

Implementation of a TelePrEP Program in Partnership with State and County Health Departments in South Carolina

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Context



The South accounts for more than half of incident HIV infections in the US annually, despite being home to less than 40% of the US population¹



South Carolina (SC) is a priority state targeted by the federal Ending the HIV Epidemic initiative due to its rural burden of HIV

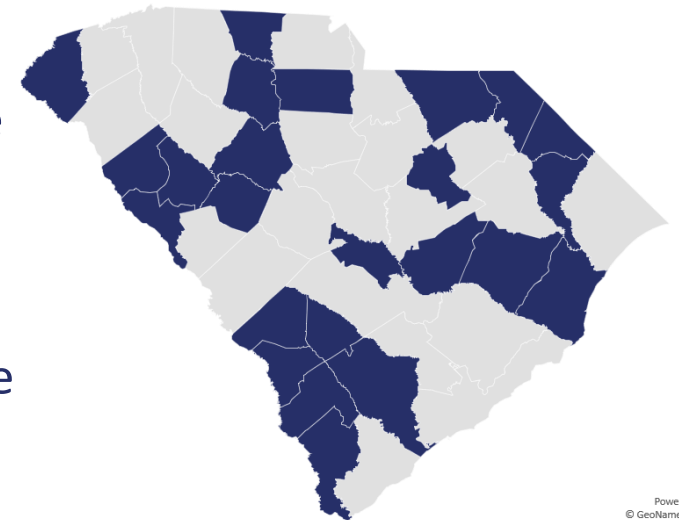


With 54% of SC counties classified as rural, telehealth has the potential to reach individuals at risk of HIV acquisition who may not otherwise be able to access pre-exposure prophylaxis (PrEP)²



Local health departments are present in all 46 counties across South Carolina and serve at risk populations that may be candidates for PrEP

Rural South Carolina Counties

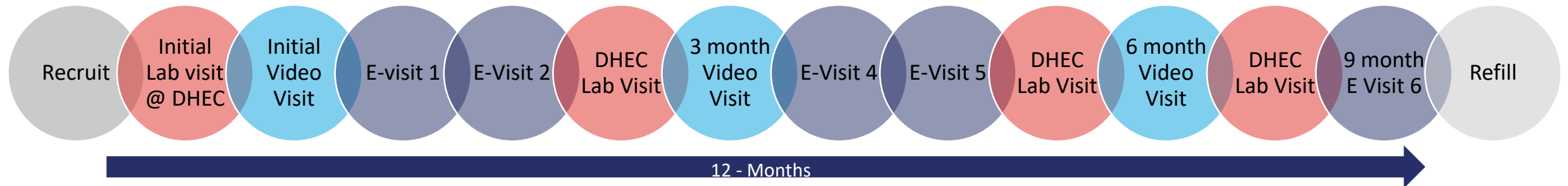


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Objective and Study Design

- **Objective:** Evaluate the feasibility and acceptability of PrEP delivered through a telehealth model, assessing patient satisfaction and adherence
- **Study Design:** A 12-month clinical program conducted in partnership with the South Carolina Department of Health and Environmental Control's (SC DHEC) Lowcountry public health region.
 - Participants offered lab, video, and e-visit appointments throughout the program



Data Set & Outcome Measures

- **Data set:** Data collected via RedCap surveys at initiation of the program and EHR review of e-visits completed one-month after a participant's first video visit
- **Outcome Measures:** PrEP adherence assessed during e-visits using the Simplified Medication Adherence Questionnaire (SMAQ), a six-item questionnaire used to assess adherence.³
- Participants are considered adherent if they answered no to questions 1,2,3, and 5 and they reported missing 2 or less doses on questions 4 and 6.
- Clinical outcomes include reported condom usage during all sexual encounters. HIV risk perception was also explored.

SMAQ

1. Do you ever forget to take your medication?
2. Are you careless at times about taking your medications?
3. Sometimes, if you feel worse, do you stop taking your medications?
4. Thinking about this last week, how often have you not taken your medication?
5. Did you not take any of your medication over the past weekend?
6. Since your last visit with us, how many days have you not taken any medication at all?

Results-

Initial RedCap Survey (n=40)



78.9% identify as male



55% aged 18-29 years old



47.5% Black/African American



7.5% Hispanic or Latino



43.6% Reported having a primary care provider

26.7% Reported being last seen more than 1 year ago

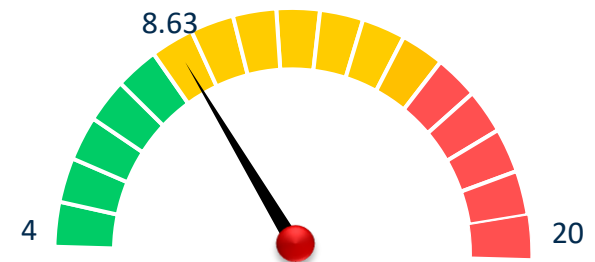


35.0% Reported not having medical insurance



51.3% Reported working full-time

Average perceived risk of
HIV score



Results – E-visit 1 (N=19)



At 1 month after initiation of PrEP, program participants were asked to complete an e-visit



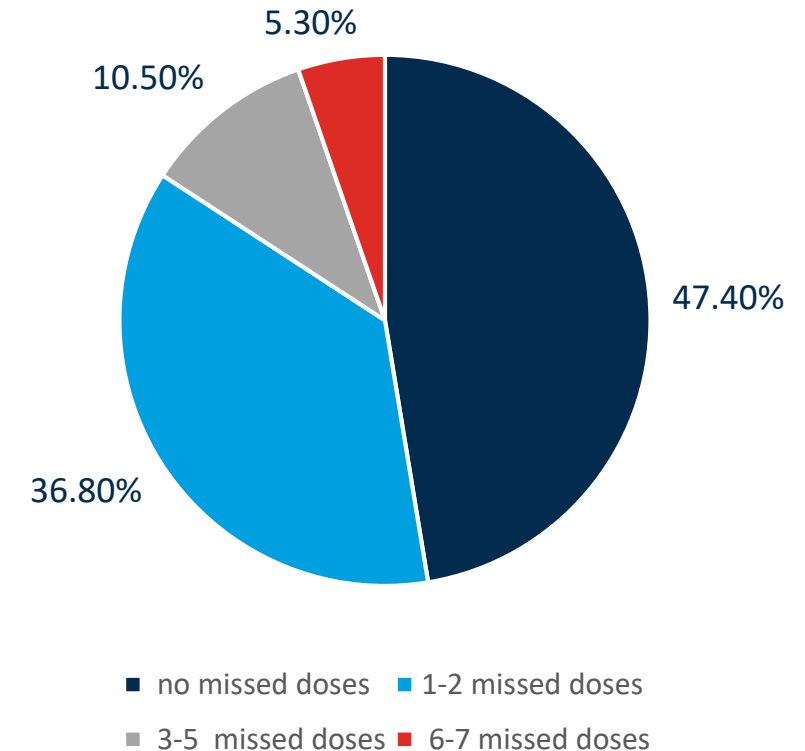
Results from the first e-visit showed:

- 57.9% medication adherence using SMAQ
- 84.2% of participants took at least 5 doses/week
 - suggests protection from HIV acquisition
- 36.8% reported no condom use when engaging in anal or vaginal sex



100% of participants wanted to continue taking the medication at the time of this visit

Missed doses in a week as self-reported by individuals enrolled in the TelePrEP Program



Limitations and Conclusions

- This combination synchronous/asynchronous telemedicine program demonstrates at risk participants can be recruited and enrolled in a telePrEP program
- Through utilization of video (synchronous) and e-visits (asynchronous) in partnership with local health departments, at risk individuals can be initiated on and adherent to PrEP therapy
- Our data currently only assesses adherence through month 1 of the program
- Continued assessment at subsequent video and electronic visits will address longer term adherence to this telePrEP program

Thank You!

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References

1. Centers for Disease Control and Prevention National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. (2019, September). HIV in the Southern United States.
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3. Knobel, H., Alonso, J., Casado, J. L., Collazos, J., González, J., Ruiz, I., Kindelan, J. M., Carmona, A., Juega, J., & Ocampo, A. (2002). Validation of a simplified medication adherence questionnaire in a large cohort of HIV-infected patients: The geema study. *AIDS*, *16*(4), 605–613. <https://doi.org/10.1097/00002030-200203080-00012>