PrEParing DIS to Connect MSM Clients to PrEP

January 22, 2020

NCSD
National Coalition of STD Directors

Logistics

This webinar is being recorded. The recording and presentation slides will be emailed to those that registered. These materials will also be placed on the NCSD website.

Webinar Objectives

This webinar aims to highlight programs speaking about their processes regarding:

- DIS referring MSM clients to PrEP at local clinics or other local agencies.
- DIS prescribing PrEP “in-house” at their health department.
- Training DIS to speak about PrEP and motivating MSM clients to start PrEP if they are an appropriate candidate.

District of Columbia Health & Wellness Center

Toni Flemming – Field Operations Manager

Herman Jones – Disease Intervention Specialist (DIS)

Tony White - DIS

Malachi Stewart - DIS

DC | HEALTH

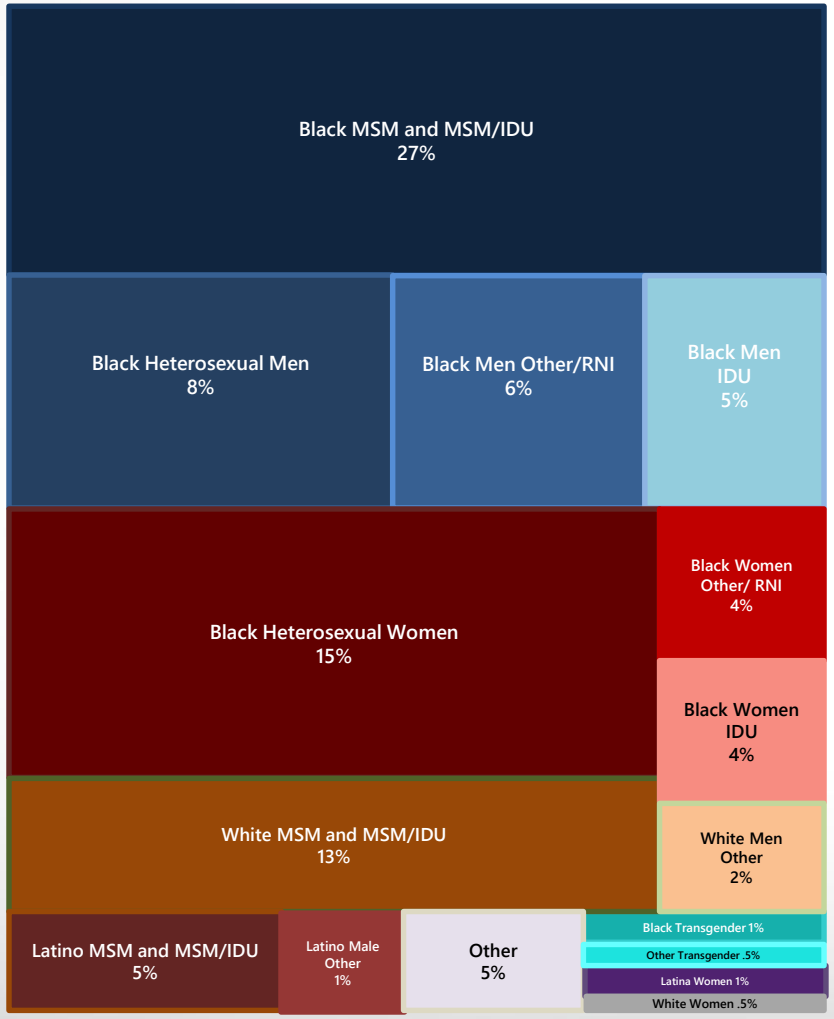
DIS PrEP Follow-up in the District

January 22, 2020

Presenters
Toni Flemming – Field Operations Manager
Herman Jones – Disease Intervention Specialist (DIS)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

PROPORTION OF HIV CASES LIVING IN DC, BY RACE/ETHNICITY, GENDER IDENTITY AND MODE OF TRANSMISSION, DISTRICT OF COLUMBIA, 2018



MSM: includes men who have sex with men; IDU: injection drug use; RNI: risk not identified; Other: perinatal transmission, hemophilia, blood transfusion, and occupational exposure Non-MSM: All modes of transmission excluding MSM and MSM/IDU. Latino Male Other: Heterosexual, IDU, RNI and other modes of transmission; Black Female Other: RNI and other modes of transmission; Black Male Other: RNI and other modes of transmission; Latina Female: All modes of transmission; White Female: All modes of transmission; Other: All persons of other race with all modes of transmission; Transgender persons: include both transgender men and transgender women

DC HEALTH

HIV AIDS HEPATITIS STD TB ADMINISTATION (HAHSTA)

- STD/TB Control Division (DSTC)
  - Disease Intervention and Investigation Branch (DIIB) (formerly Field Operations)

1 Field Operations Manager

2 Lead Investigators/ Disease Intervention Specialist (DIS) (1 Lead is a CDC Assignee) (formerly First Line Supervisor)

8 Investigators/DIS Staff

7- Field Investigators/DIS

1- Clinic Investigator/DIS at the DC Health and Wellness Clinic (DCHWC)

1 Consultant (CDC Assignee)

DIS PrEP for MSM and other priorities

- All assigned positive Syphilis (primary, secondary & early latent, HIV and/or co-infections with GC and CT (based on priority)
- All assigned positive STIs with negative or unknown HIV status are referred for HIV testing and offered PrEP initiation
- All contacts referred for testing, treatment and offered PrEP initiation

DIS PrEP for MSM and other priorities cont.

During Field Investigations

- DIS discuss PrEP with the patient during the risk reduction portion of the interview. (Interviews are in person or telephone)
- If the patient indicates they are already receiving PrEP services the DIS attempts to verify where they are receiving PrEP services.
- If the patient agrees to PrEP initiation the DIS will then offer options to the patient as to where they want to seek PrEP initiation.

DIS PrEP Initiation in the Field cont.

- There are over 40 PrEP providers in the DMV (DC, Maryland & Virginia) area
  - DC Health and Wellness Center
  - Sexualbeings.org- Website used for resources such as sexual health, PrEP Education, DC Health and Wellness Center Information
  - Linku.auntbertha.com- Website used for resources such as Care, Sexual Health (that included various PrEP Program locations), Food, Housing, and Transportation
  - Sex…Is Campaign

- DIS also have established their own community contacts that have also help with linking patients to PrEP programs

DIS PrEP Initiation in the Field cont.

- Once the DIS have established where the patient would like PrEP Services
  - DIS will call the PrEP Provider and schedule an appointment at the request of the patient.
  - Provide a referral to the patient if they refuse to schedule the PrEP appointment at the time of the interview.
  - DIS will attempt to confirm if they attended their PrEP appointment
  - If the patient did not attend, the DIS will attempt to schedule another appointment
- Current Obstacles
  - Verification from the provider if the patient attended there appointment
  - Some patients will not disclose where they are receiving PrEP

DIS PrEP Initiation at the DCHWC

- Currently there is one DIS assigned to the DCHWC
  - Counsel all positive patients diagnosed with Syphilis, HIV, CT and GC
  - Provide partner services for positive patients diagnosed with Syphilis, HIV and/or with GC and CT co-infections
  - Those patients who have a negative rapid HIV test
    - DIS will discuss PrEP
    - Offer PrEP
      - If the patient agrees they will be referred to the clinic PrEP Navigator
- Patients who are not seen by the DIS but are interested in PrEP initiation are referred to the PrEP navigator by the clinician

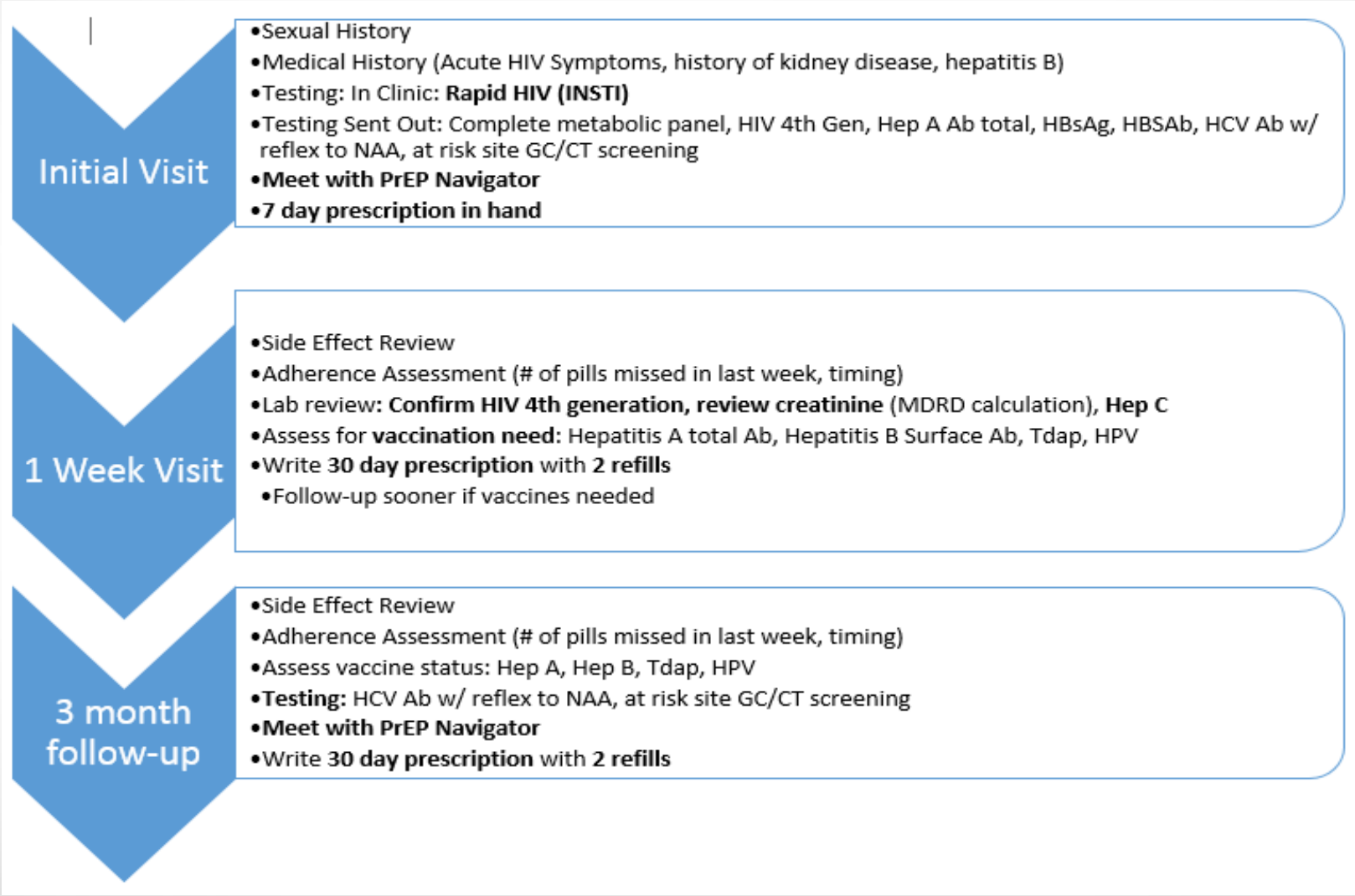
DIS PrEP Initiation at the DCHWC cont.

- PrEP Navigator
  - Risk assessment
  - Address Insurance/other alternatives if the patient does not have insurance
  - Set up follow-up appointments
  - Pending

DCHWC Covering PrEP

- Private Insurance → Co-Pay Assistance
- Medicaid → $0
  - MCOs: AmeriGroup - annual PA; Trusted – Annual PA
- Uninsured → Gilead Patient Assistance, Patient Assistance Network, DC PrEP DAP
  - Depending upon the patient's financial background and insurance status, PrEP (and PEP) is available at low or no cost.

HWC Clinic Protocol - PrEP Flowchart



LESSONS LEARNED

The PrEP program at the DCHWC was effective at the inception. There were some changes with what the clinic offered and required for the the patient.

- The initial program offered 30 days of PrEP medication vs. now they only offer 7 days. This brings the patients back for a one week instead of a one month follow-up and needed assessments (lab review, additional testing etc.)
- Offering on-site PrEP navigation is key to optimize patient access and adherence to PrEP
- Ongoing discussion regarding possibility of added a case manager to the PrEP team to coordinate access to additional services i.e. housing, mental health treatment etc.

What are we doing to enhance the PrEP Program in the District?

2019 Hired a PrEP Coordinator for the District of Columbia!

- Provide and promote PrEP/PEP education for community partners.
- Address programmatic and workflow challenges regarding PrEP/PEP
- Capacity building in developing and or revising policies and procedures, quality assurance, trainings, resources
- Implementation of best practices that comply with adopted polices, laws and regulations, etc.
- Work with HAHSTA staff regarding PrEP/PEP data collection.

THANK YOU

DC Health and Wellness Center

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Champaign-Urbana Public Health District (Illinois)

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DIS Processes for Connecting MSM Clients to PrEP

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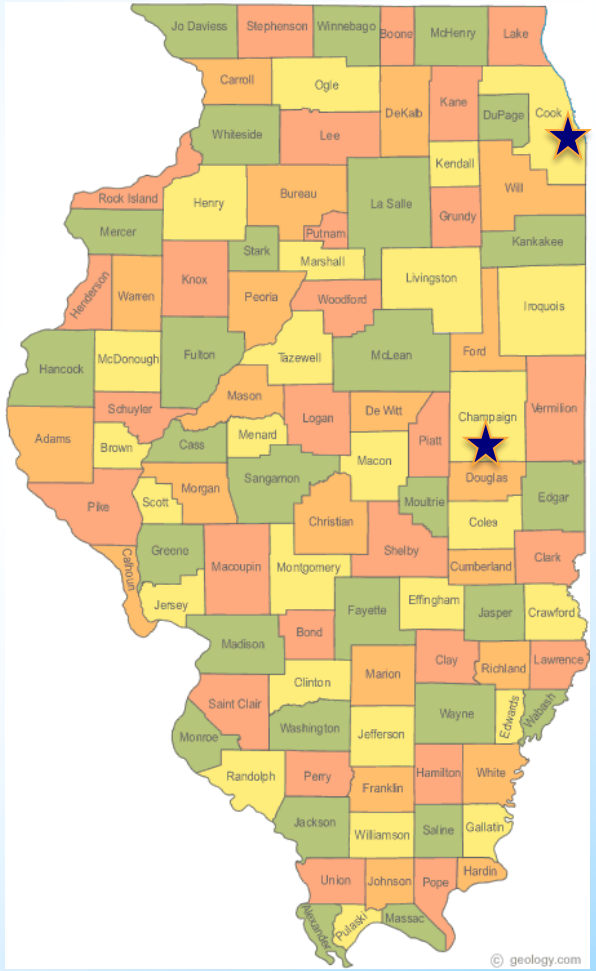
January 22,2020

CUPHD PrEP Clinic

- Champaign-Urbana is two hours south of Chicago
- C-U Population 129,421
  (Champaign County 209,399)
- Univ of Illinois at U-C
- Micro-Urban



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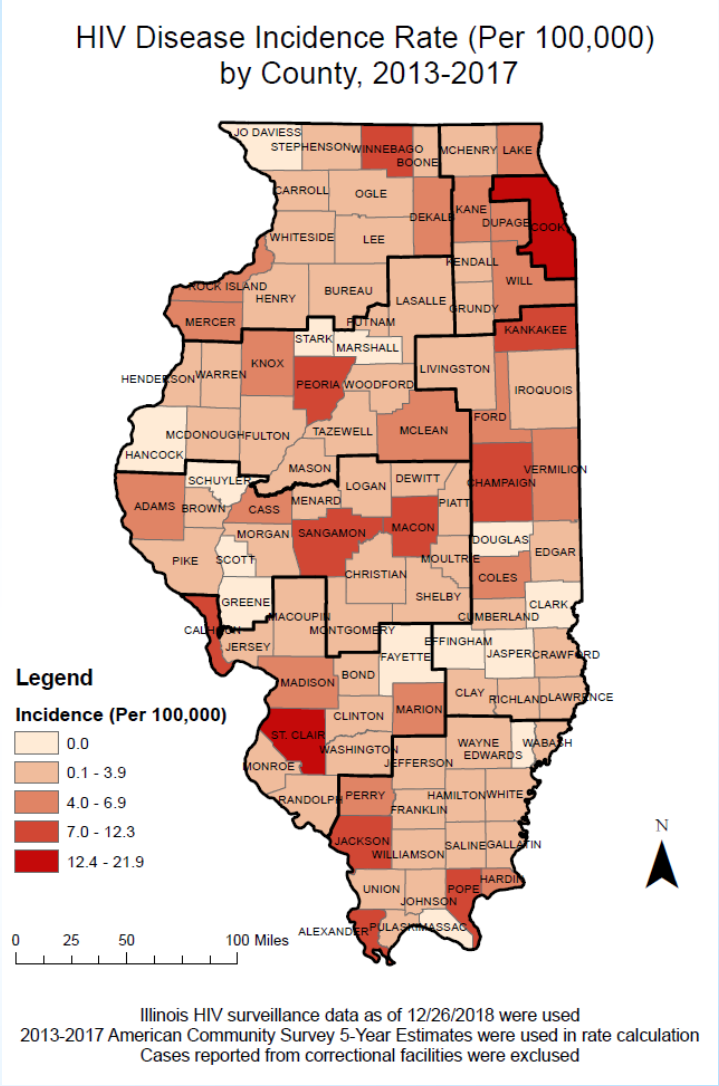
Distribution of HIV Disease, 2017



Illinois HIV surveillance data as of 12/26/2018 were used
2013-2017 American Community Survey 5-Year Estimates were used in rate calculation
Cases reported from correctional facilities were exclused

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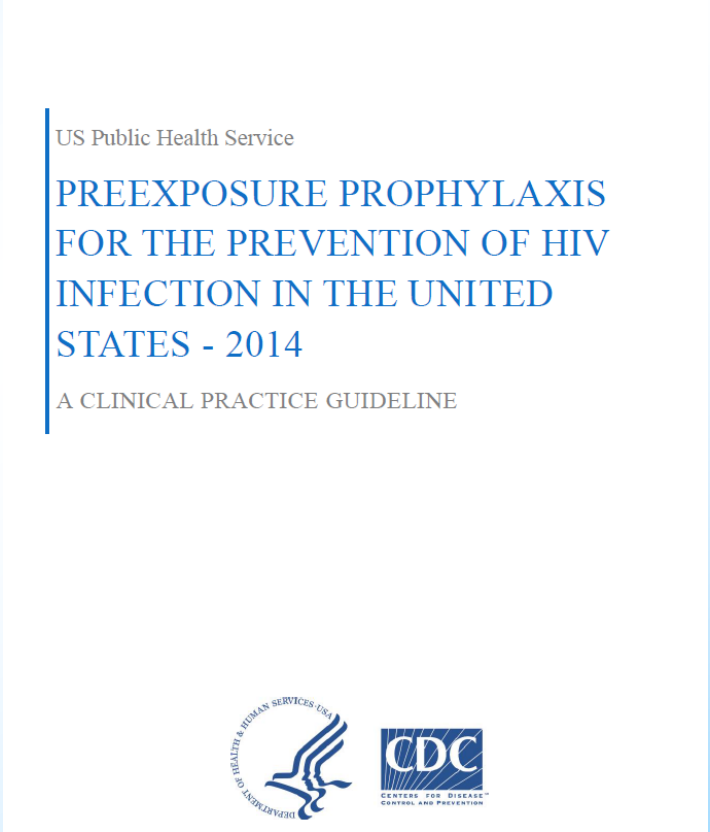
January 2015

What would be required to provide PrEP at CUPHD?

CDC Guidance

http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf



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CUPHD Teen and Adult Services

- Nurse Practioner
- 5 Public Health Nurses
- 8 STI/HIV Services Staff
- 3 Support Staff
- 3 Program Coordinators

STI/HIV Services Staff

8 staff who are cross trained to conduct:

- HIV/HCV Testing
- DIS Interviews
- Partner Services
- Harm Reduction Services
- Supportive Services for People Living with HIV
- PrEP Engagement and Adherence Counseling

DIS Teams at CUPHD

STI—1 Nurse, 3 STI/HIV Staff, 1 Support Staff

HIV—2 STI/HIV Staff

TB—1 Nurse, 1 STI/HIV Staff

Integrated Sexual Health Clinic

- Clinic hosted Mon – Friday 8-5p
- All clients accessing this clinic can receive all of these services on the same day:
  - STI Testing and Treatment
  - HIV/HCV Testing and Care Coordination to Medical Care
  - Reproductive Health Services/Pregnancy Prevention Options
  - PrEP Services and Truvada/Descovy Prescription
  - Partner Services
  - Vaccinations for HPV, HAV, HBV, flu

Typical PrEP Client Visit

- Client presents for STI Clinic
- Nursing assessment
- Site Specific STI testing
- Discussion about PrEP
- Labs for PrEP conducted
- Client meets with STI/HIV Services Staff
- Client then meets with NP

STI/HIV Staff: PrEP Care Coordination

- Staff engage clients in Medicaid enrollment
- Assist in prescription assistance
- Reinforce treatment adherence techniques
- Assist in pharmacy questions
- Ensure successful medication pick up
- Remind PrEP clients of upcoming appointments
- Assist in on-going STI testing and treatment

Importance of DIS Staff in PrEP

- DIS Staff already engage clients in medical care
- They often engage the hardest to reach
- Often have a better relationship with clients
- They are trusted in the community
- DIS Staff routinely convince clients to do the next right thing, even when it is hard!

PrEP Engagement Benefits for DIS Staff

- Connect clients into a “system of services”
- PrEP clients are STI tested every 3-6 months
- Frequent contact with clients
- Nearly 100% reduction in HIV risk on PrEP
- Increased “credibility” in the community

CUPHD PrEP Clinic

Between June 2015 and December 2019, 274 persons have engaged in PrEP services at CUPHD

86 active clients as of 12/31/19

- MSM 77
- Women 5

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Demographic of PrEP Clinic

Men = 81

- MSM = 69 (14 African American, 43 White, 10 Asian, 2 Hispanic)
- Heterosexual = 4 (2 African American, 1 White, 1 Hispanic)
- Bisexual = 8 (3 African American, 4, White, 1 Hispanic)

Women = 5

- Heterosexual = 5 (5 African American)

Ages for Men by number of people

- 20 years and under =1
- 21-30 = 41
- 31-40= 22
- 41-50= 10
- 51-60= 2
- 61-70= 4
- 71-80= 1

Ages for Women by number of people

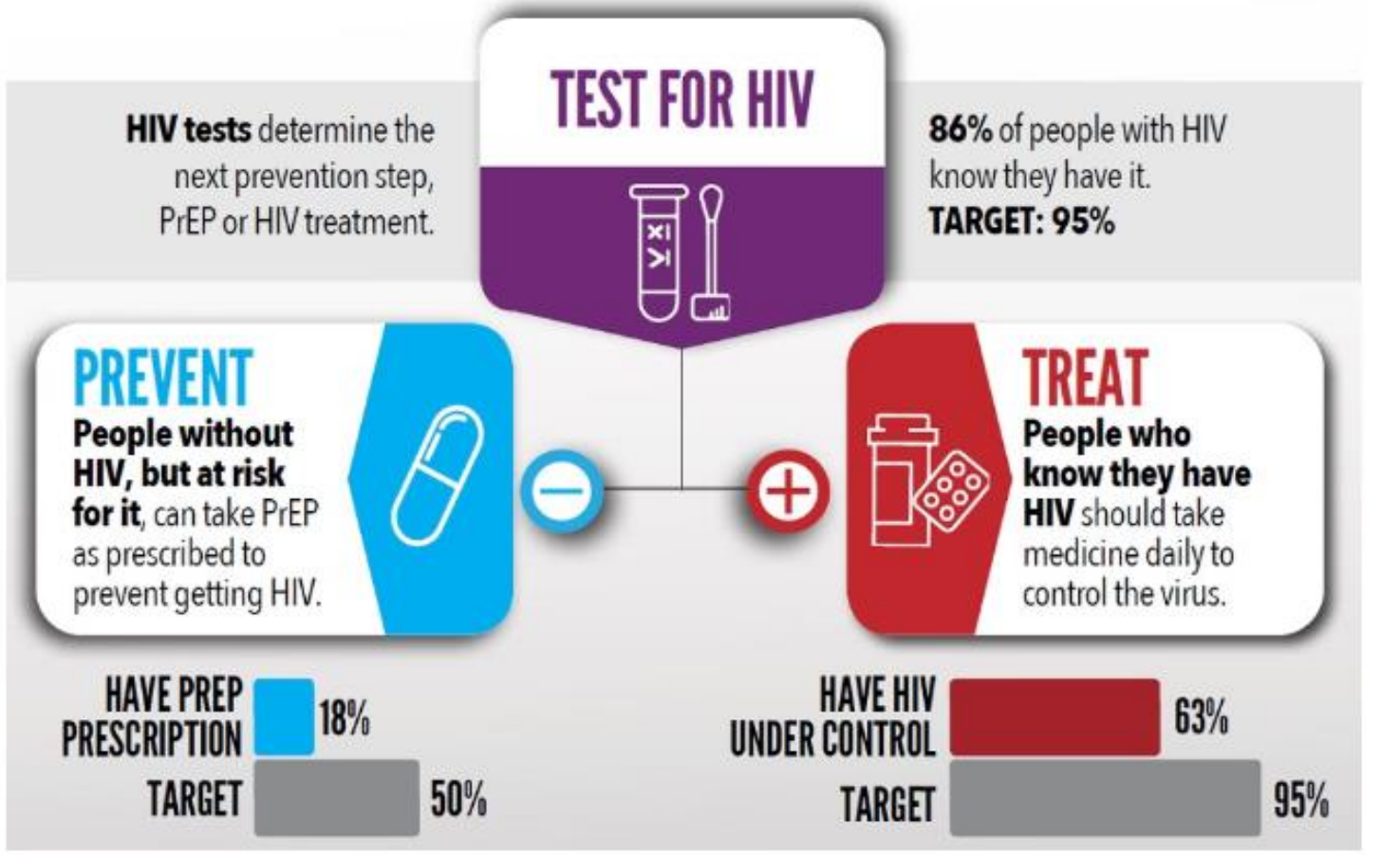
- 21-30 = 1
- 31-40= 1
- 41-50= 3

Lessons Learned

PrEP is more than Truvada/Descovy

- STI testing every three to six months, as needed
- Vaccine uptake is higher among PrEP clients (HPV, Hepatitis, and even flu)
- Clients are engaged in insurance/Medicaid sign up
- Health literacy is expanded
- PrEP care coordination is good for both staff and clients

Getting to Zero



https://www.cdc.gov/vitalsigns/test-treat-prevent/index.html?fbclid=IwAR0KtwADRb_GWKBZm1ITJPF11Nl5YhxRjs7D_aoOUwvMxXFFBdOsSF_6D34

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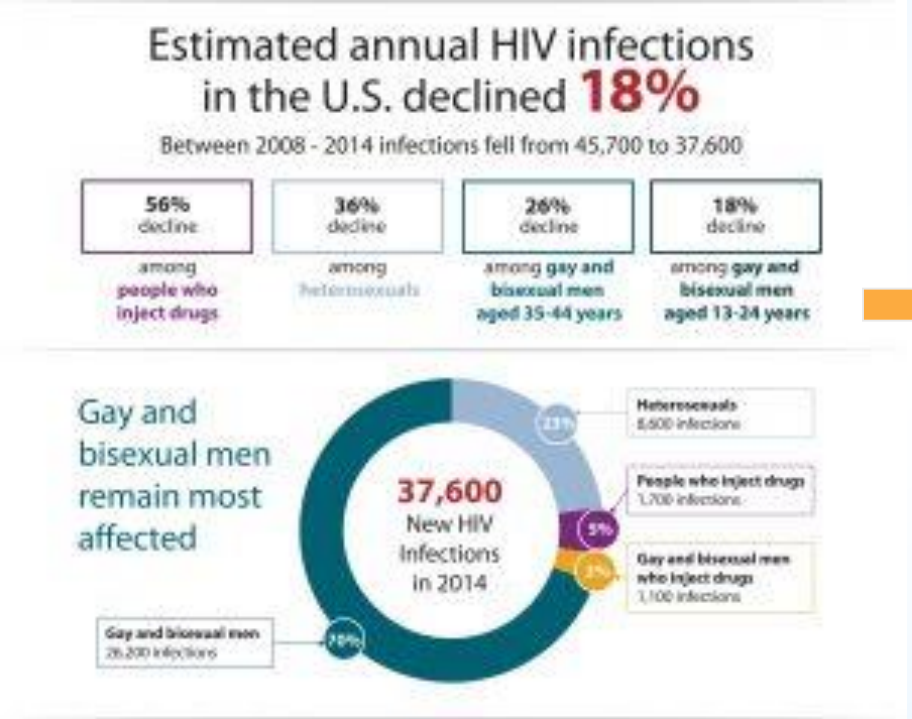
Why PrEP Matters



- 18 percent among young gay and bisexual males ages 13 to 24 (from 9,400 to 7,700)
- 18 percent among white gay and bisexual males (from 9,000 to 7,400);

https://www.cdc.gov/nchhstp/newsroom/2017/croi-hiv-incidence-press-release.html

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PrEP Matters

New HIV diagnoses in Chicago down 19% from 2014
(Chicago Sun Times, 12/23/19)
https://www.chicago.gov/content/dam/city/depts/cdph/statistics_and_reports/2019_HIV_STI_REPORT_Final.pdf

"This is also the lowest number of new diagnoses we've seen since 1988, so that's the big takeaway from this report," said David Kern, deputy commissioner of the HIV/STI Bureau at the city health department. "It's a signal that we're moving in the right direction."

CUPHD Prevention Program

	HIV NEGATIVE	HIV POSITIVE
Bio Medical Interventions	PrEP STI Testing & Treatment	ART STI Testing & Treatment
Public Health Strategies	HIV Testing Partner Services Social Network Testing	Partner Services Social Network Testing Risk Reduction Counseling
Behavioral Interventions	Mpowerment	Peer Support
Structural Interventions	Condom Access / Syringe Exchange	
Social Marketing	CU at Zero Campaign	

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Colorado Department of Public Health & Environment

Gerardo Orozco-Pacheco
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PrEP Navigation & Disease Intervention Specialists

January 22nd, 2020

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COLORADO
Department of Public Health & Environment

Overview

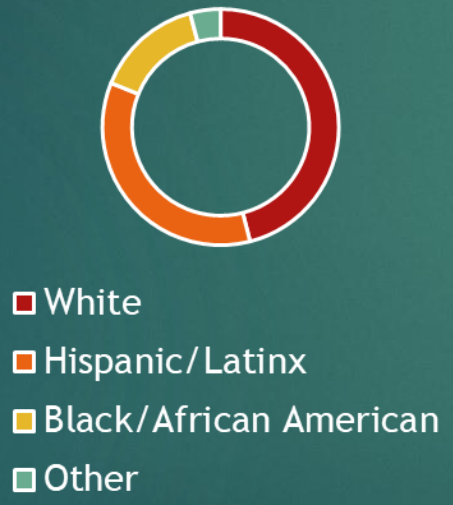
How has a program trained their DIS to speak about PrEP and to motivate MSM clients to start PrEP if they are a good candidate for it?

- HIV in Colorado
- Colorado Project PrIDE Background
- DIS Training Content
- Tools
- Outcomes
- Sustainability

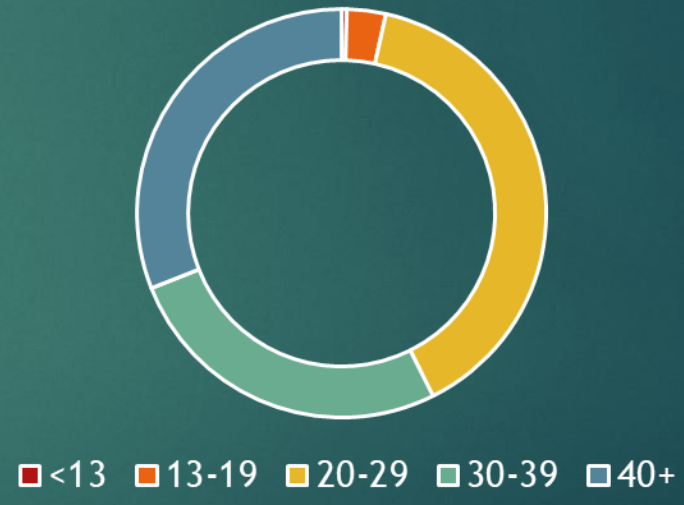
HIV in Colorado

All New HIV Diagnoses
(n = 1,724)
September 30th, 2015 – September 29th, 2019

Race



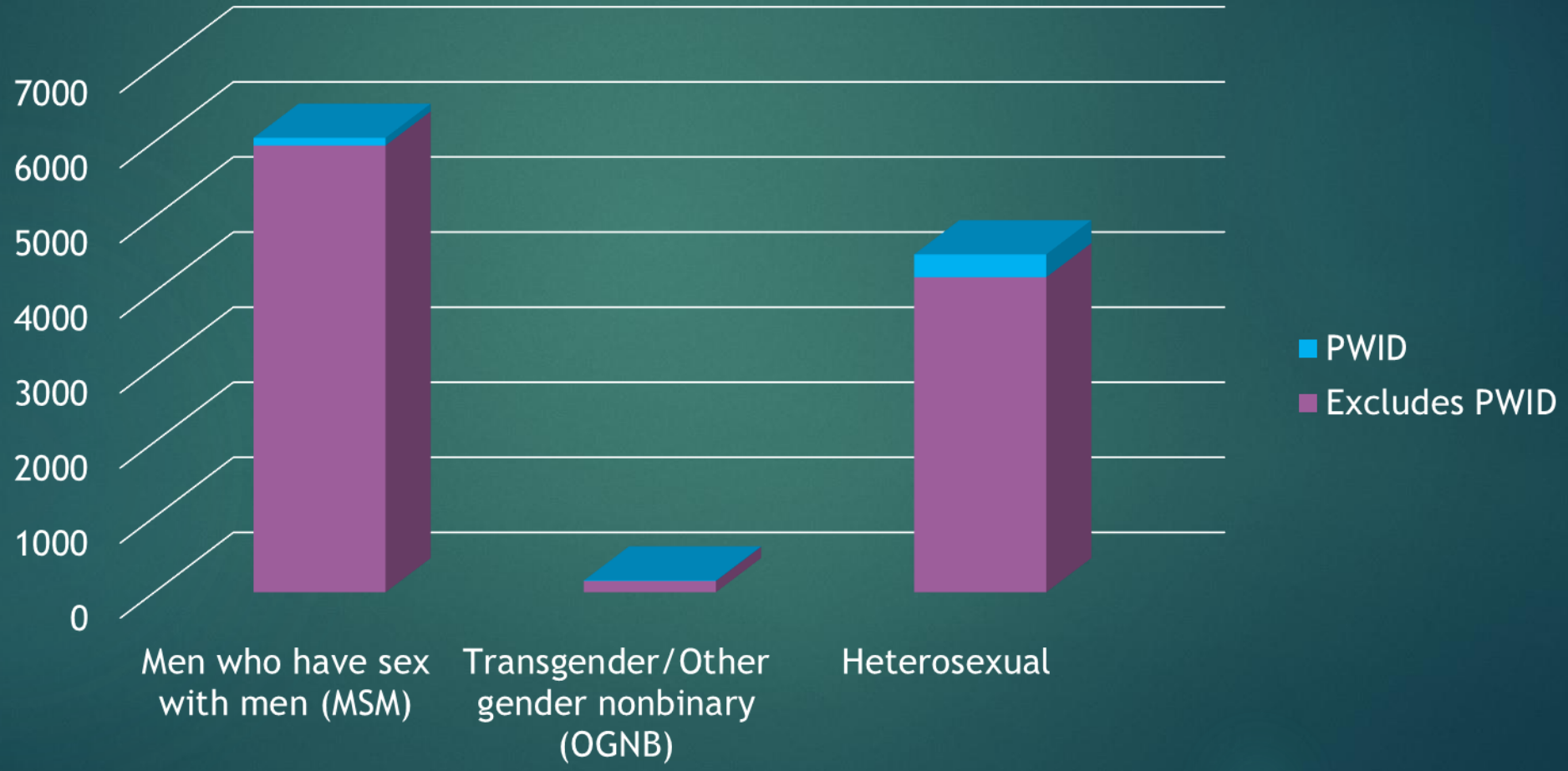
Age at Diagnosis



Data is preliminary and subject to change
All HIV/AIDS surveillance data reported to the Colorado Department of Public Health & Environment as of October 11th, 2019.

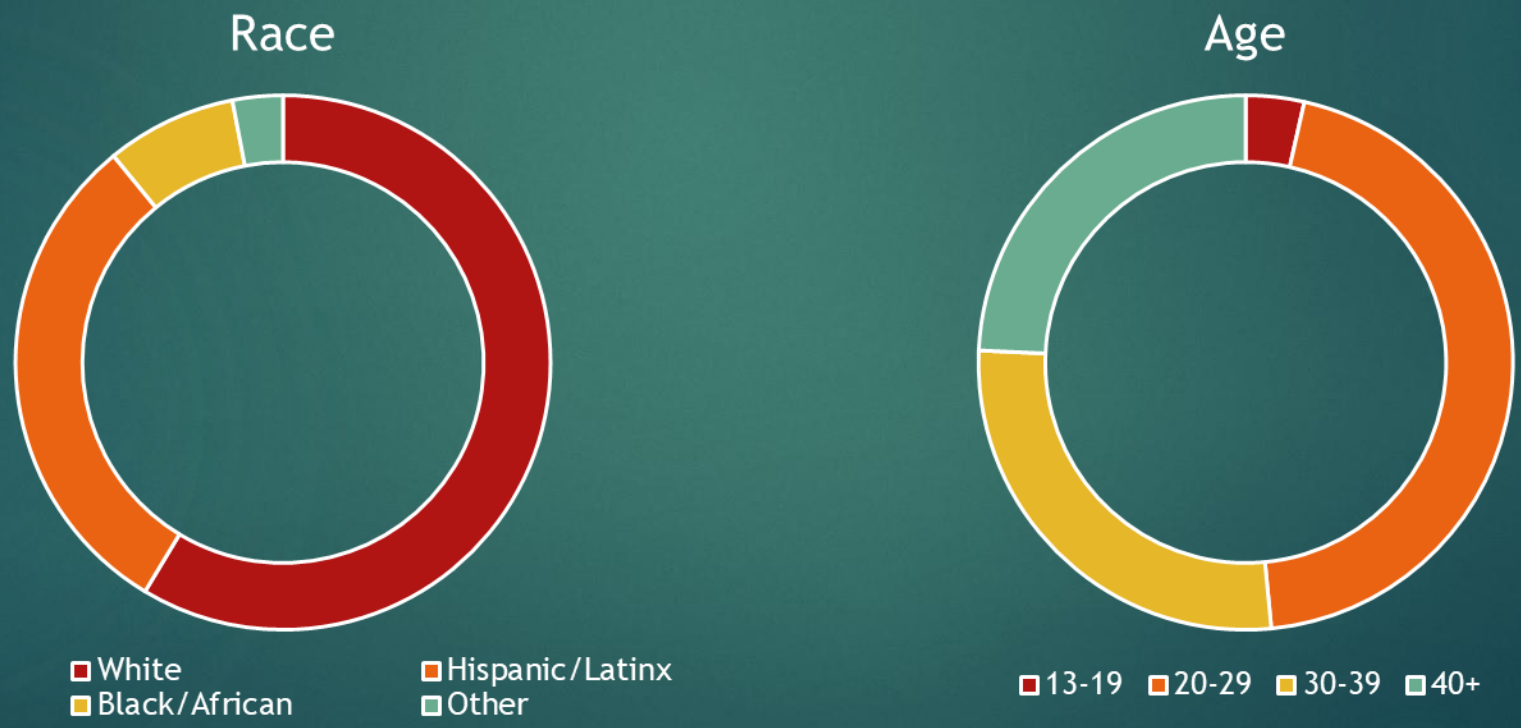
Project PrIDE Background

Clients Served
(n = 13,013)
September 30th, 2015 – September 29th, 2019



Project PrIDE Background

MSM Clients Served
(n = 6,053)
September 30th, 2015 – September 29th, 2019



DIS Training Development

FOCUS GROUPS

- PrEP Navigation and DIS
- Discerning Information and Perceptions

DIS INTENSIVE PrEP TRAINING

- Elevating the DIS position
- Successes and Challenges

SUSTAINABILITY

- Reinforcing PrEP
- Importance of Networks
- What Worked?

Focus Groups

Knowledge

Empower

Readiness

Bias VS Input

DIS Intensive Training

- 5 DIS (HPIII) were trained
- One month intensive training
- Objectives

DIS PrEP IntensiveTraining Model

- DIS focused solely on PrEP case management activities.
- DIS were involved in Work Groups meetings.
- DIS had full 1:1 support from program coordinator.
- DIS learned about a new biomedical intervention.
- DIS introduced PrEP to high-risk populations.
- After Action Review Process
- DIS motivated clients through new and existing skills.

PrEP Services Training Model

PrEP Basics

PrEP Navigation & Retention

HIV Testing & Counseling

Working with MSM & Transgender Populations

Gender Diversity & Prevention Toolbox: PrEP & Beyond

Navigation Tools & Resources

Choices

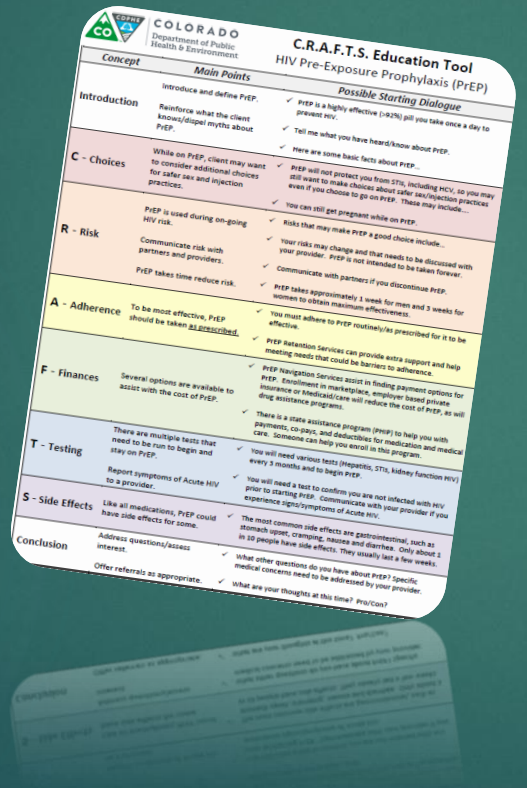
Risks

Adherence

Finances

Testing

Side Effects



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C.R.A.F.T.S. Education Tool
HIV Pre-Exposure Prophylaxis (PrEP)

Concept	Main Points	Possible Starting Dialogue
Introduction	Introduce and define PrEP. Reinforce what the client knows/dispel myths about PrEP.	✓ PrEP is a highly effective (>92%) pill you take once a day to prevent HIV. ✓ Tell me what you have heard/know about PrEP. ✓ Here are some basic facts about PrEP...
C - Choices	While on PrEP, client may want to consider additional choices for safer sex and injection practices.	✓ PrEP will not protect you from STIs, including HCV, so you may still want to make choices about safer sex/injection practices even if you choose to go on PrEP. These may include... ✓ You can still get pregnant while on PrEP.
R - Risk	PrEP is used during on-going HIV risk. Communicate risk with partners and providers. PrEP takes time reduce risk.	✓ Risks that may make PrEP a good choice include... ✓ Your risks may change and that needs to be discussed with your provider. PrEP is not intended to be taken forever. ✓ Communicate with partners if you discontinue PrEP. ✓ PrEP takes approximately 1 week for men and 3 weeks for women to obtain maximum effectiveness.
A - Adherence	To be most effective, PrEP should be taken as prescribed.	✓ You must adhere to PrEP routinely/as prescribed for it to be effective. ✓ PrEP Retention Services can provide extra support and help meeting needs that could be barriers to adherence.
F - Finances	Several options are available to assist with the cost of PrEP.	✓ PrEP Navigation Services assist in finding payment options for PrEP. Enrollment in marketplace, employer based private insurance or Medicaid/care will reduce the cost of PrEP, as will drug assistance programs. ✓ There is a state assistance program (PrEP) to help you with payments, co-pays, and deductibles for medication and medical care. Someone can help you enroll in this program.
T - Testing	There are multiple tests that need to be run to begin and stay on PrEP. Report symptoms of Acute HIV to a provider.	✓ You will need various tests (Hepatitis, STIs, kidney function HIV) every 3 months and to begin PrEP. ✓ You will need a test to confirm you are not infected with HIV prior to starting PrEP. Communicate with your provider if you experience signs/symptoms of Acute HIV.
S - Side Effects	Like all medications, PrEP could have side effects for some.	✓ The most common side effects are gastrointestinal, such as stomach upset, cramping, nausea and diarrhea. Only about 1 in 10 people have side effects. They usually last a few weeks.
Conclusion	Address questions/assess interest. Offer referrals as appropriate.	✓ What other questions do you have about PrEP? Specific medical concerns need to be addressed by your provider. ✓ What are your thoughts at this time? Pro/Con?

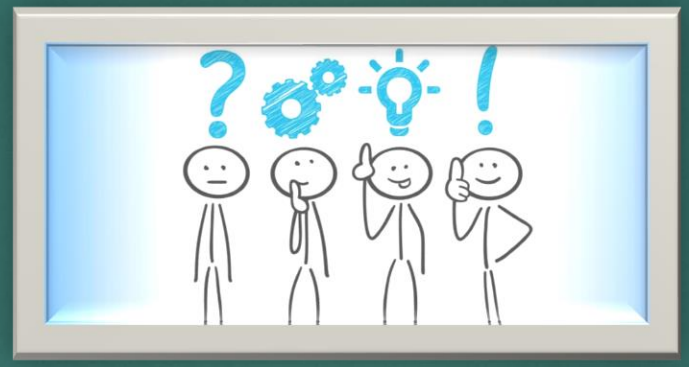
- Protocols Procedures Standards
- Media Campaigns
- Financial Assistance Programs
- Key Partnerships

Outcomes

SUCCESSES	OPPORTUNITIES
DIS experienced professional growth	Length of training
Felt more comfortable and motivated to present PrEP after the intensive training	Need for a dedicated PrEP specific person
Enhanced collaboration and communication both internal and external	Position and growth
Dedicated person to assist with navigation	Clients lost motivation after a short period of time
Development of other key tools, trainings and resources	
DIS became Subject Matter Experts	
Client Centered Services	

Sustainability

Questions?



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Questions

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The webinar recording and presentation slides will be emailed to those that registered. These materials will also be placed on the NCSD website.

- If you are a DIS and want to connect with peers around the country and share tips and resources, you can join NCSD's DIS Slack workspace at the link below. It is also in the chat box. http://bit.ly/ncsd-dis

- Please complete the webinar evaluation once the webinar ends.