

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



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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



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Learning Objectives

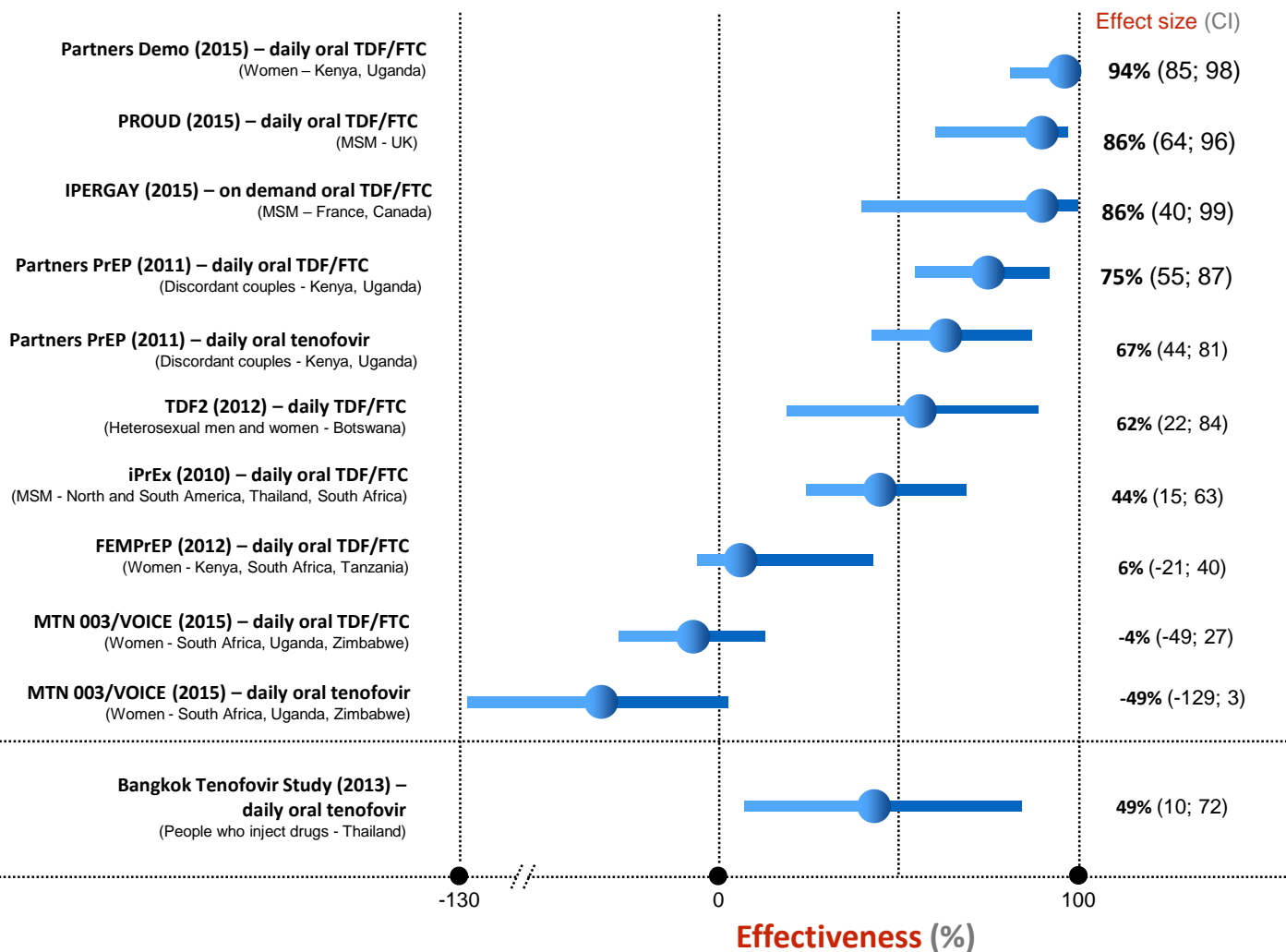
1. Identify modifiable barriers to and facilitators of PrEP adoption
2. Understand Factors influencing PrEP Persistence
3. Learn about emerging strategies to support PrEP uptake and persistence



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Evidence for Oral Tenofovir-Based Prevention in Trials and Studies

Sexual
transmission
prevention



Prevention in
people who
inject drugs

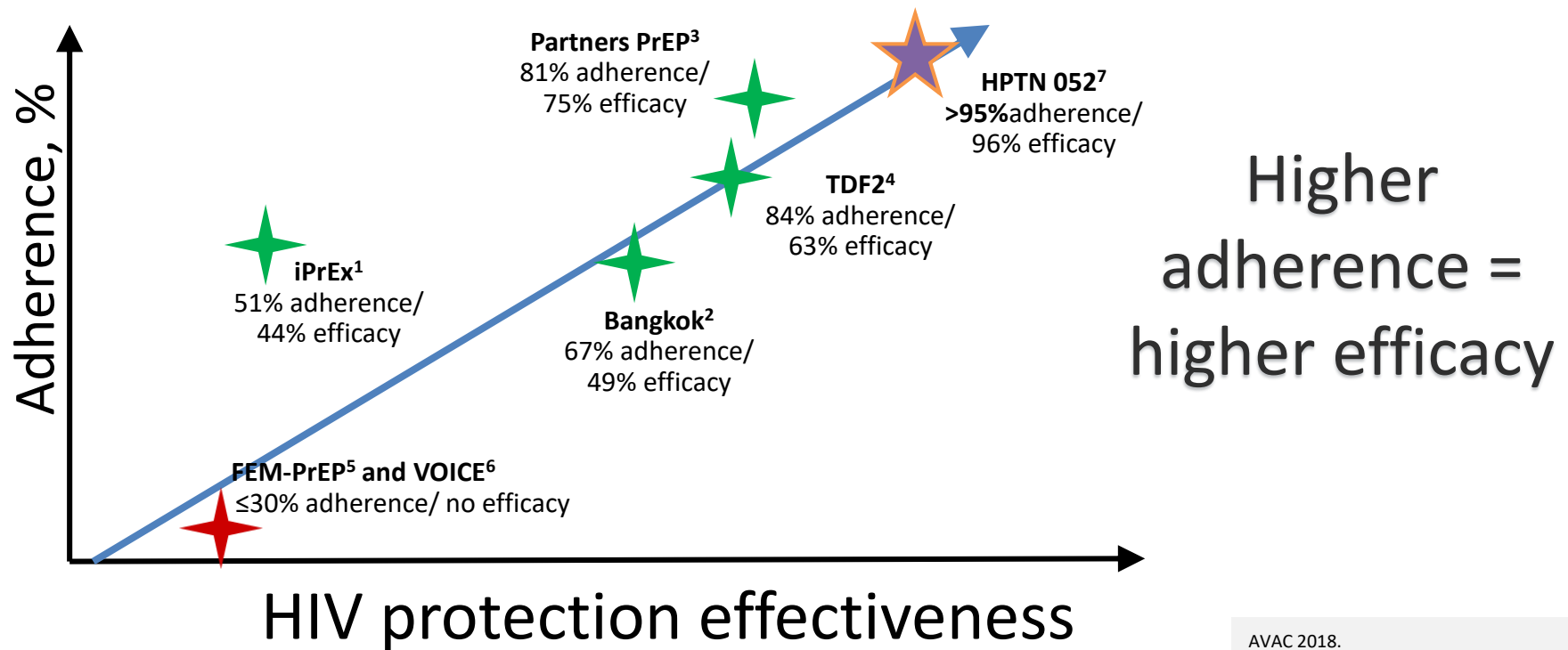
Source: Salim S. Abdool Karim, CAPRISA/FHI360; AVAC 2019



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EFFICACY IS CORRELATED WITH ADHERENCE

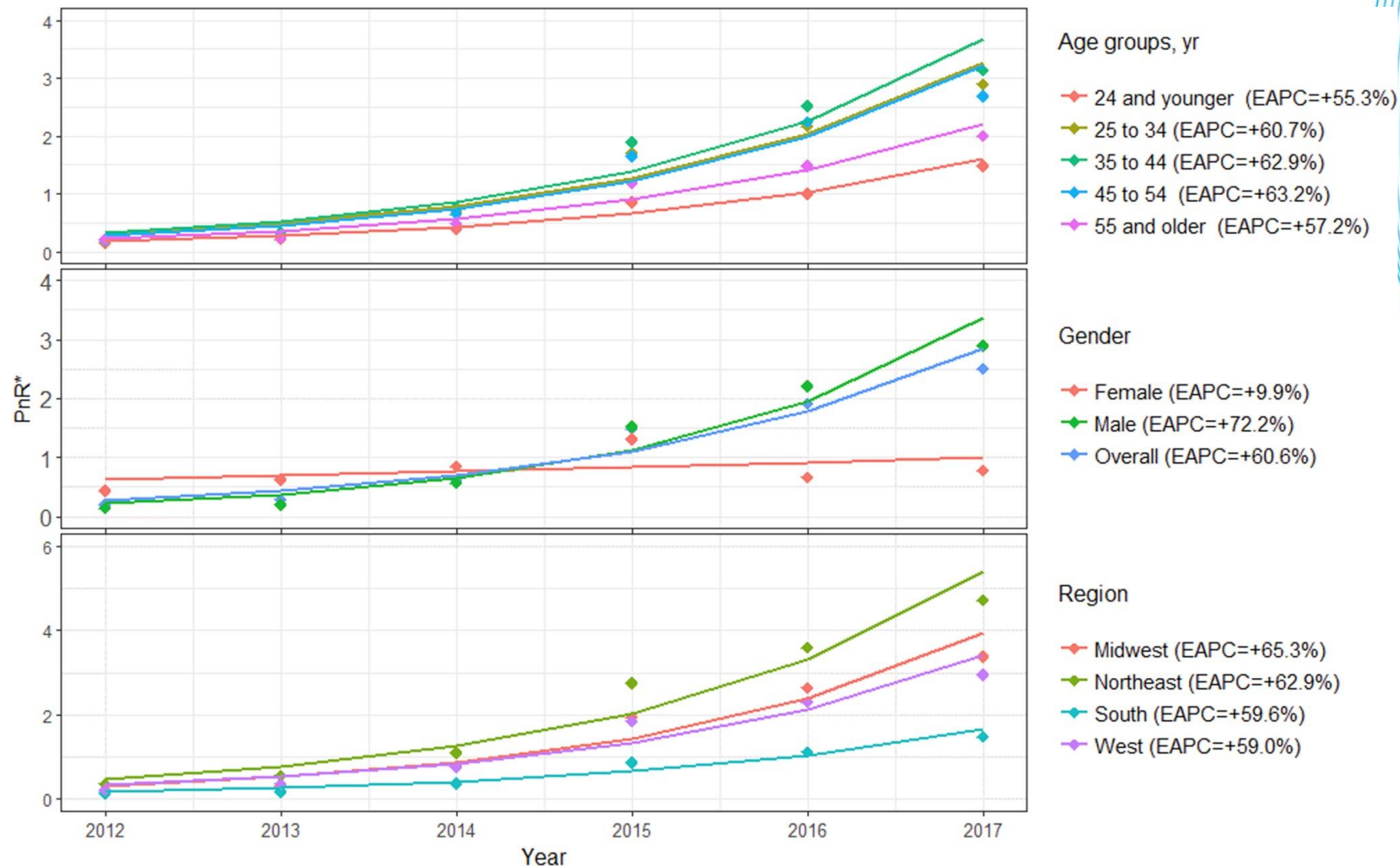


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AVAC 2018.

1. Grant R, et al. N Engl J Med 2010
2. Choopanya K, et al. Lancet 2013
3. Baeten J, et al. N Engl J Med 2012
4. Thigpen M, et al. N Engl J Med 2012
5. Van Damme L, et al. N Engl J Med 2012
6. Van der Straten A, et al. AIDS 2012
7. Cohen M, et al. N Engl J Med 2011

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

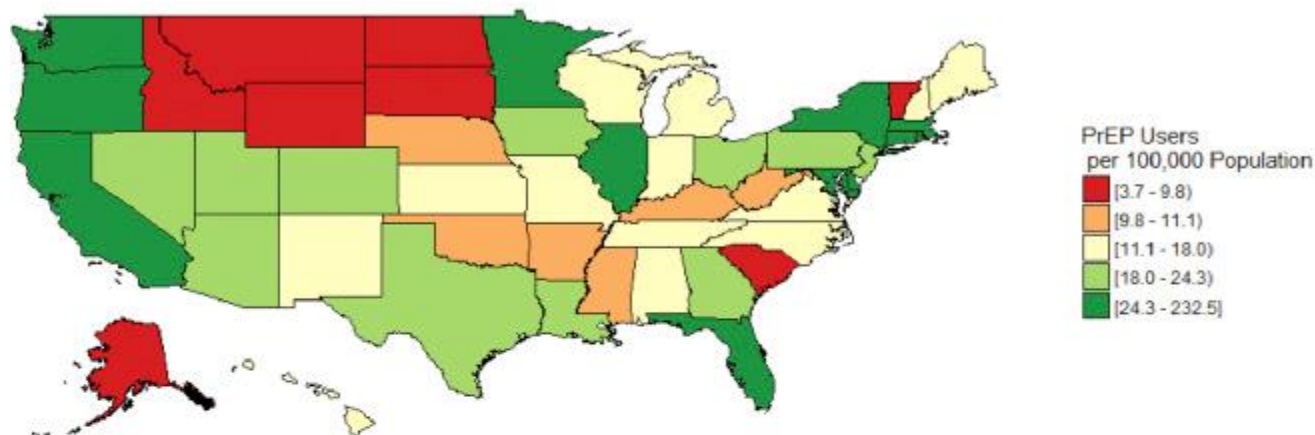


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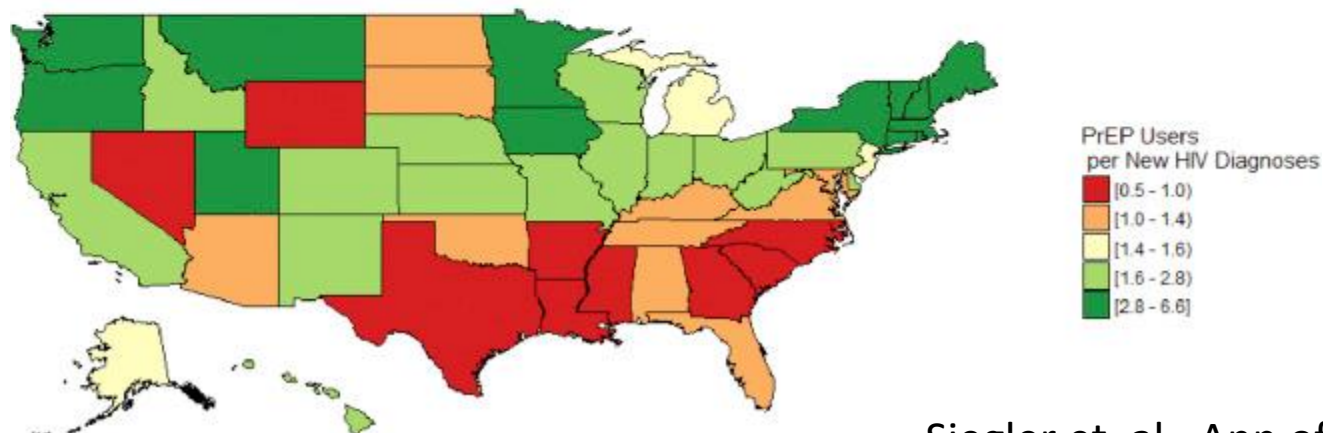
Sullivan et. al., Ann of Epi 2018

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

Prevalence of PrEP Users per 100,000 Population
Q4 2017



PrEP-to-Need Ratio (PnR)
Q4 2017



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Siegler et. al., Ann of Epi 2018

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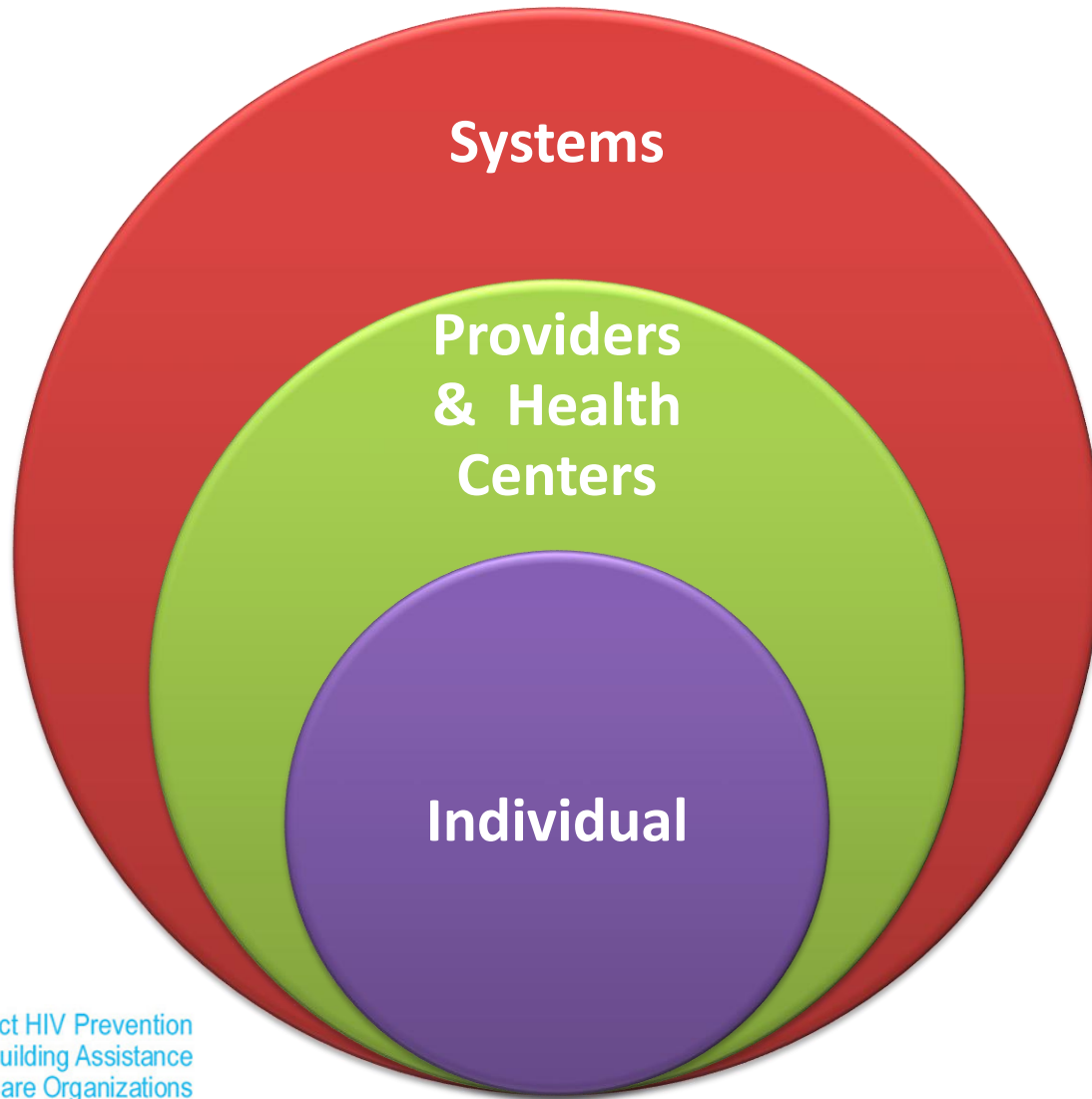
Which of the following have been the most common barriers to PrEP in the U.S.?

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



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BARRIERS



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INDIVIDUAL

Stigma

**Side Effect
Concerns**

Adherence

**Low risk
perception**

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



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PROVIDER & CLINIC

Stigma

**Visit
Burden**

**Provider
Knowledge**

Trust

SYSTEMS

Cost

**Changes in
Insurance**

**Other
Priorities**

**Lack of
Providers**

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



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OVERCOMING BARRIERS



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Communication



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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?”*

Amico, Lancet HIV 2019; SA Golub, 2018.



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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.”



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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



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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



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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



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Provider EHR Support – Hx & Documentation

NoteWriter

HPI ROS Physical Exam Note

Complaints Comments

Add HPI form: prep

Recent
PREP INITIAL [907]

History documentation entered here as part of the note will not automatically update the history activity. Please ensure that any necessary history documentation is entered here.

NoteWriter

HPI ROS Physical Exam Note

Complaints Comments

Add HPI form:

Remove

PreP: pre exposure prophylaxis for HIV: Please select initial or follow-up

Initial vs follow-up visit?

Initial Follow-up

Reason for PreP interest

recent bacterial STI multiple sex partners HIV positive partner
history of no or inconsistent condom use commercial sex work in high prevalence area or network
sharing injection equipment

Sexual history:

Gender of partner man woman transgender/gender non conforming

Number of sex partners in 12 months 0 1-5 6-10 11-20 >20

Any HIV positive partners? Yes No Don't know

Any partners with unknown HIV-status in past 6 months? Yes No Don't know

Any partners who use IV drugs Yes No Don't know

Practices:

Oral sex? Yes No

Vaginal sex? Yes No

Receptive anal sex (ie bottom) Yes No

Insertive anal sex (ie top) Yes No

Other? Yes No

In the past 12 months have you had sex in exchange for drugs, money, housing, or services? Yes No

Sign at close encounter

Bookmark

Accept Cancel



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Provider EHR Support - Orders

SmartSets

Search

☐ Pre-Exposure Prophylaxis - PrEP (AMB Adult/PedsINF)

▼ Suggestions

☐ Male Health Maintenance

Right click on a SmartSet to add to favorites.

F9 F7 F8

Record Select

Search:

%	Type	Display Name	Record Name	ID
<input checked="" type="checkbox"/>		Pre-Exposure Prophylaxis - PrEP (AMB Adult/PedsINF)	AMB INF HIV PREP PRE-EXP...	204

1 record loaded.

Opened SmartSets

EXPRESS SCRIPTS HOME DELIVERY - ST. LOUIS, MO - 4600 NORTH HANLEY ROAD ☎ 888-327-9791

▼ Pre-Exposure Prophylaxis - PrEP (AMB Adult/PedsINF)

▼ PrEP Diagnosis

▶ Diagnoses 0 of 2 selected

▼ PrEP Labs

▶ PrEP Initial 0 of 18 selected

▼ 30 day visit

☐ Basic Metabolic Panel

☐ HIV Ag/Ab Combo

☐ Followup in three months

▶ 90 days to 12 months 0 of 13 selected

▼ PrEP Meds

▼ PrEP Meds

☐ emtricitabine-tenofovir (TRUVADA) 200-300 mg per tablet

▼ Followup

▶ AMB INF HIV PREP FOLLOWUP ITEMS 0 of 1 selected

▼ Billing

▶ External LOS 0 of 1 selected

▶ New Patient 0 of 5 selected

▶ Established Patient 0 of 5 selected



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Retention & Re-engagement

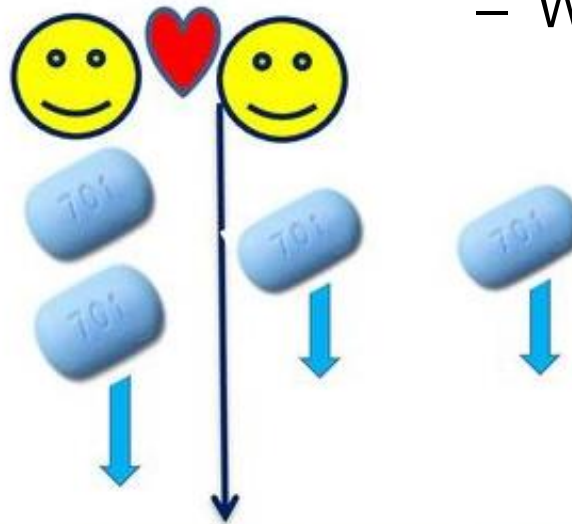
- PrEP Registry
 - Periodic outreach to those not following-up
- Standing labs, self-swab for STIs
- Bundling services
- Patient Navigators, Community Health Workers, Peers



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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.



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EMERGING MODELS FOR PREP CARE



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Same Day PrEP

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



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PREPTECH in Action!

PREPTECH
in Action!

Locate a lab near
you to make sure
PrEP is right for
you.



Get PrEP

Your PrEP meds will be mailed
to your door directly!



Track

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



Telehealth

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



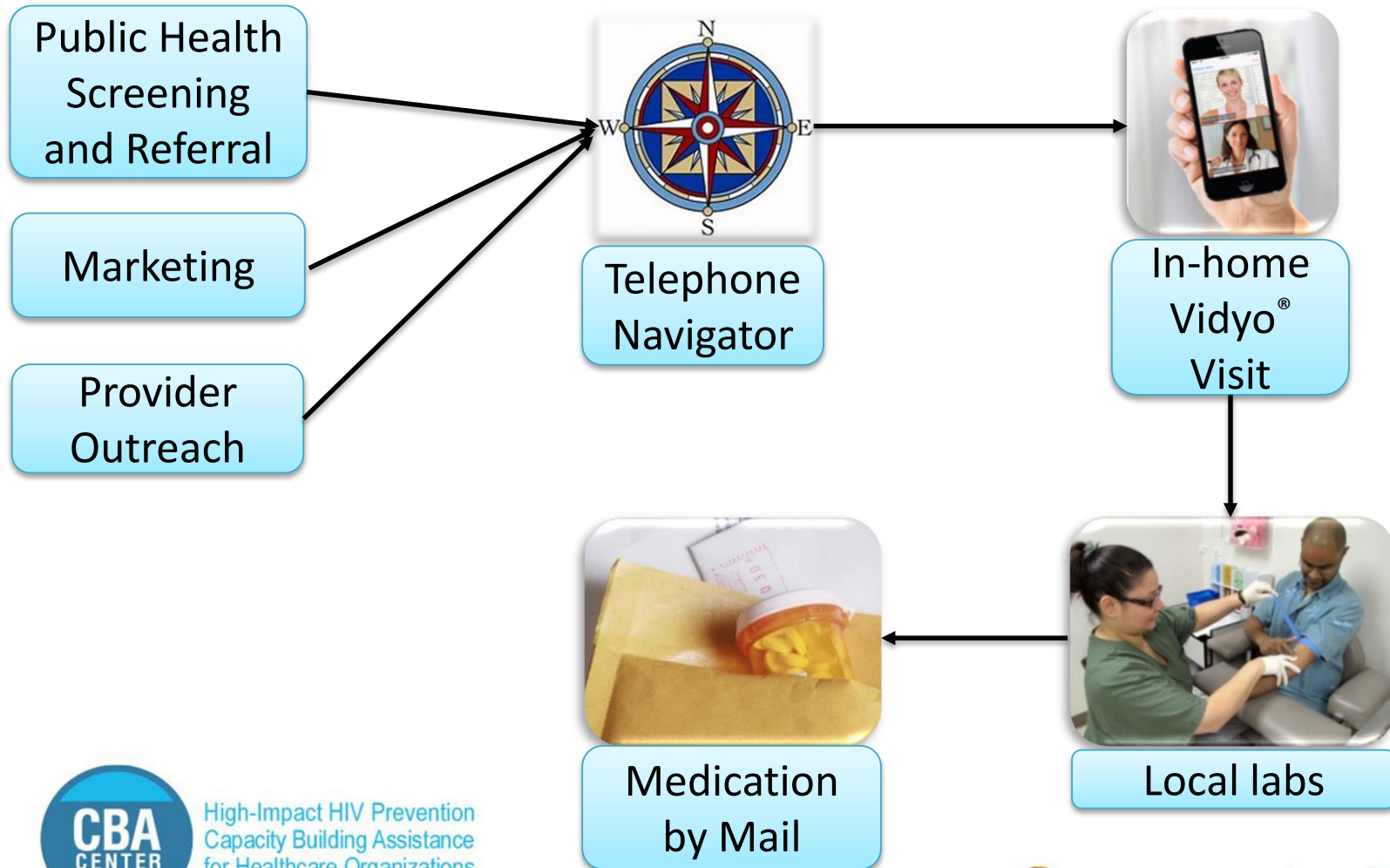
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Oliver, JAIDS 2019;
www.preptechyouth.org/

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Emerging Models for Sexual Health Care:

e.g. Iowa TelePrEP Model



Get the Care You Deserve



Real doctors,
real care

Fast, free
delivery

Automatic
refills

Insurance
or cash

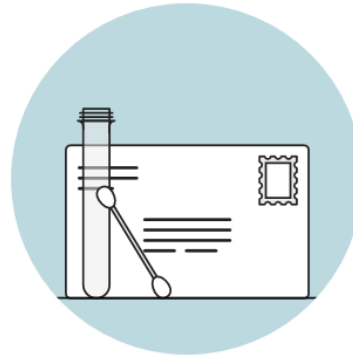
Discreet
packaging

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.



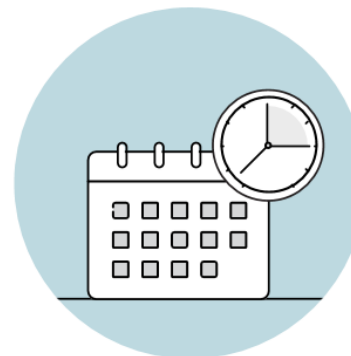
3. Real Doctors Review

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.

nurx

ce

Home care for PrEP

could reduce clinician visits from 4/year to 1/year

EMORY UNIVERSITY
PrEP
AT HOME 



1. Kit mailed



2. Urine, throat, rectal specimens



3. Blood specimens



4. Prepaid mailer, survey

Participant Test Summary Form		PrEP@ Home	
Participant Information			
Participant Name	Doe John E	Optimal	Elevated
	Last First MI		
Participant Initials	D J E	Date Specimens Collected	6/13/2016
		Date Specimens Tested	6/17/2016
Section 1: HIV Testing			
HIV	Oraguard	Optimal	Interpretation: Non-Reactive HIV test
Section 2: Symptomatic Screening for Acute HIV			
Fever, Swollen Glands, Sore Throat, Muscle and Joints Aches and Pains,	Optimal	Interpretation: No Acute HIV symptoms	

5. Results report to clinician















































































































6. Rx, care as needed

Siegler AJ, Mayer KH, Liu AY, Patel RR, Ahlschlager LM, Kraft CS, et al. Clinical infectious diseases. 2018;Jul 4.

The Future of ARV-Based Prevention and More (October 2018)

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.)

PRE-CLINICAL										PHASE I	PHASE III/IIIb	DELIVERY SYSTEM	ACTIVE DRUG		
 IPCP NIAID	 IPM	 ImQuest	 ViiV	 CONRAD	 CDC	 ViiV/Pfizer	 Mintaka	 Rockefeller University	 IPM*	 GSK/ViiV	 Oral pills	 TFV Tenofovir	 DAR Darunavir		
 CHAARM	 IPM	 Pop Council	 CHAARM	 Gilead	 Pop Council	 ImQuest	 Merck	 Albert Einstein	 Johns Hopkins	 Gilead	 Vaginal gel	 bNABs Broadly neutralizing antibody	 DAP Dapivirine		
 CONRAD	 IPM	 IPM	 CAPRISA	 RTI	 Intarcia	 CONRAD	 Oak Crest	 Northwestern University	 IPM	 IPM	 Vaginal ring	 TDF Tenofovir disoproxil fumarate	 GRF Griffithsin		
 Northwestern University	 Houston Methodist	Multipurpose Prevention Technologies (MPTs)									 Vaginal film	 TAF Tenofovir Alafenamide	 DS 003 (BMS793)		
 Auritec	 Auritec	 BioRings LLC	 BioRings LLC	 BioRings LLC	 CONRAD	 CONRAD	 CONRAD		 Leafbio Inc.	 IPM*	 Enema	 TFV/ FTC Tenofovir/ emtricitabine	 IQP IQP-0528		
 CONRAD/PATH/ Pop Council/Kessel	 Pop Council	 PATH/ Pop Council	 Star Pharma	 SRI Int'l.	 University of Louisville	 RTI	 Pop Council		 IPM	 IPM	 fast-dissolve insert	 TDF/ FTC Tenofovir disoproxil fumarate/ emtricitabine	 5P12 5P12-RANTES		
											 Intrauterine device	 EVG Elvitegravir	 744 Cabotegravir/ GSK 744		
											 Vaginal tablet	 1005 PC-1005	 MAB Monoclonal antibody		
											 Rectal gel	 MVA Maraviroc	 MK- 2048 MK-2048		
									 Long-acting injectable	 IPM*	 Long-acting injectable	 RAL Raltegravir	 TAF/ FTC Tenofovir alafenamide/ emtricitabine		
									 Pop Council	 CONRAD	 Thin film polymer	 MK- 8591 MK-8591	 Fg Ferrous gluconate		
									 Pop Council	 CONRAD	 Nano-fiber	 AZ Acyclovir- Zovirax	 PPa Polyamino- Polycarboxic acid		
									 Pop Council	 CONRAD	 Subcutaneous injection	 7013 SPL7013- VivaGel	 Levo Levonorgestrel		
											 Diaphragm	 Aa Ascorbic acid	 Ee Ethinyl estradiol		
											 Implant	 Ba Betulonid acid	 DBDI Different drugs being investigated		

* 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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LEARNING COLLABORATIVE DISCUSSION:

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?**



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LEARNING COLLABORATIVE DISCUSSION:

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?**



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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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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 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?**



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Other Questions, Comments, Ideas to share?

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