

Ending the HIV Epidemic in PR: The Role of CBOs

Presenter:

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Puerto Rico Community Network for Clinical Services, Research and Health Advancement (PRCONCRA)

- CBO established in 1990
- Multi-funded (RW, local government funds, CDC, etc), non-profit, located in San Juan
 - Ryan White Parts A, C and D
- Provides comprehensive services to PLWHIV and people at-risk for HIV infection and other STIs
 - Emphasis on youth and the LGBTTTQI population.
- Serves approximately 900 HIV+ patients per year
- Recently awarded funds to become a FQHC through the BPC




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Counseling, Testing and Referral (CTR) in PRCONCRA

	2015	2016	2017	2018
HIV tests	2902	2575	1993	2037
New HIV diagnoses	56	48	31	37
Sero-positivity rate (%)	2%	2%	2%	2%
Engaged into care	51	46	30	37
% Engaged into care	91%	95%	96%	100%
Condoms distributed	37,814	60,439	56,233	51,803
Previous HIV diagnoses	29	53	43	49
Re-engaged into care	25	50	41	48
% Re-engaged into care	86%	94%	95%	98%



Demographics of our Ryan White Clinic



977
Served

861 active
12 deceased



740

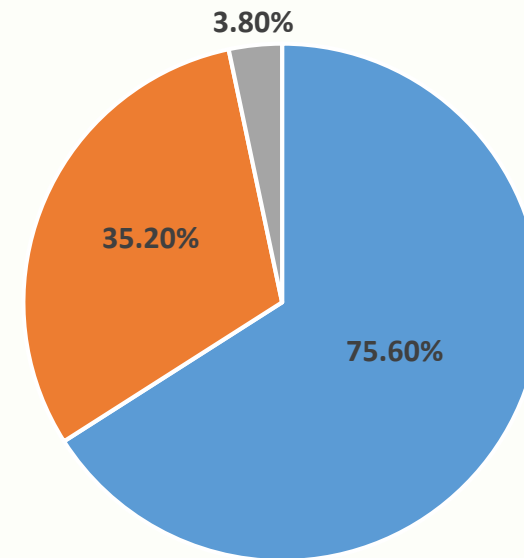


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Medical Insurance Distribution



Some clients have more than one medical insurance

■ Public ■ Private ■ No Insurance



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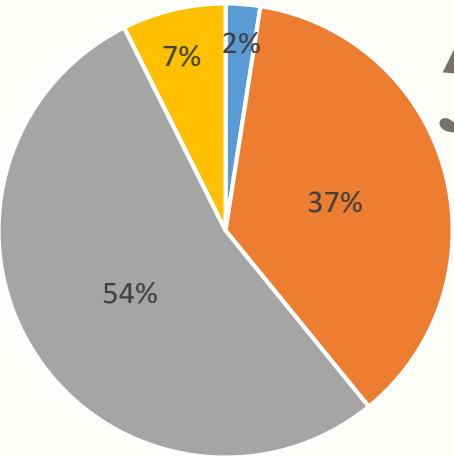
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Reference: PRCONCRA RSR 2018

Demographics of our Ryan White Clinic

Distribution by age range



■ 13-24 ■ 25-44 ■ 45-64 ■ 65+

54.4%
Adults 45-64

Risk Factor	%
MSM	57.3
IDU	7.8
Heterosexual Contact	44.8
Hemophilia	0.1
Transfusion	0.8
Perinatal Transfer	1.7

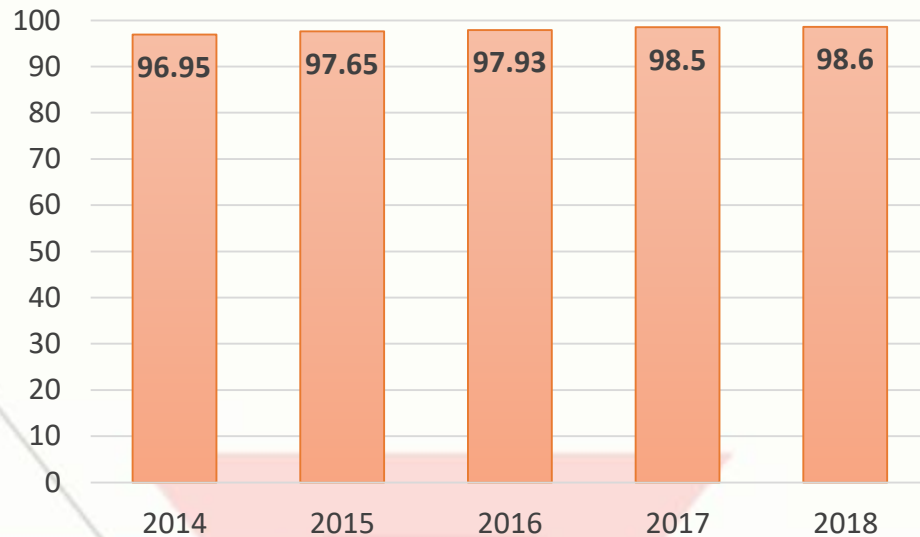
Poverty Level	%
Below 100%	64.7
100-138%	12.9
139-200%	12.7
201-250%	4.1
251-400%	4.4
401-500%	0.9
More than 500%	0.3



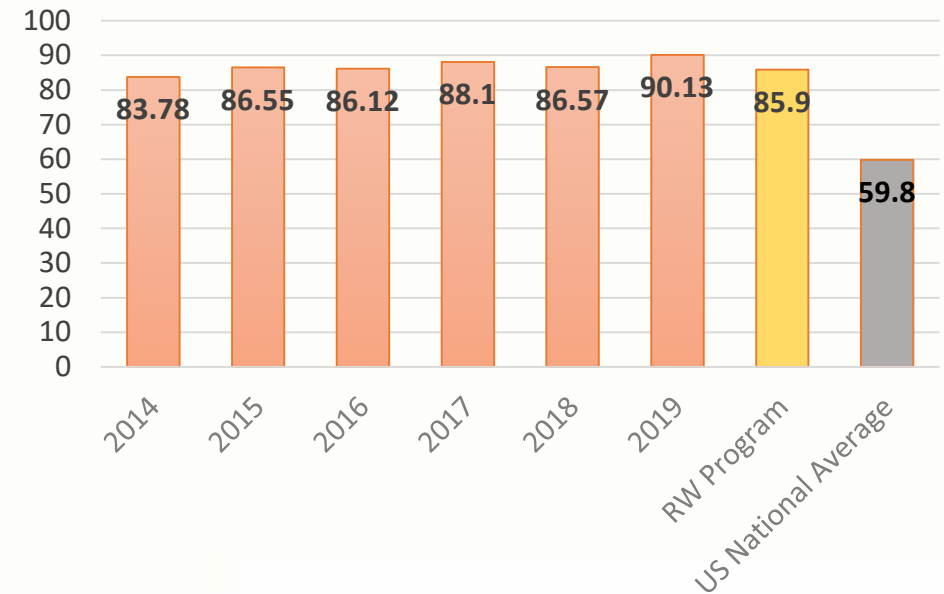
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Clinical outcomes of our RW patients

Prescription of antiretroviral therapy



HIV viral load suppression



Reference: PRCONCRA RSR 2018

95-100% of new diagnoses are engaged into care

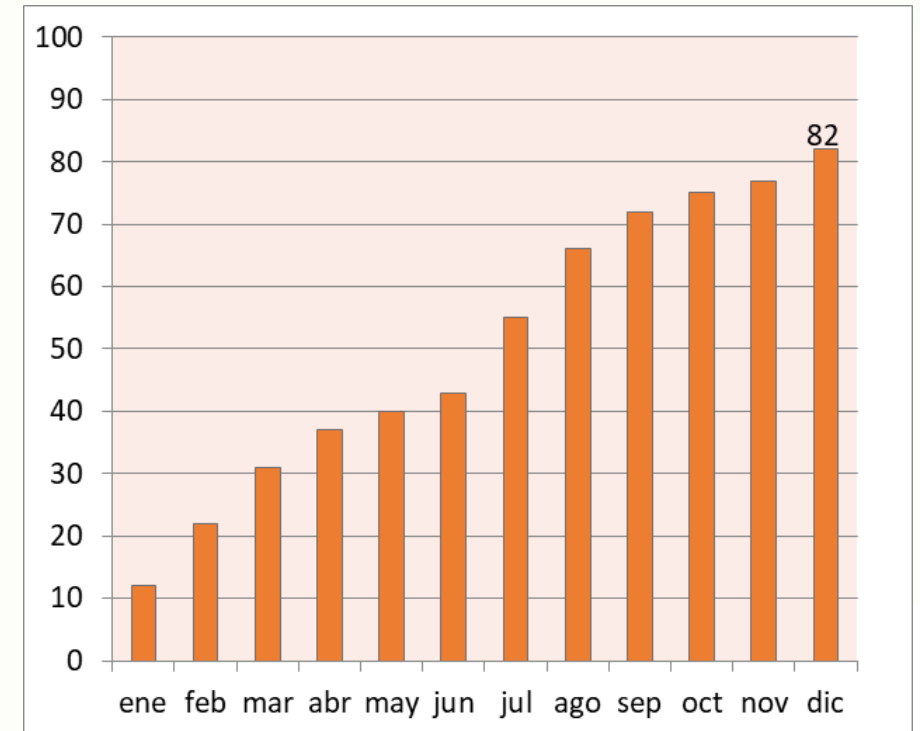


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Lessons Learned for improving Viral Load Suppression

- Re-engaging the patients who are Out-of-Care (OOC)
 - Patients who are diagnosed with HIV but are OOC represent the highest contributors to new HIV infections
- Selected as part of our QA/QI projects since 2017
 - A total of 164 patients have been re-engaged in care during this period
 - Active process
 - Devoted staff
 - Helps identify barriers to retention

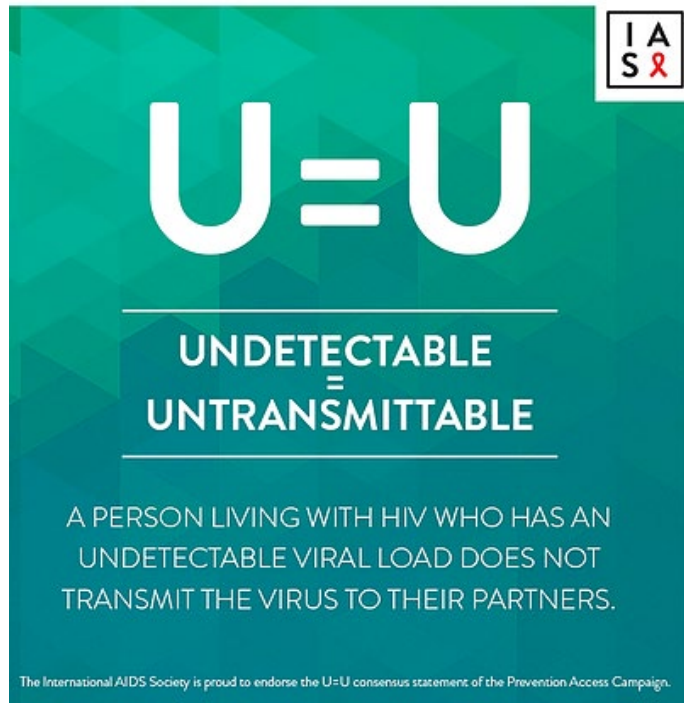
Results of CQM project (2018): Patients re-engaged to care



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Recommendations to improve clinical outcomes among PLWHIV in PR

- Federally funded clinics should be required to track their patients who are OOC
- Improve surveillance and communication within HIV providers (re-engaging the OOC) in the jurisdiction
 - This will allow early recognition of patients who have fallen OOC
- Institute pilot rapid initiation protocols in the island to further decrease time to viral suppression (none has been established in the island yet)

Implementing PrEP in PR: Understanding the HIV prevention scenario in the island



GOBIERNO DE PUERTO RICO
Departamento de Salud

GUÍA DE IMPLEMENTACIÓN PARA LA ESTRATEGIA DE PROFILAXIS PRE-EXPOSICIÓN (PREP) PARA LA PREVENCIÓN DEL VIH EN PUERTO RICO

Esta guía fue redactada por la División de Prevención de ETS-VIH del Departamento de Salud del Gobierno de Puerto Rico para facilitar el desarrollo de un programa sobre la estrategia de Profilaxis Pre-Exposición (PrEP, por sus siglas en inglés) para la prevención del VIH en Puerto Rico.

La redacción de la guía es de conformidad con las guías y parámetros establecidas por el Center for Disease Control and Prevention (CDC) para la implementación de PrEP como prevención del VIH e incluye los componentes y mejores prácticas que han sido identificadas para una exitosa implementación de esta estrategia.

Aprobado por:

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SECRETARIO DE SALUD
Rev. 2018

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- PR stands 12th place among the jurisdictions with higher HIV prevalence (1)
- Administrative Order 343 (Oct 2015): PR-DOH adopts the 2020 national strategy objectives
- Dissemination letter for Order 343 (June 2017)
- PR-DOH's PrEP implementation guidelines (Aug 2018)



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(1) CDC (2017)

Implementing PrEP in PR: Understanding the HIV prevention scenario in the island

Yet, in 2019, PrEP is still not easily available to patients at risk for HIV*

Structural Barriers:

- PrEP not available through PR-DOH's STI/HIV clinics
- Lack of trained resources to implement PrEP services
- Staff willingness: lack of education, stigma, lack of resources, etc (?)
- Vast majority of HIV care in PR occurs within a Ryan White context: restricted funds
- Access Barriers: limited insurance coverage, including Medicaid and private insurances
- nPEP: enormous gap in access
 - Reserved for sexual assault victims, through ER

Only a handful of CBO's and private clinics currently offer PrEP

**Jurisdiction with lowest PrEP to need to ratio based on: A Siegler, et al, The prevalence of pre-exposure prophylaxis use and the pre-exposure prophylaxis-to-need ratio in the fourth quarter of 2017, United States. Anns of Epidemiology. Dec 2018.*



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Table 4

Distribution of number of PrEP users by total population, publicly listed PrEP clinics, and PrEP need by state, Q4 2017

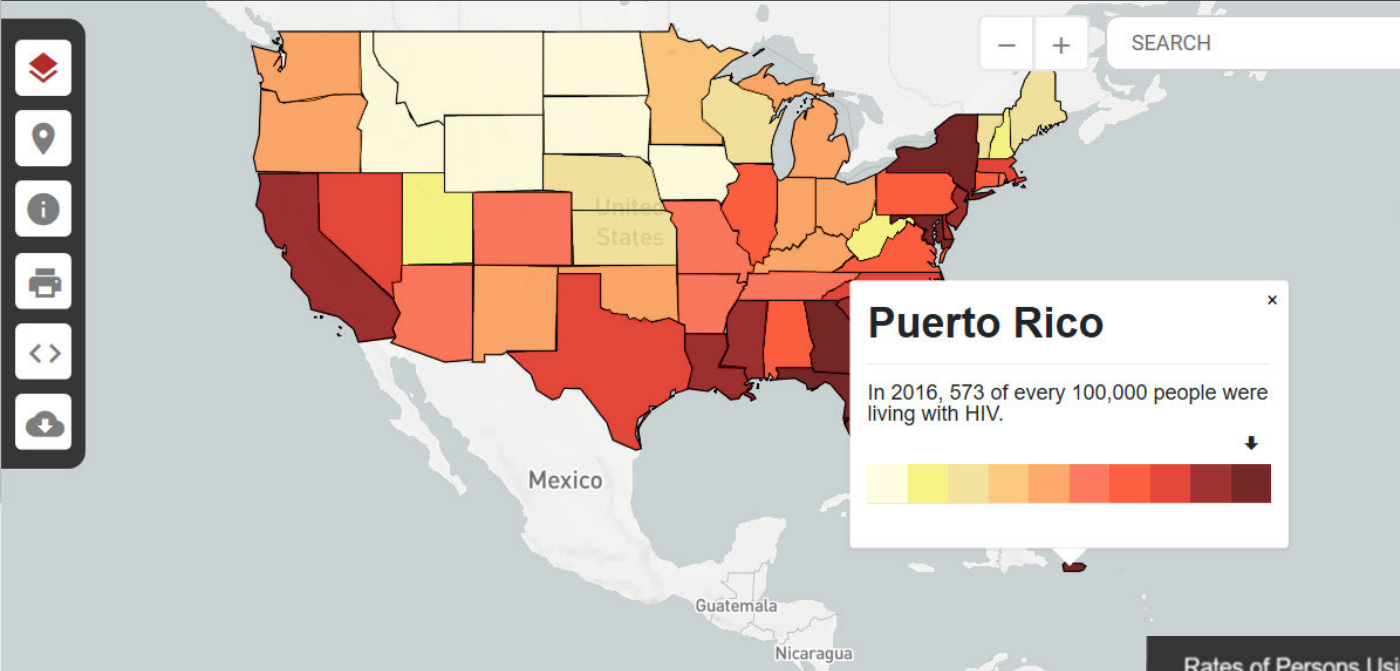
Region	Division	State	PrEP users	PrEP users	PrEP users	PrEP users
			Total	N per 100,000 people*	N per publicly listed PrEP clinics	PrEP-to-need ratio
Midwest	East North Central	Illinois	3782	35.3	46.1	2.7
		Indiana	852	15.5	65.5	1.8
		Michigan	1218	14.5	33.8	1.6
		Ohio	2376	24.3	54.0	2.5
		Wisconsin	630	12.9	33.2	2.8
	West North Central	Iowa	502	19.2	62.8	3.8
		Kansas	274	11.5	91.3	1.9
		Minnesota	1143	24.9	127.0	4.0
		Missouri	916	18.0	65.4	1.8
		Nebraska	165	10.6	41.3	2.2
		North Dakota	60	9.6	12.0	1.3
		South Dakota	45	6.4	45.0	1.2
Northeast	Mid-Atlantic	New Jersey	1822	24.2	50.6	1.6
		New York	12,160	72.6	55.3	4.2
		Pennsylvania	2646	24.3	49.0	2.3
	New England	Connecticut	831	27.2	29.7	3.3
		Maine	153	13.3	6.4	3.1
		Massachusetts	2666	45.6	72.1	3.8
		New Hampshire	178	15.4	22.3	4.2
		Rhode Island	372	40.8	372.0	5.3
		Vermont	53	9.8	3.5	6.6
South	East South Central	Alabama	629	15.4	125.8	1.2
		Kentucky	409	11.0	68.2	1.3
		Mississippi	255	10.3	31.9	0.6
		Tennessee	960	17.2	64.0	1.3
	South Atlantic	Delaware	213	26.4	35.5	1.8
		District of Columbia	1364	232.5	113.7	4.2
		Florida	5393	30.5	68.3	1.1
		30	1.0	7.5	0.1	

* Denominator used here is total population aged 13 years and above in each of the corresponding states.

PR is the jurisdiction with the lowest PrEP-to-need ratio

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New HIV Diagnoses

Number of new HIV diagnoses, 2017

445

Rate of people newly diagnosed with HIV per 100,000 population, 2017

15

PrEP

Number of PrEP users, 2018

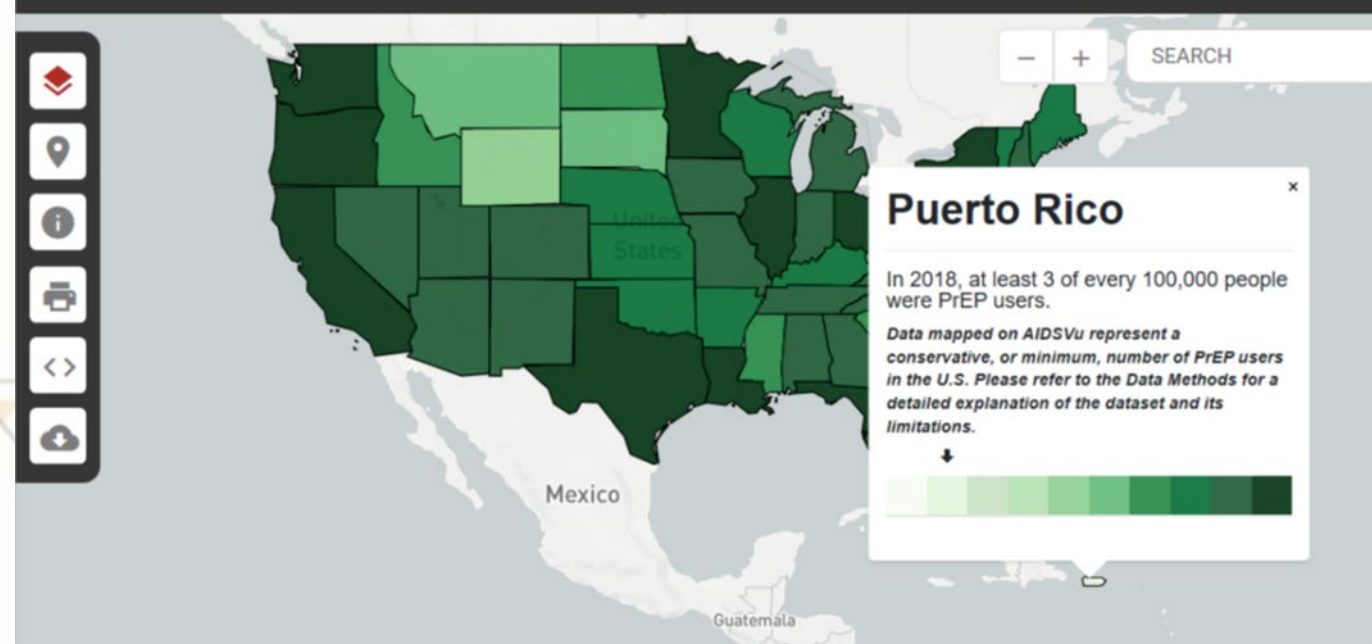
(Note: Data underestimates the total number of PrEP users in the U.S. See [data methods](#).)

98

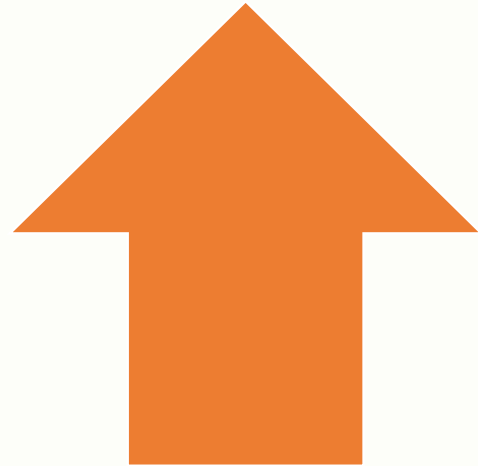
Rate of PrEP users per 100,000 population, 2018

3

Rates of Persons Using PrEP, 2018



Implementing a PrEP clinic in PR: Consumers' perspective



86% have heard of PrEP

84% would PROBABLY use PrEP

85% would be comfortable with
PrEP use

75% interested in PrEP at the time
of the interview



44% worried about possible side
effects

Only 26.2% have talked about
PrEP with their HCP

Need to get PCP
involved!!!



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Implementing a PrEP clinic in PR: The PRCONCRA experience

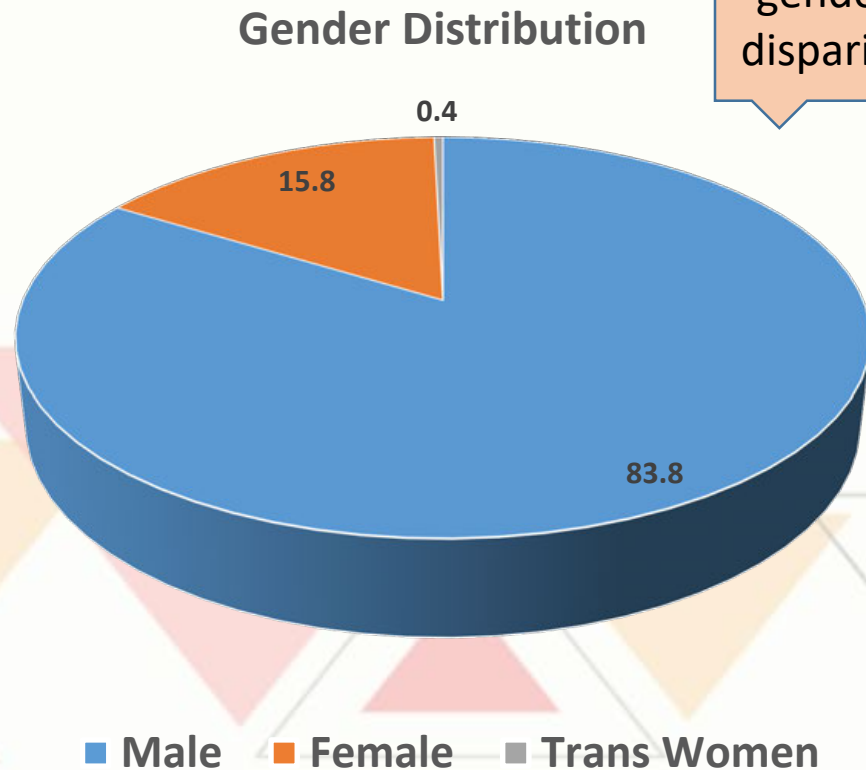
- A prevention clinic was established in Sep 2016
- Over 500 patients have received HIV/STI clinical preventive services, including PrEP and nPEP
- Initial source of unrestricted funding (Elton John Foundation and Gilead Pharmaceuticals) allowed the jumpstart of this clinic
- It is now a self-sustainable clinic, thanks to the program income derived from our 340B drug discount revenues

Puedes prevenir el **VIH** con un medicamento

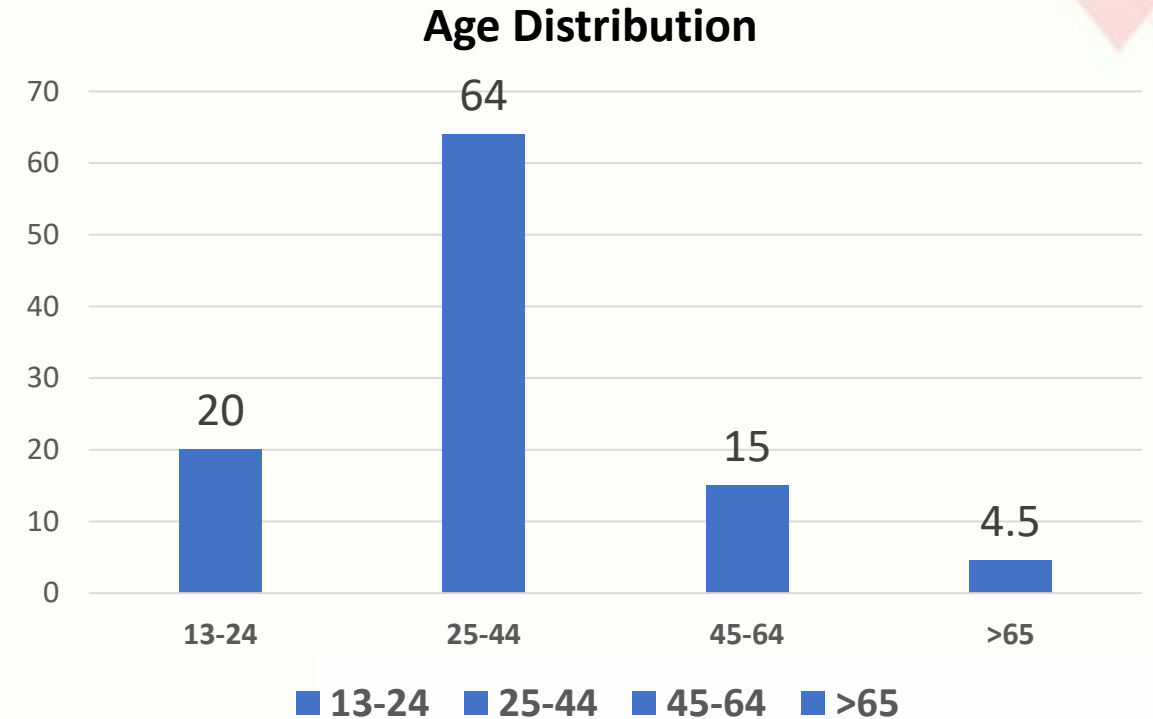


Implementing a PrEP clinic in PR: The PRCONCRA experience

- Prevention clinics population characteristics: n=474
- Age Average: 32 y/o



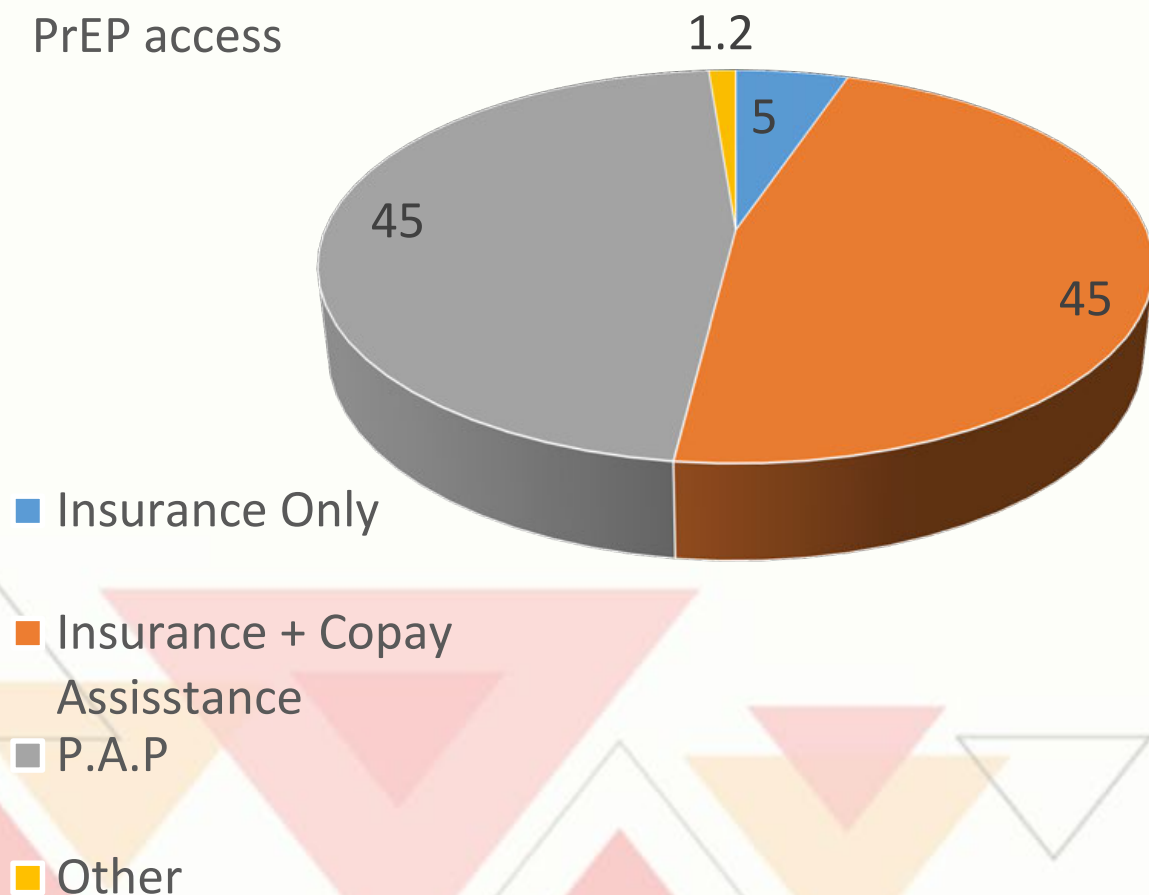
Obvious
gender
disparity



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Implementing a PrEP clinic in PR: The PRCONCRA experience

PrEP access

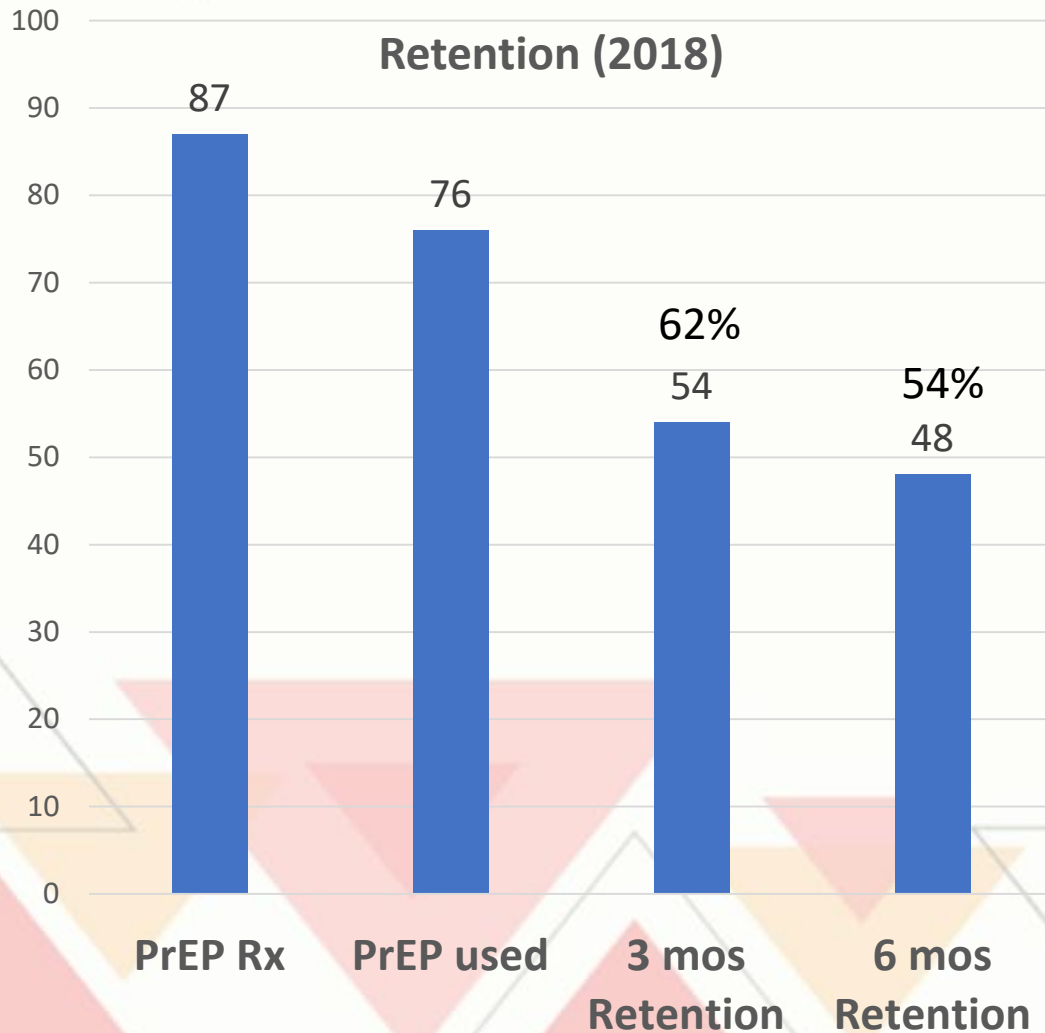


- Uneven and under-coverage by private and Medicaid insurances
- Access is strongly dependent on Gilead's PAP or co-pay assistance program



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Implementing a PrEP clinic in PR: The PRCONCRA experience

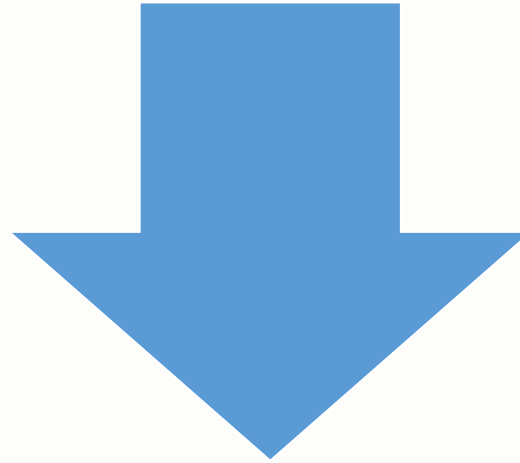


- Jan-Dec 2018
 - n=87 new cases in which PrEP was prescribed
 - Average retention: 6.5 months
 - 3 mos: 62%
 - 6 mos: 54%
- Discontinuations due to AEs: 0
- Sero-conversions while on PrEP: 0



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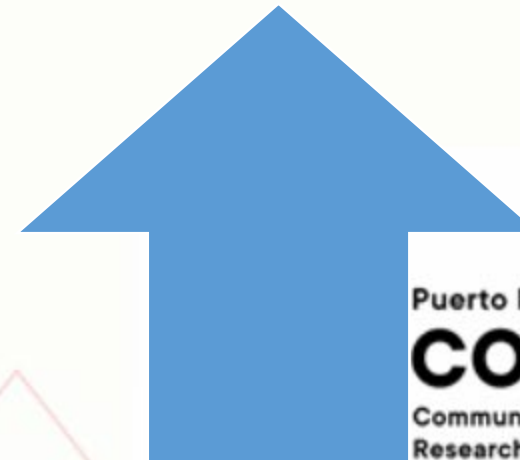
Implementing a PrEP clinic in PR: Retention in PrEP Care is a Challenge



Not a chronic condition
Limited resources (limited clinic hrs.)
Not all services are free
Risk might be seasonal



Increase available clinic hrs./ flexibility
Free HIV testing
Access more resources to offer more free wrap-around services
Provide other services (ex Mental Health)
Incorporate other modalities of health services provision (ex Telehealth)



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Implementing a PrEP clinic in PR: The PRCONCRA experience

- nPEP as gateway to PrEP
 - **nPEP users have 4 times the lifetime risk of being diagnosed with HIV**
 - 53 patients have been prescribed nPEP
 - 5 patients lost to f/u
 - 17 (35%) have transitioned to PrEP
 - Transition to PrEP is a seamless process for the patient
- nPEP is currently NOT covered by the state, except in cases of sexual assault
- Access to this prevention strategy is extremely limited in PR

Clínicas de detección
prevención de
infecciones de
transmisión sexual
y **PrEP**



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Implementing PrEP clinics in PR: Filling the Gaps

- Training of HCP, including PCP is required
 - More involvement of Ryan White structures and resources in the prevention arena would be VERY beneficial!!!
- PrEP needs to also become available through PR-DOH's STI clinics
- Seek to eliminate disparities in access to PrEP in key populations: women, IVDA, adolescents, transgender
- Private and public insurances need to include medication coverage and PrEP services
 - Access should not rely so much on manufacturer's PAP programs
- nPEP needs to become more accessible for patients who need it, when they need it
- Learn and model the experience and expertise of CBO's already providing PrEP

Puedes prevenir el **VIH** con un medicamento

