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

PRESENTED BY MATT LOWTHER
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


Howard Brown Health
INTERVENTION FLOW

**Recruitment**
- External
- CDPH STI

**Enrollment**
- Contact
- Schedule Appointment

**Retention**
- Routine contact
- Leading

**Discharge**
- Self-sufficient by 2nd

**Services**
- Social History
- Adherence Support
- HIV Education

**Support**
- Link to internal services if needed

Howard Brown Health
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 CANNOT 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 disconnect 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 disconnect 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.
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

<table>
<thead>
<tr>
<th>PrEP Non-Case</th>
<th>Initiated</th>
<th>1&lt;sup&gt;st&lt;/sup&gt;</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BYMSM</strong></td>
<td>101</td>
<td>33 (32.6%)</td>
<td>7 (7%)</td>
</tr>
<tr>
<td><strong>TW</strong></td>
<td>65</td>
<td>26 (40%)</td>
<td>7 (10.8%)</td>
</tr>
<tr>
<td><strong>LYMSM</strong></td>
<td>107</td>
<td>41 (38.3%)</td>
<td>12 (11.2%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PrEP Case</th>
<th>Initiated</th>
<th>1&lt;sup&gt;st&lt;/sup&gt;</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BYMSM</strong></td>
<td>18</td>
<td>12 (67%)</td>
<td>6 (33%)</td>
</tr>
<tr>
<td><strong>TW</strong></td>
<td>6</td>
<td>5 (83%)</td>
<td>3 (50%)</td>
</tr>
<tr>
<td><strong>LYMSM</strong></td>
<td>37</td>
<td>33 (89%)</td>
<td>20 (54%)</td>
</tr>
</tbody>
</table>
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
REFERENCES


