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# PrEP Continuum of Care in Patients Presenting to an Urban STD Clinic

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# Conflict of Interest Disclosure

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- Research:
  - Primary Investigator for a pilot study funded by Gilead Sciences



# Background

- PrEP, one of the most effective forms of HIV prevention, is underutilized
- Many patients seen in STD clinics report behaviors considered high risk for HIV transmission and may benefit from PrEP
- Understanding the PrEP “cascade” in STD clinic patients may help to identify areas of service improvement



# Denver Metro Health Clinic

- Primary STD clinic in the Denver area
  - Serves 5 counties in Denver metro area
- Clinicians are RNs and NPs with MD back-up
- Electronic medical record (EMR) captures demographic and behavioral data as well as prior lab results and clinic notes



# Denver Metro Health Clinic

- Patients identified as PrEP-eligible in the STD clinic are given immediate counseling and either passive or active referral
- HIV Linkage to Care staff provide PrEP counseling, referral and system navigation
- Located in same building as the infectious disease clinic, which provides PrEP services



# Data Sources

- STD clinic EMR queried to identify PrEP-eligible patients seen in calendar year 2015
- ID clinic EMR queried for PrEP initiation and follow-up
- Lists cross-matched to identify patients presenting to the ID clinic after STD clinic presentation
- Individual chart reviews conducted for data quality



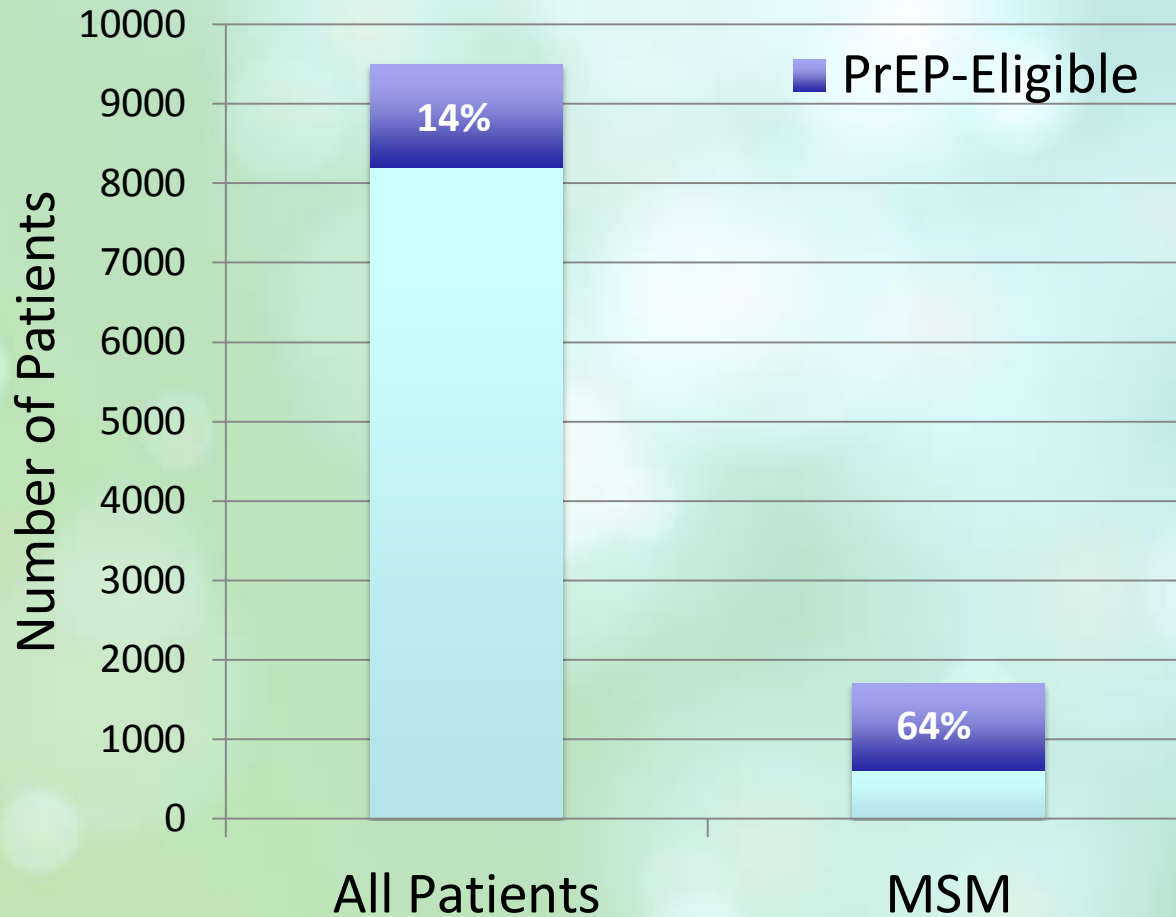
# PrEP-Eligibility

- Defined as any of:
  - Within the last 12 months:
    - MSM with diagnosis of early syphilis, gonorrhea or chlamydia
  - Within the last 3 months:
    - MSM with >1 male sex partner and condomless anal intercourse
    - HIV-positive sexual partner
    - Use of HIV post-exposure prophylaxis
    - Exchange of sex for money or drugs



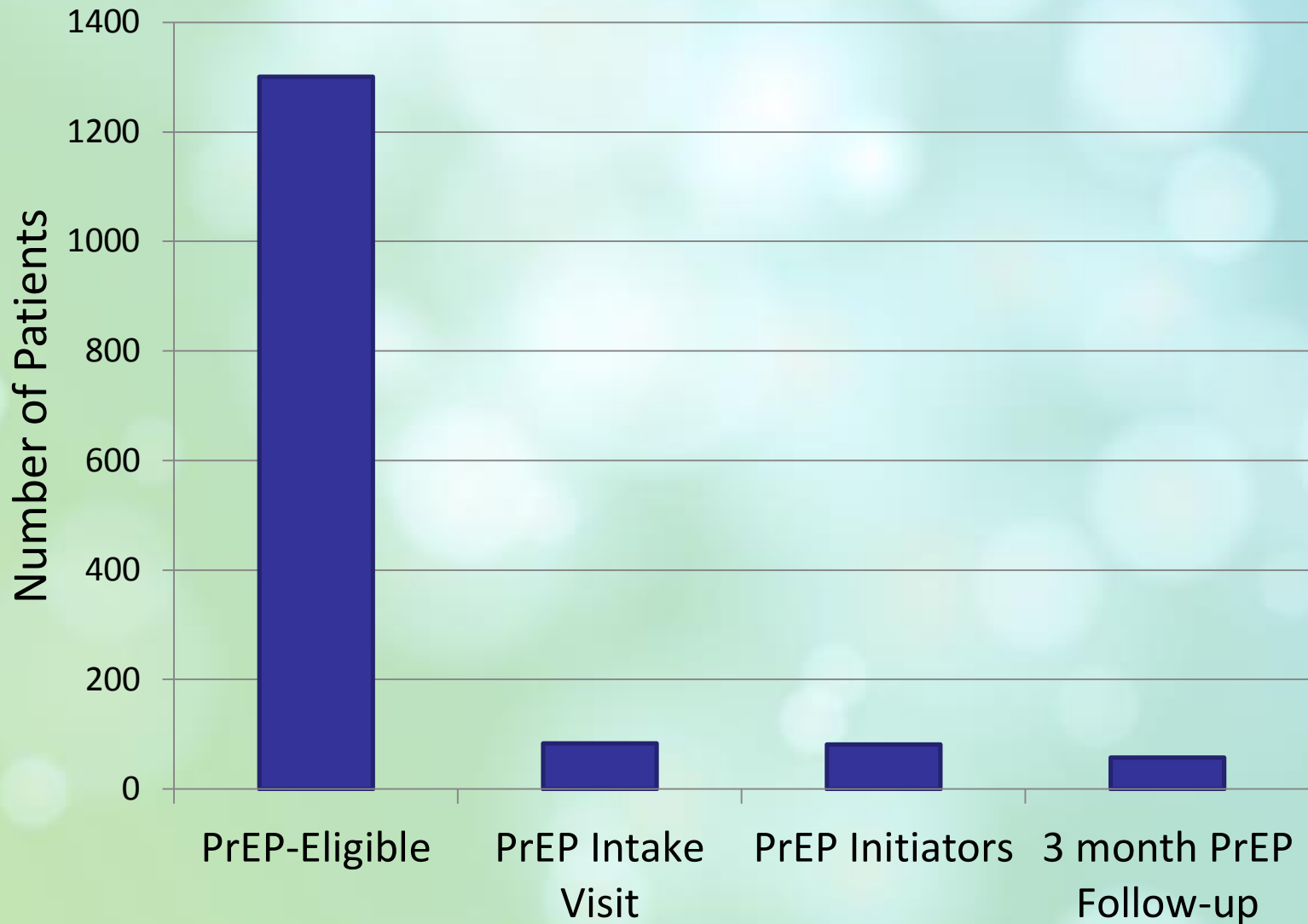


# STD Clinic Patients Eligible for PrEP





# PrEP Continuum of Care





# Referral Time

- STD clinic visit to ID clinic PrEP intake
  - Median time 35 days (IQR 23-125 days)



# Conclusions

- Urban STD clinics have the potential to be high impact locations for PrEP services
- Many more patients are eligible for PrEP than initiate PrEP
- Adherence at 3 months suboptimal
  - Interventions to improve linkage to care, adherence and follow-up should be considered



# Goals of PrEP Services in STD Clinic Settings

- Target those at highest risk of HIV acquisition
- Make PrEP available, accessible & easy
- Align with other public health interventions such as harm reduction and STD screening



# Potential Interventions

- Standardized referral systems to enhance linkage to, engagement and retention in PrEP care
- Integrated STD and PrEP services
- PrEP medication starter packs: same-day, on-demand PrEP
- Wrap-around support (insurance linkage, harm reduction, mental health resources) for those on PrEP



# Acknowledgements

- STD and ID Clinic Staff
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- Disease Intervention and Linkage to Care Staff
- Patients of the Denver Metro Health Clinic