



Utilizing Emergency Departments for Pre-Exposure Prophylaxis (PrEP)

Presenters:

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CONFLICT OF INTEREST DISCLOSURE

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Mandy Hill discloses the following:

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CONCEPT PREMISE



- ❑ HIV incidence and prevalence rates in emergency departments around the nation warrant strategies to protect and sustain an HIV negative status of sexually active community members who are at-risk for HIV.



Viability of the ED as a PrEP access point



- ❑ 131 million emergency department visits nationwide in 2011.
- ❑ The sole source of healthcare for many.
 - ❑ 38% of ED patients report no access to primary care.
- ❑ Emergency Departments have:
 - ❑ Large patient volumes
 - ❑ Long wait times for non-emergent conditions
 - ❑ Ability to care for underserved populations
 - ❑ Potential to engage more actively with linking patients public health interventions that offer linkages to preventative and primary care services.



WHY THE EMERGENCY DEPARTMENT?

- ❑ The emergency department (ED) is the great equalizer.
- ❑ The ED visit presents a rare opportunity to serve as a vehicle for connecting pre-exposure prophylaxis (PrEP)-eligible patients with clinical settings that are knowledgeable and well-informed about PrEP.



CONCEPTUAL GOALS



- ❑ Educate emergency medicine providers and partners on the societal risk posed when patients are not engaged in HIV prevention services, particularly PrEP, during the ED visit.
- ❑ Assess and gauge plausibility and acceptability of a stronger integration between PrEP uptake as a public health prevention practice within clinical care cascade of an ED visit.

HIV Epidemic in the United States



Fast Track Cities

- A global partnership
- Heavily focused on the 90-90-90 targets
- Grounded in Data Transparency

Fast Track Cities in the US		
Atlanta, GA	Denver, CO	Providence, RI
Austin, TX	Durham, NC	San Antonio, TX
Baltimore, MD	Houston, TX	San Francisco, CA
Baton Rouge, LA	Miami, FL	St. Louis, MO
Birmingham, AL	Minneapolis, MN	Washington, DC
Boston, TX	Nevada	
Charleston, NC	New York City, NY	
Chicago, IL	New Orleans, LA	
Columbia, MD	Oakland, CA	
Dallas, TX	Phoenix, AZ	

90% of people living with HIV knowing their HIV status

90% of people who know their HIV-positive status on treatment

90% of people on treatment with suppressed viral loads

National End the HIV Epidemic Goals



- ❑ Fast Track Cities are committed to the End the HIV Epidemic plan with aims to achieve 90-90-90 by 2030.
- ❑ The 2020 National HIV/AIDS Strategy updated their call to reduce new HIV cases in three ways:
 - ❑ Increase access to care and improved health outcomes for people living with HIV.
 - ❑ Reduce HIV-related health disparities
 - ❑ Achieve a more coordinated national response to the HIV epidemic.
- ❑ Integrating PrEP access is a key way to achieve these goal. But how?

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Recent research on HIV prevalence in local ED



- ❑ The racial and sex epidemiology of HIV within an HIV screening program in the ED located in Harris County of Houston, Texas , the largest and most diverse county in the US, revealed that African American females had the largest disparity between the population tested and those who tested positive for HIV.

Reference: Hill, M.J., Cardenas-Turanzas, M, Prater, S., Campbell, J.W., McNeese, M. , *Racial and sex disparities in HIV screening outcomes within emergency departments of Harris County, Texas. . JACEP Open*, 2020: p. 1-8.

Priority populations in PrEP clinical trials



- Men who have sex with men (MSM) and transgender women
 - Descovy – a PrEP option for people who are biologically male – limited to only cisgender men and transgender women
- People who inject drugs
- Heterosexual men
- Women at high risk for HIV

High-risk defined



- CDC clinical practice guidelines for PrEP use, as determined by an individual being at 'high risk' for HIV:
 - HIV-positive sexual partner
 - Recent bacterial STI,
 - High number of sex partners
 - History of inconsistent or no condom use
 - Commercial sex work".
 - In a "high HIV prevalence area or network"
 - PWID who have an "HIV-positive injecting partner" and/or "sharing injection equipment"

Reference: Centers for Disease Control and Prevention. Preexposure prophylaxis for the prevention of HIV infection in the United States - 2017 update: a clinical practice guideline.

United States - 2017 update: a clinical practice guideline.

<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>. Published 2018.

Trends of PrEP use



- ❑ 71.1% Men who have sex with men (MSM)
 - ❑ MSM lead the nation in new diagnoses and account for 69% of new HIV diagnoses in the US.

- ❑ 43.7% African American

Changes in PrEP use during COVID-19



PrEP users (n = 409), received a survey link via social media.

Before the pandemic:

- 95.3% of PrEP users took the medication on a daily basis
- 4.7% on an event-driven basis

During the pandemic:

- PrEP use stopped completely in an overall 32% after shelter-in-place orders were issued.
- 3.4% altered their schedules by taking PrEP on every other day or stopping and restarting the preventive treatment.
- Those who stopped taking PrEP did so by choice due to ceasing of risky behaviors (88.6%) or because they lost access (8.3%).

References: Shaw, M. PrEP Use Has Changed Following Implementation of Social Distancing Measures. July 13, 2020.
<https://www.ajmc.com/view/prep-use-has-changed-following-implementation-of-social-distancing-measures>

The Gap



A discrepancy remains between:

- Those that need PrEP
- Those who receive PrEP

Atypical strategies to bridge PrEP access to at-risk populations warrant utilization of the emergency department setting.

Strategies to incorporate PrEP into the ED visit



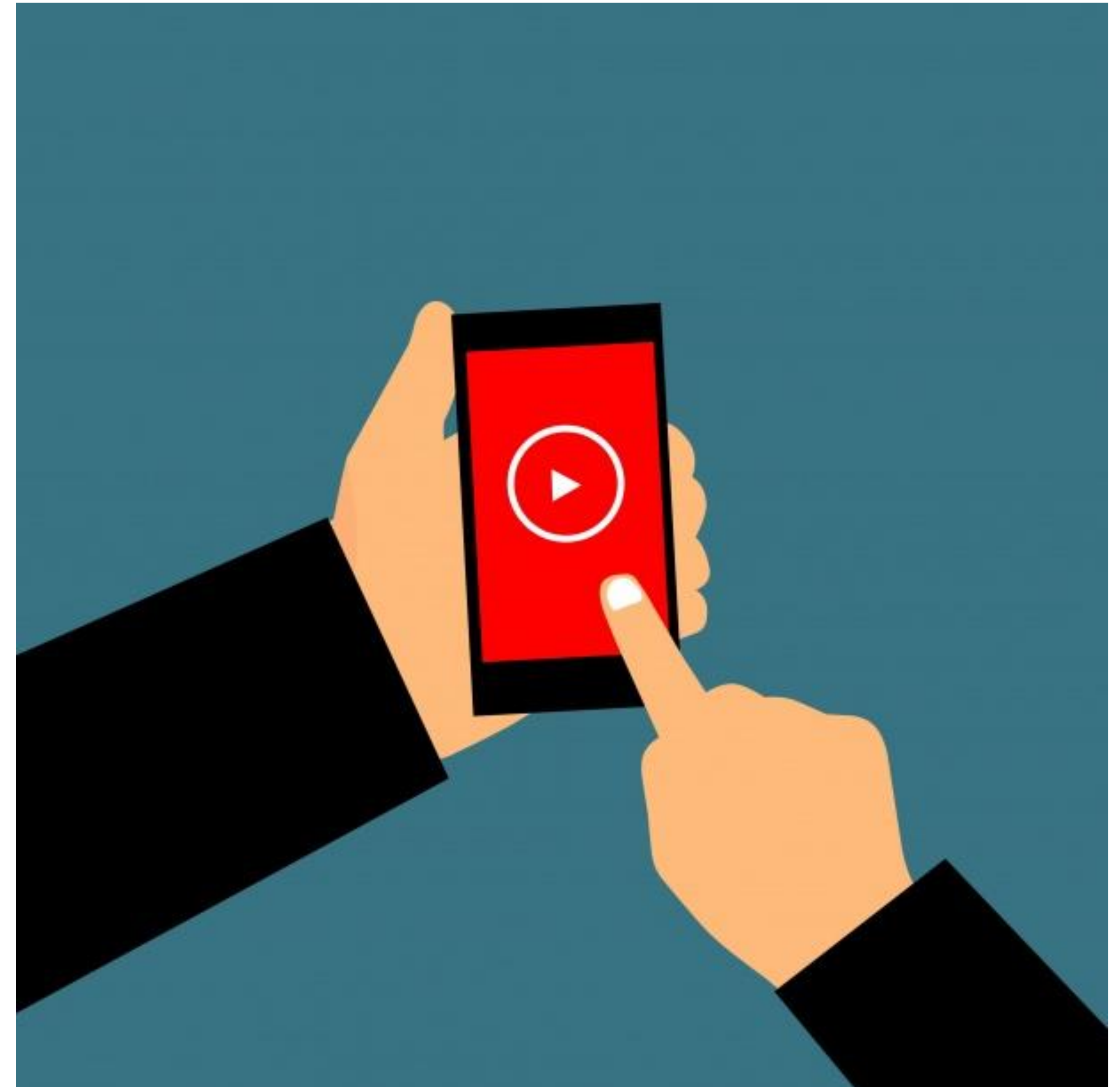
- ❑ A review of current implementation methods that could be adapted to include PrEP.
- ❑ Implement behavioral interventions linking ED patients to PrEP services.
 - ❑ Example: iPrEP intervention (PI: Hill)
 - ❑ Reference: Hill, M., Flash, C., Heads, A. Cardenas-Turanzas, M., and Grimes, R. 2020. PrEP education and awareness building through an intervention for African-Americans reporting both condomless sex and substance use during an emergency department visit. *Journal of AIDS Clinical Research and STDs*, 7 (028) DOI: 10.24966/ACRS-7370/100028
 - ❑ Example: PrEP referrals via an electronic risk score that was integrated into the electronic health record (Ridgeway et al., 2018)
 - ❑ Reference: Ridgway JP, Almirol EA, Bender A, et al. Which Patients in the Emergency Department Should Receive Preexposure Prophylaxis? Implementation of a Predictive Analytics Approach. *AIDS Patient Care STDS*. 2018;32(5):202-207. doi:10.1089/apc.2018.0011
- ❑ Address barriers to PrEP administration among healthcare providers.

FUTURE IMPLICATIONS

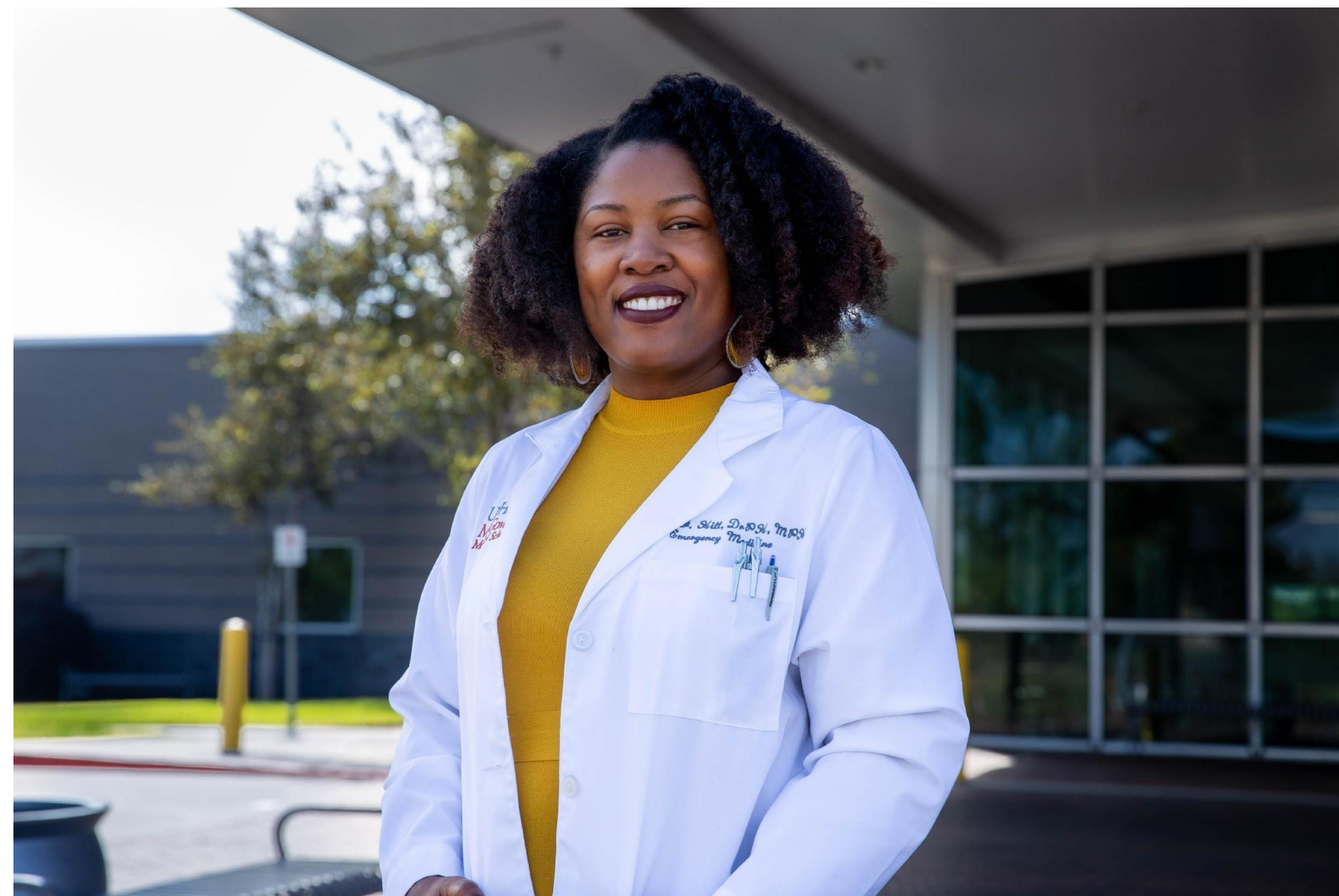


□ This concept can lead to:

- New approaches to disseminating information on PrEP and sexual wellness to an often 'missed' population.
- Use of innovative and effective intervention strategies to link PrEP-eligible patients to PrEP services.



Q&A



Stay in touch with Dr. Hill on Twitter or via email

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