Access to PrEP in Plattsburgh, New York (CVPH Family Medicine)

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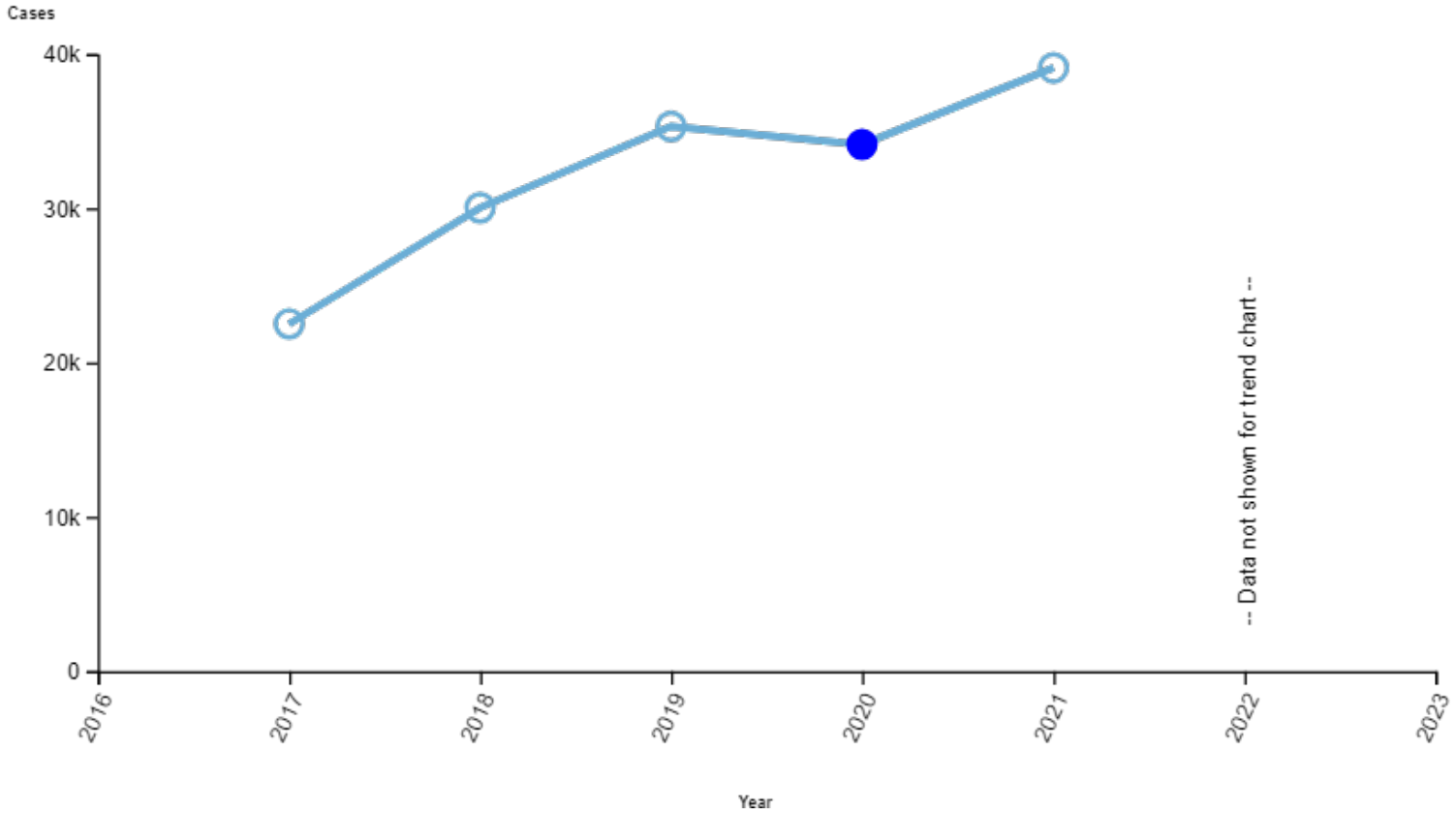
The Problem

- HIV pre-exposure prophylaxis (PrEP) refers to antiretroviral medication provided to HIV-negative patients to prevent HIV infection.[8]
- These medications are 99% effective at preventing HIV infection.[8]
- The CDC recommends telling all sexually active patients about PrEP and prescribing it to any patient that requests it and has no contraindications, regardless of risk assessment.[8]
- Patients who use IV drugs may also benefit from PrEP, though it is currently only recommended for patients who use IV drugs and have an injecting partner who is HIV-positive.[8]
- Fortunately, PrEP prescriptions are increasing in the state of New York (see chart on next slide).[9] but only 25% of patients for whom PrEP is appropriate receive a prescription.[3]
- AHEC Scholars Core Topic Areas addressed: Social Determinants of Health, Medical Practice Transformation, Current and Emerging Health Issues

PrEP coverage and number of persons prescribed | 2022 | Ages 13 years and older | All races/ethnicities | Both sexes | All transmission categories | New York



Footnotes: PrEP coverage includes 3 indicators – percent, cases, and population; see the second slide for definitions. To allow for comparison with other HIV indicators, data are presented for ≥13– and 13–24-year-olds, but represent ≥16– and 16–24-years-olds, respectively. Number prescribed are reported through December 2022. NA - Not Applicable.

HIV Prevention in Clinton County, NY

- The Clinton County Community Health Assessment 2022-2024 includes the "Prevention Agenda: New York State's Health Improvement Plan."[4]
  - Per this plan, Clinton County has a much lower HIV diagnosis rate than the state of New York (2.1 per 100,000 for Clinton County versus 11 per 100,000 for the state).
  - HIV remains a focus area in this plan.
- In a survey that asked about health challenges of greatest concern to the community, 1.57% of respondents identified sexually transmitted infections (including HIV) as one of these challenges.[4]
- Of note, one of the Health Assessment's priority areas for improvement over the next few years is health disparities.[4]

Public Health Cost

- Data for the cost of HIV by state is available from the year 2009. That year, 4,649 new cases were diagnosed in the state of New York. For these patients, the total lifetime treatment cost was calculated at $1.7 billion.[11]
- Estimating the cost averted by prevention efforts is more complicated. According to a 2022 publication by the HIV+Hepatitis Policy Institute,

  "We estimate that expanding PrEP could result in 74,540 person-years of HIV infections avoided over 10 years. The largest share of these person-years would be for MSM, at approximately 72%. Assuming annual HIV treatment costs of $28,950 per person per year in 2019 dollars, or $30,510 in 2021 dollars (Bingham et al. 2021), results suggest medical cost savings from avoided HIV treatment of more than $2.27 billion over 10 years."[1,2]

Community Perspective

Interviews were conducted with two stakeholders in the CVPH Family Medicine/Plattsburgh community. Though the statistics provided in the Community Health Assessment indicate that Clinton County is doing very well in terms of HIV diagnoses, these interviews provided valuable perspective on the need for continued progress.

Dr. Nihit Mehta, DO, Family Medicine resident (PGY-3)

- "For us from the primary care setting in a residency clinic, it's a little bit more difficult [to prescribe PrEP]. The reason I say that is because not everyone does it or is as familiar with it. For instance […] the patients that are started on PrEP therapy need to be coming back every few months doing lab testing, doing refills and those kinds of things. It makes it a little bit more challenging. If I start to do it in the primary care setting and someone is covering my patients on a call or something, they might not be as aware of it. That puts them at a disadvantage, so that's one of the biggest barriers I think for me personally."

Dr. Keith Collins, MD, attending physician in Infectious Disease

- "The thing that I've noticed is that patients will come to their providers and ask for PrEP that are really in tune with things but that's not everybody. Not everybody who should get PrEP is in tune with the fact that they should get it. What I find is that a lot of the providers don't think about PrEP."
- "I think the single biggest impediment is people don't think about it. They have so many demands on them. But I would argue that this one actually should take some precedence because it makes such a big difference. […] Of all the things on the screen, that should be on there too."

Intervention

EHR Tools

A recent editorial in *American Family Physician* identified electronic health record (EHR) tools as a way to facilitate PrEP prescribing and improve awareness and access.[12] Tools were created that could be used in patient after-visit communication and in the assessment and plan section of provider notes.

Presentation

A series of Epic smartphrases was developed and presented at a didactic session attended by CVPH's Family Medicine residents. A resident and an attending were added as editors of these phrases to facilitate updates as needed if recommendations change over time.

Distribution

The smartphrases were shared with the clinic's providers via Epic. They were also displayed in a table that was distributed throughout the CVPH Family Medicine office. It was hung on bulletin boards that are used for practice guidelines and other information that is regularly referred to in the clinic.

Results

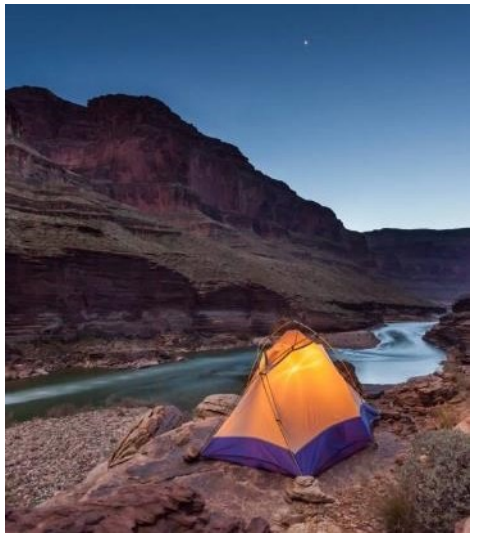
- The intervention was well-received among Family Medicine residents and attendings.
- The results of the intervention could be assessed with a survey asking providers how often they have used the smartphrases and how often they are prescribing (or referring patients for) PrEP initiation.
- Dr. Keith Collins (one of the interviewees above) receives most of the referrals to Infectious Disease for PrEP and other HIV-related care. Another possible measure of the effectiveness of this intervention is the number of referrals he receives after its implementation.

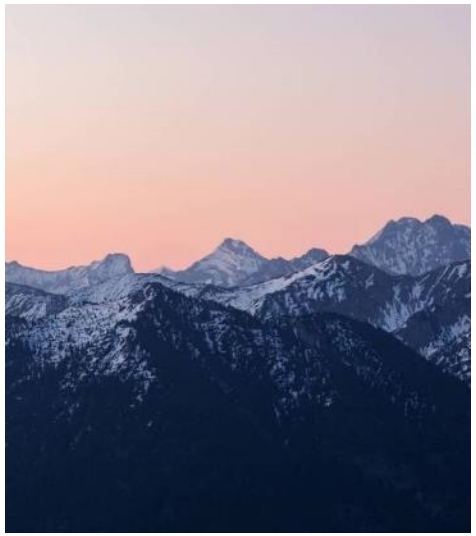
Effectiveness/Limitations

- Although the goal of the intervention is to increase patient and provider awareness of PrEP, it is unlikely to improve how comfortable providers feel prescribing these medications. There is a limited number of Infectious Disease physicians available in the area to prescribe them.
- There is limited time in each visit for providers to address all areas of the patient's history (such as the sexual history) and assess their risk for HIV. Though this intervention aims to make it easier to educate patients about PrEP with EHR tools, it does not decrease the amount of time needed for risk assessment.
- There is limited time available in the clinic schedule, which can be a barrier for regular follow up. Follow up is recommended every 3 months for patients on PrEP.

Future Directions

- As providers begin to use the tools provided through this intervention, they may identify other tools that could be helpful and add HIV screening/PrEP discussions to their own note templates.
- A survey could be conducted to assess use of these tools and PrEP prescribing.
- Collaboration with partners in the area (e.g. Planned Parenthood, the New York State Department of Health) could improve patient access to PrEP throughout Clinton County. (These organizations were contacted for this project but were not able to be interviewed within the time frame for this intervention.)





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