The Role of Primary Care in HIV Prevention
“Getting Started with PrEP”

Presented by Jordan Health of Rochester, NY
December 8, 2015 Atlanta, GA
About Jordan Health

- Federally Qualified Health Center located in Rochester, New York.
- Accreditation by the Joint Commission.
- We provide comprehensive community-based healthcare of the highest quality with dignity and respect, regardless of ability to pay.
- Patients present with disproportionately high rates of unemployment, poverty, low literacy, and drug use.
- Serves approximately 30,000 patients per year across 10 different sites.
- Prevention and Primary Care department.
  - Serving approximately 170 HIV patients per year at 2 specific sites.
- Partnership with New York State Health Department AIDS Institute.
Intervention Strategies in Primary Care: Counseling and Education

- Harm Reduction Strategies
  - Safer Sex Practices
  - Prevention Messages
  - Abstinence
  - High Impact Prevention Interventions
    - ARTAS
    - CLEAR
    - Partnerships For Health
    - Healthy Relationships
- Routine Screenings for HIV and other STI’s
- Vaccinations for HPV, HAV, HBV
- Expedited Partner Therapy (Chlamydia)
- Culturally competent messaging
- Prevention Literature and Family Planning Services
- Condom Distribution
Evolution of PrEP at Jordan Health
June 2012- End of 2014

Jun’12
FDA
approves
TDF/FTC

Jun ’14
NYS
launches
ETE

Aug’ 14
Mentored on
PrEP

Mar ’13
VOICE Study
results
released

Jun ’14
PrEP grant
award

Sep’ 14
HR posts job
descriptions
Ending the AIDS Epidemic in New York State (ETE)

On June 29, 2014, Governor Andrew M. Cuomo detailed a three-point plan to move us closer to the end of the AIDS epidemic in New York State. The goal is to reduce the number of new HIV infections to just 750 (from an estimated 3,000) by 2020 and achieve the first ever decrease in HIV prevalence in New York State.

Ending the Epidemic (ETE) Three Point Plan Includes:

1. Identifying persons with HIV who remain undiagnosed and link them to health care.
2. Linking and retaining persons diagnosed with HIV in health care to maximize virus suppression so they remain healthy and prevent further transmission.
3. Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative.

source: https://www.health.ny.gov/diseases/aids/ending_the_epidemic/
Evolution of PrEP at Jordan Health
June 2012- End of 2014

Jun‘12
FDA approves TDF/FTC for PrEP

Jun ‘14
NYS launches ETE

Aug’ 14
Mentored on PrEP

Mar ‘13
VOICE Study results released

Jun ‘14
PrEP grant award

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Jordan Health PrEP Teams

- Medical Director
- Primary Care & Prevention Program Manager
  - 1st Team Provider
  - Prevention Educator
  - 2nd Team Provider
  - 1st Team Nurse
  - 1st Team Treatment Adherence Counselor
  - 2nd Team Nurse
  - 2nd Team Treatment Adherence Counselor
Time Line Continued
Start of 2015- Present

Mar ’15
PrEP team
Hired

Apr ‘15
EMR
enhanced

May ’15
Policy &
Procedure
drafted

Jun ‘15
First Rx
written

Aug ‘15
Marketing
campaign
launched

Sep’15
1st
External
referral
Organizational and Stigma Challenges of PrEP

Organizational
- Difficult to get buy-in
- Defining High Risk
- Organizational fear of rise in STI rates/decrease condom use
- Unsubstantiated speculation from non-medical providers
- Integrating specialty care into primary care setting
- Additional workflow

Stigma
- Defining “High Risk” behavior
- Increase in promiscuity
Implementation Challenges of PrEP

- Training providers and PrEP department staff
- Patient pay options: Private insurance, Medicaid, PrEP-AP, Patient assistance programs
- Billing and reimbursement: V15.85 Exposure to hazardous bodily fluids
- Standardizing laboratory processes
- Defining roles/responsibilities of PrEP Team
- Policy and Procedures
- No dedicated PrEP clinic
Medical Challenges of PrEP

- Drug side effects - kidney toxicity/bone density loss
- Undiagnosed HIV infection
- Undiagnosed primary care needs
- Treatment adherence
- Laboratory schedule & tests (see next slide)
TABLE 6. PRE-PRESCRIPTION: LABORATORY TESTS

Obtain the following tests before prescribing PrEP:

- **Baseline HIV Test**
  - Obtain 4th generation (recommended) or 3rd generation (alternative) rapid HIV test (list of 3rd and 4th generation tests is available [here](http://www.hivguidelines.org/clinical-guidelines/pre-exposure-prophylaxis/guidance-for-the-use-of-pre-exposure-prophylaxis-prep-to-prevent-hiv-transmission/)).
  - Perform nucleic acid amplification test (NAAT, viral load) for HIV for:
    - Patients with symptoms of acute infection
    - Patients whose antibody test is negative but who have reported unprotected sex with an HIV-infected partner in the last month

Drug-resistant HIV has been found in patients with undiagnosed HIV who were using TDF/FTC as PrEP.

- **Basic Metabolic Panel**
  - Do not initiate PrEP in patients with creatinine clearance <60 mL/min

- **Urinalysis**
  - Proteinuria is an early warning sign of tenofovir toxicity; baseline urinalysis is necessary to identify pre-existing proteinuria

- **Serology for Viral Hepatitis A, B, and C**
  - Immunize against hepatitis A and B in non-immune patients

- **Screening for Sexually Transmitted Infections**
  - NAAT for gonococcal and chlamydial infection — test sites of exposure (genital, rectal, pharyngeal)
  - Rapid plasma reagin (RPR) for syphilis

- **Pregnancy Test**
  - If a woman is pregnant when starting PrEP or becomes pregnant while on PrEP, discuss the known risks and benefits
## Policies and Procedures

<table>
<thead>
<tr>
<th>Routine HIV Testing</th>
<th>Screening for STI’s</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Annual</td>
<td>• Reportable Diseases</td>
<td></td>
</tr>
<tr>
<td>• “High Risk”</td>
<td>• 1 or More infections</td>
<td>• Harm Reduction</td>
</tr>
<tr>
<td></td>
<td>• Report Monthly</td>
<td>• Literature</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• PrEP</td>
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</tbody>
</table>
### Polices and Procedures Continued

<table>
<thead>
<tr>
<th>PrEP Clinic</th>
<th>Non- Jordan Patients</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>• EHR</td>
<td>• Urgent Care</td>
<td>• Internal</td>
</tr>
<tr>
<td>• PrEP Provider</td>
<td>• Dental</td>
<td>• External</td>
</tr>
<tr>
<td>• (585) 436-PREP</td>
<td>• Receptionist</td>
<td>• Self</td>
</tr>
</tbody>
</table>

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Jordan Health
6 Points of PREP

Program for people who are HIV negative: Pre-Exposure Prophylaxis
1. HIV testing - to make sure the person was not recently infected with HIV.
2. Taking one Truvada pill, once a day, every day for a specific period of time.
3. Using condoms to prevent STDs.
4. Periodic STD screening.
5. Education about how to reduce the risk of getting HIV and STDs through sex.
6. Counseling and support for taking the medication regularly (adherence).

PreP

How did you first hear about PreP? Monroe County STD Clinic, Partner, Friend, Family, Social Media, Bars, Radio, TV, Bus, Word of Mouth, Church

Why do you want to take PreP? HIV + Partner, General HIV protection, Sexual Freedom, Behavioral Risk, To remain HIV negative

What do you already know about PreP? I pill once a day, Medication to prevent HIV. Nothing. It does not protect me against other STI

HIV Risk Screening

What is your gut feeling about how likely you are to get infected with HIV? Extremely Unlikely, Very Unlikely, Somewhat Unlikely, Very Likely, Extremely Likely

Getting HIV is something you... Never thought about, Rarely thought about, Thought about some of the time, Thought about, Think about, Think about all the time

How many sexual partners have you had since your last HIV test? 4

How many were casual partners? (friends with benefits) 4

How many were anonymous partners (hookups) 4

Do you have a primary partner; girlfriend, boyfriend, wife, husband? Yes

Have you discussed HIV status with your partners? Yes

Regarding anal condomless sex with a partner whose HIV status you do not know or is HIV infected? Yes

Have you had anal sex with 2 or more male partners since your last HIV test? Yes

Were any of your partners HIV positive? Yes

If your partner is HIV positive are they on Anti-retroviral therapy? Yes

Is your HIV + partner's virus suppressed? Yes

Condom Assessment

How confident are you when it comes to insisting on condom use if a casual or anonymous partner (whose HIV status is unknown) does not want to use a condom? Very Confident, Somewhat Confident, Not very Confident, Not at all Confident
Six points of PrEP

At every visit the PrEP team will discuss the following with the patient

1. HIV testing to ensure the patient is negative.
2. Taking one Truvada Pill once a day.
3. Using condoms to prevent other STI’s.
4. Periodic screening for other STI’s.
5. Education about how to reduce the risk of acquiring HIV and other STI’s through sex.
6. Counseling and support for taking medication regularly (adherence).
Jordan Successes
From June 2014- November 2015

Community Relationships
- Cultivating community relationships
  - Monroe County Department of Health STD Clinic
  - Department of Health Partner Services
  - LGBT organizations
  - Youth serving organizations
  - Other HIV enabling services

PrEP Outcomes
- Number of patients screened: 15
- Number of patients prescribed: 7
- Number of patients HIV positive: 0
Rapid and Confirmatory HIV Testing/Rapid Access Appointments

**CAPTAIN Model**

Flowchart 2014

**Reactive Rapid**

- Call PPC CAPTAIN (585) 363-1243
- Post-test counseling
- Order Confirmatory Lab (in EMR)
- Schedule results appointment

**Deliver Results**

- Negative
- Refer to PrEP
- Provide Education

- Positive
- Link to care & treatment
Additional Resources

- www.health.ny.gov/diseases/aids/
  New York State Department of Health AIDS Institute

- www.HIVGuidelines.org
  New York State Clinical Guidelines for PrEP

- www.HIVtrainingny.org
  NYS Non-clinical HIV, HCV and STI Prevention

  CDC guidelines

- www.health.ny.gov/diseases/aids/ending_the_epidemic/
  NYS ETE

- http://etedashboardny.org/
  Measure, track, and disseminate information on ETE
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Thank you!