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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

Number of Patients

- All Patients: 64%
- MSM: 14%

PrEP-Eligible
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
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