



Howard Brown
Health

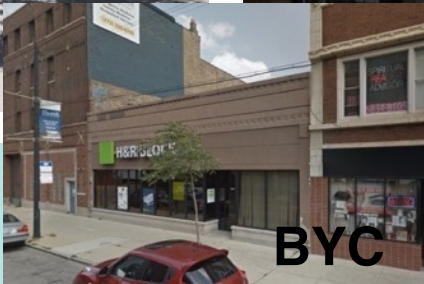
PREP CASE MANAGEMENT: PURPOSE, PROCESS, AND OUTCOMES FOR HIV VULNERABLE PREP INITIATES

PRESENTED BY MATT
LOWTHER



Howard Brown
Health

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

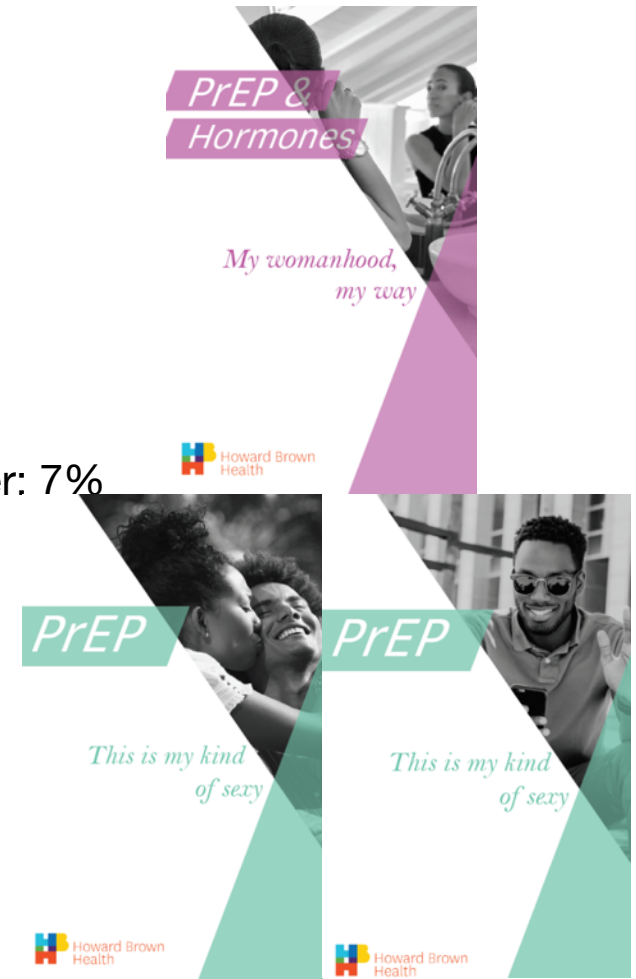
- Black: 14%, Latino/Hispanic: 19%, White: 60%, Other: 7%
- Mean age: 32.5
- MSM: 91%, Transgender Women: 4%, Other: 5%

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

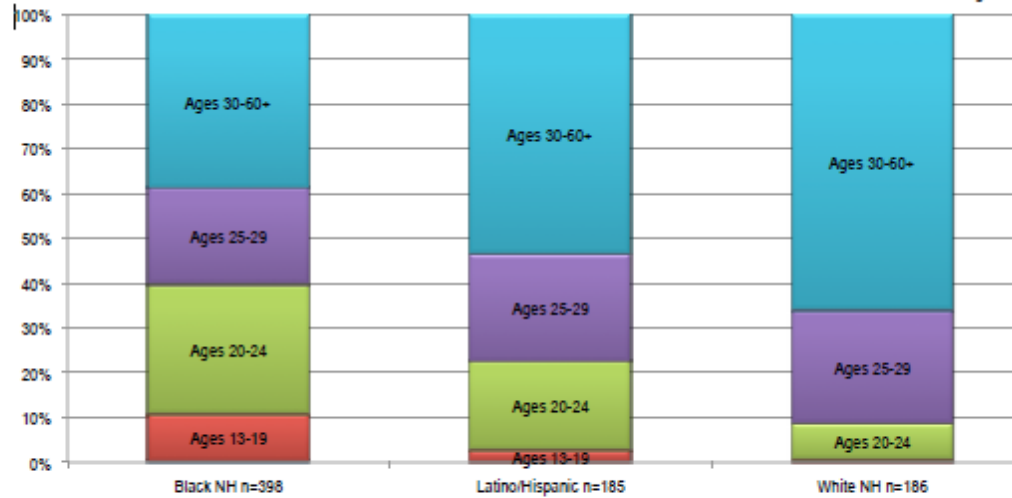
HIV in Chicago: Disproportionately Black and Latino YMSM (BLYMSM) and Transgender women of color (TWOC)

- 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

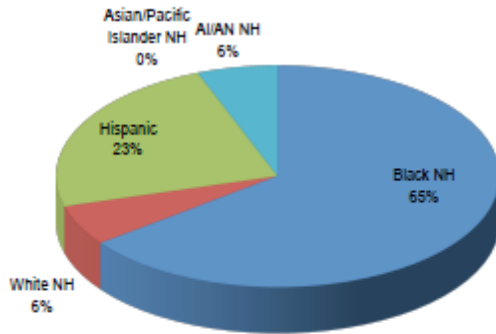


Figure 2

MSM HIV Transmission by Race 2014

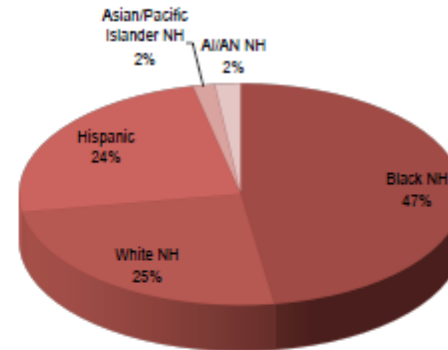


Figure 3

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



Howard Brown Health

INTERVENTION FLOW



Services

- Broadway Youth Center

- Social History
- Adherence Support
- HIV Education

Support

- Link to internal services if needed

enrollment



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 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
discontinue continuing next plan longer needed

Please document the changes needed for the new plan.

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

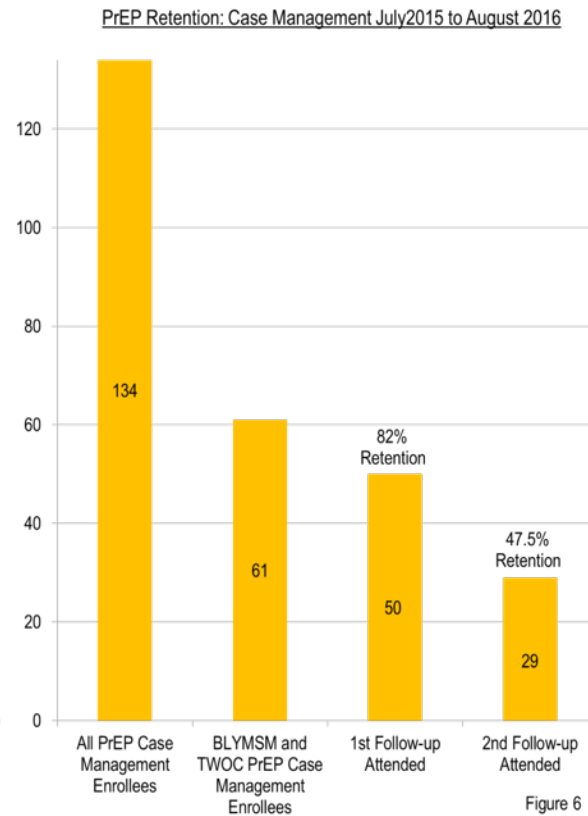
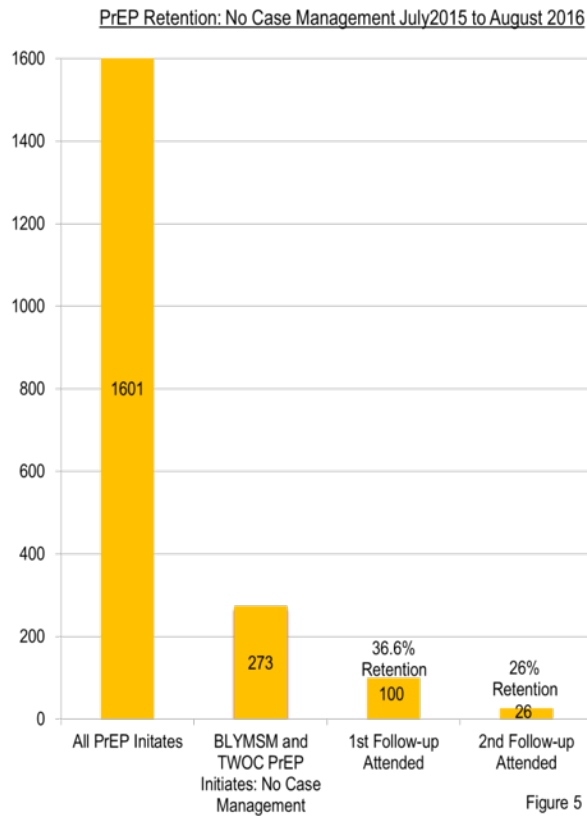
Appointment scheduling

- 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 st	2 nd
BYMSM	101	33 (32.6%)	7 (7%)
TW	65	26 (40%)	7 (10.8%)
LYMSM	107	41 (38.3%)	12 (11.2%)

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

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

- Chicago Department of Public Health. HIV/STI Surveillance Report, 2015. Chicago, IL: City of Chicago; December 2015.
- Eaton, L. A., Driffin, D. D., Bauermeister, J., Smith, H., & Conway-Washington, C. (2015). Minimal awareness and stalled uptake of pre-exposure prophylaxis (PrEP) among at risk, HIV-negative, black men who have sex with men. *AIDS patient care and STDs*, 29(8), 423-429.
- Mutchler, M. G., McDavitt, B., Ghani, M. A., Nogg, K., Winder, T. J., & Soto, J. K. (2015). Getting PrEPared for HIV prevention navigation: Young black gay men talk about HIV prevention in the biomedical era. *AIDS patient care and STDs*, 29(9), 490-502.
- Rawlings K et al. (McCallister S presenting) *FTC/TDF (Truvada) for HIV pre-exposure prophylaxis (PrEP) utilization in the United States: 2013-2015*. 21st International AIDS Conference, Durban, abstract TUAX0105LB, 2016.
- Sarit A. Golub, Kristi E. Gamarel, H. Jonathon Rendina, Anthony Surace, and Corina L. Lelutiu-Weinberger. *AIDS Patient Care and STDs*. April 2013, 27(4): 248-254. doi:10.1089/apc.2012.0419.
- Wilton, J., Senn, H., Sharma, M., & Tan, D. H. (2015). Pre-exposure prophylaxis for sexually-acquired HIV risk management: a review. *HIV/AIDS (Auckland, N.Z.)*, 7, 125-136. <http://doi.org/10.2147/HIV.S50025>
- Wilson, E. C., Jin, H., Liu, A., & Raymond, H. F. (2015). Knowledge, indications and willingness to take pre-exposure prophylaxis among transwomen in San Francisco, 2013. *PLoS ONE*, 10(6), e0128971. doi:10.1371/journal.pone.0128971