

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.

Purpose

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

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

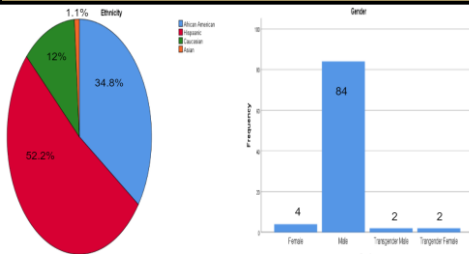
STUDY DESIGN: Program Evaluation using secondary chart review data

SETTING: Sexual health clinic located in Newark, New Jersey serving a culturally diverse population

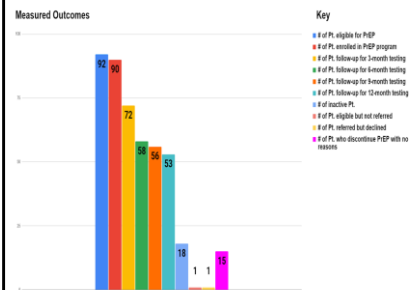
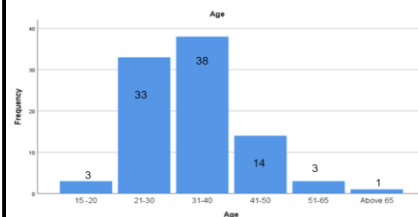
STUDY POPULATION/ RECRUITMENT CRITERIA/SAMPLE SIZE:

- 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



Results (cont.)



Discussion

- 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).

- 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

Contact information:
 Carmel Louis-Jacques
cb154@sn.rutgeres.edu
 Martha Bou-Chedid
mb1646@sn.rutgers.edu

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