



OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

HHS Office of Population Affairs PrEP for HIV Prevention in Title X Funded Family Planning Sites

National Kick-Off Webinar

**April 4, 2019
3:00 pm ET**



Katie Quimby:

Hello everyone and welcome to today's webinar, PrEP for HIV Prevention in Title X Funded Family Planning Sites. This is Katie Quimby from the Title X Family Planning National Training Center and I'm very pleased that you're here joining us today. A few things before we begin. Everyone on the webinar today is muted given the large number of participants. Please use the chat at the bottom left of your screen to ask questions at any time. We will address all questions at the end of the presentation.

The new resources we will be talking about today are available on fpntc.org. Following today's webinar, we will also be posting a recording of today's webinar along with the slide deck and the transcript.

Welcome!

- Objectives
 - Discuss the role of Title X family planning clinics in assuring access to PrEP services in their communities
 - Describe implementation of the PrEP program at a Title X-funded service site
 - Introduce two new family planning-specific resources for PrEP service decision-making and implementation
- Introduction of the speakers
 - Cynda Hall, HHS Office of Population Affairs (OPA)
 - Nikita Malcolm, Atlas Research
 - Emily Finley, Women's Care Center, Drexel Obstetrics and Gynecology
 - Shannon Weber, HIVE/University of California, San Francisco

Note: This call will be recorded



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Katie Quimby:

The objectives of today's webinar are to discuss the role of Title X family planning clinics in assuring access to PrEP services in their communities. Describe the implementation of the PrEP program at a Title X-funded site and introduce two new family planning specific resources for PrEP service decision making and implementation.

I'm thrilled to introduce our speakers today. Cynda Hall at the Office of Population Affairs, Nikita Malcolm at Atlas Research, Emily Finley at the Women's Care Center at Drexel Obstetrics and Gynecology and Shannon Weber at HIVE which is based at the University of California, San Francisco. With that, I'm going to turn it over to Cynda to start today's webinar. Cynda?

Office of Population Affairs

- The Office of Population Affairs (OPA) administers the Title X program and advises the Secretary and Assistant Secretary for Health on a wide range of reproductive health topics, including adolescent pregnancy, family planning, and sterilization, and other population issues.
- Title X is the only federal program dedicated solely to the provision of family planning and related preventive services.



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Cynda Hall:

The Office of Population Affairs is under the direction of the Deputy Assistant Secretary for Population Affairs (DASPA), whose responsibilities include implementation of the mandated provisions of the categorical family planning grant program, Title X of the Public Health Service Act.

The office serves as the focal point to advise the Secretary and the Assistant Secretary for Health on a wide range of reproductive health topics, including adolescent pregnancy, family planning, and sterilization, as well as other population issues.

Title X is the only federal program dedicated solely to the provision of family planning and related preventive services.

Title X Service Grantee Network

Approximately:

- **90 Service Grantees**, including state, territorial, tribal, county or local health agencies, universities, faith-based and community-based nonprofit agencies
- **4,000 Family Planning Clinics**, in the 50 states, the District of Columbia, and eight U.S. territories and jurisdictions
- **4 Million Clients Served Annually** with family planning and related preventive health care services



Source: Fowler, C.I., Gable, J., Wang, J., & Lasater, B. (2018, August). Family Planning Annual Report: 2017 national summary. Research Triangle Park, NC: RTI International.



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Cynda Hall:

There are approximately 90 service grantees in the Title X Service Grantee Network including state, territorial, tribal, county or local health agencies, universities, faith-based and community-based nonprofit agency and roughly 4,000 family planning clinics in the 50 states, the District of Columbia, and eight US territories and jurisdictions. The Title X networks serve over four million clients annually with family planning and related preventive healthcare services.

HIV Testing is a Core Family Planning Service



All Title X funded agencies are required to provide, at a minimum, HIV/AIDS prevention education, including education on risks and infection prevention, and testing, either on-site or by referral.



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Cynda Hall:

In 2014, OPA and CDC released the MMWR providing quality family planning services or QFP. These recommendations outline how to provide family planning services, defining what services should be offered in the family planning visit and describing how to do so. Supporting consistent application of quality care across settings and provider types and translate research into practice, so the most evidence-based approaches are used. The intended audience is all providers of family planning services including Title X grantee. In the QFP, STD and HIV services are considered family planning services because they improve the health of both men and women and can inform a person's ability to conceive or to have a healthy birth outcome.

And all Title X funded agencies are required to provide, at a minimum, HIV/AIDS prevention education, including education on risks and infection prevention and testing, either onsite or by referral. Family planning clients who are at risk or an STD should be screened for HIV and other STD in accordance with CDC's STD treatment guidelines.

Pre-exposure prophylaxis, which is the topic of today's webinar, also offers an option for those clients who are at risk for an HIV infection. And the family planning visit provides a key opportunity to educate the clients about HIV prevention and about PrEP. And many family planning service sites are already offering PrEP services. We understand that not all Title X service sites or family planning providers will have the need or capacity to offer PrEP in their clinic service site. Our goal is to help family planning providers improve awareness and access to PrEP services for their community.

Shown in the graphic: First tier of family planning services include: contraceptive services, pregnancy testing and counseling, achieving pregnancy, basic infertility services, preconception health, and sexually transmitted disease services. Second tier includes related preventive health services (e.g., screening for breast and cervical cancer). Services also include other preventive health services (e.g., screening for lipid disorders).

Pre-Exposure Prophylaxis (PrEP)



- PrEP, a once-a-day pill (brand name Truvada), has been demonstrated to reduce the risk of HIV infection **up to 92%** when taken as directed.
- In 2014, the US Public Health Service released the first **comprehensive clinical practice guidelines for PrEP**, which were developed by a federal inter-agency working group led by Centers for Disease Control and Prevention (CDC).
 - Guidelines recommend PrEP as one prevention option for: Sexually-active adult MSM, adult heterosexually active men, adult injection drug users and heterosexually-active women at substantial risk of HIV acquisition.

Source: Centers for Disease Control and Prevention (CDC). Preexposure Prophylaxis for the Prevention of HIV Infection in the United States - 2014: A Clinical Practice Guideline.



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Cynda Hall:

So what is pre-exposure prophylaxis or PrEP? PrEP is a once-a-day pill that has been demonstrated to reduce the risk of HIV infection up to 92% when taken as directed. In 2014, the US Public Health Service released the first comprehensive clinical practice guidelines for PrEP which were developed by a federal inter-agency working group led by Centers for Disease Control and Prevention. The guidelines recommend PrEP as one option for sexually active adult MSM, adult heterosexually active men, adult injection drug users and heterosexually active women at substantial risk of HIV acquisition.

U.S. Family Planning Providers' Knowledge of and Attitudes towards PrEP for HIV Prevention: A national survey

A 2015 national survey of 495 family planning providers found that:



Approximately 1/3 of providers:



- ✓ Correctly identified PrEP
- ✓ Correctly stated the efficacy of PrEP in clinical trials
- ✓ Chose the correct HIV test to evaluate a client with a recent exposure
- ✓ Had ever seen any PrEP guidelines, including those by the CDC, ACOG, or New York State Department of Public Health

The vast majority of respondents wanted more education about PrEP!

SOURCE: Seidman, D., Carlson, K., Weber, S., Witt, J., & Kelly, P. J. (2016). United States family planning providers' knowledge of and attitudes towards preexposure prophylaxis for HIV prevention: a national survey. *Contraception*, 93(5), 453-459.



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Cynda Hall:

In 2015, a research team at the University of California, San Francisco, the National Clinical Training Center for Family Planning and HIVE conducted a national survey with family planning providers to learn more about providers' knowledge and attitudes towards PrEP for HIV prevention. 495 providers completed the survey and it was found that providers had limited knowledge about PrEP. About 1/3 of providers were able to correctly identify PrEP, correctly state the efficacy of PrEP in clinical trials and choose the correct HIV test to evaluate a client with a recent exposure.

About 1/3 of the providers responding to the survey had ever seen any PrEP guidelines, including those by the CDC, the American College of Obstetricians and Gynecologists and the New York State Department of Health. The survey also found that the majority of respondents wanted more education about PrEP, sparking additional efforts from OPA to provide resources and tools for PrEP in family planning settings.

OPA PrEP Training Webinar Series (Tentative)

Webinar Topic	Date
#1: Prescribing PrEP in Family Planning Sites	May 2019
#2: Financing PrEP Services in Family Planning Sites	June 2019
#3: Innovative Models for PrEP Programs in Family Planning Sites	July 2019
#4: Leveraging Partnerships for PrEP in Family Planning Sites	August 2019



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Cynda Hall:

Today's webinar along with the tools that will be shared in this webinar are resources to learn more about PrEP and providing PrEP services. Along with this kickoff webinar, OPA will also host a training webinar series on several PrEP training topics, including prescribing PrEP in family planning sites in May 2019, financing PrEP services in family planning sites in June 2019, innovative models for PrEP programs in family planning sites in July 2019, and leveraging partnerships for PrEP in family planning sites in August 2019.

Why PrEP in Family Planning?



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Nikita Malcolm:

Thanks Cynda. This is Nikita Malcolm and I'm going to start walking through why are we talking about PrEP in family planning settings? So we know there's been a lot of focus historically on providing PrEP services in primary care settings or in HIV and STI treatment settings. But there is also a key opportunity like Cynda mentioned here for family planning settings to address gaps in access, in uptake and awareness of PrEP that we'll discuss today. And also, for all of you to be able to justify to others why this is important in your setting.

CDC Clinical Guidelines for PrEP

Table 1: Summary of Guidance for PrEP Use

	Men Who Have Sex with Men	Heterosexual Women and Men	Persons Who Inject Drugs
Detecting substantial risk of acquiring HIV infection	HIV-positive sexual partner Recent bacterial STI† High number of sex partners History of inconsistent or no condom use Commercial sex work	HIV-positive sexual partner Recent bacterial STI† High number of sex partners History of inconsistent or no condom use Commercial sex work In high HIV prevalence area or network	HIV-positive injecting partner Sharing injection equipment
Clinically eligible	Documented negative HIV test result before prescribing PrEP No signs/symptoms of acute HIV infection Normal renal function; no contraindicated medications Documented hepatitis B virus infection and vaccination status		
Prescription	Daily, continuing, oral doses of TDF/FTC (Truvada), ≤90-day supply		
Other services	Follow-up visits at least every 3 months to provide the following: HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STI symptom assessment At 3 months and every 6 months thereafter, assess renal function Every 3-6 months, test for bacterial STIs		
	Do oral/rectal STI testing	For women, assess pregnancy intent Pregnancy test every 3 months	Access to clean needles/syringes and drug treatment services

STI: sexually transmitted infection

Source: Centers for Disease Control and Prevention; US Public Health Service. Preexposure prophylaxis for the prevention of HIV infection in the United States—2017 Update: a clinical practice guideline. Published March 2018.



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Nikita Malcolm:

So, as Cynda mentioned, the CDC has published clinical guidelines on the use of PrEP for HIV prevention. And this table summarizes the guidance for PrEP use for different groups. Now, we won't walk through this table in detail today. Like Cynda mentioned, there will be an upcoming webinar in the training series on prescribing PrEP that will go into more detail on the clinical aspects of PrEP services.

CDC Clinical Guidelines for PrEP and Women

- The clinical guidelines recommend PrEP as one prevention option for **women at substantial risk of HIV**, defined as:

Sexually active women without an acute or established HIV infection who are not in a monogamous partnership with a recently tested HIV-negative partner **and** at least one of the following:

- Infrequently uses condoms during sex with partner of unknown HIV status known to be a substantial risk of HIV;
- In an ongoing sexual relationship with an HIV-positive partner;
- Recent bacterial sexually transmitted infection (syphilis, gonorrhea) diagnosed or reported in the past six months.

Source: Centers for Disease Control and Prevention; US Public Health Service. Preexposure prophylaxis for the prevention of HIV infection in the United States—2017 Update: a clinical practice guideline. Published March 2018.



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Nikita Malcolm:

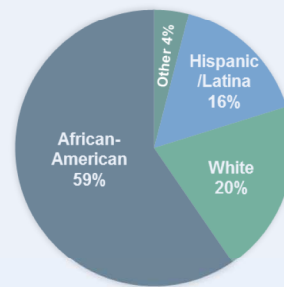
But what we will talk about today are the CDC guidelines for PrEP use among women specifically. So the clinical guidelines for PrEP recommend PrEP as one prevention option for women at substantial risk of HIV, defined as sexually active women without an acute or established HIV infection who are not in a monogamous partnership with a recently tested HIV-negative partner and at least one of the following. Infrequently uses condoms during sex with a partner of unknown HIV status who's known to be at substantial risk of HIV, in an ongoing sexual relationship with an HIV-positive partner, or with a recent bacterial sexually transmitted infection, specifically syphilis or gonorrhea, diagnosed or reported in the past six months.

Women and HIV



Women accounted for approximately 20% of new HIV infections in the U.S. in 2017.

New HIV Diagnoses among Women in the U.S. in 2017, by Race/Ethnicity



PrEP presents a new key opportunity for promoting HIV prevention among women.

Source: Centers for Disease Control and Prevention, HIV Surveillance Report, 2017, vol. 29. Published November 2018



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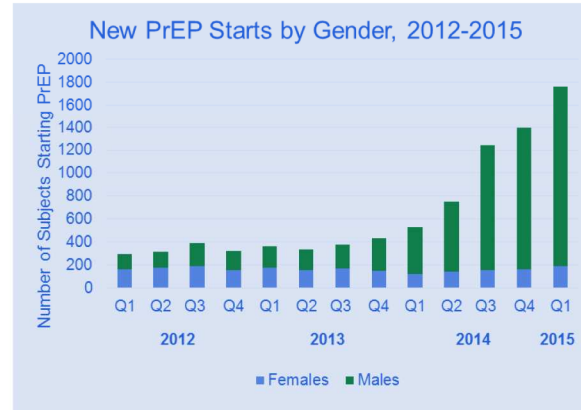


Nikita Malcolm:

So as we continue to think about the CDC guidelines for PrEP use among women, we know that for women, although the HIV diagnoses have declined in recent years, more than 7,000 women received a new HIV diagnosis in the US in 2017, making them nearly 20% of the about 3,800 new HIV diagnoses in the country. And then we also know that for women of color, particularly African American and black women, have been disproportionately affected by HIV with African American women specifically accounting for almost 60% of new HIV diagnoses among women here in the United States in 2017.

PrEP and Women

- According to the CDC, approximately **180,000 sexually active U.S. women** of reproductive age (18-49 years) are potential candidates for PrEP.
- Of the 78,500 PrEP users in 2016, **only 4.7% of PrEP users were female.**
- PrEP uptake in the U.S. has increased significantly among men, while **the number of women starting PrEP remained steadily low.**



Sources: Bush, S., et al. (2015). Significant uptake of Truvada for pre-exposure prophylaxis (PrEP) utilization in the US in late 2014–Q1 2015. In IAPAC Treatment, Prevention, and Adherence Conference (pp. 28-30). Smith DK. (2015) By race/ethnicity, Blacks have highest number needing PrEP in the United States. 2015. Conference on Retroviruses and Opportunistic Infections. Atlanta, GA. 2015. Yoon A, H., et al. (2015). HIV pre-exposure prophylaxis, by race and ethnicity—United States, 2014–2016. Morbidity and Mortality Weekly Report, 67(41), 1147.



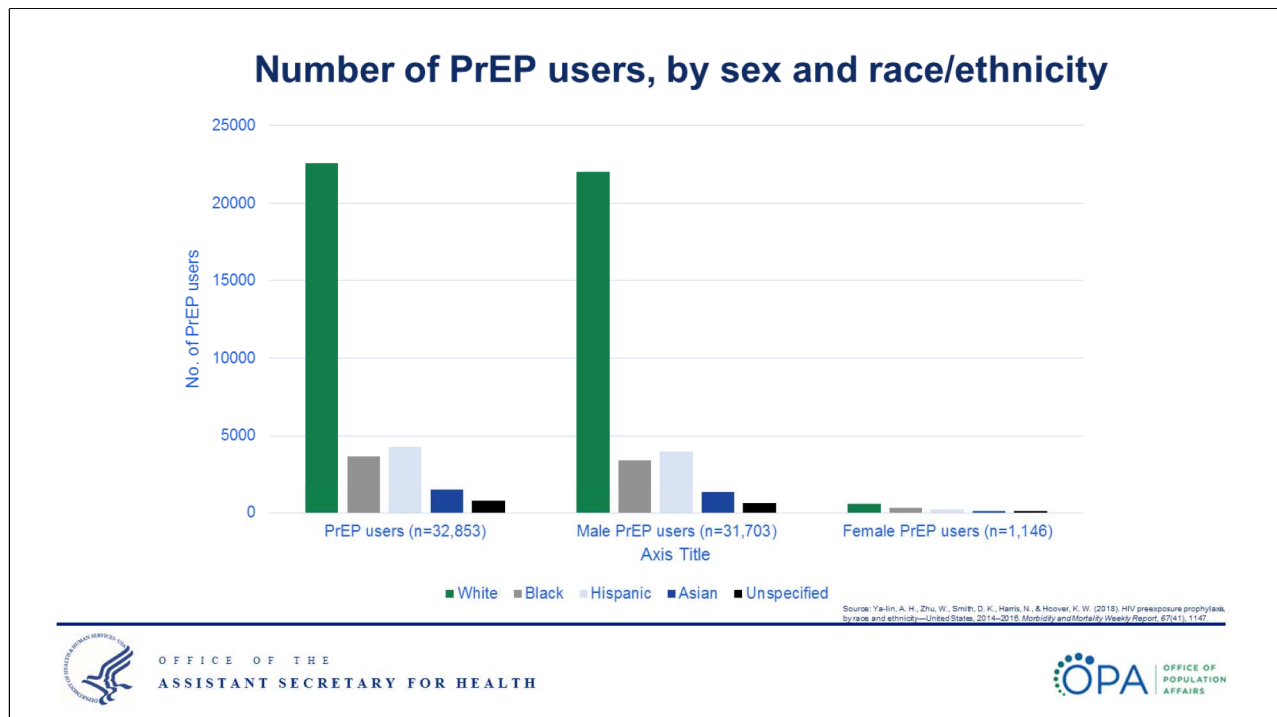
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Nikita Malcolm:

And so PrEP is one HIV prevention method that prevents opportunity to reduce new HIV infections among women. But there are still gaps in PrEP use for women specifically. So taking a look at this slide here, the CDC estimates that approximately 180,000 sexually active US women of reproductive age are potential candidates for PrEP which is more than half, actually about 70% of the heterosexual individuals, both men and women, in the US who may be potential candidates for PrEP or who have potential indications for PrEP according to the guidelines.

But we also know that awareness and uptake of PrEP among women at risk for HIV has been really limited. The most recent data in 2016 out of the 78,000 PrEP users in the United States, only 4.7% of those PrEP users were female. And then we can see in the graph on the right that although PrEP uptake in the US has increased significantly among men since 2012, the number of women starting PrEP has remained steadily low. And you can see here in the graph the males using PrEP in the green and then the women using PrEP in the blue.

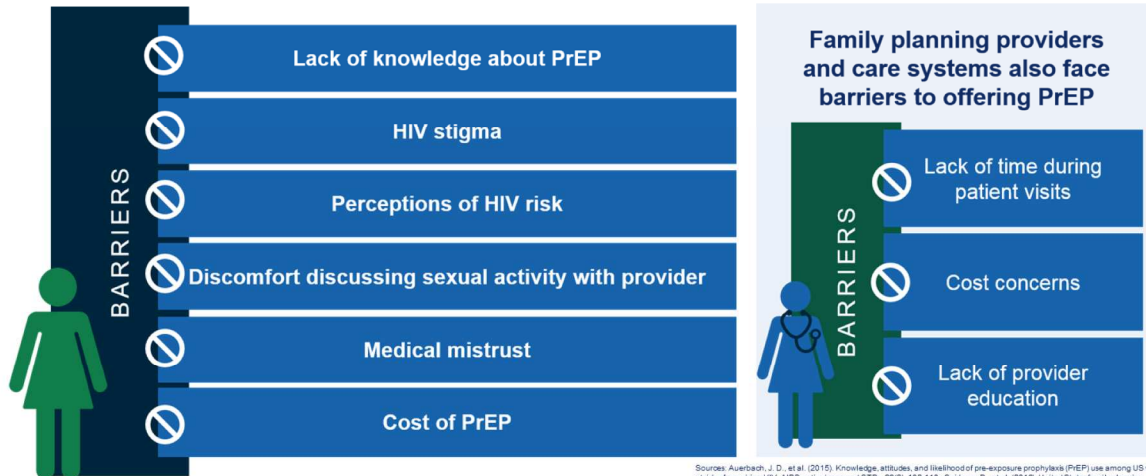


Nikita Malcolm:

This is another graph from a recent CDC report and I think that this one is particularly striking. So this chart shows the number of PrEP users in the US by sex and race and ethnicity. So, you can see here that there is a disproportionately low number of female PrEP users and also going back to what we discussed earlier, thinking about the disproportionate impact of HIV in communities of color, we know that while HIV disproportionately affects African Americans, PrEP initiation among women of color has been significantly lower than among white women. So when stratified by sex, out of the about 1,100 female PrEP users that there were a recent ethnicity data available for, about half were white, about a quarter were black and around 18% of those PrEP users were Hispanic.

When stratified by sex, among the 1,146 female PrEP users with race/ethnicity data, 554 (48.3%) were white, 297 (25.9%) were black, and 201 (17.5%) were Hispanic.

Women face barriers to PrEP awareness and access



Sources: Auerbach, J. D., et al. (2015). Knowledge, attitudes, and likelihood of pre-exposure prophylaxis (PrEP) use among US women at risk of acquiring HIV. *AIDS patient care and STDs*, 29(2), 102-110. Seelman, D., et al. (2015). United States family planning providers' knowledge of and attitudes towards pre-exposure prophylaxis for HIV prevention: a national survey. *Contraception*, 92(5), 465-469. Sheth, A. N., Rolfe, C. P., & Gandhi, M. (2015). HIV pre-exposure prophylaxis for women. *Journal of virus eradication*, 2(3), 149.



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Nikita Malcolm:

And so when we look at the barriers to PrEP awareness and access and uptake among women in particular, we see barriers for both women and for providers and family planning health systems. So for women, when we think about what those barriers to PrEP are, we know that there is generally a lack of knowledge or awareness about PrEP service. And one recent focus group actually found that women were dismayed and many of them actually angry or upset that they hadn't heard about PrEP before once they learned about it in the focus group.

We know that for women, thinking about PrEP services, HIV stigma and perceptions of HIV risk can also present a barrier to care. Women potentially may not recognize their own HIV risk or may potentially feel ashamed or stigmatized when discussing some of those factors. We know that many women do have really great relationships with their providers and with their family planning providers and particularly, and many women say that their family planning providers are a primary source of information and services and resources for them.

But there are still many women who may experience discomfort discussing their sexual activity with a provider or medical mistrust. And of course, the cost of PrEP services, we know, can be a barrier to many women. And then on the other side, for family planning providers and care systems, there are also barriers to being able to offer PrEP services, including lack of time during patient visits, cost concerns and lack of provider education.

Family Planning Services and PrEP

- Title X family planning sites are a primary source of care for many women, serving approximately **3.5 million women** annually
- **Family planning providers are exceptionally qualified** to provide HIV prevention services to women while incorporating clients' health goals into individual health care decisions
 - Women also consider **family planning clinics a preferred source** for information about PrEP and access to PrEP services



Sources: Auerbach, J. D., et al. (2015). Knowledge, attitudes, and likelihood of pre-exposure prophylaxis (PrEP) use among US women at risk of acquiring HIV. AIDS patient care and STDs, 29(5), 102-110. Bales, J. M., et al. (2019). Patient recommendations for PrEP information dissemination at family planning clinics in Atlanta, Georgia. Contraception, 100, 1-7. Hensley, D., & Hensley, D. (2016). Integrating pre-exposure prophylaxis for human immunodeficiency virus prevention into women's health care in the United States. Contraception, 125(1), 17-43.



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Nikita Malcolm:

So when we come back to the question with this understanding, why are we talking about PrEP in family planning services? So, we know that Title X family planning sites are a primary source of care for many women, serving about 3.5 million women every year in the country. Family planning providers in particular have extensive experience providing sexual and reproductive health counseling, education and services and truly are exceptionally qualified to provide HIV prevention services to women, while incorporating each clients' individual health goals and individual health care decisions.

Studies also show, like I mentioned earlier, that women do consider family planning sites a preferred source for information about PrEP and access to services. And Title X sites and family planning sites really do have a key opportunity to start to think about and address those gaps in PrEP access and awareness among women by considering integrating PrEP services into their existing HIV prevention services which often include HIV and STI education, testing and referral, risk reduction, counseling and many other services.


And in fact, many Title X sites are already offering PrEP services and starting to integrate it into their HIV prevention services. So today, we're going to hear from Emily Finley at the Women's Care Center at Drexel Obstetrics and Gynecology and she's going to share with us about the PrEP program at their site. Emily?



One pill,
once
a day,
prevents
HIV.

Ask
us
about
PrEP.

Get PrEPed!
**PrEP Services at the Drexel
Medicine Women's Care Center**
Emily D. Finley, MPH
Community Health Educator

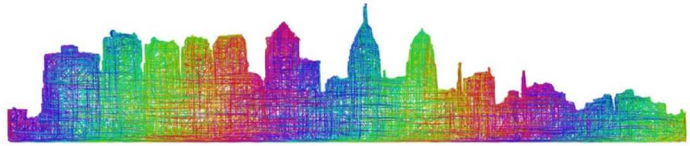


drexelmedicine.org

Emily Finley:

Hi there. So as Nikita said, I'm Emily Finley, I'm Community Health Educator at Drexel Medicine Women's Care Center in Philadelphia and today, I'll be talking a bit about our PrEP services at our family planning site.

Drexel Women's Care Center



- Women's Care Center is an outpatient OBGYN & Family Planning clinic in Center City Philadelphia, PA
- Part of Drexel University College of Medicine
- Receives Title X funding through AccessMatters (covers Southeast PA)
- Appointment Hours: M-F, 8am – 4pm
- Title X Patient Demographics, 2018:
 - Total Users: 3,432
 - Largest Age Groups: 25-29 (30%); 20-24 (21%); 30-34 (18%)
 - Female Users: 98% of total
 - Race/Ethnicity: Black/African-American (67%); White (14%); Hispanic/Latino (9%); Asian (4%)
 - Income 100% FPL and below: 99% of total



Emily Finley:

So, Drexel Women's Care Center is an outpatient OBGYN and family planning clinic located in Center City Philadelphia. We're part of Drexel University College of Medicine network and we receive Title X funding through AccessMatters, which is our grantee for Southeastern Pennsylvania. Our appointment hours are Monday through Friday, 8 AM to 4 PM.

In 2018, we had about 3,433 Title X patients in total and most of our family planning clients are in the age range of 25 to 29, about a third, and then about one fifth are 20 to 24. Another 18% are 30 to 34. So those are the ages that we're most reaching. 98% of our family planning clients are female. And they're also predominantly black and African American, two thirds are black and African American, about 14% are white, 9% Hispanic Latino and 4% Asian. And we are reaching low income users, 99% of our clientele were at 100% federal poverty or lower in 2018.

PrEP at Drexel Women's Care Center

- **Full range of PrEP services offered on-site:** Counseling, Risk Assessment, Prescription Services, and Follow-Up Services
- **Eligibility:** History of an STI, Interest in PrEP, Any HIV risk (MSM, IDU, HIV+ partner, inconsistent condom use, transactional sex, etc.)
- PrEP services are available to all eligible patients **by appointment** and PrEP counseling is offered **on a walk-in basis** with Rx services provided same-day or within 48 hours
- Key Staff:
 - 2 full-time **Family Planning Counselors** provide initial counseling and risk assessment
 - **Medical Assistants** collect labs at baseline + follow-up visits
 - **OBGYN Clinicians** provide risk assessment and prescription services
 - **Health Educator** assists with enrollment in Gilead Advancing Access programs
 - Drexel Medicine **PrEP Navigator** provides follow-up support & adherence counseling




Emily Finley:

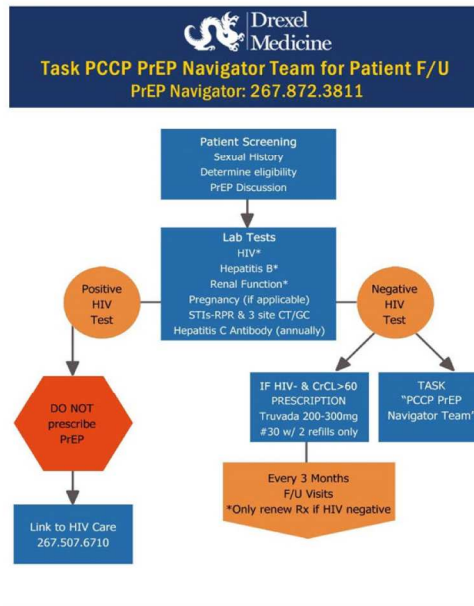
So those are our demographics. So here at Women's Care Center, we offer the full range of PrEP services on site so that includes counseling, risk assessment, prescription services and follow-up services. The eligibility at our site is pretty broad. But it includes recent history of STI, an interest in PrEP if the client comes in requesting PrEP, any HIV risk which would include having an HIV-positive partner, injection drug use, inconsistent condom use, transactional sex and other risks.

Our PrEP services are available to all eligible patients, both by appointment and we also offer counseling on a walking basis. And prescription services are provided the same day as the counseling occurs or within 48 hours. We try to get the prescription as quickly as possible. So the key staff that we utilize are two full-time family planning counselors, provide initial counseling and risk assessment. Our medical assistant collect the patient labs at the baseline visit and follow-up visits. Our OBGYN clinicians provide additional counseling, risk assessment and do the prescribing.

The Health Educator which is myself assists with enrollment in Gilead Advancing Access programs. Those are programs for people who may not be able to afford their PrEP, whether because they have high copays or because they are uninsured. So there are programs to assist with that. And then we also have a Drexel Medicine, a PrEP navigator who provides follow-up support and adherence counseling for all of our patients who have been prescribed PrEP.

PrEP at Drexel Women's Care Center, Cont'd

 Task PCCP PrEP Navigator Team PrEP Navigator: 267.872.3811	
Eligibility	<input type="checkbox"/> History of an STI <input type="checkbox"/> Interest in PrEP <input type="checkbox"/> Any HIV risk (MSM, IDU, inconsistent condom use, transactional sex, etc)
PrEP Information	<input type="checkbox"/> Daily adherence <input type="checkbox"/> Return visits every 3 months for labs <input type="checkbox"/> Side effects (mild nausea or headache) <input type="checkbox"/> PrEP Navigator: F/U apt & adherence calls <input type="checkbox"/> Effectiveness reached for receptive anal sex after 7 days of use and 20 days for receptive vaginal sex and IDU
Order Initial Visit Lab Tests	<input type="checkbox"/> Assess for acute HIV infection & provide 4th generation HIV test <input type="checkbox"/> Serum Creatinine – Clearance must be >60 ml/min <input type="checkbox"/> Hepatitis B Surface Antigen and Antibody <input type="checkbox"/> Pregnancy Test (if applicable) <input type="checkbox"/> RPR w/ Reflex to Confirmation <input type="checkbox"/> CT/GC (urine, pharyngeal + rectal) <input type="checkbox"/> Hepatitis C Antibody (annually)
Document in Problem List	<input type="checkbox"/> Contact with or suspected exposure to HIV (Z20.6) <input type="checkbox"/> Screening for HIV (Z11.4) <input type="checkbox"/> Routine screening for STI (Z11.3)
Confirm Negative HIV and CRCL >60, order prescription	<input type="checkbox"/> Rx: Truvada 200-300mg: 1 tablet PO daily w/ or w/out food #30 w/ 2 refills only
Connect with PrEP Navigator	<input type="checkbox"/> Task "PCCP PrEP Navigator Team"
3 month follow-up visits	<input type="checkbox"/> 4th generation HIV test <input type="checkbox"/> STI testing (RPR & 3 site CT/GC) <input type="checkbox"/> Every 6 mths- Serum Creatinine
PrEPline - 855.HIV.PrEP (448-7737) DISCONTINUE PrEP IF PATIENT BECOMES HIV POSITIVE	



Emily Finley:

So, this is an example of some PrEP materials that we made for our providers. So this is the front and back of a postcard that we made that runs through the checklist of eligibility, basic education about PrEP, the labs that are required before the prescription is given, how to document PrEP in the chart which is important for an insurers, confirming the negative HIV, connecting with the PrEP navigator and then doing those three month follow-up visits. So we have that both in the checklist format and then on the other side, this flowchart format.

And that's just designed as a pocket card for our clinicians to carry with them throughout the day and if they have someone requesting PrEP or they're recommending PrEP, they can run through that checklist really easily. And we found that to be a really great tool.

Why PrEP in Family Planning?

What helped us decide to offer PrEP?

- Our female clients did not have equitable access to PrEP services
- In 2017-2018, we received a grant from Gilead through AccessMatters to provide PrEP education and counseling to 400+ Family Planning clients
- WCC is the only site in the Drexel Medicine network offering comprehensive Family Planning services to clients who are uninsured or receiving public insurance – these are key clients to reach!

Benefits of our PrEP program:

- Clients receive PrEP from providers they know and trust
- One-stop-shop for well-woman exams, contraception, prenatal care, HIV/STI testing, and PrEP
- Providers have developed comfort and expertise offering PrEP services
- Women in Philadelphia now have greater access to PrEP

All of our PrEP materials are female-inclusive!



Emily Finley:


So, why did we decide to offer PrEP at our family planning clinic? Well, we knew that our female clients really weren't getting equitable access to PrEP services in Philadelphia and as you saw from the charts that Nikita showed earlier, that's really a nationwide issue. So, in 2017 to 2018, we received a grant from Gilead, the manufacturer of PrEP through AccessMatters to provide PrEP education and counseling to over 400 family planning clients.


So that grant was a really great incentive to help us get our programming off the ground and get our training off the ground and really start educating our patients. And Women's Care Center is the only site in the Drexel Medicine network that offers comprehensive family planning services to clients who are uninsured or receiving public insurance. And those are really key clients to reach and clients who may be at higher risk for HIV and also may have additional barriers to accessing health services. So it's very important to reach those clients.

The benefits of our program are the clients are receiving PrEP from


providers that they already know and trust. We offer a one stop shop for well woman exams, contraception, prenatal care, HIV/STI testing and PrEP. So we don't send our PrEP patients to a different clinic just for that one thing. Our providers have developed comfort and expertise in offering PrEP. And women in Philadelphia now have greater access to PrEP through our clinic.


Challenges and Opportunities


 **Challenge #1:** Providers feel uncomfortable prescribing PrEP.
"Isn't that an HIV medicine? Shouldn't we send the client to infectious disease? What if there are side effects I can't address? How do I do a risk assessment for PrEP?"

 **Challenge #2:** Patients are unfamiliar with PrEP.
"I've never heard of PrEP. Does that pill prevent other STIs? Can I still take it if I'm pregnant? Will PrEP give me HIV?"

 **Challenge #3:** PrEP patients are not retained in care.
Patients no-show for follow-up visits and clinicians are unsure why.

 **Opportunity #1:** Training, training, training!
With support from AccessMatters, we provided monthly trainings to prescribing clinicians and Family Planning counselors on all steps of the PrEP protocol; support staff (MAs, call center, etc.) also received training.

 **Opportunity #2:** Offer PrEP counseling alongside family planning and HIV/STI test counseling.
Our Family Planning counselors are trained to discuss PrEP with high-risk clients. We also offer PrEP counseling on our walk-in services request sheet and have posters and educational materials on-site.

 **Opportunity #3:** Designate a PrEP Navigator.
In 2018, Drexel Medicine hired a PrEP Navigator to provide follow-up support and adherence counseling to all Drexel clients with an Rx for PrEP. This is essential support that clinicians often don't have time to provide.



Emily Finley:

So we did run into some challenges when we launched our PrEP program. One challenge we had was that providers felt uncomfortable prescribing PrEP. And some of the things we would hear would be concerns about PrEP being an HIV medicine and maybe being higher risk or how do I do a risk assessment? And so we used that as an opportunity to do a lot of training. So with support from AccessMatters, we were able to offer monthly trainings to prescribing clinicians and family planning councilors on all steps of our PrEP protocol. And we also made sure that our support staff so that was the medical assistants, the call center, receptionist, anyone with patient interaction, also received training on our PrEP program.

So a second challenge we had was that our patients were also unfamiliar with PrEP. Most often, we would ask a patient, "Have you heard of PrEP?" And they would say, "No, I have no idea what you're talking about." And we know that PrEP hasn't really been marketed that vigorously, especially to women, at this point. I think that's starting to change.

But, we use that as an opportunity to offer PrEP counseling, alongside our family planning and HIV/STI test counseling that we were already doing. So, our family planning counselors were trained to discuss PrEP and as I said before, we also started offering PrEP counseling as a walk in service. So we have walk in services five days a week and they fill out a sheet that says I want an HIV test, I want a chlamydia, gonorrhea test, I want a pregnancy test. And then we also added a bullet point that said I would like to learn more about PrEP, the HIV prevention pill. So that's integrated into those other walking services and patients can request that. And then we also started producing some posters and educational materials to have on site.

The third challenge that we encountered was that our patients who did start PrEP often wouldn't be retained in care. So there would be no-shows for follow-up visits and our clinicians weren't sure why. Maybe it was because their circumstances changed and they felt they were no longer at risk for HIV. Maybe they had side effects that they weren't comfortable with. Maybe they got to the pharmacy and it was too expensive and they never even filled their prescription. These are all different scenarios that can happen but we wanted to figure out what was going on with that.

So Drexel Medicine hired a PrEP navigator to provide follow-up support and adherence counseling to our clients with a PrEP prescription. So that person actually works for the entire Drexel Medicine network, not just Women's Care Center. But it's a really great support when clinicians don't have time to follow up with patients so rigorously. Okay.

Lessons Learned

- Offer PrEP training to **ALL STAFF**, not just counselors and clinicians. Make sure your whole team (front desk, call center, admin) understands the PrEP services offered at your site.
- Take a **pro-active approach** to client education! Don't wait for clients to ask you about PrEP. Ask them, "Do you know about PrEP, the daily pill that prevents HIV?"
- Supply **PrEP education materials** (postcards, brochures, etc.) to both clients and providers. Make your own or download existing resources – use materials that reflect your population.
- Designate a **PrEP Navigator** or PrEP Champion for your site – someone who can field workflow questions from staff and track PrEP client follow-up.
- **Don't forget about PEP** (post-exposure prophylaxis)! Clients requesting PrEP may actually be candidates for PEP. Train clinicians to screen appropriately for HIV exposure and refer for PEP services, if not offered at your site.



Emily Finley:

So lessons that we've learned. One is to offer PrEP training to all staff, not just counselors and clinicians. You know, make sure that your whole team understands the PrEP services offered at your site or at least understands how to refer a patient in. Really, anyone who is having any contact with a patient or potential patient should have familiarity with the site offering.

And then also the second point is to take a proactive approach to client education. So not waiting for clients to ask about PrEP because we know that a lot of people still haven't heard of it. So we try to ask them. "Do you know about PrEP, the daily pill that prevents HIV?"

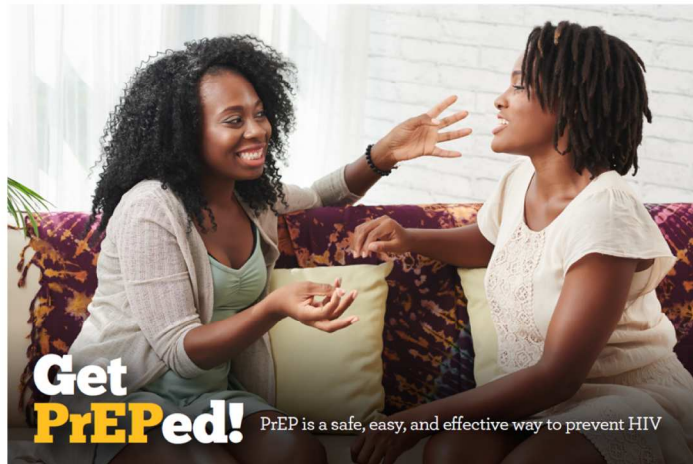
Our third lesson is to supply PrEP education materials to clients and providers. You can create your own or download existing resources. I know there are a lot of great resources at HIVE and other places. And it's important to use materials that reflect your population, whether you're trying to reach more women, trans people, people of color, etc. It's really important to have your populations

reflected in those materials.

And then the fourth lesson or tip is to designate a PrEP navigator or PrEP champion for your site, someone who can field workflow questions from staff and tracks PrEP clients for follow-up. And then finally, it's important not to forget PEP, post-exposure prophylaxis. So some clients coming in requesting PrEP may actually be candidates for PEP if they've had an HIV exposure in the past 72 hours. So it's really important to train clinicians to screen appropriately for the HIV exposure so that they can refer for PEP services if that's what's required.

Thank you!

Emily D. Finley, MPH
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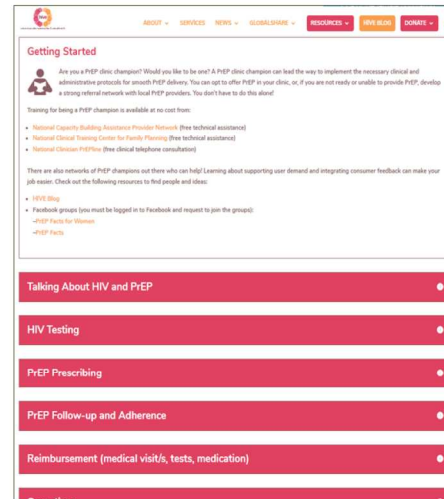
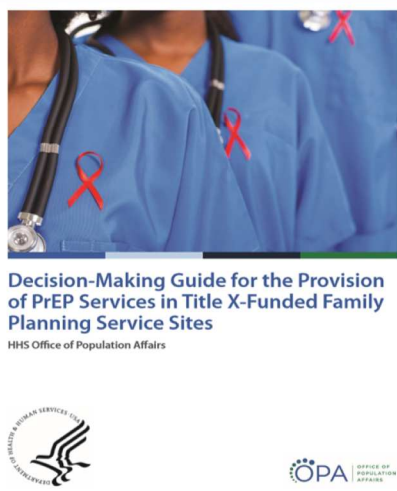


Emily Finley:

And that concludes my presentation. Thank you very much.

Emily Finley, MPH
Email: edf37@drexel.edu

New Family Planning-Specific PrEP Resources



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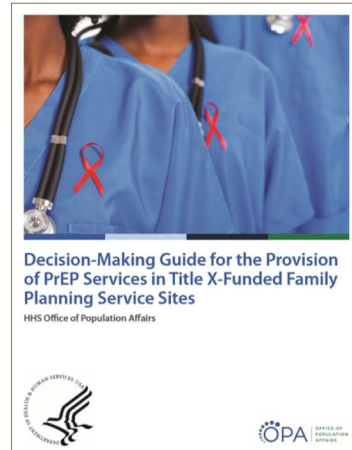
Nikita Malcolm:

Thank you Emily, that was great. So for the rest of the webinar, we are going to be sharing two new family planning specific PrEP resources for deciding on PrEP services and implementing PrEP services at your site. One is the Decision Making Guide for the Provision of PrEP services in Title X sites and the other is the Family Planning Provider PrEP toolkit. So I'm going to share a bit about the Decision Making Guide.

Decision-Making Guide for the Provision Of PrEP Services

OPA published the **Decision-Making Guide for the Provision of PrEP Services**, a new resource to help Title X family planning service sites make evidence-informed decisions about their role in assuring access to PrEP for HIV prevention services in their communities.

- The development of this guide involved a thorough analysis of peer-reviewed literature on PrEP implementation, key informant interviews with family planning clinic administrators, and the convening of a Technical Expert Panel.
- While developed to inform PrEP decision-making in Title X-funded organizations, it may also be applicable for other settings where family planning services are offered.



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Nikita Malcolm:

So OPA has recently published a Decision Making Guide for the Provision of PrEP services and this is a new resource to help Title X family planning sites make evidence-informed decisions about their role in assuring access to PrEP for HIV prevention services in their communities. This Decision Making Guide, again, it's specific to family planning settings. It was developed to inform decision making in Title X funded organizations but it may also be applicable to other settings where family planning services are offered.

And this Decision Making Guide is really an opportunity for family planning settings to take a holistic look at their organizational capacity and consider whether or not it is appropriate to offer PrEP and at what level of service would make the most sense for the site. So it's really great for organizations that are not offering PrEP services yet but are thinking about offering PrEP. And even for sites that are offering PrEP services but thinking about maybe offering a different level, maybe you're offering referral services but considering whether it makes sense to actually offer the full range of services on site. This Decision Making Guide walks through each of those options.

Overview of the Decision-Making Guide

- The guide describes the key decision-making factors for PrEP services:
 - **PrEP Programs and Partnerships:** Assessing existing programs and organizational partners in the service area.
 - **Service Capacity:** Examining capacity for offering PrEP services based on the site's unique structural and functional qualities.
 - **Staff Readiness:** Identifying and understanding the level of readiness among leadership, clinicians and staff.
 - **Cost Assessment:** Understanding the cost of PrEP services for the client and the site.



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Nikita Malcolm:

So the Decision Making Guide, again, like I mentioned, is really an organizational level Decision Making Guide and it walks through four key decision making factors for PrEP services. So the Decision Making Guide starts off by talking about PrEP programs and partnerships and the importance of assessing the existing programs and partners in your service area. For example, we know that some family planning sites are in areas where maybe the PrEP providers in the area are saturated and there are plenty of PrEP providers in the area that women and your clients would feel comfortable going to. So maybe it makes sense in that case to set up a partnership and become a referral site.

We also know that there are many family planning sites that are in service areas where there really aren't a lot of other PrEP programs in the area. And so maybe this is an opportunity for that family planning site to start to offer PrEP services, kind of similar to what Emily was talking about at Drexel.

The Decision Making Guide also talks about service capacity. So

thinking about your capacity for offering PrEP services, based on the site's unique structural and functional qualities. And sorry, some of that's getting cut off at the end. But thinking about, what does it actually take to set up PrEP services, can we do the initial baseline assessments? What do we need to do to prescribe? What does the follow-up look like and do we have the capacity to do that at our site?

Thinking about staff readiness is also in their Decision Making Guide and working to identify and understand the level of readiness among clinic leadership, clinicians and staff and thinking about what the training needs are there. And then finally, the Decision Making Guide will also walk through thinking about a cost assessment and making sure that as you're making decisions about PrEP, the site does understand the cost of PrEP services to both the client and the site and understands the resources that are out there to help with those costs.

Decision-Making Guide for the Provision of PrEP Services

PrEP Programs and Partnerships

Understanding the existing PrEP programs and organizational partners in a Title X site's service area is integral to understanding the local need for PrEP service provision.

? Ask while reading this section: Do the existing local PrEP programs sufficiently meet the need of our family planning clients and the needs of the community?

Existing PrEP Programs in the Service Area

Assessing the existing PrEP programs in the service area can help a Title X site understand whether there is a local need for PrEP service provision. In some areas, comprehensive PrEP service programs may already be in place. Neighboring family planning clinics, health centers, state or local health departments, and other community organizations may offer PrEP medication and other related services, including assessment of HIV risk, HIV and PrEP education services, HIV and STD testing, financial counseling for PrEP, or PrEP adherence counseling and risk reduction support. In areas where the existing PrEP service provision programs sufficiently meet the local need for PrEP, Title X sites may leverage partnerships to ensure PrEP services are available and accessible for all potential clients via referral services.

An assessment of the local existing PrEP programs may highlight a service gap and an opportunity for a Title X site to fill that gap in the community. Local health centers may not offer PrEP medication, or the services may not be tailored to the needs of Title X clients. For example, in areas where PrEP services are available in HIV-related treatment centers or health centers tailored to LGBTQ+ clients, a service gap may still exist for clients who prefer accessing HIV prevention services within a family planning site where reproductive health services are integrated and clients are more comfortable discussing sexual risk behaviors in a familiar setting. In areas where there are limited or no existing PrEP service programs, Title X sites may be ideal PrEP providers for their clients.

Current and Potential Organizational Partnerships

Partnerships with outside organizations present valuable opportunities for collaboration, whether your site decides to offer PrEP services on site or via referral. Community partners, including local public health departments, community-based organizations, and other key stakeholder agencies, may offer PrEP services or serve as referral partners, help link high-risk clients to services at the Title X site, provide PrEP service training to Title X providers, or offer financial resources to support the clinic's PrEP activities. PrEP decision making in Title X sites includes an evaluation of current and potential partners and their roles in maintaining the impact of local HIV prevention efforts.

Find a PrEP Provider

PleasePrEPMe.org and PrEPLocator.org are two searchable location-based PrEP provider directories for identifying local PrEP providers.

Applying PrEP Programs and Partnerships at My Title X Site

PrEP-ING FOR PrEP	NOTES
<ul style="list-style-type: none"> Identify the local PrEP providers in your service area by visiting PleasePrEPMe.org and PrEPLocator.org. Ask the following questions at your site: <ul style="list-style-type: none"> Do the local PrEP providers in the area meet the needs of our family planning clients? Are the programs in an accessible location for our clients? Are the local PrEP providers accepting new clients? Are the programs friendly to all new clients, including women or uninsured clients? Does our Title X site have partnerships with the local PrEP providers? For example, do any of the local health centers in our health system offer PrEP services? Reach out to local PrEP providers in your area to find an organization who is willing to "mentor" your site as you plan for PrEP services. List your current and potential partners who may provide assistance for your PrEP program by linking high-risk clients or offering financial resources, for example. <p>Use the Decision-Making Checklist at the end of this Guide to assess your site's readiness for PrEP and find your suggested level of PrEP service.</p>	<p>SITE SPOTLIGHT</p> <p>A Title X site partnered with the HIV Clinical Services Unit in their county health department to offer PrEP via electronic referrals. After providing PrEP counseling and risk assessment, the Title X clinician used the shared electronic medical record to communicate referral information with the HIV specialist. The service model enhanced coordination between clinics and streamlined care for clients.</p>



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Nikita Malcolm:

So this is just a screenshot of what the Decision Making Guide looks like. So each section of the Guide is based on those four factors that I just walked through. PrEP program, service capacity, staff readiness and cost assessment. And then each section of the Guide also features an interactive worksheet for you to document notes and action items and also suggest some action items that a family planning clinic could take after reading each of these sections.

Decision-Making Checklist

Criteria	Low	Medium	High	Additional Considerations
PrEP Programs and Partnerships				
Need for PrEP services unmet by existing local PrEP programs				
Service Capacity				
Ability to offer full range of PrEP services on site (i.e., counseling, risk assessment, laboratory tests, prescription and follow-up visits)				
Staff Readiness				
Leadership and staff buy-in for in-house PrEP implementation				
Staff capacity to provide PrEP services				
Cost Assessment				
Access to resources to assess and manage PrEP service costs for the site and clients				
Total				

The Decision-Making Guide is accompanied by a **self-assessment checklist** to help Title X sites determine the appropriate level of PrEP service provision for their site.



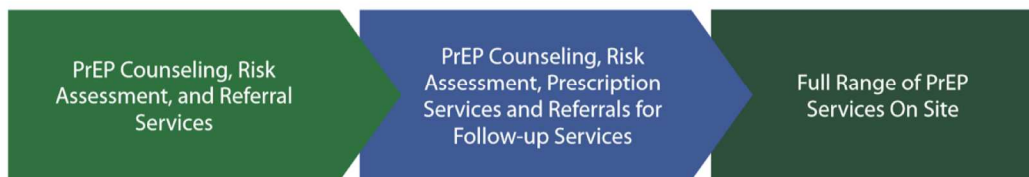
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Nikita Malcolm:

So after reviewing each section of the Decision Making Guide, there is also a decision making checklist at the end of that Guide. And the checklist is really intended to be kind of an organizational assessment tool to help you in family planning settings to assess the appropriate level of PrEP service provision for their site. Of course, Title X sites, they're always encouraged to make PrEP service provision decisions that fit their own specific context, capacity and needs. And this checklist goes back to each of those four areas and asks you to do kind of an organizational assessment for each topic. Would we rank ourselves low in this area, medium or high for each of these four sections?

Tiers of PrEP Service Provision



The Decision-Making Guide is accompanied by an **organizational assessment tool** to help Title X sites determine the appropriate level of PrEP service provision for their site, by considering:

1. Their **current level of PrEP service provision**, if any, and
2. The **resources required to provide a level of service** that assures access to PrEP services in their communities.



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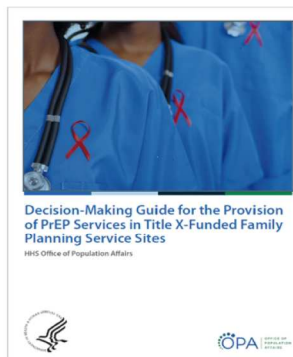


Nikita Malcolm:

And then once you were complete that tool, that Decision Making Guide would then recommend a potential appropriate level of services from either offering PrEP counseling, risk assessment and referral services on site, the second level would be PrEP counseling, risk assessment prescription services on site and then referring out for those follow-up services. And the third level would be similar to what Emily described at Drexel, offering the full range of PrEP services on site. So doing the assessment, writing the prescription and doing the follow-up services on site.

To view the
Decision-Making Guide for the Provision of PrEP Services,
visit: <https://www.hhs.gov/opa/reproductive-health/hiv-and-staying-healthy/index.html>

New Resource for Family Planning Clinics to Increase
Access to PrEP Services



The [Decision-Making Guide for the Provision of PrEP Services in Title X-Funded Sites - PDF](#) (1.5 MB) is a new resource to help Title X family planning service sites make evidence-informed decisions about their role in assuring access to PrEP for HIV prevention services in their communities. The guide describes the key decision-making factors for PrEP services and features an organizational checklist to help users determine which level of PrEP service provision will best serve their clients' needs. While developed to inform PrEP decision-making in Title X-funded organizations, it may also be applicable for other settings where family planning services are offered.

Content is undergoing 508 review and will be updated pending remediation. For immediate assistance, please contact: opa@hhs.gov.



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Nikita Malcolm:

So this new resource is available on the OPA website. It is on the HIV and staying healthy page. The web link is here and after the webinar, you all will receive the slides and also have this link. So if you're interested in looking at the Decision Making Guide, it is now available and it's on OPA's website.

<https://www.hhs.gov/opa/reproductive-health/hiv-and-staying-healthy/index.html>

I'm going to turn it over to Shannon to talk about the second new family planning resource.



PrEP for Family Planning Providers: The Development of a Toolkit

**Shannon Weber, Jacki Witt, Kimberly Carlson,
Jonathan Fuchs, Yamini Oseguera-Bhatnagar,
Dominika Seidman.**

Shannon Weber:

Great. Thank you so much and I just want to say it's really thrilling to see so many people who are logged on and engaged around this topic. I'm Shannon Weber, the Director of HIVE and we began offering PrEP to women in and around pregnancy in 2010. And not long after the FDA approval, we started the gaps in both information as well as uptake for PrEP for women.

We started a collaboration with the San Francisco Department of Public Health Capacity Building Program and the Title X National Clinical Training Center to develop a toolkit for family planning providers. And our idea was that we had a website which is hiveonline.org where we were starting to document the early PrEP implementation tools and sharing them with folks and look for a way that we could work together to create something that lived online that could be updated as the field emerged and make it rapidly available to clinicians who wanted to do this important work.

Why Family Planning Clinics?

- Women are diverse and have a variety of needs – we must meet women where they are.
- In focus groups women expressed that family planning clinics were one of the best places to receive information about PrEP.
- 40% of women access reproductive health care only, making family planning clinics a logical and efficient location for offering PrEP to women.



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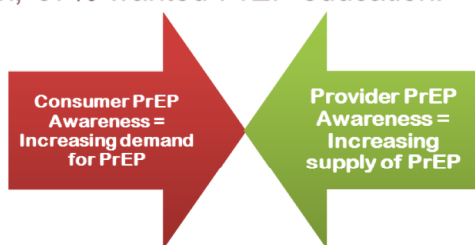
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Shannon Weber:

And why do we focus on the family planning clinics? Well, we know that 40% of women access reproductive health care only, making family planning clinics a logical and efficient location for offering PrEP to women. Family planning providers are also uniquely skilled to offer these options with the shared decision making model. And early focus groups, which have continued to be true to the focus groups that are still done today, women say that they want to hear about PrEP from their family planning providers.

Survey of Family Planning Providers

- Of 342 potential PrEP prescribers: only 38% correctly defined PrEP
- Providers identified lack of training as the main barrier to PrEP implementation; 87% wanted PrEP education.



Source: Seidman Dominika, et al. United States family planning providers' knowledge of and attitudes towards pre exposure prophylaxis for HIV prevention: A national survey, Contraception (2016), doi: 10.1016/j.contraception.2015.12.038



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Shannon Weber:

And prevention of STIs, including HIV, is a core part of providing quality family planning services. So, in 2015, as part of this collaboration, we conducted a national survey with family planning providers to learn more about their knowledge, attitudes and beliefs about PrEP and HIV prevention. 495 providers across the country completed the survey, I wonder if that's any of you who are on this call today. If so, thank you for participating. And we found that providers at that time had a limited knowledge about PrEP. About one third of providers were able to correctly identify PrEP and the providers identified a lack of training as the main barrier to PrEP implementation. The majority of the folks who responded also said that they wanted more education about PrEP. And this is what led us to believe that developing this online toolkit could be helpful.

Shown in graphic: Consumer PrEP Awareness = Increasing demand for PrEP (red left arrow), and Provider PrEP Awareness = Increasing supply of PrEP (green right arrow)

PrEP Implementation Challenges in a Family Planning Environment



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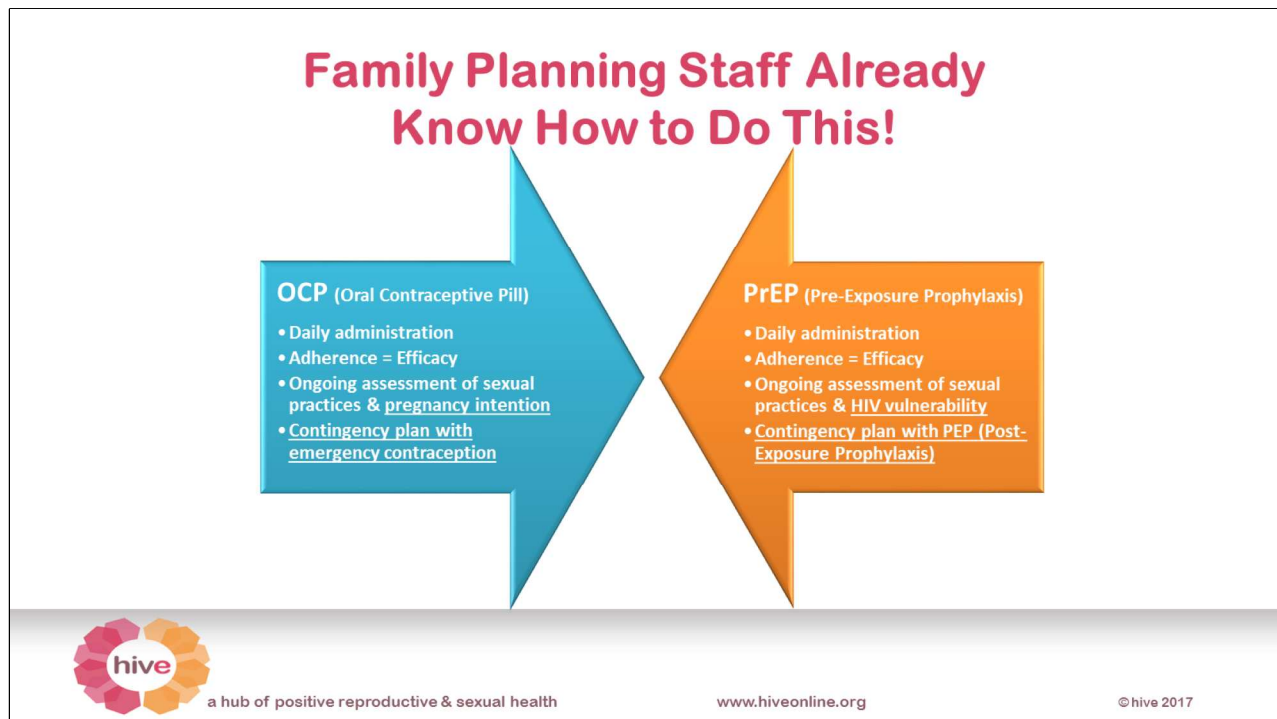
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Shannon Weber:

In creating the toolkit, though, we are super aware that family planning clinics are busy clinical encounters that address multiple health priorities in a limited amount of time. And so trying to integrate a new service into this environment can feel daunting, particularly when PrEP provision may require navigation for benefit coverage for clients who are underinsured or uninsured. And there is more frequent lab testing and follow-up than other family planning services.

Even figuring out how to screen for HIV vulnerability can seem like an overwhelming task, given that there is no validated questions that accurately assess a woman's risk in the US. In addition to these structural challenges, providers and clinic staff require training on both the medical provision of PrEP. While it's not overly complicated, it does require familiarity, it is something new. And also in counseling on the variety of HIV prevention options so that it can be done from that shared decision making approach. And while many family planning providers agree that PrEP is part of their scope, they do want more training.



Shannon Weber:

So, we do know and want to build upon the fact that family planning staff already have the skillset. So quick starting contraception is similar to the concept of same day PrEP. So in both, we want to be reasonably sure that in one case the person isn't pregnant and in the other case, the person doesn't have HIV and they take advantage of the fact that the person is in the clinic today and wants to get started on a prevention method. And so we worked to build out components of this toolkit, utilizing the structure that family planning providers are already familiar with.

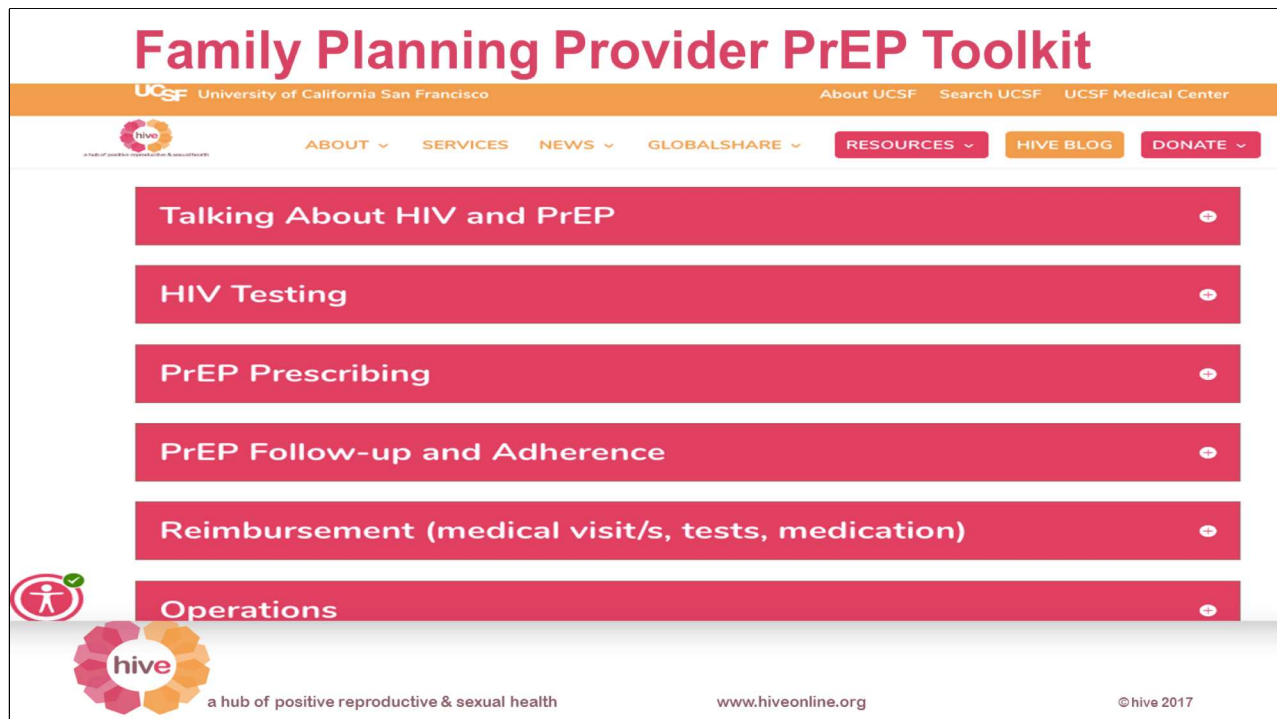
Shown in graphic: OCP (Oral Contraceptive Pill): Daily administration, Adherence = Efficacy, Ongoing assessment of sexual practices & pregnancy intention, Contingency plan with emergency contraception (left blue arrow), and PrEP (Pre-Exposure Prophylaxis): Daily administration, Adherence = Efficacy, Ongoing assessment of sexual practices & HIV vulnerability, Contingency plan with PEP (Post-Exposure Prophylaxis) (right orange arrow)



Shannon Weber:

The Family Planning Provider Toolkit aims to support proper implementation, based on existing tools and resources and the toolkit links out to tips on eligibility, reimbursement, clinic flows, roles and many other nuts and bolts what you need to know to operationalize PrEP. But the toolkit goes a step further. It encourages conversation and learning, it encourages relationship building and shared decision making when we interact with patients. And it's really pushing us all to examine what our role is, wherever we are in the process in bringing PrEP to women nationwide.

This really calls on those of us who are here right now to be champions within our clinics and environment and figure out how we can best support patients and PrEP users in stepping forward and also by telling their story.



Shannon Weber:

Rather than waiting for that to load in case my internet was slow, I had it pulled up for you. And so what we've done is created it in this format that has this accordion field and we're able then to build it out as if it was like a notebook, taking you from start to finish for the questions that people may have about what it takes to implement PrEP. So for example, under HIV testing and PrEP, there will be a little blurb and then resources. PrEP prescribing, there's resources for clinicians including expert consultation.

Follow-up and adherence, about reimbursement. One of the pieces that became quite clear to us as we were developing the toolkit, though, and we even noticed this in the webinar today is that we talk a lot about the disparity, the health disparity and racial equity.

Family Planning Provider PrEP Toolkit, Cont'd

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Toward Health Equity: Addressing Racial & Ethnic Disparities in HIV

A Guide for Providers, Advocates and Health Workers

This page will be updated periodically. Do you have suggestions for resources and/or feedback on this page? Let us know! Email Yamini: yamini@hiveonline.org

What are health disparities? What is health equity?

According to the United States Office of Disease Prevention and Health Promotion, a health disparity is "a particular type of health difference that is closely linked with economic, social, or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion" [1].

Health equity is "the principle underlying a commitment to reduce—and, ultimately, eliminate—disparities in health and in its determinants, including social determinants. Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at

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Shannon Weber:

And so as part of building out the toolkit, we also created this Towards Health Equity: Addressing Racial and Ethnic Disparities in HIV page. And as part of that, try to create and collate as part of our webinar series, resources that we can use on an individual, at a clinic level and at a system's level to help address the racial disparity gap that exists and really put us on track and accountable for working towards health equity.

I believe I'm no longer sharing my screen now. I'll come back and click through what are now just the screenshots of the interactive slides that you already saw. And so in conclusion, I want to say that HIVE, we've been at the forefront and very passionate about this and in so many ways, it's been a reflection of you and the good work that you're doing. So all of this that we've been able to create has been in collaboration with lots of feedback from folks and I want to definitely acknowledge that you are all part of HIVE and part of this work.



Shannon Weber:

And I also want to acknowledge that while women are behind in PrEP uptake and knowledge, we're also really diverse in our needs and I will really want to challenge each of us to acknowledge that we have this important work to do and it's really now is the time for us to do it to make sure that women in all of our varieties have access to PrEP. Thank you.

Reminder: OPA PrEP Training Webinar Series (Tentative)

Webinar Topic	Date
#1: Prescribing PrEP in Family Planning Sites	May 2019
#2: Financing PrEP Services in Family Planning Sites	June 2019
#3: Innovative Models for PrEP Programs in Family Planning Sites	July 2019
#4: Leveraging Partnerships for PrEP in Family Planning Sites	August 2019



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Katie Quimby:

Fantastic. Thank you to all of our presenters. I think we want to just recap that this is the first in a series of webinars about PrEP and the implementation of those webinars will take place over the next few months. So please stay tuned for that.

QUESTIONS?



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Katie Quimby:

We do have a few minutes now to take questions and we've already received quite a few questions in the chat but I just wanted to put a call out that if you haven't already chatted in your question, please take a minute and do that now. You can do that in the bottom left of your screen under the Q&A pod. And, we've received a few questions so far. So the first question is for Nikita and this goes back to some of the data that you shared around PrEP uptake. And the question is around how transgender patients or people are included in those data and are they included and is there any data specific to them?

Nikita Malcolm:

Yes. Thank you for the question, it's a great question. So, we actually just went back to that CDC report to see how they separated out sex in that chart. So in the report, they actually do not distinguish by gender. So they don't have anything regarding how they accounted for transgender individuals in that chart. It's only separated by sex, male and female. So it's a little unclear, unspecified in that particular report how they may have counted that. But I think that's a great question. And a lot of resources out there that we can definitely share, so thanks for raising that.

Katie Quimby:

Great. Our next question is for Emily and there's some excitement about the pocket card that you referenced and the question is, is that pocket card something that's publicly available that others could modify and tailor to their sites?

Emily Finley:

That card was developed by our PrEP navigator. So I'm not sure but I just pulled up the slide with my email address on it. So I could definitely inquire about that and if anyone who's interested wants to send me an email and I'll follow up with you about that.

Katie Quimby:

Thank you Emily. Our next question is for Cynda. And the question is, can OPA provide any guidance about whether and to what extent Title X can be used to cover PrEP?

Sue Moskosky:

Hi everybody. This is Sue Moskosky. So, if you recall, at the beginning of the presentation when Cynda was talking about the services within Title X and then HIV testing and HIV related testing and counseling and referral for services if people are diagnosed as appropriate is that the reason that HIV and STD services are part of family planning is because they're related to preventing ... can be related to preventing or achieving a healthy pregnancy. So if somebody, if an agency grantee wants to provide PrEP as part of Title X services, it is allowable and it would be allowable for them to include that within the scope of their Title X project when they send in a competitive application or even modify their application to say we want to include this as part of the scope of our project. It's not something we're going to mandate that people provide but if people want to provide it and want to cover it as part of their Title X project, it is allowable. But keep in mind also that providing any service as part of Title X that it does have to be provided to all individuals and be provided on the fee schedule. So that was a long-winded answer to a question but it can be considered as part of a Title X project.

Katie Quimby:

Thank you Sue.

Sue Moskosky:

Sure.

Katie Quimby:

We have received a few questions about the cost of medication and obtaining reimbursement and insurance coverage. And I'm wondering who the best person to direct this to, but maybe Shannon, I know that the toolkit has some resources about reimbursement and is that something you could speak to a little bit?

Shannon Weber:

Yeah, I'd be happy to. So, 340B is a way that folks are able to offset some of the costs of the additional clinical services. I'm sorry, I'm not answering that 340B question exactly because I don't quite understand how the 340B currently is making it hard for people to get PrEP so maybe you could reach out to me separately and I can answer that. But in the toolkit, we do have a part about reimbursement. There is also probably eight states now that have PrEP assistance programs. Washington, Illinois, California, Florida. So in addition to the patient assistance program through Gilead, there can be these state programs, insurance reimbursement 340B. What I would say is that this takes effort. And this would be helpful if it's done at a clinic level and protocols are developed if people can request training or capacity building assistance around that, maybe we could share those resources with them. And then it doesn't have to be figured out on an individual basis by the person who wants PrEP or by the individual navigator. And it's definitely worth investing the time in the beginning to develop that protocol so that you have that a little bit streamlined and it does take some effort in the beginning. And for states in which Medicaid has been expanded, we're seeing more people being able to get PrEP covered by insurance. There are still tremendous challenges for folks where there is not Medicaid expansion and there is not the state assistance program. So the other question was around does Gilead cover the labs and whatnot. The answer to that is no, they cover the drug costs. So you still need to sort out the pieces through the other mechanisms so whether that's 340B or the state PrEP assistance program through family pact, Title X funding, whatever your different pieces are. That piece still needs to be sorted out.

Katie Quimby:

Thank you. The next question is for Emily, I think, maybe, Emily tell me if you are able to answer this question. But the question is around kind of receptivity to PrEP and from your experience, and others feel free to jump in, how have women patients been receiving PrEP in terms of their ... How are they finding it acceptable to them and what's their willingness?

Emily Finley:

Yeah, that's a good question. I think that's something that we are still starting to understand ourselves. So we haven't seen a massive uptake of PrEP in our

clinic but we've done a lot of PrEP education so sort of starting at that point of just getting people to understand that PrEP exists and is a tool that's available to them. And the reception of that has been very positive. I know I've done a lot of counseling myself and I think people are very grateful and interested to hear that PrEP is something that does exist and is available to them. Especially in Philadelphia, we have a higher burden of HIV than a lot of other large cities in the US. So, you know, a lot of our patients know people who are affected by HIV, whether it's been family members, what have you. So that's been very positive I would say, generally, yeah. I hope that kind of answers the question.

Katie Quimby:

Yeah, I think so. There was also a question about your email address again so I'm going to bring that up: edf37@drexel.edu. And there was also a question about training and if you could talk a little bit about the training that you talked about, for who that training was provided and whether it was tailored according to staff roles and maybe you could just speak a little bit about what that training looked like.

Emily Finley:

Yeah, so we did a general training for full staff. So that included I should say support staff. So that included medical assistants, receptionists, medical records, call center so that everybody in the clinic would understand our PrEP program. So you know, for a lot of them, it was like a basic background education of what is PrEP and then what are we doing at our clinic in lining up the workflow and what do you do if someone asks for PrEP, how do you handle this request and that kind of thing. And then we did more intensive monthly trainings for both the family planning counselors who do the bulk of one on one counseling. And then our prescribers which is OBGYN residents at Drexel Medicine. So, all of the residents are able to prescribe PrEP and the reason we did them on a monthly basis was because they're on rotation. So we had to make sure that all of our rotating residents could get the full training. And so I think we did that over a period of about six to eight months just to make sure that everybody was well trained. And then we recently did a little PrEP update because the city of Philadelphia has launched a broad PrEP campaign. So in anticipation of maybe getting more PrEP requests as people start seeing the campaign that the city has announced, we did a refresher. And that was very recently.

Katie Quimby:

Excellent. That brings us to the end here, we're just about a minute from the top of the hour. We had a few more questions, a few of them were of a clinical nature and I did just want to mention that we will be able to address some of the more clinical questions on the future webinars that are planned over the next

couple of months. There was a question around some of the links that we've shared. We're going to re-chat those out, the link to the HIVE toolkit as well as the Decision Making Guide. So we'll chat those out so you have them but they will also be included in the resource event archive on the fpntc.org website. We will be posting a recording of today's session within the next few days along with the slides and a transcript from today's session. And if you have any additional questions for FPNTC or any of our presenters, please don't hesitate to email us at fpntc.org. And then finally, we just please ask that you complete the evaluation today. It will pop up when you exit today's session. We really do love your feedback and we rely on your input to improve our future webinars. So thank you all for joining us today, that concludes today's webinar.