... and pens!
  - **Patients**: PrEP and PEP educational materials, PrEP self-assessment
Methods

• Evaluation data collected via brief questionnaire
  – Asked of all potential prescribers: MD-ID, MD-PC, nurse practitioner/physicians assistant (NP/PA)
  – Administered by representatives at beginning of each visit, before Action Kit materials were presented
  – Same questions asked at initial and follow-up visits

• Questions on the following:
  – Taking a sexual history from all patients
  – PEP prescribing for non-occupational exposure (ever)
  – PrEP-related knowledge, discussion with patients (ever) and prescribing (ever)

• Data analysis compared provider responses at initial visit to follow-up visit
  – Only included providers visited and queried at both initial and follow-up
  – Statistical method adjusted for clustering by facility (GEE)
Facilities Detailed

• During our first round of PrEP and PEP PHD, representatives visited 351 facilities
  – 279 (80%) identified by Surveillance
  – 121 (34%) in high needs neighborhoods
# Providers Detailed

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>All providers n (%)</th>
<th>Providers with initial and follow-up visits, n (%)</th>
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<tbody>
<tr>
<td><strong>Total</strong></td>
<td>868 (100%)</td>
<td>678 (100%)</td>
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<tr>
<td><strong>Specialty</strong></td>
<td></td>
<td></td>
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<tr>
<td>MD-PC</td>
<td>412 (47%)</td>
<td>320 (47%)</td>
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<tr>
<td>MD-ID</td>
<td>312 (36%)</td>
<td>244 (36%)</td>
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<tr>
<td>NP/PA</td>
<td>144 (17%)</td>
<td>114 (17%)</td>
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<tr>
<td><strong>Location (borough)</strong></td>
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<tr>
<td>Bronx</td>
<td>310 (36%)</td>
<td>280 (41%)</td>
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<tr>
<td>Brooklyn</td>
<td>242 (28%)</td>
<td>175 (26%)</td>
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<tr>
<td>Manhattan</td>
<td>219 (25%)</td>
<td>169 (25%)</td>
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<tr>
<td>Queens</td>
<td>88 (10%)</td>
<td>52 (8%)</td>
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<tr>
<td>Staten Island</td>
<td>9 (1%)</td>
<td>2 (0.3%)</td>
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Change in Key Practices

PrEP-Related Knowledge and Practices Among Detailed Providers with Initial and Follow-up Visits (N=678)

- Knows PrEP is 75-100% Efficacious: 66% Initial, 75% Follow-up
- Takes Sexual History of All Patients: 65% Initial, 65% Follow-up
- Ever Provided PEP: 33% Initial, 35% Follow-up
- Ever Discussed PrEP: 35% Initial, 35% Follow-up
- Ever Prescribed PrEP: 25% Initial, 26% Follow-up

*p < 0.05
PrEP Prescribing by Provider Type

PrEP Prescription among Detailed Providers with Initial and Follow-up Visits, by Specialty

- **Initial**
  - PC MD: 13%
  - ID MD: 26%
  - NP/PA: 20%

- **Follow-up**
  - PC MD: 18%
  - ID MD: 38%
  - NP/PA: 22%

* * p < 0.05
Discussion

• Successfully conducted PHD on PrEP and PEP prescribing and associated best practices

• Modest improvements seen in PrEP prescribing and other key practices
  – PrEP prescribing increased among PC and ID MDs; but not NP/PAs
  – Interpretation of findings limited by
    • Self-reported data
    • Context of citywide increase in PrEP support and programs
  – Anecdotal feedback from providers of PHD’s positive effect

• Next steps:
  – Conducting a follow-up survey to obtain more feedback
  – Analysis of factors associated with adoption of PrEP prescribing
  – More rounds of detailing!

• PrEP and PEP PHD is likely adaptable to other jurisdictions, with room for modifications to account for the region’s clinical/political environment and population at epidemiologic risk
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Provider participants!
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PrEP & PEP PROVIDER RESOURCES

Visit nyc.gov and search “HIV PrEP and PEP” for
- FAQs
- Clinical guidelines
- Payment options
- Training and workshops
- Clinics that provide PrEP and PEP
- Patient educational materials

Contact: PrEPandPEP@health.nyc.gov