

**HIV Integrated Planning Council
PrEP Work Group
Wednesday, May 16, 2018
2-4pm**

Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia, PA 19107

Present: Erika Aaron, Samuel Arhen, Meg Carter, Caitlyn Conyngham, Ebony Davis, Sofia Ghitman, Brittney Harrington, Rachel Lipsky, Nhakia Outland, J. Maurice Pearsall, Erica Rand, Destini Rivers, Blake Rowley, Eran Sargent, Alysia Sheaffer, William Short, Alexis Schwartz, Clint Steib, Ann Teitelman, Tahira Tyler, Jennie Vanderlaag, Courtney Weintraub

Office of HIV Planning Staff: Mari Ross-Russell, Briana Morgan, Stephen Budhu

Call to Order: C. Steib called the meeting to order at 2:10pm. Those present then introduced themselves.

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

Approval of Minutes: C. Steib presented the minutes for approval. **Motion:** M. Carter moved, N. Outland seconded to approve the minutes. **Motion Passed:** All in favor.

Report of Chair: None

Report of Staff:

B. Morgan stated the HIV Integrated Planning Council (HIPC) has created a 5-year integrated plan, in effect from 2017-2021, for the EMA. Two parts of the plan, community engagement and data access sources, were recognized as exemplary by its federal partners and at this time she wanted to congratulate the HIPC on their efforts. Copies of the integrated plan are available at www.hivphilly.org.

M. Ross-Russell notified the work group the Comprehensive Planning Committee will meet tomorrow, Thursday, May 17, 2018 from 2-4 pm and invited the work group to attend. Within the meeting the committee will discuss racial inequity and inherent bias as well as finalizing their recommendations about retention to care. M. Ross-Russell added there will be a new standing agenda item on both the HIPC and Prevention meeting agendas. The agendas will now include a "Prevention Services Update" section. This will ensure that both the HIPC and Prevention Committee are aware of the prevention initiatives within Philadelphia.

Action Items: None

Discussion Items:

- **Update from Provider meeting**

M. Carter stated the provider meeting was Monday, May 2, 2018 at 8 am. Going forward the provider meeting will meet quarterly. She outlined the meeting takeaways and listed them for the group.

- Standardizing protocols
 - EMR
 - Future meetings: Interest in creating the template together as a "room of experts"
- Teaching and training

- CHOP (Dr. Wood) has developed a curriculum of PrEP prescribing for pediatric residents
 - Half-day training to improve capacity for a clinic to provide PrEP, PEP, recognize an acute infection, take a sexual history, triple site screening
- Type 4 MOC (Maintenance of Certificate) credits (needed for re-licensing MDs)
 - Process to get a program started is intensive, but CHOP has templates and a draft for a PrEP program
 - CHOP previously had programs to increase chlamydia screenings and HPV vaccine
 - A good way to reach general practitioners or PCPs
- Policies and procedures
 - Same-day start
 - FIGHT, Einstein, Presby are doing same-day start
 - For youth, the PrEP/Prevention Coordinator will call after the first week and bring back for adherence follow-up
 - Depending on the type of 340B the clinic has, it is possible to give a starter pack to get the person started while negotiating with insurance
 - Triple site screening
 - Many primary care facilities are not doing triple screening. There are barriers with sending patients to a lab off site since the personnel may not do the sampling. One clinic met with Labcorp at one site, and they are going to accept labeled specimens that are walked over
- Boosted-PrEP
 - Most providers use PEP to start if they are concerned about acute seroconversion.
 - Protocols needed
 - Transitioning a patient from PEP to PrEP
 - Same-day start
 - Protocols need to consider resources at the sites
 - Some organizations do not have access to rapid tests, which makes same-day start difficult
 - What to do without a PrEP navigator or prevention coordinator?
 - Insurance
- Barriers
 - Confidentiality and insurance concerns for youth

B. Short stated the meeting was a success and referenced his conversation with Dr. Wood about the MOCs. He explained MOC stood for maintenance of certification and they were helpful tools to keep physicians certified for their practice. He explained physicians must get recertified every 10 years and that process includes intricate testing. MOCs allow for physicians to train and receive credit towards an MOC topic. He noted Dr. Wood had presented on PrEP and sexual history. C. Conyngham added Dr. Wood also presented on gonorrhea.

A. Teitelman stated she was surprised to learn that clients may be more comfortable with their mental health provider than their primary care provider. Recently there has been a push for psychiatrists to be aware of and to prescribe PrEP.

E. Aaron stated the goal of the meeting was to create a central process to access electronic medical records (EMR), a website would be best suited in this case. The website should have sample EMRs to help physicians identify what situations are appropriate for prescribing PrEP to their clients.

N. Outland stated recently the FDA approved PrEP use for persons 15-17 years old. She asked how providers would respond to this change and what would the potential effect be on PrEP navigators.

C. Conyngham replied due to the expanded approved age range for PrEP there will certainly be an influx of clients and possibly more prescriptions. She made note that there may still be some providers who do not feel comfortable prescribing PrEP to persons under 18.

C. Steib asked who was invited to the provider meeting. E. Aaron replied everyone who was on the PrEP mailing list was invited. C. Steib asked what training topics were discussed in the provider meeting. M. Carter mentioned there was discussion about identifying acute HIV infections and how to differentiate them from influenza. C. Steib asked if the training was more prevention-based over care-based. C. Conyngham added there was also talk of PrEP, PEP, and when they should be prescribed.

B. Rowley stated www.hishealth.org was a useful website that allows users to enroll in trainings for PrEP, linkage to care, and health assessments. The goal of “His Health” is to increase the capacity, quality and effectiveness of health care providers to screen, diagnose, link and retain black MSM in HIV clinical care. The website offers MOCs for the following: whole-health assessment, PrEP, linkage and engagement, transgender health, whole-health assessment 2.0, and PrEP 2.0. The website is a tool that can be used to teach physicians and the public.

W. Short stated often we preach HIV prevention or care to people who are already well-informed. He explained the challenge is to train individuals who aren’t well informed or to engage persons from the hard to reach population. The focus should be training physicians on how to identify acute HIV infections.

- **PrEP Monitoring and Evaluation Plan**

C. Conyngham stated this plan is based off the work group’s recommendations back in November 2017. She stated she would present a preliminary plan and gauge the group’s feedback. The plan consisted of 6 key population recommendations and C. Conyngham provided a brief overview and reviewed data associated with each recommendation. Key populations recommendations included:

1. all Philadelphians at risk for exposure to HIV (*By 2022 goal is to increase number of persons on PrEP to 5000 by 2022*)
2. transgender persons who have sex with men (TSM) (*Goal is 50% increase annually of TSM on PrEP over 5-year span*)
3. HIV-negative young men who have sex with men (*estimated from NHBS data, it is estimated only 17% of this group is on PrEP, looking for a 100% increase (34%) by 2022*)
4. HIV-negative men who have sex with men of color (*25% increase of young MSM, 13-25 years old on PrEP; estimated 50 persons, goal is to have a 50% increase of PrEP intake for yMSM by 2022. From NHBS estimates only 17% of eligible yMSM are currently on PrEP*)
5. HIV-negative men who have sex with men who use poppers/meth/benzodiazepines/crack (*no data sources yet*) C. Conyngham stated the drugs listed above were associated with higher risk of HIV in accordance with the CDC recommendations.

6. HIV-negative cis-gender women at risk for exposure to HIV. (*no data source yet*)

C. Conyngham stated the plan will be finalized and distributed to the work group upon its conclusion.

E. Aaron suggested the group should discuss ways for these recommendations to be made possible by 2022. To aid in discussion E. Aaron presented the following 4 questions:

1. Is your program currently engaging any of the key populations successfully?
2. What else needs to be done to build capacity to further engage key populations?
3. What barriers or opportunities do programs have to reach goals?
4. How can we promote collaboration across the city and share best practices?

E. Rand stated her program primarily works with HIV-positive persons; however, her organization does work with primary care providers to ensure they are prescribing PrEP. Her program offers a support system for providers who may not feel comfortable prescribing PrEP to minors. They are also working on a pilot study about HIV same-day care. E. Aaron asked if E. Rand's organization was also focusing on HIV testing. E. Rand stated her program has received grants to ensure providers are well trained on how to communicate with HIV-positive patients after an HIV test. E. Aaron asked who the target population is at E. Rands's agency. E. Rand replied the target population is yMSM.

W. Short stated the work group also needed to focus on helping HIV positive individuals to become virally-suppressed. He also mentioned it's important to discuss when PEP and PrEP are appropriate in the clinical setting. Often PrEP is discussed, and physicians are aware of it, but PEP awareness is far less. He stated at his organization the family care and OB/Gyn clinics were exceptional. From the OB/Gyn there were 2 PrEP linkages recently. He admitted his organization does struggle to reach minorities though. In HIV clinics there are primarily African American patients, while in PrEP clinics it is primarily Caucasian MSM. W. Short added his program has had 250 PrEP prescriptions. 81% of patients on PrEP are MSM, while only 22% of people on PrEP are MSM of color.

E. Aaron asked what 1509-funded organizations could do to help with these recommendations. J. Pearsall explained 1509 is a new CDC-funded program to help men & trans-persons of color access PrEP, education support, employment opportunities and housing resources. 1509 has seven funded organizations that include Bebashi, Action Wellness, Philadelphia Fight, PDPH Ambulatory Health Services, Colours, Kensington Hospital, and Mazzoni Center. Each organization has 2 navigators that link clients to social services. 1509 services that are provided include:

- PrEP and 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. Sargent stated at her organization they see primarily MSM, and over half of clients are people of color. At her organization there is a PrEP clinic that is one day a week with 2 providers for a 3-hour block. Her organization has been discussing how to increase their service capacity, so more clients can be provided care concurrently. She noted there was an average waitlist of one month before you can receive services.

N. Outland shared her experiences with her organization. She stated her organization has a low rate of referrals but those who are referred are quickly linked to care. She explained she had a deeply rooted connection with her clients and shared some anecdotes. She suggested more creative initiatives to reach the “hard-to-reach” population.

J. Pearsall stated 1509 funded agencies have been selective with their hiring; they specifically look for members of the community because they will have a connection with the population.

W. Short asked if all clinical services are funded within the 1509 grant. J. Pearsall stated patients still need to be insured. E. Sargent explained that her agency will eat the costs of service for those who are uninsured.

A. Teitelman stated at her organization they have been trying to identify women who are at risk for HIV. She explained her agency does outreach and has even used social media for outreach. She added with women there is a high perception that there is little to no risk. Also, there are not many public service campaigns marketed towards women. J. Vanderlaag stated Gilead has launched PrEP ads to women recently. She noted there have been ads in Essence, a popular women’s magazine. Also, Gilead will start both unbranded and branded tv ads nationally. The campaign will begin in the summer, and it will air nationally. The ad would be like current Harvoni and Hep-C advertisements. These ads will be used to reach populations that have not been reached before. In the past women specifically “shut down” to Truvada marketing.

T. Tyler asked what Gilead would be doing or have done using social media advertisement. A Gilead rep explained on World AIDS day 2017 there was a YouTube campaign that allowed people to click through and presented them to PrEP advertisement. There was a great rate of HIV tests based off click throughs.

C. Steib stated his organization has recently hired a PrEP navigator. His agency partnered with its outpatient clinic and works closely with its child protection clinic. His agency was successfully able to transition some patients from PEP to PrEP. His agency is working on training emergency room departments on both PrEP and PEP and has also hosted several peer-to-peer education trainings on how to screen for acute HIV and PrEP.

A. Sheaffer suggested collaboration emails should be used to help aid in discussion. Even though we introduce ourselves at the beginning of the meeting it’s difficult to remember names let alone trying to decipher someone’s email. C. Conyngham replied collaboration emails will be sent in the future.

Old Business: None

New Business: None

Announcements: A. Aaron announced the PrEP work group will meet every other month over the summer depending on work group input. Group members will be polled online to see if they prefer monthly or bi-monthly meetings in the summer. Another poll will be issued in September 2018 to see if the group wants to meet monthly or not going forward.

C. Conyngham announced recently a pilot randomized controlled trial has been published in the journal of Clinical and Epidemiological Research. The study proposes the idea of using text messaging to improve PrEP adherence. Researchers observed a 50% increase in PrEP adherence in individuals who were texted compared to those who were not.

Adjournment: Meeting adjourned by consensus at 3:35 pm.

Respectfully submitted by,
Stephen Budhu, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes
- OHP Calendar