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HEALTH

Presentation by:
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& joined by Dr. Bill Valenti and Dr. Michael Lecker via phone

Presentation Overview

- PrEP Plus
- Funding Streams
- Outreach Strategies & Results
- Quality Metrics
- Partnerships
- Future Opportunities

"PrEP Plus"



PrEP Initiation Started 2012 650 Current PrEP Patients 30% Black/Latinx	Primary Care Inclusive of Gender and Sexual Health 60% of PrEP Patients are Primary Care Patients	Pharmacy Services PEP available 24/7 Free Delivery	Outreach Physical Digital
Vaccinations Meningococcus HPV Hepatitis A/B	Stigma Free Health Care	Rapid HIV Treatment Start 15 in 2017	Sexual Health Routine STI and HIV Screening Condom and Lubrication Distribution Risk Reduction Counselling
PrEP Navigation Insurance and Entitlement Assistance	Alternative Sites Tele-PrEP	Educating Staff STI Trends Acute HIV Infection	Research Linkage to Vaccine Studies and Original Research

PrEP Plus

- Sex positive outreach and engagement
- PrEP brings more individuals in to the clinic for HIV testing who have high risk behaviors
- Has allowed us to identify early HIV infection in some individuals
- Rapid Start ART success leads to VLS 3xs faster
- PrEP patients become primary care patients

Funding Streams

- Ryan White Part C- Targeted testing and linkage to care
- New York State Department of Health AIDS Institute grants
- Trillium Health Agency Funds



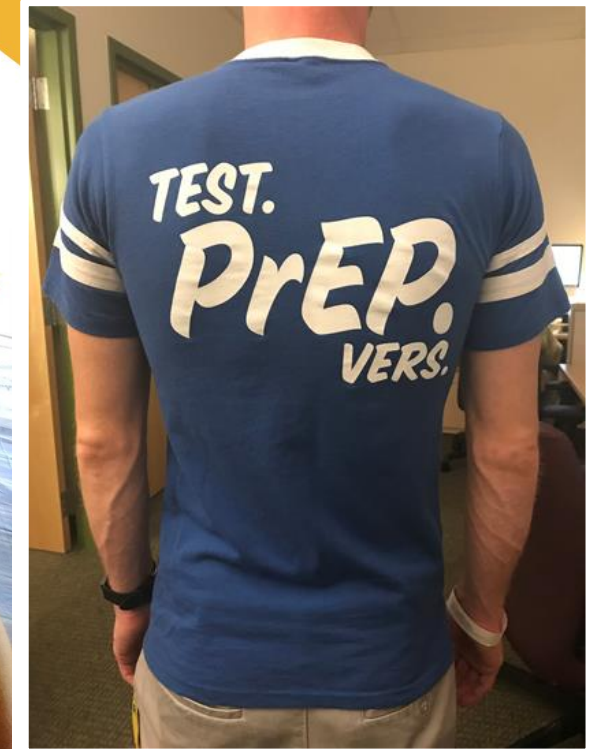
Physical Outreach

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Sex Positive Outreach to Higher Risk MSM

Physical Outreach

- Shirts
 - PrEP Squad Shirts
 - Test. PrEP. (Top. Bottom. Vers.)
 - Let's Talk About PrEP
- Spaces
 - Bathhouses
 - Bars
 - Nightclubs



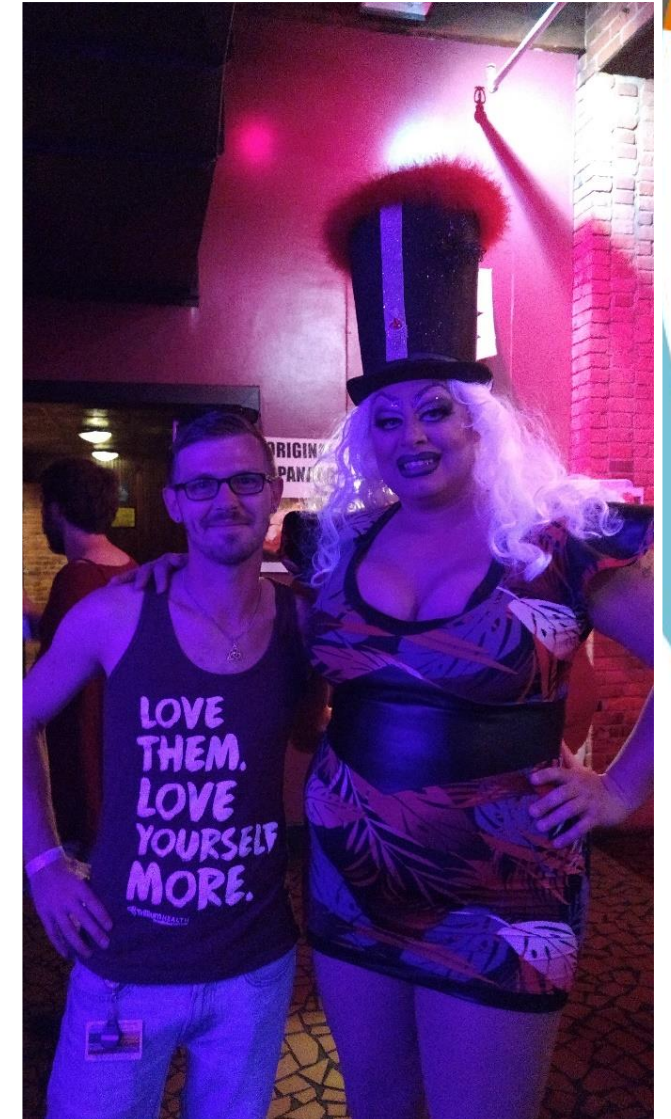
Bathhouse: Sex Positive Outreach

- Working with and in spaces where higher risk sexual activities happen
- Sexual Health Symposium
- Themed Nights
- Weekly Presence
- Working with staff
- Provide HIV tests on site



Drag Queens: Sex Positive Outreach

- Peers
- Gatekeepers
- Promote your organization and safer sex
- Local celebrities





Digital Outreach

**While digital outreach reaches fewer people,
it is more impactful!**

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The Power of Digital Outreach

- 3 times more effective than physical outreach in linking people to care (not just PrEP)
- Digital outreach engages with the target population when they are actively seeking sex. They are also more likely to talk about their sexual health because they are already primed to talk about sex.
- Physical outreach is still important. Around 1/3 of our PrEP linkages occur through physical outreach, 2/3 of PrEP linkages are from digital outreach.
- Physical outreach allows us to educate people about PrEP, distribute condoms, and to test people for HIV in non-traditional settings.

Highly Targeted Digital Outreach

- 7 Team Members:
 - 5 out of 7 are people of color
 - 24-35 year old
- Mobile Application
 - Grindr
 - Scruff
 - Growlr
 - A4A
 - Jack'd
 - Hornet



A screenshot of a Grindr profile for a user named Josh 26. The profile is displayed on a dark background. At the top right, there is a yellow speech bubble icon. Below it, the name "Josh 26" is shown with a white star icon to its left. Underneath the name, there is a green dot followed by the text "Online now" and "3625 feet away". The main bio text reads: "Chating about HIV prevention and Sexual Risk Reduction. 100% Judgment Free. I work for Tril.Health. Ask away 😎". Below the bio, there is a line of text: "If you see me out and about... come say hi." At the bottom, there is a list of physical attributes: "Height 5'6\"", "Weight 150 lbs", "Ethnicity White", and "Body Type Average".

☆ Josh 26

● Online now 3625 feet away

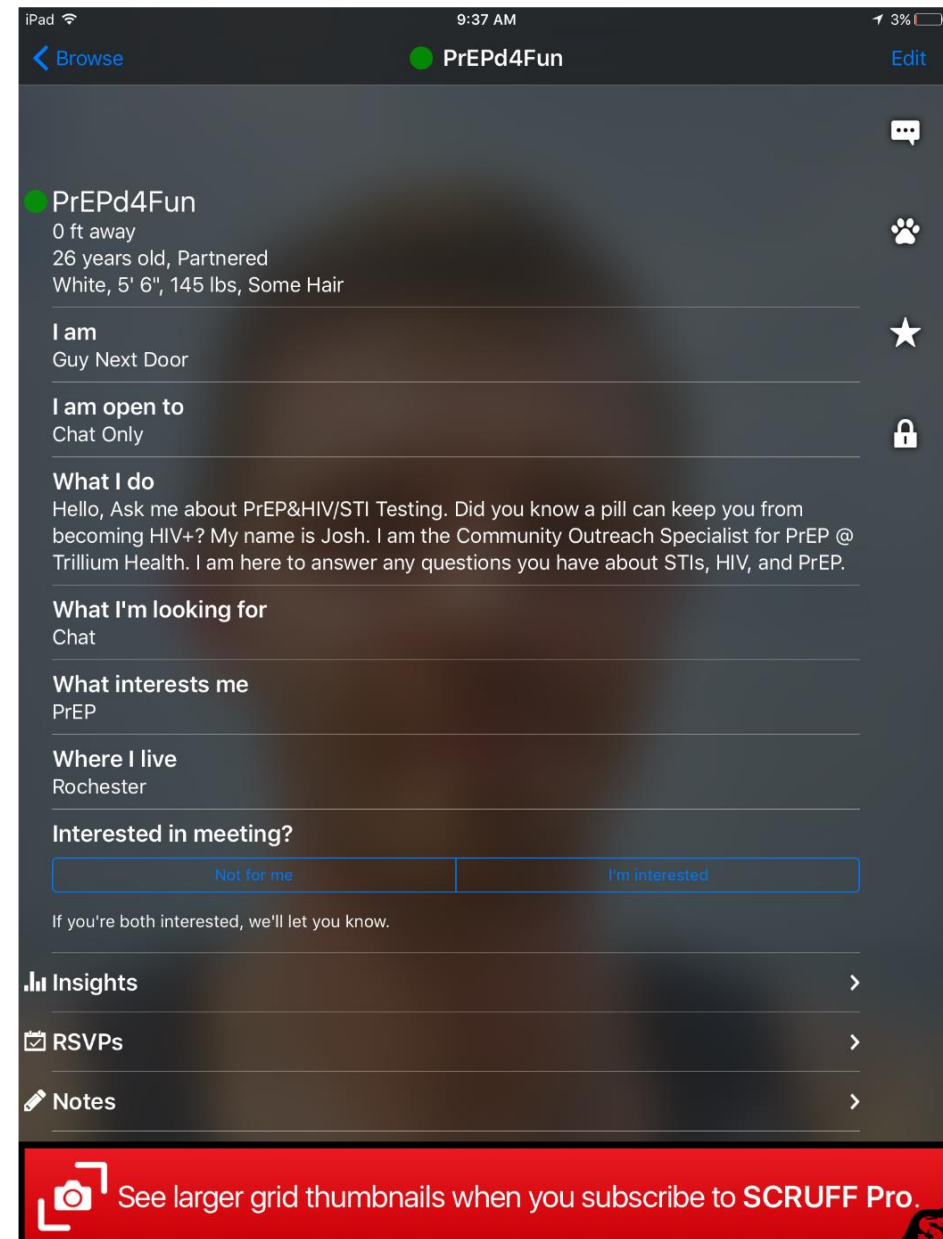
Chating about HIV prevention and Sexual Risk Reduction. 100% Judgment Free. I work for Tril.Health. Ask away 😎

If you see me out and about... come say hi.

Height	5'6"
Weight	150 lbs
Ethnicity	White
Body Type	Average

Focus of Digital Outreach

- Trusted personal connections to Trillium Health
- Provide sexual health information
- Link to HIV testing and treatment, PrEP, PEP, STI testing and primary care
- Destigmatize HIV and sexual health



PrEP Plus Results

- Digital outreach is a catalyst for improved health: Since January 2017, we've had over 2,000 conversations and around 100 linkages to health care (including HIV testing, PrEP, STI testing and primary care)
- Maximizing opportunities- Opt out primary care for all PrEP patients
- Identify early HIV infection & do Rapid Start

Testing and Linkage to Care

- Testing programs: community center (MOCHA), PrEP/PEP program, walk in STI testing center
- In 2017 and 2018, 15 new HIV+ patients identified by our testing programs
 - 8 patients started treatment on day of diagnosis
 - From diagnosis to prescription, 1.4 days on average
 - From diagnosis to VL<50 copies/mL, 79.7 days on average
- In 2016, 7 new HIV+ patients identified by our testing programs
 - From diagnosis to prescription, 51.7 days on average
 - From diagnosis to VL<50 copies/mL, 147.7 days on average

Rapid Initiation of ART

- New HIV+ patients are from onsite or community referrals
- There is a reactive rapid HIV test
 - Immediate - <24 hrs appointment with medical provider
 - 7-30 day course ART
 - Warm handoff to on-site lab for baseline lab work
 - Barriers to care assessed
 - Follow-up visit within 7 days to review lab results, check adherence/side effects and provide new HIV diagnosis if confirmed positive
- High level of patient acceptance
- In the past, patients generally were not prescribed medications until a follow up visit 4-6 weeks later when resistance testing and other baseline lab work was back

On the Road to ETE 2020

- **Undetectable = Untransmittable**
 - Viral load suppression is critical way to interrupt HIV transmission, and a component of EtE 2020.
 - We focus on viral load suppression and treatment as prevention in our educational sessions empower our HIV patients and to improve adherence to treatment.
 - Our viral load suppression rate remains at 90% overall in 2017-8.



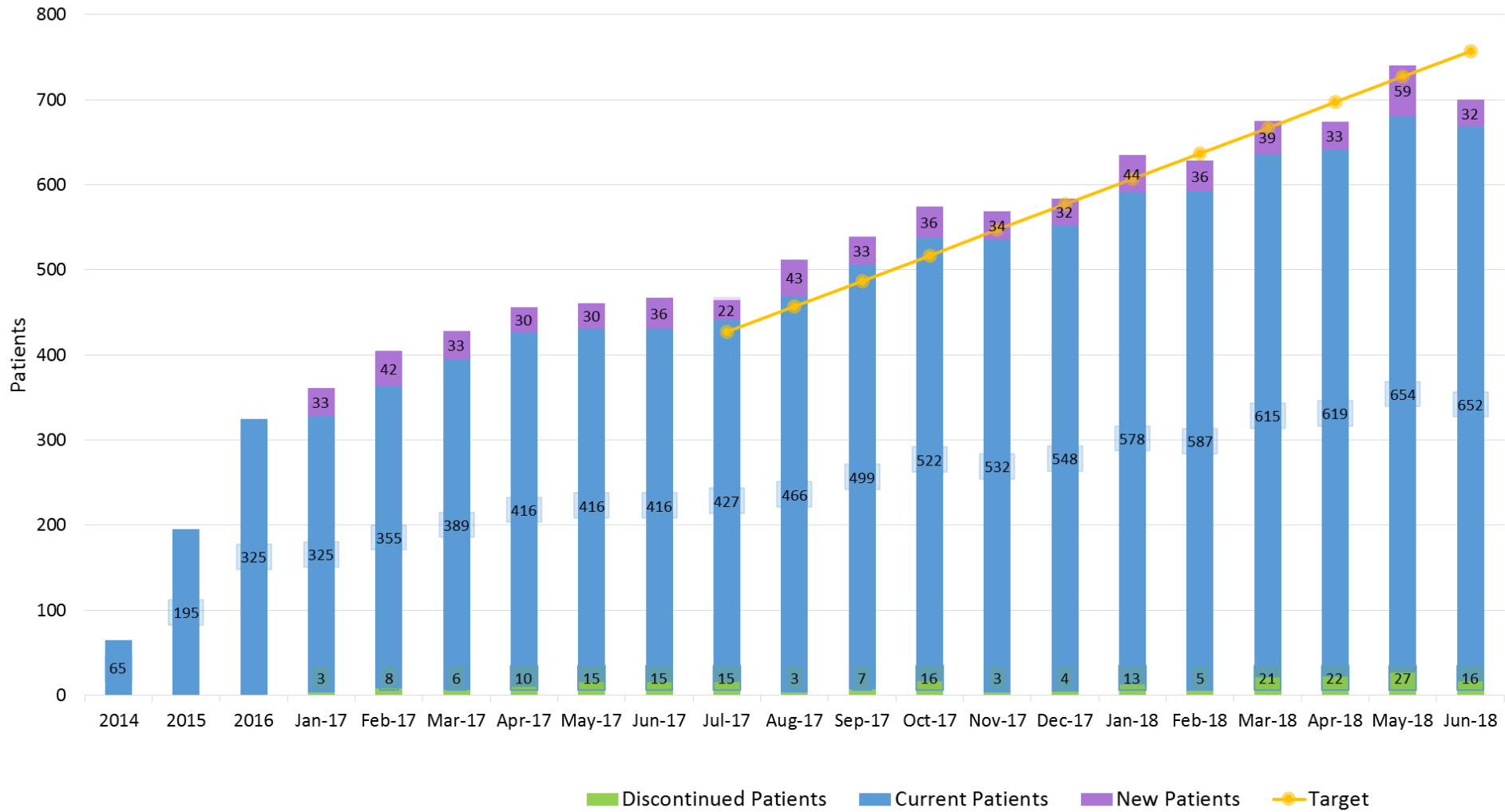
Quality

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Quality: PrEP Dashboard

- PrEP Dashboard presents data month to month to identify trends easily and areas for quality improvement projects
- Data included: PrEP starts, PrEP appointments and gives demographic information of those patients (age, race, ethnicity, gender, and sexual orientation)
- We used it to discover and justify our need to expand outreach and target marketing materials to women, as their percentage of the HIV infection rate did not match the percentage of women on PrEP
- PrEP growth graph is on next slide

PrEP Patient Growth: 2014 to June 2018



Discontinued Patients: Patients who were closed from the PrEP Program within the specified month

Current Patients: Patients who were seen by a provider for PrEP within the last 4 months of the specified month

New Patients: Patients who were seen for PrEP for the first time within a specified month

Please note:

- New Patients are a subset of Current Patients
- The Target line is meant to show where the Current Patient count would be if net patient growth was 30 each month. Though the program makes gains in excess of 30 patients each month, there is also patient loss each month, causing average net growth to be closer to 25 patients per month.

Key Partnerships

- MOCHA Centers
- Monroe County Department of Health
- Local Bars and Bathhouse
- Local Celebrities
- National Black Leadership Commission on AIDS
- Rochester Victory Alliance
- Out Alliance (LGBTQ Community Center)
- Local colleges and universities and their students.

Opportunities

- Maximizing Ryan White program income to identify new positives and link to care (ART, PrEP and primary care)
- Further routinize PrEP as a gateway to primary care: 60% of our PrEP patients are engaged in primary care at Trillium Health
- Continue aggressive marketing that is relevant, relatable and evocative to our target populations
- Continue VLS greater than or equal to 90%
- Operationalize status neutral programming approaches

thank you