



Welcome to PrEP Group TA **Awareness** Session

We will get started in a moment!

In the meantime, *please use the chat to share the following information:*

- What is your name? What are your pronouns?
- What is your title/role?
- What organization you are from?
- What are you hopeful for in 2021?



PrEP Virtual Group TA:

Awareness

January 27, 2021



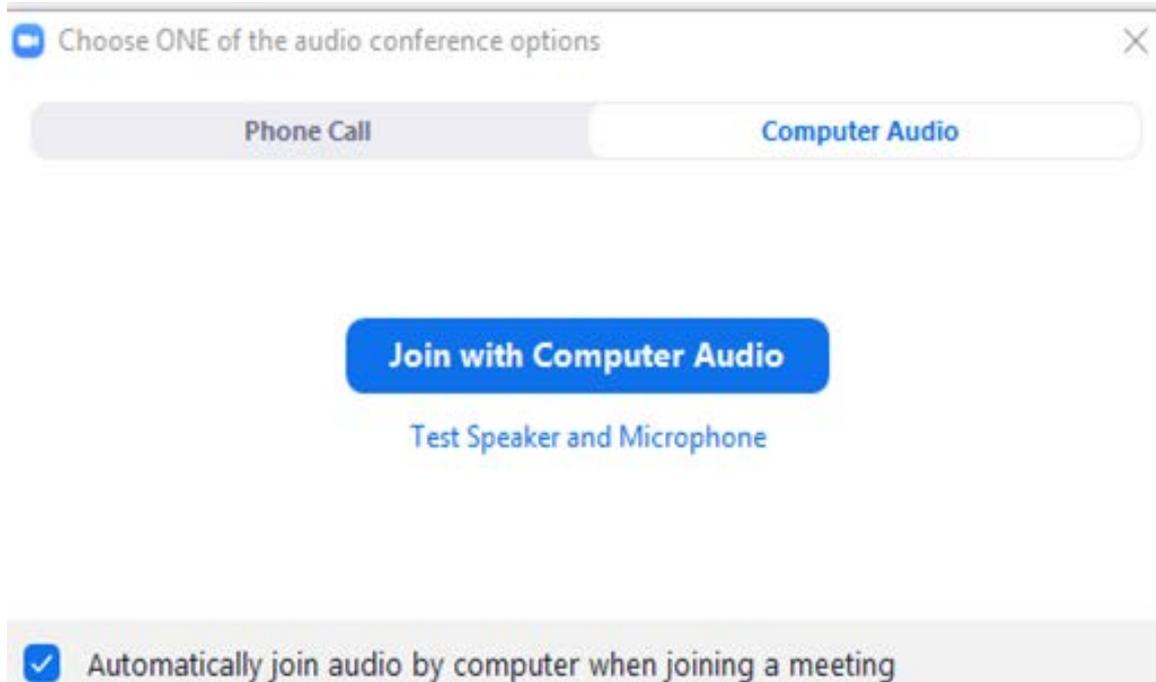


PrEP Group TA Sessions

Session	Topic	Date
Session 1	Staff Awareness of PrEP and PrEP Services in your agency	Today!
Session 2	Access to PrEP for your clients	Feb. 10 @ 3pm ET
Session 3	Utilization of PrEP among clients indicated	Feb. 24 @ 3pm ET
Session 4	Adherence to PrEP regimen among clients on PrEP	Mar. 10 @ 3pm ET

Housekeeping: How to Connect to Audio by Computer

- Join using **computer audio** and a plug-in headset or computer speakers



The image shows a screenshot of a software dialog box titled "Choose ONE of the audio conference options". It features two radio buttons: "Phone Call" and "Computer Audio". The "Computer Audio" option is selected. Below the radio buttons is a blue button labeled "Join with Computer Audio" and a link labeled "Test Speaker and Microphone". At the bottom, there is a checked checkbox with the text "Automatically join audio by computer when joining a meeting".

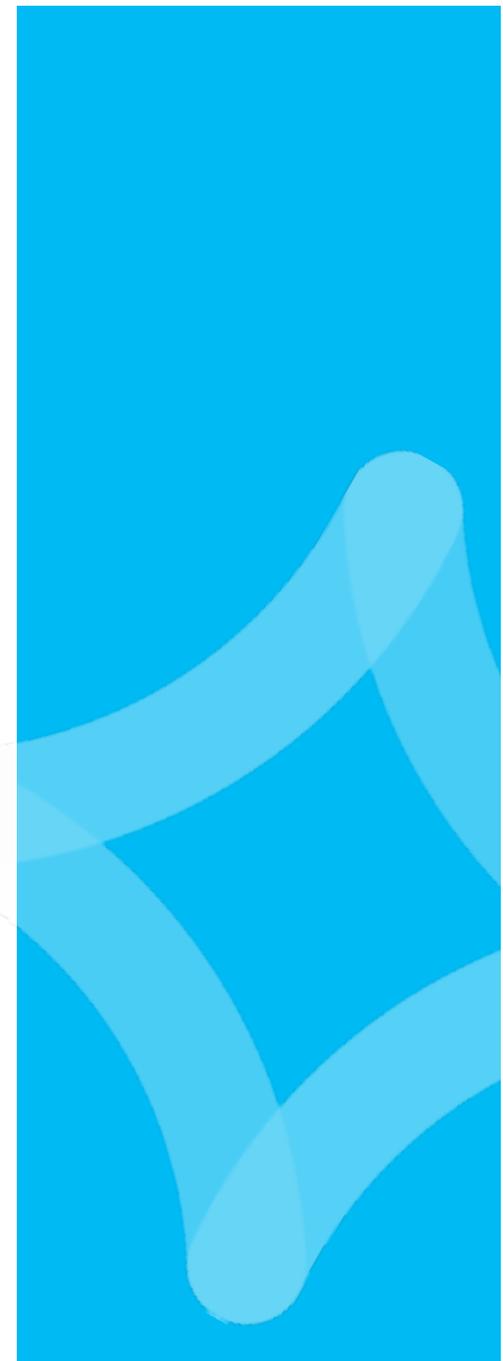
Choose ONE of the audio conference options

Phone Call Computer Audio

Join with Computer Audio

Test Speaker and Microphone

Automatically join audio by computer when joining a meeting

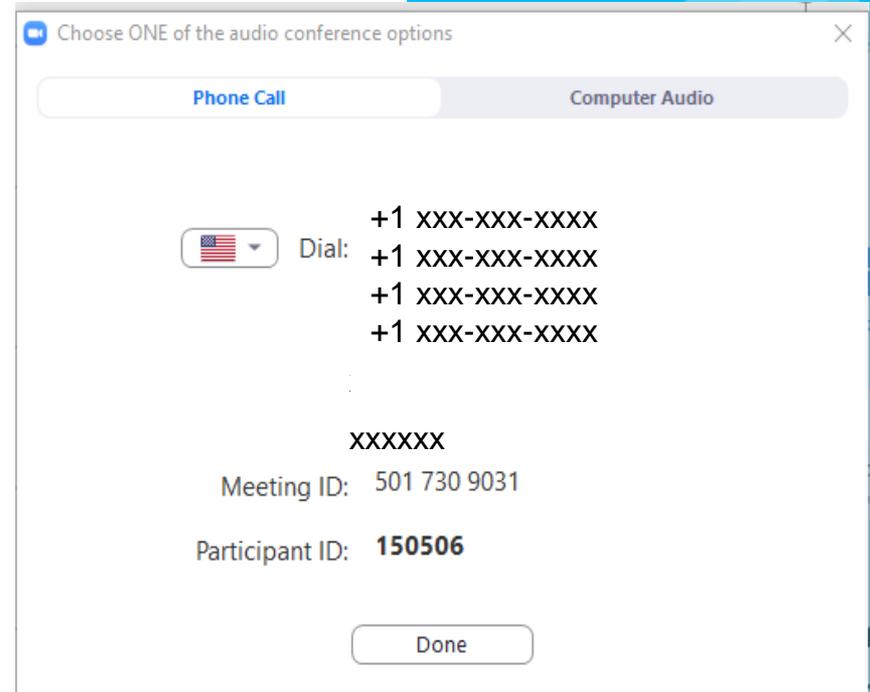
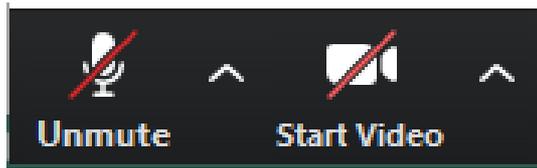


Housekeeping: Connecting by Phone, Using Video

Join by **phone**: Click **Join Audio, Phone Call** tab, dial **646-558-8656**, Enter **Meeting ID & Participant ID**

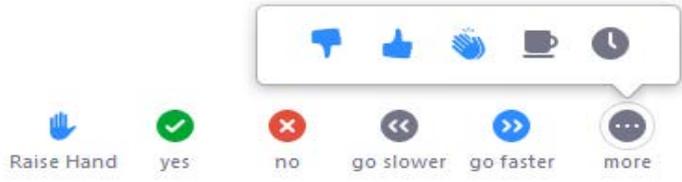
You will begin muted. To **unmute/mute** click the **Microphone icon**

Click **Start Video** to join by webcam



Housekeeping: How to Participate

- **Chat:** Click the Chat icon to open the Chat panel
Hold the Ctrl key and press + to increase font
- **Reactions:** Located at the bottom of the Participants panel

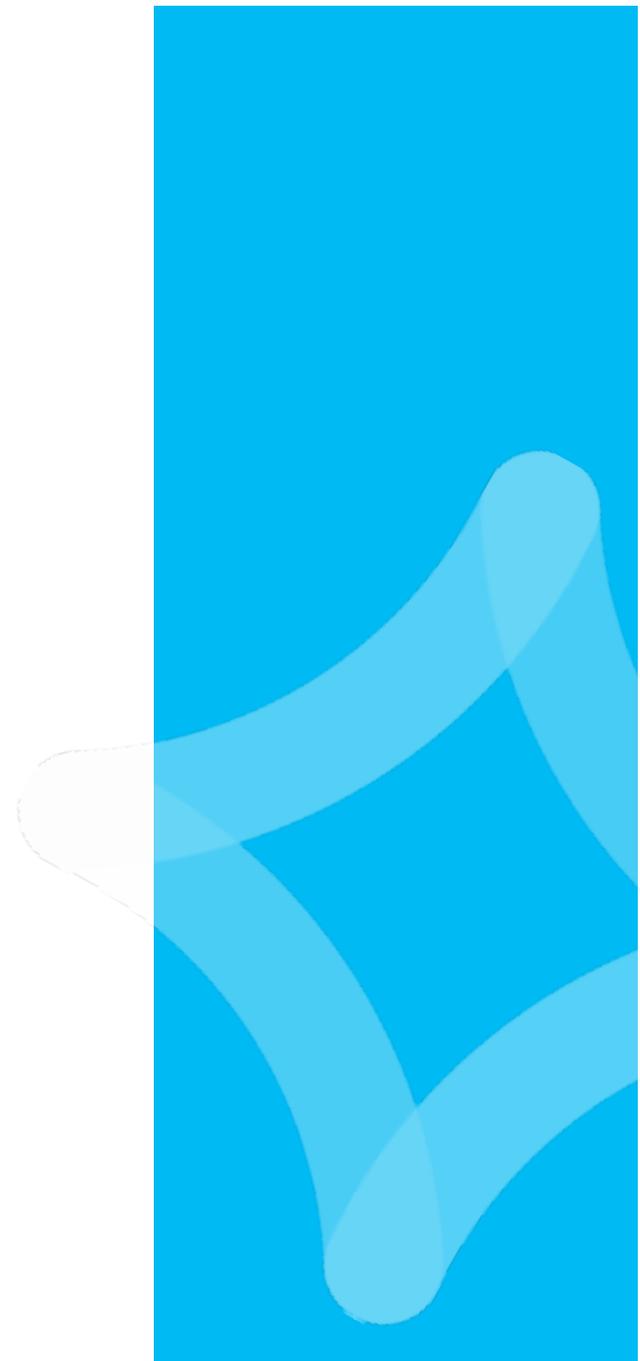


- **Need help?** Type into the Chat box!



Today's Agenda

1. Welcome and Introduction
2. Purpose of PrEP Virtual Group TA
3. Staff PrEP **Awareness**
 1. Shared definition of **Awareness**
 2. Optimal **Awareness** Scenario
 3. Review of Staff **Awareness** Best Practices
 4. **Awareness** indicators
4. Staff PrEP Awareness Panel Discussion
5. Small Group Breakout Discussions
6. Wrap Up





Learning Objectives

After today's session, participants will be able to:

- Define staff **awareness** of PrEP (including availability, eligibility, etc.) inside their agency
- Identify at least one opportunity to improve awareness of PrEP internally within their own agency staff
- Identify at least one opportunity to standardize process for capturing staff awareness-related data

Defining PrEP Service Awareness

Optimal Scenario: Agency staff have extensive awareness and knowledge of PrEP, its benefits, how to identify clients indicated for PrEP, prescribing requirements, access limitations, and any existing referral relationships for PrEP.



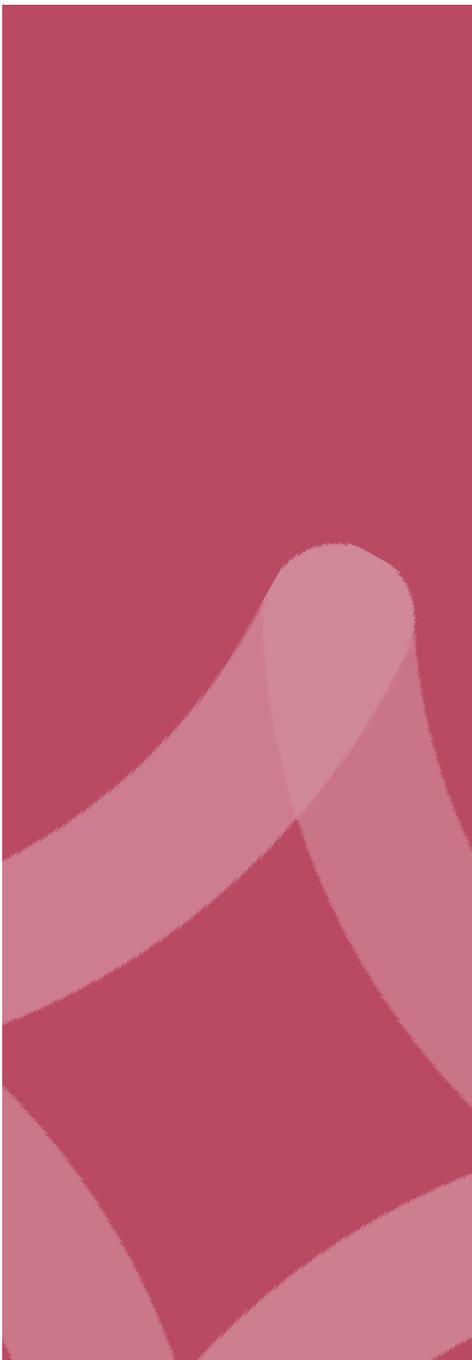
Awareness of PrEP, including who it should be offered to, as well as its benefits and potential side effects.



Awareness of agency policies/ processes to identify clients for PrEP and to connect clients with PrEP services.



Awareness of PrEP prescribing requirements or referral relationships as well as access limitations.



Other Examples of PrEP Service Awareness among Staff

- **Awareness** of guidelines for providing PrEP
- **Awareness** of who can prescribe PrEP, both generally and within your agency
- **Awareness** of how to assess clients for risk of HIV acquisition, both generally and within your agency
- **Awareness** of who should be offered PrEP
- **Awareness** of evidence base for PrEP
- **Awareness** of groups for whom PrEP is *not* appropriate

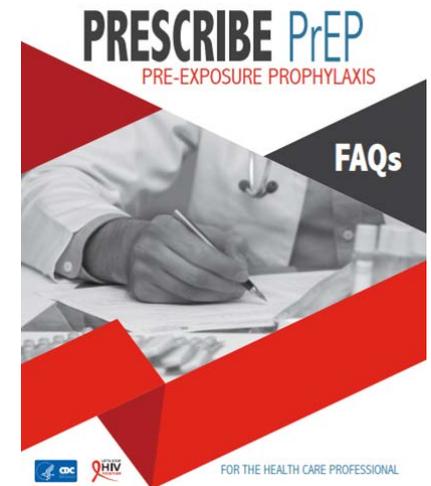
: How would you rate STAFF AWARENESS of PrEP in your agency?

1. We are very close to the optimal scenario described.
2. We are on our way to achieving the optimal scenario described.
3. We are aware of the optimal scenario and are working towards it.
4. We are beginning to work in this area.
5. We haven't done much in this area yet.

Building Our PrEP Awareness

Helpful Resource: [Prescribe Pre-Exposure Prophylaxis \(PrEP\) FAQs for the Health Care Professional](#) from the CDC includes answers questions including:

1. What is PrEP?
2. What are the guidelines for prescribing PrEP?
3. Who can prescribe PrEP?
4. To whom should I offer PrEP?
5. How is PrEP prescribed?
6. What is the evidence base for PrEP?
7. How important is adherence to PrEP?
8. Is PrEP safe?
9. Who should not be prescribed PrEP?
10. What baseline assessment is required for individuals beginning PrEP?



POLL: Which of these questions comes up most frequently in your agency?

1. What is PrEP?
2. What are the guidelines for prescribing PrEP?
3. Who can prescribe PrEP?
4. To whom should I offer PrEP?
5. How is PrEP prescribed?
6. What is the evidence base for PrEP?
7. How important is adherence to PrEP?
8. Is PrEP safe?
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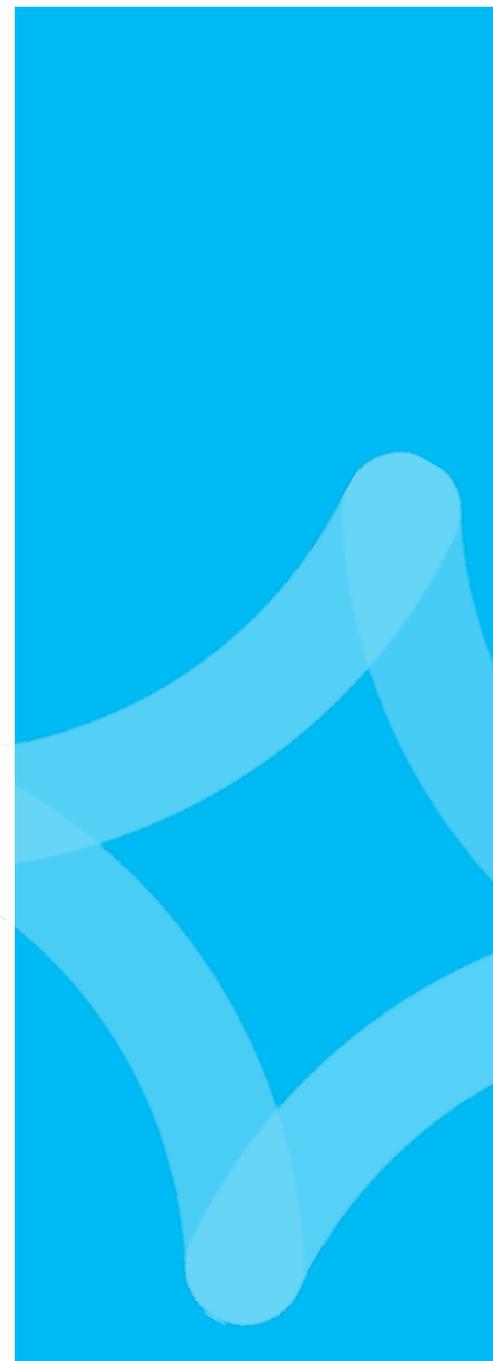
PrEP Service Awareness Best Practices



Best Practices:

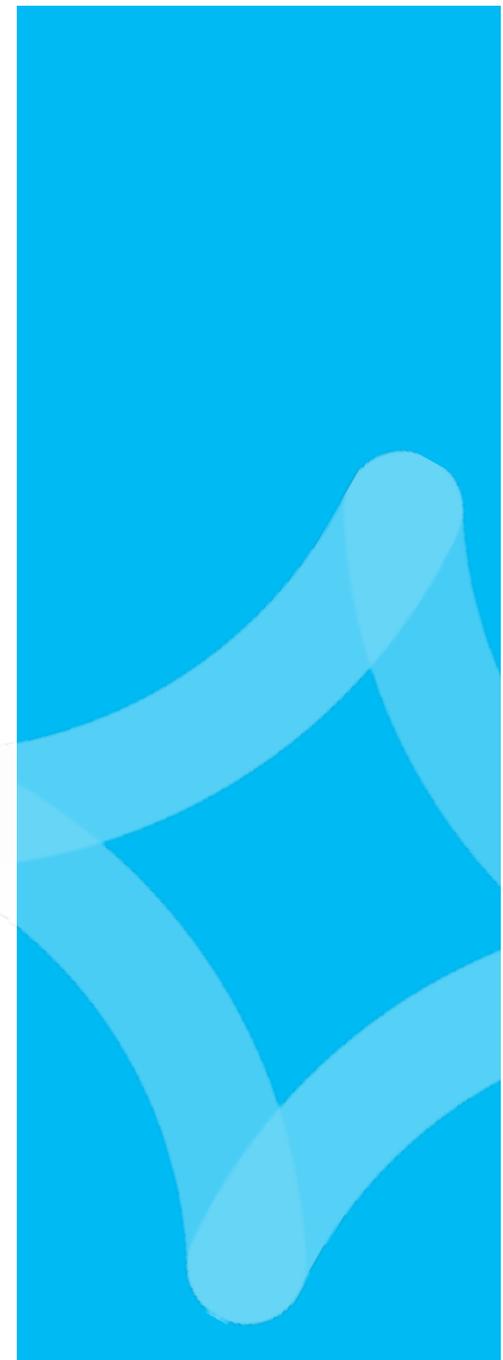
General PrEP Awareness for Staff

- PrEP can be taken by anyone who does not have HIV who is at increased risk of getting HIV from sex or injection drug use.
- There are currently two medications approved for use as PrEP:
 - Truvada® is for all people at increased risk through sex or injection drug use.
 - Descovy® is for people at increased risk through sex, except for people assigned female at birth who are at risk of getting HIV from vaginal sex.
- It is taken once a day.
- Simple and effective way of preventing HIV.
- Some experience side effects like diarrhea, nausea, headache, fatigue, and stomach pain; all usually go away over time.
- While taking PrEP, every few months the patient will be tested for HIV, STIs/STDs, and any unlikely side effects.



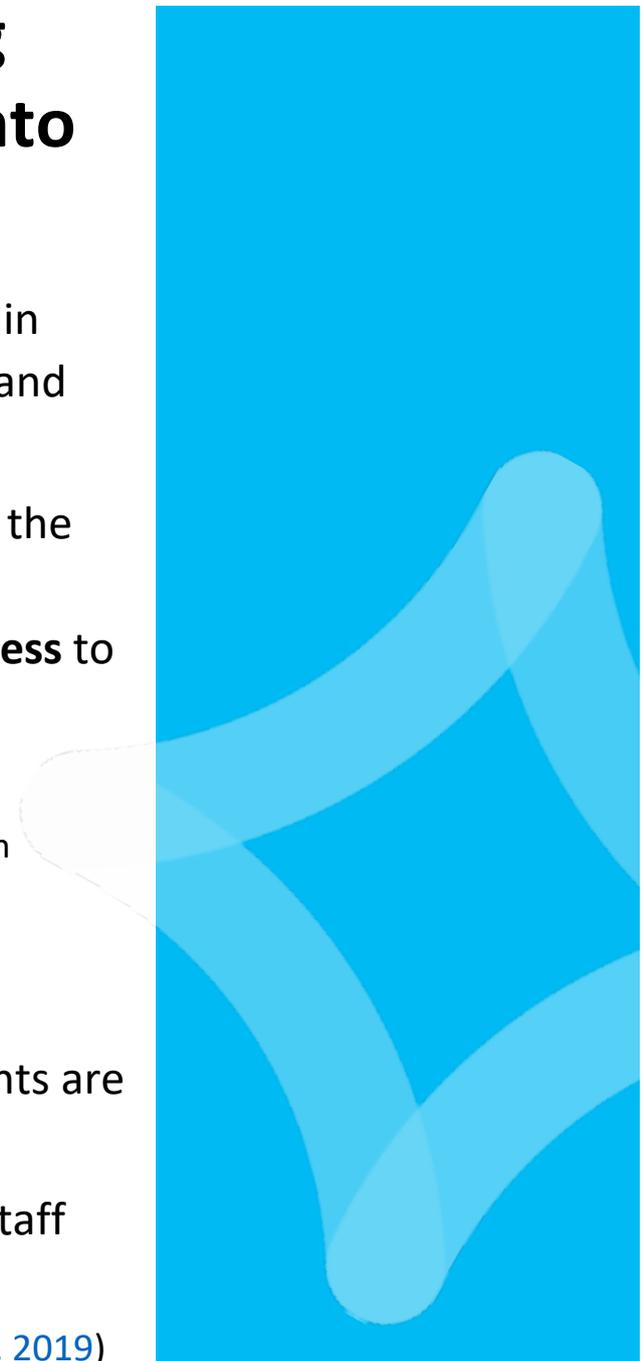
Best Practices: Know Who is Indicated for PrEP

- The groups most frequently associated with benefiting or being prescribed PrEP include MSM, PWID, transgender individuals who have sex with men.
However...
- CDC [recommends](#) **expanding the criteria** to include sexually active adults and adolescents (over 75 lbs) who have had anal or vaginal sex in the past 6 months **AND** have an HIV positive partner (particularly with unknown or detectable viral load) **OR** bacterial resistant STI **OR** history of inconsistent or no condom use with sexual partner(s).
- **Helpful resource:** CDC's [Is PrEP Right for me?](#) page



Best Practice: Sexual health screening and education should be routinized into care

- Those doing sexual health screening should be trained in initiating **nonjudgmental sexual health conversations** and recognizing discriminatory behaviors. ([Maksut, 2017](#))
- Provider initiated conversations with patients in which the provider asks about sexual-related behaviors and the patient's sexual orientation are linked with **greater access** to sexual health services, PrEP awareness, and greater willingness to take PrEP.
 - **Example:** One study documented a positive association between disclosing same sex behaviors to healthcare providers and PrEP awareness among BMSM. ([Yang, 2019](#))
- Having **standardized sexual history templates** assists providers in doing assessments to identify which patients are at highest risk for HIV acquisition.
- Those doing sexual health screening and any support staff should ensure there is **enough time structured into appointment slots** to have these discussions. ([Chandran, 2019](#))



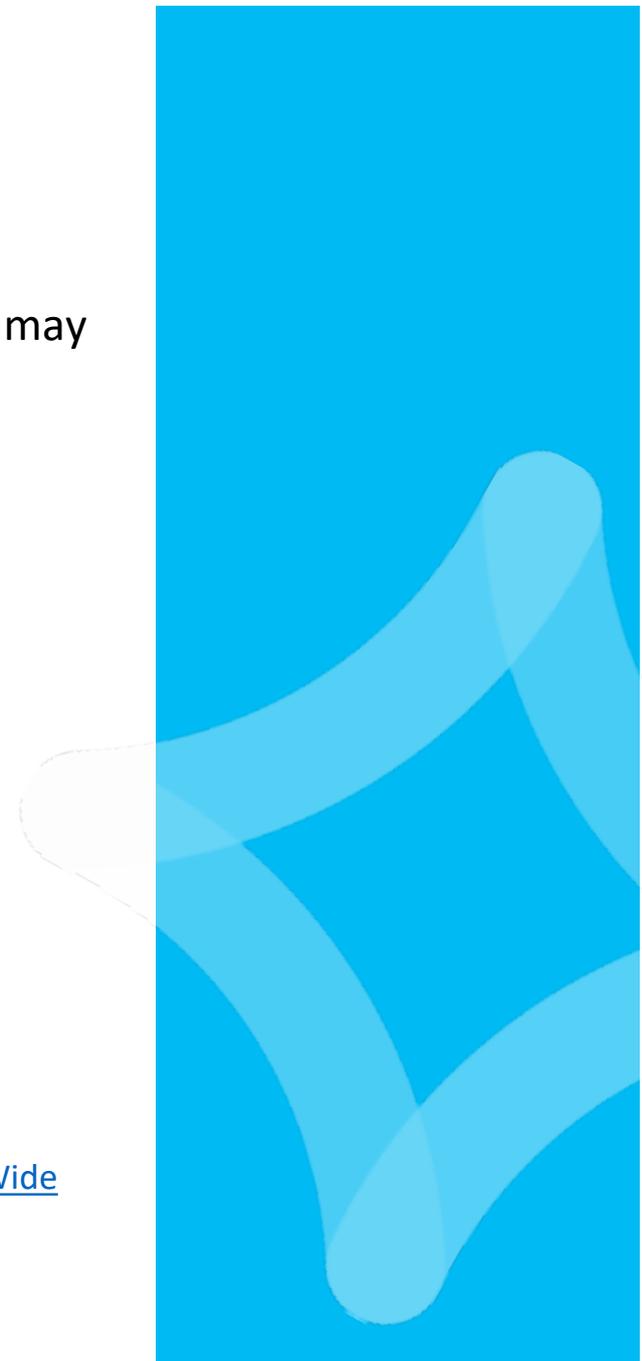
Best Practices: Sexual Health Care Screening cont.

Factors to identify in the sexual health care screening that may relate to increased risk of acquiring HIV:

- Sexual orientation
- Number of partners, number of HIV-positive partners, number of anonymous partners
- History of transactional sex
- Instances of condomless receptive anal intercourse, instances of condomless insertive anal intercourse
- Use of amphetamines, use of poppers over the past 6 months, intravenous drug use
- History of sexually transmitted infections
- History of violence from a partner

Resource:

Sample sexual history: [Taking Routine Histories of Sexual Health: A System-Wide Approach for Health Centers](#)



POLL: Do you have routinized sexual health screening that assists in identifying patients who may benefit from PrEP?

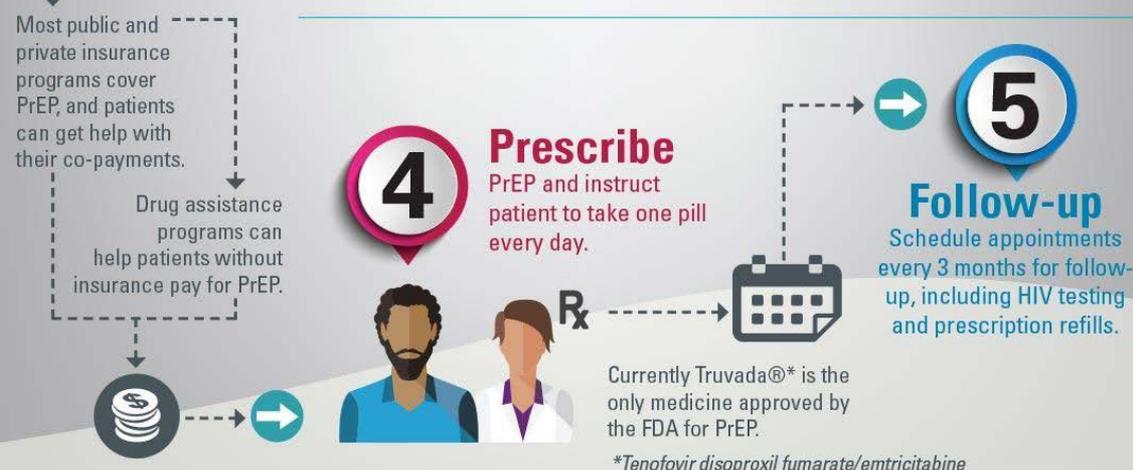
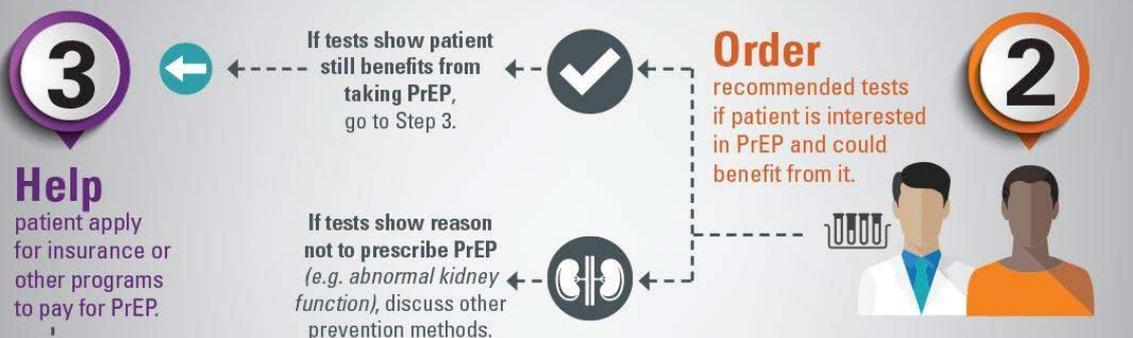
1. No, we rely on other information, such as positive STI screens.
2. No, though we do once when a client asks for PrEP.
3. Yes, though we only do it in our department or in the sexual health clinic.
4. Yes, sexual history screenings are done broadly throughout our agency.

Best Practices: Increasing Internal Awareness of PrEP Services

- **Any licensed prescriber can prescribe PrEP.** Specialization in infectious diseases or HIV medicine is *not required*. In fact, primary care providers who routinely see people at risk for HIV acquisition should consider offering PrEP to all eligible patients.
- Previous research has found that **primary care providers (PCP) do not feel comfortable prescribing PrEP**, which may be exacerbated for PWID who often face stigma within health care settings. ([Roth, 2018](#))
- Greater efforts are also needed to **educate and prescribe PrEP in non-traditional settings** such as STD clinics and drug treatment facilities. ([Roth, 2018](#))



Any prescribing health care provider can deliver PrEP care.



A Process for Providing PrEP

[Harford County Health Department PrEP Program Resource Binder \(pg.8\)](#)

Best Practices: Prescribing Requirements

Agency staff should be aware of testing to be done and results received prior to prescribing PrEP.

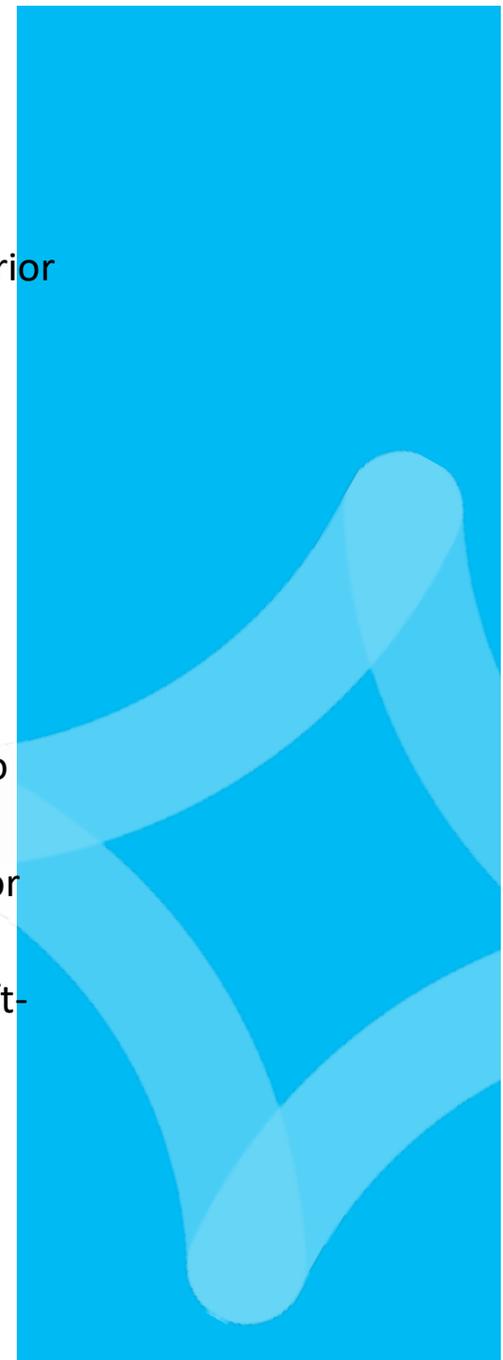
In order to begin PrEP, clients should have:

- Documented negative HIV test (as recent as possible, less than 2 wks)
- No signs/ symptoms of acute HIV infection
- Normal renal function
- No contraindicated medications.

Baseline assessments to evaluate these:

- **HIV testing** which can be accomplished by (1) blood draw then sent to laboratory for testing or (2) performing a rapid, point-of-care FDA-approved fingerstick blood test. Oral rapid tests should not be used for this purpose as they can be less sensitive than blood tests.
- **Renal Function:** Renal function should be assessed using the Cockcroft-Gault formula and the clients' serum creatinine value to calculate an estimated creatinine clearance (eCrCl).
- **Hepatitis B Serology**

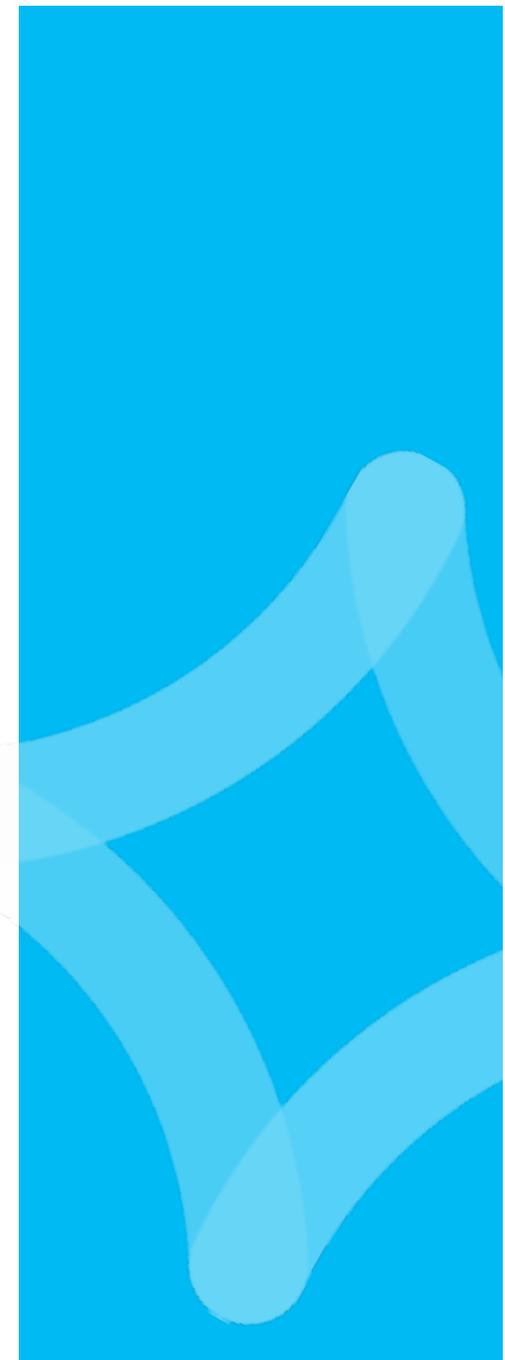
Resources: **1.** [Prescribe Pre-Exposure Prophylaxis \(PrEP\) FAQs for the Health Care Professional](#) from the CDC; **2.** CDC's [HIV Prevention PrEP page](#)



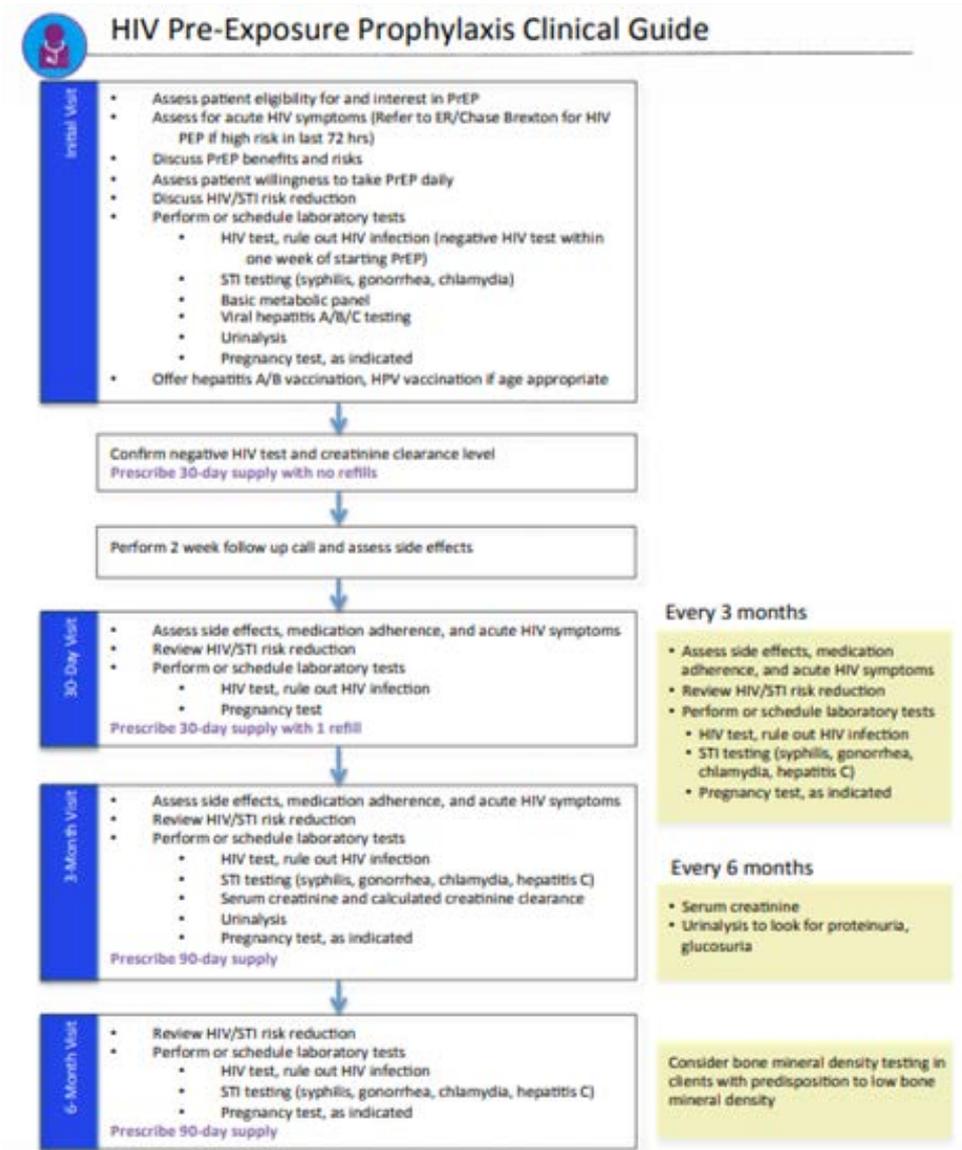
Best Practices: Ongoing Assessment for PrEP Patients

Prescribe PrEP as part of a combination prevention plan. At minimum while patients are on PrEP, CDC guidelines recommend:

Timing	Provide the following services
At 3 months after PrEP initiation:	<ul style="list-style-type: none">• Test for HIV• Measure serum creatinine and estimate creatinine clearance• Provide medication adherence and behavioral risk reduction support. Additionally, for... ...MSM: screen for bacterial STIs; ...Women with reproductive potential: test for pregnancy; and ...PWID: Assess access to sterile needles/syringes and to drug treatment services.
Every 3 months after first 3-mo f/u:	<ul style="list-style-type: none">• Test for HIV• Provide medication adherence and behavioral risk reduction support. Additionally, for... ...MSM: screen for bacterial STIs; ...Women with reproductive potential: test for pregnancy; and ...PWID: Assess access to sterile needles/syringes and to drug treatment services.
Every 6 months after first 3-mo f/u:	<ul style="list-style-type: none">• Measure serum creatinine and estimate creatinine clearance• For all sexually active patients: Screen for bacterial STIs



Sample Process



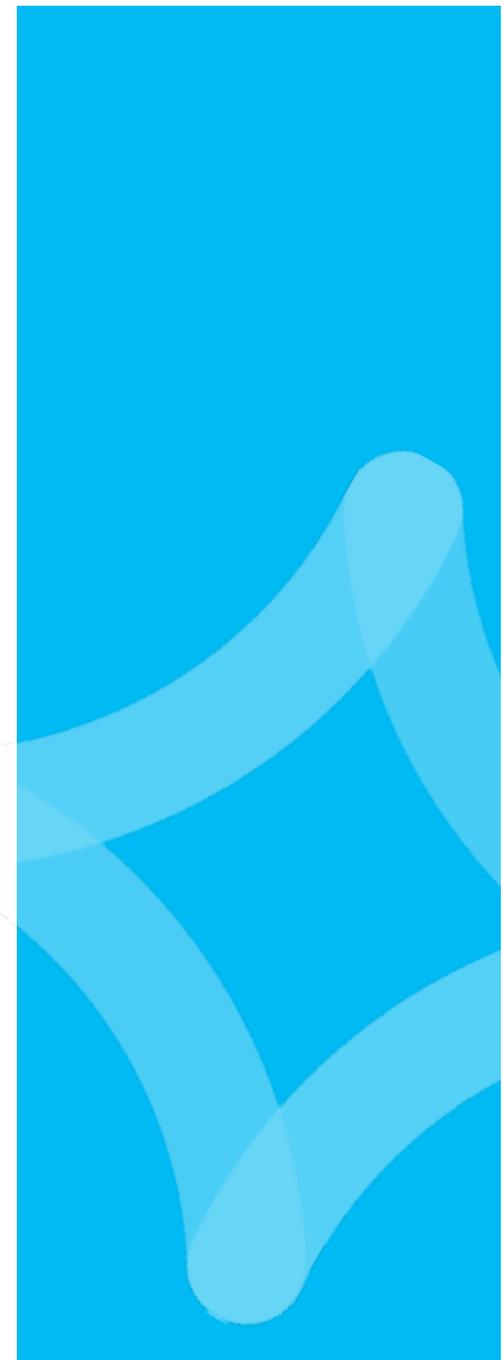
Hartford County
Health Department
PrEP Program PrEP
Resource Binder:
PrEP Clinical
Guide: pg. 24

POLL: Does your agency have formal processes for PrEP Services?

1. We have processes within our department or pod, but *not* agency-wide PrEP processes.
2. We have agency-wide processes, but not all staff are aware of those processes.
3. We have agency-wide processes, and most agency staff is aware of them.
4. Something else.

Best Practices: Communicating with Patients

- One study found that MSM who received information about PrEP in conjunction with information about other methods (either condoms, or condoms along with rectal microbicides and post-exposure prophylaxis) reported a **significantly higher likelihood of using PrEP**, compared to MSM who received information solely about PrEP. ([Underhill, 2015](#))
- Research into framing the efficacy of PrEP examined percentages, non-numerical paraphrases, efficacy ranges versus point estimates, and success- versus failure-framed messages. This research suggests that message framing may influence message credibility and overall PrEP acceptability. Among MSM educated about PrEP, **percentage-based and/ or success framed information** should be used and may influence message credibility and overall PrEP acceptability. ([Underhill, 2015](#))



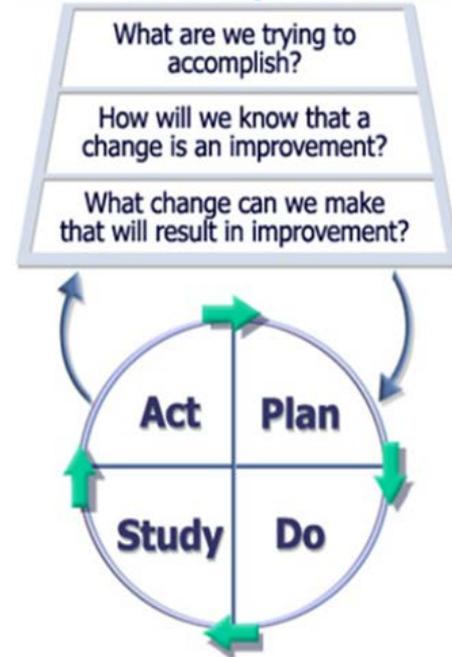
Overview of QI Approach



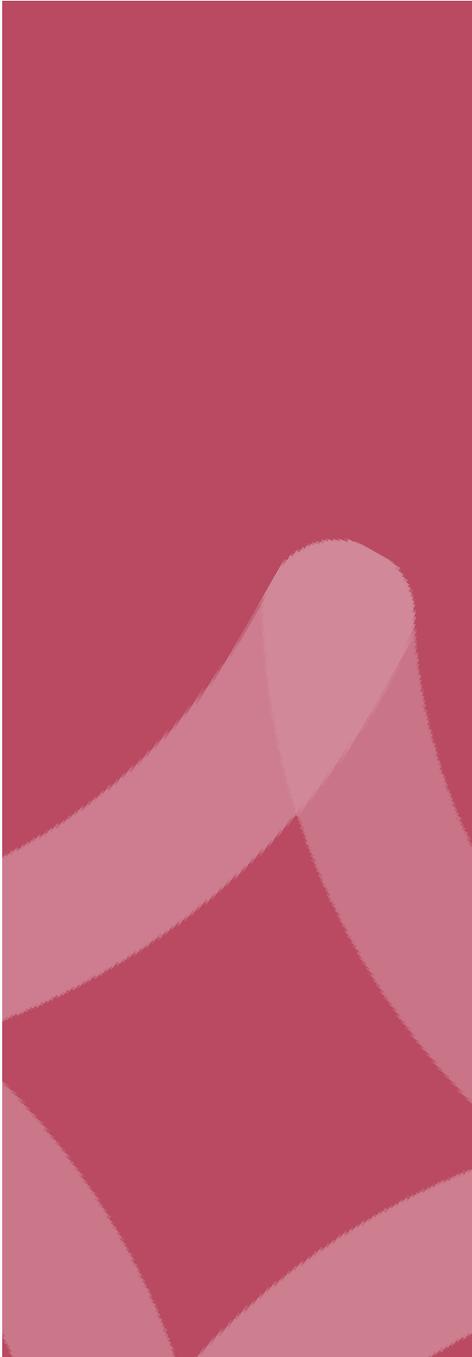
Using a QI Approach

- Process to evaluate service delivery and make a measurable improvement
 - Plan, Do, Study, Act (PDSA) Cycle
 - Plan: What is the specific problem to be addressed? What is the goal? Who are the stakeholders? What will you implement? How will you evaluate?
 - Do: Carry out the plan, document issues and observations
 - Study: Analyze the data, compare to predictions
 - Act: Determine modifications

Model for Improvement



Developed by Associates in Process Improvement



QI Principles to Keep in Mind

- Improvement is a *continual, systematic process* of evaluation, and implementation of incremental change.
- Most “problems” are found in systems and processes.
- If you can’t measure it, you can’t improve it. Collect the right data and use it to inform your work!
- Effective improvement requires input and buy-in from all team members, and ideally clients/patients.
- A process map is an important step in improvement; it can suggest appropriate targets for changes.

Possible PrEP Awareness Indicators

Indicator	Description and Awareness Considerations
# of individuals assessed for risk of acquiring HIV	<p>Total count of individuals served who were screened or assessed for risk of acquiring HIV.</p> <p>Staff Awareness needed:</p> <ul style="list-style-type: none"> • What constitutes increased risk for acquiring HIV • What the agency's screening/ assessment processes and guidelines are, as well as best practices
% assessed for HIV risk among population to be screened per facility guidelines	<p>Numerator (top number): Number of individuals assessed for risk of acquiring HIV (<i>as captured in the row above</i>)</p> <p>Denominator (bottom number): Total number of individuals served by the agency who meet agency guidelines to be screened</p> <p>Staff Awareness needed:</p> <ul style="list-style-type: none"> • What the agency's screening/ assessment processes and guidelines are
# of individuals identified as at increased risk for acquiring HIV	<p>Total count of individuals served who were 1. screened or assessed for risk of acquiring HIV (<i>as captured in the first row, above</i>) and 2. through such screening or assessment, were identified as at increased risk of acquiring HIV.</p> <p>Staff Awareness needed:</p> <ul style="list-style-type: none"> • What constitutes increased risk for acquiring HIV • What the agency's screening/ assessment processes are • Agency process for documenting increased risk of acquiring HIV

POLL: What, if any, of these indicators are you currently tracking?

1. # of individuals assessed for risk of acquiring HIV
2. % assessed for HIV risk among population to be screened per facility guidelines
3. # of individuals identified as at increased risk for acquiring HIV
4. None yet!

PrEP Service Awareness Panel Discussion



BAGLY THE BOSTON ALLIANCE OF LESBIAN GAY
BISEXUAL TRANSGENDER QUEER **YOUTH**



Building healthy communities

HOLYOKE HEALTH





Today's Panelists

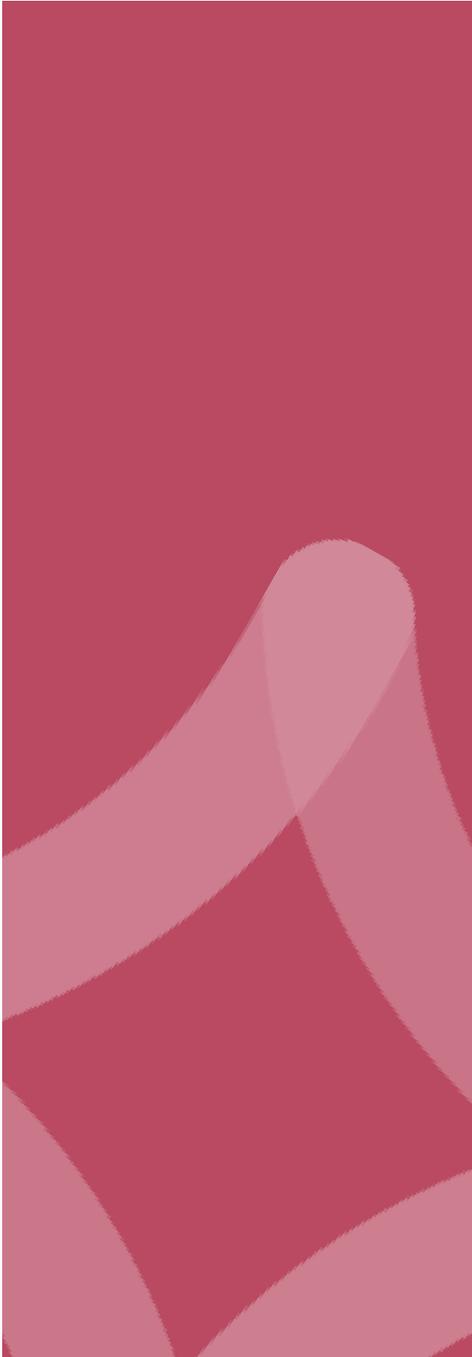
Representatives of BAGLY and Holyoke Health to share their experiences in assessing and increasing **awareness** of PrEP services within their agencies. They join us from a collaborative and a clinical agency, respectively.

**What questions do
you have for the
panelists or
presenters?**



PrEP Service Awareness Breakout Discussions





Small Group Breakout Discussions

- First, take a five minute break!
- When you return, you will be sent into a virtual breakout group with approximately 10 of peers from across the state.
 - If you get a pop-up about being sent to the breakout room, click Join or accept
- Once in the breakout room, the facilitator will introduce discussion questions and process for discussion.

Small Group Discussion





Takeaways: Please Share

*What will you **do differently** as a result of what has been discussed today?*

OR

*What is **one takeaway** that you will consider using in your agency going forward?*



Resources

- [Prescribe Pre-Exposure Prophylaxis \(PrEP\) FAQs for the Health Care Professional](#) (CDC)
- [Is PrEP Right for me?](#) (CDC)
- [Taking Routine Histories of Sexual Health: A System-Wide Approach for Health Centers](#)
- [HIV Prevention PrEP page](#) (CDC)
- PrEP Clinical Guide [Harford County Health Department PrEP Program PrEP Resource Binder](#) (pg. 8 & 24)



Next Steps

- Work with your team to share and implement your takeaways from today's session
- Determine how you can assess or measure **awareness**, and apply QI principles to improve awareness in your agency
- Join our next session focused on PrEP Access on February 10th from 3pm-5pm ET



Join the TA4SI Mailing List!

- Sign up at this [link](#) to receive periodic updates from JSI's TA4SI project, including strategies, tools, and training to support service integration for BIDLS providers across infectious disease areas (HIV, hepatitis, STIs, and latent TB) and into primary care.



Thank you for attending!

Please complete the evaluation being chatted out now.

We look forward to your feedback.