

## INTRODUCTION

HIV pre-exposure prophylaxis (PrEP) is a medication to prevent HIV infection. Clinic protocols recommend quarterly clinic follow-up visits for patients on PrEP. However, in-person visits may be a barrier to PrEP initiation and retention. Offering patients the option of in-person or telehealth visits may increase PrEP uptake and retention. This is particularly important in Mississippi, which has one of the highest rates of new HIV infection in the United States, but has low clinical capacity to provide PrEP.

## METHODS

UPrEPMS, a clinic-based PrEP program located in Jackson, Mississippi, started offering PrEP to patients in 2018. Per UPrEPMS protocol, patients can have an initial PrEP “consultation” in-person or via telehealth; patients interested in starting PrEP complete their baseline labs, get a prescription for PrEP, and are scheduled to see a clinical provider for a clinical evaluation. Patients can choose to have their clinical evaluation in-person or via telehealth.

In this evaluation, we describe the proportion of patients who chose to complete their consultation and clinical evaluations in-person or via telehealth, and examined differences in process measures between these two groups using chi-square tests.

For the clinical evaluation, we describe differences in services provided to patients (PrEP education, adherence counseling, sexual risk reduction counseling, discontinuation counseling, and review of lab results) who were seen in-person versus via telehealth.

## RESULTS

From August 2018 to September 2021 there were 199 patients who had an initial consultation to start PrEP (Table 1); 40% were less than 25 years old, 73% were male sex at birth, and 73% reported being Black race.

Forty-five percent (89 of 199) of the initial consultations were completed via telehealth. There were no differences in age and race/ethnicity of individuals who had telehealth consultations vs. in-person consultations; however, the percent of women who opted for in-person consultations was higher than men (68% vs. 51%, P=0.03). Ninety-eight percent of individuals who had a consultation were interested in starting PrEP; those who had a telehealth consultation were slightly more likely to be given a PrEP prescription (97%) compared to those who had a consultation in person (91%). Patients with a telehealth consultation were significantly more likely to pick up their PrEP prescription compared to patients who attended an in-person consultation (56% vs 32%; P=0.01). (Table 2)

There were 193 individuals who attended a clinical evaluation (Table 3); 38% were telehealth visits.

There were no significant differences in the types of services provided to patients when comparing those who attended an in-person versus telehealth clinical evaluation.

Table 1: Characteristics of patients initiating PrEP by type of contact (N=199)

Characteristics	Total N = 199	Telehealth N = 89	In Person N = 110	P-value
Age				0.31
<25	79 (39.7)	32 (36.0)	47 (42.7)	
25-34	70 (35.2)	30 (33.7)	40 (36.4)	
35-44	28 (14.1)	17 (19.1)	11 (10.0)	
>45	22 (11.1)	10 (11.2)	12 (10.9)	
Sex at birth				0.03
Male	146 (73.4)	72 (80.9)	74 (67.3)	
Female	53 (26.6)	17 (19.1)	36 (32.7)	
Race/ethnicity				0.49
Black	145 (73.3)	60 (69.0)	85 (77.3)	
White	40 (20.3)	22 (25.3)	18 (16.4)	
Latinx	7 (3.6)	3 (3.5)	4 (3.6)	
Other	5 (2.5)	2 (2.3)	3 (2.7)	

Table 2. Outcomes/process measures of patients initiating PrEP, by type of contact (N = 199)

Outcomes/process measure	Telehealth N = 89	In Person N = 110	P-value
Client interest in starting PrEP			0.19
Client interested	89 (100.0)	106 (96.4)	
Client not interested	0 (0.0)	2 (1.8)	
Client unsure	0 (0.0)	2 (1.8)	
Client given a PrEP prescription*			0.11
Yes	85 (96.6)	99 (90.8)	
No	3 (3.4)	10 (9.2)	
Client picked up PrEP prescription*			0.01
Yes	34 (55.7)	19 (32.2)	
No/Unsure	27 (44.3)	40 (67.8)	
Preferred method of PrEP follow-up care*			<0.01
Telehealth	22 (25.0)	3 (2.8)	
In clinic	66 (75.0)	106 (97.2)	

Table 3. Activities at first clinical evaluation, by type of contact (N = 193)

Activities	Telehealth N = 74	In Person N = 119
Review lab results	65 (87.8)	102 (85.7)
PrEP education/counseling	74 (100.0)	115 (96.6)
Adherence counseling	74 (100.0)	119 (100.0)
Sexual risk reduction counseling	74 (100.0)	118 (99.2)
Discontinuation counseling	59 (79.7)	90 (75.6)
PEP education	2 (2.7)	5 (4.2)

## CONCLUSION

In our PrEP clinic which offers both in-person and telehealth visits, we observed a high uptake of telehealth visits for the initial consultation and clinical evaluation. This hybrid format of PrEP initiation and care may increase PrEP uptake and has potential to increase retention.

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