

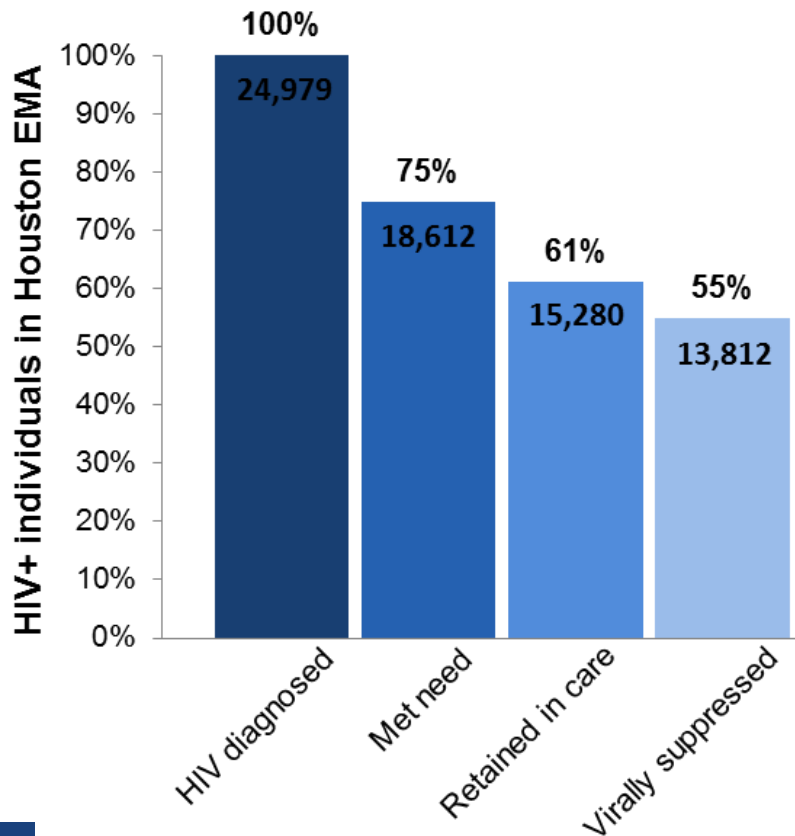
Interventional Surveillance: Project PrIDE and Beyond

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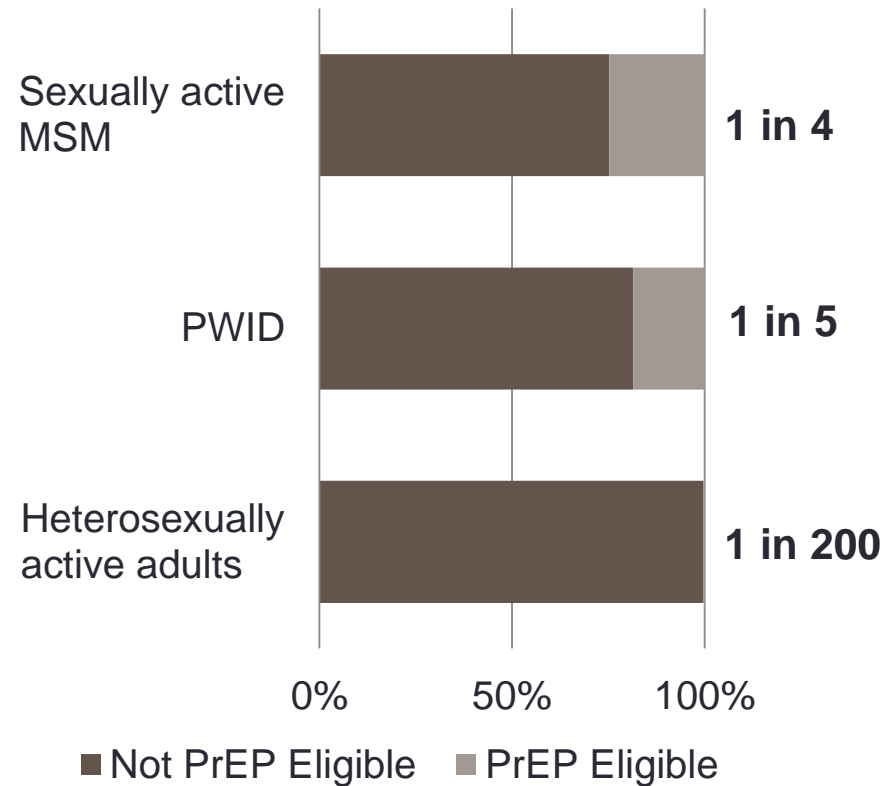
From Research to the Real World: Sharing Science Symposium
September 5, 2018

Why We Did this Study

HIV in Houston, 2014 ¹



PrEP Eligible in U.S. ²



What We Did

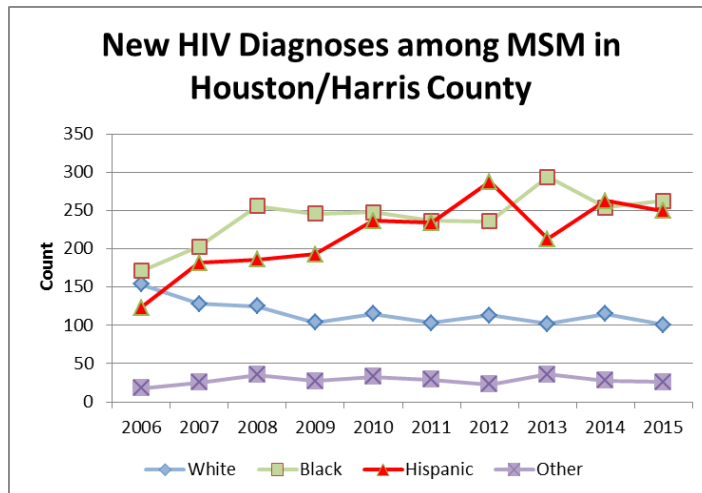
PUBLIC HEALTH SURVEILLANCE is the continuous, systematic collection, analysis and interpretation of health-related data.

- Serves as an early warning system for public health emergencies
- Documents the impact of the intervention
- Monitors and clarifies the distribution and determinants of health problems, which helps inform public health policy and strategies

DATA



PREVENTION ACTION



- HIV prevention efforts may be focused among populations with increases in HIV diagnoses.
- **Data to Care (D2C)** uses laboratory data to identify people who may be out of medical care in attempt to help link them back to care.

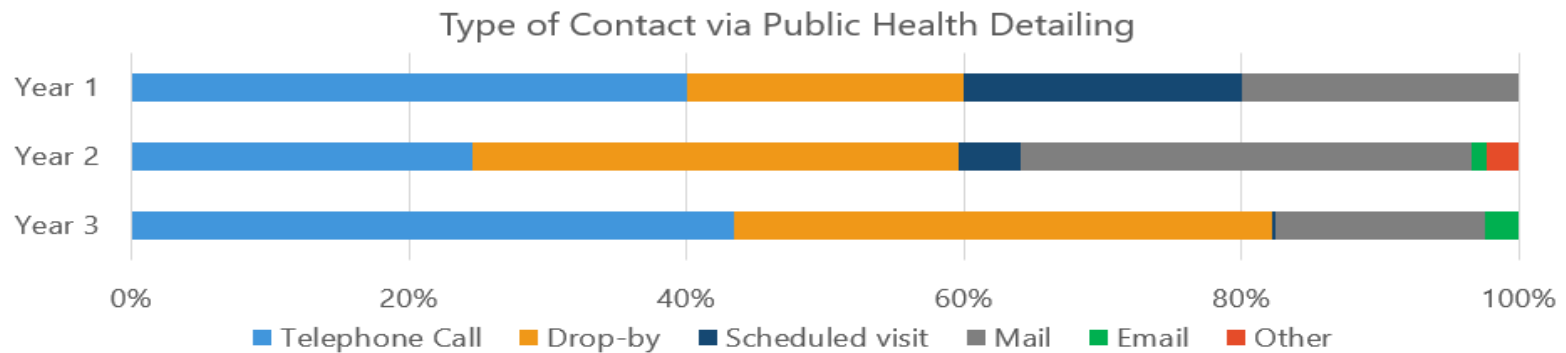
What We Did

- Project PrIDE: Health department demonstration project funded by CDC
 - Category 1: PrEP
 - Category 2: Data-to-Care (D2C)
- Three-year \$4.5 million grant from 2015-2018
- Focus: Men who have Sex with Men (MSM), transgender persons, and persons of color
- Unable to use CDC funds to pay for medication
 - Increase awareness among providers and community, including social marketing campaigns
 - Coordination of efforts, dissemination of lessons learned
 - Training, protocols, policies (facilitate referral and linkage)

What We Did

Reaching Providers to Increase Awareness about PrEP

Indicator	Target	Year 1	Year 2	Year 3	Total
Providers reached	100	2	154	158	314

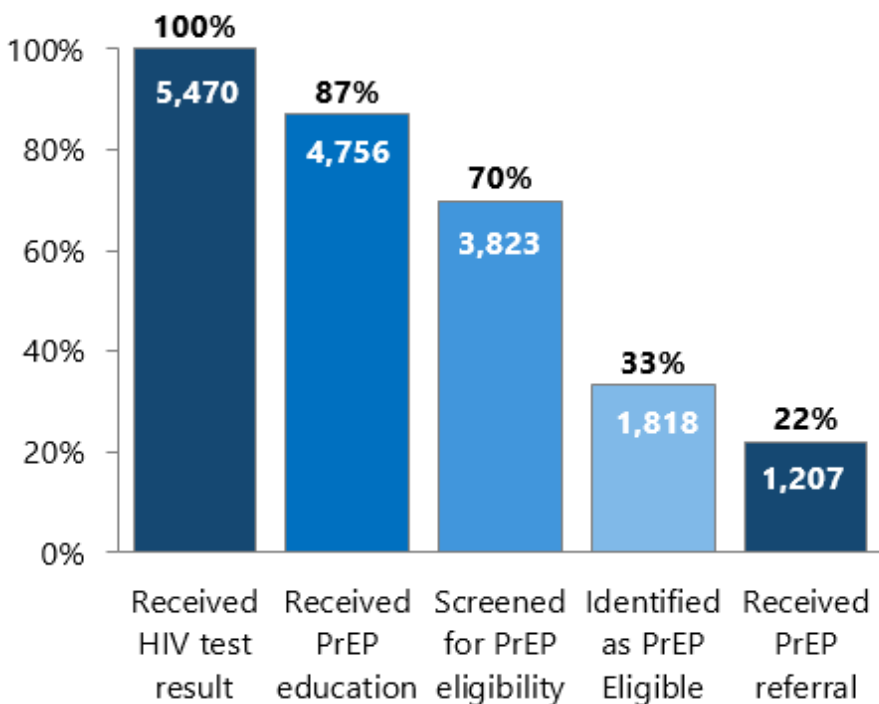


Indicator	Target	Year 1	Year 2	Year 3	Total
PrEP Provider Advisory Group meetings	3 – 4 / yr	3	4	4	11
Members		12	30	50	

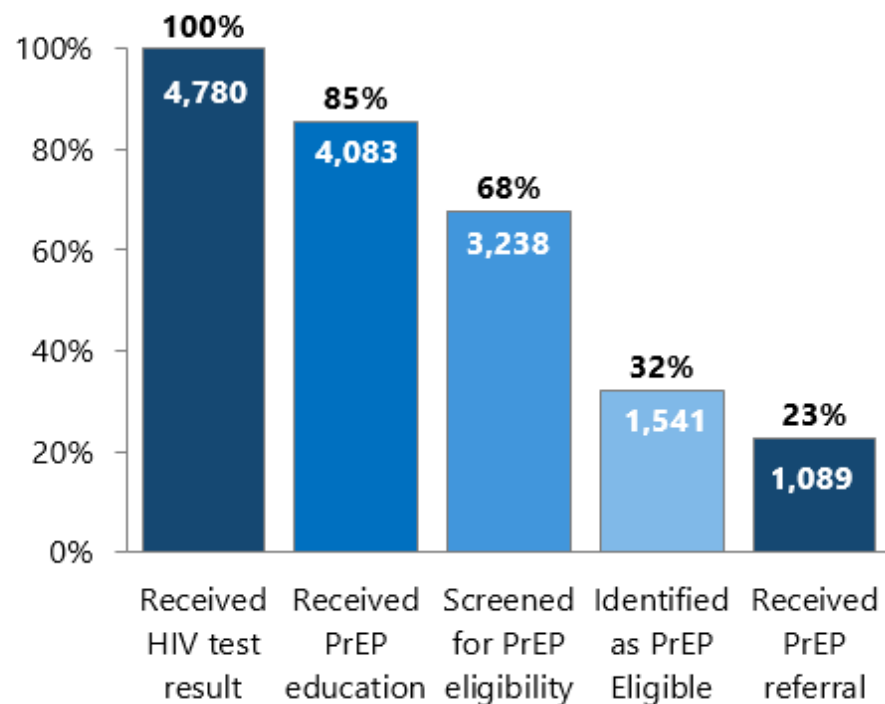
What We Found

HHD HIV Prevention Contractors: PrEP Cascade

Year 2: October 2016 – September 2017

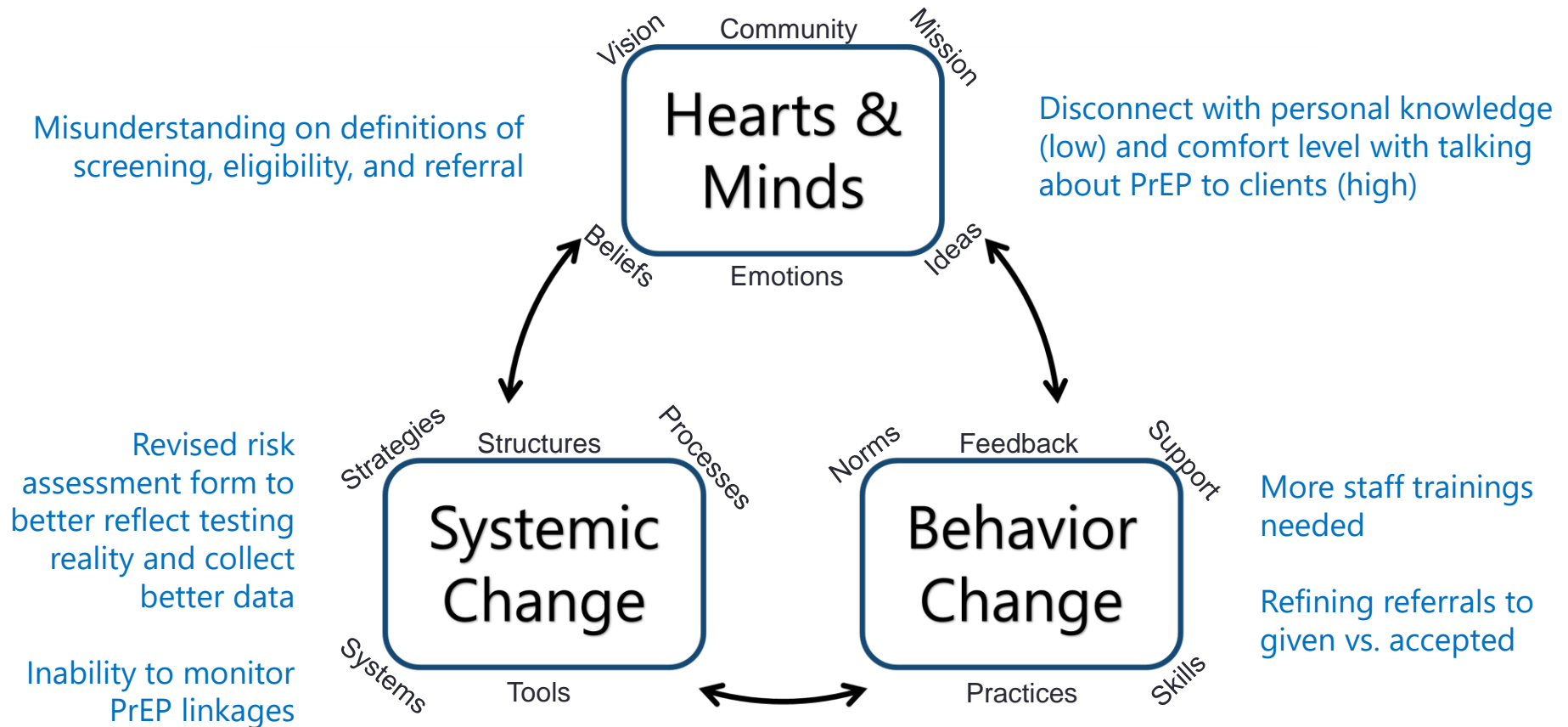


Year 3: October 2017 – July 2018



What We Found

HHD HIV Prevention Contractors: Referral Process Barriers



What We Found

How does D2C compare to other referral mechanisms for locating and re-linking clients to care?

	Number of Referrals Received	Referrals Administratively Closed (i.e., not assigned to SL Program)	Located Out of those Assigned to SL Program	Ineligible Out of those Located	Requested Medical Linkage Out of those Located and Eligible	Linked Out of those Located, Eligible, and Who Requested Medical Linkage
HHD Staff #1 (DIS)	795	116 (14.6%)	472 (69.5%)	17 (3.6%)	211 (46.4%)	152 (72.0%)
HHD Staff #2 (MMP)	77	1 (1.3%)	46 (60.5%)	3 (6.5%)	4 (9.3%)	4 (100.0%)
HHD Staff #3 (HEARTS)	12	0 (0.0%)	9 (75.0%)	0 (0.0%)	4 (44.4%)	2 (50.0%)
Self-referral	393	5 (1.3%)	320 (82.5%)	3 (0.9%)	80 (25.2%)	52 (65.0%)
D2C	1633	538 (32.9%)	377 (34.4%)	123 (32.6%)	25 (9.8%)	16 (64.0%)
Provider	679	393 (57.9%)	100 (35.0%)	43 (43.0%)	7 (12.3%)	4 (57.1%)
All other mechanisms	147	89 (60.5%)	26 (44.8%)	4 (15.4%)	9 (40.9%)	6 (66.7%)
Total	3736	1142 (30.6%)	1350 (52.0%)	193 (14.3%)	340 (29.4%)	236 (69.4%)
Recent client interaction	1338	158 (11.8%)	860 (72.9%)	25 (2.9%)	306 (36.6%)	216 (70.6%)
Data-initiated	2398	984 (41.0%)	490 (34.7%)	168 (34.3%)	34 (10.6%)	20 (58.8%)

What Our Results Mean and Why this Matters

PrEP

- High interest in coordination for sharing of lessons learned and best practices
- Monitoring success difficult: linkage and retention to PrEP not reportable
- Facilitators: in-house PrEP champion, provider training from the HHD and/or Gilead, establish protocols and forms modeled after existing testing reality
- Barriers: resistance to change, perceived patient cost, anticipated low patient demand
- *March 6, 2018 – “A new CDC analysis suggests only a small percentage of Americans who could benefit from pre-exposure prophylaxis (PrEP) have been prescribed it.”*

Data-to-Care (D2C)

- Critical element for evaluation and prioritization: new data system
- Difficult to locate these clients, many ineligible for services, and few request medical linkage
- Helped in understanding more about those who appear to be out of care! Utilizing existing data systems, we're able to conserve resources by administratively closing referrals.

Beyond Project PrIDE

Individual-level interventional surveillance efforts continue:

- D2C is a required strategy for all health departments in core CDC HIV prevention/surveillance funding
 - Results helped in prioritization of activities moving forward
- The HHD was awarded another CDC demonstration project from 2017-2020
 - Uses surveillance data to detect increased levels of HIV transmission in the community
 - Will include application of prevention strategies, such as HIV testing, linkage to or re-engagement in care, and PrEP
 - Population of focus: Hispanic/Latino MSM



Acknowledgments

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Collaborators

- HIV Prevention Contractors
- PrEP Provider Advisory Board
- D2C Referring Providers

D2C Pilot Collaborators

- Saroochi Agarwal
- Dr. Richard Grimes
- Kellie Watkins
- Richlyn Yond