Daniel Davidson’s Top Tips

Collaboration:
- If you haven’t already, start a workgroup with community partners and stakeholders that focuses on PrEP (community planning bodies are a good place to start).
- Clinics and private providers are already seeing patients for PrEP. Learn about their barriers and successes. Engage these “PrEP champions” in projects that excite them – training other providers, building a case for policy change, etc.
- Build a navigation system by connecting stakeholders who excel at distinct elements of the PrEP care continuum (e.g. digital outreach; providing affordable HC to immigrant populations)
- Reach deep as well as wide. Get input from the pharmacy manager who doesn’t typically attend community meetings. Are there stakeholders outside HIV whose work overlaps (e.g. insurance enrollment)? Have you talked to PrEP coordinators in other states?

Staffing:
- Consider what can and can’t be easily taught; has a cultural competence training ever truly transformed your own practice? Can PrEP staff be peers of your priority populations?
- Health insurance is complicated and we are all reticent to admit when we don’t know something. Revisit the topic multiple times in trainings and TA. Make sure navigators know who to turn to when navigating benefits exceeds their capacity.

Paying for PrEP:
- Don’t let the message become “PrEP is too expensive.” Do your best to educate the public (and staff) on all avenues for paying for PrEP.
- Troubleshoot when individuals are unable to afford PrEP. Was a prior-authorization needed? If a pharmacy won’t accept copay cards, can the client afford to pay and be reimbursed? What are their circumstances? What trends emerge? Can you build a case for policy change?

Sustainability:
- Minimize costs passed to patients. Can you reduce lab costs by building PrEP clinics into facilities where public funds pay for HIV/STI tests? Can you work with Medicaid to expand PrEP coverage? What about reimbursement for prevention services?
- How can PrEP navigation build client capacity (to understand how their insurance works, to advocate for themselves when receiving care) rather than just getting clients what they need?

Data collection and evaluation:
- Think about evaluation as one of the first steps rather than the last, particularly if you are piloting an initiative. Can academic partners (or graduate students) help?
- Prioritize your data collection needs. Beyond meeting CDC requirements, what questions are essential to answer? Consider what will most directly inform program development or improvement, policy development, or other key strategic objectives. Prioritize elements you believe are unique to your jurisdiction.
- Can relevant variables be captured in existing platforms? If not, do you need client-level program data or might other methods (surveys, focus groups with clients or staff) suffice?