Implementing PrEP in Primary Care

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Disclosures

• I have no financial disclosures or conflicts of interest.
Objectives:

After viewing this webinar, participants should be able to:

• Describe the need for PrEP provision in primary care settings;
• Describe the components of PrEP delivery;
• List three common reasons providers are hesitant about PrEP provision;
• List three resources providers can use to implement or enhance PrEP delivery.
Pre-Exposure Prophylaxis for HIV Prevention

• Currently, one pill, once daily.
  • Other dosing regimens are still in trials and not recommended in the guidelines.

• Reduces risk of HIV infection by 92-99% (Grant et al., 2010).

• Only biomedical method FDA approved currently.
Isn’t this something a specialist should do?
PrEP in Primary Care: A Perfect Fit

• Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.)

American Academy of Family Physicians - http://www.aafp.org/about/policies/all/primary-care.html
Health Promotion

• Health promotion is the process of enabling people to increase control over, and to improve, their health.

WHO - http://www.who.int/topics/health_promotion/en/

• Utilization of PrEP requires assuming responsibility for one’s individual health.
Disease Prevention

• Disease prevention focuses on prevention strategies to reduce the risk of developing chronic diseases and other morbidities.

RHIHub - https://www.ruralhealthinfo.org/community-health/health-promotion/1/definition

• PrEP is a prevention strategy to reduce the risk of HIV infection.
Health Maintenance

• Health maintenance refers to activities that preserve an individual’s present state of health and that prevent disease or injury occurrence.


• PrEP reduces risk of HIV, thereby maintaining an individual’s HIV-negative health status.
Counseling

• Counseling ... empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

American Counseling Association - https://www.counseling.org/aca-community/learn-about-counseling/what-is-counseling/overview

• Counseling around PrEP includes conversations about medication and appointment adherence, safer sexual behaviors, and harm-reduction.
Patient Education

• Patient education is required to enable individuals to understand the complexities of maintaining health and wellness.

• As a new addition to an individual’s health routine, patient education is essential to proper PrEP use.
Diagnosis and Treatment

• Diagnosis and treatment of acute and chronic conditions.

• Providers should routinely test for HIV and other STIs during PrEP initiation and follow-up.
I don’t have any clients that would need PrEP.
“Hey Doc, I’ve been thinking about it, and I think I should get on PrEP. Can you prescribe it for me?”

Next Steps:
1. Determine risk for HIV infection
2. Determine clinical eligibility
3. Initiate
4. Maintain
“The Talk”

• Because PrEP is an option for promoting sexual health, we will need to talk about sex.
  
  • But 25% of MSM respondents in a survey indicated that one barrier to PrEP was feeling uncomfortable talking about sexual health with their providers.

Identifying Risk – Taking a Sexual Health History

• Use the “Five P’s”
  • Partners
  • Practices
  • Protection from STIs
  • Past History of STIs
  • Prevention of Pregnancy

http://www.cdc.gov/std/treatment/sexualhistory.pdf
Is PrEP Right for Me? – The Stigma Project

http://www.ispreprightforme.com/
CDC Recommended Indications for PrEP Use by MSM

- Adult man
- Without acute or established HIV infection
- Any male sex partners in past 6 months
- Not in a monogamous relationships with a recently tested, HIV-negative man
  AND at least one of the following
- Any anal sex without condoms in the past 6 months
- Any STI diagnosed or reported in past 6 months
- Is in an ongoing sexual relationship with an HIV-positive male partner

CDC Recommended Indications for PrEP Use by Heterosexually Active Men and Women

- Adult person
- Without acute or established HIV infection
- Any sex with opposite-sex partners in past 6 months
- Not in a monogamous relationship with a recently tested, HIV-negative partner
  AND at least one of the following
  - Is a man who has sex with both women and men
  - Infrequently uses condoms during sex with 1 or more partners of unknown HIV status who are known to be at substantial risk of HIV infection
  - Is in an ongoing sexual relationship with an HIV-positive partner

CDC Recommended Indications for PrEP Use Injection Drug Users

• Adult person
• Without acute or established HIV infection
• Any male sex partners in past 6 months
• Any injection of drugs not prescribed by a clinician in past 6 months
  AND at least one of the following
• Any sharing of injection or drug preparation equipment in past 6 months
• Been in a methadone, buprenorphine, or suboxone treatment program in past 6 months
• Risk of sexual acquisition

Discussing PrEP with Clients

• What is PrEP?
• Adherence
• Side Effects
• Condoms and other Safer Sex Practices
• Signs of Acute HIV Infection
  • Flu- or mono-like illness, Fever, Diarrhea

https://www.projectinform.org/prep/
CDC Guidelines – Clinical Eligibility for PrEP

• The following are required before prescribing PrEP:
  • Documented negative HIV test result
  • No signs or symptoms of acute HIV infection
  • Normal renal function
  • No use of contraindicated medications
  • Documented HBV infection status
Complete Screening Labs and Review Medical Contraindications

• Screen for:
  • HIV (4th Gen is best if available), assess for acute HIV
  • STIs, HBV and HCV
  • Kidney dysfunction (Creatinine Clearance <60 mL/min)
  • Pregnancy (if applicable)

• Medical Contraindications
  • Documented HIV infection
  • Creatinine Clearance <60 mL/min
Prescribe and Monitor

• No more than 90 days of daily, oral TDF/FTC

• Every three months, screen for:
  • HIV, adherence issues, and STIs (among symptomatic individuals and those with recent bacterial STIs and/or multiple sex partners.

• Every six months, additionally screen for:
  • Renal function, STIs
That’s a lot of information, I don’t have time to deal with all of that.
Resources to Ensure Best Practices

• The US Public Health Service Clinical Practice Guidelines on Pre-Exposure Prophylaxis for the Prevention of HIV Infection in the United States – 2017 Update
More Resources

- National Clinician Consultation Center

Call for a Phone Consultation

(855) 448-7737 or (855) HIV-PrEP
Monday – Friday, 9 a.m. – 8 p.m. EST

[CALL]
Additional Learning Opportunities

• PrEParing: PrEP for Providers and Patients
  • Coursera course created by Johns Hopkins University
  • https://www.coursera.org/learn/prep

• SE AETC and other AETC live and archived webinars
  • https://www.seaetc.com/
  • https://aidsetc.org/
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