Enhance HIV Prevention Efforts at your Health Center: Activity Session on Program Management

Thursday May 22nd, 2025

3:00 - 4:00pm Eastern / 12:00 - 1:00pm Pacific

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $550,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

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A leading Federally Qualified Health Center based in Connecticut.

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A national eConsult platform improving patient access to specialty care.

The Consortium for Advanced Practice Providers

A membership, education, advocacy, and accreditation organization for APP postgraduate training.

National Institute for Medical Assistant Advancement

An accredited educational institution that trains medical assistants for a career in team-based care environments.

The Weitzman Institute

A center for innovative research, education, and policy.

Center for Key Populations

A health program with international reach, focused on the most vulnerable among us.

NTTAP
National Health Center Training & Technical Assistance Partners
Clinical Workforce Development
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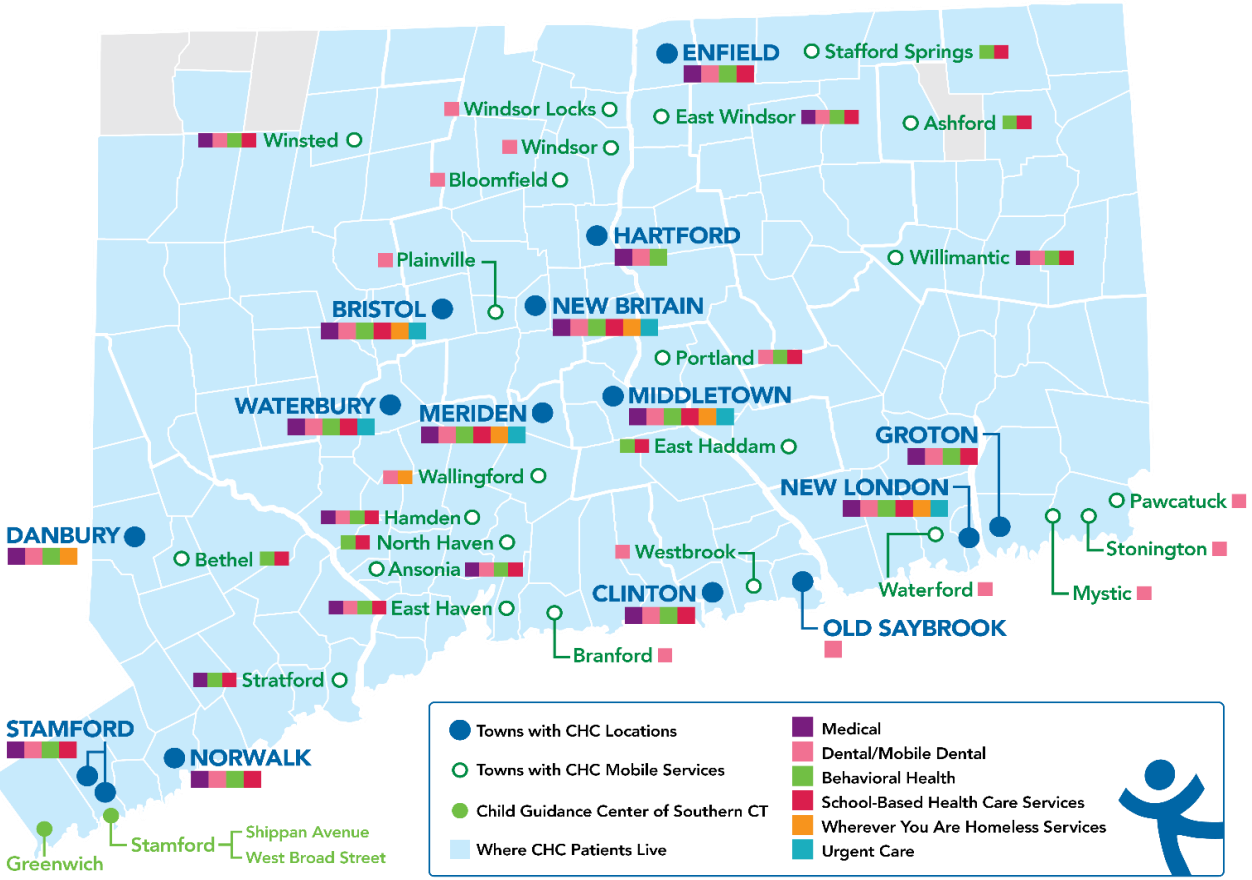
Community Health Center, Inc.

Locations & Service Sites



THREE FOUNDATIONAL PILLARS

1	2	3
Clinical Excellence	Research and Development	Training the Next Generation

Profile

- Founded: **May 1, 1972**
- Staff: **1,400**
- Active Patients: **150,000**
- Patients CY: **107,225**
- SBHCs across CT: **152**

Year	2021	2022	2023
Patients Seen	99,598	102,275	107,225

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National Training and Technical Assistance Partners (NTTAP)
Clinical Workforce Development

Provides **free** training and technical assistance to health centers across the nation through national webinars, activity sessions, trainings, publications, and more!

To learn more, please visit https://www.weitzmaninstitute.org/nca.

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Speakers

- Marwan Haddad, MD, MPH, AAHIVS, Medical Director of the Center for Key Populations, Community Health Center, Inc. (CHCI)
- Jeannie McIntosh, APRN, FNP-C, AAHIVS, Center for Key Populations, Community Health Center, Inc. (CHCI)
- Maria Lorenzo, Community-Based Services Program Manager, Center for Key Populations, Community Health Center, Inc. (CHCI)
- Paola Monge, PrEP Navigator, Center for Key Populations, Community Health Center, Inc. (CHCI)
- Julie Colon, CKP Outreach & PrEP Coordinator, Center for Key Populations, Community Health Center, Inc. (CHCI)

Learning Objectives

At the conclusion of this activity session, participants will be able to:

- Understand the potential roles the PrEP navigator can play as part of program management
- Consider using QI strategies to improve PrEP services

PrEP Program Management: Role of PrEP Navigator

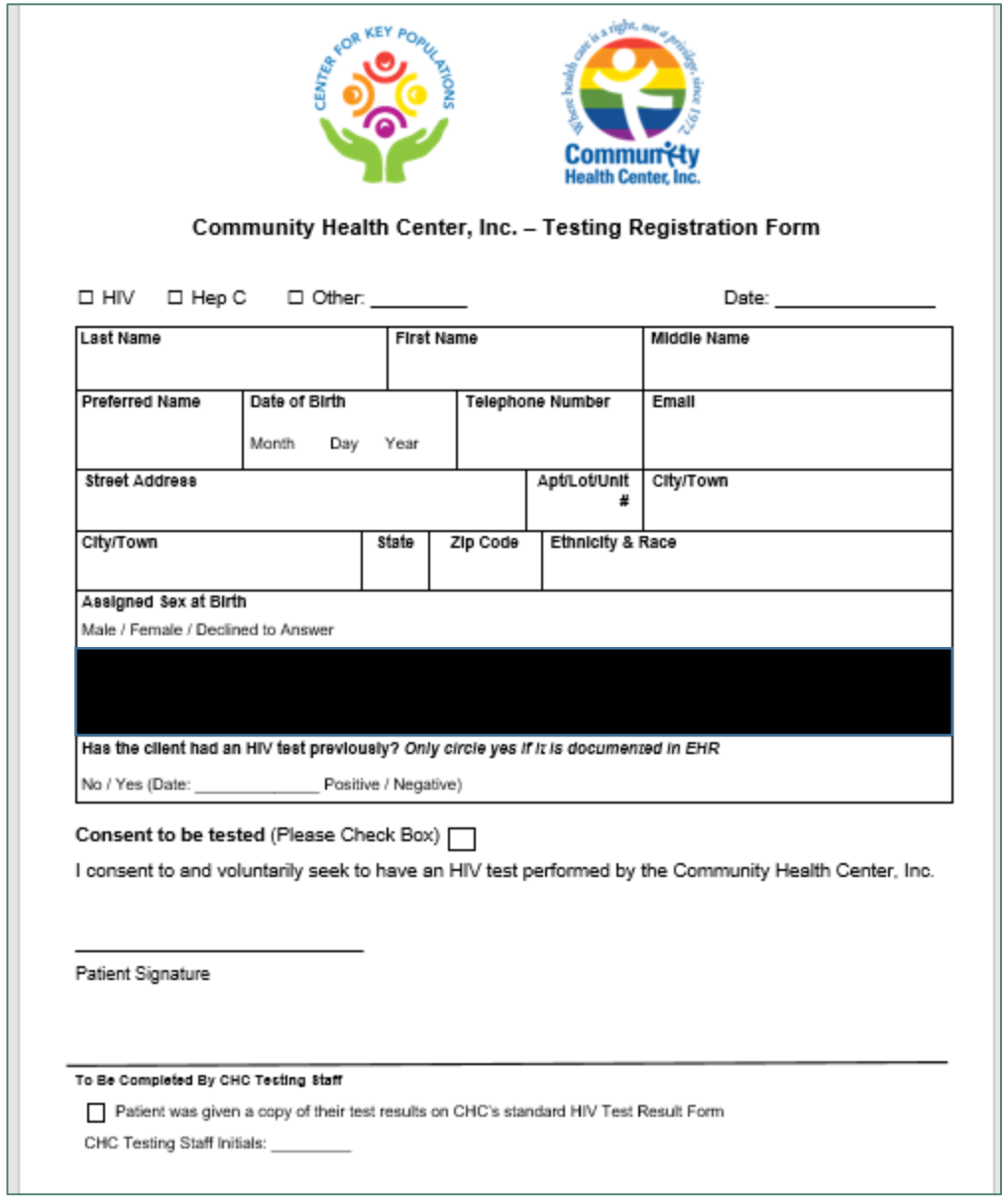
Eduardo

- At a community event in Meriden, Connecticut for National Health Center Week, the Center for Key Populations team is staffing a table and the mobile health unit (MHU).
- Eduardo sees the Spin the Wheel/Get a Prize and wants to play. He wins a Snickers chocolate bar and sees a poster on PrEP and asks the PrEP navigator sitting at the table about PrEP.
- The PrEP navigator briefly tells him about PrEP and offers him a rapid HIV test if he wants one.

Eduardo

- He agrees and the PrEP navigator asks him to step up on the MHU to get tested.

HIV Testing Registration Form



Community Health Center, Inc. – Testing Registration Form

☐ HIV ☐ Hep C ☐ Other: _____ Date: _____

Last Name	**First Name**		**Middle Name**
Preferred Name	**Date of Birth** Month Day Year	**Telephone Number**	**Email**
Street Address		**Apt/Lot/Unit #**	**City/Town**
City/Town	**State**	**Zip Code**	**Ethnicity & Race**
Assigned Sex at Birth Male / Female / Declined to Answer			
[redacted]			
Has the client had an HIV test previously? ***Only circle yes if it is documented in EHR*** No / Yes (Date: _____ Positive / Negative)			

Consent to be tested (Please Check Box) ☐

I consent to and voluntarily seek to have an HIV test performed by the Community Health Center, Inc.

_____

Patient Signature

To Be Completed By CHC Testing Staff

☐ Patient was given a copy of their test results on CHC's standard HIV Test Result Form

CHC Testing Staff Initials: _____

Sexual Risk Assessment

Questions	Comments
1. What brings you in for testing today?	
2. What do you think your risk is for HIV or Hepatitis C?	
3. Are you using any prevention methods currently? E.g. Condoms, PrEP, Treatment as Prevention or TasP (Treatment as Prevention)	
4. If you use condoms, how often do you use them? Who decides whether you use condoms? You/Your Partner(s)/Both?	
5. Have you heard of the phrase “Undetectable equals Uninfectious / U equals U”?	
6. Have you heard of PrEP before? Have you taken PrEP? If you did, are you not taking it now, why not? Was there a change in your habits?	
7. Have you ever been diagnosed or treated for STIs in the past?	
8. Have you had a scare in the past where you thought you may have been exposed to HIV? What happened?	

Sexual Risk Assessment

Questions	Comments
9. Have you ever had transactional sex? (Housing, food, money, non-prescribed substances)	
10. Do you ever have sex after consuming alcohol or using non-prescribed substances? Have you ever shared injection drug equipment with someone else? Have you been tested for Hep B/C? Vaccinated for A/B?	
11. How many sexual partners do you currently have? How many people have you had sex with in the last 6 months?	
12. How do your sexual partners identify?	
13. What body parts do you use when you have sex?	
14. Do you engage in receptive (bottom) or insertive (top) sex?	
15. After our discussion, what do you think your risk is of acquiring HIV or Hepatitis C?	

Eduardo

- Sexual Risk Assessment
  - Sex with women but has had some male contacts
  - Engages in oral sex (both ways), vaginal sex, and anal sex (as top only so far); rarely uses condoms
  - Has had more than 1 partner in the past 6 months
  - Has not been tested for STIs or HIV recently– last time must have been more than a year ago
  - Last sexual encounter was one week ago.
  - Had not heard of PrEP until now.
  - After this discussion, he feels he is at risk for HIV infection.
- Rapid HIV test result
  - Negative

PrEP Referral Process

- If a person is seen in the community by the PREP navigator and is a patient of the health center, then they are given an appointment with their PCP for PrEP.
- If this person is not a patient, then they are registered in the community and are assigned a PCP.
- If the PrEP navigator is not the one speaking with them, then a message in the electronic health record called a telephone encounter or TE is sent to the navigator to help set them up with a PCP for PrEP.

PrEP Referral Process

- Is the patient established? **Yes** or **No**
  - **If Yes**, a message in the electronic health record (called a telephone encounter or TE) is sent to PrEP Navigator who reaches out and arranges an appointment with their PCP for PrEP.
  - **If No**, patient is registered, checked for insurance and TE is sent to navigator.
  - If the PrEP navigator is the one speaking with patient, then they can register them, check insurance, and arrange the appointment.

PrEP Referral Process

- PrEP navigator screens patients and determines PrEP eligibility
- Navigator schedules with the provider
- After the initial visit, the patient gets bloodwork and returns in one week for follow-up to receive a prescription, if they have not already been given one
- Patient Assistance Program forms completed by Navigator if needed
- The patient returns for 30-day follow-up with PCP
- The patient continues to return every 60-90 days while on PrEP

Eduardo

- Eduardo was not a patient at the health center.
- He has not seen a PCP in over 2 years.
- He agrees to get registered as a patient. He has Medicaid.
- The patient navigator registers him and sets him up with an initial appointment with a provider for PrEP. The first available appointment is in 2 weeks.
- He says that's OK since he was not planning on being sexually active and can wait 2 weeks until his appointment.
- He is told he will need to repeat the HIV test since a negative test is needed within 7 days of starting PrEP. He understands.

PCP and PrEP Navigator Coordination

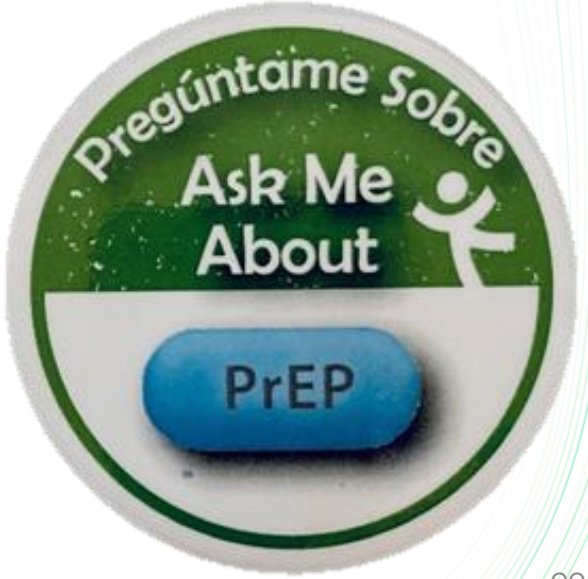
- After the initial visit, the PCP sends a TE to the PrEP Navigator notifying them that the patient started PrEP.
- Navigator contacts the patient within two weeks for F/U on adherence.
- Navigator schedules appropriate follow-up appointments.
- Navigator sends TE to the PCP, regarding lab orders, and follow-up assessments with the patient.
- All patient communications are documented in the electronic health record.

Eduardo

- He sees the PCP 2 weeks later.
- Turned out he did have sex with a man but he only received oral sex.
- The provider ordered HIV test and screened for STIs.
- He sent a prescription for PrEP for one month. He told the patient not to start PrEP until we have the HIV result and he hears from us that he can start.
- Two days later, the nurse calls him that his HIV test is negative and he can start PrEP.
- A TE is sent to the PrEP navigator that he has started PrEP.

PrEP Navigator

- The **PrEP Navigator** works to support patients to navigate medical and social systems on their own, including:
  - ❑ Education on the benefits of starting and staying on PrEP
  - ❑ Appointment scheduling
  - ❑ Partner notification services support
  - ❑ Health insurance enrollment/reapplication
  - ❑ Screenings for other STIs
  - ❑ Ongoing maintenance
  - ❑ Community resources



Eduardo

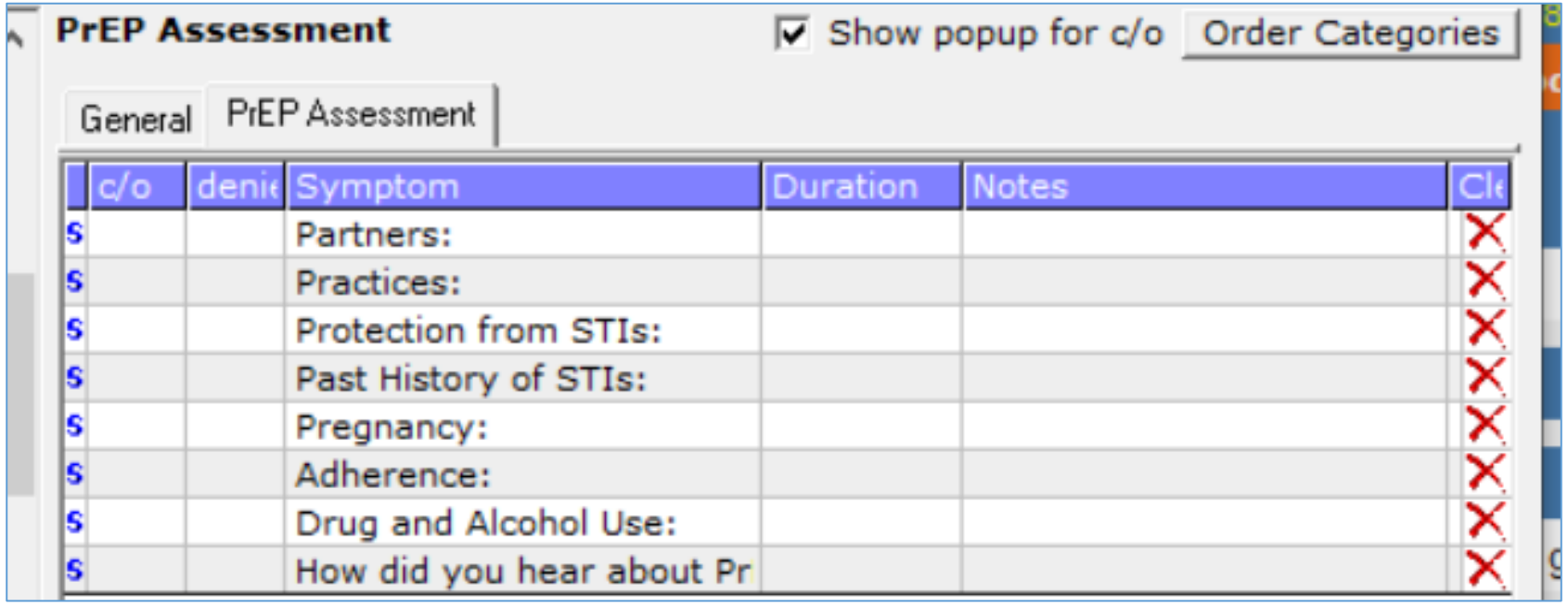
- The PrEP navigator calls the patient to inform him that he is due for HIV/STI testing every 3 months.
- Navigator sends a TE to provider to order the lab tests.
- Navigator reinforces adherence with the patient and helps assess ongoing need for PrEP if his situation changes.

HIV Testing Data Collection & PrEP

- Prevention team collects monthly CHCI HIV testing data and enters information to CDC Control and Prevention Database.
- Approximately 800-1000 tests are entered monthly.
- PrEP Navigator follows up with the patients at risk with HIV by communicating to providers of potential PrEP candidates.
- CHCI has started about 500 patients on PrEP. Currently, we have about 200 patients who have been prescribed PrEP in the last 6 months with PrEP navigators managing about 150 patients.

PrEP Assessment

- Used by PrEP Navigator, other clinical team members



PrEP Dashboard

- Used by PrEP Navigator, Medical Assistant, Nurse, Provider
- Helps with PrEP Follow up and Monitoring
- Can be searched by Medical Provider and by PrEP Medication
- Includes:
  - ❑ Age
  - ❑ Sex
  - ❑ Prescriber
  - ❑ Last Visit
  - ❑ Next Visit
  - ❑ Last Rx Name and Date
  - ❑ Last Sexual Risk Assessment Date
  - ❑ Last HIV Screen
  - ❑ Last STI Screens
  - ❑ Renal Function and Date
  - ❑ Hep B screen
  - ❑ Hep A and B vaccination

PrEP Dashboard

Age	[redacted]	PCP	Prescribing Provider	Last Visit with Prescribing Provider	Next Visit with Prescribing Provider	Last Visit with PCP	Next Visit with PCP	Last Rx Name and Date	SH Sexual Hist Date	Last H
44		[illegible]	[illegible]					Date: 7/3/2019		Date:
37		McIntosh, Jeannie	McIntosh, Jeannie	4/12/2022	4/26/2022	4/12/2022	4/26/2022	Descovy Date: 3/6/2022	8/22/2013	Valu Re Date:
51		McIntosh, Jeannie	McIntosh, Jeannie	4/1/2022	5/6/2022	4/1/2022	5/6/2022	Truvada Date: 11/27/2018	4/1/2022	Val Date:
17		Smith, Tonya	McIntosh, Jeannie	6/10/2021		2/18/2022		Truvada Date: 6/12/2021	3/31/2022	Val Date:
49		McIntosh, Jeannie	McIntosh, Jeannie	9/5/2018		9/5/2018		Truvada Date: 9/5/2018	9/5/2018	Val Date:
34		Piekarz Dyjak, Elzbieta	McIntosh, Jeannie	5/5/2020		12/21/2020		Truvada Date: 3/31/2020		Val Date:
33		McIntosh, Jeannie	McIntosh, Jeannie	2/18/2022	4/18/2022	2/18/2022	4/18/2022	Truvada Date: 11/13/2021	2/18/2022	Val Date:
28		McIntosh, Jeannie	McIntosh, Jeannie	12/17/2021		12/17/2021		Truvada Date: 10/6/2020		Value Date:
31		Silva, Meaghan	McIntosh, Jeannie	12/15/2020		3/1/2022		Descovy Date: 12/15/2020	3/1/2022	Val Date:
51		Borgonos, Ovanes	McIntosh, Jeannie	3/25/2022		3/22/2022		Truvada Date: 4/21/2020	3/25/2022	Val Date:

Parameters

Prescribing Provider

McIntosh, Jeannie

Last Prescription Name

Descovy,Descovy Blister Pack,Truvada

PrEP Dashboard

Last HIV Screen	Last Syphilis Screen	Last Gonorrhea Urethal Cervical Screen	Last Gonorrhea Throat Screen	Last Gonorrhea Rectal Screen	Chlamydia Urethral Cervical Screen	Chlamydia Throat Screen	Chlamydia Rectal Screen	Renal Function (Creatinine) Screen	Hep B s Ag Screen	Hep A
Value: Non-Reactive Date: 4/11/2022	Value: Reactive Date: 4/11/2022	Value: Not Detected Date: 4/11/2022	Value: oral GC neg Date: 4/12/2022	Value: Not Detected Date: 4/12/2022	Value: Not Detected Date: 4/11/2022	Value: oral GC/CT neg Date: 1/22/2022	Value: Not Detected Date: 4/12/2022	Value: 0.77 Date: 4/11/2022	Value: NON-REACTIVE Date: 9/12/2017	Not V

Quality Improvement Initiatives to Improve PrEP Services

1. TEAM AND ROLES DEFINED

Coach Assigned, Identify Core and Extended Team Members, Define Roles, Schedule Team Meetings, Communication Plan

TOOLS/SKILLS/PROCESS:

Effective Meeting Tools
Forming/Storming/Norming/ Performing

2. ASSESSMENT AND BASELINE DATA

What is our current state? Describe population of interest, Identify data sources, Drill down to specific areas of focus. Related to other projects?

TOOLS/SKILLS/PROCESS:

Tick & Tally & other data collection
Process Mapping
Role Assessment
Team Practice Assessment

3. GLOBAL AIM

What is our overall goal for advancing TBC Model? Theme, Name process, location, Start/End of Process, Benefits/Imperatives

TOOLS/SKILLS/PROCESS:

Build Consensus
Fishbone Diagram (cause & effect diagram)

4. PROBLEM STATEMENT/THEME

Problem Statement, Importance, Goals/ Objectives, Deliverables, KPIs

TOOLS/SKILLS/PROCESS:

QI Charters as agenda items
Brainstorming/ Brain writing
Multi-Voting
Impact/ Effort Grid
Fishbone Diagram
Five Whys
Process Map
Build consensus

5. SPECIFIC AIMs and MEASURES

What do we want to accomplish in days and weeks? What will change, by how much & when , How will we know that we accomplished it?

TOOLS/SKILLS/PROCESS:

Specific Aim Tool
Build Consensus
Fishbone Diagram (cause & effect)
Tick & Tally & other data collection

6. SOLUTION STORMING for CHANGE IDEA

What could we try?
Realistic ideas, Manager|Leader involvement.

TOOLS/SKILLS/PROCESS:

Idea Tree
Parking Lot
Force Field Analysis
Impact Effort
Multi-Voting

7. PDSA

Aim, test, who, when, where.
PLAN Tasks: How will we do it? What, Who, When, Where. Predictions, Measures
DO: Lets try it out. Results
STUDY: How is it working out? **ACT:** Lets try it again with modifications?

TOOLS/SKILLS/PROCESS:

PDSA Template
Keep test SMALL
Only one PDSA at a time
Measures

8. SDSA

Standardize the test that was successful. *Will it work the same in every day routine?* Document.

TOOLS/SKILLS/PROCESS:

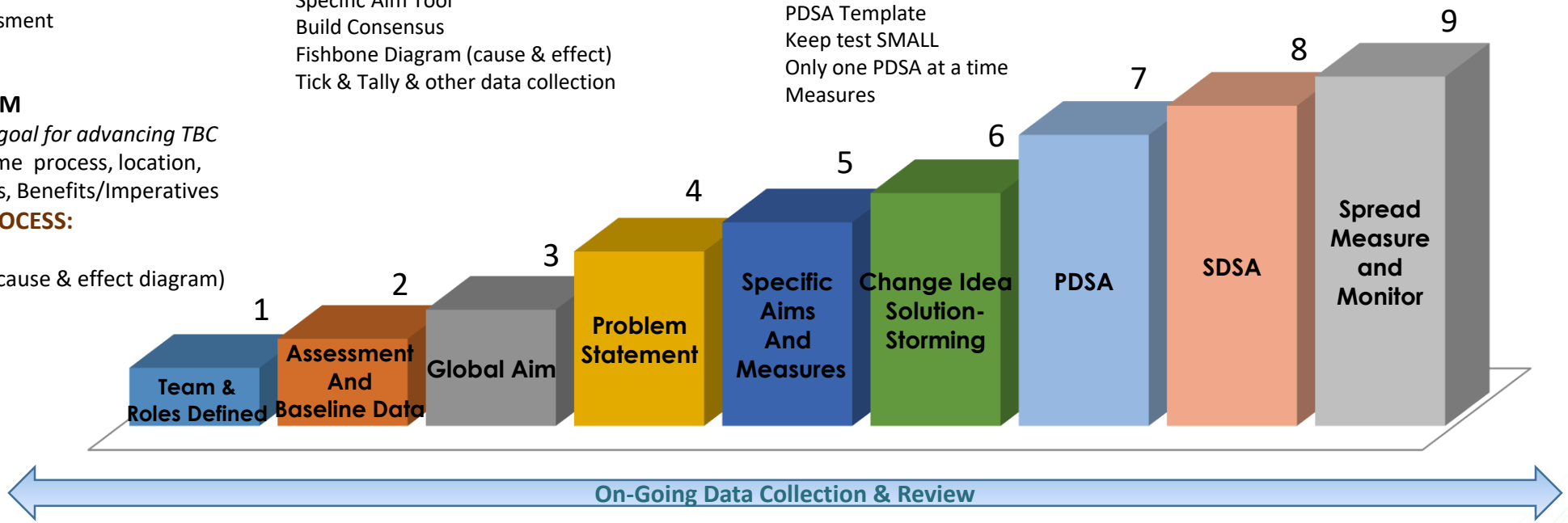
Involve all team members
Communication Plan
Playbook – Influence Spread

9. SPREAD, MEASURE & MONITOR

Implement spread strategy and track how it is working.

TOOLS/SKILLS/PROCESS:

- Communication Skills
- Spread Strategy
- Big Picture View
- Connecting the dots
- QI Process



MOSES/WEITZMAN Health System

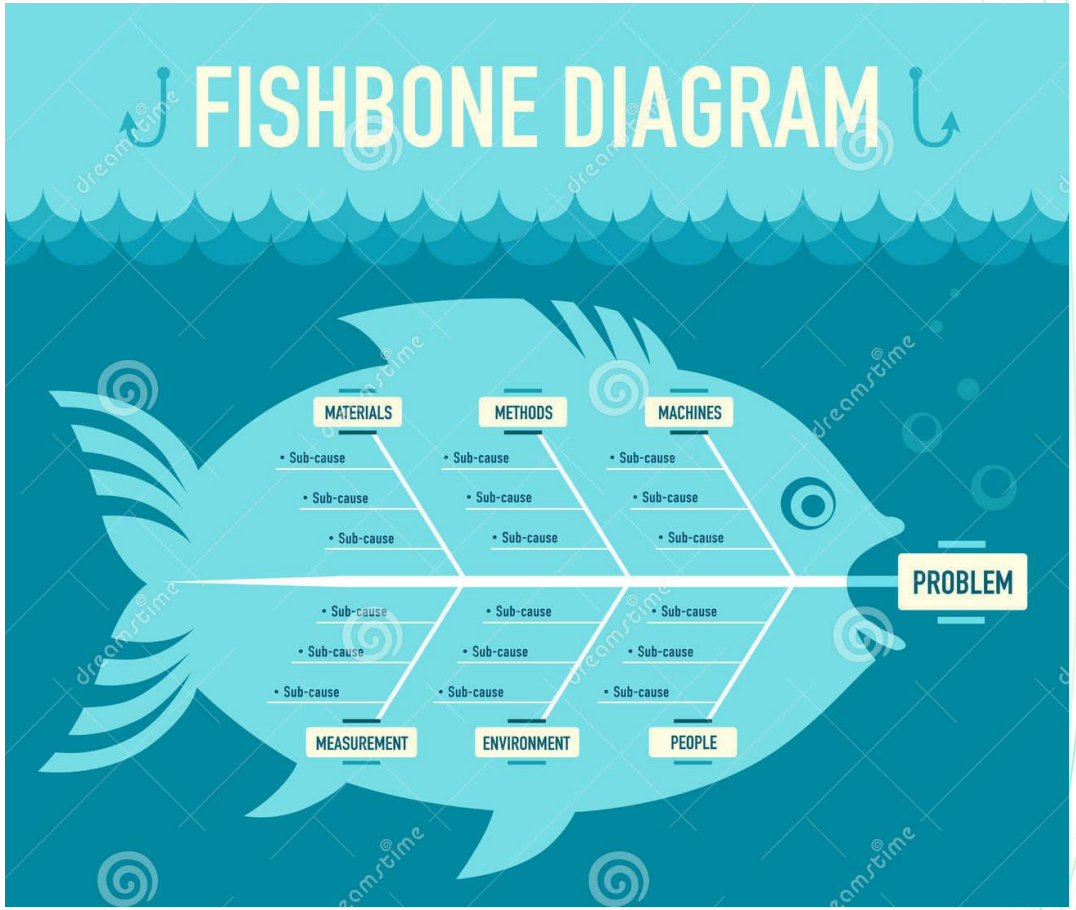
QI Project Team: Composition

- Who is around the table?
  - Who isn't but should be around the table?
- Multi-disciplinary staff
- Equal voices regardless of staff role
- CKP PrEP QI Project Team Members:
  - Healthcare providers (CKP and non-CKP), nurses, medical assistants, front desk staff, patient navigators, and case managers

QI Project Team: Choosing a Project

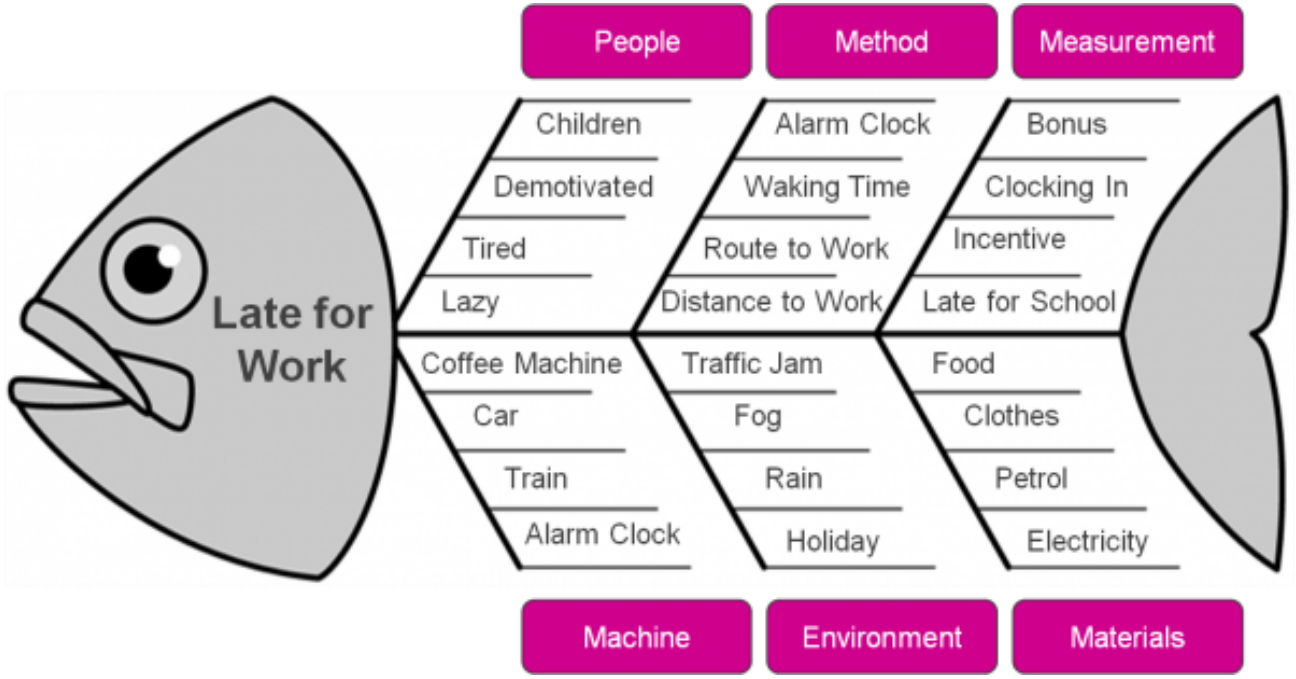
- Using various tools to identify issues with current state of program.
  - Use of tools like Fish Bone Diagrams and Process Maps
- Vote on top issue to work on.

Developing & Using a Fishbone Diagram



Fishbone Diagram – Cause & Effect Diagram

A team works together with a structured approach to brainstorming a list of causes of a problem

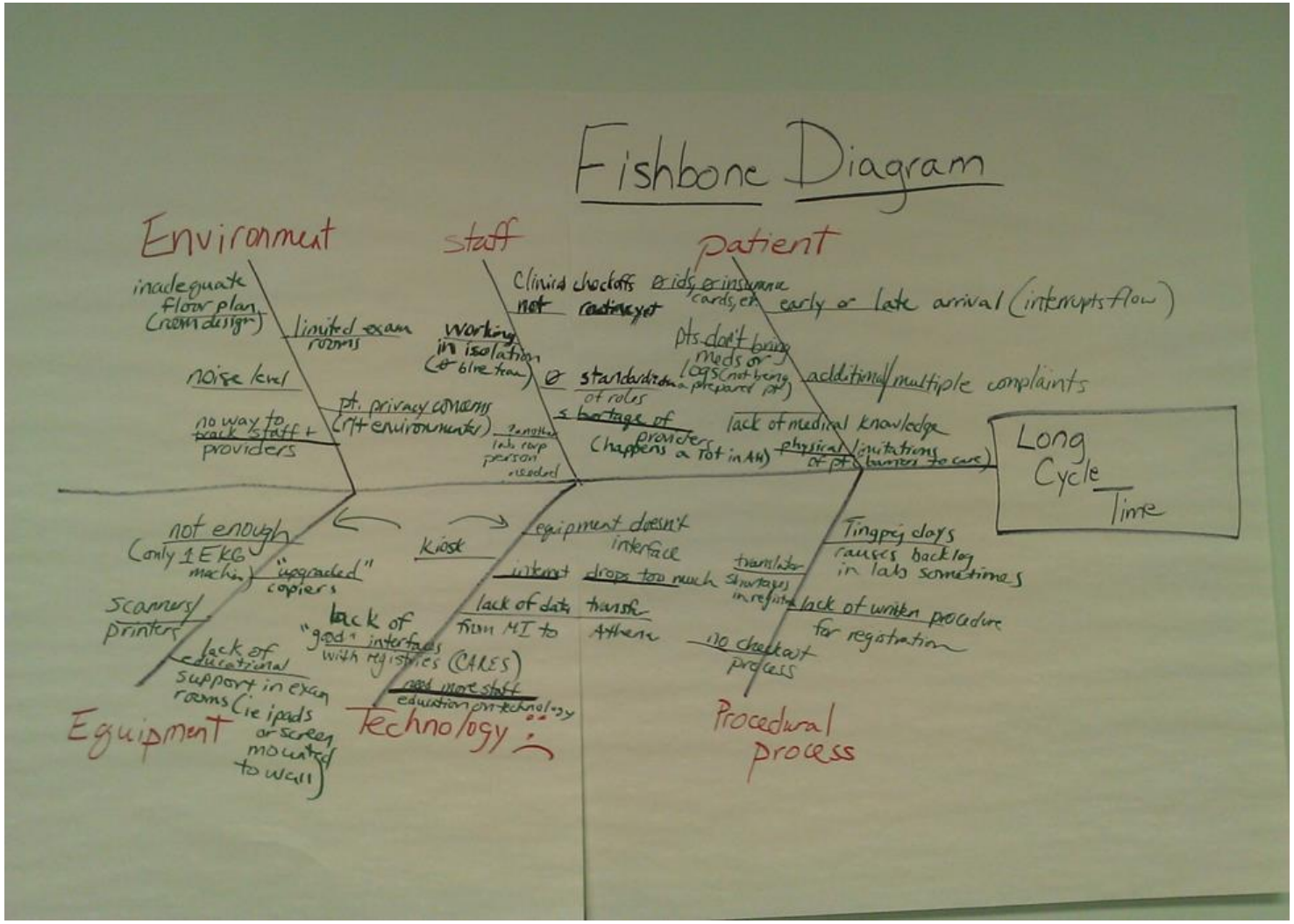


The head of the fish is the problem: Late for work.

The bones are causes grouped by category.

How to Proceed

1. The Head of the fish = The Problem
    1. E.g. Not enough patients being prescribed PrEP at the health center.
2. What general categories will you use? Typical ones include:
    - Equipment/supplies
    - Technology
    - Staff
    - Processes/procedure
    - Environment
    - Patients
3. Each bone = Contributing Causes within a category
4. Focus on current state!! No solutions yet!
5. Don’t worry about messiness


Fishbone Diagram
Environment
staff
patient
Long Cycle Time
Equipment
Technology
Procedural process
inadequate flow plan (room design)
limited exam rooms
noise level
pt. privacy concerns (r/t environment)
no way to track staff + providers
not enough (only 1 EKG machine)
"upgraded" copiers
scanners/ printers
lack of educational support in exam rooms (ie ipads or screen mounted to wall)
kiosk
equipment doesn't interface
internet drops too much
lack of data transfer from MI to Athena
lack of "good" interfaces with registries (CARES)
need more staff education on technology
working in isolation (or silo'ed from team)
standardization of roles
shortages of providers (happens a lot in AH)
clinical checkoffs not complete yet
pts don't bring meds or logs (not being prepared for pt)
lack of medical knowledge
physical limitations of pt (barriers to care)
translator shortages in registration
no checkout process
fingerprinting delays causes backlog in labs sometimes
lack of written procedure for registration
early or late arrival (interrupts flow)
additional/multiple complaints

Developing & Using a Process Map

What process maps do:

- Show the current process, NOT the ideal process
- Reveal unwanted variation, waste, delays, and duplicate work
- Build teamwork: different team members will have different perspectives on what actually happens—which is the point of the exercise
- Generate ideas for improvement

"You don't learn to Process Map. You Process Map to learn."

- Dr. Myron Tribus

When should you use a basic process map?

- To plan new projects
- To model and document an existing process
- To solve problems
- To help teams communicate ideas more efficiently
- To analyze and manage workflows efficiently

Process Map Shapes		
Shape	Name	Use
	Activity/Process	Represents a step or activity in the process
	Decision	Represents where a decision has to be made
	Start/End	Represents the start and end of the process
	Arrow	Represents the connection between two steps and the direction of flow
	Cloud	Represents something the team doesn't know right now

7 Steps to Process Mapping

1. Identify the process you need to map

   Whether it's a process that is underperforming or important to a new strategy identify it and give it a name

2. Bring together the right team

   Bring together everyone involved in doing, managing, and providing input to the process

3. Brainstorm the process steps

   Gather all information from start to end: steps, inputs, outputs, roles, time durations, etc.

4. Organize the process steps

   Take the steps you identified earlier and arrange them in a sequential order

5. Draw the baseline process map

   Beginning from the start, draw a map that shows the process in its current state

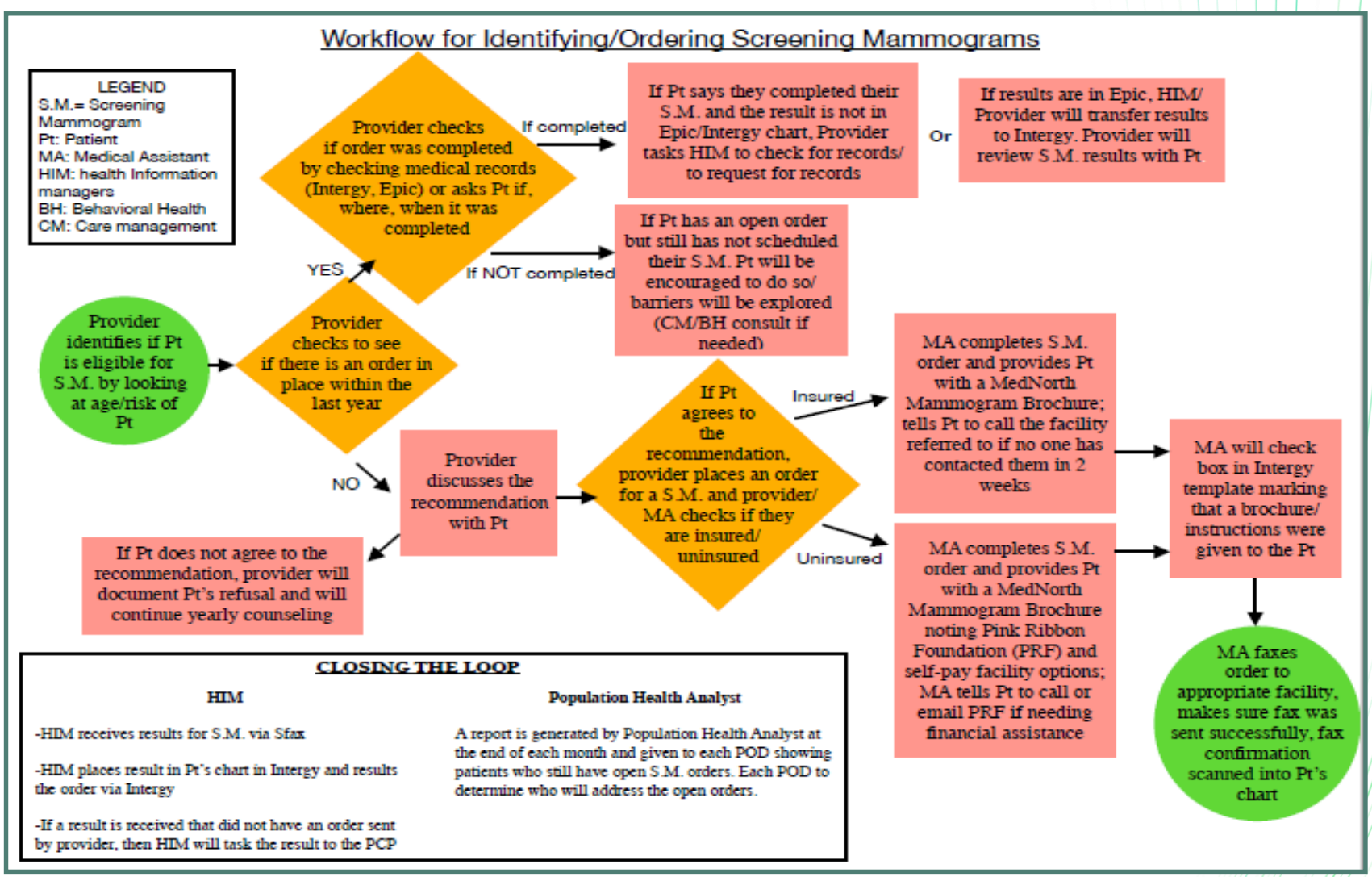
6. Identify areas for improvement

   Identify bottlenecks and inefficiencies within the process and plan for improvements

7. Implement & monitor improvements

   Implement improvements on a smaller scale and monitor the results before standardizing them

Process Map Example



PrEP Awareness Campaign

- First QI project for the PrEP Team.
  - Focus on patients coming into the health center
- We invited community members to be part of the QI team and offered them a stipend to participate.
- We decided to focus on one CHC site.
- We designed PrEP T-shirts and buttons.

- We trained staff from different disciplines who would wear T-shirts/buttons on how to address any questions about PrEP and who to contact/refer patient to.
- We decided to measure the effect of our awareness campaign through a tick and tally approach for 2 weeks.
- RESULT: 0 questions

PrEP Global Aim Statement

We aim to improve PrEP services at CHC in CHC service areas.

The process begins with identifying eligible individuals.

The process ends with engaging interested patients to start PrEP.

By working on the process, we expect to:

- Increase the access of care
- Increase the number on patients who are on PrEP
- Increase the number of patients who are aware of PrEP
- Increase the number of providers who prescribe Prep
- Improve the level of care for patients who are already receiving PrEP

It is important to work on this now because:

- We are helping to identify the patients that are at risk
- Prep is a crucial tool in ending the HIV epidemic
- CKP has a responsibility to promote Prep as outlined by UDS and grant expectations

Quality Improvement Projects

Specific Aim Statement

1. We will increase the number/amount of documented conversations during visits about PrEP from 0 to 25 patients (combined) starting February 6th, 2023 for 8 weeks at the Meriden site.

PDSA Worksheet for Testing Change

Date:	2/6/2023
Team Members:	Maria Lorenzo, Nathan Parilla, Michael Judd, Jeannie McIntosh, Marlene Edelstein, Dr. Haddad, Kasey Harding, Lizbeth Vazquez, Doug Janssen, Lenon Adam, Bernie Delgado, Lucy Ehrenheld, Deborah Ward, and Briana Reaves

Aim:

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person Responsible	When to be Done	Where to be Done
PrEP Navigators will conduct outreach to providers to identify patients who are candidates for PrEP.	PrEP Navigators		

Plan

List the tasks needed to set up this test of change	Person Responsible	When to be Done (Dates & Timeframe)	Where to be Done (Site Location, Where at the site, Pod, etc.)
• PrEP navigators will review charts and identify patients that may be eligible for PrEP (positive STIs in the last 6 months, patients who identify as MSM • Prompt for PrEP discussion **-Patients that already have an appointment** • Write "Discuss PrEP" in the chief complaint • Merge in PrEP template • Send a TE to advise the provider that the patient may be a good candidate for PrEP. Include the reason why the patient may be a good candidate	PrEP Navigators		

and the appointment date. Also include that assistance can be offered from the PrEP navigator if there are any questions (Copy & Paste TE Script)

- Set Action Item to check on TEs that were sent
- Document outcome on excel sheet

-Was outreach made to the patient

-Was appt scheduled

-Did PrEP discussion occur

-Was the patient offered PrEP (declined or agreed)

-Was prescription sent

-Patients that don't have an appointment

- Send a TE to advise the provider that the patient may be a good candidate for PrEP. If appropriate, TE can be sent back to PrEP navigator to schedule visit. Also include that assistance can be offered from the PrEP navigator if there are any questions (Copy & Paste TE script)

- Set Action Item to check on TEs that were sent
- Document outcome on excel sheet

-Was outreach made to the patient

-Was appt scheduled

-Did PrEP discussion occur

-Was the patient offered PrEP (declined or agreed)

-Was prescription sent

-

Data Review

- PrEP navigators will review the visit notes to see if PrEP was discussed

• PrEP navigators will review TE that was sent • Data pull for PrEP template Data pull for patients that have tested positive for STIs in the last 6 months, patients who identify as MSM Next Provider Meeting Date (to announce the PDSA)			

Predict what will happen when the test is carried out	**Measures to determine if prediction succeeds**	**Person (s) Responsible for Collection of Data**
At least half of providers will respond well. Providers will appreciate the focus on vulnerable populations. 70% of providers may share this is too much work. 10% of identified patients will start PrEP. Number of PrEP discussions will increase to 25%	Responses to TEs Number of documented PrEP discussions Total number of identified patients receiving intervention.	

PrEP QI Project: Documenting PrEP Discussions

PDSA Cycles (rapid cycle tests of change) at 4 practice sites over 6 months

Inclusion Criteria:

- HIV-negative, 13+, medical visit in past 6mo AND
- Self-identified as part of a population who is at higher risk of HIV exposure/infection e.g. MSM OR
- Anyone with + STI result in past 6mo

	Patients	PrEP Discussion Documented (PRE-PDSA)	Outreach Eligible for PrEP (CDC guidelines, 18+)	PrEP Discussion Documented (POST-PDSA)
CKP Hub 1	147	11	71	30
CKP Hub 2	129	0	97	33
Small Site 1	20	4	17	17
Small Site 2	34	1	25	25

1 PrEP Coordinator

105 PrEP Discussions at 2 CKP hubs and 2 small sites far from hubs!

What did this project achieve?

- Brought PrEP to PCPs' attention
- Provided PCPs with support from PrEP Coordinators & CKP provider experts
- Collected baseline data on PrEP-eligible patients at 2 large CHC sites with "CKP hubs" and 2 smaller CHC sites further from "CKP hubs"
- Developed:
  - Standard PrEP Navigation telephone encounter (TE) language for (a) Adults and (b) Adolescents
  - Convention for PrEP Navigators to support PCPs and patients during PrEP discussions
  - Data collection forms/process in electronic health record
- Standardized process into navigator role

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Questions?

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Wrap-Up

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Explore more resources!

National Learning Library:
Resources for Clinical Workforce Development

https://www.weitzmaninstitute.org/ncaresources

Health Center Resource Clearinghouse

https://www.healthcenterinfo.org/

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Contact Information

For information on future webinars and activity sessions:
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