



# Pre-Exposure Prophylaxis (PrEP) Community of Practice, Session #3

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# Pre-exposure Prophylaxis (PrEP): A Multidisciplinary Team Approach

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Health Center

# Truvada

(Emtricitabine 200 mg and Tenofovir 300 mg) 1 tab PO daily taken to reduce risk of transmitting permanent HIV infection

- Condomless sex w/ partners of unknown status
- IVDU
- Serodiscordant relationship

# UPTAKE

- Do people want to take it?
- Attitudes and stigma about PrEP
- Use during highest risk periods

# RISKS

- Sexual behavior while on PrEP
- Behavioral disinhibition
- Side effects, long term safety, pregnancy

# Multidisciplinary Team

- Physicians
- Pharmacists
- Nurse Practitioner
- Social Workers
- Nurses
- Medical Assistants
- Patient Advocates
- Front Desk Support

# Indications for PrEP Use by MSM (Men who have Sex with Men)

- Adult male
- Without acute or established HIV infection
- Any male partners in the past six months
- Not in a monogamous partnership with a recently tested, HIV negative man

# Indications for PrEP Use by MSM (Men who have Sex with Men)

- Any anal sex without condoms (receptive or insertive) in the past 6 months
- Any STI diagnosed or reported in past 6 months
- Is in an ongoing relationship with an HIV positive male partner



# Indications for PrEP Use by an Injection Drug User

- Adult person
- Without acute or established HIV infection
- Any injection of drugs not prescribed by a clinician in the past 6 months

# Indications for PrEP Use by an Injection Drug User

And at least one of the following:

- Any sharing of injection or drug preparation equipment in the past six months
- Been in methadone, or suboxone treatment in past six months
- Risk of sexual acquisition

# Multidisciplinary Team

- History & Risk Evaluation: The 5 “P’s”  
(Partners, Practices, Protection from STIs, Past Hx of STIs, Pregnancy)
- Challenges: Insurance referral, retention.
- Assessing the Risk of PrEP Treatment: acute HIV, renal function, chronic HBV, osteoporosis and pregnancy

**Lab List:** HIV 4<sup>th</sup> Gen testing, Creatinine, Hepatitis B serologies, HCG

# Multidisciplinary Team

- Challenges post-initial visit: Retention
- Follow Up Visits every three months.
- Challenges for providers: lack of knowledge

<http://www.cdc.gov/hiv/pdf/preprovidersupplement2014.pdf>

# PrEP Hotline

855-HIV-PrEP (855-448-7737) 11am to 6pm

# Action Steps

- Health Navigators
- Continued communication within Multidisciplinary Team
- Ensure team communicates care plan before presenting to patient
- Ensure all agency staff have general knowledge of where to refer patients for PrEP specific services

# Obstacles

- Limited long term follow up due to limited staff resources
- Patients do not attend medical appointments (need for follow up)
- No additional financial resources for programming

# Case Studies

Patient A:

- 26 y/o female newly involved with a +HIV female who was just diagnosed, not on a HIV regimen.
- Patient is 5 years sober from IVDU, HCV+, G6P3, identifies as a lesbian currently for the past two years. No other comorbidities, allergies.

Is she a PrEP candidate?



# Case Studies

Patient B:

- 82 y/o female in a serodiscordant relationship with a 55 y/o HIV+ man. Pertinent PMHx includes osteoporosis. No drug use, is a monogamous relationship for 10 years.

Is she a PrEP candidate?

Thank you for participating in this Webinar. We hope that you are able to find the information provided useful as you continue your P4C project. We ask that you take a few moments to complete the feedback survey you will receive when you close out of this webinar.

**Thank you for participating in today's webinar**

If you have any additional questions, please email us:

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