Welcome to PrEP Group TA **Access** 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 is something **new** that you learned this week?

# PrEP Group TA Sessions

Session	Topic	Date
Session 1	**Staff Awareness** of PrEP and PrEP Services in your agency	Jan. 27 @ 3pm ET
Session 2	**Access** to PrEP for your clients	**Today!**
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
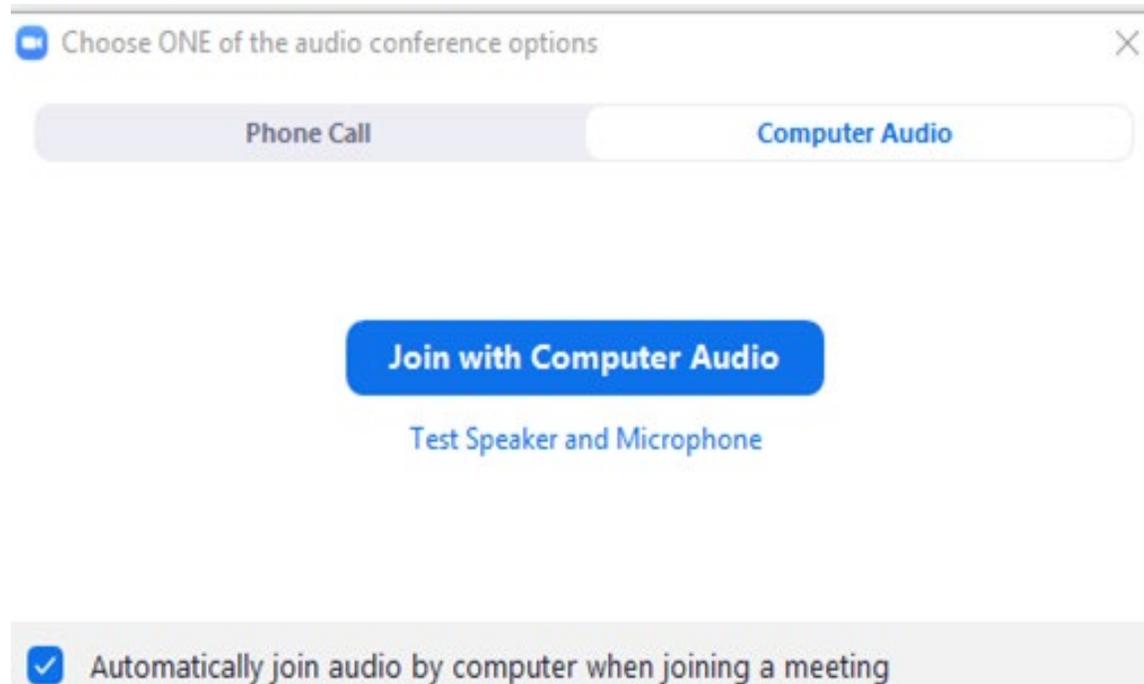
Housekeeping: Connecting by Phone, Using Video

Join by **phone**: Click **Join Audio**, **Phone Call** tab, dial the desired phone number, **Enter Meeting ID** & **Participant ID**

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

Click **Start Video** to join by webcam
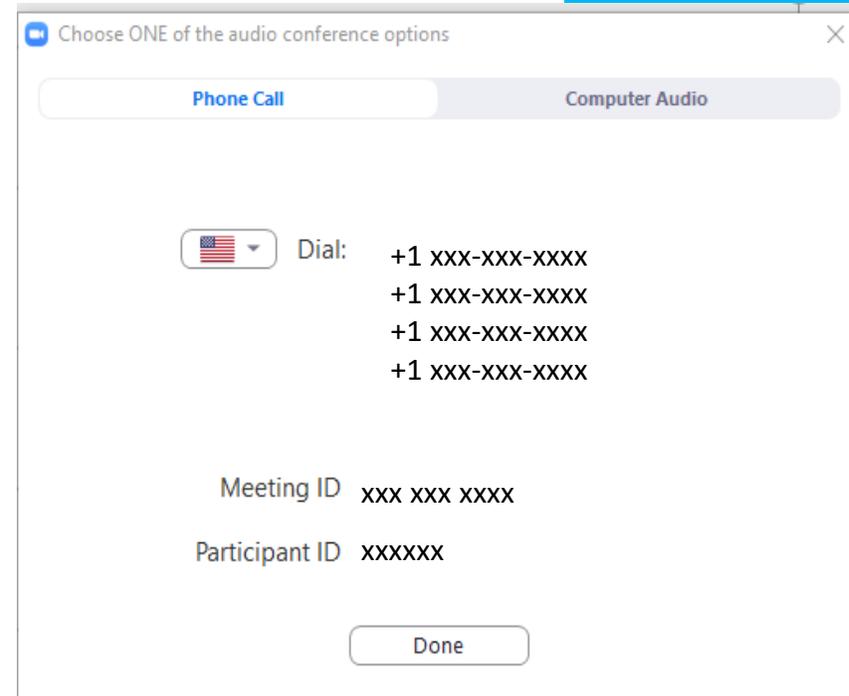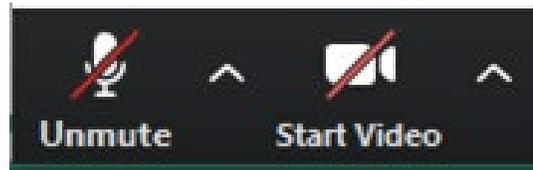
Housekeeping: How to Participate

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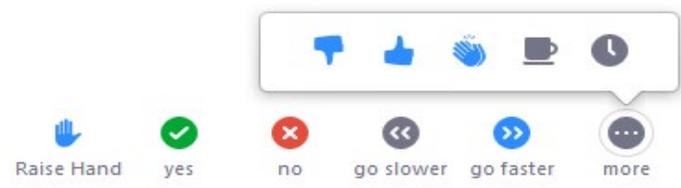
- **Need help?** Type into the Chat box!

Today's Agenda

1. Welcome and Introduction

2. Purpose of PrEP Virtual Group TA

3. PrEP **Access**

   1. Shared definition of PrEP Access

   2. Optimal PrEP Access Scenario

   3. Review of PrEP Access Best Practices

   4. Access indicators

4. PrEP Access Panel Discussion

5. Small Group Breakout Discussions

6. Wrap Up

Learning Objectives

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

- Identify one or more barriers that the organization may seek to address related to helping clients **access** PrEP.

- Identify at least one opportunity to improve **access** to PrEP by addressing barriers that clients experience.

- Identify at least one opportunity to standardize processes for capturing **access-related** data toward making improvement.

Levels of barriers to PrEP access
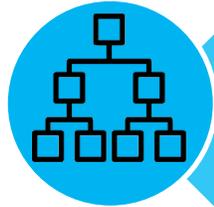
Structural Level: Residential segregation, poverty, availability of healthcare resources, and fragmentation of care[4]
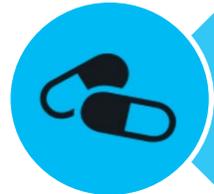
Systemic Level: Within systems of care this can be explicit (conscious) and/or implicit (unconscious) biases, stereotyping, and prejudice[3] as well as deprioritizing.

Social/ interpersonal level: Stigma, racism, discrimination[2] in interactions, particularly between providers or staff and clients.

Individual Level: Individual circumstances, beliefs, and experiences including insurance coverage, financial resources, medical mistrust, transportation[1] Also, language, literacy

[1] Mehrit Tekeste et al., "Differences in Medical Mistrust Between Black and White Women: Implications for Patient–Provider Communication About PrEP," AIDS and Behavior 23, no. 7 (July 2019): 1737–48, https://doi.org/10.1007/s10461-018-2283-2.

[2] Ochukwu Ezennia, Angelica Geter, and Dawn K. Smith, "The PrEP Care Continuum and Black Men Who Have Sex with Men: A Scoping Review of Published Data on Awareness, Uptake, Adherence, and Retention in PrEP Care," AIDS and Behavior 23, no. 10 (October 2019): 2654–73, https://doi.org/10.1007/s10461-019-02641-2.

[3] Tekeste, "Differences in Medical Mistrust"

[4] Tekeste, "Differences in Medical Mistrust"

Optimal Scenario: Access to PrEP

Agency has **comprehensive approaches to identifying** and **addressing** barriers to **PrEP access**. Some common barriers include:

1. Financial struggles such as lack of insurance coverage or absence of payment assistance for all needed services including appointments, labs, and prescriptions

2. Stigma and medical mistrust

3. Availability of support services (e.g., transportation)

4. Other critical social needs or competing priorities

5. Availability of prescribers
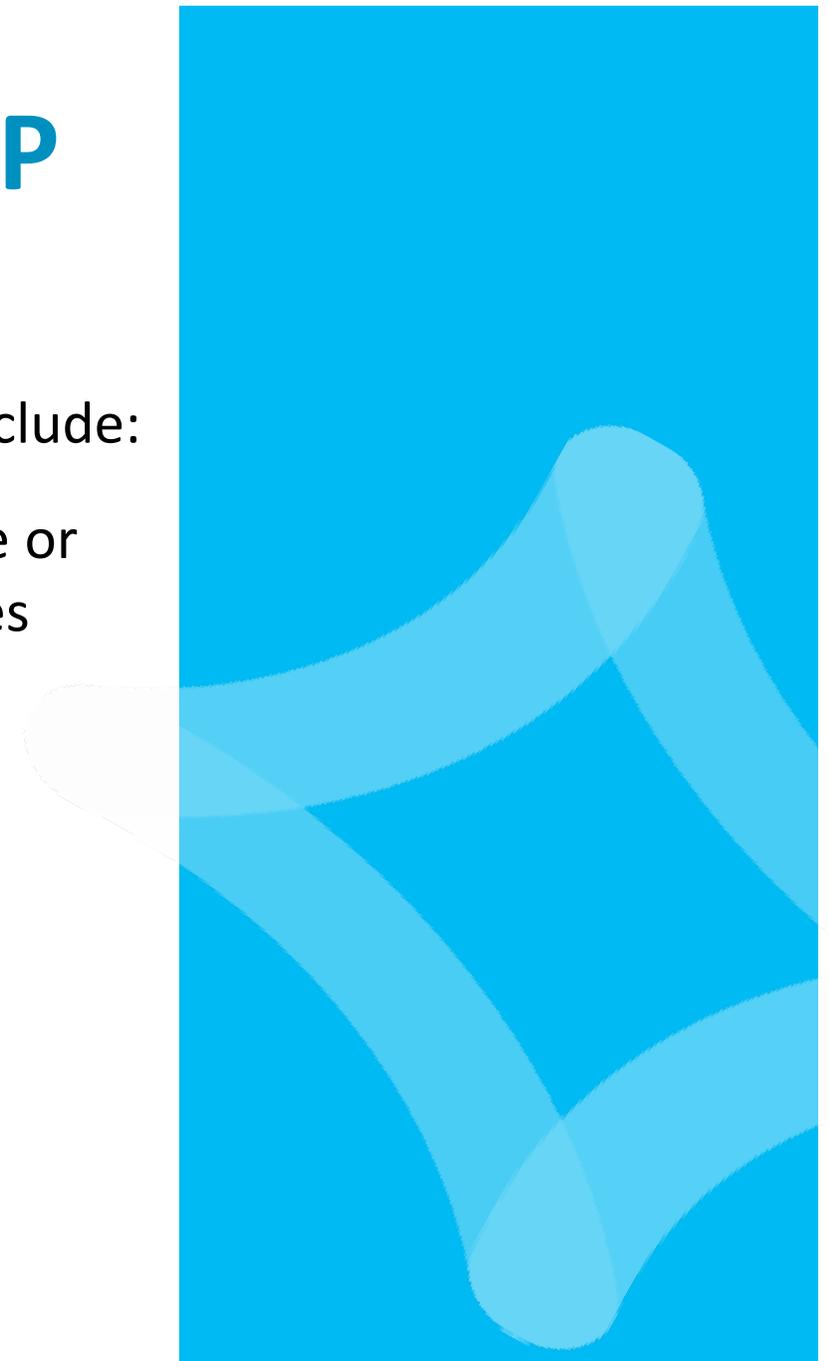
POLL: Where do you see the biggest opportunity for addressing access barriers to PrEP in your agency?

1. Financial barriers, such as insurance and payment assistance

2. Stigma and medical mistrust

3. Availability of support services (e.g., transportation)

4. Other critical social needs and competing priorities

5. Availability of prescribers

Access Best Practice

Address financial barriers such as insurance coverage or payment assistance *for <u>all needed services</u> including appointments, labs, and prescriptions*

- Tell your clients about financial assistance that is available to them, including assistance in signing up for comprehensive health insurance.

- Work with navigators, eligibility, or other staff to assist clients in need of full insurance coverage or assistance with copays required for PrEP related services - PrEP DAP.

- Demystify how to access PrEP prescriptions and cost assistance programs, as well as related confidentiality laws - PATCH act.

At minimum while patients are on PrEP, CDC guidelines recommend:

	3 mo	every 3 mo	every 6 mo
PrEP Initiation	HIV test Measure serum Support Services MSM - STI test Women - Pregnancy PWID - Sterile works & Treatment access	HIV test Support Services MSM - STI test Women - Pregnancy PWID - Sterile works & Treatment access	Measure serum STI test
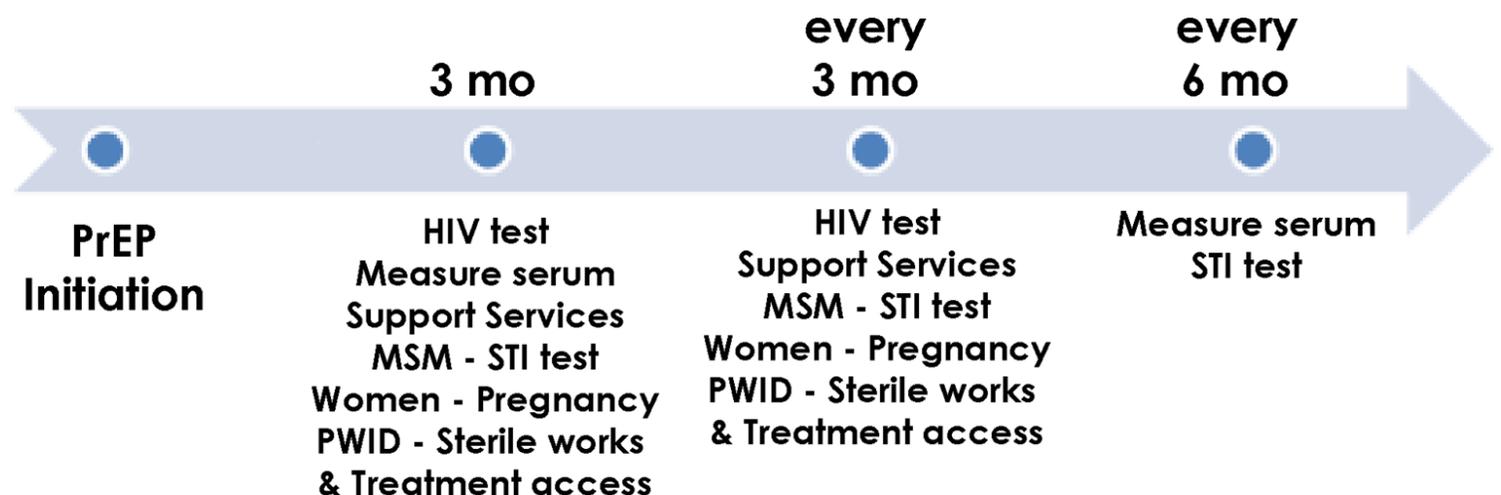
Best practices: Address financial barriers such as insurance coverage or payment assistance

For all needed services including appointments, labs, and prescriptions

- Client and Patient experience is important as well:

  - "When I first started PrEP the doctor told me, I had to have insurance. At that time, I did have insurance, but when I switched jobs, I lost that insurance and it took a while to get it back. And when I went back to talk to her again, she said it was free now, so, but I never got up to talk to her again about restarting it."

Takeaway: When addressing financial barriers to access, it's important to have a <u>plan for continuity</u> or <u>anticipate change</u> in needs. Be clear that it's not only for people who are insured!

[5] David P Serota et al., "Lack of Health Insurance Is Associated with Delays in PrEP Initiation among Young Black Men Who Have Sex with Men in Atlanta, US: A Longitudinal Cohort Study," Journal of the International AIDS Society 22, no. 10 (October 2019), https://doi.org/10.1002/jia2.25399.
[6] Marisa Felsher et al., "'I Don't Need PrEP Right Now': A Qualitative Exploration of the Barriers to PrEP Care Engagement Through the Application of the Health Belief Model," *AIDS Education and Prevention* 30, no. 5 (October 2018): 369–81, https://doi.org/10.1521/aeap.2018.30.5.369.
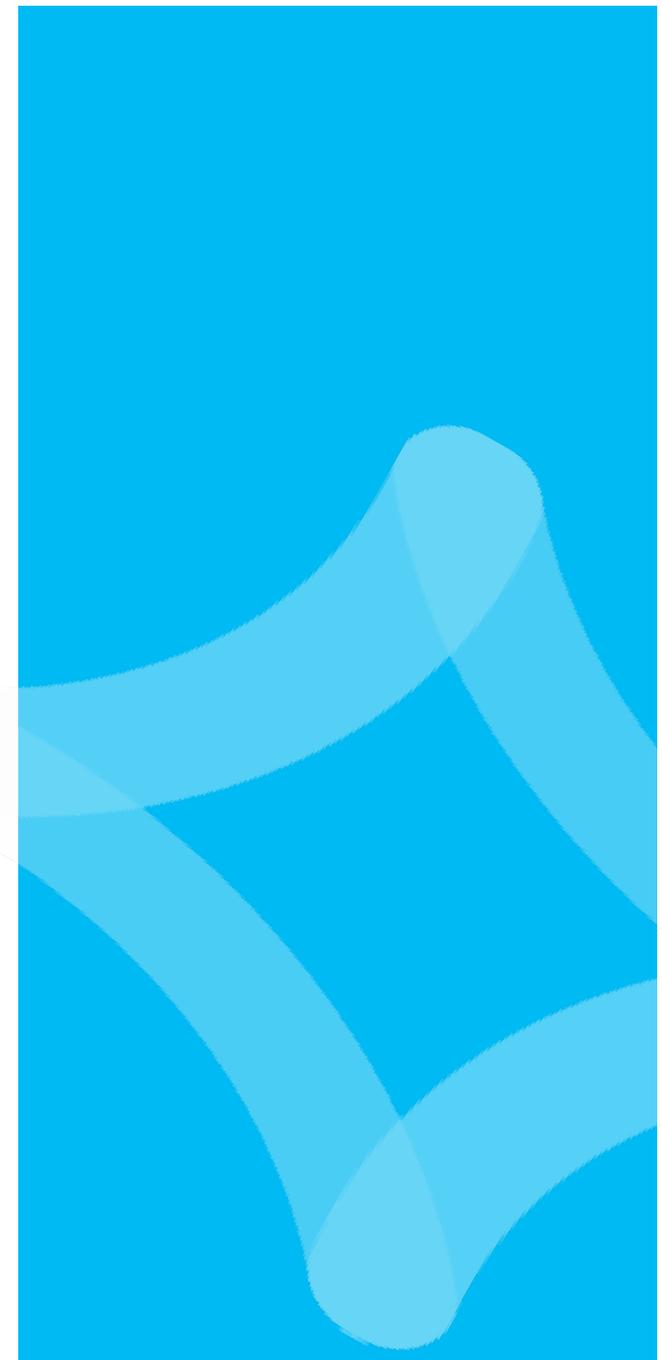
POLL: How are you addressing insurance related or other financial barriers for your clients?

1. Comprehensive insurance eligibility and enrollment support within the agency

2. Navigation services that can connect clients to insurance or community financial supports

3. PrEP DAP; Ready, Set, PrEP; or other PrEP-specific coverage program

4. Something else

5. Nothing yet!

Access Best Practice

Address Stigma and Medical Mistrust

Stigma is a result of messages that…

1. …distinguish people
2. …categorize them as a separate group
3. …blame them for being categorized in the separate group; *and*
4. …associate the stigmatized group with dangerous or undesirable outcomes.

The power dynamic in stigmatization is reinforced when one group *with more power* negatively labels a group with less power, thereby linking it to damaging stereotypes.

Medical mistrust is a result of historical medical mistreatment and marginalization, and is comparatively high in communities of color and among LTBT+ people.

Source: Grimm, J., & Schwartz, J. (2018). "It's Like Birth Control for HIV": Communication and Stigma for Gay Men on PrEP. Journal of Homosexuality, 66(9), 1179–1197. https://doi.org/10.1080/00918369.2018.1495978

Best practices: Address stigma and medical mistrust

All Agency staff should be trained in cultural competency and humility, which should…

- …Improve **providers comfort level with initiating conversations about PrEP** with patients, and tailoring these conversations to address specific factors that may impact the patient's decision to initiate PrEP

- …Instruct providers on how to **explain <u>why</u> they are asking certain questions** about behaviors that, so that patients do not perceive the questions as offensive or stigmatizing

- …Educate providers on **strong communication skills and building organizational health literacy** to help to cultivate a trusting patient–provider relationship

- …Be created with input from patients

Sources:
Katherine Quinn et al., "'A Gay Man and a Doctor Are Just like, a Recipe for Destruction': How Racism and Homonegativity in Healthcare Settings Influence PrEP Uptake Among Young Black MSM," AIDS and Behavior 23, no. 7 (July 2019): 1951–63, https://doi.org/10.1007/s10461-018-2375-z. Tekeste, "Differences in Medical Mistrust"
Sean Cahill et al., "Stigma, Medical Mistrust, and Perceived Racism May Affect PrEP Awareness and Uptake in Black Compared to White Gay and Bisexual Men in Jackson, Mississippi and Boston, Massachusetts," AIDS Care 29, no. 11 (November 2, 2017): 1351–58, https://doi.org/10.1080/09540121.2017.1300633
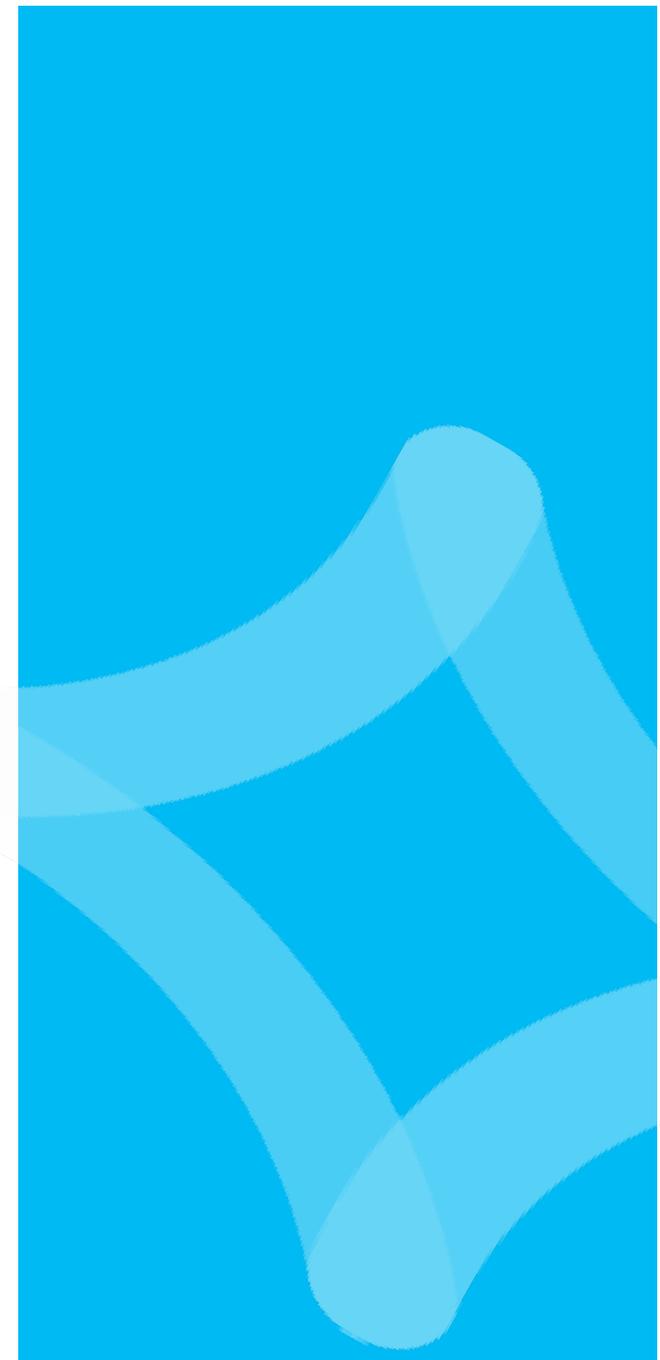
Best practices: Stigma and medical mistrust cont.

Appear non-judgemental

Avoid communication perceived as lecturing

Value peer-type relationships with patients/ clients

Inquire about client's/ patient's personal life

Source: LJosh Grimm and Joseph Schwartz, "It's Like Birth Control for HIV': Communication and Stigma for Gay Men on PrEP," Journal of Homosexuality 66, no. 9 (July 29, 2019): 1179–97, https://doi.org/10.1080/00918369.2018.1495978.
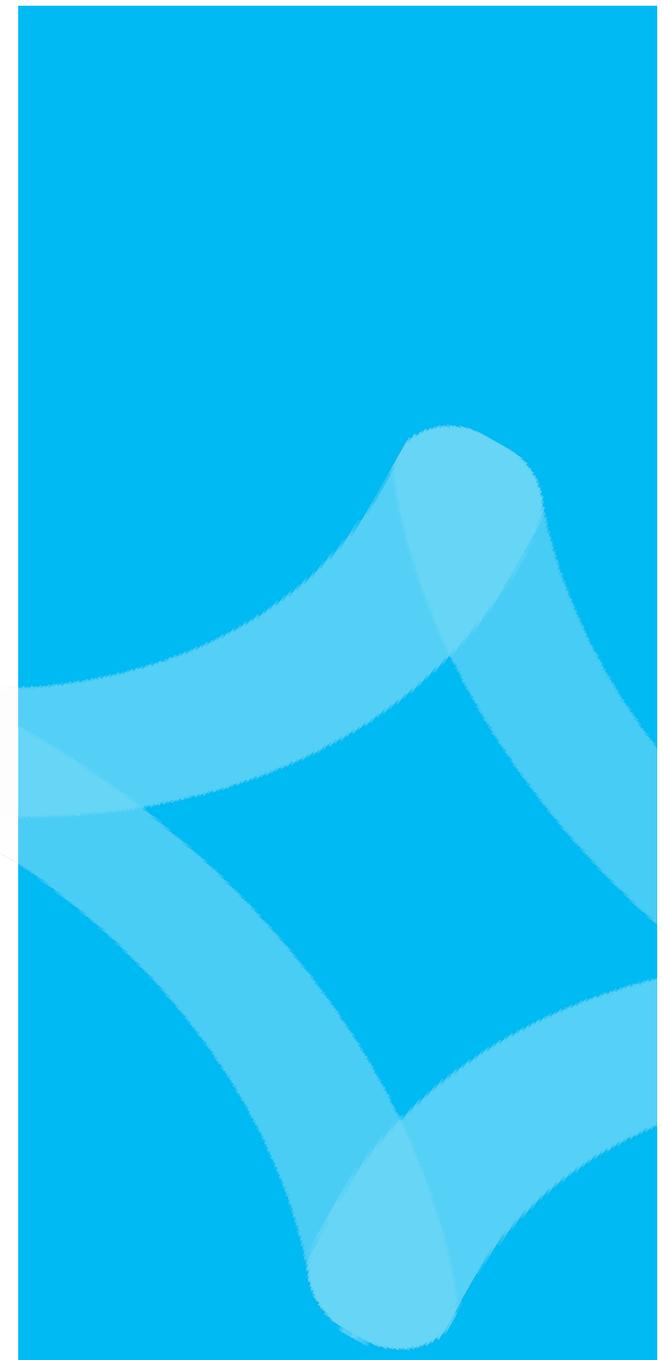
Best practices: Stigma and medical mistrust cont.

Sexual health care screening and education should be routinized into patient care, **regardless of one's race or sexual identity**, so that individual clients do not feel singled out or stigmatized

Takeaway: In addition to increasing cultural humility and competency across the agency, offering PrEP hotlines where a client can call and reach a PrEP navigator who is non-judgmental and familiar with PrEP can increase access to stigma-free PrEP information.

Source: Quinn, "'A Gay Man and a Doctor"
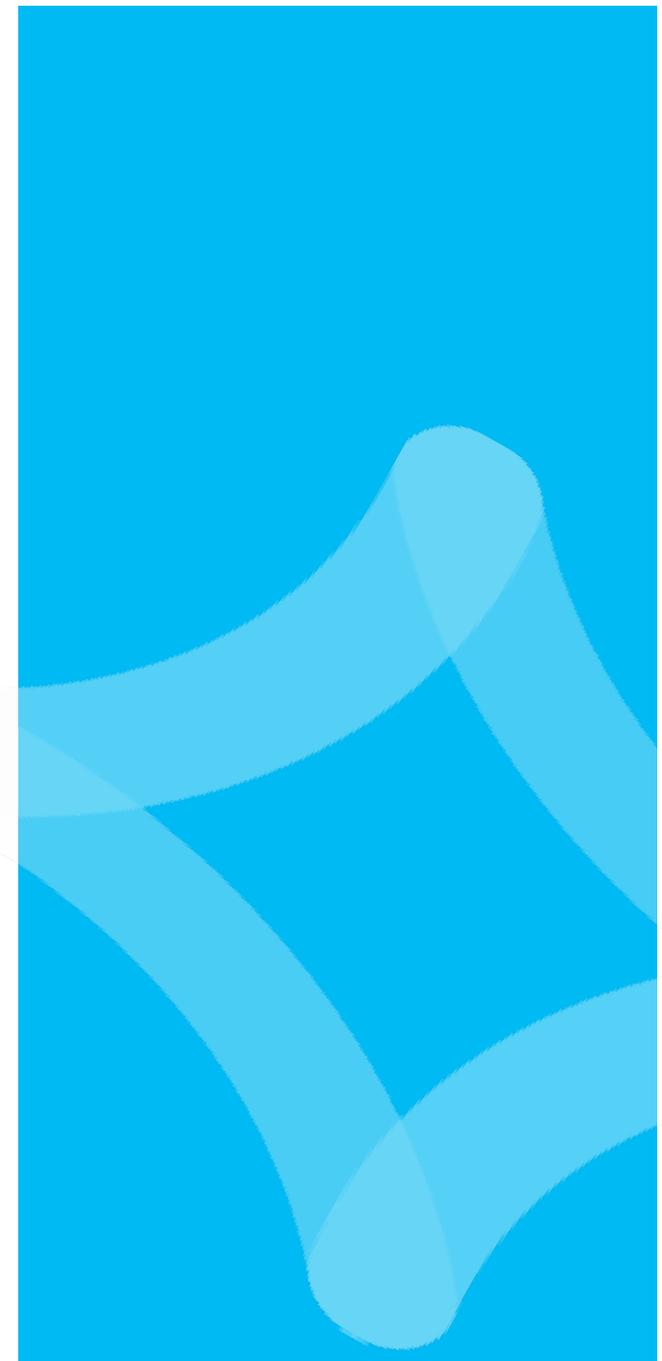
Poll: How does your agency minimize stigmatization and increase cultural humility?

- A CHW or navigator trained in culturally appropriate HIV-prevention or sexual health works with client

- Embedding HIV screening and prevention services into primary or other routine care

- Regular cultural humility trainings for providers/ staff

- Standing agenda item in staff meeting

- Informal discussions

- Something else

- Nothing yet!

Access
Best Practices

Address social needs and provide supportive services

Sources: Brinkley-Rubenstein, L. (2018). Knowledge, interest, and anticipated barriers. PLoS One. https://doi.org/10.1371/hournal.pone.0205593

Best practices:
Address Social Needs

- All clients should be regularly screened for social needs or social determinants of health.
  - Clients should be screened for challenges related to securing food, clothing or housing; getting health care; securing medications, paying rent; seeing a doctor, exposure to violence.
  - A standardized screener should be used.
- When clients are facing barriers to social needs, they are often forced to prioritize those needs over engaging in preventative health services (like PrEP).
- A Patient Navigator should be identified to address SDoH and assist with care management. The patient navigator can counsel patients on PrEP, help patients get access to PrEP, assist with financial barriers, and assist in setting up appointments and insurance.
  - This could be a partnership between PrEP navigator and case manager.
  - Assistance getting and attending appointments is of particular importance for access to PrEP for clients with complex social needs.

Sources:
Janet J. Myers et al., "Adherence to PrEP Among Young Men Who Have Sex With Men Participating in a Sexual Health Services Demonstration Project in Alameda County, California:," JAIDS Journal of Acquired Immune Deficiency Syndromes 81, no. 4 (August 2019): 406–13, https://doi.org/10.1097/QAI.0000000000002051.
Felsher, "I Don't Need PrEP Right Now"
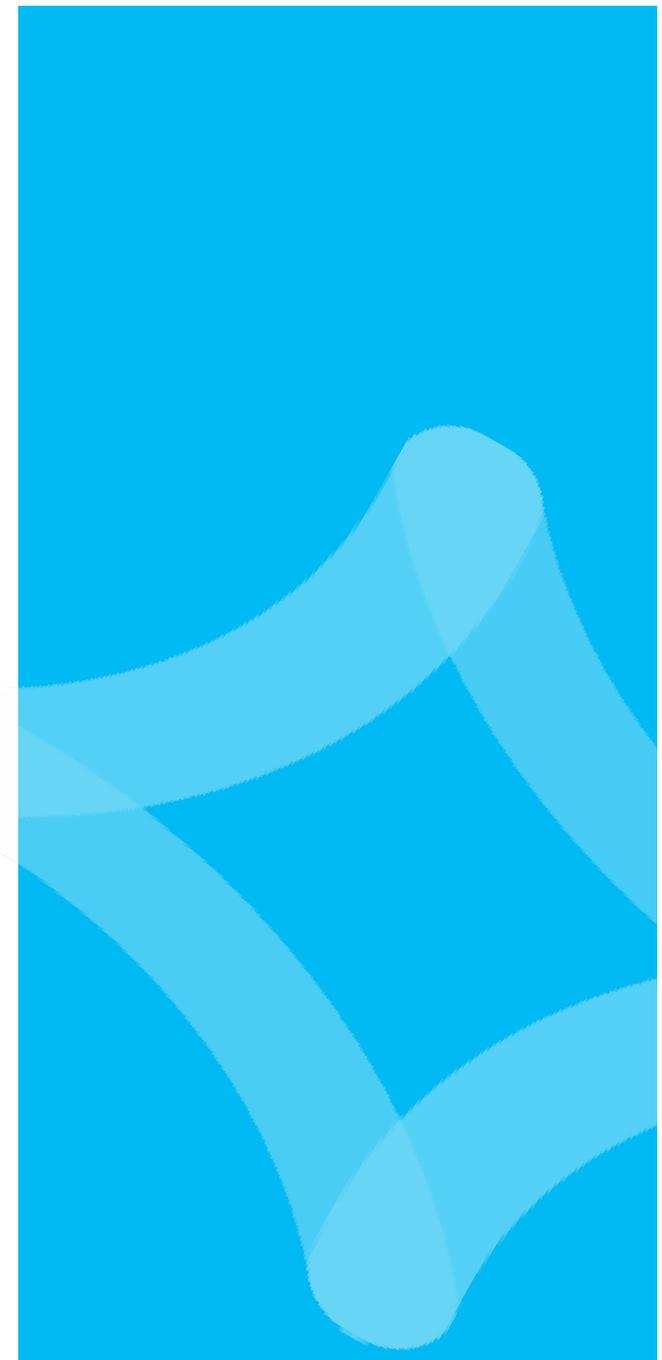
Best practices: Address Social Needs

- Resources such as **cab vouchers and subway passes** can be provided to clients to address transportation as barrier.

- **Telehealth for PrEP** to address transportation barriers, lack of child care, and/ or the need for paid time off.

- **Technology supports and guidance may be needed, particularly for telehealth.** Navigators or others can assist clients with access to or using technology prior to connecting with the provider virtually. Tips and best practices can be shared if/when a virtual appointment is set up.

Source:
Brooke G. Rogers et al., "Development of Telemedicine Infrastructure at an LGBTQ+ Clinic to Support HIV Prevention and Care in Response to COVID-19, Providence, RI," AIDS and Behavior, April 29, 2020, s10461-020-02895–1, https://doi.org/10.1007/s10461-020-02895-1.roger .
Kenneth Mayer and Julian Dormitzer, "PrEP in the Time of COVID-19" (NEATC Webinar, The Fenway Institute, April 16, 2020), https://www.youtube.com/watch?v=hlRMVB0vBcg&feature=youtu.be.
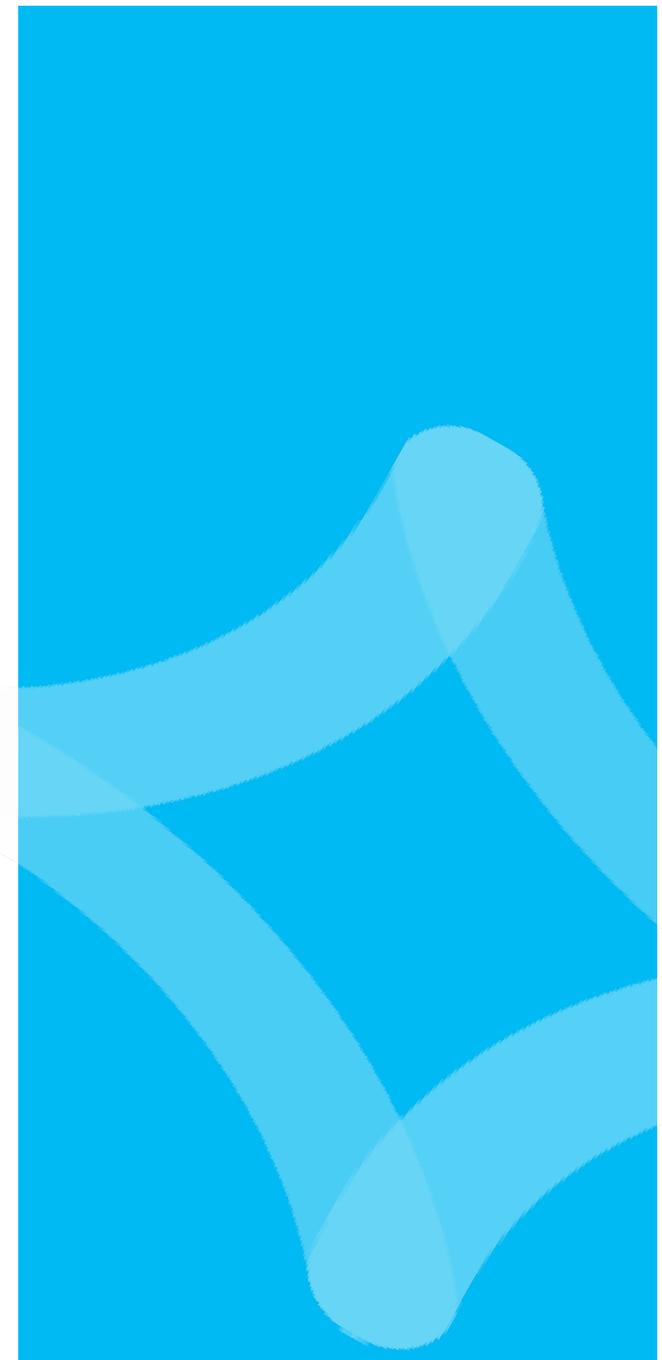
Best practices: Availability of prescribers

- The absence of conveniently located care facilities or available providers leads to decreased engagement in HIV care

- Lack of routine care is a barrier to building trusted relationships with health care providers. Clients often see different providers at every appointment, which makes care seem impersonal, and makes them less likely to disclose sexual orientation

  - "Seeing a new physician at every visit meant that, if they were to disclose their sexual orientation, they would be 'coming out' over and over again and face the stress and risks associated with disclosure at every visit, as they anticipated homonegativity and mistreatment."

Takeaways:

Increasing access to on-site prescribers or providers with dedicated available appointments, as well as same day PrEP

Using telehealth for PrEP or remote services can facilitate increased access.

Sources:
Ezennia, "The PrEP Care Continuum"
Quinn, "'A Gay Man and a Doctor"
Felsher, "I Don't Need PrEP Right Now"
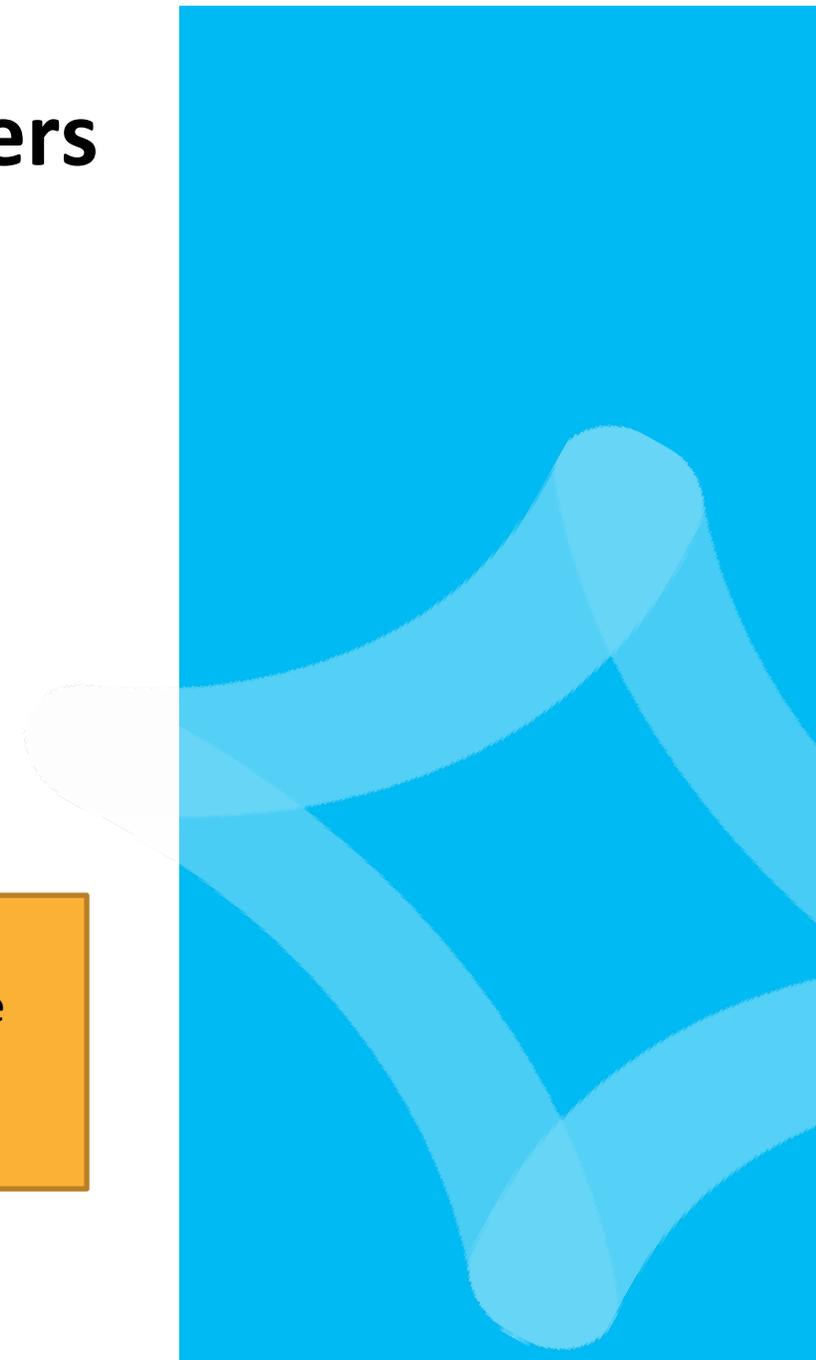
POLL: Is your agency using telehealth for clients access to PrEP prescribers?

- **Yes**, our prescribers offer telePrEP or our clinical partner offers telePrEP.
- **Yes**, we offer PrEP via telehealth through a 3rd party organization (such as a commercial company).
- **Not yet**, but we recognize the need for telehealth to increase access.
- **No**, we do not use telehealth for PrEP prescribing.

Reminder of QI Approach

Using a QI Approach

- Process to evaluate service delivery and make a measurable improvement

- Plan, Do, Study, Act (PDSA) Cycle
  - <u>Plan</u>: What is the specific problem to be addressed? What is the goal? Who are the stakeholders? What will you implement? How will you evaluate?
  - <u>Do</u>: Carry out the plan, document issues and observations
  - <u>Study</u>: Analyze the data, compare to predictions
  - <u>Act</u>: Determine modifications

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act Plan

Study Do
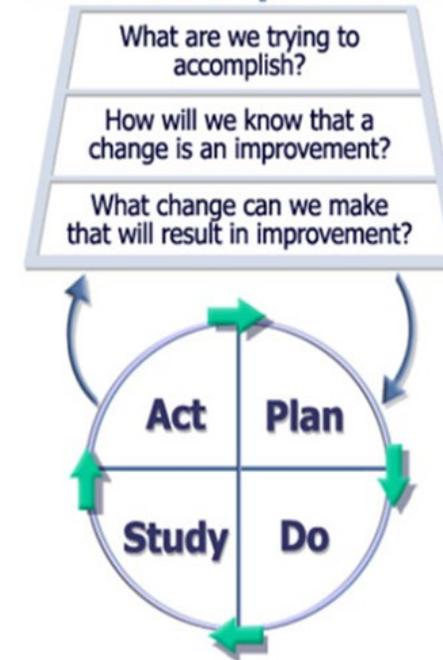
Developed by Associates in Process Improvement

Possible Access to PrEP Indicators

Indicator	Description and Awareness Considerations
#/ % of clients assessed for social needs	• Total count of patients screened or assessed for social needs or social determinants of health • Percent of clients assesses for social needs or social determinants of health: Numerator: Total count of patients screened or assessed for social needs or social determinants of health; Denominator: Total patients served.
# clients who were referred for or who received navigation assistance	Total count of individuals who were <u>referred</u> for navigation assistance OR total count of patients who <u>received</u> navigation assistance. <u>Access Process Required</u>: • Formal referral process for navigation • Formal tracking process for PrEP Navigation
% of Clients who have a PrEP navigation start date	Percent of clients who have a PrEP navigation start date: Numerator (top number): # of clients who have PrEP navigation start date; Denominator (bottom number): # Clients referred for PrEP navigation <u>Access Process Required</u>: • Formal referral process for navigation • Formal tracking process for PrEP Navigation
# Baseline laboratory tests conducted (e.g., creatinine, hepatitis B, hepatitis C, etc.)	Total number of individuals who received baseline lab testing (increase in numbers indicating increased access)
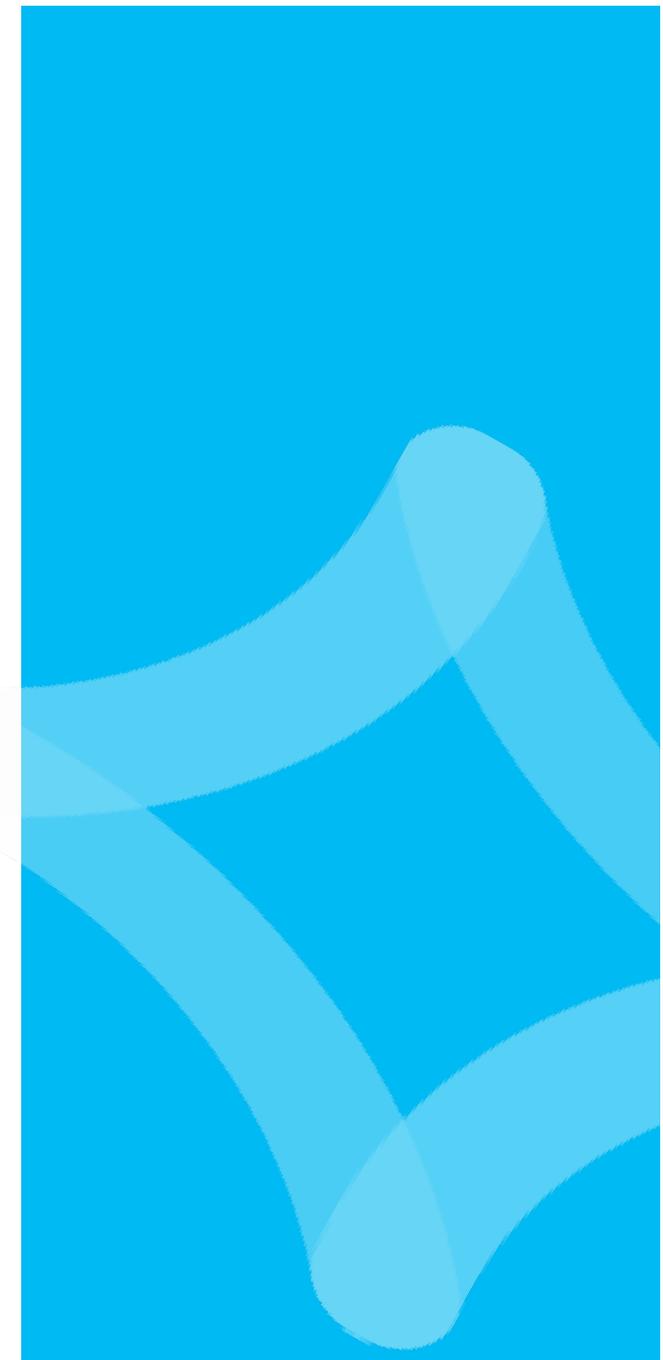
POLL: What, if any, of these indicators are you currently tracking?

1. **#/ % of clients assessed for social needs**
2. # clients who were referred for or who received navigation assistance
3. % of Clients who have a PrEP navigation start date
4. # Baseline laboratory tests conducted (e.g., creatinine, hepatitis B, hepatitis C, etc.)
5. None yet!

Today's Panelists

Representatives of Codman Square Health Center and MAPS join us to share their experiences in assessing and increasing **access** to PrEP services.

What questions do you have for the panelists or presenters?

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.
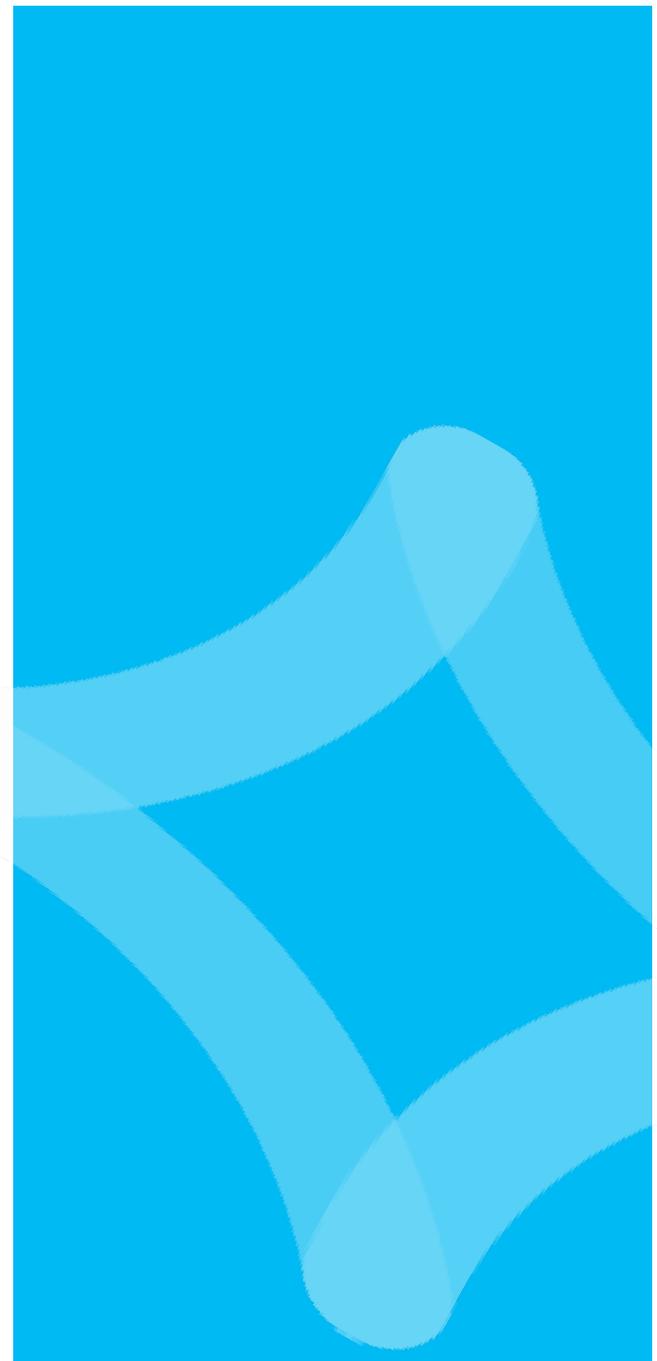
Small Group Discussion

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 **access**, and apply QI principles to improve **access** in your agency

- Join our next session focused on PrEP uptake and utilization on **February 24th 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.