

## Highlights from the March 2018 IMPACT Collaborative Meeting

A unique and integral component of the ongoing *IMPACT on Health Disparities in HIV Prevention* continuing medical education (CME)/continuing education (CE) initiative is the collaboration among the carefully selected partners, brought together to share their unique perspectives and experience in identifying patients at greatest risk for HIV infection and in overcoming barriers to the implementation of effective prevention services. This collaboration has been successfully leveraged in the development of the sequenced educational activities that make up this initiative—ensuring widespread reach of the curriculum to the most appropriate learners as well as impactful delivery of evidence-based, culturally competent educational messages.

As the *IMPACT* curriculum goes into its second year, the HIV Prevention Collaborative remains the heart of its success, driving the development of timely and practical education that aims to eliminate disparities in HIV care. On March 14, 2018, the current members of the *IMPACT* Collaborative reconvened to discuss some of the persistent unmet needs in HIV prevention and provide their expert insights on current and future considerations for this successful program.

Chaired by Jeffrey T. Kirchner, DO, FAAFP, AAHIVS, Medical Director of the LGHP Comprehensive Care and Physician Advisor at Penn Medicine-LG Health in Lancaster, Pennsylvania, the Summit meeting was attended by Collaborative members John Brooks, MD, Senior Medical Advisor in the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention (CDC); Davin Cole, MS, DHSc, Director of Non-Physician Provider Development at Urban Health Plan; Niva Lubin-Johnson, MD, President of the National Medical Association (NMA); Elena Rios, MD, President of the National Hispanic Medical Association (NHMA); and Brian Hujdich, Executive Director of Health HIV/National Coalition for LGBT Health. Among the items discussed during this lively 2-hour session were an overview of and findings from each organization's current initiatives on HIV prevention; a brief review of HIV-prevention-related presentations from the recent 2018 Conference on Retroviruses and Opportunistic Infections (CROI); and a presentation and discussion of aggregate outcomes data from the 2017 *IMPACT* curriculum.

Dr. Cole kicked off the discussion with an overview of Urban Health Plan's ongoing pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) programs, which share the important goal of reducing HIV incidence across the South Bronx, Harlem, and Queens, New York. While the programs target traditional high-risk populations, such as men who have sex with men (MSM) and transgender people, women who are likely to benefit from HIV prevention are also included. Dr. Brooks then provided his take on the CDC's 14 active national programs for HIV prevention, stating that healthcare providers "now have the tools to end all new HIV infections in the United States."

While discussing HealthHIV's current prevention initiatives, Brian Hujdich mentioned that clinicians need to remain mindful of the terminology they use when talking to their patients, adding that terms like "MSM of color," while technically accurate, may alienate some individuals, contributing to their "overall questioning of healthcare delivery, including prevention services."

Dr. Lubin-Johnson and Dr. Rios spoke of their respective organizations' involvement in the Partnering and Communicating Together to Act Against AIDS (PACT) initiative, the goals of which are to advance the aims of the National HIV/AIDS Strategy and increase awareness of the Act Against AIDS initiative. "We also strive to improve scientifically proven, scalable testing prevention and treatment strategies for the most vulnerable HIV populations along the care continuum," added Dr. Lubin-Johnson.

While providing the group with a succinct overview of select HIV prevention presentations from CROI, Dr. Kirchner touched upon a recurrent theme: for a variety of reasons, many of the people at greatest risk for HIV infection are unable to access effective preventive care. “Despite our efforts, only about 10% of people who are eligible for PrEP actually receive it,” he said, adding that “If you break that down even further, only about 1% to 2% of black men are receiving PrEP.” Dr. Kirchner cited 2 “discouraging” studies. The first, presented by Dawn Smith, MD, of the CDC, showed that while southern US states have the greatest number of black patients who are eligible for PrEP, uptake of PrEP in this region is low. In the second, results from a study of the National Prescription Database supported the fact that people who live in the southeastern US—particularly those who reside in states that opted not to expand Medicare under the Affordable Care Act (ACA)—were less likely to receive PrEP than were patients in other US regions.

Patient retention in HIV prevention programs is also low, said Dr. Kirchner, citing several additional CROI studies that examined patients taking PrEP who lost access to health insurance and subsequently discontinued treatment. Members of the Collaborative expressed varying sentiments about insurance issues serving as a barrier to PrEP access. Dr. Cole stated that “We [at UHP] don’t really have a problem with access. If we have identified a patient who needs PrEP, we can get it for them through the Patient Assistance Program offered by Gilead, through insurance, or through the 340B.” Mr. Hujdich disagreed, stating that HealthHIV is “still seeing consumers who report a variety of issues that seem to be subtle attempts to prevent people from accessing PrEP.” Dr. Lubin-Johnson opined that changes to the ACA have impaired the ability of many patients she sees to access to PrEP across the board. Drawing upon the fact that black and Latino individuals are at highest risk for HIV infection, Dr. Rios stressed the need for cultural competency when educating patients about HIV risk and prevention.

Data from CROI showing the safety of PrEP for most patients were reviewed by the group, as were alternative dosing strategies and use in populations other than MSM. Dr. Cole mentioned that UHP discourages the use of on-demand PrEP among their providers and other faculty agreed, adding that the practice may prove confusing to many patients. The importance of collaborating with a community pharmacist was also discussed, with Dr. Lubin-Johnson mentioning that “These providers are extremely helpful in educating patients who take PrEP about how to take the meds, side effects, etcetera, and reiterating that they need to take it every day.”

The Summit concluded with a review of outcomes data from the 2017 *IMPACT* initiative. To date, 21,615 clinicians have participated in the *IMPACT* activities, and 11,787 have claimed either CME or CE credit. Collectively, it’s estimated that the education will impact over 32,000 patients per week. However, despite these positive data, barriers to practice change persist. For example, while 80% of *IMPACT* learners acknowledged the need to make practice changes, only 31% said they would be able to do so. Issues related to patient adherence and insurance/reimbursement were cited as key barriers.

“From the primary care clinician’s perspective, I think there’s a fear there that by providing PrEP, they’re providing HIV care,” said Dr. Cole, adding that “There’s a thought that HIV care is very complex.” Dr. Brooks agreed, concluding that “It’s important to really dissuade primary care clinicians of the notion that they’re picking up this whole burden of care when, in fact, they would be preventing a disease that we now have the tools to completely eradicate.”