



Academic detailing as an intervention to increase PrEP knowledge and best prescribing practices among providers in San Francisco

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POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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What is public health detailing (AD)?

- Provide unbiased, non-commercial, evidence-based information
- Conduct needs assessment and tailor education to the clinician in order to encourage behavior change
- Ends with getting a commitment to improve patient care



Steps to detailing

- Key message development (NARCAD)
 - Focus on action, not just education
 - Material development – for patients, providers, clinic staff
 - Provider identification
 - Database logistics
 - Detailing
 - Provider follow up
 - Evaluation
 - Data management
 - As needed: tailoring all staff trainings, ongoing work with frontline workers
-

Key Messages


- 1. Take a thorough sexual history** to identify patients who might benefit from PrEP.
- 2. Offer PrEP** to patients identified as having risks for HIV.
- 3. Conduct an HIV test** to confirm a patient is HIV negative before starting them on PrEP.
- 4. Follow-up with patients every 3 months** for HIV/STD testing and 90-day PrEP refill.



“Ask about PrEP” toolkit

Provider brochure

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How providers can prescribe PrEP to prevent HIV and reduce health disparities

What is PrEP?

- PrEP is a once-daily pill for HIV negative individuals that can help prevent HIV transmission.
- PrEP is FDA approved as a combination, fixed-dose antiretroviral medication called Truvada.
- No significant health effects have been observed among individuals who have taken PrEP for up to 5 years.

PrEP is safe and can reduce the risk of HIV by **more than 90%**¹

Who may benefit from PrEP?

- Men who have sex with men (MSM)
- People who inject drugs
- Trans women
- Heterosexual men and women with partners with or at risk for HIV
- Anyone who self-identifies a need for PrEP

PrEP is an opportunity to reduce HIV disparities

AFRICAN AMERICAN AND LATINO MALES IN SAN FRANCISCO ARE AT DISPROPORTIONATE RISK FOR HIV²

MALES	Rate of new HIV diagnoses per 100,000
AA	140
Latino	83
White	52

Nationalwide pharmacy data show that African Americans account for only ~10% of PrEP prescriptions.

New sexual history taking mnemonic

- P**artners: What is the gender of your sex partners?
How many sex partners have you had in the last 6 months?
- R**eceptive or insertive sex: Do you bottom or top?
- E**ver had STD: Have you ever had an STD?
- P**rotection/PrEP: How often do you use condoms?
Have you heard of PrEP?

Provider pocket card

Clinical PrEP Essentials

Efficacy key messages:

- PrEP is highly effective for preventing HIV infection when taken daily;
- Full protection after 7 daily doses for rectal sex and after 20 daily doses for vaginal sex;
- PrEP does not prevent GC/CT/syphilis/genital warts/HSV/HCV.

Side Effects:

- 1 in 10 may have GI side effects (N/V/abd pain); usually resolves by 1 month,
- 1 in 200 may have renal dysfunction (typically reversible if d/c PrEP),
- 1% average loss of bone mineral density; reversible if d/c PrEP; no increased risk of fx.

Recommended Lab Screening & Visits:


Initial Labs: HIV Ag/Ab (4th gen); HIV RNA (If possible); HBsAg (if non-immune); HCV Ab; ALT; Cr; 3 site GC/CT; RPR; **Consider:** Ureg, HAV, HBV, & HPV vaccines.

Week 1: Call, check if prescription was filled, adherence, and insurance copay.

Month 1: If no HIV RNA test at screening, check HIV Ag/Ab (4th gen), Adherence check.

Q 3 Months: HIV Ag/Ab, Cr, GC/CT (3 sites), RPR; check adherence & PrEP indications.

Documentation: ICD-10 Z20.6: HIV Exposure.



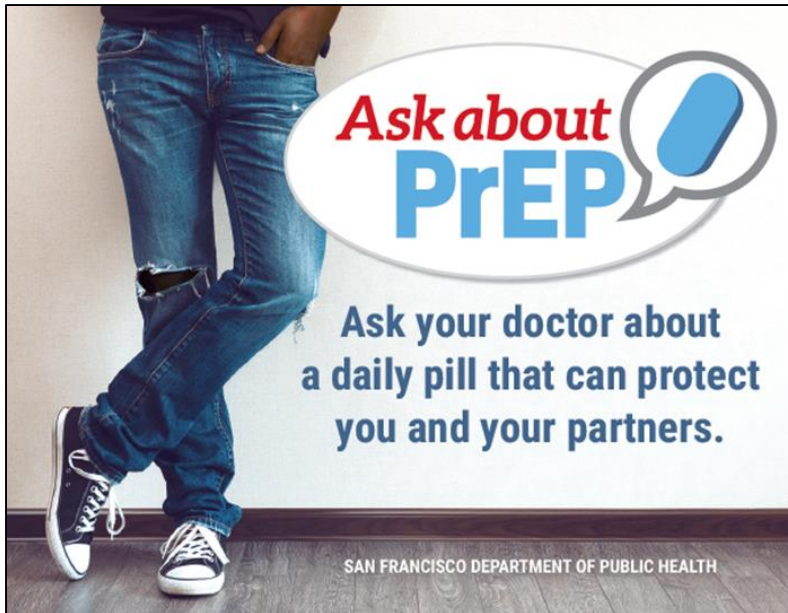
SF HEALTH NETWORK
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Need Help? U.S. PrEPline, 855-448-7737
Created by: Lauren Wolchok & Robert Grant



“Ask about PrEP” toolkit

Palm card and poster

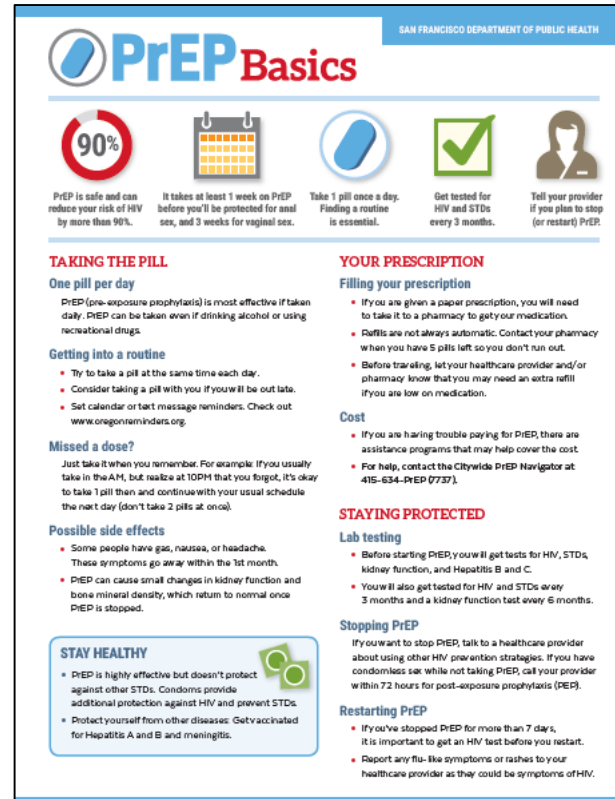


Ask about PrEP

Ask your doctor about a daily pill that can protect you and your partners.

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Patient educational tool



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PrEP Basics

90% PrEP is safe and can reduce your risk of HIV by more than 90%.

Calendar It takes at least 1 week on PrEP before you'll be protected for anal sex, and 3 weeks for vaginal sex.

Pill Take 1 pill once a day. Finding a routine is essential.

Checkmark Get tested for HIV and STDs every 3 months.

Person Tell your provider if you plan to stop (or restart) PrEP.

TAKING THE PILL

One pill per day

PrEP (pre-exposure prophylaxis) is most effective if taken daily. PrEP can be taken even if drinking alcohol or using recreational drugs.

Getting into a routine

- Try to take a pill at the same time each day.
- Consider taking a pill with you if you'll be out late.
- Set calendar or text message reminders. Check out www.oregonreminders.org.

Missed a dose?

Just take it when you remember. For example, if you usually take in the AM, but realize at 10PM that you forgot, it's okay to take 1 pill then and continue with your usual schedule the next day (don't take 2 pills at once).

Possible side effects

- Some people have gas, nausea, or headache. These symptoms go away within the 1st month.
- PrEP can cause small changes in kidney function and bone mineral density, which return to normal once PrEP is stopped.

YOUR PRESCRIPTION

Filling your prescription

- If you are given a paper prescription, you will need to take it to a pharmacy to get your medication.
- Refills are not always automatic. Contact your pharmacy when you have 5 pills left so you don't run out.
- Before traveling, let your healthcare provider and/or pharmacy know that you may need an extra refill if you are low on medication.

Cost

- If you are having trouble paying for PrEP, there are assistance programs that may help cover the cost.
- For help, contact the Citywide PrEP Navigator at 415-634-PrEP (7737).

STAYING PROTECTED

Lab testing

- Before starting PrEP, you will get tests for HIV, STDs, kidney function, and Hepatitis B and C.
- You will also get tested for HIV and STDs every 3 months and a kidney function test every 6 months.

Stopping PrEP

If you want to stop PrEP, talk to a healthcare provider about using other HIV prevention strategies. If you have condomless sex while not taking PrEP, call your provider within 72 hours for post-exposure prophylaxis (PEP).

Restarting PrEP

- If you've stopped PrEP for more than 7 days, it is important to get an HIV test before you restart.
- Report any flu-like symptoms or rashes to your healthcare provider as they could be symptoms of HIV.

STAY HEALTHY

- PrEP is highly effective but doesn't protect against other STDs. Condoms provide additional protection against HIV and prevent STDs.
- Protect yourself from other diseases: Get vaccinated for Hepatitis A and B and meningitis.



After visit – Getting commitment

- Use PrEP mnemonic
- Offer PrEP when appropriate (PrEP Basics)
- Create a plan for follow-up every 3 months (pocket card/brochure)
- Screen patients for STIs with site-specific swabs (self-collection kit)
- Give patient swag for PrEP starts



Identifying providers

- Serving priority populations
- "Data to PrEP detailing"
- Small group detailing (encourage questions and practice norms)
- PleasePrEPMe.org & Greaterthan.org

Detailing Strategy



Data elements

- Evaluation development for providers
 - Initial and Follow up survey (>3 months post)
 - Database
 - QA plan, analysis
- HIV/STD diagnosing provider list; mobile map
- Contact attempt tracing with QA plan
- Practice training evaluation



PrEP Provider Detailing Survey

	Total n (%)	Prescribed PrEP n (%)	Never Prescribed n (%)
Provider characteristics			
MD	65/134 (49)	27 (42)	38 (58)
NP/PA	63/134 (47)	25 (40)	38 (60)
Primary care provider	98/134 (73)	44 (45)	52 (54)
Not a PCP	36/134 (27)	8 (22)	27 (75)
HIV provider	28/131 (21)	24 (86)	4 (14)
Not an HIV provider	103/131 (79)	27 (26)	74 (72)

Analysis as of 3/23/2017

PrEP Provider Detailing Survey

	Total n (%)	Prescribed PrEP n (%)	Never Prescribed n (%)
Practice characteristics			
Prescribed PrEP	52/131 (40)		
Prescribed PEP	58/129 (45)	36 (62)	22 (38)
Routinely take sexual history ($\geq 90\%$ time)	33/126 (33)	16 (48)	17 (52)
Routinely ask MSM about rectal intercourse ($\geq 90\%$ time) (N/A (don't see MSM or trans women) = 24/134 (18%))	44/110 (40)	24 (56)	19 (44)
Routinely swab for rectal STDs N/A (I don't see MSM or trans women) = 20/132 (15%)	68/112 (61)	34 (50)	34 (50)

Analysis as of 3/23/2017

PrEP Provider Detailing Survey

- 'Have you ever prescribed PrEP for HIV prevention?'
- ~25% of respondents did not answer to which subpopulations they had prescribed

Prescribed PrEP to ≥ 1 of subpopulation (N=52 Prescribers)		
	N	Percent
Black MSM	25	48%
Latino MSM	29	56%
Trans women	8	15%

Detailing Challenges

- Getting time from providers
 - All staffs, clinic sessions or free time
 - Cold calls are necessary due to lack of response
- How to engage providers who don't feel that their population would benefit
- Improving sexual health care/STD testing in clinics
- Evaluation administration and completion





Thank you!

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