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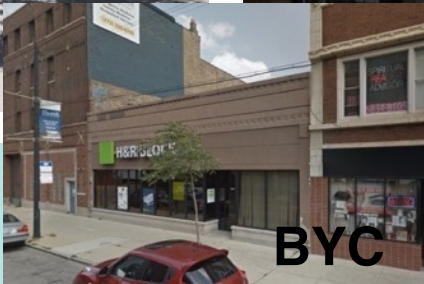
# **PREP CASE MANAGEMENT: PURPOSE, PROCESS, AND OUTCOMES FOR HIV VULNERABLE PREP INITIATES**

PRESENTED BY MATT  
LOWTHER



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# LOCATIONS



# BACKGROUND

**Founded in 1974, Howard Brown Health (HBH) is one of the nation's largest lesbian, gay, bisexual, and transgender (LGBT) organizations**

- 31% of patients are HIV-positive
- 44% of patients of color
- 17% fall below the 100% of the Federal Poverty Line
- Services include mental health, primary care, outreach, and STD/HIV walk-in testing services

**HBH locations in high HIV incidence and prevalence areas of Chicago (Uptown, Lakeview, Englewood, Rogers Park)**

**Need for PrEP is high in the community.**

# PREP SERVICES

## All providers prescribe PrEP

- Primary care appointments
- Short waits for appointments
- Same-day initiation

## 2015 New Rx: 1,107

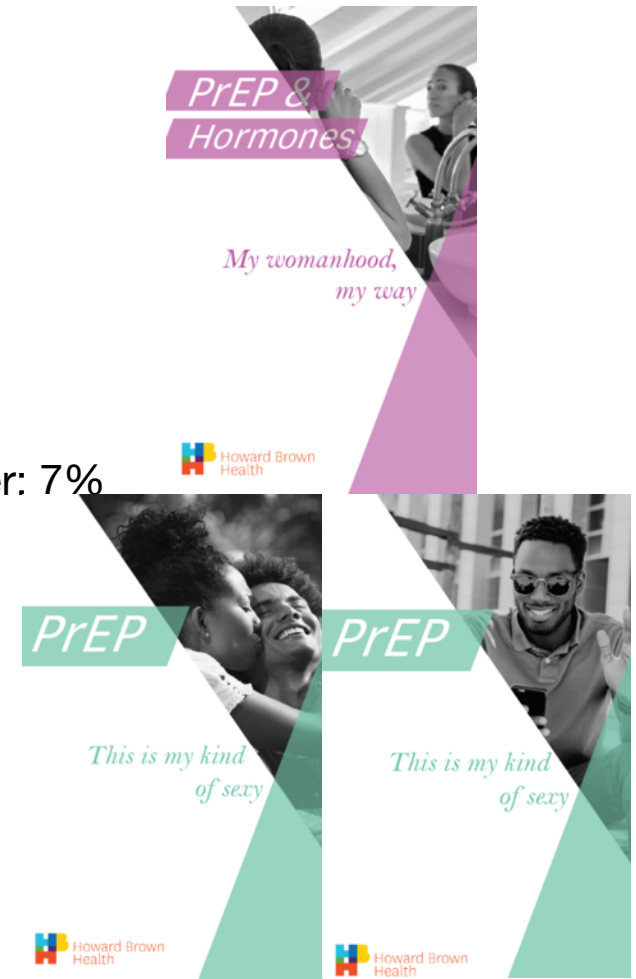
- Black: 14%, Latino/Hispanic: 19%, White: 60%, Other: 7%
- Mean age: 32.5
- MSM: 91%, Transgender Women: 4%, Other: 5%

## Research studies: SHIPP, TAF clinical trial

## PrEP Navigation

## PrEP Outreach and Community Engagement

## PrEP Case Management



# PREP CASE MANAGEMENT

**CDC Demonstration Project started in July 2015**

**Increased adherence and retention support for HIV vulnerable PrEP patients**

- Chicago Department of Public Health HIV incidence demographic surveillance data
- Sexual risk factors
- Social factors and research

**Referral systems developed through partnerships**

- Identify eligible clients
- Evaluate risk and interest
- Engage in general PrEP education

# WHY CASE MANAGEMENT?

## Multiple barriers to PrEP care

- Poverty-Racism-Transphobia-Homophobia
- Violence – community, IPV, family
- Unemployment/Underemployment/Overemployment
- Education
- Substance use
- Access
  - Competent care
- Uninsured/underinsured
- Medical literacy/experience/trust

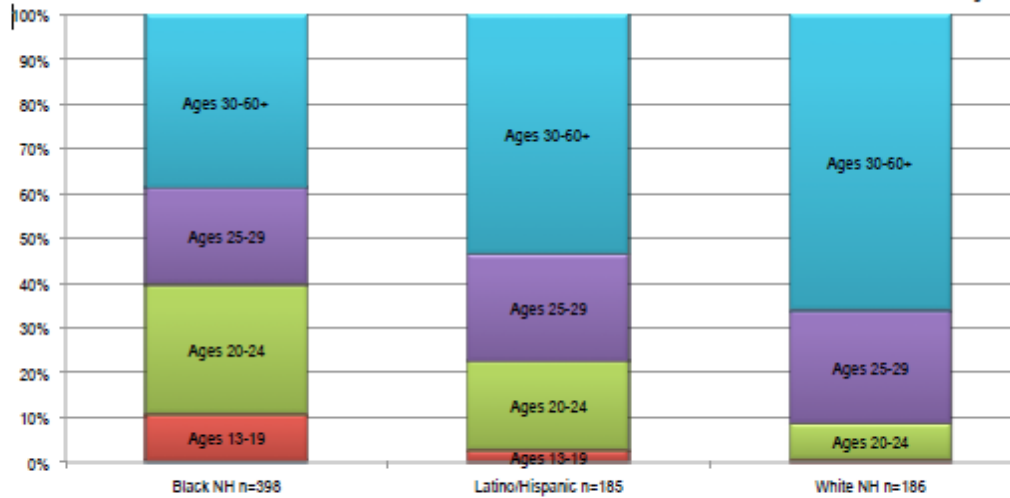
## HIV in Chicago: Disproportionately Black and Latino YMSM (BLYMSM) and Transgender women of color (TWOC)

- 2014- Black: 47% Latino/Hispanic: 24%, White: 25%, Other: 4%

**BLYMSM low utilizers of PrEP – less is known of TWOC**

Chicago HIV Transmission by Race and Age Group (Males) 2014

Figure 1



Trans women HIV Transmission by Race 2014

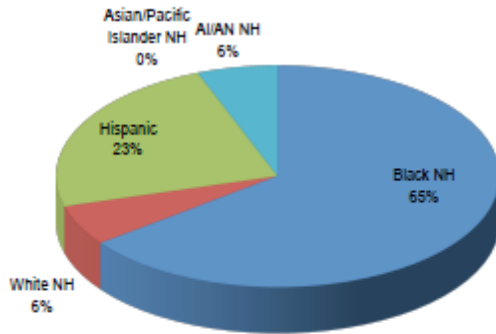


Figure 2

MSM HIV Transmission by Race 2014

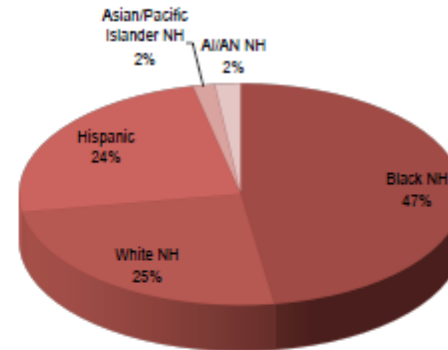


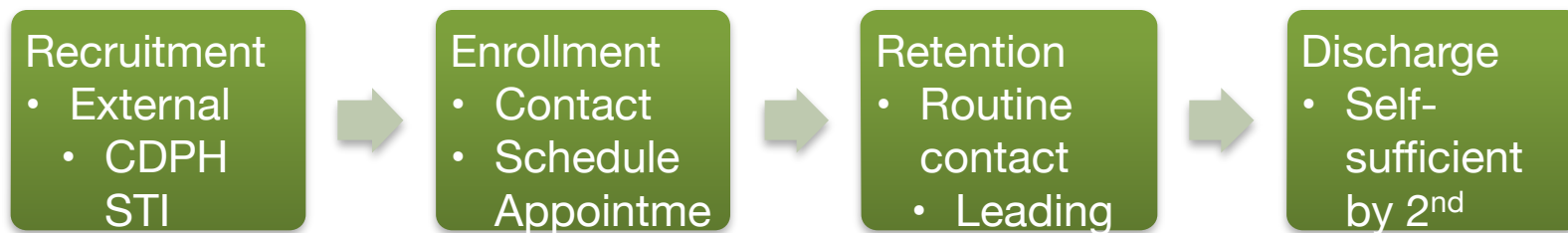
Figure 3

Chicago Department of Public Health. HIV/STI Surveillance Report, 2015.



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# INTERVENTION FLOW



## Services

- Broadway Youth Center

- Social History
- Adherence Support
- HIV Education

## Support

- Link to internal services if needed

## enrollment



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# ENGAGEMENT PROCEDURES

## Initial contact

- Call/text/email
- PrEP education
- Introduce PrEP care process

## Scheduling

- Goal: Less than 2 week wait
- PrEP Referral slots

## Payment

- Medical costs-->Sliding-sliding fee scale, insurance
- Rx cost→Gilead Advancing Access Program and/or Co-pay Assistance

# INTAKE PROCEDURES

## Patient interview

- At initiation appointment
- Client-centered counseling
  - Reasons for PrEP
  - Adherence
  - Risk Reduction

## Individualized Care Plan

- “Social history”
- Identify barriers to care/adherence

Howard Brown Health Medical Case Management  
Individualized Care Plan

**Mandatory Reporting Requirements**

Before you begin this series of questions, please remember to notify your client that you are a mandated reporter for child abuse and neglect, elderly abuse and neglect, plans to harm themselves (the client) or others, and privacy and confidentiality violations regarding HIPAA and the AIDS Confidentiality Act. Notify your client BEFORE YOU BEGIN THIS SECTION, and inform them of the steps that will be taken if they choose to share any mandatory reporting content with you. Please remember that these questions are only for the purpose of service planning and referral making and is not intended for any other purpose.

Has the client been made aware of the case manager's mandatory reporting requirement?  YES

**PLEASE NOTE THAT YOU CAN NOT CONTINUE WITH THIS PLAN UNTIL THE CLIENT HAS BEEN MADE AWARE OF THIS REQUIREMENT!**

**Treatment Adherence**

Is the client currently prescribed Truvada for PrEP?

YES  NO

Is the client taking their PrEP medication(s) as prescribed?

YES  NO

Does client need treatment adherence counseling?

YES  NO

If yes, please describe the actions that will be taken to address this issue. Please include the steps that will be taken, services that will be provided, and any outcomes that will be achieved.

What was the outcome of the above steps for this plan period?  Achieved &  Achieved &  Modify for  Service no  
discontinue continuing next plan longer needed

Please document the changes needed for the new plan.

**Mental Health**

Has the client expressed concern about mental wellness?

YES  NO

Is the client's mental health a barrier to their adherence to Truvada for PrEP and engagement in care?

YES  NO

Does the client want services to address this barrier?

YES  NO

If yes, please describe the actions that will be taken to address this issue. Please include the steps that will be taken, services that will be provided, and any outcomes that will be achieved.

What was the outcome of the above steps for this plan period?  Achieved &  Achieved &  Modify for  Service no  
discontinue continuing next plan longer needed

Please document the changes needed for the new plan.

**Substance Use**

Are you currently using drugs or alcohol?

YES  NO

Does the client have substance use issues that are creating a barrier to their adherence to PrEP and engagement in medical care?

YES  NO

Does the client want services to address this barrier?

YES  NO

If yes, please describe the actions that will be taken to address this issue. Please include the steps that will be taken, services that will be provided, and any outcomes that will be achieved.

What was the outcome of the above steps for this plan period?  Achieved &  Achieved &  Modify for  Service no  
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# RETENTION PROCEDURES

## Routine contact

- Between first appointment and second appointment: **weekly** contact
- Between second and third appointment: **bi-weekly** contact

## Rx access

- Upon initiation and as needed

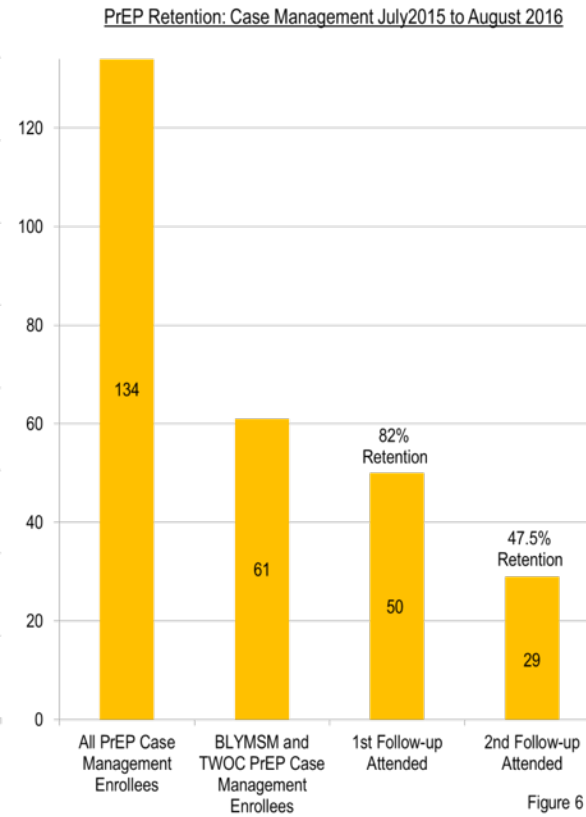
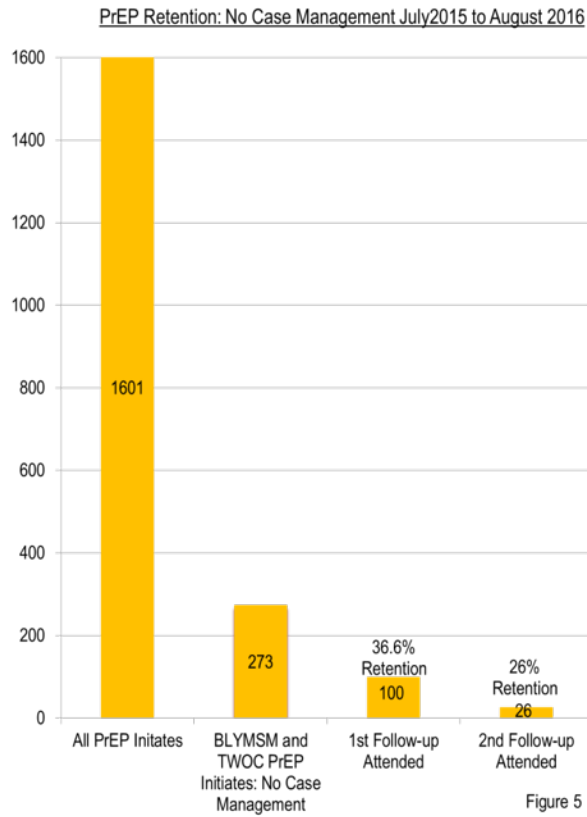
## Appointment scheduling

- No later than 2 weeks prior to follow up

## Appointment reminders

- Day before appointment
- Day of appointment

# RETENTION OUTCOMES



# RETENTION OUTCOMES

PrEP Non-Case	Initiated	1 <sup>st</sup>	2 <sup>nd</sup>
<b>BYMSM</b>	<b>101</b>	<b>33 (32.6%)</b>	<b>7 (7%)</b>
<b>TW</b>	<b>65</b>	<b>26 (40%)</b>	<b>7 (10.8%)</b>
<b>LYMSM</b>	<b>107</b>	<b>41 (38.3%)</b>	<b>12 (11.2%)</b>

PrEP Case	Initiated	1 <sup>st</sup>	2 <sup>nd</sup>
<b>BYMSM</b>	<b>18</b>	<b>12 (67%)</b>	<b>6 (33%)</b>
<b>TW</b>	<b>6</b>	<b>5 (83%)</b>	<b>3 (50%)</b>
<b>LYMSM</b>	<b>37</b>	<b>33 (89%)</b>	<b>20 (54%)</b>

# DISCUSSION

## **Young Black MSM had lowest appointment return rate still higher for CM**

- Engagement – assessment, appointment experiences

## **Overall, better appointment return rates**

- What variables are aiding in returns?
- Help improve retention across non-CM patient population

# DISCUSSION

## Retention procedures

- What is working?

## Defining retention

- Length/reason of PrEP care differs

## Demonstration project still developing

- Procedures shifting and changing



# SUMMARY

- **Multiple barriers affect uptake and retention – case management can help address these**
- **BLYMSM and TWOC had higher appointment attendance with CM**
- **Black YMSM had the lowest appointment attendance of these three groups but higher than non-CM Black YMSM**
- **Longitudinal look at outcomes is needed**
  - Adherence
  - Impact the epidemic

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