



NATIONAL LGBT HEALTH
EDUCATION CENTER

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Bringing in New Settings and Workforce for PrEP Delivery: PrEP ...in Pharmacies and Other Models...



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Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy



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The National LGBT 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.

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at Your Health Center:
From Planning to Implementation

SEPTEMBER 2018



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Today's Faculty

Rupa Patel, MD

Founder and Director of the PrEP Program at Washington University in St. Louis's School of Medicine

Disclosure

Neither presenter has financial conflicts of interest.

Objectives

- Understand pharmacy-based PrEP service delivery
- Identify challenges in implementing pharmacy-based PrEP

Implementing care for the next generation of products

PRE-CLINICAL	PHASE I	PHASE III/IIIb	DELIVERY SYSTEM	ACTIVE DRUG
IPCP NIAD IPM ViiV CDC ViiV/Pfizer PBS 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 Phosphate buffered saline Enema fast-dissolve insert Intrauterine device Vaginal tablet Rectal gel Long-acting injectable Micro-array patch Nano-fiber Subcutaneous injection Diaphragm Implant	TFV Tenofovir BRABs Broadly neutralizing antibody TFP Tenofovir disoproxil fumarate TAI Tenofovir Alafenamide TFV/FTC Tenofovir/ emtricitabine TFV/FTC Tenofovir disoproxil fumarate/ emtricitabine ERG Efavirenz 1005 PC-1005 MVA Maraviroc PR Prapritin NK-659 NK-659 AZ Acyclovir-Zovirax Y013 SPL7013-VivGel A9 Ascorbic acid B4 Botulinic acid DAR Darunavir DAP Dapivirine GBF Gintilisin 03 03030 (BMS793) IMP IMP-0528 SP12 SP12-BNABs 744 Cabotegravir/ GSAR 744 MAB Monoclonal antibody MK-2506 MK-2506 TFV/FTC Tenofovir disoproxil fumarate/ emtricitabine Fg Ferrus gluconate PPA Polyanion-Polycarboxylic acid Levi Levonorgestrel Et Ethinyl estradiol DOB1 Different drugs being investigated
Multipurpose Prevention Technologies (MPTs) Auritec CONRAD CONRAD Pop Council PATV/Pop Council Star Pharma SRI Int'l University of Louisville CONRAD/PATV/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>



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

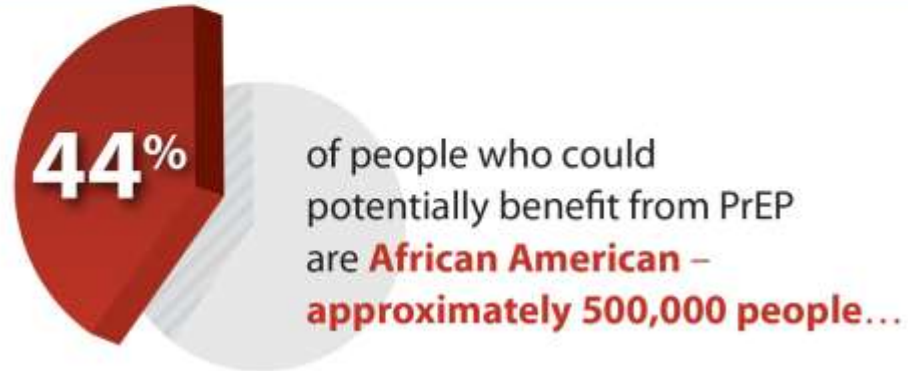
Notes: PrEP=pre-exposure prophylaxis; data for "other race/ethnicity" are not shown



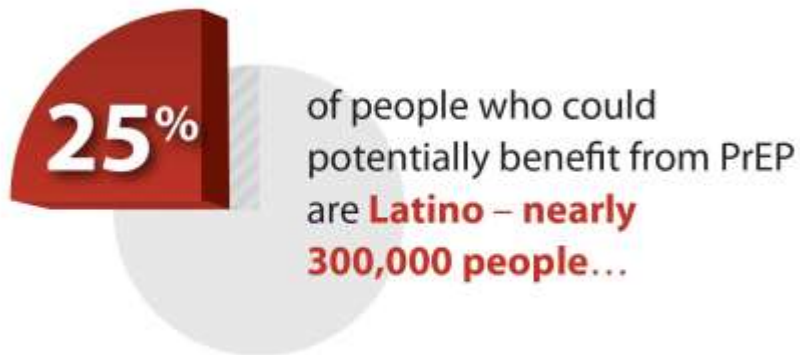
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

https://www.cdc.gov/nchhstp/newsroom/images/2018/hiv/PrEP-table_highres.jpg

HIV prevention pill is not reaching most who could potentially benefit – especially African Americans and Latinos



...but only **1%** of those – **7,000 African Americans** – were prescribed PrEP*



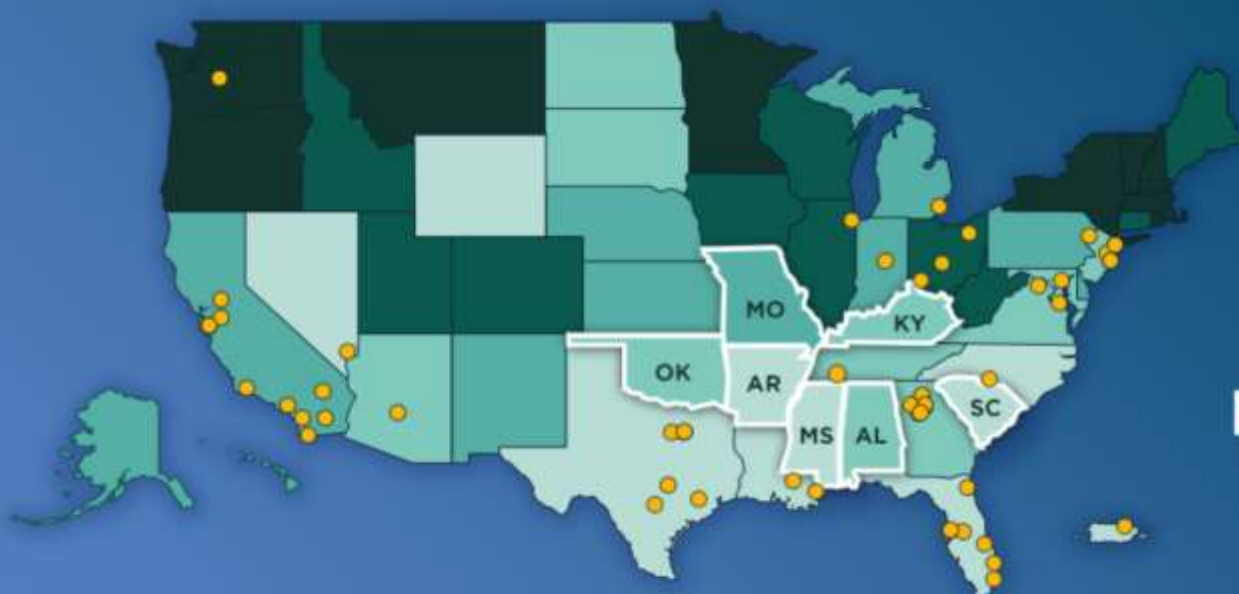
...but only **3%** of those – **7,600 Latinos** – were prescribed PrEP*



*Prescription data in this analysis limited to those filled at retail pharmacies or mail order services from September 2015 – August 2016; racial and ethnic information not available for one-third of the prescription data

Ending the HIV Epidemic: A Plan for America

48 Highest Burden Counties + DC + San Juan + 7 States with Substantial Rural HIV Burden



Most of the **48 counties** fall in states with a **high unmet need for PrEP.**

Here, the **PrEP-to-Need Ratio (PnR)** is the ratio of the number of PrEP users in 2017 to the number of people newly diagnosed with HIV in 2016. States in the bottom two quintiles were considered to have high unmet need for PrEP.

AIDSVU.ORG

SOURCE: U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

AIDSVU 

Introduction to PrEP Care

- Minimum PrEP care requirements:
 - Intake visit and testing
 - Prescription by prescribing provider (optimize task shifting here)
 - Follow-up visits and testing (optimize task shifting and settings here)
(Centers for Disease Control and Prevention [CDC] guidelines every 3 months)
- PrEP prescription filled at a pharmacy paid for by:
 - Public insurance (Medicaid/Medicare)
 - Commercial insurance
 - Manufacturer drug assistance and foundation programs

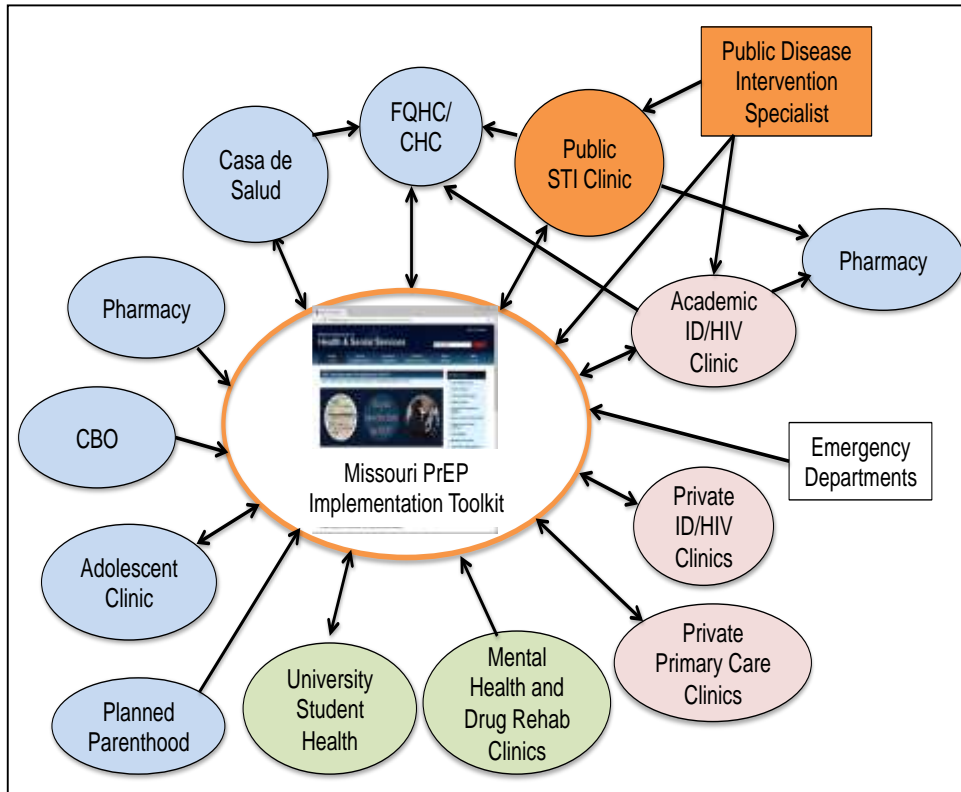
Preexposure prophylaxis for the prevention of HIV infection – 2014: A clinical practice guideline.
Available at: <https://stacks.cdc.gov/view/cdc/23109>

Centers for Disease Control and Prevention. Pharmacy-Based Preexposure Prophylaxis for the Prevention of HIV: Innovative Service Delivery Models. Webinar presented on June 22, 2017.

Pharmacies in the USA

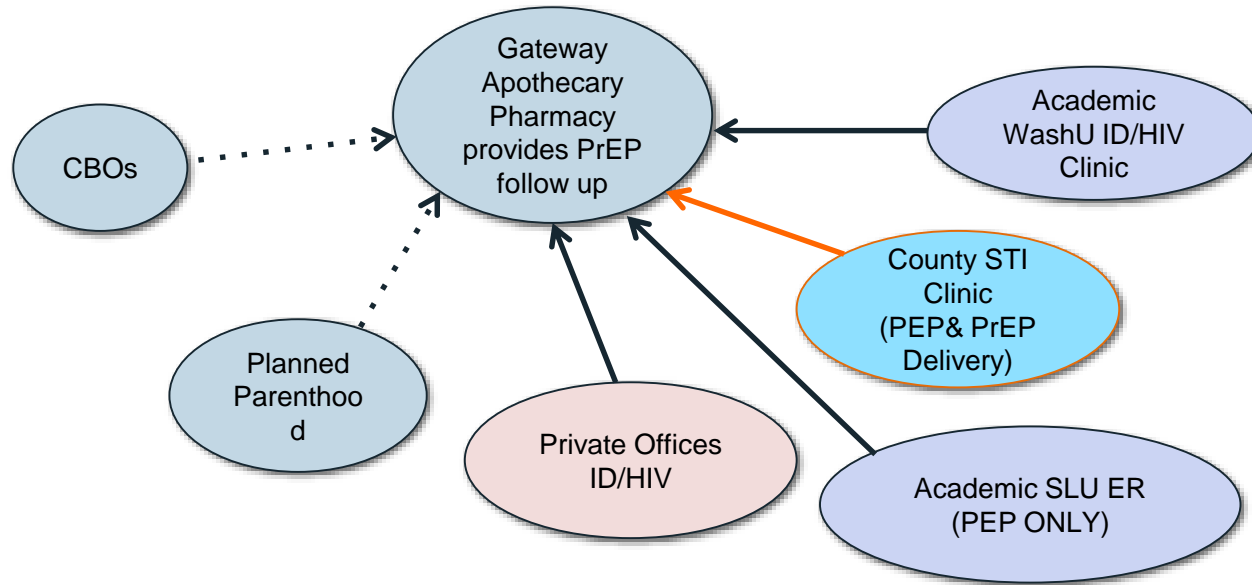
- There are 67,753 estimated pharmacies in the USA in 2015 (Qato et al. PLOS One 2017)
 - Community pharmacies increased by 6.3% from 63,752 (2007) to 67,753 (2015)
 - **Retail chain 40%**
 - **Independent pharmacies 35%**
 - Food store 10%
 - Clinic-based 3%
 - Government <1
 - Mass retailer 12%
- Majority of pharmacy types allow for services access to individuals (except mass retailer)
- MISSED OPPORTUNITY to reach individuals and deliver services

Pharmacies and pharmacists' roles in the PrEP health care system



Coordinated inter-organizational collaboration to address the PrEP Continuum of Care

Pharmacy-Based PrEP Generates Access Points for Uninsured/Underinsured in St. Louis



In Missouri, this model has allowed clinics that cannot initiate PrEP services currently (e.g. staffing, costs, etc.) to initiate PrEP at their clinic and then allow PrEP users to follow up at the pharmacy for office visits, labs, and other related services.

Traditional vs. Clinical Pharmacist Provider in Pharmacies

- **Traditional: Provider is nurse practitioner (NP) or physician assistant (PA)**
 - Performs initial medical consultation and follow up in the pharmacy
 - Requires a collaborative agreement between NP/PA and MD
 - Seen in retail pharmacies
 - Chronic care (Diabetes, Hypertension), HIV treatment, PEP, Vaccination
 - PrEP services in retail pharmacies
- **Clinical Pharmacist: Provider is a clinical pharmacist**
 - Responsible for initial (Washington State) and follow up medical consultations depending upon state laws
 - Requires a collaborative agreement between pharmacist and MD
 - Chronic care (Diabetes, Hypertension), HIV treatment, PEP, Vaccination
 - PrEP services in both retail and independent pharmacies

Centers for Disease Control and Prevention. Pharmacy-Based Preexposure Prophylaxis for the Prevention of HIV: Innovative Service Delivery Models. Webinar presented on June 22, 2017.

Advantages of a Pharmacy Care Setting and for Pharmacists as Providers

- *Potentially less stigmatizing than other locations*
- *Convenience with extended hours (weekend/evenings)*
- *Convenience as one-stop shop (food, meds, other)*
- *Convenience as location (in the neighborhood)*
- Insurance billing and/or flat rate fee for service that meets the willingness to pay for PrEP seekers (Tung et al. CROI 2017)
- *Pharmacists' existing knowledge* regarding medication adherence counseling
- Pharmacists and staff are experienced with drug assistance paperwork
- Collaborative agreements can be made by providers in any setting
 - Can foster public-private partnerships
- Existing models support recouping start-up costs within a reasonable time (Seattle; Tung et al. CROI 2017)
- Existing models support high PrEP user retention (Seattle; Tung et al. CROI 2017)

Patel RR et al. Reduced stigma in pharmacies for PrEP services among Black MSM. IAPAC oral presentation. Miami, Florida. June 2018.

Tung E, Thomas A, Eichner, A, et al. Feasibility of a pharmacist-run HIV PrEP clinic in a community pharmacy setting [961]. Oral presentation at: the Conference on Retroviruses and Opportunistic Infections; 2017; Seattle, Washington.

The Required/Recommended Tools for the Pharmacy-Based Model of PrEP with a Clinical Pharmacist Provider

1. Legal authority for a pharmacist to implement PrEP services
 - Designating a medical doctor
 - Collaborative Practice Agreement
 - Practice protocol
2. Trained and willing pharmacy staff
 - Medication dispensing, refill tracking, medication adherence counseling,
 - Insurance, prior authorization, patient assistance paperwork
 - Sexual history, injection drug use history, risk-reduction counseling
 - Referral system for mental health, substance use, social services
 - Labs/phlebotomy - may require additional staff or licensing
3. Adequate physical space – privacy, counseling, lab testing and processing
4. Medical Test Site Certificate for laboratory testing (recommended)
 - Clinical Laboratory Improvement Amendments (CLIA)-waiver

Collaborative Agreements

- Collaborative Practice Agreement (CPA)
 - “between one or more physicians and pharmacists wherein qualified **pharmacists working within the context of a defined protocol are permitted to assume professional responsibility** for performing patient assessments; ordering drug therapy-related laboratory tests; administering drugs; and selecting, initiating, monitoring, continuing, and adjusting drug regimens”
 - Encompass initiation and continuation of PrEP by a pharmacist based on state regulations
 - PrEP protocols are a type of CPA
- Collaborative Drug Therapy Management (CDTM)
 - “legislation to allow **pharmacists to participate in patient drug therapy management through collaborative arrangements** with physicians and other health care providers”
 - CDTM is a type of CPA which pertains to drug therapy management

Centers for Disease Control and Prevention. State Law Fact Sheet: Select Features of State Pharmacist Collaborative Practice Laws. 2012. Available at: https://www.cdc.gov/dhdsdp/pubs/docs/pharmacist_state_law.pdf

ABC's of CPAs

- Use a simple medical protocol for follow up PrEP care that is used in the clinic
- May require lawyers from the 2 institutions since it is a contract
- Obtain sample templates and adapt to your setting

Map of CPA Laws by State

- Note heterogeneity of CPA laws in the United States

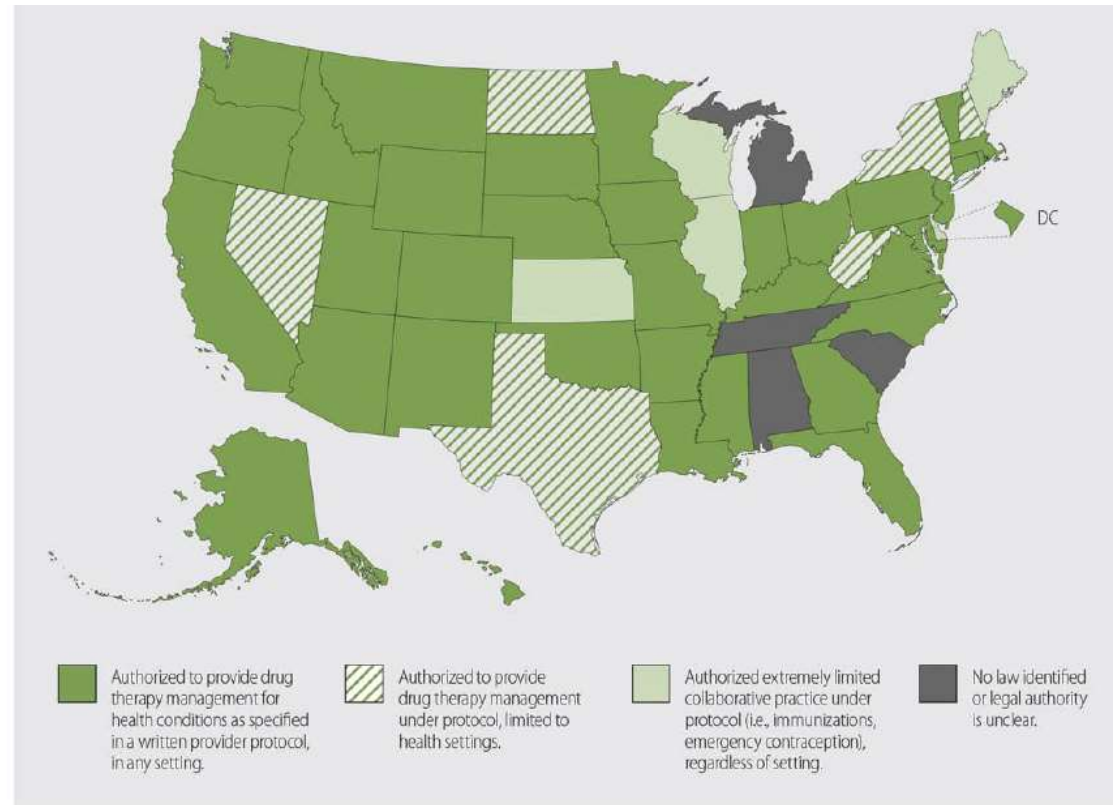


Figure: Map of States with Laws Authorizing Pharmacist Collaborative Practice Agreements, 2012

Centers for Disease Control and Prevention. State Law Fact Sheet: Select Features of State Pharmacist Collaborative Practice Laws. 2012. Available at: https://www.cdc.gov/dhds/pubs/docs/pharmacist_state_law.pdf

Washington University in St. Louis – Gateway Apothecary Collaboration for PrEP Delivery in St. Louis, Missouri



Other pharmacy-based PrEP models:

- One-Step PrEP® at Kelley-Ross Pharmacy in Seattle, WA (Elyse Tung, PharmD)
- Scales Pharmacy in Denver, CO (Dan Scales, PharmD)
- Roseman University of Health Sciences in Las Vegas, NV (Christina Madison, PharmD)
- University of New Mexico Truman Health Sciences in Albuquerque, NM (Keenan Ryan, PharmD)

Centers for Disease Control and Prevention. Pharmacy-Based Preexposure Prophylaxis for the Prevention of HIV: Innovative Service Delivery Models. Webinar presented on June 22, 2017.

- Gateway Apothecary is an independent (non-retail) community pharmacy
- **LOCATION:** near a metro and bus stop
- **SERVICES:**
 - PrEP Clinic (Same Day PrEP)
 - Free Home Delivery
 - Medication Therapy Management
 - Specialty Pharmacy Services (AAHIVP certified staff)
 - Extended hours: evenings and weekends
 - Injection Services
 - Onsite free rapid HIV and Hepatitis C testing
 - Located in a zip code with substantial HIV incidence
 - Strip Packaging – Blister Packaging
 - Reminder Calls – Refill Medications
 - Interpreter Services
 - Medication Patient Assistance Programs
 - Home Visits
 - Community Education Sessions

Choose elements of a pharmacy that can promote ease of care and access

Gateway Apothecary PrEP Services

- Program created in December 2016
- Protocol and CDTM (between medical doctor and pharmacist) are based on the CDC PrEP Clinical Guidelines (2014)
- **Physician role:**
 - Initial visit, determine PrEP eligibility, prescribe, and referral to pharmacy
 - Initial visit must occur in the physician office for CPA in Missouri
- **Pharmacist role:**
 - Conduct all follow-up visits, refill medications, counseling
 - Perform paperwork, dispense PrEP, monitor refills (can identify clients who do not refill on time), notify physicians, perform HIV rapid testing, and STI treatment
- **Nurse role (unique to Gateway Apothecary):**
 - Follow-up history, draws labs and uses i-STAT handheld machine (CLIA-waived) to process results, and offers counseling (risk reduction) and referrals (mental health, substance use, STI testing)

Gateway Apothecary PrEP Services

Private room to provide PrEP care



Point-of-care (POC) creatinine (Cr) test device to assess kidney function

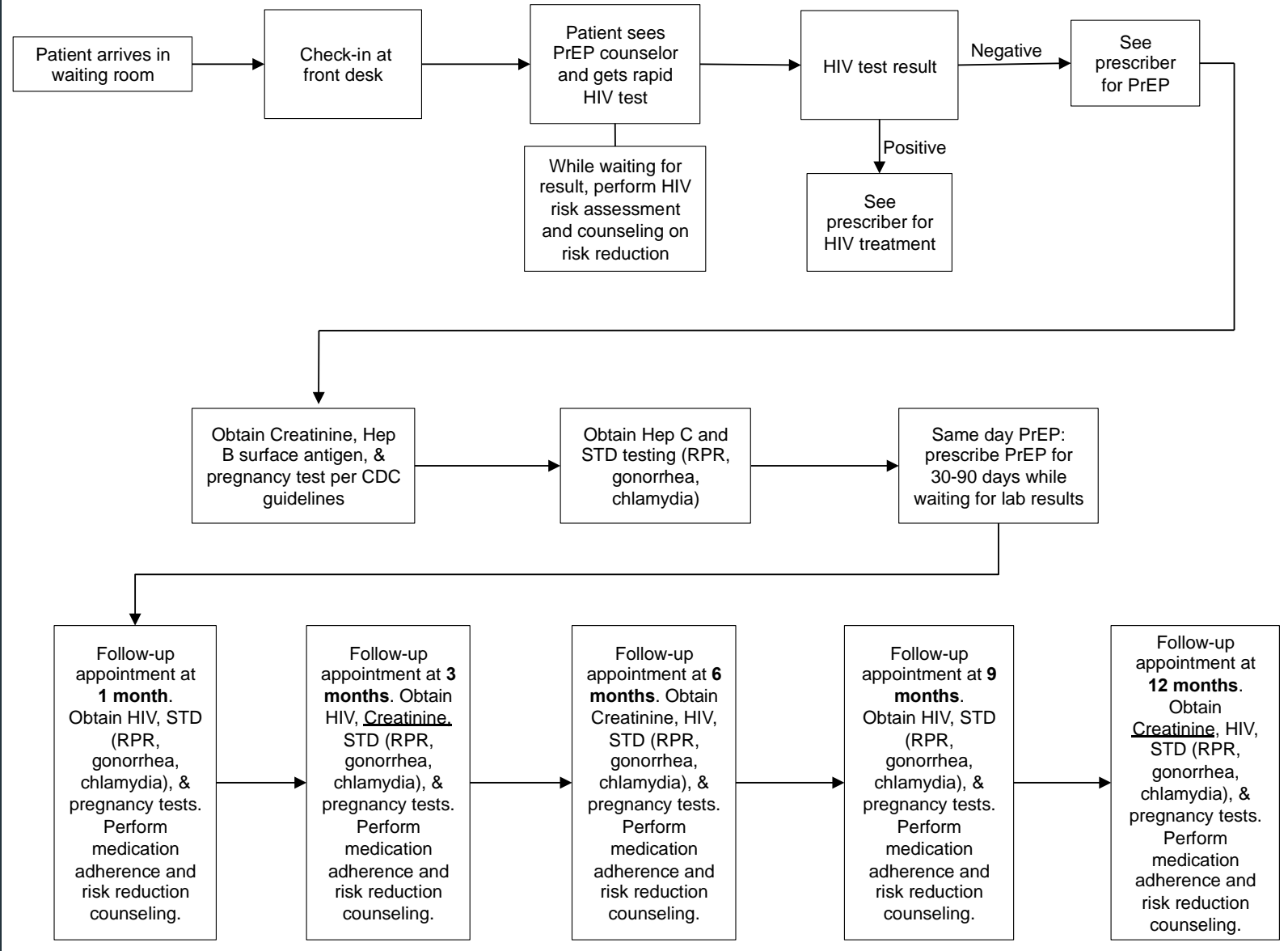


PrEP Follow-up Form

- PrEP follow-up form aids in the efficiency of clinic flow
- Scanned into the PrEP user's chart at the doctor's office
- Main components:
 - STI symptoms
 - PrEP adherence and side effects
 - Drug use history
 - Sexual history
 - Mental health assessment
- Any issues arising are communicated with the doctor and Wash U clinic staff

Date _____ Patient Name _____	
PrEP Patient Follow-Up	
Sexually Transmitted Diseases Symptoms Do you have any rectal, penile, or vaginal discharge, ulcers, or rashes right now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PrEP Use/Symptoms How many pills did you miss in the last 7 days? _____ How many pills did you miss in the last 90 days? _____	Since your last visit, have you experienced: <input type="checkbox"/> No symptoms <input type="checkbox"/> Diarrhea <input type="checkbox"/> Stomach pain or discomfort <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Headache
Drug Use History Since your last visit, have you used the following? a. intravenous drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No b. cocaine? <input type="checkbox"/> Yes <input type="checkbox"/> No c. marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No d. crystal meth/speed? <input type="checkbox"/> Yes <input type="checkbox"/> No e. poppers (amyl nitrates)? <input type="checkbox"/> Yes <input type="checkbox"/> No f. other drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No In yes, what? _____	
Sexual History: for MEN In the past 3 months, how many MEN have you had ANAL sex with: TOTAL _____ HIV Positive _____ How many had you NOT used condoms: _____ In the past 3 months, how many WOMEN have you had sex (vaginal/anal) with? TOTAL _____ VAGINAL _____ ANAL _____ HIV Positive _____ How many had you NOT used condoms: _____	Sexual History: for WOMEN In the past 3 months, how many MEN have you had sex (vaginal/anal) with? TOTAL _____ VAGINAL _____ ANAL _____ HIV Positive _____ How many had you NOT used condoms: _____
Since your last visit, would you say: The number of sex partners has (anal/vaginal): <input type="checkbox"/> Decreased <input type="checkbox"/> Stayed the same <input type="checkbox"/> Increased <input type="checkbox"/> Not Applicable The number of HIV POSITIVE sexual partners has: <input type="checkbox"/> Decreased <input type="checkbox"/> Stayed the same <input type="checkbox"/> Increased <input type="checkbox"/> Not Applicable	

PrEP Clinic Flow and Standard Operating Procedure



PrEP in Gateway Apothecary

Characteristics	
PrEP Users	> 70
Start date	December 2016
Onsite service fees	None
Billing to insurance	Prescriptions; billing for services not performed by pharmacists is not allowed in Missouri
Pharmacy type	Independent, community
HIV specialty	Yes
Target individuals	Uninsured/underinsured
Intake visit requirement	At the collaborating WashU clinic
Lab testing onsite (Lab source)	Rapid HIV, Rapid Hep C, pregnancy (State Health Dept); POC Cr and other (Abbott i-STAT),
Main PrEP staff	PharmD (5) [AAHIVP 2], RN (1), Social Worker (1), Pharmacy Techs (8)
CPA collaborators/settings	Academic clinic, public STI clinic, private providers
Referrals	Mental health, STIs, substance use, social services

PrEP with Comprehensive Services at the Pharmacy

- **At the pharmacy, services that are offered are:**
 - Condom distribution
 - Mental health and substance abuse referral (private, talk therapy, support groups)
 - STI testing at county health department and community-based organizations
 - Social service referrals (e.g. CAASTLC for workplace and home support)
 - Onsite social worker support
 - Onsite risk reduction counseling
 - Preventive services (e.g. vaccines)
 - Primary care referrals
 - Onsite insurance health literacy and navigation
 - PrEP navigators and linkage to care specialists (in collaboration with CBOs)
 - **Same-day PrEP re-starts and assistance with same-day PrEP prescribing & medication dispensation on the initial visit**
 - PrEP Education and HIV testing at CBO events

Key Lessons Learned in Missouri

- Pharmacy-based PrEP care can provide services **for the uninsured and underinsured in many instances**, in addition to the insured
 - Helps with individual insurance coverage interruptions
- Onsite HIV (and other) testing and protocols that take into account **starting-stopping-restarting** is important to address insurance interruptions for PrEP users
- Given state regulations, the protocol for care must have a smooth transition from clinic intake to pharmacy follow-up to minimize loss to follow up
- **Intake forms and social work services from the clinical care site** (with whom the pharmacy is collaborating with) is important for promoting comprehensive PrEP care
- HIV testing onsite in the pharmacy has **promoted same-day prescribing**, minimized missed refills and medication interruptions during PrEP care, and reduces the potential to restart PrEP in HIV-infected individuals
 - Requires communication with prescribing doctor as well

Key Lessons Learned in Missouri

- Replicating the model beyond St. Louis for PrEP in non-retail pharmacies (Cape G and Springfield):
 - **Practical issues with obtaining labs (and related staffing)**
 - **Buy in from administration**
 - Comfort to change the scope of work
 - **Enough revenue to meet overhead costs** in the context of lower volume of PrEP users compared to programs in large urban areas
- More discussions generated about onsite HIV testing and PrEP, in general, and can change what the standard of services offered in a pharmacy in the future
- Highlights the discussion of HIV testing which is beneficial by itself but substantially benefits **PrEP follow up care and monitoring** for the community and affiliated clinics
 - Can help detect HIV infection in those who miss refills
 - Can identify insurance changes during refill dispensation and refer to navigators

Key Lessons Learned in Missouri

- **Maximizing lab testing with staff phlebotomy certification and onsite testing promotes one-stop services**
- Pharmacy staff may need extensive **training on sexual health** and creating a physical and emotional inclusive environment
 - Other training includes: mental health, substance use, social work referrals
 - Training every 6 months provided
- **Having a private space** is important for consultation
 - Not having a bathroom limits STI testing
- Marketing pharmacy-based PrEP services among certain communities may motivate consultations compared to traditional clinic settings (**perceived reduced stigma**) (Patel RR et al. IAPAC 2018)

Examples of PrEP Services in Community Pharmacies

Pharmacy	Location	Pharmacy/Pharmacist Services	Additional Information
Virginia DoH in collaboration with Walgreens Pharmacy (32 locations) (Elaine Abrahms)	West Virginia	HIV POC rapid testing Walk-in services during all pharmacy hours	Performed 3200 tests June 2014-June 2016 Reported 0.8% positivity rate
Kelly-Ross Pharmacy "One-Step PrEP" (Elyse Tung, PharmD)	Seattle, Washington	PrEP assessment and initiation Pharmacist run HIV PrEP clinic: assess PrEP eligibility, order and perform lab tests, prescribe and dispense medication, billing and assistance, routine follow-up care, STI testing and treatment	Began March 2015 In first 3 years, 714 individuals evaluated; 97% started PrEP Collaborative practice agreement with physician medical director
Scales Pharmacy (Dan Scales, PharmD)	Denver, Colorado	PrEP follow-up (not initiation) – counseling, prescribing, and dispensing Draws labs STI testing and treatment	Began December 2015 Pharmacist trained in phlebotomy Collaborative practice agreement with medical director
UNMH Outpatient Pharmacy (Keenan Ryan, PharmD)	Albuquerque, New Mexico	PrEP initiation and monitoring	EMR retrospective review 7/2015-7/2017 136 attended first PrEP appointment 127 individuals started PrEP PrEP Users average < 1 missed dose per mo

Summary

- Pharmacies and pharmacists are under-utilized for PrEP care
- This setting offers another access point to reach those who would benefit from services
- There are advantages and limitations to this service model to keep in mind
- Requires review of state laws and CPA
- Obtain sample agreements and speak to peer pharmacy networks in your region for practical implementation
- This model helps promote implementation of today's and tomorrow's PrEP products to help reduce HIV incidence

Contact

- CDC Capacity Building Provider's role in pharmacy-based PrEP training
- Washington University in St. Louis PrEP Program
- sites.wustl.edu/prep/capacitybuilding.edu
- Rupa R. Patel, MD MPH
- rupapatel@wustl.edu
- 314-454-8293

The CBA Provider Network includes four major components:



1. National Training: A standardized national training program will increase the knowledge, skills, and competencies of HIV prevention staff. Based on feedback from HIV prevention providers, web-based and classroom-based training will now be provided separately, though the eLearning and Classroom training providers will also collaborate to deliver trainings that blend online and classroom learning.

Track A: Electronic Learning (eLearning) Training Center
Funded organizations: ETR Associates, Inc. and HealthHIV

Track B: Classroom Learning Training Center
Funded organization: Cicatelli Associates, Inc.



2. Regional Technical Assistance: To provide more personalized support and facilitate long-term working relationships, technical assistance will now be tailored and delivered to meet capacity building needs within four geographic regions: Northeast, South, Midwest, and West. These providers will work together to develop and implement jurisdictional CBA plans for CDC-funded health departments and CBOs in each region. Each region will have a team of three technical assistance providers – one for each of the following three tracks:

	Funded Organizations			
	Northeast	South	Midwest	West
Track A: Clinical HIV Testing and Prevention for Persons with HIV	Primary Care Development Corporation	My Brother's Keeper	San Francisco Community Health Center (formerly Asian and Pacific Islander Wellness Center)	Denver Health and Hospital Authority (Denver Prevention Training Center)
Track B: Nonclinical HIV Testing and Prevention for HIV Negative People	University of Rochester	Latino Commission on AIDS	Washington University	City & County of San Francisco Department of Public Health
Track C: Integrated HIV Activities and Structural Interventions	New York City Department of Health & Mental Hygiene	National Alliance of State & Territorial AIDS Directors	AIDS United	Public Health Foundation Enterprises, Inc. (California Prevention Training Center)



3. Continuous Quality Improvement and Sustainability for CBOs: This new distance-learning program, developed in response to input from CBOs, will help senior and mid-level program managers at CDC-funded CBOs improve the quality of their programs and the sustainability of their organizations. The program will include expert instruction, mentoring, and resource sharing as well as peer-to-peer learning and support opportunities.

Funded organization:
 Asian and Pacific Islander American Health Forum



4. Marketing and Administrative Support for CBA Provider Network: This provider will focus on marketing to increase awareness and utilization of the CBA program and administrative support to facilitate coordination, communication, and collaboration across the CBA Provider Network.

Funded organization:
 University of Missouri - Kansas City

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- Gateway Apothecary Pharmacy Leadership and Staff
- Washington University in St. Louis PrEP Program Staff
- Washington University in St. Louis ID Clinic Staff
- PrEP Users and the Community in Missouri



Ending the HIV Epidemic Resources

Ending the HIV Epidemic: A Plan for America

- <https://www.hrsa.gov/ending-hiv-epidemic>

HIV and Health Centers

- <https://bphc.hrsa.gov/qualityimprovement/clinicalquality/hivprimarycare.html>

HIV Testing Sites & Care Services Locator

- <https://locator.hiv.gov/>

National LGBT Health Education Center at Fenway Health

- <https://www.lgbthealtheducation.org/>

Ending the HIV Epidemic: A Plan for America

Background

During the 2019 State of the Union address, the Trump administration announced the new "Ending the HIV Epidemic: A Plan for America." This will be a ten year initiative beginning in FY 2020 to achieve the important goal of reducing new HIV infections to less than 3,800 per year by 2030. Reducing new infections to this level would essentially mean that HIV transmissions would be rare and meet the definition of ending the epidemic. The initiative will focus efforts in 48 counties, Washington, DC, San Juan (PR), and seven states with substantial rural HIV burden.

Federal Resources

- HRSA Ending the HIV Epidemic: A Plan for America Website - March 13, 2019
- Ryan White HIV/AIDS Program Annual Clinical Data Report 2017 (PDF - 3.9 MB)
- Ryan White HIV/AIDS Program HIV and the Health Center Program
- Integrating HIV Care, Treatment and Prevention Services into Primary Care: A Toolkit for Health Centers (PDF - 15.6 MB)
- Health Career Provision of HIV Pre-Exposure Prophylaxis (PDF - 202 KB)
- HIV.gov Ending the HIV Epidemic
- 2018 Presidential Advisory Council on HIV/AIDS (PACAH) presentation (PDF - 3.1 MB)

HIV and Health Centers

HRSA-funded health centers play an important role in Ending the HIV Epidemic by serving as a key point of entry for people undiagnosed with HIV. Many health centers provide HIV care services, including Pre-exposure Prophylaxis (PrEP). Health centers emphasize coordinated and comprehensive care, and have the ability to manage patients with multiple health care needs. Integration of HIV testing, prevention, care, and treatment into primary care settings and providing essential enabling services such as outreach, patient education, case management, and care coordination, can increase access and improve health outcomes for patients living with HIV.

According to CDC estimates, more than 1.1 million people in the United States are living with HIV infection, and almost 1 in 7 (15%) are unaware of their infection. Many are members of vulnerable populations and underserved communities.

Health centers report HIV screenings, diagnoses, and linkages to care as part of the Uniform Data System (UDS). According to the 2017 UDS data, over 145,000 patients living with HIV receive medical care services at health centers, including many sites co-funded by the Ryan White HIV/AIDS Program. Health centers provided:

- more than 1.8 million HIV tests, and
- an HIV diagnosis to 8,060 patients (between October 1, 2016, and September 30, 2017); approximately 85% of those patients were seen for follow-up treatment within 90 days.

Integrating HIV Services through Partnerships for Care

HIV Related Technical Assistance Resources

- HRSA Health Center Program, Provision of HIV Pre-Exposure Prophylaxis (PrEP) in Health Centers Technical Assistance Resource (2016) (PDF - 202 KB)
- HRSA Health Center Program, Provision of HIV Testing in Health Centers Technical Assistance Resource (2019) (PDF - 204 KB)

Clinical Quality Improvement

Questions?