Prep Measurement IN NYC

Julie Myers, MD, MPH

Director, HIV Prevention

Bureau of HIV/AIDS Prevention & Control

NYC Department of Health & Mental Hygiene

PrEP Measurement in NYS and NYC February 19, 2016



Overview

- Background
 - Why Does Measurement Matter?
 - What (and How) to Measure?
- Overview of Sources of Data
- Introduction to Sources
- Closing Thoughts

If you can't measure it...

...you can't manage it.

Why Does Measurement Matter?

- Estimate impact
- Identify disparities
- Plan new and improve existing programs
- Remain alert to all possible outcomes, including unintended consequences
- Accountability

What (and How) to Measure?

WHAT

Key outcomes: PrEP awareness, use, adherence, etc.

HOW

- Approach
 - Individual- vs. population-level
 - Consumers vs. prescribers
 - Cross-sectional vs. longitudinal
- Data collection
 - Surveys vs. charts/administrative data
 - Surveillance vs. program data

What (and How) to Measure?

WHAT

Key outcomes: PrEP awareness, use, adherence, etc.

<u>HOW</u>

- Approach
 - Individual- vs. population-level
 - Consumers vs. prescribers
 - Cross-sectional vs. longitudinal
- Data collection
 - Surveys vs. charts/administrative data
 - Surveillance vs. program data

	Surveillance	Program
Consumer	 Sexual Health Surveillance (SHS) National HIV Behavioral Surveillance (NHBS) Medical Monitoring Project (MMP 	 NYC DOHMH Field Services Unit Sexual and Behavioral Health Program (SBH)

	Surveillance	Program
Consumer	 Sexual Health Surveillance (SHS) National HIV Behavioral Surveillance (NHBS) Medical Monitoring Project (MMP) 	 NYC DOHMH Field Services Unit Sexual and Behavioral Health Program (SBH)
Provider	 NYC DOHMH HIV/AIDS Surveillance Primary Care Information Project (PCIP) 	Public Health Detailing Program

	Surveillance	Program
Consumer	 Sexual Health Surveillance (SHS) National HIV Behavioral Surveillance (NHBS) Medical Monitoring Project (MMP) 	 NYC DOHMH Field Services Unit Sexual and Behavioral Health Program (SBH)
Provider	 NYC DOHMH HIV/AIDS Surveillance Primary Care Information Project (PCIP) 	Public Health Detailing Program

Sexual Health Survey (SHS)

- Population included: Sexually active NYC MSM
 - Eligible if NYC resident, assigned male gender at birth, 18-40 years old, who reports anal sex with a man in the past 6 months
- Data collection methods: Online and in-person (interviewer-administered)
- Frequency of data collection: Semiannual (online); annual (in-person)
- Years for which PrEP data available: Spring 2012 onward

SHS (2)

- Key definitions of PrEP-related variables:
 - **PrEP Awareness:** "Sometimes people who do not have HIV take HIV medications (Truvada) on a daily basis to keep from getting HIV. This is called pre-exposure prophylaxis, or PrEP. Have you ever heard of PrEP?"
 - **PrEP Use:** "In the <u>past 6 months</u>, have you used PrEP to prevent yourself from becoming infected with HIV?"
 - Other PrEP related variables: interest in PrEP, whether discussed PrEP with provider, perception of self as PrEP candidate, interest in injectable PrEP

Other relevant data collected:

- Basic sociodemographic data
- Behavioral risks for HIV
- HIV testing behaviors
- Access to and use of prevention services
- HIV testing results

Data Source Description: SHS (3)

Opportunities

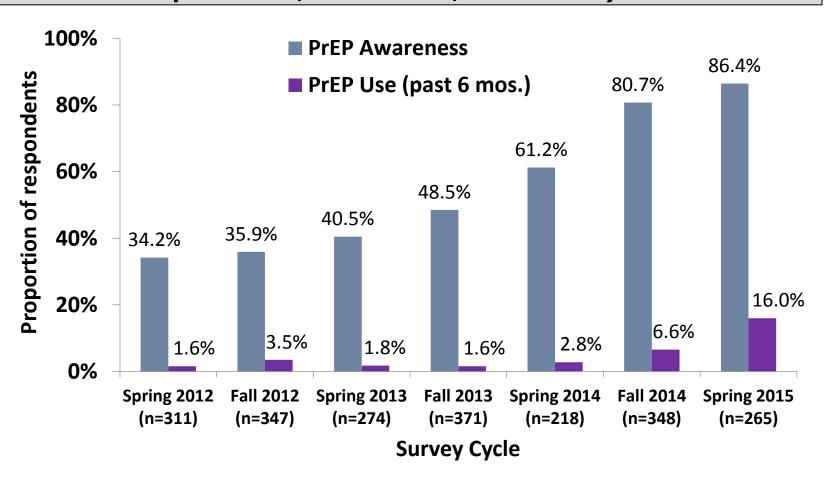
- Ongoing monitoring of PrEP awareness/use among NYC MSM at risk, with consistent methods across survey rounds
- Ability to track PrEP awareness/use by sociodemographic factors and measure potential disparities in a timely manner
- Flexibility to add new questions that address emerging areas of public health importance and/or concern

Limitations

- Recall bias, social desirability bias
- Sample may be biased as a result of recruitment strategy (self-selection, convenience sample)
- Cross-sectional data
- Potential concerns with online survey data

SHS (4)

PrEP Awareness and Use among NYC MSM Internet Survey Respondents, 2012-2015; *Preliminary data*

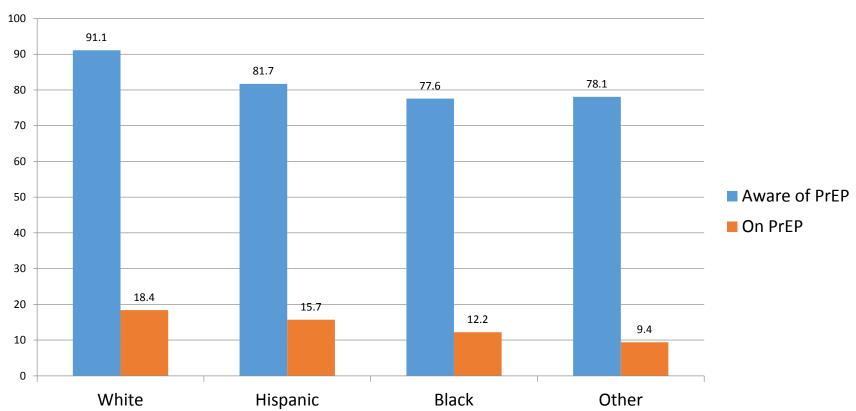


Mensah N, et al. NHPC, 2015. Scanlin K, et al. Unpublished data, 2016.

SHS (4)

PrEP Awareness and Use among NYC MSM Internet Survey Respondents, 2015; *Preliminary data*

PrEP Awareness and Use among MSM, Spring 2015



Mensah N, et al. NHPC, 2015. Scanlin K, et al. Unpublished data, 2016.

National HIV Behavioral Surveillance (NHBS)

- Population included (every 3 years):
 - Men who have sex with men (MSM)
 - Injection drug users (IDU)
 - Heterosexuals at increased risk for HIV infection (HET)
- Recruitment:
 - MSM venue-based sampling
 - IDU/HET respondent-driven sampling
- Data collection methods: Anonymous survey immediately followed by HIV testing
- Frequency of data collection: Every 3 years for each target population
- Years for which PrEP data available: 2008-2015, expected to continue in the future

NHBS (2)

Key definitions of PrEP-related variables:

- MSM2, IDU2, HET2 (2008-2010):
 - Question about use of HIV/AIDS medications to prevent HIV
 - Question for HIV+ participants about giving HIV drugs to partners to prevent HIV transmission
- MSM3, IDU3, HET3, MSM4 (2011-2014):
 - PrEP awareness, PrEP usage, PrEP prescribed by a provider, willingness to take PrEP
- IDU4 (2015):
 - PrEP awareness, PrEP usage, PrEP discussed with a provider, PrEP prescribed by a provider

Other relevant data collected:

- Demographics
- Behavioral risks for HIV
- HIV testing behaviors
- Access to and use of prevention services
- HIV testing results

NHBS (3)

Opportunities:

- Sample, especially in MSM cycle, closely approximates population likely to benefit from PrEP
- Sophisticated sampling frame

Limitation:

- Data collection every 3 years
- Sample may be biased as a result of recruitment strategy
- Recall bias, social desirability bias
- Questions have changed over the years, so comparability might be limited

NHBS (4)

PrEP Awareness Among HIV-Negative NHBS Study Participants by Meth Use in Previous 12 Months, 2011 and 2014

	2011		2014	
	No Meth Use	Meth Use	No Meth Use	Meth Use
	Previous 12	Previous 12	Previous 12	Previous 12
	Months	Months	Months	Months
Aware of PrEP	22.8%	38.9%	70.8%	75%
	(98 out of 429)	(7 out of 18)	(269 out of 380)	(18 out of 24)
Have Taken	0.5%	0%	4.8%	5.6%
PrEP*	(2 out of 429)	(0 out of 18)	(13 out of 269)	(1 out of 18)

NHBS-YMSM

Population included:

- Young men who have sex with men (YMSM)
 - Residents of the NYC metro area
 - Ages 13-17 (extended to 13-18 in August 2015)
 - Male-identified, male-assigned at birth
 - Ever had any sexual contact with another male OR self-identified as gay or bisexual OR reported same-sex sexual attraction

Recruitment:

- 2 recruitment arms: venue-based sampling and respondent-driven sampling
- Data collection methods: Anonymous survey immediately followed by HIV testing
- Frequency of data collection: One-time pilot study
- Years for which PrEP data available: 2014-2015 with tentative plans for future cycles

NHBS-YMSM (2)

Key definitions of PrEP-related variables:

- PrEP awareness
- Willingness to take PrEP

Other relevant data collected:

- Demographics
- Behavioral risks for HIV
- HIV testing behaviors
- Access to and use of prevention services
- HIV testing results

NHBS-YMSM (3)

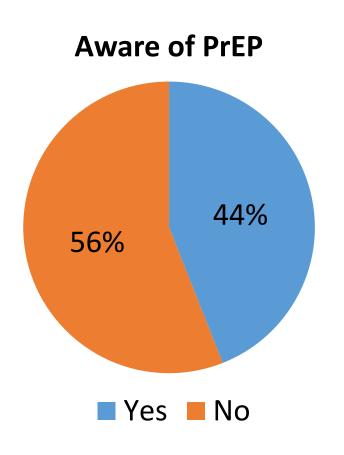
Opportunities:

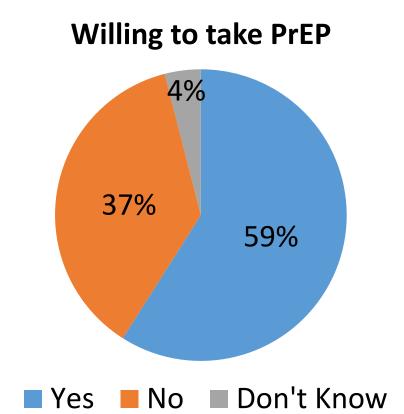
- Population is not well-studied
- Sample closely approximates population likely to benefit from PrEP
- Sophisticated sampling frame

Limitations:

- Sample may be biased as a result of recruitment strategy
- Future cycles of NHBS-YMSM are uncertain

NHBS-YMSM (4)





Medical Monitoring Project (MMP)

- Population included: PLWHA receiving medical care for HIV
- Data collection methods: Computer-based structured interview, administered face-to-face; medical record abstraction; 3-stage sample design: local areas, providers, patients
- Frequency of data collection: Annually
- Years for which PrEP data are available: 2013 (NYC local questions only), 2014, 2015 (currently being collected)

MMP (2)

Key definitions of PrEP-related variables:

- PrEP awareness: Have you ever heard of people who do not have HIV taking anti-HIV medicines to prevent themselves from getting infected with HIV?
- Partner PrEP use: Do you know if any of your sex/drug injecting partners who do not have HIV have taken anti-HIV medicines as a way to prevent themselves from getting infected with HIV?

Other relevant data collected:

- Demographics
- HIV treatment and adherence
- Sexual and drug use behaviors
- Prevention activities
- From medical record abstraction, viral load and CD4 counts

MMP (3)

Opportunities

- Useful for understanding PrEP awareness among positive partners in serodiscordant relationships
- Useful for understanding PrEP awareness among individuals with unsuppressed viral load
- Annual survey
- Sophisticated sampling method
- Dataset includes a large number of covariates

Limitations

Sample limited to PLWHA in care

MMP (4)

2013 New York City Local Interview Results

- Of 419 participants who completed the interview:
 - 120 (29%) reported ever hearing about PrEP
- Of 234 participants who reported having sex in the past 12 months:
 - 14 (6%) discussed PrEP with sex partners
 - 8 (3%) reported that a partner had used PrEP
- Of 9 participants who reported injecting drugs in the past
 12 months
 - 1 (11%) discussed PrEP with drug injecting partners
 - None were aware of a partner using PrEP

MMP (5)

2014 New York City Standard Interview Results

- PrEP questions only asked of participants who reported having sex with at least one HIV-negative partner in the past 12 months
- Of 117 participants who met these criteria and answered questions about PrEP
 - 30 (26%) reported that their partner had used PrEP
 - 86 (74%) reported that their partner had not used PrEP
 - 1 (<1%) did not know if his/her partner had used PrEP

	Surveillance	Program
Consumer	 Sexual Health Surveillance (SHS) National HIV Behavioral Surveillance (NHBS) Medical Monitoring Project (MMP) 	 NYC DOHMH Field Services Unit Sexual and Behavioral Health Program (SBH)
Provider	 NYC DOHMH HIV/AIDS Surveillance Primary Care Information Project (PCIP) 	Public Health Detailing Program

Field Services Unit

- Population included:
 - a) All newly diagnosed HIV-positive cases
 - b) All FSU-notified partners
- Data collection methods: In-person interviews using the Case Information Form (CIF) or Partner Information Form (PIF)
- Frequency of data collection: Ongoing
- Years for which PrEP data available: Late 2015present

Field Services Unit (2)

Key definitions of PrEP-related variables

Newly diagnosed clients

- Ever used PrEP
- When started PrEP
- Pills per week (adherence)
- When stopped PrEP and reason(s) for stopping PrEP
- Likelihood of condom use with sexual partner on PrEP
- Likelihood of disclosure of HIV status to sexual partner on PrEP

Field Services Unit (3)

Key definitions of PrEP-related variables, cont.

<u>Partners</u>

- Heard of PrEP
- Discussed PrEP with provider (provider-initiated or self-initiated)
- Ever used PrEP
- Where obtained prescription and how PrEP was paid for (last PrEP use)
- Pills per week (adherence) (last PrEP use)
- If stopped, when and reason(s) (last PrEP use)
- Risk behavior while on PrEP (condom use, number of sexual partners)
- Willingness to use/resume PrEP
- STD screening and diagnosis

Field Services Unit (4)

Opportunities

- Population interviewed closely approximates population likely to benefit from PrEP
- Interview allows ascertainment of PrEP awareness and willingness to be evaluated for PrEP use
- Interview leads directly to FSU efforts to refer/link partners to PrEP providers for evaluation

Limitations

- Self-report limits recall of usage, specifically dates of PrEP initiation, discontinuation and adherence
- Incomplete data/refusals to answer questions due to circumstances of interview (i.e., during partner notification process)

Sexual and Behavioral Health (SBH)

- Population included: High-risk, HIV-negative uninsured/underinsured MSM and transgender women
- Data collection methods: eSHARE data (NYC DOHMH's program data system)
- Frequency of data collection: Ongoing, reports created quarterly
- Years for which PrEP data are available: September 2013 onward

SBH (2)

Key definitions of PrEP-related variables:

- PrEP awareness at intake/program enrollment
- PrEP use
 - Measured at intake/program enrollment: PrEP use in the past 6 months
 - Measured as service provision: documented PrEP initiation at SBH
- PrEP adherence: patient report of missed doses, barriers to adherence, and reasons for PrEP discontinuation

Other relevant data collected:

- Sociodemographic data
- Behavioral risks for HIV
- Access to and use of other prevention services
- HIV testing behaviors and test results

SBH (3)

Opportunities

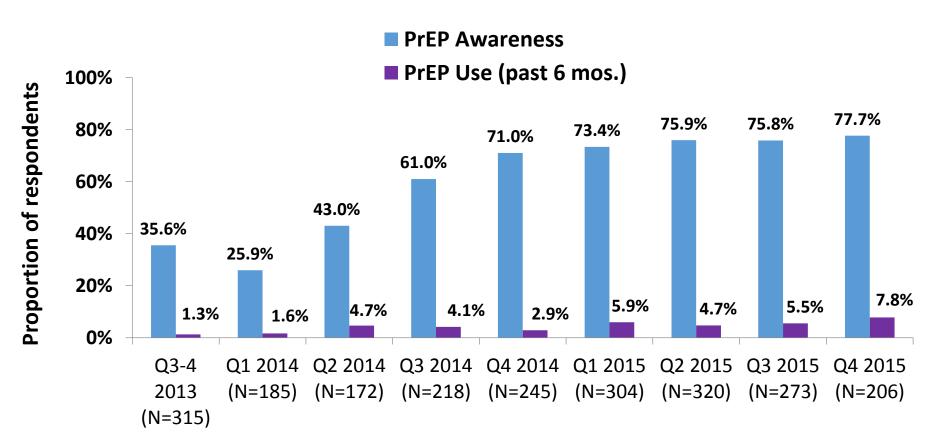
- Real-time data on uninsured individuals at risk
- Provides opportunity to collect information from clients at multiple time points

Limitations

- Sample is not representative of all MSM and transgender women, particularly because they are already accessing services
- For data measured at intake: self-report, recall bias

SBH (4)

PrEP Awareness and Use at Intake among SBH Clients, 2013-2015



Merges A, et al. *Unpublished data*. 2016.

Overview of Current Data Sources

	Surveillance	Program/One-time Survey
Consumer	 Sexual Health Surveillance (SHS) National HIV Behavioral Surveillance (NHBS) Medical Monitoring Project (MMP) 	 NYC DOHMH Field Services Unit Sexual and Behavioral Health Program (SBH)
Provider	 NYC DOHMH HIV/AIDS Surveillance Primary Care Information Project (PCIP) 	Public Health Detailing Program

Public Health Detailing Program

- Population included: Providers practicing medicine at NYC facilities identified as diagnosing HIV and/or located in high needs neighborhoods
- Data collection methods: In-person survey among prescribing providers; administered at initial and follow-up visits (5-8 weeks later)
- Frequency of data collection: Currently, approximately biannual
- Years for which PrEP data are available: Fall 2014 onward

Public Health Detailing Program (2)

Key definitions of PrEP-related variables:

- **PrEP knowledge:** "If taken every day, approximately how efficacious is PrEP?"
- **PrEP discussion:** "Have you discussed PrEP with any of your patients?"
- PrEP prescription/referral: "Have you provided or referred a patient for PrEP?"

Other relevant data collected:

- Provider training, specialty
- Practice type, location, neighborhood HIV diagnosis and poverty rates

Public Health Detailing Program (3)

Opportunities

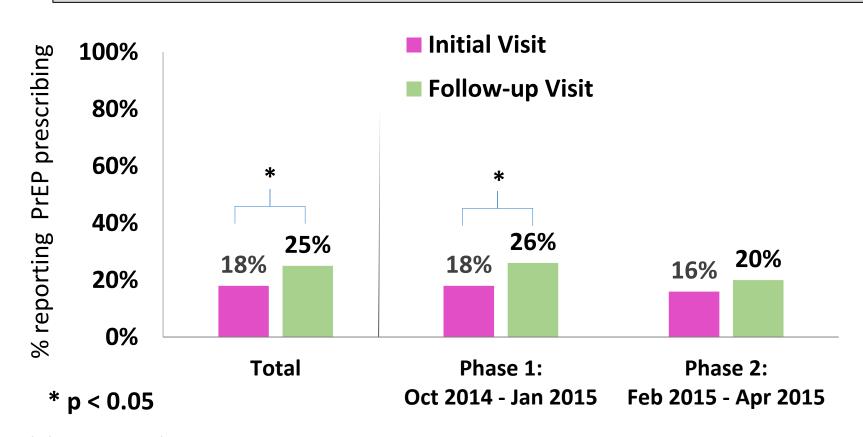
- Data directly reported from providers encountered by detailing representatives in the field
- Potential for long-term follow-up with providers

Limitations

- Sample not representative of all NYC providers
- Recall bias, social desirability bias
- Brief nature of the detailing visit means limited covariate data collected

Public Health Detailing Program (4)

Report of PrEP Prescribing among Detailed Providers, Overall and by Phase (n=882), October 2014-April 2015



Edelstein Z et al. NHPC 2015.

Overview of Current Data Sources

	Surveillance	Program
Consumer	 Sexual Health Surveillance (SHS) National HIV Behavioral Surveillance (NHBS) Medical Monitoring Project (MMP) 	 NYC DOHMH Field Services Unit Sexual and Behavioral Health Program (SBH)
Provider	 NYC DOHMH HIV/AIDS Surveillance Primary Care Information Project (PCIP) 	Public Health Detailing Program

HIV/AIDS Surveillance

- Population included: All persons newly diagnosed with HIV in NYC
- Data collection methods: Medical chart review
- Frequency of data collection: Ongoing
- Years for which PrEP data available: Mid-2015present

HIV/AIDS Surveillance (2)

- Key definitions of PrEP-related variables: PrEP use history at time of HIV diagnosis
- Other relevant data collected:
 - Basic demographic data
 - Basic HIV-related clinical information (CD4, VL)
 - Genotype (if conducted)

HIV/AIDS Surveillance (3)

Opportunities:

- Includes all persons newly diagnosed with HIV in NYC
- Data set links new positives, potentially PrEP failures, with phylogenetic data

• Limitations:

- Relies on successful medical record abstraction (possible to miss PrEP use)
- Relies on accurate provider documentation of patients' PrEP prescription/use
- Sample limited to HIV-positive persons

Data Source Description: HIV/AIDS Surveillance (4)

• Data: Not yet available

Primary Care Information Project

Population included:

- Practices that are part of Hub*, located in NYC, with documented visits for ≥50 patients aged 13-100 in 2012, reported data for all quarters, 2012 – 2014
- Data collection methods: Electronic health record (EHR) abstraction collected through query
- Frequency of data collection: Ongoing, data queried semiannually
- Years for which PrEP data are available: 2012 onward

The Hub Population Health System ("the Hub") of NYC's DOHMH Primary Care Information Project (PCIP), which connects to over 700 practices using the eClinicalWorks EHR vendor

Primary Care Information Project (2)

Key definitions of PrEP-related variables:

 Current TDF/FTC prescription in patients aged 13-100 using a validated algorithm to eliminate non-PrEP prescriptions

Other relevant data collected:

- Practice type, location, and aggregate patient characteristics
- Patient demographics: gender, race/ethnicity, age group

Primary Care Information Project (3)

Opportunities

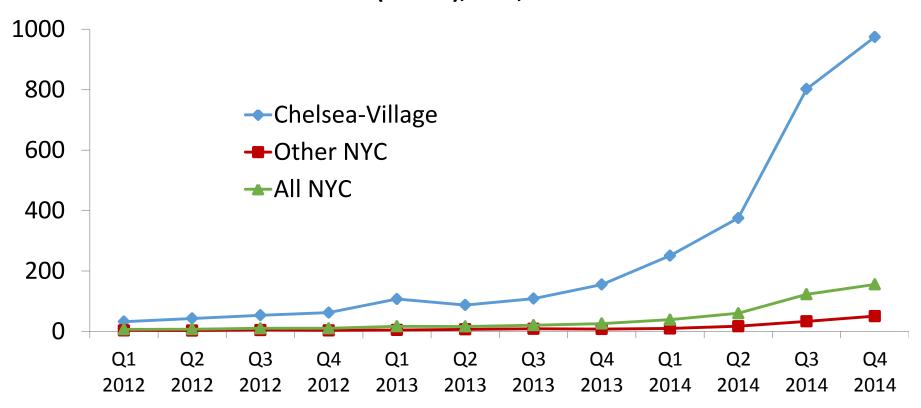
- Hub contains a large number of patients (2.1M in 2014)
- Hub reflects actual care under everyday conditions

Limitations

- Practices covered by the Hub may not be representative of all ambulatory care practices in NYC
- PrEP prescriptions identified based on EHR data elements, which could be incomplete or inaccurate
- Nature of query method limits number of covariates that can be analyzed simultaneously

Primary Care Information Project (4)

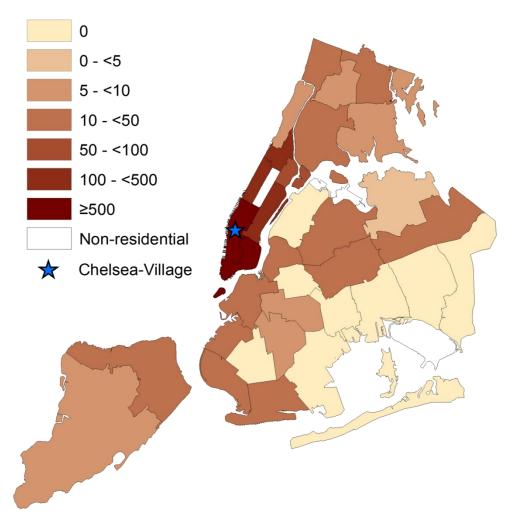
PrEP Prescription per 100,000 Patients Seen at Ambulatory Care Practices (n=538), NYC, 2012-2014



Edelstein Z., et al. IAPAC, 2015; Salcuni P et al. NYCEF, 2016.

Primary Care Information Project (5)

PrEP prescriptions per 100,000 patients seen, Q4 2014



Edelstein Z., et al. IAPAC, 2015; Salcuni P et al. NYCEF, 2016.

Overview of Current Data Sources

	Surveillance	Program
Consumer	 Sexual Health Surveillance (SHS) National HIV Behavioral Surveillance (NHBS) Medical Monitoring Project (MMP) 	 NYC DOHMH Field Services Unit Sexual and Behavioral Health Program (SBH)
Provider	 NYC DOHMH HIV/AIDS Surveillance Primary Care Information Project (PCIP) 	Public Health Detailing Program

Overview of Current Data Sources

	Surveillance	Program
Consumer	 Sexual Health Surveillance (SHS) National HIV Behavioral Surveillance (NHBS) Medical Monitoring Project (MMP) Community Health Survey (CHS) (2016)* 	 NYC DOHMH Field Services Unit Sexual and Behavioral Health Program (SBH)
Provider	 NYC DOHMH HIV/AIDS Surveillance Primary Care Information Project (PCIP) ADARC survey (Spring 2016)* 	 Public Health Detailing Program STD Clinic Programs (mid 2016) PrEP Network (mid 2016) Adolescent PrEP Program (mid 2016)

*Currently, only planned to be administered once.

Closing Thoughts

- Avoid classic data pitfalls
 - Focus on data collection/processing without sufficient time for analysis/interpretation
- Beware the unknown "denominator"
 - Difficult to know how program clients or certain survey samples compare to the overall population
- Carefully consider the "numerator"
 - Difficult to estimate PrEP "coverage" when the numerator and denominator have distinct sources
 - People may initiate PrEP without actually being considered PrEP candidates from the program planning perspective
- Caution with outcome selection
 - PrEP initiation/use is quite appealing but is likely overly simplistic
 - PrEP adherence is especially problematic (gold standard not yet established)
- Triangulation will be key
 - No one source is likely to be sufficient for all outcomes of interest

Acknowledgements

- Sarah Braunstein
- Zoe Edelstein
- Demetre Daskalakis
- Amina Khawja
- Nana Mensah
- Kathleen Scanlin
- Angela Merges
- Michaela McDonald
- Chi-Chi Udeagu
- Emily Westheimer
- Rachel Lazar
- Paul Salcuni
- Other NYC DOHMH colleagues

THANK YOU!

Julie Myers

jmyers@health.nyc.gov

EXTRA SLIDES

Public Health Detailing Program (4)

Report of PrEP Prescribing among Detailed Providers, Overall and by Specialty (n=882), October 2014-April 2015

