



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

Expanding the HIV Prevention Workforce with HIV Prevention Certified Providers

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Disclosures



- Presenters have no financial interest to disclose.
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HealthHIV's Mission



To advance effective prevention, care, support, and health equity for people living with or at risk for HIV and hepatitis C—particularly within LGBTQ and other underserved communities—by providing education, capacity building, health services research, and advocacy to organizations, communities, and professionals.

HealthHIV's Core Capabilities/Services



Capacity Building



Health Services
Research & Evaluation



Advocacy



Education & Training



Learning Objectives



At the end of the session, participants will be able to:

- Describe the need for primary care providers to receive comprehensive training in HIV prevention
- Discuss the importance of sexually transmitted infection screenings for HIV prevention
- Identify current policies regarding treatment and prevention of HIV/AIDS
- Discuss the role of stigma, discrimination, trauma, and social determinants of health in HIV prevention
- Describe the meaning of U=U and the implications for HIV prevention

Access to PrEP



- In 2018, CDC reported that over 1 million people currently not prescribed PrEP could benefit from the use of PrEP.¹
- Providers prescribed PrEP for nearly six times as many white men and women (68.7%) than black men and women (11.2%)
- In a 2017 10-city survey analysis, only 28% of primary care providers (PCPs) and 76% of HIV care providers felt comfortable prescribing PrEP⁵

Barriers to Prescribing PrEP

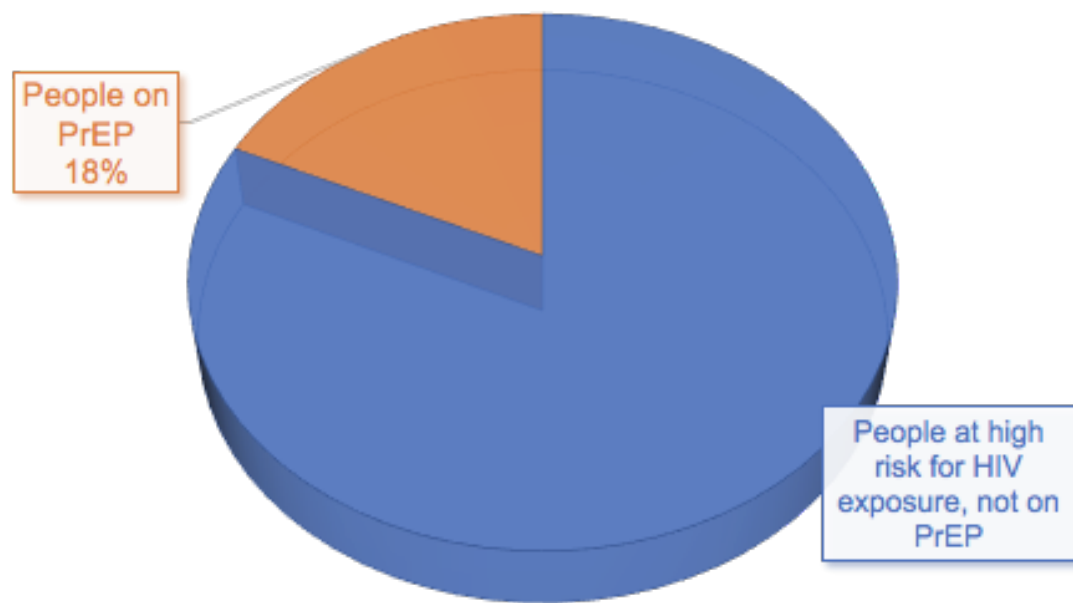


- Perceived logistical challenges around incorporating PrEP into primary care⁵
- Limited staff and clinical capacity to identify candidates for PrEP⁶ and conduct risk-reduction counseling and/or follow-up visits⁵
- Lack of comfort in conducting sexual histories with clients
- The “Purview Paradox”: PCPs and HIV providers perceive each other as the sole/primary HIV prevention messenger, resulting gaps in client and uptake of PrEP⁶

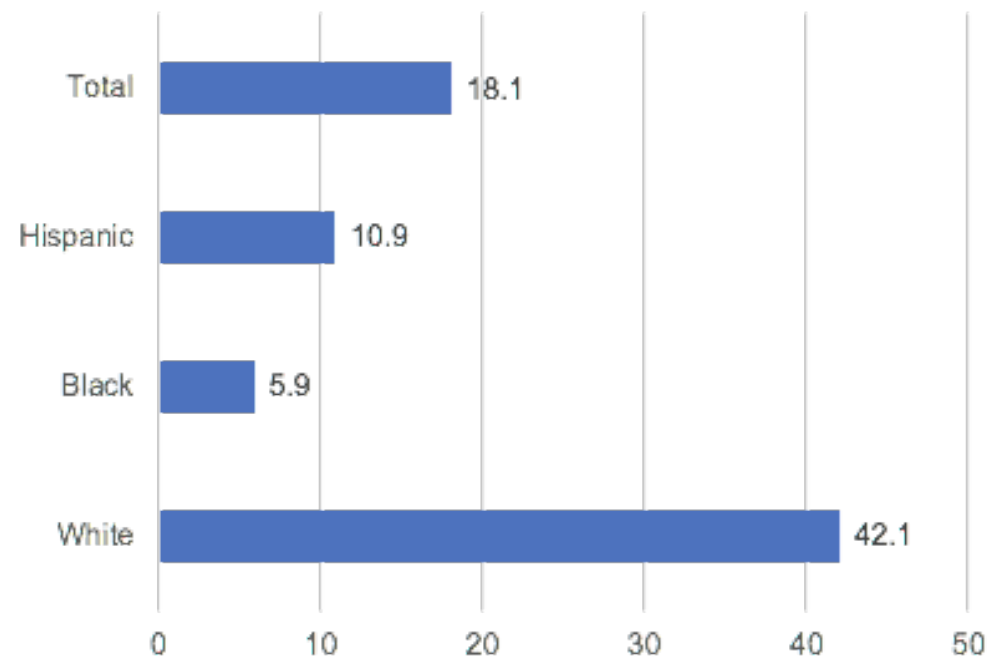
PrEP Use by Risk and Race among Persons ≥ 16 Years



82% of persons at high risk for HIV exposure over 18 years old in the U.S. are not taking PrEP.¹



Over 42% of Persons Over 16 Years in the U.S. are White.¹



PrEP Coverage Among Persons ≥ 16 Years by Race/Ethnicity—U.S.¹

PrEP Coverage Among Persons ≥ 16 Years by Race/Ethnicity—U.S.¹

U=U Impact on HIV and PrEP Stigma



- U=U (undetectable=untransmittable) – has had a significant impact on engagement in HIV prevention.
- The PARTNER study reported zero HIV transmissions from a positive partner on ART to their negative partner. The PARTNER 2 study also reported zero transmissions.⁷
- One study on the cost benefit of reducing stigma found a benefit of around \$100,000 for a 120-point reduction on a commonly used scale of stigma.⁸

EHE & Other Actions Advance PrEP Usage



- *Ending the HIV Epidemic: A Plan for America* launched by HHS to reduce new HIV infections in the U.S. by 90% by 2030.
- In 2019, the US Public Services Task Force gave PrEP a Grade A recommendation, which allowed clients to bill insurance without cost-sharing in most cases for PrEP.
- Health Centers nationwide received nearly \$54 million to facilitate the distribution of PrEP to high risk clients.

Primary Care Providers and HIV Prevention



- Primary care providers are critical to engage in HIV prevention and to expand the HIV prevention workforce.
- Primary care providers in HIV prevention:^{3,4}
 - Deliver effective messages on prevention
 - Seen as trustworthy sources of information from clients
 - Include prevention as an ongoing part of primary care
 - Provide client-centered care
- Provider challenges in HIV prevention include lack of training, discomfort talking about risk behaviors, and misperceptions of risk.²

What Is the HIV Prevention Certified Provider Program™?



- Online, self-paced CME curriculum includes five courses in HIV prevention on effectively employing HIV prevention interventions.
- Participants earn designation as an HIV Prevention Certified Provider (HIV PCP) and a listing in national online directory of HIV PCPs.
- Curriculum features the latest biomedical interventions and evidence-based practices.



HIV Prevention Certified Provider (HIV PCP)[™] Program Features



- Offers free CME/CE credits
- Provides the HIV PCP designation
- Identifies clinically and culturally competent PrEP providers for consumers
- Includes listing in the HIV PCP National Online Directory
- Engages learners through a HIVPCPcertification.org website

HIV PCP Designation Rationale



- Reduce disparities in PrEP prescriptions among those of greatest need
- Increase the comfort level of providers identifying PrEP clients
- Expand the HIV prevention workforce by increasing provider knowledge of PrEP
- Identify clinically and culturally competent PrEP providers for consumers through the National Online Directory

Approach to Curriculum Development



- Conducted a needs assessment around PrEP among PCPs, including a survey of providers, key informant interviews, and an extensive literature review.
- Leveraged community-based participatory action research (CBPAR) principles to recruit an PCP Advisory Committee.
- Developed training modules with subject matter experts (SMEs) using needs assessment data and guidance of the PCP Advisory Committee.
- Accredited for 1.0 (CME/MOC/CNE/CPE/CE) credit hours per course.

Courses

- 1** *HIV Prevention: Epidemiology, Interventions and Strategies*
- 2** *HIV Testing and Assessing Risk for Short Behavioral Intervention and Referral*
- 3** *Maintaining Serostatus Negative and Viral Suppression: Preventing HIV Acquisition and Transmission*
- 4** *Pre-Exposure Prophylaxis (PrEP) Clinical*
- 5** *Enhancing Cultural Humility and Understanding Barriers to Care*

HIV PCP Engagement



As of June 24, 2020:

- Over 3000 participants enrolled in the HIV PCP program
- Over 1000 providers have received HealthHIV's HIV Prevention Certified Provider™ designation and are listed in HealthHIV's HIV PCP National Online Directory™

HIV PCP Testimonial



"We can end the HIV Epidemic in the US with our currently available, safe and highly effective medical tools. As healthcare providers, we all can and must play a role in ending the greatest epidemic of our time. Whether you are a family practitioner, general internist, physician assistant, gynecologist, pediatrician, nurse practitioner or infectious diseases specialist, **you can immediately use knowledge gained from the HIV Prevention Certified Provider (HIV PCP) program** to make a significant, often life-saving impact, in diagnosing, treating and preventing HIV infection. Plus, you receive lots of CME credit, as well. I encourage you to be a part of the solution."

Dr. W. David Hardy, Adjunct Professor of Medicine, Johns Hopkins University School of Medicine

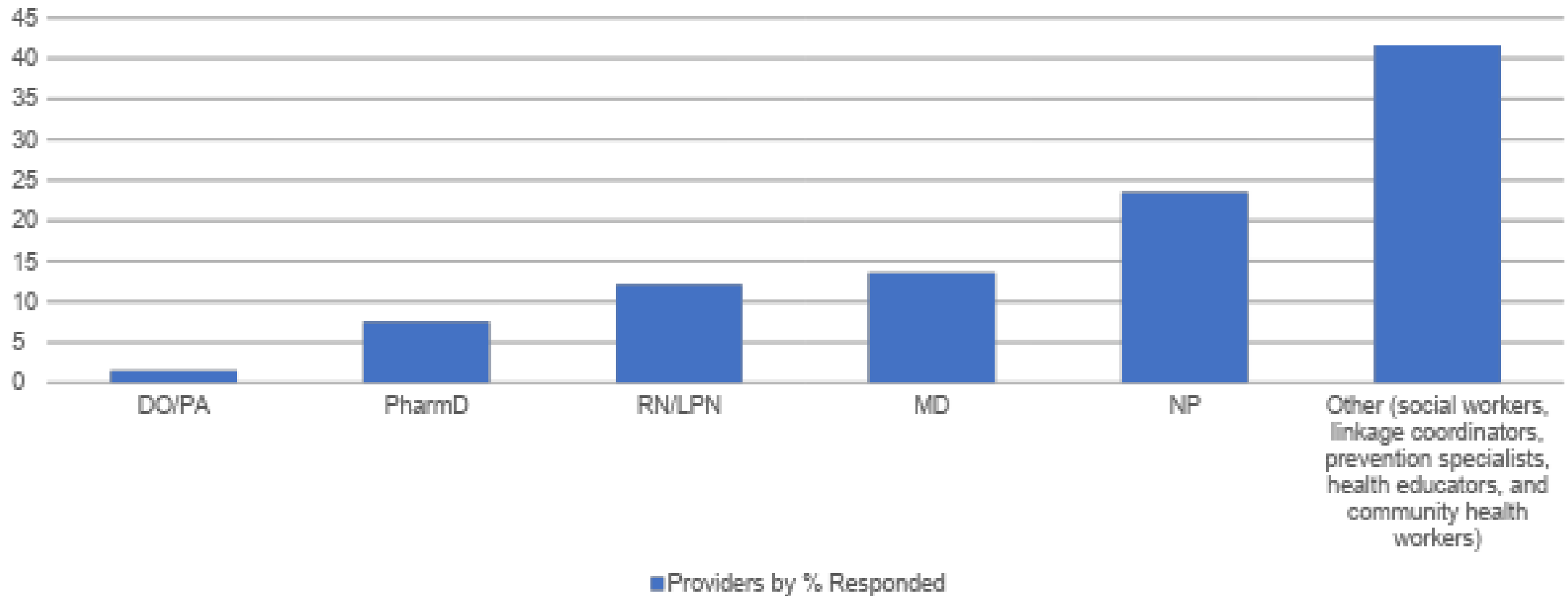
HIV PCP Testimonial



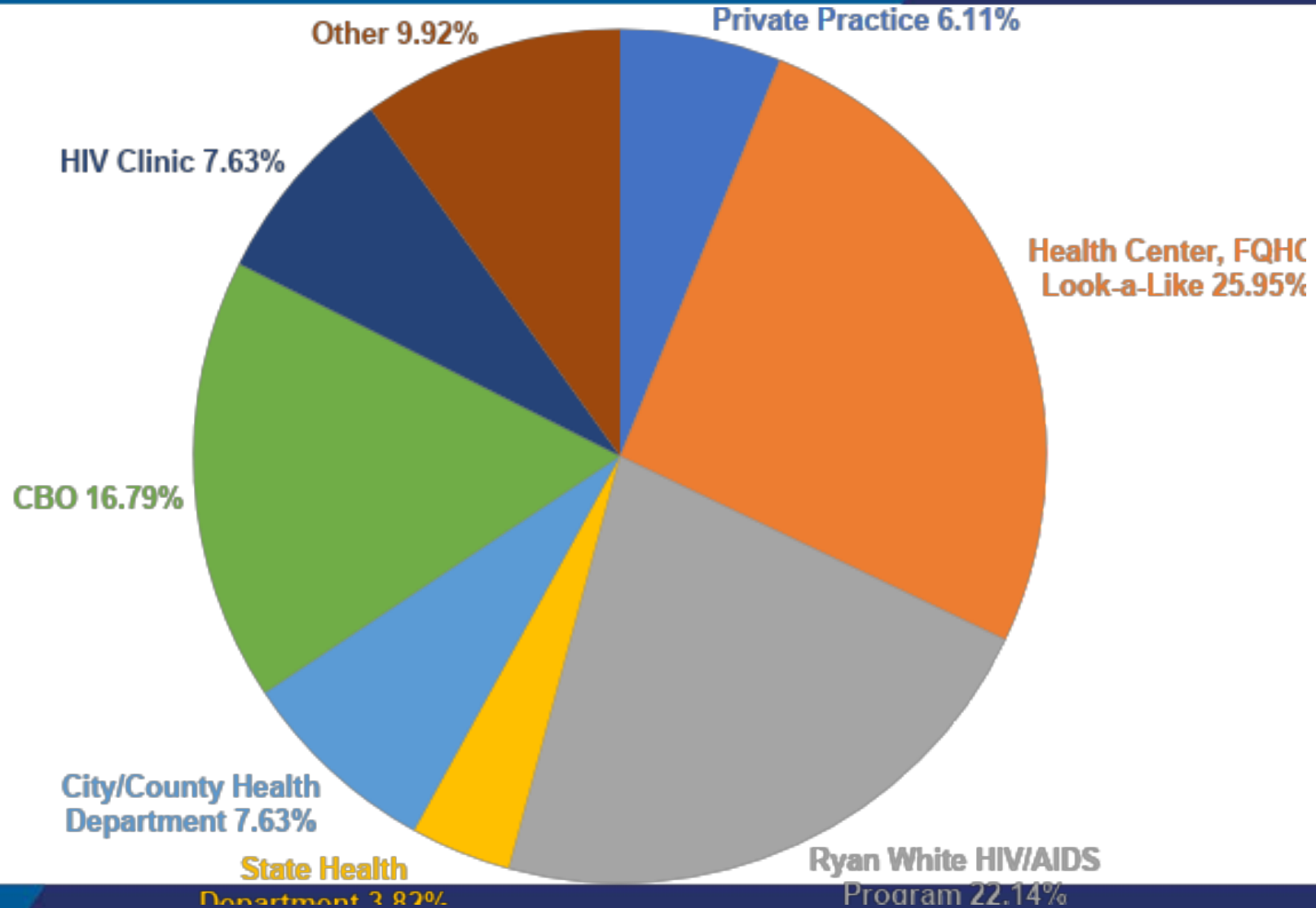
"In this changing world of evolving science and inaccurate media headlines, it is more important than ever that providers are grounded in medical facts, science, and data. HealthHIV's new certification program is **a perfect way for new prescribers to learn accurate safety and efficacy data about PrEP**, as well as for current prescribers to get updated on what has changed recently."

Damon L Jacobs, Licensed Marriage and Family Therapist, PrEP Educator

HIV PCP Provider Types



HIV PCP Provider Settings



Client Demographics



- Average number of clients: 332 (range between 1 and 4000)
- Average % of clients on PrEP: 19%
- Age: majority between 20-29
- Gender: majority cis male followed by cis female, non-binary/gender non-conforming, transgender (M to F), transgender (F to M)
- Type of insurance: vast majority uninsured or on Medicaid (30%) or Medicare (16%)
- Percentage of clients using co-pay cards: 24%

Client Racial/Ethnic Demographics

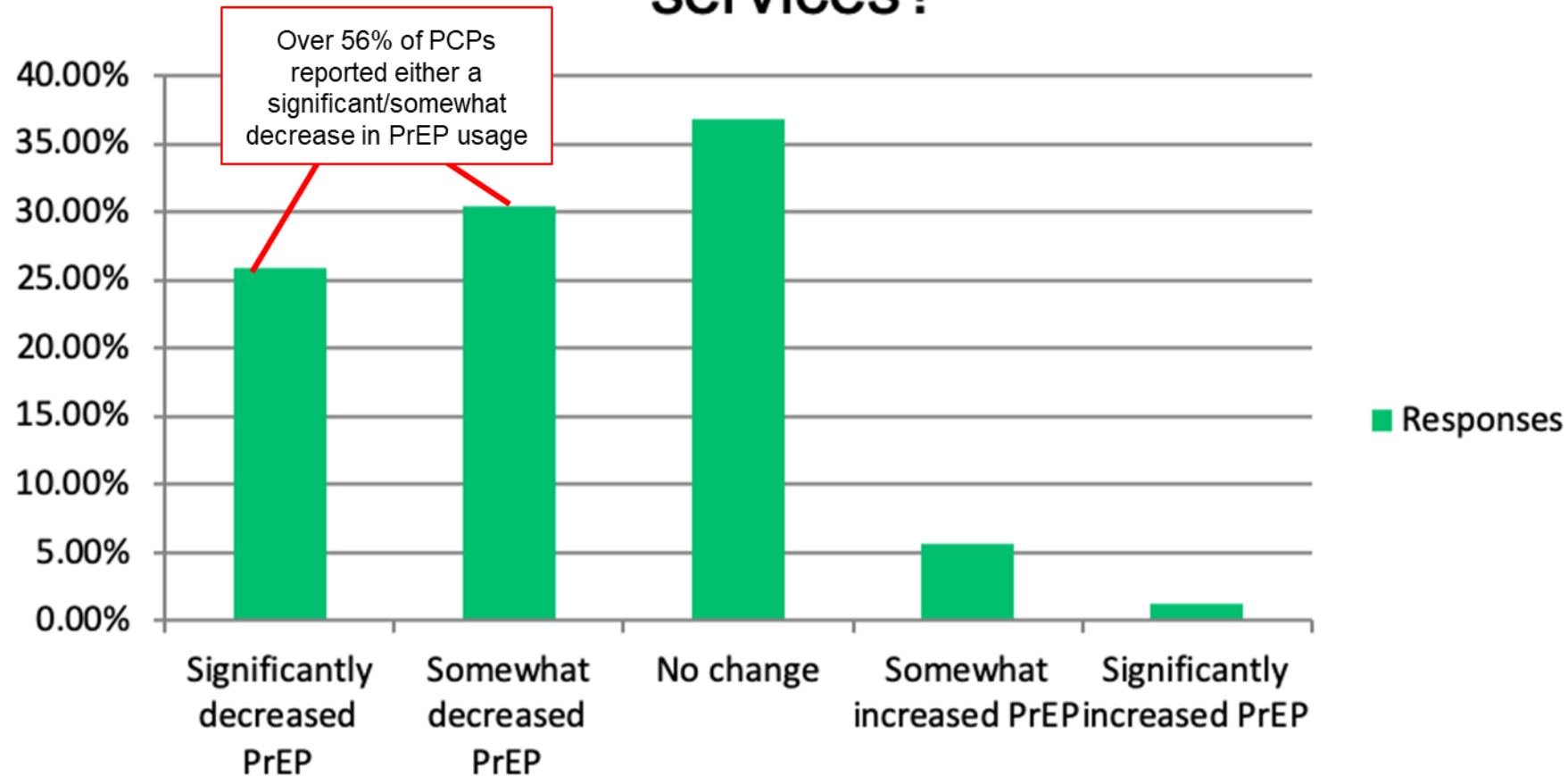


- Percentage of providers saying this group made up largest client base:
 - Black: 45.7%
 - White: 37.2%
 - Latinx: 14.7%
 - Native American: 1.5%
- Average overall makeup of client base for providers:
 - Black: 43%
 - Latinx: 36%
 - White: 19%

COVID-19 Decreased PrEP Usage



How has COVID-19 impacted your PrEP services?



HIV PCP Program Resources



CDC Guidance Follow-Up and Monitoring

Follow-up	Visit Checklist
At least every 3 months	<input type="checkbox"/> HIV test* <input type="checkbox"/> Assess for acute HIV infection <input type="checkbox"/> Medication adherence assessment & counseling <input type="checkbox"/> Check for side effects <input type="checkbox"/> Risk reduction review & support <input type="checkbox"/> Pregnancy testing <input type="checkbox"/> Prescribe 90-day supply (TDF/FTC or TAF/FTC) <input type="checkbox"/> Answer new questions
At least every 6 months	<input type="checkbox"/> HIV test <input type="checkbox"/> STI tests† <input type="checkbox"/> Pregnancy testing <input type="checkbox"/> Renal function‡ <input type="checkbox"/> 90-day prescription
Every 9 months	<input type="checkbox"/> HIV test <input type="checkbox"/> Pregnancy test <input type="checkbox"/> 90-day prescription
At least every 12 months	<input type="checkbox"/> HIV test <input type="checkbox"/> STI tests <input type="checkbox"/> Pregnancy testing <input type="checkbox"/> Renal function <input type="checkbox"/> 90-day prescription <input type="checkbox"/> Assess the need to continue PrEP

Many experts recommend more frequent follow-up (i.e., monthly) of patients on PrEP, especially after initiation of TDF/FTC or TAF/FTC, to assess adherence and monitor for STIs, including HIV.

*HIV testing: 4th generation p24 Ag/Ab test
 † Test for bacterial STIs (3 sites for chlamydia and gonorrhea; syphilis); every 3 months in MSM
 ‡ Renal function: Assess renal function by serum creatinine (estimated CrCl)



Pre-Exposure Prophylaxis (PrEP) Myths and Urban Legends

- PrEP will protect me from HIV and other STDs.
- PrEP will lower my gender-affirming hormone levels and interfere with my gender expression.
- Studies in Africa have shown that PrEP doesn't work for heterosexual cis-gender women.
- Studies have shown that PrEP does not work for transgender women.
- PrEP causes serious liver and kidney disease.
- As long as I take at least half of my PrEP tablets, I will be protected from HIV.
- My doctor told me that I can take my first tablet of PrEP this morning and be protected from HIV this evening.
- Since U=U is true for PLWH taking ART, and PrEP is 97% effective in preventing HIV acquisition, there's no reason to use condoms anymore.
- The increasing use of PrEP is directly responsible for the increasing numbers of STIs in the US.
- Taking PrEP will not only protect me from HIV, but it will also prevent pregnancy.
- If I start taking PrEP, I can never stop taking it, because if I acquire HIV it will be resistant to all antiretroviral medications.
- Taking PrEP makes men and women more sexually promiscuous.
- For cis-gender women like me, the best way to prevent HIV acquisition is to use PrEP gel inserted into my vagina before and after I have sex with a man.
- If the PrEP tablets cause me to have side effects like nausea, I can always insert the tablet into my rectum (or vagina) before I have sex to protect me from acquiring HIV infection.
- The cost of PrEP is very high and I do not have medical insurance, so there is no way for me to access PrEP.
- The FDA recently approved a new type of PrEP which not only prevents HIV acquisition more than the old PrEP, but it will not harm my kidneys or bones.
- The new PrEP medication approved by the FDA does not work in cis-gender women, which is why the FDA rejected it for cis-gender women who have vaginal sex.
- HIV resistance to PrEP is increasing rapidly because many persons taking PrEP are not adherent with their medications.
- There is a new way to take PrEP developed in France which is now FDA-approved in the US. It is called "as-needed" PrEP and is taken a couple of hours before sex and immediately after sex.
- If I only have sex once or twice a month, my risk of acquiring HIV is too low to need PrEP.

Key
 PrEP: Pre-exposure prophylaxis U=U: Undetectable=Untransmittable ART: Antiretroviral therapy
 PLWH: People living with HIV STI: Sexually transmitted infection



**HIV PREVENTION
CERTIFIED
PROVIDER™**
HIVPCPcertification.org

HIV Prevention Protocols for Providers

Upcoming Program Modules



- PrEP adherence and medication-related issues
- The intersection of PrEP, pandemics, and telehealth for PrEP
- Retaining clients and increasing PrEP use
- Improving sexual health among young adults
- Preventing STIs
- PrEP and behavioral health



HealthHIV Resources & Technical Assistance

HIV PCP Program



**HIV
PREVENTION
CERTIFIED
PROVIDER**

Participate by visiting [HIVPCPcertification.org](https://www.HIVPCPcertification.org)

HealthHIV's National Center for Healthcare Capacity Building



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National Center for Healthcare Capacity Building

Syncing Innovative Approaches with Successful Outcomes
An Initiative of HealthHIV



HIV Prevention Technical Assistance



ASO/CBO Capacity Building



ASO/CBO Leadership Initiative



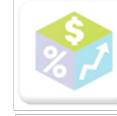
The BLT: Board Leadership Training



Transforming from HIV Prevention Practice to Prevention Innovation



Medication Therapy Management



Fiscal Health Professional Services



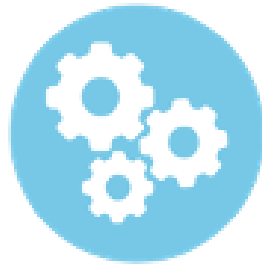
Telehealth: Building HIV Retention in Care Among Minority Communities

[Visit the HealthHIV website](http://www.HealthHIV.org/cba-center)
www.HealthHIV.org/cba-center

HealthHIV's TeleHealthHIV



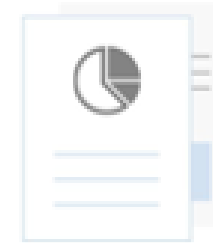
Provides capacity building assistance to health departments, community-based organizations, AIDS service organizations, and health organizations to develop, implement, or expand HIV prevention and care telehealth services.



CAPACITY
BUILDING



WEBINARS



RESOURCES

Visit www.HealthHIV.org/TeleHealthHIV

HealthHIV's Fiscal Health Professional Services™



HealthHIV's Fiscal Health Professional Services™ helps Ryan White programs build fiscal management capacity, improve organizational sustainability, and maintain compliance with federal guidelines. Content areas include:

- Managing 340B Pharmacy Programs
- Budgeting and Projecting Program Income
- Understanding Uniform Guidance for Federal Grants
- Budgeting for the Non-Financial Manager
- Responding to Audit/Site Visit Findings
- Implementing Sliding Fee Scales and Caps on Charges
- Complying with HRSA/HAB Fiscal Monitoring Standards
- Diversifying Income
- Maximizing Third-Party Billing
- Overseeing Federal Grants

Contact Michael Shankle, michael@healthhiv.org, (202) 232-6749

HealthHIV's HIV Primary Care Training & Certificate Program



HIV Primary Care Training & Certificate Program



- Online, self-paced, staged CME curriculum
- Features five courses on:
 - HIV Management in Primary Care - Foundations Course
 - Core Skills for HIV Management in the Primary Care Setting
 - Assessment and Treatment Decisions in HIV-HCV Co-infection
 - Considerations in the Management of HIV in Older Adults
 - Improving Communication in the Clinical Setting
- Based on a proven model of HIV primary care integration
- For MDs, DOs, NPs, and/or PAs interested in and/or care for clients infected with, or at-risk for, HIV
- Offers a certificate of proficiency in HIV primary care

Contact HealthHIV at info@HealthHIV.org, (202) 232-6749



September 8 - 11, 2020

Register at sync2020.org

Receive up to 40 CE, CME, CNE, CHES, ASWB and ACPE credits.

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For More Information & Technical Assistance



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