



NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



HIV Prevention at Ryan White- Affiliated Health Centers

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Learning objectives

- Summarize the Ending the HIV Epidemic plan and the current status of PrEP use in the United States.
- Describe how PrEP can be incorporated into care at a health center receiving Ryan White funding.
- Identify at least two resources that can aid PrEP implementation at health centers.

Our roots

Fenway Health

- Independent 501(c)(3) FQHC
- Integrated primary care, behavioral health, and HIV/STI prevention and care
- 35,000 patients
 - Half LGBTQIA+
 - ~4,000 transgender and gender-diverse patients
 - ~2,300 people living with HIV

The Fenway Institute

- Research, education and training, policy



LGBTQIA+ education and training

The National LGBTQIA+ Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA+) people.

- Training and Technical Assistance
- Grand rounds
- ECHO programs
- Online learning
 - Webinars and learning modules
 - CE, and HEI Credit
- Resources and publications
- www.lgbthealtheducation.org



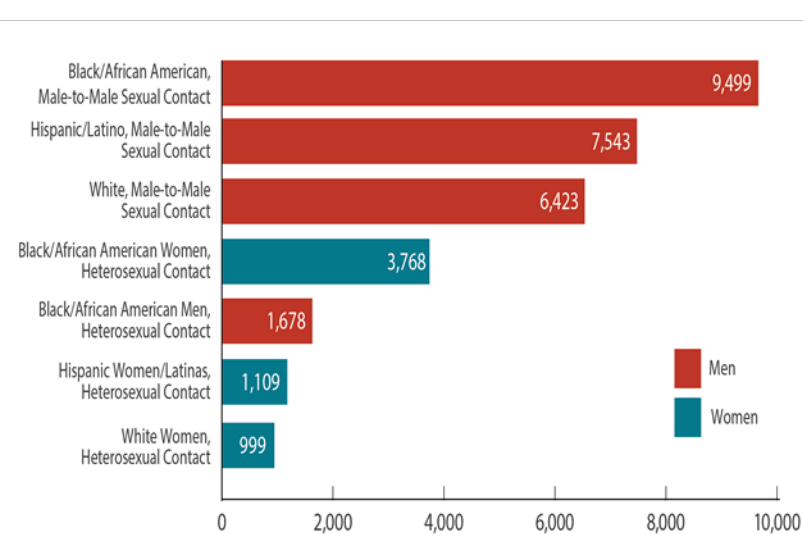
**Creating a Transgender Health Program
at Your Health Center:**

From Planning to Implementation

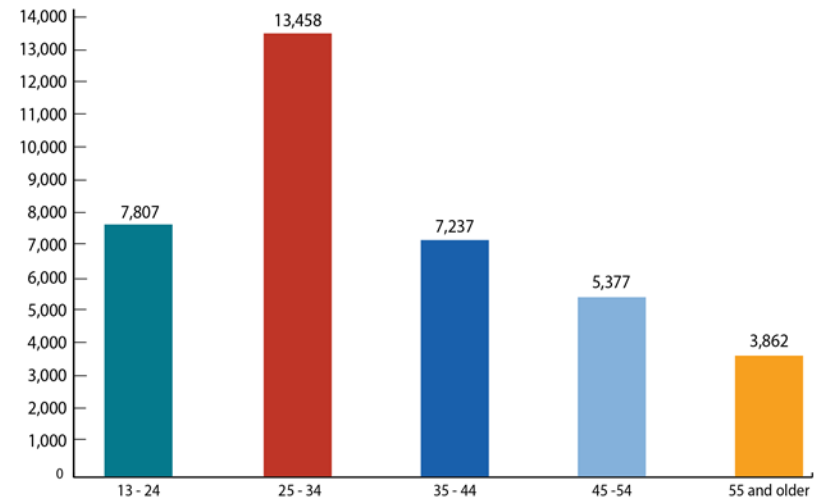
SEPTEMBER 2018

A snapshot of HIV in the US

New HIV diagnoses for the most-affected populations, 2018

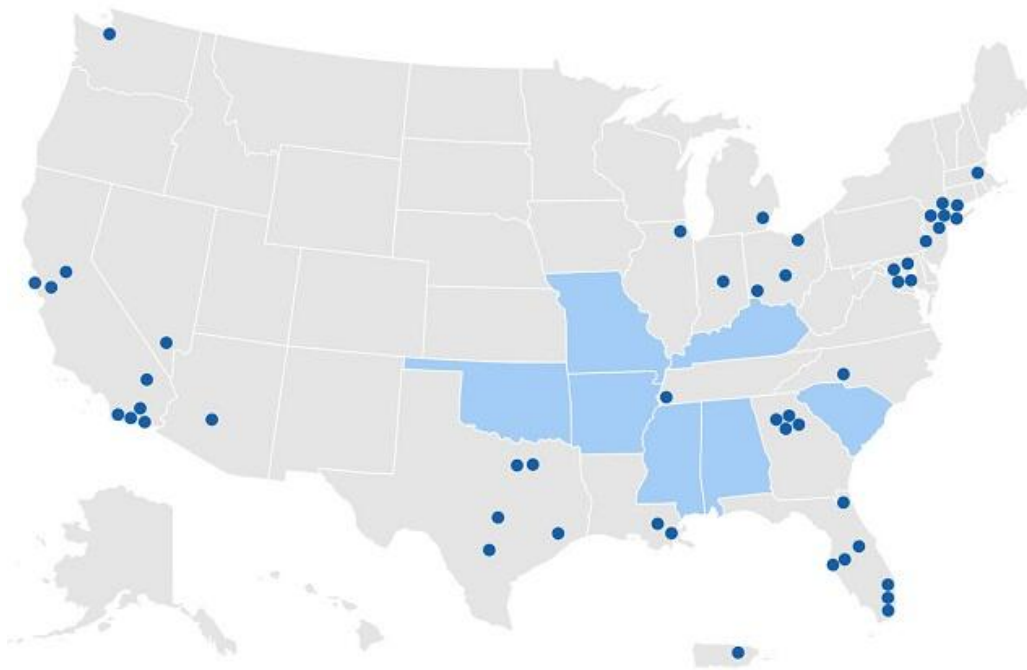


New HIV diagnoses by age, 2018



CDC. HIV in the United States and dependent areas. 2019.

Most new HIV infections occur in a handful of locations.



HRSA. Ending the HIV epidemic: A plan for America. 2019.

75%
reduction
in new HIV
infections
in 5 years
and at least
90%
reduction
in 10 years.



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



<https://files.hiv.gov/s3fs-public/ending-the-hiv-epidemic-flyer.pdf>



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ESTIMATED NUMBER OF ADULTS WHO COULD POTENTIALLY BENEFIT FROM PREP, UNITED STATES, 2015

	Gay, bisexual, or other men who have sex with men	Heterosexually active adults	Persons who inject drugs	Total by race/ethnicity
Black/African American, non-Hispanic	309,190	164,660	26,490	500,340
Hispanic/Latino	220,760	46,580	14,920	282,260
White, non-Hispanic	238,670	36,540	28,020	303,230
Total who could potentially benefit from PrEP	813,970	258,080	72,510	1,144,550

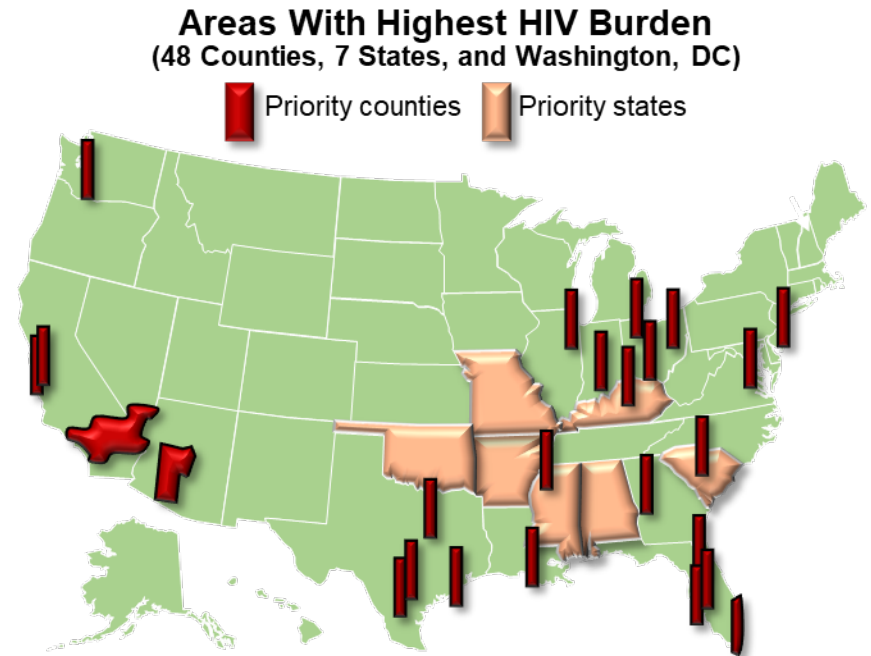
Notes: PrEP=pre-exposure prophylaxis; data for "other race/ethnicity" are not shown



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Impact of PrEP on New HIV Diagnoses in the Highest Burden Areas in the United States

- New HIV diagnoses in high burden areas versus rest of the country
 - 5.0 versus 2.4 per 100 person-years (IRR 2.0 [1.6, 2.6]) IRR: incidence rate ratio.
- High-burden areas from 2012 to 2017
 - Daily PrEP use increased 9.9 fold (from 1.3 to 13.1 users per 100 persons at risk)
 - Proportion virally suppressed increased 1.4% per year (from 53% to 62%)
 - New HIV diagnoses declined 7.1% per year (from 5.9 to 5.0 per 100 person-years)
- PrEP use was significantly associated with the decline in new HIV diagnoses, independent of TasP



Giler RM, et al. CROI 2020. Boston, MA. Abstract 1131.
Sullivan PS, et al. *Ann Epidemiol.* 2020;44:16-30.

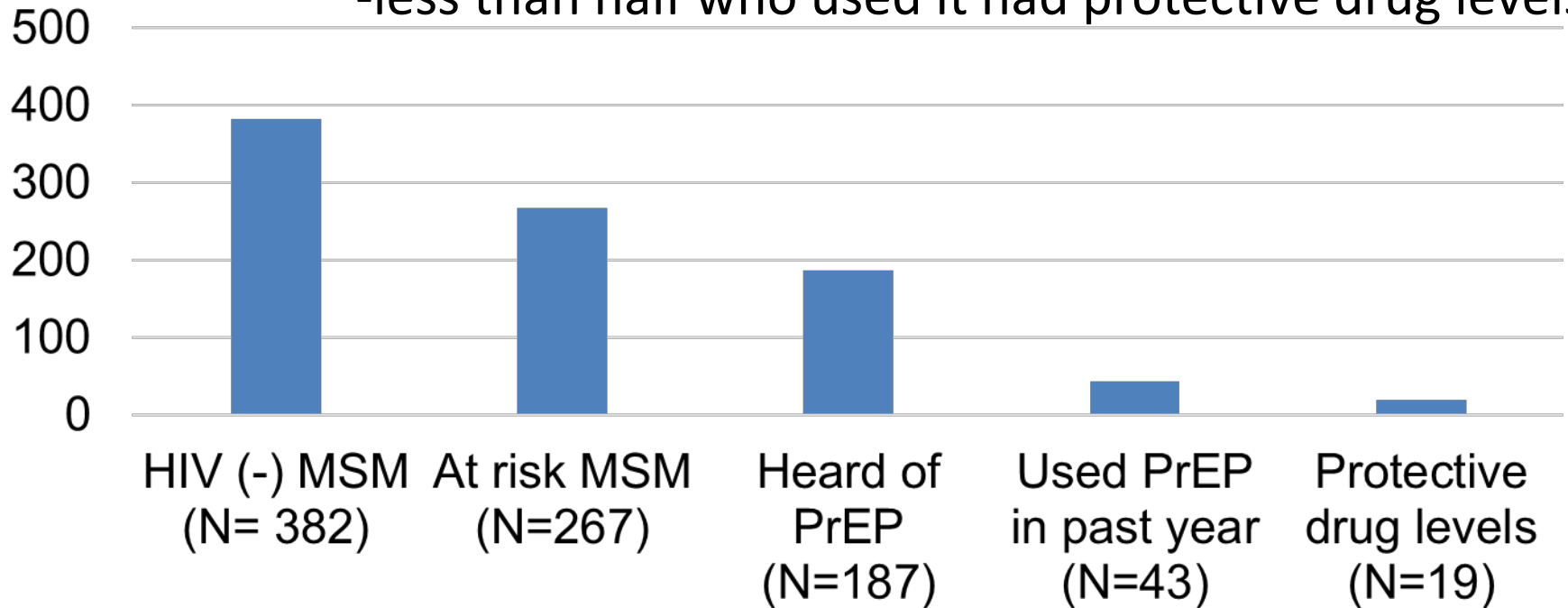
PrEP Cascade in Urban US MSM (HPTN 078)

(Boston, Baltimore, Atlanta, Birmingham)

-72.5% heard of PrEP

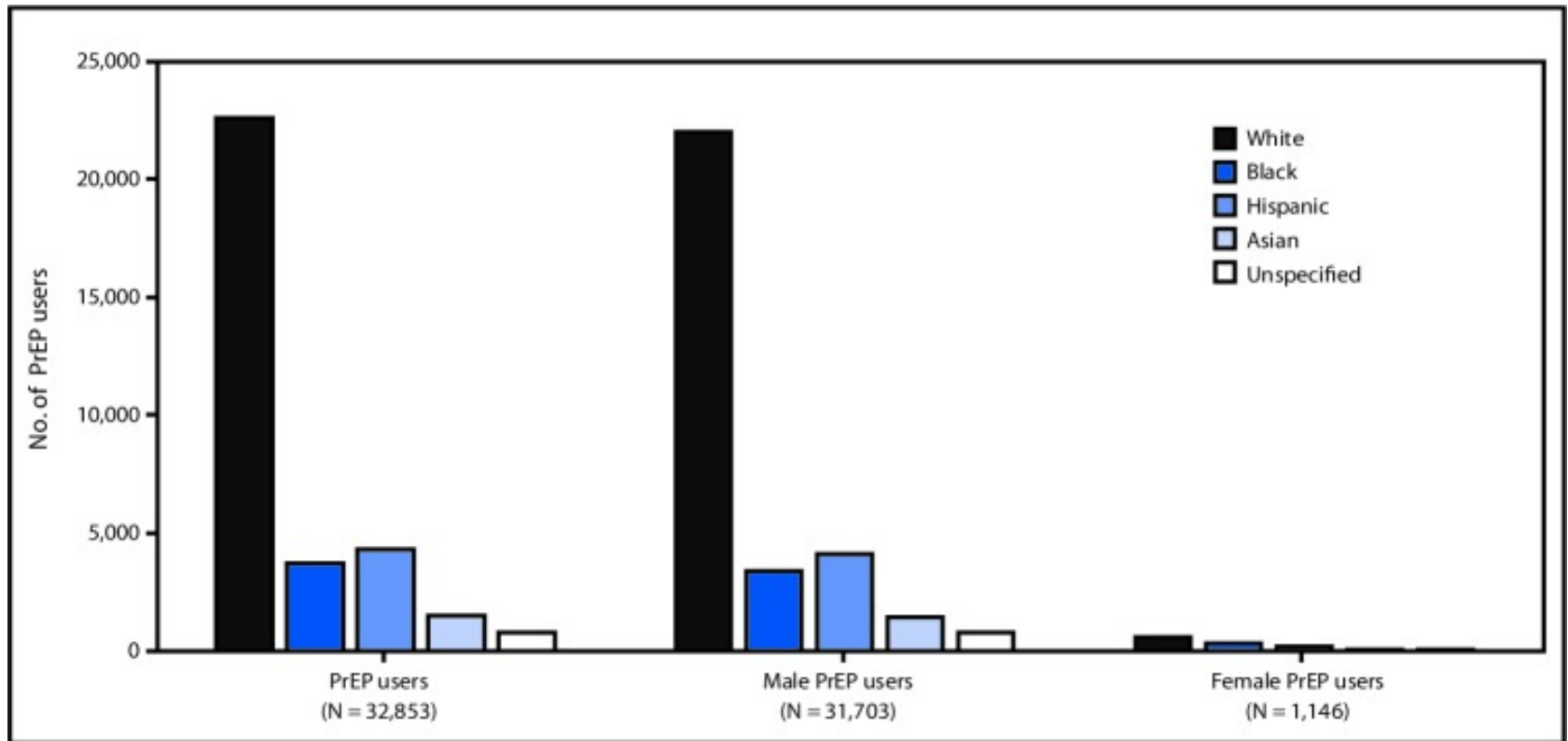
-16.1% had used it in the past year

-less than half who used it had protective drug levels



Racial disparities in PrEP do not correspond to HIV risk.

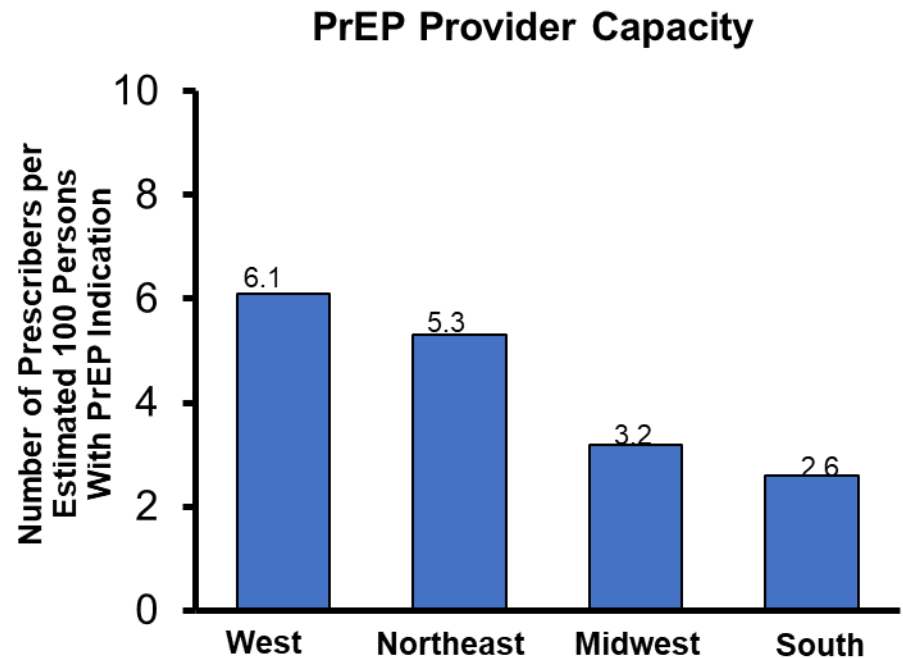
Number of PrEP users, 2016



Huang YA, et al. HIV preexposure prophylaxis, by race and ethnicity – United States, 2014-2016. MMWR. 2018. 67(41):1147.

CDC: PrEP Prescribers in the United States (2014-2017)

- Number of PrEP providers has increased 4.4 fold
 - From since 9143 to 40,027
 - Greatest increase among nurse practitioners
- PrEP prescribers in 2017 (average number of patients per provider)
 - Physicians: 73% (3.6)
 - Nurse practitioners: 16% (6.7)
 - Physician assistants: 8% (5.4)
- Most PrEP providers are in urban locations
 - 3% of PrEP providers served 50% of PrEP patients
 - More providers are needed, especially in the South

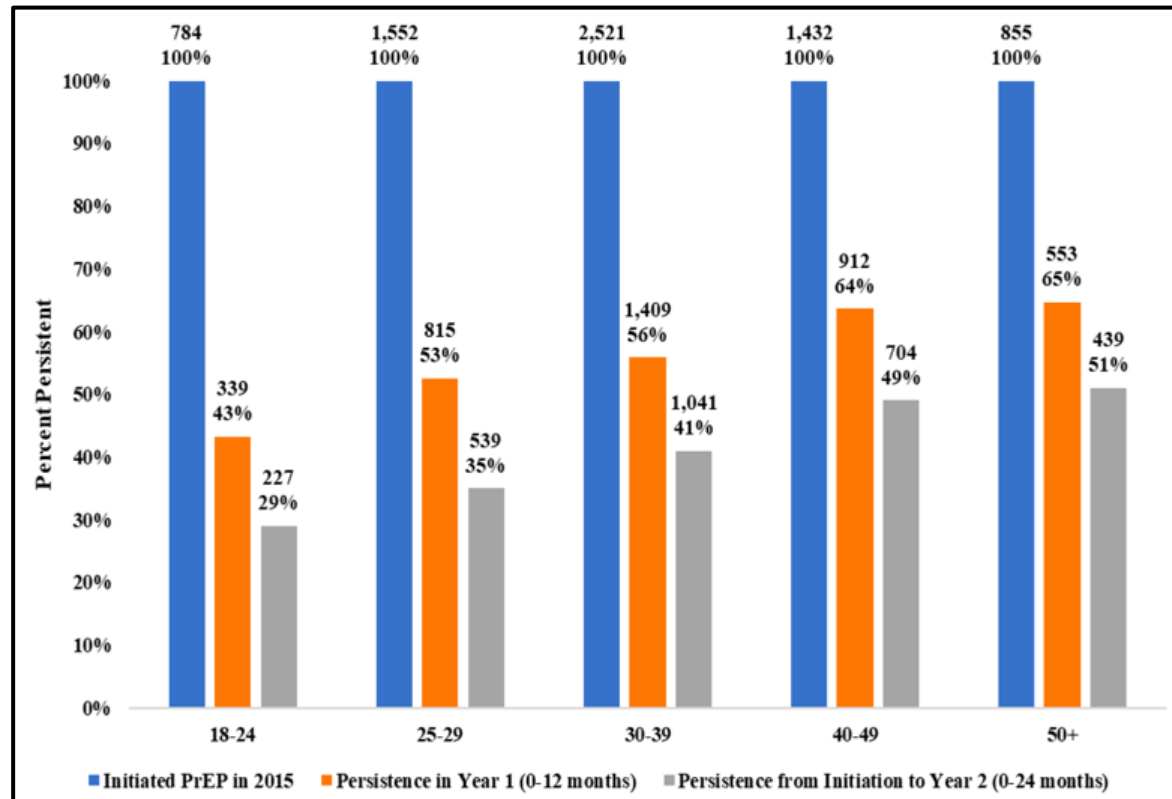


Data sources: IQVIA Real World Data and CMS (National Plan and Provider Enumeration System).

PrEP discontinuation is a substantial issue



- Pharmacy data
- n=7,148
- Individuals with $\frac{3}{4}$ period coverage classified as persistent
- Y1 discontinue: 44%
- Y2 discontinue: 37%
- Y0-Y2 discontinue: 59%



Coy, K
 ...
 Siegler, A.J. (2019). Persistence on HIV Preexposure Prophylaxis Medication Over a 2-Year Period. JIAS

The PrEP Cascade :

Awareness, Linkage, Initiation, Persistence

Policies (EHE, HIV Criminalization, Insurance, Needle Exchange), Stigma, Racism, Other

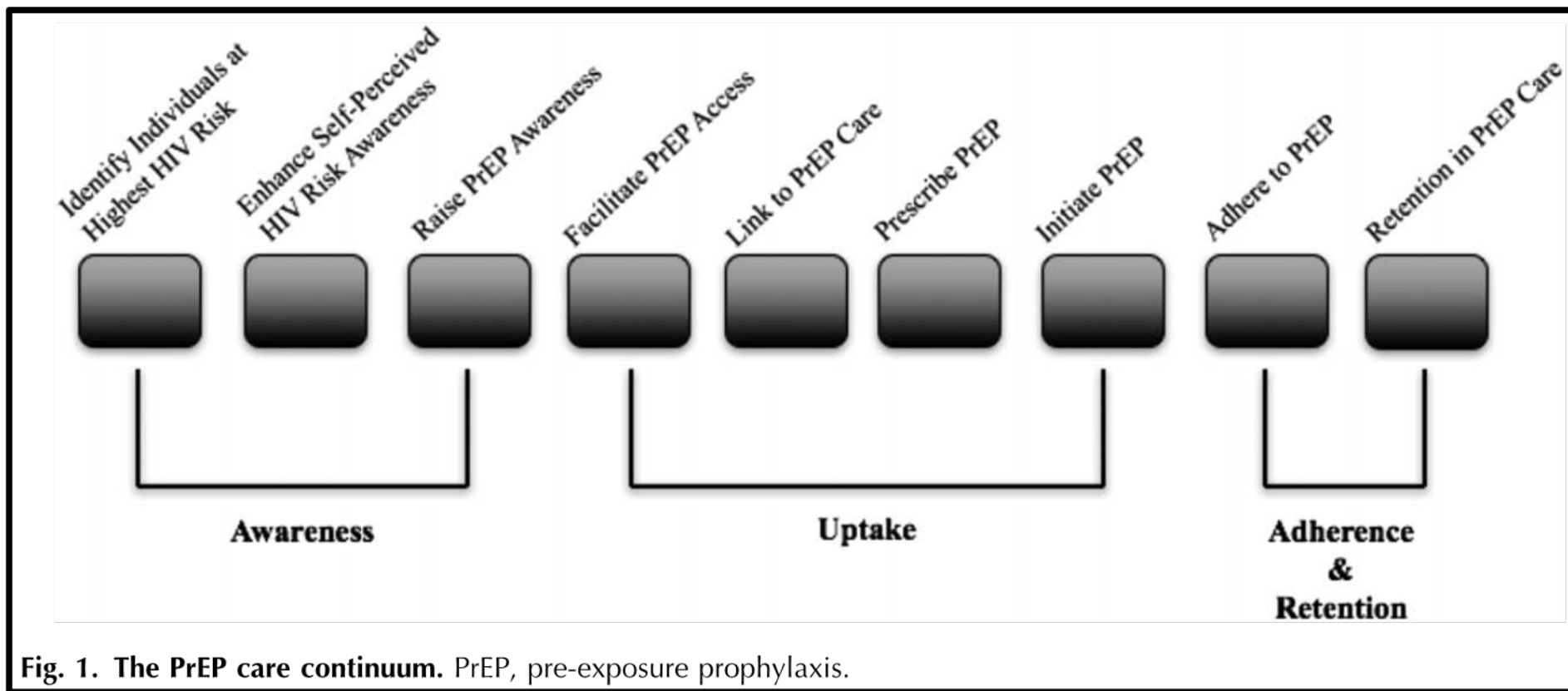



Fig. 1. The PrEP care continuum. PrEP, pre-exposure prophylaxis.

Reasons for non-persistence in HIV and PrEP care

- Insurance/coverage/cost issues
- Medication challenges: Side effects, regimens
- Perceived need/benefit
- Shame

- **Other events in life require attention**
- **Too busy, hard to get time off work**
- **Transportation barriers**
- **Navigating care: extra planning, scheduling**
- **Stigma perceived when seeking care**

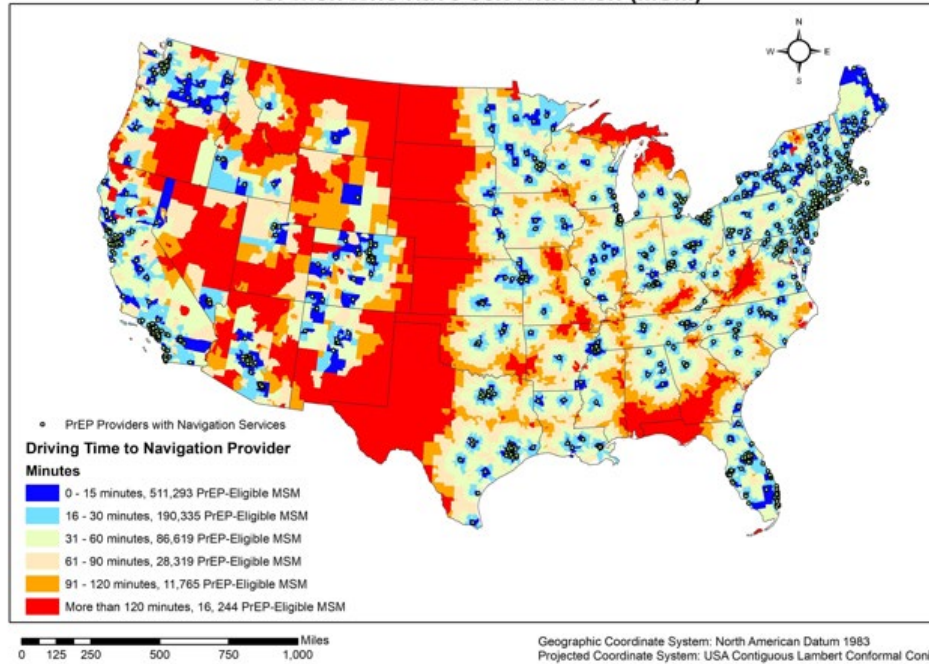


Potentially mitigated by home care

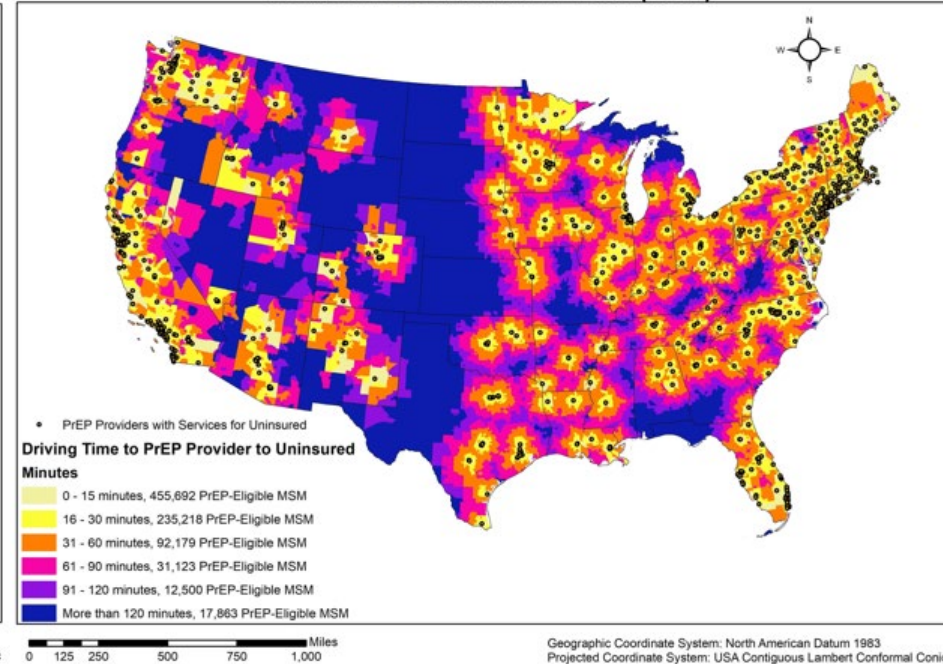
PrEP deserts for more specialized services needed by those with less advantage

AJ Siegler et al, AJPH, 2019

Driving Time to Nearest PrEP Provider with PrEP Navigation Services for Men Who Have Sex With Men (MSM)



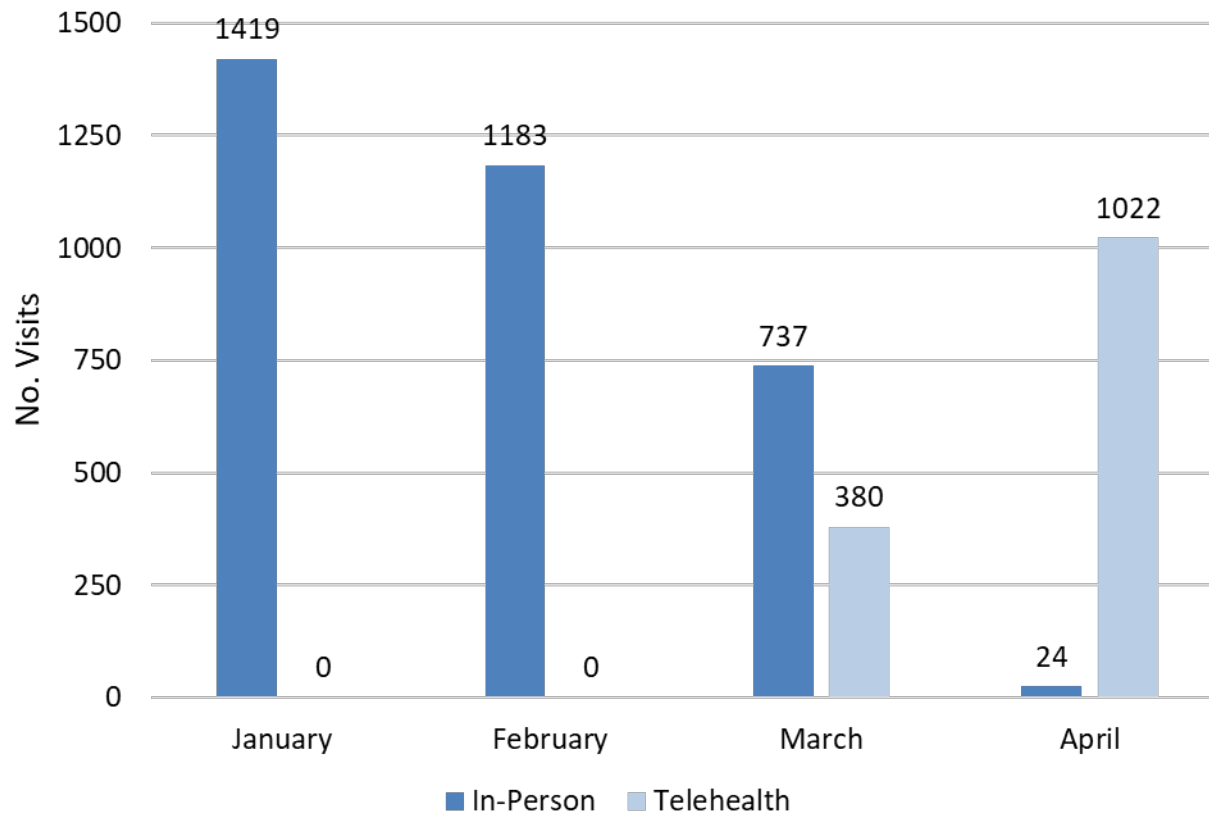
Driving Time to Nearest PrEP Provider with Services for the Uninsured for Men Who Have Sex With Men (MSM)



Concepts for PrEP Implementation

- Task-shifting prescribing and education
 - Peer educators/navigators
 - Optimize care by pharmacists
- Implementation in a variety of settings that reach at-risk persons
 - Inter-organization collaboration
 - Optimize care at pharmacies
- Creative strategies
 - Tele-PrEP, PrEP by pharmacists, Financing Solutions, Other
- Be ready for new products for PrEP
- Apply all the lessons learned from HIV care (but without the same level financing)

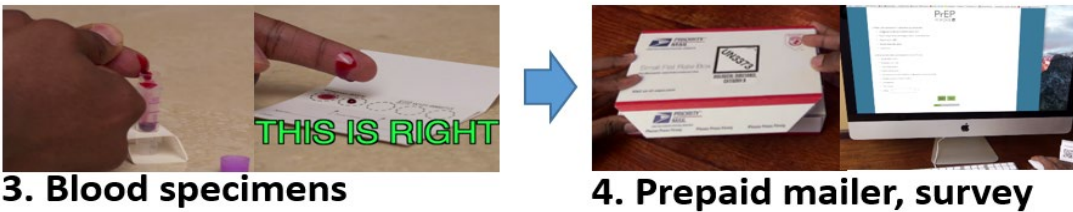
A major shift from in-person visits to telehealth occurred








Providing tailored, appropriate care

Home care system for PrEP could reduce clinician visits from 4/year to 1/year

<https://vimeo.com/138977095>



Participant Test Summary Form		PrEP@ Home	
Participant Information			
Participant Name	Doe John E		Optimal
			Elevated
			High
Date Specimens Collected	6/13/2016		
Date Specimens Tested	6/17/2016		
Section 1: HIV Testing			
HIV	Oraquick		Interpretation: Non-Reactive HIV test
Section 2: Symptomatic Screening for Acute HIV			
Fever, Swollen Glands, Sore Throat, Muscle and Joints Aches and Pains,			Interpretation: No Acute HIV symptoms

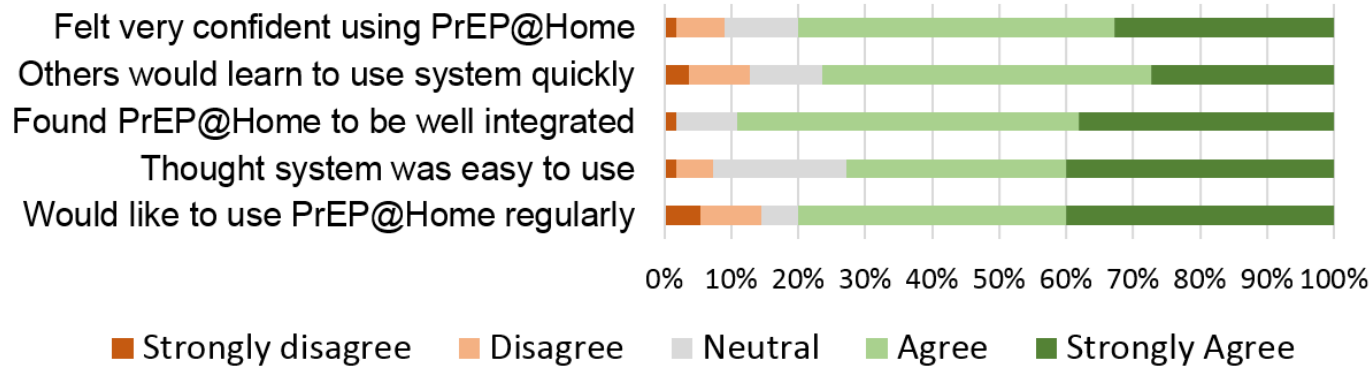
5. Results report to clinician



6. Rx, care as needed

Siegler AJ, Mayer KH, Liu AY, Patel RR, Ahlschlager LM, Kraft CS, et al. Developing and assessing the feasibility of a home-based PrEP monitoring and support program. Clinical infectious diseases : an official publication of the Infectious Diseases Society of America. 2018;Jul 4.

Pilot results: Usability



87% indicated they would like to use PrEP@Home in place of their next in-person clinical visit

40% would have a greater likelihood of remaining on PrEP if PrEP@Home was available

Next step: RCT (NIMH: R01MH114692, PI Siegler and Mayer) to determine retention in care and cost-effectiveness.

Siegler AJ, Mayer KH, Liu AY, Patel RR, Ahlschlager LM, Kraft CS, et al. Developing and assessing the feasibility of a home-based PrEP monitoring and support program. Clinical infectious diseases : an official publication of the Infectious Diseases Society of America. 2018

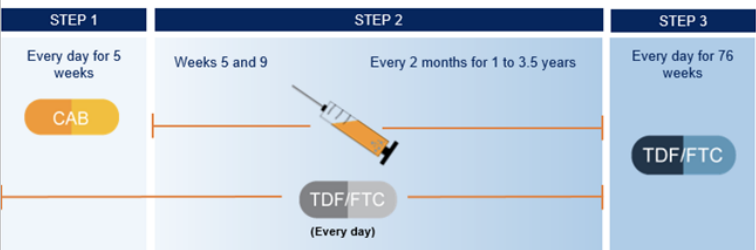
Considerations in Choosing Among the Daily PrEP Options

Clinical Scenario	PrEP Option With a More Favorable Profile
Patient is MSM	F/TDF or F/TAF
Patient has receptive vaginal sex	F/TDF
Pre-existing renal or bone disease (or presence of risk factors)	F/TAF
Concern about weight gain	F/TDF
Concern about lipid profile	F/TDF

F: emtricitabine.
TAF: tenofovir alafenamide.
TDF: tenofovir disoproxil
fumarate.

HIV Pre-Exposure Prophylaxis: What's in the pipeline?

PRE-CLINICAL	PHASE I	PHASE III/IIIb	DELIVERY SYSTEM	ACTIVE DRUG
IPCP NIAID IPM ViiV CDC ViiV/Pfizer Mintaka Rockefeller University IPM Pop Council Gilead Pop Council Merck CAPRISA RTI Intarcia CONRAD Oak Crest Northwestern University CONRAD IPM IPM Northwestern University Houston Methodist University of Pittsburgh ImQuest Merck	IPM* Johns Hopkins IPM ImQuest	GSK/ViiV Gilead IPM	Oral pills Vaginal gel Vaginal ring Vaginal film PBS Enema fast-dissolve insert Intrauterine device Vaginal tablet Rectal gel Long-acting injectable Micro-array patch Nano-fiber Subcutaneous injection Diaphragm Implant	TFV Tenofovir bNABs Broadly neutralizing antibody TDF Tenofovir disoproxil fumarate TAF Tenofovir Alafenamide TFV/FTC Tenofovir/emtricitabine TDF/FTC Tenofovir disoproxil fumarate/emtricitabine EVG Elvitegravir 1005 PC-1005 MVA Maraviroc PR Progestin MK-8591 AZ Acyclovir-Zovirax 7013 SPL7013-VivaGel Aa Ascorbic acid Ba Betulonic acid DAR Darunavir DAP Dapivirine GRF Griffithsin DS 003 DS003 (BMS793) IQP IQP-0528 5P12 5P12-RANTES 744 Cabotegravir/GSK 744 MAb Monoclonal antibody MK-2048 TAF/FTC Tenofovir alafenamide/emtricitabine Fg Ferrous gluconate PPa Polyamino-Polycarboxic acid Levo Levonorgestrel Ee Ethinyl estradiol DDBI Different drugs being investigated
Multipurpose Prevention Technologies (MPTs)				
Auritec CONRAD CONRAD Pop Council PATH/Pop Council Star Pharma SRI Int'l University of Louisville CONRAD/PATH/Pop Council/Kessel RTI Pop Council CONRAD PATH	Pop Council IPM* Pop Council CONRAD* Pop Council CONRAD* CONRAD	<p>* This formulation is for a 3-month vaginal ring</p>		



PrEP prescribing belongs in health centers.

- Focus on preventative care
- Already provide STI testing and safer sex counseling, harm reduction for intravenous drug use
- Continuity of care and monitoring of medications
- USPSTF Recommendation Grade A
- PrEP in health centers is a priority of HRSA/BPHC

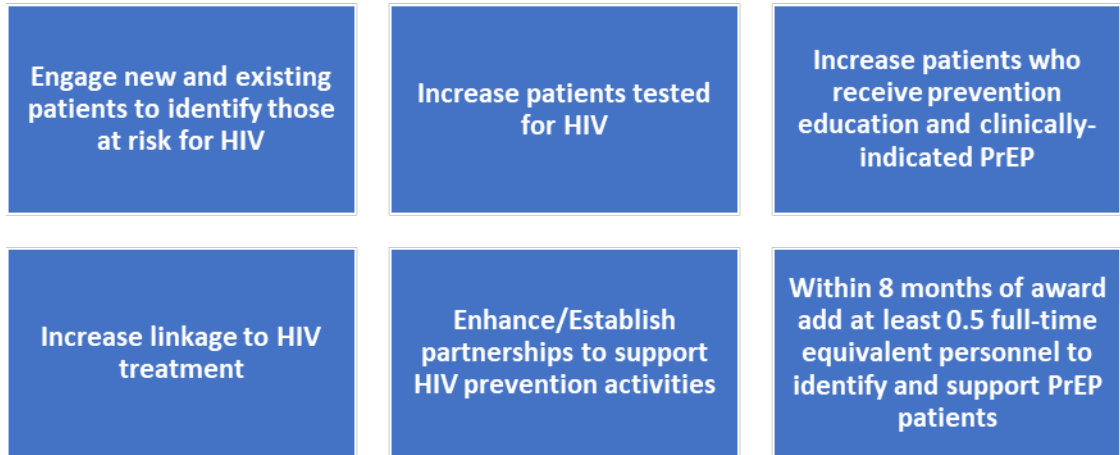
Owens DK, Davidson KW, Krist AH, Barry MJ, Cabana M, Caughey AB, Curry SJ, Doubeni CA, Epling JW Jr, Kubik M, Landefeld CS, Mangione CM, Pbert L, Silverstein M, Simon MA, Tseng CW, Wong JB. Preexposure Prophylaxis for the Prevention of HIV Infection: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2019 Jun 11;321(22):2203-2213. doi: 10.1001/jama.2019.6390. PubMed PMID: 31184747.

Health Center Program Funding

- **Primary Care HIV Prevention (PCHP) Supplemental Funding**

- \$50 million for HRSA-funded health centers in the identified geographic areas
- Eligible applicants: dually funded (BPHC and RWHAP) health centers or health centers with MOUs with RWHAP sites
- Expected awards:
 - Early Calendar Year 2020

PCHP OBJECTIVES



Potential uses of supplemental PrEP funding for health centers

Access	Outreach	Testing	Workforce	Training	Health IT
Care coordination	Community events	EHR to optimize HIV testing	PrEP navigators	Training/CME for providers, leadership, and support staff	Develop telePrEP
TelePrEP	Syringe service programs	EHR to optimize STI, hepatitis, mental health screening	PCPs and pharmacists	Training HIV prevention champions	Partner with HCCNs and HIT NCA for quality improvement
Purchase PrEP medication	Social media campaigns	Home HIV tests	Build/enhance workflows	Enhance partnerships with AETCs, NCAs	Enhance EHR for reporting, decision support

Training and Technical Assistance: Health Centers

Supplemental Funding to TA and Training Partners

National LGBT Health Education Center

- Provide TA on HIV Prevention & PrEP through Project ECHO
- Develop a Regional Train-the-Trainer Course on PrEP/HIV prevention
- Implement a Two-part PrEP/HIV Prevention Distance Learning Series

HITEQ Center

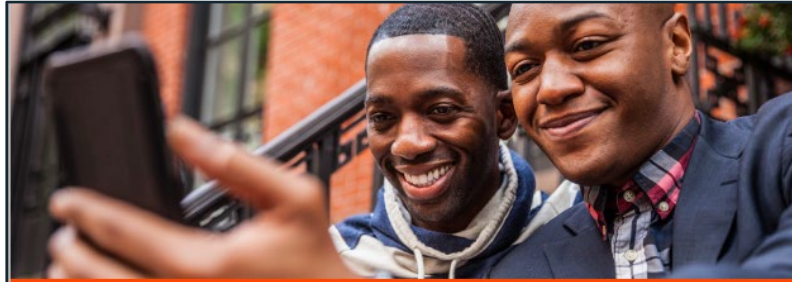
- Train on Integrating EHR & Health IT systems to inform HIV prevention & treatment
- Provide TA on EHR data integration, HIT optimization and data collection

Slide courtesy of HRSA/BPHC

Goals and considerations for new PrEP resources

- Comprehensively cover PrEP's clinical and programmatic aspects
- Build off of pre-existing resources and expertise
- Overcome common barriers to PrEP
- Respond to the local context
- Equip PrEP champions to disseminate information and resources in their organizations
- Maintain a strong focus on equity
- Review and input by key opinion leaders and content experts

Addressing HIV and STIs among LGBTQ people



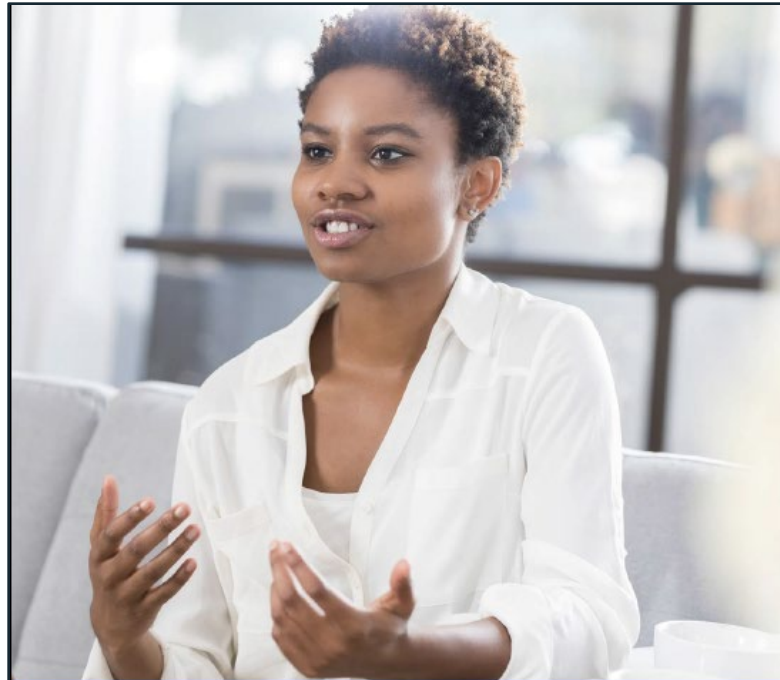
Addressing HIV and Sexually Transmitted Infections among LGBTQ People:

A Primer for Health Centers | 2019



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Understanding and addressing social determinants of health for Black LGBTQ people



Understanding and Addressing the Social Determinants of Health for Black LGBTQ People:

A Way Forward for Health Centers

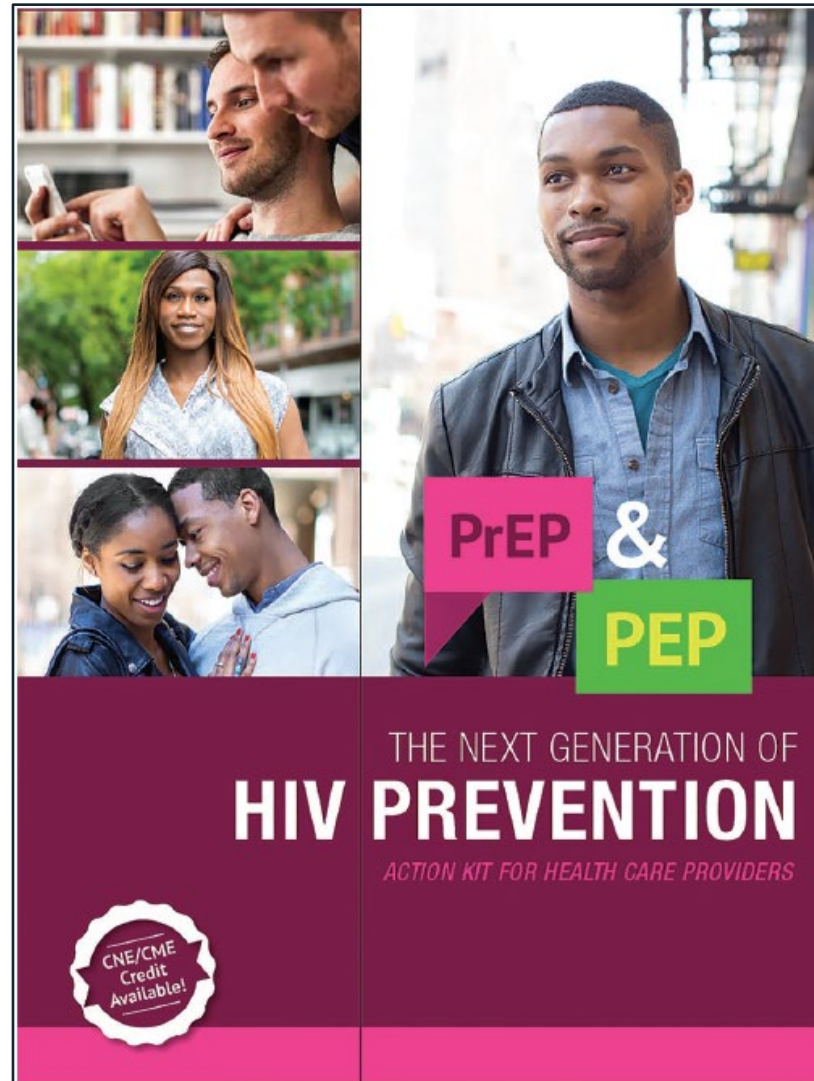
June 2019

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www.lgbthealtheducation.org

Collecting patient sexual orientation and gender identity data



Public health detailing for PrEP



ECHOs on LGBTQ and transgender health



The screenshot shows the website for the National LGBT Health Education Center, a program of the Fenway Institute. The page is titled "Transgender Health ECHO" and features a blue background with a group of diverse healthcare professionals. The text describes the Transecho program as a learning opportunity for health centers to improve care for transgender and gender-diverse patients through video conferencing and peer learning. Below the text, the "Trans ECHO Learning Objectives" are listed.

Learning Resources ▾ **What We Offer** ▾ **About Us** ▾ **My Learning** ▾

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TRANSECHO

Transgender Health ECHO

Through the use of the groundbreaking [Project ECHO model](#), and web-based video conferencing technology, your health center will work alongside other health centers to create systems of care that support your transgender and gender-diverse patients. Transgender Health ECHO (Trans ECHO) is an opportunity for your health center to learn from experts and apply those learnings to increase the availability of culturally-responsive, comprehensive primary care for transgender people.

Trans ECHO Learning Objectives:

1. Improve my ability and my organization's ability to provide high-quality care for transgender and gender-diverse patients.
2. Assess and expand my organization's capacity to create an affirming environment for transgender and gender-diverse patients.
3. Build relationships with other organizations that will facilitate peer learning experiences, both during the ECHO sessions and beyond.
4. Develop and refine strategies that enable my organization to collect and utilize gender identity data to improve health services and patient outcomes.

Overcoming barriers to PrEP

Patient	Provider	Structural/environmental
Limited knowledge of PrEP	Knowledge of PrEP	Homophobia
Low HIV risk perception	Willingness to prescribe PrEP	Transphobia
Limited knowledge of partners' risks	“Purview paradox”	Sexism
Medical mistrust	Competing priorities	Racism
Financial concerns	Failure to elicit HIV risk information	Lack of health care access
Competing priorities	Billing/reimbursement concerns	Insurance climate
Confidentiality concerns		HIV-related stigma
Medical contraindication – Rare!		



New PrEP resources

1. **PrEP detailing kit** with key medical and programmatic information
2. **PrEP readiness assessment** for health center staff and leadership
3. **Project ECHO** addressing clinical and programmatic aspects of PrEP
4. **Train-the-trainer course** on PrEP/HIV prevention
5. Two-part **distance-learning series** on PrEP/HIV prevention

PrEP detailing kit

PrEP Action Kit (Updated 2020)

 Publication

Originally published on 3 June, 2020

This PrEP Action Kit includes clinical resources to help providers incorporate PrEP into their practices. Including helpful resources such as tips on taking a comprehensive sexual history, frequently asked questions about PrEP and information on PrEP prescribing and monitoring. This action kit is an essential resource for all providers treating LGBTQIA+ patients or patients at risk of HIV infection.

This kit was updated in the Spring of 2020.

 [Download this Publication](#)

 Filed under HIV/STI Treatment and Prevention, Pre-Exposure Prophylaxis (PrEP)



Readiness assessment: sample question

- Does your health center currently provide the following services? Check all that apply.
 - HIV testing
 - HIV treatment
 - STI testing, including extragenital (pharyngeal and rectal) gonorrhea/chlamydia testing for MSM
 - STI treatment
 - Gender-affirming hormonal therapy for transgender people
 - PEP (post-exposure prophylaxis for HIV)
 - PrEP (pre-exposure prophylaxis for HIV)
 - Medication-assisted treatment for substance use disorders

Readiness assessment: sample questions

Please indicate your level of agreement with these statements:

- *Our health center is welcoming to patients who are gay or bisexual men.*
- *Our health center is welcoming to patients who are transgender.*
- *Our health center is welcoming to patients who inject drugs.*

Top 5 major barriers to PrEP

Leaders	Staff
1. Patients' knowledge of PrEP	1. Lack of outreach to patients at high risk for HIV
2. Patients' willingness to take PrEP	2. Lack of health insurance
3. Lack of transportation	3. Lack of transportation
4. Patient or community mistrust of the health care system	4. Stigma among patients or staff about PrEP
5. Providers' knowledge about PrEP	5. Cost reimbursement for PrEP care

PrEP ECHO

- Health centers across the country, mostly in EtHE jurisdictions
- 12 two-hour sessions over 6 months
- 20-minute didactic presentation followed by case discussions
- 3-4 faculty members per session
 - PCPs, some with infectious disease training
 - Nurse practitioner

PrEP ECHO curriculum

1. Standard clinical management
2. Financing
3. Systems, leadership, change management
4. Transgender populations
5. Injection drug use, hepatitis B, hepatitis C
6. Models of PrEP delivery, telePrEP
7. Adolescents
8. Behavioral health and addictions services
9. Black MSM, Latinx MSM, medical mistrust
10. Informatics
11. Cisgender women
12. Best practices for persistence and adherence, on-demand PrEP

**COVID-19 discussed
throughout**



Baseline characteristics of ECHO participants

Characteristic	Result
Practice location	80% inner city/urban
Provider type	56% medical, 20% behavioral health
Proportion of medical providers with \leq 10 patients taking PrEP	68%
Most common barriers to PrEP	Lack of confidence, comfort, and training in PrEP management

Train-the-trainer courses

- Training in clinical and programmatic aspects of PrEP
- Familiarize participants with PrEP resources
- Equip participants to initiate or scale-up PrEP at their sites
- Conceived as interactive 3-hour session with a mix of small and large groups
- Input from local experts on PrEP financing and other resources
- 10 PCA/health center partners, mostly in priority jurisdictions



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HIV Prevention in Health Centers

Train-the-Trainer Slides

Case 1

Samuel is a 52-year-old man with hypertension and diabetes mellitus who presents to initiate PrEP. He takes lisinopril, metformin, atorvastatin, and aspirin. Samuel has insertive and receptive anal sex with his husband, who has HIV but has an undetectable HIV-1 viral load on antiretroviral therapy. Samuel does not have other sexual contacts, and he does not use injection drugs. He was diagnosed with and treated for syphilis 17 years ago. His baseline laboratory studies include a negative HIV antibody/antigen test, hepatitis C antibody, hepatitis B surface antigen, and gonorrhea/chlamydia NAAT from the pharynx, urine, and rectum. He has a positive treponemal antibody but negative RPR. His estimated creatinine clearance is 65 mL/minute.

- **Would you recommend PrEP for Samuel? Why or why not?**
- **How can clinical settings be more welcoming to men who have sex with men like Samuel?**

2. Engaging PrEP candidates not currently in care at your health center

- Advertising in media outlets or at events catering to populations of interest (e.g., on gay dating apps, at Pride, etc.)
- Listing your clinic on CDC's PrEP Locator (<https://npin.cdc.gov/preplocator>)

TEXT "PREP" TO 978.604.6937

Swiping right? Get PrEP!

GLASS provides a continuum of confidential services to LGBTQ+ Youth of Color ages 18-29 including same-day PrEP, STI testing, and treatment.

EVERY WEDNESDAY | 3:00 - 7:00 P.M. | AT OUR TWO LOCATIONS:
75R Amory St, Boston, MA + 1 Grant St, Suite 100, Framingham, MA

GLASS MASSACHUSETTS GENERAL HOSPITAL SJRI Leader in Social Justice

Open to all regardless of ability to pay. Learn more at JRI.ORG/PREPATGLASS or email OUTREACH@JRI.ORG.

3. Accessing financial assistance

STATUS	DRUG ACCESS	CLINICAL VISITS & LAB ACCESS	COUNSELING & LINKAGE ACCESS
Uninsured	<p>The Department of Health and Human Services Ready, Set, PrEP program *</p> <p>Gilead Medication Assistance Program **</p> <p>Local and state drugs assistance programs (PrEP DAPs)</p> <p>Community health centers, family planning clinics, and STD clinics using 340B savings</p>	<p>Local and state PrEP DAPs</p> <p>CDC prevention funds to pay for some HIV/STD testing</p> <p>Community health centers, family planning clinics, and STD clinics using 340B savings</p>	<p>Local and state PrEP DAPs</p> <p>CDC prevention grants; Ryan White funding (limited to the Early Intervention Services category)</p> <p>Community health centers, family planning clinics, and STD clinics using 340B savings</p>
Insured	<p>Covered by payers</p> <p>Copay assistance through Gilead Medication Assistance program**</p>	<p>Largely covered but with copays</p> <p>Some local and state PrEP DAPs</p>	<p>Not well covered by public or private insurance</p>

*<https://www.getyourprep.com/>

**<https://www.gileadadvancingaccess.com/>

Impacts of COVID-19

- All sessions switched to virtual
- Fostered interaction and discussion through Zoom breakout groups
- Greater emphasis on telePrEP and other strategies for PrEP care during COVID-19

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

NCHHSTP > Communication Center > Dear Colleague Letters > 2020

NCHHSTP

- Sexual Health & Disease Prevention +
- Sexual Orientation & Gender Identity +
- Health Disparities & Populations at Risk +
- Data, Tools & Resources
- Partners & Programs +
- Newsroom
- Communication Center -
- Connections Newsletter
- Dear Colleague Letters -

2020

2019

2018

2017

2016

2015

PrEP During COVID-19

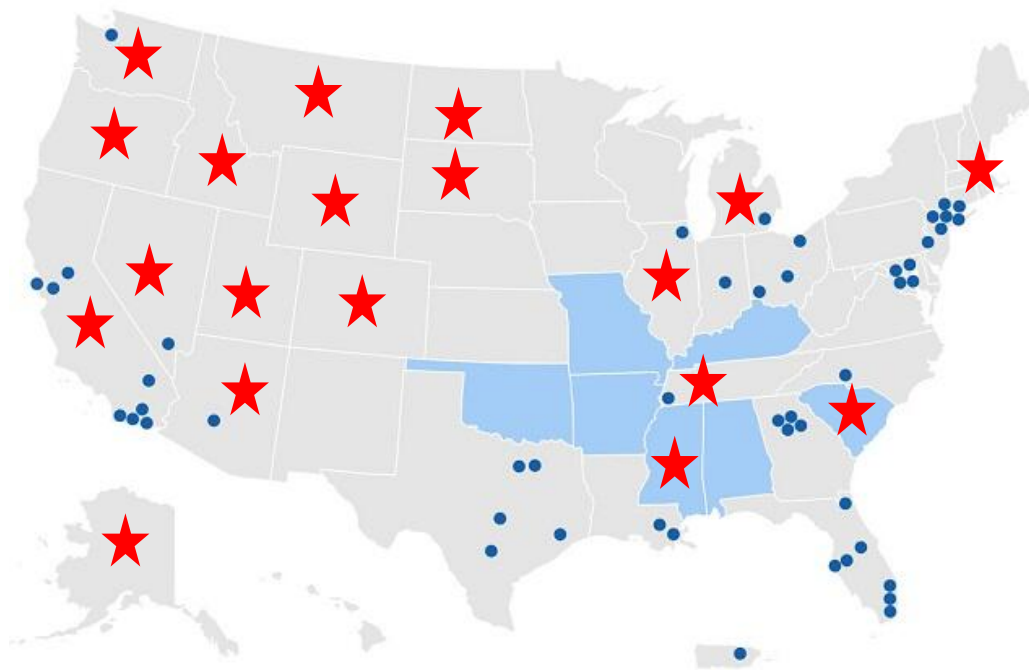
Dear Colleague,

May 15, 2020

The Centers for Disease Control and Prevention (CDC) understands that its partners in HIV prevention are facing unprecedented challenges and demands as we continue to battle the COVID-19 pandemic together. While some clinics and HIV prevention providers have adapted to changing circumstances by offering expanded phone triage and telehealth services, other clinics that provide pre-exposure prophylaxis (PrEP) services have had to reduce hours, eliminate or reallocate staff resources, or temporarily close. CDC has developed guidance for providing PrEP when facility-based services and in-person patient-clinician contact is limited. For programs experiencing disruption in PrEP clinical services, CDC offers the following guidance for clinics to consider in the context of local resources and staff availability.

1. Reducing the number of new HIV infections remains a public health priority, and providing PrEP care is an essential health service. Clinicians should continue to ensure the availability of PrEP for patients newly initiating PrEP and patients continuing PrEP use.
2. Quarterly HIV testing should be continued for patient safety. Lab-only visits for assessment of HIV infection and other indicated tests for the provision of PrEP are preferred. When these are not available or feasible, CDC recommends considering two additional options.
 - The first option is a [home specimen collection kit](#) for HIV and sexually transmitted infection (STI) tests, which is covered by most insurance plans and can be ordered by clinicians. Some laboratories (such as Molecular Testing Labs™) have validated protocols for testing home-collected samples for the panel of tests required for those initiating or continuing PrEP. Specimen kits are mailed to the patient's home and contain supplies to collect blood from a fingerstick or other appropriate method (e.g. self-collected swabs and urine). The kit is then mailed back to the lab with test results returned to the clinician who acts on results accordingly. This laboratory-conducted test is sensitive enough to detect recent HIV infection.
 - The second option is self-testing via an oral swab-based test. Although this type of [HIV self-test](#) is usually not recommended for PrEP patients due to its lower sensitivity in detecting recent HIV infection during PrEP use, clinicians could consider use of these tests when

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HRSA. Ending the HIV epidemic: A plan for America. 2019.

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HIV Prevention/PrEP at Health Centers: An Overview and Current Best Practices



Webinar

Originally presented on 31 October, 2019

Dr. Kevin Ard and Dr. Jennifer Reske-Nielsen discuss HIV and PrEP in primary care and sexual health clinic settings, and the current state of HIV research and treatment in the United States.

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Filed under HIV/STI Treatment and Prevention, Pre-Exposure Prophylaxis (PrEP)



PrEP and Informatics



Webinar

Originally presented on 21 May, 2020

In this webinar experts from Fenway Health and HITEQ discuss using data, electronic health records, and informatics to make informed decisions regarding PrEP (pre-exposure prophylaxis) for HIV prevention. The webinar covers both clinical data usage and administrative staff support in using data and informatics for optimizing PrEP in health centers.

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Filed under Pre-Exposure Prophylaxis (PrEP)



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Lessons

- Health centers across the country are interested in and committed to expanding access to PrEP
- Interest and commitment continue despite COVID-19
- PrEP training must include information about local resources, particularly as they pertain to financing



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