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

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Clinical Prevention Consultant, San Francisco DPH

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Thursday, July 20, 2017
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

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%.

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

PrEP is an opportunity to reduce HIV disparities

Provider pocket card

Clinical PrEP Essentials
Efficacy key messages:
- PrEP is highly effective for preventing HIV infection when taken daily;
- Full protection after 2 daily doses for rectal sex and after 20 daily doses for vaginal sex;
- PrEP does not prevent GC/CT/syphilis/genital warts/HSV/HPV.

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, HBe, & HPV vaccines.
Week 1: Call, check if prescription was filled, adherence, and insurance copy.
Month 1: If no HIV RNA test at screening, check HIV Ag/Ab (4th gen). Adherence check.
6 Months: HIV Ag/Ab, Cr, GCoCT (3 sites), RPR; check adherence & PrEP indications.

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

Need Help? U.S. PrEPline, 855-448-7737
Created by: Lauren Wolchok & Robert Grant
“Ask about PrEP” toolkit

Palm card and poster

Patient educational tool

**Ask about PrEP**

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

**PrEP Basics**

**Taking the pill**
- One pill per day
- PrEP should be taken consistently and daily, even if not being exposed to HIV.
- Taking the pill at the same time each day is recommended.
- PrEP should be taken with food or a full glass of water.

**Missed a dose?**
- Just take it as soon as you remember, or skip it if more than 12 hours have passed. Taking the pill as soon as possible is better than skipping it.

**Possible side effects**
- Some people may experience side effects such as rash, nausea, or headache. These symptoms usually go away within the first few months.
- PrEP can cause small changes in blood chemistry, and it is important to attend regular lab testing.

**Stay healthy**
- PrEP may be effective for about 6 months, after which it is important to be tested regularly for HIV and STIs.
- Regular medical check-ups are important to monitor health and prevent other illnesses.

**Your prescription**
- PrEP is not eligible for insurance coverage in most states. However, some states have programs that may provide support.

**Staying protected**
- PrEP is effective when combined with regular medical check-ups and testing.
- PrEP is not a substitute for other HIV prevention methods.

**Stopping PrEP**
- PrEP can be stopped if not needed or if there are side effects. It is important to discuss the risks and benefits with a healthcare provider.

**Restarting PrEP**
- PrEP can be restarted if needed, as long as it is taken consistently.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
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

- HIV diagnosis
- STD diagnosis
- Serves priority population
- Other PCPs
- Residents
- Family Planning
- Urgent Care
- Student Health
- Youth Clinics
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

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

Analysis as of 3/23/2017
## PrEP Provider Detailing Survey

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

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

<table>
<thead>
<tr>
<th>Subpopulation</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black MSM</td>
<td>25</td>
<td>48%</td>
</tr>
<tr>
<td>Latino MSM</td>
<td>29</td>
<td>56%</td>
</tr>
<tr>
<td>Trans women</td>
<td>8</td>
<td>15%</td>
</tr>
</tbody>
</table>

Prescribed PrEP to >= 1 of subpopulation (N=52 Prescribers)

Analysis as of 3/23/2017
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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