INTEGRATED PHARMACY and PrEP NAVIGATION SERVICES

Evidence-Informed Structural Intervention
Evidence-Informed for PrEP Initiation/Uptake

INTERVENTION DESCRIPTION

Goals of Intervention
- Improve PrEP initiation/uptake

Intended Population
- HIV-negative urban clinic patients with a new PrEP prescription

Brief Description

Integrated Pharmacy and PrEP Navigation (PN) Services is a structural intervention that integrates routine medical care with a peer navigator providing insurance navigation and an on-site pharmacy using a Plan-Do-Study-Act (PDSA) framework. A PrEP navigation tool is used to identify and decrease barriers to PrEP initiation for persons with new PrEP prescriptions. The intervention has two cycles. Cycle 1 focuses on identifying barriers to picking up initial PrEP prescriptions. Cycle 2 focuses on staff trainings and system improvements informed by patient feedback about the PN tool. In Cycle 1, the nurse practitioner (NP) follows all PrEP patients. For those who do not pick up their PrEP prescription within 7 days, the NP uses the PN tool to identify barriers to initiation. In Cycle 2, the NP continues to monitor prescription pickup rates and assesses whether patients continue to face system level barriers that were identified in Cycle 1. Cycle 2 includes an assessment of needs to improve communication among medical providers, front desk staff, pharmacy personnel, and patients. Weekly medical, community health, and pharmacy meetings are held to review patient responses and current procedures and facilitate discussion on system-level responses. Other strategies include training pharmacy staff on counseling patients about possible home delivery of refills, retraining pharmacy technicians to ask all eligible patients if they want to enroll in the pharmaceutical company copay assistance plans, and sending messages through the electronic medical record (EMR) messaging about patients who are starting PrEP and have insurance coverage concerns.

Theoretical Basis
- Capability, Opportunities, and Motivation Behavior (COM-B) Model

Intervention Duration
- Ongoing

Intervention Settings
- Two clinics operated as part of a large federally qualified health center (with an in-house pharmacy) and an integrated PrEP and primary care program

Deliverers
- Nurse practitioner clinical lead
- Peer patient-navigator team member
- Pharmacy liaison

Delivery Methods
- EMR messaging
- Staff trainings
- Weekly group discussions among medical, community health, and pharmacy staff

Structural Components
- Capacity Building—Provider/supervisor training
  - Trained pharmacy staff on counseling patients on possible home delivery of refills
  - Re-trained pharmacy technicians to ask all eligible patients if they wanted to enroll in the pharmaceutical company copay assistance plans
- Physical Structure – Integration of services
  - Created a quality improvement team consisting of a NP clinical lead, pharmacy liaison, and peer PN team member to explore integration of peer navigation services and on-site pharmacy
- Policy/Procedure—Institutional policy/procedure
  - Clinicians included prescription pickup instructions in the end-of-visit discussions
  - A message was sent through the electronic medical record messaging system to the peer PN for persons starting PrEP who may have insurance coverage concerns

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Megan Coleman**, Director of Community Research, Whitman-Walker Health, Washington, District of Columbia.

Email: mcoleman@whitman-walker.org for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location Information
The original evaluation study was conducted in Washington, D.C. between December 2018 and June 2019.

Key Intervention Effects
- Improved PrEP primary initiation/uptake (reduced mean days from initial PrEP prescription to medication pickup)

Recruitment Settings
Two clinical sites, operated as a part of a large federally qualified health center

Eligibility Criteria
Clinic patients were eligible if they (a) had a TDF/FTC prescription initiated and sent via electronic prescription to in-house pharmacy between December 2018 and June 2019, (b) were older than 19 years, and (c) had no evidence of HIV infection. Individuals younger than 19 years, not a client of the clinic, and who used an outside pharmacy for prescription management or who received a TDF/FTC prescription for any reasons outside HIV prevention were excluded.

Study Sample

The analytic study sample of 198 new PrEP patients is characterized by the following:

Pre-intervention (n = 118)

- 58% White persons, 22% Black or African American persons, 5% Asian persons, 2% Native American/Pacific Islander persons, 14% persons who did not disclose their race/ethnicity
- 23% Hispanic, Latino, or Latina persons
- 26% 19-25 years old, 44% 26-35 years old, 15% 36-45 years old, 14% > 45 years old
- 83% male persons, 5% cisfemale persons, 11% transgender women, 1% persons identified as gender queer/nonbinary
- 74% men who have sex with men (MSM), 8% heterosexual persons, 12% bisexual persons, 6% persons who did not disclose their sexual identity
- 68% private insurance at time of prescription, 20% public, 8% sliding fee scale, <1% none

Post-intervention (n = 80)

- 61% White persons, 12% Black or African American persons, 9% Asian persons, 4% Native American/Pacific Islander persons, 14% persons who did not disclose their race/ethnicity
- 19% Hispanic, Latino, or Latina persons
- 25% 19-25 years old, 39% 26-35 years old , 20% 36-45 years old , 16% > 45 years old
- 84% male persons, 4% cisfemale persons, 9% transgender women, 4% persons identified as gender queer/nonbinary
- 70% MSM, 9% heterosexual persons, 14% bisexual persons, 8% persons who did not disclose their sexual identity

Note: 50% of the cohort was composed of young (19-30 years old) MSM.
Note: Percentages may not add up to 100% due to rounding.

Comparison

This study used a serial cross-sectional design. Outcomes during the 4-month period after implementation of the Integrated Pharmacy and PrEP Navigation Services intervention (based on client-specific prescription dates March 2019-June 2019) (post-intervention) were compared to outcomes for participants during the 3-month period before intervention implementation (December 2018-February 2019) (pre-intervention).

Relevant Outcomes Measured

- PrEP medication initiation/uptake was measured by the average time to PrEP medication pick from PrEP initiation compared between pre- and post-intervention periods.

Participant Retention

Participant retention was not reported and is not a criterion for Structural Intervention studies tested with one-group, pre-post or historical comparison designs.

Significant Findings on Relevant Outcomes

- The patients in the post-intervention arm experienced a significantly shorter mean time to PrEP medication pickup than those in the pre-intervention arm (1.19 mean days [SD = 2.42] vs. 2.61 mean days [SD = 5.74], $t(146) = 2.19$, $p = 0.030$).*

*Inclusive only of patients who picked up their prescription in each time period.

Strengths

The total pre-intervention sample size is >100.

Considerations

Additional significant positive findings on non-relevant outcomes

- None reported

Non-significant findings on relevant outcomes

- None reported

Negative findings

- None reported

Other related findings

- This intervention is also determined to be an evidence-informed PrEP intervention.

Implementation research-related findings

- This intervention used the Plan-Do-Study-Act (PDSA) framework that supports real-time, continuous project improvement and allowed for testing and modifications throughout the project's progression based on data

Process/study execution findings

- None reported

Adverse events

- None reported

Funding

- None reported

REFERENCES AND CONTACT INFORMATION

Coleman, M., Hodges, A., Henn, S., & Lambert, C. C. (2020). Integrated Pharmacy and PrEP Navigation Services to support PrEP uptake: A quality improvement project. *Journal of the Association of Nurses in AIDS Care, 31*(6), 685-692. doi: 10.1097/JNC.0000000000000182

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