

A model for engaging sexual and gender minority populations in the U.S. South in HIV prevention

Presenting Author:

Alexander Lankowski, MD, University of Washington & Fred Hutchinson Cancer Research Center, Seattle, WA

Co-Authors:

- Dennis Chau, Texas Health Action, Austin, TX
- Samuel Goings, Texas Health Action, Austin, TX
- Julia C. Dombrowski, MD, MPH, University of Washington, Seattle, WA





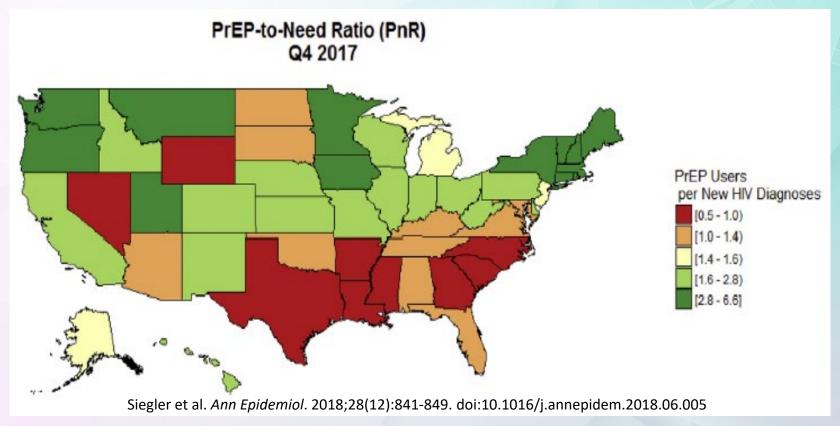
UNIVERSITY of WASHINGTON

DISCLOSURES

None

BACKGROUND

Significant regional variability in PrEP use relative to need





A PROGRAM OF 🔩





- Founded in 2015 in response to unmet need for PrEP and LGBTQ+ friendly sexual health services in central TX
- Main site in Austin → now 3 satellite clinics
 - San Antonio opened May 2018
 - Expansion into larger facility in March 2020
 - North Austin opened July 2019
 - South Austin opened October 2020
- Since 2015:
 - > 5,200 patients prescribed PrEP
 - > 10,800 patients overall
 - > 28,000 HIV tests performed





Opening of new San Antonio clinic site, March 2020

OBJECTIVES



- To describe early retention in care among new PrEP users at Kind Clinic
- To explore factors associated with retention in PrEP care at Kind Clinic

KIND CLINIC - MODEL OF CARE

- HIV "status-neutral" care across 4 main service areas:
 - o PrEP/nPEP, HIV Dx/Rx, STI Dx/Rx, and Gender Care
 - o "TeleKind" option as of July 2018















- Services free of charge to all
 - Internal assistance program subsidizes cost of TDF/FTC if not 100% covered by DAP and/or private insurance
- Initial PrEP visit and q3mo follow-up per CDC guidelines

STUDY DESIGN

- Retrospective cohort analysis of 6-month retention in care among new PrEP users at Kind Clinic
- Data extracted from electronic medical records:

Baseline characteristics

- **Demographics,** e.g. sex at birth, gender, race, ethnicity, insurance status
- Clinical / Behavioral, e.g. gender and HIV status of sex partners, history of nPEP

Longitudinal data

- Clinical Visits, e.g. visit type (PrEP, Gender Care, STI Testing), site (Austin, San Antonio)
- Laboratory/Pharmacy, e.g. HIV testing, TDF/FTC prescriptions

ANALYSIS POPULATION



Inclusion criteria:

- Completed a "New PrEP" visit at Kind Clinic between November 1, 2017 and October 31, 2018
- Age ≥18 years at PrEP index date

Exclusion criteria:

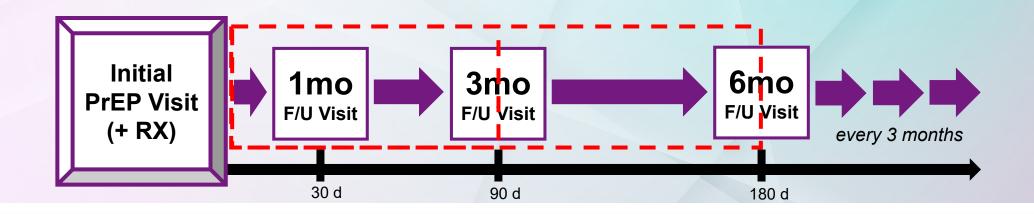
Tested HIV+ on or prior to PrEP index date

OUTCOME OF INTEREST



Retention in Care

- 3-month: ≥1 PrEP f/u visit within 90 days
- 6-month: ≥2 PrEP f/u visits within 180 days



BASELINE CHARACTERISTICS



- Overall, N=1168 patients initiated PrEP at Kind Clinic from 11/1/2017 – 10/31/2018
 - ➤ Accounted for a total of 3,217

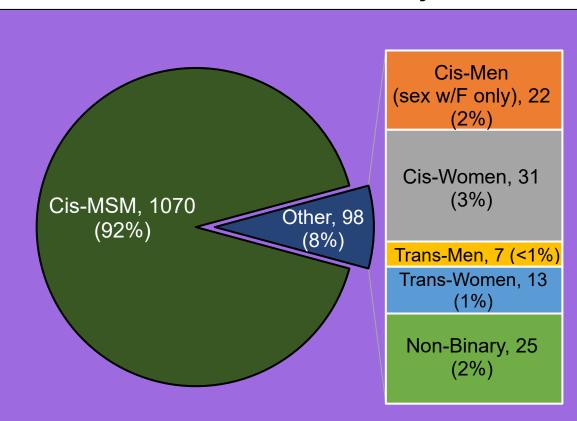
 PrEP follow-up visits during the observation period from 11/1/2017 5/1/2019

Demographics	Total N=1168
Age, median (IQR)	30 (25 – 36)
Race, n (%)	
White	849 (73%)
Black	74 (6%)
East Asian	55 (5%)
Other	142 (12%)
Not reported	40 (3%)
Ethnicity, n (%)	
Hispanic/Latinx	437 (37%)
Non-Hispanic/Latinx	693 (59%)
Not reported	38 (3%)

BASELINE CHARACTERISTICS - II



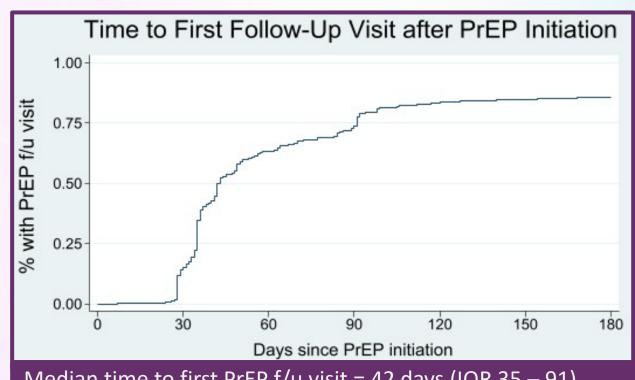
Gender/Sexual Identity



Demographic/Clinical Factors	Total N=1168			
Income (USD/year), median (IQR)	27600 (12000 – 48000)			
Education, n (%)				
Post-secondary degree or more	675 (67%)			
PrEP payment mechanism, n (%)				
Received any assistance (DAP or internal)	914 (78%)			
Private insurance only	254 (22%)			
Clinic site, n (%)				
Austin	1087 (93%)			
San Antonio	81 (7%)			
History of nPEP, n (%)	55 (5%)			
Partner living with HIV, n (%)	225 (20%)			

RETENTION IN CARE





Median time to first PrEP f/u visit = 42 days (IQR 35 - 91) *88% of patients had at least 1 PrEP f/u within 6 months

3-month retention (≥ 1 f/u visit): **74%** (860/1168)

6-month retention (≥ 2 f/u visits): **63%** (739/1168)

1 seroconversion, corresponding to an HIV incidence rate of 0.17 per 100 person-years

PREDICTORS OF RETENTION

Factor	3-MONTH	6-MONTH	
	Risk Ratio (95% Confidence Interval)		
Age ≥30 years (vs <30 years)	1.03 (0.96 – 1.10)	1.13 (1.03 – 1.23)	
White race (vs any other race)	1.04 (0.96 – 1.13)	1.06 (0.96 – 1.18)	
Hispanic/Latinx (vs non-Hispanic/Latinx)	0.97 (0.90 – 1.05)	0.98 (0.89 – 1.07)	
Cis-MSM (vs all other gender/sexual identities)	1.30 (1.09 – 1.56)	1.35 (1.09 – 1.68)	
Post-secondary degree or higher (vs lower educational attainment)	1.06 (0.98 – 1.15)	1.13 (1.02 – 1.26)	
Annual income ≥25,000 USD (vs <25,000 USD)	1.06 (0.97 – 1.15)	1.11 (1.00 – 1.23)	
Austin clinic site (vs San Antonio site)	0.88 (0.79 - 0.98)	1.01 (0.85 – 1.19)	
Received PrEP payment assistance (vs no PrEP payment assistance)	0.92 (0.86 – 1.00)	0.90 (0.81 – 0.99)	
Partner living with HIV (vs no known HIV+ partners)	0.91 (0.82 – 0.99)	0.87 (0.77 – 0.98)	



STRENGTHS & LIMITATIONS



• STRENGTHS:

- Large cohort (>1000 PrEP patients enrolled over just 12 months)
- Definition of "retained in care" relatively conservative

• LIMITATIONS:

- Prescription data not included in analysis
- Retrospective analysis with limited scope of possible variables

Prep retention in routine care settings



PrEP Retention in Other "Real-World" Clinical Settings

	% Retained*	Timing	Population(s)	Location(s)
Chan (2016)	73% 60%	3 months 6 months	MSM + TW (n=171)	3 clinics: Providence, RI; Jackson, MS; St. Louis, MO
Hojilla (2017)	74% 60%	3 months 6 months	MSM (n=268)	Community-based clinic in San Francisco, CA
Rusie (2017)	43%	12 months	General (n=3,451: 89% MSM, 5% TW)	6 clinics in Chicago, IL
Lankowski/Bien (2018)	42%	6 months	General (n=107: 52% MSM, 3% TW)	Academic health system in Bronx, NY
Chan (2019)	76% 62%	8 months 16 months	MSM + TW (n=282)	3 clinics: Providence, RI; Jackson, MS; St. Louis, MO

MSM: men who have sex with men, TW: transgender women. *Outcome defined as # retained / # initially prescribed PrEP (manually calculated based on reported data if alternative denominator used in manuscript).

CONCLUSIONS



- Early retention in PrEP care at Kind Clinic comparable to (or higher than) reports from other real-world clinical settings
- The Kind Clinic experience is a valuable case study and could provide a model for HIV prevention programs in the U.S. South aiming to reach and retain priority populations

POTENTIAL FUTURE DIRECTIONS



- Continued growth of Kind Clinic beyond Austin and San Antonio → possible expansion of telemedicine to reach patients anywhere in TX (including at-home testing)
- Future studies could be done to identify and characterize core features of Kind Clinic care model associated with successful PrEP outcomes

THANKS!

Acknowledgements:

- Kind Clinic providers, staff, volunteers, and patients
- University of Washington STD/AIDS Research Training Fellowship Program (NIH T32 AI07140)

UNIVERSITY of WASHINGTON

For questions about the analysis: alankow@uw.edu (presenting author)

https://kindclinic.org

https://texashealthaction.org



- @TheKindClinic https://twitter.com/TheKindClinic
- f https://www.facebook.com/KindClinic/
- https://www.instagram.com/kindclinic/



For questions about Kind Clinic: Dennis.Chau@TexasHealthAction.org

REFERENCES

Chan PA, Mena L, Patel R, et al. Retention in care outcomes for HIV pre-exposure prophylaxis implementation programmes among men who have sex with men in three US cities. *J Int AIDS Soc.* 2016;19(1):1-8. doi:10.7448/IAS.19.1.20903

Chan PA, Patel RR, Mena L, et al. Long-term retention in pre-exposure prophylaxis care among men who have sex with men and transgender women in the United States. *J Int AIDS Soc.* 2019;22(8). doi:10.1002/jia2.25385

Hojilla JC, Vlahov D, Crouch PC, Dawson-Rose C, Freeborn K, Carrico A. HIV Pre-exposure Prophylaxis (PrEP) Uptake and Retention Among Men Who Have Sex with Men in a Community-Based Sexual Health Clinic. *AIDS Behav*. 2018;22(4):1096-1099. doi:10.1007/s10461-017-2009-x

Lankowski AJ, Bien-Gund CH, Patel V V, Felsen UR, Silvera · Richard, Blackstock OJ. PrEP in the Real World: Predictors of 6-Month Retention in a Diverse Urban Cohort. *AIDS Behav.* 2018;1:3. doi:10.1007/s10461-018-2296-x

Rusie LK, Orengo C, Burrell D, et al. Preexposure prophylaxis initiation and retention in care over 5 Years, 2012-2017: Are quarterly visits too much? *Clin Infect Dis*. 2018;67(2):283-287. doi:10.1093/cid/ciy160

Siegler AJ, Mouhanna F, Giler RM, et al. The prevalence of pre-exposure prophylaxis use and the pre-exposure prophylaxis—to-need ratio in the fourth quarter of 2017, United States. *Ann Epidemiol*. 2018;28(12):841-849. doi:10.1016/j.annepidem.2018.06.005

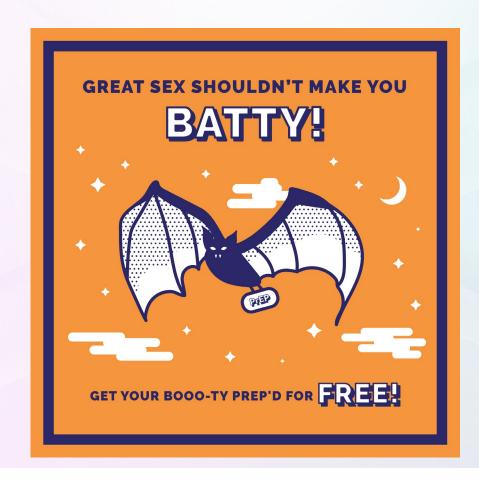
SUPPLEMENTAL - I



https://kindclinic.org/celebrating-5-years-of-kindness/

KIND CLINIC - SEX-POSITIVE MESSAGING







Comments from Dennis

FULL TABLE



PrEP Retention in Other "Real-World" Clinical Settings

	% Retained* + Timepoint/Definition	Population(s)	Location(s)
Chan et al (2016)	73% at 3 months 60% at 6 months	MSM + TW (n=171)	3 clinic sites: Providence, RI; Jackson, MS; St. Louis, MO
Hojilla et al (2017)	74% at 3 months (f/u visit +/- 1mo) 60% at 6 months (f/u visit +/- 1mo) 47% at 12 months (f/u visit +/- 1mo)	MSM (n=268)	Community-based clinic in San Francisco, CA
Rusie et al (2017)	43% at 12 months	General (n=3,451: 89% MSM, 5% TW)	6 clinic sites in Chicago, IL
Lankowski/Bien et al (2018)	42% at 6 months (Rx and HIV test at 6 +/-2mo)	General (n=107: 52% MSM, 3% TW)	Clinics within an academic health system in Bronx, NY
Chan et al (2019)	76% at 8 months (≥1 f/u visit by 8mo) 62% at 16 months (≥2 f/u visits by 16mo)	MSM + TW (n=282)	3 clinic sites: Providence, RI; Jackson, MS; St. Louis, MO

MSM: men who have sex with men, TW: transgender women. *Defined as # retained / # initially prescribed PrEP (manually calculated based on reported data if alternative denominator used in manuscript).