HIV PRE-EXPOSURE PROPHYLAXIS (PrEP) AND POST-EXPOSURE (PEP) PROPHYLAXIS INITIATIVE

Davin Cole, DHSc, PA-C, AAHIVS
URBAN HEALTH PLAN

- Founded by Dr. Richard Izquierdo in 1974
- Network of FQHCs
  - 11 sites: 9 in Bronx; 1 Queens; 1 Harlem
  - 12 School-based Health Centers
  - 3 Administrative sites
- 2018: more than 88,000 patients served; over to 486,000 visits
- Over 1000 employees and providers
- Joint Commission accredited
- NCQA Level 3 Recognition Patient Centered Medical Home
PROGRAM LEADS

Jennifer Genuardi, MD
Director of Clinical Best Practices and Clinical Education

Davin Cole, DHSc, PA-C, AAHIVS
Director of Non-Physician Provider Development
POPULATION OF FOCUS

- UHP Patients at high-risk for HIV acquisition
  - MSM
  - HIV sero-discordant couples
  - IVDU
  - Individuals with more than one STI infection in the preceding year
  - Transgender patients
  - Sex workers
  - Patients with high-risk behavior/multiple sex partners

- Patient’s will be identified by PCP, other members of the primary care team, or by walk-in providers
PATIENT FLOW

Patient Identified
• Patient will be identified by provider, health educator, or case manager as being eligible for PrEP

Initial PrEP Appointment
• Patient will be evaluated and educated by provider regarding risks and benefits of PrEP and appropriate screening labs to include HIV Ab/Ag and STI screening will be conducted
• Health Educator will provide additional education regarding risks and benefits of PrEP, importance of adherence, and encourage condom use
• If needed, patient will meet with case manager to discuss coverage options

Initial PrEP Follow-Up
• Provider will see patient back within 1 week, address labs, and initiate PrEP. Patient to be advised to return as walk-in should medication side effects or intolerabilities occur

Ongoing PrEP Follow-Up
• Patient will be seen at least quarterly, have appropriate screening labs to include HIV Ab/Ag and STI screening, and receive ongoing counseling
• Health Educator will continue to provide education regarding risks and benefits of PrEP, importance of adherence, and encourage condom use
Patient Flow

PrEP Eligible Patient Identified by Provider, Case Manager or Health Educator

Initial PrEP Visit/Testing* with Follow-Up Within One Week

HIV Ag/Ab Negative With Normal Renal Function?

YES


NO

Refer to ID/PCU at F/U Appt.

F/U PrEP Visit/Testing**

HIV Ag/Ab Negative With Normal Renal Function?

YES

Continue with F/U PrEP Visit/Testing** At Least Quarterly

NO

Discontinue PrEP, Contact ID/PCU Provider, Refer to ID/PCU

*Initial PrEP Visit/Testing:
- Labs: BMP, HIV Ab/AG, RPR, Full Hepatitis Screen, Multi-site CT/GC screening if indicated
- Case Manager: Screens patient for issues related to PrEP insurance payment coverage
- Provider: Educates patient regarding risk/benefits of PrEP, encourages condoms, counsels on side effects and importance of adherence
- Health Educator: Augments provider counseling, provides condoms, encourages compliance, communicates adherence barriers with provider

**F/U PrEP Visit/Testing:
- Labs: BMP, HIV Ab/AG, RPR, Multi-site CT/GC screening if indicated
- Case Manager: Continues to screen patient for issues related to PrEP payment coverage
- Provider: Continues to educate patient regarding risk/benefits of PrEP, encourages condoms, counsels on side effects and importance of adherence
- Health Educator: Augments provider counseling, provides condoms, encourages compliance, communicates adherence barriers with provider
<table>
<thead>
<tr>
<th>Risk Group</th>
<th>ICD-10 Codes</th>
<th>Description of Codes</th>
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<tbody>
<tr>
<td>MSM</td>
<td>Z72.51 Z72.52 Z72.53</td>
<td>High-risk sexual behavior High-risk homosexual behavior High-risk bisexual behavior</td>
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<tr>
<td>Sero-Discordant Couples</td>
<td>Z72.51</td>
<td>High-risk sexual behavior</td>
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<tr>
<td>IVDU</td>
<td>W46.0XXA W46.0XXD W46.1XXA W46.1XXD F19.90</td>
<td>Contact with hypodermic needle IVDU</td>
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<tr>
<td>Transgender Patients</td>
<td>Z72.51 Z72.52 Z72.53</td>
<td>High-risk sexual behavior High-risk homosexual behavior High-risk bisexual behavior</td>
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<tr>
<td>Sex Workers</td>
<td>Z72.51</td>
<td>High-risk sexual behavior</td>
</tr>
<tr>
<td>Multiple STI/yr (&gt;1)</td>
<td>Z72.51</td>
<td>High-risk sexual behavior</td>
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<tr>
<td>High-Risk Sexual Behavior/Multiple Partners</td>
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<td>High-risk sexual behavior</td>
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<td>Contact/Suspected Exposure</td>
<td>Z20.6 Z20.828</td>
<td>Contact with and suspected exposure to HIV Contact with and suspected exposure to other viral communicable disease</td>
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EMR MODIFICATION

An HPI template and order set were developed within E-Clinical Works to facilitate the roll-out and high-quality PrEP administration by providers, encourage comprehensive sexual history solicitation, and provide a reference for appropriate labs and education.
EMR MODIFICATION
INITIAL PrEP VISIT HPI

• Any symptoms of acute HIV infection?
  • Maculopapular rash, fever, swollen glands, night sweats, diarrhea

• Sexual history assessment done?
  • Sexually active in past year
  • Gender of partner(s)
  • Site of sexual activity
  • Are you using drugs or alcohol before sex?
  • Are you providing sex in exchange for money?
  • Number of partners in the past year
  • HIV status of partners
  • Using condoms during intercourse
  • Recent exposure to HIV?
EMR MODIFICATION
INITIAL PrEP VISIT HPI

• Drug-Drug interactions assessed?
• Drug use in past year?
• Mental health status assessed?
• Patient knowledge of PrEP:
• Why does patient want PrEP?
• Barriers to Adherence?
• PCP:
• Risk factors identified
  • HIV + partner, MSM, Unprotected sex, Transgender, Multiple partners, IVDU, Habitual drug use, Previous STI(s)
EMR MODIFICATION
INITIAL PrEP VISIT HPI

• Domestic violence screening done?
• Housing Status?
• Means to pay for PrEP?
• Reproductive plans?
• Condoms encouraged/STI education discussed?
• Condoms given?
• Hepatitis B serology assessed?
• STI screening indicated?
• Vaccines UTD?
EMR MODIFICATION
INITIAL PrEP VISIT HPI
EMR MODIFICATION
INITIAL PrEP VISIT HPI
EMR MODIFICATION
1 WEEK F/U PrEP VISIT HPI

- HIV testing negative?
- Normal renal function?
- Hepatitis B serology assessed?
- High-risk sexual activity since last visit?
- Signs of acute HIV infection?
- Risk reduction counseling given?
- Adherence counseling given?
- Condoms given?
EMR MODIFICATION
1 WEEK F/U PrEP VISIT HPI
EMR MODIFICATION
FOLLOW-UP PrEP VISIT HPI

- Adherence to PrEP?
- Any symptoms of acute HIV infection?
- Risk reduction counseling given?
- Side effects?
- Condoms encouraged/STI education discussed?
- Condoms given
- STI screening indicated?
- Vaccines UTD?
EMR MODIFICATION
FOLLOW-UP PrEP VISIT HPI
EMR MODIFICATION
HEALTH EDUCATOR

• Health Educators will be responsible for providing additional education to patients regarding the availability, tolerability, and effectiveness of PrEP

• Consistent with messaging and proper understanding of global message
EMR MODIFICATION
HEALTH EDUCATOR

[Image of a computer interface with a focus on health education and HIV PrEP information]
EMR MODIFICATION
ORDER SET

![Image of EMR Modification Order Set](image.png)
CT/GC
STI SCREENING:

Aptima

HOLOGIC

Aptima

Unisex Swab Specimen Collection Kit
for Endocervical and Male Urethral
Swab Specimens

KIT STORAGE REQUIREMENTS:
Store collection kit at room temperature
(10°C to 30°C).

SPECIMEN COLLECTION & HANDLING:
Refer to the table in the Aptima Unisex Swab
Specimen Collection Kit package insert to identify
the acceptable specimen types for each of the
Aptima assays.

1. Endocervical swab specimens:
a. Remove excess mucus from the cervical os
   and surrounding mucosa using the cleaning
   swab (white shaft). Discard this Swab.
   Note: To remove excess mucus from the
   cervical os, a large-tipped cleaning swab (not
   provided) may be used.
b. Insert the specimen collection swab
   (blue shaft) into the endocervical canal.
c. Gently rotate the swab clockwise for 10 to 30
   seconds in the endocervical canal to ensure
   adequate sampling.
d. Withdraw the swab carefully, avoid any contact
   with the vaginal mucosa.
e. Remove the cap from the swab specimen
   transport tube and immediately place the
   specimen collection swab into the transport tube.
f. Carefully break the swab shaft at the specimen
   transport tube to avoid splashing of contents.
g. Re-cap the swab specimen transport tube tightly.

2. Male urethral swab specimens:
a. The patient should not have urinated for at
   least one hour prior to sample collection.
b. Insert the specimen collection swab
   (blue shaft) 2 to 4 cm into the urethra.
c. Gently rotate the swab clockwise for 2 to 3
   seconds in the urethra to ensure
   adequate sampling.
d. Withdraw the swab carefully.
e. Remove the cap from the swab specimen
   transport tube and immediately place the
   specimen collection swab into the transport tube.
f. Carefully break the swab shaft at the specimen
   transport tube to avoid splashing of contents.
g. Re-cap the swab specimen transport tube tightly.

SPECIMEN TRANSFER & STORAGE:
After collection, transport and store swab specimen
transport tube at 2°C to 30°C. Assay within 60 days
of collection. If longer storage is needed, refer to the
appropriate Aptima assay package insert.

Hologic, Inc.
San Diego, CA 92121 USA
STI SCREENING: Aptima
HIV VIRAL LOAD
WHEN TO ORDER THE HIV-1 RNA VIRAL LOAD

• The HIV-1 RNA viral load, when used in combination with the 4th generation HIV Ag/Ab test, may reduce the window period of detecting acute HIV infection by several days.

• Its use should be considered in any patient with a high-risk HIV exposure in the past 1-2 weeks.

• Patients without recent high-risk exposure should generally not be screened for acute HIV-1 infection using the HIV-1 RNA viral load and instead be screened using the 4th generation HIV Ag/Ab test alone.
WHEN TO ORDER THE HIV-1 RNA VIRAL LOAD
PROVIDER ROLL-OUT: PROVIDER CHAMPIONS

• An initial training/rollout was given to providers that expressed an interest in PrEP

• These “provider champions” were given an initial comprehensive training on the administration proper provisioning of PrEP consistent with CDC guidelines

• Meant to serve as onsite resource for other providers that are prescribing PrEP
All providers were given a series of CME certified educational lectures surrounding the provision of PrEP, UHP specific policies surrounding PrEP, and culturally community care in the LGBTQ community.

Provider champions also received additional PrEP training at organization-wide rollout.
PROVIDER ROLL-OUT: NEW PROVIDERS

• All new providers are given a lecture on PrEP and PEP as part of their onboarding process

• Ensures that all providers organization-wide have baseline knowledge surrounding PrEP and are familiar where to seek information/resources
POLICIES

• PrEP clinical policies developed and housed in the adolescent, adult, and HIV manuals
• Providers that are not comfortable managing PrEP encouraged to refer to a provider or site that can offer the service
• Providers should ensure that no more than a 90 day supply of PrEP is supplied at any one time and that HIV testing is done on at least a quarterly basis for those that are on PrEP
• eCW templates in HPI must be filled out by provider every visit to ensure proper risk stratification
• Provider may consider asking patient to sign a PrEP Contract
PATIENT REGISTRY

• When a prescription for PrEP is generated a real time alert is sent via email to the clinical pharmacy team

• Pharmacist reviews chart to ensure
  • High-quality provision of PrEP
  • Ensure correct labs were ordered
  • Verify proper follow-up is scheduled
  • Make recommendations to provider for future PrEP encounters
PEP

• As part of ongoing PrEP training, providers organization-wide were trained on the proper administration of PEP

• HPI templates and order sets developed
EMR MODIFICATION
INITIAL PEP VISIT HPI

• Do you have HIV infection?
• Has your exposure been within 72 hours?
• Risk factor for occupational exposure:
• Risk factor for non-occupational exposure:
• STI screening indicated?
• Hepatitis Serology Assessed?
  • Hepatitis B vaccine indicated?
EMR MODIFICATION
INITIAL PEP VISIT HPI
EMR MODIFICATION
72 HOUR F/U PEP VISIT HPI

• Results discussed?
• Exposure source tests results available?
• Significant side effects?
• Renal function normal?
EMR MODIFICATION
72 HOUR F/U PEP VISIT HPI
EMR MODIFICATION
4 WEEK F/U PEP VISIT HPI

• Results discussed?
• Hepatitis B vaccination indicated?
• Patient finished 4 week course of PEP?
• PEP to PrEP candidate?
EMR MODIFICATION
4 WEEK F/U PEP VISIT HPI
EMR MODIFICATION
4 MONTH F/U PEP VISIT HPI

• Results discussed?
• Hepatitis B vaccination indicated?
EMR MODIFICATION
4 WEEK F/U PEP VISIT HPI

<table>
<thead>
<tr>
<th>c/o</th>
<th>Symptom</th>
<th>Duration</th>
<th>Notes</th>
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<tr>
<td></td>
<td>Results reviewed?</td>
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<tr>
<td></td>
<td>Hepatitis B vaccination Indic</td>
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[Image of EMR modification tool]
LOOKING AHEAD: IDENTIFYING ELIGIBLE PATIENTS

- Utilize EMR to identify patients eligible for PrEP
  - More than 1 STI in preceding 6 months
  - History of high risk diagnosis
RESULTS

Organizationally, approximately 35 unique patients are administered PrEP on a monthly basis.
PROVIDER TAKE HOME POINTS

- HIV Test Prior to Rx
- Check renal function and hepatitis serology
- No more than a 90 day supply of PrEP
- Screen for other STIs
CONTACT INFO

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