

Philadelphia EMA HIV Integrated Planning Council
PrEP Work Group of Philadelphia
Meeting Minutes
Wednesday, January 17 2018
1:00-2:30 pm
Office of HIV Planning

Present: Erica Aaron, Lenore Asbel, A. Bergman, Kathleen Brady, Lynette Boyer, Chet Carter, Meg Carter, Devon Clark, Jennie Coleman, Jullian Collen-Serrins, Caitlin Conyngham Jason Culler, Annet Davis, Marissa Felsher, Gus Grannan, Reginaco Glover Andre Guedes, Abigale Harry, Shalik Howson, Katie Huynh, Alyssa James, Cassidy Kenny, Rebecca Kevch, Gerry Keys, Kahlia King, Tamar Klaiman, Helen Koenig, Laura Martindale, Marilyn Martinez, Najia Luqman, Loretta Matus, Mudhillun MuQaribu, Nhakia Outland, Rachel Nahan, Erica Rand, John Rose, Zahira Sato, Eran Sargent, Alexis Schwartz, William Short, Clint Steib, Nicole Swinson, Meghan Swyryn, Erin Taylor, Alana Taylor, Tahira Tyler, Tatyana Woodard

Office of HIV Planning Staff: Antonio Boone, Briana Morgan, Debbie Law, Stephen Budhu

Call to Order/Introductions: C. Steib called the meeting to order at 2:13 pm. Those present then introduced themselves.

Approval of Agenda: C. Steib presented the agenda for approval. **Motion: T. Tyler moved, C. Carter seconded to approve the agenda. Motion Passed: All in favor.**

Approval of Minutes C. Steib presented the minutes for approval. **Motion: A. Guedes moved, M. MuQaribu seconded to approve the November 17, 2017 minutes. Motion Passed: All in favor.**

Report of Chair: N/A

Report of OHP Staff: B. Morgan notified the committee Dr. Brady attended the January HIPC meeting, and gave a presentation on NHBS data.

B. Morgan stated since the committee is a subcommittee under the Planning Council its required that a Planning Council member chairs the meeting. She noted for the time being C. Steib has offered to chair the meeting but she noted he is already the Prevention Committee Co-chair. C. Steib informed the committee they would have to decide on their co-chair election process and the conversation could be revisited in the upcoming meetings.

B. Morgan invited the committee to also become members of the HIV Integrated Planning Council (HIPC). She stated the Planning Council is always looking for new members, and asked G. Grannan if he was willing to share about his HIPC experience. G. Grannan shared his experiences during his HIPC membership tenure. He explained he was a member of the Prevention Committee under the HIPC as well, and stated their current focus was to make recommendations to the HIPC that will create better circumstances for people living with HIV (PLWH) and people who inject drugs (PWID).

Action Items: None

Discussion Items:

- **Review from last meeting**

C. Conyngham reminded the committee they participated in a brainstorming activity in their previous meeting. In the activity committee members were asked to break into smaller groups to answer the following 6 questions:

1. What ideas do you have to improve access to PrEP in Philadelphia including insurance and medical coverage for labs and visits?
2. What ideas do you have to improve community outreach and education around PrEP?
3. What ideas do you have to improve provider awareness, education, and prescribing PrEP?
4. What messages would you want prioritized for education around PrEP?
5. What ideas do you have to improve HIV/STI screening and testing and linkage to PrEP care in Philadelphia?
6. What ideas do you have to improve PrEP roll-out in Philadelphia?

A. Davis referenced the November meeting minutes: T. Dominique asked how does the work group fit/work with the Prevention Committee and also how is success measured. She explained the idea of the work group was novel, but she did not see how the group could succeed without set goals. C. Conyngham responded she has gathered feedback from the HIPC and Prevention Committee about what the work group should focus on. She stated the group would focus on the integrated plan goals that related to PrEP, and she added since the plan could be updated the group could work on new updates and change their agenda accordingly. A. Davis asked how the work group's work fits into the integrated plan, and what recommendations does the integrated plan make regarding PrEP. A. Davis suggested the committee should review the integrated plan and see if the scope of the work group fits in with the plan, and if not, the committee should change its direction.

C. Conyngham stated she posted the responses to the 6 questions from the last meeting. She distributed 12 Post-its to each committee member. She invited the committee members to vote by sticking their Post-its on an idea. C. Conyngham invited the committee to review the ideas from the last meeting and to cast their vote. Voting was concluded after approximately 30 minutes.

E. Aaron thanked the committee for their participation and asked the committee if they had any comments about some of the ideas that were posted or anything they wanted to discuss. M. MuQaribu stated the perception of risk was a conversation that needed to be had. He explained those who are at risk for HIV are often underrepresented, and stated more clinics that serve methadone users and sex workers were needed. He shared some of his experience with PrEP, and added many of the methadone users and sex workers do not know that they are prime candidates for PrEP. He suggested the committee should look for outreach methods that included or were tailored to PWID and sex workers. A. Davis stated from research studies, analysis shows those who have barriers to PrEP are usually those who have issues with treatment adherence. She explained people who have issues with treatment adherence in many cases were also likely to have issues with sharing their sexual history. She explained for PrEP "rollout" to be successful in Philadelphia, the committee needs to focus efforts on normalizing sex. E. Aaron asked the committee if they had any experience with handling sex normalization or handling sexual stigma in their clinical work.

A. Davis stated even though PrEP has been FDA-approved since 2012, many primary care physicians (PCP) are not knowledgeable about PrEP. She noted, if PCP do know about PrEP it's not a conversation that's frequently had with patients.

N. Outland talked about her experience as a social worker. She offered in her opinion that before medical professionals discuss anything that is related to PrEP, they must work to normalize sex. She explained

many people do not feel comfortable with their primary care physician and will not have conversations about sexual history. To help aid this relationship between patients and physicians N. Outland suggested physicians should take steps to make their patients more comfortable. She gave examples of what she does during her client sessions to make them feel comfortable and willing to discuss sexual history.

L. Asbel stated a lot of primary care physicians do not offer PrEP to their patients. She explained the physicians often deter their patients from using PrEP and push the barrier methods for safe sex like condom use. She shared her experiences with PrEP and stated her clinic does prescribe PrEP. She noted that cost is definitely a barrier, and even with the Gilead card there is a gap in coverage. E. Aaron stated the Gilead card has been increased to \$4800 per month. M. MuQaribu asked if there was a change in the price of PrEP. C. Conyngham replied, no, the price has stayed the same, but there has been administrative pressure on Gilead to raise their allowance due to the cost barriers. She explained with the past amounts people were maxing out their cards by half the year.

C. Conyngham asked the committee if they had any difficulty with their voting, or were they sure of which topics they approved of. M. MuQaribu stated he found it hard to differentiate between the categories and examples. He stated some ideas were better served as categories like social media, and some were individual examples like proper sexual history training. He added some examples were calling for recommendation and some were calling for implementation. C. Conyngham explained as the ideas were transcribed E. Aaron and she noticed there were some ideas that were entire categories. She suggested the committee could group some of their ideas into categories and discuss those categories in upcoming meetings. G. Grannan replied he felt the committee should look to broaden their horizons about the conversations. He stated the ideas were great but they lacked context. He suggested the committee should look for a single idea or similar group of ideas to focus their efforts on.

N. Luqman stated she finds it difficult to identify access to care for PrEP. She stated insurance statuses are constantly changing making access to care variable. She explained in the HIV field services are incumbent on patient access and access is not a constant. She suggested the committee focuses on improving care access and identifying the common barriers to PrEP. She stated with HIV there has been information about common barriers, but with PrEP there is little to no information. C. Conyngham replied, that's why the agenda has networking on it, its to make sure information is shared amongst the committee and then people take what they have learned and pair it with their own personal knowledge. From networking new recommendations can be made from the sharing of data. She stated E. Aaron and she realized from other PrEP groups across the United States the networking tool was used in their meetings.

C. Conyngham began to review the ideas and voting tallies with the committee. She briefly read some of the ideas and asked the committee for comment.

A. Guedes asked if conducting sexual histories was a big issue in the medical sector. K. Brady replied that in medical school there has been with issues with giving sexual history exams. She explained in many cases medical students and residents are young adults in their early 20s and are not capable of having a mature conversation about sexual history. She explained that creates a stigmatizing barrier and as well separation between physicians and their patients. G. Grannan stated he feels that providers needed to have standardized training on sexual history. He stated the training needed to be stigma free and offer examples on effective communication techniques.

N. Outland shared her experiences with asking clients their sexual history. She stated that social workers still are uncomfortable with sexuality, but they make efforts to understand and sympathize with their

clients. She explained she tries to use language that the clients will be comfortable with, and noted not all clients are comfortable with the same language, so you have to adapt your diction to the client.

In response to committee discussion, E. Aaron stated the committee could review the feasibility of certain activities. C. Conyngham stated the committee could review the integrated plan, which was previously suggested by A. Davis.

G. Grannan stated the committee needed to focus on stigma. He explained the committee must keep in mind the legal consequences of a positive HIV test in sex workers. G. Grannan shared some his experiences with sex workers.

R. Kevch stated the committee seems to be having two conversations. She stated the committee was discussing how to make your patients more comfortable, and also how to fix the primary care setting where people are not comfortable talking about PrEP. She stated from her experiences patients don't feel comfortable sharing information with their primary care physician. She explained many patients do not have a close relationship with their PCP, and she suggested the committee could explore reasons as to why. She stated this is a huge barrier to PrEP access.

A. Taylor stated she hears the discomfort people have with their PCP on a daily basis. She stated the committee should look for standardized trainings on administering sexual history. She suggested the committee could look in the university healthcare systems and see if a grand scale training was feasible. She stated it could be given to medical students who were rounding. She noted sex did need to be normalized but it's not possible for the committee to do alone.

K. King discussed that children may not share sexual information with their PCP if they are under their parents' plan. R. Kevch stated there are confidentiality blocks that can be placed on a parent's account by the child, but there is a possibility the parent would be notified. C. Conyngham stated the Affordable Care Act does limit the amount of information a parent can get about their child on their plan but the child has to be at least 18 years old, she added for children under 18 there is little protection available.

C. Conyngham continued to share group ideas, she referenced group 6's ideas from the prior meeting, and asked if anyone had experience with "brand-influencing" on social media or media outreach, and what their feelings were towards it. M. MuQaribu explained social media advertisement is many times free; he referred to people being able to post and endorse anything of their choosing. He explained the word "free is priceless" and we must never underestimate its power.

C. Conyngham reviewed more group ideas and asked if anyone had a 24hr hotline that consumers could call if they were having issues or just generalized questions. D. Clark stated at her organization, they do use a PrEP hotline, but it is not 24 hours. She explained the hotline was available during business hours, and she answers calls directly. C. Conyngham asked D. Clark what happens when someone calls after business hours or you're not at your desk. D. Clark replied when calls are received after business hours, the caller could leave a voicemail, and she returns call as soon as possible.

M. MuQaribu stated there are Facebook groups about PrEP that discuss a wide range of topics. He encouraged committee members to join the groups so discussion could be more spirited at future meetings.

C. Conyngham asked the committee if social media is good for community outreach. J. Rose replied when social media is done correctly it can be a useful tool to reach those who are out of care. M. MuQaribu added social media can also be used to maintain people in care.

N. Outland stated she doesn't understand why Club 1509 is not talked about and widely known. C. Conyngham asked N. Outland to describe what Club 1509 was for those who were unaware. N. Outland stated Club 1509 was a multi-organization program that focused on PrEP access in Philadelphia. Some of the services Club 1509 provides include:

- PrEP & all your primary care needs
- Access to health insurance
- Resumé building & employment resources
- Housing options
- Resources to advance your education, including GED help & other secondary education resources
- Free condoms & lube

E. Aaron thanked the committee for their input, and suggested the committee could do presentations at the beginning of each meeting. She stated committee members could present about current events in their field, or present information on PrEP.

Old Business: None

New Business: None

Research Updates: None

Announcements: C. Conyngham announced Gilead has increased their co pay card amounts, and to contact Gilead for more information.

C. Conyngham reiterated the committee is looking for a co-chair, and elections would take place at future meetings.

C. Conyngham reminded the committee it was important to RSVP to meetings so proper planning can be done. She thanked the staff at the Office of HIV Planning for being so accommodating.

E. Sargent stated her announcement was more of a question; she asked what the effect of the ACA dismantling would have on HIV planning. C. Conyngham replied she would look into that specifically for PrEP, but she was unsure if the HIPC has had any discussion about that. B. Morgan replied the HIPC has not yet had discussions about that, and she noted the council usually waits for the Kaiser Family Foundation Report. She stated the Kaiser Family Foundation just released a report related to the ACA on December 9, 2017, but that was before the tax law changes. She added the Office of HIV Planning will keep an eye out for any reports or documents pertaining to the changes. C. Conyngham noted the general belief in the planning community is there will be changes and the representatives would plan accordingly. E. Sargent replied she has already noticed changes in what insurance companies were offering and their plans are beginning to change. She suggested the committee should monitor this, and have discussions in future meetings.

N. Outland announced that she has her own consulting business outside of her daily 9-5. She explained the business's purpose is to consult with community organizations about how to talk about sexuality and conduct sexual history exams. She stated her business was hosting a youth fashion show at Temple University in February. She encouraged those who were interested to follow up with her after the meeting.

E. Aaron stated this still the brainstorming part of the planning process and there will be more ideas later on, based off prioritization. She thanked everyone for attending and encouraged them to attend the next meeting.

Adjournment: Meeting was adjourned by general consensus at 3:38pm.

Respectfully submitted by,

Stephen Budhu, Staff

Handouts distributed in the meeting

- Meeting Agenda
- OHP Calendar
- Meeting Minutes

DRAFT