

Integrated HIV Plan: PREVENT Workgroup Tracking Form

| IHP 'PREVENT' OBJECTIVES | QUESTIONS | DISCUSSION | DATA | SUCSESSES | CHALLENGES | RESOLVE THE CHALLENGE | ACTION LIST | MISSING PARTNERS | MEETING DATE DISCUSSED | DATE COMPLETED |
|---|---|---|--|---|--|---|---|--|--|---|
| <p>Increase uptake of Pre-Exposure Prophylaxis by 10% in five years.</p> | <p>1) Is there a specific population or community this is focused on? 2) Lakes Region (SUD) is a large problem and would like to see access increase which would push the 10% up. 3) Does not matter who is having sex with whom, everyone should have access to PrEP. 4) Increase visibility of PrEP in NH.</p> | <p>1) Why are the promotional materials provocative? 2) Is it informing people clearly?</p> | <p>1) What is our baseline? How are we going to measure this? Is this already being done?</p> | <p>1) Who is providing PrEP (DH- at all HIV clinics, problems with PCPs following up on labs, etc: Nashua HD: ID clinic in Concord?: UNH Health & Wellness: Medicaid does cover PrEP:</p> | <p>1) Having the big picture of who all is prescribing PrEP and does it cover the entire state? 2) PrEPLocator.org information is current/accurate. 3) Insurance companies not following USPSTF guidelines to provide the coverage for PrEP. 4) Is coding an issue? ICD-10 and CPT codes. 5) Does anyone know there is free testing or access to condoms? Increase visibility. *6) Is there education about PrEP in NH high schools? *7) Not having community role models share experiences and educational messages</p> | <p>1) Prepare a coding document provides guidance on correct codes for PrEP and testing (living document). 2) Most success w/ insurance companies for payment is a letter of appeal with resources and data. One for both the providers and patients. 3) Increase visibility of free HIV testing, including self-test kits, and free condoms/lube.</p> | <p>1) Review preplocator.org and f/u w/providers to see if the info is accurate. 2) Update CPT/ICD-10 Codes and place document on HPG webpage. Make preplocator providers aware it exists. 3) Rehabilitation/Correctional Facilities - provide educational outreach and testing (sober living) 4) Create letters of appeal 5) Review existing data for PrEP in NH on the internet *6) Sexual Health education at public schools *7) Identify community role models willing to share their PrEP experiences and educational messages</p> | <p>3) Rehab and Correctional Facility Staff or Harm Reduction Staff *6) Maternal and Child Health and School Nurse Association *7) Community members</p> | <p>6/21/24 *8/23/24</p> | <p>Check progress at 8/23/24 meeting Check progress at 10/25/24 meeting</p> |
| <p>Increase number of people accessing SSP services by 5% in five years.</p> | <p>*1) Is there a specific population or community this to focus on? *2) Lakes Region (SUD) is a large problem and are there SSPs available in this region? *3) What support is needed for SSPs to exist?</p> | <p>*1) Number of SSPs and people with SUDs to determine urgency *5) What regions/counties have the highest number of SUDs and SSPs</p> | <p>*1) What is our baseline? How are we going to measure this? Is this already being done? *2) Review annual SSP report. https://heyzine.com/flip-book/864f79bc63.html#page/8</p> | <p>*1) SSPs exist and provide some prevention services *2) Mobile SSPs - meeting people where they are *3) Visibility of mental health has increased dramatically</p> | <p>*1) Capacity of SSPs is small/limited *2) SSPs are in every state strategic plan, yet limited funding to support the efforts being asked of them *3) Funding to support SSPs *4) In Lakes Region, transportation and homelessness increasing which affects ability to access SSPs *5) Philisophical challenge and how we view SSPs and the services needed by the communities - need to be viewed as sites of healthcare, address stigma *6) Has access to mental healthcare increased</p> | <p>*1) Include SSPs when building out budgets, especially if rely on them to support your work *2) Bring them to the table during any work discussions that may affect their work *3) Promote SSPs in the correct locations, i.e. SUD facilities, homeless shelters, food pantries/kitchens, etc. *4) Shift how society views SSP work, using data to show what is impacted by SUD, esp. injection drug use, and the other issues directly tied to this *5) Continue to support visibility of and access to mental healthcare</p> | | <p>*1 & 2) SSPs, including NH Harm Reduction Coalition (NH HRC)</p> | <p>*8/23/2024</p> | |
| <p>Increase treatment as prevention efforts (U=U) by diagnosing People with HIV (PWH) as early as possible and getting them into care to achieve and maintain viral suppression by 2% in five years.</p> | | | | | | | | | | |