



NATIONAL ASSOCIATION OF
Community Health Centers

HIV Prevention in Health Centers:

Pre-Exposure Prophylaxis in Primary Care

Community Health Institute

August 24th, 2015



Learning Objectives

- Participants will understand the benefit of prescribing and managing PrEP in primary care rather than by an infectious disease provider.
- Participants will be able to describe at least one barrier to implementing PrEP in primary care and one direct response to that barrier.
- Participants will be able to describe at least one model for implementing PrEP in primary care.



Faculty

Moderator

William Murphy, Executive Director, Ryan/Chelsea-Clinton Community Health Center, New York, NY

Panelists

Allison Finkenbinder, MSN, WHN-NP, Nurse Trainer, Denver Prevention Training Center, Denver, CO

Ronald Wilcox, MD, Chief Medical Officer, CrescentCare, New Orleans, LA

Robert Murayama, MD, Chief Medical Officer, Apicha Community Health Center, New York, NY



“Before this hotel was bought by Hyatt in 2013, it was known as the Peabody Hotel. The Peabody had a tradition of parading what animals into the hotel lobby at 11 a.m. and 5 p.m. each day?

- A. Goats
- B. Turkeys
- C. Rabbits
- D. Ducks”

HIV Prevention in Health Centers: PrEP in Primary Care

Ronald D. Wilcox MD FAAP
Chief Medical Officer, CrescentCare
2015 Community Health Institute

CrescentCare

- Serves Greater New Orleans and surrounding area
- Began as NO/AIDS Task Force 32 years ago
- FQHC status granted in 11/2013
- Targeted groups for service:
 - LGBT Community
 - Residents in targeted zip codes
 - Service personnel, ie bars, restaurants
 - Individuals at increased risk for HIV
 - Employees and family members

CrescentCare Patients

- Demographics (n=2868)
 - Race/ethnicity
 - 8.9% Hispanic or Latino
 - 51.9% African-American or black
 - 44% Caucasian
 - 0.7% Asian or Pacific Islander or Hawai'ian
 - 0.6% Native American
 - Sexual Orientation and Gender Identity
 - Payer mix
 - Other characteristics

CrescentCare Patients

- Demographics (n=2868)
 - Race/ethnicity
 - Sexual Orientation and Gender Identity
 - Payer mix
 - 29% Uninsured
 - 8.6% Medicare
 - 15.1% Medicaid
 - 47.2% Commercial Insurance
 - Other characteristics

CrescentCare Patients

- Demographics (n=2868)
 - Race/ethnicity
 - Sexual Orientation and Gender Identity
 - Payer mix
 - Other characteristics
 - 66.6% HIV-infected (n=1911)

CrescentCare Patients

- Care Team roles

- Prescribing – physician, physician assistant, nurse practitioner
- Education and counseling – health educator, behavioral health therapist, nurse
- Ongoing care management – social service specialist

PrEP at CrescentCare

- Started in late 2013, initially just for insured patients
- Only formal PrEP provider in the state of Louisiana that we know of
- Total patients since inception = 73
- New PrEP patient visits in 2015 = 30
- Follow-up PrEP patients (unduplicated) = 48

PrEP Workflow

- Patient identified by STD or HIV testing, identified during a provider visit, or self-identifies as at risk
- Assessment and labs – assess if at increased risk for HIV
 - Initial labs: HIV Ag/Ab, BMP, vitamin D 25 OH, HBsAg, HBsAb, HBcAb, (UPT)
- Education and counseling –
 - all patients enrolled in PrEP enroll in behavioral health services
 - meet monthly x 3 months then q3 months or more often if desired
- Prescription – given monthly after labs returned x 3 months then q3 months
- Follow-up
 - Meet for targeted visit (15-30 minutes) monthly x 3 months then q3 months while enrolled with prescriber. Offered primary care also, increasing complexity of visits
 - “Red flags” – must have HIV Ab testing and BMP q12 weeks; also get STD testing

Engaging the Staff

- Making the case for PrEP among providers and staff
 - Initially started at Gay Men's Wellness Center then moved to primary CHC site
 - Some initial reluctance expressed by a key provider who had been with Agency long-term
- Care Team roles
 - Prescribing – now done by 3 MDs and 1 PA at two of three sites
 - Education and counseling – led by Director of Behavioral Health
 - Ongoing care management – assist with Medication Assistance Program apps.
- Challenges and successes

Engaging the Patient

- Identifying patients who may benefit from PrEP
 - High-risk, high-priority patients
 - Other considerations
- Patient decision-making about PrEP
 - Patient Questions and Concerns
- Patient engagement in primary care
- Challenges and successes

Forms Developed

- Biopsychosocial assessment form for intake
- Screening Tool for eligibility
- Schedule of events – visits, labs, etc
 - Clinic
 - Patient



apicha
community health center

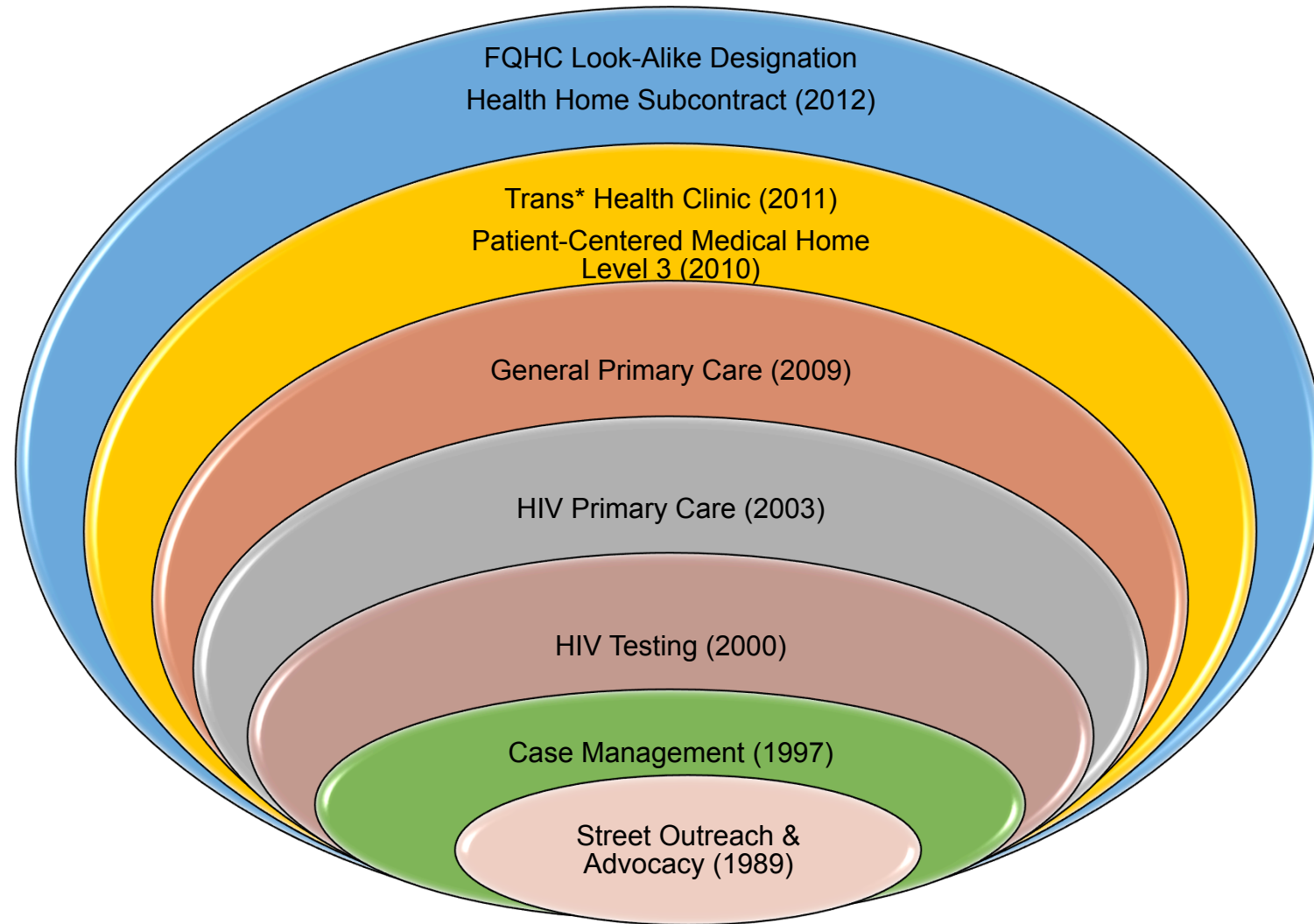
HIV Prevention @ Apicha CHC: PrEP and PEP

Robert Murayama, MD, MPH
Chief Medical Officer
August 2015

Overview

- About Apicha Community Health Center
- Examples of PrEP in common use
- What is needed to provide PrEP
- Counseling for PrEP
- How PrEP is done at Apicha CHC
- What worked/didn't work and FAQs

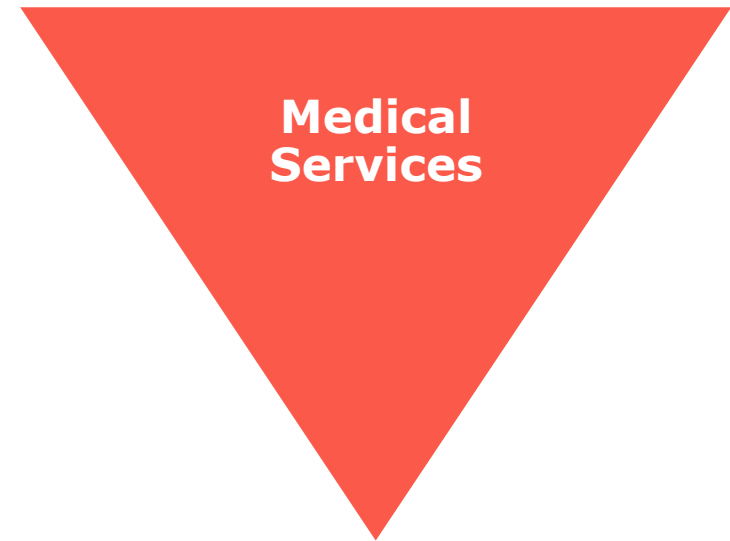
Apicha CHC: From ASO to FQHC-LA



Medical Services

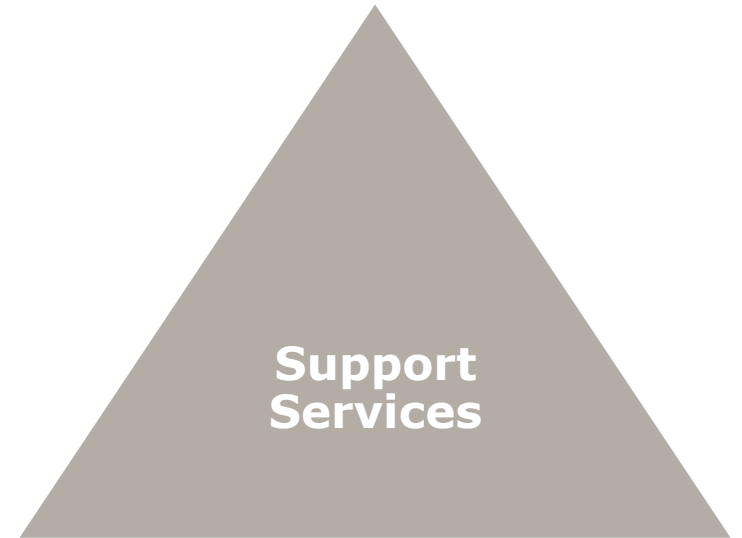
Medical Services as a PCMH Level 3:

- General Primary Care
 - HIV-Prevention (PrEP and PEP)
- HIV Primary Care
- Trans* Health Care
 - Primary Care
 - HIV Prevention Program (NYSDOH)
- Sexual Health
- Mental Health Services
- Anal and Cervical Cancer Prevention



Support Services

- HIV Support
 - Case Management
 - Nutrition Education
- Trans* Health Support
 - PrEP and PEP Navigation
- Health Home
- HIV-Prevention Support
 - PrEP and PEP Navigation
- Mental Health Services

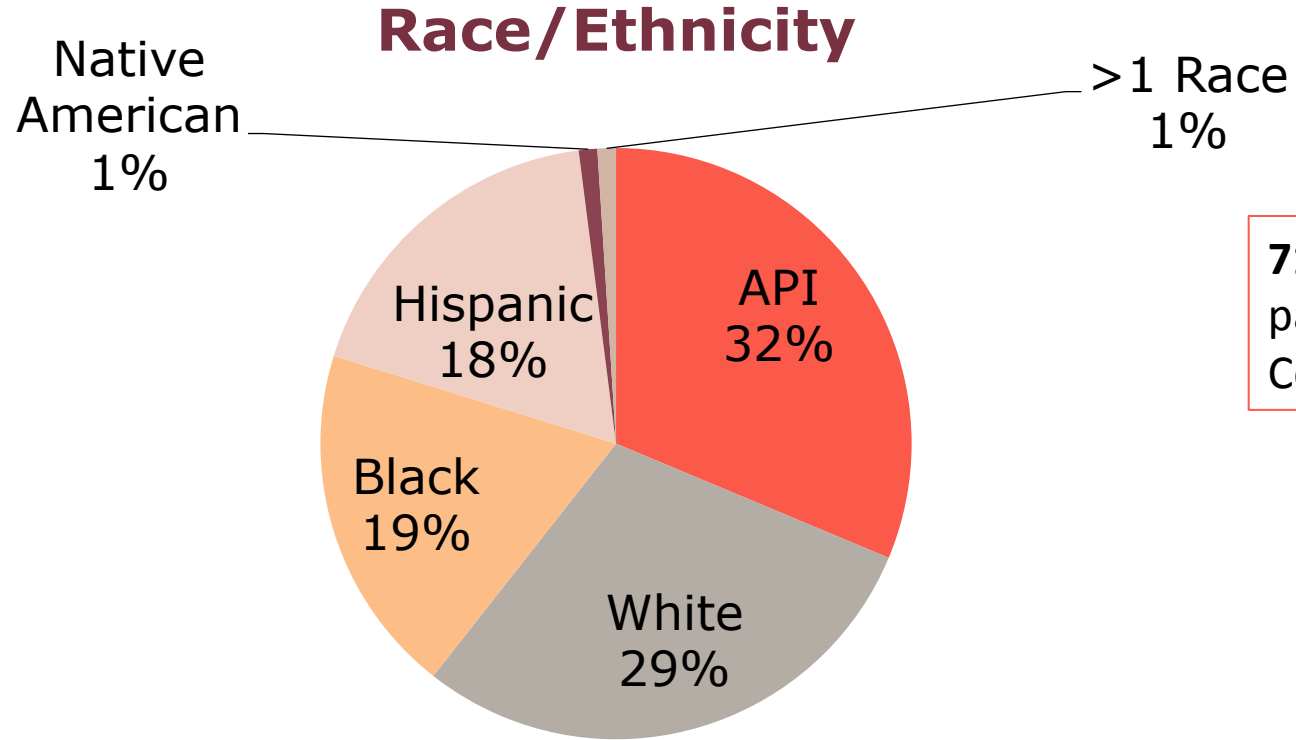


Agency-Wide Demographics 2014: 4,122 Clients/Patients

Culturally Diverse

- **Over 30 Languages spoken**
 - Recent immigrants
- **Majority identify as LGB**
- **Growing Trans* Population**
- **Largely communities of color**

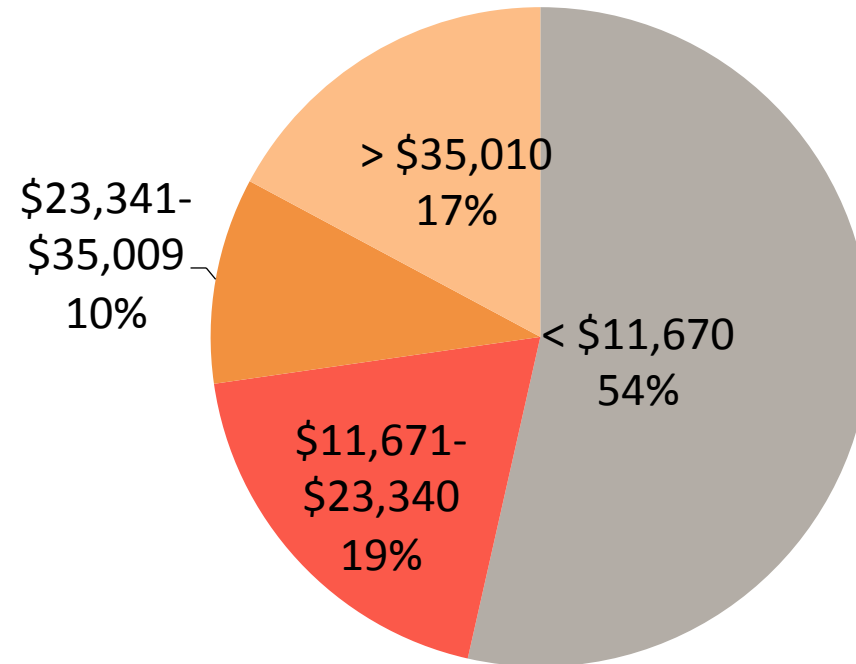
Primary Care Patients' Demographics: 2014



71% of Apicha CHC's patients are from Communities of Color

Primary Care Patients' Demographics: 2014

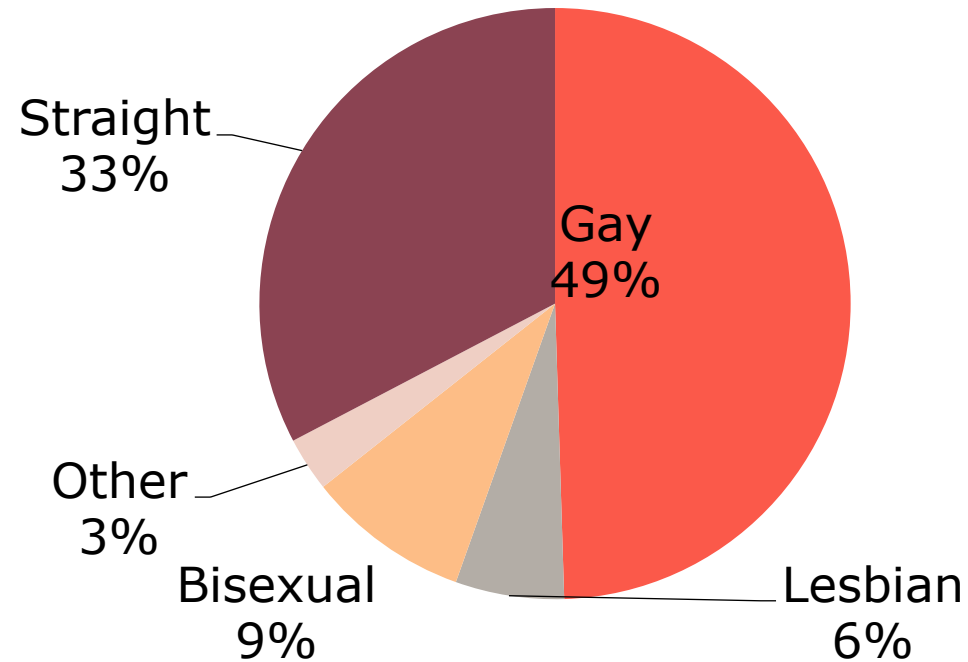
Poverty Level



73% of Apicha CHC's Primary Care patients earn \$23,340/ year or less.

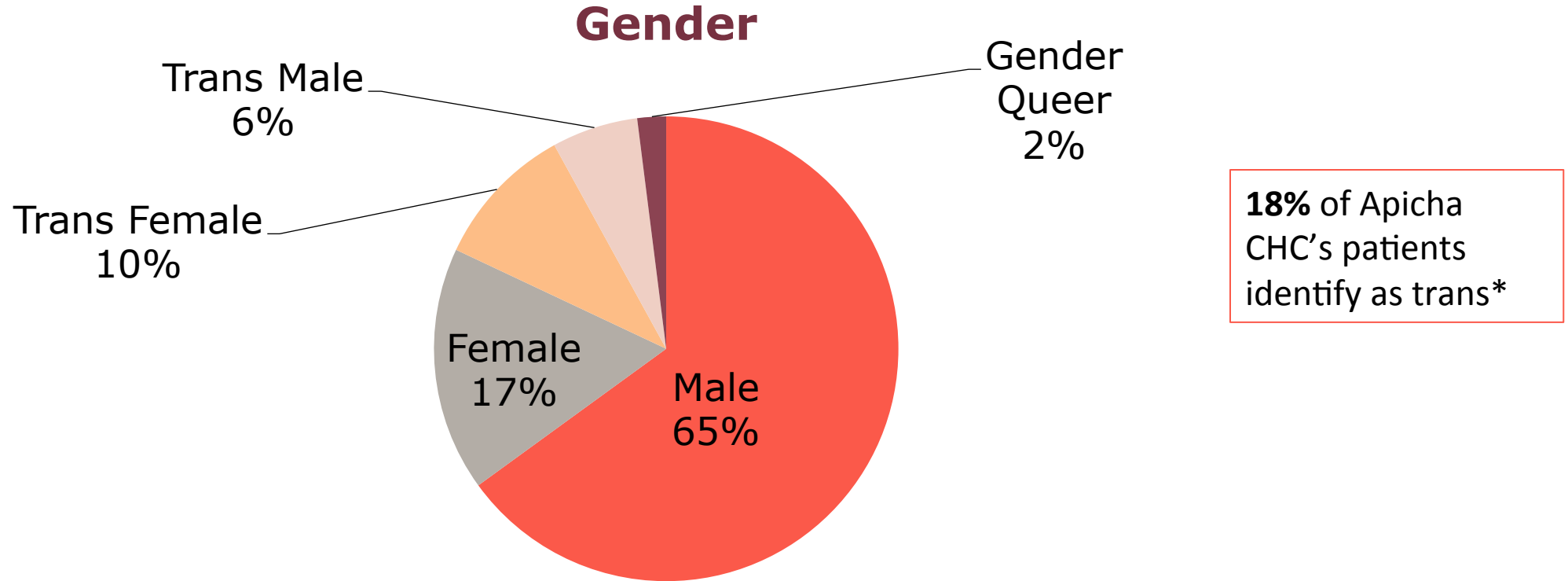
Primary Care Clinic Demographics: 2014

Sexual Orientation

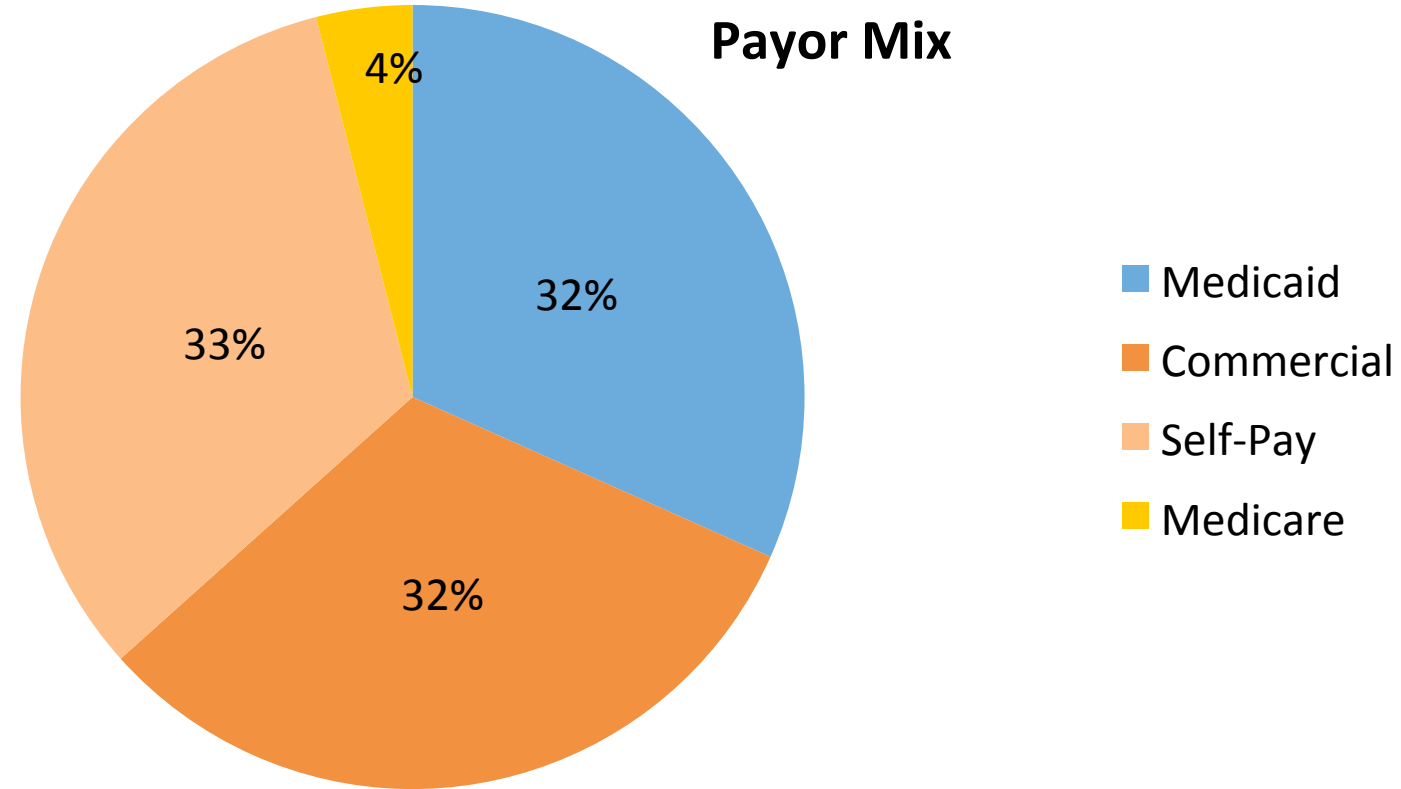


64% of Apicha CHC's patients identify as LGB

Primary Care Clinic Demographics: 2014



Primary Care Clinic Demographics: 2014



PrEP is NOT a New Concept

- **Examples of Pre-Exposure Prophylaxis**
 - Oral Contraceptive to prevent pregnancy
 - Malaria prophylaxis when going to an endemic area
 - Antibiotics given preoperatively

PrEP For HIV Prevention: Where Does it Belong?

- PrEP at Apicha CHC is part of Primary Care
 - LGB Program:
 - PrEP Implementation Project- NYSDOH
 - Women's Health Program:
 - Sex workers
 - Trans* Health Clinic:
 - Trans* HIV Prevention Program

Apicha CHC PrEP Experience

- Prescribing PrEP since 2012
- Currently about 200 patients receiving PrEP

What is Needed to Provide PrEP?

- Prescriber comfort/experience with truvada
- Support/Case Management/Navigation:
 - Patient Assistance program
 - PrEP AP (NYSDOH ADAP)
 - Benefits Enrollment
 - Understanding/assistance with coverage limits:
 - Deductibles, co-pays, pharmacy restrictions, etc.
- Adherence Counseling
- HIV testing/Assess for acute HIV infection
- Access to PEP (Post-Exposure Prophylaxis)
 - 7 day starter pack
 - Navigation/coordination

Counseling for PrEP

- How to take medication
- Where to get medication
 - Pharmacy if insured
 - Clinic if patient assistance program
- How to obtain refills
- STI testing and counseling
 - Harm reduction approach
 - HIV testing (4th Gen Rapid test) quarterly
- Ongoing medical care:
 - Vaccinations
- How/when to access PEP

Apicha CHC PrEP: (1)

- Eligibility- (NYSDOH):
 - MSM engaging in unprotected anal intercourse
 - HIV+ sexual partner
 - MtF and FtM trans* folks engaging in high-risk sexual behaviors
 - Exchanging sex for money, drugs or housing
 - IDUs who share injection equipment
 - Users of stimulants associated with high-risk behaviors (Meth, GHB, poppers, coke)
 - Diagnosed with more than one STI in last 12 months
 - Hx nPEP use with continued high-risk behavior

PrEP (2)

- Visit 1:

- Baseline labs (CC, Hep B, HIV, STI, HCV, pregnancy)
- New patient SMART forms
- Assess for acute HIV infection
- Patient education: harm reduction, condom use (Motivational interviewing), S/SX acute HIV
- Rx for truvada given
 - Navigation to pharmacy, patient assist, PrEP AP
 - Adherence support: weekly

PrEP (3)

- Visit 2 (2-3 weeks after visit 1):
 - Assess adherence
 - Assess side effects
 - Complete physical
 - Initiate vaccinations
 - Visit 3 (3 months from visit 1):
 - Quarterly labs:
 - BHCG, STI, UA/Dip Protein
 - Safer sex/harm reduction (MI)
 - Annually: creatinine clearance, ?HCV
- *Coding ICD-9: V01.79

PrEP Framework: What Worked and What Didn't

- Prescriber engagement/familiarity with truvada
- Identification of “high-risk” patients
- Internal referrals
- Reimbursement
- PEP

PrEP FAQs

- When do you start/stop taking PrEP?
 - Hep B
- Should I take PrEP every day?
 - 7d for anal sex, 20 days for vaginal tissue
- What if my sex partner has HIV that is resistant to one or both drugs in truvada?

PrEP FAQs

- Do I still have to use condoms?
- Should I keep it a secret that I'm taking PrEP?
- How do you get PrEP and how much will it cost?

Q1: How Do Medicaid Expansion, Reimbursement, Statewide Infrastructure Impact the Way We Offer PrEP to Patients?

- NYS Ending the Epidemic Plan facilitates access to PrEP
- NYS MA: PrEP is covered
- PrEP AP Program- NYS ADAP
 - 435% FPL
 - Labs and PrEP-related visits are covered
 - Medication from Pt Assist Program

Q2: How Do You Identify Which Patients Need PrEP? (1)

Apicha CHC Sample Questionnaire:

Your answers to the questions below will help make your visit more efficient. Please answer the following questions by circling an answer and give this form to your medical provider or social worker.

- Do you sometimes have anal or vaginal sex with people who are HIV positive?
- Do you sometimes have sex without condoms with people who inject drugs or who have sex with men?
- Do you have sex for money, drugs or a place to stay?
- Do you sometimes bottom without condoms?
- In the last 12 months have you had more than one sex partner?
- Have you had an STD in the last 12 months?
- In the last 12 months have you injected drugs that have not been prescribed by a medical provider?

If you are HIV-negative and answered yes to any of the above questions, you should talk to your medical provider/social worker about PrEP, a daily pill to prevent HIV infection. Most insurances and Medicaid pay for PrEP, and there are programs that can cover the medication and care if you are unable to get insurance or Medicaid.

If you are HIV-positive and answered yes to any of the above questions, you should talk with your medical provider/social worker about how taking your HIV-meds regularly and keeping your viral load undetectable will greatly reduce the risk of infecting partners

Q2: How Do You Identify Which Patients Need PrEP? (2)

- Do you sometimes have anal or vaginal sex with people who are HIV positive?
- Do you sometimes have sex without condoms with people who inject drugs or who have sex with men?
- Do you have sex for money, drugs or a place to stay?
- Do you sometimes bottom without condoms?
- In the last 12 months have you had more than one sex partner?
- Have you had an STD in the last 12 months?
- In the last 12 months have you injected drugs that have not been prescribed by a medical provider?

Q3: How Did Your Health Center Decide to Commit to Offering PrEP?


- Our target populations were impacted by HIV
- CEO on NYS Ending the Epidemic Task Force
 - Blueprint created
- Data:
 - PrEP data demonstrating effectiveness
- Started internally with series of formal and informal discussions

Q4: What Has Been the Benefit to Your Health Center Of Offering PrEP?

- Support for our mission to serve marginalized communities
- Remove moral judgment often associated with behavioral intervention to prevent HIV
 - Always use condoms, commit to 1 partner, etc
- Prevention of new HIV infections in “very high-risk” patients who can’t commit to behavior change but can commit to taking a pill
- Staff excitement/empowerment
- Reducing silos: HIV Prevention and HIV care



How do Medicaid expansion, reimbursement, statewide infrastructure, and local resources impact the way you offer PrEP to your patients?



How do Medicaid expansion, reimbursement, statewide infrastructure, and local resources impact the way you offer PrEP to your patients?

CrescentCare (Louisiana)


- Initially only for insured patients
- Now offered for uninsured who enroll in primary care
- No Medicaid expansion in our state



How do Medicaid expansion, reimbursement, statewide infrastructure, and local resources impact the way you offer PrEP to your patients?

Denver Prevention Training Center (Denver)

- Medicaid and private insurance plans – Cover PrEP
- High co-pays
 - Patient assistance from Gilead for copays
- CO ADAP (AIDS Drug Assistance Program)
 - Amendment passed so can use funds for HIV neg individual who make <500% FPL
 - Cover undocumented individuals who don't qualify for Medicaid
 - Last resort payer – go through Gilead first
- Expanding PrEP at DH
 - Working on plan to expand PrEP to two of DH community health centers



How do Medicaid expansion, reimbursement, statewide infrastructure, and local resources impact the way you offer PrEP to your patients?

Apicha Community Health Center (New York City)

- NYS Ending the Epidemic Plan facilitates access to PrEP
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 - 435% FPL
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How do you identify which patients need PrEP?



How do you identify which patients need PrEP?

CrescentCare

- Groups we officially target:
 - In long-term relationship with HIV+ partner without virologic control
 - MSM with 3 or more sexual partners in previous 12 months
 - Women 18-30 with 3 or more sexual partners in previous 12 months
 - Transgendered
 - MSM of color
 - IVDU
 - Commercial Sex Work
 - Discordant and wanting pregnancy
 - (Previous STD in past 12 months)



How do you identify which patients need PrEP?

Denver Health (1)

- Standardizing this question/risk assessment is in progress
- For now:
 - Patient with syphilis or on PEP should be offered
 - HIV+ patients and their HIV negative partners offered
 - IDU and high-risk heterosexuals – harder to define
 - Sign of need of PrEP is an individual who is seeking it out
- New York State Guidelines

How do you identify which patients need PrEP?

Denver Health (2)

New York State Guidelines Potential Candidates for PrEP

TABLE 1. POTENTIAL CANDIDATES FOR PREP

Clinicians should discuss PrEP with the following non-HIV-infected individuals who have substantial and ongoing risk:

- **Men who have sex with men (MSM)** who engage in unprotected anal intercourse^{7,8}
- Individuals who are in a **serodiscordant sexual relationship** with a known HIV-infected partner
- Male-to-female and female-to male **transgender individuals** engaging in high-risk sexual behaviors
- Individuals engaging in **transactional sex**, such as sex for money, drugs, or housing
- **Injection drug users** who report any of the following behaviors: sharing injection equipment (including to inject hormones among transgender individuals), injecting one or more times per day, injecting cocaine or methamphetamine, engaging in high-risk sexual behaviors⁶
- Individuals who use **stimulant drugs associated with high-risk behaviors**, such as methamphetamine⁷⁻¹¹
- Individuals diagnosed with more than one anogenital **sexually transmitted infection** in the last year⁹
- Individuals who have been prescribed **non-occupational post-exposure prophylaxis (nPEP)** who demonstrate continued high-risk behavior or have used multiple courses of nPEP¹²



How do you identify which patients need PrEP?

Apicha Community Health Center (1)

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How do you identify which patients need PrEP?

Apicha Community Health Center (2)

- Do you sometimes have anal or vaginal sex with people who are HIV positive?
- Do you sometimes have sex without condoms with people who inject drugs or who have sex with men?
- Do you have sex for money, drugs or a place to stay?
- Do you sometimes bottom without condoms?
- In the last 12 months have you had more than one sex partner?
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- In the last 12 months have you injected drugs that have not been prescribed by a medical provider?



How did your health center decide to commit to offering PrEP?



How did your health center decide to commit to offering PrEP?

CrescentCare

- I proposed it and received the CEO's blessing after designing how we would run the program



How did your health center decide to commit to offering PrEP?

Denver Health

- PrEP is a tool to use to reduce HIV cases in our community
- Way to engage patients re: healthy relationships and strategy for protecting partners
- LTC key partner to assist in accessing PrEP for partner
- ID clinic – key partner as well



How did your health center decide to commit to offering PrEP?

Apicha Community Health Center

- Our target populations were impacted by HIV
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What has been one benefit to your health center of offering PrEP?



What has been one benefit to your health center of offering PrEP?

CrescentCare

- 90% of PrEP patients also getting primary care
 - Vast majority have had no regular health care beforehand



What has been one benefit to your health center of offering PrEP?

Apicha Community Health Center

- Support for our mission to serve marginalized communities
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