

# Feasibility of Long-Acting Injectable Cabotegravir PrEP Initiation and Administration by Community Health Workers and Early Aspects of the PrEP Injection Care Continuum in a Primary Care Center in Washington, D.C.



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## Background

- Community health workers (CHW) are the cornerstone of global health and have delivered injections, cared for complex medical conditions, and re-defined the HIV care continuum—all with successful outcomes.<sup>1-7</sup>
- We describe the integration of long-acting injectable cabotegravir (LAI CAB) PrEP, administered by CHW, or non-medically licensed staff, in a primary health clinic.

## Description & Lessons Learned

- Whitman-Walker Health (WWH) is a primary care center in Washington, D.C. that serves 16,933 clients/year and 3,256 oral PrEP users (2022-2023).<sup>8</sup>
- In 2018, WWH launched the "PrEP Clinic," a clinic where peer staff (or PrEP Specialists) conduct follow up visits for clients initiated on oral PrEP by their licensed providers. Specialists are trained in PrEP care, insurance navigation, rapid HIV Ag/Ab testing, and phlebotomy.<sup>9</sup>
- The clinic serves 853 clients, encompasses a real-time program evaluation data dashboard (Relevant®) linked to the electronic medical record, and has higher retention rates than WWH provider-led PrEP services (94% vs. 79%) (2022).<sup>9</sup>
- The PrEP Specialist Clinic planned Specialist-administered LAI CAB injections for both initiation and maintenance. A workgroup was formed in 6/2022 to conduct pre-implementation tasks encompassed within CFIR domains<sup>10</sup>. Nine oral PrEP clients were initiated on LAI CAB by providers (3/10/2022-1/30/2023) to begin piloting workflows and to assist with Specialist injection training (10/15/2022-1/30/2023).

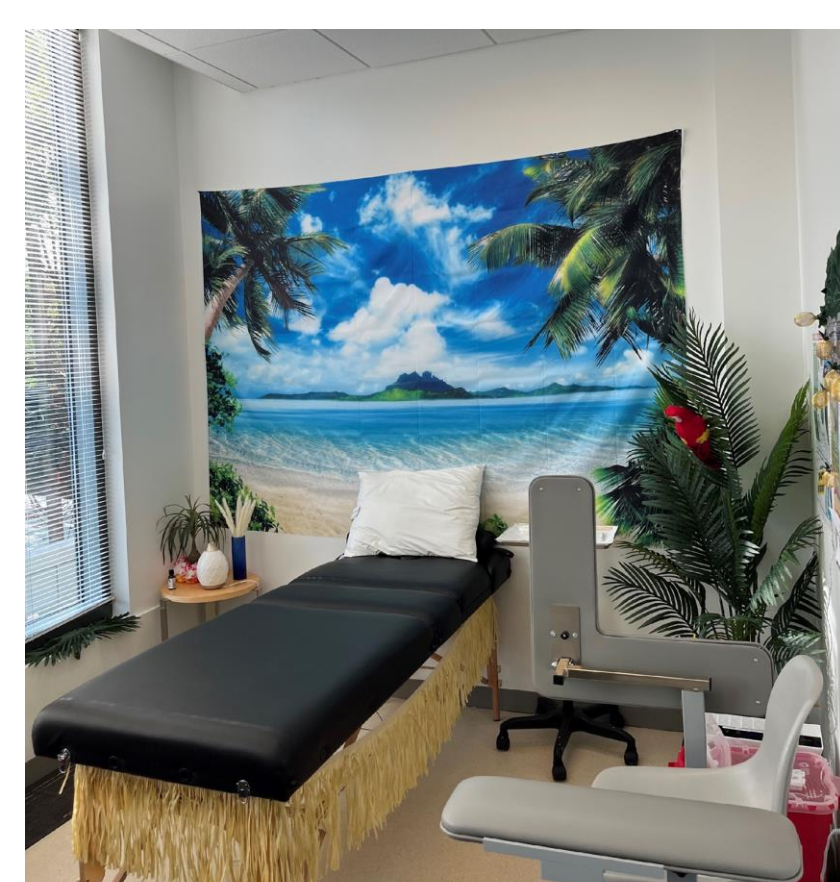
**Table 1: Multi-Component LAI CAB PrEP Injection Training Program Conducted Over Four Months**

Component	Description
Didactic Sessions	Three 1.5-hour didactic lectures with review of LAI CAB PrEP CDC guidance, case scenario conversations with clients on adverse effects and post-injection care, injection preparation, injection site identification, needle size selection, injection administration video, and techniques to address needle phobia
Mock Injection and Client Care Sessions	Three 1.5-hour mock sessions to practice injection site identification, injection preparation, conversations with clients, and ISR and AE management
Observation	Observing providers in clinic administering injections to at least four persons
Supervision	Injection administration under provider supervision in clinic to at least six persons with thorough post-injection feedback discussion
One-on-One Sessions	Two (and as needed) 30-minute, 1-to-1 teaching sessions with a medical provider to review individual questions, injection preparation and administration techniques, injection site identification; provided a safe space for Specialists to ask questions, individually
Group Feedback	Two sessions where peer PrEP specialists observed and provided feedback to each other; peer teaching on LAI CAB PrEP care, workflow, documentation, and injection
Injection Log	A record of injections to capture experience of injecting clients with varying BMI
Video Review	Two 1-hour sessions with individual video feedback review
Documentation	Two 30-minute sessions on medical record documentation
Follow up	One 30-minute session on follow up calls and texts and using the Relevant® dashboard to identify missed appointments
Appointment Scheduling	One 30-minute, case-based review session reinforcing how to map out injection appointment calendars and missed appointments for initiation and maintenance injections
Written Exam	One 45-minute written exam session on the procedure checklist
Surveys	Surveys at baseline and every 2-4 weeks assessing individual injection administration comfort with proactive integration of responses into the next teaching session
Case review	Weekly 30-minute case discussions

- The PrEP LAI CAB Specialist Clinic began 1/31/2023 with two dedicated LAI CAB clinic days/week, 40-20 minute appointments with 8-15 slots/day, early evening hours, a separate scheduling calendar, and medical note. Specialists perform rapid HIV Ag/Ab testing immediately before the injection and an onsite, commercial lab collects HIV Ag/Ab, GC/CT NAAT oral/rectal/urine, RPR, HIV RNA VL (select cases), and other labs just prior to the Specialist appointment. The onsite pharmacy dispenses medication and pharmacists and PrEP navigators complete the required paperwork.

- The injection room is beach, spa resort themed (with music) to generate a more relaxing environment for clients who may fear injections.

- WWH medical providers discuss LAI CAB (via telehealth or in person) with at-risk persons who are new or experienced with oral PrEP (initiation or switch), order an HIV Ab/Ag test, write a test script if HIV-negative, schedule a Specialist injection visit if medications are covered by an entity (i.e., insurance, manufacturer, other), and order at least 30 days of oral PrEP for bridging during missed appointments. Clients can visit their medical providers for acute visits and primary care needs. PrEP Specialists also discuss LAI CAB with their current oral PrEP clients or new clients and schedule a medical provider televisit for further LAI CAB discussions and a prescription.



- We report LAI CAB PrEP Specialist Clinic program evaluation data obtained from the real-time dashboard (3/10/2022-7/6/2023). An online post injection survey to improve services was administered.

## Description & Lessons Learned

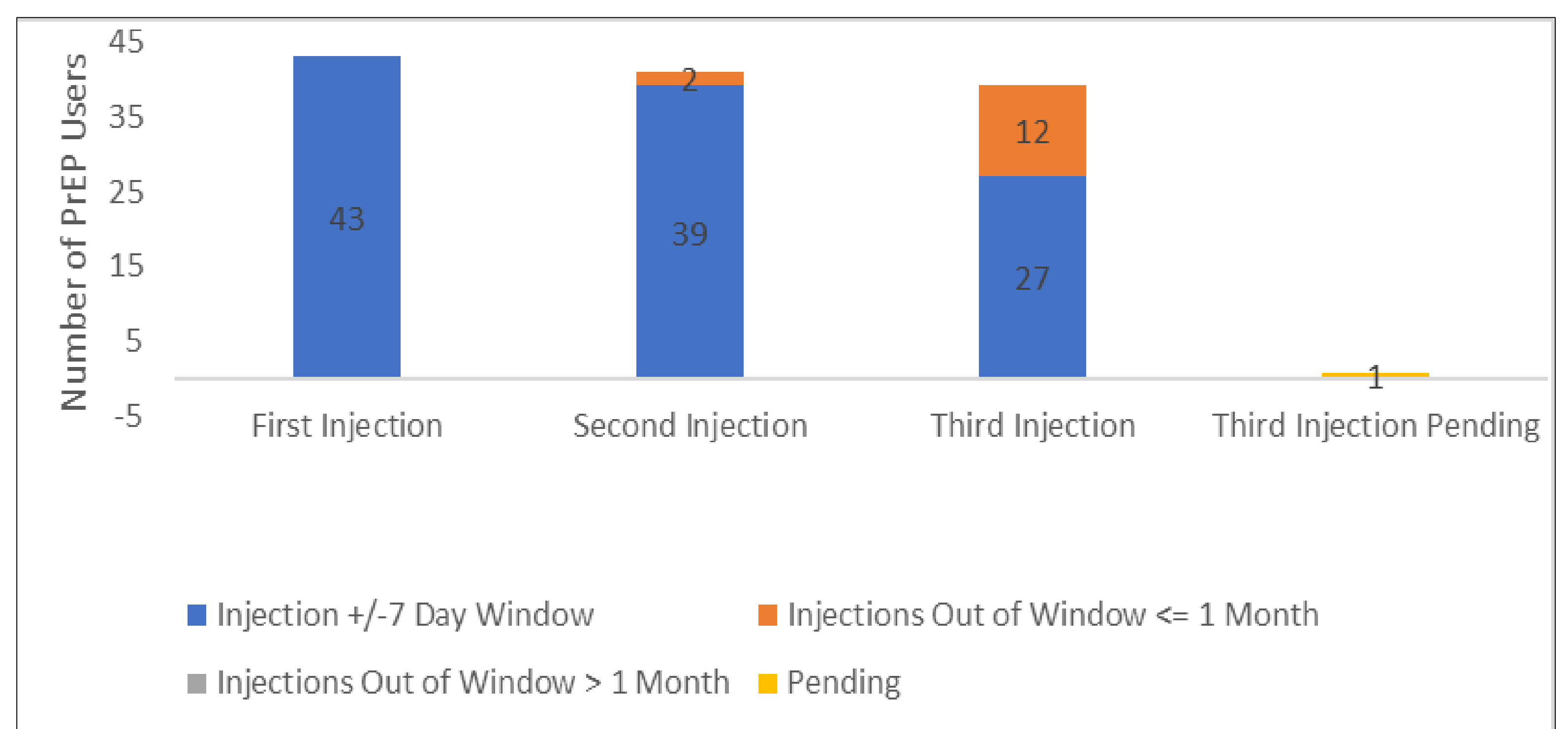
**Figure 1: LAI CAB PrEP Workgroup Pre-Implementation Tasks**

- Gather insights from other organizations
- Review legal specifications
- Identify staffing needs and hire new staff: full-time Injection Coordinator, 3 PrEP Injection Specialists, 2 PrEP Navigators, and Pharmacist LAI CAB Lead
- Devise a clinical protocol and workflow
- Appointment scheduling system
- Missed appointment rescheduling within 1-7 days and follow up plan with Artera® texting and calls
- LAI CAB pharmacy communication system
- Medication acquisition and storage plan
- Specialized electronic medical record changes and medical documentation format
- Real-time dashboard to identify inventory, missed appointments and other information
- Billing process with client billing communication
- Demand generation plan
- Examination room changes
- Establish LAI CAB PrEP Specialist Training Program

**Table 2: PrEP User Characteristics**

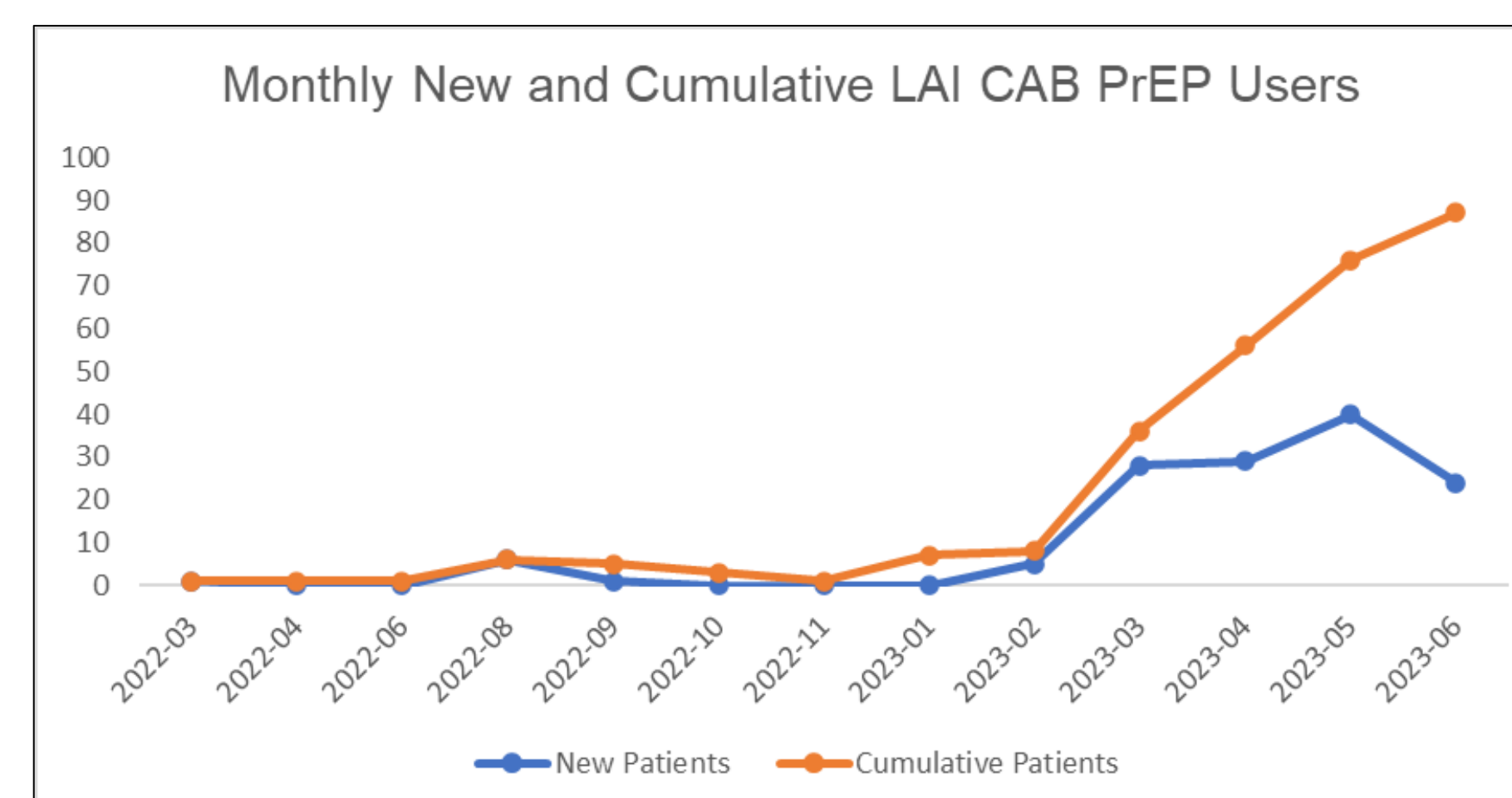
Characteristic	LAI CAB PrEP Users (n=139) %	Oral PrEP Users (n=3256) %
Age Median (Range)	33 (21-65)	33 (16-79)
20-29 years	33.1	28.2
White	51.8	58.9
AA/Black	<b>29.5</b>	<b>20.2</b>
Hispanic/Latinx	<b>21.6</b>	<b>19.4</b>
Male at Birth	96.4	95.5
Gay/Bisexual Men	80.6	85.2
Transwomen	10.8	9.5
Cisgender women	1.4	0.8
Public Insurance	23.7	18.6
Ward 7 Resident (high HIV incidence area)	<b>7.9</b>	<b>2.6</b>

**Figure 2: Early LAI CAB PrEP Continuum of Care Among PrEP Users Eligible to Receive Three Injections (N=43)**



\*First Injections administered 3/2022 – 4/2023

**Figure 3: LAI CAB PrEP Specialist Clinic Volume**



A total of **139 LAI CAB PrEP clients** have received care, **314 injections** have been administered, median number of injections per person was 2 (range 1-7), 377 appointments were scheduled, 95% transitioned from oral PrEP, 6 people discontinued injections with one re-start, none seroconverted, 1 had a false positive HIV Ag/Ab test, and services are reaching at-risk populations (Black/AA, Hispanic, Ward 7).

- Our second and third injection retention (overall) was 95% and 91% and on-time injections (+/-7 day) was 91% and 63%, respectively; all received oral PrEP (TDF/FTC or TDF/TAF) bridging if injections were missed (planned and unplanned) and beyond the target date.
- Those who discontinued injections (n=6) include: 2 Asian, 1 Latinx/Hispanic, 2 White, 1 Black/AA, 1 cisgender woman, and 5 gay/bisexual men. Three occurred after the first injection, 1 after the second, 1 after the fourth, 1 after the sixth; one person was re-initiated once before discontinuing. Reasons were due to injection site pain (2), inconvenience (2), did not desire PrEP anymore due to entering monogamous relationships (2); four transitioned to oral PrEP.
- 100% reported satisfaction of LAI CAB received by PrEP Specialists on the post-injection survey (n=23; Great 91%, Okay 9%, Poor 0%), and 95% surveyed started because injections were better than taking a pill (n=39; More convenient for my schedule than taking a pill 38%, Easier to remember than taking a pill 38%, Don't like taking a pill 18%, Other reason 5%).

## Conclusion

- A total of **314 initiation and maintenance LAI CAB PrEP injections** and care were successfully delivered by non-medically licensed, trained health workers to 139 PrEP users with **high client satisfaction, greater reach of at-risk populations than oral PrEP services** (i.e., Black/AA population), with generally overall **high initial retention rates** but a notable number of **missed windows**.
- Significant barriers to implementation are **insurance medication coverage** and real-time tracking of appointment windows.
- Delivery of injectable PrEP by **community health workers** is feasible and has the potential to be high-impact in high incidence settings.

## Acknowledgements

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- A special thanks to our PrEP clients and the community

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