The Center for Key Populations

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Using Quality Improvement to Increase PrEP Engagement and Retention

The Center for Key Populations: Our Mission

- To ensure access to quality healthcare and support services for key groups who have experienced health disparities as a result of stigma and discrimination resulting in barriers to comprehensive, respectful and safe care.
- To ensure that key populations in the communities that CHC serves have a central and cohesive focus.
- To identify emerging trends in key populations and address their needs expediently.

Define the Problem

PrEP is a lifesaving resource for people at risk for HIV.

CHCI implemented a robust PrEP program to provide outreach, awareness, education, engagement and retention in PrEP services utilizing the expertise of 2 experienced PrEP navigators.

PROBLEM:

1)Patient initiation of PrEP is low.

2)Provider referral for PrEP and initiation of patients on PrEP is low.

3)Patients retention in PrEP services is low.

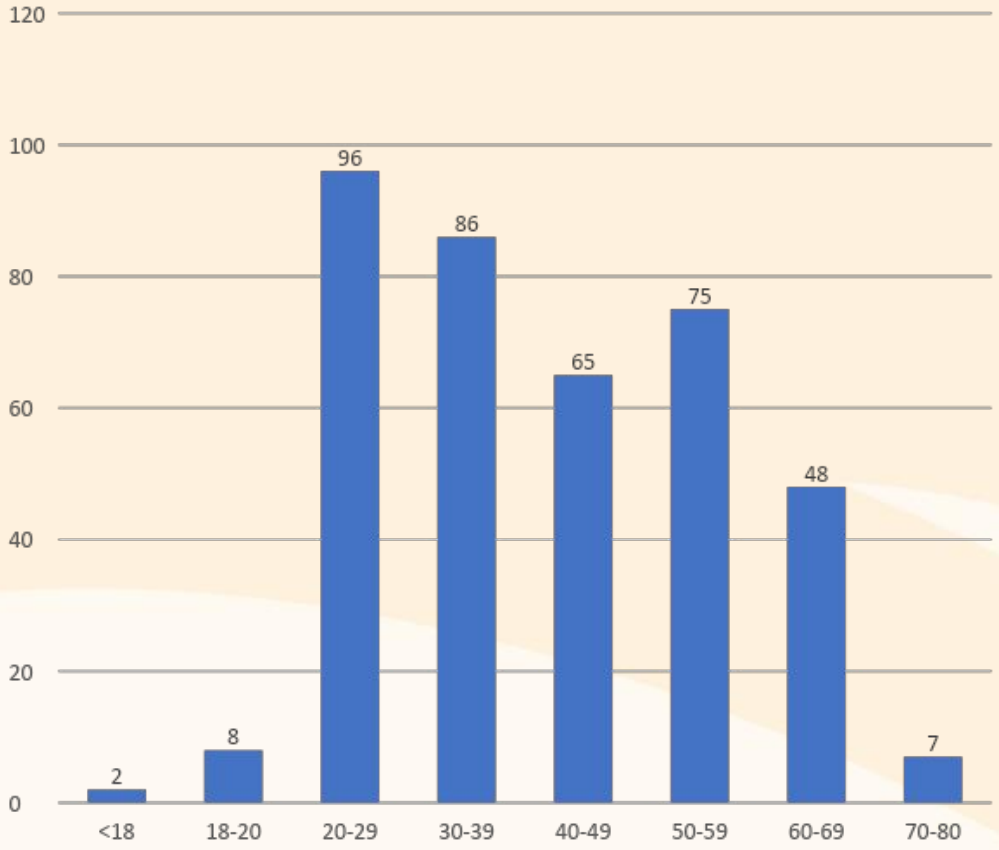
CHC Baseline Data for PrEP July 2022

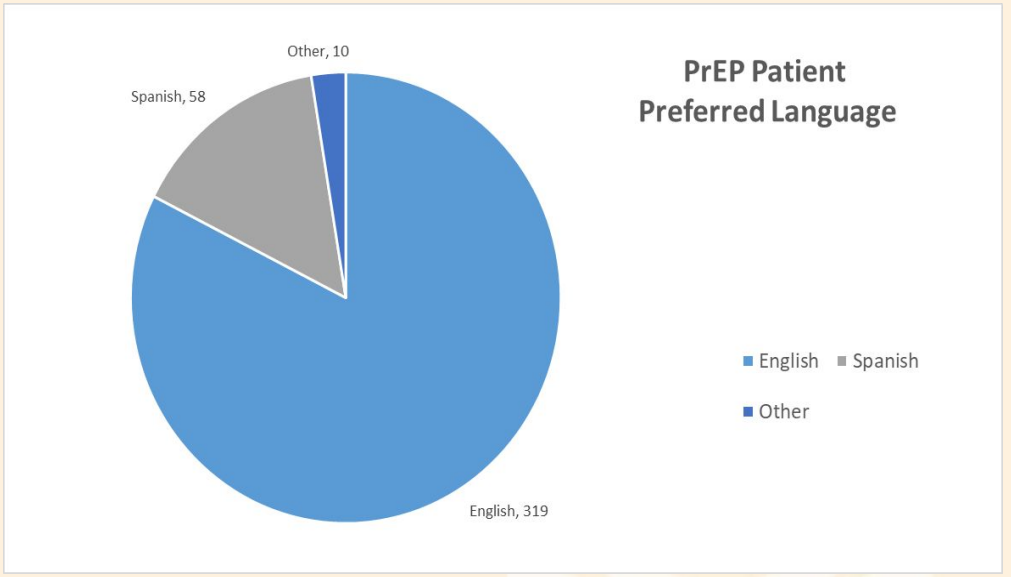
Number of Unique PrEP patients at CHCI **387 Patients**

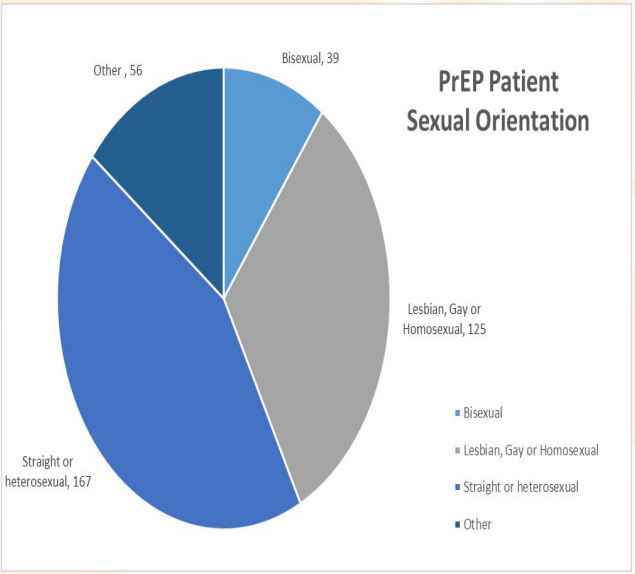
Length of time on PrEP

- **Average 376 days**
- **Max = 2795 Days**
- **119 Patients with 1 Rx**

PrEP Patient Age







Global Aim Statement

We aim to improve the PrEP services at CHCI.

The process begins with identifying potential PrEP patients and ends with the initiation of PrEP for patients.

By working on the process we expect to:

Increase access to needed services, increase the number of patients on PrEP, Increase the number of patients aware of PrEP as an option, Increase the number of providers prescribing PrEP, Increase retention in care for PrEP patients.

It is important to work on this now because we hope to improve the quality of life for patients at risk, PrEP is a crucial tool in ending the HIV epidemic, and CKP has a responsibility to promote PrEP due to funding and mission of the organization.

Solution Storming Themes led to SPECIFIC AIM

We will increase the number/amount of documented conversations about PrEP that occur between providers and patients for 8 weeks beginning on February 6th at the Meriden site.

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PDSA Worksheet for Testing Change

Date:	2/6/2023
Team Members:	Maria, Nathan, Michael, Jeannie, Marlene, Dr. Haddad, Kasey, Lizbeth, D Lenon, Bernie, Lucy, Deb

Aim:

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person Responsible	When to be Done	
PrEP Navigators will conduct outreach to providers to identify patients who are candidates for PrEP.	PrEP Navigators		

Plan

List the tasks needed to set up this test of change	Person Responsible	When to be Done (Dates & Timeframe)	Wher (Site Loc
• PrEP navigators will review charts and identify patients that may be eligible for PrEP (positive STIs in the last 6 months, patients who identify as MSM and trans women from SOGI) • Prompt for PrEP discussion **-Patients that already have an appointment** • Write "Discuss PrEP" in the chief complaint • Merge in PrEP template • Send a TE to advise the provider that the patient may be a good candidate for PrEP. Include the reason why the patient may be a good candidate and the appointment date. Also include that assistance can be offered from the PrEP navigator if there are any questions (Copy & Paste TE Script) • Set Action Item to check on TEs that were sent • Document outcome on excel sheet -Was outreach made to the patient -Was appt scheduled -Did PrEP discussion occur -Was the patient offered PrEP (declined or agreed) -Was prescription sent **-Patients that don't have an appointment** • Send a TE to advise the provider that the patient may be a good candidate for PrEP. If appropriate, TE can be sent back to PrEP navigator to schedule visit. Also include that assistance can be offered from the PrEP navigator if there are any questions (Copy & Paste TE script) • Set Action Item to check on TEs that were sent • Document outcome on excel sheet -Was outreach made to the patient -Was appt scheduled -Did PrEP discussion occur -Was the patient offered PrEP (declined or agreed) -Was prescription sent • **Data Review** • PrEP navigators will review the visit notes to see if PrEP was discussed • PrEP navigators will review TE	PrEP Navigators		

Key Steps and Outcome

Key Activity	Outcomes
Pull data on potential PrEP patients	Use SOGI, STI and other criteria to identify potential PrEP patients. Patient charts flagged by team.
PrEP Navigators contact providers to encourage PrEP discussion and documentation	Providers are proactively contacted to alert them of upcoming appointments with high risk patients and given tools to make referrals or seek assistance as needed.
Provider sends TE if they want PN to contact patients	Provider have expedited access to PN in order to get patients information and support asap.
Patients offered education and PrEP	PN calls or meets with patients to provide info and support and documents specifics for providers.
Monthly data is pulled	Team reviews data weekly or monthly in an effort to tweak system and make improvements.

Challenges

- Providers lack time for real conversations and documentation
- Providers competence and confidence in addressing PrEP
- Ability of PN to initiative conversation without breaching confidentiality.
- Patient willingness to address risk
- Patient awareness and education was minimal
- Time and effort for PN to address all concerns. (40 min per phone call)
- Support staff awareness and education
- Site wide support of initiative

Outcomes

51% increase in PrEP patients in 6 weeks

92% increase in awareness among CHCI providers and staff in Meriden

100% staff satisfaction in training provided by CKP

100% new patient satisfaction in PrEP Navigation services

1,200 new PrEP interactions were created as a result of the PrEP Project

192 new patients received specific information that may lead to eventual initiation in PrEP treatment

Steps Forward

- Monthly on-going provider and staff education on PrEP and PrEP services
- Weekly data pulls on potential patients for PrEP
- Weekly outreach conducted to sites for PrEP awareness and support with patients.
- Weekly PrEP meetings to discuss successes and challenges with team.
- Monthly presentation to CHCI QI committee
- PrEP goal in organization wide priority QI Plan.

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Check out our CHC website for more information and contact information for each program and service!

https://www.centerforkeypopulations.com