

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

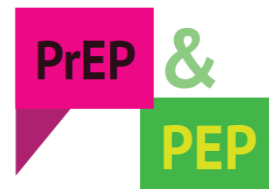


Methods

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

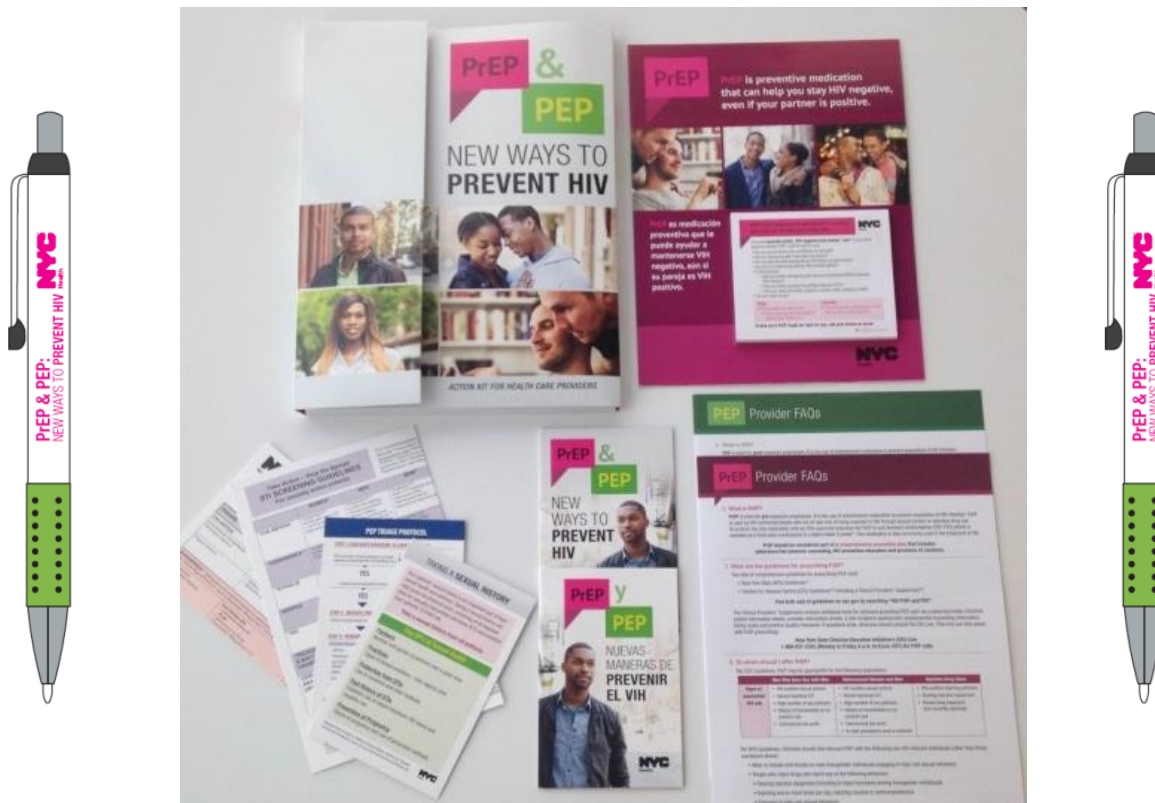


- Facilities chosen via data-driven approach, primarily through HIV Surveillance
 - Identified institutions that had newly diagnosed at least one person in 2012
 - Selected PC or ID facilities at those institutions
- Preference was given to facilities that:
 - Diagnosed at least one man who had sex with 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

Legend

- Facility
- ▨ High needs neighborhood

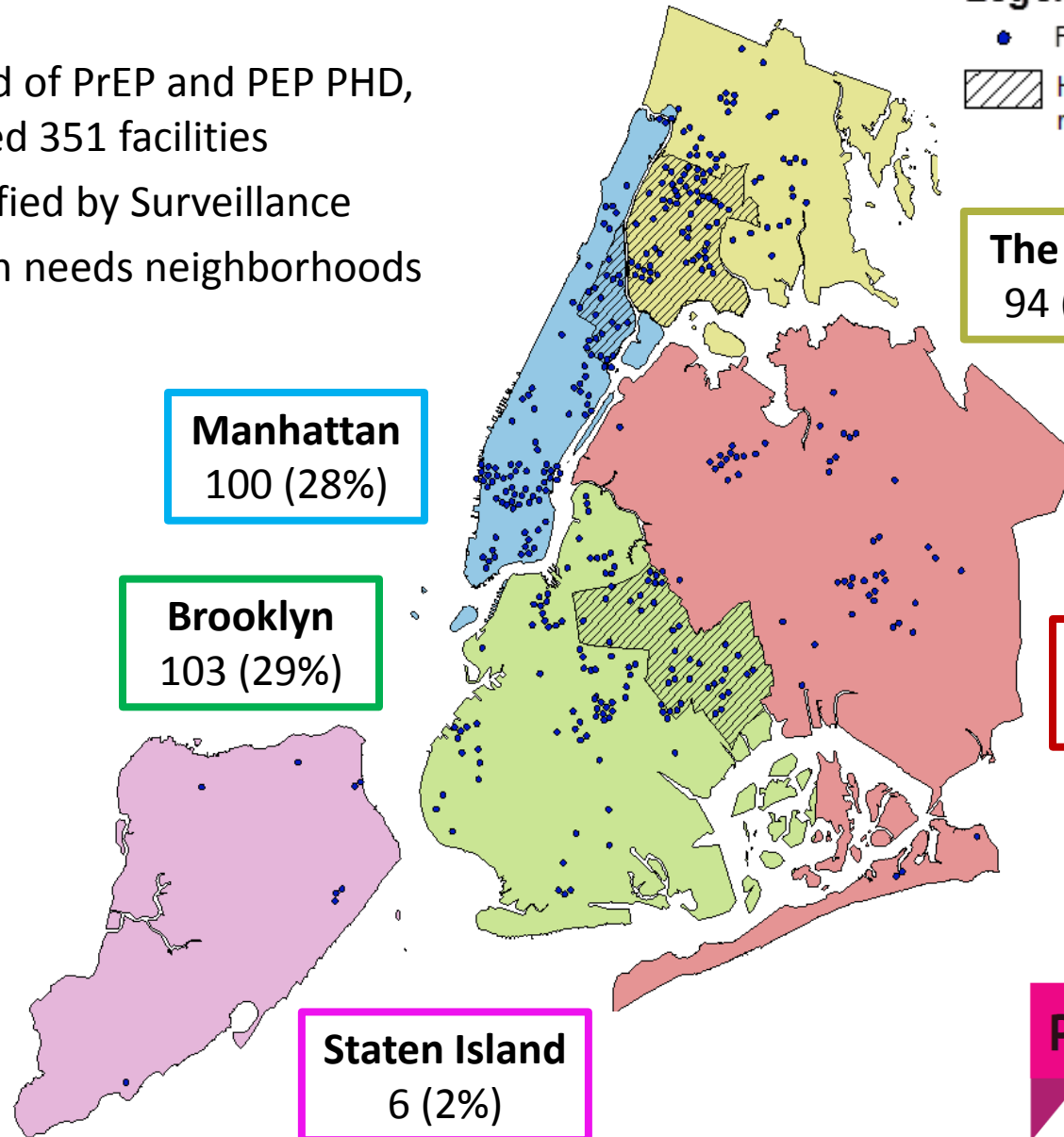
The Bronx
94 (27%)

Manhattan
100 (28%)

Brooklyn
103 (29%)

Queens
48 (14%)

Staten Island
6 (2%)

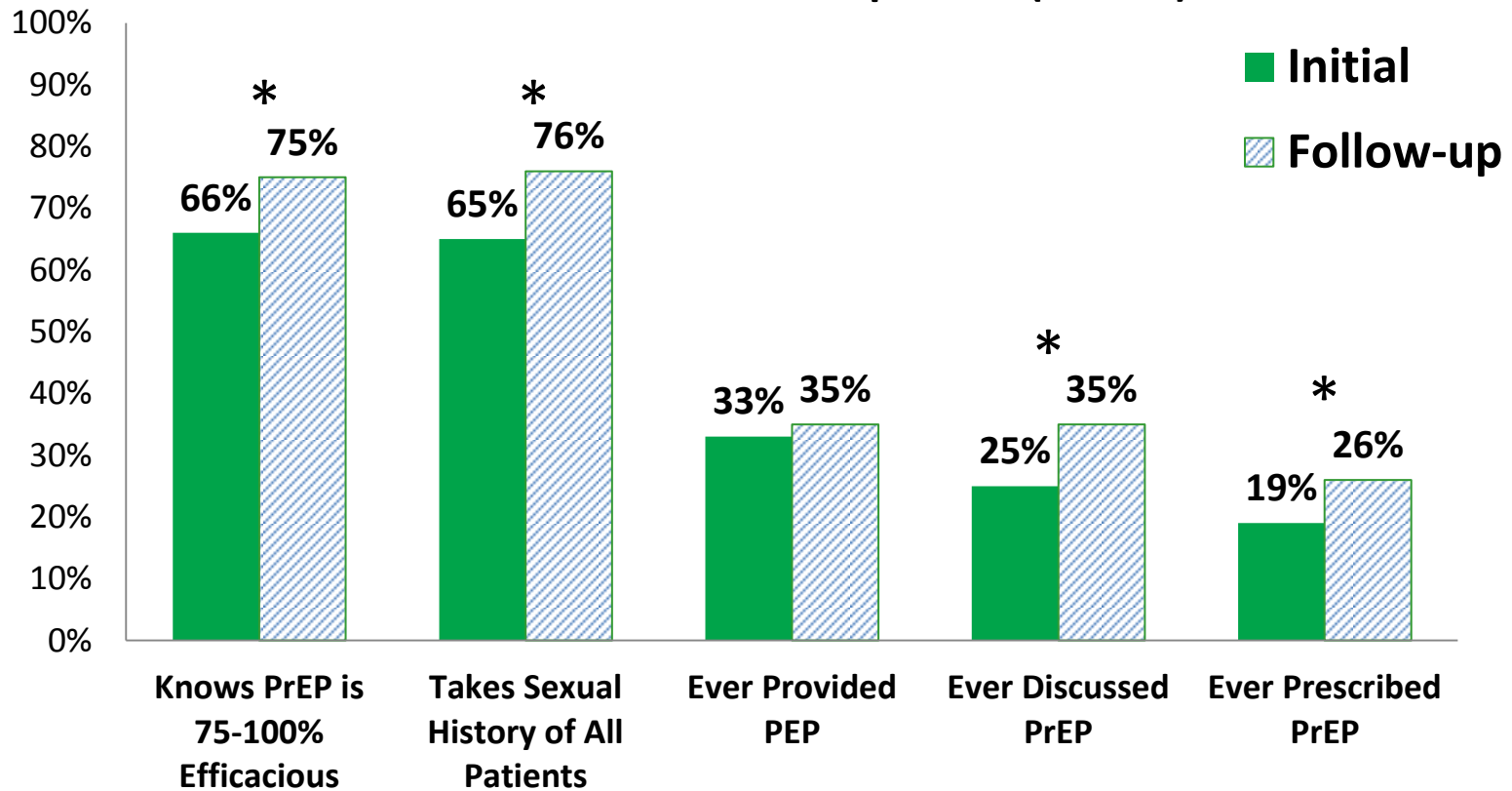


Providers Detailed

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

Change in Key Practices

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

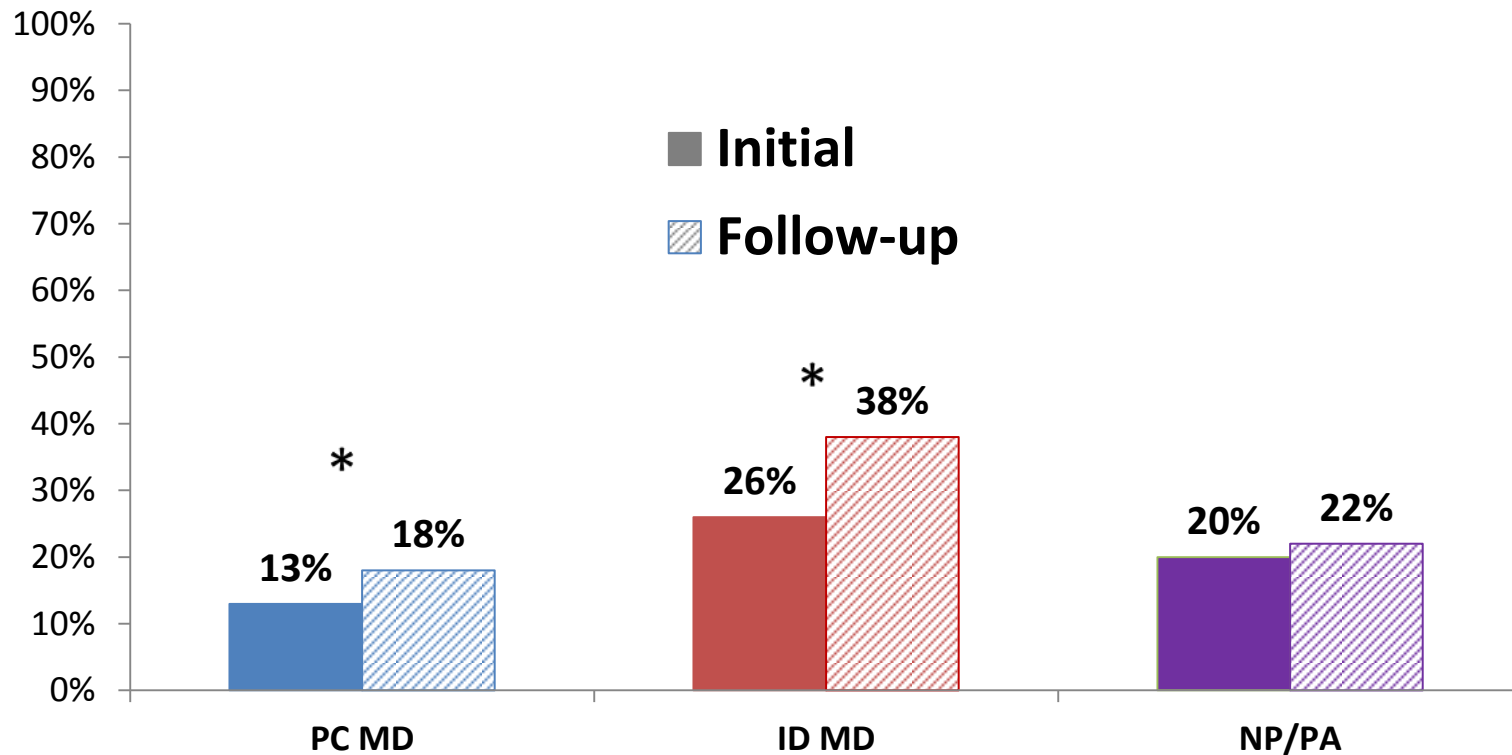


*p < 0.05

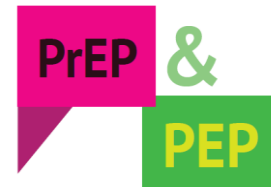


PrEP Prescribing by Provider Type

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



* $p < 0.05$



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!

Contact information

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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 

