

IHP Kickoff - Respond Breakout Session Minutes

5-2-24

Introductions

Ground rules / charter

- Safe space
- Share what you are comfortable sharing—specify if something can be shared beyond the group
- No judgment
- Be open to feedback
- Give feedback kindly
- Start every meeting with a favorite something, for icebreakers and getting to know one another
- Adapt as we go

IHP

Respond goal

- Outbreak to CDC = more infections beyond the expected baseline
 - Baseline is on past 5 years average, by county
- Molecular cluster = 3 or more cases that are genetically linked
- Cluster and outbreak may be interchangeable terms, depending on context
- Respond = Look for other cases related to the found cases by increasing outreach

Objectives

- Increase PEP access
- Increase activities for finding and responding to outbreaks
- ID healthcare workforce training in client-centered care

Dig deeply into objectives in next meeting

5 years—marathon not a sprint

- Time to work out a thoughtful plan and get it started

Baseline data—where are we now?

Are things working now?

What isn't working?

What can we do about it?

Are all the right players at the table?

Do these objectives make sense? Are they the right objectives?

Goal 1: PEP

- Any non-occupational exposure? Assault vs. consensual? Yes.
- Challenges getting PEP prescription
 - Lack of insurance
 - Cost
 - Providers don't understand what is needed
 - Lack of knowledge of the need for/how to get PEP
- Education to providers (pairs nicely with Goal 3, which is much broader, could include all providers)
- Education to public—especially those at increased risk
- Where is someone most likely to show up after an exposure? PCP, urgent care, ER
- Sexual assault nurse examiners in ERs are well-trained in care and labs needed
 - At DH—what about other hospitals?
- Victim compensation unit may cover meds, labs, f/u visits after assault
- Not as much available after consensual sex exposure
- Data source on how many people have been prescribed PEP? How many providers? Where it was prescribed?
 - Same medications as PrEP (prescription pattern different from PEP)
 - Number of days prescribed available (28 days for PEP)
 - PEP includes a second medication alongside

Goal 2

- ran out of time to discuss

Goal 3 training plans for ID workforce

- what's working well?
- All work on normalizing taking a sexual history

Next meeting

Thursdays 4-5:30, second week of month came up in poll

Settled on this time easily

Eager to keep going, meet second Thursday in May (5/9/24)

Homework: think about goals 2 & 3 over the next week and be ready to talk about them

Status reports after each meeting will be submitted by chairs, reviewed by Lisa & Amy N, then posted online

5:15 return to main room