

## REPORT NO 3. TEAM MEETING AND DELINEATION OF STRATEGIES

Date: October 20, 2023

Place: KFL&A at 221 Portsmouth Ave.

Time: 12-4 pm

Present: Jorge Martinez-Cajas, Beatriz Alvarado, Hugh Guan, Bradley Stone, Samantha Buttemer, Nicole Szumlanski, Megan Carter, Emma Nagy, Gilles Charette, Kathleen Pouteau, Pavla Zabojnikova

### **SUMMARY OF THE MEETING** (minutes taken by Emma and Pavla)

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The table identifies several key barriers to increasing PrEP (pre-exposure prophylaxis) uptake and outlines corresponding strategies, key players, action plans, and implementation methods. Here's a consolidated summary:

#### **Barriers Identified**

- **Cultural and Knowledge Gaps:** A lack of cultural competency and limited numbers of primary care providers with interest or experience in prescribing PrEP.
- **Complexity and Perception Issues:** Many primary care providers view PrEP as complex, often compounded by lengthy guidelines and insufficient easy-to-use tools.
- **Limited Access and Awareness:** Gaps in linking patients with appropriate care, low public and provider awareness, and missed opportunities in settings like emergency departments or sexual health clinics.

#### **Strategies Suggested**

- **Education & Training:** Increase awareness through training sessions, educational meetings, and pilot modules. This includes using practical models (e.g., videos, live demonstrations), simplified tools (e.g., one-page guidelines or flow diagrams), and integrating training into residency and emergency department contexts.
- **Capacity Building:** Enhance the number of providers (including nurse practitioners) comfortable with PrEP by building networks, promoting learning collaboratives, and identifying early adopters or champions in various settings.
- **Resource Development & Outreach:** Develop and distribute concise educational materials, posters, and online resources. Leverage community of practice and network weaving to maintain momentum and spread best practices.
- **Funding & Partnership Development:** Secure funding to support remote consultations and technical assistance. Forge partnerships with organizations like Ontario Health Teams (OHT), local public health units, and community-based organizations to expand reach.

#### **Key Actors Involved**

- **Primary Care Teams and Medical Educators:** For example, the Queens family team and family medicine departments, which can influence early career doctors and residents.

- **Health Organizations and Networks:** Entities such as OHT, OCFP, KFLA, and public health units that can help disseminate materials and coordinate training.
- **Community and Frontline Providers:** Including nurse practitioners, emergency department clinicians, and staff at sexual health clinics, who are critical in patient referral and education.

### Action Plan & Implementation Strategies

- **Conducting Educational Meetings and Training:** Organize sessions to build practical competence and confidence in prescribing PrEP. This includes hands-on learning opportunities and real-world observation of patient-provider interactions.
- **Creating Learning Collaboratives and Coalitions:** Build networks among primary care providers, public health units, and community organizations to share resources, best practices, and to maintain ongoing dialogue about challenges and successes.
- **Developing Simple, Accessible Tools:** Adapt and distribute easy-to-read materials such as one-pagers and flow diagrams to demystify the prescribing process.
- **Leveraging Technology and Outreach:** Use platforms like sharepoint, EMR back-end systems (e.g., OCEAN), and public health emails to keep providers informed and to facilitate communication between different care settings.
- **Targeted Public and Provider Awareness Campaigns:** Use posters, digital ads (including in public transportation systems), and community outreach to raise awareness among both high-risk populations and the broader provider community.

### Summary of meeting

Barriers identified	Strategies suggested by the team	Key actors	Action plan	Implementation strategies
Lack of cultural competency, small number of primary care providers interested and doing PrEP	<ul style="list-style-type: none"> <li>-Increase awareness and provide training.</li> <li>-reaching residents/early career doctors</li> <li>- Can be helpful to have a model (video to watch), or offer to go to the clinic or for them to go to a prescribing physician and watch how the conversation happens to build competence. No closed-door approach.</li> <li>Try to build capacity so that more nurse practitioners.</li> <li>Get family med students to look at rate of prescribing</li> </ul>	<ul style="list-style-type: none"> <li>Queens family team</li> <li>Potential to partner with OHT.</li> <li>Get it into OCFP hands, FNF.</li> </ul>	<ul style="list-style-type: none"> <li>Using the FLAOHT to promote PrEP?</li> <li>Pilot the PrEP training module with family health residents, emergency residents and internal medicine residents?</li> <li>Promote the training module and the one-page info with the Queens family team</li> </ul>	<ul style="list-style-type: none"> <li>Conduct educational meetings.</li> <li>Conduct ongoing training.</li> <li>Create a learning collaborative.</li> <li>Access new funding to support physician /NP</li> <li>Provide local technical assistance</li> </ul>

	<p>at QFHT and use it for advertisement. Residents have to do research projects anyway. If we have an understanding of demographics, rate of prescribing, and share tools during presentation (<u>already done, partially, low response rate</u>).</p> <p>Funding to support remote physician appointments.</p>			
Increase awareness of our work and available resources	<p>National conferences or one that must go to OCFP has a conference with good uptake and sessions are accessible any time.</p> <p>Family Medicine Summit.</p> <p>Ontario Health Team (OHT) starting to send out clinical materials and would be a really good opportunity.</p> <p>FLA OHT incorporates many groups (and funnels funding out to them). Ask if they can send blast to all of their people about prescribing PREP</p> <p>Could tie in PrEP and syphilis (we do have cases of congenital syphilis here in Kingston, so could position this as way to leverage OHT network and build PrEP into that).</p>	<p>OHT OCFP KFLA Catie</p>	<p>Need to have info on persons to contact once we have the module ready</p>	<p>Conduct educational meetings</p> <p>Create learning collaborative.</p> <p>Promote network weaving/ build a coalition</p>
PCP feeling that PrEP is complex	<p>Provide simple education tools- a simple flow diagram</p> <p>Giving more resources to start practicing; including cultural competency skills</p>	ODPES	<p>Adaptation of the module according to these recommendations</p>	<p>Distribute educational materials</p> <p>Adaptation</p>

	<p>To get physicians on board alongside other ideas: show how prescribing PrEP is so simple – put it on 1-2 pages.</p> <p>Widely circulate that. Don't make it a module or 2 hour training. Not everyone has time to read 8 page guidelines. Suggestion to make it a 1 pager. That would be easy to do.</p> <p>Issue is we can't get to the physicians to give them the handout.</p> <p>PEER specializes in creating tools for primary care (E.g., new guidelines).</p>		<p>One page on prescribing PrEP to circulate</p> <p>Ask OHTN or catie about posters that can be adapted for our providers</p>	Develop monitoring systems
There are good places to refer patients but need to know where they are and if we can link them with PCPs in our region	<ul style="list-style-type: none"> <li>-increase awareness</li> <li>-a community of practice</li> </ul> <p>Public health emails circulate every couple of weeks. Send It regularly and coming from different sources.</p>	KFLA  Community of Practice resources	<p>The concept of the community of practices is very interesting; who can lead this? Can we have a web page where people can access all about PrEP?</p>	Promote network weaving/ build a coalition
<p>Awareness of PrEP in populations, cost and trust</p> <p>How do you create demand for the 80% of the population who would be at high risk and could benefit? Do clients even know there are PrEP services in their</p>	<ul style="list-style-type: none"> <li>-increase provision of PrEP in sexual health clinics-</li> </ul> <p>Connect with providers, have more registered nurses prescribing PrEP</p> <p>Among people who use substances: leverage things like people who prescribe OST(sp?), safe consumption sites (particularly when it becomes an injectable). Injectable – not a daily</p>	OHTN  Trellis  KFLA	<p>Engagement of registered nurses in the region through their association?</p> <p>Create champions with registered nurses/ nurses in the sexual clinics</p> <p>Need to link students with PrEP providers</p>	<p>Increase demand</p> <p>Distribute educational materials.</p> <p>Inform local opinion leaders</p>

<p>community? Do they know about the community? Yes – according to survey (Beatriz), they are aware of these resources. Some populations have other barriers to PrEP (e.g., PWID). Issue is we don't have prescribing in the community.</p>	<p>medication anymore. Stigma around PrEP use: individuals incarcerated living with HIV.</p> <p>More students accessing Quick Test at Trellis.</p> <p>Consider the generation of clients and how they prefer to receive care (e.g., younger generation prefer online).</p> <p>Drop off posters and make it catchy.</p> <p>PrEP ads (subway system, ads all over town).</p>		<p>Ask OHTN about ads that can be used to increase PrEP awareness</p>	
<p>Opportunities to talk about PrEP that are missed</p>	<p>Sexual health clinics – clients/patients come in expecting to talk about their sexual health.</p> <p>Emergency department patients going in for PEP – the natural opportunity to ask.</p> <p>Create a mechanism for public health to facilitate warm hand-off to primary care physicians, and early innovators that are interested could be the first step. If a nurse practitioner is interested but lacks confidence, there could be an opportunity. Important to build relationships with clients.</p> <p>We (KFLA) already have paths within public health units and can build off that momentum to build it.</p>	<p>KFLA</p> <p>Team members</p>	<p>Need to identify current providers through the referrals, and offer them support.</p> <p>Train ER doctors in PrEP</p> <p>Access them to the modules and resources for PrEP</p> <p>The concept of community of practice can be promoted</p> <p>Promote sexual clinic partnerships with the team is part of the next steps</p>	<p>Identify and prepare champions</p> <p>Identify early adopters</p> <p>create learning collaborative</p> <p>conduct educational outreach visits</p>

	<p>Learn from success: places that have worked are places with a champion with partners in the community supporting implementation. Find providers in the community and train them to partner with us.</p> <p>Mixed-model approach. Would be interesting and need to know if we are making a referral if that physician has space to see them.</p> <p>Online testing: access point “would you like PrEP?”</p>			
Providing support for PrEP	<p>Launching OCEAN (EMR back-end system). This is voluntary, but another way to communicate and share that this patient may require PrEP and send link to Tools. Disadvantage: we don't get many positive HIV tests. So it doesn't have to be a positive test result to share that info.</p> <p>Community of practice</p> <p>Sharepoint is being promoted to get primary care providers onto it with resources that live on there.</p> <p>Local: have some email streams, and then do walk arounds with laminated flow sheets: drop off half a dozen at the clinics. Providers like having cheat sheets on the wall. Posted there, see it every day. Could make poster in the</p>	<p>ODPES</p> <p>Team</p> <p><u>OCASI-Positive Spaces Initiative</u></p> <p><u>Positive Spaces Training</u></p> <p><u>Queens equity training</u></p>	<p>Possibility of adding a sharepoint folder/team for access PrEP related resources</p> <p>Develop educational materials and deliver them</p> <p>If need of new sections or modules, identify ways to add them . There could be additional credits for that</p>	<p>Develop and distribute educational materials</p> <p>Promote network weaving/ build a coalition.</p>

	<p>front room that says “Ask me about PREP”.</p> <p>Links to positive space training. This prompts them to think of PrEP.</p>			
Smaller PHUs have resource constraints, so asking a PHU to instantly offer PrEP is highly relevant but highly complex to get off the ground. They'd need to know where the resources are to implement PrEP in their sexual health clinics. Some PHUs want nothing to do with clinical care and want to move away from it towards upstream policy. It is a gap that we fill.	<p>Doctor affiliated to prescribe Nurse at PHU</p> <p>Register website KFLAPrEP.ca for prescribers to go to.</p> <p>Dream FLA OHT sexual health service for all sexual health needs (prep, self-refer, mail out)</p> <p>There are models that exist that make PrEP accessible to people (e.g., have PREP within 24 hours).</p> <p>Ask other HU's what kind of in-service you want in terms of length of time? 10 min in-service? We're not telling you what to do, but gives inspiration on what they can do and tailor it. Suggestion: put out call-out to health units on the study list “volunteers to talk about PrEP and want to have a conversation about PrEP. Really good starting place. Hope to get about 5 innovators through that initiative. Would involve sharing what we've done already.</p>	KFLA OHT TEAM	Visits or video calls to PHU who have participated	<p>create learning collaborative</p> <p>Promote network weaving/ build a coalition.</p>
People who use drugs – need a pathway to communicate	Nurses working at Integrated Care Hub – can we talk about PREP?	ICH and team	Visit or video call	create learning collaborative

with these people.				
Need to have an approach that reduces inequity than exacerbates it (e.g., not just focusing on family physicians, those who are well informed about their health and seeking out preventative care, those who are insured, etc.).	Promote PrEP in sexual health clinics, and community based organizations?			

## SUMMARY OF POSSIBLE STRATEGIES

[Implementation strategies: recommendations for specifying and reporting - PMC \(nih.gov\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10000000/)

Strategy	Actor	Action	Population to Target	Implementation Outcome	Justification
<b>Conduct Educational Meetings</b>	PrEP Champions (Team Members)	Leverage family health, emergency, and professional association meetings to discuss PrEP	Primary care providers at conferences, OHT meetings	Increased awareness of PrEP and training module	Enhances provincial adoption by raising awareness in primary care
<b>Conduct Ongoing Training</b>	PrEP Champions	Deliver continuous education via online modules, emails, and partnership with sexual health clinics	PHUs, sexual health clinics, general PCPs (incl. special populations)	Improved familiarity and increased PrEP prescription/referral	Sustained training reinforces provider competence and boosts confidence

<b>Create Learning Collaborative</b>	Key Organizations (e.g., KFLA, Queens)	Establish a community of practice via a dedicated web platform or site	PHUs, sexual health clinics, general primary care providers	Enhanced support and shared learning among providers	Collaboration fosters best practice exchange and community-wide improvements
<b>Develop &amp; Distribute Educational Materials</b>	Team Members	Share materials via personal emails, laminated handouts, and a centralized SharePoint portal	PHUs, sexual health clinics, general PCPs (especially with special populations)	Simplified access to PrEP information; increased familiarity	Easy-to-use tools demystify guidelines and encourage PrEP uptake
<b>Access New Funding &amp; Incentives</b>	Team Members	Identify and secure funding to support physicians and nurse practitioners	Providers in sexual clinics and those serving special populations	Financial incentives support PrEP provision	Funding reduces resource barriers and motivates provider participation
<b>Provide Local Technical Assistance &amp; Outreach</b>	PrEP Champions	Maintain a provider list via websites/online modules; conduct educational outreach visits	PHUs, sexual health clinics, general primary care providers	Sustained familiarity and support for PrEP practices	Continuous technical support bridges training gaps and improves service delivery
<b>Identify and Prepare Champions / Early Adopters</b>	Existing PrEP Champions	Identify and empower additional champions and early adopters	Providers already engaged in PrEP projects	Expanded network of PrEP advocates	Local champions spread best practices and encourage wider adoption
<b>Increase Population Awareness</b>	Team Members	Collaborate with key PCPs, clinics, and CBOs to connect potential clients with providers	High-risk populations beyond GBM	Elevated awareness leading to higher PrEP uptake	Linking clients with providers increases PrEP awareness and access in target groups