CALIFORNIA HIV / AIDS POLICY RESEARCH CENTERS

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New Report Highlights the Role of Telehealth in Improving Access to PrEP

While "tele-PrEP" provides an additional way to access PrEP, challenges remain and little is known about how effectively tele-PrEP can address disparities in PrEP use and adherence

Even before the COVID-19 pandemic, HIV pre-exposure prophylaxis (PrEP) became more accessible outside of traditional clinical settings through websites, apps, and other programs that offer PrEP via telehealth. The use of telehealth to provide PrEP ("tele-PrEP") has the potential to address longstanding disparities in PrEP use, but little is known about the current tele-PrEP environment.

To better understand this emerging method of PrEP access, a new Kaiser Family Foundation (KFF) report, funded in part by the Southern California HIV/AIDS Policy Research Center (SCHPRC), provides an overview of the tele-PrEP landscape, including how PrEP services are provided as well as barriers and facilitators to tele-PrEP service delivery. "This report marks and important step forward in understanding how tele-PrEP is being implemented in California, the state with the largest number of tele-PrEP users," said Ian Holloway, Professor of Social Welfare at the UCLA Luskin School of Public Affairs, and Co-Director of SCHPRC, "This novel approach to providing PrEP services has the potential to increase access to this HIV prevention strategy."

Based on in-depth interviews conducted at the end of 2021, respondents included representatives from major national telehealth companies (those serving all or large portions of the U.S.) providing tele-PrEP and other select tele-PrEP programs. The report also highlights two-state run programs – California and Iowa – and four community-based clinics that offer tele-PrEP programs. Collectively, the organizations included in the report are estimated to provide tele-PrEP services to over ten thousand clients.

The report found that while tele-PrEP offers an additional avenue for accessing PrEP, little is known about how effectively tele-PrEP can be used to increase access and adherence overall or address disparities in PrEP use as well as how the client experience of tele-PrEP compares to in-person PrEP services. And despite its potential, significant access challenges to tele-PrEP remain, including insurance barriers, policies that hamper uptake, and knowledge gaps among both individuals and providers. Other key highlights from the report include:

- Tele-PrEP programs have different operational models and financing structures, each with implications for patient costs and company/program revenue. In some cases, services are

offered for free to clients but more than half of private companies interviewed charge a fee. Some, but not all, work to enroll uninsured and underinsured patients in assistance programs or insurance coverage. Programs and companies generated revenue through fees charged to clients or organizations who contract with the private companies as well as through the 340B drug discount program.

- Clients served were mostly cisgender men who have sex with men in their 20s and 30s. Among interviewees who provided estimates, between 23% and 55% of patient populations were people of color. Insurance coverage distribution ranged significantly by tele-PrEP provider. The national tele-PrEP companies serve clients in all states, with most clients in California, Texas, Florida, Georgia, and New York.

- About half of respondents reported conducting visits primarily or exclusively via live video (i.e. using synchronous methods), one primarily uses asynchronous methods (e.g., via text, email, or delayed chat instead of phone or video), and about half use a hybrid approach.

- Laboratory services, a central component to PrEP initiation and related ongoing care, and prescribing patterns also varied. For example, some respondents primarily used home lab collection kits while others referred patients to in-person labs. In some cases, this was based on client preference, and in others in response to legal barriers. Likewise, some providers primarily offer generic PrEP while others tend to favor prescribing branded drugs, a choice that was typically tied to program design.

- Some programs are primarily focused on PrEP provision, while others offer additional select services, and some provide PrEP as part of a comprehensive clinical program. All programs have a process for connecting people who are diagnosed with HIV to care and either can treat other sexually transmitted infections (STIs) or have linkages to STI care.

- Respondents offered a range of reasons for providing tele-PrEP. While the private companies stood to earn a profit from their PrEP programs, the predominant reason given for offering this service across all respondents was to provide wider access to PrEP and some tied this objective to reaching the national goal of "ending the HIV epidemic."

- Facilitators to tele-PrEP provision included multi-state licensing, developing partnerships with community-based organizations, use of marketing, and assisting uninsured clients with insurance enrollments. Barriers included the challenge of working with insurance companies and Medicaid, laws prohibiting some aspects of telehealth, and retention of patients in PrEP services.

- A spotlight on tele-PrEP provision in California reveals a changing landscape in the state. For example, Senate Bill 159 prohibited the use of prior authorization and step therapy for PrEP in most cases, which was cited as a benefit to the provision of tele-PrEP. In addition, Senate Bill 306 requires health plans to cover at-home tests for HIV and STIs which may further improve access and reimbursement for tele-PrEP services.

While SCHPRC provided funding for this study, KFF maintains full editorial control over all of its policy analysis, polling, and journalism activities. Download the full brief.