HOTT UTILIZATION

RACE

- WHITE: 36%
- BLACK: 27%
- LATINO: 8%
- ASIAN: 5%
- OTHER: 3%
- N/A: 21%
HOTT UTILIZATION

**Gender Utilization**

- **Male**: 41%
- **Female**: 30%
- **Trans***: 29%

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HOTT UTILIZATION

AGE BREAKDOWN

- 13-19 y.o.: 88%
- 20-24 y.o.: 12%
HOTT UTILIZATION

INSURANCE STATUS

- UNINSURED: 58%
- MEDICAID: 25%
- COMMERCIAL: 17%
PrEP SERVICES
WHO?

• 3 PrEP Specialists
  – Part of the Prevention and Outreach Team
  – HIV C&T
  – PrEP outreach
  – PrEP counseling
  – Staff training
  – PrEP-AP applications
  – Gilead MAP applications
PrEP SERVICES

WHO?

• HOTT Medical Providers & Triage Nurse
• Sexual Health Clinic
• SPARK
PrEP SERVICES
WHEN?

• PrEP visits are initiated by medical providers, POPs, triage nurses, MMU, or by self-referral
• Patients that receive primary care in C-L are scheduled to meet their PCP
• Patients with outside PCP are scheduled for SHC visit
• PEP-to-PrEP
PrEP Protocol

• Initial visit
  – Medical, psychosocial, and comprehensive sexual history
  – Baseline labs: CBC, CMP, UA
  – HIV testing: Rapid test (OraQuick or Clearview) + VL, pNAAT, or 4th Generation Ag/Ab
  – STI screening: Oral, Anal, Urine GC/CT, RPR, Hep panel
  – PrEP counseling: r/b/se, adherence
PrEP Protocol

• Initial visit (cont.)
  – If patient is insured → initial Rx
  – Uninsured patients
    • PrEP Specialist
    • SPARK
    • Facilitated Enroller
PrEP Protocol

• Adherence Assessment visit
  – Usually 2 weeks after starting PrEP with HOTT Triage Nurse
  – Additional support if barriers are identified

• 1\textsuperscript{st} F/U visit
  – 1 month to repeat HIV test, assess for side effects and adherence, refill Rx

• Q3mo F/U (repeat labs, STI screening)
PrEP SERVICES
SUPPORT

• HOTT Triage Nurse
  – 2 weeks after starting PrEP
    • Helps with adherence (alarms, pill boxes, etc)

• HOTT Case Managers
  – Every patient seen in HOTT has a psychosocial intake by a CM to identify and help with social issues

• PrEP Specialists
  – Ongoing education and support
PrEP SERVICES FUNDING

• Insurance reimbursements
• PREP-AP
• Grant Support
  – AIDS Institute
  – NYC DOHMH
  – SPARK (NIH-funded)
HOTT PrEP IN NUMBERS

148 INDIVIDUAL PATIENTS
HOTT PrEP IN NUMBERS

PrEP Source

- 38% HOTT (91)
- 62% ADULT PrEP (57)
HOTT PrEP
IN NUMBERS

18-19 y.o. (n=11)
White 72%

- 55% White
- 22% Black
- 13% Other
- 10% No Answer
HOTT PrEP
IN NUMBERS

ETHNICITY

- 17% HISPANIC
- 32% NOT HISPANIC
- 51% N/A
HOTT PrEP
IN NUMBERS

87%
1%
9%
2%
1%
1%

GENDER

MALE
FEMALE
TRANSFEMALE
TRANSMALE
GNC
SOMETHING ELSE

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HOTT PrEP IN NUMBERS

SEXUAL ORIENTATION

- GAY: 83%
- STRAIGHT: 9%
- QUEER: 6%
- BISEXUAL: 1%
- SOMETHING ELSE: 1%
HOTT PrEP IN NUMBERS

INSURANCE

- COMMERCIAL: 50%
- MEDICAID: 23%
- UNINSURED: 27%

18-19 y.o.

- 36% COMMERCIAL
- 36% MEDICAID
- 28% UNINSURED

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HOTT PrEP
SUCCESSES

• PrEP is a viable option for older adolescents and young adults
• Similar participation than older age groups
• Multiple options to access and obtain PrEP
• Multidisciplinary teams: cross-training and collaboration
HOTT PrEP
COMMUNITY OUTREACH
HOTT PrEP
CHALLENGES

• Equal access to services across racial and gender barriers
  – Access in the community (i.e. MMU, CBOs)

• Younger patients more likely to be uninsured/confidentiality issues (e.g. EOBs, parents’ insurance)

• Minors’ ability to consent?
  – The law is clear about STI/HIV testing and STI treatment. Not so clear about prevention (e.g. HPV vaccine)