



PUBLIC HEALTH

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HEALTHIER WASHINGTON**

**Washington State PrEP:
An Update on Promoting Utilization**

WA State DOH Office of Infectious Disease

April, 2015

OVERVIEW

- Background
 - What is HIV Pre-Exposure Prophylaxis (PrEP)?
 - HIV Strategy Framework
 - End AIDS Washington
- PrEP: Current and Expansion Efforts
 - Individuals / Communities
 - Healthcare
 - Public Health
 - Payers
- Audience Participation
 - Question and Answer
 - Other PrEP Activities

BACKGROUND – WHAT IS HIV PREP?

BACKGROUND - WHAT IS HIV PREP?

- PrEP means Pre-Exposure Prophylaxis
- PrEP is the use of anti-HIV medication that keeps HIV negative people from becoming infected
- PrEP is approved by the FDA and has been shown to be safe and effective
- PrEP is highly effective against HIV when taken every day
- PrEP can interfere with HIV's ability to copy itself in the body after a person has been exposed
- PrEP can prevent HIV from establishing an infection and making a person sick
- CDC recommends PrEP be considered for people who are HIV-negative and at substantial risk for HIV infection

Adapted from <http://www.whatisprep.org/> and <https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/pre-exposure-prophylaxis/>

Washington State Strategic HIV Prevention Framework

Washington State HIV Prevention Planning Group Recommendations

The Washington State HIV Prevention Planning Group (HPPG) recommends the Washington State Department of Health (DOH) use the following recommendations to develop and implement a Strategic HIV Prevention Plan (SHPP) that reduces new HIV infections by 25% in Washington State and by 50% in Seattle and the secondary urban areas by the end of 2016.

HIV Prevention Outcomes and Strategies

OUTCOME ONE: Suppress viral load in all persons living with HIV in Washington State

- A. Identify undiagnosed HIV infection
 - 1. Increase the availability, accessibility, quality and utilization of HIV testing
 - a. Promote routine opt-out HIV screening in health care settings
 - b. Promote targeted HIV screening in health care settings
 - c. Promote targeted HIV testing in community-based settings
 - d. Promote home-based HIV testing
 - 2. Create environments and contexts that support frequent and appropriate HIV testing
 - a. Promote strategies to better diagnose acute and early HIV infection
 - b. Promote strategies to decrease late HIV diagnosis
 - c. Address co-factors that create barriers to frequent HIV testing
 - 3. Assure health care providers and the health care delivery system provide HIV testing / screening as standard practice
 - a. Promote strategies that encourage providers to offer HIV testing



BACKGROUND – HIV STRATEGY FRAMEWORK AND ENDAIDSWA

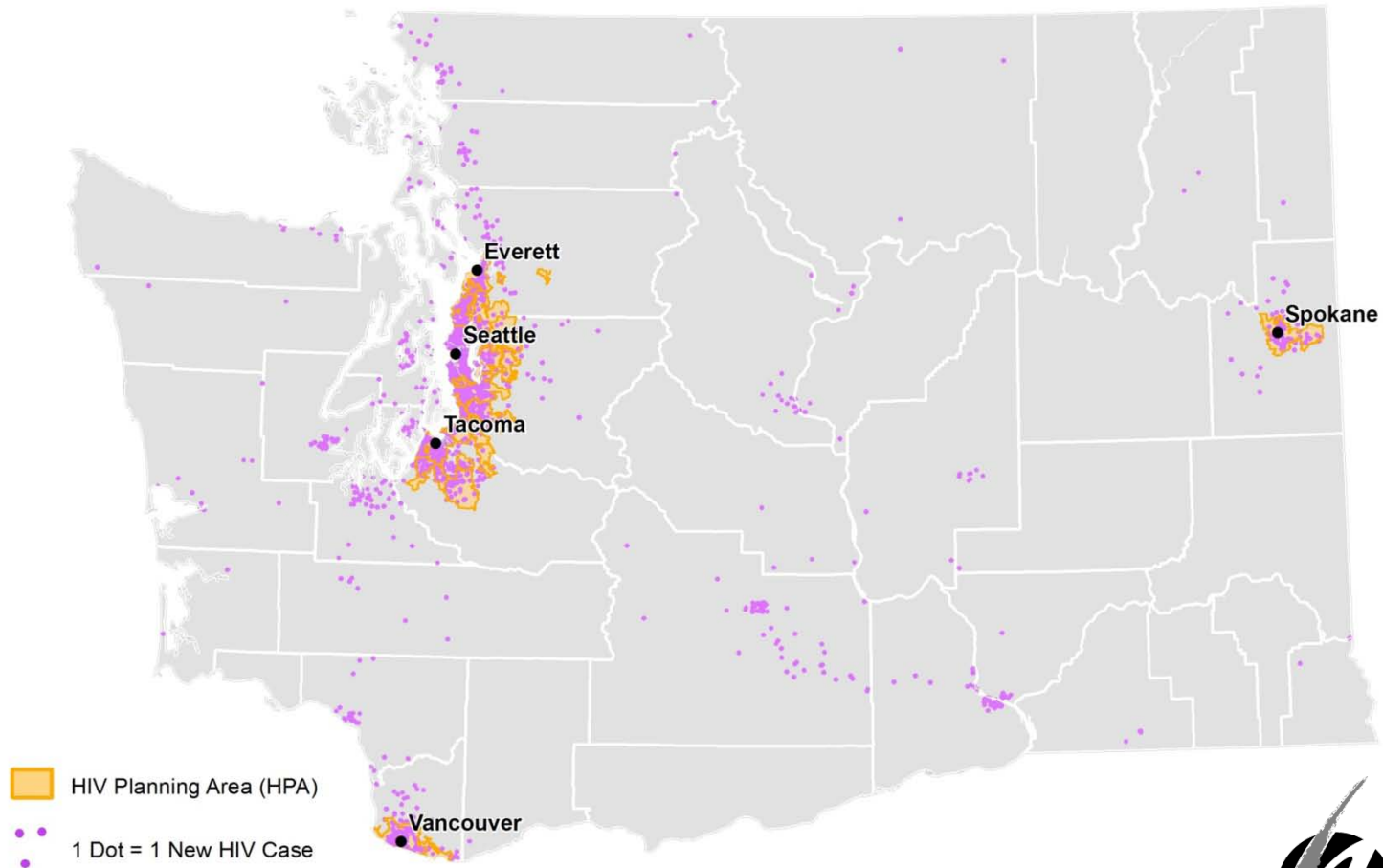
BACKGROUND – HIV STRATEGY FRAMEWORK

- In partnership with our state’s HIV Prevention Planning Group (2011-2013), we mapped outcomes that influence direct transmission of HIV. These outcomes include:
 - Suppressed viral load among all persons living with HIV
 - Decreased GC and syphilis among HIV positive persons and GBM*
 - **Increased use of PrEP among GBM***
 - Increased use of nPEP among GBM*
 - Increased use of condoms among GBM*
 - Increased use of clean needles / syringes among PWID*
- **PrEP awareness, engagement and utilization is key to reduce new HIV infections**

*In Seattle and secondary urban areas (Secondary urban areas = Everett, Kent, Renton, Shoreline, Spokane, Tacoma and Vancouver)

BACKGROUND – NEW HIV CASE DISTRIBUTION

Geographic Distribution of New HIV Cases, Washington State, 2009-2013 (n = 2,589)



Data reported to the Department of Health as of June 30, 2014.
Dots are randomized within Census Tracts to protect patient privacy.

BACKGROUND – END AIDS WASHINGTON

- HPSG first suggested the idea of an End AIDS Washington campaign in the summer 2014
- An HPSG campaign plan was created and pitched to governor who signed an End AIDS Washington proclamation on December 1, 2014
- **Goal is to reduce the rate of HIV in Washington State by 50% by 2020**
- The HPSG will create an action plan that builds on the existing HIV Strategy Framework that will be submitted to the governor by December, 2015
- The HIV Strategy Framework guides all current Office of Infectious Disease HIV prevention, care and treatment efforts



PREP: CURRENT AND EXPANSION EFFORTS

CURRENT EFFORTS - OVERALL

- Based on planning group recommendations, all current DOH-funded HIV programming connects to one or more of the 6 outcomes
- Our PrEP promotion approach includes activities aimed at increasing awareness, access and uptake of PrEP, primarily among high risk gay / bisexual men
- The approach is multi-faceted – community / individuals, healthcare, payers and public health
- 2014 focused on infrastructure and capacity building



PREP:
COMMUNITIES / INDIVIDUALS

CURRENT EFFORTS

- **Communities / Individuals**
 - Community mobilization
 - Community forums
 - Health insurance outreach and enrollment → increase access to and utilization of healthcare among gay / bisexual men

EXPANSION EFFORTS

- **Community / Individuals**
 - Scale up efforts to increase access to and utilization of healthcare among gay / bisexual men (community-based contractors)
 - Add multi-jurisdiction marketing / media PrEP promotion campaign for communities
 - Add navigation / care coordination services for PrEP users
 - Provide PrEP updates and trainings for DOH-funded prevention, medical case management and disease intervention specialist staff

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**PREP:
HEALTHCARE**



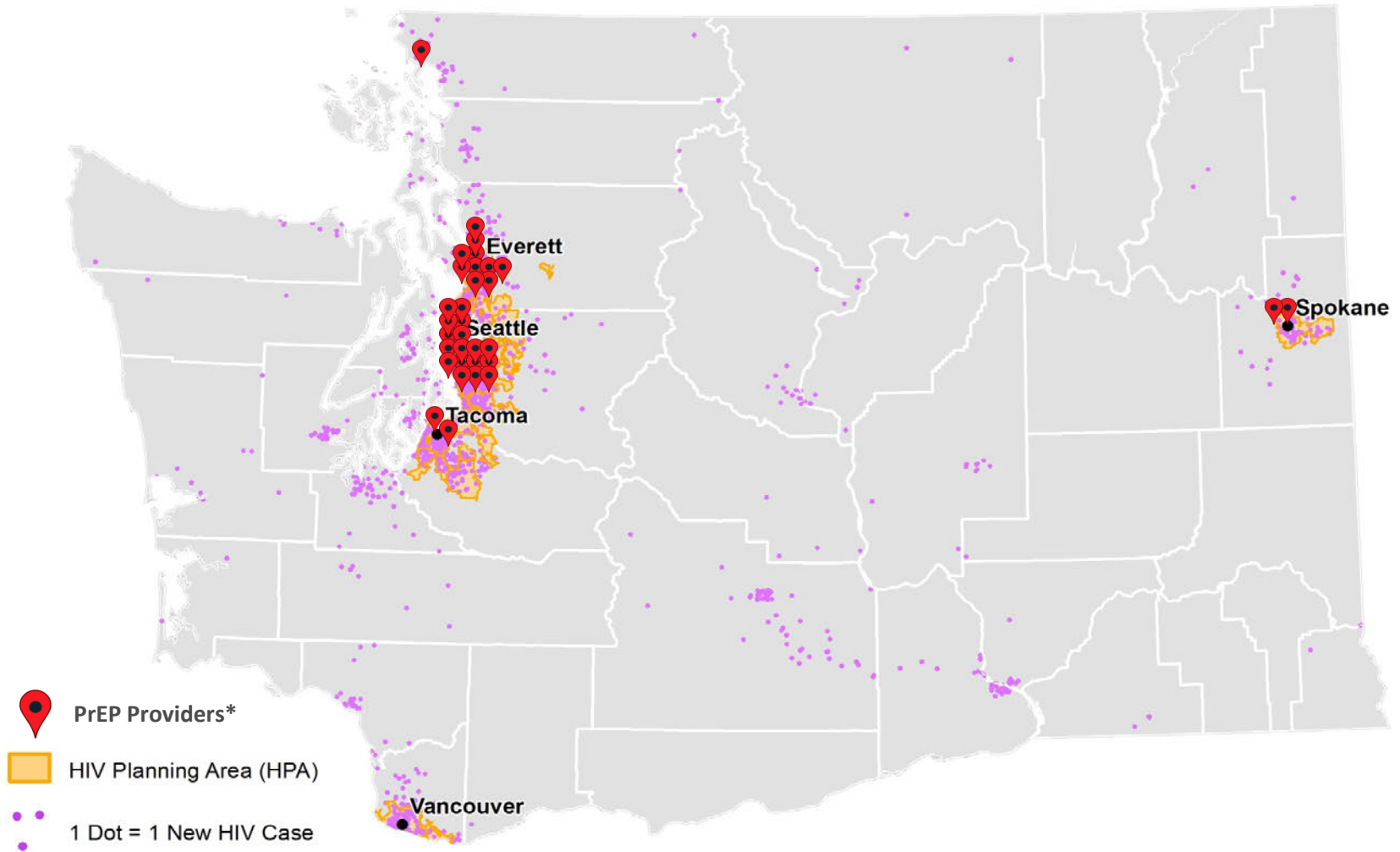
CURRENT EFFORTS

Healthcare

Identify and Strengthen Provider Capacity

- Identify and publicize local clinicians willing to prescribe and manage PrEP
- Host informal dinners for LGBT and ID providers
- Provide funding to Seattle-based doctor to support PrEP project at Gay City Health Project (GCHP)
- Provide information and non-fiscal support to other healthcare systems (e.g., guidelines, mentors)

Geographic Distribution of New HIV Cases, Washington State, 2009-2013 (n = 2,589) Identified PrEP Medical Providers



Data reported to the Department of Health as of June 30, 2014.
Dots are randomized within Census Tracts to protect patient privacy.

*PrEP providers who have expressed a willingness to screen for, prescribe, and monitor PrEP in high prevalence areas.

EXPANSION EFFORTS

- **Healthcare**
 - Add multi-jurisdiction marketing / media PrEP promotion campaign for providers
 - Work with AETC to increase provider awareness, knowledge and support for PrEP via HIV ECHO
 - Cultivate new partnerships with non-traditional partners to increase the accessibility of PrEP via pharmacies

EXPANSION EFFORTS

- **Healthcare (example of project)**
 - **Pharmacy Model (*One-Step PrEPsm*)**
 - **Kelley-Ross Pharmacy** – innovative model to increase the accessibility of PrEP for populations who don't currently have access through traditional means.
 - Collaborative practice agreements allow pharmacists to provide a full array of services including; assessment, counseling & education, screening, labs and dispense medications.
 - Same day service - qualified clients are able to leave the pharmacy with medications in hand.

Kelley-Ross Pharmacy (Seattle)

Email: prep@krrph.com

Website: <https://www.krrph.com/our-services/medications/prep/>

Phone: 206-324-6990

EXPANSION EFFORTS

- **Healthcare (example of project)**
 - Expand GCHP PrEP project to:
 - Provide PrEP as a “start up” clinic for individuals without insurance and / or primary care providers
 - Identify and cultivate other clinician champions
 - Identify and market GCHP PrEP “start up” clinic to providers who are willing to assume PrEP management after initial monitoring
 - Work with participants to enroll them in insurance and primary care
 - Streamline the GCHP PrEP process to leverage other resources

PREP:
PUBLIC HEALTH

CURRENT EFFORTS

- **Public Health**
 - DIS recommend PrEP for all gay / bisexual men diagnosed with syphilis and / or rectal GC (data are monitored – who’s eligible, who’s offered, who accepts, etc.)
 - Local health departments instituted local PrEP referral processes
 - Established PrEP clinic at Seattle STD clinic
 - Highly targeted for gay / bisexual men with syphilis and / or rectal GC
 - Funding covers medical, lab and drug costs

EXPANSION EFFORTS

- **Public Health**
 - Develop data collection system to monitor PrEP utilization (e.g., accessing and analyzing Medicaid and health plan data)

**PREP:
PAYERS**



CURRENT EFFORTS - PAYERS

Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP)

- Launched in April 2014 as a matter of program planning and development, rather than a legislative or agency initiative
- Collaborative effort between DOH HIV prevention and HIV care / treatment programs
- Built on the backbone of state's ADAP program – eligibility processing and pharmacy benefits management
- Funded exclusively with state general funds
- ~\$2M / year allocated for coverage of ~200 clients
- Coverage for Truvada®
 - Co-pay - \$496 (Jan 2015 & Feb 2015)
 - Full-pay - \$1367.95
- Program Staffing
 - 11 DOH staff tasked with some portion of PrEP DAP (2.6 FTE)

CURRENT EFFORTS - PAYERS

PrEP DAP Eligibility Criteria:

- Completed Application
- Legal Name Documentation
- WA State Residency Documentation
- Insurance Documentation
- Client Declared Risk Factor(s)
- HIV & Health Status Information Form
 - HIV-negative - Current Test Date
 - Provider Declared Risk Factor(s)

No income requirement but asking income for Medicaid option

No requirement to use PAP – Not eligible if using PAP

No requirements for routine medical visits (though strongly encouraged)

CURRENT EFFORTS - PAYERS

332 Applications Received

273 Active PrEP DAP Clients

41 Denied

18 Incomplete Applications

Gender:

- 7 are female (<3%)
- 264 are male (97%)
- 1 is other gender (<1%)
- 1 is Transgender (FtM) (<1%)

Insurance Status:

- 42 are uninsured (15%)
- 231 are insured (85%)

Ethnicity:

- 197 Non-Hispanic/Latino(a) (72%)
- 39 Hispanic/Latino(a) (15%)
- 37 No Answer (13%)

Race:

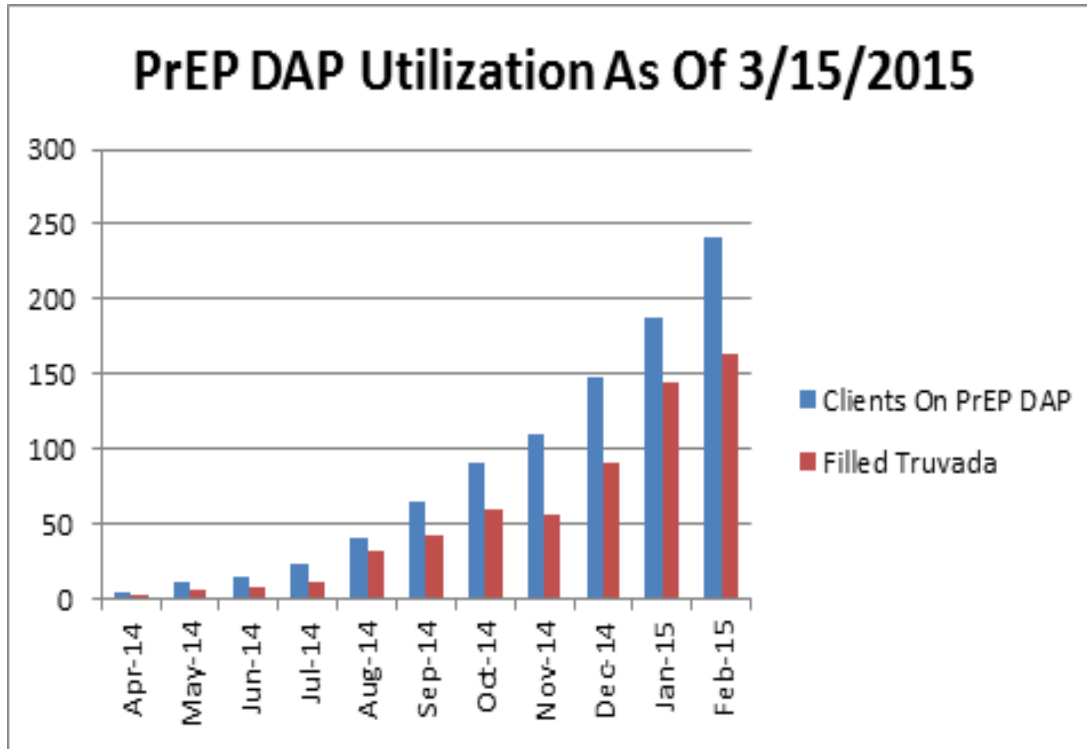
- 1 Alaskan Native/American Indian (<1%)
- 1 Native Hawaiian/Pacific Islander (<1%)
- 7 Other (2.5%)
- 7 Black/African American (2.5%)
- 13 Asian (4.8%)
- 15 Multi Race (5.5%)
- 18 No Answer (6.6%)
- 211 White/Caucasian (77.3%)

CURRENT EFFORTS - PAYERS

PrEP DAP: Risk Factors – Client Declared

- **27%** have sexual/drug sharing partner(s) who is HIV+
- **80%** identify as Gay/bisexual man or other man who engages in sexual activity and has one or more of the following conditions:
 - **26%** - Bacterial STI within the last year
 - **26%** - Exposure to an STI within the last year
 - **64%** - Ten or more partners within the last year
 - **3%** - used meth within the last year
 - **46%** - unprotected anal intercourse with partner of unknown hiv-1 status

CURRENT EFFORTS - PAYERS



Month/Yr	Clients Active	Clients Filling
4/2014	5	3
5/2014	11	6
6/2014	14	8
7/2014	24	11
8/2014	41	32
9/2014	64	43
10/2014	91	59
11/2014	109	56
12/2014	148	91
1/2015	188	144
2/2015	241	163
3/2015**	273	91

Costs* as of 3/15/2015

Drugs \$414,052.48

Contractor set up costs \$ 20,660

TOTAL \$434,712.48

*no DOH Staff costs included

**as of 3/15/2015

EXPANSION EFFORTS - PAYERS

- **Expanded PrEP DAP program to include premium payment assistance for uninsured during open enrollment for 2015**
 - Evergreen Health Insurance Program
 - 18 Clients
 - 8 – QHP
 - 3 – Individual
- Explore options for covering medical and lab costs
- Develop data system

AUDIENCE PARTICIPATION

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- What questions or comments do you have about this PrEP presentation? What would be helpful in a future presentation?
- What are other PrEP activities happening in Washington that were not mentioned?
- What is needed to scale up PrEP awareness and uptake among high-risk populations?
- What is your professional experience with PrEP that would be helpful for others to hear?
- Other PrEP questions or comments?

CONTACT INFORMATION

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