

Initiation and Evaluation of a Telemedicine Program for HIV Pre-exposure Prophylaxis (TelePrEP) in Rural South Carolina

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BACKGROUND

The southern US 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)¹

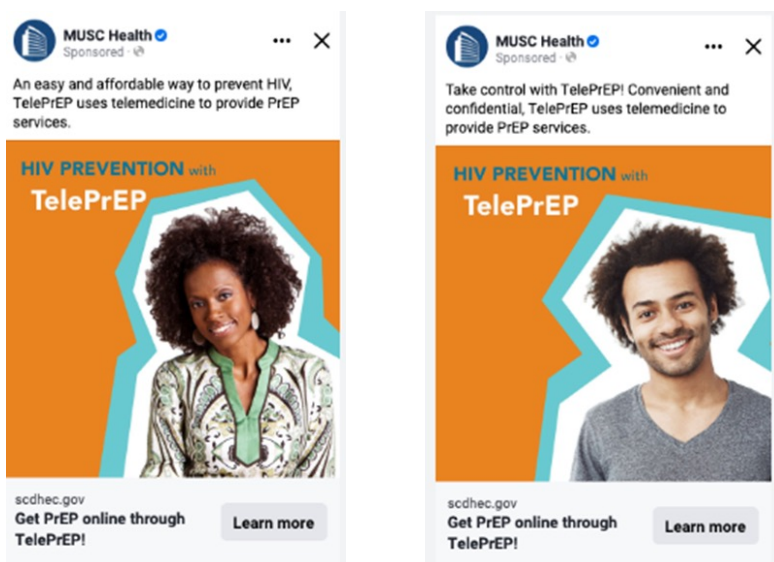
Local health departments are present in all 46 counties across South Carolina and serve at risk populations that may be candidates for PrEP

METHOD

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) 11-county Lowcountry public health region.

- The program is 12 months in length and involves:
 - Lab Visits** – every 3 months @ preferred DHEC clinic site
 - Video Visits** - with an MUSC provider
 - E-Visits** – monthly email and web-based questionnaires
 - Social Media Campaign**



Data set: Data collected via REDCap surveys at initiation of the program and EHR review of patient participation in the program protocol of video visits, lab testing, and e-visits

Outcome Measures include:
-Demographics of enrolled participants

-Adherence to the program protocol

-PrEP adherence assessed with e-visits using 6-item Simplified Medication Adherence Questionnaire (SMAQ)²

-4-question HIV risk perception survey

-patient satisfaction with program



RESULTS

TelePrEP Referrals & Enrollment

March 2021 - April 2023

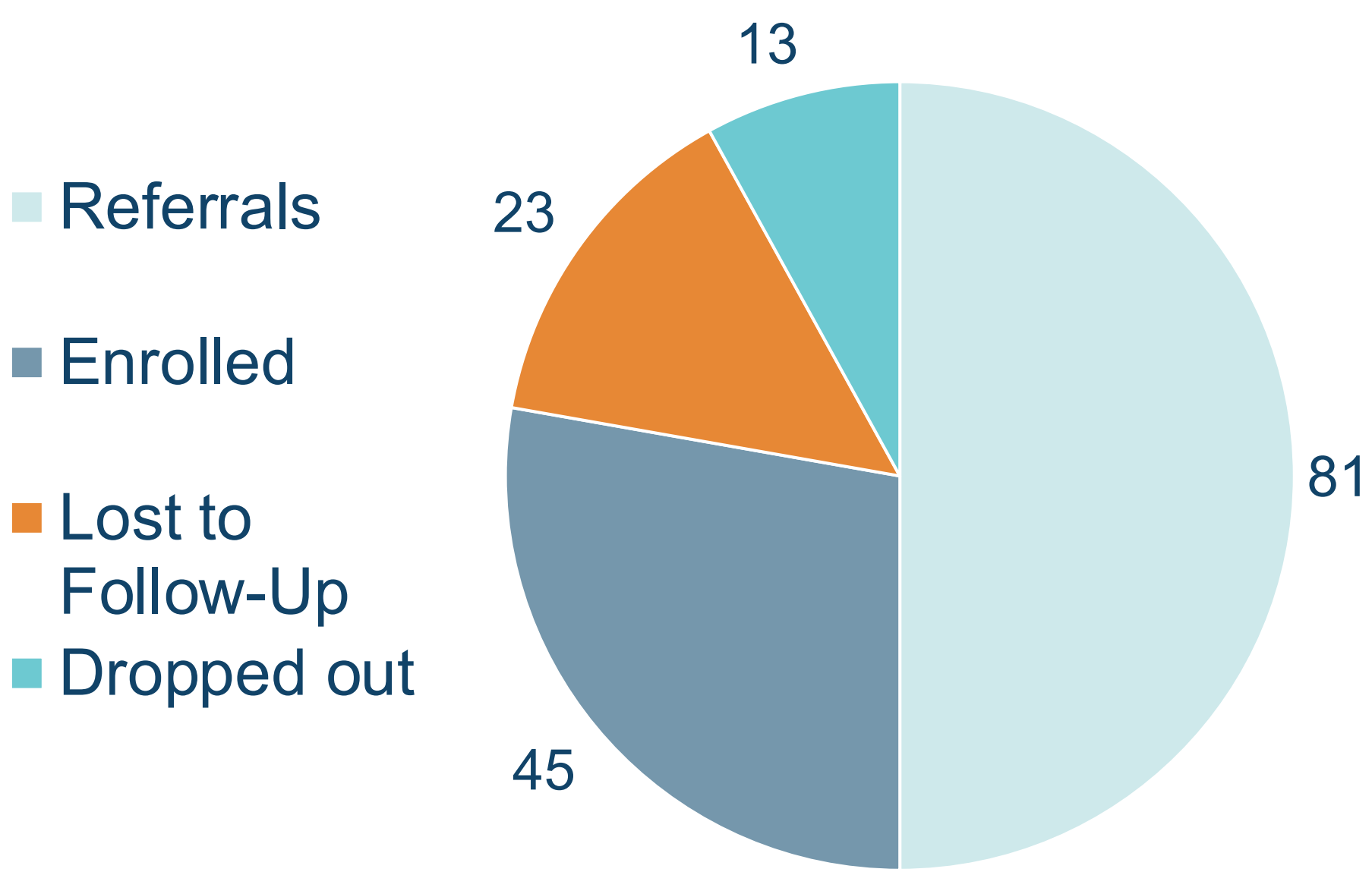
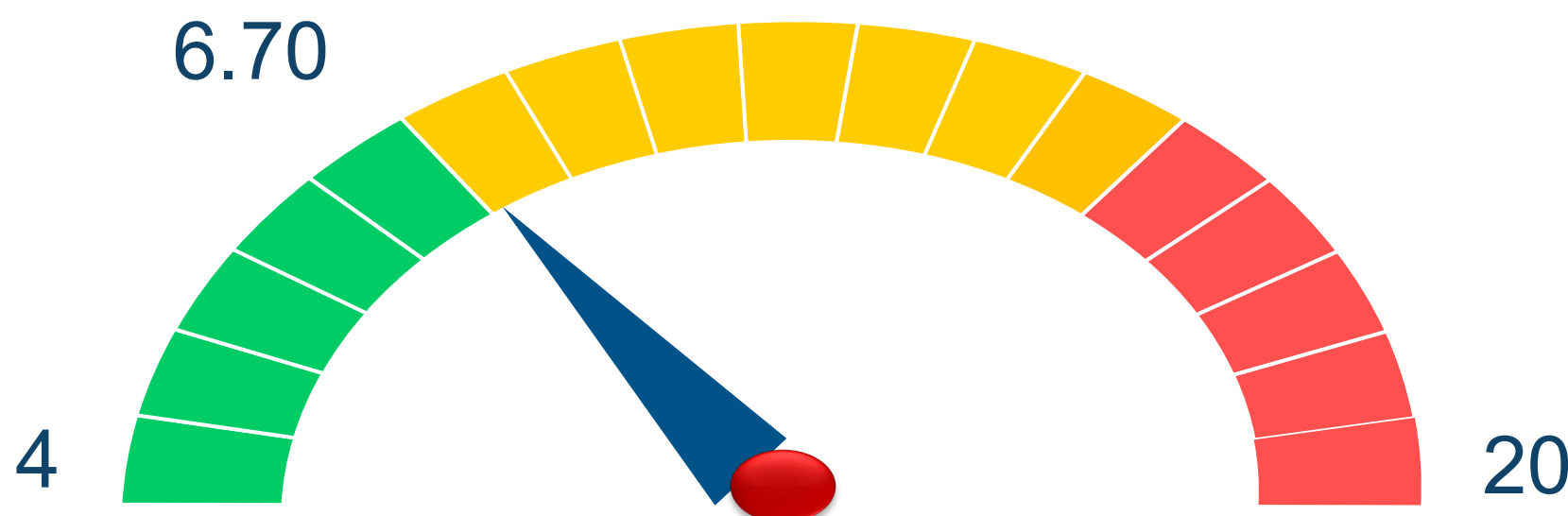


Figure 1. TelePrEP Project (March 2021-April 2023) Participant Demographics

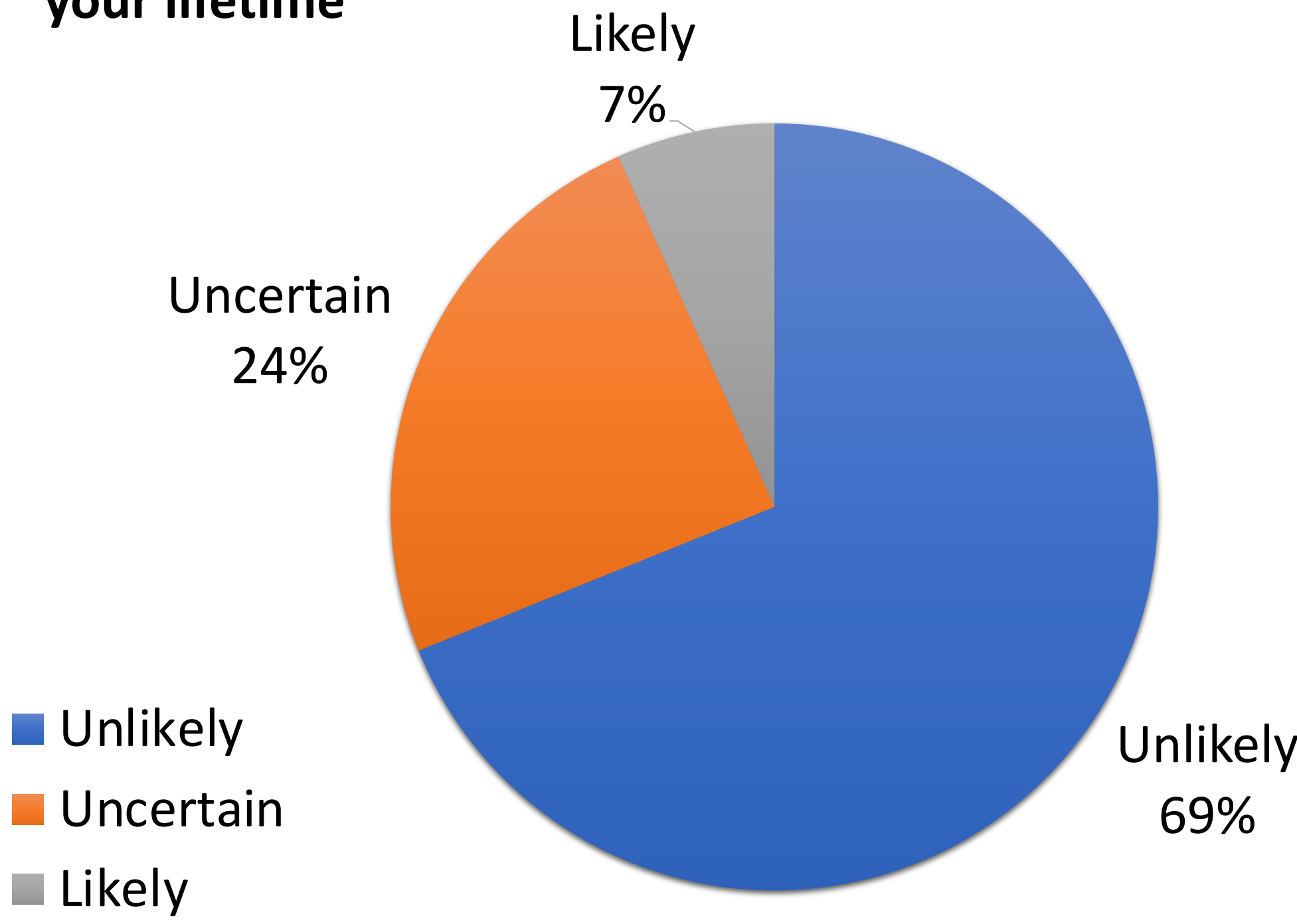
	#	%
Age (N=45)		
Age range	18-66 years	
Average age	32.1	
Race (N=45)		
White	19	42%
Black	21	47%
Asian	4	9%
Other/Don't Know/No Answer	1	7%
Gender (N=45)		
Male	34	79%
Female	6	14%
Transgender	1	2%
Non-binary	2	4%
Choose not to answer	2	4%
Sex assigned at Birth (N=45)		
Male	39	87%
Female	6	13%
Insurance Status (N=45)		
Uninsured	20	30%

Figure 2. AVERAGE PERCEIVED RISK OF HIV

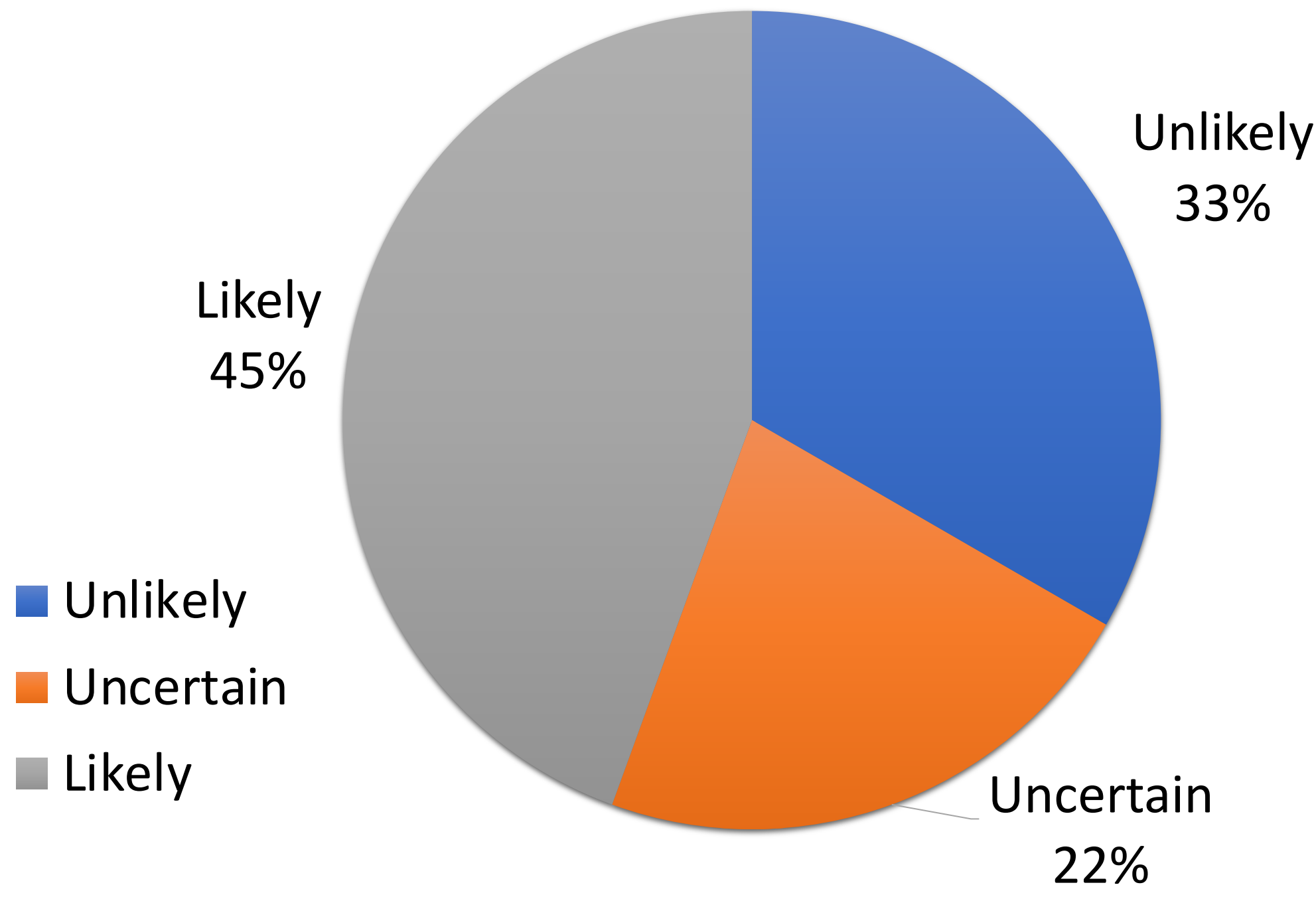
Four-Question (5-point Likert Very unlikely to Very likely) self reported survey of participant HIV risk perception.



Chances you will become infected with HIV in your lifetime



Things that you have done have increased your chances of getting HIV?



CONCLUSIONS

Tele-PrEP program in rural SC can provide prevention services to an underserved at-risk population:

Diversity: recruited a diverse group of participants, with representation from various races/ethnicities, genders, and age groups

Target population reached: reached at-risk populations, as demonstrated by the high number of uninsured participants (30%)

Improved access to HIV prevention and reduced healthcare disparities: for individuals in rural and under-resourced areas of South Carolina.

SUMMARY

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

Continued assessment at subsequent video and electronic visits will address longer term adherence to this TelePrEP program as well as sustainability

- Partnerships with groups who work with populations at increased risk of HIV acquisition is key to facilitate recruitment and retention in a TelePrEP program.

REFERENCES

- Federal Office of Rural Health Policy. (2021, September 1). List of Rural Counties And Designated Eligible Census Tracts in Metropolitan Counties.
- 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>