

Enhance HIV Prevention Efforts At Your Health Center

Wednesday December 10th, 2025 | 12:00 - 1:00pm Eastern

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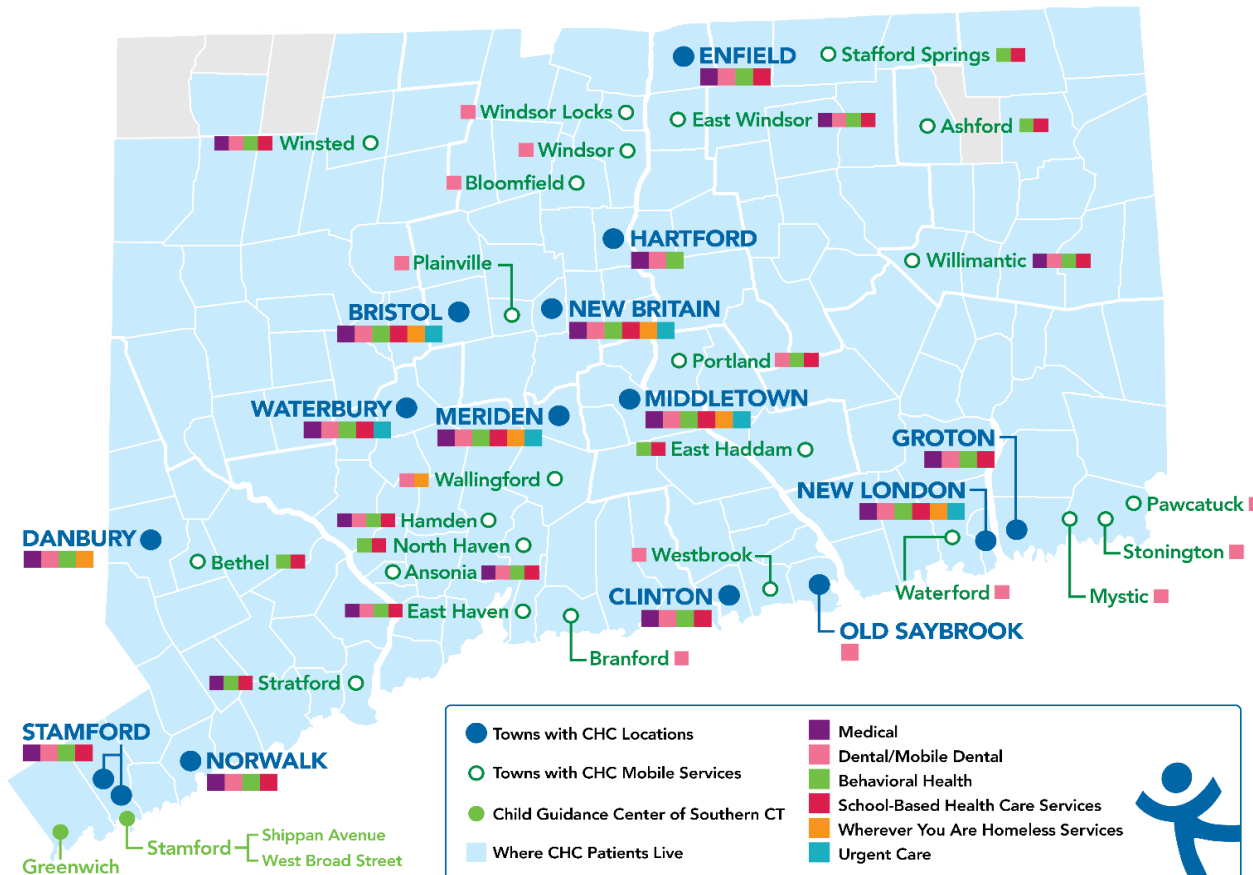
The Weitzman Institute

A center for innovative research, education, and policy.

Center for Key Populations

A health program with international reach, focused on the most vulnerable among us.

Locations & Service Sites



THREE FOUNDATIONAL PILLARS

1	2	3
Clinical Excellence	Research and Development	Training the Next Generation

Overview

- Founded: May 1, 1972
- Staff: 1,400
- Active Patients: 150,000
- Patients CY: 107,225
- SBHCs across CT: 152

Year	2022	2023	2024
Patients Seen	102,275	104,917	107,225

National Training and Technical Assistance Partners (NTTAP) Clinical Workforce Development

Provides **free** training and technical assistance to federally funded health centers and look-alikes across the nation through webinars, activity sessions, communities of practice, trainings, publications, and more!

To learn more, please visit <https://www.weitzmaninstitute.org/nca>.

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Speakers

- Marwan Haddad, MD, MPH, AAHIVS, Medical Director of the Center for Key Populations, Community Health Center, Inc. (CHCI)
- Jeannie McIntosh, APRN, FNP-C, AAHIVS, Center for Key Populations, Community Health Center, Inc. (CHCI)

Learning Objectives

1. Review current approaches to HIV Pre-exposure Prophylaxis (PrEP) in clinical settings.
2. Explore recent updates and guidelines related to prescribing PrEP, particularly injectable lenacapavir and doxyPEP.
3. Understand how to apply best practices for integrating PrEP into clinical workflows, including use of telehealth models such as tele-PrEP.

Case: Manuel



- 20-year-old male, would like to start PrEP.
 - Heard about our PrEP program from PrEP navigators at an outreach community event.
 - Rapid HIV test is done at the event and is negative.
- He is a patient of the health center already but did not know that we offered PrEP.
 - He does not have insurance and uses sliding fee scale for visits and 340B program for medications. He is eligible for free laboratory testing at Quest based on sliding fee category.
- In discussion with the PrEP navigator, he shared:
 - Has a primary partner who has HIV (on HIV meds and as far as he knows, has undetectable viral load)
 - Has had sex with other men over the past year.
 - Does not always use condoms.
- He works 2 jobs; can usually only make visits in the evening or on weekends.

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

**Let's talk
about PrEP!**

Proactive Identification of Individuals Who Potentially Could Benefit from PrEP

- Identification of individuals at high exposure rates to HIV from electronic health records
 - Through sexual risk assessments
- HIV/sexually transmitted infection (STI) testing
 - Syphilis, gonorrhea, chlamydia in last 6 months
- Substance use disorder diagnoses
 - ICD-10
 - Buprenorphine/methadone/naltrexone on medication list

Case: Manuel



PrEP navigator schedules visit the next day with nurse practitioner by telehealth video (able to attend from work).

- Sexual History:

- Several partners including partner with HIV.
- Engages in receptive anal sex and gives / receives oral sex; is not using condoms consistently.
- Treated for primary syphilis with IM bicillin x 1 three months ago.

- Substance Use History:

- Snorts cocaine at parties 1-2 x per month; occasional alcohol use
 - Once accidentally overdosed from incidental fentanyl exposure.
- Denies any opioid or other drug use; never injected.

- Medical History:

- Has type 1 diabetes, well controlled
- Erectile dysfunction

- Medications:

- Insulin SQ multiple times per day (unable to afford insulin pump)
- Tadalafil prn

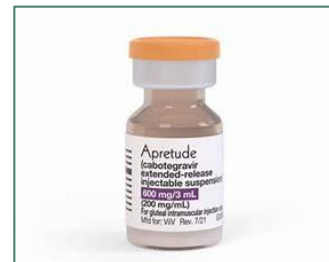
- Social History:

- Uninsured and not insurance eligible
 - Accesses care through sliding scale and 340B RX program.

Based on history, he is a good candidate for PrEP and options for PrEP regimens are reviewed.

Recommended PrEP Regimens

- Fixed-dose TDF/FTC (Truvada or generic) for all individuals with sexual or injection risk
 - Single pill once daily
 - On-Demand 2-1-1 (MSM only)
- Fixed-dose TAF/FTC (Descovy) for sexual prevention in men who have sex with men
 - Single pill once daily
- Injectable cabotegravir (Apretude) for adults and adolescents at least 35 kg
 - Monthly intramuscular injection for 2 months then every other month.
- Injectable lenacapavir (Yeztugo) for adults and adolescents at least 35 kg
 - Subcutaneous injections (x2) on Day 1 with 2 pills once a day on Day 1 and Day 2.
 - Next subcutaneous injections every 6 months



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 only with TDF/FTC (Truvada).
 - ANRS Ipergay, ANRS Prevenir, AMPrEP studies
- Not FDA approved but is recommended as an option in CDC Guidelines
- 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.



PrEP Side Effects

- Side effects resolve usually within 1-2 months of start
 - May not be the case with 2-1-1 approach
- Treat side effects if need be, e.g. anti-nausea medication, anti-diarrheal, non-opioid pain meds

PrEP Side Effects

- Oral PrEP (TDF/TAF/FTC)
 - Nausea, fatigue, headache, abdominal pain, weight gain (TAF), weight loss (TDF), diarrhea (TAF)
 - TDF: Renal(creatinine increase, proteinuria) and bone toxicity
 - Rare hepatotoxicity, lactic acidosis

PrEP Side Effects

- **Injectable PrEP (cabotegravir/lenacapavir)**

- Injection site reactions

- Pain, tenderness, induration, swelling, itching, redness/bruising
 - Generally mild to moderate, lasting only a few days
 - Occurs most frequently after the first 2-3 injections
- Can ice area prior to injection to reduce site reactions.
- Can use over the counter pain medication within a couple of hours before or soon after injection and continue as needed for 1-2 days.
- Apply a warm compress or heating pad to the injection site for 15-20 minutes after the injection, e.g. after arriving back at home.

- Nausea, headache (lenacapavir)

PrEP Side Effects

- Potential for HIV drug resistance to emerge if medication not taken regularly and HIV infection ensues.
 - Poor adherence to oral PrEP (TDF or TAF/FTC)
 - Injectable PrEP (cabotegravir/lenacapavir) can result in ongoing levels for many months after last injection and can last past a year.
 - If D/C and ongoing exposure to HIV, switch to the other injectable or to oral PrEP within 8 weeks (cabotegravir) or 6 months (lenacapavir) of last injection.

Time to HIV Protection after PrEP Start

- TDF/FTC: 7 days for anal exposure
- TDF/FTC: 20 days for cervicovaginal exposure
- Lenacapavir: 2 hrs after 2nd oral dose if SC injections and oral dosing completed as prescribed.
 - 21-28 days if no oral loading doses taken
- All other medications: no estimates/studies

Time to HIV Protection Loss After PrEP D/C

- **Oral PrEP:**
 - Protection will likely wane over 7-10 days.
- **Injectable PrEP:**
 - Levels persist for many months after last injection but are considered not protective against HIV 2 months after last injection of cabotegravir and 6 months after last injection of lenacapavir.
- If ongoing risk, discuss alternative protections such as other PrEP choices, condom use, non-occupational Post Exposure Prophylaxis (nPEP).

Case: Manuel



Tele Video Appointment:

- After discussing regimen options, he would like lenacapavir for multiple reasons.
 - Eg. twice yearly dosing; worried about his kidneys given diabetes.
- Counseled on dosing (pills and injections for initiation and ongoing injections), importance of on-time injections, potential side effects, timeline for med becoming protective, etc.
- Drug interactions checked on Liverpool database.
- In addition, since he does not have insurance, process for applying through patient assistance program for lenacapavir is started immediately.

Check for Medication Interactions

The screenshot shows the homepage of the HIV Drug Interactions website. At the top, there is a purple header bar with the 'HIV Drug Interactions' logo on the left, the 'UNIVERSITY OF LIVERPOOL' logo in the center, and two buttons on the right: 'Donate Now' and 'Interaction Checker', both with right-pointing arrows. Below the header is a light purple navigation bar with links: 'Interaction Charts', 'Site Updates', 'About Us', 'Pharmacology Resources', 'Contact Us', and 'Support Us'. A green banner below the navigation bar contains the text: 'HIV iChart app users - please update to the newest version to ensure up-to-date information'. The main content area has a heading 'HIV Drug Interaction Checker' followed by a paragraph: 'Access our comprehensive, user-friendly, free drug interaction charts. Providing clinically useful, reliable, up-to date, evidence-based information'. Below this is a green 'Start Now' button with a right-pointing arrow. At the bottom, a legend box displays four categories with corresponding icons: 'Do Not Coadminister' (red circle), 'Potential Interaction' (orange square), 'No Interaction Expected' (green diamond), and 'No Clear Data' (grey diamond). Each category is listed twice in two rows.

<http://www.hiv-druginteractions.org/>

AND/OR

Free App: Liverpool HIV iChart

Case: Manuel



Potential Interaction

Lenacapavir for PrEP

Tadalafil (Erectile Dysfunction)

Plasma concentration of PDE-5 inhibitors may be increased when co-administered with lenacapavir. For use as needed: no more than tadalafil 10 mg every 72 hours. For once daily use: tadalafil dose not to exceed 2.5 mg.

Potential Weak Interaction

Lenacapavir for PrEP

Cocaine

Coadministration has not been studied. Cocaine is metabolized by several pathways (CYP and non CYP mediated), with metabolism to norcocaine by CYP3A4 being less than 10% of the overall metabolic clearance. Lenacapavir is mainly cleared as unchanged drug and is a moderate inhibitor of CYP3A4 and could potentially increase concentrations of the parent compound. The clinical relevance is unknown as cocaine is metabolized by other non-CYP mediated pathways. Ensure the patient is aware of signs/symptoms of cocaine toxicity.

Drug Manufacturers Patient Assistance Programs

Descovy and Yeztugo

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



<https://www.gileadadvancingaccess.com/>

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 \leq 500% federal poverty level



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>

Laboratory Tests Prior To Prescribing PrEP

- HIV Testing
 - Negative within 7 days prior to starting PrEP
 - Use of HIV Ab/Ag 4th generation test recommended
 - Rapid such as the Alere (result in 20 minutes)
 - » In certain cases, 3rd generation test could be used such as the INSTI (results in 1 minute)
 - Lab-based blood draw
 - If rapid HIV test used, a lab-based test should be done when possible, within 1 week of start
 - If possible, add HIV RNA test
- No symptoms or signs of acute HIV infection in past 4-6 weeks
 - E.g. fever, fatigue, myalgia, rash, headache, sore throat, cervical adenopathy, arthralgia, night sweats, diarrhea

Laboratory Tests Prior To Prescribing PrEP

STI Testing

- Can be done as part of initial work up
 - PrEP prescription should not be delayed if unable to do STI testing initially

Syphilis

- Syphilis cascade
- RPR

Gonorrhea and Chlamydia

- Nucleic Acid Amplification Test (NAAT)
- 3-site testing of areas of exposure
 - Pharyngeal
 - Cervical/urethral
 - Rectal
 - Self-collection acceptable

Laboratory Tests Prior To Oral PrEP

Renal Function

- TDF/FTC if Creatinine Clearance ≥ 60 mL/min
- TAF/FTC if Creatinine Clearance ≥ 30 mL/min
- NO ORAL PrEP if ≤ 30 mL/min

Hepatitis B Virus (HBV)

- HBVsAg, sAb, cAb
- If chronic HBV, can experience hepatitis flares when TDF/TAF is discontinued
- Can start PrEP prior to having results

Lipid Profile

- For TAF/FTC only
- Baseline cholesterol and triglyceride levels

Case: Manuel



Tele Video Appointment:

- Baseline labs ordered:
 - HIV ½ Ag/Ab screen and HIV-1 RNA
 - 3-site gonorrhea / chlamydia testing
 - RPR titer (confirmatory will be positive given recent infection)
 - Viral hepatitis (HAV Ab; HBV sAg, cAb, sAb; HCV Ab)
- No need for renal function and lipid levels for purposes of PrEP in this case.
- He is instructed to go to lab at clinic to get testing done so there would be no out-of-pocket costs (pharyngeal and rectal swabs will have to be done at a clinic visit).

Case: Manuel



ADVANCING ACCESS[®]
for **YEZTUGO[®]** (lenacapavir)
injection 463.5 mg/1.5 mL

- Since he had a negative HIV test result the day before, PrEP navigator:
 - Enrolls patient in Yeztugo patient assistance program and coordinates delivery
 - Sets up in-person RN visit for first injection in evening after work
- Discussed DoxyPEP given his recent syphilis and he is interested. Prescribed doxycycline 200 mg to be taken within 72 hours after sexual encounter.
- Narcan prescribed – provided overdose prevention counseling around cocaine use.

STI Prevention: DoxyPEP

- Eligibility: Men who have sex with men with STI in the past 12 months
 - Insufficient data in women (consider with shared decision making)
- **Doxycycline 200 mg single dose soon after sexual encounter and within 72 hours**
 - No more than one dose of 200 mg in 24 hrs
- Screen for STIs regularly while using doxyPEP
- Efficacy against
 - Chlamydia (74-86%)
 - Syphilis (77-79%)
 - GC (33-57%) likely due to baseline tetracycline resistance
- Antimicrobial resistance ongoing concern and being studied



Case: Manuel

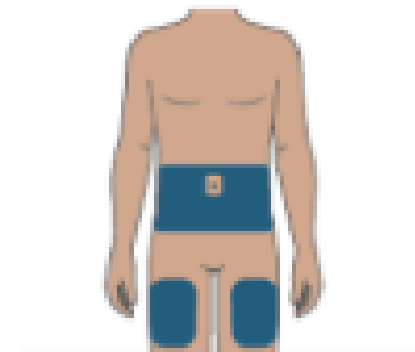


- RN visit:
 - Oral and rectal GC/CT swabs collected
 - Yeztugo administered:
 - Ice pack applied for 10 minutes prior (and after if needed)
 - Two 1.5 mL SQ injections administered at least 4 in. (10 cm) apart – opted for thighs because patient usually administers insulin in abdomen
 - Given two oral tablets during visit and dispensed two tablets to take at home one day later (oral loading dose with first injection only)
 - Scheduled for next injection in 26 weeks +/- 2 weeks

ADVANCING ACCESS®

for **YEZTUGO®** (lenacapavir)
injection 463.5 mg/1.5 mL

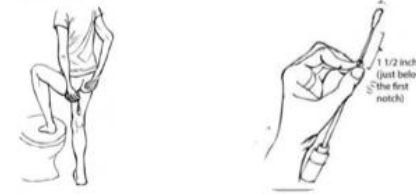
● = Injection site
options (at least 2
inches from navel)



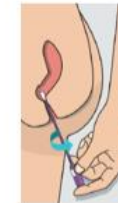
Rectal Specimen Patient Self-Collection

INSTRUCTIONS FOR PATIENTS: How to Swab Your Bottom:

1. Wash your hands.
2. Take out the blue swab from the package.
3. Open your bottom by using one hand to spread your cheek.
4. Put the swab inside your bottom about 1 – 2 inches. That is about the length of your pinkie finger.



5. Turn the swab around 3 times.
6. Make sure the swab touches all sides of the inside of your bottom



7. Take the swab out of your bottom.
8. Put the cotton tip of the swab inside the tube.
9. Break the swab at the mark that is near the end of the swab handle.
10. Throw away the end of the handle.
11. Close the tube with the cotton end of the swab inside.
12. Give it back to your provider

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 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 and every 6 months for all others
- **Injectable PrEP Monitoring (Lenacapavir)**
 - HIV test (Ab/Ag +/- HIV RNA) every 6 months
 - STI screening every 3-6 months based on exposure risk
 - HIV testing can be repeated with STI screening if done more frequently than every 6 months, based on exposure risk

Follow-Up Visits



- Discuss:
 - Desire to continue PrEP
 - Ongoing exposure
 - Exposure reduction
 - Condom use for other STI prevention.
 - Regular STI testing.
 - U=U (undetectable = untransmittable)
 - No sharing of injecting equipment
 - Syringe Services Program
 - Overdose prevention (Narcan)
 - Medication for substance use disorders (bup, methadone)
 - Post exposure prophylaxis (PEP)
 - Side effects
 - Adherence
 - Options for ongoing prevention

Case: Manuel



- Follow-up video visit with APRN in 4 weeks:
 - Previous lab results reviewed: HIV Ab/RNA negative; GC/chlamydia negative all sites; Hep A and B immune, HCV negative; RPR 1:2.
 - Assessed for side effects – injection site discomfort was tolerable / transient; does have residual subcutaneous nodule (advised this is expected)
 - Ordered repeat HIV screening
 - Confirmed patient wishes to continue on Yeztugo for PrEP and DoxyPEP.
- **Plan for next visit to be in person to follow up on other health issues but starting in care with tele-PrEP allowed for immediate access**

Pregnancy

- Consider pregnancy tests at follow up visits, as indicated
- Weight risk of HIV acquisition vs. benefit of PrEP
 - Risk of transmission to fetus during acute HIV is high
 - TDF/TAF/FTC widely used in pregnancy
 - Cabotegravir and lenacapavir very limited information
 - Other integrase inhibitors used in pregnancy
- Shared decision making is essential

Transitioning from Oral ⇄ 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 Programs (uninsured and underinsured)

PrEP Team and Workflow

PrEP Protocol and Policy

- Serve as reference for providers and other clinical team members.
- Set clinical expectations.
- Include information that clinical providers/teams would want.
- Evidence-based/Guidelines-based
- CHCI Example –

Policy Name:	Pre-exposure Prophylaxis for HIV
Department:	Medical
Location of Policy:	Provision of Care, Treatment and Services
Date Effective:	
Revision:	December, 2014 (Dr. Huddleston)
	August, 2015 (Dr. Haddad); May 3, 2021, May 12, 2022 (Haddad)
Reviewed:	July 2017

CHCI PrEP Policy Overview

- Rationale
- PrEP Program Info
- Definition
- Identification of PrEP Candidates
- Eligibility
- PrEP Initiation
 - Choice of PrEP
 - Dosing and Adherence
 - Adverse Effects
 - Protection against HIV after PrEP Start and D/C
- Prescribing and Monitoring Recommendations
- PrEP Medication Switch
- Discontinuation
- Pregnancy
- Risk Reduction Counseling
- Adherence Counseling
- Access and Coverage of PrEP
- Appendices: Useful Websites/ Guidelines, Templates

Clinician Prescriber Role

- Essential to PrEP Program
 - Sets tone for program and for Clinical Team Members
- Identifying PrEP Champion Provider
- Provider Training and Support
 - Webinars
 - Protocols/Guidelines/Quick References
 - Mentorships
 - ECHOs
- PrEP Templates in Health Records
- Sexual Risk Assessment Template in Health Records



PrEP Discussion

c/o	Denies	Symptom	Duration	Notes
S		PrEP Discussion		
S		PrEP Initial		
S		Oral PrEP Follow...		
S		Injectable PrEP ...		

PI Notes:PrEP Discu... TESTPATIENT, aeion Jan 1, 1991 (31 yo F) Acc No. 695455 App: (11/11/2021 ...)

Default Default For All Clear Clear All

Name	Value	Notes
<input type="checkbox"/> Risk: Sexually Active Past 6 Months		
<input type="checkbox"/> Risk: Injecting Drugs		
<input type="checkbox"/> Outcome:		

☐ (Select all)
☐ Sexual Partner with HIV
☐ Bacterial STI past 6 months
☐ Inconsistent or no condom use
☐ NA

HPI Notes:PrEP Discu... TESTPATIENT, aeion Jan 1, 1991 (31 yo F) Acc No. 695455 App: (11/11/2021 ...)

Default Default For All Clear Clear All

Name	Value	Notes
<input type="checkbox"/> Risk: Sexually Active Past 6 Months		
<input type="checkbox"/> Risk: Injecting Drugs		
<input type="checkbox"/> Outcome:		

☐ (Select all)
☐ Injecting partner with HIV
☐ Sharing injection equipment
☐ NA

HPI Notes:PrEP Discu... TESTPATIENT, aeion Jan 1, 1991 (31 yo F) Acc No. 695455 App: (11/11/2021 ...)

Default Default For All Clear Clear All

Name	Value	Notes
<input type="checkbox"/> Risk: Sexually Active Past 6 Months		
<input type="checkbox"/> Risk: Injecting Drugs		
<input type="checkbox"/> Outcome:		

☐ Offered and will consider
☐ Accepted
☐ Declined

PrEP Initial Visit

HPI ▶ Notes:PrEP Initial TESTPATIENT, aeion Jan 1, 1991 (31 yo F) Acc No. 695455

Default ▾ Defau

☐ Side Effects Reviewed:
☐ Reviewed for TDF/FTC
☐ Discussed Risk Reduction

Name	Value	Notes
<input type="checkbox"/> Risk: Sexually Active Past 6 months	<input type="checkbox"/> (Select all) <input type="checkbox"/> Sexual Partner with HIV <input type="checkbox"/> Bacterial STI past 6 months <input type="checkbox"/> Inconsistent of no condom use <input type="checkbox"/> NA	
<input type="checkbox"/> Risk: Injecting Drugs		
<input type="checkbox"/> HIV Testing		
<input type="checkbox"/> Symptoms of acute HIV in the last 6 week ...		
<input type="checkbox"/> Creatinine Clearance for Oral PrEP		
<input type="checkbox"/> Pregnant?		
<input type="checkbox"/> Screen for Hepatitis B:		▼ x
<input type="checkbox"/> Screen for Hepatitis C:		▼ x
<input type="checkbox"/> STI Screen: (syphilis, GC, chlamydia 3 s ...		▼ x
<input type="checkbox"/> Willing to Adhere to Regimen:		▼ x
<input type="checkbox"/> Side Effects Reviewed:		▼ x
<input type="checkbox"/> Discussed Risk Reduction		▼ x

Next

Custom

Side Effects Reviewed:
☐ Discussed Risk Reduction

Next

Custom

TDF/FTC

☐ Nausea
☐ Fatigue
☐ Headache
☐ Weight Loss
☐ Abdominal Pain
☐ Renal Toxicity (Creatinine increase/protein
☐ Reduction in bone mineral density
☐ Rare hepatotoxicity/lactic acidosis
☐ Potential for HIV drug resistance if infected

☐ [Select all]
☐ Condom use for STIs
☐ No sharing of injecting equipment
☐ Syringe Services Program
☐ PEP
☐ U=U
☐ Medication for substance use disorders
☐ Regular STI testing

Oral PrEP Monitoring Visit

Oral Prep:

HPI ▸ Notes:Oral PrEP ... TESTPATIENT, aciou ▸ Jan 1, 1991 (31 yo F) ▸ Acc No. 695455 Appt: (11/11/2021 ...)

Default ▾ Default For All ▾ Clear Clear All

Name	Value	Notes
<input type="checkbox"/> Wanting to continue PrEP?	<input type="text"/>	x
<input type="checkbox"/> Adherence Assessed?	<input type="radio"/> Yes <input type="radio"/> No	x
<input type="checkbox"/> Side Effects	<input type="text"/>	
<input type="checkbox"/> Risk Reduction Counseling	<input type="radio"/> Every 3 months at least, for MSM and transw <input type="radio"/> Every 6 months at least, for all others	
<input type="checkbox"/> HIV Ab/Ag+HIV RNA at Least Every 3 Month ...	<input type="text"/>	
<input type="checkbox"/> STI Screening (syphilis, GC, chlamydia 3 ...	<input type="checkbox"/> [Select all] <input type="checkbox"/> Condom use for STIs <input type="checkbox"/> No sharing of injecting equipment <input type="checkbox"/> Syringe Services Program <input type="checkbox"/> PEP <input type="checkbox"/> U=U <input type="checkbox"/> Medication for substance use disorders <input type="checkbox"/> Regular STI testing	x
<input type="checkbox"/> Renal Function		x
<input type="checkbox"/> Lipid Levels for TAF/FTC		x
<input type="checkbox"/> Pregnant?		
<input type="checkbox"/> Discussion if discontinuing Oral PrEP	<input type="checkbox"/> [Select all] <input type="checkbox"/> Assessed ongoing HIV risks <input type="checkbox"/> If ongoing risk, advised on other prevention s <input type="checkbox"/> Continue follow up with HIV testing regularly	

Injectable PrEP Monitoring Visit

Name	Value
<input type="checkbox"/> Wanting to continue PrEP?	Yes
<input type="checkbox"/> Adherence Assessed?	Yes
<input type="checkbox"/> Cabotegravir Side Effects Reviewed	Injection site reactions, Poten...
<input type="checkbox"/> Risk Reduction Counseling	Condom use for STIs, No sha...
<input type="checkbox"/> HIV Ab/Ag+HIV RNA at Every Injection Vis ...	Positive
<input checked="" type="checkbox"/> STI Screening (syphilis, GC, chlamydia 3 ...	Every 4 months at least, for ...
<input type="checkbox"/> Ordered:	
<input type="checkbox"/> Pregnant?	
<input type="checkbox"/> Discussion if discontinuing Cabotegravir	

☐ [Select all]
☐ Reviewed risk of persistent Cabotegravir level
☐ Assessed ongoing HIV risks
☐ If ongoing risk, advised to take oral PrEP with
☐ Continue follow up with HIV testing regularly

☐ [Select all]
☐ Oral
☐ Rectal
☐ Urine
☐ Blood

PrEP Order Set

ORDER SET: PrEP

New Copy Update Delete

MEASURE:

QUICK ORDER SET: YES

DIAGNOSES (TRIGGER):

DIAGNOSES (LINKED):

AGE (TRIGGER): All Age

GENDER (TRIGGER): Unknown

Display Labs/DI based on

☒ Show All
 ☐ Show Favorite Lab Companies Only

★

PRACTICE ADMINISTRATOR

•	Truvada	200 mg-300 mg	sex, then 1 tab a day for the next 2 days	as directed	30 day(s)	0	Orally	tablet	30			
•	Descovy	200 mg-25 mg	1 tab(s)	once a day	30 day(s)	0	orally	tablet	30			
•	Apretude (cabotegravir)	600mg/3ml	inject 3ml	as directed	60 days	0	IM	injection	1 kit			

Labs

Browse

	Description	Lab Company	Delete
•	COMPREHENSIVE METABOLIC PANEL	QuestQLS	✖
•	LIPID PANEL	QuestQLS	✖
•	Renal Function Panel w/eGFR 10314	QuestQLS	✖
•	Syphilis Antibody Cascading Reflex 90349	QuestQLS	✖
•	Trichomonas Urine Female 19550	QuestQLS	✖
•	Trichomonas Urine Male 90801	QuestQLS	✖
•	Gonorrhea RNA, TMA, RECTAL 16504	QuestQLS	✖
•	Gonorrhea RNA, TMA, THROAT 70049	QuestQLS	✖
•	Hepatitis Panel, Acute incl IGM C2228	QuestQLS	✖
•	Hepatitis Panel, Chronic w reflex C2229	QuestQLS	✖
•	RPR (Monitor) w/rfx Titer 799	QuestQLS	✖
•	RPR (DX) W/REFL TITER AND CONFIRMATORY TESTING 36126	QuestQLS	✖
•	HCV Ab w/ refl to HCV RNA, QN PCR 8472	QuestQLS	✖
•	HBV core Ab, Total 501	QuestQLS	✖
•	HBV s Ag w/reflex conf 498	QuestQLS	✖
•	HBV Surface AB, QL w rfx QN 26526	QuestQLS	✖
•	HIV 1 /HIV-2 Screen 91431	QuestQLS	✖
•	HIV 1 /RNA, quantitative, real-time PCR 40085	QuestQLS	✖
•	HIV 1 /HIV-2 Rapid Test (Alere Determine) IH	QuestQLS	✖
•	Chl/GC aptima urine/endocervical/urethral 11363	QuestQLS	✖
•	Chlamydia trachomatis RNA TMA, Urogenital 15083	QuestQLS	✖
•	Chlamydia trachomatis RNA, TMA, Urogenital 11361	QuestQLS	✖
•	Chlamydia Trachomatis, RNA, TMA, Rectal 16505	QuestQLS	✖
•	Chlamydia Trachomatis, RNA, TMA, Throat 70048	QuestQLS	✖
•	Chlamydia Trachomatis/Neisseria Gonorrhoeae, RNA, TMA, Throat 70051	QuestQLS	✖
•	Chlamydia/N. gonorrhoeae and T. vaginalis RNA, Qualitative, TMA, Pap Vial 91448	QuestQLS	✖
•	Chlamydia/N. gonorrhoeae, T. vaginalis, Qualitative, TMA and HSV-1/2 DNA, Real-Time PCR, Pap Vial 91437	QuestQLS	✖
•	Chlamydia/Neisseria gonorrhoeae RNA, TMA, Rectal 16506	QuestQLS	✖

Nursing Role

- Provider support
- Patient support and resource
- Risk reduction counseling
- Self-management goals
- Planned care/PrEP dashboards
- Nursing visits for PrEP/STI screening
 - Specimen Collections
 - HIV Rapid Testing
 - Injections



STI Nursing Visit

- Provider-directed and/or patient-directed visits
 - Standing orders for patient-directed visit
- History including 5 P's
 - Anatomical inventory
 - Sexual History
 - STI History
 - Sexual Health and Family Planning
- Testing:
 - Urine and pharyngeal swab collection
 - Self collection of rectal/vaginal swabs
 - HIV rapid test
- Lab orders for blood draw (HIV, syphilis, HCV, HBV)
- Vaccinations (e.g. HAV, HBV, HPV)
- Patient education/counseling (PrEP, condom distribution)

Social History (Test, Daisy - 05/29/2020 11:00 AM, EstVideoMD) *

Pt. Info Encounter Physical Hub

Social History Copy/Merge ☐ Social History Verified

Social Info	Options	Details
5 Anatomical Inventory:		
5 Sexual History:		
5 STI History:		
5 Sexual Health and Family F		

Medical Assistant Role

- Planned care dashboard
- PrEP dashboard
- Specimen collections
- HIV rapid testing
- Patient support



Planned Care Dashboard and Clinical Expectation: Universal HIV Screening

ALERTS	Last Date	Due Date	Value	Notes
Needs Flu Vaccine 2016-2017				
DM Retinopathy	4/14/2015	4/14/2016		
Body Mass Index	5/16/2016		34.41	Needs Education
HIV Screen Needed				Once, 13-64 yrs old

Policy: Clinical Expectations for Medical Providers
Location: Provision of Care, Treatment, and Services
Department: Medical

Lung Cancer (USPSTF))	Asymptomatic adults aged 55 to 80 years who have a 30 pack year smoking history and currently smoke or have quit with in the past 15 years: Screen annually with low dose Computed Tomography until the patient has not smoked for 15 years.
HIV Screening (CDC)	HIV screening been done/offered to patients ages 13-64 at least once.
HCV Screening (USPSTF)	<ul style="list-style-type: none"> HCV screening for persons at high risk for infection One time screening in individuals born between 1945-1965
Depression Screening – adolescents (AAP/USPSTF)	Annual depression screening for adolescents ages 12 and above.
Depression Screening – adults (USPSTF)	Annual depression screening for adults ages 18 and above.

Planned Care Dashboard: STI Screening

- Routine annual STI Screening for specific groups:
 - Women 13-24 (chlamydia)
 - MSM and others at increased exposure risk (3-site testing chlamydia/gonorrhea, syphilis)
 - PrEP Patients (3-site testing chlamydia/gonorrhea, syphilis)

ALERTS	Last Date	Due Date	Value	Notes
Dental Exam				
Needs Flu Vaccine 2017-2018				
Body Mass Index	2/23/2018		58.89	Needs Education if BMI is under 19 OR over 25
HIV Screen Needed				Once, 13-64 yrs old
SBIRT	10/4/2016			Yearly, 18+ yrs old
HTN	2/23/2018		140/87	
STI Screening: Chlamydia. Gonorrhea. Syphilis.				STI screening recommend annually

PrEP Navigator Role

- Engages in outreach and community events.
- Supports patients and providers.
 - Use of PrEP dashboard and Excel spreadsheets
- Assists PrEP patients with:
 - ☐ Education on the benefits of PrEP
 - ☐ PrEP eligibility
 - ☐ PrEP provider identification
 - ☐ Appointment scheduling
 - ☐ Partner notification services support
 - ☐ Health insurance enrollment
 - ☐ Screenings for other STIs
 - ☐ Ongoing maintenance



PrEP Dashboard

- Used by PrEP Navigator, Medical Assistant, Nurse, Provider
- Helps with PrEP Follow up and Monitoring
- Can be searched by Medical Provider and by PrEP Medication
- Includes:

☐ Age

☐ Gender Identity

☐ Sexual Orientation

☐ Prescriber

☐ Last Visit

☐ Next Visit

☐ Last Rx Name and Date

☐ Last Sexual Risk
Assessment Date

☐ Last HIV Screen

☐ Last STI Screens

☐ Renal Function and Date

☐ Hep B screen

☐ Hep A and B vaccination

PrEP Dashboard

Age	Gender	Gender Identity	Sexual Orientation	PCP	Prescribing Provider	Last Visit with Prescribing Provider	Next Visit with Prescribing Provider	Last Visit with PCP	Next Visit with PCP	Last Rx Name and Date	SH Sexual Hist Date	Last H
37	M	Transgender Female/Trans Woman	Lesbian or gay or homosexual	McIntosh, Jeannie	McIntosh, Jeannie	4/12/2022	4/26/2022	4/12/2022	4/26/2022	Descovy Date: 3/6/2022	8/22/2013	Value Re Date:
51	U	Transgender Female/Trans Woman	Straight or heterosexual	McIntosh, Jeannie	McIntosh, Jeannie	4/1/2022	5/6/2022	4/1/2022	5/6/2022	Truvada Date: 11/27/2018	4/1/2022	Value Date:
17	F	Female	Bisexual	Smith, Tonya	McIntosh, Jeannie	6/10/2021		2/18/2022		Truvada Date: 6/12/2021	3/31/2022	Value Date:
49	M	Male	Straight or heterosexual	McIntosh, Jeannie	McIntosh, Jeannie	9/5/2018		9/5/2018		Truvada Date: 9/5/2018	9/5/2018	Value Date:
34	F	Female	Straight or heterosexual	Piekarz Dyjak, Elzbieta	McIntosh, Jeannie	5/5/2020		12/21/2020		Truvada Date: 3/31/2020		Value Date:
33	M	Transgender Female/Trans Woman	Bisexual	McIntosh, Jeannie	McIntosh, Jeannie	2/18/2022	4/18/2022	2/18/2022	4/18/2022	Truvada Date: 11/13/2021	2/18/2022	Value Date:
28	F	Female	Straight or heterosexual	McIntosh, Jeannie	McIntosh, Jeannie	12/17/2021		12/17/2021		Truvada Date: 10/6/2020		Value Date:
31	M	Male	Lesbian or gay or homosexual	Silva, Meaghan	McIntosh, Jeannie	12/15/2020		3/1/2022		Descovy Date: 12/15/2020	3/1/2022	Value Date:
51	M	Male	Lesbian, gay, or homosexual	Borgonos, Ovanes	McIntosh, Jeannie	3/25/2022		3/22/2022		Truvada Date: 4/21/2020	3/25/2022	Value Date:

Parameters

Prescribing Provider
McIntosh, Jeannie

Last Prescription Name
Descovy, Descovy Blister Pack, Truvada

PrEP by Telehealth

- PrEP screening, initiation, and follow up visits can be done through telehealth (phone or video-based)
- HIV, STI, renal function and other-related tests can be ordered and completed at:
 - Laboratory of choice
 - At home
 - Home specimen collection kits
 - Fingertick/self collected swabs or urine
 - HIV test can be done by patient at home and if needed, while on telehealth.
 - Mailed to patient and mailed back to lab

PrEP by Telehealth

- Provide prescription for 90 pills for daily oral PrEP, ~30 pills for 2-1-1 PrEP (based on when next HIV screen is due)
 - Minimizes trips to pharmacy; facilitates adherence
 - Can prescribe and have patient wait for confirmation of HIV result prior to filling
- For injectable PrEP, must come in for visit
 - Injections can be nursing visits
- Arranging in-person visits as needed for physical exam/lab testing
 - Can be done as indicated with oral PrEP
 - Can be done during visits for injections

Questions?

Wrap-Up

Explore more resources!

National Learning Library: Resources for Clinical Workforce Development



CHC has curated a series of resources, including webinars to support your health center through education, assistance and training.

[Learn More](#)

<https://www.weitzmaninstitute.org/ncaresources>

CLINICAL WORKFORCE DEVELOPMENT Transforming Teams, Training the Next Generation

The National Training and Technical Assistance Cooperative Agreements (NCAs) provide free training and technical assistance that is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. Community Health Center, Inc. (CHC, Inc.) and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through:

National Webinars on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

Invited participation in Learning Collaboratives to advance team based care or implement a post-graduate residency training program at your health center.

Please keep watching this space for information on future sessions. To request technical assistance from our NCA, please email NCA@chc1.com for more information.

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<https://www.healthcenterinfo.org/>

Contact Information

For information on future webinars, activity sessions, and communities of practice: please reach out to nca@chc1.com or visit <https://www.chc1.com/nca>

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