Welcome to PrEP Group TA PrEP Adherence and Retention 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?
- If you had a talk show, who would your first guest be?



PrEP Adherence and Retention in PrEP Care

March 10, 2021

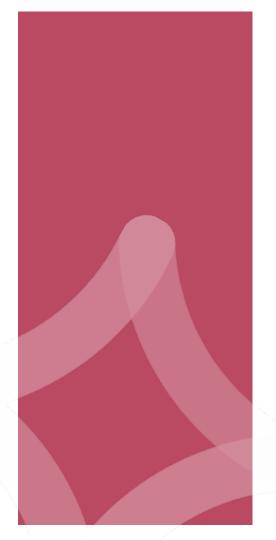


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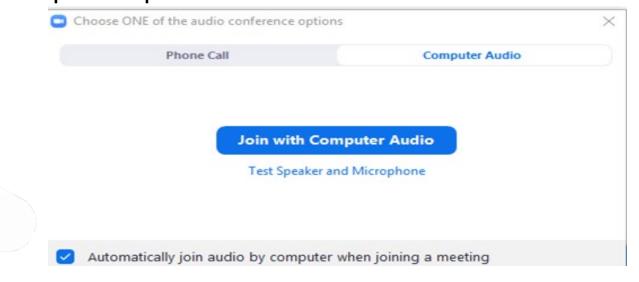
PrEP Group TA Sessions

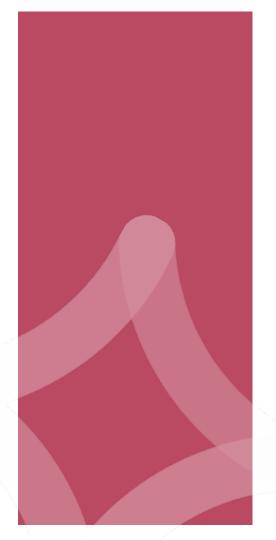
| Session | Topic | Date |
|-----------|--|------------------|
| Session 1 | Staff Awareness of PrEP | Jan. 27 @ 3pm ET |
| Session 2 | Access to PrEP for your clients | Feb. 10 @ 3pm ET |
| Session 3 | Initiation of PrEP among clients indicated | Feb. 24 @ 3pm ET |
| Session 4 | PrEP Adherence and Retention in PrEP Care | TODAY! |



Housekeeping: How to Connect to Audio by Computer

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

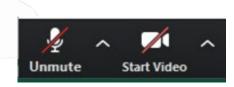




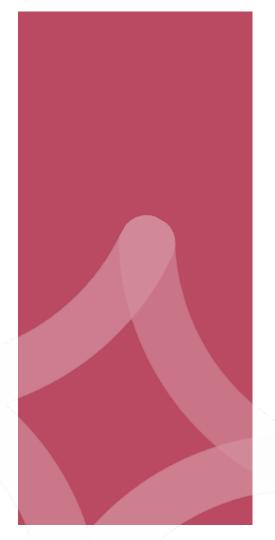
Housekeeping: Connecting by Phone, Using Video

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

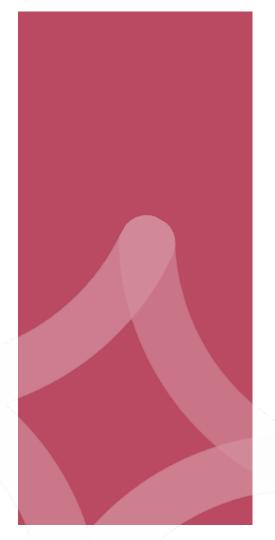
Chat: Click the Chat icon to open the Chat panel

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!





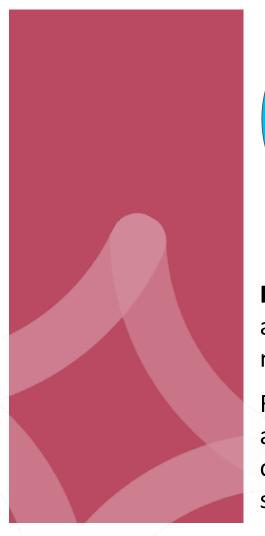
Today's Agenda

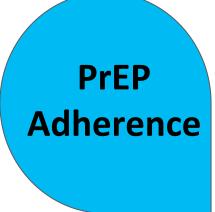
- 1. Welcome and Introduction
- 2. Purpose of PrEP Virtual Group TA
- 3. PrEP Adherence and Retention
 - 1. Shared definition of PrEP Adherence and Retention
 - 2. Optimal PrEP Adherence and Retention Scenario
 - B. Review of PrEP Adherence and Retention Best Practices
 - 4. PrEP Adherence and Retention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

Learning Objectives

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

- Define adherence to PrEP and retention in PrEP Care
- Describe the evidence-based best practices for supporting PrEP adherence and retention in PrEP Care
- Identify at least one opportunity to strengthen supports
 for PrEP adherence and retention in PrEP care
- Identify at least one opportunity to standardize process
 for monitoring PrEP adherence and retention in PrEP care



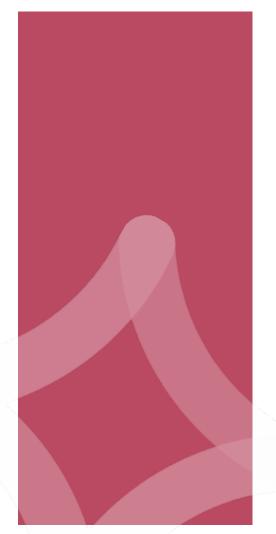


PrEP Adherence refers to supporting clients in consistently taking PrEP medication in order to maintain protective levels of the drug in the body.

Retention in PrEP care is defined as attending ongoing visits/ check ins as needed for continuation of PrEP.

Regular follow-up visits allow providers to assess ongoing HIV risk and suitability of continuing PrEP, as well ongoing adherence support and counseling.

Retention in PrEP Care



Optimal Scenario:PrEP Adherence + Retention in PrEP Care

Agency consistently and uniformly checks in at regular intervals with clients using PrEP to:

- identify any barrier(s) to adherence
- address identified barriers in a tailored and comprehensive manner
- schedule appropriate follow-up appointments
 (in-person or telehealth) and labs

Where is your agency compared to the optimal scenario discussed?

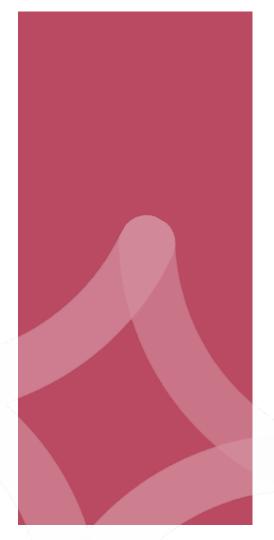
Level 5: We are very close to the optimal scenario.

Level 4: We are on our way to achieving the optimal scenario.

Level 3: We are aware of the optimal scenario and are working towards it.

Level 2: We are beginning to work in this area.

Level 1: We haven't done much in this area yet.



What impacts PrEP Adherence + Retention?

- Young people have lower medication adherence generally
- Financial and insurance obstacles.
- Dosing schedules that don't work for people's lives
- Difficulty in accessing health care at all
- Misinformation about HIV risk
- Lack of access to culturally sensitive/ competent providers
- HIV-related stigma
- Stigma around PrEP specifically
- Concern over potential side effects or interactions
- Lack of sexual agency or agency over sexual health

Sources: Myers, J. et al. (2019). 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(4), 406–413. Cahill, S. et al. (2019). "Some of us, we don't know where we're going to be tomorrow." Contextual factors affecting PrEP use and adherence among a diverse sample of transgender women in San Francisco. AIDS Care, 1–9; Tekeste, M., et al. (2018). Differences in Medical Mistrust Between Black and White Women: Implications for Patient–Provider Communication About PrEP. AIDS and Behavior, 23(7), 1737–1748.



How People Experience This in Their Lives



"...we've heard from women for many years that they want HIV prevention methods that are discreet and can fit into their lives." Some face social barriers such as keeping medication bottles out of sight of partners/ family who may suspect that it's for HIV treatment or have concerns about her taking control of her sexual health. Source

One female participant cited that she would likely only benefit from PrEP if she were injecting drugs again, but that if she were using drugs, she would likely not think to take her medication. <u>Source</u>



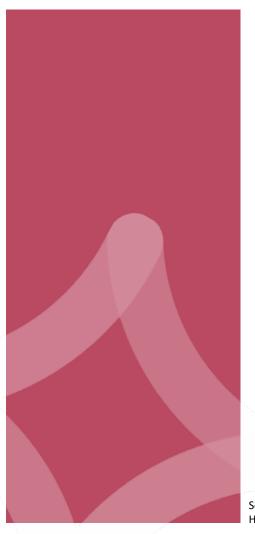


Youth who perceived themselves to be at greater risk of HIV were more likely to believe they couldn't afford PrEP. PrEP confidentiality and cost barriers are of particular concern for adolescents, many of whom may depend on parents for health insurance and financial resources. *Source*

"Oh, the biggest challenge, when people see that I'm on PrEP, they automatically try to say I have HIV or AIDS." <u>Source</u>



Tailoring Adherence And Retention Strategies to the Specific Needs of Clients



Best Practice: Young Adult Clients of Color Experiencing Homelessness

The following were rated as very/extremely important for PrEP adherence:

- access to free PrEP, free HIV testing, free healthcare
- one-on-one counseling

text messaging support
Source: Santa Maria, D. et al. (2019). Knowledge and Attendes About Pre-Exposure Prophylaxis Among Young Adults Experiencing
Homelessness in Seven U.S. Cities, Journal of Adolescent Health, 64(5), 574–580.



Best Practice: Clients Involved with Criminal Justice System

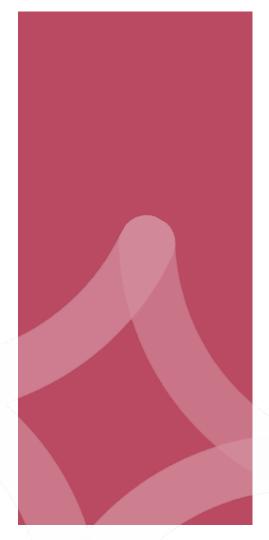
- Tailored support that involves discussion and development of strategies and a plan (planned behavior) to take medication daily even during difficult circumstances.
- Acknowledgment of the retention/adherence challenges and opportunities while leveraging the client's current efforts to minimize injection drug use post-release.
- Medication Assisted Treatment (MAT) programs may be good opportunities for HIV testing and prevention, as MAT in itself is designed to enhance medication adherence
- For those interested in PrEP, comprehensive discharge planning and education should also be employed to improve adherence.

Source: Peterson, M. (2019). Pr-Exposure Prophylaxis awareness and interest among participants in a medications for addiction treatment program. J Substance Abuse Treatment.



Best Practices: Young cis-gender men and transgender women of color who have sex with men

- For some participants, accessing PrEP was their first experience of filling a prescription and navigating their own health care, so support for accessing care in general was seen as beneficial.
- Those that experienced stigma within their social or family networks were less able to access adherence support (because they didn't want to risk disclosure).
- One social support mechanism that was frequently referenced was the social interaction of taking medication together.
- Participants discussed receiving adherence-focused social support from clinic staff such as PrEP adherence counselors.



Best Practices: Young cis-gender men and transgender women of color who have sex with men *Continued*

"We got this system where ... we all take it around the same time... So it's like, well, I know I took mine, you take yours." **Takeaway: Value of Social Support**

"[The adherence counselor] has been very instrumental in making sure that I stay on PrEP." **Takeaway: Value of Health Systems**

"I use an app...It notifies me at the same time every ...It's really, really helpful for me." **Takeaway: Value of Reminders**

"One thing that's kept me motivated was that I like the feeling that I'm in control of my HIV status. And I would just like to keep it that way."

Takeaway: Value of Personal Agency

[After experiencing side effects] my friend encouraged me to stay on it because any medicine comes with the side effects, but after – the medicine takes time getting into your system, it goes away" **Takeaway: Value of**



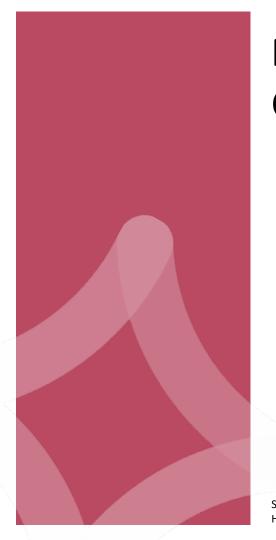
Best Practices: Clients with Undocumented or Unknown Immigration Status

- HIV is less prevalent among people who have been in the US for less than 5 years than those that have been in the US for more than 5 years, suggesting that supports for those newer to the country may be most effective in preventing HIV.
- Newly arrived LGBTQ+ immigrants may experience poverty, discrimination/ stigma, isolation, trauma, and violence. Further, language barriers may make negotiating sexual situations and/or health care more challenging; supports need to address these.
- People who are undocumented are excluded from coverage through the ACA, so it's critical to affirm that PrEP assistance programs are available to uninsured clients regardless of immgration status.

How do you tailor services to clients with different needs or circumstances?

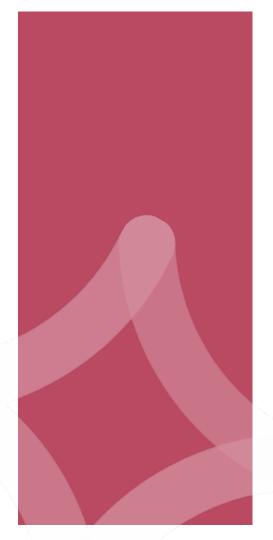
- Meet clients in varied location(s) of their choosing
- Ongoing one-on-one adherence support
- Tailored peer or social support
- Providing same day services that reduce need for repeat visits
- Something else

Adherence and Retention
Efforts Need to Include
Immediate Term
Strategies for Clients



Best Practice: Plan Ahead for Challenges to Adherence

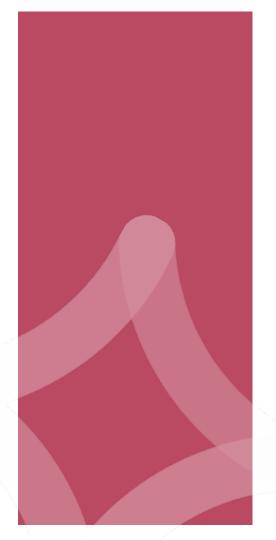
- Barriers to adherence: Forgetting, being away from home, changes in daily routine, stigma, a busy schedule, mental health, missed pills due to illness or loss/confiscation of medication
- Factors that promote adherence: A daily routine for taking medication, pill boxes, medication storage solutions, alarms/texts, and education.



Best Practice: Build Relationships, Support them with Technology

- Clients who have established, trusting relationships with their clinical providers, including prescribers, heighten patient engagement and therefore those clients are are more likely to stay in care.
- Clinics could consider implementing additional support structures (such as dedicated PrEP navigators, case managers, or other ancillary support) that specifically target patients seen by trainee providers in order to improve retention in care.
- **Suggested strategies:** mobile health applications, remote monitoring, and online peer counseling programs.

Source: Lankowski, A. J., Bien-Gund, C. H., Patel, V. V., Felsen, U. R., Silvera, R., & Blackstock, O. J. (2018). PrEP in the Real World: Predictors of 6-Month Retention in a Diverse Urban Cohort. AIDS and Behavior, 23(7), 1797–1802.



Best Practice: 4 Step Adherence Counseling at Follow Up Visit(s)

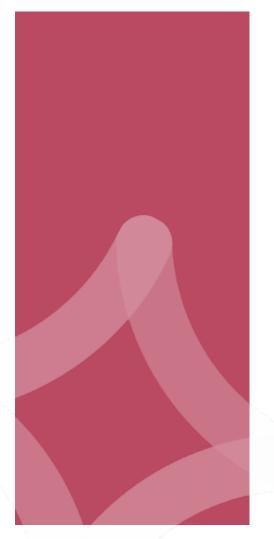
- 1. Assessment of adherence itself
- 2. Assessment of factors affecting adherence
- 3. Strengthening of therapeutic alliance (provider and client relationship)
- 4. Recommendation of targeted interventions as appropriate (e.g., alarm setting, pill boxes, substance use/mental health disorder treatment).

Myers, J. J., Kang Dufour, M.-S., Koester, K. A., Udoh, I., Frazier, R., Packard, R., ... Burack, J. H. (2019). 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(4), 406–413.

What changes have you made to your PrEP services during COVID-19 that you may keep?

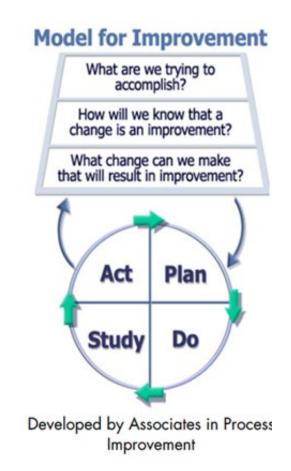
- TelePrEP/ PrEP via Telehealth (visits via phone or video)
- New timing or structure of client calls
- Modifications to appointment reminders
- Flexible approaches to labs/ lab access
- New/ different hours
- Leveraging partnerships for follow-up or care coordination
- New communication tools/ apps for check-in (texting, What'sApp, etc.)

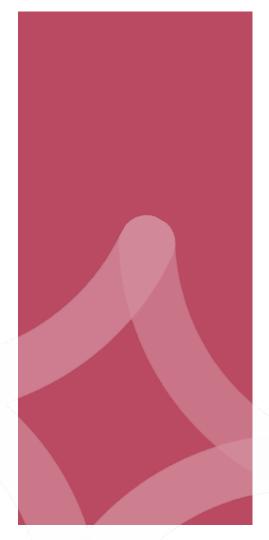
QI Approach: PrEP Adherence and Retention Metrics and Indicators



Using a QI Approach

Process to evaluate service delivery and make a measurable improvement, in this case, specifically around Initiation.





Possible PrEP Adherence

+ Retention Indicators

| Indicator | Description and Considerations | |
|--|--|--|
| # Follow-up monitoring events (e.g., visits, reminder phone calls, texts, etc.) | Tracking number and type of follow-up events; this can be used with other metrics to determine effectiveness. | |
| # Patients retained in PrEP Care Stratified by type of navigation assistance | Tracking whether patients are retained in care, not retained in care, or lost to follow up on regular basis (e.g., monthly) by type of assistance provided. | |
| # Days retained in PrEP care (among those who initiate PrEP or who receive PrEP prescription from prescribing provider) | For clients who receive PrEP prescription, monitoring days that a client remains on PrEP (perhaps tracked by number of days of prescriptions received continuously). | |
| # Patients that test positive for HIV (among those who discontinue PrEP) | Among clients who discontinue PrEP but continue to be seen, how many have a subsequent HIV test that is positive? | |

PrEP Adherence and Retention:
An ongoing process of
Awareness, Access, and Initiation



PrEP Services are an Ongoing Process

Increase Staff Awareness Support PrEP Initiation Address Barriers to **PrEP Services**







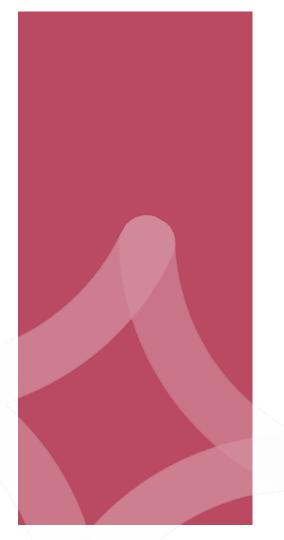
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test I treat

A PROGRAM OF OUTER CAPE HEALTH SERVICES







Today's Panelists

Representatives from:

- testNtreat/Outer Cape Health Services
- Project SHINE/East Boston
 Neighborhood Health Center

share their experiences in supporting and improving PrEP adherence and retention in PrEP care.

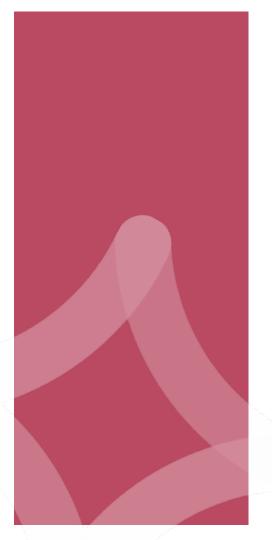
What questions do you have for the panelists or presenters?











Small Group Breakout Discussions

- First, take a five minute break!
- When you return, you will be sent into a virtual breakout group with peers from across the state.
 - o 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.
- We'll reconvene after the small group discussions to closeout.

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?

Please Complete the Evaluation!

- Your feedback in the evaluation helps us plan future sessions and address your TA needs.
- Your feedback is appreciated!

Click the eval link in the chat or in the follow-up email you receive in order to complete the evaluation.

PrEP resources will soon be available in a searchable database on www.TA4SI.jsi.com!

The searchable database will include these resources and more:

- <u>PrEP Action Kit</u> (National LGBT Health Education Center/ Fenway Institute)
- HIV Pre-Exposure Prophylaxis (PrEP) Locations (BIDLS/MDPH)
- <u>PleasePrEPme.org</u> (HealthHIV)
- TAKING PrEP— A Daily Pill to Reduce Your Risk of Getting HIV (CDC)



- Work with your team to share and implement your takeaways from today's session
- Determine how you can assess or measure Adherence, and apply QI principles to improve Adherence in your agency

Join the TA4SI Mailing List!

 Sign up at this <u>link</u> 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.

