2019

Iowa TelePrEP Progress Report

The Iowa TelePrEP Team

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IOWA TELEPREP 2019 PROGRESS & LESSONS LEARNED

INTRODUCTION AND PROGRAM OVERVIEW

In February 2017, The Iowa Department of Public Health (IDPH) and The University of Iowa (UI) created the Iowa TelePrEP (ITP) program to advance access to high-quality HIV pre-exposure prophylaxis (PrEP) services in Iowa. ITP is a public health (PH)-partnered telehealth program that employs a pharmacy collaborative practice model in combination with client navigation services. The goal is to improve PrEP access in rural and small urban settings by overcoming barriers related to stigma and long distances to providers. ITP identifies clients with need for PrEP using three strategies (Figure 2, referral pathways):

1) PH personnel in state-wide HIV integrated testing services (ITS) and Disease Intervention Specialist/Partner Services (DIS/PS) programs screen clients for PrEP indications and refer clients to a central navigator.
2) Clients self-refer through the ITP website (www.prepiowa.org/teleprep), email, or by phone/text.
3) Providers and case-managers in the UI HIV care program refer sexual partners of people in care for HIV infection to ITP.

The navigator works with clients using a range of communication strategies and provides PrEP information, assists with financial barriers, and offers clients a choice of either referral to community PrEP providers or ITP. Clinical pharmacists conduct a comprehensive PrEP assessment via secure videoconferencing using smartphones and other devices, arrange for laboratory studies in PH or other labs near the client's home, provide education and counseling, and arrange for PrEP medication by mail or local pharmacy pick up.

In 2018, ITP received demonstration project funding from the Centers for Disease Prevention and Control (CDC) to expand ITP services across all of Iowa (Figure 1, Iowa Map) and conduct a mixed-methods program evaluation. This report provides a broad overview of activities in 2019 with detailed information available on request. Topics include:

- Progress implementing ITP statewide
- Current navigation protocols
- Initial ITP marketing strategy and results
- Preliminary findings from a mixed-methods evaluation
- Current ITP business case and long-term sustainability plan

KEY FINDINGS

1. ITP reaches a geographically-dispersed group of clients that mirrors the dispersed population of Iowans living with HIV. (ITP clients: 32% rural, 54% small urban communities across Iowa, 14% Polk County/Des Moines; Iowans living with HIV in 2016: 28% rural, 43% small urban, 29% Polk County).

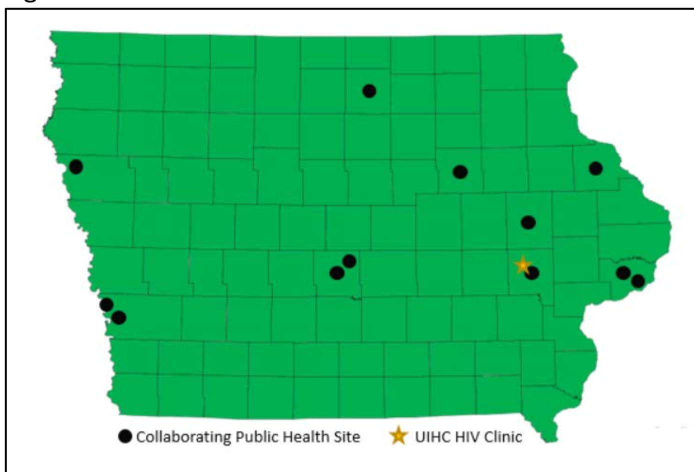
2. Public health system collaborations are essential to deliver PrEP in small urban and rural communities. The ITP model integrates widely-available resources, including existing PH STI/HIV programs, local lab sites, and pharmacist collaborative practice. ITP relies on collaborations with IDPH for client referral, lab monitoring resources, and rapid linkage to treatment for sexually transmitted infections (STI).

3. Collaborative practice and use of client tracking registries contribute to high quality care. Pharmacist-based PrEP via telehealth delivers high-quality PrEP in rural and small urban settings, where clients may be reluctant to seek PrEP locally, and local providers may not prescribe PrEP at high enough volume to create systems to track follow up.

Implementation Progress

ITP achieved statewide coverage in 2019 (Figure 1, Iowa map). All 12 ITS and 11 DIS/PS programs referred clients to ITP. Implementation and improvement of workflow processes for navigation and clinical care has been a dynamic and iterative process incorporating client, PH collaborator, and team member feedback. Workflow standardization (e.g. navigation process, pharmacist collaborative practice agreement, medical record note templates) leverages existing resources in both the Epic® medical record (e.g. note templates, client registries) and IDPH protocols (e.g. standardized referral and laboratory ordering forms on secure internet). This standardization supports systematic processes to achieve standards of care outlined by CDC guidelines for PrEP initiation and monitoring.

Figure 1: ITP – IDPH Collaboration Sites



ITP utilized 66 commercial, PH, and local community laboratory sites in 2019. To improve access to laboratory monitoring, ITP collaborated with Dr. Aaron Siegler and the Emory University Center for AIDS Research (CFAR) to conduct a pilot study using home testing kits in place of using local laboratory sites. We offered 77 clients a choice of using home kits or local labs for follow up visit testing. When given the choice, roughly half (n=35, 45%) chose to try the kits, while the remainder preferred to use local laboratory sites. Characteristics of clients choosing kits and local labs were overall similar with regard to age, race, and rurality. Reasons for declining use of the home test kit are discussed in the qualitative analysis section, below. Ongoing analyses are quantifying laboratory monitoring completion rates among kit users, and barriers to using kits based on client interview data.

Navigation Role (Navigation Manual, Appendix A)

The PrEP Navigator serves as an educational resource, advocate, and liaison, working to minimize the complexities of the healthcare system that prevent individuals from accessing care. Services include, but are not limited to, PrEP/PEP screening, health insurance enrollment, benefits navigation, enrollment assistance for patient assistance programs, appointment scheduling and reminders.

Essential skills for effective navigation in rural and small urban settings include: 1) Open and non-judgmental communication, recognizing that many clients have experienced stigma within health settings and may harbor medical mistrust, 2) Nontraditional work schedules to facilitate communication with clients when they are available, and 3) Understanding of healthcare, PH and insurance systems in order to recognize inherent barriers to HIV prevention. The navigator must develop strategies to address and overcome these barriers, thus alleviating the burden of system navigation by clients.

Navigation contacts occur by phone, text and email. Access to all available tools for communication and understanding clients' communication preferences is critical to relationship-building and client engagement in the entire PrEP process.

MARKETING

A marketing plan was enacted to launch a statewide campaign promoting PrEP in Iowa with specific focus on rural Iowans and availability of ITP services. Specific objectives were: educate Iowans about PrEP for HIV prevention; raise PrEP awareness in Iowa; increase PrEP uptake; and promote ITP services to Iowans. Tactics included the creation of two animated videos, as well as a media campaign including radio, billboards, social media ads, Google display ads, and Grindr display ads. We utilized a marketing company to create the ads, make media buys, and assist with the analytics. The campaign ran during November and December of 2019.

The animated videos are available on our website and were pushed on social media, YouTube, and other venues. One animation video provides basic education on PrEP for HIV prevention in Iowa, and the other informs about PrEP for HIV prevention as well as depicting the use of ITP for HIV prevention. Two radio ads were created using actor voices as well as a testimonial from a real ITP client. Ads were run on 84 rural radio stations for six weeks. 13,653 messages were played with an estimated reach of 532,400 and 5,145,400 estimated gross impressions. Nine display ads were created using diverse models and were utilized for the billboards, social media ads, Google ads, and Grindr ads. We also used these to update the PrEP Iowa Facebook page profile picture and cover picture. Display ads ran for eight weeks on the social media apps Facebook, Instagram, and Snapchat, and on Google and Grindr. Five billboards across Iowa had an estimated 176,271 impressions per week. We achieved continuity of all the display ads, billboards, and radio ads, as well as branding with PrEP Iowa and ITP, using the "My PrEP is…" slogan. The results of the social media ads, Google ads, and Grindr ads are still being analyzed, but early results are promising. For the first four weeks the ads ran, we saw a better than average click through rate for ads on Facebook, Instagram, Snap Chat and Google. We also saw an over 700% increase in traffic to our website.

MIXED-METHODS PROCESS EVALUATION

In 2019, we initiated a mixed-methods process evaluation to understand program impacts, gaps in services, and opportunities for improvement through program redesign. Quantitative process data tracked the flow of clients through the PrEP continuum from referral through navigation, telehealth visits, PrEP initiation, and retention in PrEP at 180 days. We tracked quality of services based on concordance with guideline-indicated laboratory monitoring, and program impacts based on diagnoses of HIV and bacterial sexually transmitted infections. Qualitative data collection included a focus group and semi-structured interviews conducted with 23 IDPH and ITP staff, as well as 22 interviews with ITP clients and other PrEP-eligible individuals. Qualitative evaluation focused on understanding opportunities for improving the referral and PrEP delivery process from IDPH staff and client perspectives, and identifying barriers and facilitators to implementing the ITP model that are relevant to program replication.

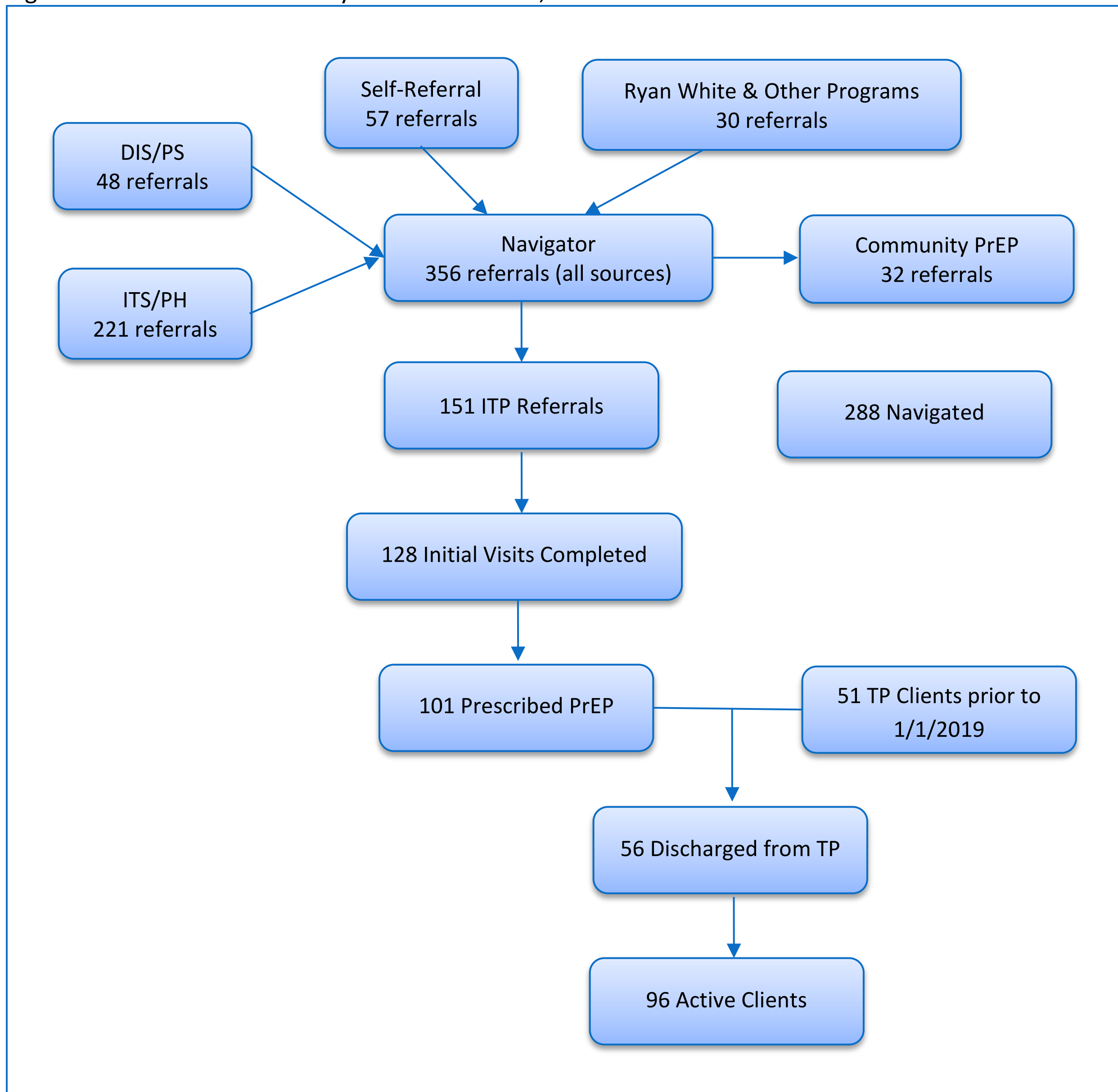
Program reach and client progress through the PrEP continuum

ITP received 356 referrals in 2019 (Figure 2 and Table 1). Most (81%, n=288) referred clients received navigation services. Following discussions with clients, the navigator referred 151 (52%) clients for ITP telehealth visits with pharmacists, while 32 (11%) clients preferred referral to community PrEP providers. Other navigation outcomes included client declined PrEP (14%), required financial services only (10%), client requested future contact (4%), and contact pending (9%). Clients completing the initial ITP visit in 2019 (n=128, 85% of those directed to ITP by navigator) were predominantly white (75%, white, 13% Black, 12% other), cis-gender men (94%) with a median age of 30 (range 16-65). Roughly 1 in 10 (11%) self-identified as Latinx. Indications for PrEP at baseline included men who have sex with men (MSM) with additional risk factors (86%), high-risk heterosexual (10%), injection drug use (1%), or no risk factors identified (3%). The majority carried private health insurance (59%) and resided in small urban areas of Iowa (54% small urban communities with population 50,000-350,000, 32% rural, 14%

Polk County/Des Moines). This mirrors the widely-dispersed distribution of people living with HIV in Iowa (28% rural, 43% small urban, 29% Polk County in 2016).

We calculated client retention in the ITP program at 180 days based on completion of telehealth visits between 150 and 210 days after PrEP initiation, using two methods. Recognizing that ITP often serves a temporary source of PrEP services during periods of temporary need or transition to other providers, we first calculated retention after excluding clients from the denominator who no longer needed ITP because of decreasing HIV risk or transition to other providers (e.g. moved out of state, transferred care to their primary care provider (PCP), or stopped PrEP due to decreased HIV risk following a conversation with the ITP pharmacist). We defined this as "adjusted retention". Second, we calculated "all-case retention" including all clients who started PrEP in the denominator.

Figure 2: Total Referrals January 1 – December 31, 2019

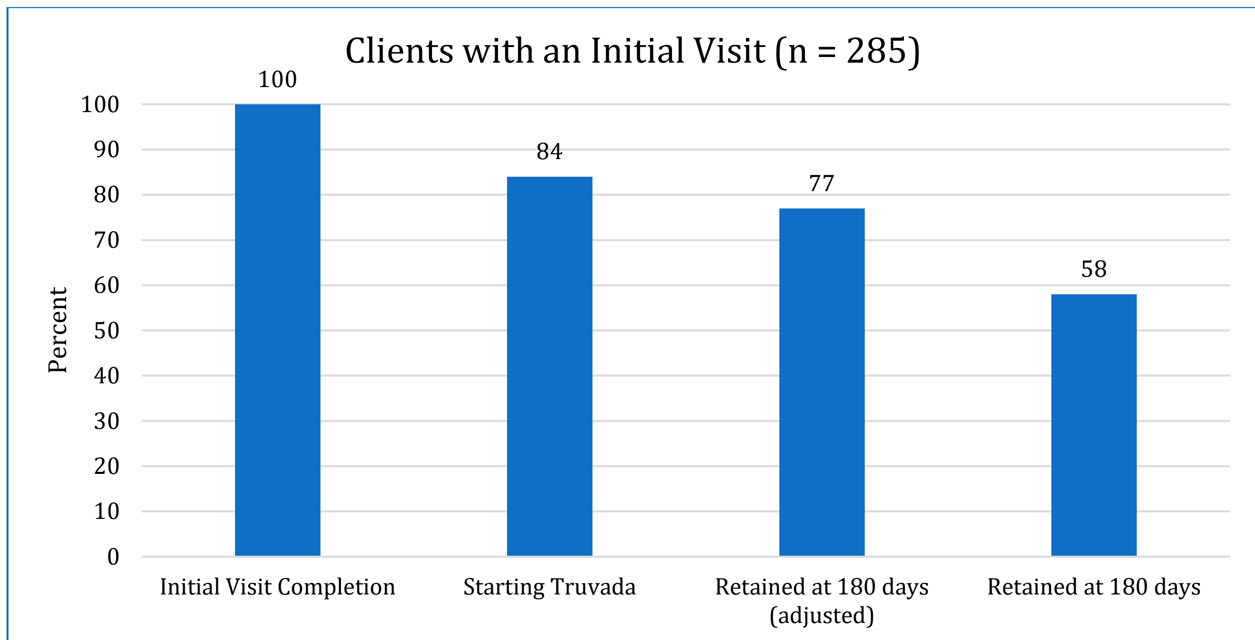


*active client = client with PrEP prescription within the last 110 days
*discharged client = no longer receiving TelePrEP services due to reasons below or unable to contact after 45 days

Table 1: 2019 Program Data (see end-of-year report for the total # active patients for 2019)

Program Client Data 2019					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total
# referrals	85	67	118	86	356
# of STIs diagnosed	14	19	15	17	65
# of STIs with confirmed treatment	14	19	15	17	65
# of positive HIV tests with screening	0	1	1	2	4
Median # of days from referral to telehealth visit	9	10	6	6.5	

Figure 3: ITP Continuum February 14, 2017 to December 31, 2019



*182 clients eligible for 180-day retention calculation

When considering all clients starting PrEP since ITP inception with sufficient follow up time (n = 182), adjusted ITP program retention at 180 days was 76%, and all-case retention was 58% (Figures 2, 3). Sixty-two (34%) clients either moved, transferred care to their PCP, or stopped PrEP due to decreased risk. Thirty-five (19%) clients were lost to follow-up based on inability to contact by end of follow up period, and 8 clients (4%) stopped PrEP secondary to cost or side effects. Figure 3 depicts the ITP PrEP continuum following initial ITP visits from program inception (February 12, 2017 to December 31, 2019).

Overall, the quality of ITP clinical services was high. Clients completed 100% of guideline-indicated HIV screening and monitoring tests in 2019. Through 2018, 96% of guideline-indicated blood tests were completed, though rates of extragenital GC and CT screening were lower among clients with indications (53% and 54%, respectively). This was largely because non-PH laboratory sites did not allow submission of swabs. Guideline concordance with screening and monitoring laboratory tests is ongoing and updates will be provided.

Among 157 clients receiving PrEP via ITP in 2019, there were 65 bacterial STIs (syphilis, CT, or NG) diagnosed through ITP screening labs, and 4 new HIV diagnoses (2 at initial visit and 2 on follow up testing in setting of low PrEP medication adherence). This indicates that ITP is reaching a population with high PrEP need. All clients with STIs and HIV diagnosed in ITP received treatment within 7 days, often facilitated by DIS/PS personnel in the region where the client lived.

Preliminary qualitative findings from focus PH focus groups and client interviews

As ITP expanded state-wide, the team worked to develop referral relationships with IDPH personnel, increase awareness of the program, and implement protocols to streamline client flow through the PrEP continuum. IDPH personnel played a dual role in the referral process – while many cited the ability to do a "warm-handoff" by directly referring clients to ITP PrEP care as a benefit of the program and program Navigator, others reported that some clients preferred information they could look over and self-refer if, and when, they were ready. Clients themselves reported IDPH staff, PCPs or other providers, social media, web search results, app ads, and word of mouth as sources connecting them to the PrEP Iowa website and ITP. One client shared that the content available on the website informed their decision to go with ITP over another commercial app, while several clients found ITP's status as a local, UIHC-connected, and Iowa-based program attractive. Once connected to ITP, clients reported their initial call with ITP staff (typically a pharmacist or navigator), to be key in understanding program requirements and navigating the insurance coverage and Gilead copay card enrollment processes. These calls served an additional purpose, in reassuring clients that all questions and concerns (e.g., regarding side effects, drug efficacy, cost) had been answered and they could move forward. IDPH staff too expressed the benefit of having a PrEP navigator both for client services and as a point of contact for themselves when issues arose in the referral or laboratory processes. Once a client decided to receive care through ITP and had identified a laboratory to go to, most reported the routine laboratory testing and follow up care components of the PrEP cascade proceeded very smoothly.

Clients most frequently cited cost and insurance coverage concerns as barriers to their pursuing PrEP care before connecting with ITP, with potential side effects, having to take a daily medication, lab requirements, and lack of local provider PrEP knowledge and/or trusted relationship with a PCP also mentioned. The latter were factors in driving some clients to a telehealth model that specialized in PrEP care – clients felt that ITP staff's specialization in PrEP, their deep knowledge, and their lack of judgement were all seen as important benefits. Clients typically were able to resolve cost and insurance concerns during initial calls with ITP staff. However, there was a subset of clients with specific circumstances, such as those having coverage through their parents' insurance policies or those experiencing insurance coverage or employment changes, who experienced more prolonged or recurrent issues. In most cases, clients were able to resolve these with the assistance of ITP staff and with little to no gap in medication coverage. A very small number of clients mentioned existing stigma around PrEP, and related stereotypes, such as increased promiscuity, as a factor in delaying their decision to take PrEP or in choosing a telehealth model over in-person care. None had experiences of privacy violations with ITP staff, however, a few did have such experiences with insurance companies or pharmacies that caused concern.

Few clients had previous experience with telehealth, but all felt the telemedicine model for PrEP delivery was preferable to in-person visits due to its ease, flexibility, and convenience. The ability to do appointments from any location and during non-business hours were facilitators, as were the lack of time needed to travel to a clinic, wait for an appointment, and devote to an intake process. Clients reported having to take less time off work and were able to communicate with their pharmacist between appointments by email and phone. Overwhelmingly, clients reported a positive relationship with their pharmacist provider, feeling they were knowledgeable and available to respond to questions. Several specifically mentioned the video component, and the client-provider relationship they were able to develop over the course of their PrEP care with ITP. One specifically pointed out their appreciation for having one consistent provider, rather than having to repeat their history to a nurse and provider at each visit. Some clients did have issues with the technology (e.g., Vidyo app, hardware, or internet connection) during visits, but these were rare rather than typical.

Access to laboratories for ongoing monitoring was not a major barrier for most clients, in fact some chose to continue with in-person lab visits even when offered a home test kit option. However, those interviewed who *did* choose to use the kits did so in large part due to the convenience of doing their labs at home rather than visiting a lab. The blood draw was the most commonly reported difficulty related to the home test kits, though a

small number of clients reported issues with the shipping process (e.g., having to pick up the kit from the front desk of dorm because it would not fit in mailbox, or the kit not arriving in a timely manner). Clients felt that the kit directions were generally clear, convenient to do at home, and easy to ship back. Most reported they would opt for them again.

The opportunity to choose between picking up medication in-person at a local pharmacy or having it mailed to one's home was also a benefit, with different clients reporting preferences for each option, and at times switching between the two depending on life circumstances. A small number of clients traveled frequently for work, and felt ITP was the best possible solution to ensuring they could complete lab monitoring and receive their medication. Of those clients interviewed who went on to leave the program (N=6), they reported doing so because they entered a monogamous relationship, moved out of state, or had changes in life circumstances (e.g., an in-state move, a change in employment) that made in-person PrEP care more accessible or convenient. None reported doing so due to dissatisfaction with the program or other barriers.

ITP clients and PH staff expressed a high level of satisfaction with the ITP program and had few recommendations for improvement. On the contrary, clients reported ITP staff willingness to assist with trouble-shooting a wide range of issues related to care delivery, including insurance navigation, assistance identifying labs, providing appointment reminders, and checking in before appointments to confirm current location if the client routinely transitioned between places (e.g., for work or in the case of students). IDPH staff reported ITP staff were typically responsive in resolving any issues related to referral or transfer of lab results. One client did recommend the program hire additional staff if existing client-load increased significantly beyond its current level, and most of those who tried the home testing kits expressed a desire for those to be made available permanently. Several clients and IDPH staff also recommended expanding awareness of the program through marketing (e.g., ads on social media, dating apps, radio, newspapers).

Interviews and focus groups with clients and IDPH staff are ongoing with continuous analysis of data. Detailed findings from qualitative evaluation will be available in 2020.

Business & Sustainability Plan

Initial funding of ITP included an IDPH seed grant in 2016, and a 4-year CDC demonstration project grant beginning in 2018. Leveraging the shared infrastructure of IDPH testing sites and other resources has been crucial in maintaining services for clients statewide. Approximately half of lab studies are obtained in public health, funded through IDPH as tests of PH significance. The University of Iowa Hospitals and Clinics is eligible to receive 340b drug pricing with the expectation that resulting revenue be spent on treatment and related services for people at risk for HIV, who are uninsured or underinsured, as well as provide technical assistance, clinical training and the development of innovative models of care. As CDC grant funding does not cover provider time, laboratory testing, or drug, some 340b funding has been used to cover pharmacist clinical time. As CDC funding expires, it is expected that 340b-generated revenue will be adequate to sustain labor costs, marketing and some lab expenses for as long as ITP services are needed.

While a direct model of 340b funding is utilized in Iowa, other options are possible;340b contracting allows eligible entities to contract with local pharmacies, providing shared revenue streams. In some areas of the country, billing for telehealth visits (whether provided by pharmacist, mid-level practitioner, or physician) may provide additional revenue, as well as the opportunity to expand the visibility and viability of telehealth services for other conditions.

FUTURE DIRECTIONS

a. **Rural Outreach:** In 2016, it was estimated that there were over 1000 PH clients residing in rural counties that would benefit from PrEP, indicating substantial need to further improve PrEP access among rural Iowans. To that end, we can expand on the PrEP marketing campaign with a focus on rural areas. an active PrEP marketing campaign has been designed to reach a larger percentage of this rural population and increase PrEP awareness, with roll-out beginning in November 2019. In addition, continued relationship-building with public health and Community Based Screening Services (CBSS) sites is expected to increase referrals of eligible clients for navigation and potential ITP services.

b. **Same-day PrEP:** In 2020, we aim to improve linkage to PrEP among PH clients by implementing telehealth visits and PrEP initiation at time of HIV and/or STI testing. The goal is to close the gap between obtaining labwork and starting PrEP to create a more efficient process for clients and ITP staff.

c. **Non-occupational Post Exposure Prophylaxis (nPEP):** nPEP continues to be difficult to access throughout the state of Iowa. We will test strategies for nPEP initiation in the ITP model, which will require overcoming logistical challenges in obtaining laboratory testing with short turn-around times.

d. **PrEP Home Test Kit Development:** To expand testing options for PrEP clients across the state and improve rates of extragenital STI screening, PrEP Iowa and the State Hygienic Lab are developing a home test kit. Access to lab testing affects PrEP persistence and the ability to conduct 3-site GC and CT monitoring enhances quality of comprehensive preventive services.

APPENDIX A. NAVIGATION GUIDE

The ITP Navigation Guide utilizes the pleasePrEPme.org PrEP research, care and navigation provider manual as the primary resource for navigation. The guide is enhanced with elements specific to navigation for a telehealth service and the state of Iowa.