

TelePrEP and COVID: Implementing a Telehealth Program

Thursday, February 25, 2021

Washington University in St. Louis CBA

**MIDWEST CBA
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THE HIV LANDSCAPE
DURING COVID-19**
FEBRUARY 23 - 26, 2021



PRIME HEALTH



Washington
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Welcome!

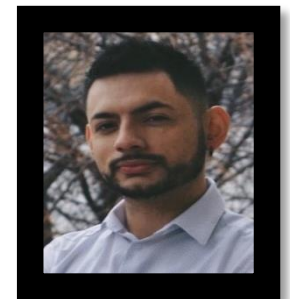
- Please write the following in the chat
 - Name
 - Organization
- Please do NOT share your audio and/or video— this is for speakers!

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Track 2B: Washington University in St. Louis

Washington University's PrEP Program encompasses capacity building, clinical care, research, and advocacy since 2014.



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Financial Disclosure Statement

No financial disclosures.

Session Overview

- Part One: Didactic (10:00am to 11:00am)
 - Ashley Underwood, Wash U: **Intro and Resources**
 - Rachel Dixon, Prime Health: **Designing a Telehealth Program**
 - Cody Shafer, Iowa Health Department: **Health Department TelePrEP Program Lessons Learned**
- Break: (11:00am to 11:15am)
- Tristan Schukraft, MISTR: **Commercial TelePrEP Programs and Partnerships**

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Part 2: TelePrEP Q&A with Experts!

Rachel Dixon, Prime Health President and Executive Director



Edwin Corbin Gutierrez, Associate Director of Health Systems Integration, NASTAD



Cody Shafer, Iowa Department of Public Health, Prevention Services Coordinator



Samantha Hughes, Washington University Senior CDC CBA specialist and consultant for Kansas City, MO Health Department



Nicole Elinoff, Prevention Manager, NASTAD



Tristan Schukraft, President and CEO of MISTR



Learning Objectives

1. Describe different strategies for developing a TelePrEP program
2. Describe legal and logistical needs for implementing a sustainable TelePrEP program in health departments, commercial clinics, and community based organization settings
3. Describe the lessons learned from implementing TelePrEP in different types of settings

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ESTIMATED NUMBER OF ADULTS WHO COULD POTENTIALLY BENEFIT FROM PREP, UNITED STATES, 2015

	Gay, bisexual, or other men who have sex with men	Heterosexually active adults	Persons who inject drugs	Total by race/ethnicity
Black/African American, non-Hispanic	309,190	164,660	26,490	500,340
Hispanic/Latino	220,760	46,580	14,920	282,260
White, non-Hispanic	238,670	36,540	28,020	303,230
Total who could potentially benefit from PrEP	813,970	258,080	72,510	1,144,550

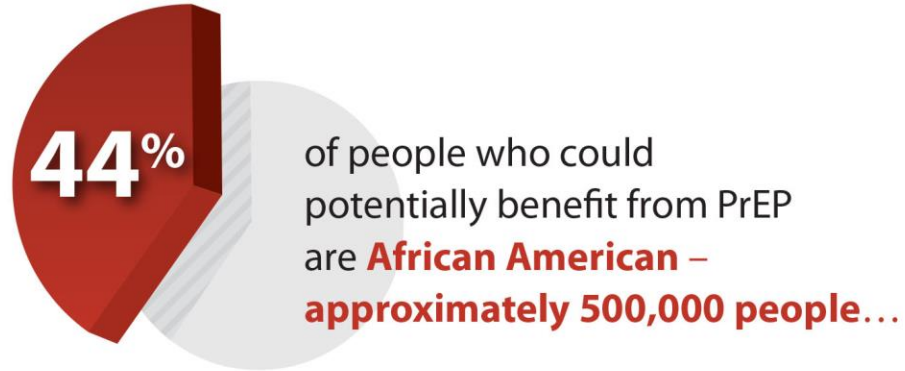
Notes: PrEP=pre-exposure prophylaxis; data for "other race/ethnicity" are not shown



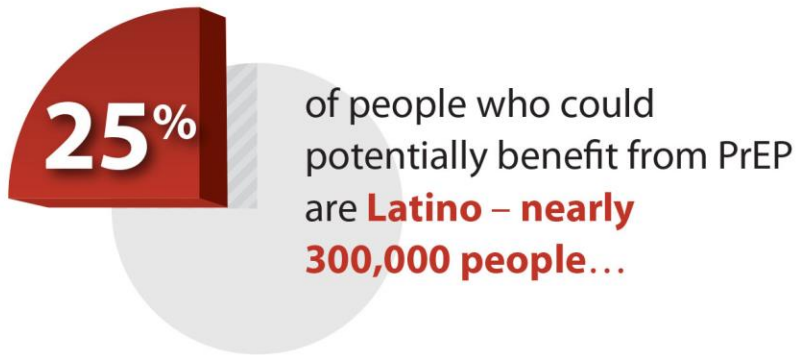
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

https://www.cdc.gov/nchstp/newsroom/images/2018/hiv/PrEP-table_highres.jpg

HIV prevention pill is not reaching most who could potentially benefit – especially African Americans and Latinos



...but only **1%** of those – **7,000 African Americans** – were prescribed PrEP*

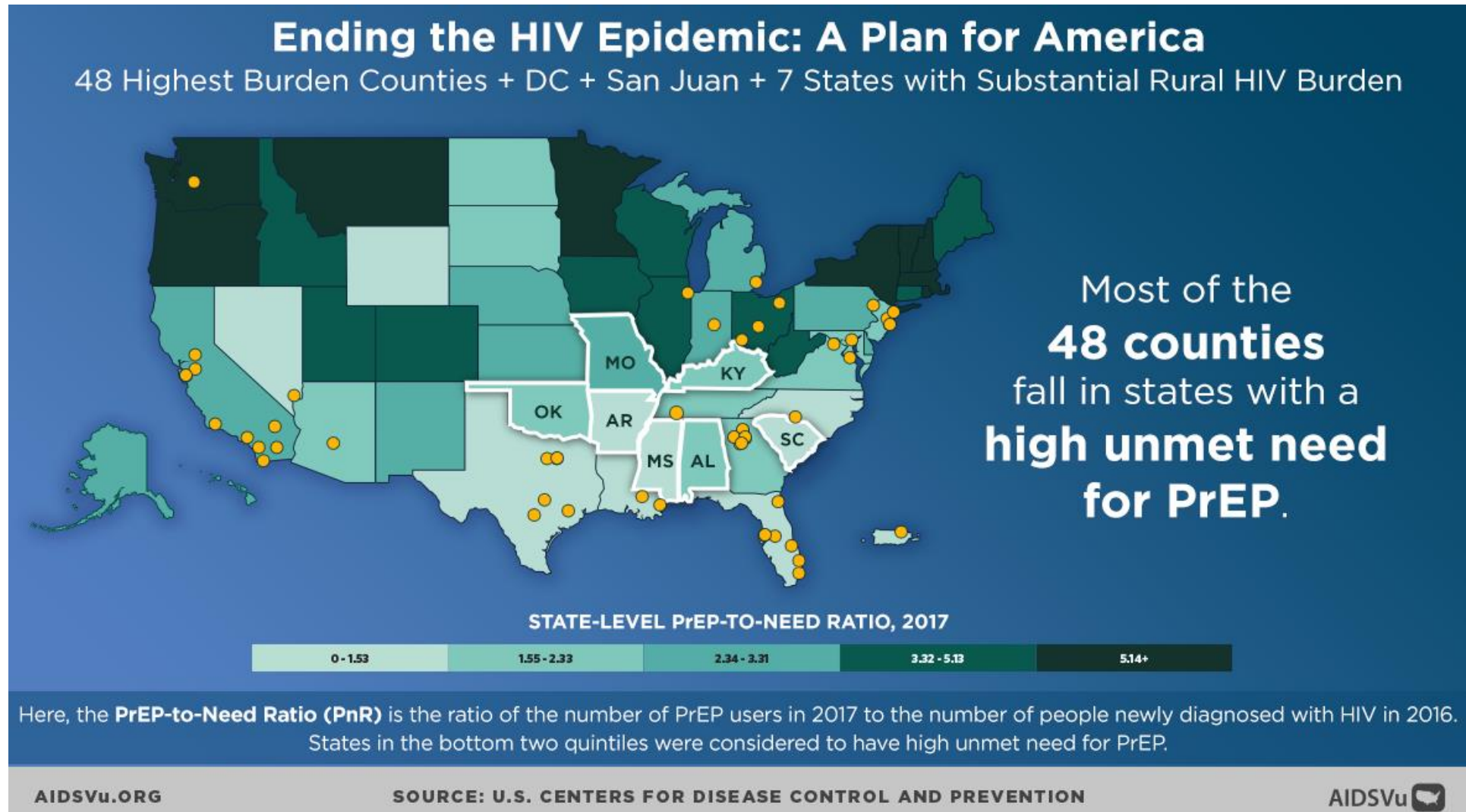


...but only **3%** of those – **7,600 Latinos** – were prescribed PrEP*



*Prescription data in this analysis limited to those filled at retail pharmacies or mail order services from September 2015 – August 2016; racial and ethnic information not available for one-third of the prescription data

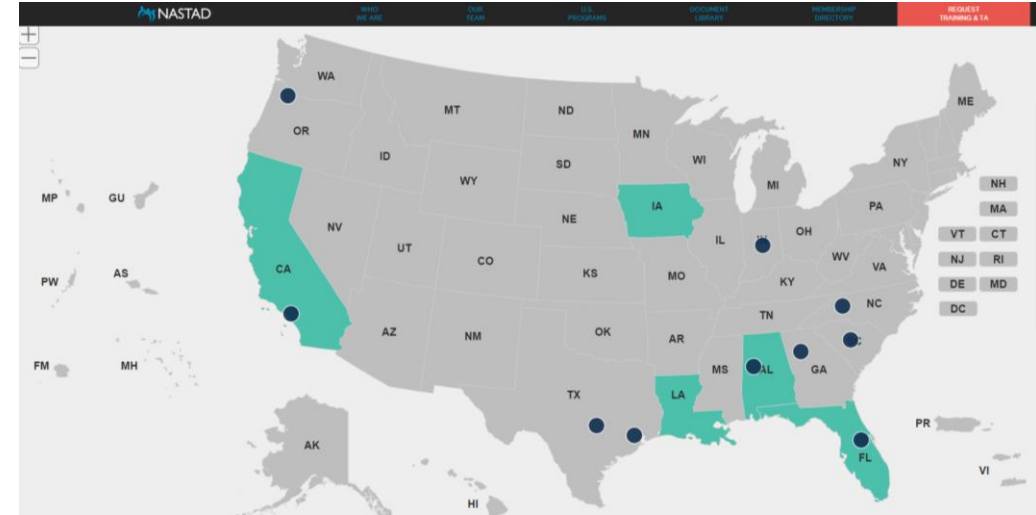
The Unmet Need for PrEP



Resources

- Websites/Maps

- NASTAD TelePrEP Map
- PrEP Locator
- PleasePrEPme.org



- TelePrEP Programs in the USA

- Iowa
- Louisiana
- Mississippi
- Texas
- New York
- Missouri
- Washington
- Georgia
- Washington DC
- Florida
- Wisconsin
- California
- Ohio
- Massachusetts
- Washington DC
- Rhode Island
- Colorado
- Wisconsin
- Illinois

TelePrEP Visit Billing

- The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable.
- The patient must verbally consent to receive virtual check-in services.
- The Medicare coinsurance and deductible would apply to these services.
- Medicare Part B also pays for E-visits or patient-initiated online evaluation and management conducted via a patient portal.
- Practitioners who may independently bill Medicare for evaluation and management visits (for instance, physicians and nurse practitioners) can bill codes 99421, 99422, 99423.



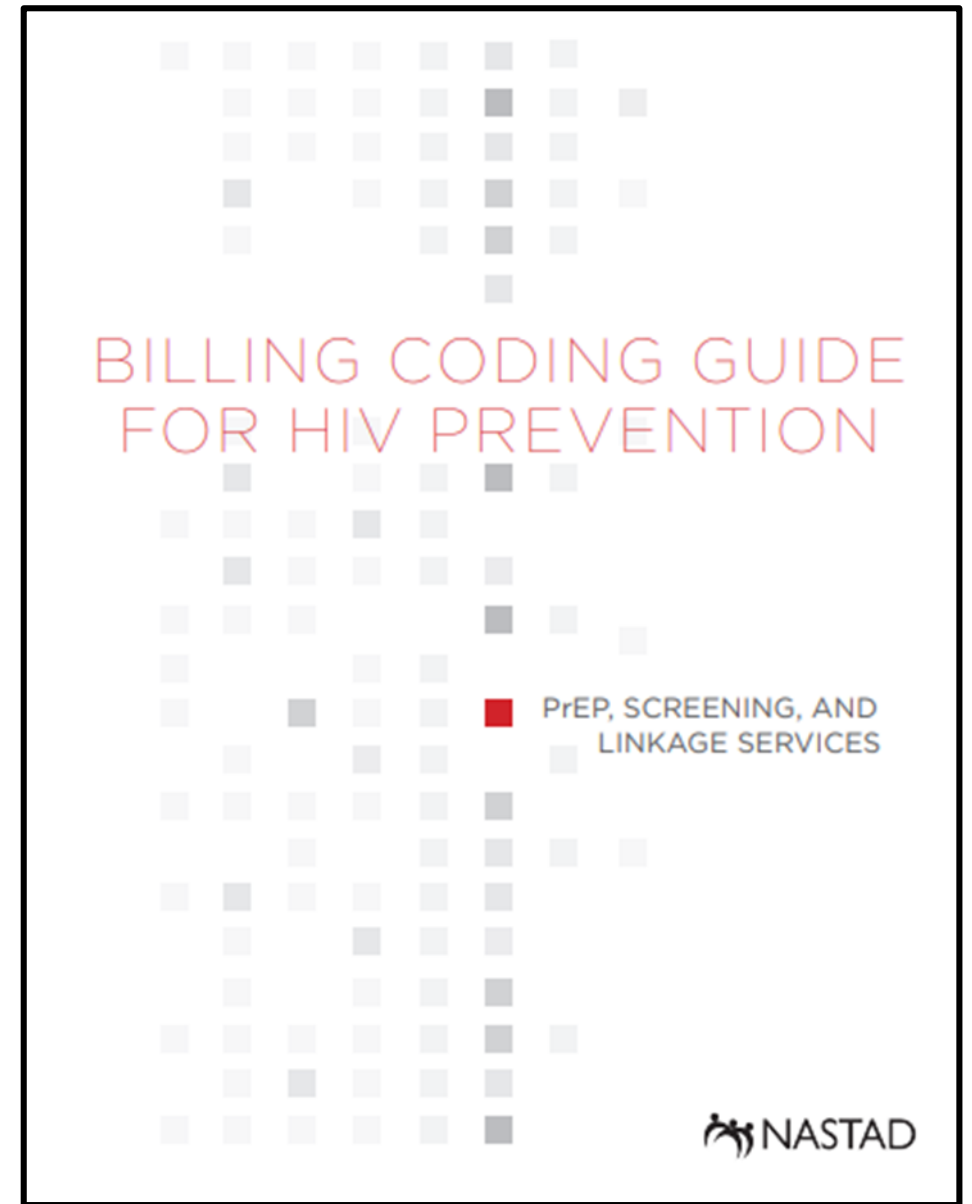
PrEP Billing Codes by Visit

PrEP-related Codes – Initial Visit		
Coding for:	ICD-10 Code	Description
Visit	Z20.6	Contact with and (suspected) exposure to HIV
	Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Initial Tests	Z01.812	Encounter for pre-procedural laboratory examination (Applicable to blood and urine tests prior to treatment or procedure)
	Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
	Z11.4	Encounter for screening for human immunodeficiency virus
	Z11.59	Encounter for screening for other viral diseases*
PrEP-related Codes – 2 nd and Subsequent Visits		
Coding for:	ICD-10 Code	Description
Visit and Tests	Z20.6	Contact with and (suspected) exposure to HIV
	Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
	Z79.899	Other long term drug therapy
	Z20.5	Contact with and (suspected) exposure to viral hepatitis*



Billing Resources

- NASTAD
 - [Billing Coding Guide for HIV Prevention](#)
 - PrEP, Screening, and Linkage Services
- Illinois Public Health Association
 - [Public Health Learning online billing courses](#)



TELEPREP

Virtual Provider-led HIV Prevention Treatment

WHAT IS TELEPREP?

TelePrEP is an appointment for PrEP treatment with a healthcare provider over the internet.

TelePrEP appointments provide the same quality of care and is convenient, secure, easy to use, and reduces time spent waiting and traveling to see the provider.



WHY USE TELEHEALTH FOR PREP?



PrEP treatment is personal to talk about. TelePrEP providers and staff are PrEP trained and experienced to talk to you about preventing HIV. The visit is private, there is no public waiting room, and you don't have to physically be where the provider is.

DEVICES FOR TELEPREP

A TelePrEP visit requires an audio (speaker & microphone) and typically a video connection:



Computer
Laptop
Smartphone
Tablet



HOW TO PREPARE FOR YOUR TELEPREP VISIT



Good internet/data connection
A private area with good lighting for your video visit
Something to record information (pen & paper) and questions
List your medications (& vitamins)
Record your vitals before the visit:
Height, weight, temperature, heart rate, blood pressure

WHAT ELSE DO I NEED TO KNOW ABOUT TELEPREP?

HIV screening is needed every 3 months that can be done at a local laboratory or at home
TelePrEP visits with the provider every 3 months
Protection against other sexually transmitted disease
Costs and assistance programs for medication and routine appointments
Discuss what happens if you move out of the area and still need PrEP

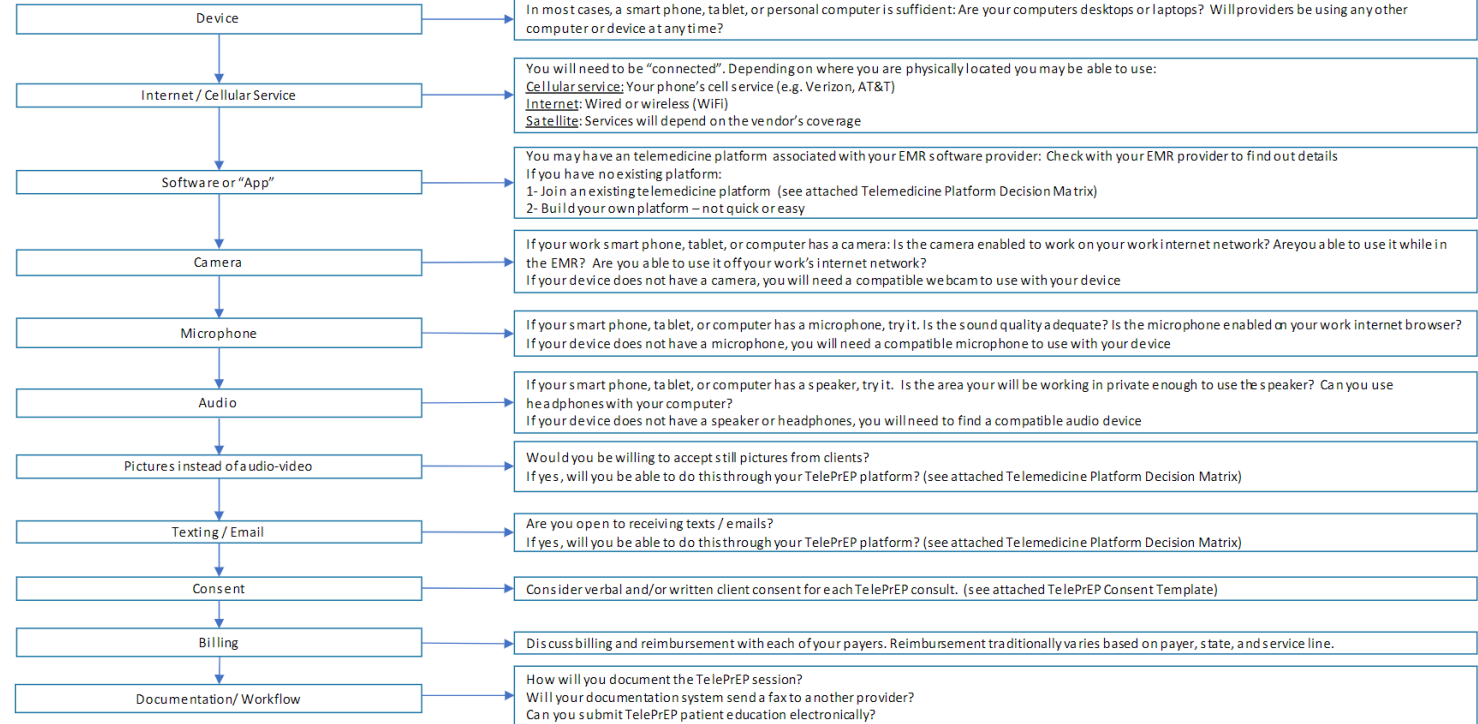
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TelePrEP Implementation Planning Tool

Questions for Program Managers about Equipment and Resources Needed to Provide TelePrEP





Break Time!

Please return to this room at 11:15am
CST/12:15pm EST

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Panel Questions:

- Tristan, you serve populations across the country, how do you address connectivity issues?
- Tristan, you work in many states. are there requirements on voice-only versus video calls that CBOs and PrEP providers should take into account past January 20 as they design their programs? How different are these rules across states?
- Cody: Do you have flexibility to use voice calls or use texting for some of the visits and follow-up?
- All: How do you manage consent in your programs? When do you get consent? How is it communicated (plain language, discussion with provider, etc.)?

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Panel Questions:

- All: Do you coordinate care with the patient's primary care provider in any way? How do you establish that communication and handle releases of information?
- All: Do you communicate with other member of the patient's care team across agencies (PrEP navigator at a CBO, care coordinator, etc) How do you handle those releases and transfer of information?
- All: Could you speak to your efforts to order labs for your patients?
- Cody or Ashley: How do you manage access to lab services? And how do you ensure that they are affordable to patients?

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Panel Questions:

- Tristan, many local health departments and CBOs use MISTR to offer TelePrEP can you discuss more about the lab ordering process from MISTR?
- Cody: What devices do your providers use in your programs and how did you determine that would be the best way to go?

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For more resources go to:

- Prime Health Link to Handouts: <https://www.primehealthco.com/teleprep> or <https://www.primehealthco.com/teleprepespanol>
- <https://www.nastad.org/maps/state-specific-tele-prep-services>
- Sign up for CDC Capacity Building for technical assistance
 - Contact your local CBA
 - Place a CTS request via your health department or CBO

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Thank you!

This session is now over.

Please complete the poll on the right
of your screen and visit our
Networking area!

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Other TelePrEP Handouts

TELEPREP

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PrEP treatment is personal to talk about. TelePrEP providers and staff are PrEP trained and experienced to talk to you about preventing HIV. The visit is private, there is no public waiting room, and you don't have to physically be where the provider is.

DEVICES FOR TELEPREP

A TelePrEP visit requires an audio (speaker & microphone) and typically a video connection:






- Computer
- Laptop
- Smartphone
- Tablet

HOW TO PREPARE FOR YOUR TELEPREP VISIT



- Good internet/data connection
- A private area with good lighting for your video visit
- Something to record information (pen & paper) and questions
- List your medications (& vitamins)
- Record your vitals before the visit:
 - Height, weight, temperature, heart rate, blood pressure

WHAT ELSE DO I NEED TO KNOW ABOUT TELEPREP?

- HIV screening is needed every 3 months that can be done at a local laboratory or at home
- TelePrEP visits with the provider every 3 months
- Protection against other sexually transmitted disease
- Costs and assistance programs for medication and routine appointments
- Discuss what happens if you move out of the area and still need PrEP

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TELEHEALTH

VIRTUALLY VISIT WITH YOUR HEALTHCARE PROVIDER


WHAT IS TELEHEALTH?

TeleHealth is an appointment/interaction with your healthcare provider over the internet

Most teleHealth visits provide the same quality of care and typically most things can still be done just like in office, including parts of your physical exam



TELEHEALTH BENEFITS




- Convenient
- Secure
- Easy to use
- Reduces travel and wait times

DOES MY PROVIDER OFFER TELEHEALTH?





Call you provider and ask:

- What types of virtual visit do they do? (new problem, follow-up, wellness visit)
- Is it a covered benefit on your insurance?
- Will you have a copay or will cost-share apply?




DEVICES FOR TELEHEALTH

A teleHealth visit requires an audio and typically a video connection:







- Computer
- Laptop
- Smartphone
- Tablet

HOW TO PREPARE FOR YOUR VISIT



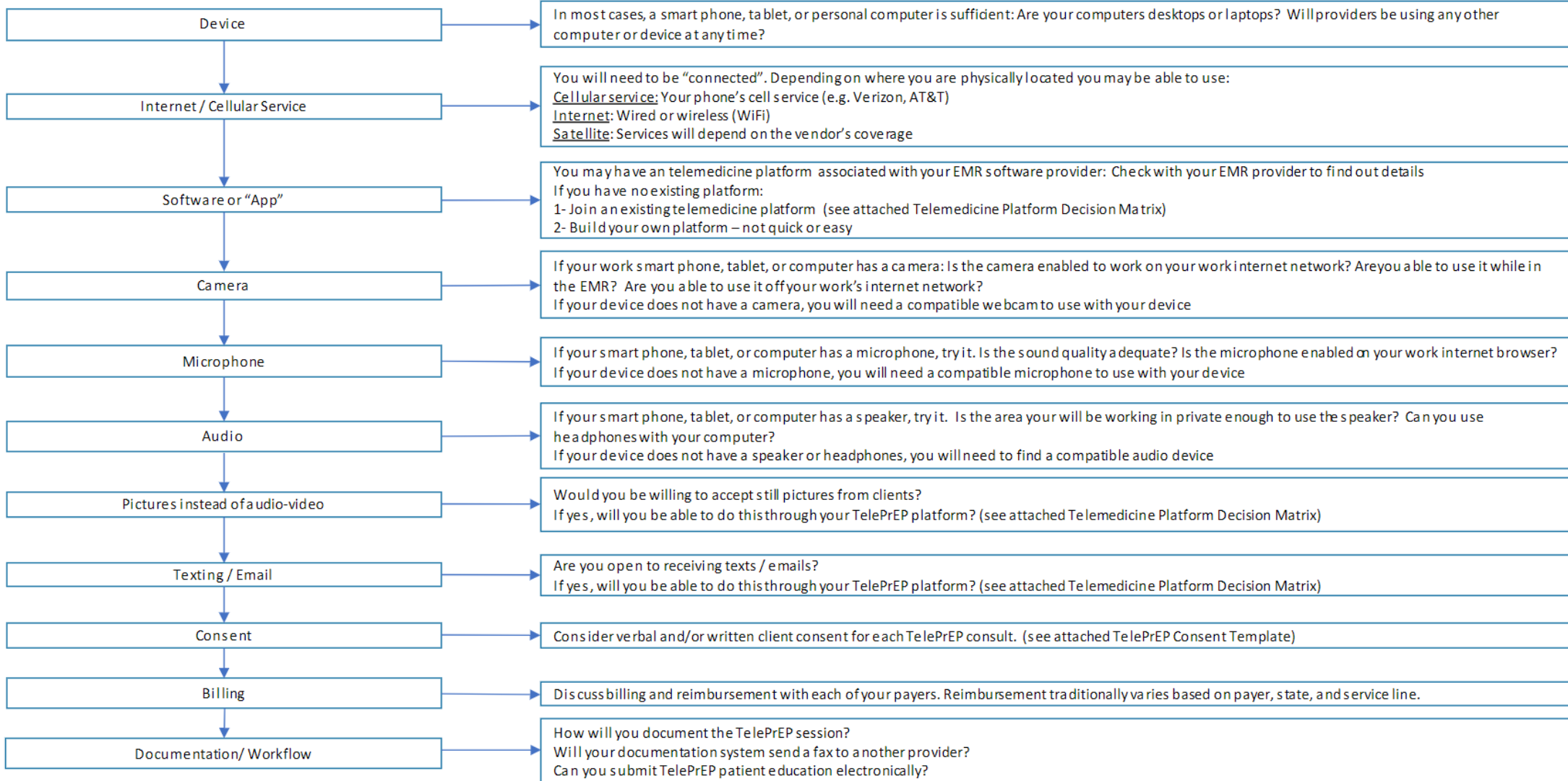
- Good internet/data connection
- A private area with adequate lighting
- Something to record information (pen & paper)
- List your medications (& vitamins); if refills are needed
- List of concerns you would like to discuss
- Wear clothing appropriate for your visit
- Record your vitals before the visit:
 - Height, weight, temperature, heart rate, blood pressure, oxygen

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TelePrEP Implementation Planning Tool

Questions for Program Managers about Equipment and Resources Needed to Provide TelePrEP



Designing a TelePrEP Program: Questions to Ask Yourself

This worksheet and the *TelePrEP Implementation Planning Tool* are intended to support Program Managers in designing and implementing TelePrEP programs. These worksheets may also be used as a reference tool to evaluate the readiness of a program. Use the *TelePrEP Implementation Planning Tool* for guidance focused on technology for TelePrEP design.

What

- What is the purpose of this project?
- What goals are we trying to achieve?
- What technology and platform will be used?
- What is the budget?
- What is the plan for reimbursement/financial sustainability?
- What is the value proposition to the organization? To the client/patient?

Who

- Who is included in the eligible and/or target client population?
- Who is the TelePrEP program serving?
- Who is the TelePrEP project champion?
- Who will be supporting the providers during the implementation?
- Who is responsible for credentialing and malpractice?
- Who is responsible for the client onboarding, support, management, and follow-up?
- Who are the stakeholders the TelePrEP program and program champion are accountable to?

Where

- Where will the clients physically be located?
- Where will the TelePrEP providers physically be located?
- Where will client encounters be documented?
- Where will claims information be documented?

When

- When does the project start?
- When does the project end?
- How much provider time is being allocated per week/month/overall?
- What is the turnaround time for contracting?
- What is the turnaround time for compliance?
- What is the anticipated timeline?
- What is the teleclinic schedule?

How

- How will you measure success?
- How will you demonstrate value?
- How will you track and determine quality improvement?
- How will you assess impact of TelePrEP on quality measures and outcomes?



Additional Questions for Program Managers to Consider

Legal

- Do you have a legal department?
- Will they need to be involved in approval of the telemedicine consent form or TelePrEP scope of practice? *Reference the TelePrEP Consent Template.*

Compliance & Regulation

- Do you have a compliance & regulation department?
- Will compliance need to be involved for state regulations around TelePrEP practice and any other measures your organization needs to be monitoring as well?
- Are there any other compliance considerations that need to be reviewed?
- How do you know when compliance needs to be involved?

Claims/Billing/Reimbursement

- Is there someone in your organization that will help providers with billing and coding for their TelePrEP visits?

Technology

- Do you have an IT department that will need to be involved in the implementation of the platform?
 - They may need to make sure it is compatible with the current EMR, remote desktop and firewall settings.
- Will you need support from the technology platform available for providers during the time of implementation?
 - This may affect your technology platform decision. *Reference the Telemedicine Platform Decision Matrix.*

Community

- Are there specific community partnerships that will be referring clients to your TelePrEP program?
- How will you be collaborating with them?

Integrated and Collaborative Care

- Are there any practices that would be interested in partnering to provide TelePrEP access for their patients that cannot provide it themselves?





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VIDEO CONFERENCING MATRIX

UPDATED 4/17/20

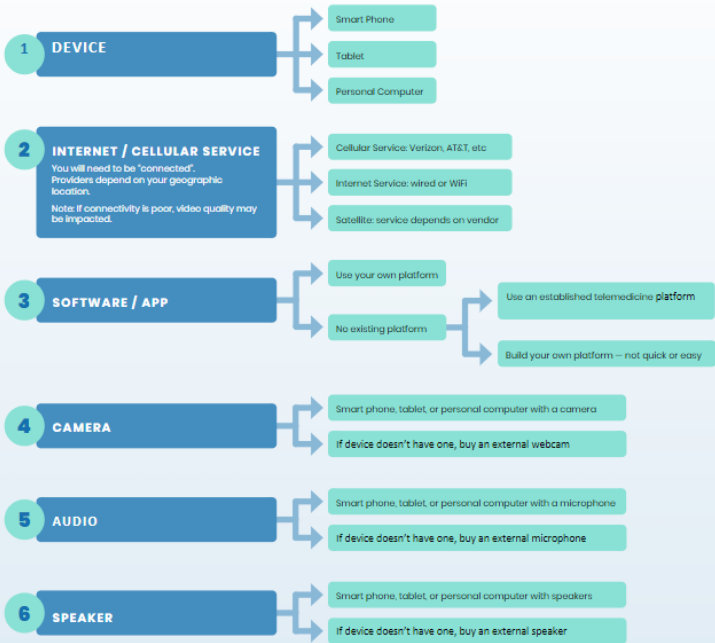
	Zoom	Vidyo	VSee	Apple FaceTime	Skype for Business	Google Meet	TheraNest	doxy.me	GoToMeeting	thera-LINK	Adobe Connect Meetings	Adobe Connect Webinars	OTTO	Microsoft Teams	Google Duo
PRICING	\$200/mo	Contact Sales	Patients FREE Basic: \$49/mo Enterprise: Contact Sales	FREE	FREE	Basic \$6 / user / mo Business \$12 / user / mo Enterprise \$25 / user / mo	\$38 / mo up to 30 active clients 30+ plans	Free Plan Professional \$35 / mo Clinic \$50 / provider / mo	Professional \$12 / organizer / mo Business \$16 / organizer / mo Enterprise Contact Sales	Free 15-day trial Basic \$30 / mo plus \$45 / mo Ultimate \$65 / mo	\$50 / mo	\$130 / mo	Contact Sales	Microsoft 365 E5 \$57 / user / mo	Free
HIPAA COMPLIANT WITH BAA	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
EASE OF USE — 1 : MORE CHALLENGING 2 : MEDIUM 3 : EASY	★★	★★	★★	★★★★	★★★★	★	★★	★★	★	★★	★	★	★★	★	★★★★
EMR INTEGRATION	Epic	Epic Corner						Any					Nextgen Greenway Athena		
RECORDING	✓								✓		✓	✓		✓	
FEATURES	Medical Device Integration		ePrescriptions					Low-use pricing < 5 calls / mo					Spanish Language		
BEST USE	Multiple members in a HIPAA compliant setting			Personal Use		Informal meetings with small groups	Therapy and Counseling Appointments		Medium-sized meetings, no need to see participants	Teletherapy Practice	Doc downloads, polls, chat etc.				Personal Use
# USERS SUPPORTED	10 Hosts	10 Concurrent	3-6	32	250	Up to 250	30, 30+ plans available	Up to 10	Up to 250	Per provider	Up to 100	Up to 24	3 Users / Provider	Up to 250	Face to Face
APPLE / ANDROID DEVICE															
APP / BROWSER / BOTH	✓	✓	✓	App	✓	✓	Browser	Browser	✓	✓	✓	✓	Browser	App	✓
ENCRYPTION	✓	✓	✓	✓		✓				✓					✓
LOW BANDWIDTH	✓		✓	✓				✓		✓			✓		✓
OPEN API		✓	✓							✓					
WEBSITE	zoom.us/health-care	vidyo.com/video-conferencing-solutions/industry/telehealth	vsee.com	support.apple.com/en-us/HT204380	skype.com	gsuite.google.com/industries/healthcare/	theranest.com/features/tele-health	doxy.me	gotomeeting.com	thera-link.com	adobe.com/products/adobeconnect/meetings.html	adobe.com/products/adobeconnect/webinars.html	ottohealth.com	products.office.com/en-us/microsoft-teams/healthcare-solutions	duo.google.com

PRIME HEALTH does not endorse the use of or the security capabilities of any particular video conferencing technology.

SOFTWARE REQUIREMENTS Video conferencing software may require the most up-to-date technology your computers and devices can support. See individual websites for requirements.



TELEPREP PROVIDER EQUIPMENT NEEDED



TELEPREP WORKFLOW CONSIDERATIONS

VERBAL / WRITTEN CONSENT?

Consider verbal and/or written consent for each TelePREP consult.

CAN YOU BILL?

Consult with each of your payers. Reimbursement traditionally varied based on payer, state, and service line.

WILL YOU ACCEPT PICTURES FROM PATIENTS?

If yes, consider a secure software / app platform.

DOCUMENTATION/WORKFLOW?

- How will you document the TelePREP session?
- Will you document into another provider's EMR?
- Will your documentation system send a fax to the other provider?

WILL YOU RECEIVE TEXT / EMAILS?

If yes, consider a secure software / app platform.

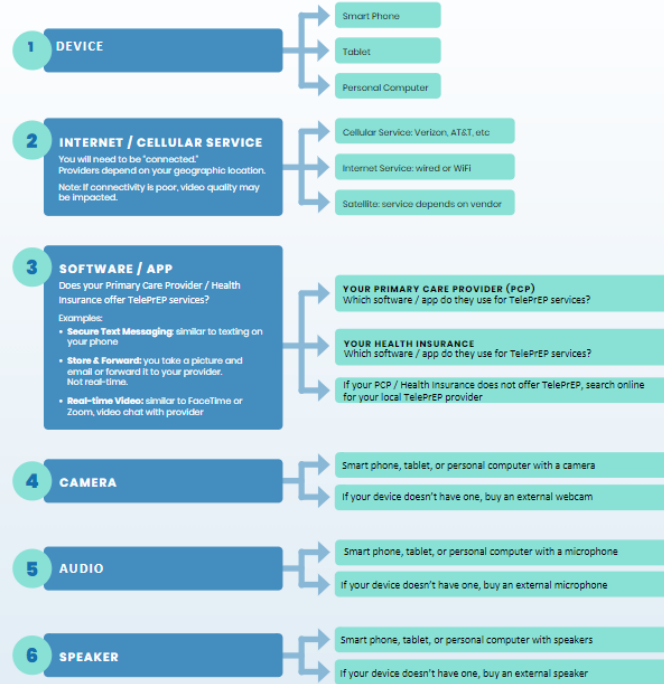


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CLIENT EQUIPMENT NEEDED FOR TELEPREP



CLIENT TELEPREP CONSIDERATIONS

CONSENT

Your TelePREP provider may ask you for a verbal or written consent to participate in TelePREP.

TEXTING / EMAIL

If you prefer, ask your TelePREP provider if they use text and / or email.

PICTURES INSTEAD OF VIDEO

If you prefer, ask your TelePREP provider if you can send pictures in addition to – or in replacement of – real-time video.

FEES

TelePREP fees vary. Ask your TelePREP provider if there is a fee and how payments (if any) can be made.



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Ligature Creative

SAMPLE PATIENT CONSENT FOR A TELEPREP VISIT

Objective: Please check with your legal department to have any consent form approved before using it in your clinic. This is an example of what a consent for can look like for TelePrEP.

I have been asked to participate in a TelePrEP visit that is under the direction of my provider. The purpose of this TelePrEP visit is to evaluate my medical condition through a two-way interactive audio/video connection between myself and my healthcare provider. The evaluation of my medical condition may include a physical assessment, cognitive assessments, emotional assessments, or multiple therapeutic assessments, as deemed necessary.

I understand the following:

1. Details of my medical history may be discussed or shared with providers prior to the examination. I may request that the examination be discontinued at any time. The evaluation and results of the evaluation will be strictly confidential and I will need to give my express consent to forward patient-identifiable information to a third party. If I refuse the delivery of healthcare services via telemedicine at anytime, this will not affect my right to future care or treatment and I risk no loss or withdrawal of any program benefits to which I would otherwise be entitled to. I shall have access to all medical information resulting from the telemedicine service as provided by applicable laws.
2. The provider I see will determine whether or not the condition being diagnosed and/or treated is appropriate for a telemedicine encounter. Alternative method(s) of medical care may be available to me and I can choose them at anytime.
3. There are potential problems with the use of this technology. These include but are not limited to:
 - Interruption or disconnection of the audio/video link.
 - An unclear picture or image and unclear dialogue.

If any of these problems occur, the visit might need to be stopped and alternative arrangements made for my follow up care. I agree to hold harmless ****** Your Organization***** for any information lost due to technical failures.

4. The *****Your organization's telehealth platform****** uses a high level of security and is HIPAA compliant. The security measures taken include encrypting all data, password protected access to data and other files. In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information. I will be given access to this platform through a password protected encrypted log-on. If I compromise the password (eg. give to a third party) I could place my data at risk for being compromised. Additionally, I need to work with my provider to address any privacy issues or concerns where I am physically located during the evaluation such as others in the room.
5. The Telemedicine process and evaluation has been explained to me.
6. If I have any questions before, during, or after the visit I can contact my provider.

I certify this form has been fully explained to me. I have read it or have had it read to me, and I understand its contents. I agree to participate in the telemedicine visit offered by my healthcare provider, and I consent to receive medical care and consultation via telemedicine.

Patient Signature

Date



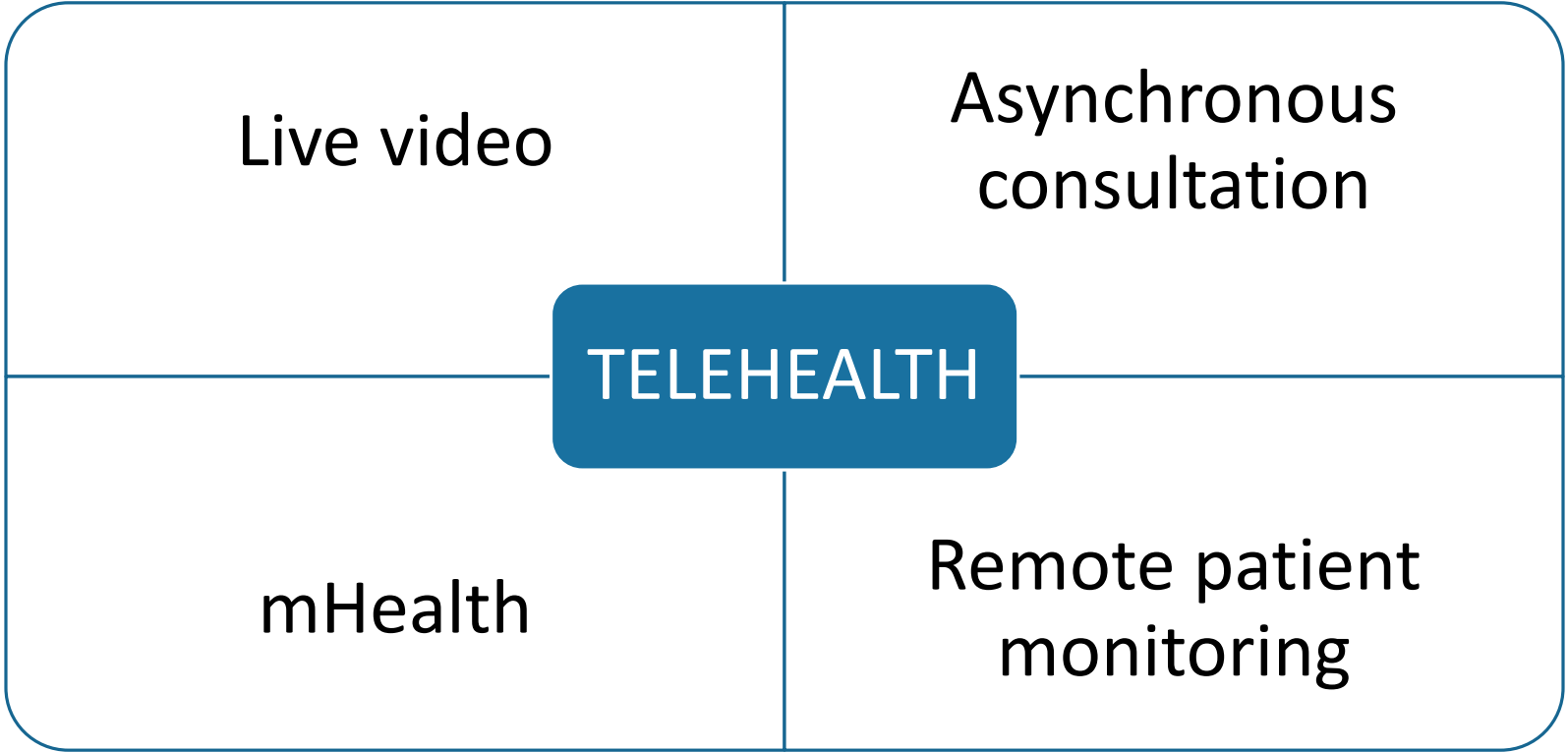
Designing a Telehealth Program

Rachel Dixon, President & Executive Director, Prime Health

Financial Disclosure Statement

No Financial Disclosures





**Telehealth is just like any other
kind of practice transformation
or new clinical program**

Telehealth Program Components



Team
composition



Program
goals



Program
scope



Workflow and
process



Technology
and space



Client
experience

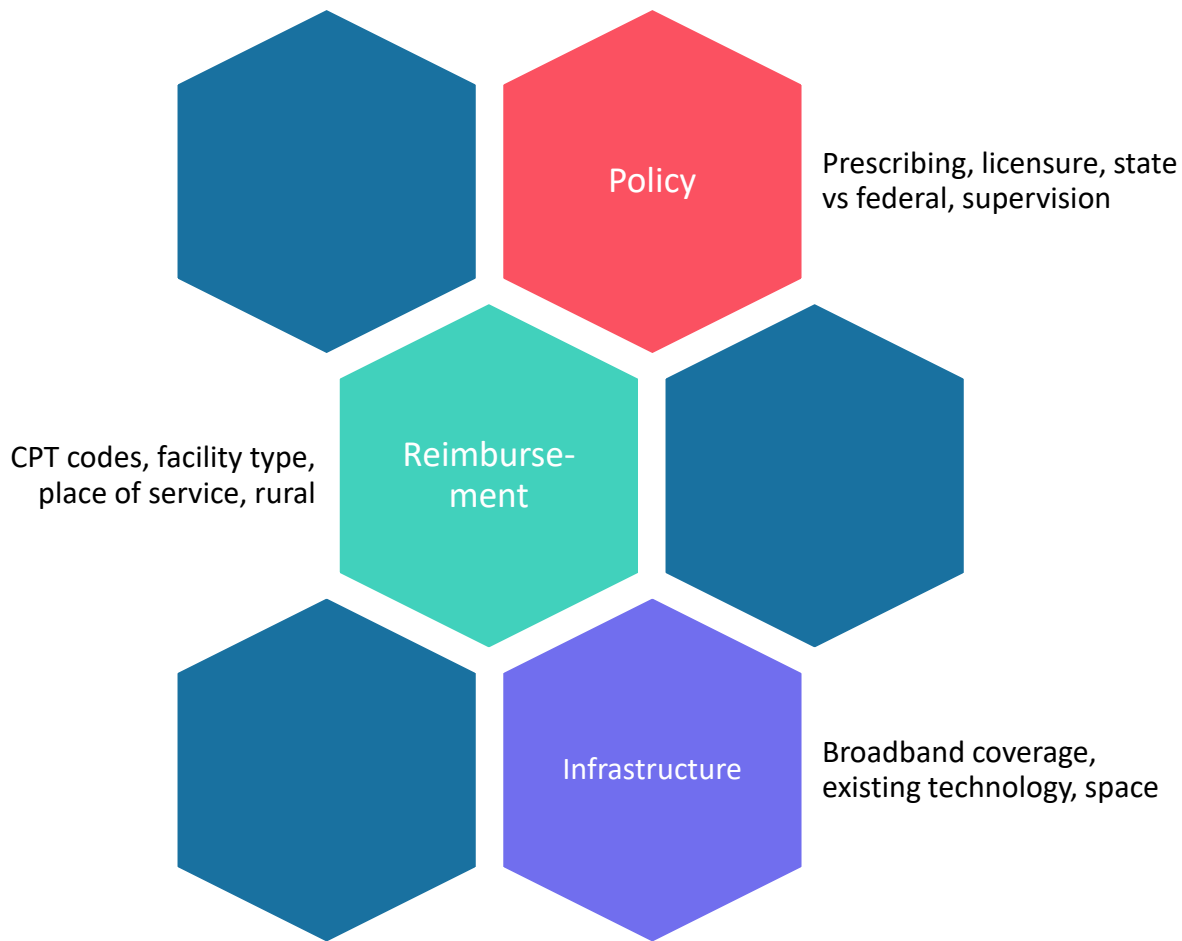


Promotion

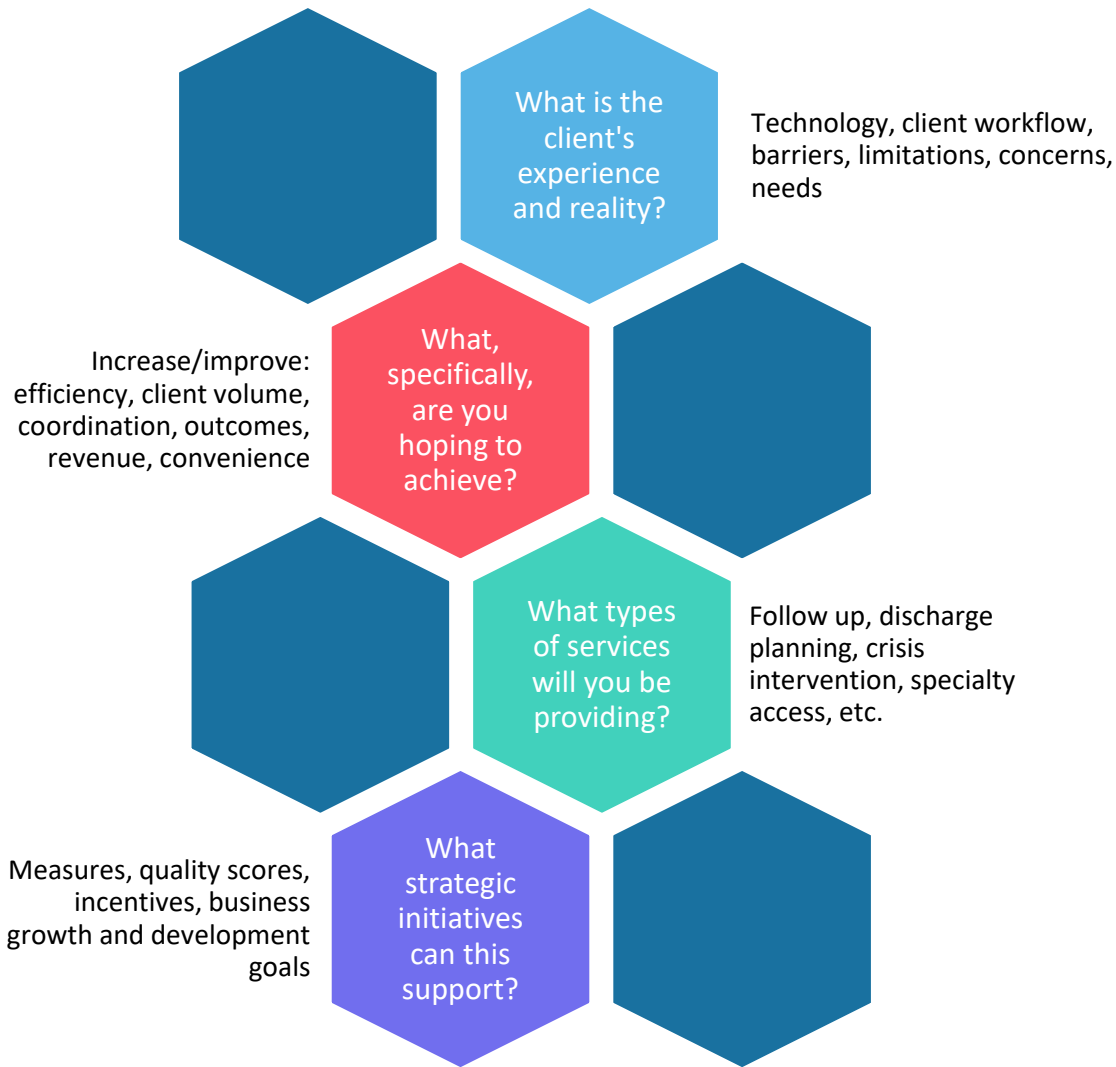


Evaluation





PREPARATION



STRATEGY

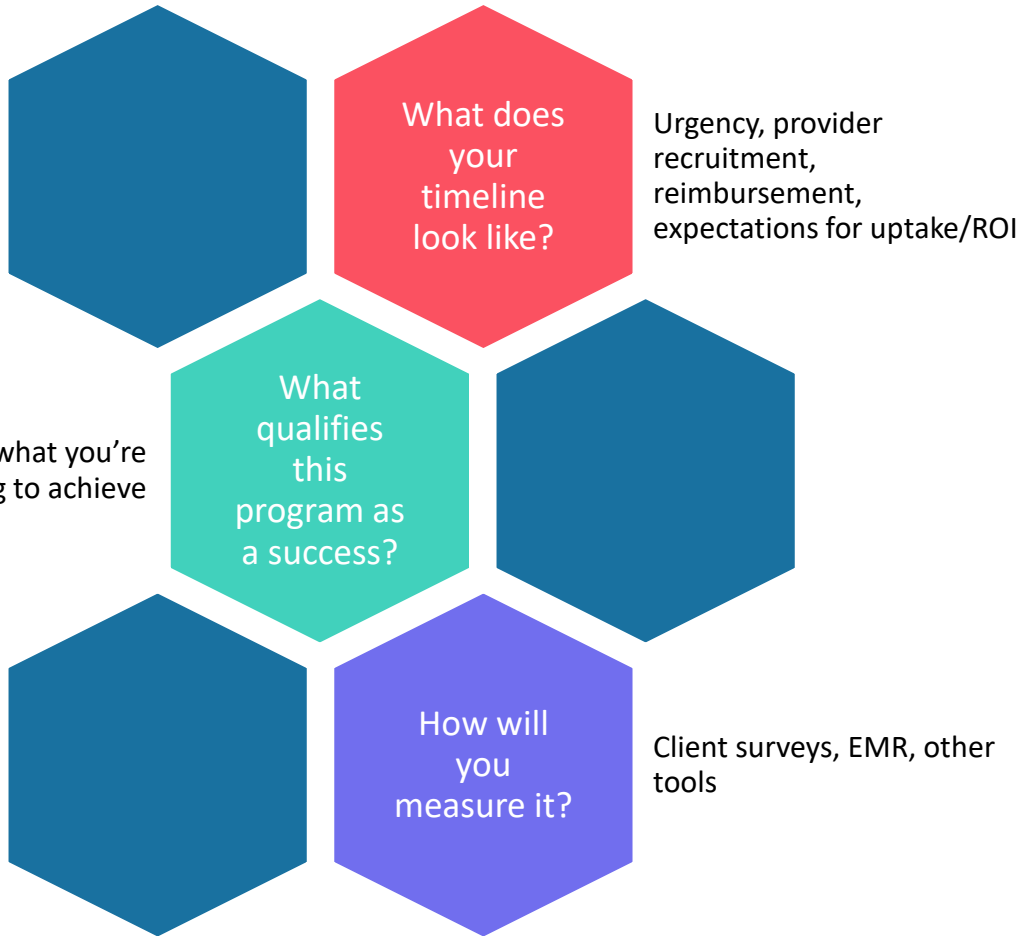


RIGHT SIZING



IMPLEMENTATION

ROI related to what you're hoping to achieve



EXPECTATIONS

State, County, RAE, Human Services, Community Organizations, Foundations



PROMOTION

Workflows and expectations

- Intake and Consent Forms
- Electronic Medical Record
 - Scheduling
 - Documentation
 - Billing
- Rooming
- Diagnosing
- Treatment: Initial vs Follow up
- Vitals
- Labs
- Prescribing
- Care coordination
- Emergency procedures
- Reportable events
- Technology
- Marketing and communications



Who

- Population scope (age, payer, language, etc)
- Is your champion?
- Providers and staff are needed
- Can you align & partner with to support your service

What

- Are the high-level goals
- Services are being provided
- Services are billable
- Quality/incentive measure may be impacted
- Software/hardware

Where

- Is client located
- Is provider located
- Can you partner in the community for increased access

When

- Scheduling
- Labs
- Prescribing
- Referral
- Follow up

How

- Will teams communicate
- Will clients know about services
- Will clients know what to do
- Will follow up occur
- Will this service be financially sustainable



Useful Tools

- **Step-by-step checklists**
 - Before, during, after an encounter
 - Provider documentation
- **Scripts**
 - Front desk/scheduler
 - Provider reminders
- **Do's and Don'ts**
 - Webside manner
 - Compliance
 - Scope
- **Cheat sheets**
 - Technology requirements
 - Logins and passwords
 - Phone numbers and contact info
 - In case of...
- **Educational materials**
- **FAQs**



and changes to telehealth policy across the nation. Those changes, while significant, in most cases do not reflect a permanent shift in a state's telehealth policy, and are only in effect through the duration of the emergency. Therefore, those COVID-19 specific policy changes are not reflected in this data.

Current State Laws & Reimbursement Policies

Search by Filter Search by Keyword

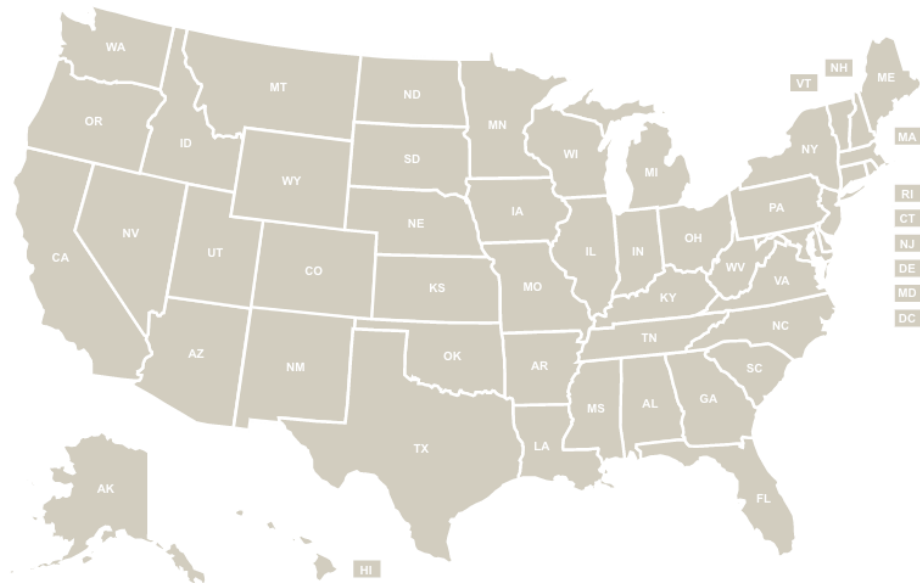
Missouri ▼

All Categories ▼

All Topics ▼

APPLY

Data Last Updated Feb 29, 2020



■ Policy Exists/Explicitly Allowed ■ No Policy Exists or Not Explicitly Allowed

*Key applicable only to topics indicated with an asterisk in drop down menu.

www.chpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies#



Team Spirit is the Secret Sauce

- Designate a champion.
- It's not just about providers! Get input from the entire team.
- Discretionary effort and buy-in will make or break a telemedicine program.
- Technology and change can both be scary. Encourage honesty, openness, transparency and feedback.
- Your clients take cues from you. If your staff doesn't feel comfortable, your clients won't either.
- Establish a regular communication cadence for check-ins.
- Manage expectations.



Thank you!

FOR MORE RESOURCES VISIT

WWW.PRIMEHEALTHCO.COM/TELEPREP



PRIME HEALTH



Iowa TelePrEP

www.prepiowa.org/teleprep

A Public Health-Partnered Tele-Pharmacist Model for PrEP Delivery in a Rural State

Disclosures

Iowa TelePrEP received investigator sponsored research funding from
Gilead Sciences.

The presenter has consulted as a subject matter expert with Gilead Sciences.

The presenter currently consults as a TelePrEP Access Consultant with
NASTAD.

***None of these disclosures present conflicts of interest with the materials
discussed in this presentation**

Objectives

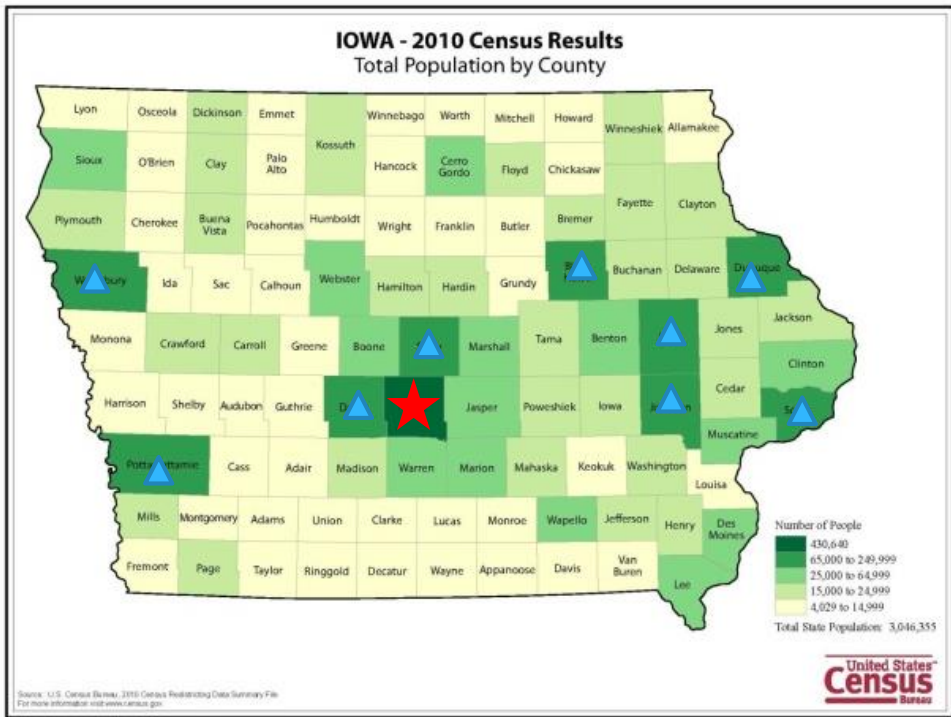
- **Understand** the opportunities that telemedicine provides to extend services in a way that addresses barriers to care which are unique to rural jurisdictions.
- **Identify** opportunities to leverage existing infrastructures to support the extension of services.
- **Assess** the costs and benefits of utilizing tele-medical programming in place of traditional service delivery models.

Overview

- Why TelePrEP / Why Iowa?
- Review of Iowa TelePrEP clinic set-up process. –Challenges and Opportunities
- Review of Public Health Partnership. – Challenges and Opportunities.
- Sustainability and Expansion.

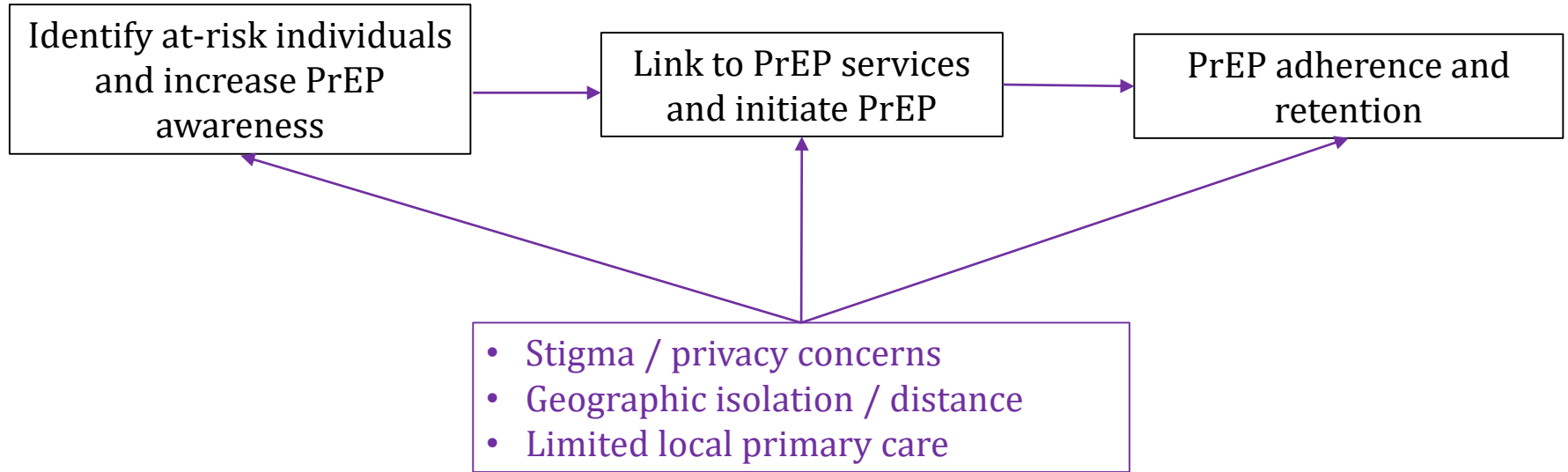


Iowa



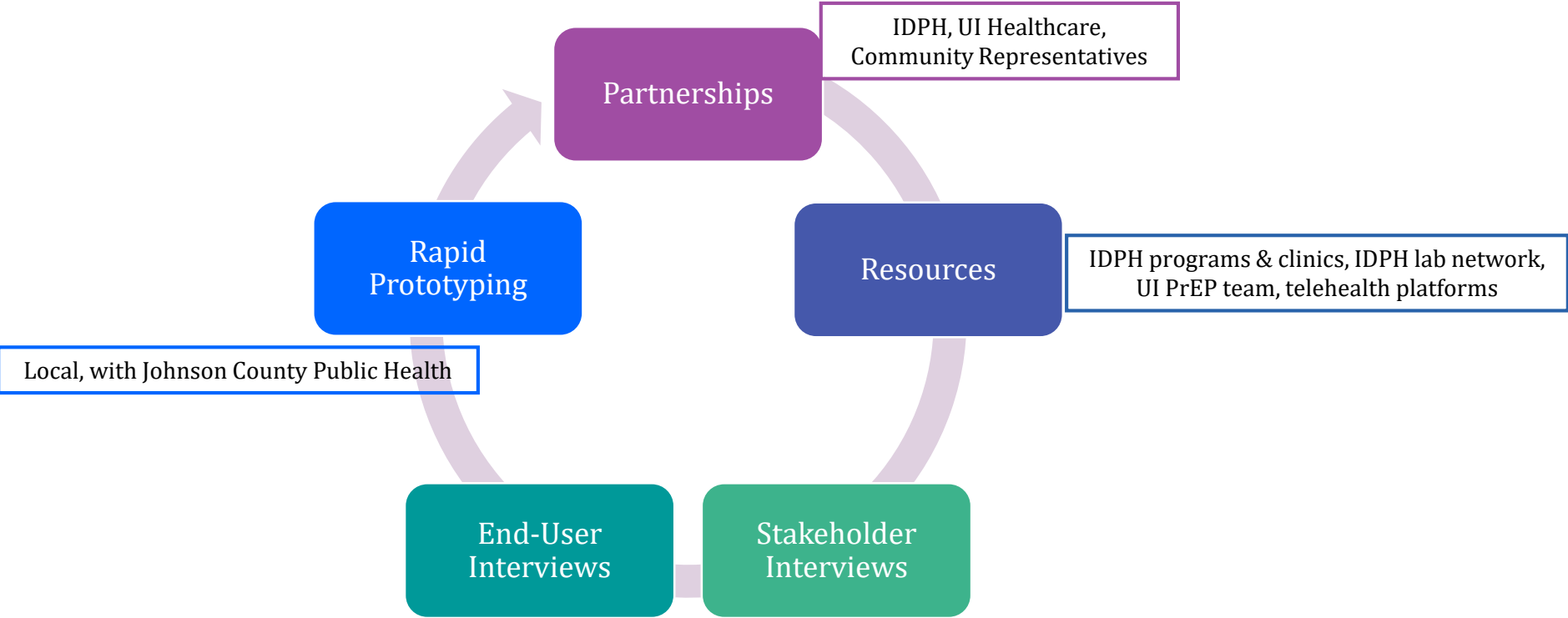
- 99 counties
- 1 large urban county
> 350,000 ★
- 9 small urban counties
50-200,000 ▲
- 89 rural counties
< 50,000

Rural Barriers Act at All Stages of the PrEP Continuum



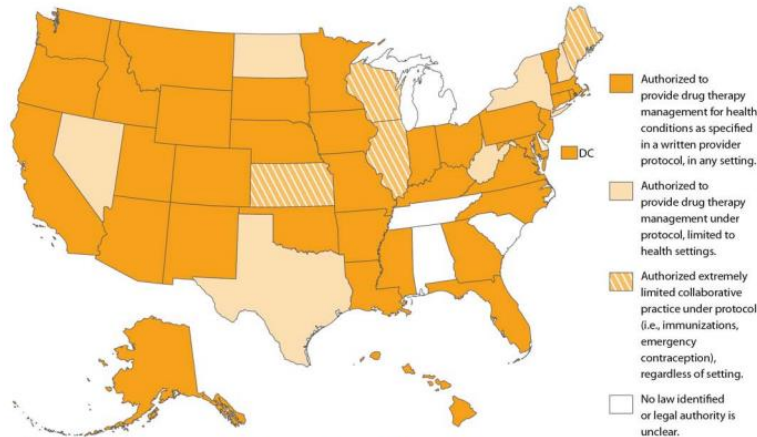
Iowa TelePrEP Development

- Partnerships: IDPH, U of IA Health care, Community Representatives
- Resources: IDPH programs, U of Iowa PrEP team, telehealth platforms, existing lab network
- Stakeholder Interviews: Users, Public Health, Health Care
- Rapid Prototyping: with Johnson County Public Health



Utilizing Pharmacy Providers

Figure 1. Map of States with Laws Explicitly Authorizing Pharmacist Collaborative Practice Agreements, 2012

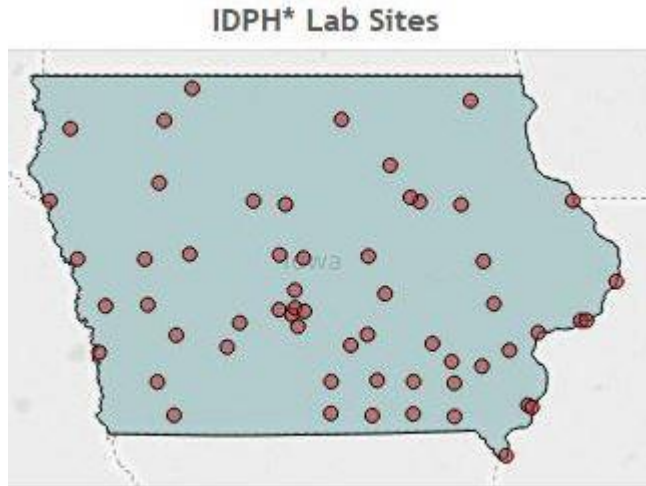


Note: Physician delegation is considered permissible in MI and WI, allowing physicians and pharmacists to enter into CPAs.

https://www.cdc.gov/dhdsp/pubs/docs/translational_tools_pharmacists.pdf

- Collaborative Practice
 - Protocol driven
 - USPHS/CDC guidelines
 - Approved by UIHC Pharmacy & Therapeutics Committee
 - Collaborative practice agreement
 - Create formal relationships between MDs-PharmDs that allow for expanded services the PharmD can provide to patients
 - State-specific
- Overcoming Rural Barriers
 - Limited local primary care

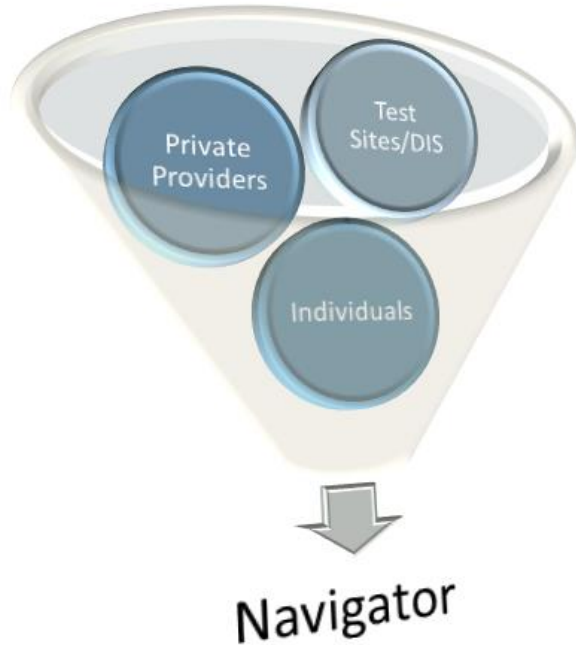
Laboratory Partnerships



*Iowa Department of Public Health

- Blood Draws
- Self-swab for extragenital GC/CT screening
- Critically distant from client residence?
- Testing by mail

Comprehensive Navigation

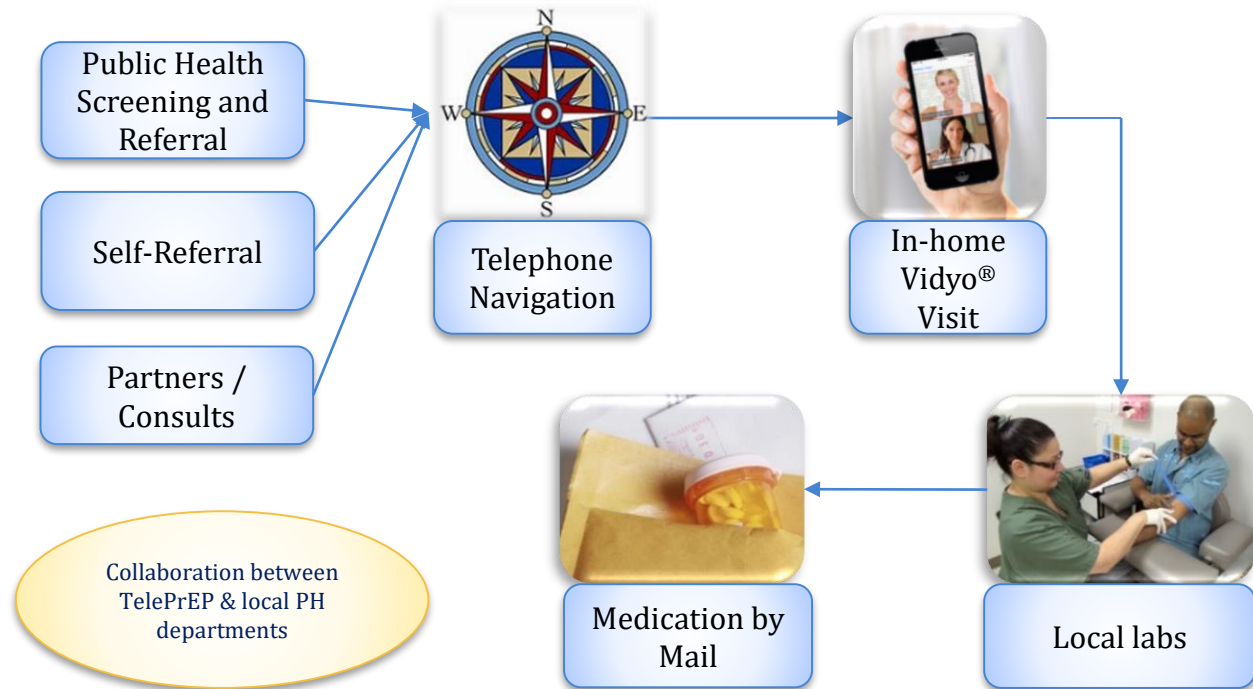


Navigation Services:

1. Answer questions related to PrEP care
2. Evaluate insurance coverage (if available) and assist with enrollment in available patient assistance programs
3. Provide assistance with financial planning if coverage options will not eliminate out of pocket costs
4. Link individuals to care:
 1. back to the referring provider
 2. to a known community provider
 3. to Iowa TelePrEP

**Even though the navigator 'lives' within the Iowa TelePrEP program, they act as a navigator for all PrEP services and facilitate linkage to a variety of provider sources.*

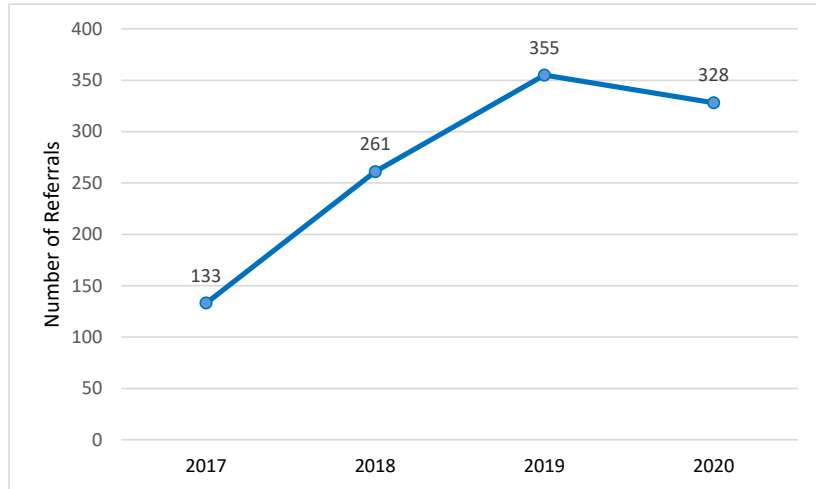
Iowa TelePrEP Model: More than Telemedicine



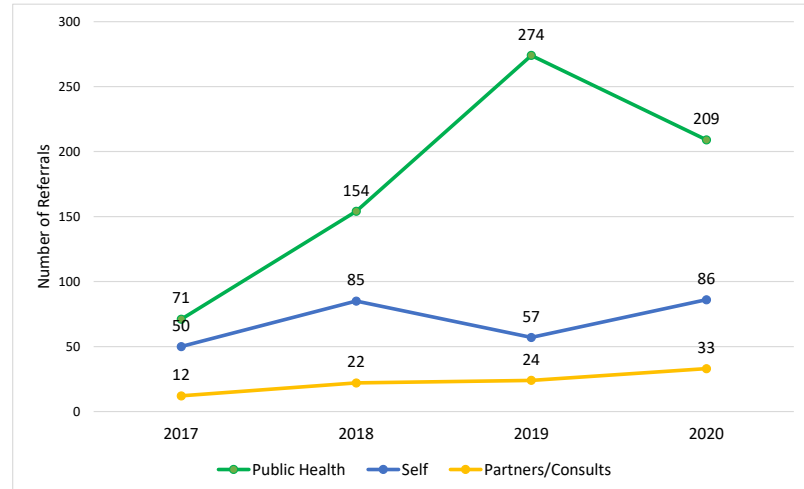
Referrals for PrEP Navigation

Total 2017-2020

- 1,077 referrals

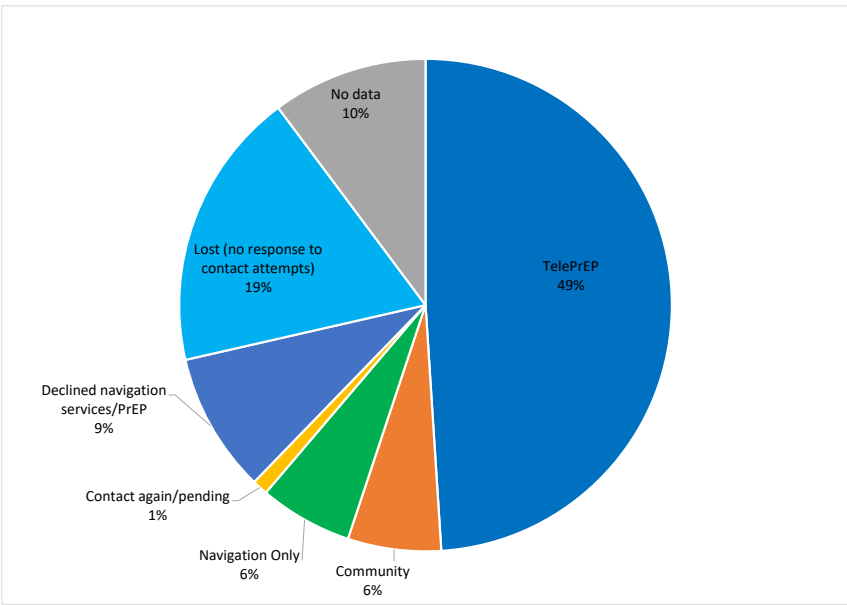


By Referral Source

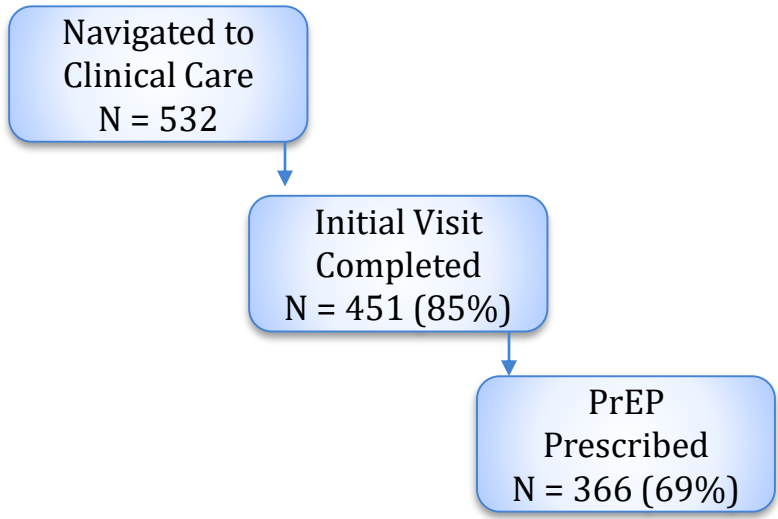


Navigation Outcomes 2017-2020

Navigation Outcomes



Clinical Care



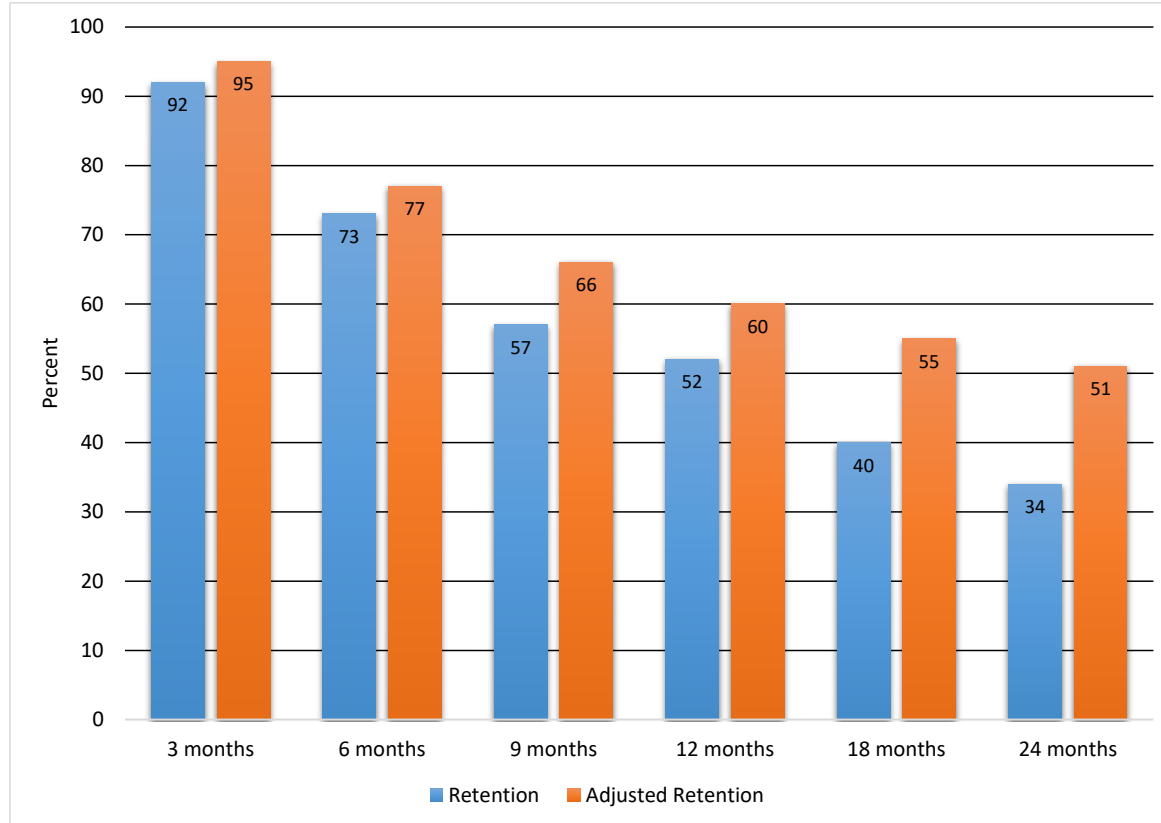
Characteristics of Clients with Initial Visits, N=451

February 2017
to
December
2020

Age (years)	n (%)	Race	n (%)
Average = 32		White	366 (81%)
16-24	131 (29%)	Black/African American	48 (11%)
25-30	117 (26%)	Asian	15 (3%)
31-40	113 (25%)	Multiracial	5 (1%)
41-50	49 (11%)	Native American/Native Hawaiian	4 (1.5%)
51-60	36 (8%)	Other	2 (0.5%)
> 60	5 (1%)	Race not provided	11 (2%)
Self-Reported Gender	n (%)	Ethnicity	n (%)
Cis-gender man	411 (91%)	Hispanic/Latinx	37 (8%)
Cis-gender woman	25 (6%)	Non-Hispanic/Latinx	397 (88%)
Gender fluid/nonbinary	8 (2%)	Ethnicity not provided	17 (4%)
Transgender woman	1 (0.2)		
Gender not provided	6 (0.8%)		
Self-Reported Sexual Orientation	n (%)	Insurance	n (%)
Gay/MSM	333 (74%)	Private	289 (64%)
Bisexual	64 (14%)	Uninsured	71 (16%)
Heterosexual	37 (8%)	Medicaid	82 (18%)
Pansexual or queer	8 (2%)	Medicare	9 (2%)
Other	2 (0.5%)		
Not provided	7 (1.5%)		
PrEP Indication	n (%)	Residence (county)	n (%)
MSM + additional risk factor(s)	410 (91%)	Rural	114 (25%)
Heterosexual + additional RFs	37 (8%)	Small urban	258 (57%)
Injection drug use	4 (1%)	Large urban	79 (18%)

Retention 2017-2020

% Retention



Adjusted retention:
excluding clients with
documented plan to
transition out of
TelePrEP

- transferred PrEP monitoring to PCP
- moved out of state with documented plan for PrEP
- stopped PrEP because of decreasing risk behaviors



Adherence with Guideline-Indicated Monitoring

February 14, 2017 – October 25, 2018

Laboratory Test	# eligible visits	UPHS/CDC Guideline Recommendation	TelePrEP Adherence with Guidelines n (%)
HIV	246	Baseline & every 3 months	246 (100%)
Creatinine*	167	Baseline & at least every 6 months	164 (98%)
Syphilis*	167	Baseline & at least every 6 months	159 (95%)
GC /CT, any*	167	Baseline & at least every 6 months	154 (92%)
Hepatitis B	116	Baseline	111 (96%)
Hepatitis C	116	Baseline	107(92%)
Pregnancy	8	Baseline & every 3 months	8 (100%)
All tests combined	987		949 (96%)
Gonorrhea and Chlamydia Screening By Site			
GC / CT urine	167		154 (92%)
GC / CT rectal	150		81 (54%)
GC / CT pharyngeal	165		87 (53%)

*Guideline concordance at baseline and 6-month follow-up screenings

GC: *N. gonorrhoeae*

CT: *C. trachomatis*

Key Findings

- Iowa TelePrEP reaches a geographically-dispersed group of clients that mirrors the dispersed population of Iowans living with HIV
 - Eliminating barriers related to privacy, geographic isolation, and limited local primary care
 - Client interviews indicated Clients in urban settings derived benefits from telehealth services as well

Key Findings

- Public health system collaborations are essential to deliver PrEP in small urban and rural communities
 - Telehealth systems for PrEP delivery can leverage partnerships between public health and health care organizations

Key Findings

- Collaborative practice and use of client tracking registries contribute to high quality care
- Iowa TelePrEP is a dynamic model, adapting well to changes occurring in healthcare and public health
- Innovation does not require new technology
 - Technology is secondary to systems redesign and network creation through partnerships

Sustainability

Business Case

- Shared resources with other clinics & PH programs
- Visit fee-for-service
 - Subject to telehealth parity & payment laws
- Drug margins through 340B pricing and specialty pharmacy dispensing
- MOU between IDPH and UIHC to maintain collaborative relationship following transition from grant to 340B funding

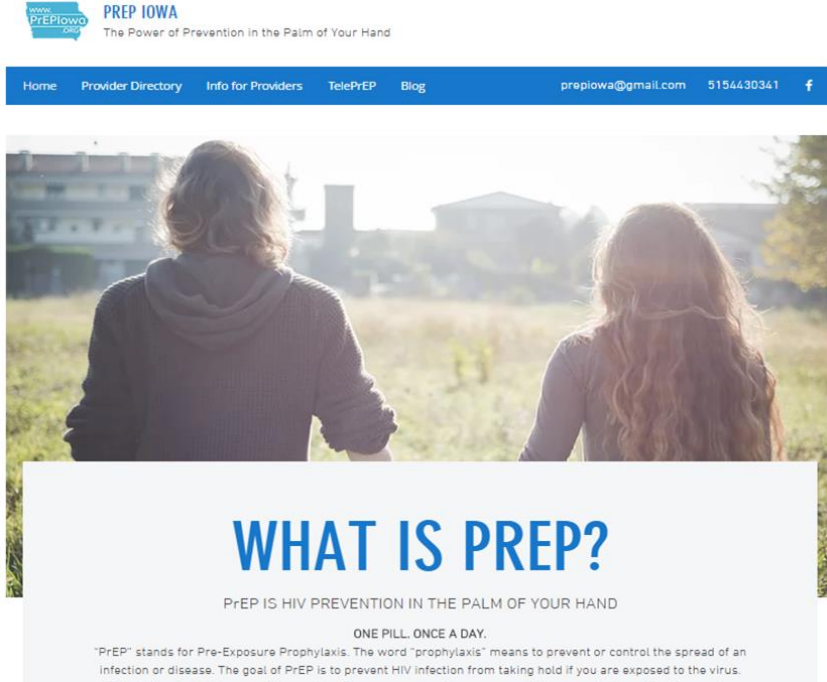
The Iowa TelePrEP Team

Mike Ohl	Medical Director, Physician Provider	UIHC
Kimberly Spading	Pharmacist Provider	UIHC
Angie Hoth	Project Coordinator, Pharmacist Provider	UIHC
Dena Dillon	Pharmacist Provider	UIHC
Amy Halvorson Bouffard	Business Sustainability Manager	UIHC
Seth Owens	TelePrEP Navigator/Case Manager	UIHC
Cody Shafer	Prevention Services Coordinator	IDPH

UIHC = University of Iowa Hospitals & Clinics

IDPH = Iowa Department of Public Health

Discussion and Questions



www.PREPIOWA.org PREP IOWA
The Power of Prevention in the Palm of Your Hand

Home Provider Directory Info for Providers TelePREP Blog prepiowa@gmail.com 5154430341 f

WHAT IS PREP?

PrEP IS HIV PREVENTION IN THE PALM OF YOUR HAND

ONE PILL. ONCE A DAY.

"PrEP" stands for Pre-Exposure Prophylaxis. The word "prophylaxis" means to prevent or control the spread of an infection or disease. The goal of PrEP is to prevent HIV infection from taking hold if you are exposed to the virus.

www.prepiowa.org

www.prepiowa.org/teleprep

teleprep@healthcare.uiowa.edu

319-467-8777

www.prepiowa.org/teleprep



PrEP Iowa + Iowa TelePrEP: Connecting Iowans to HIV Prevention

Cody.Shafer@idph.iowa.gov

mistr



PRESCRIBED ONLINE, DELIVERED TO YOUR DOOR.

Financial Disclosure Statement

No financial disclosures.

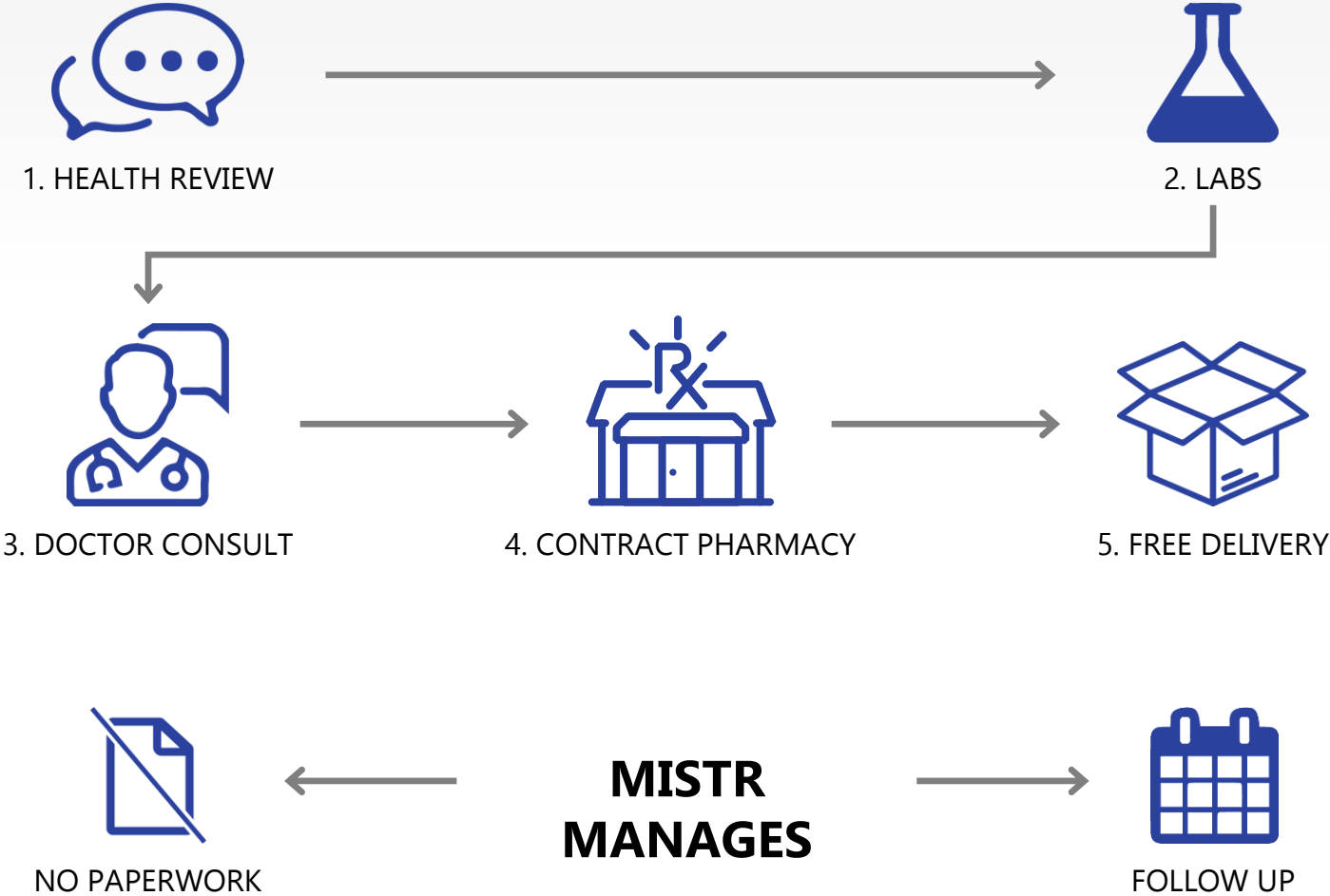
THE PROBLEM

AS OF MARCH 2019, ONLY 217,000 PRESCRIPTIONS WRITTEN

- ***Cost of doctor visit & labs required for PrEP (Average \$400+)***
- Time & hassle to see doctor (Average 121 minutes)
- Requirement for repeated visits
- Doctors are unaware or lack knowledge to prescribe PrEP
- Patients uncomfortable discussing PrEP with doctor
- Judgement / Shaming
- Patient Assistance Program (PAP) enrollment too complicated
- Insurance pre-authorizations and appeals process confusing



THE SOLUTION



LAB TESTING

IN PERSON OR AT-HOME

COMPREHENSIVE TESTING

- HIV
- Hepatitis B
- Creatinine
- Gonorrhea / Chlamydia (three site)

OPTIONAL TESTING

- Syphilis
- Hepatitis C



NO CO-PAYS OR LARGE OUT OF POCKET DEDUCTIBLES

MISTR DIFFERENCE

TESTING

- Convenient at-home and in-person testing

COMMUNICATION

- Phone, email, SMS
- Secure online chat
- Social media
- Artificial intelligence (AI)

EASE OF USE

- Mobile enabled, nothing to download
- E-signatures
- Spanish, with Spanish support & providers



MARKETING



A collage of digital marketing assets. On the left, a smartphone displays the 'mistr' website with a muscular man's face and the text 'FREE ONLINE PrEP ...and STI testing too.' and a 'LEARN MORE' button. To the right, another smartphone shows an Instagram post from 'twounknowboys' with 352 likes and a post about 'BOGOTA'. Above the phones are several circular icons: a red heart, a 'DADDY' cartoon character, a white cat with a blue 'PrEP' tag, and a blue thumbs-up icon. At the bottom right is a large graphic of a blue and pink tongue sticking out with the 'mistr' logo.

ALL IN ONE SOLUTION

OPTIMIZED TO INCREASE ADOPTION & ADHERENCE



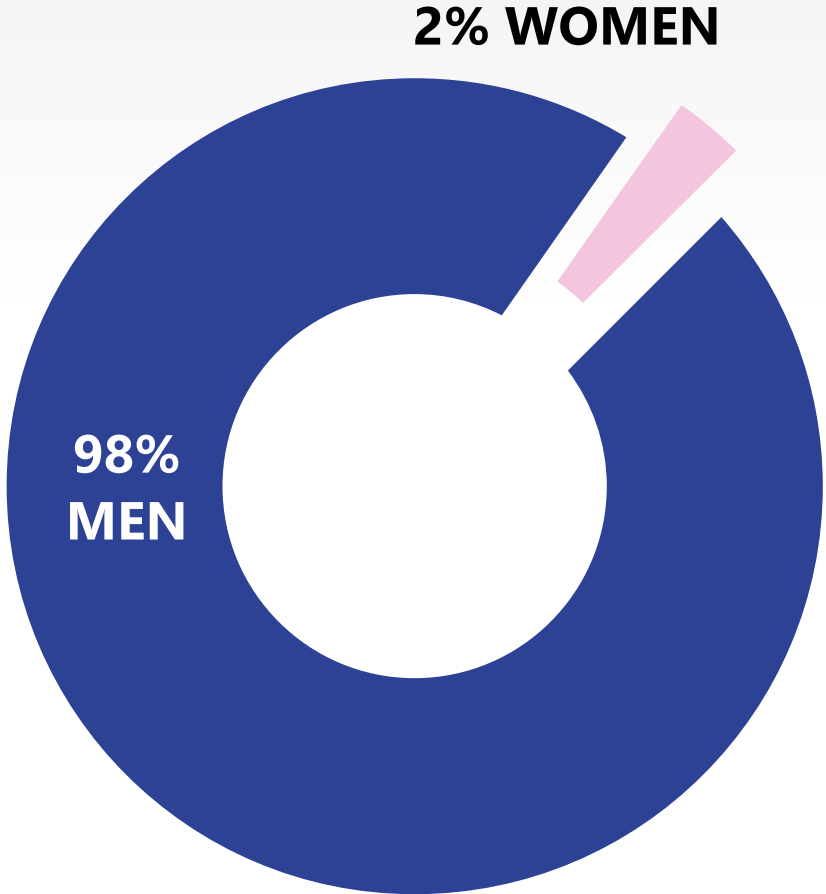
OUR PATIENTS

ETHNICITY

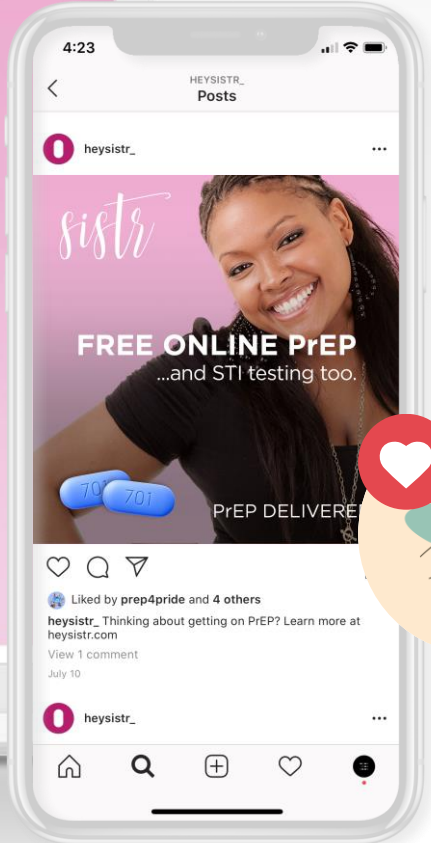
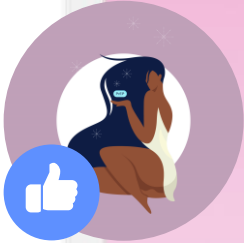
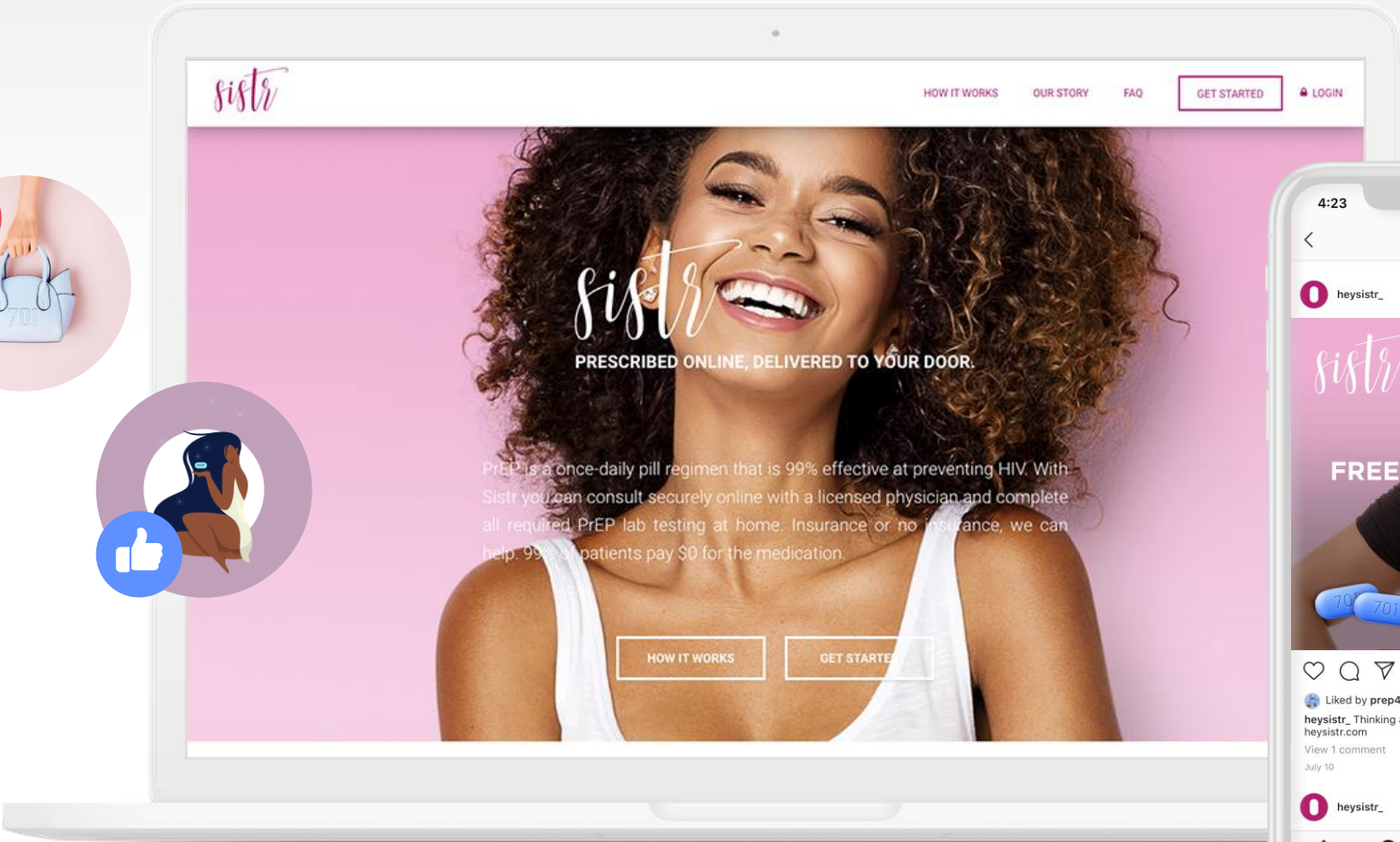
47%	Caucasian
26.2%	Hispanic
13.9%	African American
9.1%	Asian
3.9%	Other

AGE

51.2%	25 – 34
25.1%	35 – 44
15.4%	18 - 24
4.3%	45 – 54
4.0 %	+55



SISTR

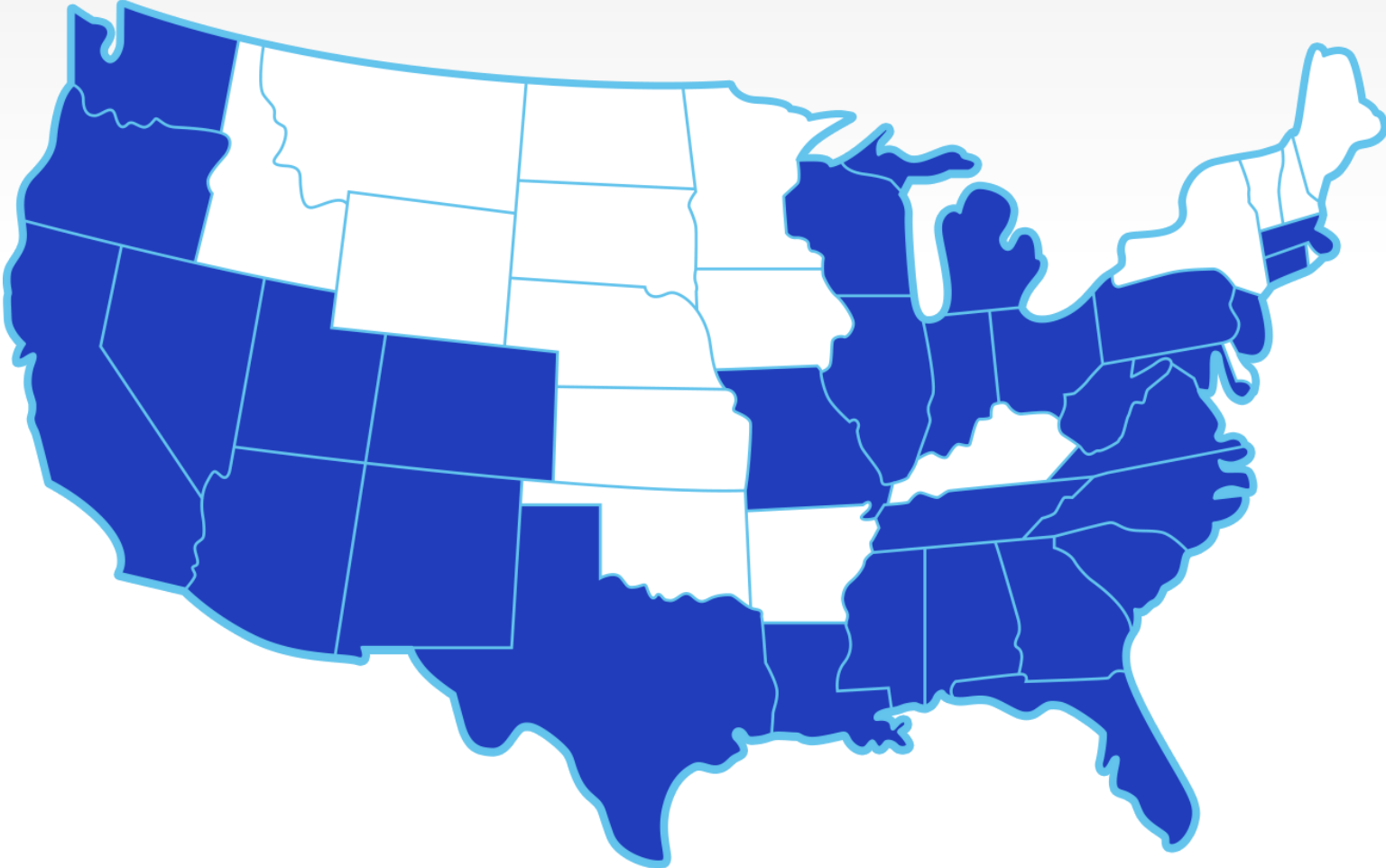


OUR PARTNERS (SOME OF THEM)



THE COUNTRY IS TURNING BLUE!

PATIENT PAYS \$0 | COVERED ENITITY GENERATES \$1,000 +/-



mistr

TRISTAN SCHUKRAFT | 747.999.6249

tristan@heymistr.com



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