PrEParing DIS to Connect MSM Clients to PrEP

January 22, 2020
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
DIS PrEP Follow-up in the District

January 22, 2020

Presenters
Toni Flemming – Field Operations Manager
Herman Jones – Disease Intervention Specialist (DIS)
PROPORTION OF HIV CASES LIVING IN DC, BY RACE/ETHNICITY, GENDER IDENTITY AND MODE OF TRANSMISSION, DISTRICT OF COLUMBIA, 2018

- **Black MSM and MSM/IDU**: 27%
  - Black Heterosexual Men: 8%
  - Black Men Other/RNI: 6%
  - Black Men IDU: 5%
  - Black Transgender: 1%
- **Black Heterosexual Women**: 15%
- **White MSM and MSM/IDU**: 13%
  - Latino MSM and MSM/IDU: 5%
  - Latino Male Other: 1%
  - Other: 5%
  - White Transgender: 1%
  - White Women: 5%
- **Black Men Other/RNI**: 4%
- **Black Women Other/RNI**: 4%
- **Black Women IDU**: 4%
- **White Men Other**: 2%
- **Latina Women Other**: 1%

**Note:**
- **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 ADMINISTRATION (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

**Initial Visit**
- Sexual History
- Medical History (Acute HIV Symptoms, history of kidney disease, hepatitis B)
- Testing: In Clinic: Rapid HIV (INSTI)
- Testing: Sent Out: Complete metabolic panel, HIV 4th Gen, Hep A Ab total, HBsAg, HBSAb, HCV Ab w/ reflex to NAA, at risk site GC/CT screening
- Meet with PrEP Navigator
- 7 day prescription in hand

**1 Week Visit**
- Side Effect Review
- Adherence Assessment (# of pills missed in last week, timing)
- Lab review: Confirm HIV 4th generation, review creatinine (MDRO calculation), Hep C
- Assess for vaccination need: Hepatitis A total Ab, Hepatitis B Surface Ab, Tdap, HPV
- Write 30 day prescription with 2 refills
- Follow-up sooner if vaccines needed

**3 month follow-up**
- Side Effect Review
- Adherence Assessment (# of pills missed in last week, timing)
- Assess vaccine status: Hep A, Hep B, Tdap, HPV
- Testing: HCV Ab w/ reflex to NAA, at risk site GC/CT screening
- Meet with PrEP Navigator
- Write 30 day prescription with 2 refills
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 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

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Director, Teen & Adult Services

Nancy Johnson
PrEP Program Lead
DIS Processes for Connecting MSM Clients to PrEP

NCSD
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
Distribution of HIV Disease, 2017
What would be required to provide PrEP at CUPHD?

CDC Guidance

CUPHD Teen and Adult Services

- Nurse Practitioner
- 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
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

HIV tests determine the next prevention step, PrEP or HIV treatment.

86% of people with HIV know they have it.
TARGET: 95%

PREVENT
People without HIV, but at risk for it, can take PrEP as prescribed to prevent getting HIV.

TEST FOR HIV

TREAT
People who know they have HIV should take medicine daily to control the virus.

HAVE PREP PRESCRIPTION
18% TARGET 50%

HAVE HIV UNDER CONTROL
63% TARGET 95%

https://www.cdc.gov/vitalsigns/test-treat-prevent/index.html?fbclid=IwAR0KtwADRb_GWKBZm1TJPF11Ni5YhxRjs7D_a0UywMxXFFBdOsSF6D34
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);

PrEP Matters

New HIV diagnoses in Chicago down 19% from 2014
(Chicago Sun Times, 12/23/19)

“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

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<th>HIV NEGATIVE</th>
<th>HIV POSITIVE</th>
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<td><strong>Bio Medical Interventions</strong></td>
<td>PrEP, STI Testing &amp; Treatment</td>
<td>ART, STI Testing &amp; Treatment</td>
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<td><strong>Public Health Strategies</strong></td>
<td>HIV Testing, Partner Services, Social Network Testing</td>
<td>Partner Services, Social Network Testing, Risk Reduction Counseling</td>
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<td><strong>Behavioral Interventions</strong></td>
<td>Mpowerment</td>
<td>Peer Support</td>
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<td><strong>Structural Interventions</strong></td>
<td>Condom Access / Syringe Exchange</td>
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<td><strong>Social Marketing</strong></td>
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<td>CU at Zero Campaign</td>
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PrEP Navigation & Disease Intervention Specialists

January 22nd, 2020

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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 30\textsuperscript{th}, 2015 - September 29\textsuperscript{th}, 2019

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 PrlDE Background

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

Men who have sex with men (MSM)  Transgender/Other gender nonbinary (OGNB)  Heterosexual

PWID
Excludes PWID
Project PrIDE Background

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

Race
- White
- Black/African
- Hispanic/Latinx
- Other

Age
- 13-19
- 20-29
- 30-39
- 40+
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 Intensive Training 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

Protocols
Procedures
Standards
Media Campaigns
Financial Assistance Programs
Key Partnerships
## Outcomes

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

- Trainings
- Updates
- Motivation
- Networks
- Urgency to Refer

+ Adaptation
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.