



# **Human Immunodeficiency Virus Pre-exposure Prophylaxis Screening and Linkage-to-Care at an Urban Treatment Center**



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- Define pre-exposure prophylaxis (PrEP) and indications for prescription
- Describe first attempted intervention, results and implications
- Review a screening tool developed to identify those at high risk for HIV acquisition in the Substance Use Disorder (SUD) population
- Summarize a protocol for identifying eligible individuals and linking them to PrEP services

The authors report no conflict of interest.

# Purpose Statement

To produce a model for screening and linking eligible SUD patients to PrEP services with limited change in organizational infrastructure

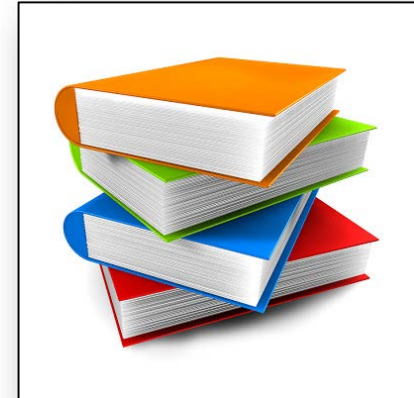


- Truvada (emtricitabine/tenofovir disoproxil fumarate) approved by FDA as HIV pre-exposure prophylaxis in 2012
- Eligibility: (1) HIV negative + (2) High risk for HIV + (3) Adherence likely
- High Risk Groups:
  - Drug use: HIV+ injecting partner; Sharing injection equipment; Recent drug tx
  - Men who have sex with men (MSM)
  - Sero-discordant couples
  - Sex workers
- PrEP has been shown to reduce the risk of HIV infection by up to 92%
- SUD community remains largely unreached



(CDC, 2014; CDC, 2017)

- Research on implementation of a PrEP access program in addiction treatment is completely lacking
  
- Key focuses of current research on PrEP and SUD:
  - Awareness of PrEP
  - Interest in PrEP
  - Acceptability of PrEP to SUD patients
  - Preferences for PrEP programming
  - Barriers to PrEP uptake
  - Cost-effectiveness of PrEP expansion in SUD



## Limited research on linking patients in SUD treatment with comprehensive PrEP services

(Bernard et al., 2017; Biello et al., 2017; Coleman et al., 2016; Escudero et al., 2014; Mimiaga et al., 2014; Oldenburg et al., 2016; Page et al., 2015; Shrestha et al., 2017; Shrestha et al., 2017; Spector et al., 2015; Stein et al., 2014)

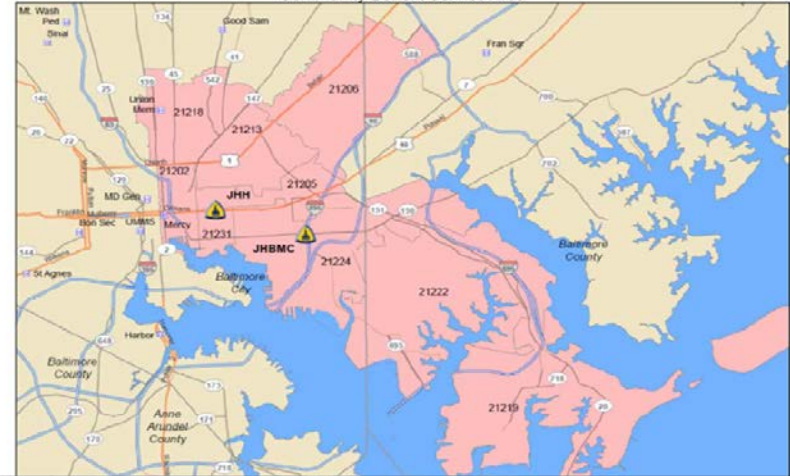
# Program Development: Levels of Intervention

<b>Level 1</b>	<p><b><u>Awareness:</u></b> Visible PrEP Literature PrEP research study posters Staff HIV trainings / PrEP training Patient education during intake</p>			
<b>Level 2</b>	<p><b><u>Awareness:</u></b> Visible Literature Study postings Brief educational during groups? Patient education during intake</p>	<p><b><u>Screening:</u></b> Risk factor screening HIV test</p>	<p><b><u>Referral:</u></b> Prep Navigator (REACH initiative) Bartlett marylandprep</p>	
<b>Level 3</b>	<p><b><u>Awareness:</u></b> Visible Literature Study postings Brief educational during groups? Patient education during intake</p>	<p><b><u>Screening:</u></b> Risk factor screening HIV test Adherence likelihood</p>	<p><b><u>Baseline Testing:</u></b> CMP HAV, HBV, HCV, pregnancy, GC/chlamydia and syphilis RPR</p>	<p><b><u>PrEP Rx &amp; Follow-ups:</u></b> Prescribing Truvada + Q3 month follow-ups w/ labs</p>
<b>Level 4</b>	<p><b><u>Awareness:</u></b> Visible Literature Study postings Brief educational during groups? Patient education during intake</p>	<p><b><u>Screening:</u></b> 1) Risk factor screening 2) HIV test 3) Adherence likelihood</p>	<p><b><u>Baseline Testing:</u></b> 1) CMP 2) HAV, HBV, HCV, pregnancy, GC/chlamydia and syphilis RPR</p>	<p><b><u>PrEP Rx &amp; Follow-ups:</u></b> Prescription of Truvada Q3 month follow-ups w/ labs</p> <p><b><u>BCA PrEP Administration:</u></b> 1) Adherence support 2) With daily addiction drug treatment</p>

# Addiction Treatment Center: Baltimore, Maryland



The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center  
Community Benefit Service Area



**377** Individuals served per year

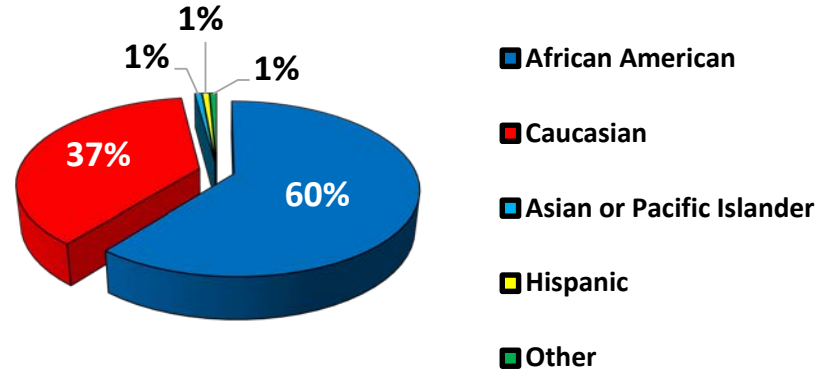
**174** New admissions per year

**147** New admissions from inpatient hospital units (87%)

Population by sex: Male: **71%** / Female: **29%**



## Patient Population by Race





## **HIV Testing:**

4% never tested for HIV  
38% not tested in the last 6 months  
7% unsure when last tested was

## **HIV Status:**

7% HIV positive  
85% HIV negative  
7% HIV status unknown

## **In the last 6 months:**

44% reported injection drug use  
13% reported sharing equipment and 53% were unsure  
64% in a previous medication based drug treatment program



**Overall, 39% eligible for PrEP and could be referred to PrEP services**

Pre-Exposure Prophylaxis (PrEP) Lunch & Learn:

**BEFORE** Presentation

**Attendee Information:**

Role: a) Case Manager/Therapist b) Nursing c) Provider/Prescriber d) Other BCA Staff e) Non-Staff  
 Age: a) 19-39 b) 40 - 59 c) 60 - 79 d) 80 - 99 e) 100-119  
 Gender: a) Male b) Female c) Transgender d) Other  
 Education Level: a) High school/GED b) Associate/Bachelors c) Masters d) MD/PhD/DNP

**Survey Questions:**

- One of the following statements is **correct**. Please select the correct answer:
  - PrEP is a 2 pill per day medication regimen
  - PrEP is a 1 pill, once per day medication regimen
  - The medication used for PrEP typically causes sudden, severe side effects
  - The medication used for PrEP prevents HIV 100% of the time
- It would be appropriate to refer which of the following patients for a PrEP consultation?
  - A 34 year-old, HIV-positive, female who was recently incarcerated
  - A 63 year-old, HIV-negative male who sometimes shares heroine needles
  - A 19 year-old male who was diagnosed with HIV infection 2 years ago
  - A 25 year-old female has no known risk factors for HIV-infection
- Which of the following statements is **TRUE**?
  - It is **not** necessary to take PrEP medication daily
  - PrEP medication is great for people who do **not** often take their medications
  - PrEP medication should be taken daily, as prescribed, to be most effective
  - The patient can avoid HIV infection by carrying PrEP with them at all times
- Which of the following patients would you **NOT** refer for a PrEP consultation?
  - Female, alcohol-dependent, recent HIV-negative test, not sexually active
  - Male, middle-aged, never tested for HIV, occasionally has sex with men
  - Transgender, HIV-negative, only has sex with her HIV-positive male partner
  - Female, occasionally engages in sex work, insists she uses condoms
- Which of the following statements is **TRUE** (in the context of BCA)?
  - Patients can get PrEP medication for free if they are considered at high-risk
  - Once PrEP is prescribed, no follow-up is necessary with the prescriber
  - A referral for PrEP generally requires the patient to have health insurance
  - Health insurance does not cover PrEP medication, so insurance is irrelevant
- I would feel comfortable educating a patient about PrEP: a) Yes b) No c) Unsure
- PrEP is relevant to my current work with Substance Use Disorder patients: a) Yes b) No c) Unsure
- I am confident that I could identify patients who may be eligible for PrEP: a) Yes b) No c) Unsure



**LUNCH & LEARN**  
ITALIANO STYLE - LUNCH PROVIDED!

**PrEP 101: HIV Pre-Exposure Prophylaxis (PrEP)**

"A ground-breaking HIV PREVENTION METHOD in a PILL"



**MONDAY, OCTOBER 2**  
**12 - 1 PM**

# Survey Implications & Practice Recommendations

- Simplified Approach -> The medical suite
- Patient privacy considerations
- Need for speed -> Screening to linkage
- Standardized screening tool -> HIVARS
- Protocol to guide clinicians swiftly through the process



## Substance Use Disorder / Pre-Exposure Prophylaxis (PrEP) - Screening Tool:

**Script:** (To be read before completing the screening)

"The following questions can be very personal. I want you to know, we ask these questions to everyone and it is so that we can provide you with the best possible care. The information you share remains private and confidential and will not be shared with others without your consent in accordance with HIPAA. I also want you to know if at any time you are uncomfortable, you may refuse to answer a question. Do I have your permission to continue?"

1. Have you ever been tested to see if you have HIV? **Yes / No**

If **Yes:** (a) How long ago was your last HIV test? \_\_\_\_\_.

(b) Was the result HIV-positive or HIV-negative? **HIV-positive / HIV-negative**

- If **HIV-positive:** confirm provider managing HIV care. SCREENING COMPLETE
- If **HIV-negative:** go on to question 2.

If **No:** Register patient for next HIV testing session. Go on to question 2.

2. Have you injected drugs that were not prescribed to you within the past 6 months? **Yes / No**

If **Yes:** (a) In the past 6 months, have you shared any needles, syringes, or other drug preparation equipment that had already been used by another person? **Yes / No**

(b) In the past 6 months, have you been in a methadone or other medication-based drug treatment program? **Yes / No**

If **No:** Go on to question 3.

3. Have you been sexually active in the last 6 months? **Yes / No**

If **No:** SCREENING COMPLETE

If the client is:

(a) **Male:** Do you have sex with men, women, or both?

➤ If **MSM:** (1) Have you had sex without a condom in the past 6 months? **Yes / No**

(2) Have you had sex in exchange for money or drugs? **Yes / No**

➤ If **MSW only:** (1) Have you had sex with someone who is HIV+ in past 6 months without using a condom? **Yes / No**

(b) **Female:** Do you have sex with men, women, or both?

➤ Have you had sex in exchange for money or drugs in the past 6 months? **Yes / No**



# PrEP Protocol & Algorithm

## BCA HIV PrEP Linkage Protocol

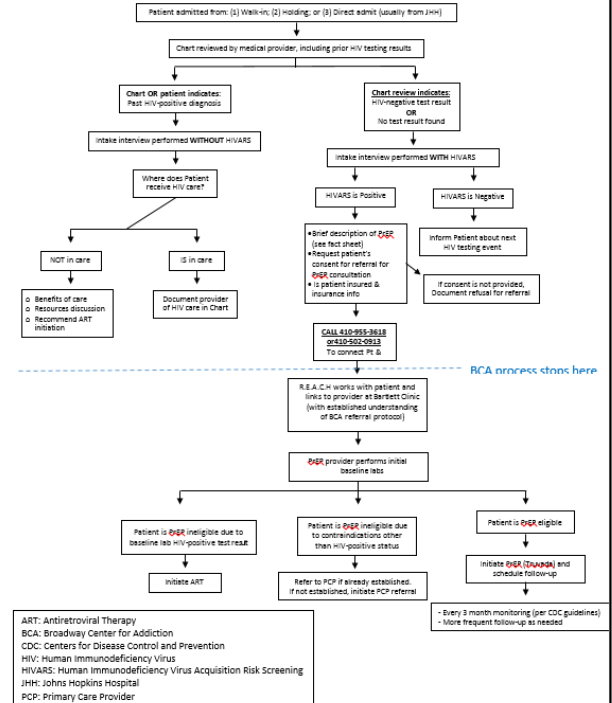
- Patients are admitted to BCA as one of the following: (1) walk-in; (2) from holding; or via direct admit from Johns Hopkins Hospital
- Prior to intake appointment, provider conducts a chart review as indicated by existing intake process, and searches available medical records for any prior HIV testing results.
  - If patient has a documented HIV-positive result, follow Steps 3 & 4.
  - If patient has an HIV-negative or no test result, skip to Step 5.
- Perform intake appointment **without** performing HIVARS.
- Ask patient during appointment if engaged in HIV care:
  - If engaged in care, document HIV provider in patient's chart.
  - If not engaged in care, discuss benefits of care and resources available to patient. Recommend initiation of HIV care.
- Intake appointment performed **with** HIVARS.
  - If HIVARS is positive, proceed to Steps 6 & 7.
  - If HIVARS is negative, proceed to Step 8.
- Provide brief description of PrEP (see Provider Fact Sheet) and obtain patient's consent for referral or document refusal of referral.
- Call Project R.E.A.C.H. at 888-788-7737 to connect patient and a PrEP navigator. Proceed to Step 9.
- Inform the patient about the date and location of the next HIV testing event at BCA.

## BCA process steps here

- Once the patient has been linked with a PrEP navigator, R.E.A.C.H. will work with the patient and arrange an appointment with a PrEP provider at the Bartlett Clinic.
- At the initial consultation, the PrEP provider will perform a comprehensive history and physical and order baseline labs, including but not limited to: HIV diagnostic testing, comprehensive metabolic panel, complete blood count, hepatitis serology and testing for sexually transmitted infections.
  - If baseline labs indicate that the patient is HIV-positive, initiate antiretroviral therapy
  - If the patient is PrEP ineligible for contraindications other than HIV-positive status, refer to primary care provider



## Intake Provider's PrEP Linkage Algorithm:



**Implementation**

**Evaluation**

**Validation**





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