Longitudinal PrEP Outcomes at a Freestanding Sexual Health Clinic in Texas

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

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**Co-Authors:**
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- Samuel Goings, Texas Health Action, Austin, TX
- Julia C. Dombrowski, MD, MPH, University of Washington, Seattle, WA
DISCLOSURES

• None
• Significant regional variability in PrEP use relative to need

• 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
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

- PrEP (pre-exposure prophylaxis) Access
  Free access to services and support for the daily pill that prevents HIV.
  LEARN MORE

- PEP (post-exposure prophylaxis) Access
  Free access to services and support for medication that prevents HIV within 72 hours of exposure.
  LEARN MORE

- HIV Testing & Care
  Access to HIV testing, medication, and care for a healthy and empowered life.
  LEARN MORE

- STI Testing & Treatment
  Free STI testing and treatment for our PreP, PEP, and Gender Care patients and their sex or needle-sharing partners.
  LEARN MORE

- Gender Affecting Care
  We offer hormone replacement therapy for transgender and gender non-conforming patients.
  LEARN MORE

- TeleKind
  Kindness on the go! The quality medical care you get at Kind Clinic, NOW from the convenience of your mobile device or computer.
  LEARN MORE

• Services free of charge to all
  o 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

Initial PrEP Visit (+ RX)

1mo F/U Visit

3mo F/U Visit

6mo F/U Visit

every 3 months
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**

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

**Demographic/Clinical Factors**

**Total N=1168**

<table>
<thead>
<tr>
<th>Income (USD/year), median (IQR)</th>
<th>27600 (12000 – 48000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education, n (%)</td>
<td>675 (67%)</td>
</tr>
<tr>
<td>Post-secondary degree or more</td>
<td>675 (67%)</td>
</tr>
<tr>
<td>PrEP payment mechanism, n (%)</td>
<td>914 (78%)</td>
</tr>
<tr>
<td>Received any assistance (DAP or internal)</td>
<td>914 (78%)</td>
</tr>
<tr>
<td>Private insurance only</td>
<td>254 (22%)</td>
</tr>
<tr>
<td>Clinic site, n (%)</td>
<td>1087 (93%)</td>
</tr>
<tr>
<td>Austin</td>
<td>1087 (93%)</td>
</tr>
<tr>
<td>San Antonio</td>
<td>81 (7%)</td>
</tr>
<tr>
<td>History of nPEP, n (%)</td>
<td>55 (5%)</td>
</tr>
<tr>
<td>Partner living with HIV, n (%)</td>
<td>225 (20%)</td>
</tr>
</tbody>
</table>

**Gender/Sexual Identity**

- Cis-MSM, 1070 (92%)
- Cis-Men (sex w/F only), 22 (2%)
- Cis-Women, 31 (3%)
- Trans-Men, 7 (<1%)
- Trans-Women, 13 (1%)
- Non-Binary, 25 (2%)
- Other, 98 (8%)
RETENTION IN CARE

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

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

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

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
## PREDICTORS OF RETENTION

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

<table>
<thead>
<tr>
<th>Study</th>
<th>% Retained*</th>
<th>Timing</th>
<th>Population(s)</th>
<th>Location(s)</th>
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<tr>
<td>Chan (2016)</td>
<td>73% 60%</td>
<td>3 months 6 months</td>
<td>MSM + TW (n=171)</td>
<td>3 clinics: Providence, RI; Jackson, MS; St. Louis, MO</td>
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<td>Hojilla (2017)</td>
<td>74% 60%</td>
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<td>MSM (n=268)</td>
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<td>Rusie (2017)</td>
<td>43%</td>
<td>12 months</td>
<td>General (n=3,451: 89% MSM, 5% TW)</td>
<td>6 clinics in Chicago, IL</td>
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<td>Lankowski/Bien (2018)</td>
<td>42%</td>
<td>6 months</td>
<td>General (n=107: 52% MSM, 3% TW)</td>
<td>Academic health system in Bronx, NY</td>
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<td>Chan (2019)</td>
<td>76% 62%</td>
<td>8 months 16 months</td>
<td>MSM + TW (n=282)</td>
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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
• 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
Acknowledgements:

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

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


SUPPLEMENTAL - I

https://kindclinic.org/celebrating-5-years-of-kindness/
KIND CLINIC – SEX-POSITIVE MESSAGING

GREAT SEX SHOULDN’T MAKE YOU

BATTY!

GET YOUR BOO-ty PREP’D FOR FREE!

BECAUSE YOU’RE

BOO-TIFUL

AND GENDER CARE SHOULDN’T BE SCARY.

MAKE A FREE APPOINTMENT TO LIFT YOUR SPIRITS!
Comments from Dennis
### PrEP Retention in Other “Real-World” Clinical Settings

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<td>76% at 8 months (≥1 f/u visit by 8mo) \ 62% at 16 months (≥2 f/u visits by 16mo)</td>
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