Engaging Clinical Providers to Offer PrEP in Communities of Color

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Manager of Program Development
NYC Department of Health and Mental Hygiene

Biomedical HIV Prevention Summit
December 4, 2017
Outline

• Epidemiology

• Overview of PrEP Programs & Activities
  – Training Initiatives
  – Various PrEP service models
  – PrEP Detailing Program

• Next Steps & Support
HISTORY OF THE HIV EPIDEMIC IN NYC


Number of New HIV/AIDS Diagnoses and Deaths

- 1981: AIDS case reporting mandated by NYS
- 1982: CDC AIDS case definition (23 OIs) implemented
- 1984: HIV-related cause of death reporting begins
- 1986: AIDS case definition expanded (CD4 <200, 26 OIs)
- 1996: HAART introduced
- 1999: NYS HIV reporting law takes effect
- 2002: NYS expands AIDS reporting to include HIV
- 2006: HIV surveillance expands to include all HIV-related laboratory reports
- 2011: NYS mandates routine offer of HIV test
- 2013: ART for all PLWHA recommended

Reported People Living with HIV (non-AIDS)

New HIV Diagnoses

HIV-Related Deaths

Reported People Living with AIDS

Number of Reported PLWHA

*Cause of death for 2015 deaths is incomplete
Diagnoses Still High and Effect is Disproportionate

2,493 HIV Diagnoses in NYC (2015)

Source: NYC DOHMH, Bureau of HIV Surveillance Data
Ending the Epidemic (EtE): A Recipe

Community

Science

PrEP & PEP

Undetectable means Uninfectious

U = U

Political Will

April 2015

December 2015

NYC Health
PrEP Use in 2014

PrEP Awareness and Use among MSM*, Sexual Health Survey, Online Sample, NYC, 2012-2014

PrEP Awareness and Use (past 6 mos.)

FDA Approval, July 2012

Spring 2012 (N=304) 35% 2%
Fall 2012 (N=330) 37% 4%
Spring 2013 (N=273) 41% 2%
Fall 2013 (N=373) 49% 2%
Spring 2014 (N=297) 61% 3%

*Sample includes sexually active MSM aged 18-40 years and who report HIV-negative/unknown status

Scanlin et al, IAPAC 2017
FTC/TDF for PrEP Compared With Population and New HIV Infections

Estimated New HIV Infections, 2015\textsuperscript{b}

- Black: 44%
- White: 26%
- Hispanic: 24%
- Asian: 4%
- Multiracial/Other\textsuperscript{*}: 2%

Total FTC/TDF for PrEP Utilization by Race/Ethnicity, Sept 2016\textsuperscript{a}

- Black: 73%
- White: 10%
- Hispanic: 13%
- Asian: 4%
- Multiracial/Other\textsuperscript{*}: 2%

\textbf{FTC/TDF for PrEP use among black and Hispanic individuals is low relative to the rate of new HIV infections}

\textsuperscript{a} These data represent 41\% of unique individuals who have started TVD for PrEP from 2012-3Q2016.

\textsuperscript{b} \url{http://kff.org/hivaids/fact-sheet/black-americans-and-hiv-aidsthe-basics} based on CDC Surveillance Report 2015

\textsuperscript{*} Other indicates American Indian or Alaska Native, Native Hawaiian or Pacific Islander

Mera et al. IAS 2017
## The NYC PrEP Plan: Strategies to Address Disparities

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activity</th>
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<tr>
<td>• Promote PrEP to potential providers</td>
<td>• Implementation Workshop</td>
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<td>• Best Practices in PrEP/PEP Education and Counseling Training</td>
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<tr>
<td>• Increase financial access to PrEP</td>
<td>• NYS PrEP AP</td>
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<td>• Benefits Navigation Training</td>
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<tr>
<td>• Support PrEP in diverse service models</td>
<td>• PrEP Initiation in Sexual Health Clinics</td>
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<tr>
<td></td>
<td>• PlaySure Network</td>
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<td>• Technical assistance with Play Sure Network</td>
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<td>• Public Health Detailing</td>
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<td>• Combination Prevention HIV Neutral Social Marketing Campaign</td>
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Promote PrEP to Potential Providers
PrEP Program Implementation Workshop

• **Goal:** Support development of programs in diverse clinical settings. Attendees identify resources, create action plans, and select a timeline for PrEP implementation.

• **Format:** 2-day work session for clinic administrators and medical directors (institutional pairs).

• **Modules/Key Considerations:**
  - Who should be offered PrEP?
  - What will the PrEP package look like?
  - How will patients pay for PrEP?
  - By whom will each piece of the package be done?
  - How will the PrEP program be implemented?
Follow-up with preliminary workshop attendees felt that the workshop changed their approach to PrEP:

- 77% started the development of a PrEP policy or protocol
- 44% ordered NYC DOHMH social marketing materials
- 33% named a champion
- 22% hired PrEP-specific staff

Best Practices in PrEP/PEP Education and Counseling

- **Goal:** Review the latest scientific information about PrEP and PEP and practice delivering general education and adherence counseling

- **Format:** 1 day training for frontline staff (navigators, health educators, HIV test counselors, front desk staff)

- **Modules:**
  - PrEP 101
  - PEP 101
  - Principles of Decision Making Counseling with practice
  - Principles of Adherence Counseling with practice
  - Overview of PrEP Payment Options
Increase Financial Access to PrEP
Addressing Financial Barriers: PrEP Assistance Program (PrEP-AP)

• Modeled on HIV Uninsured Care Programs and ADAP Plus programs

• Reimburses eligible providers for visits not covered by Gilead MAP.

• For uninsured patients or those whose coverage is a barrier to care

• Covers cost of:
  – Clinician (MD, NP, PA) visits
  – Lab tests, HIV and sexually transmitted infection (STI) testing
  – Counseling
  – Supportive primary care services
Addressing Financial Barriers: Benefits Navigation

- **Goal:** Review and apply the benefits navigation model that was designed to provide an organized approach to navigating clients through the Patient Assistance Programs for PrEP and PEP.

- **Format:** 2 day training for front-line benefits navigators.

- **Modules:**
  - Introduction to Benefits Navigation
  - NYC Benefits Navigation Model
  - Strategies for Success
Share the Night, Not HIV

Support PrEP in Diverse Service Models

PrEP is preventive medication that can help you stay negative, even if he might be positive.

Condoms provide additional protection. For more information on PrEP, talk to your doctor, call 311 or visit nyc.gov and search "HIV PrEP and PEP."
Transform City STD Clinics into “Destination Clinics” for Sexual Health Services

- Expand hours, improve triage
- Restore screening services for asymptomatic clients
- Enhance HPV-related services
- Offer Quick Start contraceptives
- Engage with community to improve services for priority populations
State of the Art HIV Interventions in Sexual Health Clinics

**BIOMEDICAL EVALUATION AND INTERVENTION:**
Instant Starts of ARV Treatment and Prevention

**SOCIAL WORK ASSESSMENT:**
Social Determinants, Insurance

**NAVIGATION TO LONGITUDINAL CARE:**
For both HIV Negative and Positive Clients
NYC Sexual Health Clinics:
NYC Sexual Health Centers are HIV Hubs!

**PrEP Navigation**
- Launched 10/31/16
- ALL Clinics
- Over 4,700 encounters

**PrEP Initiation**
- Launched 12/22/16
- Started in one clinic, now at 5th clinic
- 641 PrEP starts
  - 58% Black/Latino
PlaySure Network

NYC-Supported Testing Site

PlaySure Network

NYC-Supported CBC

Sexual Health Clinic PrEP Program

People started on PrEP in SH clinics will be referred into the PlaySure Network or to other NYC PrEP providers.

NYC-Supported PEP/PrEP Clinic
PlaySure Collaborative

- Foster networking and partnerships
- Establish strong linkages between community-based organizations and clinical settings
- Share strategies to engage priority populations

In-person Meetings and Workshops:
  - 38 contracted agencies in Network – 18 clinical contracts
  - 4 meetings and workshops held in 2017

Topics Discussed:
- Navigation to PrEP/PEP services and to medication assistance programs;
- Client recruitment strategies (targeted and new media outreach);
- Strengthening linkages and referrals from Sexual Health Clinics
The Campaign

PrEP and PEP Public Health Detailing
Campaign Planning

- Based a successful history of public health detailing at DOHMH
- Planned for 10-12 week campaign, with brief visits to a large volume of facilities
- Formative research included discussion with key informants and focus groups among providers (MD and nurse practitioners)

Dresser et al. AJPH, 2012.
Representatives – Trained in Detailing

• Non-clinical personnel
• Former pharmacy representatives
• Most with prior experience in public health detailing
• **Tenacity and winning personalities!**
  • Success often hinges on gaining access to practices and getting onto providers’ schedules
Key Messages – Sexual Health Included

1. **Take a thorough sexual history** from all patients as part of routine medical care.

2. **Screen and treat sexually active patients** for STIs based on sexual history and clinical guidelines.

3. **Talk about PrEP and PEP** with HIV-negative patients at ongoing risk of exposure and HIV-positive patients who may have HIV-negative partners.

4. **Prescribe PrEP and PEP** according to clinical guidelines, or refer patients to sites that provide PrEP and PEP.
Action Kit – Supports Key Messages

To access NYC PEP & PrEP Resources, including Detailing Action Kits: https://www1.nyc.gov/site/doh/providers/resources/public-health-action-kits-prep-pep.page
Where to Detail?
A Data-Driven Approach

• Identified high-priority facilities primarily using HIV and STI surveillance data

• For first 4 campaigns, focused on facilities specializing in infectious disease (ID) and primary care

• Sites were distributed throughout NYC (all 5 boroughs)

• Different facilities types: hospital affiliated, private practice, community health center
Broad Reach of the Campaign

Representatives have:
- Visited approximately **1,300** facilities
- Interacted with over **5,000** clinical staff
- Detailed almost **2,500** prescribing providers
Detailing Visits – Calls and Follow-up

• Not scheduled ("cold calls")

• “Total Office Call”
  – Introduce campaign to all clinic staff

• Short, one-on-one presentations to prescribing providers
  – 10-20 minutes, on average

• Representatives perform initial calls, then follow-up calls after 4-8 weeks
  – Multiple calls may produce greater and longer-standing changes in provider behavior
Positive Change in Key Practices

PrEP-Related Knowledge and Practices Among Detailed Providers with Initial and Follow-up Visits, NYC, October 2014-April 2015

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<th>Knowledge of PrEP Efficacy (≥75%) (n=895)</th>
<th>All patients (n=634)</th>
<th>≥90% of the time (n=334)</th>
<th>Sexual History Taking by Round</th>
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<td>38%</td>
<td>27%</td>
<td>24%</td>
<td>14%</td>
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<tr>
<td>*</td>
<td>75%</td>
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*p < 0.05

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Ever prescribed PEP (n=962) Ever discussed PrEP (n=963) Ever prescribed PrEP (n=969)
PrEP and PEP Detailing in 2016 and 2017

• Conducted two more rounds of PrEP/PEP public health detailing
  – July-October, 2016
  – February-April, 2017
• Greater proportion of primary care providers
• Facilities chosen in similar manner, but in last round did not visit practices known/suspected to be high prescribers (e.g., lower Manhattan)
**Data Suggest PrEP Utilization Increased**

### PrEP Awareness and Use among MSM*, Sexual Health Survey, Online Sample, NYC, 2012-2016

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<th>Season</th>
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*Sample includes sexually active MSM aged 18-40 years and who report HIV-negative/unknown status

Scanlin et al, IAPAC 2017
... Though Not as Much among Women

PrEP prescription rates per 100,000 patients seen in 602 ambulatory care practices, by sex, NYC, 2014-2016

- Males: 89.5 (220/245,689) in Q1, 7.4 (29/393,780) in Q2, 32.4 (142/437,788) in Q3, 1036.4 (2,835/273,555) in Q4

- Females: No data provided in the image.

Salcuni et al, ID Week 2017
Next Steps for 2018

- Detailing among women’s healthcare providers
- Social marketing campaign focused on women
- Public Health Detailing Institute for High Impact Prevention
  - February 14-16, 2018
  - San Francisco, CA
  - To register: https://tinyurl.com/SFphdi
How can we support you?

The NYC DOHMH’s Capacity Building Assistance (CBA) program works to empower organizations and increase health equity through:

• Training
• Technical Assistance
• Information Dissemination

We provide support to health departments and community based organizations.

For more information contact Melanie Graham, mgraham6@health.nyc.gov
Contact us!

We can share the following products:

- Request for Proposals – tool used to recruit organizations to join the PlaySure network
- Screening tool, data collection instruments and published results
- NYC PEP & PrEP Resources including Detailing Action Kits
- Adaptable social marketing campaigns

In-person events:
- Public Health Detailing Institute for High Impact Prevention
- Benefits Navigation Training
- PrEP Implementation Workshop
- Best Practices in PrEP/PEP Education & Counseling Training
Acknowledgements

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Detailing Team
Thank you!

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To access NYC PEP & PrEP Resources, including Detailing Action Kits: