
Getting Out of Our Comfort Zone: Detailing on PrEP & PEP in New York City

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Disclosure Statement

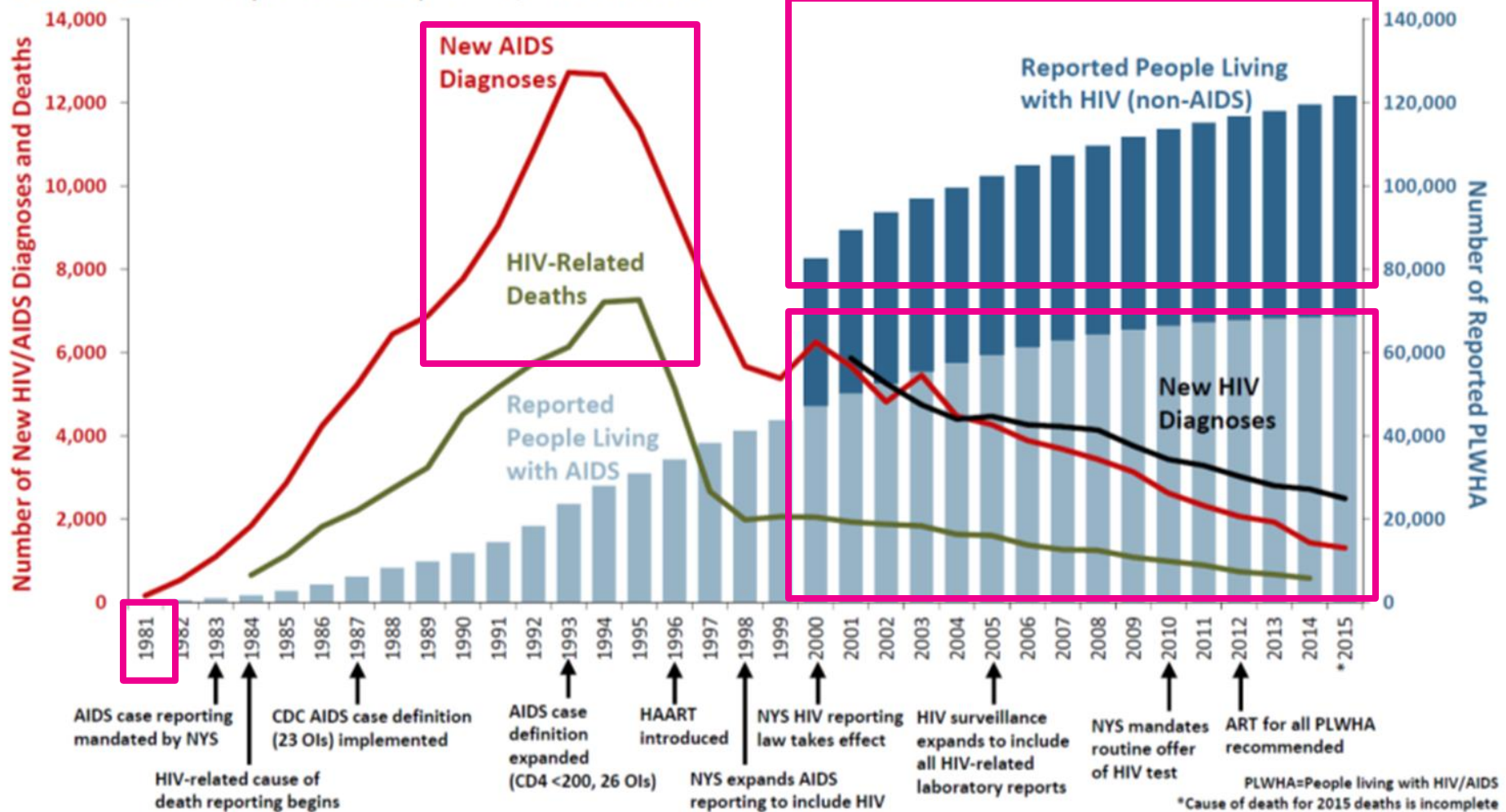
- No conflicts of interest or relevant financial/nonfinancial relationships to disclose

Outline

- Epidemiology, Context, and Motivation
- PrEP and PEP Detailing
- Next Steps
- Call to Action

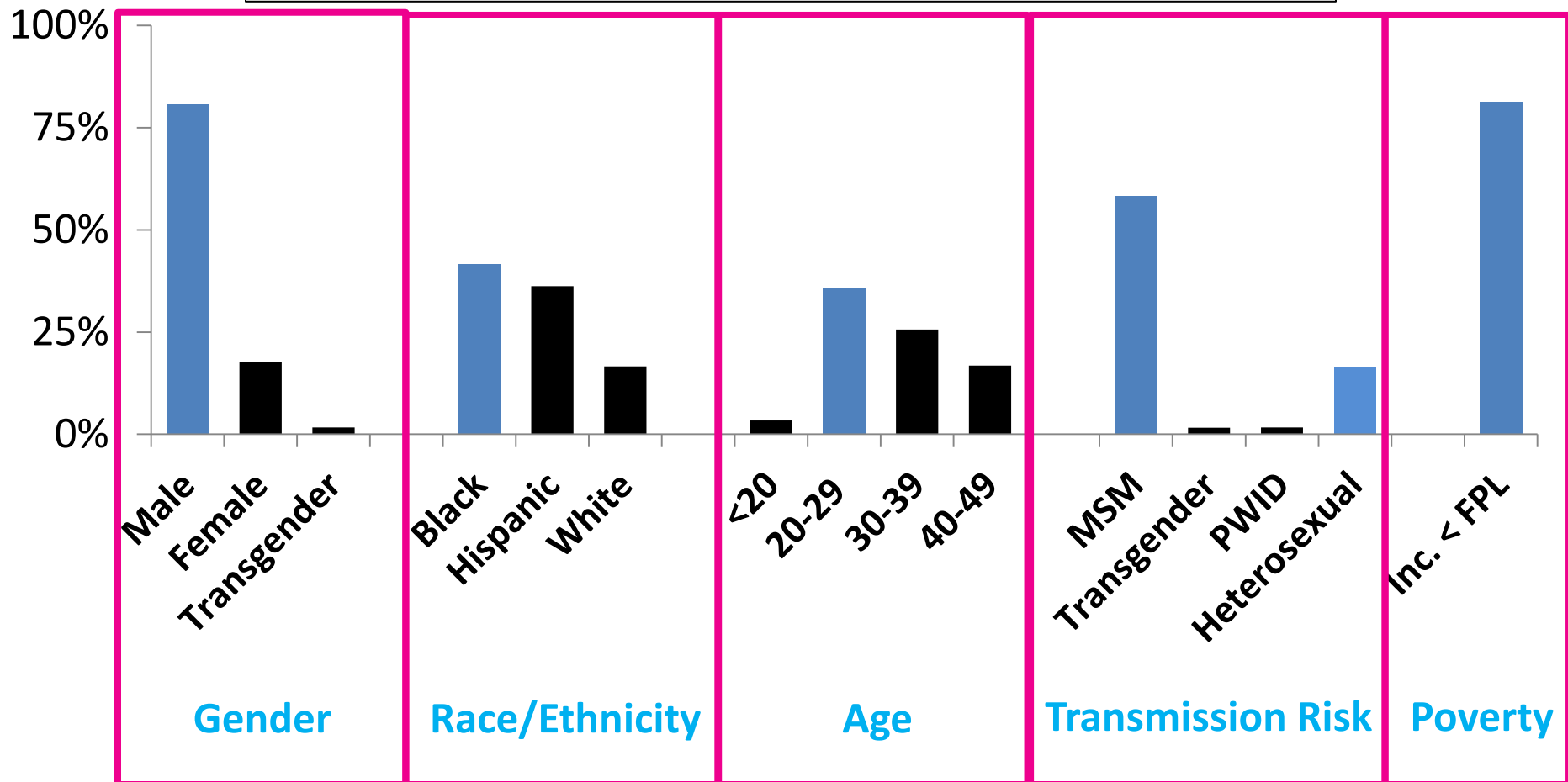
HISTORY OF THE HIV EPIDEMIC IN NYC

FIGURE 1.1: History of the HIV epidemic, NYC 1981-2015



Diagnoses Still High and Effect is Disproportionate

2,493 HIV Diagnoses in NYC (2015)



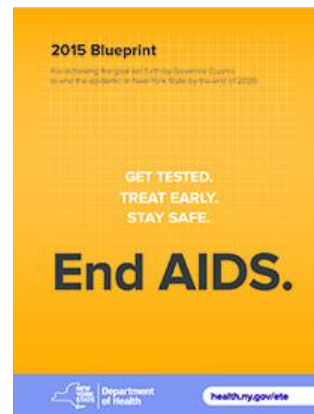
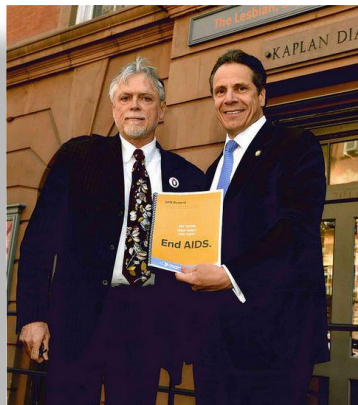
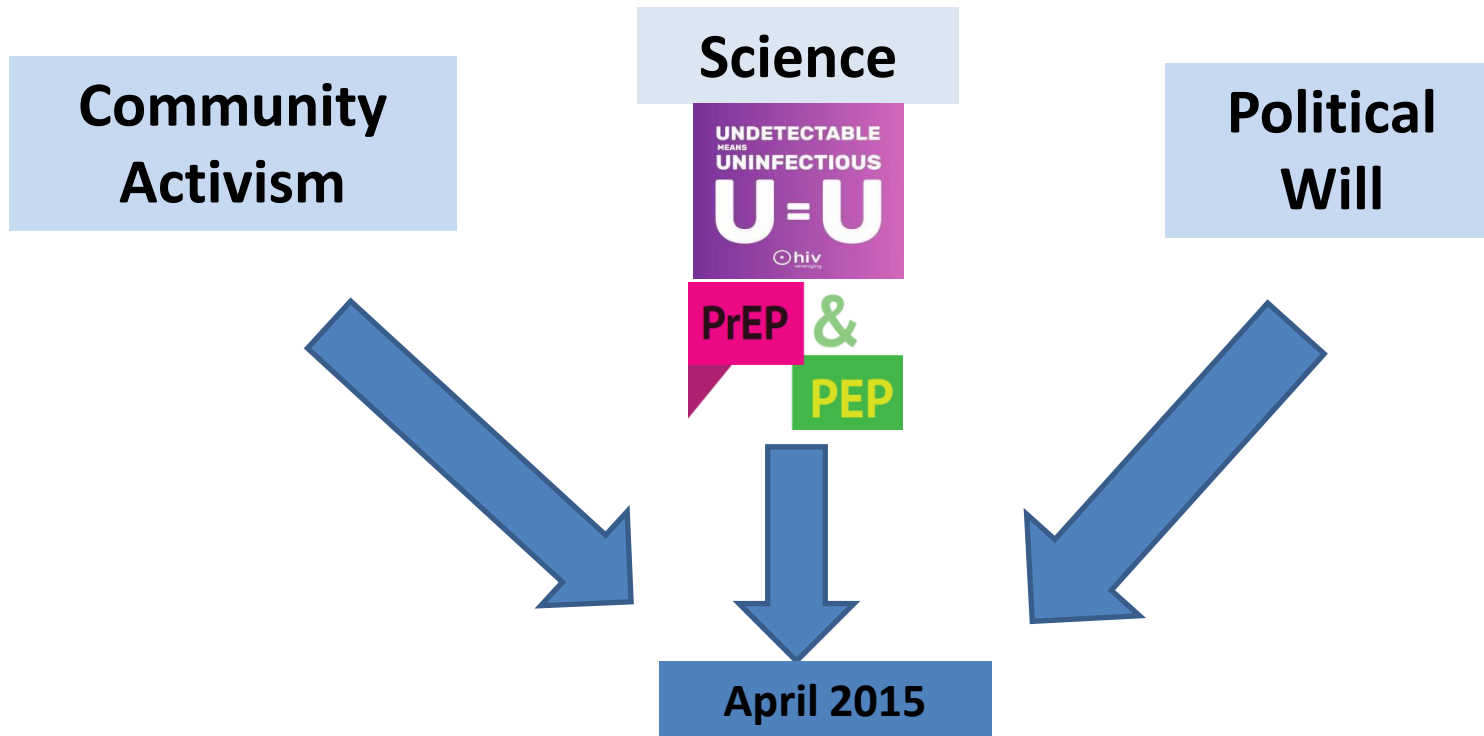
Getting Us Out of Our Comfort Zone

Community Activism → →

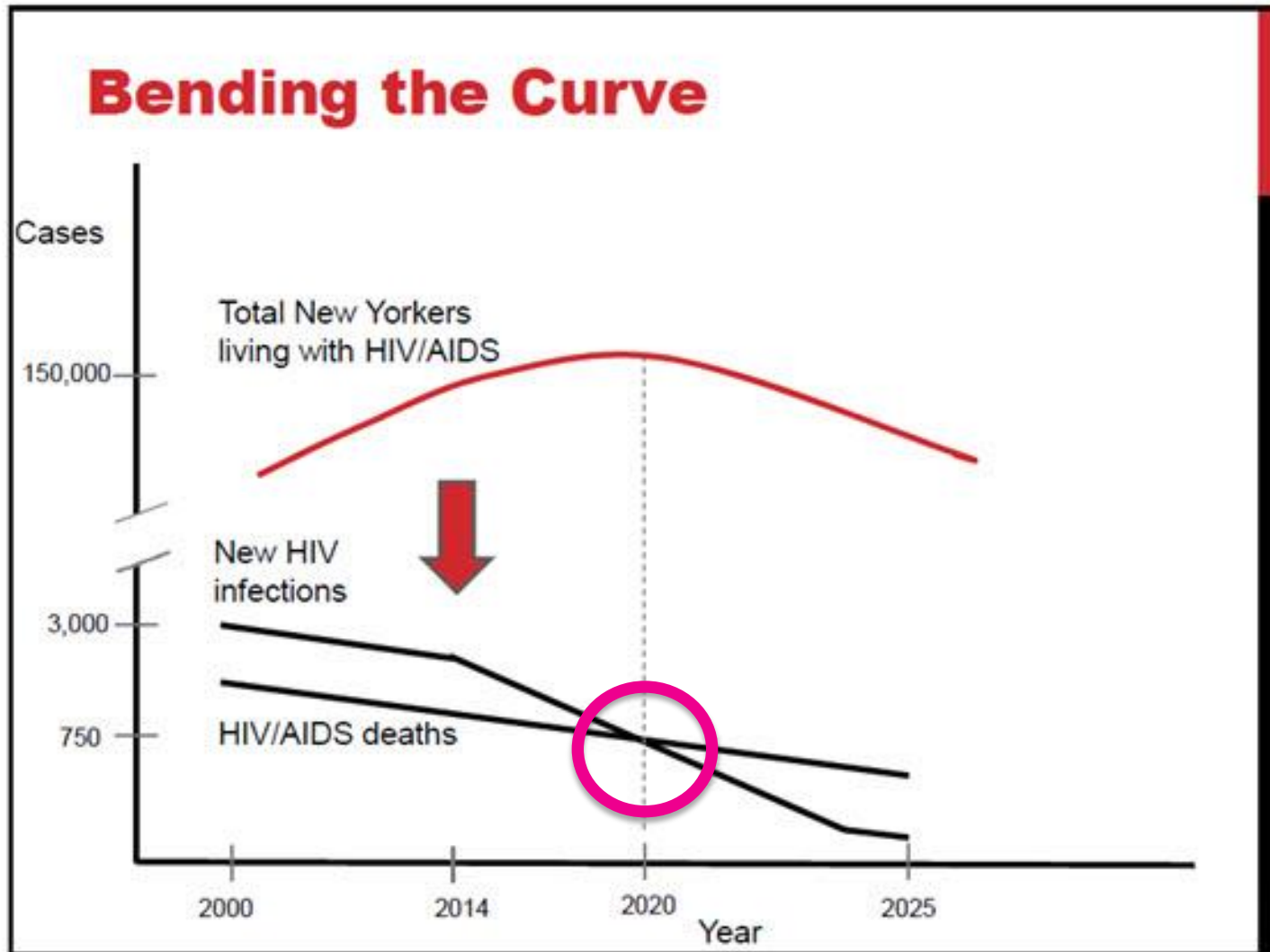


→ → Political Will

Add Emerging Science → Recipe for Ending the Epidemic (EtE)



What Does Ending the Epidemic Mean?



What is the Plan? Test, Treat and PrEP

1. Identifying people with HIV who remain undiagnosed and linking them to health care
2. Linking and retaining people with HIV to health care, getting them on antiretroviral therapy to improve their health and prevent transmission
- 3. Providing Pre-Exposure Prophylaxis (PrEP) to people at-risk to keep them HIV-negative**



PrEP and PEP

What is PrEP?

PrEP (pre-exposure prophylaxis) is a medication taken daily to prevent HIV infection.

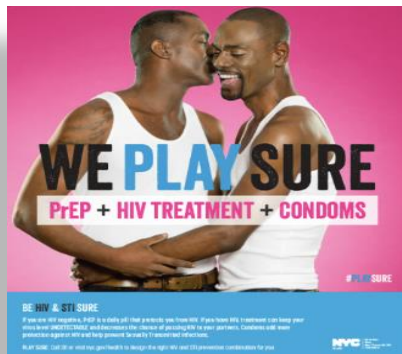
What is PEP?

PEP (post-exposure prophylaxis) is a combination of medications taken daily for 28 days to prevent HIV infection after a high-risk exposure to HIV.



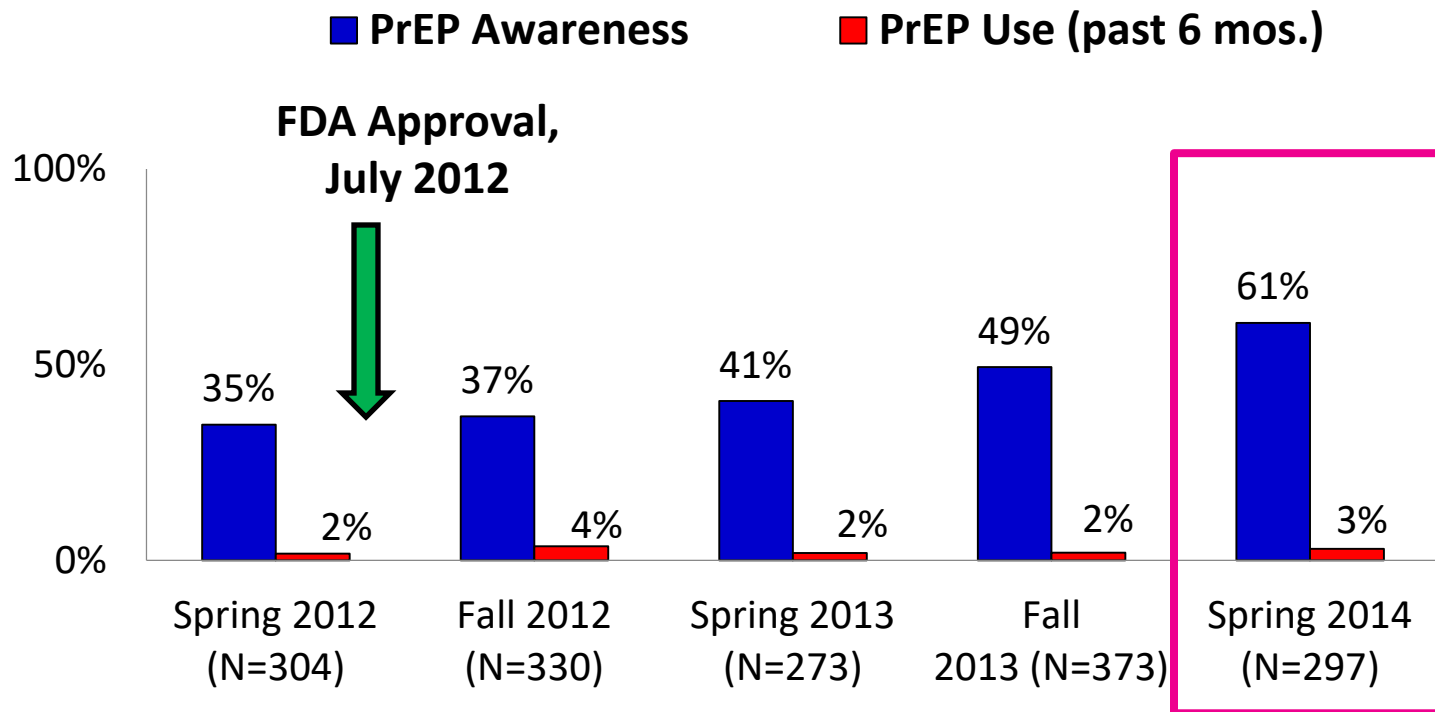
Why Promote PrEP to Providers?

- PrEP is a scientifically-proven, effective HIV prevention intervention
- Major barriers to prescribing exist among providers
 - Limited and sometimes incorrect knowledge
 - Reluctance to screen for behaviors related to HIV - **Sex! Drugs!**
 - Purview paradox – area of specialty vs. patient population
- To take the onus off patient
 - Support providers in starting the discussion vs. patient request



PrEP Underutilized

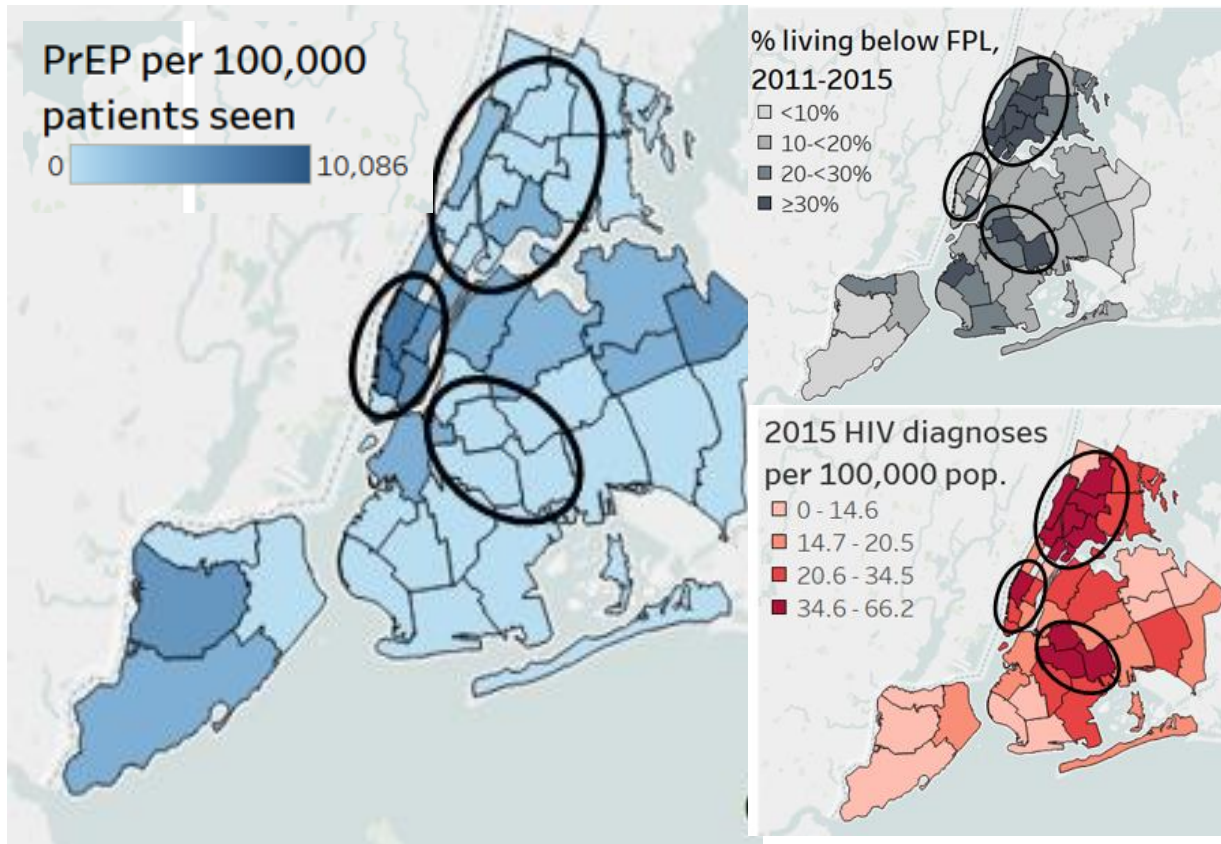
PrEP Awareness and Use among MSM*, Sexual Health Survey, Online Sample, NYC, 2012-2014



*Sample includes sexually active MSM aged 18-40 years and who report HIV-negative/unknown status

Higher Rx in Higher Income Neighborhoods

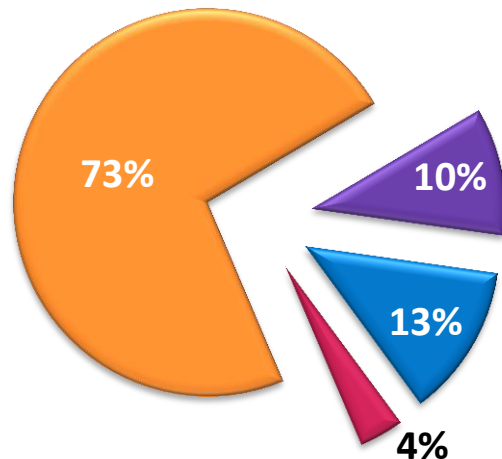
PrEP prescription rates per 100,000 patients seen in 602 practices, NYC, Q1 2014



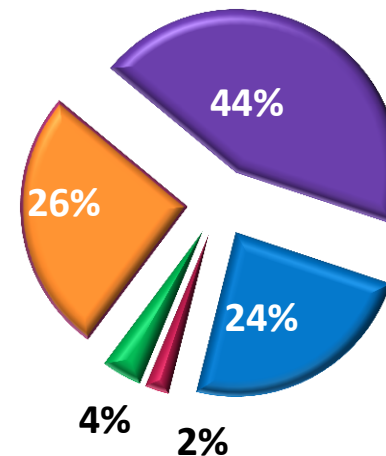
PrEP Not Reaching Priority Populations

FTC/TDF for PrEP Compared With Population and New HIV Infections

Total FTC/TDF for PrEP Utilization
by Race/Ethnicity,
Sept 2016^a



Estimated New HIV Infections,
2015^b



■ Black ■ White ■ Hispanic ■ Asian ■ Multiracial/Other*

FTC/TDF for PrEP use among black and Hispanic individuals is low relative to the rate of new HIV infections

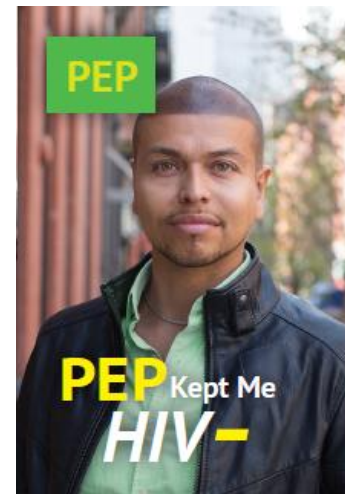
a. These data represent 41% of unique individuals who have started TVD for PrEP from 2012-3Q2016.

b. <http://kff.org/hiv/aids/fact-sheet/black-americans-and-hiv-aids-the-basics> based on CDC Surveillance Report 2015

* Other indicates American Indian or Alaska Native, Native Hawaiian or Pacific Islander

Why Promote PEP to Providers?

- Providers may be familiar with PEP for occupational exposures, but not for non-occupational exposures
- PrEP and PEP should be linked in practice
 - Patients seeking PEP may be good candidates for initiating PrEP



NYC DOHMH PrEP/PEP Activities and Programs

- **Promoting PrEP to potential users**
 - Media and Social Marketing
 - Provider Directory
- **Promoting PrEP to potential providers**
 - **Public Health Detailing Program**
 - Technical assistance with PrEP programming
 - Implementation Workshop
 - Training for Front-Line Staff
- **Supporting PrEP in diverse service models**
 - Municipal Sexual Health Clinics
 - PlaySure Network – CBO/Testing/Clinics
 - NY State PrEP Assistance Program
- **Monitoring awareness and uptake**



Why conduct detailing?



Detailing Supports Providers and Promotes Health Equity

- Wider dissemination of new public health policies, practice guidelines and key evidence-based recommendations
- Distribution of materials and related tools to a targeted provider audience, including providers outside our “comfort zone” because they are:
 - Lesser known the health department
 - Provider/practice types who might not be expected to be early adopters, but are key to intervention uptake
 - Less able to or interested in attending trainings
- Facilitates ongoing provider support and linkage to technical assistance
- Promotes equity by distributing valuable information to providers who see some of the most vulnerable patients

The Campaign

PrEP and PEP Public Health Detailing



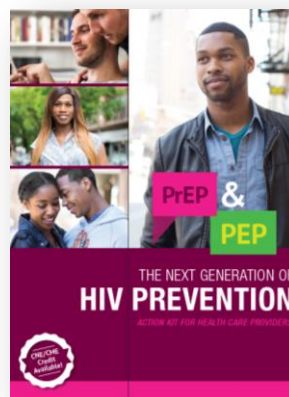
Campaign Planning

- Based on a successful history of public health detailing at DOHMH
- Planned for 10-12 week campaign, with brief visits to a large volume of facilities
- Formative research included discussion with key informants and focus groups among providers (MD and nurse practitioners)



Key Messages – Sexual Health Included

1. **Take a thorough sexual history** from all patients as part of routine medical care.
2. **Screen and treat sexually active patients** for STIs based on sexual history and clinical guidelines. Empiric treatment is often indicated.
3. **Talk about PrEP and PEP** with HIV-negative patients at ongoing risk of exposure and HIV-positive patients who may have HIV-negative partners.
4. **Prescribe PrEP and PEP** according to clinical guidelines, or refer patients to sites that provide PrEP and PEP.



Action Kit – Supports Key Messages



To access NYC PEP & PrEP Resources, including Detailing Action Kits:

<https://www1.nyc.gov/site/doh/providers/resources/public-health-action-kits-prep-pep.page>

A Little Swag Never Hurt!



Representatives – Trained in Detailing

- Non-clinical personnel
- Former pharmacy representatives
- Most with prior experience in public health detailing
- **Tenacity and winning personalities!**
 - Success often hinges on gaining access to practices and getting onto providers' schedules



Detailer Training – Content and Strategies

- 5-day training conducted by DOHMH Staff
- Lectures on HIV and prevention
- Role play and exercises
- Discuss strategies
- Ample time for Q&A



Example Training Activities

PrEP and PEP Public Health Detailing



Health Screening: A Thought Experiment

Health Screening: A Thought Experiment

- It is important for doctors to screen for _____ .
- Depending on the results, doctors can counsel patients to _____ .
- If patients are unable or unwilling to do this, doctors can then offer _____ .

Health Screening: Cholesterol

- It is important for doctors to screen for cholesterol .
- Depending on the results, doctors can counsel patients to _____ .
- If patients are unable or unwilling to do this, doctors can then offer _____ .

Health Screening: Cholesterol

- It is important for doctors to screen for cholesterol .
- Depending on the results, doctors can counsel patients to change their diet .
- If patients are unable or unwilling to do this, doctors can then offer statins .

Health Screening: Sexual History

- It is important for doctors to screen for sexual risk behavior .
- Depending on the results, doctors can counsel patients to _____ .
- If patients are unable or unwilling to do this, doctors can then offer _____ .

Health Screening: Sexual History

- It is important for doctors to screen for sexual risk behavior .
- Depending on the results, doctors can counsel patients to always use condoms .
- If patients are unable or unwilling to do this, doctors can then offer PrEP .

Addressing Objections to Key Message #1

Take a thorough sexual history from all patients
as part of routine medical care

**Objection: Not all patients *need* a sexual
history.**

What are some potential responses?

Addressing Objections to Key Message #1

**Take a thorough sexual history from all patients
as part of routine medical care**

**Objection: Not all patients *need* a sexual
history.**

How do you decide who does and does not need a sexual history?

Sexual history is critical to determining whether STI testing is indicated.

Sexual history-taking is a best practice for primary care.

Sexual history acknowledges the wholeness of the patient as a person and your interest in *all aspects of their health* and life.

Where to Detail? - A Data-Driven Approach to Leaving the Comfort Zone

- Identified high-priority facilities primarily using HIV and STI surveillance data
- For first 4 campaigns, focused on facilities specializing in infectious disease (ID) and primary care
- Sites were distributed throughout NYC (all 5 boroughs), included:
 - Different facilities types: hospital affiliated, private practice, community health center
 - Those who were not already leaders in implementing key messages



Detailing Visits – Calls and Follow-up

- “Total Office Call”
 - Not scheduled (“cold calls”)
 - Introduce campaign to all clinic staff
 - Identify practice gatekeepers and decision makers
- Short, one-on-one presentations to prescribing providers
 - 10-20 minutes, on average
- Representatives perform initial calls, then follow-up calls after 4-8 weeks
 - Multiple calls may produce greater and longer-standing changes in provider behavior



Hot Tips from NYC Detailers

“A good strong introduction that uses the DOH name and explains the purpose of the visit... that helps lend some expedience to getting to see a provider.”

“What works is assessing the facility and what they do. Find a way to engage them based on what they’re doing in their practice. If it’s a pediatrics office, where and how are you going to involve them? Remind them they see adolescents who may be sexually active – it opens the conversation when they may shut it down.”

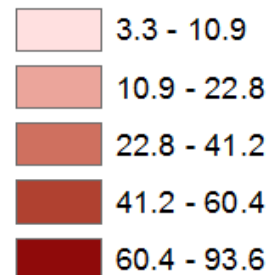
Broad Reach of the Campaign

Representatives have:

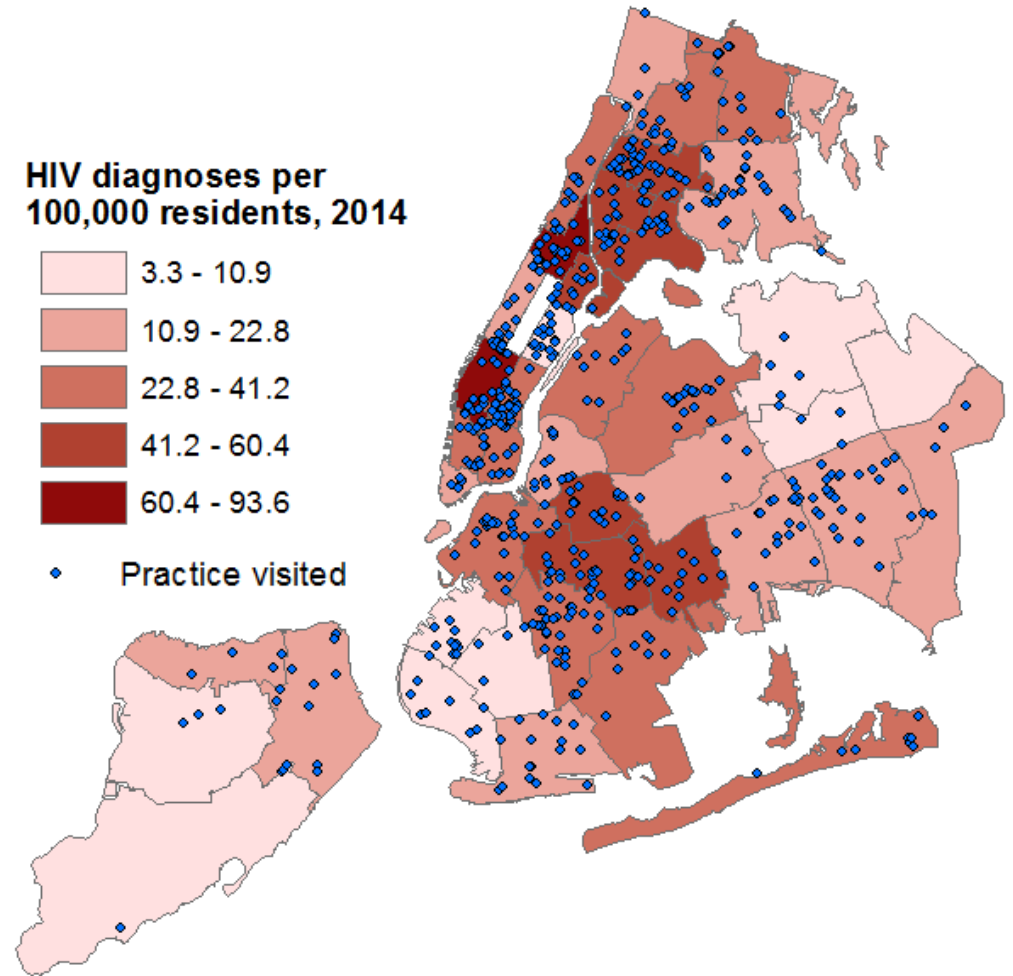
- Visited approximately **1,300** facilities
- Interacted with over **5,000** clinical staff
- Detailed almost **2,500** prescribing providers



HIV diagnoses per
100,000 residents, 2014



◆ Practice visited



Campaign Monitoring and Evaluation

- Database with line-level data on each provider visit
- Structured, standardized provider assessment
- Detailer field notes and weekly feedback
- Online follow-up survey

At the beginning of every evaluation...

I know our
project works



No,
you don't



Courtesy <https://www.nten.org>

Standardized Provider Assessment

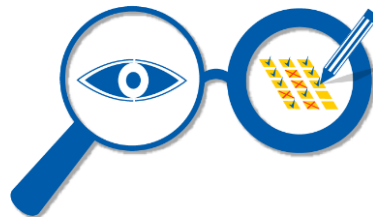
Brief questionnaire at initial and follow-up calls:

- Asked at the beginning of every initial and follow-up call
- **Dual purpose:** 1. Informs approach for discussion; 2. Measures adoption of Key Messages and related knowledge/attitudes

NYC Example Questions

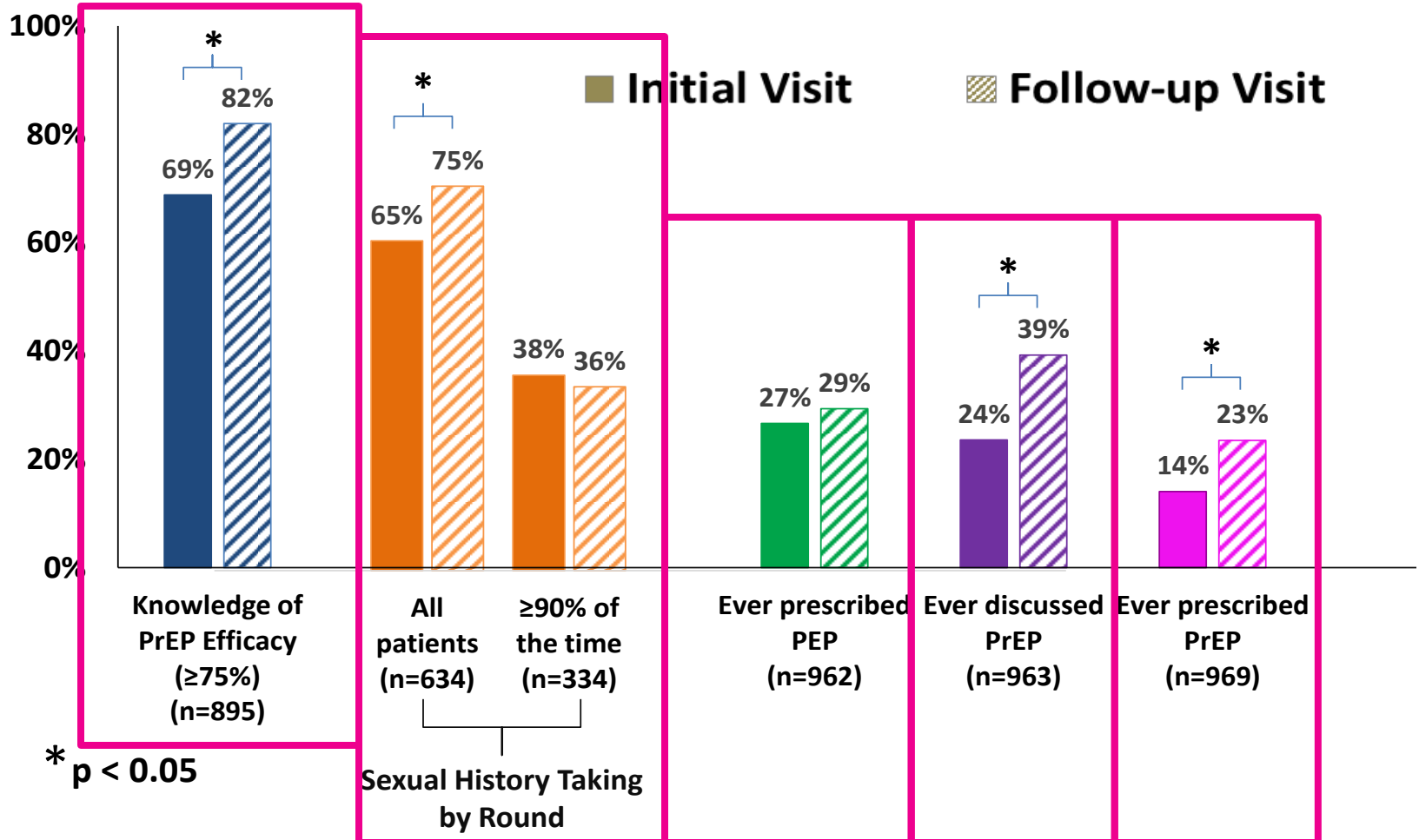
- *Do you take a sexual history from all patients?*
- *Have you ever prescribed PEP for non-occupational exposure?*
- *Have you ever discussed PrEP with your patients?*
- *Have you ever prescribed PrEP to your patients?*

Data Analysis: Compared provider responses initial vs. follow-up call; only among providers queried at both



Positive Change in Key Practices

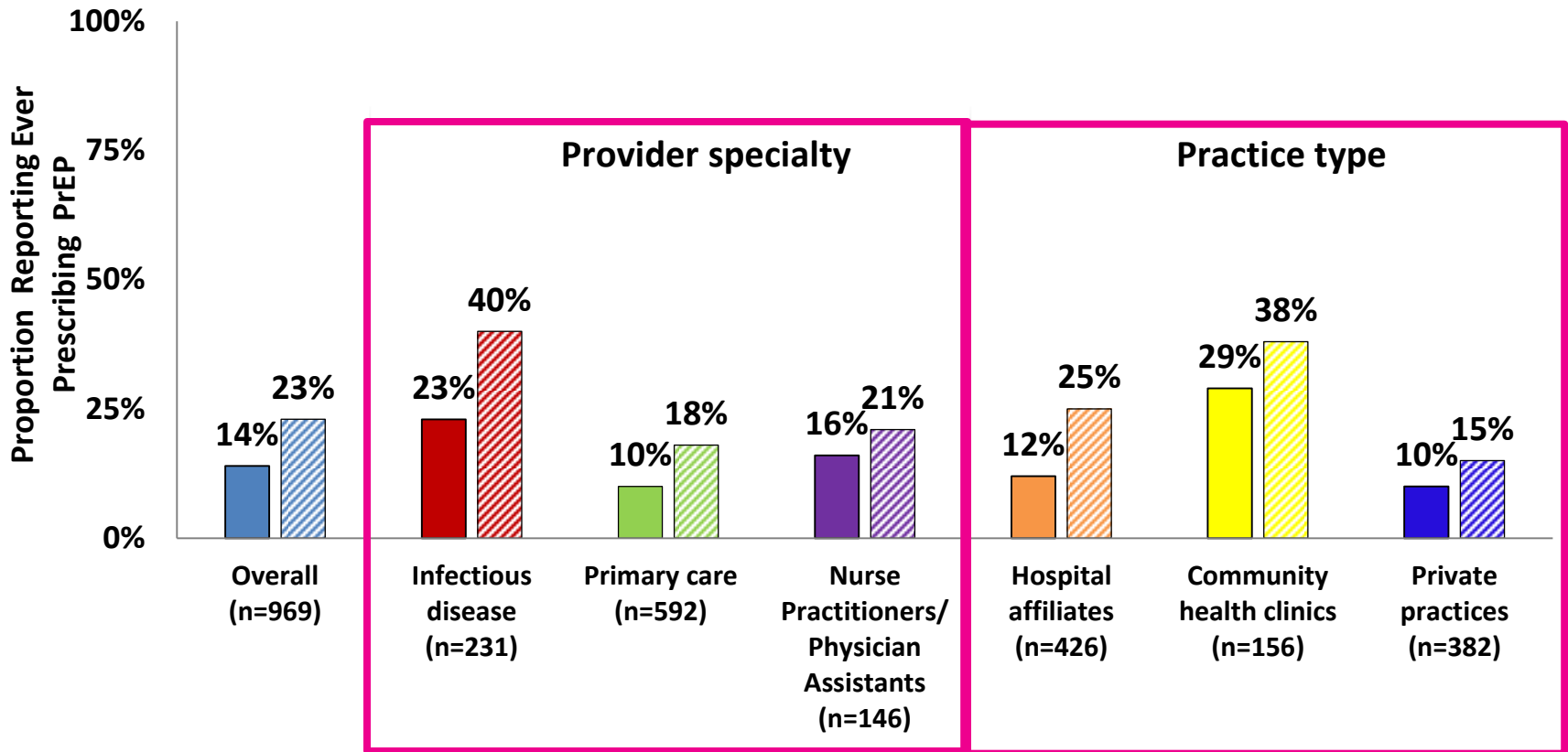
PrEP-Related Knowledge and Practices Among Detailed Providers with Initial and Follow-up Visits, NYC, October 2014-April 2015



Change Seen in All Practice and Provider Types

PrEP Prescribing by Provider Specialty and Practice Type, Among Detailed Providers with Initial and Follow-up Visits, NYC, October 2014-April 2015*

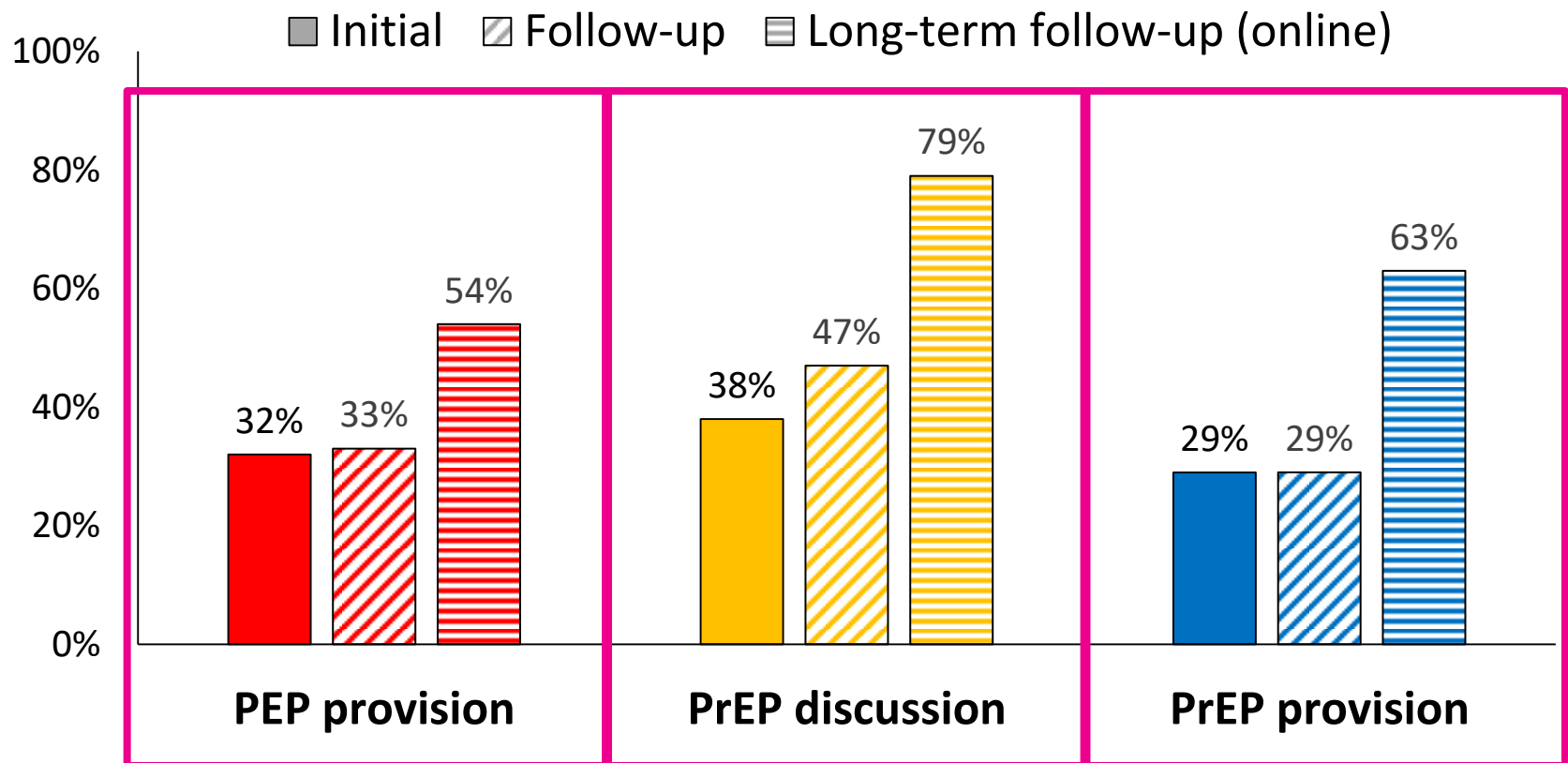
■ Initial Visit ▨ Follow-up Visit



*Change in proportion reporting ever prescribing PrEP from initial to follow-up visit is statistically significant overall and within every strata shown above ($p < 0.05$)

Increase Maintained 8-12 Months Later

Key practices over time among detailed providers who responded to an online survey 8-12 months post-campaign, NYC, Dec 2015-Jan 2016, (n=102)



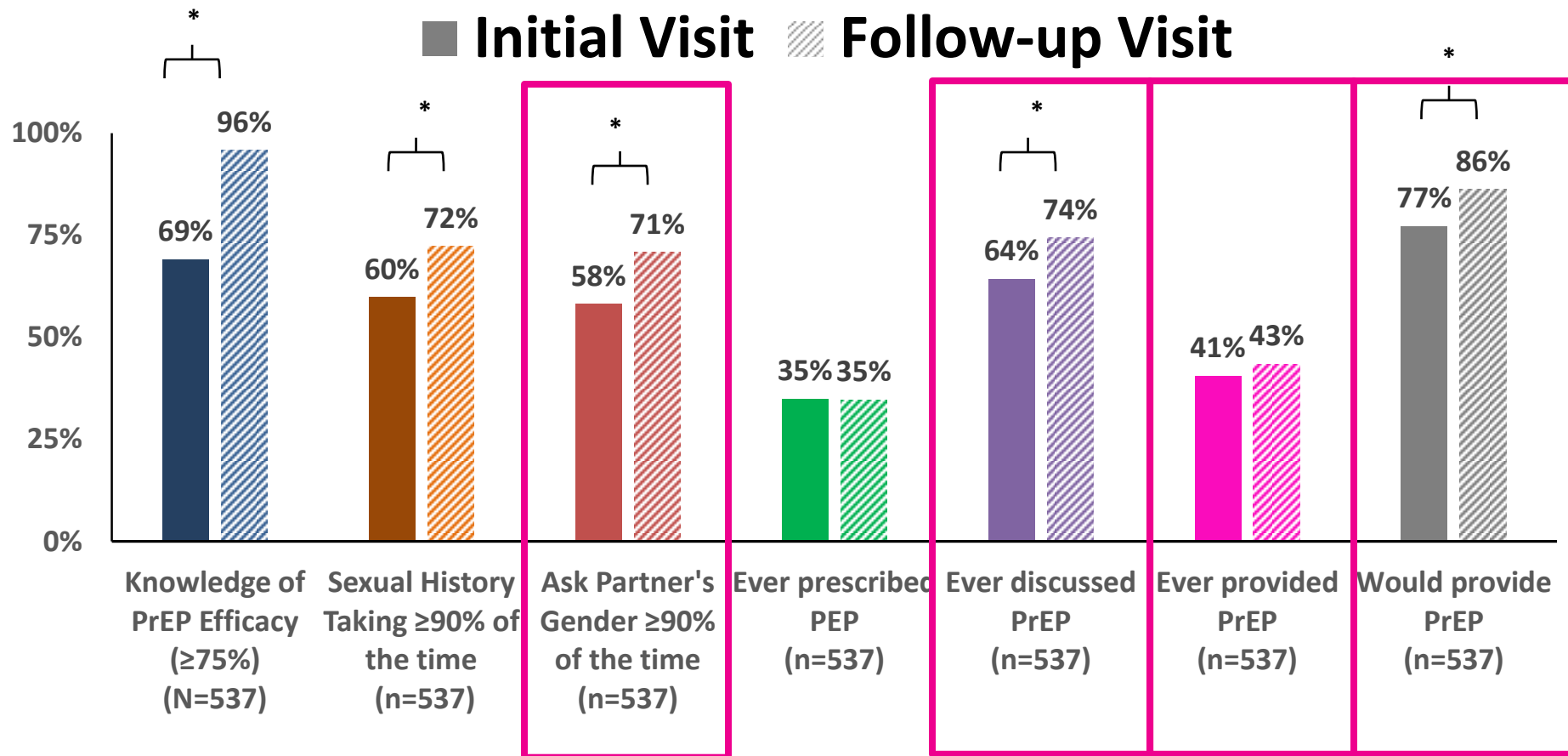
PrEP and PEP Detailing in 2016 and 2017

- Conducted two more rounds of PrEP/PEP public health detailing
 - July-October, 2016
 - February-April, 2017
- Greater proportion of primary care providers
- Facilities chosen in similar manner, but in last round did not visit practices known/suspected to be high prescribers (e.g., lower Manhattan)



More Increases – From Prior Round and Within these Rounds

PrEP-Related Knowledge and Practices Among Detailed Providers with Initial and Follow-up Visits, NYC, 2016-2017



*p<0.05

Provider Testimonials

PrEP & PEP are meaningful to providers!

- Upon hearing about the current incidence of HIV:
“This shouldn’t be the case. We need to do better.”
- **“This medication [PrEP] is a godsend.”**
- The Action Kit is **“what doctors need: a clinic resource.”**

Summary

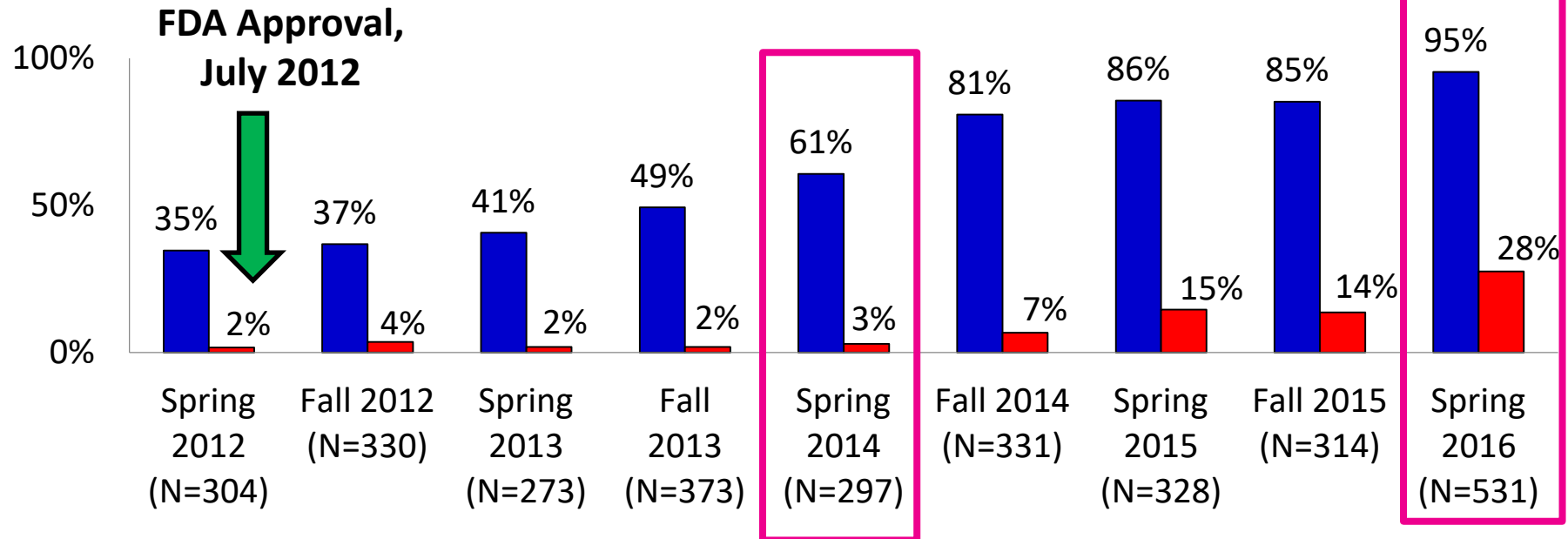
- Conducted detailing on PrEP and PEP prescribing and associated best practices, visiting approximately 2500 providers in total
- Improvements seen in PrEP prescribing and other key practice
- Feedback suggests that tools and materials made a difference



Data Suggest PrEP Utilization Increased

PrEP Awareness and Use among MSM*, Sexual Health Survey, Online Sample, NYC, 2012-2016

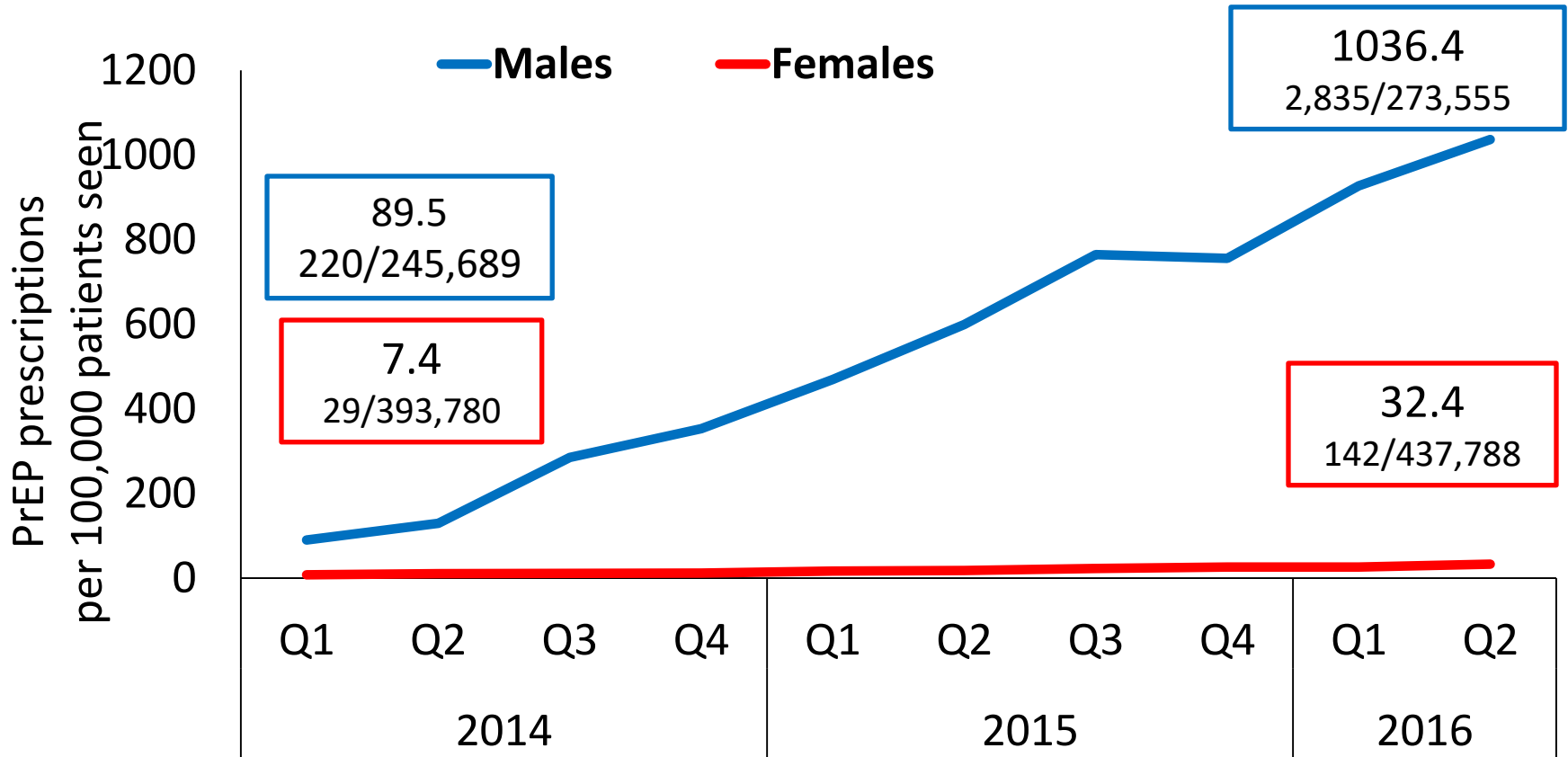
■ PrEP Awareness ■ PrEP Use (past 6 mos.)



*Sample includes sexually active MSM aged 18-40 years and who report HIV-negative/unknown status

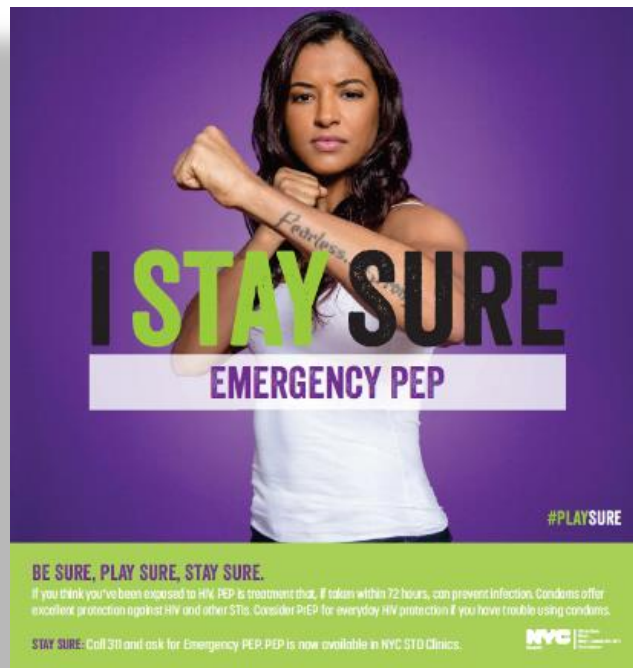
... Though Not as Much among Women

PrEP prescription rates per 100,000 patients seen in 602 ambulatory care practices, by sex, NYC, 2014-2016



Next Steps

- Detailing among women's healthcare providers – Spring 2018
- Capacity Building Assistance and Trainings – PrEP Detailing Institute, Feb, 2018



A Note on Scalability

Campaigns need not be costly to have an impact!

Facilities:

- Target practices & providers that will have the highest impact

Action Kits:

- Toolkits can include basic printed guidelines and flyers
- Can distribute electronic version to providers

Personnel:

- Departmental staff and interns can be trained as detailers



Welcome to Your New Comfort Zone: Calls to Action

- Be responsive to the impacted community – listen to activists
- Challenge your providers to start the discussion - take the onus off the patient
- Broaden your provider base to promote health equity
- Be a PrEP/PEP Champion – Break through provider barriers to be a part of ending of the epidemic

**PrEP
Champion**



Acknowledgements

The NYC DOHMH Team: Julie Myers, Demetre Daskalakis, Anisha Gandhi, Paul Salcuni, Amanda Wahnich, Adriana Andaluz, Elizabeth Thomas, Ben Tsoi, Arjee Restar, Amanda Reid, Amina Khawja, Paul Santos, Monica Gierada, Michelle Dresser, Sue Blank, Jay Varma, Mary Bassett

Our Detailers: Maryellen Lively, Alex Cherisme, Gregory Gattereau, Jacqueline Kirkland, Stanford Smith, Jeffrey Watson, Larry Henson, Javan Wakefield, Christine DeCanio, Arthur Henry

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To access NYC PEP & PrEP Resources, including Detailing Action Kits:

<https://www1.nyc.gov/site/doh/providers/resources/public-health-action-kits-prep-pep.page>



The graphic features a light gray background. At the top left, there are two overlapping squares: a pink one with 'PrEP' in white and a green one with 'PEP' in white, separated by a green ampersand. To the right of these squares, the text 'PROVIDER RESOURCES' is written in a dark gray, sans-serif font. Below this, the text 'Visit [nyc.gov](https://www1.nyc.gov) and search "HIV PrEP and PEP" for' is displayed. Underneath, there are two columns of bullet points. The first column lists 'FAQs', 'Clinical guidelines', and 'Payment options'. The second column lists 'Training and workshops', 'Clinics that provide PrEP and PEP', and 'Patient educational materials'. At the bottom left, the contact information 'Contact: PrEPandPEP@health.nyc.gov' is shown. At the bottom right, the NYC Health logo is present, consisting of the letters 'NYC' in a large, bold, black font with 'Health' in a smaller font below it.

PrEP & PEP PROVIDER RESOURCES

Visit [nyc.gov](https://www1.nyc.gov) and search "HIV PrEP and PEP" for

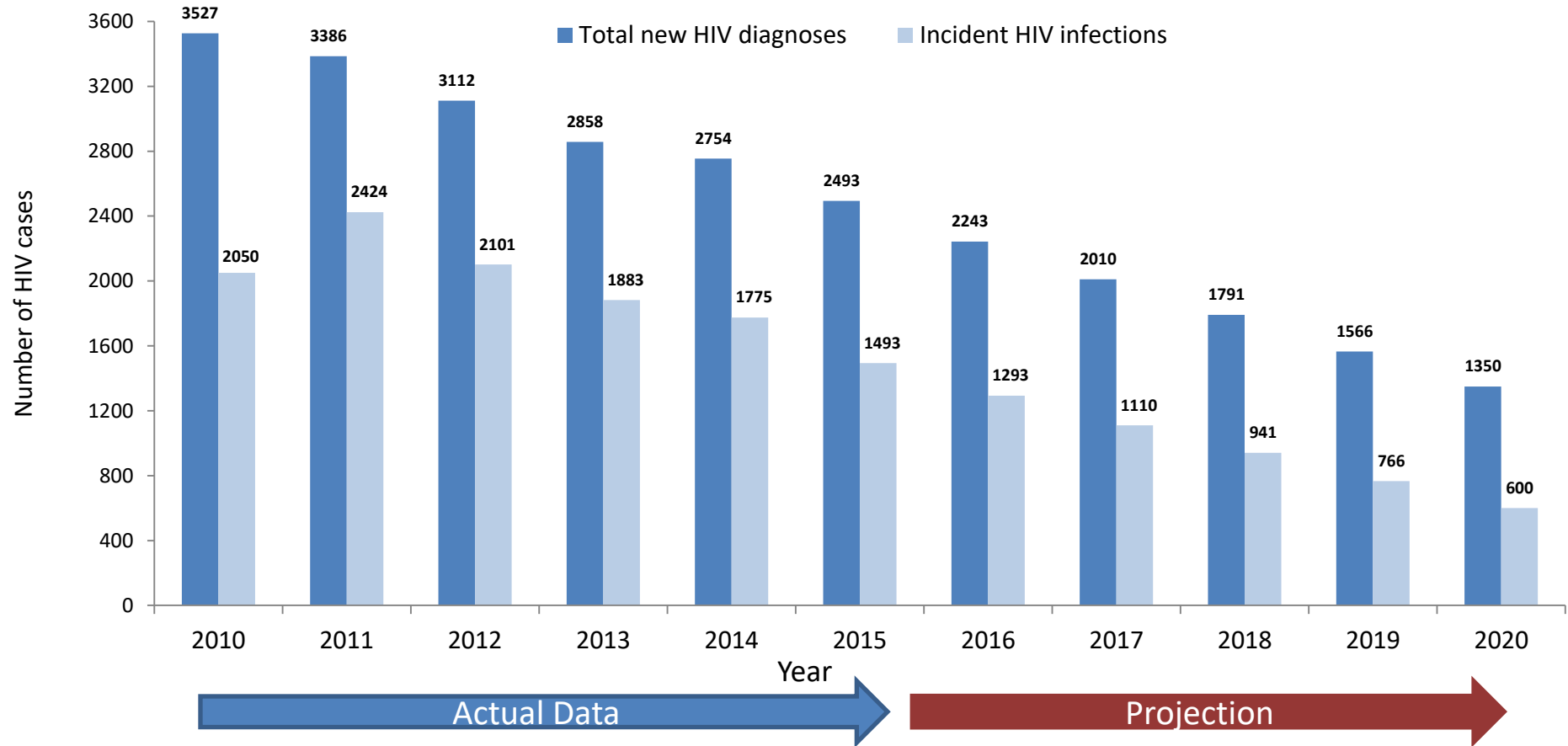
- FAQs
- Clinical guidelines
- Payment options
- Training and workshops
- Clinics that provide PrEP and PEP
- Patient educational materials

Contact: PrEPandPEP@health.nyc.gov

NYC
Health

Extra Slides

Achieving ETE GOALS: New HIV Diagnoses and Estimated Incident HIV Infections in NYC, 2010-2020



The number of new HIV diagnoses from 2010 to 2015 was reported to NYC DOHMH as of June 30, 2016. Incident HIV infection estimates from 2010 to 2015 were calculated using the CDC Stratified Extrapolation Approach (SEA). All data from 2016 to 2020 are estimates based on the slope of decline previously observed.

Why is that important? HIV in NYC

- EtE strategy includes PrEP/PEP and the goal is 600 incident cases by 2020!
- **Comprehensive efforts to scale up PrEP and PEP are underway**

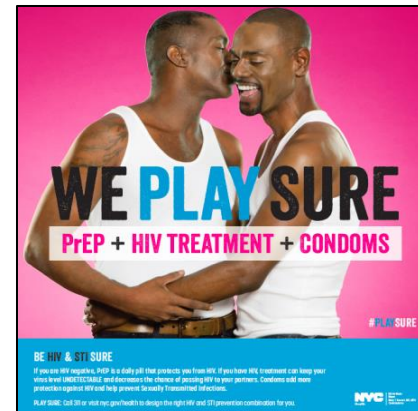


¹NYC DOHMH HIV Surveillance Report, 2015:

<https://www1.nyc.gov/assets/doh/downloads/pdf/dires/hiv-surveillance-annualreport-2015.pdf>

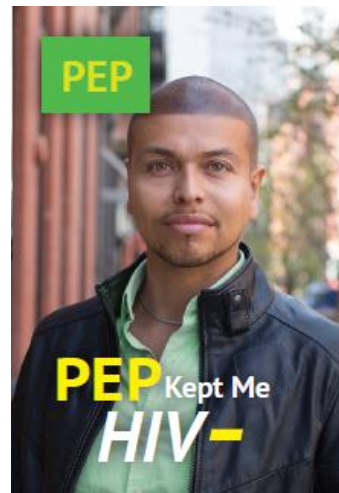
Pre-exposure Prophylaxis (PrEP)

- Daily pill (Truvada) taken to prevent HIV infection
- US FDA-approved July 2012
- >90% effective if taken every day
- Recommended as part of combination prevention



Post-exposure Prophylaxis (PEP)

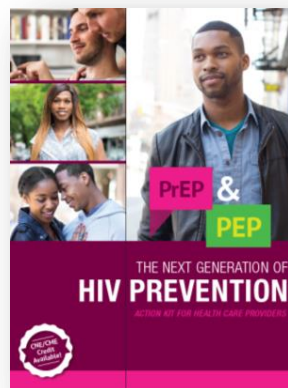
- Emergency medications taken immediately after potential exposure to HIV (e.g. through sex, drug use, etc.)
- PEP can prevent HIV if started within 36 hours
- Taken for 28 days
- Recommended use by DHHS for non-occupational exposures to HIV since 2005



Formative Research

- Conducted formative research to
 - Help define and understand provider attitudes and educational needs
 - Ensure relevance, feasibility, and acceptability
 - Receive feedback on materials and tools in development
- NYC provider focus groups revealed:
 - Providers believed PrEP and PEP to be effective
 - Providers unsure of which populations beyond MSM may be appropriate PrEP candidates
 - Resource needs included:
 - Insurance/billing information
 - Patient education materials
 - Guidance for taking sexual histories
 - Training options offering CME credit

Action Kit Contents



Clinical Resources

- PrEP and PEP FAQs
- STI screening/treatment guides
- Pocket cards: Taking a Sexual History, Bacterial STI screening for MSM, PrEP and PEP

Educational Materials

- HIV Annual Surveillance Report
- List of PrEP/PEP trainings
- CME Information Sheet

Practice Resources

- PrEP/PEP billing codes
- PrEP/PEP payment options
- PrEP assistance program enrollment form

Patient Materials

- PrEP/PEP brochures
- PrEP posters
- PrEP self-assessment card and easel for waiting room



To access NYC PEP & PrEP Resources, including Detailing Action Kits:

<https://www1.nyc.gov/site/doh/providers/resources/public-health-action-kits-prep-pep.page>



PrEP/PEP Detailing - Key Message 1

**Take a thorough sexual history from all patients
as part of routine medical care**

**Objection: My patients will be offended if I ask
them such explicit questions.**

Potential Responses?

PrEP/PEP Detailing - Key Message 1

Take a thorough sexual history from all patients as part of routine medical care

Objection: My patients will be offended if I ask them such PERSONAL (or SENSITIVE) explicit questions.

Potential Responses:

- *Framing is everything.* Start by explaining that you discuss sexual history with all of your patients.
- Studies show that patients DO want to talk to their doctors about sex, even if they don't bring it up explicitly
- Another solution: Place items in the waiting room for patients to review on their own (e.g., easel). Then they can initiate the conversation about sexual practices, with the reassurance that their provider will be receptive.

Facilities- The Details

- Sites prioritized by NYC have included:
 - **Primary care or infectious disease practices** diagnosing HIV cases, particularly among MSM and persons of color
 - Based on last 3 years of NYC HIV Surveillance data
 - Emphasis on high-needs neighborhoods
 - Sites diagnosing STIs among males
 - Based on last 6 months of NYC STD surveillance data
 - Included anorectal STIs and syphilis to target MSM
 - Sites serving adolescents/young adults and other special at-risk populations

Visit- The Details

- With prescribing providers, formal presentation in this order:
 1. Make introductions
 2. Frame the issue
 3. Administer assessment questions
 4. State Key Messages
 5. Promote kit materials, tailoring presentation based on responses to assessment questions
 6. Handle objections
 7. Gain a commitment

Characteristics of Detailed Providers

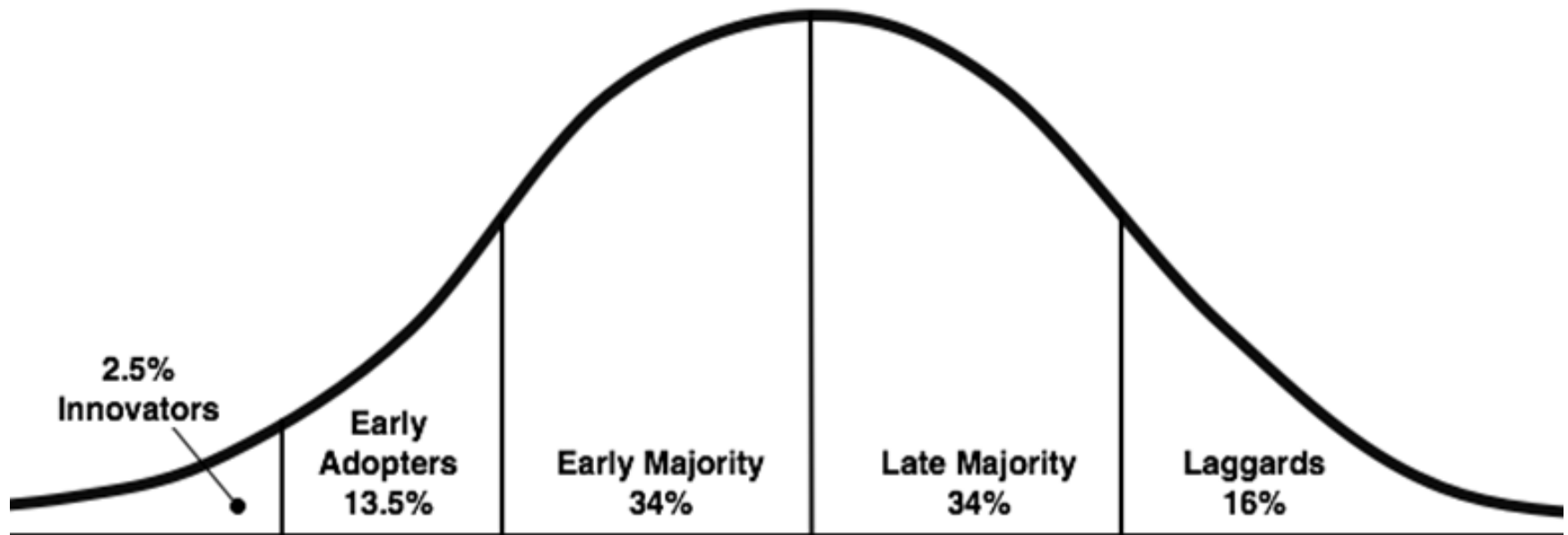
October 2014-April 2015

Characteristic	All providers n (col %)	Providers with initial and follow-up visit n (col %)
Overall	1,300 (100%)	969 (100%)
Detailing round		
Round 1: Oct 2014-Jan 2015	822 (63%)	635 (66%)
Round 2: Feb 2015-Apr 2015	478 (37%)	334 (34%)
Provider specialty		
MD-ID	305 (23%)	231 (24%)
NP/PA	216 (17%)	146 (15%)
MD-PC	779 (60%)	592 (61%)
Practice type		
Community health clinic	206 (16%)	156 (16%)
Hospital-affiliated	568 (44%)	426 (44%)
University health center	28 (2%)	5 (1%)
Private practice	498 (38%)	382 (39%)

MD-ID=infectious disease doctor; NP/PA=nurse practitioner or physician assistant; MD-PC=primary care doctor

Note: Includes only those who responded to PrEP evaluation question

Diffusion of Innovation

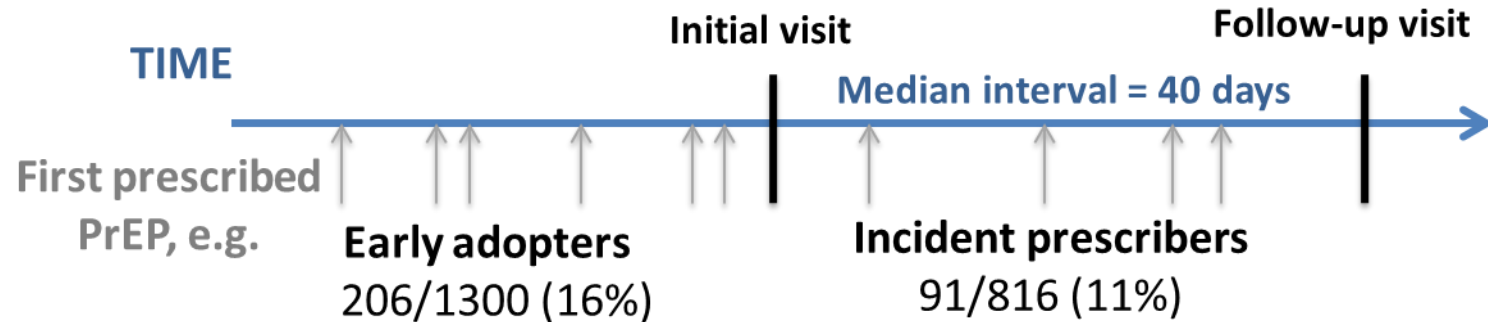


Source: Everett Rogers, Diffusion of Innovations model

It takes about 17 years for research evidence to reach clinical practice.*

*Morris et al., *JRSM* 2011.

Early adopters and incident prescribers



Overall early adoption and incident prescribing

- 16% (206/1300) were early adopters of PrEP
- 11% (91/816) were incident PrEP prescribers

Associations with being an early adopter

- Community health clinic practice type vs. private practice
- MD-ID specialty vs. MD-PC
- Report of PEP prescribing at initial visit

Associations with incident prescribing

- MD-ID specialty vs. MD-PC
- Ever prescribed PEP (initial visit) and incident PEP prescribing (follow-up visit)
- Length of initial visit (>10 min; no added benefit of >20 min)

PrEP Prescribing by Practice and Provider Type

PrEP Prescribing by Provider Specialty and Practice Type, Among Detailed Providers with Initial and Follow-up Visits, NYC, **October 2014-April 2015**

Ever Provided PrEP	Initial	Follow-Up
Overall	224 (37%)	240 (39%)
Specialty		
MD-PC (n=405)	144 (36%)	151 (37%)
MD-ID/HIV (n=47)	45 (96%)	47 (100%)
NP/PA (n=78)	29 (37%)	35 (45%)
MD-Other (n=83)	6 (7%)	7 (8%)

Data Suggest PrEP Utilization Increased

PrEP prescription rates per 100,000 patients seen in 602 ambulatory care practices, overall, NYC, 2014-2016

