

# PrEP Retention

Learning Community, May 17<sup>th</sup>

**Welcome! Please introduce yourself in the chat 😊**

# Welcome!

- **Please introduce yourself in the chat!**
- We're happy to have attendees here from the following clinics:
  - Bell Flower Clinic, Indianapolis, Indiana
  - Litoral Clinic, Migrant Health Center, Mayagüez, Puerto Rico
  - Mary Eliza Mahoney Health Center, Newark, New Jersey
  - Morrisania Clinic, Health & Hospitals, Bronx, New York
  - NYC Department of Health, NYC, New York
  - Take Care Down There Clinic, Columbus Public Health, Columbus, Ohio

# Group Agreements

- Keep cameras on, especially when talking
- All participants contribute to the discussion
- We're here to learn together
- Confidentiality: any patient information shared remains private

# Clinics Share

## **If you provide ongoing PrEP care:**

What has been your clinic's experience with PrEP retention?

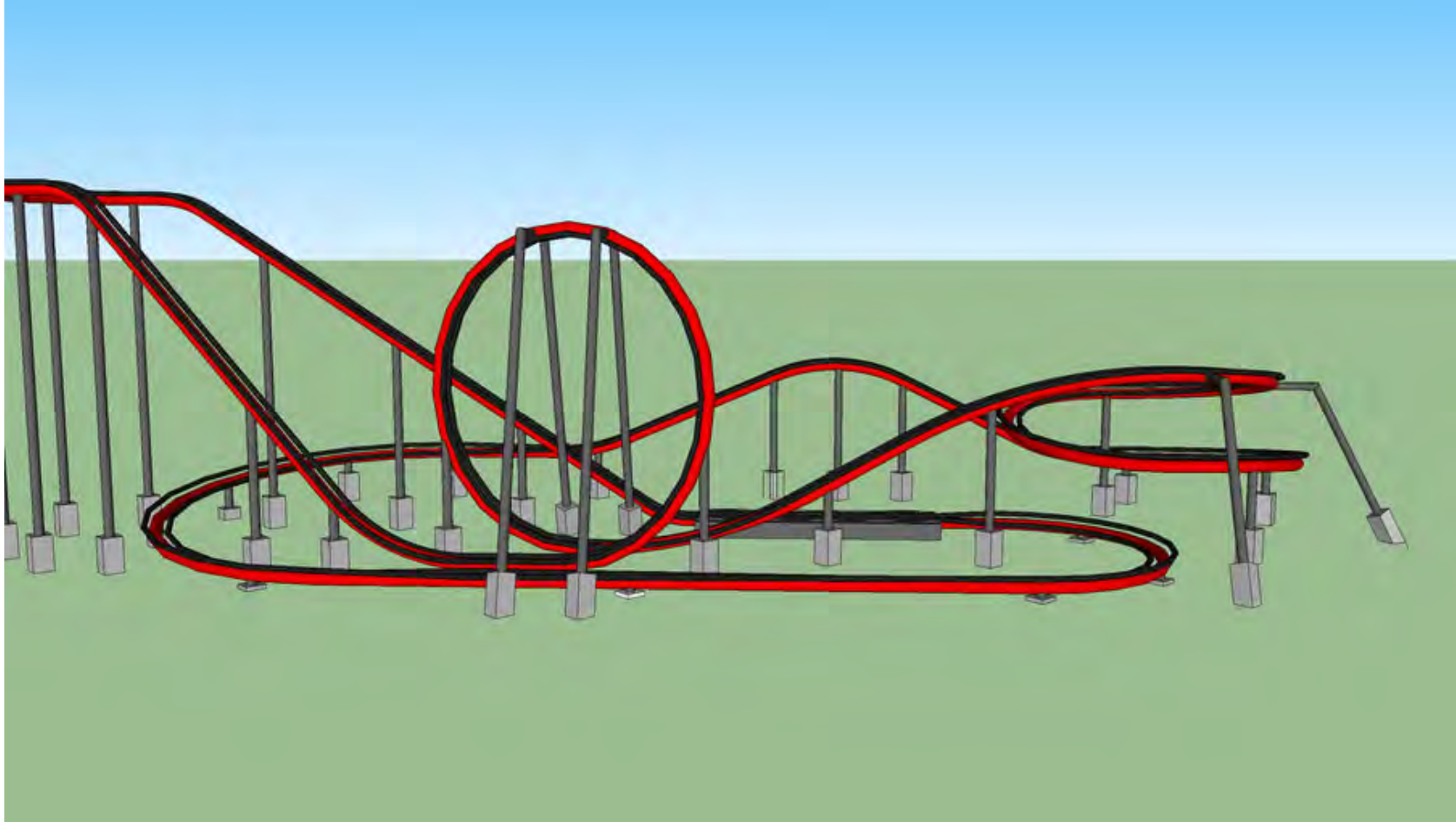
This can include your attempts to address retention, challenges, and/or successes in this area.

## **If you don't provide ongoing PrEP care, or are just starting PrEP:**

What concerns do you have related to PrEP retention?

If you don't provide ongoing PrEP care, do you conduct follow-up after the initial prescription?

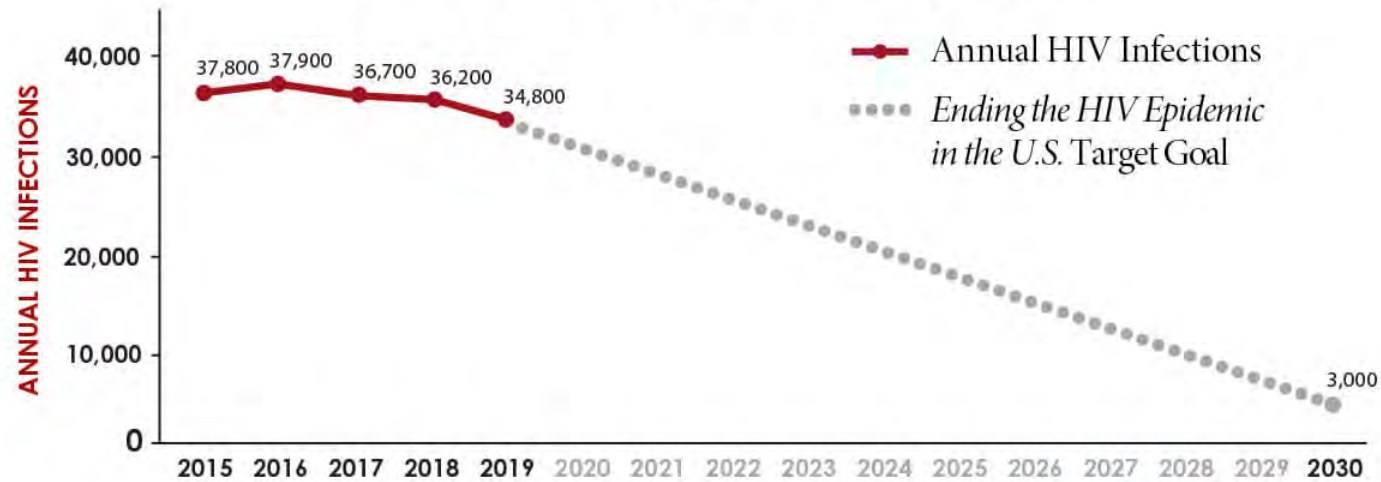
# PrEP Retention



# New Infections Are Not Falling As Quickly As Needed

**NEW HIV INFECTIONS FELL 8% FROM 2015 TO 2019,  
AFTER A PERIOD OF GENERAL STABILITY**

**ANNUAL HIV INFECTIONS IN THE U.S., 2015-2019**

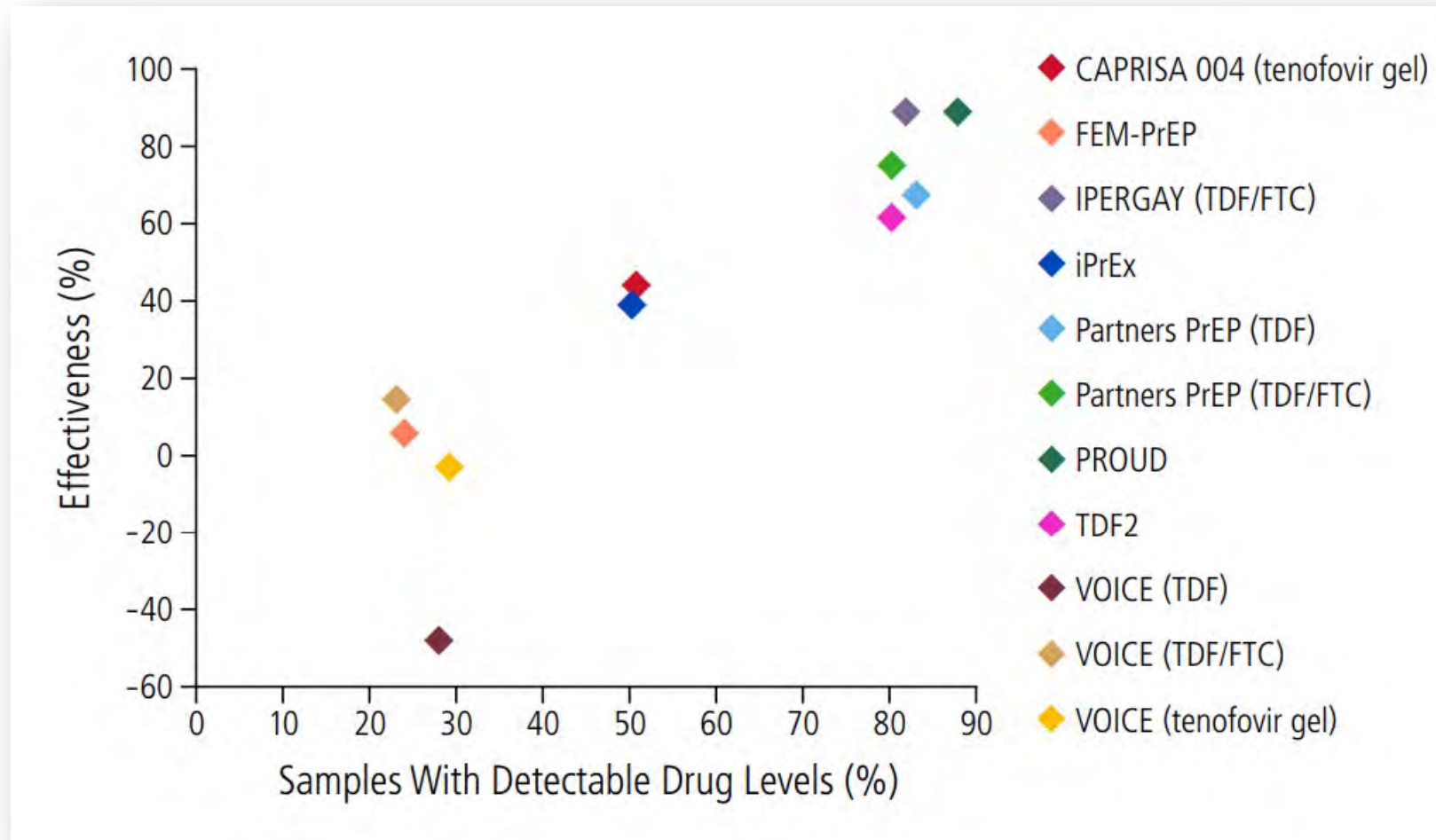


For more information, visit  
[cdc.gov/nchhstp/newsroom](https://cdc.gov/nchhstp/newsroom)

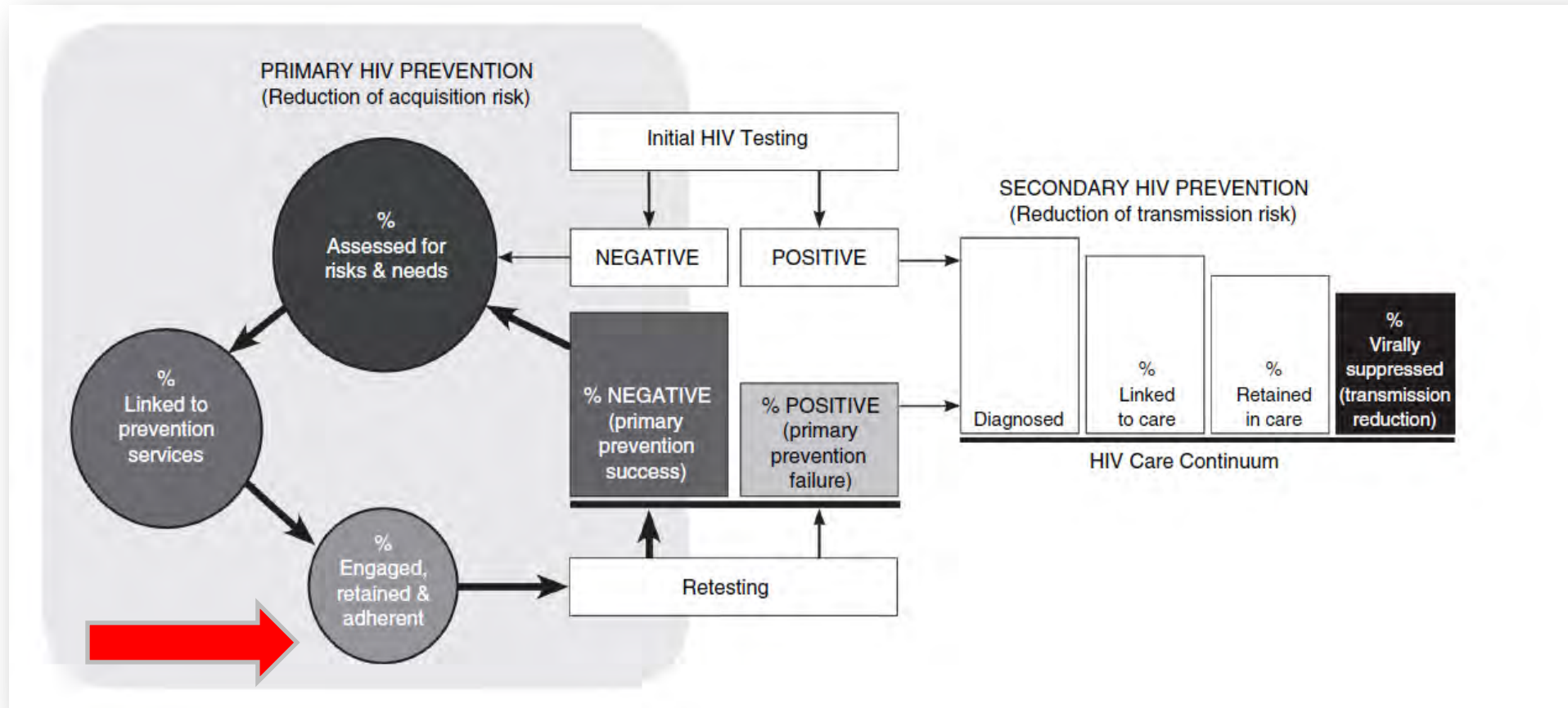


U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

# PrEP works...If you take it



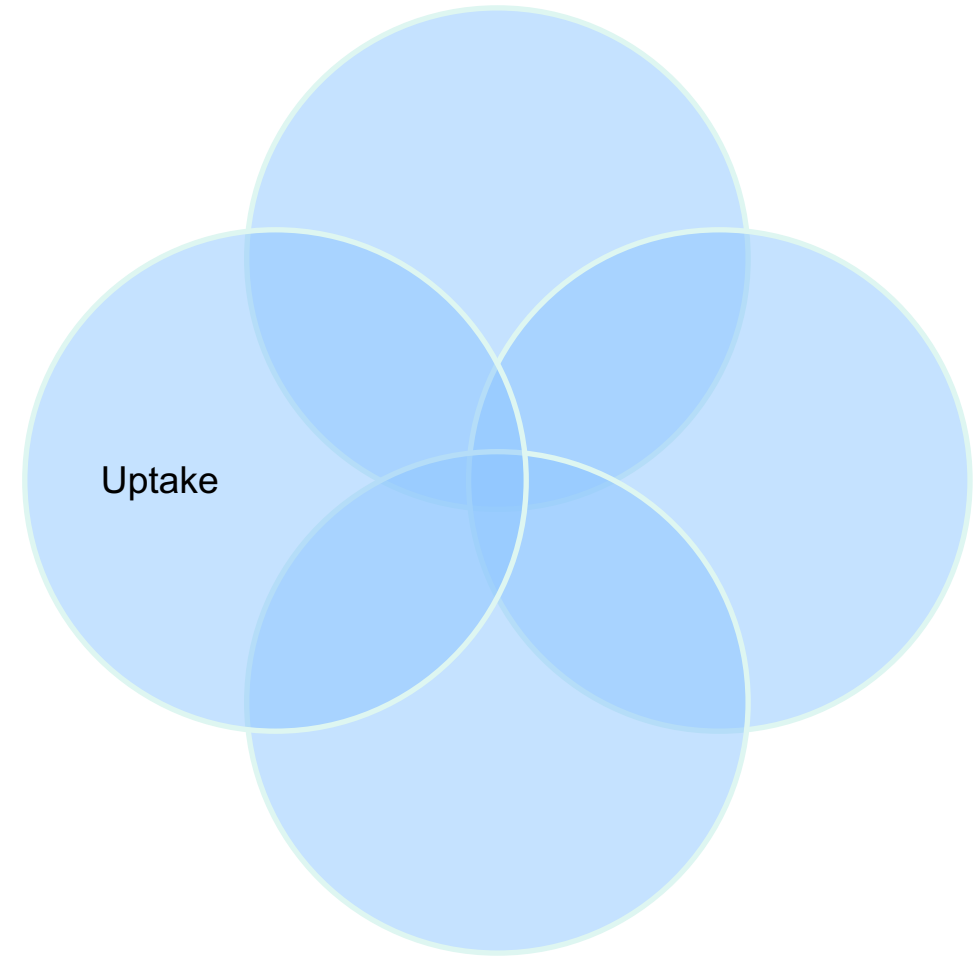
# Keeping Patients Engaged Is the Largest Part of the Cascade





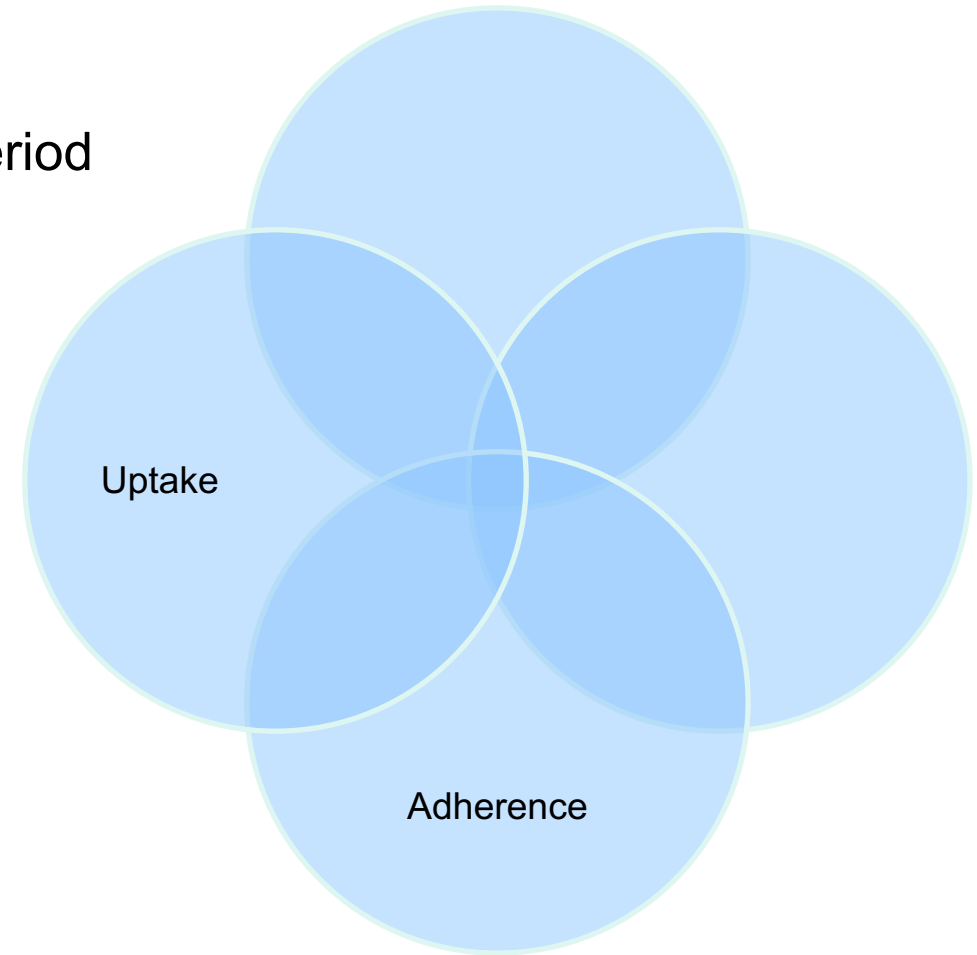
# What Do We Care About?

- **PrEP Uptake** – Number of patients who start PrEP



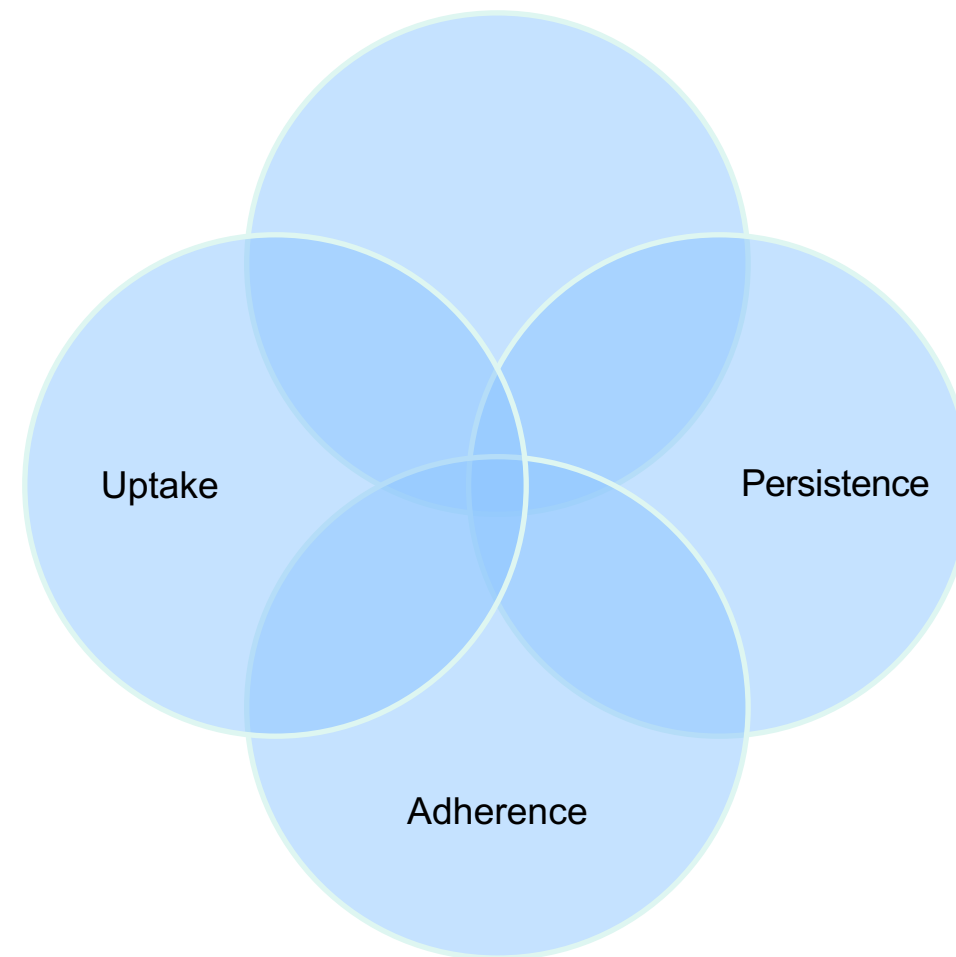
# What Do We Care About?

- **PrEP Uptake** – Number of patients who start PrEP
- **PrEP Adherence** - Frequency of daily use over a period of time



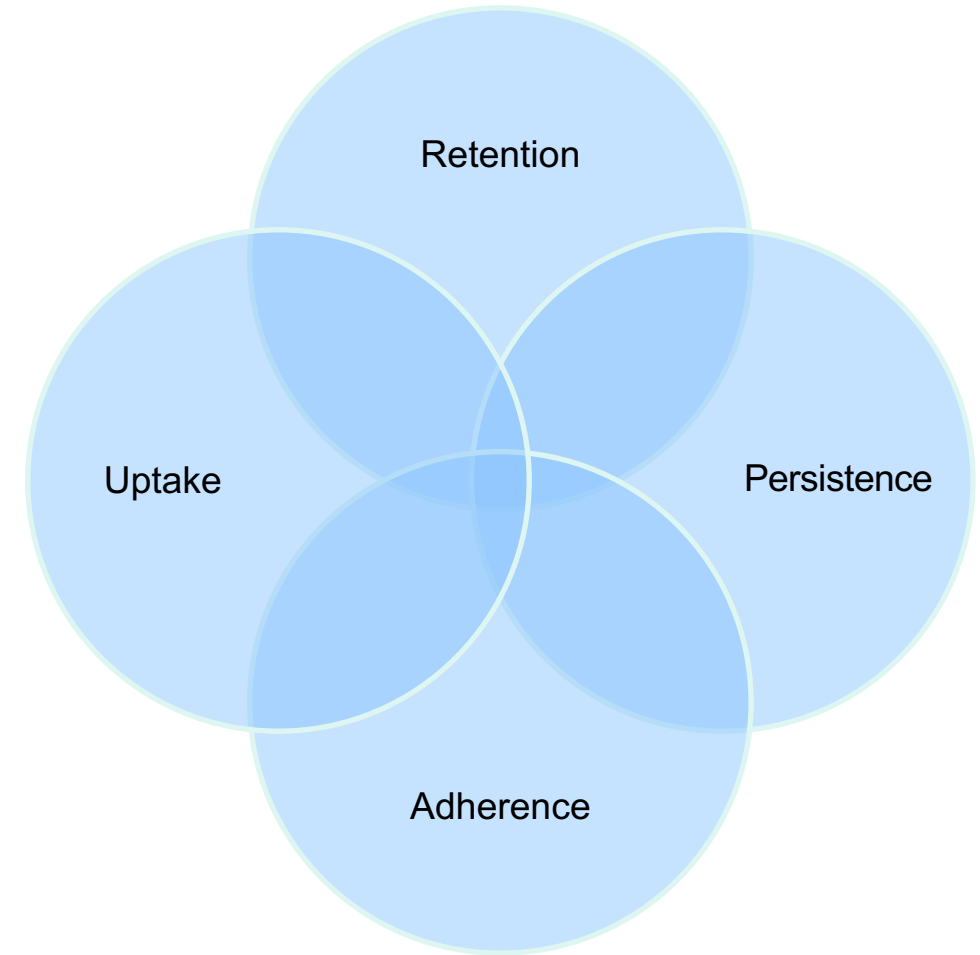
# What Do We Care About?

- **PrEP Uptake** – Number of patients who start PrEP
- **PrEP Adherence** - Frequency of use over a period of time
- **PrEP Persistence** - Duration of continued use over a period of time



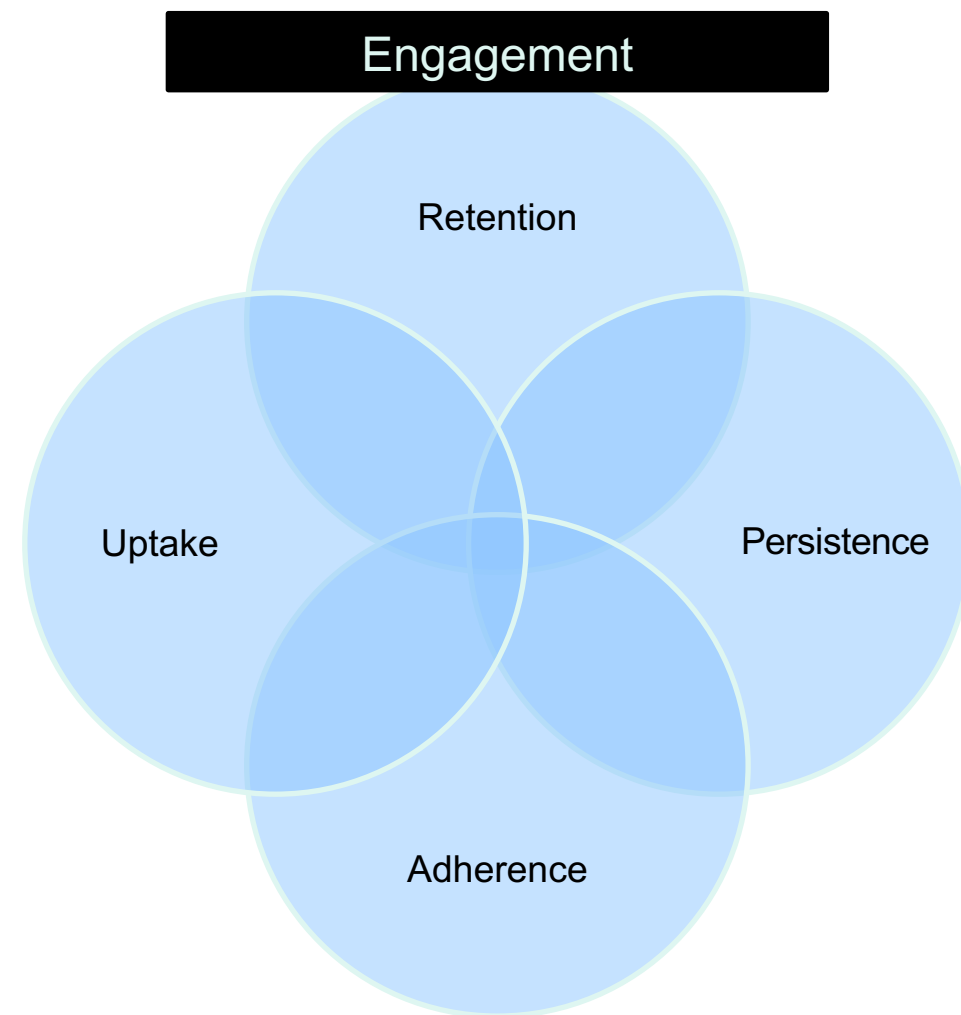
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- **PrEP Retention** - Duration of time coming to clinic regularly



# What Do We Care About?

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# Why Focus on Retention?

- **Retention provides opportunities for**
  - Preventive Care
  - Sexual health needs assessment and development of a sexual health plan
  - Sexually transmitted disease and HIV screening
  - Prescriptions for PEP and/or PrEP



# PrEP is Different

## Reasons to Start PrEP

- MD Recommendations
- Self-perceived risk
- Peers
- Advertising
- Other

## Reasons to Stop PrEP

- Self-perceived risk
- Cost
- Side effects
- Peers
- Other



# PrEP Is Different





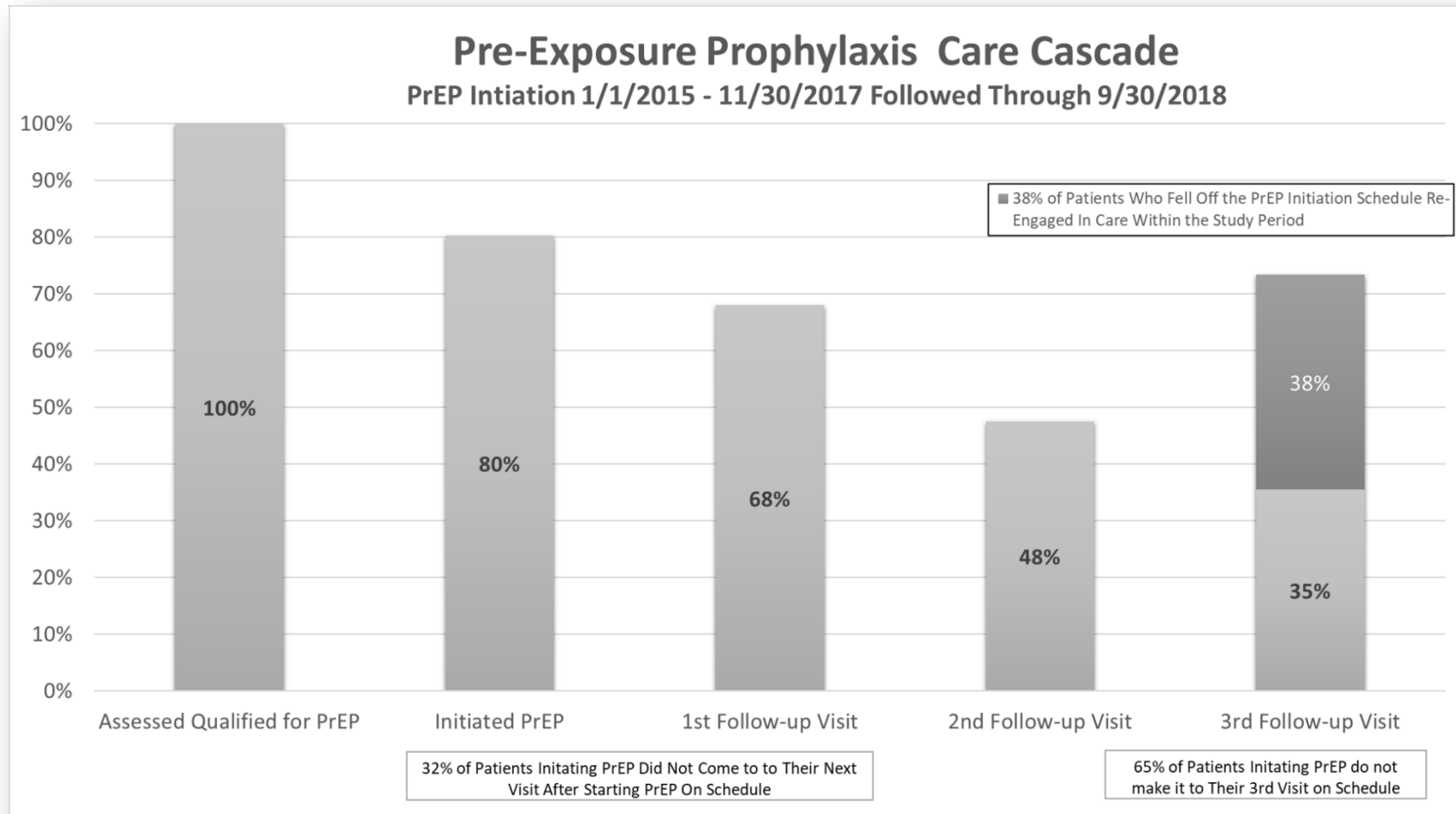
# Why Focus on Retention?

## At Re-engagement

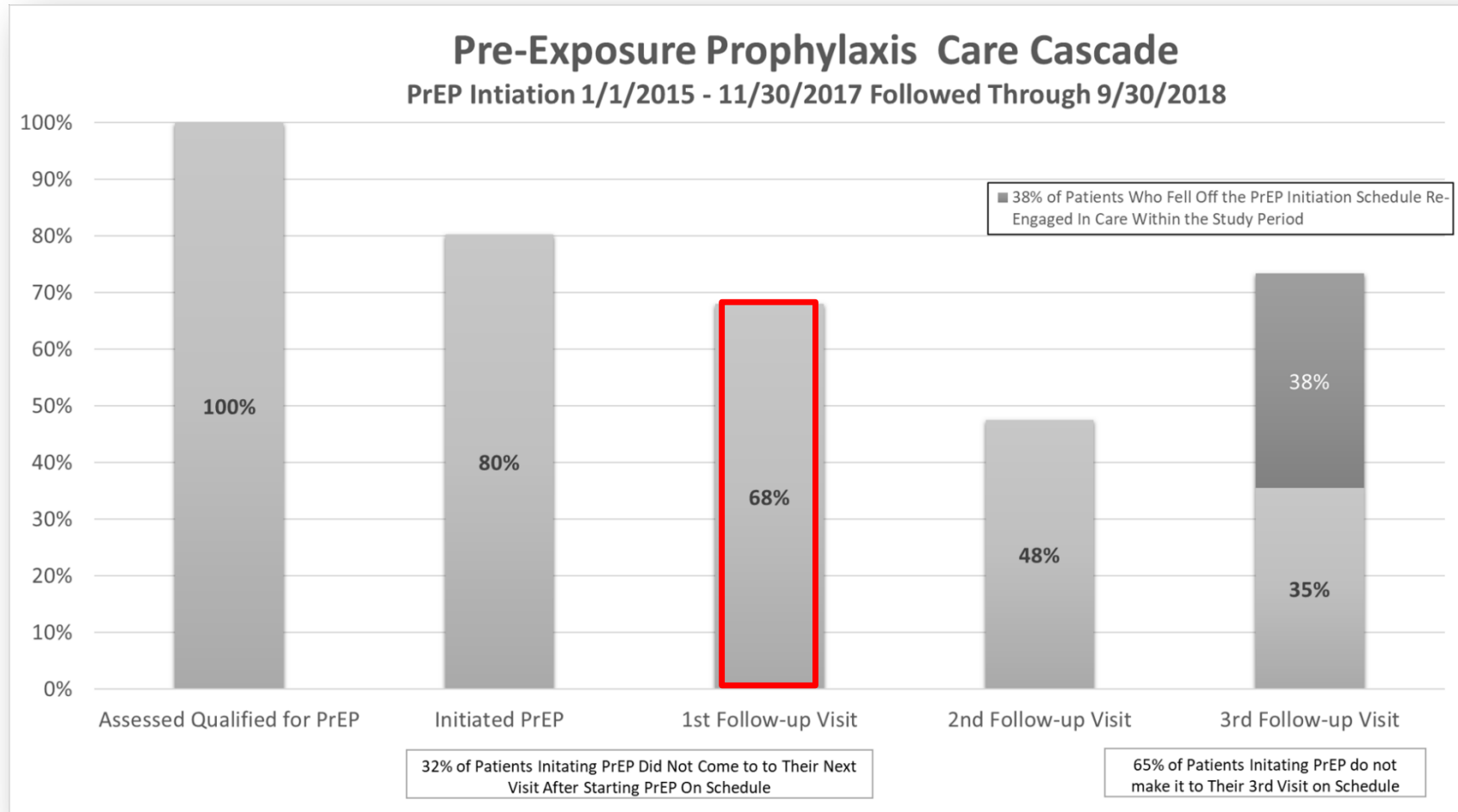
- 73% of patients had no healthcare contact during their gap in care
- 20% of participants had gonorrhea or chlamydia diagnosed at one or more sites
- 11% of patients required PEP



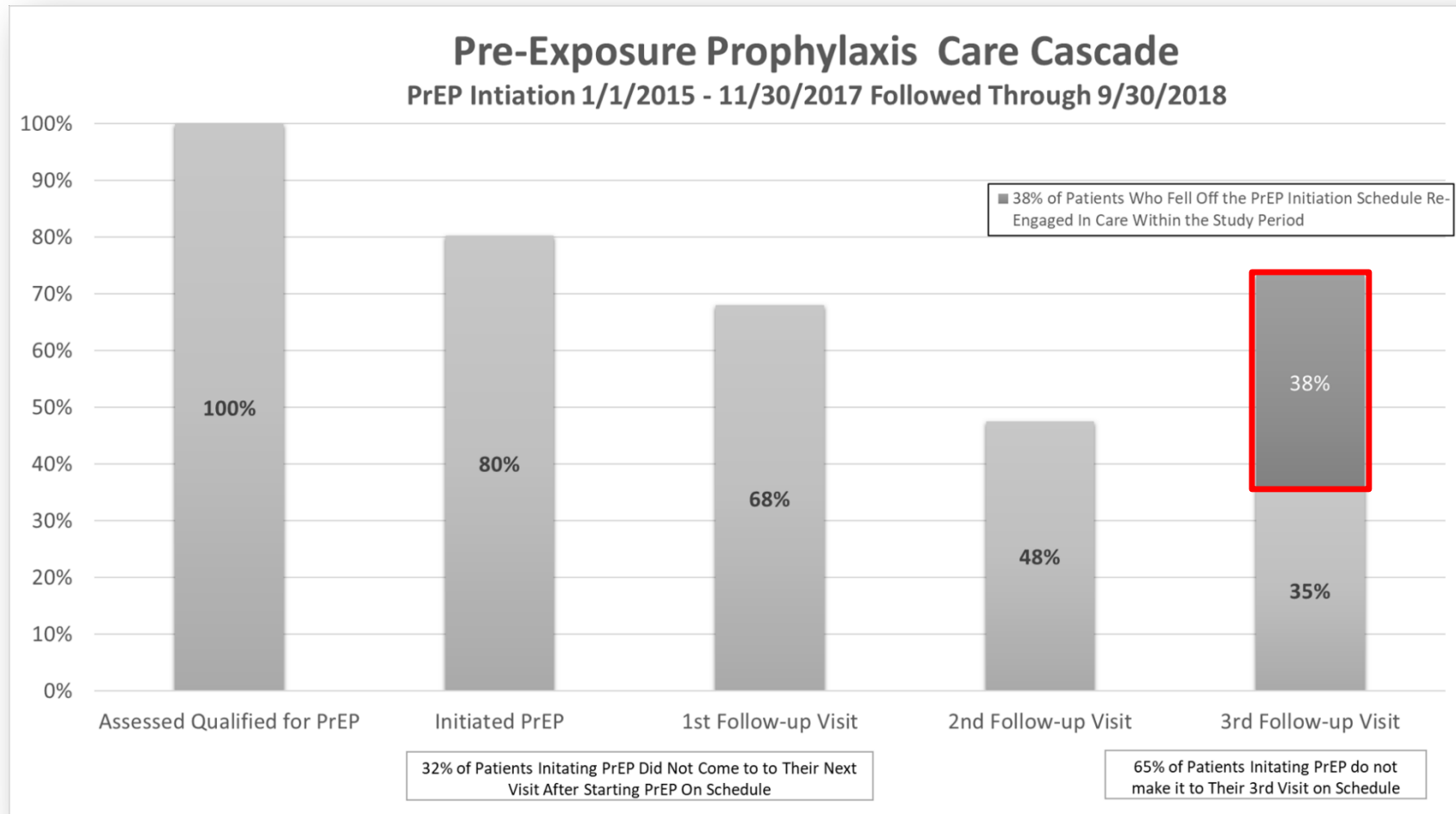
# PrEP Retention is a Challenge



# PrEP Retention is a Challenge

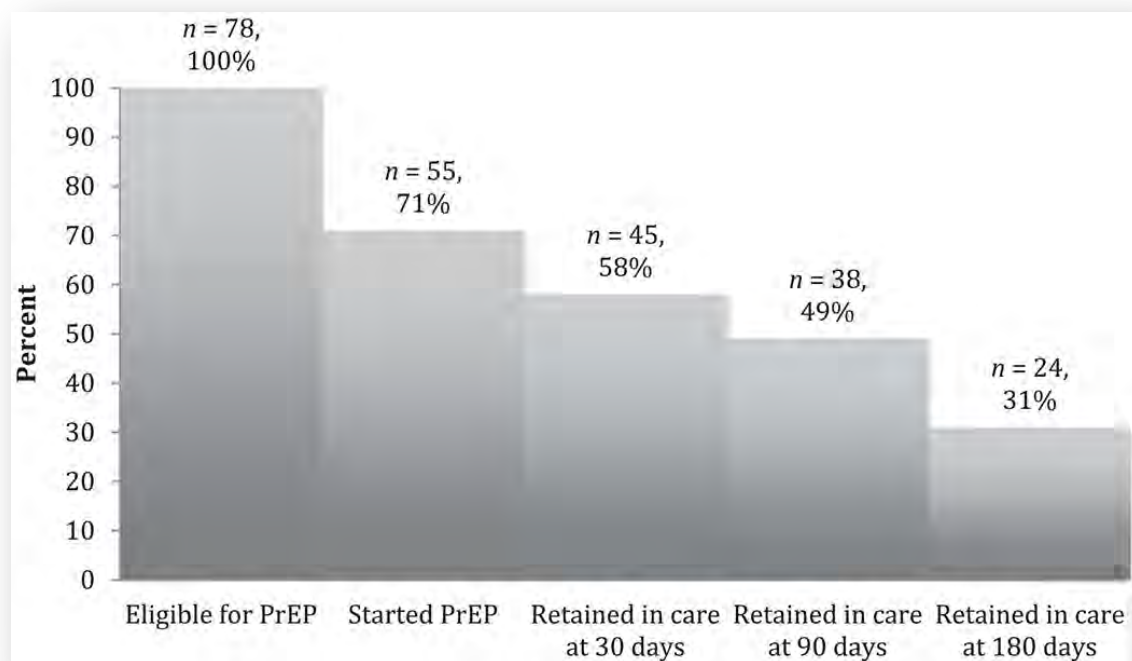


# PrEP Retention is a Challenge

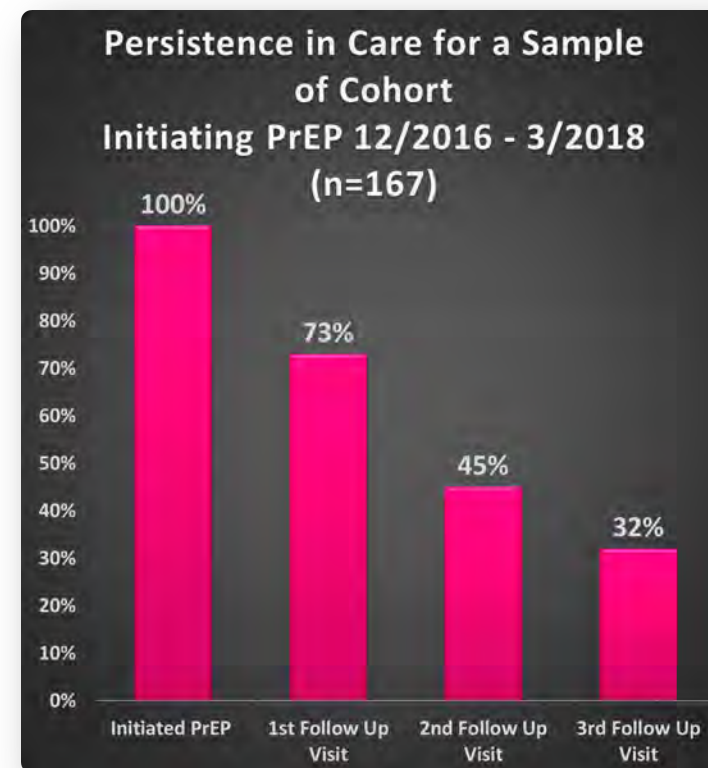


# PrEP Retention is a Challenge

## Women



## Adolescents



# PrEP Retention is A Challenge For Everyone

**RESEARCH ARTICLE**

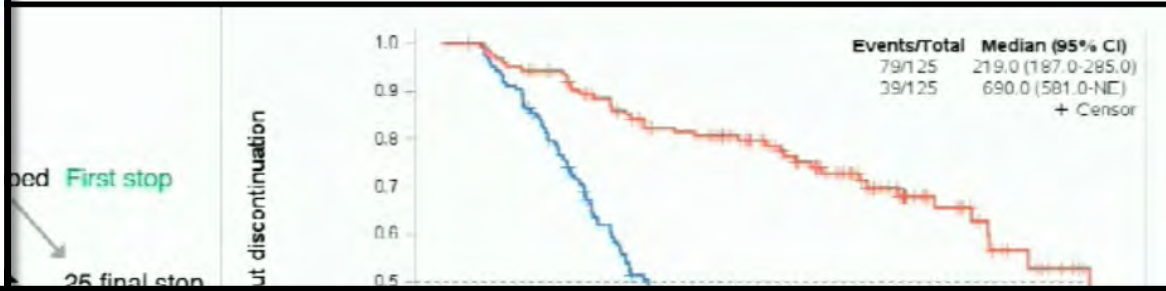
## Patterns and clinical consequences of discontinuing HIV preexposure prophylaxis during primary care

Douglas Krakower<sup>1,2,3\*</sup>, Kevin M Maloney<sup>4</sup>, Victoria E Powell<sup>5</sup>, Ken Levine<sup>6</sup>, Chris Grasso<sup>7</sup>, Kathy Melbourne<sup>8</sup>, Julia L Marcus<sup>9</sup> and Kenneth H Mayer<sup>1,2</sup>

**\*Corresponding author:** Douglas Krakower, Division of Infectious Diseases, Beth Israel Deaconess Medical Center, 110 Francis St, W11006, Suite GR, Boston, Massachusetts, USA. Tel: +1 (617) 627-0256. (d.krakower@bidmc.harvard.edu)

**Abstract**  
**Introduction:** Discontinuations of HIV preexposure prophylaxis (PrEP) by at-risk individuals could decrease the effectiveness of PrEP. Our objective was to characterize patterns of, reasons for, and clinical outcomes associated with PrEP discontinuations in primary care.  
**Methods:** We conducted medical chart reviews for patients prescribed PrEP during 2011 to 2014 at a Boston community health centre specializing in healthcare for sexual and gender minorities. Patients were followed through 2015. We characterized patients' sociodemographics, relationship status, behavioural health conditions, patterns of and reasons for PrEP discontinuations, and HIV seroconversions. Cox proportional hazards models were used to assess patient factors associated with PrEP discontinuations.  
**Results:** Of the 663 patients prescribed PrEP, the median age was 33 years, 96% were men who have sex with men (MSM) and 73% were non-Hispanic white. 40% were in used PrEP continuously (60%), had 1 or more discontinuations (30%), and 30% were not using PrEP at the end of follow-up. Of the 7 (1.1%) PrEP patients diagnosed with HIV seroconverted after discontinuations. In a multivariable model, factors associated with discontinuations included insurance status, those who were 22, 95% CI 1.6 to 3.1 for ages 25 to 29, vs. ages 30 to 34, vs. transgender men), and who had mental health conditions.  
**Conclusions:** Discontinuations of PrEP are common among patients who were younger, identified as transgender men, and who had mental health conditions. Discontinuations occurred after discontinuations of PrEP strategies.  
**Keywords:** HIV; PrEP; primary care; discontinuation

Received 4 September 2018; Accepted 18 January 2019  
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**Table 2. Reasons for and patterns of HIV preexposure prophylaxis discontinuation events**

Reasons for discontinuation	First discontinuation (N = 239) n (%)	Second discontinuation (N = 51) n (%)	Third discontinuation (N = 10) n (%)	Fourth discontinuation (N = 2) n (%)	Total discontinuations (N = 302) n (%)
Decrease in HIV risk perception	84 (35.2)	13 (25.5)	1 (10.0)	1 (50.0)	99 (32.8)
Non-adherence to care plan <sup>a</sup>	34 (14.2)	11 (21.6)	2 (20.0)	1 (50.0)	48 (15.9)
Not documented	27 (11.3)	12 (23.5)	3 (30.0)	—	42 (13.9)
Insurance barrier	30 (12.6)	6 (11.8)	1 (10.0)	—	37 (12.3)
Medication intolerance	14 (5.9)	3 (5.9)	—	—	17 (5.6)
Loss to follow-up	13 (5.4)	—	1 (10.0)	—	14 (4.6)
Other	12 (5.0)	3 (5.9)	—	—	15 (5.0)
Medication related toxicities	9 (3.8)	—	—	—	9 (3.0)
Financial barrier	7 (2.9)	—	—	—	7 (2.3)
Patient preference <sup>b</sup>	6 (2.5)	3 (5.9)	1 (10.0)	—	10 (3.3)
HIV seroconversion <sup>c</sup>	2 (0.8)	—	—	—	2 (0.7)
Transfer of care with intent to discontinue <sup>d</sup>	1 (0.4)	—	1 (10.0)	—	2 (0.7)

2 stopped  
 Third stop  
 1 stopped  
 Fifth stop  
 restart

# Common Barriers to PrEP Retention

- **Provider Attitudes**
- PrEP Is Not Right For Me
- Side Effects
- Insurance/Medication Payment barriers



# Provider Attitudes

- Sexuality is normal
- Offer resources and support
  - **Sex positive messaging**
  - **Harm reduction approaches**
  - **Emphasizing benefits—rather than risks**
- Provider “development”
  - Recognizing your own feelings about sexuality
  - How comfortable are you with the conversation
  - Separate your own values to effectively provide advice





# Common Barriers to PrEP

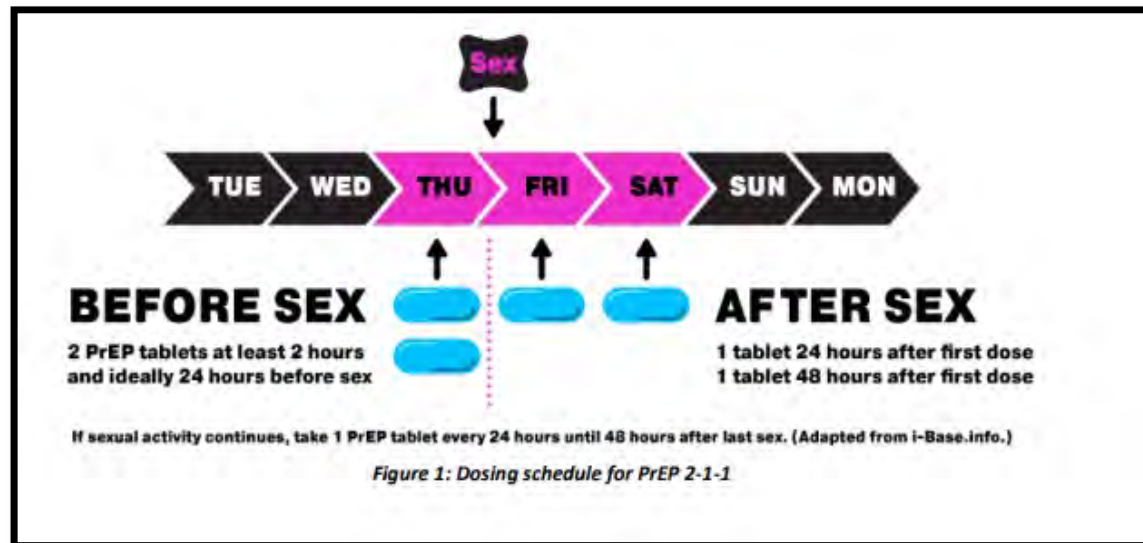
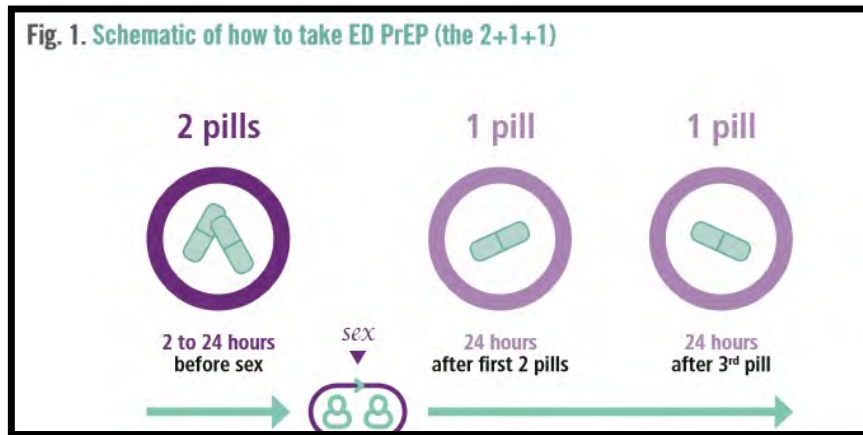
- Provider Attitudes
- **PrEP Is Not Right For Me**
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# PrEP Is Not Right For Me

- Provider Attitudes
- **PrEP Is Not Right For Me**
- Side Effects
- Insurance/Medication Payment barriers
- “I don’t really have enough sex to need to take PrEP anymore”
  - On-Demand
- “I heard on the news that PrEP was bad for my kidneys”
  - TAF
- “I just hate (or can’t) swallow pills”
  - Injectable Cabotegravir

# On-Demand (Great For Starts and Stops)



- Only for men who have sex with men
  - Contraindicated for cisgender women, transgender women, and transgender men having vaginal/frontal sex
- Infrequent sex
- Able to plan for sex at least 2 hours in advance
- Contraindicated in Hepatitis B infection

# PrEP Is Not Right For Me

- Provider Attitudes
- **PrEP Is Not Right For Me**
- Side Effects
- Insurance/Medication Payment barriers
- Prevention care is about more than just pills

# Common Barriers to PrEP Retention

- Provider Attitudes
- PrEP Is Not Right For Me
- **Side Effects**
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- Whitfield THF, John SA, Rendina HJ, Grov C, Parsons JT. Why I Quit Pre-Exposure Prophylaxis (PrEP)? A Mixed-Method Study Exploring Reasons for PrEP Discontinuation and Potential Re-initiation Among Gay and Bisexual Men. *AIDS Behav.* 2018 Nov;22(11):3566-3575. doi: 10.1007/s10461-018-2045-1. PMID: 29404756; PMCID: PMC6077114.

# Side Effects

## GI

- Self-limited
  - Nausea
  - Abdominal cramping
  - Vomiting
- Provide counseling up front!

## Renal

- Acute Kidney Injury
  - Discontinue and re-check in 2 weeks
  - May restart if CrCl >60 in one month
  - Also consider switch now that we are in the era of choice
    - Don't forget about PrEP Choice!

# Common Barriers to PrEP Retention

- Provider Attitudes
- PrEP Is Not Right For Me
- Side Effects
- **Insurance/Medication Payment barriers**
- Insurance plans change
- Patients lose insurance
- Patients' benefits "lapse"
- Patient assistance programs expire
- Weird things happen!



# PrEP Retention Strategies

## Retention Strategies



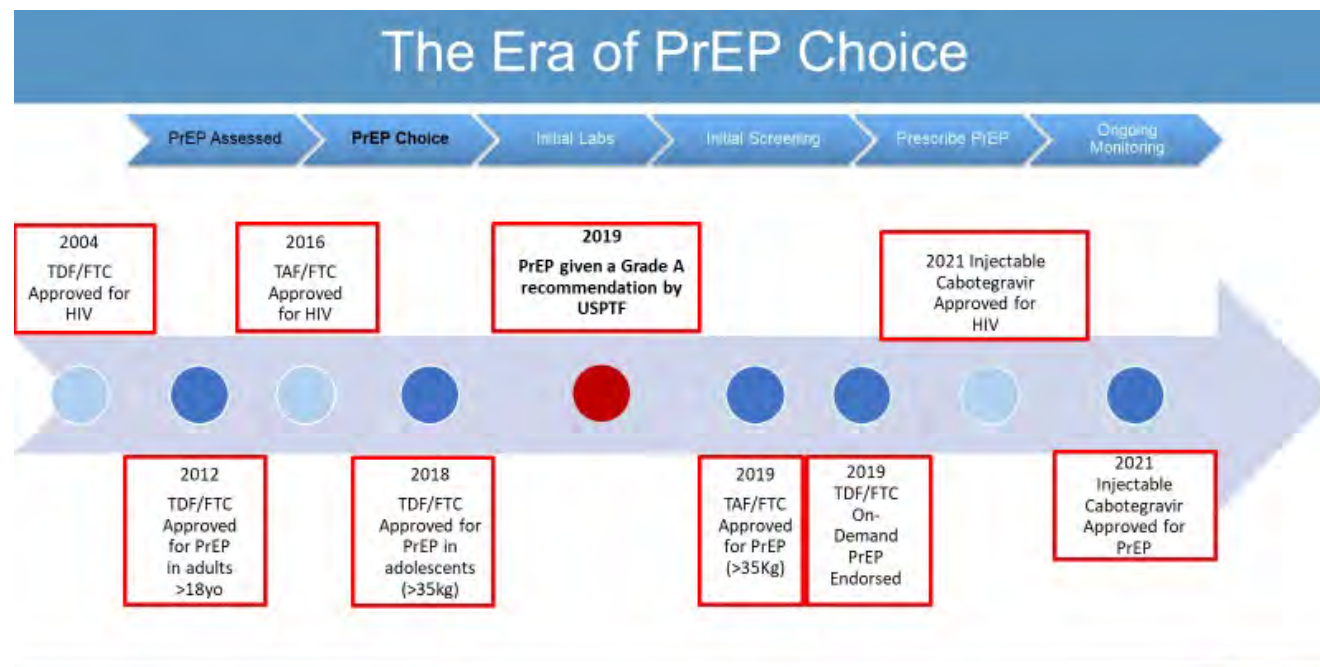
- PrEP Choice
- Extended availability
- Extended clinic hours
- Walk-in capacity
- Peer/personalized relationship
- Emphasis on pleasure, sex positivity
- Medication and visit navigation
- Routine integration
- Text Messaging



# PrEP Retention Strategies

## Retention Strategies

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# PrEP Choice Considerations

	How do you take it?	Frequency	Visit Interval	Approved for	Cost	“Tail”
TDF/FTC	Oral	Daily or On-Demand*	Q3 months	Everyone	\$	
TAF/FTC	Oral	Daily	Q3 months	Men and transgender women at sexual risk	\$\$\$	
Cabotegravir - LA	Injectable	4 weeks then Q2 months	Q2 months	Everyone at sexual risk	\$\$\$\$	X
*Not FDA approved but endorsed by WHO, State DOH’s, and in the updated CDC HIV prevention guidelines						

# PrEP Retention Strategies

## Retention Strategies

- PrEP Choice
- **Extended availability**
- **Extended clinic hours**
- **Walk-in capacity**
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# PrEP Retention Strategies

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## Retention Strategies

- PrEP Choice
- Extended availability
- Extended clinic hours
- Walk-in capacity
- Peer/personalized relationship
- **Emphasis on pleasure, sex positivity**
- Medication and visit navigation
- Routine integration

“Providers may hold negative biases towards patients with multiple sex partners”

“Providers express concern that prescribing PrEP would encourage riskier sexual behavior”

# PrEP Retention Strategies

## Retention Strategies

- PrEP Choice
  - Extended availability
  - Extended clinic hours
  - Walk-in capacity
  - Peer/personalized relationship
  - Emphasis on pleasure, sex positivity
  - **Medication and visit navigation**
  - Routine integration
- Patients have concerns about
    - Cost
    - Insurance barriers
    - Side effects
    - Making appointments every 3 months
    - Pill taking

# PrEP Retention Strategies

## Examples

- PrEP Choice
  - Extended availability
  - Extended clinic hours
  - Walk-in capacity
  - Peer/personalized relationship
  - Emphasis on pleasure, sex positivity
  - Medication and visit navigation
  - **Routine integration**
  - Text Messaging
- Brushing your teeth
  - With morning coffee
  - Before bed

# PrEP Retention is Challenging

## Common Barriers

- Provider Attitudes
- PrEP Is Not Right For Me
- Side Effects
- Insurance/Medication Payment barriers

## PrEP Retention Strategies

- PrEP Choice
- Extended availability
- Extended clinic hours
- Walk-in capacity
- Peer/personalized relationship
- Emphasis on pleasure, sex positivity
- Medication and visit navigation
- Routine integration



# Discussion

# Quick Evaluation

1. How would you rate the value of today's discussion?
2. The level of the brief lecture was:
3. Attending the learning community is a good use of my time.
4. I felt comfortable contributing during the LC session.
5. As a result of today's session, are there any changes you would make in your practice?
6. Since the last LC, has your clinic made (or is in the process of making) any clinical practice changes related to HIV prevention services?

# Last Question!

What other topics would you be interested in hearing about at the LC? Please share in the chat!

# Next Learning Community Session

**Date:** July 19, 2022

12-1pm EST

**Topic:** Choosing daily vs. on-demand PrEP

**Presenter:** Kerri Carnevale, DNP, MPH, AAHIVS

# In the meantime...

Look out for our June newsletter!

Feedback?

Anything you want to see?

Questions for a clinician?

**Let us know!**

## HIV PREVENTION LEARNING COMMUNITY



Bimonthly Newsletter

VOL. 2    APRIL 2022



### April Newsletter

#### STI AWARENESS WEEK

It's [STI Awareness Week](#)! This year STI Awareness Week takes place from April 10 - 16th. It provides an opportunity to spread awareness about STI prevention, testing, and care, while also reducing STI stigma.

The CDC has three different campaigns for 2022, all with their own toolkits and resources. Learn more about each at the links below:

1. [Get Yourself Tested](#)
2. [Talk, Test, Treat](#)
3. [Prepare Before You're There](#)

What campaign will you choose to focus on this STI Awareness Week?

#### MARCH LC RECAP

March's LC focused on **updated CDC PrEP guidelines**. The [2021 guidelines](#) include a number of changes that Dr. Jason Zucker reviewed during our last LC.

What were some of those [key changes](#)?

1. Inform all sexually active adults and adolescents about PrEP
2. Updates around PrEP modalities such as same-day PrEP, 2-1-1 dosing, and tele-PrEP
3. Cabotegravir (CAB) injections for PrEP
4. HIV laboratory tests

What questions do you have about implementing the new PrEP guidelines? We're here to help.

NYC PTC: [www.nycptc.org](http://www.nycptc.org) - National Network of PTCs: [www.nnptc.org](http://www.nnptc.org)