



# Utilizing Telemedicine for PrEP

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# Conflict of Interest Disclosure Statement

- There are no conflicts of interest to disclose.

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# Learning Objectives

- Learn what PrEP is and why access is important
- Differentiate between telemedicine and telehealth.
- Recognize opportunities for PrEP services via telemedicine, especially during the COVID-19 pandemic.
- Identify best practices for PrEP telemedicine for physical distancing.

# What is PrEP

- PrEP is the use of antiretroviral medication to prevent HIV infection among people at risk.
- Truvada® (Emtricitabine 200 mg in combination with tenofovir disoproxil fumarate 300 mg) and Descovy® (Emtricitabine 200 mg in combination with tenofovir alafenamide 25 mg) are currently the only products approved by the FDA for HIV-1 prevention.
- Approved to prevent HIV in adults and adolescent weighing at least 35 kg.
- PrEP reduces the risk of getting HIV from sex by about 99% when taken daily. (~74% for IVDU)

# Who is Eligible

- People at risk who should be assessed for PrEP include
  - sexually active gay and bisexual men without HIV
  - sexually active heterosexual men and women without HIV
  - sexually active transgender persons without HIV,
  - persons without HIV who inject drugs
  - persons who have been prescribed non-occupational post-exposure prophylaxis (PEP) and reported continued risk behavior.

# Telemedicine vs. Telehealth

## Telemedicine

- Specific to *clinical services*
- Practice of medicine using technology to deliver care at a distance
- Provider is in separate location and delivers care to a patient at another location using telecommunications

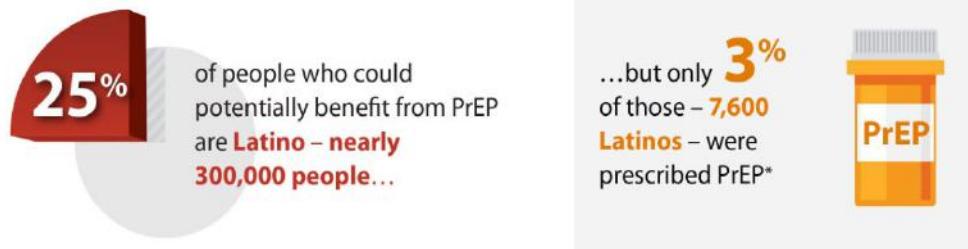
## Telehealth

- Broad term
- Used to provide care & services at-a-distance
- Examples:
  - provider training
  - CME
  - public health education
  - administrative meetings
  - electronic information sharing to facilitate & support assessment, diagnosis, consultation, treatment, education, and care management (ECHO model)

# Why Telemedicine?

- COVID-19
- Geographic distance
  - Texas is a rural state
- Improved access
  - Low PrEP utilization historically
- Patient preference

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



\*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

# Why Telemedicine?

## PrEP-to-Need Ratio (PNR)

The 2018 PrEP-to-Need Ratio (PNR) is the ratio of the number of PrEP users in 2018 to the number of people newly diagnosed with HIV in 2017. PNR serves as a measurement for whether PrEP use appropriately reflects the need for HIV prevention. A lower PNR indicates more unmet need.

PNR, 2018

**3.20**

PNR, by Sex, 2018

**Male: 3.68**

**Female: 1.00**

PNR, by Age, 2018

**Aged 13-24: 2.08**

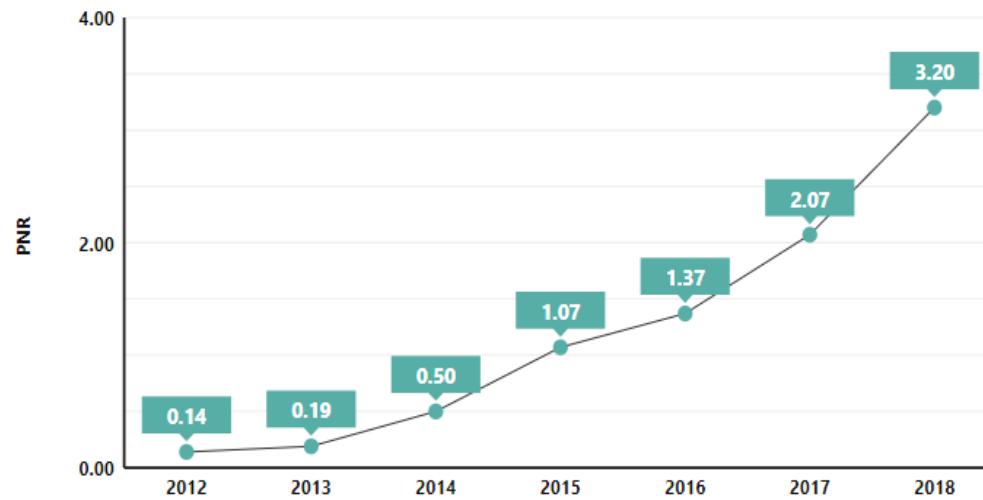
**Aged 25-34: 3.35**

**Aged 35-44: 3.98**

**Aged 45-54: 4.04**

**Aged 55+: 2.99**

PNR, 2012-2018



# Why TelePrEP?

- Helps address disparities in access to PrEP services
- Barriers to PrEP use and adherence include stigma, financial cost, lack of access to healthcare, fear for side effects, and low HIV risk perception.
  - TelePrEP programs:
    - can provide a convenient way to access PrEP and maintain HIV negative status.
    - improve engagement in care and medication adherence.

# Telemedicine Services

- **Live videoconferencing (synchronous)**
  - Live, two-way interaction between a person using audiovisual telecommunications technology
- **Store and forward (asynchronous)**
  - Transmission of diagnostic images, vital signs, video clips along with patient data for later review through electronic communications.
  - Enables primary care or allied health professionals the ability to render a diagnosis

# Telemedicine Services (con't)

- Remote patient monitoring (RPM)
  - Use of devices to remotely collect and send data for interpretation
  - Ex: PrEP monitoring apps on smartphones that provide reminders to patients and ask confirmation that doses are taken consistently.
- Mobile health (mHealth)
  - Health care and public health practice and education supported by mobile communication devices such as cell phones and tablets
  - Ex: Patients using an app to stay connected to their provider.

# SAMHD Schematic for TelePrEP

- HIPAA-compliant video conferencing; Telephone call (audio-only); secure messaging (e.g., patient portal)
- Laboratory testing
  - HIV ½, GC/CT, syphilis, creatinine, (Hepatitis B and Hepatitis C initial visit).
  - In-person visit at health dept or outside lab; mail-delivered test kits (we are still working on implementing this).
- PrEP medication
  - Pick-up at local pharmacy
  - Delivered directly from manufacturer

# Patient Buy-In

Emphasize benefits to patient

- Convenience: no travel to clinic
- Easier access to personalized care
- No risk of COVID-19 exposure

However: patient may prefer or need in-person visit

- One-stop shop (visit, labs, rx)
- Needs exam for STI complaints
- Unable to conduct STI swabs at lab
- No access to phone and computer/internet

# Documentation Requirements

## Documentation requirements

- Same as any face-to-face encounter

## PLUS

- A statement that the service was provided using telemedicine
- The location of the patient
- The location of the provider
- The names of all persons participating in the telemedicine service and their role in the encounter
- Patient consent
- Texas telemedicine law requires a signed and dated patient consent form before providing services.
- Texas law lenient during national emergency declaration

# Documentation Requirements

## Example:

- (Patient name) is scheduled today for PrEP follow up. Visit completed using telephone/zoom. Pt verbally consented to visit, written consent not available given COVID-19 concerns. Pt is aware that telemed sessions are safe and follow the same privacy guidelines as traditional, in-person medical appointments. They were notified of their right to stop the visit at any point during the video/phone conference. Participants in the visit were the pt and Carly Floyd, PharmD, PhC.

Generally best practice to include start, stop time, and total time spent on telemed visit

# Considerations

- Workflow
  - Who calls/connects patient?
  - How does checkout happen?
- EHR documentation
  - Encounters should be documented appropriately and integrated into other services the patient receives
- Internet Access and Connectivity:
  - Reliable, internet access is important for a successful TelePrEP visit.

# References

- <https://aidsvu.org/local-data/united-states/south/texas/www.aidsinfonet.org>
- [www.cdc.gov/hiv](http://www.cdc.gov/hiv)
- American Academy of Family Physicians Telemedicine  
<https://www.aafp.org/media-center/kits/telemedicine-and-telehealth.html>
- <https://www.hiv.gov/blog/hiv-prevention-pill-not-reaching-most-americans-who-could-benefit-especially-people-color>
- American Telemedicine Association [www.americantelemed.org](http://www.americantelemed.org)
- Touger R, Wood B. A Review of Telehealth Innovations for HIV Pre-Exposure Prophylaxis (PrEP). *Curr HIV/AIDS Rep.* 2019 Feb;16(1): 113-119
- Center for Connected Health Policy <https://www.cchpca.org/>
- Southwest Telehealth Resource Center <https://southwesttrc.org/>

# Resources

- Clinical Consultation Center  
<http://nccc.ucsf.edu/>
  - HIV Management
  - Perinatal HIV
  - HIV PrEP
  - HIV PEP line
  - HCV Management
  - Substance Use Management
- Present case on ECHO  
<http://echo.unm.edu>  
[hivecho@salud.unm.edu](mailto:hivecho@salud.unm.edu)
- AETC National HIV Curriculum  
<https://aidsetc.org/nhc>
- AETC National Coordinating Resource Center  
<https://targethiv.org/library/aetc-national-coordinating-resource-center-0>
- Additional trainings  
[scaetcecho@salud.unm.edu](mailto:scaetcecho@salud.unm.edu)