



AZA Health Initiative to End the HIV Epidemic

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Objectives

- Describe the epidemiology of HIV in the southeastern US
- Describe the four pillars of the End the Epidemic (EHE) initiative and strategies that AZA Health providers and staff can utilize to offer routine HIV testing and **promote HIV prevention such as condom use and HIV Pre-exposure Prophylaxis (PrEP)** in the primary care setting.

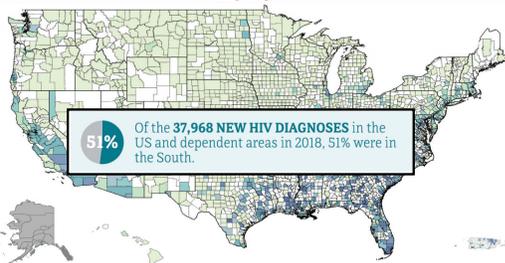
Poll Question

Which region of the United States had the highest rate of new HIV infections in 2018?

1. Northeast
2. Midwest
3. Southeast
4. West



Number of New HIV Diagnoses by US County, 2018

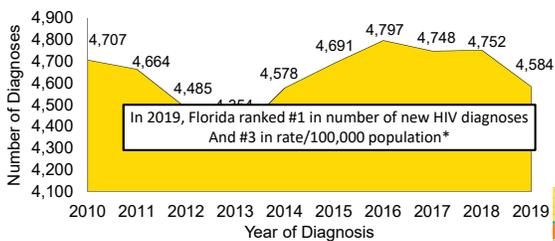


0-6 7-8 9 10-11 12-14 15-17 18-21 22-28 29-40 >41
 ■ Data not available □ Data not shown to protect privacy because of a small number of cases or a small population

Sullivan PS, et al. Lancet 2021;397:1095-106.

Diagnoses of HIV, 2010–2019, Florida

2018–2019 = -4% change; 2015–2019 = -2% change

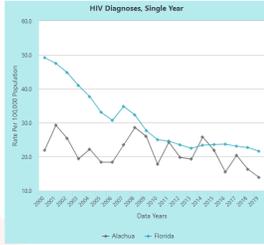


In 2019, Florida ranked #1 in number of new HIV diagnoses
 And #3 in rate/100,000 population*



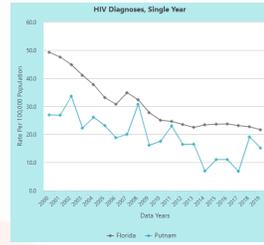
*KFF. The HIV/AIDS Epidemic in the United States: The Basics. June 9, 2021. Available at <https://www.kff.org/hiv/aids/fact-sheet/the-hiv-aids-epidemic-in-the-united-states-the-basics/>

HIV Diagnoses Rate, Single Year Florida/Alachua County



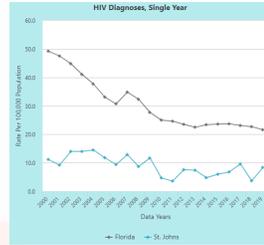
Florida Department of Health, Florida Charts. Available at <http://www.flhealthcharts.com/charts/default.aspx>

HIV Diagnosis Rates, Single Year Florida/Alachua County



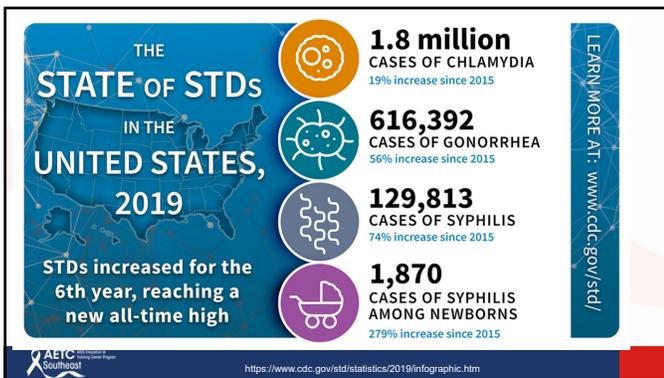
Florida Department of Health, Florida Charts. Available at <http://www.flhealthcharts.com/charts/default.aspx>

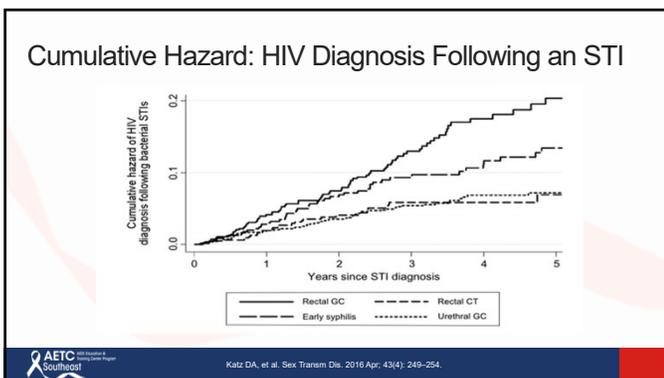
HIV Diagnoses Rate, Single Year Florida/St Johns County



Florida Department of Health, Florida Charts. Available at <http://www.flhealthcharts.com/charts/default.aspx>







Factors Driving the HIV Epidemic in Rural Areas

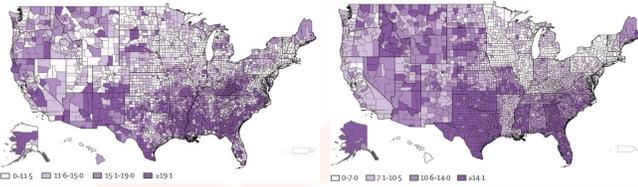
- Lack of public transportation
- Longer travel time to receive care
- Reduced availability of medical and social services
- Healthcare provider shortages
- Fewer providers with expertise in treating HIV
- Stigma around sexual orientation/gender identification
 - Perception of discrimination from healthcare providers



Poverty and Lack of Health Insurance Limit Access to Care

Percent of population living in poverty by US County, 2018

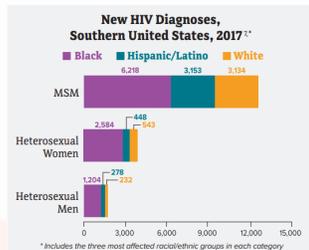
Percent of Population without Health Insurance by US County, 2018



Sullivan PS, et al. Lancet 2021;397:1095-106.



Racial Disparities in the Southern US HIV Epidemic



*Includes the three most affected racial/ethnic groups in each category



CDC.gov. Issue Brief: HIV in the Southern United States. September 2019.

Ending the HIV Epidemic: A Plan for America

GOAL: HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:

75%

reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.

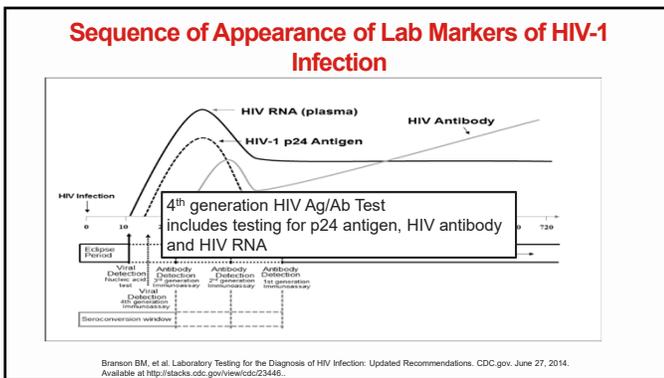
Diagnose all people with HIV as early as possible.

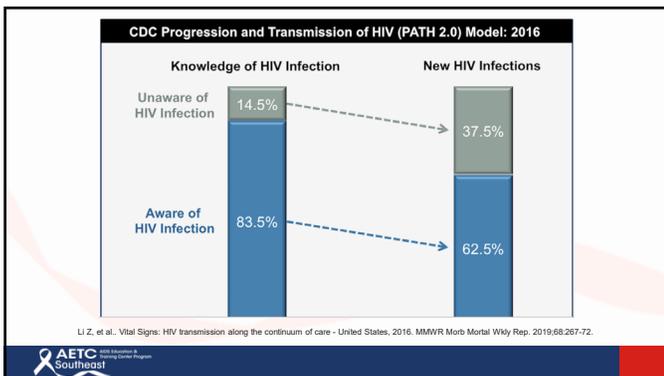
Treat the infection rapidly and effectively to achieve sustained viral suppression.

Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

AETC Southeast
HHS Assistant Secretary for HIV/AIDS Programs





Who and How Should I Test for HIV?

- In 2006, the CDC issued guidelines advocating routine voluntary HIV screening of all patients aged 13 to 64 years as a normal part of medical care, without the need for signed consent or counseling:

i CDC defines opt-out screening as: "Performing HIV screening after notifying the patient that 1) the test will be performed and 2) the patient may elect to decline or defer testing. Assent is inferred unless the patient declines testing" [Branson, Handsfield, et al. 2006]
- "Opt-out Testing"**
 - On July 1, 2015, a Florida law went into effect that removed need for written consent for HIV testing in healthcare settings

New Orders
 HIV 1/2 ANTIGEN/ANTIBODY, FOURTH GENERATION W/RFL
 Routine, ONCE First occurrence Today at 1345

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 SOUTHEASTERN PROGRAM

HIV Testing: Make it Routine!

- Many are unaware they have HIV infection – no symptoms
- Risk-based testing strategies fail to identify everyone who needs screening
- Late diagnosis of HIV remains a problem
 - In 2015 the Estimated median interval from HIV infection to diagnosis was **3 years**

FIGURE 1. Percentage of undiagnosed infections*† among persons aged ≥13 years‡ living with diagnosed or undiagnosed human immunodeficiency virus (HIV) infection — United States, 2015

CDC HIV Testing. Available at <http://www.cdc.gov/hiv/testing/index.html>
 Daley AF, et al. MMWR Morb Mortal Wkly Rep 2017;66:1306–1308.

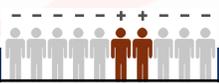
Some Need More Frequent Screening

- Screen at least annually
 - People who inject drugs and their sex partners
 - People who engage in transactional sex
 - Sex partners of people with HIV infection
 - Sexually active gay, bisexual, and other men who have sex with men (every 3-6 month testing may be beneficial)
 - Heterosexuals who themselves or whose sex partners have had ≥1 sex partner since their most recent HIV test

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Who else needs HIV testing?

- People receiving treatment for hepatitis, tuberculosis, or a sexually transmitted disease
- Pregnant people
 - At entry into care
 - Repeat in third trimester, ideally < 36 weeks gestation
 - Rapid testing at time of delivery if indicated

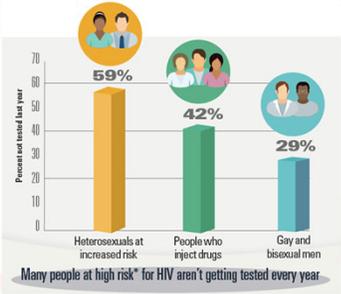


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HIV Testing

MISSED Opportunities

7 in 10 people at high risk who weren't tested for HIV in the past year saw a healthcare provider during that time. More than **75%** of them weren't offered a test.



Group	Percent not tested last year
Heterosexuals at increased risk	59%
People who inject drugs	42%
Gay and bisexual men	29%

Many people at high risk* for HIV aren't getting tested every year

CDC.gov, Vital Signs, November/December 2017.

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Starting the Conversation

- **“I’m going to ask you a few questions about your sexual health. Since sexual health is very important to overall health, I ask all my patients these questions.**
- **Before I begin, do you have any questions or sexual concerns you’d like to discuss?”**



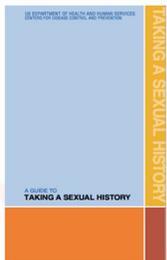
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Taking a Sexual Health History

- Assess your own comfort
- Make your patient feel comfortable
- Use neutral and inclusive terms
- Avoid assumptions
- Try not to react overtly
- Rephrase your questions
- Ask for correct pronouns and terminology



Taking a Sexual History



- Make it a normal part of each visit
- The Five "P"s
 - Partners
 - Practices
 - Protection from STDs
 - Past history of STDs
 - Prevention of pregnancy



CDC.gov. Available at <https://www.cdc.gov/std/treatment/sexualhistory.pdf>

What happens if the test is positive?

- Results should be communicated confidentially through personal contact
- Provide counseling
 - HIV is a manageable disease
 - Discuss HIV risk reduction
 - Discuss ways to handle the emotional consequences of a positive result
- Inform the patient that they will be contacted by health department staff or have linkage coordinator at appointment for warm handoff
 - Availability of anonymous partner notification
 - Linkage to care



The HIV Care Continuum

The HIV care continuum consists of several steps required to achieve viral suppression. Specifically, CDC tracks:

Diagnosed
received a diagnosis of HIV



Linked to care*
visited an HIV health care provider within 1 month (30 days) after learning they were HIV positive



Received or were retained in care*****
received medical care for HIV infection



Viral suppression
their HIV "viral load" – the amount of HIV in the blood – was at a very low level.



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention




Polling Question

True or False

A person with HIV infection who takes their medicine to treat HIV every day and has a suppressed (undetectable) HIV viral load will not transmit HIV to HIV-negative sex partners.

1. True
2. False



Treatment of HIV is Prevention

Risk of HIV Transmission With Undetectable Viral Load by Transmission Category

Transmission Category	Risk for People Who Keep an Undetectable Viral Load
Sex (oral, anal, or vaginal)	Effectively no risk
Pregnancy, labor, and delivery	1% or less*
Sharing syringes or other drug injection equipment	Unknown, but likely reduced risk
Breastfeeding	Substantially reduces, but does not eliminate risk. Current recommendation in the United States is that mothers with HIV should not breastfeed their infants.

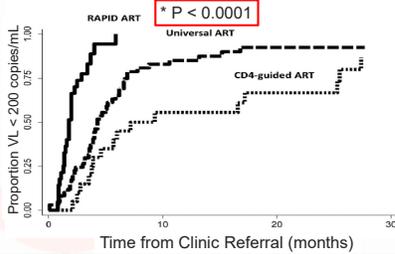



Linkage to Care

- A critical component of testing patients with HIV is linking any patients testing positive to HIV treatment
- Florida Department of Health linkage coordinators will help!
 - Link patient to care with or without insurance
 - Can link to rapid HIV treatment through the Florida Test and Treat Program



Time to Viral Suppression After Rapid Initiation of HIV Treatment

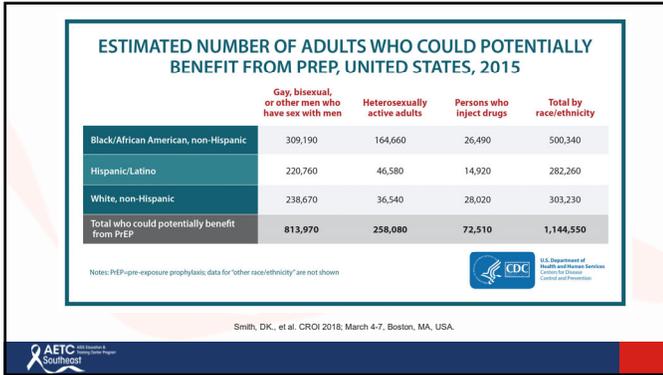


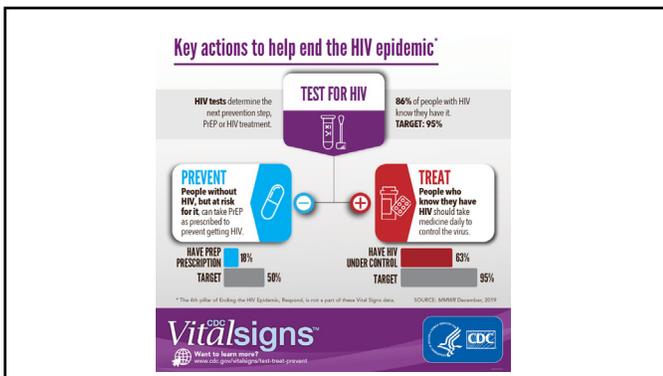
Pfizer CD, et al. J Acquir Immune Defic Syndr 2017;74:44-51.

What if the HIV test is negative?

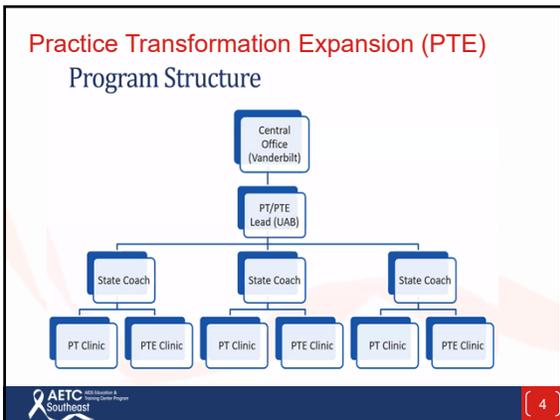
- Face to face notification of negative test result is not required
- Consider if patient at ongoing risk of HIV acquisition
 - Counsel on risk reduction strategies
 - Provide condoms
 - PrEP evaluation and offer
 - Make aware of HIV Post-exposure prophylaxis (PEP)







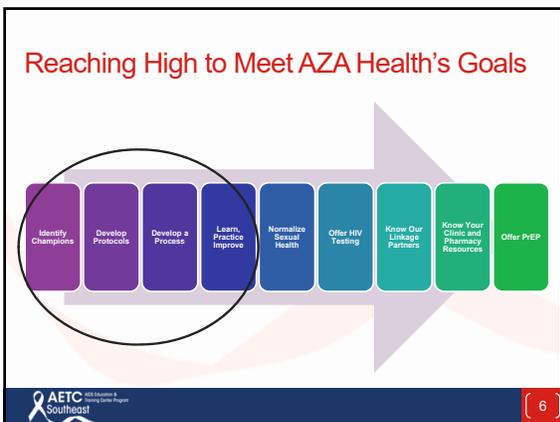




Project Goals

Areas of Focus	
Outcomes of Interest	<ul style="list-style-type: none"> Sexual health history taking Routine HIV testing offers and acceptances Linkage to HIV treatment and care PrEP offers and acceptances
What are we trying to accomplish?	<ol style="list-style-type: none"> Make sexual health history-taking and conversations about condom use a regular practice Offer routine HIV testing to people who are ages 13-64 Link people with positive HIV tests to HIV treatment and care within 72 hours Offer PrEP to people who can benefit in order to prevent HIV acquisition

AETC Southeast HIV Prevention & Testing Center Program 5



Community Engagement and Messaging



Let's Stop HIV Together

No matter who you are, an HIV test is right for you. Ask your health care provider for an HIV test today. Know for sure. Get tested.

More Information:
[cdc.gov/StopHIVTogether](https://www.cdc.gov/StopHIVTogether)

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Image accessed on 6/9/21 at <https://www.poz.com/article/cdc-encourages-health-care-providers-prescribe-hiv-prevention>

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Community Engagement and Messaging

The Right Way To Use An External Condom



Importancia de la Prueba

No importa quién sea, la prueba de detección del VIH es adecuada para usted. Pídale a su médico una prueba de detección del VIH hoy mismo. Sépalo con seguridad. Hágalo la prueba.

Más Información:
[cdc.gov/acthr](https://www.cdc.gov/acthr)

AETC Southeast

Images accessed on 6/9/21 at <https://www.poz.com/article/cdc-encourages-health-care-providers-prescribe-hiv-prevention> and <https://www.cdc.gov/condomeffectiveness/external-condom-use.html>

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June 27, 2021 is HIV Testing Day



Own your HIV prevention.

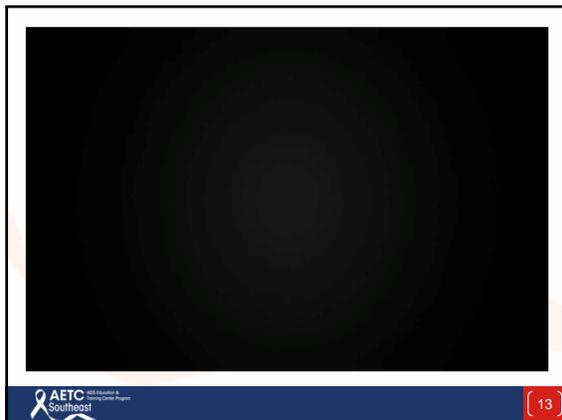
LET'S STOP HIV TOGETHER

Take pride in your sexual health and prevent HIV.

LET'S STOP HIV TOGETHER

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Polling Question

The AZA Health Practice Transformation Expansion Project is focused on

- a. Curing HIV
- b. Ending the COVID-19 pandemic
- c. Preventing HIV via testing, prevention and treatment
- d. None of the above

Building HIV Prevention Capacity at AZA Health

Five Types of Capacities

- Prevention Strategies
- Providers and Staff
- Leadership Support
- Technical and Fiscal Support
- Partnerships and Collaborations

Partnerships and Collaborations 

HIV Linkage to Care Coordinators for FL DOH Area 4 St. Augustine

Willie Carson
(904) 253-2990
Willie.carson@flhealth.gov

Christie Mathews
(904) 506-6134
Christie.mathews@flhealth.gov

Area 4 Prevention Program/Linkage Team Back-up Number
Office: (850) 245-4422

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Partnerships and Collaborations 

HIV Linkage to Care Coordinators for FL DOH Area 3/13

- Hawthorne
- Interlachen
- Palatka

Mark A Tatro
Office: 352-334-8855
Cell: 352-727-0801
mark.tatro@flhealth.gov

Denise Terrell-Rondeau
Office: (352) 644-2748
Cell: (352) 359-2871
Denise.TerrellRondeau@flhealth.gov

Ivette Perez
Office: 352-644-2681
Cell: 352-260-7695
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PT Coach Contact Information

Debbie Cestaro-Seifer, MS, RN, NC-BC, CTP
North Florida AETC
dcestaro@ufl.edu





Aza Health
Wellness A to Z

HIV Testing, Linkage to Care and Pre-Exposure Prophylaxis (PrEP) at Aza Health

POWERPOINT CREATED BY MELISSA CHRUSCINSKI, PHARM.D, BCACP

Objectives

- Review the new HIV Linkage to Care and PrEP protocols
- Discuss all employees' role within the project
- Discuss what is being measured for the project
- New documentation for the project
- Looking into the future- summer training

I AM IN THE FIGHT AGAINST AIDS because I Care

Linkage to Care and Pre-Exposure Prophylaxis (PrEP) Protocols

THE BARE BONES OF WHAT YOU NEED TO KNOW

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Detailed Sexual Health History

The Five P's: Partners, Practices, Prevention of Pregnancy, Protection from STDs, and Past History of STDs

Partners

- "Do you have sex with men, women, or both?"
- "In the past 12 months, how many partners have you had sex with?"
- "In the past 12 months, how many partners have you had sex with?"
- "Is it possible that any of your sex partners in the past 12 months had sex with someone else while they were still in a sexual relationship with you?"

Practices

- "To understand your risks for STDs, I need to understand the kind of sex you have had recently."
- "Have you had vaginal sex, meaning 'penis in vagina sex'?" If yes, "Do you use condoms: never, sometimes, or always?"
- "Have you had anal sex, meaning 'penis in rectum/anus sex'?" If yes, "Do you use condoms: never, sometimes, or always?"
- "Have you had oral sex, meaning 'mouth on penis/vagina'?"

For condom answers:

- If "never": "Why do not you use condoms?"
- If "sometimes": "In what situations (or with whom) do you use condoms?"

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Detailed Sexual Health History

Prevention of pregnancy

- "What are you doing to prevent pregnancy?"

Protection from STDs

- "What do you do to protect yourself from STDs and HIV?"

Past history of STDs

- "Have you ever had an STD?"
- "Have any of your partners had an STD?"

Additional questions to identify HIV and viral hepatitis risk include:

- "Have you or any of your partners ever injected drugs?"
- "Have you or any of your partners exchanged money or drugs for sex?"
- "Is there anything else about your sexual practices that I need to know about?"

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Routine HIV Testing

- ▶ HIV-testing will be performed using the 4th Generation HIV-antigen/antibody test at least once in all patients between the ages of 13-64
 - ▶ Make it part of routine primary care!



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HIV Testing

- ▶ If a patient has signs or symptoms suggestive of acute HIV infection, an HIV RNA PCR should also be ordered
- ▶ Some people are more at risk for HIV acquisition than others and should be tested at least annually



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HIV Testing for at risk populations

People who should be tested at least annually for HIV infection include the following:

A man who has had sex with another man	A person who is known to have sex or needle-sharing partner who has HIV	Someone with more than one sex partner since their last HIV test	A person who has injected drugs and shared needles, syringes, or other drug-injection equipment (for example, cookers) with others
A person who has engaged in transactional sex	A person diagnosed with or treated for another sexually transmitted disease	A person who has been diagnosed with or will be treated for hepatitis or tuberculosis (TB)	Screening (along with an STI screen) will be performed in all individuals who seek treatment and/or has a risk for sexually transmitted infections (STIs)

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Op-Out Testing

- ▶ The person to be tested for HIV shall be notified orally or in writing that the test will be included among other routine laboratory tests
- ▶ The person has the option to decline the test (opt-out)
 - ▶ If the person declines the test, such decision shall be documented in the NextGen with the person's reason for declining the test
 - ▶ Testing will be offered again at the next follow-up visit

HIV Consent 10

- ▶ A person who has signed a general consent form for medical care is not required to sign or otherwise provide a separate consent for an HIV-test
 - ▶ Aza no longer has a separate consent form for HIV testing

HIV Test Results- Negative Test 11

- ▶ The patient may be notified of their results over a telephone call, at a follow-up appointment (face to face or telehealth) or letter
 - ▶ PCP's should consider prescribing pre-exposure prophylaxis (PrEP) medications to patients who have risk of HIV acquisition and a negative HIV Ag/Ab test
 - ▶ For additional guidance on PrEP prescribing, refer to Aza Health's PrEP Protocol

HIV Test Results- Positive Test 12

- ▶ The local Florida Department of Health (DOH) will be notified about the positive-HIV test through the lab reporting system. This may occur before the patient's primary care provider is aware
 - ▶ The DOH STD Program Manager will determine if the patient with HIV-infection is newly diagnosed or was previously diagnosed with HIV but lost to care

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HIV Test Results- Positive Test

- ▶ The disclosure of a confirmed HIV-positive diagnosis will occur during a face-to-face follow-up appointment
- ▶ Currently, Aza is not providing HIV care, therefore the patient will need to be linked to DOH services within 72 hours of the lab result being received by the clinic
- ▶ The PCP will alert the Aza Linkage-to-Care Care Manager (AH LTC CM)
 - ▶ This is a new position within Aza
 - ▶ Until the position is filled, the Clinical Pharmacy team will be fulfilling this role
- ▶ Providers can contact the center's LCSW to be present during the visit

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Linking the Patient to Care

- ▶ The Aza LTC Care Manager will arrange a follow-up appointment with the provider and the local DOH Linkage-to-Care Coordinator (LTCC)
- ▶ During the follow-up appointment, the provider will provide the confirmed positive-HIV test result to the patient and will introduce the DOH LTCC, ensuring a warm handoff situation
 - ▶ If the LTCC cannot meet the patient and provider at Aza, the provider will give the patient the LTCC's contact information at the in-person visit.
 - ▶ The provider will explain to the patient that the LTCC will be contacting the patient in the next 24 hours to assist with linkage to an HIV prescriptive provider to start treatment

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Follow up Care

- ▶ After the visit, the AH LTC CM will follow-up with the patient a minimum of three times within 30 days by phone, e-mail or mail to ensure the patient has scheduled and kept medical appointments arranged by the DOH LTCC and will provide additional services if appropriate
- ▶ A referral should be placed in the patient's chart for the HIV provider that the patient will continue seeing for care
 - ▶ This allows the patient to fill medications at an Aza pharmacy if they wish

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What is PrEP?

- ▶ PrEP (pre-exposure prophylaxis) is medicine people at risk for HIV take to prevent getting HIV from sex or injection drug use
- ▶ PrEP reduces the risk of getting HIV from sex by about 99% when taken as prescribed.
- ▶ Although there is less information about how effective PrEP is among people who inject drugs, we do know that PrEP reduces the risk of getting HIV by at least 74% when taken as prescribed

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PrEP Medications

- ▶ There are two medications approved for use as PrEP: Truvada® and Descovy®.
- ▶ Truvada is for all people at risk through sex or injection drug use
- ▶ Descovy is for people at risk through non-vaginal sex
 - ▶ It is not for use in people assigned female at birth who are at risk of getting HIV from vaginal sex, because its effectiveness has not been studied

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Recommending PrEP

- ▶ Recommend HIV PrEP for individuals, including adolescents, weighing ≥ 35 kg, who do not have acute or established HIV, but are at risk of acquiring HIV infection

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Recommending PrEP

- ▶ **Sexual PrEP Indications** (men who have sex with men and/or women, heterosexual men or women, transgender men or women) who are:
 - ▶ Not in a mutually monogamous partnership with a partner who has recently tested negative for HIV or multiple partners of unknown HIV status AND ≥ 1 of the following:
 - ▶ Sex with person known to have HIV infection **or**
 - ▶ Bacterial sexually transmitted infection (STI) diagnosed or reported in the past 6 months **or**
 - ▶ Multiple sexual partners **or**
 - ▶ History of inconsistent or no condom use **or**
 - ▶ Exchange of sex for commodities
 - ▶ **Injection Drug Use (IDU) Indications** -injecting partner with HIV or sharing injection equipment or risk of sexual acquisition

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How to Determine Eligibility

- ▶ The patient must have a negative HIV test and no symptoms to suggest acute HIV infection
 - ▶ HIV Antigen/antibody Laboratory test preferred within one week before starting PrEP
 - ▶ Anonymous, patient self-reported, or oral rapid test results should not be used to screen for HIV when considering PrEP
- ▶ Obtain HIV viral load if symptoms of acute HIV infection are present or if patient has had at-risk sexual exposure with a person with HIV in the last 30 days and/or ongoing injection drug use
- ▶ Delay initiating PrEP until the patient is confirmed to be HIV-negative
- ▶ Consider HIV post-exposure prophylaxis if patient has had a risk exposure

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Required Pretreatment Lab Tests

- HIV 4th generation antigen /antibody blood test**
 - Negative HIV 4th generation antigen/antibody test documented within 1 week of starting PrEP
 - Must have documentation of result from the lab
- Renal function**
 - Truvada should not be prescribed to a patient with eCrCl of <60 ml/min.
 - Descovy should not be prescribed if CrCl < 30 ml/min
- Hepatitis B virus (HBV) serology**
 - If not immune to HBV, the patient should be vaccinated
 - If HBsAg is positive, refer for treatment by Infectious Disease
- Hepatitis C virus (HCV) testing**
 - Test Hepatitis C Antibody with Reflex to HCV, RNA, Quantitative Real-Time PCR
 - If positive, PrEP is not contraindicated but patients should be referred for hepatitis C treatment

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Required Pretreatment Lab Tests

- If MSM test for Hepatitis A and vaccinate if negative
- Syphilis testing
- Gonorrhea/ chlamydia testing- test all mucosal sites of exposure (urine test, throat swab, rectal swab)
- Urine Pregnancy test

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Clinical Pharmacy Support

- ▶ Contact the Clinical Pharmacy team (Melissa Chruscinski and residents) to assist with PrEP prescribing and management
- ▶ The Clinical Pharmacy team will:
 - ▶ Assess the patient's labs for completeness and appropriateness
 - ▶ Provider patient counseling
 - ▶ Complete any patient assistance applications or prior authorizations
 - ▶ Monitor the patients' adherence to the medication
 - ▶ Track the patient to provide PCP and patient reminders for follow up labs and office visits

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Initiation of PrEP

- ▶ No more than a 90 day supply of medication should be provided as patient must be assessed every 90 days to determine if appropriate to continue HIV PrEP
- ▶ The medication can be prescribed by any Aza provider and filled at any Aza pharmacy
 - ▶ If you are unwilling to prescribe PrEP, refer the patient to another Aza provider

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GENERIC NAME	TRADE NAME	DOSE	FREQUENCY	COMMON SIDE EFFECTS	COMMENTS
TDF + FTC	Truvada	300mg/200mg	Once a day	Nausea, Headache, Diarrhea (usually resolved after 2 weeks)	PrEP for only indicated; Do not use in renal dysfunction with CrCl < 60 mg/min
TAF + FTC	Descovy	25mg/200mg	Once a day	Nausea	Do not use in women at risk for HIV via vaginal intercourse; Do not use if CrCl < 30 mg/ml

Initiation of PrEP

Management of Patients on PrEP Treatment

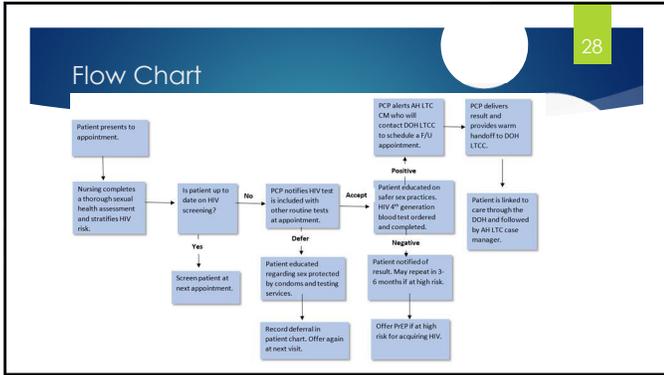
26

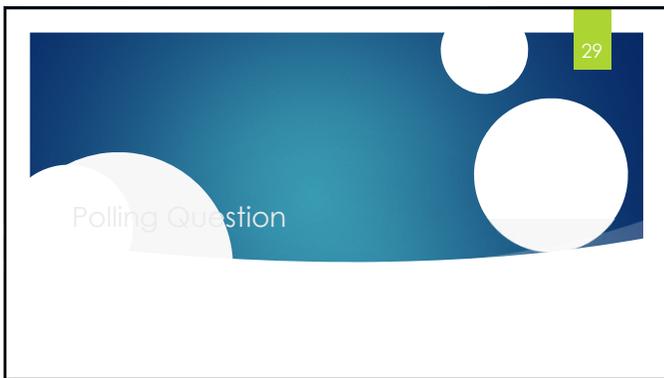
- ▶ Patients must be seen every 3 months and must complete pertinent laboratory studies 1 week prior to appointment
- ▶ At each visit, assess side effects, adherence and HIV acquisition risk behaviors. Consider more frequent follow-up visits if inconsistent adherence is identified
- ▶ Provide support for risk-reduction strategies and the consistent and correct use of condoms

Management of Patients on PrEP Treatment

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- ▶ Assess for signs/symptoms of acute HIV infection and if present, discontinue PrEP until testing confirms that the patient does not have HIV
- ▶ At least every 12 months, evaluate the need to continue PrEP as a component of HIV prevention







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HIV Testing and Linkage to Care

- Does Aza provide HIV testing?
 - Yes!
- Does Aza provide primary care services to patients with HIV?
 - Yes!
- Does Aza provide HIV treatment?
 - At this time, most providers do not treat HIV
 - That may change with time
 - Aza can link HIV patients to care!

PrEP

- Does Aza prescribe PrEP to prevent HIV infections?
 - Yes!

Front Desk:
Answer Patient
Questions

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HIV Testing and Linkage to Care

- Make sure patients have completed the detailed sexual health history
- Make sure the patient's sexual health history is pulled over from Phreesia
- Ask patients if they want an HIV test when discussing other lab work
- Advertise free condoms and information handouts on correct usage

PrEP

- Know who may benefit from PrEP
- Inform patients that Aza prescribes PrEP
- Know which providers are comfortable prescribing PrEP

Clinical Staff-
Promote
Services

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HIV Testing and Linkage to Care

- Make sure patients have completed the sexual health history
 - Assess the 5 P's of sexual health
- Ask patients if they want an HIV test when discussing other lab work
- Ask at every visit!
- Link HIV+ patients to care

Providers:
Increase Testing,
Link to Care and
Prevention

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PrEP

Providers:
Increase Testing,
Link to Care and
Prevention

- Know who may benefit from PrEP
- Inform patients that Aza prescribes PrEP if the patient is interested
- Refer patient to Clinical Pharmacy for PrEP management assistance

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Pharmacy LCSW

Pharmacy &
LCSW: Answer
Questions
and Provide
Support

- Contact the Clinical Pharmacy team for help with Prior Authorization and Patient Assistance applications
- Know that we provide these services and assist with mental health care needs
- Help identify patients that may benefit from more frequent HIV testing and PrEP

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Referral O & E

Referral and
O&E-
Answer
Questions

- Know that we provide these services and assist with referrals for other care needs
- Know that we provide these services and which insurance plans will pay for these services

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THE NEXT STEPS

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Hit the Ground Running!



- ▶ Start offering HIV tests
 - ▶ Contact Melissa Chruscinski if you have a positive patient
- ▶ Offer PrEP to patients at risk for HIV
 - ▶ Contact clinical pharmacy to help manage patients

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Not feeling ready?

More Training is coming

-  Short 15 to 30 minute models will be created specifically for Aza Staff
-  Have the summer to complete the training during working hours
-  Will provide CE/CME
-  Will get paid to do the training!

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Coming Soon!

CDC recommends that **everyone** between the ages of 13 and 64 get tested **at least once**. People with certain risk factors should get tested more often.



- ▶ Signs and handouts for patient rooms about testing all for HIV and about PrEP

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Coming Soon!



- ▶ Condom dispensers in the patient rooms with handouts on how to use male and female condoms

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Questions?
