Implementing PrEP in Clinic

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Disclaimer

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Agenda

- PrEP timeline
- Implementation of PrEP in clinic
- Clinic roles and flow
- Client adherence to PrEP program
- Electronic documentation
- Challenges and solutions
Timeline

- 7/2012
  - FDA Approval of Truvada for PrEP

- 12/2013
  - First PrEP prescription written for Truvada at CBHC

- 3/2014
  - Webinar held to train CBHC providers on PrEP provision

- 4/2014
  - CBHC PrEP Protocol approved
  - Jill joined Baltimore City PrEP Workgroup

- 6/2015
  - CBHC PrEP Task Force formed

- 9/2015
  - POWER Project formed

- 3/2016
  - POWER Clinic launched
Data

- As of 5/2/16
- Number enrolled: 230
- Number started/on PrEP: 183
- Number stopped PrEP: 23
- Number prescribed but never started PrEP: 24
POWER Clinic

- Community Outreach and Engagement
- CTR and Couples’ HIV Testing
- PrEP:
  - Screenings
  - Referrals
  - Peer Navigation Services
- PEP Navigation
- Linkage to Care Services
  - Newly diagnosed HIV+
  - Returning to care
When: Thursday 1-4pm scheduled visits, Friday 10-2pm walk in/scheduled

Where: 1111 North Charles St., Baltimore, MD 21201

Services: STI testing and treatment, Medical PrEP Evaluations/starts/follow ups, PEP
Implementing PrEP in Clinic

- **Assess** provider availability and willingness to prescribe PrEP
  - Obtaining provider “buy in” is crucial
  - Helpful to utilize willing provider(s) to obtain “buy in” from others
- **Provider education is key in increasing competence, comfort level, and willingness to prescribe PrEP**
  - CA STD Program Webinar viewing
  - Institutional PrEP Protocol
  - Hopkins/AETC PrEP Workshop
  - Informal trainings
# Implementing PrEP: Define Target Population

## Summary of Guidance for PrEP Use

<table>
<thead>
<tr>
<th></th>
<th>Men Who Have Sex With Men</th>
<th>Heterosexual Women and Men</th>
<th>Injection Drug Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detecting substantial risk of acquiring HIV infection:</td>
<td>• Sexual partner with HIV</td>
<td>• Sexual partner with HIV</td>
<td>• HIV-positive injecting partner</td>
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<td></td>
<td>• Recent bacterial STD</td>
<td>• Recent bacterial STD</td>
<td>• Sharing injection equipment</td>
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<td></td>
<td>• High number of sex partners</td>
<td>• High number of sex partners</td>
<td>• Recent drug treatment</td>
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<td></td>
<td>• History of inconsistent or no condom use</td>
<td>• History of inconsistent or no condom use</td>
<td>• (but currently injecting)</td>
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<td></td>
<td>• Commercial sex work</td>
<td>• Commercial sex work</td>
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<td></td>
<td></td>
<td>• Lives in high-prevalence area or network</td>
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<td>Clinically eligible:</td>
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<td></td>
<td>• Documented negative HIV test before prescribing PrEP</td>
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<td></td>
<td>• No signs/symptoms of acute HIV infection</td>
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<td></td>
<td>• Normal renal function, no contraindicated medications</td>
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<tr>
<td></td>
<td>• Documented hepatitis B virus infection and vaccination status</td>
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<tr>
<td>Prescription</td>
<td>Daily, continuing, oral doeses of TDF/FTC (Truvada), ≤90 day supply</td>
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<tr>
<td>Other services:</td>
<td>• Follow-up visits at least every 3 months to provide:</td>
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<tr>
<td></td>
<td>• HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STD symptom assessment</td>
<td></td>
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<tr>
<td></td>
<td>• At 3 months and every 6 months after, assess renal function</td>
<td></td>
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<tr>
<td></td>
<td>• Every 6 months test for bacterial STDs</td>
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<td></td>
<td>• Do oral/rectal STD testing</td>
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<tr>
<td></td>
<td>• Assess pregnancy intent</td>
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<td></td>
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<tr>
<td></td>
<td>• Pregnancy test every 3 months</td>
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<tr>
<td></td>
<td>• Access to clean needles/ syringes and drug treatment services</td>
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</table>

Implementing PrEP in Clinic (2)

- **Identify** access points for potential PrEP patients
  - CTR and Community STI Clinic
  - Standard medical appointments M-F
  - POWER Clinic

- **Incorporate** PrEP screenings and referrals within existing services or programs
  - Case Managers began educating about PrEP and presenting it as another option for HIV prevention during CTR encounters
  - Interested clients were referred same-day to walk-in clinic or given new patient appointment
Implementing PrEP in Clinic (3)

- Gradually incorporate testing and PrEP services within clinic
  - CTR Certified CMs review clinic charts using CM PrEP Screening
  - Consult with the patient’s PCP
  - Based on PCP consultation, offer CTR and provide PrEP education during appointment
  - Some providers preferred to offer rapid testing themselves and then send in the CM

Initially offered in clinic 1-2 days/week. Over 4-6 months, increased to 5 days/week due to increased demand from patients and providers.
Implementing PrEP in Clinic: Collaboration

- **All Staff awareness**
  - Call center and front desk trained
  - Discussed at All Staff meetings

- **Creation of PrEP Task Force in 2015**
  - Members: 2 providers, 2 CMs, 2 Administrative staff, and 1 RN
  - Goal: Expand PrEP services and streamline process

- **Enhanced marketing budgets & Role delineation via funding opportunities**
  - Mass Marketing: Print ads, Bus ads, Social media subscriptions and ads, Community events, etc. Peer PrEP Navigators
  - Peer PrEP Navigators
  - Sexual Health RN for POWER Clinic
  - Sexual Health Lead Provider for POWER Clinic
Implementing PrEP in Clinic: Marketing

- Marketing plan includes mass and targeted advertising

- Print Ads:
  - Blade, Outloud, Baltimore Sun, Bus Ads, Flyers, etc.

- Social Media Subscriptions and Ads:
  - Facebook, Twitter, Instagram, YouTube, Snapchat, etc.

- Social Networking Apps:
  - Grindr, Growlr, Scruff, Jack’d, etc.
Clinic Roles:

**Medical Staff (provider or RN)**
- General medical history
- Sexual health risk assessment
- Confirmation of eligibility
- Full STI screening and treatment when appropriate
- Vaccinations for hepatitis A&B/HPV
- Nurse education regarding HIV prevention, PrEP, and harm reduction
- Ordering/monitoring initial and follow up labs, symptom management, prescription refills

**Non Medical Staff (peer navigators)**
- Outreach and engagement
- Needs assessment and referrals to wraparound services
- Insurance assessment and referral to onsite CACs
- Assistance with MAPs
- Peer support
- Adherence support
Standard Clinic Flow:

- Patients who call or walk in for PrEP are directed to POWER Project staff to pre-screen for insurance and schedule appointments
  - POWER Project Hotline (410-837-2050 x8813) provided increased access to Navigators and PrEP appointments
  - Select appointment times saved for PrEP vs. access to all slots

- Patients are seen in clinic by medical staff first in order to maintain clinic flow and maximize provider time

- PrEP Navigators meet with patients after medical staff for further needs assessment and agency introduction

- Sexual Health RN and PrEP Navigators provide follow-up services and support
POWER Clinic Flow:

- Sexual Health RN starts visit with HPI, sexual risk assessment, collects STI samples
- Medical provider reviews data from RN, meets patient, adds to history and ROS, performs physical exam, confirms eligibility, orders labwork
- PrEP Navigators meet with patients after medical provider for further needs assessment and agency introduction
- Sexual Health RN and PrEP Navigators provide follow-up services and support
EMR Documentation: Risk Assessment

![Screen capture of EMR documentation interface](image)

**Sexual Risk Exposure Prophylaxis**

**Pre-Exposure Prophylaxis (PrEP) - Patient Evaluation**

**Why do you want to take part in PrEP?**

- [ ] Known HIV Positive partner(s)
- [ ] History of condom breakage and/or inconsistent usage
- [ ] Recent Sexually Transmitted Infection (STI) diagnosis
- [ ] Using needles
- [ ] Concerned over partner(s) HIV status
- [ ] Unprotected sex
- [ ] Anxiety about HIV
- [ ] Other:

**Where did you hear about PrEP?**

- [ ] Friends and/or Family
- [ ] Media/Marketing
- [ ] Outside Healthcare Provider
- [ ] At this Health Center

**How well do you understand PrEP?**

**What concerns do you have about PrEP?**

- [ ] Side effects
- [ ] Importance of medication
- [ ] Engaging in more risky behaviors during PrEP
- [ ] Fear of disclosing to partner(s)
- [ ] Remembering to take PrEP daily

**Have you ever taken prescription medications on a regular basis as directed by a healthcare provider?**

- [ ] Yes
- [ ] No

**Do you have any life challenges that may interfere with your ability to take PrEP?**

- [ ] Housing insecurity
- [ ] Income insecurity
- [ ] Cultural and/or social issues
- [ ] Personal and/or emotional issues
- [ ] Food insecurity
- [ ] Family issues
- [ ] Insurance insecurity
- [ ] Moving
- [ ] New relationship
- [ ] Other:
**EMR Documentation: Risk Assessment (cont.)**

### Clinical Assessment

**What makes this patient a good candidate for Pre-Exposure Prophylaxis (PrEP)?**

- Patient is in a sero-discordant relationship.
- Patient has had unprotected receptive anal sex partners with unknown/positive HIV status.
- Patient has had unprotected vaginal sex partners with unknown/positive HIV status.
- Patient has been diagnosed with syphilis in the past 12 months.
- Patient has been diagnosed with rectal gonorrhea and/or chlamydia in the past 12 months.
- Patient has used crystal methamphetamine or amyl nitrate in the past 3 months.
- Patient has requested information about PrEP because of his/her ongoing risk.
- Patient has used Post-Exposure Prophylaxis (PEP) in the past.

### Prophylaxis Assessment

**Potential for Ongoing Risk:**

**Adherence Potential:**
EMR Documentation: Follow Up

Sexual Risk Exposure Prophylaxis

DOB: 02/27/1973
Patient Age: 43 Years Old

Pre-Exposure Prophylaxis (PrEP) - Medication Adherence

In the 7 days, how many days have you missed a dose of your medication?

- In the last 30 days, how many days have you missed a dose of your medication?

Describe your relationship with your PrEP-prescribing healthcare provider:

- Very negative
- Mostly negative
- Neutral
- Mostly positive
- Very positive

Pre-Exposure Prophylaxis (PrEP) - Follow-Up

Do you want to discontinue PrEP?

- Yes
- No

Why do you want to discontinue PrEP?

- Side effects
- Expense of medication
- Engaging in more risky behaviors during PrEP
- Fear of disclosing to partner(s)
- Remembering to take PrEP consistently

Other:
EMR Documentation: Sexual Risk Assessment

### Sexual Risk Assessment

#### Sexual Activity & Identity
- Sexually active: [ ] Yes, [ ] No
- Current sexual partner(s): [ ]
- Previous sexual partner(s): [ ]
- Number of partners in the past year: [ ]
- Number of partners in the past 2 months: [ ]
- Current relationship: [ ]

#### Contraception
- Previous contraception methods (click all that apply):
  - [ ] Abstinence
  - [ ] Birth Control Pills
  - [ ] Condoms
  - [ ] Condoms - male
- Current contraception method: [ ]

#### Sexual Assault Risk History
- History of forced sex: [ ] Yes, [ ] No
- Have exchanged sex for money: [ ] Yes, [ ] No

#### Sexual Behavior
- Giving oral sex on penis: [ ]
- Receiving oral sex on penis: [ ]
- Giving oral sex on vagina: [ ]
- Receiving oral sex on vagina: [ ]
- Giving oral sex on anus: [ ]
- Receiving oral sex on anus: [ ]

#### STI History
- Chlamydia: [ ] Date: [ ] Result: [ ]
- Gonorrhea: [ ] Date: [ ] Result: [ ]
- Hepatitis A: [ ] Date: [ ] Result: [ ]
- Hepatitis B: [ ] Date: [ ] Result: [ ]
- Hepatitis C: [ ] Date: [ ] Result: [ ]
- Herpes: [ ] Date: [ ] Result: [ ]
- Syphilis: [ ] Date: [ ] Result: [ ]

#### AIDS Prevention Information
- [ ] Oral Contraception
- [ ] Adult HIV/4
- [ ] Adolescent HIV/4
EMR Documentation: Lab Order

<table>
<thead>
<tr>
<th>Custom List</th>
<th>Categories</th>
<th>Search</th>
<th>Order Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use custom list: Laboratory - HIV PrEP Lab sets</td>
<td></td>
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</tbody>
</table>

### PrEP Start
- HIV Ab with reflex confirmation
- Basic Metabolic Panel (8)
- Hep B Panel

### PrEP Start Labs
- Creatinine, Serum
- BUN

### Optional for PrEP Start
- Optional for BOTH PrEP Start and Follow Up
- HIV VL, Real Time PCR

### STI Labs
- Optional for BOTH PrEP Start and Follow Up
- RPR with reflex titer and TP-PA
- HCV Antibody
- Hep A Ab, Total
- CT/GC NAA, Rectal
- Trichomonas by Amp, male urethra

### PrEP Follow Up
- HIV Ab with reflex confirmation
- GC NAA, Pharyngeal

...
(prep1) Confirmed that patient is at significant risk for HIV acquisition (sexual transmission, IVDU).
Counseled for 20 minutes on rationale of Truvada as a part of a comprehensive prevention plan that involves 100% condom use, the need to take Truvada every day for it to be a functional preventive measure, and some of the common side effects of Truvada.

(prep2) Plan to verify HIV negative status with 4th generation HIV Ab test and/or HIV RNA PCR.
Patient advised to stay abstinent (or at least use condoms) until HIV results are known and until PrEP is started. Confirm CrCl>60, Hep B status and perform STI testing. Rule out pregnancy in female and trans male patients. Patient to return to discuss testing; if no contraindications will have patient 1) sign PrEP agreement form 2) Start Truvada with 3 month supply 3) re-inforce risk reduction and 4) discuss medication adherence.

(prep3)
Plan for future follow up every 3 months for clinical visit addressing: 1) confirmation of continued HIV negative status 2) Medication adherence counseling 3) Behavioral risk reduction support 4) Side effect assessment 5) STI symptom assessment. Also plan for renal function assessment first at 3 months and every 6 months thereafter.
Adherence Support

- All team members establish rapport between patient and agency via outreach and "in-reach"
- Peer Navigator can attend medical appointments with patients to facilitate relationship development with provider
- Peer Navigator can provide "warm" referrals and handoffs to community agencies with periodic follow-up to assess engagement in support services
Adherence Support (cont.)

- Peer Navigator and RN can provide ongoing counseling and adherence support between appointments
- Peer Navigator and RN can monitor adherence to treatment plan and provide reminder calls/texts/letters
- Peer Navigator can periodically reassess services provided to ensure that they meet current needs
- Outreach for nonadherence: phone calls, texts, letters, etc.
Problems and Solutions

• How do we provide PrEP to patients with outside PCPs?

  • **Solution**: Implement insurance pre-screening by POWER Staff, and have all PrEP patients schedule through POWER Project

  • Insurance is verified same-day to assess need for specialty referral from outside PCP. Be mindful that some MCOs will require that PrEP is provided by an Infectious Disease Provider
Problems and Solutions (2)

• How do we confront stigma?
  • **Solution:**
    • Address “Truvada Whore” concept
    • Normalize sexual health
    • Reframe people’s health belief system
    • Use peers to provide support
    • Maintain sex-positive approach to outreach and engagement
How do we manage our data?

Solution:

- Use internal EMR program or overlay system (i2i)
- Create proxy for PrEP patients (ICD10, tag)
- Assign status (taking, stopped, never started)
- Assure gender and sexual orientation is tracked, as well as age, ethnicity/race, STIs
Problems and Solutions (4)

• How do we keep agency or program focused on expanding PrEP?
  • **Solution**: Develop agency PrEP Taskforce or Committee
  • Provides structure for addressing organizational concerns, brainstorming marketing ideas, and helps to maintain momentum
Contact

estiles@chasebrexton.org
jcrank@chasebrexton.org
References

- https://start.truvada.com/
- http://start.truvada.com/individual/truvadaprep-patient-resources
- http://www.cdc.gov/hiv/basics/prep.html
- http://www.cdc.gov/hiv/risk/prep/
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