

# HIV Pre-Exposure Prophylaxis Panel

AIDS Institute

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Presenter:

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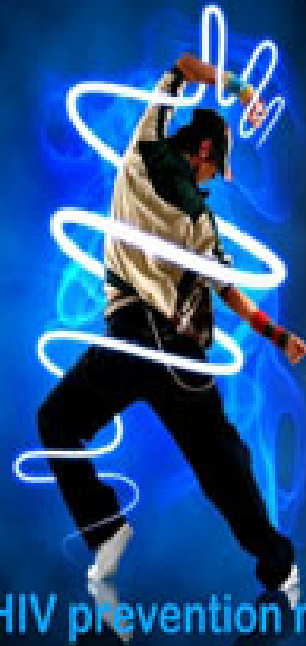
SUNY  
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Medical Center



1) Utilization: how many patients you serve, who are they; any unique characteristics of the population and recruitment

- HEAT serves ~125 HIV+ youth in any given year, ages 13-24 years as well as a much larger number of HIV- youth for HIV C/T, STD screening/treatment, PrEP, transgender and family planning services
- Working with minors and individuals who are on their parents' insurance policies are unique characteristics of this population, especially around issues of consent and confidentiality
- Partners of perinatally infected HIV+ youth are a “PrEP target population” which requires a special focus
- Recruitment is broad, extending to partners of all of our HIV+ clinic patients, as well as targeted outreach to YMSM and TG youth in community-based settings

# STAY PROTECTED EVEN WHEN YOU'RE VOGUEING WHAT IS PrEP?



An HIV prevention method in which people who do not have HIV practice a method to reduce their risk of becoming infected.

FOR MORE INFORMATION ON PrEP Contact  
THE HEAT PROGRAM

[WWW.HEATPROGRAM.ORG](http://WWW.HEATPROGRAM.ORG)

718-467-4446

**HEAT**  
HIV PREVENTION PROGRAM  
FOR GAY, BISEXUAL AND TRANSGENDER MEN

2) Your service model; the who, when, and how of your PrEP services - including for example how often; special training needs, support team, linkages, and any other unique issues about your program. How do you handle adherence, dealing with other social and medical issues, etc; how do you fund your services?

- Team members include: PrEP Specialist, Peer Outreach Staff (1 TG, 1MSM, 1 YWOC), 3 medical providers in clinic; case mgmt and mental health services also available
- Outreach done at community partner agencies-largely LGBT youth organizations and house ball community; In-reach done with partners of HIV+ patients in care at HEAT; both are done daily and ongoing; In-reach/training also done with hospital medical staff
- PrEP Specialist is funded by AI supplemental funding to HIV+ SCC grant; PrEP Specialist does all direct contact to make appointments, reminder calls as well as assessing insurance status of each youth patient before entering clinic for PrEP services
- Generally high risk population of YMSM, TG youth, YWOC often difficult to engage in routine medical care; often homeless, often with unmet mental health needs, ongoing high risk sexual behavior
- General principles of addressing adolescent/young adult tx adherence utilized

3) Metrics: do you have any data measuring your performance? quality of services? outcomes? (e.g. successes/seroconversions/LTFU)

Began measuring performance in AIRS in February 2015 utilizing FAYS PrEP AIRS form by medical providers and PrEP Specialist; also use medical encounter forms for measuring only medical services related to PrEP visits

Quality is largely measured now by adherence to quarterly visit schedule; others for consideration but not currently being measured are quarterly lab measurements (eg. HIV testing, STD testing) and measures of adherence

No seroconversions to date; keeping any patients on the PrEP protocol for 6 months is a huge measure of success at the program level

4) What have been your successes? What would you say is unique about your program?

Successes:

- We have a successful program up and running with the support of AI (very important!!)
- The patients we get started on PrEP seem to be very adherent and show up for their appts. This doesn't account for the ones that don't engage in care but is a success in and of itself.
- We are getting external referrals from other agencies but not internal within the hospital.
- We are getting some buy-in from the house ball community as youth seem to know about it.
- 28 patients initially assessed by PrEP specialist; 8 patients started; 6 continued on PrEP; 1 was lost to follow up and closed; 1 patient who had PrEP prescribed but was unable to start due to insurance/confidentiality issues

## **5) What challenges do you face as you implement PrEP (in Adolescents and Young Adults)?**

**Insurance issues-uninsured vs. inability of youth/young adults (up to age 26 years) to access their insurance information from parents/guardians**

**Denials of PrEP TAP coverage**

**High risk minors (<18 years) cannot consent on their own for PrEP under current NYS law**

**Some insurers won't pay for PrEP in minors citing that it is not FDA approved under age 18 years, although they will pay for HIV drugs in HIV+ minors below the age of 18**

**Lack of information among some individuals about PrEP in the highest risk groups**

**General stigma around HIV among youth, especially in the house ball community**



6/16/15

To Whom It May Concern:

I am writing this letter on behalf of [REDACTED] (DOB [REDACTED]) who is a patient of mine at the HEAT Program at SUNY Downstate Medical Center. [REDACTED] has been strongly advised to start on Truvada as PrEP due to her relationship with a partner who is HIV+ and not very adherent to treatment. I am very concerned about this high risk situation and she is ready to start PrEP as soon as possible. While she has been insured, I have run into problems with her Medicaid Managed Care plan. They are insisting on sending explanation of benefits letters to her mother as the primary beneficiary of the Medicaid. Although we have explained to the Managed Care plan that this would be a violation of her confidentiality, they have been entirely inflexible and insist that they are obligated to send the letter to her mother. They have refused to send the letter to an alternative address. This is not the first time I have gotten into this situation with a young person covered under their parent's health insurance coverage but this is the first time I have gotten into this situation around a PrEP case. While we are programmatically pursuing addressing this issue through the New York State Department of Health, this young woman is at immediate risk of acquiring HIV through her relationship and cannot safely access Truvada through her insurance. Due to her age, she cannot get onto her own independent Medicaid until she is 21 years old.

Please provide her with an exemption to be able to access Truvada through your Patient Assistance Plan. If you are amenable to doing this, please be aware of the need to expedite the approval. [REDACTED]

[REDACTED]