1.1 million persons live with HIV in the U.S., 38,000 incidence annually.
In New Jersey, 37,000 live with HIV, 65.6% live in Essex County.
The UNAIDS reported that $19 billion was allocated for HIV/AIDS response globally with an anticipated $26.2 billion for 2020.
Robust evidence supports the use of Pre-exposure Prophylaxis (PrEP) for the prevention of HIV in the United States.
Current evidence suggest that PrEP is cost-effective in HIV prevention in high-risk populations.
Yet, only 12% of the high risk populations are enrolled in PrEP care per Center for Disease Control and Prevention (CDC, 2020).
The barriers that create gaps in PrEP initiation and retention need to be identified, and addressed in order to optimize PrEP delivery among the target population.

Introduction/Background and Significance

- 1.1 million persons live with HIV in the U.S., 38,000 incidence annually.
- In New Jersey, 37,000 live with HIV, 65.6% live in Essex County.
- The UNAIDS reported that $19 billion was allocated for HIV/AIDS response globally with an anticipated $26.2 billion for 2020.
- Robust evidence supports the use of Pre-exposure Prophylaxis (PrEP) for the prevention of HIV in the United States.
- Current Evidence suggest that PrEP is cost-effective in HIV prevention in high-risk populations.
- Yet, only 12% of the high risk populations are enrolled in PrEP care per Center for Disease Control and Prevention (CDC, 2020).
- Current evidence suggests that the widespread use of PrEP has been low, especially among minorities, women, LGBTQ and people who inject drugs.
- The barriers that create gaps in PrEP initiation and retention need to be identified, and addressed in order to optimize PrEP delivery among the target population.

Theoretical Framework

Plan: Gaps in PrEP program were identified
Do: Charts reviewed and data extracted
Study: Collected data analysed
Act: Findings identified & recommendations were offered to clinic

Methodology

STUDY DESIGN: Program Evaluation using secondary chart review data
SETTING: Sexual health clinic located in Newark, New Jersey serving a culturally diverse population
STUDY POPULATION/RECRUITEMENT CRITERIA/SAMPLE SIZE:
92 Charts of active and inactive Individuals enrolled in the PrEP care program between Jan 2019-November 2020.
Inclusion criteria: ages 18-89 without a diagnosis of HIV.

Results

- Adherence to follow-up visits decreased with time. At the 3-month visit, 72 of the original 90 patients kept their appointment. This number decreased to 58, 56 and 53 patients at the 6-, 9-, and 12-month F/U, respectively.
- 68 Patients were diagnosed with other sexually transmitted infections (STIs).

Discussion

- Discontinuation was relatively low, with 19% of participants discontinuing PrEP. One patient relocated and followed up at a different clinic and one patient declined PrEP.
- Reasons for discontinuing PrEP were not identified per the charts reviewed for the remaining patients.
- Unidentified reasons for discontinuation: No longer meet the clinical criteria, not having sex, having a primary partner, adverse effects, stigma concerns,

Recommendations

- Modify demographic data collection method to include patients’ gender and preferred sexual orientation per NASTAD.
- Increase outreach to underrepresented high-risk populations to include cisgender women, transgender individuals, persons who use IV drugs.
- Increase insurance coverage for PrEP and follow up labs.
- Incorporate strategies to support adherence and retention rates.
- Use EMR or Patient Portal Reminders.
- Strategies to improve retention: SMS text
- Telemedicine when clinics are closed.
- Addressing financial barriers.
- Incorporate use of Urosure Testing.
- Enhance services to address risk-compensation to reduce STIs, & culturally congruent care.

See handouts for reference list
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Improving the PrEP Care Continuum: A Program Evaluation
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Purpose

- Evaluate the PrEP program in an urban community based health clinic and develop recommendation to help improve the PrEP care continuum.

Results (cont.)

- Adherence to follow-up visits decreased with time. At the 3-month visit, 72 of the original 90 patients kept their appointment. This number decreased to 58, 56 and 53 patients at the 6-, 9-, and 12-month F/U, respectively.
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