

# WORKSHOP IIA : INCREASING AWARENESS OF PREP IN RYAN WHITE SERVICES

Facilitator: Jenny Knight  
Rosenthal  
1:30PM — 3:15PM

**Javon Garcia**  
**Codelle Aime**  
**Brittney Watford**  
*SUNY Downstate*

Partners in Prevention: An Introduction to Biomedical Counseling for PrEP

**Robert Maher**  
*TOUCH*

Integrating Education on Pre-Exposure Prophylaxis into Treatment Adherence Sessions

**Penelope Demas**  
*Jacobi Medical Center*

Dissemination of PrEP among High-risk Negatives in the Bronx: Development of a Clinic-based Campaign

**Lynnette Ford**  
*GMHC*

Getting the Right Prevention Messages to the Right People



*Partners in Prevention:  
An Introduction to Biomedical Counseling for  
PrEP*

Javon Garcia, BA

Codelle Aime, BA

Brittney Watford, BS

# STAR PROGRAM

## SPECIAL TREATMENT AND RESEARCH



**Brittney Watford**



**Codelle Aime**



**Javon Garcia**



**Jean Richard**



**Vanessa Gonzalez**

The mission of the **Special Treatment and Research (STAR) Program** is to provide and enhance quality healthcare locally and globally through the integration of treatment, prevention, research, and education for People living with HIV/AIDS. Services include Primary Care, HCV Care, PrEP, PEP, Buprenorphine Treatment, Behavioral Health Services, and LGBTQ Health Care Services.

**Medical Case Management (MCM) Program**, which is designed to re-engage lost-to-follow up patients living with HIV disease into consistent medical care and self-directed health promotion activities.

**Supportive Counseling (SCG) Program**, which offers solution focused supportive counseling that is all about exploring ways to increase your coping and finding ways for you to set and achieve your goals.

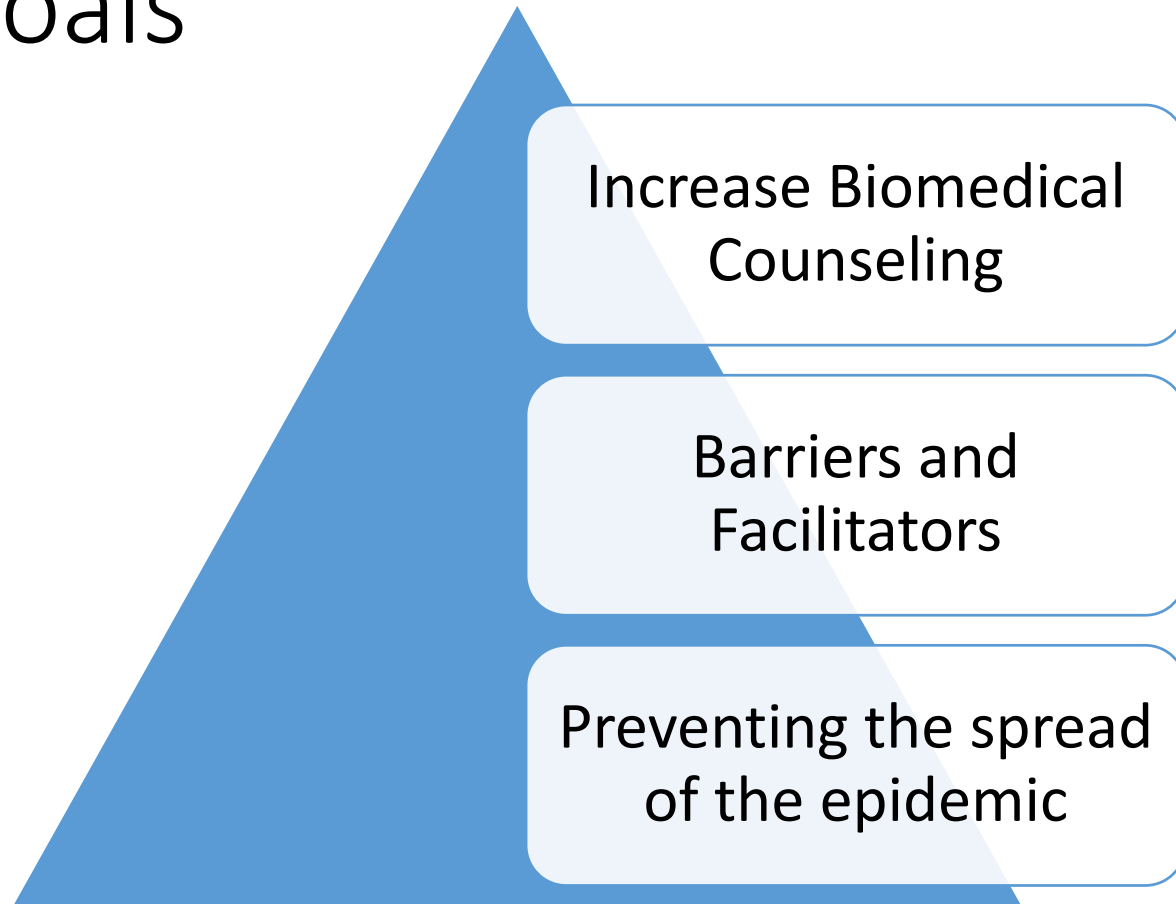
# Background

## **PrEP**ARING FOR THE END OF **HIV**?



- ❖ PrEP is offered by medical providers.
- ❖ Biomedical counseling - offered as an intervention to engage those patients eligible for PrEP as preventive measures.
- ❖ Supportive Counseling program is currently underutilized.
- ❖ Utilize biomedical counseling to increase the usage of PrEP services in the STAR Clinic.

# A Step towards Prevention QI Goals



# Methods

**Sexual Risk Assessments**

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graph TD; A[Sexual Risk Assessments] --> B[Phone call]; B --> C[MCM and SCG Patient referrals]; C --> D[Biomedical Counseling]; D --> E[PrEP];
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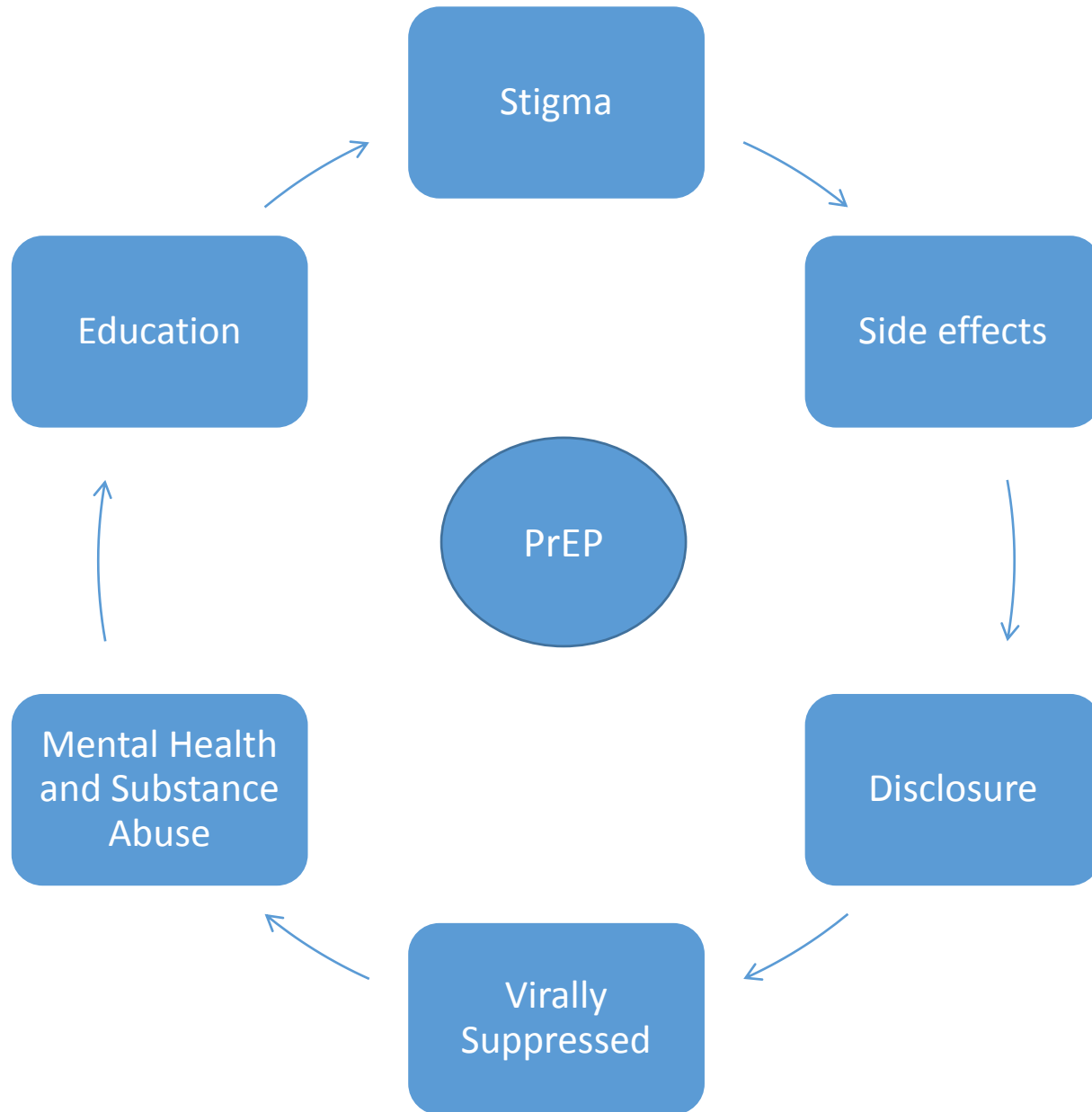
**Phone call**

**MCM and SCG Patient referrals**

**Biomedical Counseling**

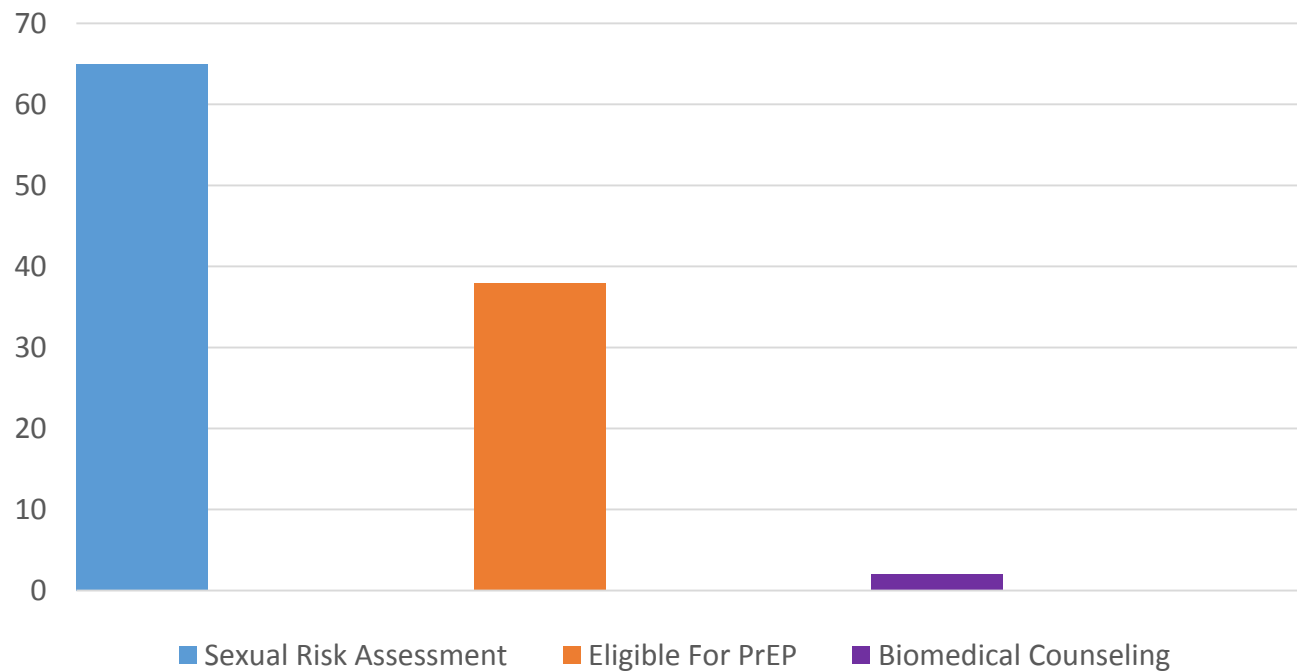
**PrEP**

# Barriers to Care



# Results

## Eligibility for PrEP and Biomedical Counseling Sessions





# Improvements

- ❖ Educating positive patients on PrEP during PCP visits by doctor for partner engagement
- ❖ All disciplines should continue to screen patients for substance abuse and recent sexual behaviors during visits
- ❖ Referral to SCG counseling and/or PrEP and PEP immediately
- ❖ All disciplines to engage patients with open ended questions

# Frequently Asked Questions

- ❖ How long does it take for PrEP to take effect for vaginal and/or anal sex?
- ❖ Can I use PrEP on drugs and alcohol?
- ❖ What if my partner doesn't have insurance?
- ❖ How many doses can I miss in a week for PrEP to still be effective?

# Persisting challenges:



Adherence to appointments



Contact with patients



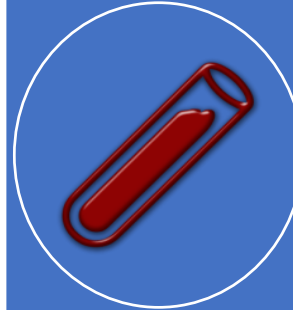
Indecisiveness /uncertainty



Disclosure



Insurance concerns



Partner VL suppression



# Opportunities and Next Steps

- Engaging patients in biomedical counseling at home
- Educating providers/doctors on cultural competency
- Continuous outreach efforts to keep patients engaged in biomedical counseling

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**TOUCH**

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LIVING WITH CHRONIC ILLNESS

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NURTURING OUR NEIGHBORS  
LIVING WITH CHRONIC ILLNESS

# Background

# AIM Statement

To promote increased use of PrEP by those at high risk by increasing partner-initiated discussions about PrEP in discordant couples



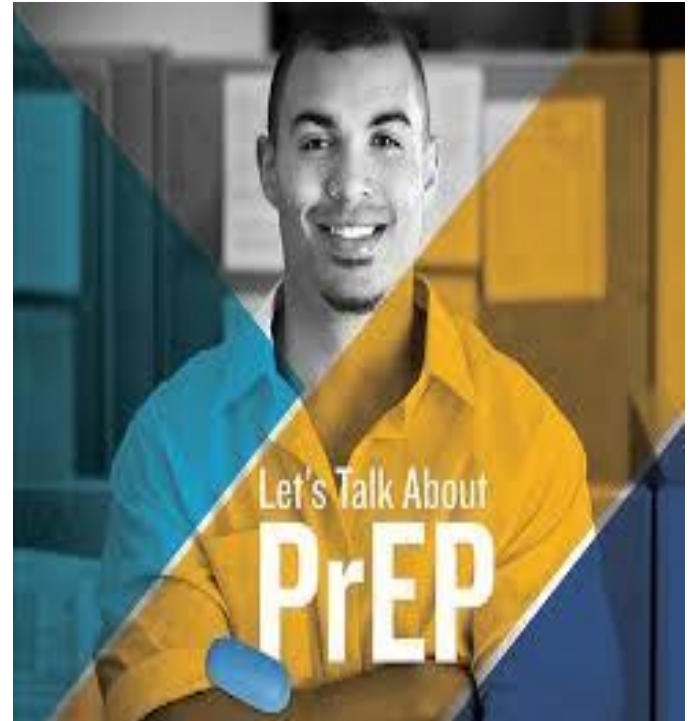




# Methods

## **The project will track:**

- The percentage of patients who receive the revised treatment adherence counseling sessions
- The percentage of clients with known HIV-negative partners who report talking to their partners about PrEP

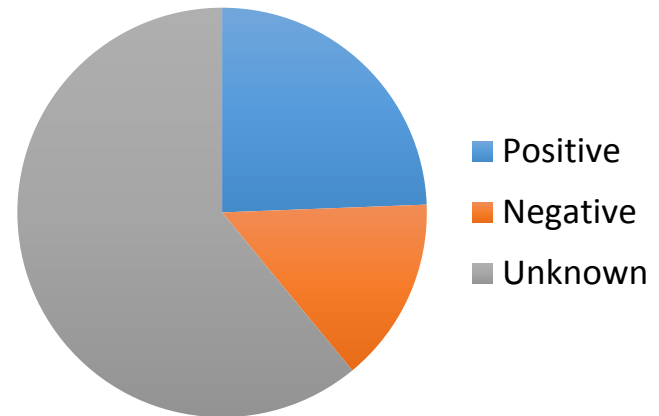


# Results

## Chart Review Results:

- 41 active clients in the Ryan White Part-A case management program at TOUCH
- 38 are virally suppressed/3 have a detectable viral load
- 10 patients have known HIV negative partners
- 6 patients have known HIV-positive partners
- 25 patients have either no current partners or multiple partners

**Partner Status**



# Results

Over a six month period (April – September) each patient received three revised treatment adherence counseling sessions

- Five patients report talking to partners about PrEP
- Two patients report that their partner has started PrEP
- This is a lower outcome then anticipated, however we realize that just like condom use among partners, it is a challenging conversation
- We anticipate the numbers to increase as it takes time for patients to become comfortable discussing the topic





TELL ME AND  
I FORGET. SHOW ME  
AND I REMEMBER.  
INVOLVE ME AND  
I UNDERSTAND."

- CHINESE PROVERB -

[COLORINMYPLANO.COM](http://COLORINMYPLANO.COM)

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LIVING WITH CHRONIC ILLNESS

*Dissemination of PrEP Among High-Risk  
Negatives in the Bronx:  
Development of a Clinic-based  
Campaign*

Penelope demas – director

Retention and adherence program – HIV SERVICES

Jacobi medical center  
Bronx, new York

*The power of quality improvement conference*

*November 9, 2016 -- new York university*

# Overview:

## hiv services at Jacobi medical center

- >1,400 clients seen yearly
- Designated AIDS Center (DAC)
  - Pediatric and Adults Clinics with comprehensive services including dental and mental health
- Active Consumer Advisory Board (CAB) at Adult Clinic (ACS)
- Grant-funded service programs:
  - Retention and Adherence Program (RAP) – NY State DOH AIDS Institute
  - Medical Care Coordination – NY City DOH
  - Youth and Adolescent Specialized Care Center – NY State DOH AIDS Institute
- Clinical overview:
  - Viral suppression rate of 85% in adult clinic (<200 copies /mL)
  - Retention rate approximately 90% in 2015 for clients active in 2014



# *Why a PrEP campaign now?*

- **Utilization METRICS**

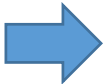
- Volume of visits is decreasing even though total client population is relatively constant

- **Epidemiological STATISTICS**

- While great advances have been made in decreasing transmission, prevalence rates for MSM remain high, particularly for youth and MSM of color
  - If current rates persist, lifetime risk for Black MSMs is 1 in 2 and for Hispanics, 1 in 4.

- **Our evolving MISSION**

- Our mission has been to provide the highest quality of care to HIV-infected clients in the Bronx.
- Now our mission must evolve with the changing trends in the epidemic and clinic life DYNAMICS.
- Our mission is now expanding to prevent HIV among high-risk populations of the Bronx.



# PrEP: the development of Our campaign plan

Leadership working group met regularly and developed initial plan:

- Staff orientation/in-service:
  - Everyone must be included, no cop-outs!
  - Pre- and post-test
  - Standardized curriculum presented by one instructor to all sessions
- Development of teams:
  - Each discipline (medical providers, nursing, social work, clerical/front desk) will meet to draft a plan for PrEP implementation and elect a team leader.

## PrEP: campaign plan, *continued*....

- Community Outreach to organizations serving high-risk populations and community-based facilities such as college campuses.
- In-house outreach or “In-Reach”
  - Reach out to discordant partners of clients in care;
  - Primary care and other clinical services
- Establish a dedicated PrEP phone line for info and screening appointments

# PrEP: campaign plan: *What are the metrics?*

## How many:

- Calls received at the PrEP phone line.
- Appointments made for screening and kept by patients seeking PrEP
- Patients started, maintained, discontinued on PrEP
- Negative partners of clinic patients screened, started on PrEP
  - Right now approximately 25 people are on PrEP through our clinics
    - Mostly partners of clinic clients.

# PrEP: what have we learned so far?

- Strength and virulence of HIV-related stigma must be acknowledged and addressed
- When making plans, must take into account limitations of staff time and energy
- Insurance issues are important:
  - Need to be aware of range and restrictions of insurance for PrEP patients
  - Will behavioral risk assessment be covered by insurance?
- PrEP is not meant as a lifetime intervention but more as a prevention tool during “high-risk” periods in a person’s life.

# PrEP: what have we learned so far?

- How will we approach the MSM, transgender and other high-risk populations in the Bronx?
  - With sensitivity to the amount and types of stigma that they are facing
  - It may be most effective to target sub-groups with particular vulnerabilities and emphasize the need to protect yourself during a vulnerable time.
  - Most of all we need to talk to people and collect qualitative data (e.g. focus groups) to guide our work.
- Be aware that taking PrEP requires a degree of commitment from the client, so in-depth assessment and engagement are crucial.
  - However, it's also important to avoid a rush to judgment!
    - Don't rule people out unnecessarily.
    - For example, not using condoms at screening is not a contraindication to PrEP.

# PrEP LEADERSHIP WORKING GROUP

Members in alphabetical order:

- Attisso Akakpo, M.A.
- Melissa Chiodi, MSW
- Jose Clemente
- Bimbla Felix, MSW
- Jason Leider, MD, PhD
- Indira Tiwari

# Getting the Right Prevention Messages to the Right People

*Lynnette Ford, MSW, MA  
Vice President of Programs & Prevention Services  
The Power of Quality Improvement Conference  
November 9, 2016*



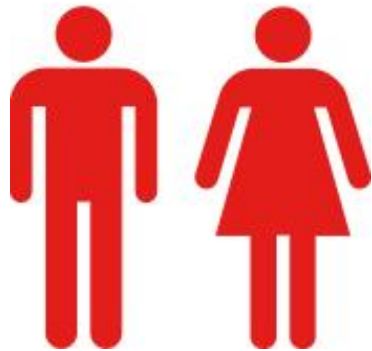
**END AIDS. LIVE LIFE.**



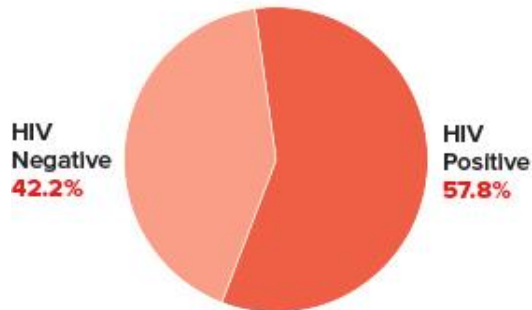
# GMHC MISSION & SERVICES

**GMHC** fights to end the AIDS epidemic and uplift the lives of all affected.

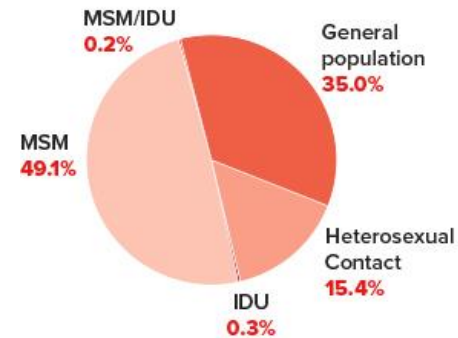
Clients Served: 10,431



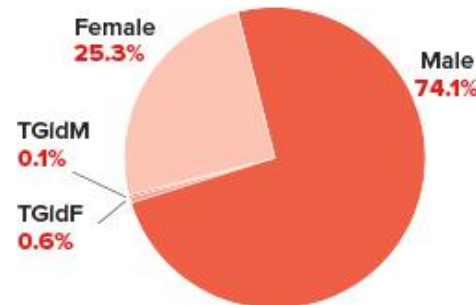
HIV Status



CDC Defined Risk



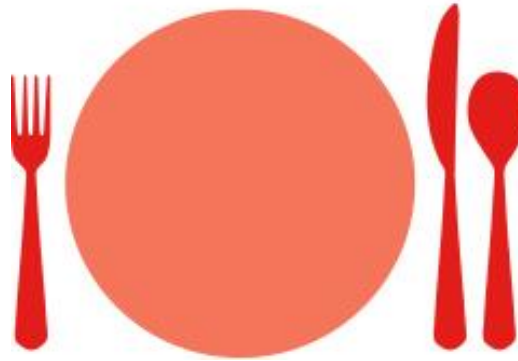
Gender



# GMHC SERVICES

- Coordinated Care
- Mental Health
- Prevention
- HIV & STI Testing
- Substance Use
- Legal
- Financial Management
- Advocacy
- Rental Assistance
- Meals & Nutrition
- Workforce
- Wellness
- Outreach and Education

**Meals Served: 85,940**



**Meals in Pantry Bags: 30,663**



# PROJECT BACKGROUND

- Held several PrEP rallies-forums targeted to specific populations. Populations included: women, MSM, sero-different couples, and youth.
- Distributed surveys to attendees and analyzed data.
- Identified attendees saying prevention messaging did not speak to them and they felt left out of the conversation regarding PrEP.
- Utilized information to convene work group charged with developing appropriate PrEP messaging and increasing access to PrEP for high-risk individuals.

# GOALS & AIMS

## *Goal*

Deliver the right prevention messaging on PrEP to underserved high-risk populations

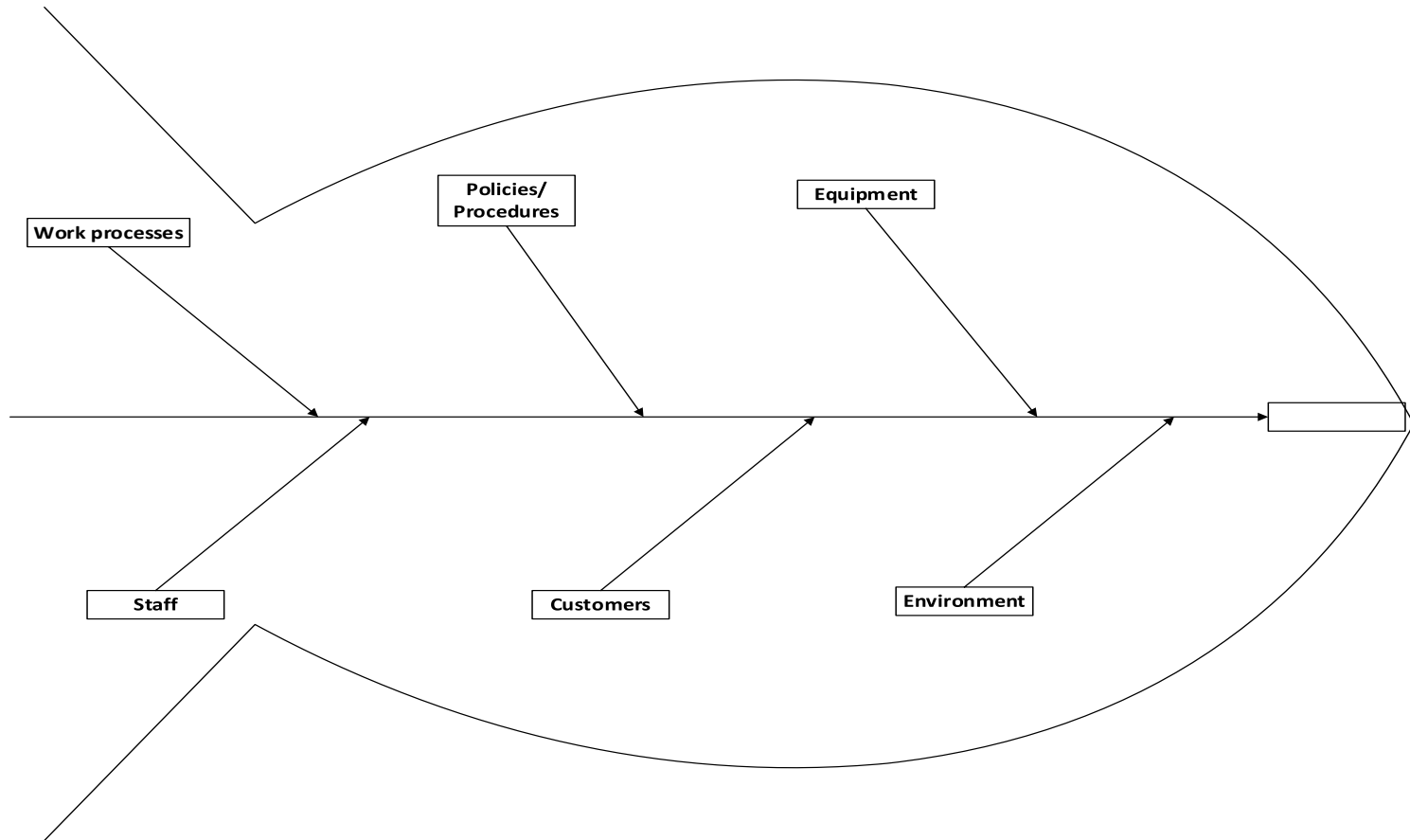
## *Aim*

Increase education regarding PrEP to high-risk populations

# METHODS

- Convened an HIV – negative work group, which represented all levels of staff and senior management.
- Initial meeting-completed fishbone diagram to identify gaps.
- Developed work plan with several key tasks.

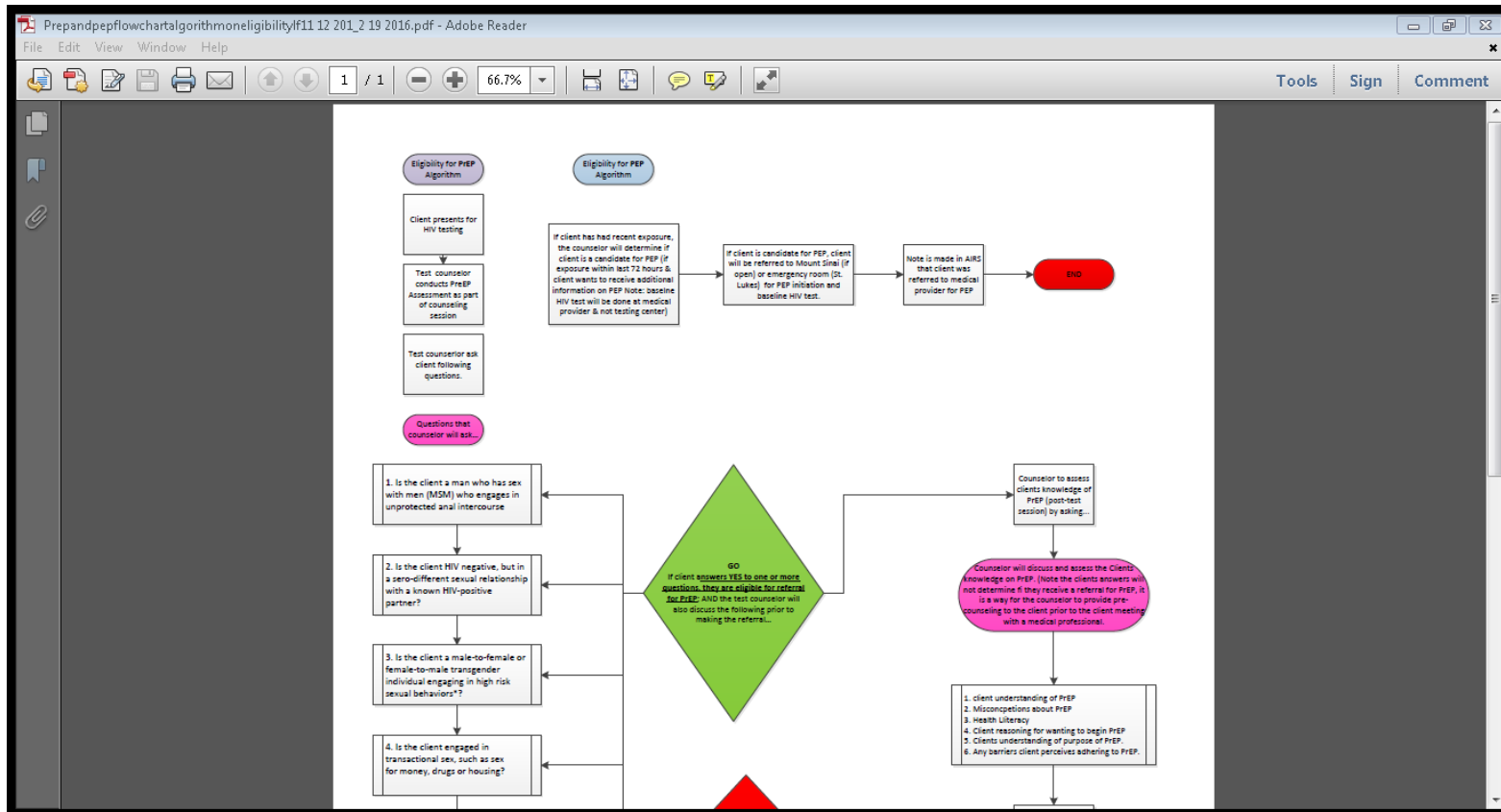
# METHODS: Fishbone Diagram



# METHODS

- Designed PrEP Social Marketing Campaign
- Conducted focus group
- Planned PrEP Rallies & collaborated with – SAGE, The LGBT Center, Mount Sinai, Columbia University, Duane Reade/Walgreens, GMHC CAB

# METHODS: PrEP Algorithm





# METHODS: PrEP Screening

PREP Referral Template Updated11.pdf - Adobe Reader

File Edit View Window Help

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Tools Sign Comment

**FIGHT AIDS. LOVE LIFE.**

## PrEP Services Algorithm Referral

**Directions:** The test counselor should complete this algorithm for each client presenting for HIV and/or STI testing (HCV and/or Syphilis). If the client answers yes, to one or more of the questions below, the test counselor must discuss PreEP (see table 2).

**Section 1:**

1. Is the client a man who has sex with men (MSM) who engages in unprotected anal intercourse?  
☐ Yes ☐ No
2. Is the client HIV negative, but in a sero-different sexual relationship with a known HIV-positive partner?  
☐ Yes, if so is the partner on ART? ☐ Yes ☐ No  
☐ No
3. Is the client a male-to-female or female-to-male transgender individual engaging in high risk sexual behaviors\*?  
☐ Yes ☐ No
4. Is the client engaged in transactional sex, such as sex for money, drugs or housing?  
☐ Yes ☐ No
5. Is the client using stimulant drugs associated with high risk behaviors, such as methamphetamine, cocaine, or crack?  
☐ Yes ☐ No
6. Has the client been diagnosed with one than one anogenital sexually transmitted infection in the past year?  
☐ Yes ☐ No

# METHODS: PrEP Screening

PREP Referral Template Updated2.pdf - Adobe Reader

File Edit View Window Help

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Tools Sign Comment

**Client Knowledge on PrEP:**

- ☐ Patient understanding of PrEP
- ☐ Misconceptions about PrEP
- ☐ Health Literacy

If client asks to receive a referral for PrEP following discussion of above HIV test counselor must ask the client the following:

- What are the clients reasoning for wanting to receive PrEP? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What is the clients understanding of what PrEP will do for the client? \_\_\_\_\_  
\_\_\_\_\_

HIV Prevention Services Referral | Updated: 10/30/2014 LF

# PrEP Campaign

**Take your PrEP every day.**

**I missed the bus, but I don't miss a dose.**

5621

Pre-exposure prophylaxis (PrEP) is a daily pill for HIV-negative people that can help prevent HIV infection before exposure to the virus. PrEP is more than 90% effective when taken daily as prescribed, and can be used by both men and women.

For more information about PrEP and how to access this medication, please visit [gmhc.org/PrEP](http://gmhc.org/PrEP) or call our Hotline: 1-800-243-7692.

#TYPrEP

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JCDecaux

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**PrEP**

**GMHC**

AND **U=U**

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# RESULTS

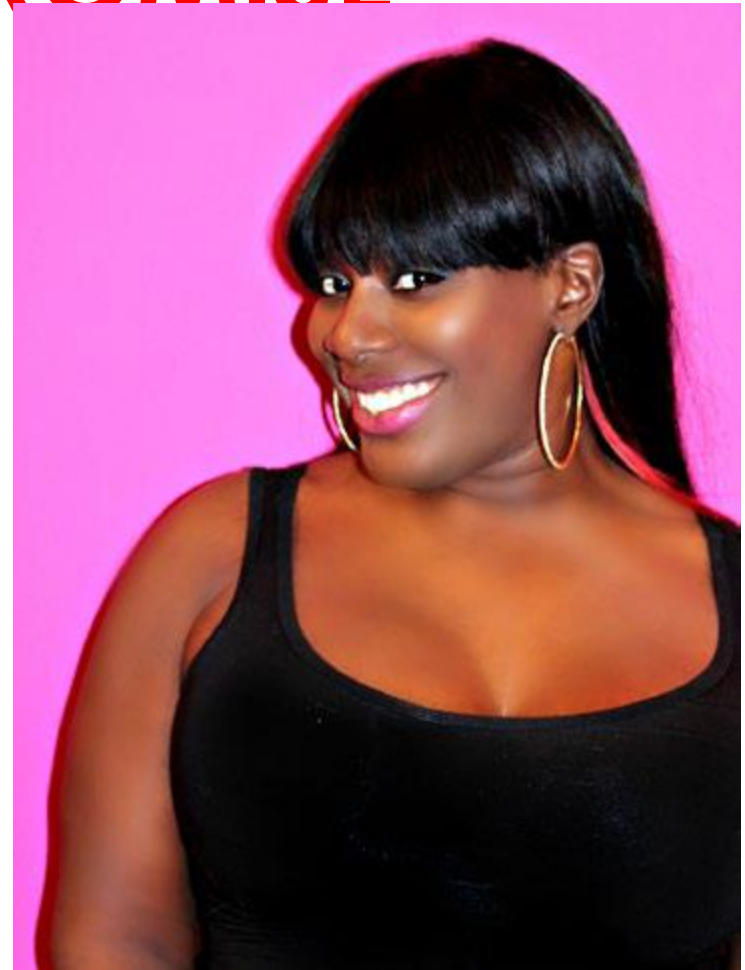
- Development and release of a PrEP social marketing campaign featured on bus shelters in communities with high –incidence of HIV infection, including Bedford-Stuyvesant, The South Bronx, and South Jamaica, Queens.
- Developed comprehensive PrEP Screening Program
  - ❑ Algorithm, Follow up on PrEP initiation and sero – conversion, Partnership with medical providers
- From January 2016 – June 2016, over 1,000 individuals who presented for HIV testing received PrEP education, as well as Playsure Safer Sex kits.
- Of the 199 individuals referred, approximately **30%** were placed on PrEP
- Held 5 PrEP rallies: > 50, Sero-Different Couples, Youth, Women, and Transgender and Gender Non-Conforming.

# LESSONS LEARNED/CONCLUSION

- Inclusion of staff from all levels important for buy-in. Inclusion of clients in development of materials essential to developing the right messages that resonate.
- Development of comprehensive work plan, based on brainstorming, can identify gaps.
- Collaboration & follow – up are key.
- Development of comprehensive systems can aid in identifying challenges.



# COMMUNITY PROMISE





# COMMUNITY PROMISE



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