



Leveraging the Ryan White System to Improve Access to PrEP and Other Services

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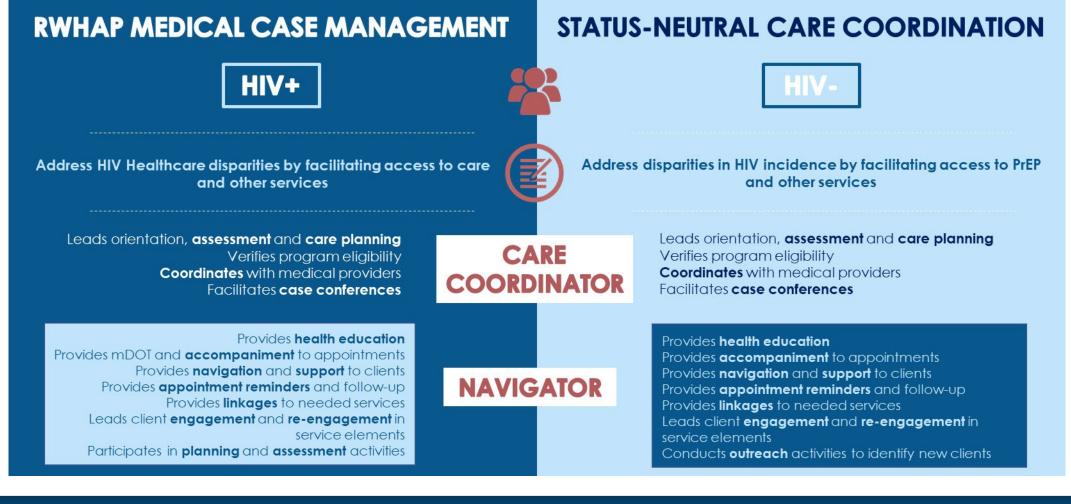


Background

- Advent of PrEP and PEP to prevent HIV infection has underscored need to offer continuum of care for those at risk of HIV infection
 - Including addressing all physical and psychosocial needs that may be barriers to PrEP/PEP adherence
- Active Ryan White Medical Case Management programs received funding through the New York City Council to:
 - Expand their services to include HIV- individuals at risk of HIV infection
 - Use existing infrastructure to increase reach to clients in need of prevention services
- Status-Neutral Care Coordination (SNC) contracts were awarded to 6 clinic-based and 2 non-clinic-based sites

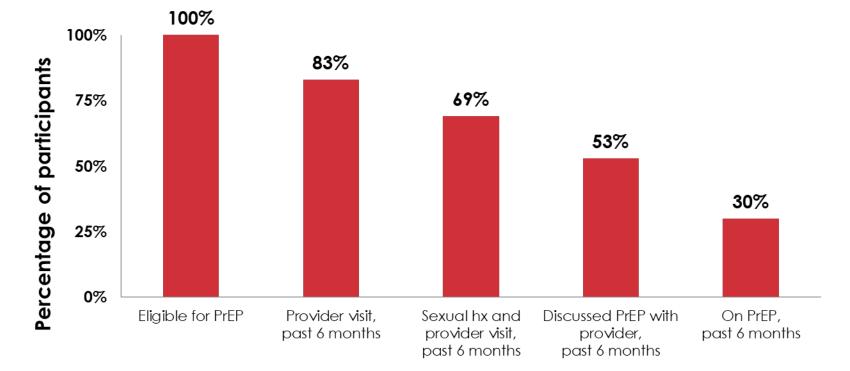


Medical Case Management and SNC





HIV Prevention Continuum among NYC MSM Eligible for PrEP, 2016*



*Sample includes sexually active MSM aged 18-40 years and who report HIV-negative/unknown status. PrEP-eligible defined as reporting diagnosis of an anal STI in the past year or any of the following in the previous 6 months: unprotected anal intercourse, transactional sex, use of cocaine, crack, methamphetamines, or injection drugs, using PEP or having had an HIV-positive partner.

Edelstein Z, Scanlin K, Findlater C, Salcuni P, Daskalakis D, Myers J. HIV Prevention Continuum among MSM, New York City, Spring 2016. Oral presentation at 12th International Conference on HIV Treatment and Prevention Adherence, June 2017. Miami Beach, FL. Abstract #270.





PrEP Utilization in NYC, 2014-2016

- Compared to women, men were 13.5 times more likely to be prescribed PrEP
 - Between Apr-Jun 2016, 95% of all PrEP prescriptions were written for men
- Compared to White patients, Latino patients were 50% less likely to be prescribed PrEP and Black patients were 40% less likely
- People under 30 were prescribed PrEP at a higher rate than those over 30

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NYC Health

Client Enrollment and Priority Populations

- **1,354** clients were enrolled between January 1, 2017 and July 31, 2018
 - Most clients (77%) were low-income and
 - 67% belonged to at least one priority population

Priority Population [*]	Number of clients	Percentage of client population
MSM	601	44%
MSM of color	348	26%
Cisgender women of color	200	15%
Sero-discordant partnership	163	12%
Young MSM (13-24)	94	7%
Persons who engage in transactional sex	71	5%
Transgender WMSM**	21	2%

*Priority populations are not mutually exclusive. A single client might qualify for multiple population groups.

**Transgender WMSM – Transgender women and men who have sex with men.





PrEP Indication Criteria

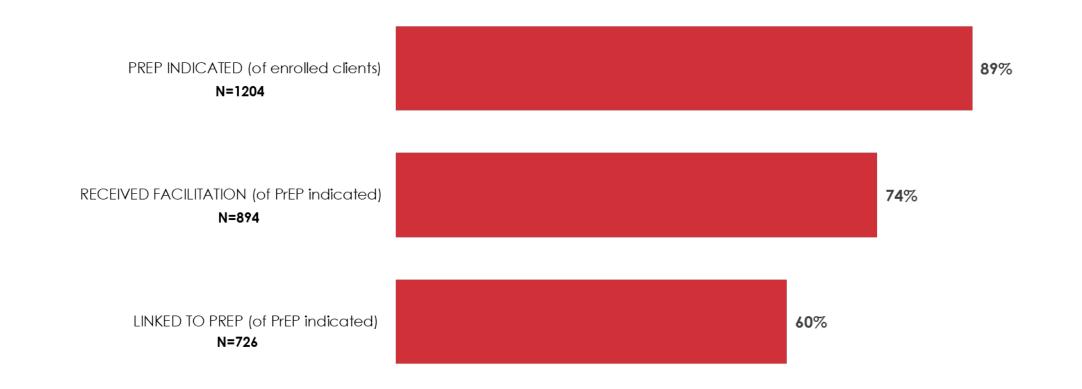
Clients were classified as PrEP indicated if they met at least one (1) of the following criteria:

- Not currently on PrEP
- In the past 6 months:
 - Condomless sex with multiple partners
 - HIV-positive sexual partner
 - Engaged in transactional sex
 - Stimulant or injection drug use
 - Injection equipment sharing
- STI diagnosis in past 12 months
- Self-reported perceived benefit of being on PrEP





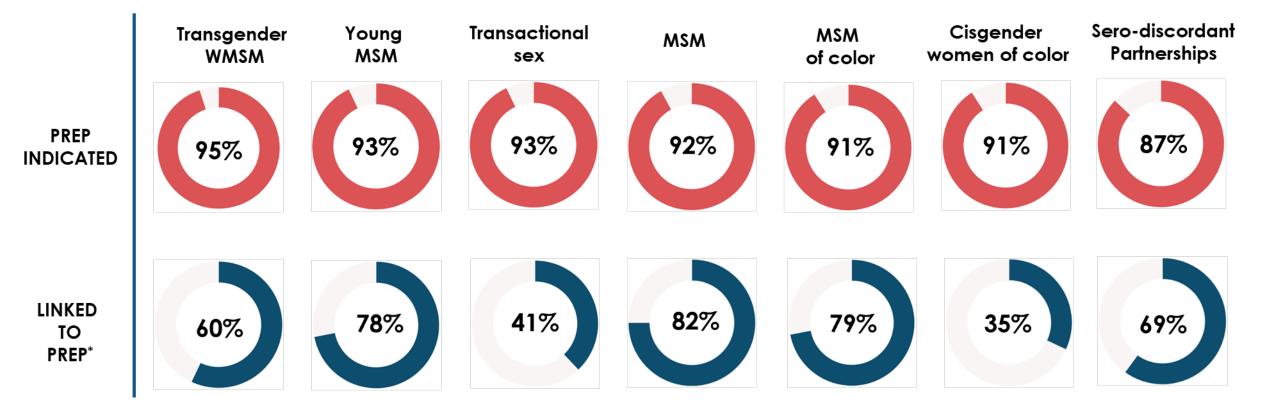
PrEP Indication, Facilitation and Linkage*



*Clients included were enrolled in Status-Neutral Care Coordination between Jan 1, 2018 and Jul 31, 2018. PrEP facilitation and linkage services were completed during the same time period.



PrEP Indication and Linkage, by Priority Population



*Among clients who were PrEP indicated. PrEP linkage services were completed between Jan 1, 2017 and Jul 31, 2018.



Lessons Learned – Facilitators and Barriers to PrEP linkage

FACILITATORS

- Assistance with paying for PrEP
- Selection of appropriate provider
- Explanation of services
- Escort to appointments
- Appointment reminders
- Health Promotion

BARRIERS

- Low perceived risk of HIV exposure
- Limited availability of services like housing and mental health
- Lack of mass media messaging targeting WOC
- Rigor of daily pill taking
- Stigma



Lessons Learned – Program Implementation

 Leveraging Ryan White medical case management to implement SNC

Mixed results

- Significant time & effort required for outreach
 - Addressed through contract modification at renewal

- Clinical protocols for PrEP initiation/recall visits vary
 - Care coordination to ensure patients start PrEP & return for follow-up
- Program reaches persons whose psychosocial characteristics place them at increased risk for HIV



Acknowledgements

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Status-Neutral Care Coordination providers

