

Implementing a Successful PrEP Program: Lessons Learned from the Largest LGBT Community Health Clinic in New York City

Pedro Carneiro, MPH; Summer Stephanos; Stephanie Mosher; Jesus Barrios; Anthony Fortenberry, RN; Uri Belkind, MD; Peter Meacher, MD; Asa Radix, MD, MPH
Callen-Lorde Community Health Center, New York, United States

Background:

With 50,000 new infections each year in the US there is an urgent need to incorporate new strategies for prevention, especially in key populations such as MSM, Transgender Women and Black/African American communities. The approval of Truvada (TDF/FTC) for Pre-Exposure Prophylaxis (PrEP) by the US FDA in 2012 invigorated prevention efforts. Uptake has been slow, but steady, as facilities struggle to address community awareness, staff training, access, visit costs and ensuring quality of care is delivered.

PrEP Talk Get the 411!

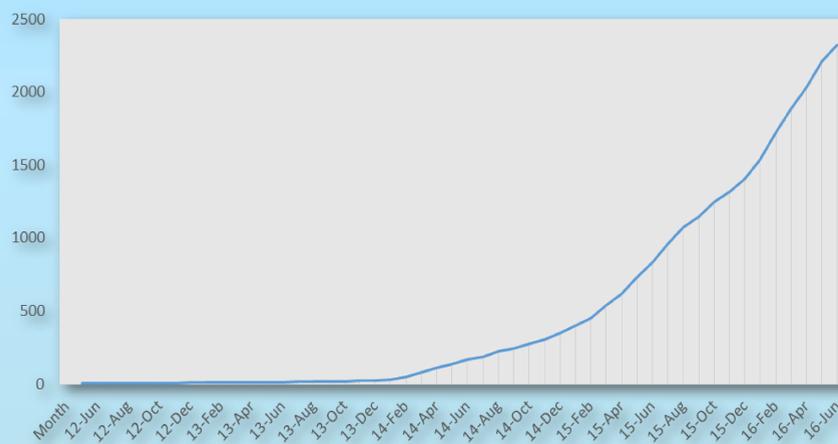
PrEP is the once daily pill to prevent HIV transmission. It is 99% effective if taken daily!

To be on PrEP you must stay on top of your health with routine 90 day check ups.

Concerned about paying for PrEP? There are options available whether or not you are insured.

Minimal side effects reported – meet with a PrEP specialist to learn more!

Cumulative Number of Truvada (FTC/TDF) Prescriptions



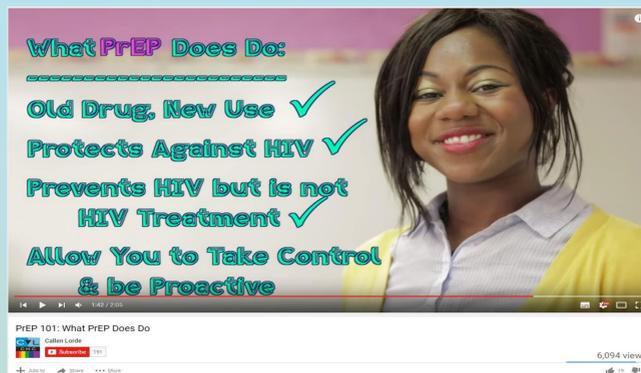
THINKING ABOUT PrEP?

GET THE FACTS

CALLEN LORDE
COMMUNITY HEALTH CENTER
356 West 18th Street • New York, NY 10011

Description:

Callen-Lorde Community Health Center (CLCHC) is an LGBT focused center in NYC. PrEP was initiated in a pilot phase in 2012 and scaled up as a discrete program in 2015. CLCHC's program focus is on connecting key populations (Men who have Sex with Men, Transgender People and People of Color) to PrEP. The initial demand for services was overwhelming and threatened to overload clinic capacity to engage new patients and those seeking PrEP. Community challenges included providers' unwillingness to prescribe, lack of provider knowledge, navigating complex insurance and medication assistance programs, clinical workflow, time constraints, protocol development, data collection, ensuring cultural competency and maintaining a sex positive environment, free of PrEP-stigma. Several operational meetings were convened with internal and external stakeholders to design a centralized program that ensured consistent and quality care.



Lessons Learned:

A clinical workflow was established to minimize the clinician's role and maximize the role of nonclinical staff by using patient navigators, HIV counselors and templates with electronic flags to document PrEP consultations, order specific labs and track patients using an innovative prescription algorithm. The implementation of self-collected STD specimens reduced the burden on clinical staff. The clinic designed videos (available on YouTube) to address common questions about PrEP. PrEP Specialists were hired to carry out all administrative functions, troubleshoot medication access and assist with counseling on adverse effects and monitoring adherence. A phone hotline to troubleshoot PrEP related questions was key to our program success. PrEP was assessed at all levels of Primary Care engagement, and clinicians encouraged patients to consider this option either within the clinic or elsewhere.

Conclusions/Next steps:

Once aware, there is demand from the LGBT community for PrEP. Multidisciplinary teams of clinicians, social workers, nurses and HIV counselors must collaborate in order to support patients throughout the PrEP care continuum. Agencies must allow flexibility and innovation to take place when developing PrEP protocols and programs.