



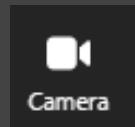
# TelePrEP for Health Centers

May 10, 2022

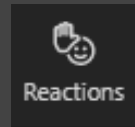
# Welcome



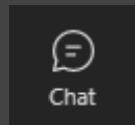
Please mute when not speaking.



Cameras are encouraged.

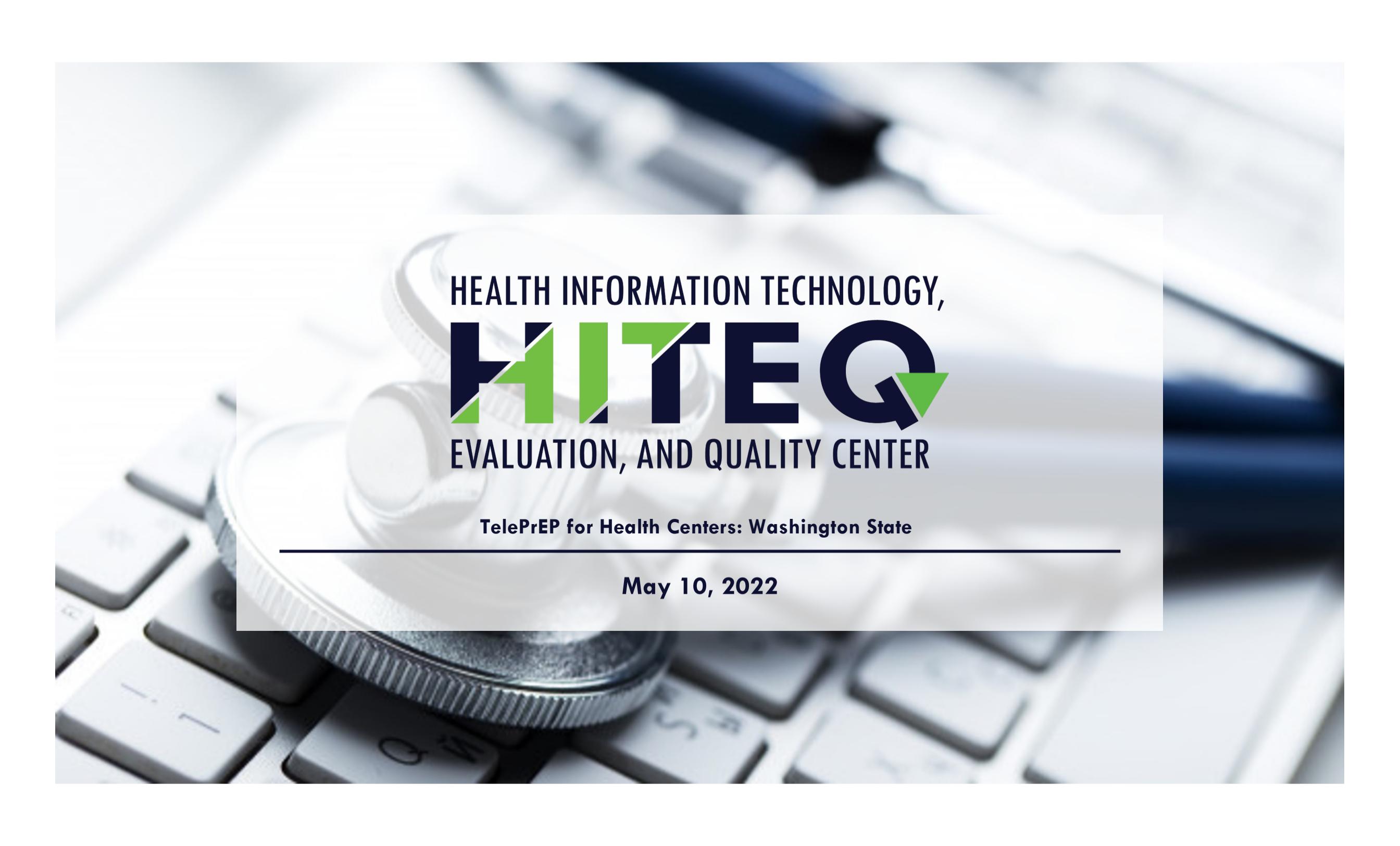


Interact and raise your hand with reactions.



Participate in discussion in the chat.

*This meeting is being recorded.  
Slides and a recording will be made available.*

The background of the slide is a blurred photograph of a medical stethoscope resting on a computer keyboard. The stethoscope's chest piece is in the foreground, and its tubing extends towards the top right. The keyboard keys are visible in the foreground and background, creating a sense of depth.

HEALTH INFORMATION TECHNOLOGY,  
**HITEQ**  
EVALUATION, AND QUALITY CENTER

TelePrEP for Health Centers: Washington State

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May 10, 2022



# **Shane McBride, MBA**

Founder & CEO, Chiron Strategy Group  
Health Center Enthusiast | Puzzle Solver

# Intro to HITEQ

The HITEQ Center is a HRSA-funded National Training and Technical Assistance Partner (NTTAPs) that collaborates with HRSA partners including Health Center Controlled Networks, Primary Care Associations and other NTTAPs to engage health centers in the optimization of health IT to address key health center needs through:

- A **national website** with health center-focused resources, toolkits, training, and a calendar or related events.
- **Learning collaboratives, remote trainings, and on-demand technical assistance** on key content areas.



**email us at [hiteqinfo@jsi.com](mailto:hiteqinfo@jsi.com)!**

## HITEQ Topic Areas

Access to comprehensive care using health IT and telehealth

Privacy and security

Advancing interoperability

Electronic patient engagement

Readiness for value based care

Using health IT and telehealth to improve Clinical quality and Health equity

Using health IT or telehealth to address emerging issues: behavioral health, HIV prevention, and emergency preparedness

# Today's Session

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Pre-exposure prophylaxis, or PrEP, has long been recognized as an effective treatment in the effort to end the HIV epidemic. A substantial number of individuals for whom PrEP would be recommended have limited geographic access to care, and HIV stigma is a persistent barrier to seeking and receiving preventive care.

While access to PrEP presents many unique challenges for health center populations, approaches and innovations in telehealth may allow health centers to address barriers faced by vulnerable populations in accessing HIV care, particularly in underserved areas. In partnership with the HITEQ Center, this learning session presents an overview of the telePrEP model, including its benefits, barriers, and considerations for getting started.

## Attendees of this session will be able to...

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1

Explain one or more benefit(s) of offering telePrEP.

2

Articulate one or more component(s) of the PrEP Care Continuum that is well suited to telehealth.

3

Discuss one or more potential barrier(s) to telePrEP that may be experienced, and how the barrier(s) may be overcome.

# Today we...

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## **will:**

- Discuss benefits to telehealth
- Discuss barriers to telehealth
- Learn about a model for implementation
- Dive into some of the challenges to implementation and how to overcome them
- Give information to help you determine next steps

## **will not:**

- Go deep into what PrEP is and why to provide it (although some resources will be provided)
- Discuss the regulatory and reimbursement environment (not my expertise)



# Agenda

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- TelePrEP Context
- Benefits and Barriers of TelePrEP
- TelePrEP Model
- Closing discussion

# What you've shared

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## Telehealth

- Most patients are wanting in clinic visits
- Less access to technology and less digital literacy
- Phone rather than video visits
- Reliability with connection
- More difficult with those who require interpreters
- Fairly robust telehealth program
- Patients actually prefer in-person appointments
- Some patients do not have required technology

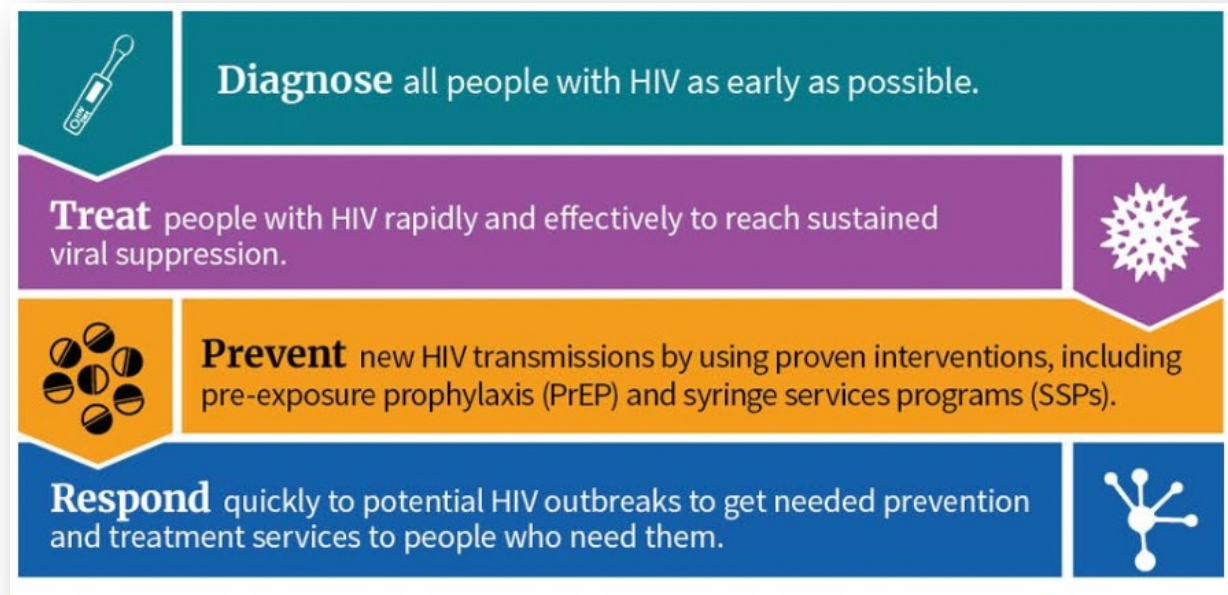
## PrEP

- Nurse team trained for PrEP telehealth visits
- Hesitancy or distrust of the healthcare system
- No point of care HIV testing
- A few specialized providers
- Minimal institution-wide knowledge or support
- Not a lot of patient awareness and adoption
- Only ID providers currently, want to expand
- PrEP is widely accessible and encouraged, though primarily through office visits
- Dependent on provider comfort levels



# TelePrEP Context

# HHS Ending the HIV Epidemic: Four Key Strategies



Prevention, primarily through PrEP, is one of four key strategies outlined by HHS

# HRSA provides significant funding for HIV prevention and treatment

FOR IMMEDIATE RELEASE  
September 16, 2021

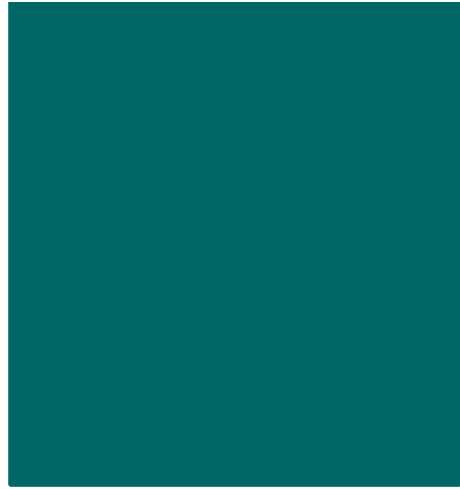
Contact: HHS Press Office  
202-690-6343  
[media@hhs.gov](mailto:media@hhs.gov)

## HHS Awards Over \$48 Million to Health Centers for Ending the HIV Epidemic in the U.S. Initiative

Today, the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), awarded over \$48 million to 271 HRSA-supported health centers across 26 states, Puerto Rico, and the District of Columbia to expand HIV prevention and treatment, including pre-exposure prophylaxis (PrEP) related services, outreach, and care coordination.

This investment is part of HHS' [Ending the HIV Epidemic in the U.S. \(EHE\)](#) initiative, which aims to reduce the number of new HIV infections in the United States by 90 percent by 2030. This funding will expand HIV prevention services that decrease the risk of HIV transmission in counties, territories, and states prioritized due to substantial HIV diagnosis. These awards will build upon fiscal year (FY) 2020 HRSA Health Center Program EHE awards by funding additional health centers in the EHE priority jurisdictions.

- \$99 million: FY2021 Ryan White HIV/AIDS Program Ending the HIV Epidemic in the U.S. (EHE) Awards
  - including **King County**
- \$29 million: FY2020 CARES Act Funding Ryan White HIV/AIDS Program Part C
  - including **Country Doctor Community Clinic** and **Harborview Medical Center**
- \$181 million: FY2019 Ryan White HIV/AIDS Program Part C Early Intervention Services (EIS) Awards



# **Benefits and Barriers of TelePrEP**

# Benefits of telePrEP

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Core activities are amendable to **telehealth**:

1. Assessing risk for HIV and indications for PrEP
2. Counseling about the risks and benefits of the medication
3. Evaluating and counseling about adherence

**Increased access:**

1. Geographic distance from care settings
2. Transportation and scheduling constraints
3. Ease confidentiality concerns
4. Reduce stigma that some may experience



## Discussion: Other Benefits of telePrEP?

Core activities are amendable to **telehealth** –

1. Assessing risk for HIV and indications for PrEP
2. Counseling about the risks and benefits of the medication
3. Evaluating and counseling about adherence

### **Increased access**

1. Geographic distance from care settings
2. Transportation and scheduling constraints
3. Ease confidentiality concerns
4. Reduce stigma that some may experience

# Barriers to succeeding with telePrEP

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1. Access to technology needed for video visits
2. Understanding or consistent connection for phone visits
3. Private area for patient to discuss histories of sexual behavior and drug use
4. Baseline lab testing prior to initiation, and then every 3 months thereafter
5. Those on PrEP experience a substantial risk for non-HIV STIs
6. Some STI symptoms are optimally assessed and treated in person
7. First line therapies for gonorrhea and syphilis are injectables administered by healthcare workers



## **Discussion: Ways to minimize barriers?**

1. Access to technology needed for video visits
2. Understanding or consistent connection for phone visits
3. Private area for patient to discuss histories of sexual behavior and drug use
4. Baseline lab testing prior to initiation, and then every 3 months thereafter
5. Those on PrEP experience a substantial risk for non-HIV STIs
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# TelePrEP Model

# TelePrEP model

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- 1 Needs and Readiness Assessment
- 2 Law and Policy Requirements Review
- 3 Policy and Protocol Development
- 4 Training
- 5 Service Set-up
- 6 Program Evaluation

Expanded from the [HITEQ Resource TelePrEP for Health Centers](#), June 2020

# Implement the model in phases

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- Phase 1: Pilot
- Phase 2: Expansion
- Phase 3: Established

- 1 Needs and Readiness Assessment
- 2 Law and Policy Requirements Review
- 3 Policy and Protocol Development
- 4 Training
- 5 Service Set-up
- 6 Program Evaluation

## 1 Needs and Readiness Assessment



Pre-Pilot

### **TelePrEP should be matched to the needs of the client/patient population:**

- Assess current gaps in PrEP services and current telehealth use
  - Target populations for PrEP tend to be younger, so more technologically able
  - The current state of your PrEP program has a huge impact on your decisions
- Develop cost model considering short- and long-term budgets
  - What will start-up costs be for each phase?
  - What are the human resource needs (training)?
  - Ongoing costs?
  - Revenue projections?

## 1 Needs and Readiness Assessment



Pre-Pilot

### **TelePrEP should be matched to the needs of the client/patient population:**

- Determine if health center can support in-house service or need outside partners
  - Three main components to PrEP:
    - Assessment by provider
      - Includes blood tests (HIV, Hepatitis B, Hepatitis C, STIs)
      - Includes sample collection (pharynx, rectum, urine) for STIs and pregnancy
    - Prescribing
    - Monitoring (every three months, lab testing, assessing side effects, adherence, need for ongoing PrEP)



## **Your Model will be informed by your Needs and Readiness Assessment**

### **For each phase:**

1. What patient population(s) are you targeting?
2. Which staff will be involved?
3. What are the minimum workflows needed?
4. What will be done remotely at the patient's home, remotely at another location, and onsite at the health center?
5. How will you evaluate success? (This is also Step 6)



## **Discussion: What patient population(s) are you targeting?**

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- What populations are some of you currently targeting or considering?
- Why are you considering those populations?
- What is your current sexual health program and how will this fit in?
- What is your current PrEP program and how will this extend the program?
- Are you more concerned with geography or reach within populations?



## **Discussion: Which staff will be involved?**

- For those of you who currently have a telePrEP program, can you describe which staff are involved?
- Which providers do you want to focus on for this phase?
- How can other staff extend the work of providers: Nurses, Medical Assistants, Community Health Workers?
- What operational staff are needed for this?



## **Discussion: What are the minimum workflows needed?**

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- How do you decide your “Goldilocks” of workflows for this stage?  
(Not too simple; not too complex)
  - Having no defined workflow leads to confusion and lack of progress
  - Having overly complicated workflows waste time and can also lead to confusion
- If you showed the workflows to a colleague who is not aware of this work, would they understand it?
- You need to incorporate both people/processes, and EHR utilization (reporting, documentation) into your workflows



## **Discussion:** What will be done remotely at the patient's home, remotely at another location, and onsite at the health center?

- What matches with your current practices?
- What do you want to build out for telePrEP?

### **Consider:**

- Assessment and ongoing monitoring by provider (this is easy to do remotely)
- Blood tests (HIV, Hepatitis B, Hepatitis C, STIs) – must either be onsite or remote at another location
- Sample collection (pharynx, rectum, urine) for STIs and pregnancy – can be done at patient's home, another location, or onsite
- Prescribing – consider local pharmacy, delivery, or both



## Discussion: How will you evaluate success?

- For those of you conducting telePrEP now, which phase would you say you are in, and how are you defining success?
- For each phase, change what your definition of success is:
  - Pilot:  
Consider number of patients, provider experience, patient experience
  - Expansion:  
Add in increase in patients and cost model moving toward profit-neutral
  - Established:  
Add in overall reach, meeting original goals, cost model is profit-positive



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**Federal, state, and local laws and policies impact PrEP access:**

- Review consent laws and policies related to telehealth in Washington
- Review laws related to HIV access and consent, particularly minors' capacity to access STI or HIV services without parental/guardian consent

**Two useful resources:**

[State Telehealth Laws and Reimbursement Policies Report, Spring 2022, Center for Connected Health Policy](#)

[Minors' Consent Laws for HIV and STD Services, CDC](#)

### 3 Policy and Protocol Development



Post-Pilot

**Health centers should consider identify informed consent procedures and confidentiality protocols for PrEP patients:**

- Develop local policies; integrate into standard care processes
- Develop safety and emergency protocols
- Modify informed consent if needed

## 4 Training



All Phases

### **TelePrEP required defined training and competency requirements:**

- Determine if all providers or specific providers are providing TelePrEP services
- Assess training needs and provide service-specific training
- Review national best-practice guidelines
- Identify local telehealth and PrEP champions

## 5 Service Set-up



All Phases

**The space and security of TelePrEP equipment and setup should be considered:**

- Develop project plan and select technology to be used
- Technology can likely be the same as other telehealth services provided; privacy and security are critical considerations
- Test technology and infrastructure
- Develop marketing/service awareness



## **Discussion: How will raise awareness?**

The other questions about telehealth are already answered for most health centers (this resource was written at the start of the pandemic)

### Consider:

- What patient populations will you target?
- How embedded is regular questioning about sexual health, including number of and choice of partners, STI education and testing?
- What talking points do you want all staff to have?
- How will you communicate this to patients?
- What will you advertise within the health center? [consider bathrooms]

## 6 Program Evaluation



All Phases

**Successful TelePrEP implementation requires careful planning of what works and what doesn't work:**

- Plan program evaluation
- Pilot programs
- Ongoing program evaluation



We covered this when we discussed the model



# Closing Discussion



**What is one thing you can implement immediately based on today's training?**



**What is an area you want to explore more based on today's training?**

# Clinical resources for PrEP

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- [PrEP Basics](#). Outlines the basics of prevention through PrEP from the Centers for Disease Control and Prevention (CDC).
- [Learning About PrEP](#). Answers Frequently Asked Questions about PrEP from CDC.
- [Preventing New HIV Infections Guidelines](#). The listed guidelines and related implementation resources provide guidance about prevention strategies and services that can prevent or diagnose new HIV infections and link individuals at risk to relevant prevention, medical and social services.
- [National LGBTQIA+ Health Education Center](#). More than 60 resources on PrEP – multiple webinars/courses, as well as the [PrEP Action Kit](#), a clinical resource to help providers treating LGBTQIA+ patients or patients at risk of HIV infection incorporate PrEP into their practices, including tips on taking a comprehensive sexual history, frequently asked questions about PrEP and information on PrEP prescribing and monitoring.

# Thanks! [Additional Resources]

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There are many resources available to learn more. These sites were some of the many places which contributed content to this presentation and where I seek out information to become more knowledgeable about HIV, PrEP, and telePrEP:

1. [Centers for Disease Control and Prevention](#)
2. [HRSA Ryan White HIV/AIDS Program](#)
3. [The National LGBTQIA+ Health Education Center](#)

# Questions? Feedback?

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Email: [hiteqinfo@jsi.com](mailto:hiteqinfo@jsi.com)

Phone: [1-844-305-7440](tel:1-844-305-7440)

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of awards totaling \$779,625 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](http://HRSA.gov).



**Stay in touch!**

**Shane McBride, MBA**

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# THANK YOU

Please complete our short  
evaluation. The link is in the chat.

The recording and slides will be sent to you this  
week.



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