

Integrating Medical and Behavioral Health Care for People Taking PrEP: Collaborating for HIV Prevention

Kevin L. Ard, MD, MPH

Alex S. Keuroghlian, MD, MPH

20
22

NATIONAL
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

Kevin L. Ard has no relevant financial interests to disclose.

Alex S. Keuroghlian reports royalties as editor of a McGraw Hill textbook on transgender and gender diverse health care.

Disclosure will be made when a product is discussed for an unapproved use.

This continuing education activity is managed and accredited by AffinityCE, in collaboration with the Health Resources and Services Administration (HRSA), LRG, and AffinityCE. AffinityCE, LRG and HRSA staff, as well as planners and reviewers, have no relevant financial interests to disclose. AffinityCE adheres to the ACCME's Standards for Integrity and Independence in Accredited Continuing Education. Any individuals in a position to control the content of a CME activity, including faculty, planners, reviewers, or others, are required to disclose all relevant financial relationships with ineligible entities (commercial interests). All relevant conflicts of interest have been mitigated prior to the commencement of the activity.

There was no commercial support for this activity.

Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Describe research findings about mental health conditions and substance use disorders among people eligible for pre-exposure prophylaxis (PrEP) for HIV.
2. Summarize barriers to behavioral health care for people at risk for HIV.
3. Analyze an approach to PrEP in health centers that integrates medical and behavioral health care.

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- **Mission:** To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy



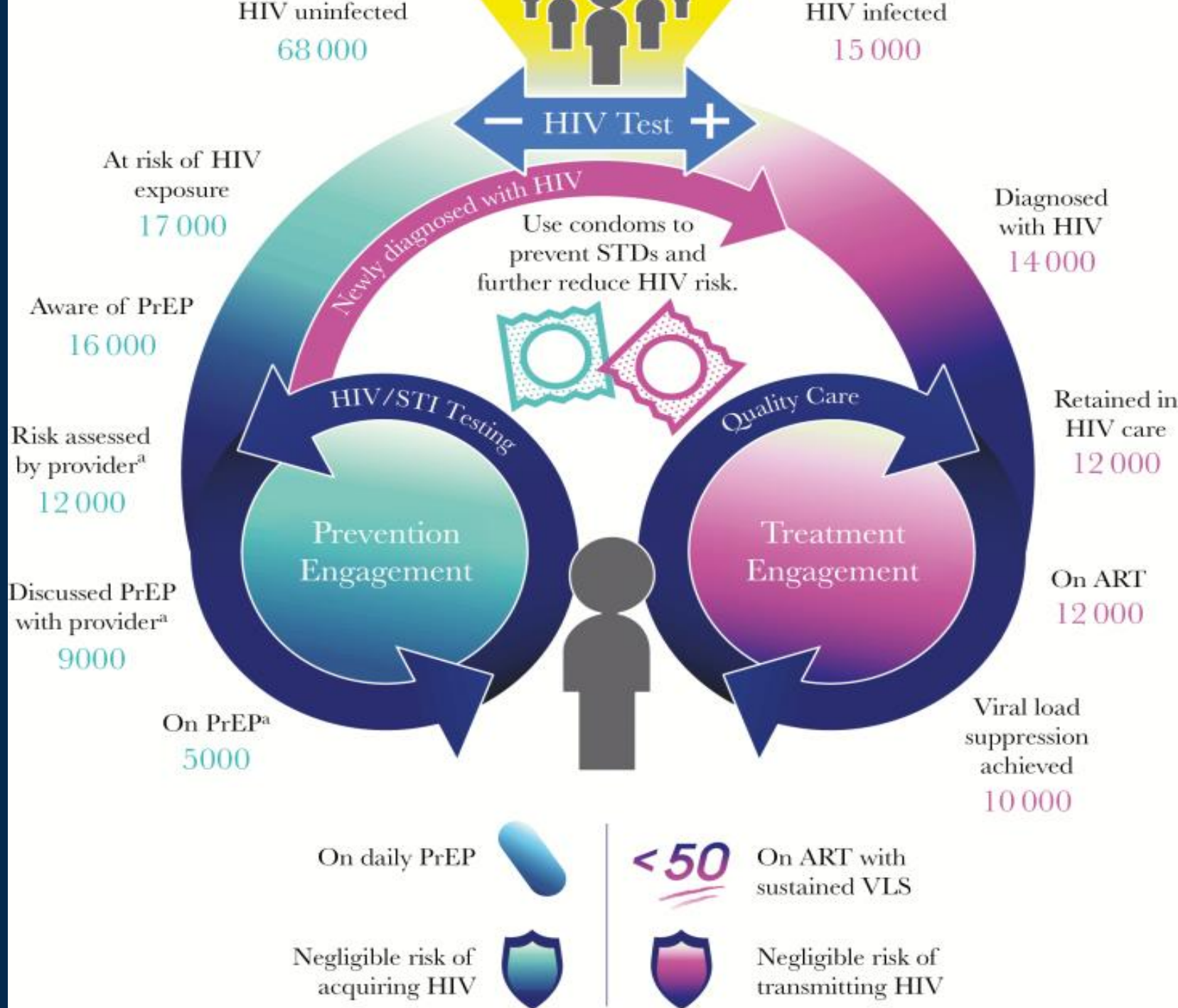
The National LGBTQIA+ Health Education Center

- Training and technical assistance
- Grand rounds
- Online learning
 - Webinars
 - Learning modules
 - Continuing education and Healthcare Equality Index credit
- ECHO programs
- Resources and publications

www.lgbtqiahealtheducation.org

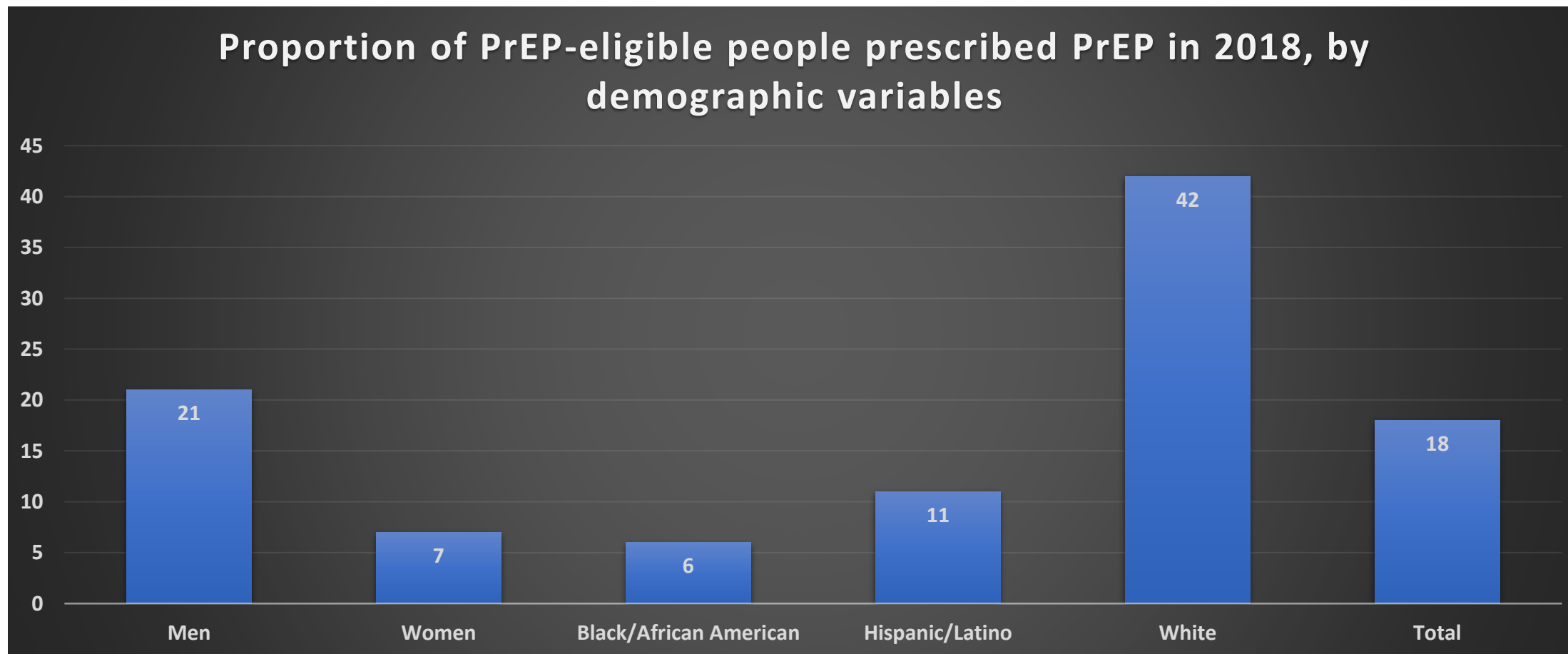
education@fenwayhealth.org

HIV care and prevention are increasingly “status neutral.”



20
22

Many people with indications for PrEP are not taking it.



Harris NS, MMWR Morb Mortal Wkly Rep, 2019

Mental health conditions are common among people eligible for PrEP.

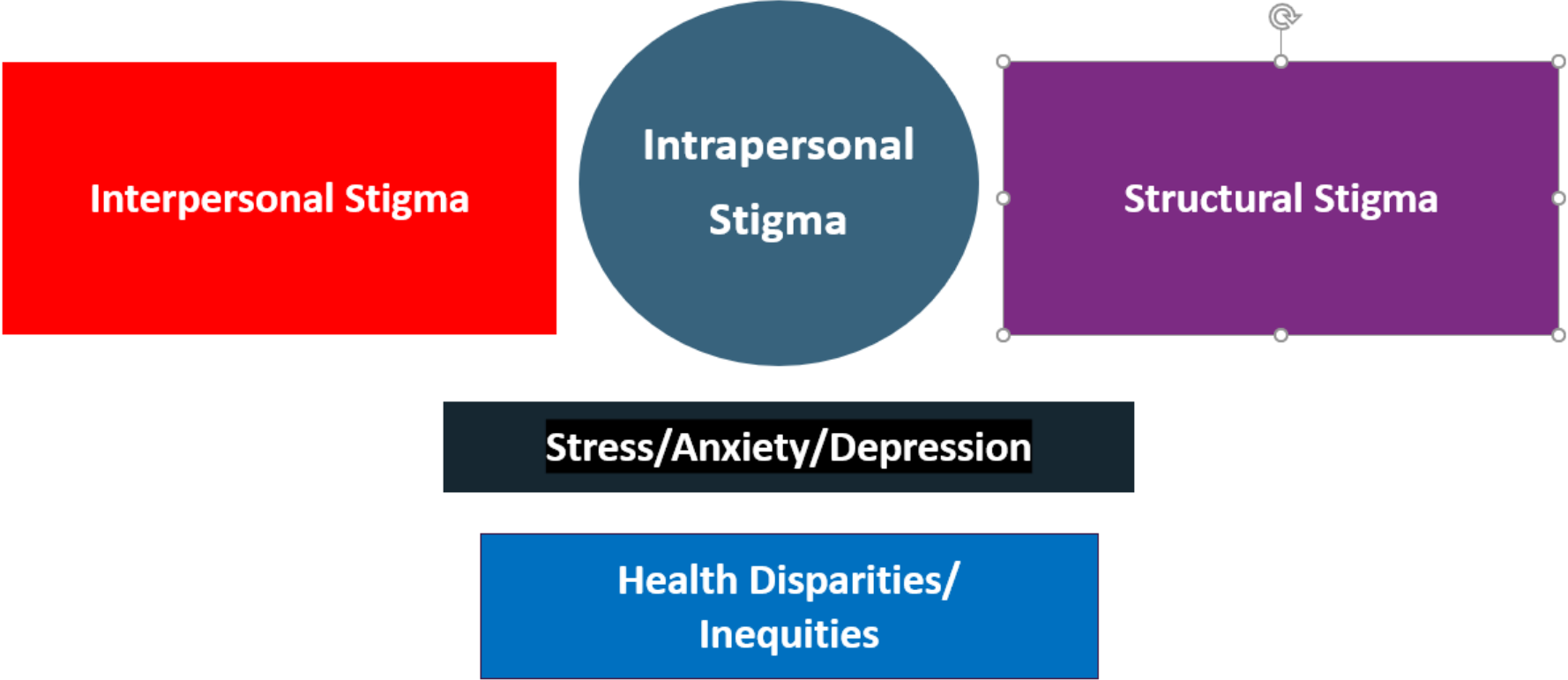
Prevalence of mental health conditions among people eligible for and/or prescribed PrEP in the United States:

- **Anxiety disorders: 22-37%**
- **Depression: 10-53%**
- **Bipolar disorder or schizophrenia: 3.6-10%**

Minority stress and mental health

- Gay, bisexual, and other men who have sex men with men (MSM) comprise a majority of PrEP-eligible people in the United States.
- Mental health disparities affecting MSM (and other LGBTQIA+ people) stem from minority stress.

Minority stress and health



Hatzenbuehler ML, Soc Sci Med, 2014

PrEP delivery in health centers is a national priority.

75%
reduction
in new HIV
infections
in 5 years
and at least
90%
reduction
in 10 years.



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



PrEP ECHO: Background

The Extension for Community Healthcare Outcomes (ECHO) model has been used successfully to train medical clinicians about PrEP prescribing.

Goals and adaptations of Fenway's PrEP ECHO (January-June 2020):

- Engage multidisciplinary teams at health centers (e.g., medical and behavioral health clinicians, administrators)
- Foster organizational and systems-level practice transformation conducive to PrEP delivery
- Focus on marginalized populations disproportionately affected by HIV

PrEP ECHO: Background 2

- Team had prior experience developing and delivering ECHO programs for LGBTQIA+ health and care for transgender and gender diverse people.
- For PrEP ECHO, crafted a 12-session program for federally qualified health centers in high-HIV-burden areas
- Each session consisted of a 20-minute didactic presentation followed by facilitated peer-to-peer case consultation
- ECHO faculty: Primary care nurse practitioners, primary care and infectious disease physicians, a psychiatrist, practice administrators

PrEP ECHO: Topics

Session	Topic
1	Standard clinical management and monitoring
2	Financing
3	Systems level issues and leadership, change management
4	PrEP for transgender populations
5	PrEP for people who inject drugs
6	Models of PrEP delivery, pharmacy provision of PrEP, telePrEP
7	PrEP and adolescents
8	Integration with behavioral health and addiction services
9	Black MSM, Latinx MSM, and medical mistrust
10	Informatics
11	Cisgender women
12	New modalities and best practices to promote persistence and adherence

PrEP ECHO: Evaluation

Baseline, 12-question survey about

- Practice setting
- Role
- Experiences working with patients with or at risk for HIV
- Self-efficacy interacting with populations disproportionately affected by HIV

Surveys featured differentiated questions for medical and behavioral health clinicians

PrEP ECHO: Participants

- 48 people from 16 health centers
- Geography:
 - 25 of 48 (52%) located in Ending the HIV Epidemic (EHE) priority areas
 - 36 (80%) urban, 5 (11%) suburban, 4 (9%) rural
- Roles:
 - 25 (56%) medical clinicians
 - 9 (20%) behavioral health clinicians
 - 11 (24%) other roles

Participants locations



Baseline experiences providing PrEP among medical clinicians

Number of patients	Number (%*)
None	2 (9%)
1-5 patients	12 (55%)
6-10 patient	1 (5%)
10-30 patients	4 (18%)
30-50 patients	1 (5%)
> 50 patients	2 (9%)

*Proportions add to greater than 100% due to rounding.

Experiences of medical and behavioral health clinicians

- Medical clinicians significantly more likely to care for people taking PrEP (91% versus 43%, $p = 0.018$)
- 3 of 7 (43%) behavioral health clinicians counseled at least one patient about PrEP in the past year
- 3 of 7 (43%) of behavioral health clinicians provided other sexual health and HIV prevention counseling aside from PrEP within the past year

Self-reported above average capacity for PrEP related tasks

Task	Medical providers (N=24)	Behavioral health providers (N=8)	P value*
Discussing holistic HIV prevention, including PrEP	14 (58%)	3 (38%)	0.42
Discussing the side effects and potential risks and benefits of using PrEP	12 (50%)	1 (13%)	0.10
Referring patients to community resources for PrEP	11 (46%)	3 (38%)	1
Providing culturally competent and sensitive care to LGBTQIA+ people	17 (71%)	6 (75%)	1
Providing culturally and sensitive care to people who inject drugs	16 (67%)	5 (63%)	1
Providing culturally competent and sensitive care for minority community members	16 (67%)	5 (63%)	1

Session evaluations

- 64% of participants across 12 sessions provided the highest ranking on a 5-point scale in response to the question: Please rate how well this presentation met the stated goals and/or objectives of the program.”
- 55% provided the highest ranking when asked if each session provided new ideas or information they expected to use in their work

Qualitative responses to questions about PrEP barriers

- Lack of respondent knowledge about PrEP
- Need for baseline laboratory studies
- Need for adequate staffing
- Need for PrEP navigation services
- Questions about how to incorporate PrEP into behavioral health care:

“It often feels that in my role as a behavioral health provider, patients do not feel that discussion of HIV and STI prevention is a topic best suited for therapy and will often prefer to discuss these matters with primary care providers. I would like to learn tools to more openly discuss this topic with patients and allow them to feel that this is something that can be assessed with all providers.” (Baseline survey respondent)

Limitations

- Small convenience sample of health care professionals who volunteered for a PrEP training program
- Focus on EHE priority areas; may not be generalizable to other areas
- Unable to analyze survey responses by demographic variables

Conclusions

- Multidisciplinary, team-based training for organizational and systems-level transformation for PrEP delivery is acceptable and feasible.
- Behavioral health clinicians are interested in facilitating HIV prevention through PrEP and bring strengths to this work, including expertise providing affirming care to diverse groups affected by HIV
- Future trainings can focus on how to incorporate PrEP counseling and care into behavioral health care

How To Claim CE Credit

If you would like to receive continuing education credit for this activity, please visit:

ryanwhite.cds.pesgce.com