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Integrating HIV and STI Prevention into Primary Care: Best Practices and Beyond

Thursday, November30th, 2023
3:00pm-4:00pm Eastern / 12:00pm-1:00pm Pacific

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Provides free training and technical assistance to health centers across the nation through national webinars, learning collaboratives, activity sessions, trainings, research, publications, etc.

Team-Based Care

- Fundamentals of Comprehensive Care
- Advancing Team-Based Care

Training the Next Generation

- Postgraduate Residency and Fellowship Training
- Health Professions Training

Emerging Issue

- HIV Prevention

Advancing Health Equity

Preparedness for Emergencies and Environmental Impacts on Health

Speakers

- **Marwan Haddad, MD, MPH, AAHIVS,** Medical Director, Center for Key Populations, Community Health Center, Inc.,
- **Jeannie McIntosh, APRN, FNP-C, AAHIVS,** Family Nurse Practitioner, Center for Key Populations, Community Health Center, Inc.
- **Briana Reaves, MBA, SUH,** Program Manager, Center for Key Populations, Community Health Center, Inc.

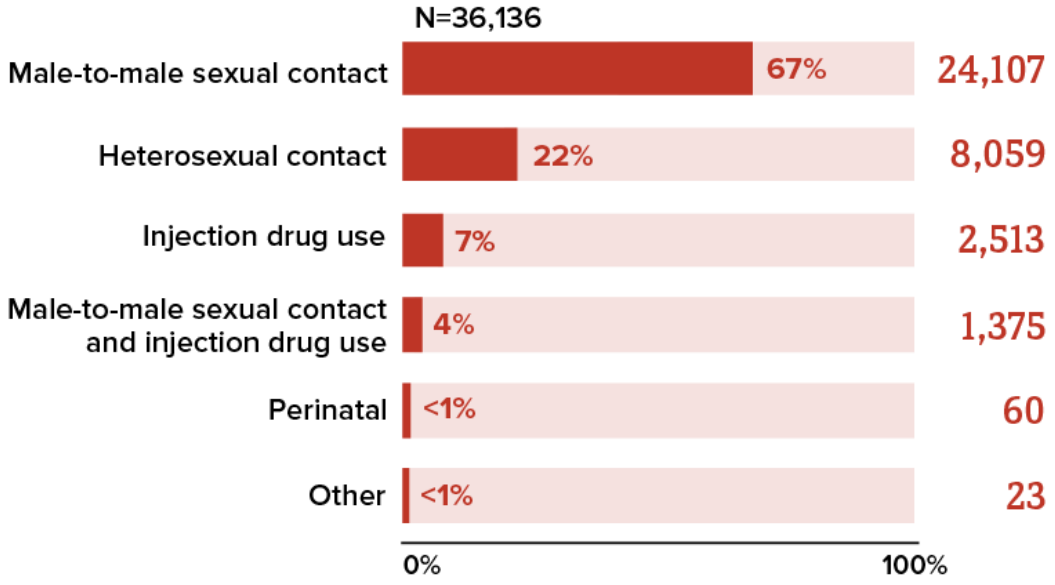
Background

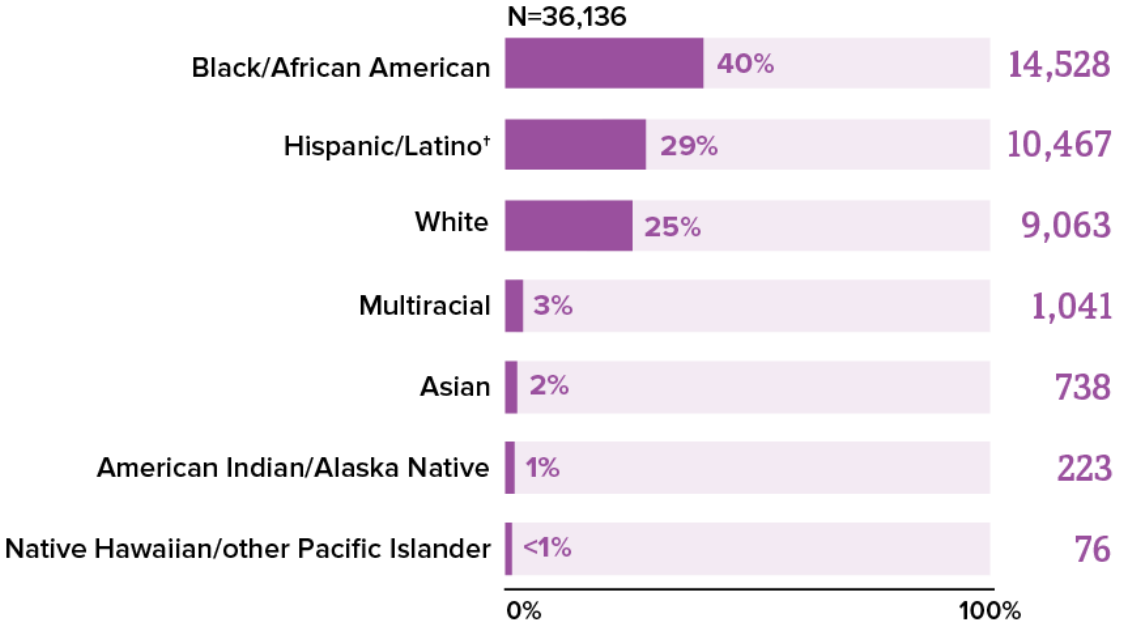
- April 14, 2022: Integrating HIV Prevention into Primary Care
  - Slides and Recording: www.chc1.com/nca
- This webinar discussed best practices for integrating HIV prevention (e.g. HIV testing, PrEP and linkage to care) into primary care within the context of enhancing clinical workforce development.

Objectives

- Review HIV epidemiology and disparities in PrEP utilization
- Discuss HIV status neutral framework
- Provide overview of PrEP eligibility, prescribing, and monitoring
- Review PrEP medication coverage options
- Explore the integration of substance use health and HIV prevention
- Discuss PrEP education and training options: ECHO, Fellowship

New HIV Diagnoses in the United States 2021





- New Diagnoses in 2021: 36,136
  - 71% among MSM
  - 69% among Black and Hispanic

Volume 34 | HIV Surveillance | Reports | Resource Library | HIV/AIDS | CDC

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PrEP in the United States 2022-2023

- About 1.2 million persons in the US are likely to benefit from PrEP[1]
  - 1 in 4 sexually active MSM: 814,000[2]
  - 1 in 5 PWIDs: 73,000[2]
  - 1 in 200 heterosexual adults: 258,000[2]
- In 2022, 36% of those who could benefit from PrEP were prescribed PrEP.
- Blacks and Hispanics account for 69% of new HIV infections but their PrEP use is too low.
  - 94% of Whites who could benefit from PrEP were prescribed it.
  - 13% of Blacks who could benefit were prescribed it.
  - 24% of Hispanics who could benefit were prescribed it.

	2022			2023 (January–March)		
	Persons prescribed PrEP[a]	Persons with PrEP indications[b]	PrEP coverage[c]	Persons prescribed PrEP[a]	Persons with PrEP indications[b]	PrEP coverage[c]
	No.	No.	%	No.	No.	%
Sex at birth						
Male	405,189	989,200	41.0	285,069	989,200	28.8
Female	32,854	227,010	14.5	18,475	227,010	8.1
Race/ethnicity[d]						
Black/African American	60,056	468,540	12.8	39,202	468,540	8.4
Hispanic/Latino[e]	76,481	312,820	24.4	51,853	312,820	16.6
Other	19,130	131,180	14.6	13,255	131,180	10.1
White	282,494	300,650	94.0	199,306	300,650	66.3
Total	438,164	1,216,210	36.0	303,616	1,216,210	25.0

1. Harris. MMWR Morb Mortal Wkly Rep. 2019;68:1117. 2. Smith. Ann Epidemiol. 2018;28:.e9. 3. Sullivan. J Int AIDS Society. 2020;23:e25461.
https://www.cdc.gov/hiv/library/reports/surveillance-data-tables/vol-4-no-3/index.html

Case Study

Juan is a 28-year-old Hispanic man who has sex with men (MSM).

He has come in for a routine check-up and said he'd like to "get tested for everything".

When asked if has anything specific he is worried about, he shares that he has had penile discharge for the last two days.

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Sexual Health Approach: Sex Positive, Status Neutral Paradigm

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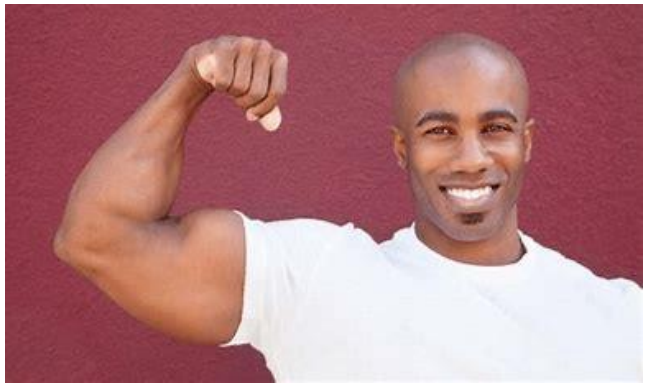
Sex Positive, Status Neutral Goals

- Promote healthy sex lives.
- Invite open and comfortable dialogue about sex.
  - No matter who you are, who or how many you have sex with, and what kind of sex you like.
  - Straight, bi, gay, pansexual; cis, trans, or non-binary gender; living with or without HIV.
- Empower with knowledge and choice.
- Protect through prevention, screening, and treatment.



Sex Positive, Status Neutral Approach

- Be comfortable talking about sex.
- Check any judgment at the door.
- Make no assumptions.
- Create a welcoming environment.

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Sex Positive, Status Neutral Framework

- Determine who needs STI and HIV testing.
- Identify those without HIV who remain at risk and refer for PrEP.
- Identify those with HIV and link them to HIV care to promote individual health and prevent transmission.

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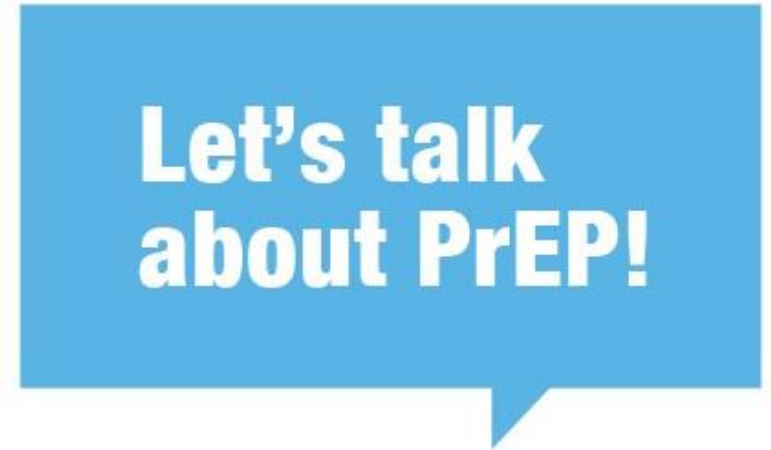
Sexual History:
Assessing HIV/STI Screening Need in 6 Questions

1. Have you ever had oral, vaginal, or anal sex?
2. When was the last time?
3. Are partners men, women, transmen, transwomen and how many (1 or >1)?
4. Do you use condom always, sometimes, or never or on PrEP?
5. Any symptoms?
6. Were you exposed to any STIs that you know?

Assessing Eligibility for PrEP

- Determine eligibility based on a good sexual and substance use history.
- Prescribe PrEP if
  - Individual has engaged in anal or vaginal sex in past 6 months and
    - Has partner with HIV, especially if unknown or detectable VL or
    - Has one or more sexual partners with no or inconsistent condom use or
    - Had bacterial STI (GC, chlamydia, syphilis) in past 6 months
  - Individual has injected in past 6 months and
    - Has injecting partner with HIV or
    - Has shared injection equipment
  - Individual requests PrEP



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Proactive Identification of Individuals who Potentially Could Benefit from PrEP

- Sexual Orientation/Gender Identity (SOGI) collection
  - MSM and transgender women
- HIV/STI testing
  - Syphilis, gonorrhea, chlamydia in last 6 months
- Substance use disorder diagnoses
  - ICD-10
  - Buprenorphine/methadone/naltrexone on medication list

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Case Study

On sexual history, Juan is having sex with multiple male partners, oral/anal, insertive and receptive.

On occasion, he uses condoms for anal sex.

Has not heard of PrEP.

Noticed greenish discharge from penis 2 days ago and burning with urination.

No anal or oral symptoms; no rash; no exposure to STIs as far as he knows.

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CDC PrEP Guidelines 2021

Table 1a: Summary of Clinician Guidance for Daily Oral PrEP Use

	Sexually-Active Adults and Adolescents[1]	Persons Who Inject Drug[2]
Identifying substantial risk of acquiring HIV infection	Anal or vaginal sex in past 6 months AND any of the following: • HIV-positive sexual partner (especially if partner has an unknown or detectable viral load) • Bacterial STI in past 6 months[3] • History of inconsistent or no condom use with sexual partner(s)	HIV-positive injecting partner OR Sharing injection equipment
Clinically eligible	**ALL OF THE FOLLOWING CONDITIONS ARE MET:** • Documented negative HIV Ag/Ab test result within 1 week before initially prescribing PrEP • No signs/symptoms of acute HIV infection • Estimated creatinine clearance ≥30 ml/min[4] • No contraindicated medications	
Dosage	• Daily, continuing, oral doses of F/TDF (Truvada®), ≤90-day supply OR • For men and transgender women at risk for sexual acquisition of HIV; daily, continuing, oral doses of F/TAF (Descovy®), ≤90-day supply	
Follow-up care	**Follow-up visits at least every 3 months to provide the following:** • HIV Ag/Ab test and HIV-1 RNA assay, medication adherence and behavioral risk reduction support • Bacterial STI screening for MSM and transgender women who have sex with men[3] – oral, rectal, urine, blood • Access to clean needles/syringes and drug treatment services for PWID **Follow-up visits every 6 months to provide the following:** • Assess renal function for patients aged ≥50 years or who have an eCrCl <90 ml/min at PrEP initiation • Bacterial STI screening for all sexually-active patients[3] – [vaginal, oral, rectal, urine- as indicated], blood **Follow-up visits every 12 months to provide the following:** • Assess renal function for all patients • Chlamydia screening for heterosexually active women and men – vaginal, urine • For patients on F/TAF, assess weight, triglyceride and cholesterol levels	

[1] adolescents weighing at least 35 kg (77 lb)

[2] Because most PWID are also sexually active, they should be assessed for sexual risk and provided the option of CAB for PrEP when indicated

[3] Sexually transmitted infection (STI): Gonorrhea, chlamydia, and syphilis for MSM and transgender women who have sex with men including those who inject drugs; Gonorrhea and syphilis for heterosexual women and men including persons who inject drugs

[4] estimated creatine clearance (eCrCl) by Cockcroft Gault formula ≥60 ml/min for F/TDF use, ≥30 ml/min for F/TAF use

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CDC PrEP Guidelines 2021

Table 1b: Summary of Clinician Guidance for Cabotegravir Injection PrEP Use

	Sexually-Active Adults	Persons Who Inject Drugs[1]
Identifying substantial risk of acquiring HIV infection	Anal or vaginal sex in past 6 months AND any of the following: • HIV-positive sexual partner (especially if partner has an unknown or detectable viral load) • Bacterial STI in past 6 months[2] • History of inconsistent or no condom use with sexual partner(s)	HIV-positive injecting partner OR Sharing injection equipment
Clinically eligible	**ALL OF THE FOLLOWING CONDITIONS ARE MET:** • Documented negative HIV Ag/Ab test result within 1 week before initial cabotegravir injection • No signs/symptoms of acute HIV infection • No contraindicated medications or conditions	
Dosage	• 600 mg cabotegravir administered as one 3 ml intramuscular injection in the gluteal muscle o Initial dose o Second dose 4 weeks after first dose (month 1 follow-up visit) o Every 8 weeks thereafter (month 3,5,7, follow-up visits etc)	
Follow-up care	**At follow-up visit 1 month after first injection** • HIV Ag/Ab test and HIV-1 RNA assay **At follow-up visits every 2 months (beginning with the third injection – month 3) provide the following:** • HIV Ag/Ab test and HIV-1 RNA assay • Access to clean needles/syringes and drug treatment services for PWID **At follow-up visits every 4 months (beginning with the third injection- month 3) provide the following:** • Bacterial STI screening[2] for MSM and transgender women who have sex with men[2] – oral, rectal, urine, blood **At follow-up visits every 6 months (beginning with the fifth injection – month 7) provide the following:** • Bacterial STI screening[1] for all heterosexually-active women and men – [vaginal, rectal, urine - as indicated], blood **At follow-up visits at least every 12 months (after the first injection) provide the following:** • Assess desire to continue injections for PrEP • Chlamydia screening for heterosexually active women and men – vaginal, urine **At follow-up visits when discontinuing cabotegravir injections provide the following:**	
	• Re-educate patients about the "tail" and the risks during declining CAB levels • Assess ongoing HIV risk and prevention plans • If PrEP is indicated, prescribe daily oral F/TDF or F/TAF beginning within 8 weeks after last injection • Continue follow-up visits with HIV testing quarterly for 12 months	

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Recommended PrEP Regimens

- Fixed-dose TDF/FTC (Truvada or generic) for MSM, transgender women, heterosexually active men and women, and people who inject drugs.
  - Single pill once daily
  - On-Demand 2-1-1 (MSM only)
- Fixed-dose TAF/FTC (Descovy) for sexual prevention in men and transgender women.
  - Single pill once daily
- Injectable cabotegravir (Apretude) for adults and adolescents at least 35 kg.
  - Monthly injection for 2 months then every other month.

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Case Study

Upon discussing PrEP, Juan decides he would like to go on oral PrEP.

- He does not like needles and was not keen on having a medication injected in him that lasts for 2 months in his system.

Medication List: Buproprion XL 300 mg once a day

Past Medical History: Depression, ADHD

Juan expresses concerns about adhering to daily medication.

- Strategies for adherence are discussed, such as using smartphone reminders; coupling with his buproprion.

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Case Study

Empiric GC/chlamydia treatment provided:

- IM Ceftriaxone 500 mg stat dose
- Doxycycline 100 mg twice a day for 7 days

HIV/STI screening: HIV Ab/Ag 4th generation, Syphilis, GC/chlamydia oral/anal/urine, Comprehensive Metabolic Panel, Hepatitis A/B/C

Prescribed generic TDF/FTC 300 mg/200 mg 1 tablet once a day

- Covered under Medicaid
- Told not to start TDF/FTC until he receives a call that HIV result is negative.
  - Alternatively, rapid HIV test could be performed.

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Case Study: 1-Month Follow-up

Had tested positive for urethral GC.

- Symptoms had resolved post treatment.

Hepatitis A and B negative and not immune. Vaccination series started.

Hepatitis C negative.

Tolerating TDF-FTC relatively well.

- Had nausea when he first started it but now resolved.

Missing 1-2 doses a week.

- 4-7 doses a week equivalent protection.

Lost Medicaid.

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Ready, Set, PrEP

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- Federal program that provides free Truvada and Descovy to people living in the US who have a prescription from a healthcare provider.
- No income cap.
- Social security number not required on application.
- Application can be faxed or completed online. Once accepted, member receives member ID, BIN and Group Number that needs to be provided to pharmacy.

PARTICIPATING PHARMACIES

Randalls, Rite Aid Pharmacy, Safeway, Sam's Club, ACME, Albertsons, Amigos, Avita Pharmacy, Shaw's, Star Market, Tom Thumb, United Supermarkets, Carrs Safeway, CVS Health, Haggen Northwest Treats, Health Mart Pharmacy, Vons, Walgreens, Walmart, Jewel Osco, Market Street, MedCart Specialty Pharmacy, Pavilions

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Drug Manufacturers Patient Assistance Programs

Truvada and Descovy

- Copay Coupon Card for commercially insured patients with high copay
- Patient Support Program for patients without prescription drug coverage

Apretude

- Savings Program for commercially insured patients
  - up to $7,500 in assistance with out-of-pocket costs per year
- Patient Assistance Program (PAP)
  - Free medication for patients with very limited (or no) prescription drug coverage
  - Household income ≤ 500% federal poverty level

https://www.gileadadvancingaccess.com/

Discounted Generic Emtricitabine/Tenofovir DF

- 30-day supply for less than $30 per month
- A good option for patients who want to pick up the Rx immediately and do not mind paying out-of-pocket
- Options:
  - 340B – at eligible clinics serving low-income communities
  - Pharmacy discount programs
  - GoodRx https://www.goodrx.com/truvada

Case Study: PrEP Coverage

Reaches out to PrEP navigator for assistance. He has several options:

- Generic: 340B or pharmacy discount ($15-20/month)
- Ready Set PrEP
- Gilead Patient Assistance Program

Opts to pay for generic

- Fear of giving his personal information to a federal program.

Discuss 2-1-1 option as equivalent effectiveness as a way to stretch the prescription if having sex less than once a week.

2-1-1 Oral PrEP On-Demand

- Taking PrEP before and after sex, instead of daily.
  - 2 pills at least 2-24 hours before sex
  - 1 pill 24 hours after first dose
  - 1 pill 48 hours after first dose
  - If sexual activity continues, take 1 pill every 24 hrs until 48 hrs after last encounter.
- Only studied in MSM and transwomen and only with TDF/FTC (Truvada).
  - ANRS Ipergay, ANRS Prevenir, AMPrEP studies
- Not FDA approved but is recommended as an option in CDC Guidelines for MSM and transwomen
- For those who experience side effects, they may continue to occur with every use.
- Best to avoid in a person with chronic active Hepatitis B infection.

Case Study: 3-month Follow up

Complains of rectal itching and penile discharge.

STI testing reveals HIV negative but positive for rectal GC and urethral GC/chlamydia.

On further discussion, he states he is injecting fentanyl and has been having sex with men to get drugs.

He has met a new partner that he is hoping will go somewhere and really wants to be able to get off the drugs.

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Case Study: 3-month Follow up

Discussed medications for opioid use disorder: methadone, buprenorphine and naltrexone.

Interested in starting buprenorphine.

- Detailed instructions given on how to take and start buprenorphine, especially since fentanyl tail is long and can cause problems with precipitated withdrawal.
- Prescribed naloxone for overdose prevention.

Does not want to engage with behavioral health at this time.

Discussed Doxy-PEP given his frequent STIs.

- Was happy to be able to take something to prevent him from getting these infections.

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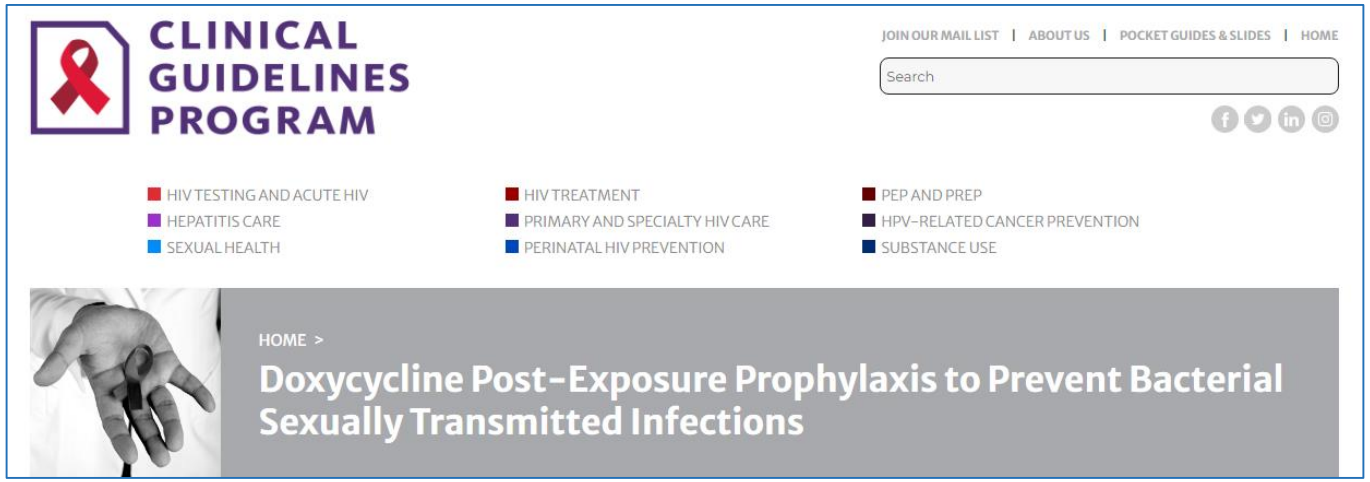
STI Prevention: DOXY-PEP

- Randomized (2:1) open-label trial in Seattle and San Francisco of 501 MSM and TGW with STI in past year.
  - 327 people on PrEP; 174 people with HIV
  - 67% White, 7% Black, 11% Asian, 30% Hispanic, 3% TGW/NB
  - Median # sex partners in past 3 months: 9
- Treatment arm: doxycycline 200 mg w/in 72 hrs post sexual encounter.

- Significantly decreased infections of gonorrhea, chlamydia, and syphilis in patients on PrEP and patients with HIV at quarterly visits
  - In patients on PrEP: 10.7% vs. 31.9%
    - Decrease by 55% for gonorrhea, 88% for chlamydia, 87% for syphilis
  - In patients with HIV: 11.8% vs. 30.5%
    - Decrease by 57% for gonorrhea, 74% for chlamydia, 77% for syphilis
- Combined incidence of gonorrhea, chlamydia, and syphilis was lowered by two thirds with doxy-PEP than with standard of care.



- Offer to cisgender men and transgender women who are on PrEP or with HIV and who have condomless sex with partners assigned male sex at birth and have had a bacterial STI in the past year and are at ongoing risk of STI exposure.
  - Should also offer it to cisgender men and transwomen who are not taking PrEP or without HIV.
  - Shared decision making with cisgender men who have sex with partners assigned female sex at birth on a case by case basis.
- CDC has drafted Doxy-PEP guidelines on October 2 and are out for public comment for 45 days.

https://www.hivguidelines.org/guideline/sti-doxy-pep/

PrEP for People who Inject Drugs (PWID)

- Only about 1-3% of PWID are estimated to be taking PrEP.
- Provider bias and concerns about adherence are cited as two of the reasons for low PrEP uptake in this population.
- Bangkok Tenofovir Study (2013): Daily tenofovir DF found to reduce HIV transmission by 49% in PWID.
- Subsequent analysis showed at least 74% efficacy when TDF observed to be taken consistently and detectable in blood, highlighting the importance of adherence.

1. HIV and Injection Drug use. *CDC*. Last updated April 2021. https://www.cdc.gov/hiv/basics/hiv-transmission/injection-drug-use.html
2. Pleuhs B, Mistler CB, Quinn KG, Dickson-Gomez J, Walsh JL, Petroll AE, John SA. Evidence of Potential Discriminatory HIV Pre-Exposure Prophylaxis (PrEP) Prescribing Practices for People Who Inject Drugs Among a Small Percentage of Providers in the U.S. *J Prim Care Community Health*. 2022 Jan-Dec;13:21501319211063999. doi: 10.1177/21501319211063999. PMID: 35068243; PMCID: PMC8796077.
3. Choopanya, K. et al. "Antiretroviral prophylaxis for HIV infection in injecting drug users in Bangkok, Thailand (the Bangkok Tenofovir Study): a randomised, double-blind, placebo-controlled phase 3 trial." *Lancet*. 2013; 381: 2083–90

Substance Use and HIV Prevention

- Taking a substance use history
- Assessing risk of HIV exposure
  - Injection history; sharing needles
  - **Offering HIV PrEP**
  - Screening for HIV, viral hepatitis, and other injection-related infections
- Offering harm reduction strategies and syringe services program including naloxone.

Substance Use and HIV Prevention

- Referring to substance use treatment
- Providing medication for opioid use disorder (MOUD)
- Offering ongoing support and counseling
- Collaborating with a multidisciplinary team
  - Recovery Care Coordinators
- Developing personalized care plan

Case Study

GC and chlamydia treated.

Starts buprenorphine sublingual.

Doxy-PEP prescribed.

Primary partner has disclosed to Juan that he has HIV.

- Partner is on HIV medication, is pretty adherent but misses 1 dose on average every week, but is virally suppressed.

On occasion, both have outside male partners, separately and together.

Case Study

At MOUD follow up visit, Juan is doing well.

- Rare use of fentanyl once every 2-3 weeks and no longer injecting.
- Has responded well to buprenorphine and his goal is to stop fentanyl altogether.

Given partner with HIV is not always adherent to his HIV medication because of pill fatigue and they have outside partners with no condom use, he wants to stay on PrEP.

Since his partner is considering injectable cabotegravir/rilpivirine for his HIV treatment, he would like to consider switching to injectable cabotegravir.

What is Treatment as Prevention?

A person with HIV who takes HIV medicine as prescribed and gets and stays virally suppressed or undetectable can stay healthy and has effectively no risk of sexually transmitting HIV to HIV-negative partners.

https://www.cdc.gov/hiv/risk/art/index.html

Prevention Access Campaign: 2016

https://www.preventionaccess.org/

Transitioning from Oral to Injectable PrEP

- Evaluating patient preferences
- Assessing adherence challenges
- Discussing potential benefits
- Considering individual circumstances
- Addressing concerns
- Monitoring and support
- Coverage:
  - Insurance; prior authorization
  - Patient Assistance Program through ViiV Connect (uninsured and underinsured)

PrEP Monitoring

- Oral PrEP Monitoring (F/TDF, F/TAF)
  - HIV test (Ab/Ag + HIV RNA) every 3 months
  - STI screening every 3 months for MSM/transwomen and every 6 months for all others
  - Renal function every 6 months for 50+ and GFR<90, once a year for all others.
  - If on F/TAF, lipids once a year

- Injectable PrEP Monitoring (Cabotegravir)
  - HIV test (Ab/Ag + HIV RNA) every 2 months
  - STI screening every 4 months for MSM/transwomen and every 6 months for all others

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Case Study

Apply through ViiV Connect and obtain injectable cabotegravir.

The day he stops TDF/FTC, he comes in for first injection.

Comes in next month for second injection and then every 2 months +/- 7 days.

Combine injection visit with buprenorphine visit every 2 months with HIV/STI testing and toxicology screening.

Using Doxy-PEP when outside partners are involved; no new STIs diagnosed.

Since stopped using opioids, frequency of outside partners decreased significantly.

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Case Study

After 6 months, Juan states things are going well with partner.

He is thinking about stopping PrEP.

His partner has not missed any injections for his HIV treatment and is doing well.

They have been talking about not having any more outside partners.

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Case Study

Discussed cabotegravir tail persisting for many months after last injection.

If ongoing exposure, would need to ensure alternate HIV prevention methods.

- Oral PrEP
- Condoms
- PEP

Can restart on PrEP if his situation changes in the future.

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PrEP Training and Education

- Crucial for providers and clinical teams to competently provide HIV prevention and treatment services
- Need for syndemic approach to these overlapping epidemics.
  - HIV, STIs, Hepatitis C (HCV), Hepatitis B (HBV), Substance Use Disorder (SUD)/Medication for SUDs
- Center for Key Populations at CHC, Inc. provides direct care and serves as trainer/consultant for agency.
  - Project ECHO
  - NP Fellowship in HIV and Key Populations

Origins of Project ECHO

Dr. Sanjeev Arora
University of New Mexico

"The mission of Project ECHO is to develop the capacity to safely and effectively treat chronic, common and complex diseases in rural and underserved areas and to monitor outcomes."

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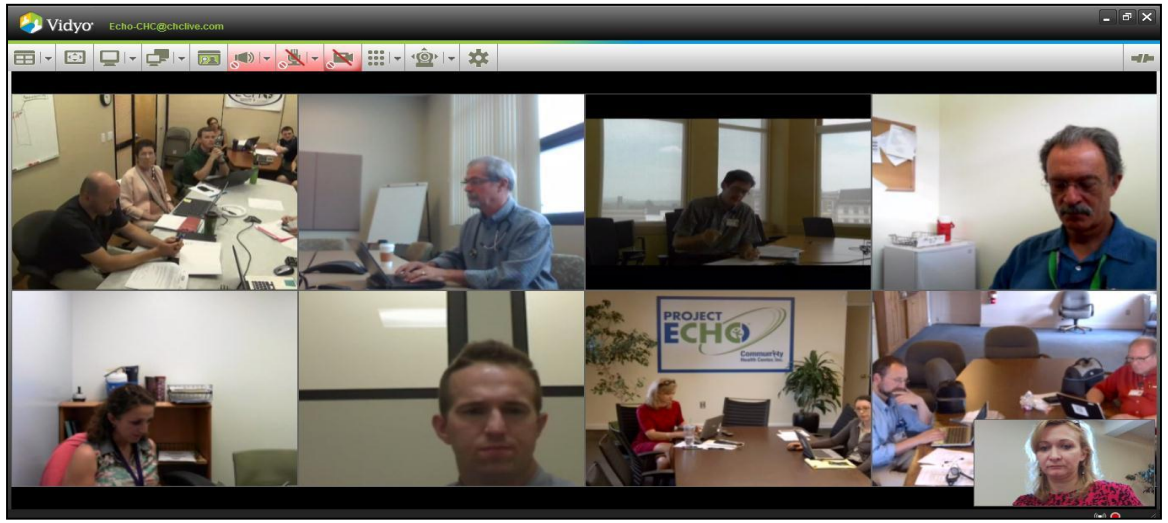
Why Project ECHO?



- Builds a learning community
- Connects primary care providers with a panel of expert multidisciplinary faculty
- Improves access to care
- Creates a force multiplier

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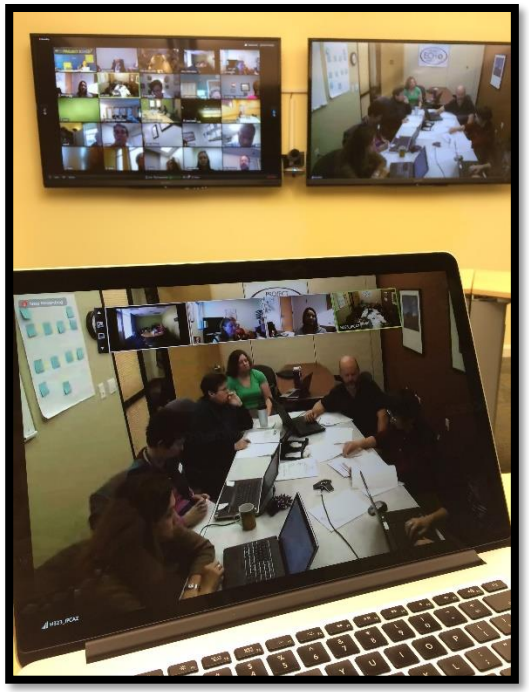
CHC's ECHO Learning Community

Since Jan 2012



PROJECT ECHO®
weitzman institute
inspiring primary care innovation

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Active ECHO Clinics

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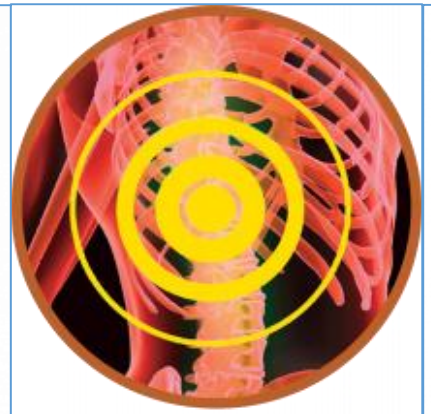
Advanced Primary Care

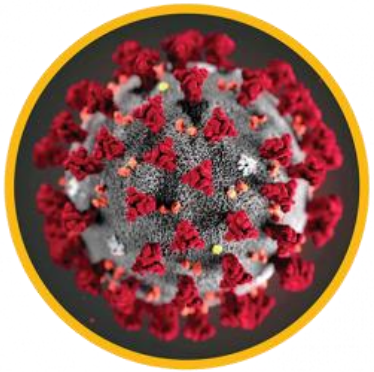

Childhood Trauma


Pain


Complex Care Management


Complex Integrated Pediatrics


Comprehensive Substance Use Disorder Care


COVID-19


Healthy Lifestyle Management and Diabetes

Weitzman ECHO Key Populations


MAT


Peer Recovery Specialists


Substance Use Disorder in Pregnancy

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Center for Key Populations (CKP) Nurse Practitioner Fellowship

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Nurse Practitioner Residency Training Program

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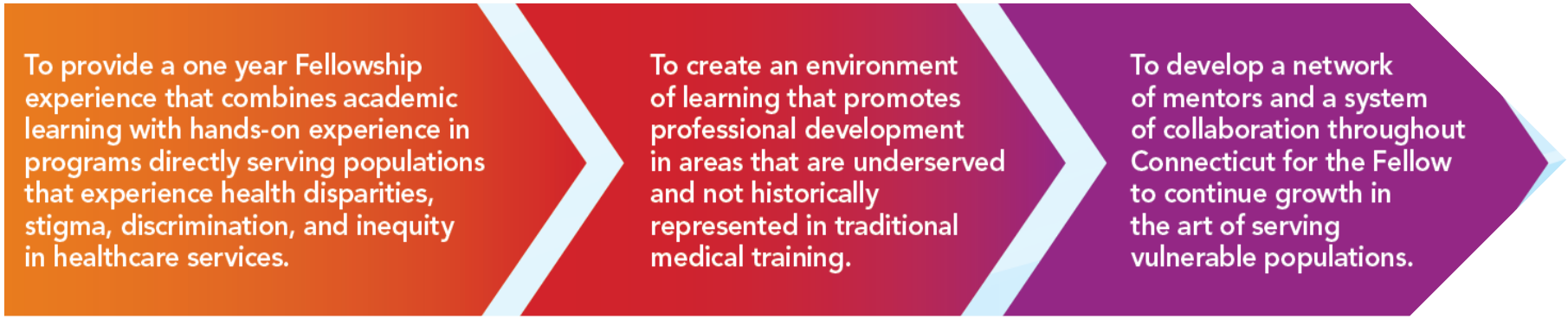
CKP Fellowship Objectives

- Train NPs in competent, compassionate, and respectful primary care for those patient populations that experience health disparities secondary to stigma and discrimination
- Create a CHC pipeline of primary care providers who deliver top quality care in the disciplines of HIV treatment and prevention, HCV, substance use disorders, LGBTQI+ health, STIs, and homelessness AND support other clinicians at their sites in providing these services.



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Core Components of the Fellowship

12 Months Full-time Employment	Training to Clinical Complexity and High Performance Model of Care	Full Integration into CKP team and expert faculty

- Dedicated supervision and mentorship during clinical practice
- Individualized weekly case review and didactic sessions
- Participation in Project ECHO sessions
- Involvement in Quality Improvement work
- Monthly Presentations to CKP Provider Team
- Completion of a Capstone project on a key populations-related topic
- Maintenance of part-time primary care clinical practice
- Training opportunities include HIV treatment and prevention, medications for substance use disorders, STI management, HCV and HBV treatment, health care for the homeless, and LGBT health and gender affirming hormone therapy

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Outcomes of the CKP Fellowship

- Fellows provide integrated primary care with enhanced knowledge in CKP core areas at CHC sites across CT
- Fellows help train the next generation, becoming expert faculty of CHC's NP residency, CKP Fellowship and ECHO programs
- Fellows also provide leadership, education and support to other primary care providers at CHC and beyond, helping PCPs build comfort and competence in caring for key populations
- Fellows report increased job satisfaction, confidence and competence, as reflected in their high retention rates.

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Summary

- To end the HIV epidemic, PrEP needs to be integrated and scaled up in primary care.
- Critical for providers in underserved settings be trained in HIV prevention and care to eliminate racial and ethnic disparities
- Status Neutral Framework
- PrEP Education and Training is available
  - ECHO
  - Fellowship/residency trainings
- **Sexual Health is Primary Care!**
- **Substance Use Health is Primary Care!**
- **Prevention is Primary Care!**

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Questions?

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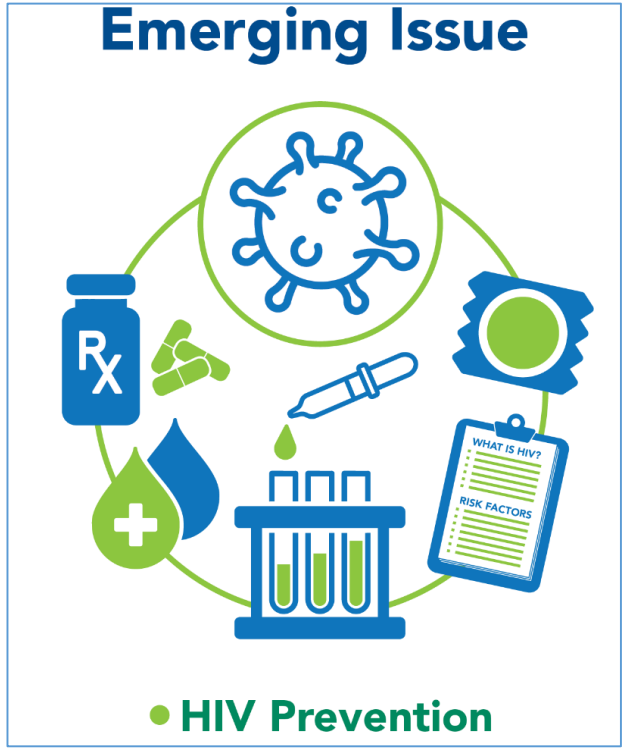
Wrap-Up

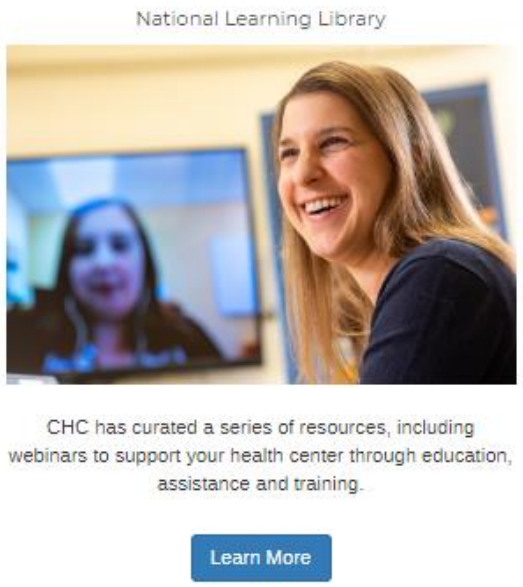
HIV Prevention Learning Collaborative

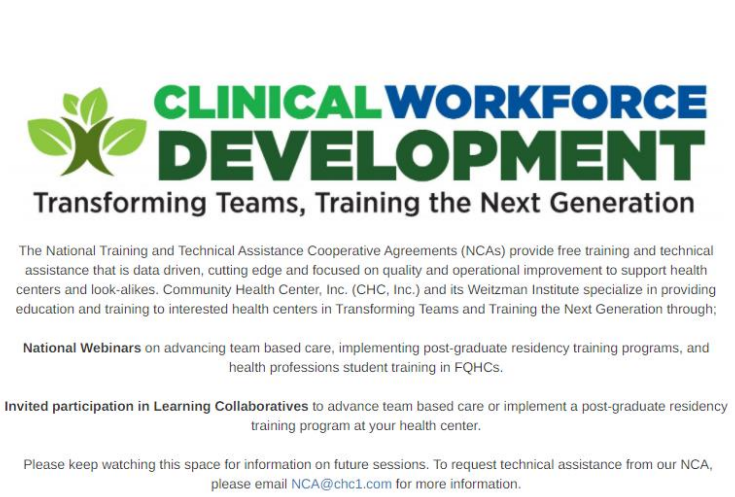
- Free six-month participatory experience designed to support health centers in enhancing their HIV prevention strategies, including discussion on communication and education, sexual risk assessments, and pre-exposure prophylaxis (PrEP).
- Outcomes of the learning collaborative:
  - Identified at-risk patients & created workflows that will best meet their patient population needs.
  - Launched outreach events & campaigns to increase PrEP education among the patient population.
  - Implemented staff training on stigma, pre and post-exposure prophylaxis options, & screening, testing, & treatment protocols.
- For more information/questions, please reach out to Meaghan Angers (angersm@mwhs1.com) or click here!



Explore more resources!

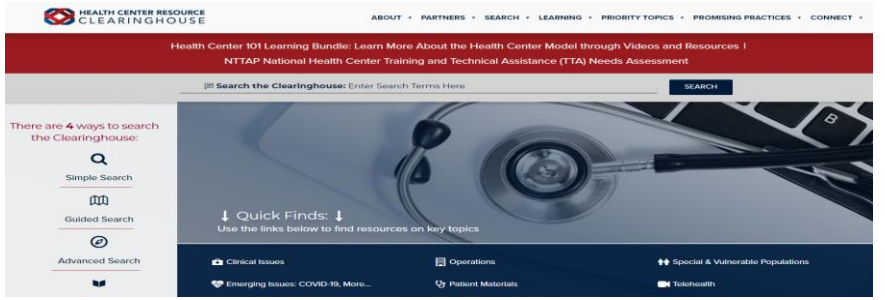
National Learning Library:
Resources for Clinical Workforce Development





https://www.weitzmaninstitute.org/ncaresources

Health Center Resource Clearinghouse



https://www.healthcenterinfo.org/

Contact Information

For information on future webinars, activity sessions, and learning collaboratives: please reach out to nca@chc1.com or visit https://www.chc1.com/nca