

IHPCP Goal Evaluation Worksheet

Date: January 15, 2025

Ending the HIV Epidemic Pillar: Prevention

Goal: To facilitate the success of the above Pillars, and reflective of the most recent National HIV/AIDS Strategy (NHAS) and the Philadelphia IHPCP, this goal promotes collaborative efforts to address the full breadth of the HIV epidemic so that every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life extending HIV care that is free from stigma and discrimination.

Strategy: 1G: Continue Post Exposure Prophylaxis (PEP) activities

Data Sets informing this objective: Epidemiological data Stakeholder Input Data # 1, 4, 11,

Key Disparity metrics: Those most at risk for not receiving or having access to PEP services, including BIPOC, SGM, aging, disability, and rural communities

Priority Setting:

The HPG voted these as their top priorities for 2022-2027

1. SPBP/ADAP (collapsed because SPBP serves this purpose in PA)	6. Emergency Financial Assistance
2. Housing	7. Health Insurance Premiums
3. Medical Case Management	8. Outreach Services
4. Early Intervention Services	9. Home and Community Based Care
5. Outpatient/Ambulatory Care	10. Oral Health Care

HPCP Activity(s):

#	Activity	Need/Gap/ Barrier & Priority Pop.	Responsible Party & Partnerships	Data Baseline	Target Goals/ Outcomes
21	Conduct a needs assessment for PEP.	<i>Need:</i> additional data around needs/gaps for PEP, including	Division	N/A	1 successful Needs Assessment, with report to

		regional needs Priority Pop: individuals exposed to HIV			the HPG, by 2024
22	Develop an initiative to address gaps in the provision of PEP including capacity, education, and resources.	Need: additional data around needs/gaps for PEP, including regional needs and priority populations	HPCP, MAAETC, and/or regional grantees	N/A	1 successful intervention underway, with annual reporting to the HPG, by 2025

Please describe the program as a whole.

PEP, post-exposure prophylaxis, is a drug regimen initiated within 72 hours of exposure to HIV to prevent the acquisition of HIV. Currently, knowledge of PEP and PEP medication access are the priorities of the Division.

PEP will be supported through the Participating Provider Agreements (PPA) in terms of supporting lab testing (similar to PrEP) in early 2025.

Describe the data indicators (if applicable) listed for your strategy and activity in the IHPCP.

What are your **baseline data and your current data indicators?**

PPA providers were surveyed on their current PEP usage and their interest in having PEP available for dispensing. 21 Providers responded.

- 3 reported PEP is commonly used

- 70 inquiries about PEP
- 50 individuals received PEP within 72 hours

- 9 reported PEP is rarely used
 - Approximately 125 inquiries about PEP
 - 17 individuals received PEP within 72 hours (12 of these individuals were referred to the Emergency Department)

- 9 reported PEP is not used at all

Of the 21 providers:

- 11 believe it would be beneficial to have PEP regimens at their facility to prescribe
- 10 believe it would not be beneficial (7) or they are unsure (3) it would be beneficial to have PEP regimens at their facility to prescribe

- 12 believe having PEP regimens on-hand would increase PEP usage
- 9 believe it would not/unsure it would increase PEP usage

- 15 would be interested in having PEP on-hand
- 9 would not be interested in having PEP on-hand

What groups(s) are your target population(s) and how was that decided?

Does your target population(s) align with the disparity metrics outlined in the IHPCP under the corresponding strategy?

Target Population: Individuals Exposed to HIV.

Decision on Target Populations: Data associated with these populations have historically reported a higher risk of acquiring HIV.

Alignment with Disparity Metrics in IHPCP: Yes, Individuals Exposed to HIV aligns with disparity metrics outlined in the IHPCP.

How are you measuring your success in accomplishing or maintaining this activity?

The number of PEP visits supported by the Division will be measured with the new PPA.

What barriers or challenges have you experienced/are experiencing?

The main barrier for PEP services is the ability for clients to gain access to an appointment, testing, and medication within 72 hours. It has been reported by our Field Staff that clients find it difficult/impossible to get PEP within the recommended time frame.

The Division considered having PEP regimens available at the state health centers to increase access, however laws prevent this kind of medication dispensing.

PEP regimens are very costly and we don't want to over purchase and have medications expire before dispensing.

What solutions to these barriers and challenges have you come up with?

The department is considering different plans to increase the availability of PEP services, including purchasing PEP to have at PPA locations.

If you had to give a percentage of how close you are to completing this goal(s), what would it be and why?

PEP in the PPA is 100% complete as soon as the PPA is approved (in workflow).

PEP medication purchase is 50% , we know where the medication will be purchased and the cost per regimen. However, we do not have a provider network established yet.

What are your next steps? What is the sustainability of this effort (if applicable)?

The Division continues to explore a means for increasing PEP Services/Availability. The current offering of testing services for PEP through the PPA network is sustainable.

Is there anything additional you'd like the HPG Evaluation Subcommittee to know?

No

Are there any other individuals associated with the program you'd like to recognize?

No

This section is for Evaluation Subcommittee purposes only