

Let's Talk About PrEP

Institute for Family Health
Family Health Center of Harlem
Bryan Bickford, PrEP Coordinator
Michael Lee, PrEP Navigator

Background: The Family Health Center of Harlem

- ▶ Located in East Harlem, NYC
- ▶ FQHC and PCMH
- ▶ Mission: to provide high quality health care to all patients regardless of financial status



PrEP at IFH Harlem

- ▶ PrEP was being prescribed on an ad-hoc basis
- ▶ Less than 40 scripts were prescribed in 2015 at IFH Harlem clinic.
- ▶ Nationally, many providers still were unaware of PrEP.

(Source: <https://infectiousdiseases.wustl.edu/many-u-s-medical-students-healthcare-providers-unaware-hiv-prevention-treatment/>)



Intervention: PrEP Coordination

- ▶ Ryan White Part A funding
- ▶ Add on to Care Coordination Program
- ▶ Goal: To increase accessibility and awareness of PrEP at IFH Harlem via a dedicated PrEP team that coordinates care for patients seeking the medication and/or at heightened risk of HIV infection.



Methods

- ▶ PrEP Coordinator and Navigator
- ▶ Outreach in and out of clinic
- ▶ Intake assessment
- ▶ Benefits Navigation
- ▶ Health/PrEP Education
- ▶ Retention and adherence check-in
- ▶ Follow-up communication
- ▶ Referrals
- ▶ In clinic visits, accompaniments, technological outreach



Outreach = Promo



WHAT IS PrEP?

- PrEP (Pre-exposure Prophylaxis) is a once a day pill that decreases your risk of getting HIV by over 90%. You may know this pill as Truvada®.
- PrEP is for people who DO NOT have HIV but are concerned about infection.
- PrEP does not protect you from sexually transmitted infections (STIs) like chlamydia, gonorrhea, syphilis or herpes (you should still use condoms).

CAN I AFFORD PrEP?

- PrEP is covered by most insurance programs.
- If you do not have insurance, we can talk to you about programs that help pay for PrEP.

SUPPORT AT THE FAMILY HEALTH CENTER OF HARLEM

WHAT IS THE PrEP COORDINATION PROGRAM?

- The PrEP Coordination Program at the Family Health Center of Harlem can help you decide if PrEP is right for you. The program can also help prepare you for the daily regimen of being on PrEP.

SUPPORT INCLUDES:

- Assistance with helping you pay for PrEP.
- Health education on safer sex practices plus free condoms, pillboxes and more.
- Connecting you to community resources for help with things like getting insurance or housing.
- Connecting you to mental health or substance use treatment, if needed.

For more information on PrEP or the PrEP Coordination Program, contact Bryan Bickford, PrEP Coordinator at (917) 654-1350.



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Results

- ▶ More PrEP scripts written
- ▶ Over 75 patients have been enrolled thus far
- ▶ Increased community awareness
- ▶ Increased staff awareness



Next Steps

- ▶ Cementing outreach protocol
- ▶ Creating retention systems
- ▶ Community partnerships
- ▶ Creating best practices for outreaching women/less marketed populations
- ▶ Home visits?

next
steps



For More Information...

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Target Zero

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DATA-DRIVEN MANAGEMENT AT GMHC

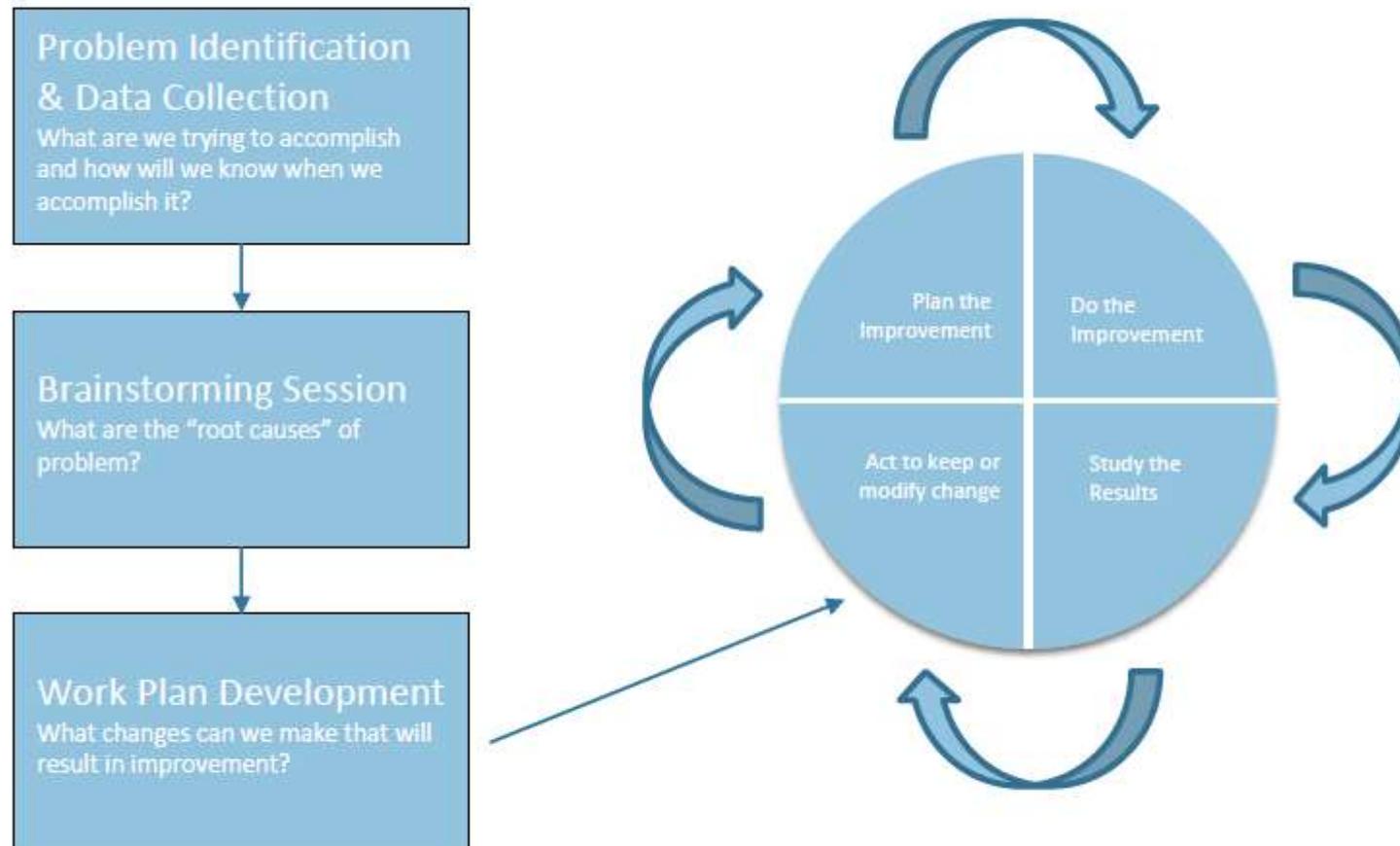


- Data-driven management model brought to the agency in 2014 by newly-appointed CEO Kelsey Louie
- Model focuses on using individual-level, program-level, and/or department-level performance indicators
- Uses data to drive quality improvement projects and identify areas for skills building
- Implemented across all programmatic and operational departments
- Formalizes CQI across all agency departments

WHAT IS TARGET ZERO?

- At the end of 2016, GMHC began engaging in an initiative called Target Zero with the goal of increasing the number of clients who have undetectable viral loads.
- In this initiative, care providers ask clients for their “primary care status measures,” which are markers for each level of the cascade, every six months.
- If clients are not engaged in care or facing barriers to care, providers give referrals and coordinate warm handoffs to other services.
- We are currently using a volunteer to assist clients in accessing their medical information, navigating patient portals, talking with their doctors and discussing any barriers to care.
- In order to monitor progress, GMHC created an agency specific HIV care cascade. This data was collected for the end of 2016 as baseline data and is collected quarterly moving forward.
- The HIV care continuum is often used to identify gaps in services, but GMHC is also using it as a tool to QA the initiative implementation. This allows us to identify gaps in data collection and to monitor the validity and reliability of the data that we report.

PHASES OF THE CQI PROCESS



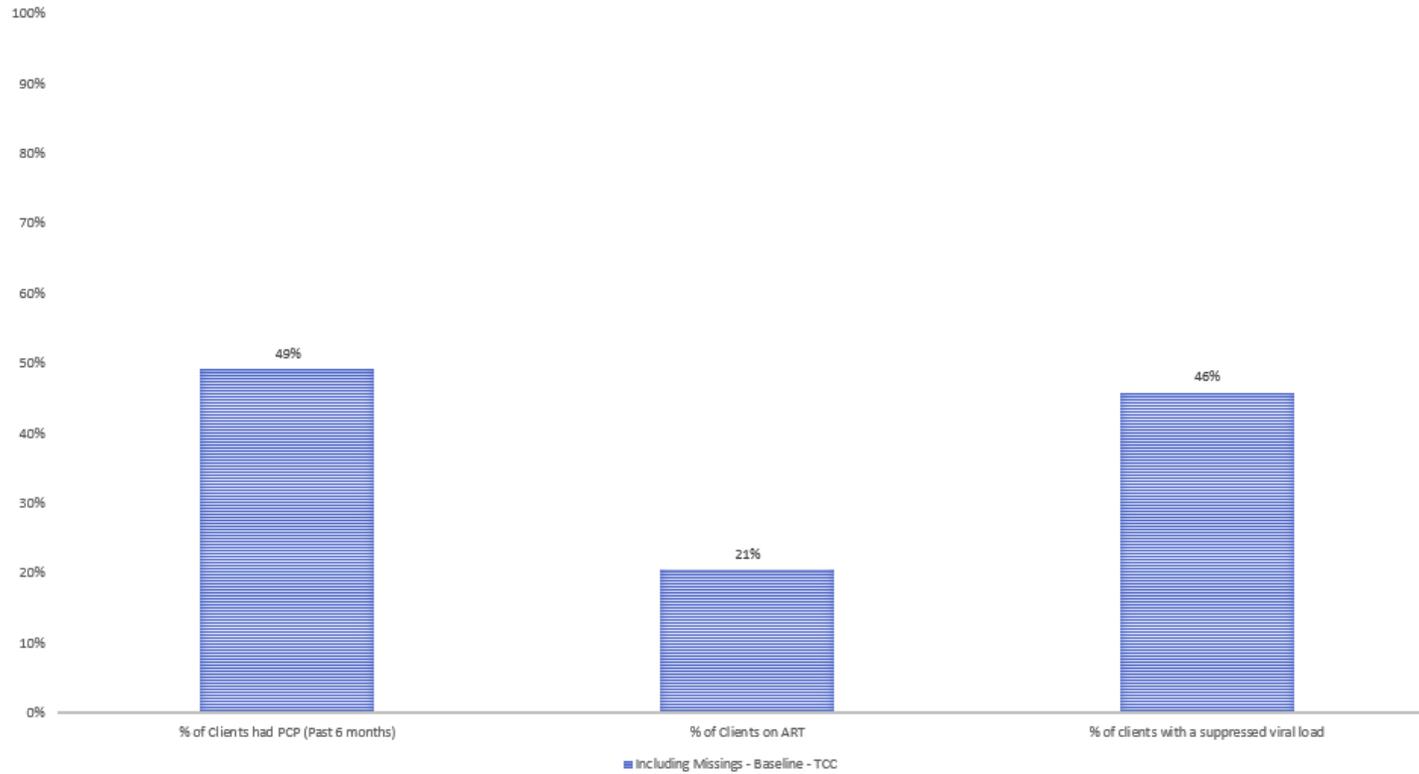
Phases of the CQI Process

WORK PLAN DEVELOPMENT

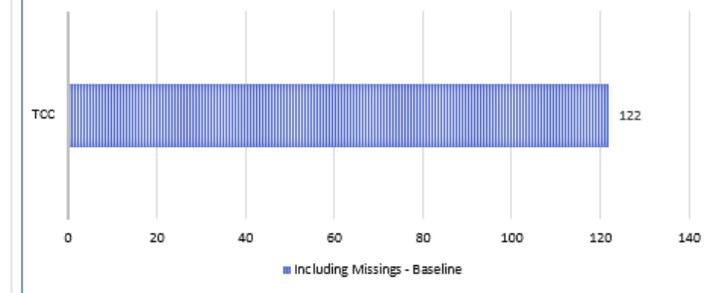
- Actionable items from brainstorm session are prioritized
- Work plan is developed
- Staff are assigned responsibilities and deadlines
- Progress is monitored and assessed
- Work plan is revised, as needed

A CLOSER LOOK...

HIV CARE CASCADE



NUMBER OF CLIENTS INCLUDED



Excluding Miss...
Including Miss...

Baseline

Quarter 1

Quarter 2

Quarter 3

Quarter 4

% of clients >= 95% adherence (Self-Report)

% of Clients diagnosed with HIV

% of Clients had PCP (Past 6 months)

% of Clients on ART

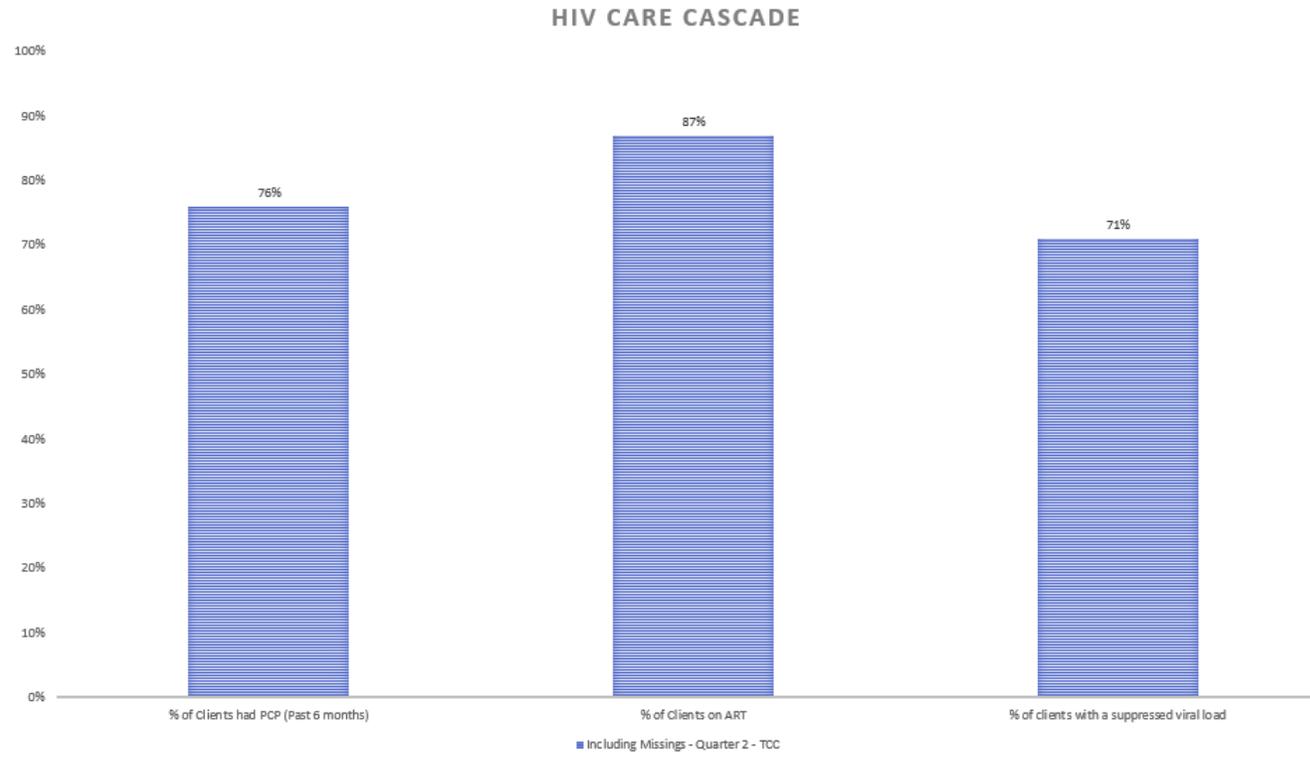
% of clients with a CD4 count between 500 - 1600

% of clients with a suppressed viral load

% of Clients with updated PCSM (Past 6 months)

Advocacy <input type="checkbox"/>	Agency <input type="checkbox"/>	Article 31 <input type="checkbox"/>
Buddy Program <input type="checkbox"/>	Community Health <input type="checkbox"/>	Financial Management <input type="checkbox"/>
Health Homes <input type="checkbox"/>	HOPWA <input type="checkbox"/>	Intake <input type="checkbox"/>
Legal <input type="checkbox"/>	MHV <input type="checkbox"/>	Nutrition <input type="checkbox"/>
SCG <input type="checkbox"/>	STRAP <input type="checkbox"/>	TCC <input checked="" type="checkbox"/>
WCPSS <input type="checkbox"/>	Wellness <input type="checkbox"/>	Workforce <input type="checkbox"/>

EXAMPLE



NUMBER OF CLIENTS INCLUDED

Category	Count
Including Missings - Quarter 2	153

■ Including Missings - Quarter 2

Excluding Miss...
 Including Miss...

% of clients >= 95% adherence (Self-Report)
 % of Clients diagnosed with HIV
 % of Clients had PCP (Past 6 months)
 % of Clients on ART
 % of clients with a CD4 count between 500 - 1600
 % of clients with a suppressed viral load
 % of Clients with updated PCSM (Past 6 months)

<input type="checkbox"/> Baseline	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Agency	<input type="checkbox"/> Article 31
<input type="checkbox"/> Quarter 1	<input type="checkbox"/> Buddy Program	<input type="checkbox"/> Community Health	<input type="checkbox"/> Financial Management
<input checked="" type="checkbox"/> Quarter 2	<input type="checkbox"/> Health Homes	<input type="checkbox"/> HOPWA	<input type="checkbox"/> Intake
<input type="checkbox"/> Quarter 3	<input type="checkbox"/> Jansen	<input type="checkbox"/> Legal	<input type="checkbox"/> MHV
<input type="checkbox"/> Quarter 4	<input type="checkbox"/> Nutrition	<input type="checkbox"/> ReCharge	<input type="checkbox"/> SCG
	<input type="checkbox"/> SIH	<input type="checkbox"/> STRAP	<input checked="" type="checkbox"/> TCC
	<input type="checkbox"/> WCPSS	<input type="checkbox"/> Wellness	<input type="checkbox"/> Workforce

STEPS FOR THE FUTURE

- Implemented new procedures
- Staffing changes
- Re-implement procedures, then collect and analyze results
- Review effectiveness, make changes if needed
- Review subsequent results



THANK YOU!



Questions?



Women's Services at GMHC

Alex Valentine, LMHC, CASAC

Current Women's Services

- ▶ Women Empowering Women (WEW)
 - ▶ Program under Ryan White Part A in the Harm Reduction Services category
 - ▶ Provides easily accessible harm reduction, recovery readiness, and relapse prevention to women living with HIV or AIDS who are actively using drugs, relapsing, or in early stages of recovery
 - ▶ Individual, group, and family counseling offered, including Seeking Safety to address comorbid substance use and history of trauma
 - ▶ Clients are eligible to receive auricular acupuncture and care navigation to improve linkage to primary care services
- ▶ Impetus for CQI intervention
 - ▶ Enrollment of new clients was low and program management noted low morale among staff members
 - ▶ Question was posed about the impact on staff morale on excitement of clients surrounding program services

Goals and Aims

- ▶ Intervene with program staff to address low morale
 - ▶ Identify reasons behind poor staff morale
 - ▶ Determine if staff morale was leading to poor enrollment into WEW
- ▶ Intervene with clients to assess satisfaction and elicit feedback
 - ▶ Identify client interests to be able to provide more exciting options within the WEW program structure

Methods and Results

- ▶ Staff were surveyed to identify the thoughts and feelings they were having that contributed to low morale
- ▶ Interviews occurred through individual interviews with program and evaluation staff as well as in brainstorming team meetings
- ▶ Results:
 - ▶ Staff reported that they felt that they could not offer a variety of services that were exciting and beneficial to the clients served due to the constraints of the contract requirements
 - ▶ Staff were disheartened that they could not offer program incentives to clients which they noted were frequently offered in other facilities
 - ▶ Staff wanted to provide the client population with opportunities for events or activities outside of the clinic but felt that this was an impossibility due to budgetary constraints

Methods and Results

- ▶ Surveys were submitted to clients in WEW to assess current satisfaction with services provided to give an opportunity for suggestions about potential additions or changes
 - ▶ Question examples: “How satisfied are you with services provided?”, “What keeps you coming?”, “What else would you like to see us offer?”, “How likely are you to refer someone else?”, “Do you feel that the program is meeting your needs?”, “Are you interested in self-improvement groups?”
- ▶ Results
 - ▶ Clients expressed overall satisfaction with services offered but volunteered suggestions about potential opportunities for off-site activities
 - ▶ There was a significant favorable response expressing interest in self-improvement groups

Conclusions

- ▶ There appeared to be a link between staff morale and client excitement, though despite low staff morale clients reported favorable feelings about the program
- ▶ Staff and client interests in programming and off-site events were in line with one another
- ▶ Intervening first with staff, followed by clients, was integral to obtaining a full picture of what was occurring in the program that contributed to low enrollment

Next Steps

- ▶ Implement planned programming to bring clients out of the office in a low-cost way
 - ▶ Women's Services held a brown bag picnic in Central Park in August
 - ▶ Future plans include holding movie nights, scheduled outings to the High Line and Brooklyn Bridge Park, and excursions to NYC public pools
- ▶ Implement changes to the group schedule to include more self-improvement programming
 - ▶ Staff plan to introduce groups on topics like meditation, personal health, music/art therapy, and stress management among others
- ▶ Continue to elicit feedback from both staff and clients to ensure improved morale and program engagement



THANK YOU!

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