Addressing Barriers to PrEP Uptake and Persistence in Health Care Settings

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Disclosures

• Off-label discussion of PrEP
  – but endorsed by World Health Organization
Agenda

• State of PrEP use in the U.S.
• Barriers to PrEP Initiation and Persistence
• What we can do to overcome the barriers
  – Emerging Strategies
  – Discussion
Learning Objectives

1. Identify modifiable barriers to and facilitators of PrEP adoption

2. Understand Factors influencing PrEP Persistence

3. Learn about emerging strategies to support PrEP uptake and persistence
### Evidence for Oral Tenofovir-Based Prevention in Trials and Studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Prevention Type</th>
<th>Participants</th>
<th>Effectiveness (%)</th>
<th>Effect size (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPERGAY (2015)</td>
<td>PrEP (on demand oral TDF/FTC)</td>
<td>MSM – France, Canada</td>
<td>86</td>
<td>86 (40; 99)</td>
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<tr>
<td>Partners PrEP (2011)</td>
<td>daily oral TDF/FTC</td>
<td>Discordant couples – Kenya, Uganda</td>
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<td>75 (55; 87)</td>
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<td>TDF2 (2012)</td>
<td>daily TDF/FTC</td>
<td>Heterosexual men and women – Botswana</td>
<td>62</td>
<td>62 (22; 84)</td>
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<tr>
<td>iPrEx (2010)</td>
<td>daily oral TDF/FTC</td>
<td>MSM – North and South America, Thailand, South Africa</td>
<td>44</td>
<td>44 (15; 63)</td>
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<tr>
<td>MTN 003/VOICE (2015)</td>
<td>daily oral TDF/FTC</td>
<td>Women – South Africa, Uganda, Zimbabwe</td>
<td>-4</td>
<td>-4 (-49; 27)</td>
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<tr>
<td>Bangkok Tenofovir Study (2013)</td>
<td>daily oral tenofovir</td>
<td>People who inject drugs – Thailand</td>
<td>49</td>
<td>49 (10; 72)</td>
</tr>
</tbody>
</table>

Source: Salim S. Abdool Karim, CAPRISA/FHI360; AVAC 2019
EFFICACY IS CORRELATED WITH ADHERENCE

Higher adherence = higher efficacy

Adherence, %

HIV protection effectiveness

iPrEx\(^1\)
- 51% adherence/ 44% efficacy

Partners PrEP\(^3\)
- 81% adherence/ 75% efficacy

Bangkok\(^2\)
- 67% adherence/ 63% efficacy

TDF2\(^4\)
- 84% adherence/ 63% efficacy

HPTN 052\(^7\)
- >95% adherence/ 96% efficacy

FEM-PrEP\(^5\) and VOICE\(^6\)
- ≤30% adherence/ no efficacy

The prevalence of PrEP users and the PrEP-to-need ratio by state, Q4 2017

Sullivan et. al., Ann of Epi 2018
The prevalence of PrEP users and the PrEP-to-need ratio by state, Q4 2017

Siegler et. al., Ann of Epi 2018
Which of the following have been the most common barriers to PrEP in the U.S.?

1. Patient willingness
2. Cost
3. Stigma
4. Side Effects
INDIVIDUAL

Stigma

Side Effect Concerns

Adherence

Low risk perception

Hannaford et al, AIDS Behav 2018; Bucchinder, HIVR4P 2018;
Four issues with focusing on “risk” alone

1. Risk assessment tools are not always predictive at the individual patient level & can be challenging to elicit risk
2. Risk perceptions is rarely an intervenable factor
3. The way we think and talk about risk are stigmatizing and alienating to potential PrEP users
4. Our obsession with risk compensation impedes PrEP access

Golub, R4P 2018
Systems

- Cost
- Changes in Insurance
- Other Priorities
- Lack of Providers

Hannafor et al, AIDS Behav 2018
The most common barrier to starting PrEP among *my* patients is:

1. Cost or insurance issues
2. Stigma
3. Appointment availability
4. Providers themselves
5. Not perceiving being at risk
6. Side effect concerns
7. Other priorities
8. Other
OVERCOMING BARRIERS
Communication
Focus on Protection – NOT risk

• Empowering
• Effective even for those with lower risk-perception

“PrEP is for people who want to reduce their anxiety/stress about HIV and take control of their sexual health. Do you think you might benefit from PrEP?”

Focus on Protection – NOT risk – examples:

• “No matter the situation you find yourself in, whether you can insist on condom use or not, you can rest assured that you have an added layer of protection.”

• “PrEP helps build your confidence by knowing that you are safe and healthy, protected from HIV”

• “PrEP is proven to be highly effective in protecting an individual from HIV.”
Promote PrEP as available to **Everyone**

- Reduce Stigma
- Increase adoption/acceptance

“PrEP can be taken by anyone that is HIV-free, no matter your relationship status or the sexual practices you engage in”

*Amico, Lancet HIV 2019; AVAC 2018*
Communicating about PrEP

• No matter the situation you find yourself in, whether you can use condoms or not, you can rest assured that you have an added layer of protection.

• **PrEP helps build your confidence** by knowing that you are safe and healthy, protected from HIV

• PrEP is proven to be highly effective in protecting an individual from HIV.

AVAC 2019
Offering PrEP

• “You may have heard about PrEP, which is a daily oral pill that HIV-negative people can take to prevent HIV.

• PrEP is for people who want to reduce their anxiety/stress about HIV and take control of their sexual health. **Do you think you might benefit from PrEP?**

Golub 2018
Provider EHR Support – Hx & Documentation
Provider EHR Support - Orders
Retention & Re-engagement

- PrEP Registry
  - Periodic outreach to those not following-up
- Standing labs, self-swab for STIs
- Bundling services
- Patient Navigators, Community Health Workers, Peers
2-1-1 Strategy (Sex driven)

- Double dose 2-to-24 hours before sex
- 1 dose 24 hours later
- 1 dose 48 hours later
  - WHO endorsed, but not FDA.
EMERGING MODELS FOR PREP CARE
Same Day PrEP

- obtain labs
- give prescription
- f/u with patient via phone, electronically (e.g., MyChart)
PrEPTECH in Action!

Get PrEP

Telehealth

Our doctor will call you (no need to go into the doc’s office) to discuss results and answer questions.

Track

PrEPTECH will help you take your meds and remember to set up appointments.

High-Impact HIV Prevention Capacity Building Assistance for Healthcare Organizations

Oliver, JAIDS 2019;
www.preptechyth.org/
Emerging Models for Sexual Health Care:

**e.g. Iowa TelePrEP Model**

- Public Health Screening and Referral
- Marketing
- Provider Outreach

- Telephone Navigator
- In-home Vidyo® Visit
- Medication by Mail
- Local labs
Get PrEP for HIV Prevention

1. Make your Request
Answer a few health questions. If you are eligible for PrEP, our partner lab will mail you a HIV/STI testing kit.

2. Complete Testing
Collect all of your samples, place them back in the box, and mail it back to the lab for testing.

3. Real Doctors Review
Once the lab has tested your samples, our medical team will reach out to discuss your results with you.

4. Get PrEP
Based on your lab results, a medical provider will decide whether PrEP is the right choice for you.

5. Repeat to Maintain
To ensure you can safely continue taking PrEP, lab testing is required every 3 months.
Home care for PrEP could reduce clinician visits from 4/year to 1/year

1. Kit mailed
2. Urine, throat, rectal specimens
3. Blood specimens
4. Prepaid mailer, survey
5. Results report to clinician
6. Rx, care as needed

The pipeline of non-vaccine HIV prevention products includes oral pills, vaginal rings, vaginal and rectal gels, vaginal films, long-acting injectable antiretrovirals and more. Also pictured are the range of multipurpose prevention technologies in development that aim to reduce the risk of HIV and STIs and/or provide effective contraception for women. (Visit www.avac.org/hvad for vaccine and broadly neutralizing antibody pipelines.)

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**Multipurpose Prevention Technologies (MPTs)**

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**Delivery System**

- Oral pills
- Vaginal gel
- Vaginal ring
- Vaginal film
- Phosphate buffered saline
- Enema
- fast-dissolve insert
- Intrauterine device
- Vaginal tablet
- Rectal gel
- Long-acting injectable
- Thin film polymer
- Nano-fiber
- Subcutaneous injection
- Diaphragm
- Implant

**Active Drug**

- TDF: Tenofovir disoproxil fumarate
- TAF: Tenofovir alafenamide
- TFV/FTC: Tenofovir/dolutegravir/emtricitabine
- TFV/FTC: Tenofovir disoproxil fumarate/emtricitabine
- EVG: Etravirine
- 1005: PC-1005
- MVA: Maraviroc
- RAL: Raltegravir
- MK: MK-8591
- AZ: Adefovir
- SPL: SPL103/VivaGel
- Aa: Ascorbic acid
- Ba: Betulonic acid

* This formulation is for a 3-month vaginal ring.
LEARNING COLLABORATIVE DISCUSSION:

1. What are the major barriers you see to starting PrEP and continuing PrEP services?
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2. How does your PrEP program Identify factors influencing PrEP continuation among your patients?
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1. What are the major barriers you see to starting PrEP and continuing PrEP services?

2. How does your PrEP program identify factors influencing PrEP continuation among your patients?

3. What are other feasible ways to identify these issues among your patients?
LEARNING COLLABORATIVE DISCUSSION:

1. What are the major barriers you see to starting PrEP and continuing PrEP services?

2. How does or can your PrEP program Identify factors influencing PrEP continuation among your patients?

3. What are other practical ways to identify these issues among your patients?

4. How is your health center addressing barriers to PrEP? What have you found to work well?
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1. What are the major barriers you see to starting PrEP and continuing PrEP services?

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3. What are other practical ways to identify these factors among your patients?

4. How is your health center addressing barriers to PrEP? What have you found to work well?

5. What other tools are needed to generate solutions to overcome these barriers in healthcare settings?
Other Questions, Comments, Ideas to share?

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