



Family Reunion 2

Workshop Presentation

Presented on 10.20.20

Virtual Conference
October 19-21, 2020

#2020uscha uscha.life



TelePrEP: The Nuts and Bolts

USCHA 2020

Session Overview

- Pillar 3: EHE & the Pandemic
- Objective: **Skills-Building Workshop** in TelePrEP Program Design
- Part 1: Didactic
 - Moderator, Rupa Patel, Wash U: **Intro and Resources**
 - Rachel Dixon, Prime Health: **Designing a TeleHealth Program**
 - Cody Shafer and Erika Sugimori, Iowa and Louisiana Health Depts: **Health Department TelePrEP Programs and Lessons Learned**
 - Tristan Schukraft, MISTR: **Commercial TelePrEP Programs and Partnerships**
- Part 2: Q&A
- Part 3: Breakout sessions—Design YOUR Program!

Session Overview

- Part 3: Breakout sessions—Design YOUR Program!
 - Use the TelePrEP Implementation Planning Worksheet to design YOUR program with experts
 - Room 1: Prime Health, Iowa Health Dept, Wash U CBA, Providers, NASTAD
 - Room 2: Prime Health, Louisiana Health Dept, Wash U CBA, Providers, MISTR
- Handouts:
 - TelePrEP Implementation Planning Worksheet
 - CDC TelePrEP Information
 - Education Tools for Providers
 - Education Tools for Clients

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 travelling 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?

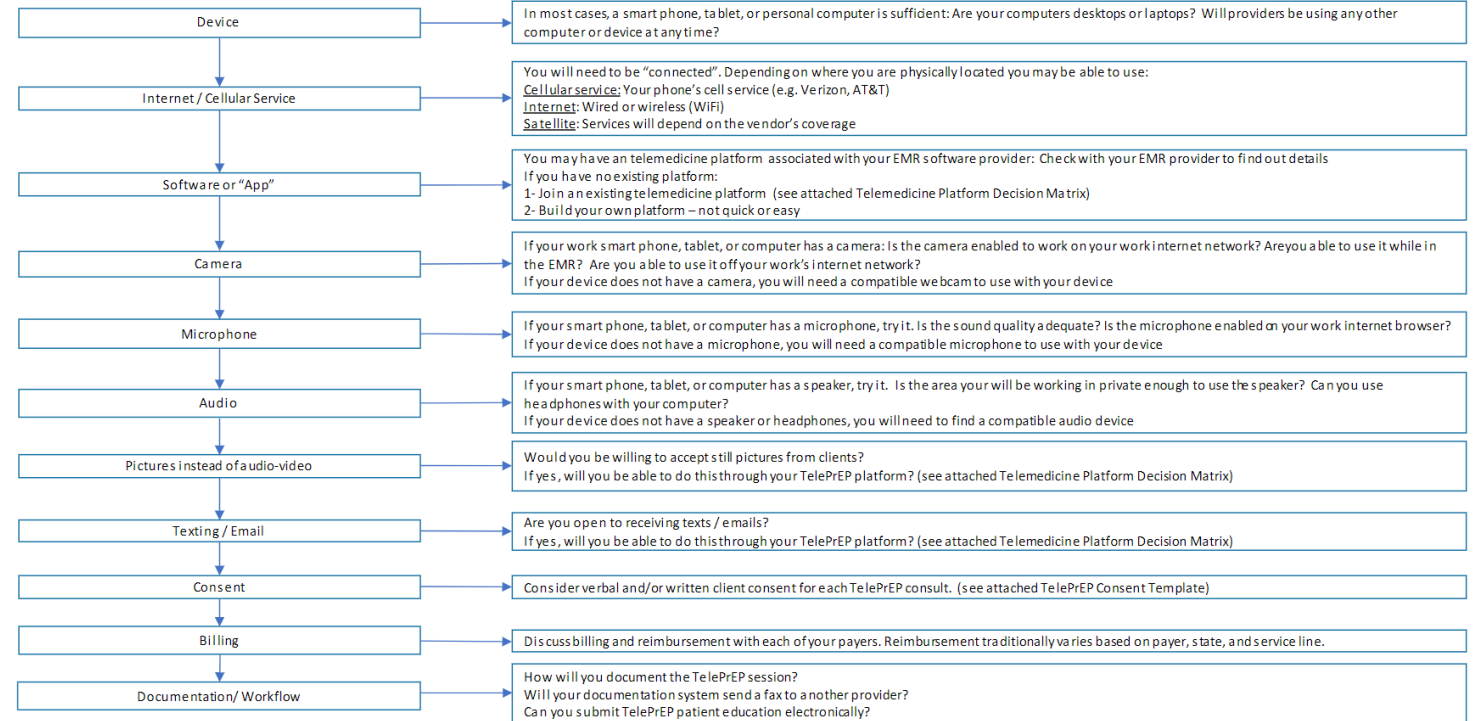
- HIV screening is needed every 3 months that can be done at a local laboratory or at home
- TelePrEP visits with the provider every 3 months
- Protection against other sexually transmitted disease
- Costs and assistance programs for medication and routine appointments
- Discuss what happens if you move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



PRIME HEALTH
www.primehealthco.com

TelePrEP Implementation Planning Tool

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



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

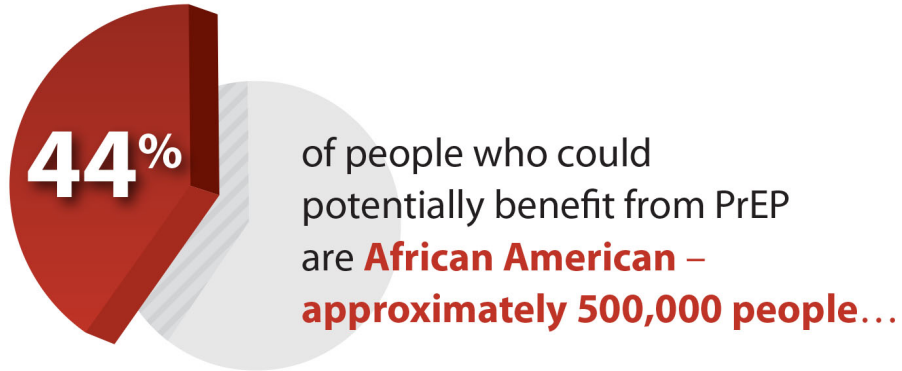
Notes: PrEP=pre-exposure prophylaxis; data for "other race/ethnicity" are not shown



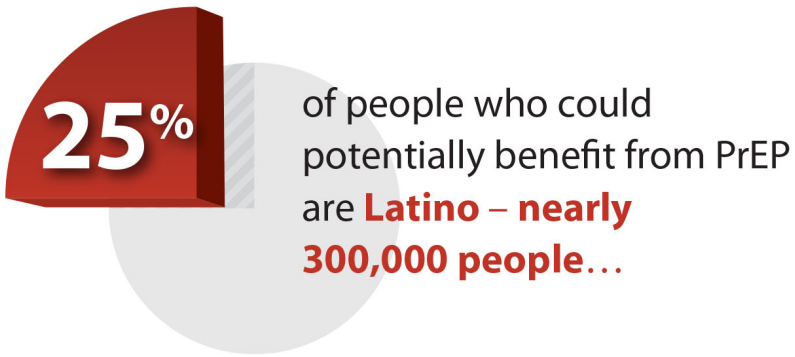
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

https://www.cdc.gov/nchhstp/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*

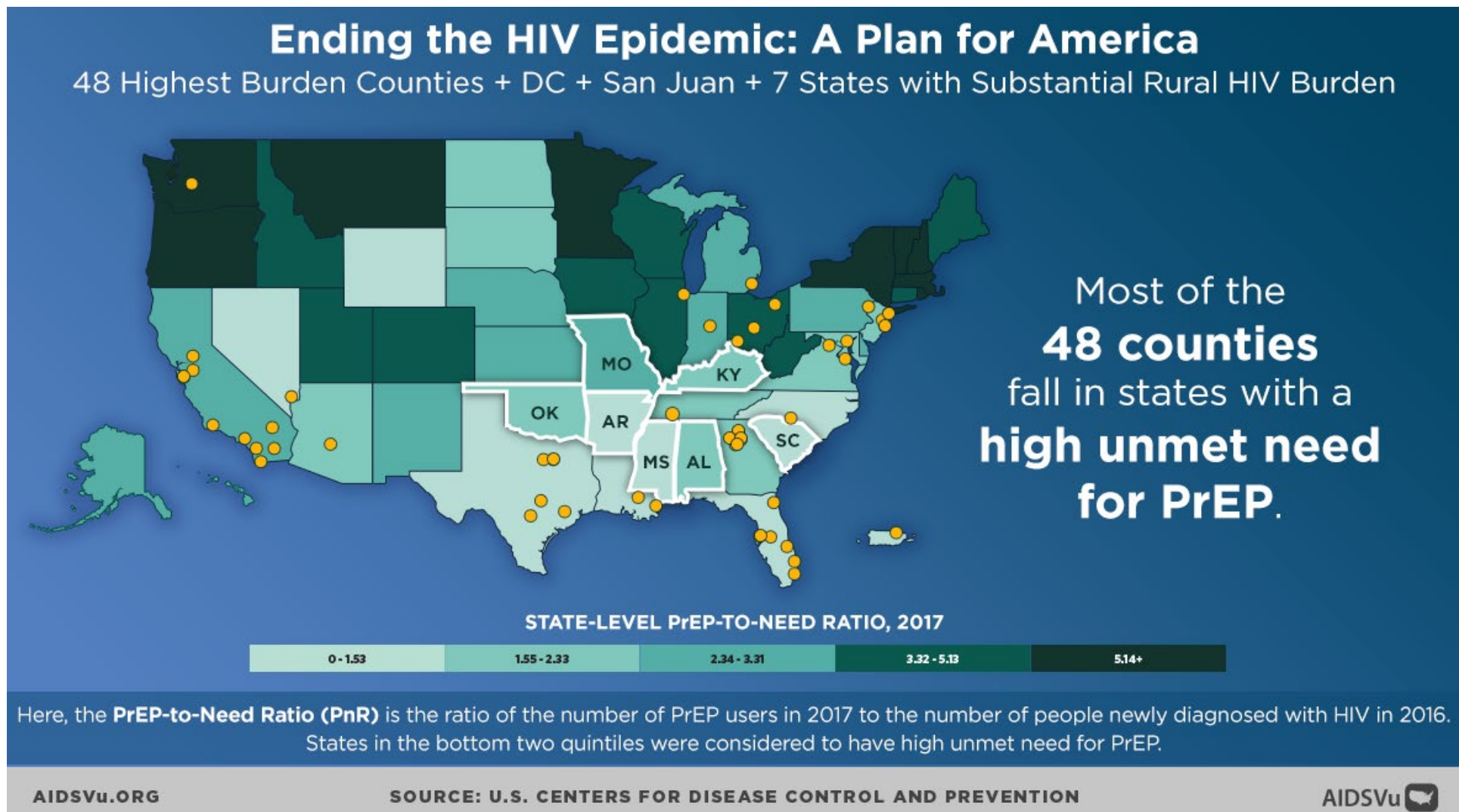


...but only **3%** of those – **7,600 Latinos** – were prescribed PrEP*



*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



CDC Capacity Building

- For technical assistance
 - Contact your local CBA
 - Place a CTS request via your health department or CBO

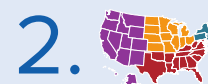
The CBA Provider Network includes four major components:



1. National Training: A standardized national training program will increase the knowledge, skills, and competencies of HIV prevention staff. Based on feedback from HIV prevention providers, web-based and classroom-based training will now be provided separately, though the eLearning and Classroom training providers will also collaborate to deliver trainings that blend online and classroom learning.

Track A: Electronic Learning (eLearning) Training Center
Funded organizations: ETR Associates, Inc. and HealthHIV

Track B: Classroom Learning Training Center
Funded organization: Cicatelli Associates, Inc.



2. Regional Technical Assistance: To provide more personalized support and facilitate long-term working relationships, technical assistance will now be tailored and delivered to meet capacity building needs within four geographic regions: Northeast, South, Midwest, and West. These providers will work together to develop and implement jurisdictional CBA plans for CDC-funded health departments and CBOs in each region. Each region will have a team of three technical assistance providers – one for each of the following three tracks:

	Funded Organizations			
	Northeast	South	Midwest	West
Track A: Clinical HIV Testing and Prevention for Persons with HIV	Primary Care Development Corporation	My Brother's Keeper	San Francisco Community Health Center (formerly Asian and Pacific Islander Wellness Center)	Denver Health and Hospital Authority (Denver Prevention Training Center)
Track B: Nonclinical HIV Testing and Prevention for HIV Negative People	University of Rochester	Latino Commission on AIDS	Washington University	City & County of San Francisco Department of Public Health
Track C: Integrated HIV Activities and Structural Interventions	New York City Department of Health & Mental Hygiene	National Alliance of State & Territorial AIDS Directors	AIDS United	Public Health Foundation Enterprises, Inc. (California Prevention Training Center)



3. Continuous Quality Improvement and Sustainability for CBOs: This new distance-learning program, developed in response to input from CBOs, will help senior and mid-level program managers at CDC-funded CBOs improve the quality of their programs and the sustainability of their organizations. The program will include expert instruction, mentoring, and resource sharing as well as peer-to-peer learning and support opportunities.

Funded organization:
 Asian and Pacific Islander American Health Forum



4. Marketing and Administrative Support for CBA Provider Network: This provider will focus on marketing to increase awareness and utilization of the CBA program and administrative support to facilitate coordination, communication, and collaboration across the CBA Provider Network.

Funded organization:
 University of Missouri - Kansas City

Thank You!

Q&A to Follow

PART 3: Breakout Session (3pm-4pm) CST

If you would like to participate follow these steps:

1.) Type in the zoom link below

bit.ly/teleprepbreakout

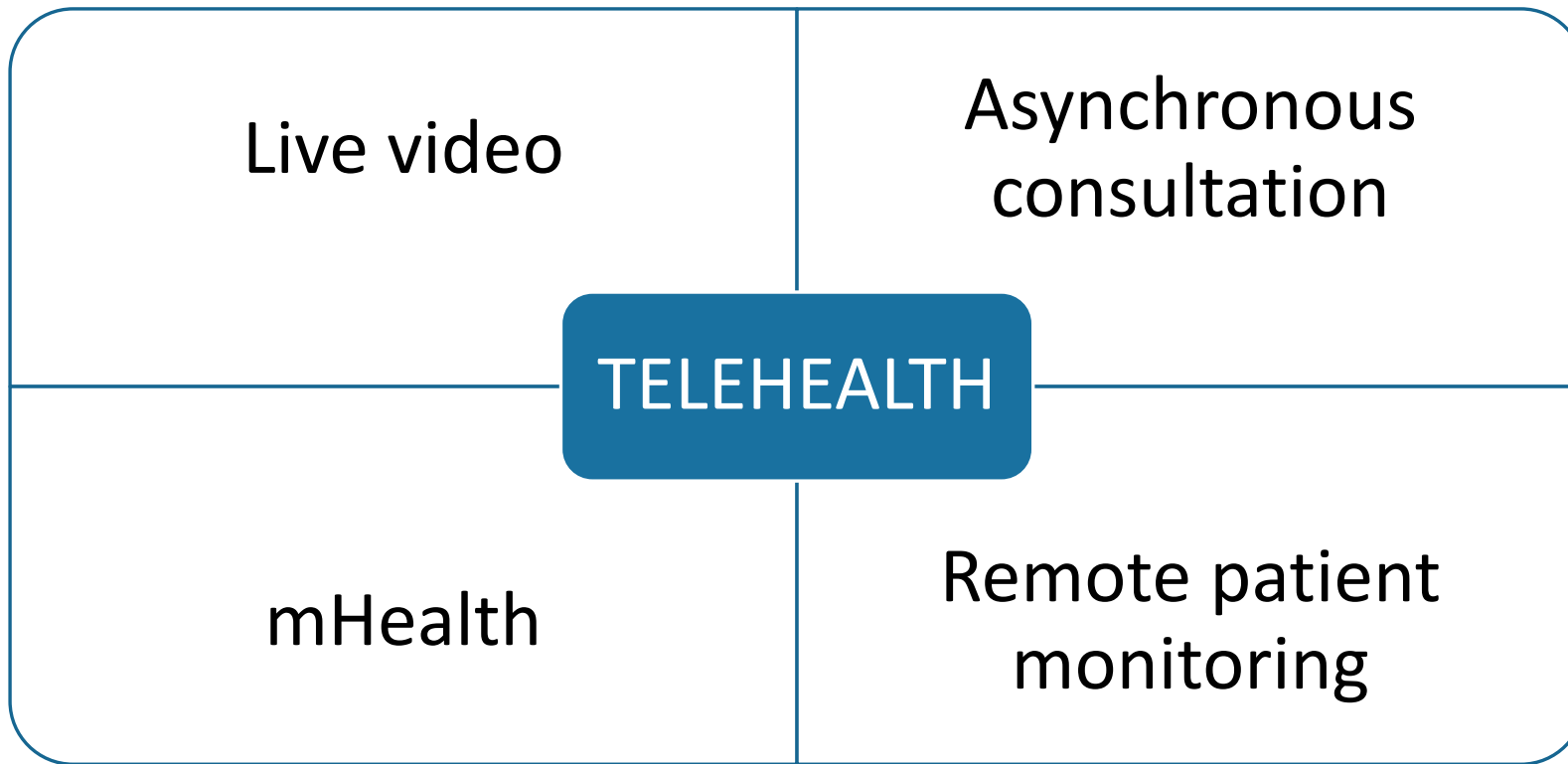
2.) **Pre-Register** for the Zoom meeting with your name, email, City, State, organization name and organization type

3.) You will be placed in a breakout room with facilitators based on your organization type
-may be subject to change if there is a large # of attendees

4.) Ask questions and discuss TelePrEP with facilitators

Designing a Telehealth Program

Rachel Dixon, President & Executive Director, Prime Health



Why telehealth?



STARTING OFF
→ *on the* ←
RIGHT FOOT

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

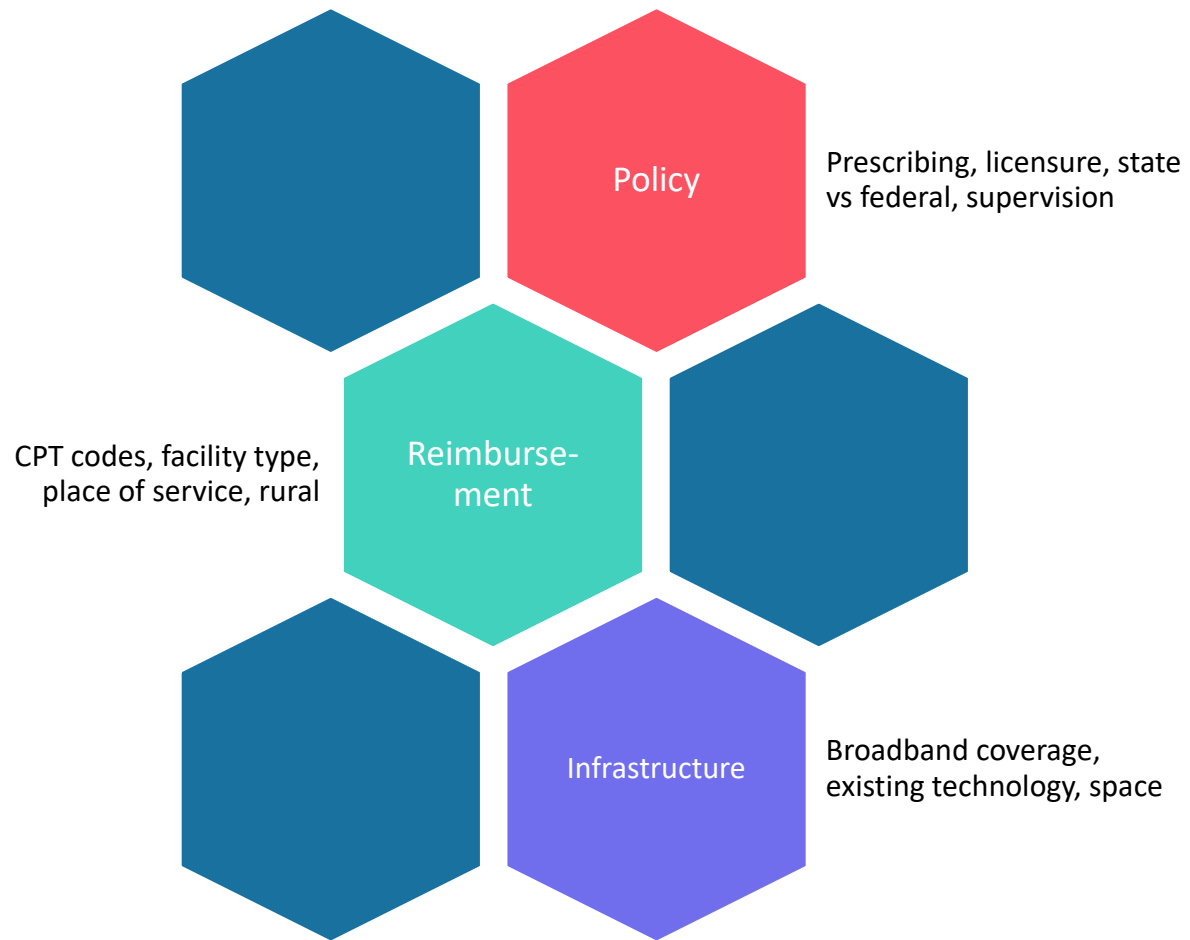


Promotion

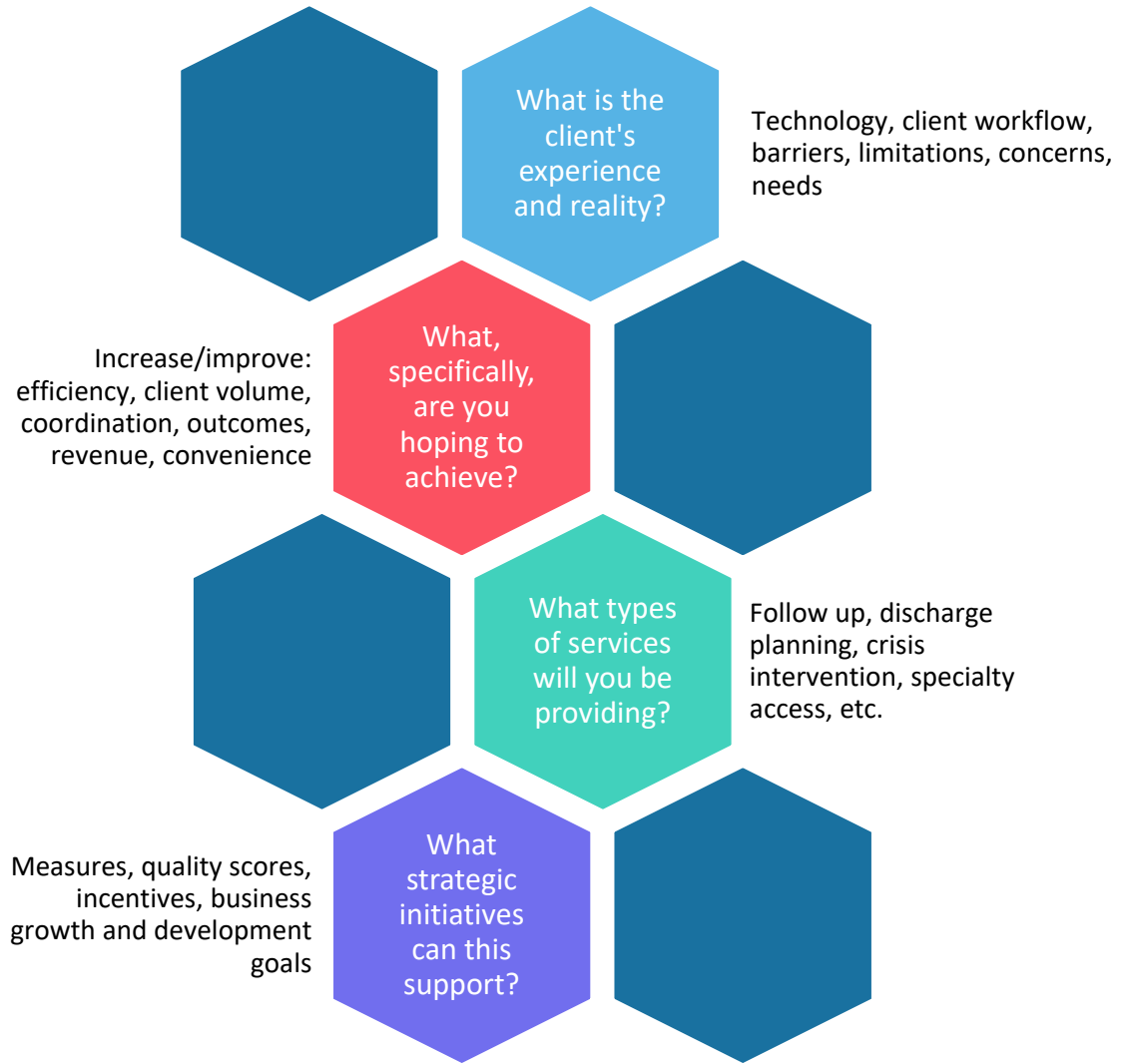


Evaluation

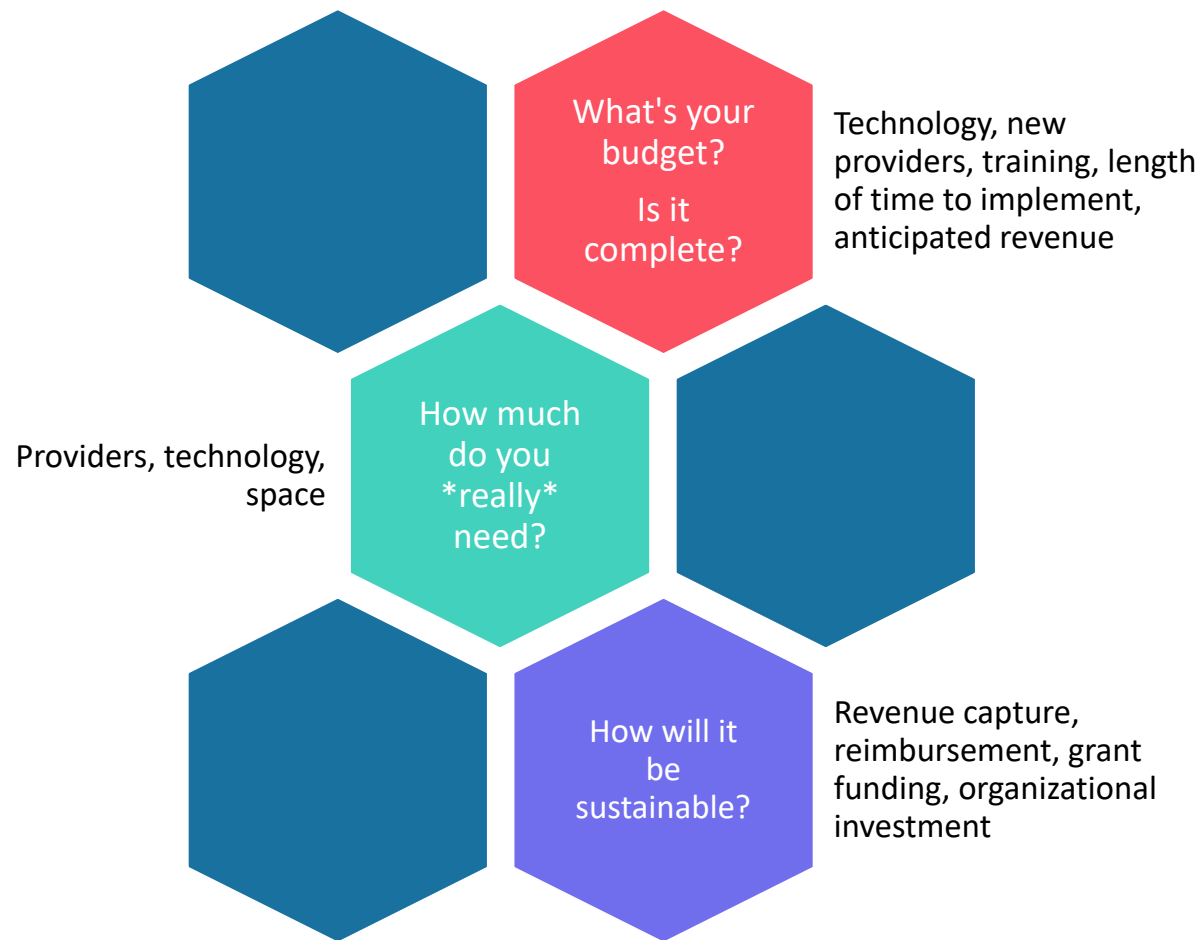




PREPARATION



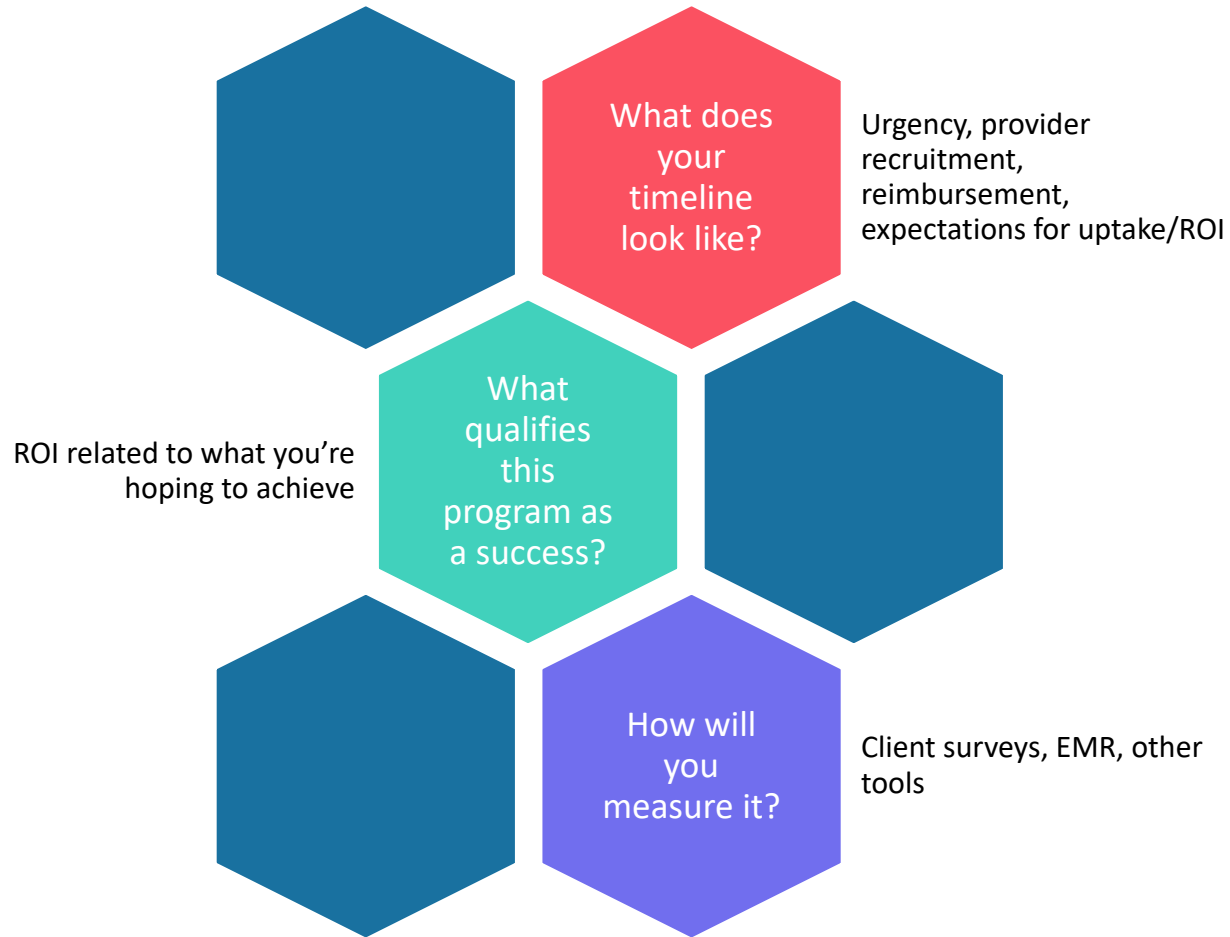
STRATEGY



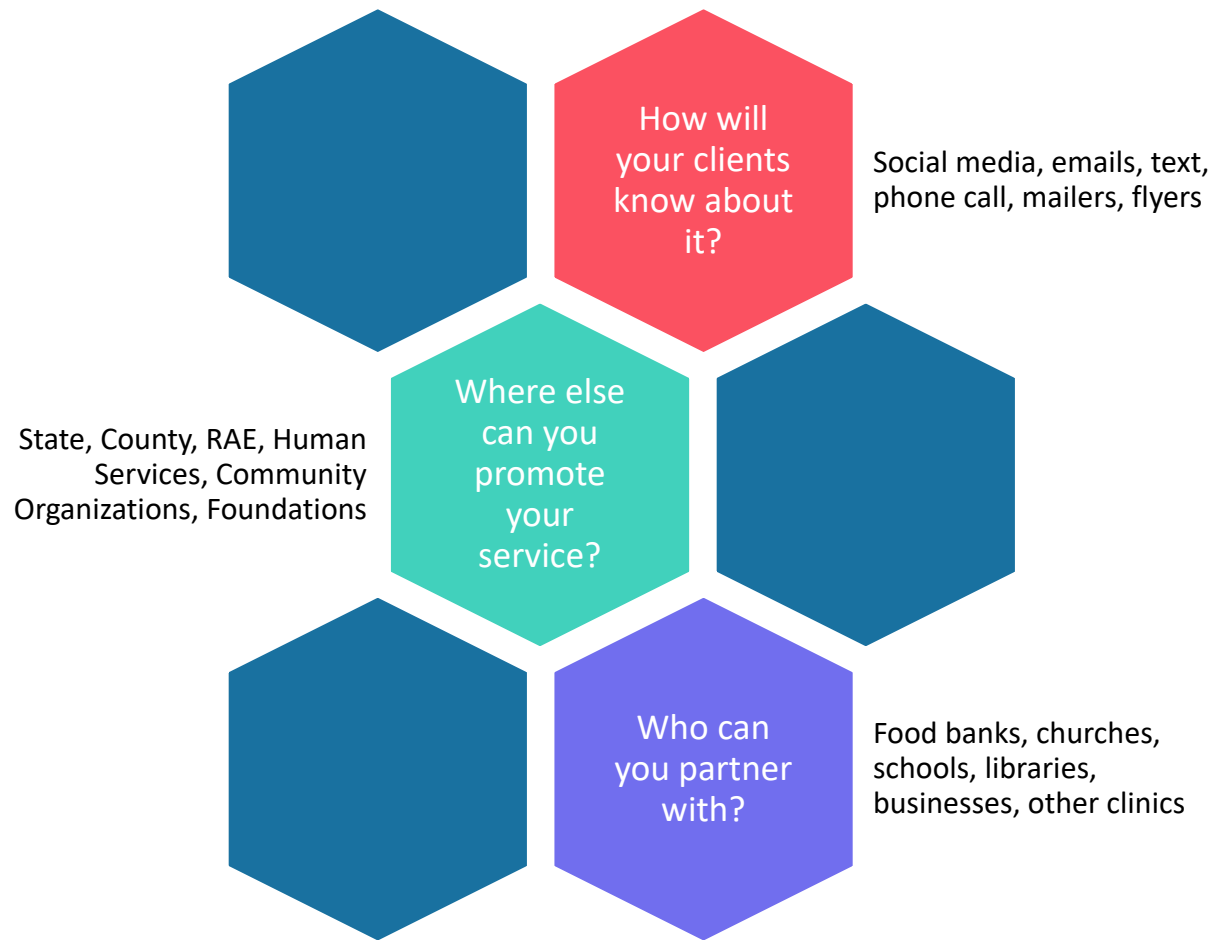
RIGHT SIZING



IMPLEMENTATION



EXPECTATIONS



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



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
- **Cheatsheets**
 - 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

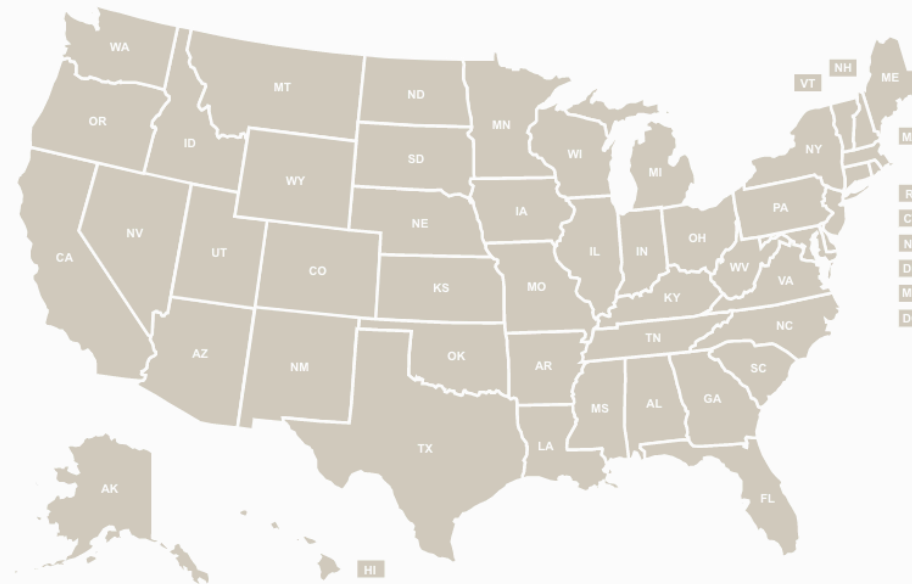
Missouri

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.cchpca.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!



SEE THE TOOLKIT FOR WORKSHEETS AND GUIDES TO GET STARTED
OR VISIT
WWW.PRIMEHEALTHCO.COM



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.

Objectives

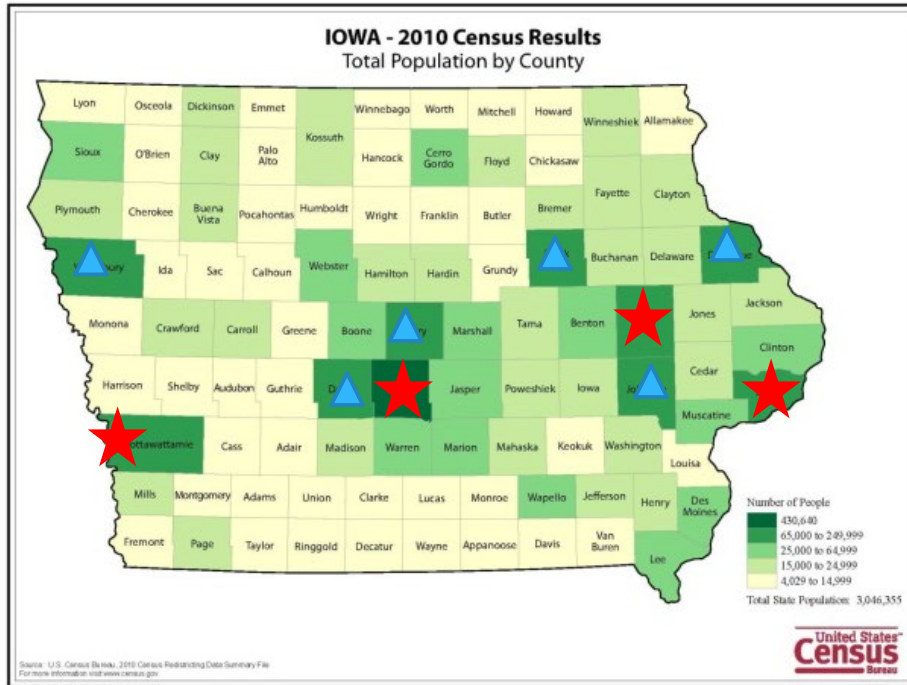
- **Understand** the opportunities that telemedicine provides to extend services in a way that addresses barriers to care which are unique to rural jurisdictions.
- **Identify** opportunities to leverage existing infrastructures to support the extension of services.
- **Assess** the costs and benefits 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.

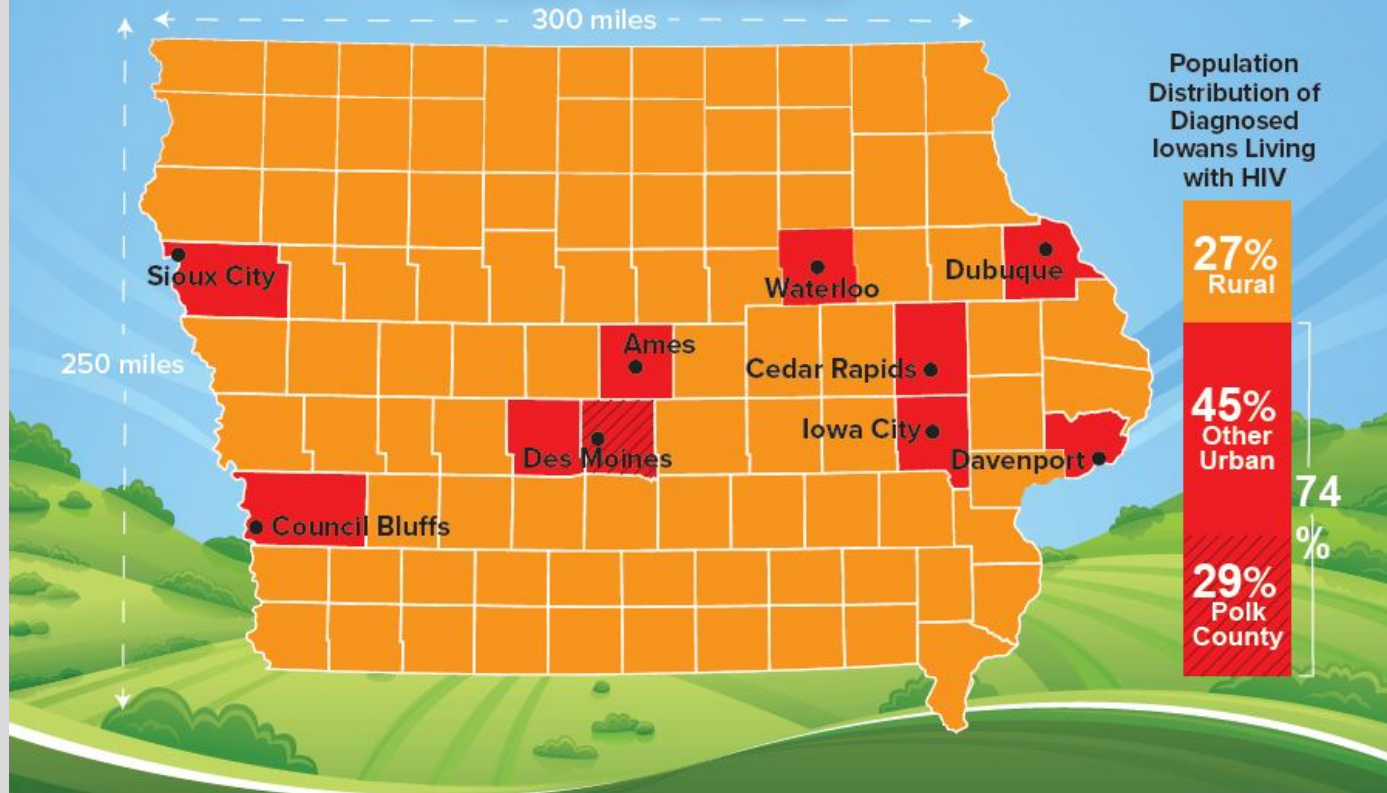


Iowa



- 99 counties
- 4 metropolitan areas
> 200,000 ★
- 6 small urban areas
50-200,000 ▲
- 89 counties rural
< 50,000

HIV in Iowa

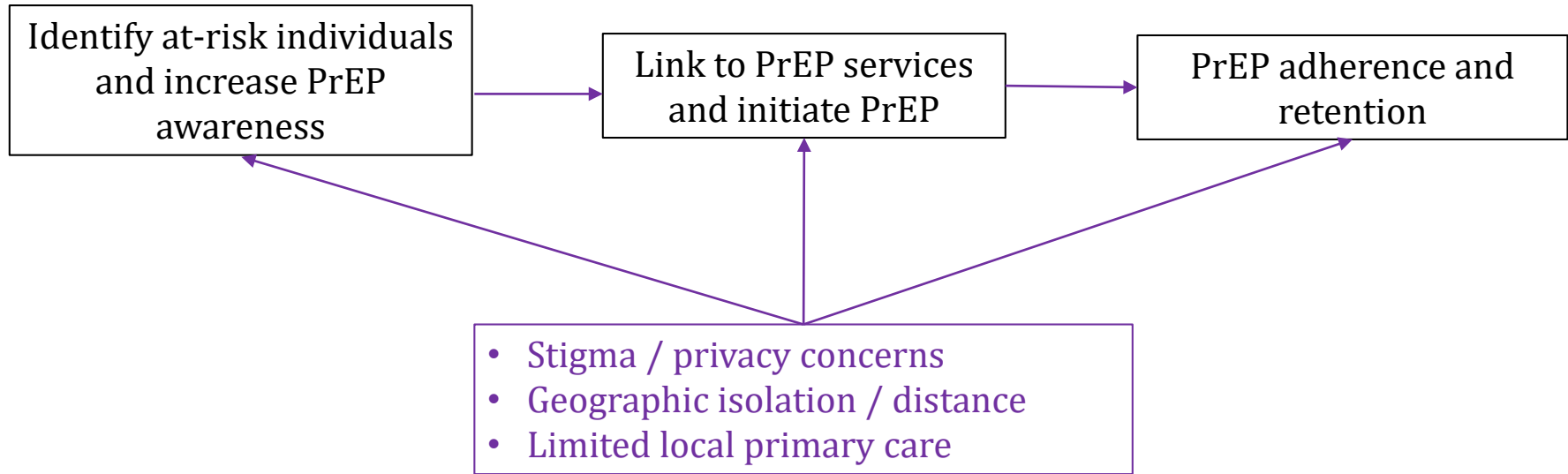


In 2017, there were 2,872 people living with HIV in Iowa who were diagnosed. Approximately 73% resided in the ten most populous counties, with 29% in Polk County alone. The remaining 27% resided in more rural areas.

Barriers to Delivering PrEP in Rural Areas

- Stigma and privacy concerns
- Geographic isolation / distance to PrEP providers
- Shortage of local primary care services

Rural Barriers Act at All Stages of the PrEP Continuum



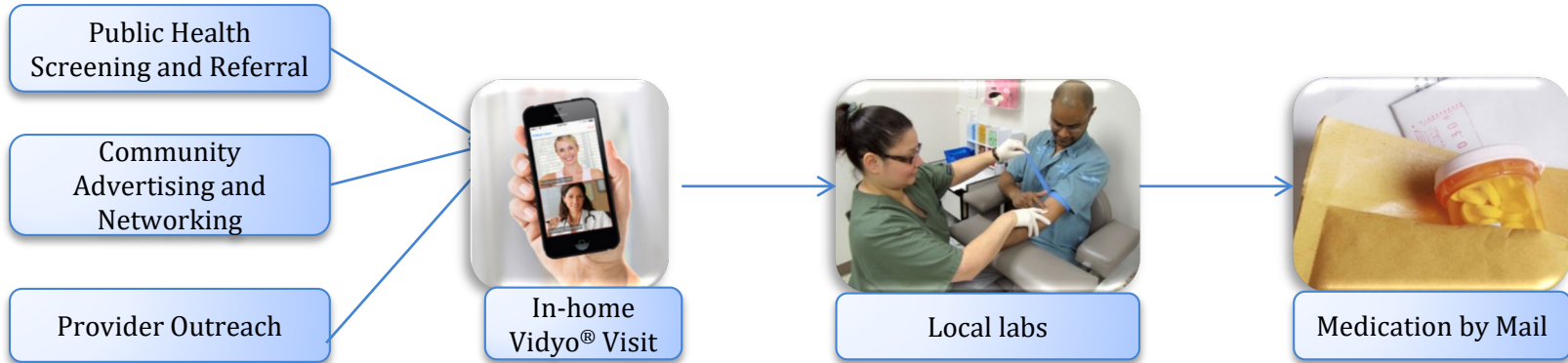
Rural PrEP Delivery Models Must:

- Identify individuals at risk for HIV and increase PrEP awareness
- Efficiently scale-up geographically to serve large numbers of at-risk individuals in a dispersed population
- Overcome barriers related to stigma and distance

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

Iowa TelePrEP is More than Telemedicine



- Integrates UI Healthcare and IDPH Programs
- Collaborative pharmacist practice model
- Mobile telemedicine visits to overcome stigma and distance

Iowa TelePrEP is More than Telemedicine: Public Health Partnered

Public Health
Screening and Referral

Community
Advertising and
Networking

Provider Outreach

- PrEP screening, education, and referral in statewide public health clinics; Partner Services / DIS; and Counseling, Testing and Referral
- Leverage statewide network of public-health-affiliated laboratory sites for monitoring / STI testing
- Refer clients with + STI screens back to local DIS for follow up and treatment

Iowa TelePrEP is More than Telemedicine: Public Health Partnered

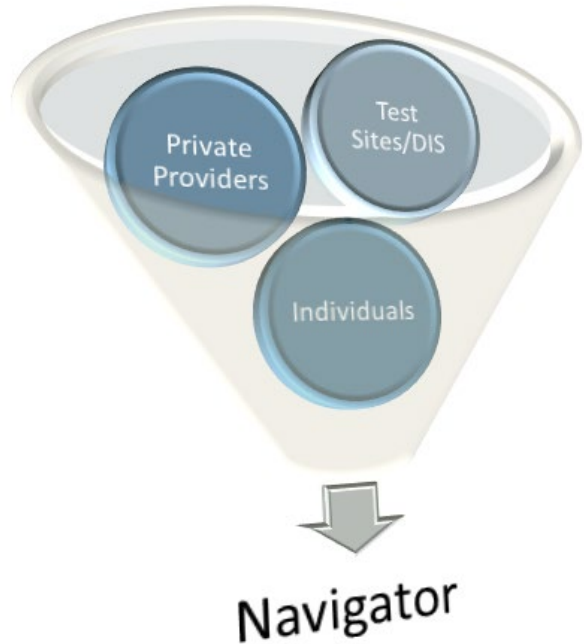
Public Health
Screening and Referral

Community
Advertising and
Networking

Provider Outreach

- Increases access to PrEP to individuals who cannot currently see a provider in their local area.
- Makes PrEP available to individuals who would never access it in a traditional community setting.
- Demedicalizes PrEP delivery.
- Integration with PH programs ensures that those who are most at-risk are given choices for prevention and access.

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.*

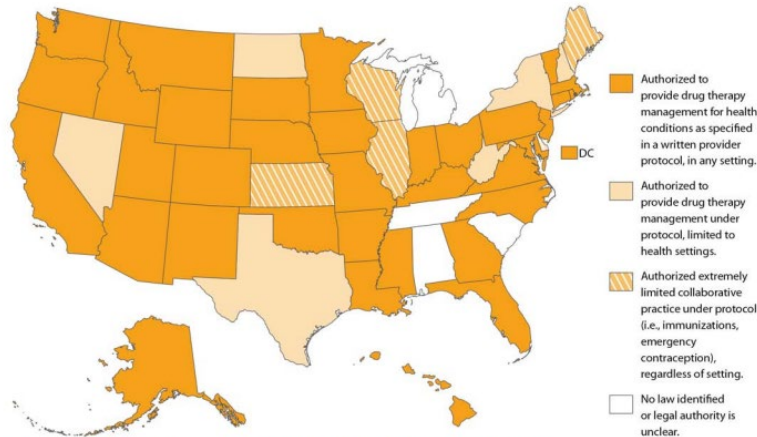
Direct Virtual Care Delivery



- **Telehealth**
 - In-home (laptop, tablet, phone)
 - Vidyo® Application
 - Secure / HIPAA Compliant
 - Compatible with Rural Broadband Speeds
- **Overcoming Rural Barriers**
 - Geographic isolation / distance
 - Privacy

Utilizing Pharmacy Providers

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

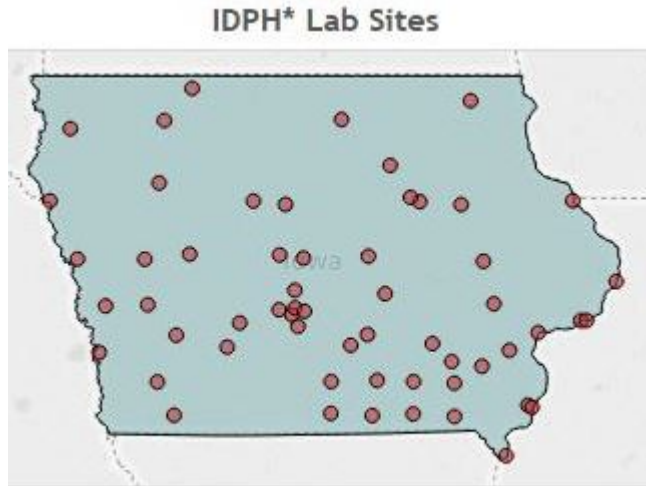


Note: Physician delegation is considered permissible in MI and WI, allowing physicians and pharmacists to enter into CPAs.

https://www.cdc.gov/dhds/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

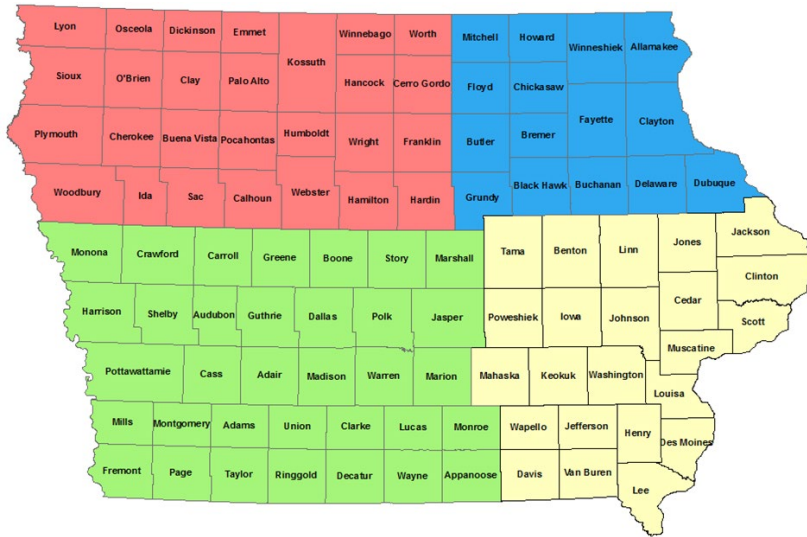


*Iowa Department of Public Health

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

Scaling and Sustainability

Planned Growth-Scaling by Region



Business Case

- Shared resources with other clinics & PH programs
- Visit fee-for-service
 - Subject to telehealth parity & payment laws
- Truvada margin through 340B pricing and specialty pharmacy dispensing

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



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



LDH OPH STD/HIV/Hepatitis Program

Learning Objectives

- ▶ Describe the State implemented telehealth program prescribing PrEP in Louisiana
- ▶ Outline strategies for universal access
- ▶ Discuss common roadblocks to adoption of telehealth for providers and consumers
- ▶ Discuss aspects of consumer knowledge and uptake

Persistent Barriers to PrEP

In the current landscape, persistent barriers include:

- ▶ Stigma
- ▶ Lack of PrEP providers
- ▶ Lack of trusted sexual healthcare providers for LGBTQ people
- ▶ Lack of transportation and/or convenient lab sites
- ▶ Complicated healthcare delivery and payer system
- ▶ Real and perceived costs of PrEP (e.g., facing stigma and discrimination, burden of getting PrEP care – getting to a lab site/appointment, financing hurdles and concerns, privacy concerns)

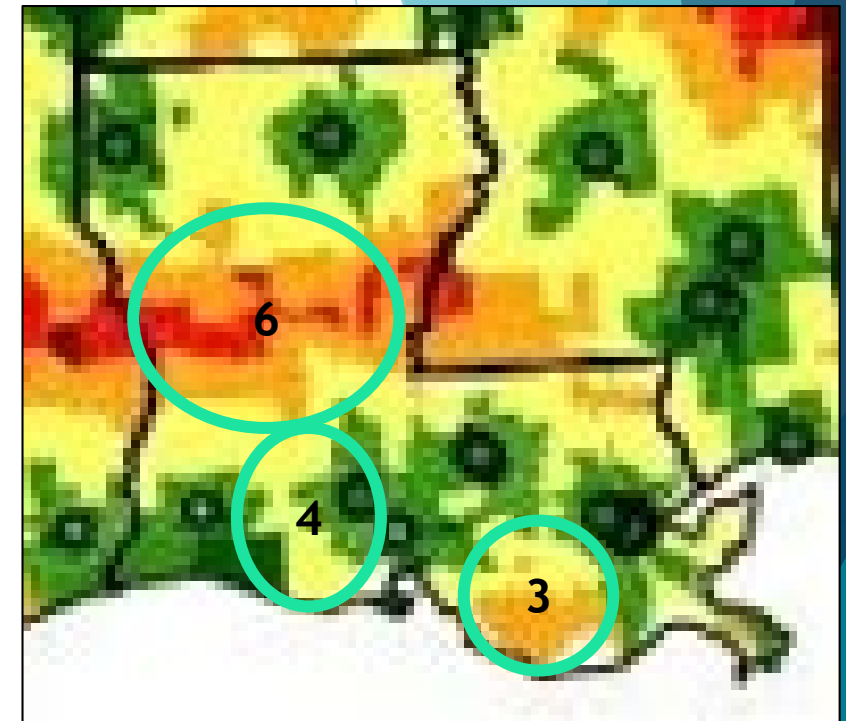
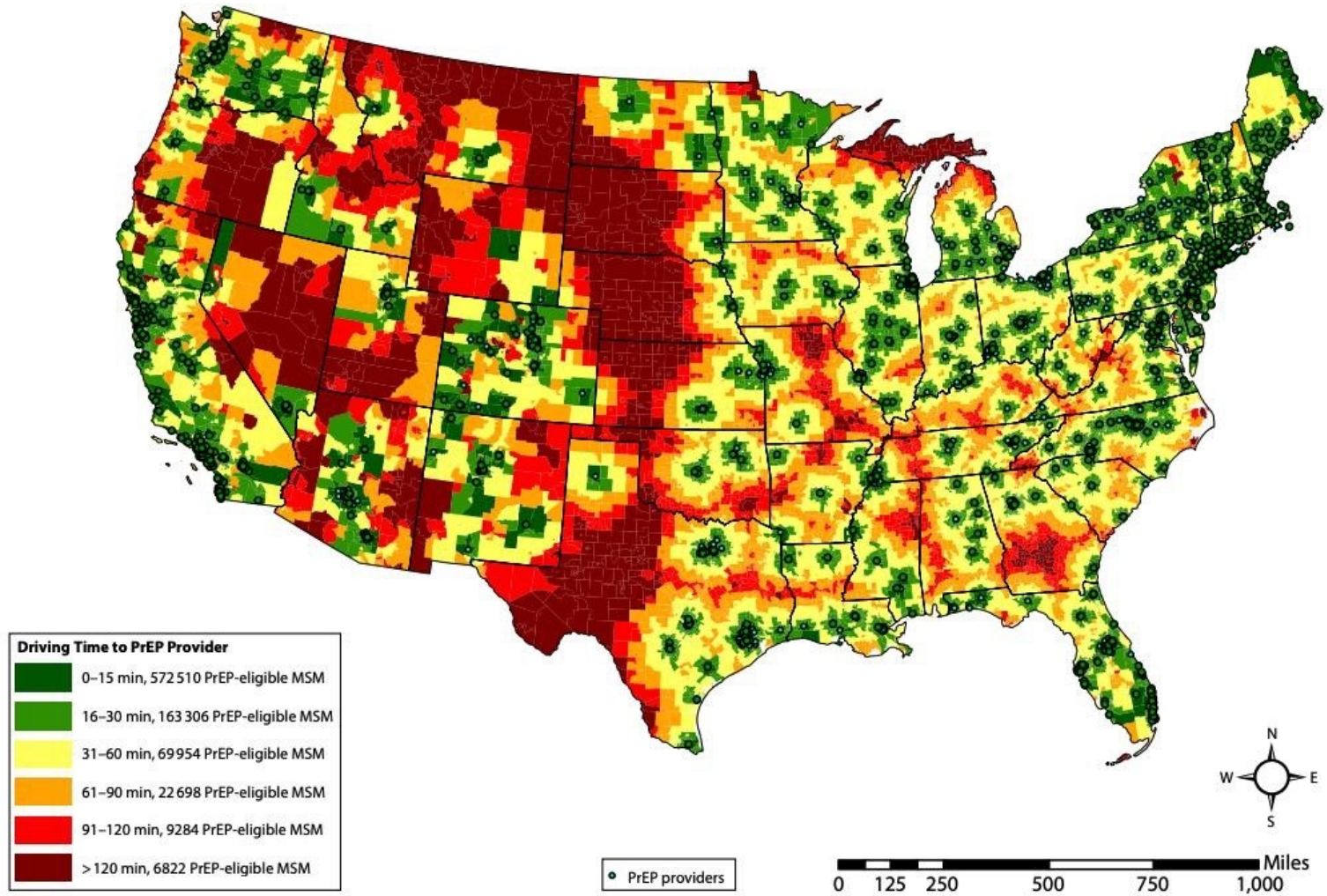
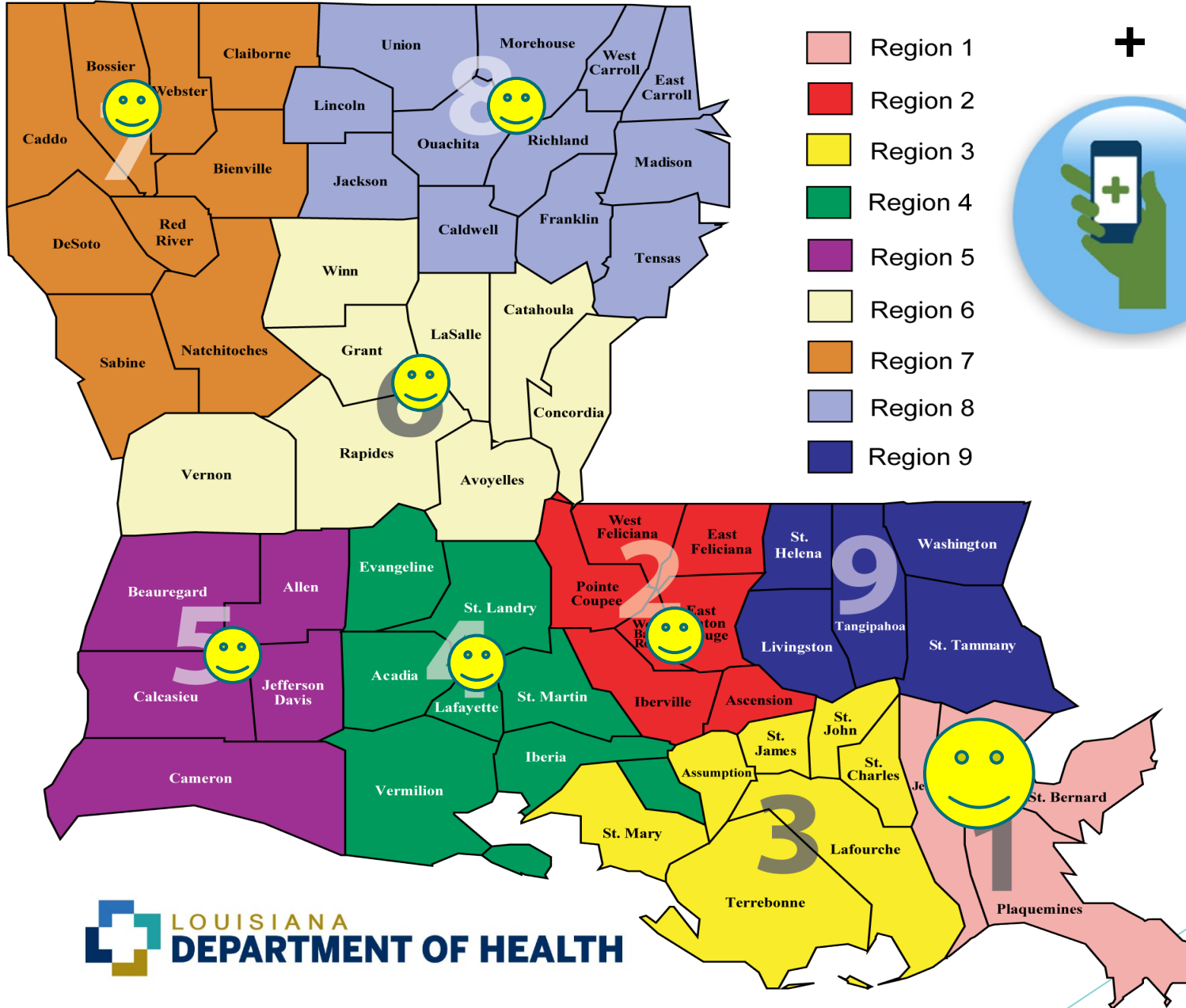


FIGURE 1—Driving Time to Nearest Preexposure Prophylaxis (PrEP) Clinic for PrEP-Eligible Men Who Have Sex With Men (MSM): Contiguous United States, 2017

http://www.croiconference.org/site/s/default/files/posters-2018/1430_Weiss_1006.pdf

😊 = PrEP Coverage at brick-and-mortar Wellness Centers



+
TelePrEP:
Increasing access
through virtual
statewide PrEP
coverage

Why TelePrEP?

- ▶ Has difficulty finding a PrEP provider in their area
- ▶ Cannot travel for regular follow-up medical visits
- ▶ Prefers not to access PrEP in a clinic setting
- ▶ Feels more comfortable discussing their sexual health in a private place of their choice
- ▶ Is a current PrEP user looking for a more convenient way to access PrEP

Start Up

- ▶ State General Funds (awarded December 2017, with a deadline to use funds by end of fiscal year, June 30, 2018)
- ▶ 340B designation to purchase medications cheaply
- ▶ Bill insurance for medication to generate program income
- ▶ Use program income to pay for clinician time, medications, and Vidyo platform
- ▶ Plan to use additional reserves for advertising and marketing, paying for labs for the uninsured, and to address other barriers to PrEP

~\$125,000

- ▶ Stock of Truvada
- ▶ Paid for a year of Vidyo
- ▶ Paid for 6 months of an APRN's time (10 hrs/wk)

- ▶ CDC funds for a full-time PrEP navigator

Our Context

- Medicaid Expansion (7/1/16)
- Permissive Telemedicine Laws
- Centralized EHR & Pharmacy
- Willing leadership & staff

These factors enabled the STD/HIV/Hepatitis Program to:

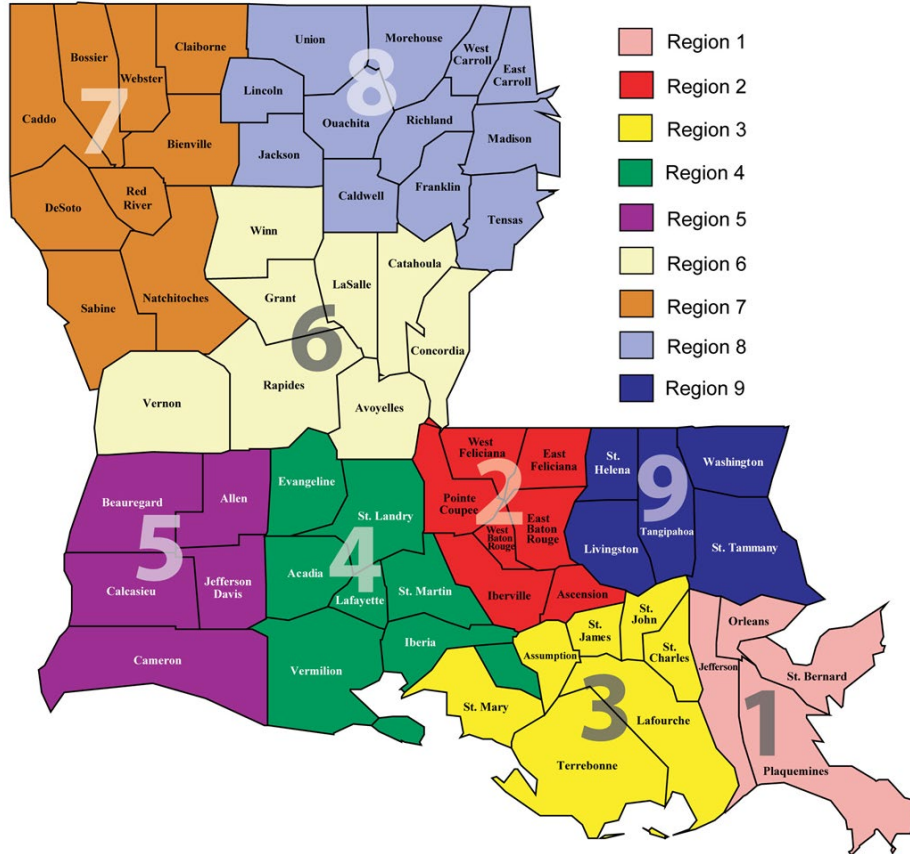
- ▶ Write a winning proposal to the State for general funds to purchase medications (340B)
- ▶ Get up and running and sustainable (through program income) in six months

Context: Permissive Telemedicine Laws

LA Rev Stat 37:1271 License to practice medicine or telemedicine

- B.2.b. The physician practicing telemedicine **shall not be required to conduct an in-person patient history or physical examination of the patient before engaging in a telemedicine** encounter if the physician satisfies all of the following conditions
- B.4.a. A **patient** receiving telemedicine services **may be in any location** at the time that the telemedicine services are rendered. A physician practicing telemedicine may be in any location when providing telemedicine services to a patient.
- B.4.b. A physician practicing telemedicine **may utilize interactive audio without the requirement of video if**, after access and review of the patient's medical records, the physician determines that he is **able to meet the same standard of care** as if the healthcare services were provided in person.

Context: Centralized EHR & Pharmacy



The Louisiana Department of Health (LDH) Office of Public Health...

- ▶ Operates more than fifty programs with staff in 63 parish health units.
- ▶ Operates a centralized pharmacy.
- ▶ Maintains a centralized electronic health record.

Context: Willing Leadership & Staff

Leadership that was...

- ▶ open to hearing and considering ideas from staff
- ▶ active in scanning for opportunities at higher administrative levels
- ▶ trusting of staff
- ▶ supportive of the work
- ▶ patient with the work
- ▶ willing to take the risk and responsibility

Staff that was...

- ▶ willing to take the risk and responsibility

Pros & Cons of Doing it Ourselves (at the State)

Pros

- ▶ Having control
- ▶ Program income, which can be reinvested into the program to reduce barriers
- ▶ You learn a lot

Cons

- ▶ Required bandwidth (it's a startup!)
- ▶ Bureaucracy

Vidyo Platform

Mobile

VidyoConnect™ for Meeting Guests

Vidyo

CONNECT

What do I need? A mobile device, earbuds & network connection. **Wi-Fi network connection preferred.** Standard data rates apply for data use.

First-time users: Download the VidyoConnect application from the [Android](#) or [iOS](#) app store. **No login required for meeting access.

1. Click the meeting link included in your meeting invite.

Join Meeting Host's video & audio conference by clicking the following link:
1 <https://yourcompany.vidyocloud.com/flex.html?roomdirect.html&key=eXZ>

2. A browser window will open. Click **Join the call**. If prompted tell your device to open in VidyoConnect.

3. Enter your display name and click **Join**. At the bottom of the screen you can mute/unmute your microphone and camera before connecting.
*First-time users may have to accept the terms and conditions.

4. If prompted, allow access to your microphone and camera.

Tap the button below to join the call if you have the app installed:

2 **Join the call**

3 Display Name

Join

MEET

Participant List View current participants	Microphone Mute/unmute microphone
Group Chat Access & join group chat	Camera Mute/unmute camera
Disconnect Disconnect from meeting	Self-view Expand & flip camera facing

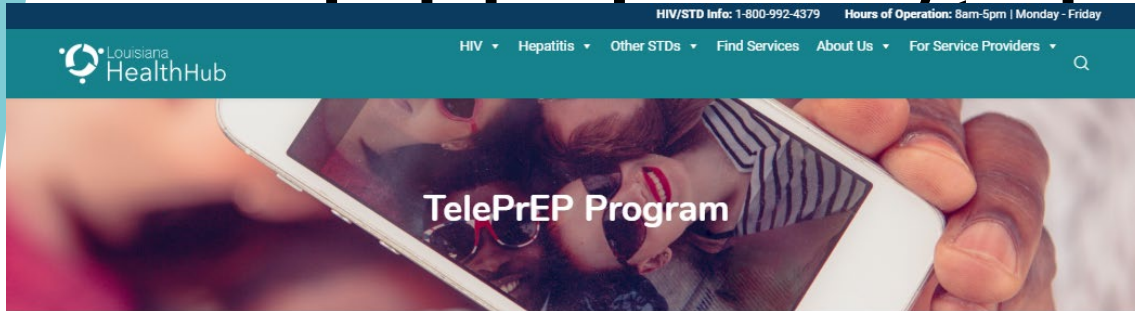
TIPS & TRICKS

- Opt for a Wi-Fi connection instead of a data connection. *Standard data rates apply.
- For the best positioning stabilize your device on a hard surface or use a device stand.
- Ensure you are in a well-lit room.
- When you are too close to the camera, your head appears very large. Hold the device away and above you.
- To make eye-contact with participants, look directly into the camera on your device.



The VIDYO logo is a registered trademark of Vidyo, Inc. in the U.S. Patent and Trademark Office and in other jurisdictions. VIDYO, the Vidyo cube icon, the Vidyo Partner Logos and names of Vidyo Inc.'s products and offerings are trademarks or registered trademarks of Vidyo, Inc. in the United States and in other jurisdictions. Other trademarks referenced herein are the property of their respective owners.

Program Website:



What is TelePrEP?

The TelePrEP program provides a convenient new way to access Pre-exposure Prophylaxis (PrEP), an option for maintaining HIV negative status. Currently, the only FDA approved medication for PrEP is Truvada. Truvada is highly effective at preventing HIV, reducing the risk of infection by 92–99% for those who take it daily as prescribed.

The TelePrEP program allows you to virtually connect to a provider who can prescribe you PrEP through telemedicine. This means you can use your personal electronic devices to have provider "visits" without having to leave your community. You can see, hear, and speak to a provider to discuss your PrEP medical care by phone and/or video chat.



How does it work?



1. Self or Phone-enroll with a Navigator



2. Get Tested at a Lab Near You



3. Complete a Medical Evaluation with our Clinician



4. Get Your Meds

Who is eligible?

- Any HIV-negative adult 18 years of age or older
- Medicaid insured, Medicaid Eligible, Privately Insured
- Anyone who has access to email and a smartphone, tablet or computer

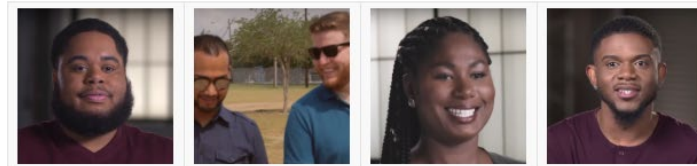
What are the benefits?

- A TelePrEP appointment eliminates the time and travel needed to see a provider
- TelePrEP allows you to have access to specialized PrEP medical care without having to leave your community
- TelePrEP allows you to have a medical appointment from anywhere across the state
- It is easy, convenient and at no additional cost to you

What are the costs?

- Visits are currently free of cost
- For Medicaid insured patients: lab testing and prescription medication costs are 100% covered
- For privately insured patients: lab testing and prescription medication costs vary based on the type of insurance plan
- Free shipping of medication

Hear from people like yourself!



Ready to sign up?

[Click here to self-enroll →](#)

[Phone enroll →](#)



Sarah Mamo
TelePrEP Navigator
504-568-8366



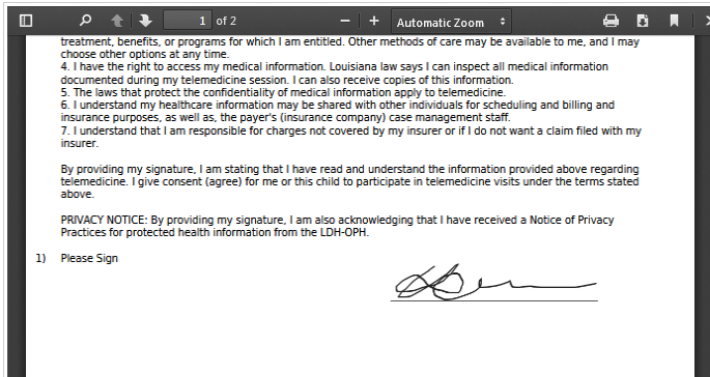
Jan Mandani
TelePrEP Navigator

Online Self-Enrollment Option

TelePrEP consent form

Resize font:

Displayed below is a read-only copy of your survey responses. Please review it and the options at the bottom.



I certify that all the information in the document above is correct, and I understand that signing this form electronically is the equivalent of signing a physical document.

If any information above is not correct, you may click the 'Previous Page' button to go back and correct it.

<< Previous Page

Submit

Document Upload

Survey Queue

In order to receive medical services, please upload the documents listed below.

You may take a photo of each item with your phone.

- 1) FRONT image of your insurance card [Upload document](#)
- 2) BACK image of your insurance card [Upload document](#)
- 3) Identification (State ID, Drivers License, Passport) [Upload document](#)
- 4) FRONT image of pharmacy card (if applicable) [Upload document](#)
- 5) BACK image of pharmacy card (if applicable) [Upload document](#)
- 6) Copy of recent lab results (if applicable) [Upload document](#)

Submit

Which type of electronic device(s) do you plan to use for your TelePrEP visits?

- Smartphone
- Tablet
- Laptop Computer
- Desktop Computer
- I dont know
- I do not have an electronic device

*If you do not have access to an electronic device, you can still complete medical visits through audio/phone only.

Does your electronic device(s) have connection to Wi-Fi or mobile data?

- Yes
- No

reset

Do you have access to email?

- Yes
- No

reset

Currently, our PrEP provider is available during the time blocks listed here. Please select your preferred time block to meet with the PrEP provider. (Check all that apply)

- Monday (Between 12PM-5PM)
- Tuesday (Between 12PM-5PM)
- Friday (Between 12PM-5PM)

If made available in the future, would you prefer to meet the PrEP provider on the weekend?

- Yes
- No

reset

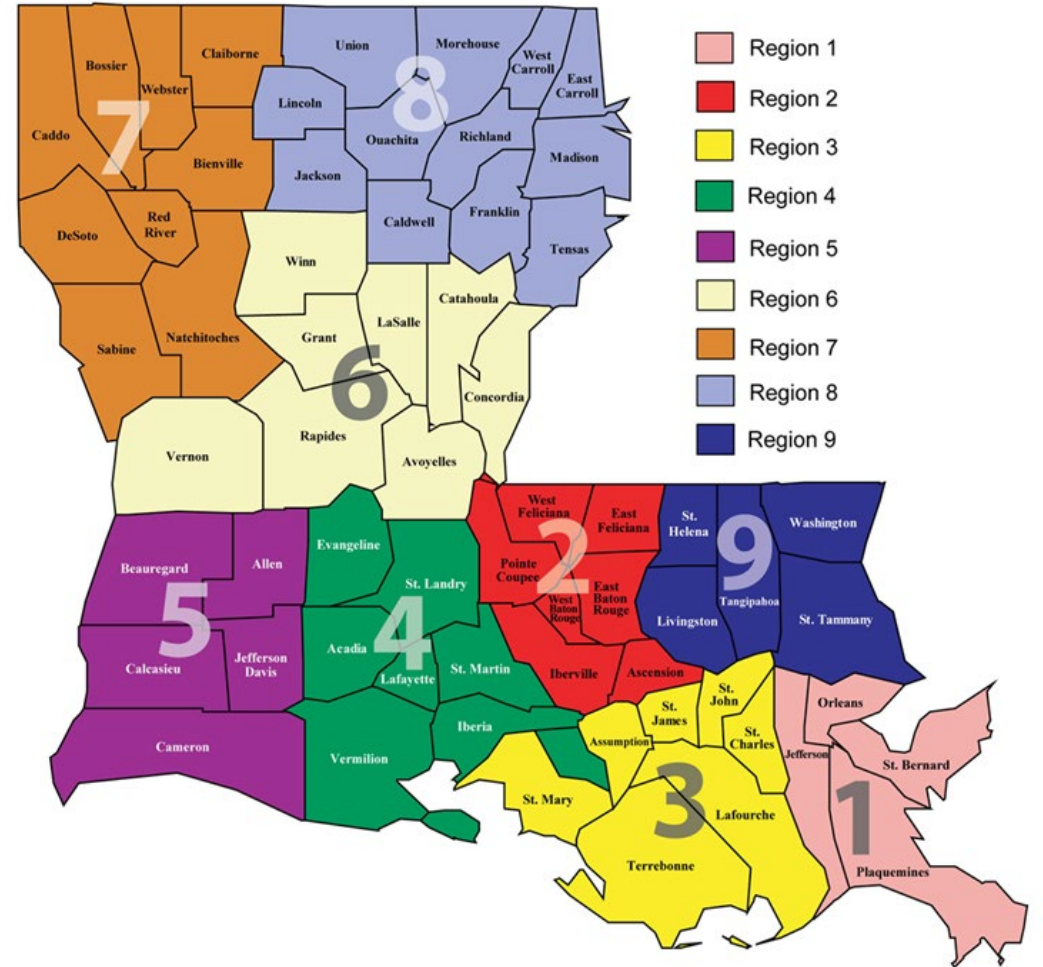
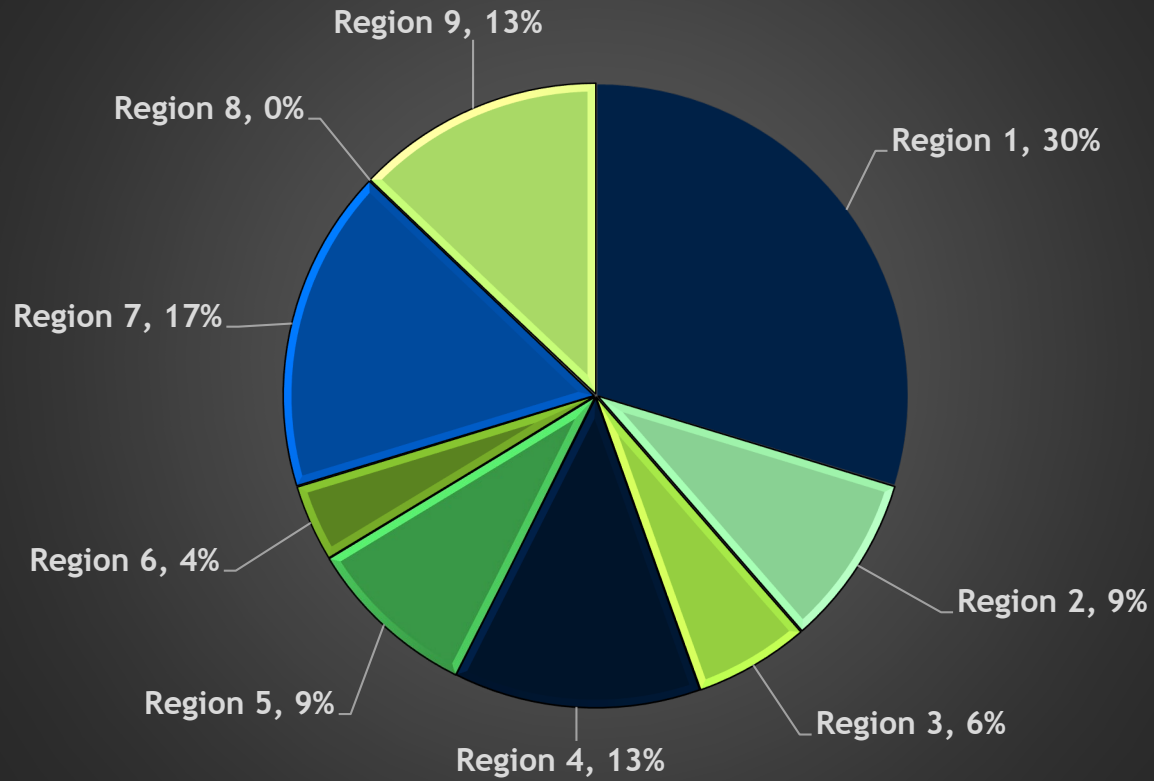
Who's prescribed PrEP through TelePrEP?

Table 2. Individuals Prescribed PrEP through TelePrEP as of 6/25/2020 (N=48)

Age (n=188)	Frequency	Percent
Under 18	0	0.0%
18 to 24	14	29.2%
25 to 34	18	37.5%
35 to 44	7	14.6%
45 to 54	7	14.6%
55 to 64	2	4.2%
65+	0	0.0%
Total*	48	100%
Race (n=204)	Frequency	Percent
White	31	67.4%
Black	13	28.3%
American Indian / Alaskan Native	0	0.0%
Multiracial	1	2.2%
Asian	1	2.2%
Declined	0	0.0%
Native HI/Pacific Islander	0	0.0%
Total*	46	100%
Gender (n=222)	Frequency	Percent
Male	40	83.3%
Female	8	16.7%
Transgender/Gender Non-Conforming	0	0.0%
Total*	48	100%
Sexual Orientation (n=194)	Frequency	Percent
Gay	33	73.3%
Straight/ Heterosexual	8	17.8%
Bisexual	4	8.9%
Total*	45	100%
Insurance Status (n=209)	Frequency	Percent
Medicaid	23	47.9%
Private	23	47.9%
Uninsured	0	0.0%
Other	0	0.0%
Medicare	2	4.2%
Don't Know	0	0.0%
Total*	48	100%

*All data fields are not required for participants resulting in missing data. The totals in this table reflect the number of people who responded to that item.

Active TelePrEP Patients by Public Health Region (n=47)^{As of 6/25/2020}



mistr



PRESCRIBED ONLINE, DELIVERED TO YOUR DOOR.

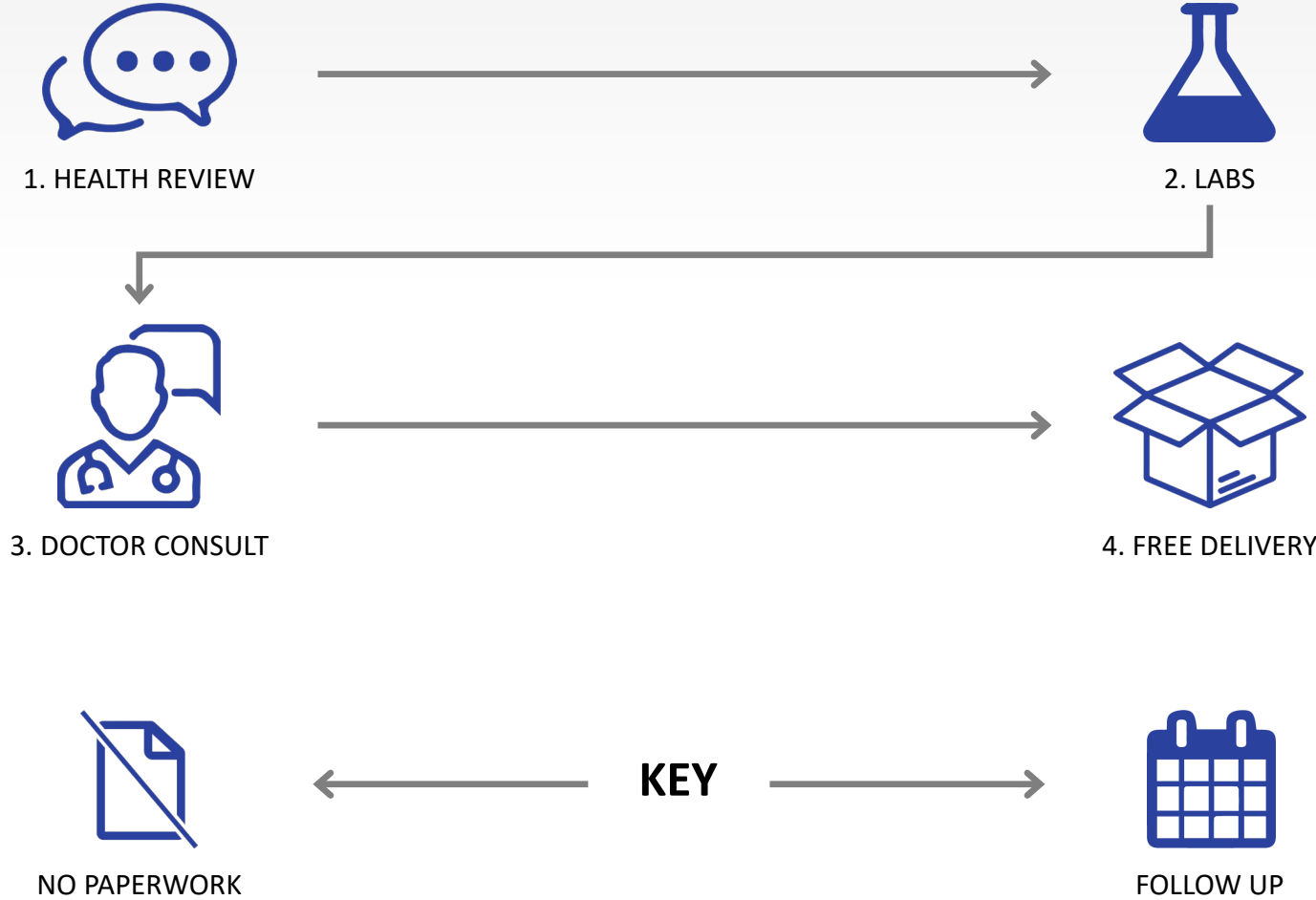
THE PROBLEM

As of March 2019, only 217,000 prescriptions were written in the U.S...Why?

- ***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

OPTIONAL TESTING

- Syphilis
- Hepatitis C

NO CO-PAYS OR LARGE OUT OF POCKET DEDUCTIBLES



MISTR DIFFERENCE

TESTING

- At-home and in-person testing

COMMUNICATION

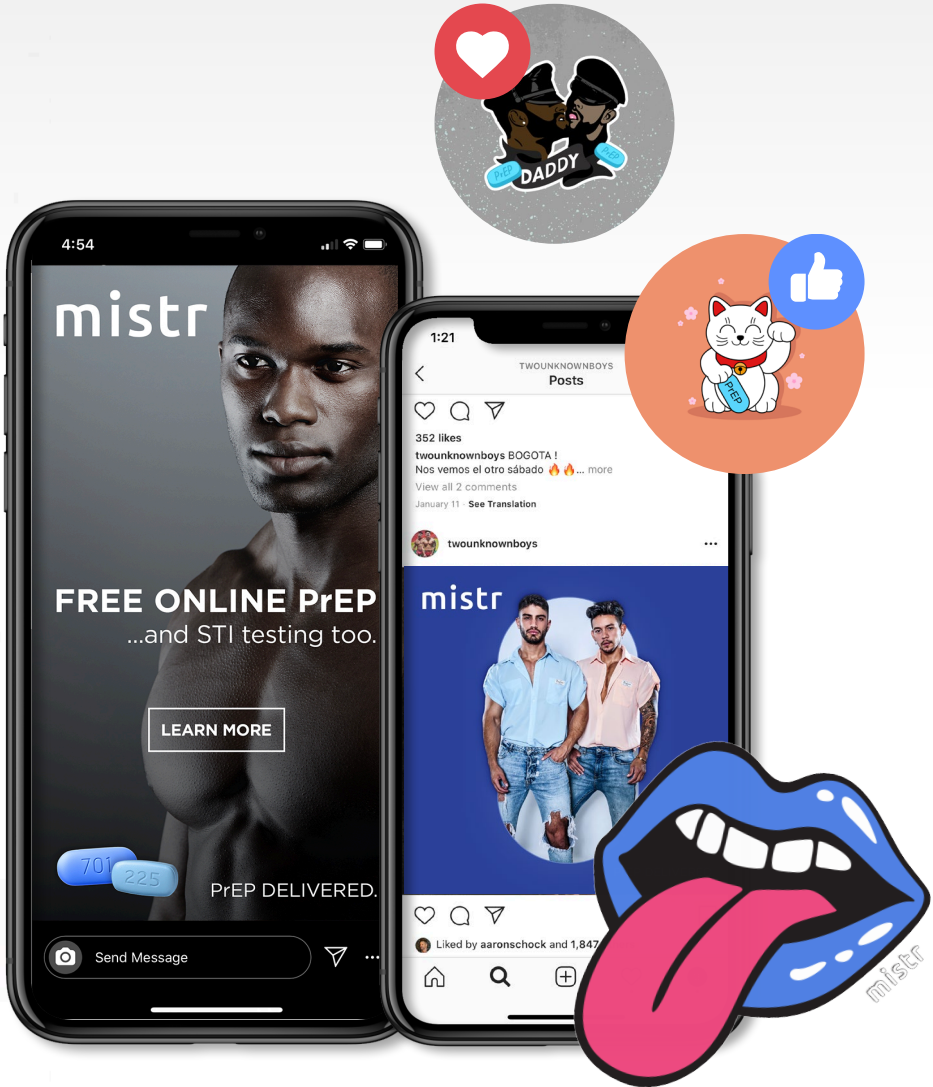
- SMS
- Online chat
- Social media
- AI

EASE OF USE

- Mobile enabled, nothing to download
- E-signatures
- Spanish



MARKETING



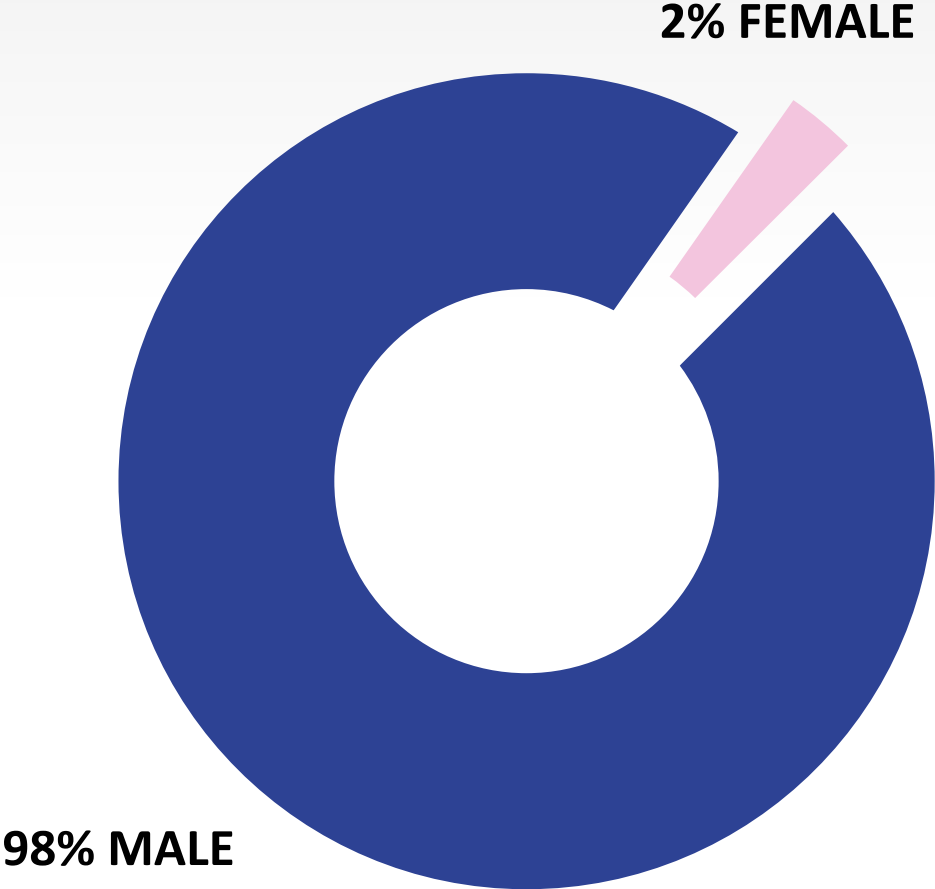
OUR PATIENTS

ETHNICITY

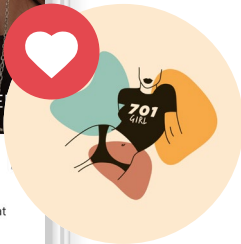
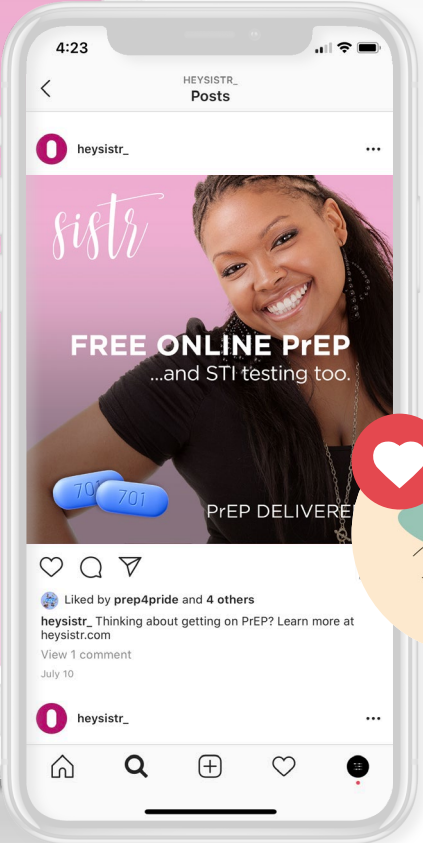
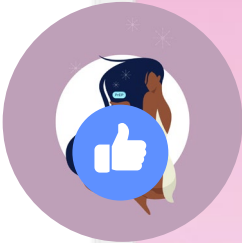
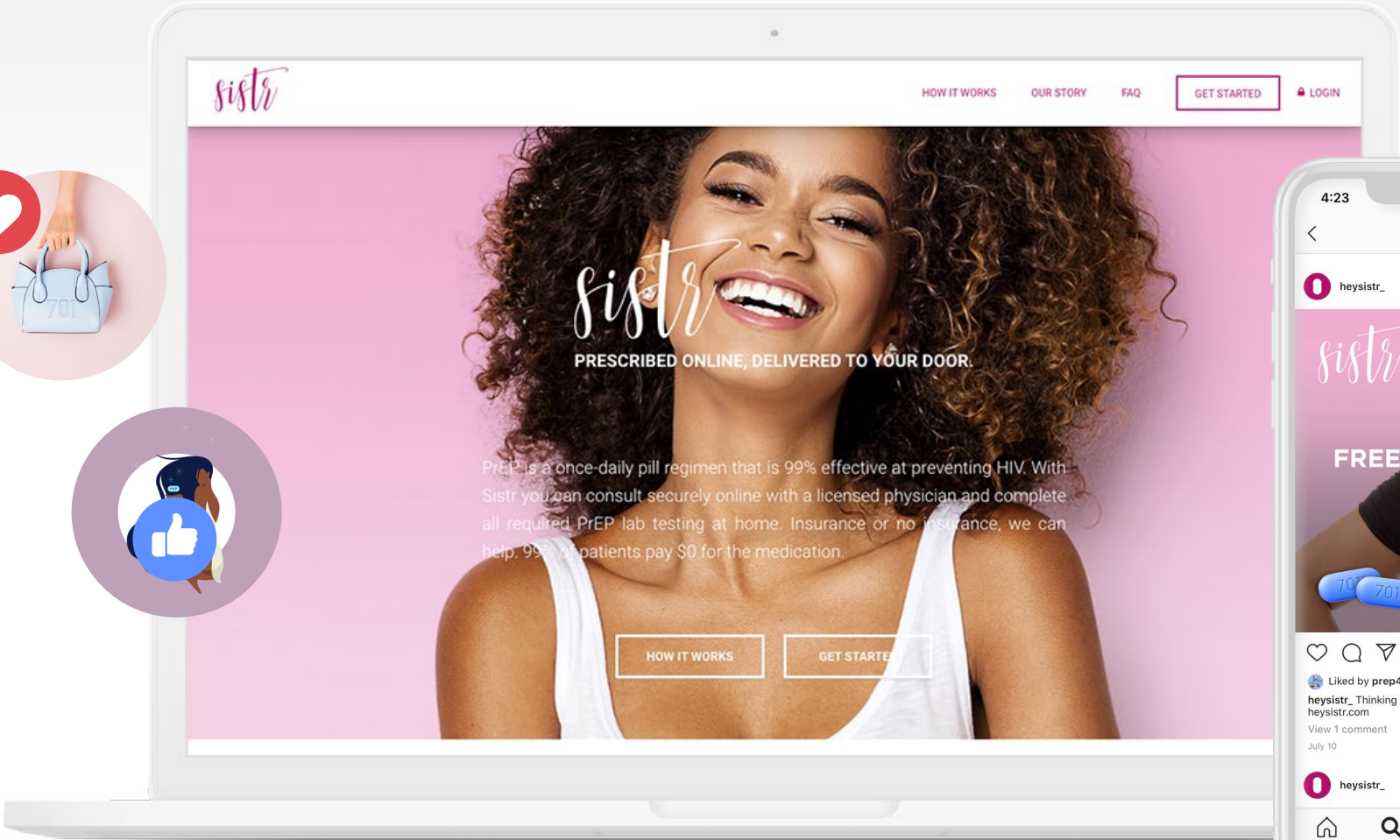
47%	Caucasian
26.2%	Hispanic
13.9%	African American
9.1%	Asian
3.9%	Other

AGE

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



SISTR



ALL IN ONE SOLUTION

OPTIMIZED TO INCREASE ADOPTION & ADHERENCE



OUR PARTNERS



mistr

TRISTAN SCHUKRAFT | 747.999.6249

tristan@heymistr.com



PRESCRIBED ONLINE, DELIVERED TO YOUR DOOR.