



2022
NATIONAL

HIV & HEPATITIS
TECHNICAL ASSISTANCE MEETING



Implementation of a 24/7 Non-occupational Post-Exposure Prophylaxis (nPEP) Hotline in Washington, DC

Camilla Stanley, MPH
Public Health Advisor
HIV/AIDS, Hepatitis, STD and TB Administration
(HAHSTA)
DC Health
October 14, 2022

Disclosures

This program is supported by the Centers for Disease Control and Prevention (CDC) as part of PS20-2010: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States. The contents of this presentation are those of the author and do not necessarily represent the official views of, nor an endorsement by CDC.



nPEP Background and Program Need

- Non-occupational post exposure prophylaxis (nPEP) is an effective HIV prevention strategy, yet implementation has been limited across the Washington metropolitan area.
 - Limited utilization data and uptake across the Washington metropolitan area.
 - Low utilization and uptake at the DC Health and Wellness Center (DHWC).

DHWC nPEP Data from September 2019 to September 2020:

- 41 individuals with initial appointments for nPEP
- 40/41 (97.6%) received full course of treatment
- 30/41 (73%) clients returned for a 7-day visit
- 20/41 (48.8%) clients returned for 28-day follow-up
- 15/20 (75%) of individuals who made 28-day visit successfully transitioned to PrEP



DC nPEP Hotline Overview

Goal: To provide nPEP, at low to no cost, to individuals located in the District of Columbia (DC).

Collaborative, city-wide initiative leveraging current AIDS Drug Assistance Program (ADAP) pharmacy network, collaborative agreement with hospital and academic based infectious diseases (ID) physician group (Medstar Georgetown University ID Group) for hotline evening and weekend call coverage and patient assessments, and a government run sexual health clinic (DHWC) for follow up care.

Inspired by New York City's PEP Hotline.

DC Health **launched** the DC nPEP Hotline **March 31, 2021.**

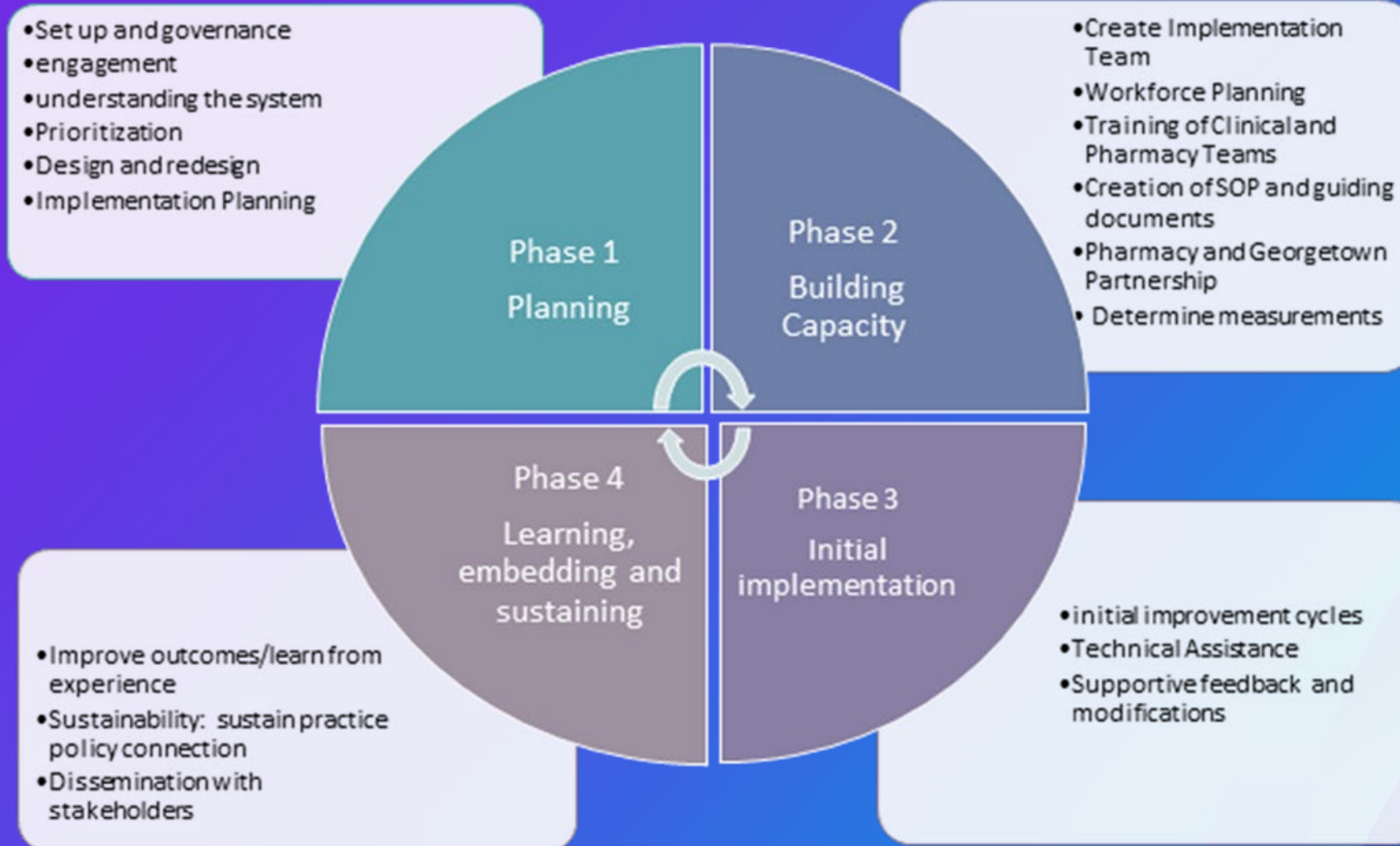


DC nPEP Hotline Overview (continued)

- Callers can access the hotline 24-hours a day/7 days a week, by calling **(202) 299-3PEP (3737)** or calling 311 and be transferred to the hotline.
- **Eligibility**: meet nPEP CDC criteria, located in DC, and able to pick up a starter prescription or initiate nPEP at DHW within 72 hours.
- Eligible callers will receive a 5-7 day nPEP starter regimens through local contract pharmacies and DHWC will provide follow up visits.

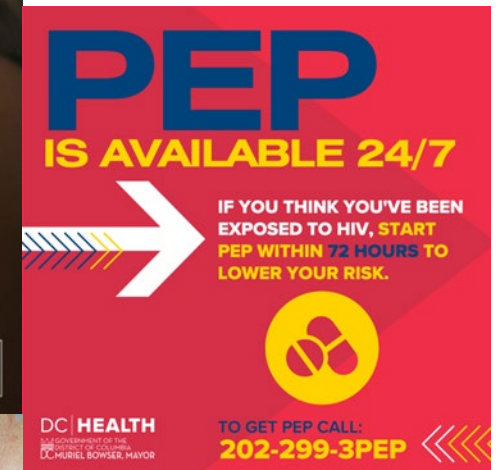


Quality Implementation Framework

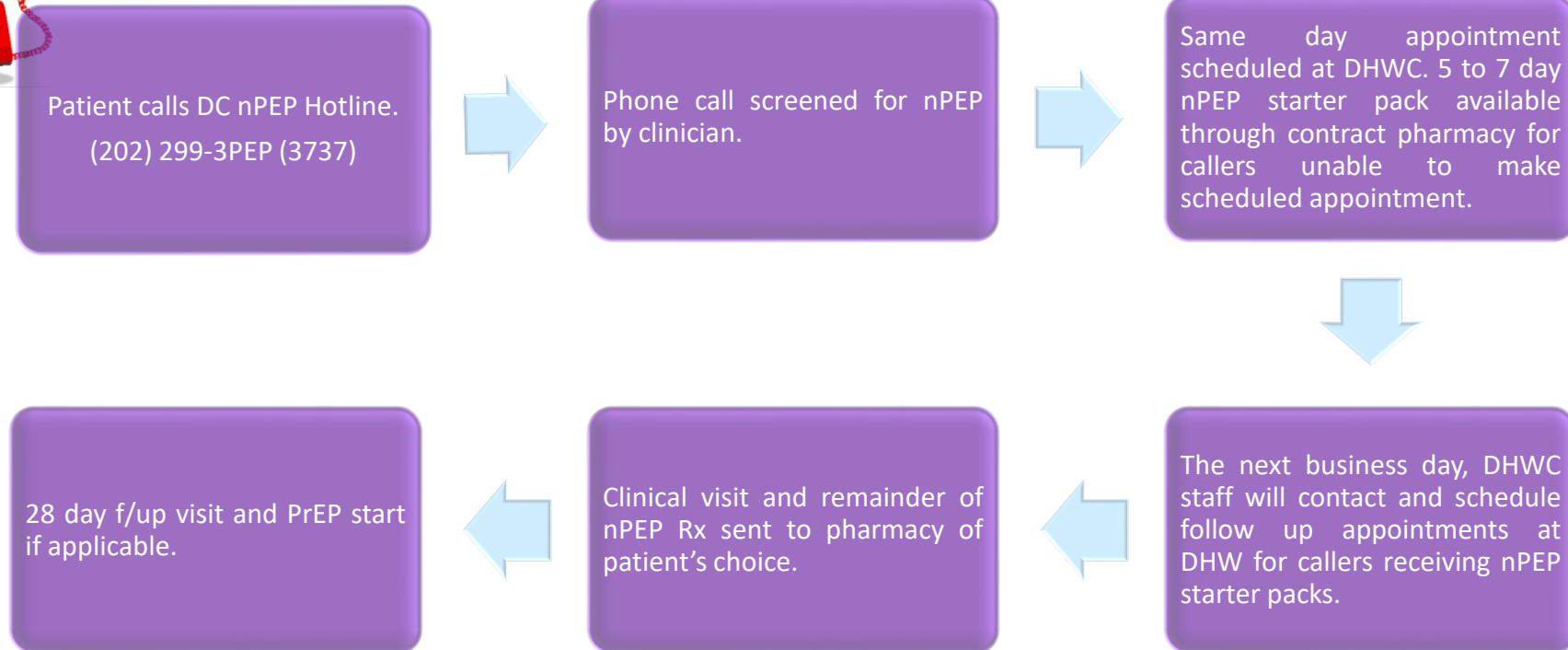


DC nPEP Hotline Marketing and Outreach

- Conducted 3 Community Information Sessions prior to the launch of the DC nPEP Hotline.
- Launched the GETPEPDC.org website March 31, 2022.
- Marketing ads can be found on various social media platforms in English and Spanish.



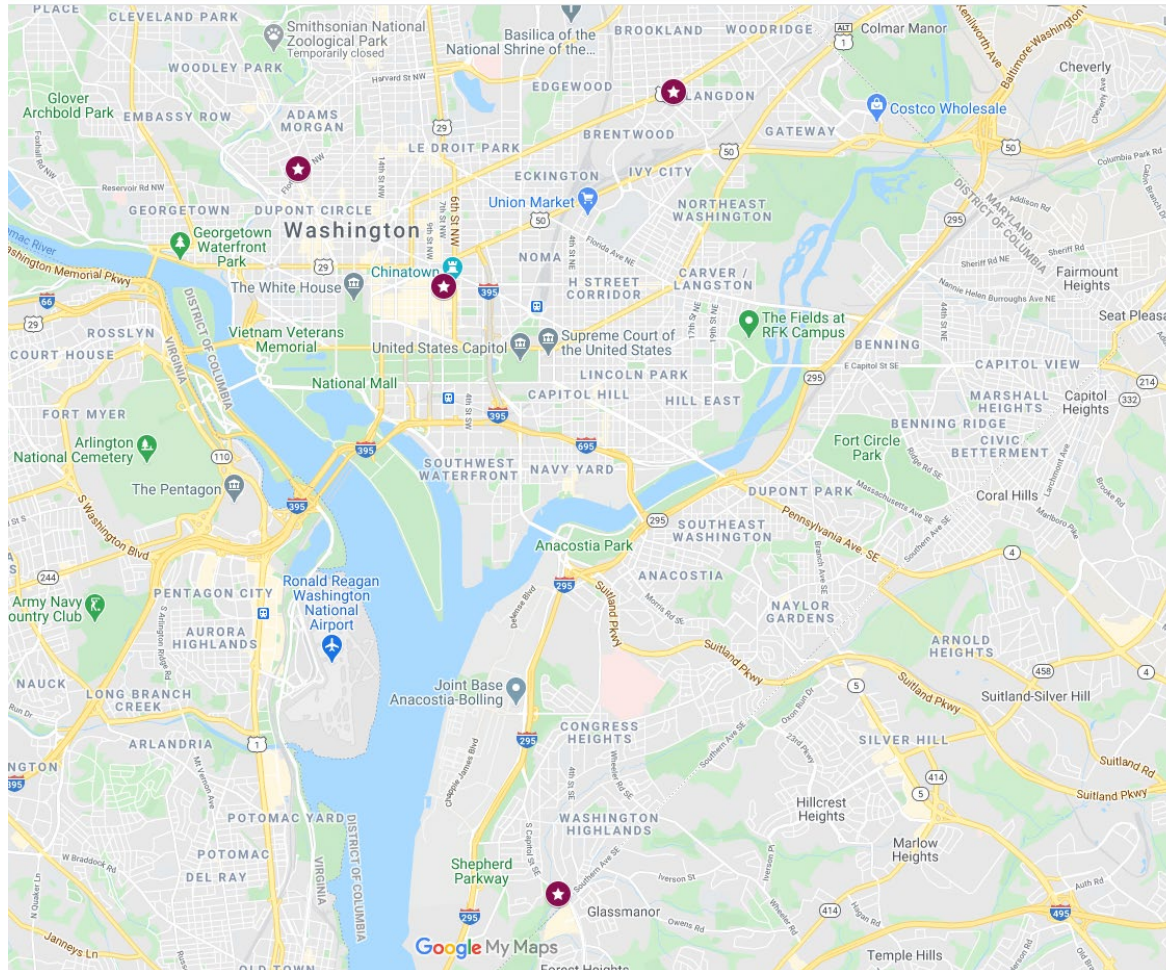
D.C. nPEP Hotline Process Map



DHWC nPEP Hotline Appointment Schedule



Walgreens – Contract Pharmacy

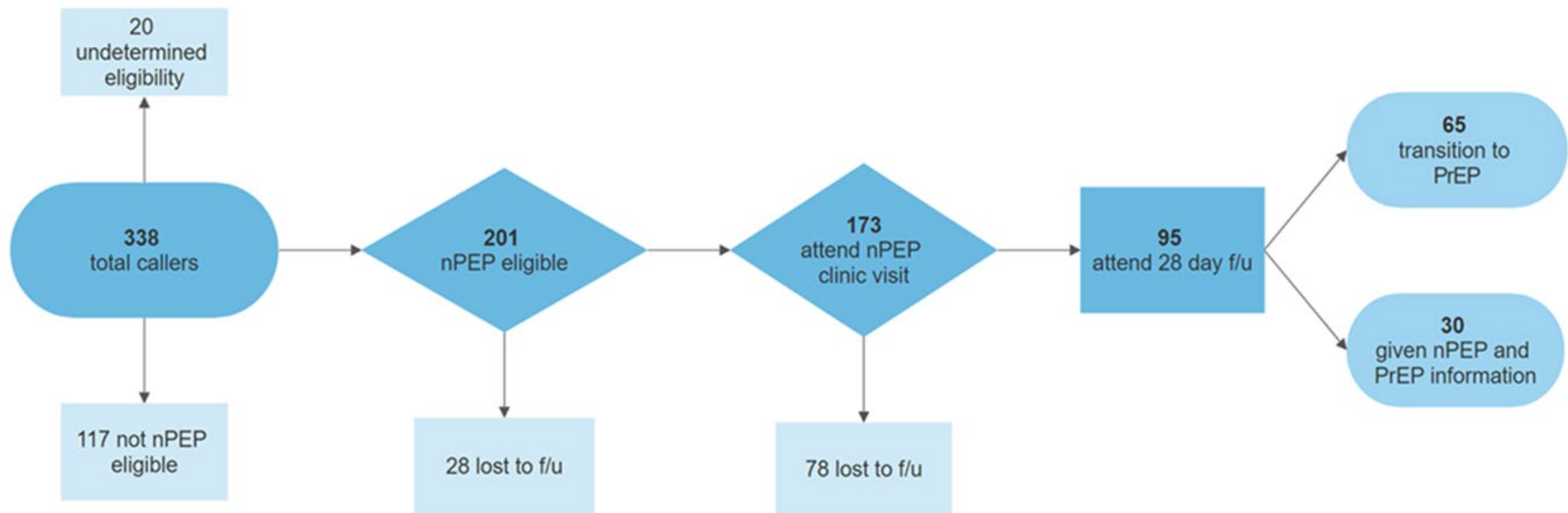


Location	Monday-Friday	Saturday	Sunday
4635 South Capitol St SW	9AM-8PM	9AM-6PM	10AM-6PM
1815 Connecticut Ave NW	9AM-8PM	9AM-6PM	10AM-6PM
801 7 th St NW	9AM-9PM	9AM-6PM	10AM-6PM
1401 Rhode Island Ave NE	9AM-8PM	9AM-6PM	10AM-6PM

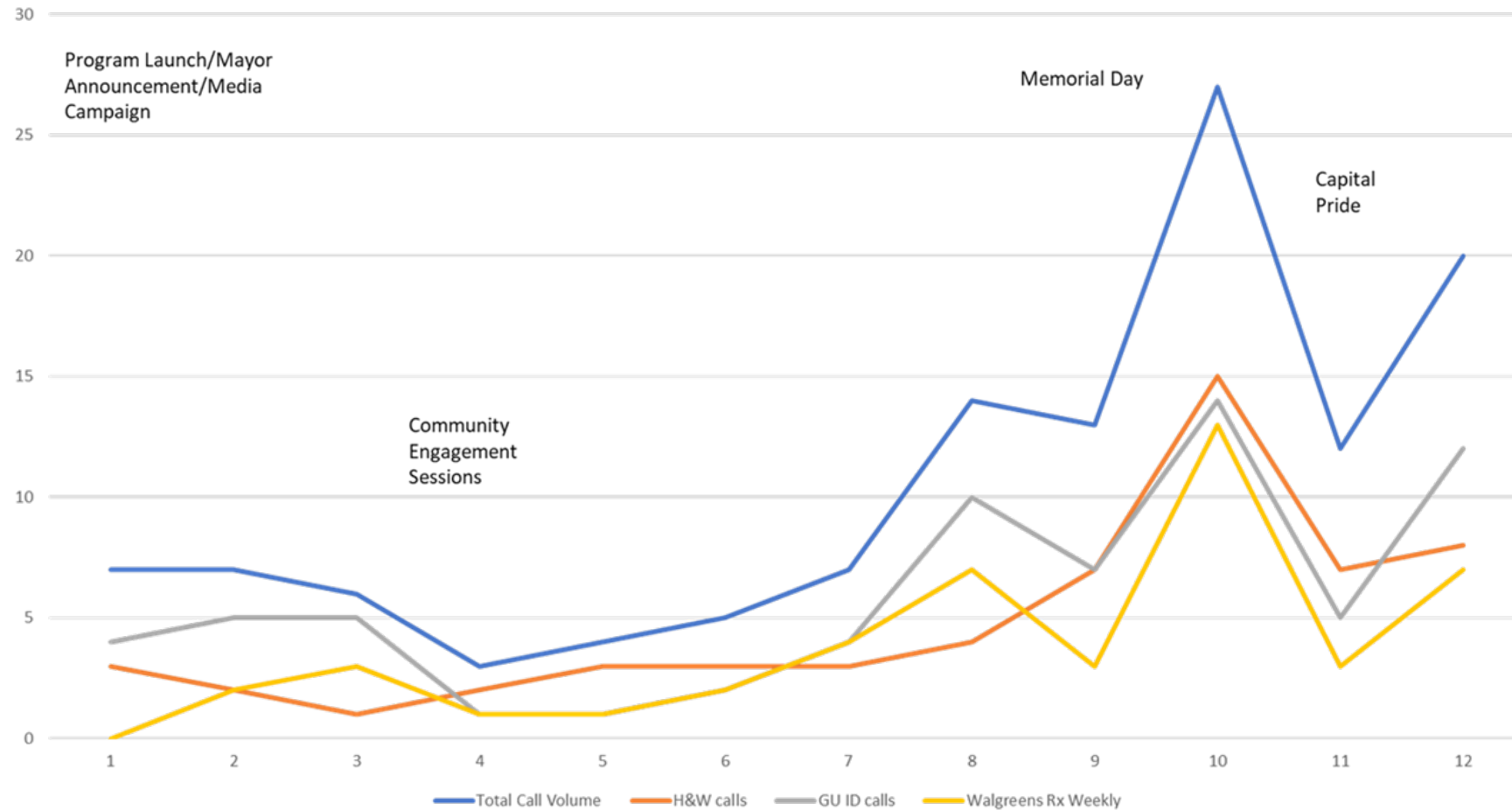
- Prescriptions will be ready in 1-2 hours.
- Clinicians can leave a message for prescriptions to be filled for next day pick-up.



DC nPEP Hotline 6 Month-Data Results 4/1/2021 – 9/16/2021



PEP Pilot Weekly Run Charts



Comparison of nPEP Hotline Callers 6 Month Data to 2019 New HIV Diagnosis Data for DC

	New HIV Dx 2019	nPEP hotline callers
Total	273	202
Gender		
Male	210 (76.9%)	162 (80.2%)
Female	60 (22.0%)	39 (19.3%)
Transgender	3 (1.1%)	1 (0.5%)
Race/ethnicity		
Black (Non-Hispanic)	202 (74.0%)	67 (33.2%)
Latino	36 (13.2%)	37 (18.3%)
White (Non-Hispanic)	23 (8.4%)	58 (28.7%)
Other (Non-Hispanic)	9 (3.3%)	33 (16.3%)
Unknown	3 (1.1%)	7 (3.5%)
MSM		
Yes	165 (60.4%)	132 (65.4%)
No	108 (39.6%)	70 (34.6%)
Subgroups		
Black MSM	107 (39.2%)	29 (14.4%)
White MSM	20 (7.3%)	51 (25.2%)
Latino MSM	26 (9.5%)	27 (13.4%)
Black Heterosexual men	31 (11.4%)	17 (8.4%)
Black Heterosexual women	46 (16.8%)	20 (9.9%)

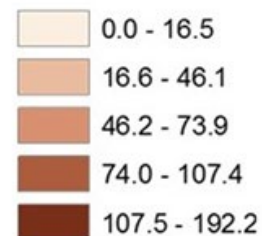
- **45%** (n=91/201) of referred individuals were located in ZIP codes representing DC's top ten HIV incidence rates
- Compared to individuals diagnosed with HIV in 2019, the nPEP cohort was more likely to be White than Latino/a/x (OR: 0.38 95% CI 0.19-0.75) or Black (OR: 0.12, 95% CI 0.064-0.21)
- There was a larger proportion of White MSM in the nPEP cohort (25.2%) than 2019 new diagnosis (7.3%), **p<.001**

nPEP Hotline Callers' Location Across DC in Comparison to New HIV Diagnoses in 2019

HIV Cases, 2019
N=272*

● nPEP Caller by DC Ward

Rate of HIV per
100,000 persons



*10% of cases had a missing address or an address that did not geocode and were not included in this map.



The Softer Side of the Data

I didn't know what I was going to do and then I found this hotline.

I was so scared and the person who answered the hotline made me feel so much better.

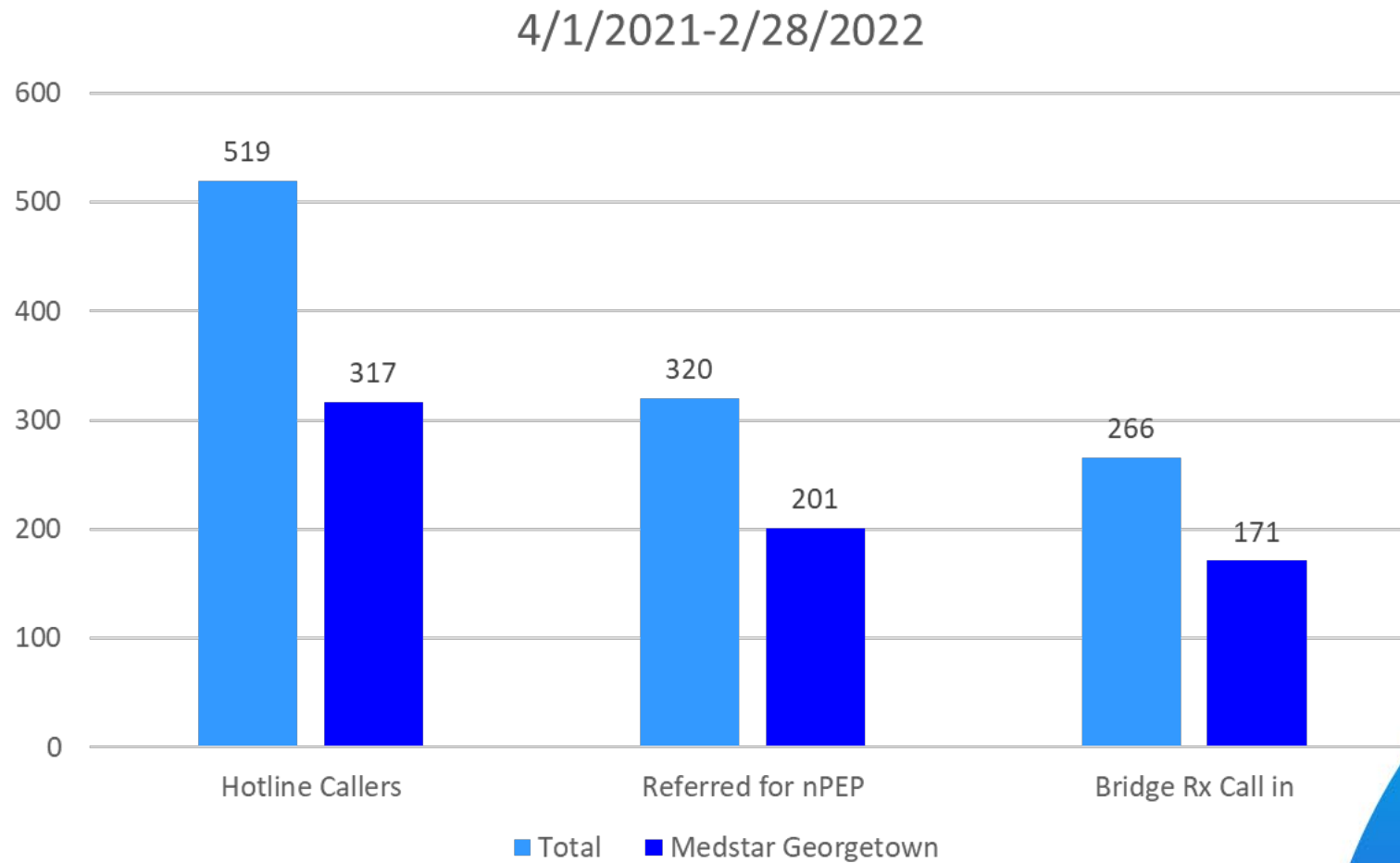
In my darkest hour you all helped me.

I went to three ERs and was just about to give up when I found the hotline.

This is such an amazing service. It was a miracle for me.



DC nPEP Hotline Users From 4/1/2021 to 2/28/2022



Process Improvement - Lessons Learned

Importance of weekly team meetings:

- Allowed for rapid Plan-Do-Study-Act cycles (PDSA) for improvement and evaluation.
- Initial focus was on planning, first 3 months of pilot focused on ongoing process and continuous quality improvement.
- Close and clear communication pathways needed with 2 external partners.

Staffing and Scheduling:

- Walk-in nPEP appointments created scheduling difficulties.
- Program success rapidly superseded expectations.
- Crowding/bottlenecking in clinic waiting room and patient rooms caused interruptions during clinic.
- Created standing order to redirect nPEP calls to nursing staff to alleviate clinician interruptions.
- Training of support staff is key to program support and success.



Process Improvement - Lessons Learned (continued)

Call Volume, Types of Calls, and Caller Location:

- Unanticipated call request outside of the District and limited ability to support callers.

Pharmacy/Medication/Insurance:

- Filling partial prescriptions of nPEP required ongoing process improvement cycles.
- Patients with private insurance faced large copays for remaining prescription.
- Clinicians began initiating copay assistance process during clinic visits.
- Persons uninsured or underinsured experienced difficulty obtaining medication.



Future Program Planning

- Increase awareness and uptake in priority populations, District jurisdictions (Wards 7 and 8) and retention in care.
- Expand pharmacy network.
- Improve Day 28 follow-up rates and PEP to PrEP transition.
- Conduct additional provider and community outreach.
- Expand social media and advertisement efforts.
- Collaborate with other jurisdictions and community based organizations (CBOs) to replicate the nPEP Hotline.



Acknowledgements

Appreciation to DC Health and HAHSTA Leadership and Staff, DC Health and Wellness Center Staff and Patients, Medstar Georgetown University ID Colleagues, Walgreens Pharmacy, The Office of the Chief Technology Officer DC (OCTO), and DC Health HAHSTA Community Partners/CBOs.

Presenter Contact Information:

Camilla Stanley, Public Health Coordinator

Email: camilla.stanley@dc.gov

Phone: (202) 671-4807

Mobile Phone: (202) 821-9687



QUESTIONS?



THANK YOU!

