FENWAY III HEALTH



Setting up a PrEP Clinic: the ABC's of Integrating PrEP into Clinical and Other Settings

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11th International Conference on HIV Treatment and Prevention Adherence



CONFLICT OF INTEREST DISCLOSURE

Alex Gonzalez, MD MPH has no real or apparent conflicts of interest to report.

OBJECTIVES

- Present varying models of PrEP integration
- Describe the Fenway Health Model of Care
- Summarize Fenway Health's PrEP experience thus far
- Review some interesting cases



MODELS OF PREP INTEGRATION

	Examples				
Municipal STI Clinics (RISK PREVALENCE)	San Francisco City Clinic PrEP Demo Project	Miami-Dade County Health Department PrEP Demo Project			
Primary Care/Self Referral to ID Specialist (CLINICAL EXPERTISE)	Kaiser Permanente (San Francisco)	Froedtert Hospital / Medical College of Wisconsin (Milwaukee)			
Primary Care (CARE INFRASTRUCTURE)	Whitman-Walker Health Center (DC)	Fenway Health (Boston)			

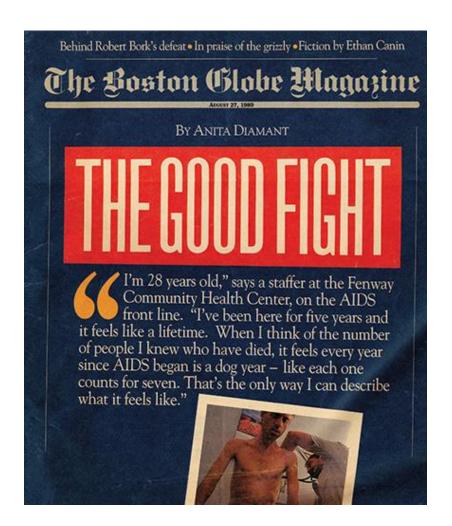


- Federally qualified health center
- Established 1971
- 3 clinic sites in Boston
- 25,000 patients
 - o12,500 (50%)LGBT
 - o2200 (9%) PLWHA
 - o1800 (7%) Trans*
 - o1477 (6%) PrEP



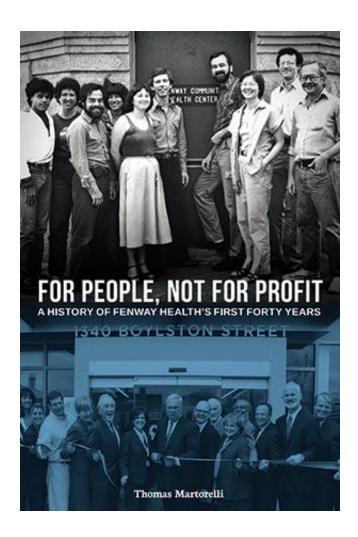


- NCQA Level 3 Patient Centered Medical Home since 2013
- 35 Primary Care Providers (MD/DO, NP/PA)





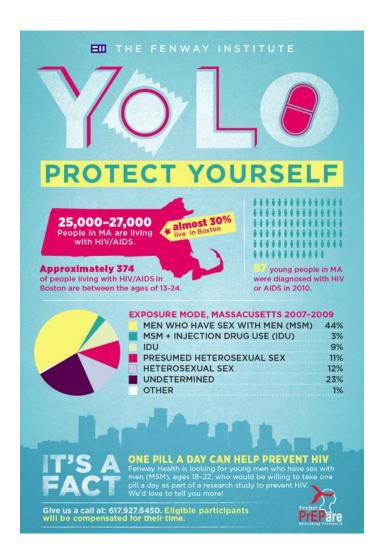
- Medical
- Behavioral Health
- Optometry
- Dentistry
- Radiology
- Lab
- Pharmacy
- The Fenway Institute
- AIDS Action Committee





Team Based Care

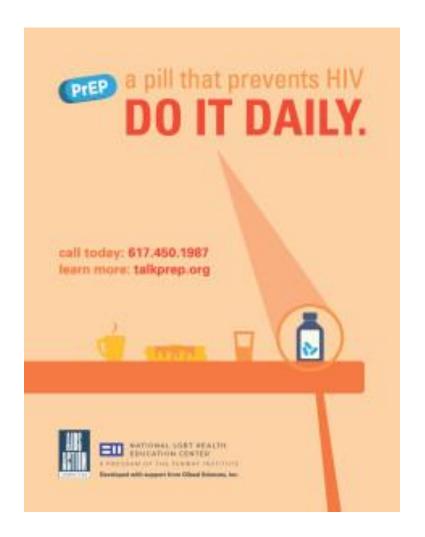
- PCP: physician, NP, PA
- Team Nurse (RN)
- Team Medical Assistant (MA)
- Team Behavioral Health Specialist (LICSW)
- Team Case Manager (BSW)
- Team Patient Services Representative



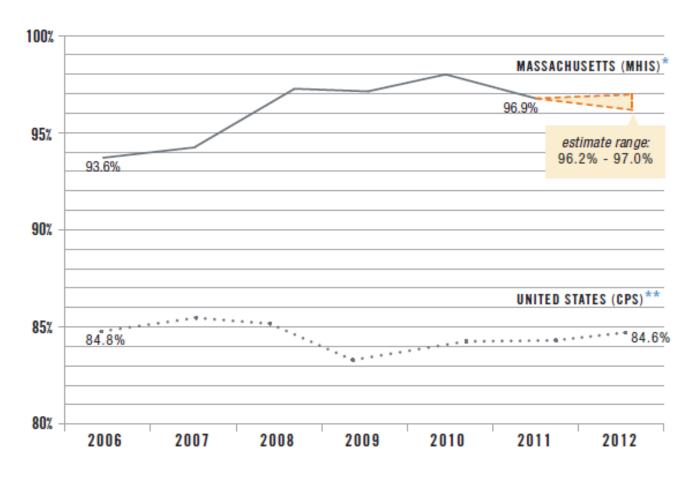


Fenway Institute Prevention Team

- DPH funded
- 15 people across three agencies (Fenway Health, AIDS Action, Multicultural AIDS Coalition) help expand our clinic's footprint
 - Health navigation
 - HIV and STD screening
 - Risk reduction counseling
 - Linkage to care
 - Life Coaching

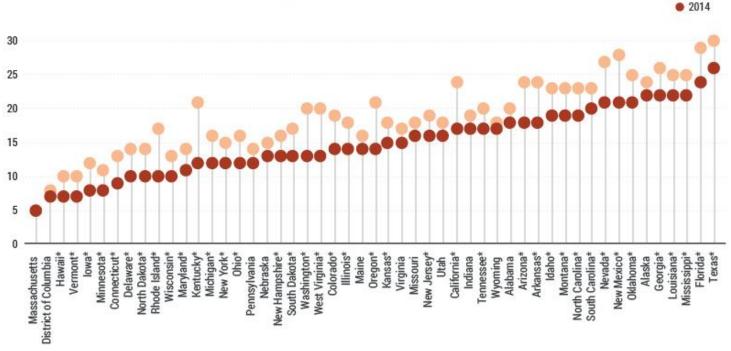






Source: Center for Health Information and Analysis, Massachusetts Health Insurance Coverage, 2012 Estimate (Dec. 2, 2013)





Note: States are arranged in rank order based on their current data year (2014) value.

Data source: U.S. Census Bureau, 2013 and 2014 1-Year American Community Surveys, Public Use Microdata Sample (PUMS).

Source: Commonwealth Fund, The Changing Landscape of Health Care Coverage and

Access: Comparing States' Progress in the ACA's First Year (Dec. 9, 2015)

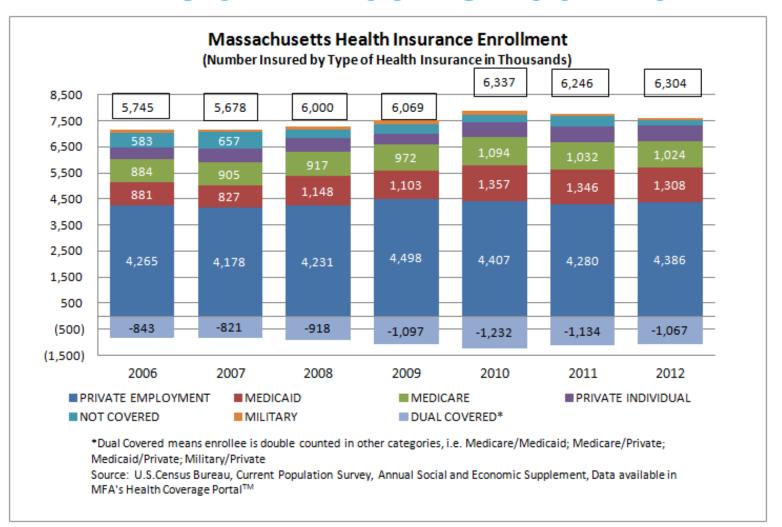
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2013



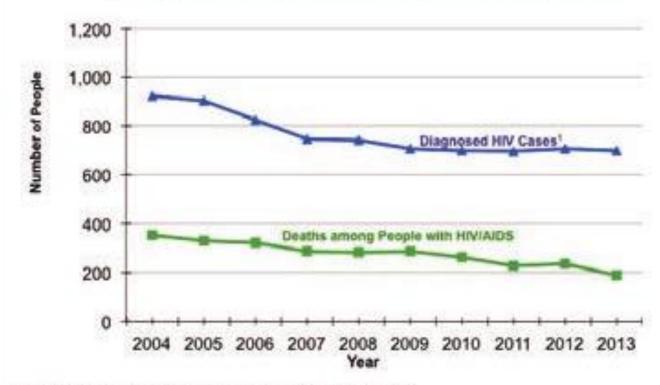
^{*} Denotes states with at least -.5 standard deviation change (3 percentage point decline) between 2013 and 2014.







Trends in the Number of HIV Infection Diagnoses and Deaths among People with HIV/AIDS, Massachusetts, 2004–2013



Diagnosed HIV Cases N=7,646; Deaths among people with HIV:AiDS N=2,785

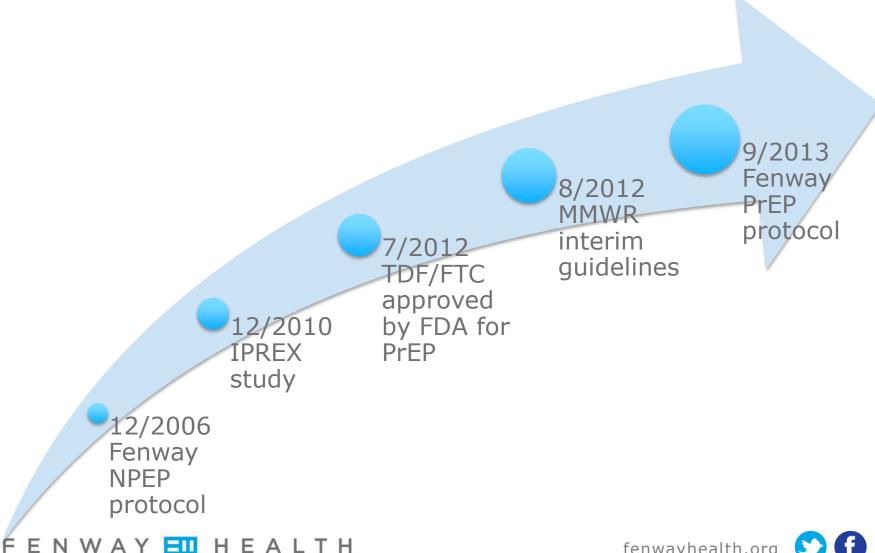
1 Includes people concurrently or subsequently diagnosed with AIDS

Data Source: MDPH, Bureau of Infectious Disease, data are current as of 1/1/15 and subject to change





FENWAY TIMELINE



Visit Information	Behaviors	STD & Testing History	Tests Ordered		Education & Referrals
VI. RISK FACTOR	es.				
In the last 12 months	, has the patient				
 Had vaginal or anal se 	ex with male partner(s)?	Yes	◯ No		Doesn't know 🗀 Didn't ask
4. Had vaginal or anal se	ex with female partner(s)?	☐ Yes	◯ No	C	Doesn't know 🔘 Didn't ask
7. Has the patient had se	ex with transgender partner	(s)? (SYes	□ No	Ω	Doesn't know 🗀 Didn't ask
10. How many different	apple has the petient bad as	www.with in the poot 12th-	.2		
		ex with in the past 12 months sex with in the past 3 months			
	propie mas the patient made	The state of the s			



FEMALE ONLY								
Has the patient had vaginal or anals partner(s) who has sex with other men?	sex with mal	0	Yes No Doesn't Didn't a:					
 Has the patient had vaginal or analst transgender partner(s) who has sex with 		0 1	res No Doesn't Didn't as					
14. If no risk factors noted	below, why	not?						▼
15. Was a risk reduction plan developed	during this	visit?						₩
What type of sex does the patie	nt engage	in?		V	Vhat % c	of the time is	s barrier used?	
16. Oral Sex (Insertive)	Ye.	s 🗀	No					
17. Oral Sex (Receptive)	☐ Ye	s C	No					
18. Vaginal Sex (Penis, fingers, toys)	Ye.	s 🖸	No					
19. Anal Sex (Insertive)	Ye.	s 🖸	No					
20. Anal Sex (Receptive)	Ye:	s 🗀	No					
VII. ADDITIONAL RISK FAC	TORS (I	FROM	DPH	CTR	FORM)		
In the past 12 months, has the page	atient end	gaged in	n the f	ollowi	ng risk b	ehaviors?		
Vaginal or anal sex with multiple partner	rs	C Ye	s 🖂	No	Ū			
Vaginal or anal sex in exchage for drug place to stay/something else the client nee		☐ Ye	s C	No				
 Vaginal or anal sex with a person who drugs/money/a place to stay/something elepartner needed 	_	☐ Ye	s 🥽	No				
 Vaginal or anal sex while intoxicated an on drugs 	d/or high	☐ Ye	s C	No				
Vaginal or anal sex with a person of un HIV status	known	☐ Ye	s 🖸	No				
6. Vaginal or anal sex with an anonymous	partner	C Ye	s C	No				
7. Has the patient ever had sex in another	country?			r	Yes		∑ No	
8. Has the patient traveled out of state in t	he LAST 2 N	IONTHS?			Yes		☐ No	
9. Has the patient been incarcerated in the	LAST 6 MC	NTHS?			Yes		☐ No	





☐ Yes ☐ No				
Lens 1				
☐ Yes		C	No	
tollowing injection (arug use risk b	enaviors?		
	Yes	◯ No		Doesn't know 🦳 Didn't ask
	following injection o		following injection drug use risk behaviors?	

VIII. STD DIAGNOSIS HISTORY
No history of STI testing No history of HIV testing No history of HCV testing
In the last 12 months, was the patient diagnosed with a STD? (Check all that apply)
Chalmydia Gonorrhea Syphilis Not applicable-not diagnosed
IX. VACCINATION HISTORY
1. Patient reports vaccination for Hepatitis A ■
2. Patient reports vaccination for Hepatitis B ▼
3. Patient reports vaccination for HPV? C Yes C No C Doesn't know C Didn't ask
X. STD TESTING HISTORY
Patient reported the following tests on date completed below:
Test Type Tested? Site Date Outcome Treated?
1. HV
2. Gonorrhea
3. Chlamydia
4. Syphilis
5. Hepatitis A
6. Hepatitis B
7. Hepatitis C
8. NGU/NSU
9. HSV - Type 1
10. HSV - Type 2
11.Trichomoniasis
12. Other

XIII. EDUCATION	N .
1. Education:	PEP education
	PrEP education
	Counseled client on reducing number of partners
2. Supported Referrals:	☐ Drug/alcohol treatment
	Overdose Education and Naloxone distribution
	Needle exchange/syringe services programming
	Pre-exposure prophylaxis (PrEP)
	Post-exposure prophylaxis (PEP)
	Peer support (individual)
	Peer support (group)
	Health insurance enrollment
	Mental health treatment program
	Housing search and advocacy
	Legal services
	Partner services (DIS)
	Group-level evidence-based intervention (e.g. 3mv; WILLOW; Healthy Relationships)
	Couples HIV/STI testing and counseling provided
	Personal Cognitive Counseling (PCC)
	ARTAS intervention provided
	Vein and wound care
	Navigated PrEP initiation or adherence
	Two-session risk reduction counseling
	Oriented to Every Dose Every Day app
Additional referral/red	commendation notes:



FENWAY PREP PROTOCOL – INITIATION AND MONITORING

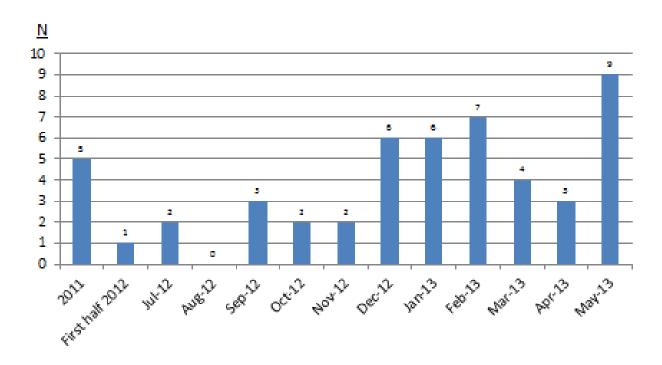
- 1. HIV Testing: at onset and q2-3 months; (VL vs. 4th Gen)
- 2. STI Testing: including HBV screen with vaccination if needed
- Safety Labs: at onset and q3 months; include uHCG testing
- Informed Verbal Consent
 - a) Common vs. serious side effects
 - b) Risk of HIV, STI, pregnancy
 - c) Potential interactions: drug-drug, drug-disease
 - d) Risk of acute seroconversion reaction
- 5. Counseling
 - a) Drug and alcohol use
 - b) Adherence
 - c) HIV prevention: counseling/testing, risk reduction, condom education, STI counseling
- 6. Reassessment: discontinue upon abatement of risk





Non Trial PrEP Use at Fenway Health

Dates of Initiation (N=50)



Source: Dr. Ken Mayer, The Fenway Institute

- Approximately 600 different patients were prescribed PrEP
- Demographic characteristics
 - o 95% cis male
 - o 3% trans* female
 - o 78% white
 - 12% nonwhite (7% black)
 - 12% Hispanic



Behavioral characterstics

- >95% MSM
- 87% single or in nonmonogamous relationship at initiation of PrEP
- 77% none or inconsistent condom use with casual partner
- 24% had used NPEP prior to PrEP initiation



Persistence vs. Discontinuation

- 58% had 0 discontinuation episodes
- 42% discontinued PrEP at least once
 - Main reason for discontinuation was decrease in risk
- 8% delayed PrEP initiation
- 3% never initiated PrEP

Monitoring

- HIV Testing
 - 91% with 1+ post-PrEP HIV test
 - Median time to post-PrEP HIV test = 2.86 months
 - HIV test frequency median = q5.5 months
- STI Testing
 - 35.9% with any STI while on PrEP
 - STD lab frequency median = q4.5 months
- Safety Lab Testing
 - Safety lab frequency (Cr) median = q4.74 months



THE FENWAY EXPERIENCE 2016

- New PrEP starts 3/2016: 117
- New PrEP starts 4/2016: 123
- Total Patients on PrEP since 1/2016: >1000
- Number of seroconversions among PrEP initiates:



CASE 1: DONALD T.



- 24M Initial visit to clinic
- Linkage: from Fenway Institute study
- CC: "I want to start PrEP" + Annual Physical
- Risk Assessment:
 - MSM
 - intermittent condom use for anal sex
 - AUDIT-C positive



- Exam: no abnormal findings
- Labs: WNL except for negative HBV and HAV serologies
- Plan:
 - Start TDF/FTC 1 tab PO daily
 - HAV/HBV#1
 - Handoff to BHS for S-BIRT re:ETOH
 - Referral to Team Case Manager for help with Copay Assistance Application





- Follow-Up
 - with provider in 3 months for 20 min.
 - with nurse in 1 month for HAV/HBV#2

Coding

- Insurance: Commercial
- New or Established patient?
- Preventive or Problem Based Visit or Both?
- Significant/Separate Evals?
- Anything else you did today?





- Coding
 - CPT 99385 linked to
 - 1. ICD10 Z00.00: Encounter for general adult medical examination without abnormal findings
 - 2. ICD10 Z72.52: High risk homosexual behavior
 - CPT 90471 linked to
 - 1. Z23: Encounter for immunization
 - CPT 99420-25 linked to
 - 1. F10.10: Alcohol abuse, uncomplicated



CASE 2: HILLARY C.

- 38 trans* F Subsequent visit to clinic
- Linkage: DPH funded Vaccination Clinic, Established Primary Care x 9 years
- CC: hormone f/u + penile lesion + interest in PrEP since she is restarting escorting
- Risk Assessment:
 - MtFSM
 - Primary partner Inconsistent condom use
 - Sex work- Always uses condoms





- Exam: WNL except for skin tag on base of penis
- Labs: WNL except for...
 - Total testosterone = 369ng/dL (15-70)
 - Note: 4th Gen HIV test had been negative 3 weeks prior and pt has had no sexual activity since >2 weeks before that



- Plan
 - Start TDF/FTC 1 tab PO daily
 - Continue estradiol + spiro at current dosing; confirm pt OK with this
 - Reassurance re: skin tag
 - Inform pt of support group for cisgender partners of transgender people
- Follow-Up
 - With provider in 3 months for 20 min.

- Coding
 - Insurance: Medicaid MCO
 - New or Established patient?
 - o Preventive or Problem Based Visit or Both?
 - Significant/Separate Evals?
 - Anything else you did today?



- Coding
 - CPT 99214 linked to
 - 1. E34.9: Endocrine disorder, unspecified
 - 2. N50.9: Disorder of male genital organs, unspecified
 - 3. Z72.51: High risk heterosexual behavior



PREVENTIVE COUNSELING CPT CODES

- 99401: 15 minutes
- 99402: 30 minutes
- 99403: 45 minutes
- 99404: 60 minutes

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QUESTIONS?



