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MCH Innovations Database Practice Summary & Implementation Guidance

Integrating Pre-Exposure Prophylaxis (PrEP) into School-Based Health Centers

This innovative program in Denver, CO works to eliminate barriers, improve education, and increase access to PrEP for adolescents, regardless of insurance or ability to pay for services, in an urban school-based setting.



Location	Topic Area	Setting
Denver, CO	Access to Health Care/Insurance; Family/Youth Engagement; Primary/Preventive Care; Health Equity; Service Coordination/Integration	School-based



Population Focus	NPM	Date Added
Adolescent Health	N/A	August 2021

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Section 1: Practice Summary

PRACTICE DESCRIPTION

Denver Health School-Based Health Centers (DSBHCs) are a network of 18 primary care clinics located in Denver Public Schools. DSBHCs offer a range of health services including medical care, mental health, and dental services. DSBHCs allow adolescents access to consistent care during a time in their life when they need it most. Their co-location in schools allows students to seek services in a place where they already feel safe. This is especially important for young people accessing confidential services. DSBHCs offer robust sexual health services: most methods of contraception, including long-acting reversible contraceptives (LARCs), STI & pregnancy testing, and access to meet with a trained Health Educator (HE). These services meet the needs of many patients, however, clinic staff recognized that some patients were not getting their sexual health needs met through these services. Multiple patient encounters proved accessing pre-exposure prophylaxis (PrEP) was difficult for DSBHC patients, as they were referred to outside clinics to access this care and often lost to follow up.

In Colorado, youth ages 15-24 account for 20.1% of new HIV cases. In May 2018, the FDA approved a once-daily pill, Truvada, for use as an HIV prevention tool for adolescents. This medication is part of a strategy known as pre-exposure prophylaxis (PrEP), which works to prevent HIV before a potential exposure. This recent policy change creates potential for increased access to PrEP medications for youth in the United States. However, barriers to accessing PrEP persist for adolescents, including cost, transportation, confidentiality, and difficulty finding a provider willing to prescribe PrEP.

To address these gaps in care and better serve DSBHC patients, an innovative program was developed at Denver Health & Hospital Authority to integrate on-site PrEP care into DSBHCs and reduce barriers young people experience when trying to access this care. This innovative program in Denver, CO works to eliminate barriers, improve education, and increase access to PrEP for adolescents, regardless of insurance or ability to pay for services, in an urban school-based setting.

CORE COMPONENTS & PRACTICE ACTIVITIES

One core component of this program is assessment. We conducted a survey with all providers and health educators in DSBHCs to assess comfort and confidence in educating and prescribing/managing patients on PrEP. This survey also allowed us to assess ease of access to PrEP for DSBHC patients. Another core component was the development of a standard work / protocol for providers to utilize when prescribing and educating patients about PrEP. We refer to this as the PrEP Tip Sheet and it is updated regularly based changes in PrEP guidelines and best practices. Another core component of this program is offering regular training to staff. This included an initial training before launching the program provided to all DSBHC providers and health educators. It also includes annual or semi-annual training to providers on any changes in guidelines or PrEP updates.



Core Components & Practice Activities

Core Component	Activities	Operational Details
Assessment	Assessment of PrEP care and provider / Health educator confidence	Dissemination of survey to all providers and health educators in DSBHCs; Response rate 68%; Allows for accurate assessment of provider confidence and comfort in offering this care
Standard work	Development of Prep "Tip Sheet"	Multiple departments must approve any changes that are made on this tip sheet. Currently resides in DSBHCs Policies and Procedures
Training	2 hour initial training for providers, HEs; Additional training offered one year later	Given changes in PrEP guidelines and practices, regular training is required to keep staff up to date.

HEALTH EQUITY

The evidence is clear that daily PrEP is efficacious in reducing HIV acquisition. However, despite consistent increases in PrEP use among key populations affected by HIV, such as men who have sex with men (MSM), significant barriers to accessing PrEP still exist. The cost of PrEP care varies greatly depending on insurance and coverage and it often includes out-of-pocket expenses for co-pays, medication, etc. Patients must also be able to identify both a nearby clinic that offers PrEP and a medical provider willing to prescribe. This can be especially challenging for adolescents who often have limited experience navigating the healthcare system. Additionally, multiple studies conducted by the CDC highlighted racial and ethnic disparities in PrEP uptake and usage.

The national school-based health center model was created to reduce barriers to healthcare for youth and address health inequities. Denver Health's SBHCs provide integrated health care services to more than 12,000 students annually who attend Denver Public Schools (DPS) through primary care clinics located in 18 local schools. DSBHCs are strategically located in economically depressed areas with high Free and Reduced Lunch eligibility rates and/or little to no access to other health resources. Clinics address barriers to care by offering free, easily accessible, high-quality care to underserved school-age youth experiencing the health consequences of poverty, cultural and linguistic challenges, and limited access to care. DSBHCs serve a high percentage of students of color (78.6% in 2019-20



schoolyear), many of whom are immigrants and refugees. DPS student population is 74.5% students of color and 61.7% low-income families.

The decision to integrate PrEP on site at DSBHCs came after multiple patient encounters proved how challenging accessing this care was for DSBHC patients. The DSBHC PrEP program is patient-centered by offering this care in a place where youth already feel safe, their local SBHC. It increases access to care that is often considered to be specialty care or most often provided at sexual health clinics. The DSBHC program addresses key access barriers that traditionally contribute to health inequities, such as transportation and ease of appointments by offering it on-site in a school-based clinic. This program offers no-cost PrEP care (medications, labs, etc.) to all patients, regardless of insurance status. Additionally, PrEP uptake remains low among youth and adolescents and the program offers improved access for this priority population.

PrEP is not consistently discussed with all patients or even patients utilizing sexual health services. It is typically discussed with patients based on “inclusion criteria”, such as men who have sex with men (MSM) and people who inject drugs. However, this approach limits the number of people that obtain accurate information about this important HIV prevention tool, even though they may well benefit from its use. This also contributes to general lack of knowledge about PrEP. The DSBHC program works to reduce disparities by training staff to educate all youth accessing sexual healthcare services in the DSBHCs on PrEP.

EVIDENCE OF EFFECTIVENESS

The initial survey conducted in Spring 2019 with DSBHC medical providers and Health Educators helped inform this practice. Data from this initial survey was collected in the professional version of Survey Monkey. Data was exported from Survey Monkey and imported into SPSS to analyze. DSBHC administrative staff will likely conduct another survey with staff in the next year to re-assess confidence and comfort levels in managing patients on PrEP and educating patients about PrEP.

Data is collected on PrEP uptake in the DSBHCs. We manage this data through Epic, the electronic health record system that is utilized at Denver Health. During the first two years of implementation, a few measures were assessed: number of patients starting PrEP, number of patients continuing on PrEP, payor source of patients on PrEP, and demographics information on patients using PrEP (race/ethnicity, gender).

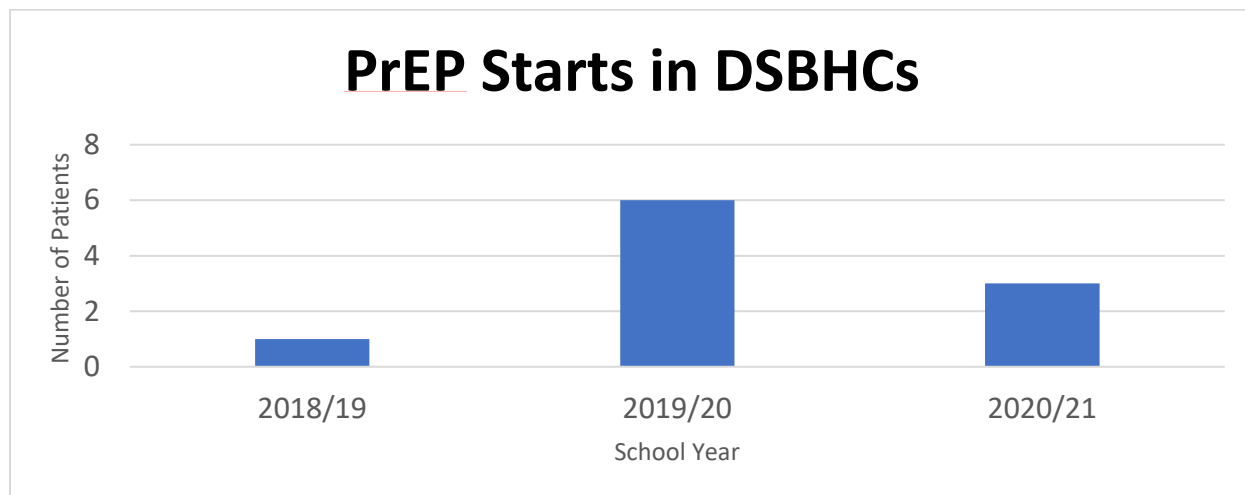
Next year we have plans to improve data collection. In addition to the above, we will collect data on when PrEP education is provided in visits with Health Educators. Finally, as DPS students return to in-person learning, we plan to do more youth engagement work on improving knowledge and access of this services in DSBHCs. This may include presentations to youth from Health Educators or Youth Advisors. We will collect data on the number of students who receive this education through classroom presentations.

Please see chart below that highlights a dramatic improvement for the number of patients starting PrEP in the DSBHCs after offering it on-site. In the 2018/19 school year, DSBHCs were not offering



PrEP on site. In November 2019, DSBHCs implemented the program and within a 5 month period (November 2019 – March 2020), 6 patients started on PrEP. Race and ethnicity data collected from the Electronic Health Record (EHR) indicates that 67% of these patients identified as either Hispanic/Latin X, Black/African American, or American Indian/Alaska Native. Additionally, 50% of these patients' sex assigned at birth was indicated as female. The highest number of PrEP users in the U.S. is Caucasian males. Data from the pilot year indicates that the DSBHC program serves other priority populations that may have more limited access to PrEP.

Though DSBHCs have remained open throughout the COVID-19 pandemic, for both in-person and telehealth visits, all high schools in DPS remained in remote learning models for much of the school year. This greatly impacted overall visits at the DSBHCs. During the 2021/21 school year, 3 patients started on PrEP, all of whom identified as either Hispanic/Latin X or Black/African American.



Section 2: Implementation Guidance

STAKEHOLDER EMPOWERMENT & COLLABORATION

DSBHC providers and Health Educators have been involved in the decision making before the program began. The initial survey conducted with these groups allowed staff members the opportunity to confidentially respond to how comfortable and confident they feel both educating and referring DSBHC patients for these services. Their responses helped initiate changes within current practices, provided evidence to leadership on gaps within current PrEP care at the DSBHCs, guided training, facilitated ideas for process improvements, etc. DSBHC administrative staff oversee the program, tracking data on PrEP uptake and working alongside all other stakeholders involved.

Staff at Denver Public Health and Specialty Pharmacy provide DSBHC staff with regular updates regarding changes in PrEP care, patient assistance programs, etc. These stakeholders inform, review, and approve regular changes in the PrEP protocol, such as changes in best practices for PrEP management. Denver Public Health and Specialty/ID Pharmacy staff have provided multiple trainings to DSBHC staff since the program's inception. All trainings are recorded and shared with other DSBHC staff members as applicable.

There has been limited involvement with DPS students to help inform the program, especially because the COVID-19 pandemic emerged 5 months after the program began. While student/patient feedback is usually a key component of DSBHC programming there have been less opportunities for youth engagement during the last year since many students remained in remote learning models. However, prior to the pandemic, multiple youth advisors that work at Denver Health, and are also DPS students, created presentations intended for a DPS student audience with the ultimate goal of educating other students on PrEP and how to access PrEP at DSBHCs. Due to COVID-19 the youth advisors were not able to present to students. However, we are hopeful in the 2021/22 school year to be able to share this information with DPS student audiences.

Stakeholder Empowerment and Collaboration

Stakeholder	How are they involved in decision-making throughout practice processes?	Does this stakeholder have lived experience/come from a community impacted by the practice?
DSBHC staff (18 Health Centers): Providers,	Surveys, trainings, opportunities to provide feedback for improvement, etc.	No



health educators, administrative staff etc.		
Denver Public Health	Assistance with building PrEP protocol, developed training for providers, etc.	No
DPS students	Multiple youth advisors, either currently or previously DPS students contributed by developing presentations for students, etc.	Yes
Specialty / ID Pharmacy	Assistance with building PrEP protocol, facilitates delivery service, etc.	No

REPLICATION

This model of offering PrEP on-site at school-based health centers has not been replicated at other sites to our knowledge. We are only aware of one other school-based practice in the U.S. that offers this care on-site. Currently, there are no other school-based health centers in Colorado that offer this care on site. However, we have conducted initial consultations with some sites to share information about the program and assess capacity to implement a similar service offering.

INTERNAL CAPACITY

DSBHCs did not hire new staff and instead utilized current staff and PrEP experts within DSBHCs, Denver Public Health, and the Pharmacy department to implement this program. Identifying PrEP champions within the DH system allowed the program to succeed. There are no internal capacities that the team did not have. Staff that played essential roles in the development and implementation of the program, include:

Specialty Pharmacist: Provided expertise on PrEP landscape in Colorado (patient assistance programs, etc.). Established delivery service of medication from central DH pharmacy to DSBHC sites. Offers support to clinicians on pharmacy-related questions and addresses issues with delivery service. Assisted with development of DSBHC PrEP Tip sheet.

Medical Director of DH STD Clinic: Provided expertise on PrEP landscape in Colorado, specifically adolescent PrEP care. Developed and delivered 2-hour training to clinicians and health educators on



PrEP and adolescents. Assisted with development and clinical updates of DSBHC PrEP Tip Sheet. Offers support to clinicians as needed for questions about PrEP management for adolescents.

Program Coordinator: Oversees DSBHC PrEP program. Coordinates all program activities (trainings, meetings, etc.) and facilitates discussions between stakeholder groups to develop program. Offers support to clinicians as process-related questions arise. Promotes DSBHC PrEP program to target audiences (DSBHC staff and clinicians, DPS students, other public health professionals).

PRACTICE TIMELINE

There is no specific timeline for the practice. For those interested in learning more, please email Cori Depue at cori.depue@dhha.org.

PRACTICE COST

For more information on practice startup costs and budgets, please contact Cori Depue directly at cori.depue@dhha.org.

LESSONS LEARNED

For those looking to replicate or utilize this practice, below are some lessons learned from our practice:

- **Identify PrEP Champions:** Navigating the PrEP landscape can be confusing at first, especially for adolescents. Its important to identify local PrEP champions, either at your agency or in your region, who can offer assistance and brainstorm ways to improve access. This can be local public health professionals, clinicians, care navigators, pharmacists, etc.
- **Develop creative solutions to access barriers:** Offer telehealth options for PrEP, assist with transportation, set up medication delivery. Its important to think outside the box.
- **Improve medical provider knowledge on PrEP:** Ensuring providers feel comfortable education and prescribing PrEP for adolescents is essential for success. Some ideas are: offer trainings and real-time support by other clinicians who have experience providing PrEP, develop tools providers can use that offer step-by-step instructions on how to prescribe, etc.
- **Normalize PrEP education for youth:** Include conversations about PrEP in a variety of visits with adolescents: well child checks, family planning visits, new patient visits, etc. Even though a particular patient may not benefit from PrEP today, they may benefit in the future, or they may have a peer that would benefit.

The timing that the program was implemented was a challenge, as it started right before the COVID-19 pandemic. One challenge we faced was how to promote the new service offering while students



were not on school campuses. However, the health educator team did work to include education on PrEP in virtual classroom presentations. This next year we hope to engage with youth more in schools to promote PrEP education and services now offered at DSBHCs.

NEXT STEP

In the 2021/22 school year we hope to improve current PrEP services and implementation of the program, as well as serve more youth in need. We plan to improve evaluation efforts by implementing a survey to all youth accessing PrEP at DSBHCs to better understand their experience of receiving this care on-site. Additionally, we plan to develop a more systematic schedule for surveying providers and Health educators to measure changes in confidence and comfort level. As many high school students return to school buildings this Fall, we plan to engage with more youth in DPS by offering PrEP education through extracurricular clubs, classroom presentations, etc. We hope to improve awareness and knowledge of PrEP among all youth and educate students on how to access this service.

Additionally, we plan to use the new Health Equity Implementation framework to guide the process on improving implementation. By utilizing this framework, we hope to develop a more systematic way of identifying barriers and facilitators to health inequities. We hope it will benefit other SBHCs in the future that may be looking to replicate the program or implement something similar.

RESOURCES PROVIDED

- [DSBHC PrEP Tip Sheet](#)

