



High-Impact HIV Prevention
Capacity Building Assistance
for Healthcare Organizations

Utilizing Technology To Overcome Access Barriers In A Rural Jurisdiction

TelePrEP



Shannon Wood, B.A.

*Lead Disease Intervention Specialist
Iowa Department of Public Health*



Cody Shafer

*Early Intervention Services / PrEP Coordinator
Iowa Department of Public Health*



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Presentation Overview:

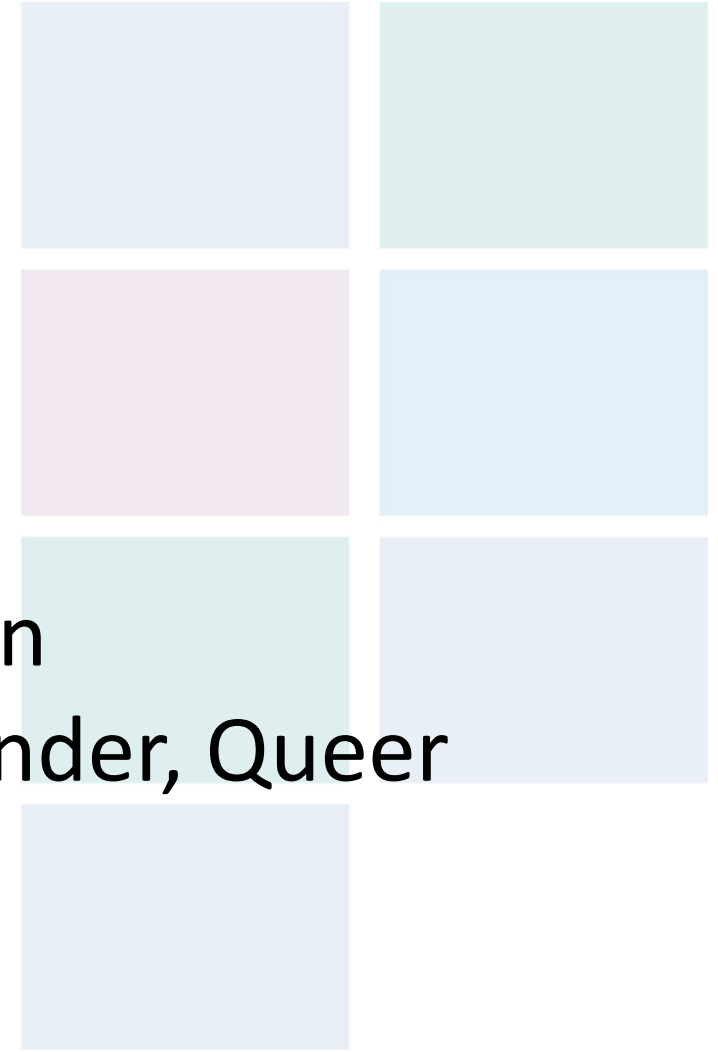
- Highlight special considerations for PrEP delivery in rural settings.
- Overview of Iowa TelePrEP clinic model.
- Public health partnered model explanation.
- Review of clinic phased scale-up plans.
- Initial results and data.





Acronyms

- PrEP: Pre Exposure Prophylaxis
- CBO: Community Based Organization
- DIS: Disease Intervention Specialist
- MSM: Man who has sex with other men
- LGBTQ: Lesbian, Gay, Bisexual, Transgender, Queer
- STI: Sexually Transmitted Infection





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Why Iowa?

And then How?



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- 42 year old MSM (non gay/bisexually identified) in a primary relationship with a female. MSM contact occurs infrequently with reported use of barrier method >90% of the time. Travels 75+ miles to access rapid HIV screening services on a regular basis (even with a CTR Site in his local jurisdiction) for fear of disclosure by a service provider within his community.
- 34 year old MSM reached out to his provider for PrEP. Provider said they would discuss PrEP at his next appt. No HIV test was done at this visit even though he asked for it. 2 months later he returned and again asked for PrEP and an HIV test due to swollen glands. Provider did a biopsy and said everything was fine. Again, no HIV test was done. 4 months later he was a contact to GC and went to an urgent care, they ran an HIV test and it was positive.



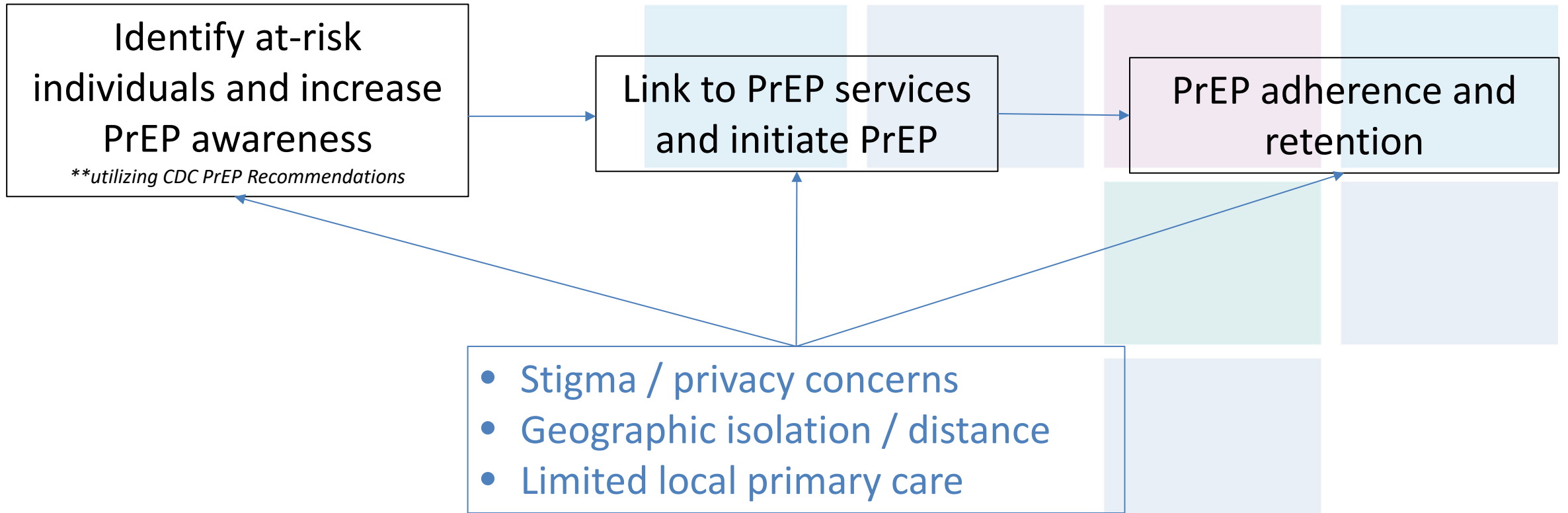


Barriers to Delivering PrEP in Rural Communities

- Stigma and privacy concerns
- Geographic isolation / distance to PrEP providers
- Shortage of local and willing primary care services



Rural Barriers Act at All Stages of The PrEP Continuum



Rural PrEP Delivery Models Must:

- Identify individuals at risk for HIV and increase PrEP awareness
- Efficiently scale-up geographically to serve large numbers of at-risk individuals in a dispersed population
- Overcome barriers related to stigma and distance



Iowa TelePrEP is More than Telemedicine

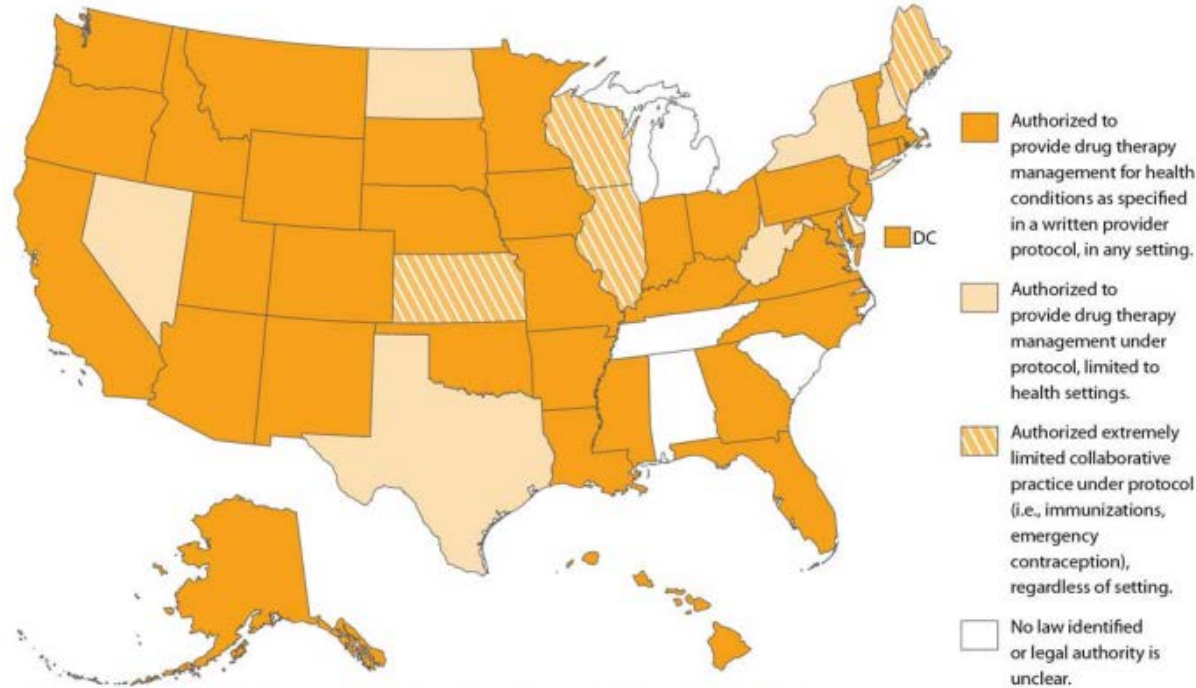


- Integrates University of Iowa Healthcare and Iowa Department of Public Health Programs
- Collaborative pharmacist practice model
- Mobile telemedicine visits to overcome stigma and distance



Collaborative Practice

Figure 1. Map of States with Laws Explicitly Authorizing Pharmacist Collaborative Practice Agreements, 2012



Note: Physician delegation is considered permissive in MI and WI, allowing physicians and pharmacists to enter into CPAs.

https://www.cdc.gov/dhdp/pubs/docs/translational_tools_pharmacists.pdf

- **Collaborative Practice**
 - Protocol driven
 - USPHS/CDC guidelines
 - Approved by UIHC Pharmacy & Therapeutics Committee
 - Collaborative practice agreement
 - Create formal relationships between MDs-PharmDs that allow for expanded services the PharmD can provide to patients
 - State-specific
- **Overcoming Rural Barriers**
 - Limited local primary care





Iowa TelePrEP is More than Telemedicine: Virtual Visits

- Telehealth
 - In-home (laptop, tablet, phone)
 - Vidyo[®] Application
 - Secure / HIPAA Compliant
 - Compatible with rural broadband speeds
 - Telemedicine law
 - <http://www.cchpca.org/state-laws-and-reimbursement-policies>
- Overcoming Rural Barriers
 - Geographic isolation / distance
 - Privacy



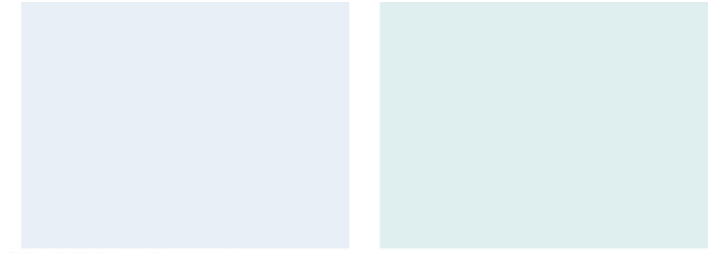


Public Health Collaboration

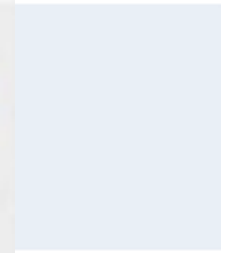
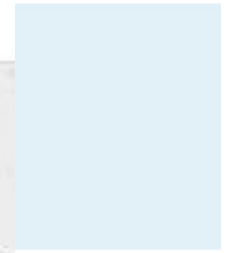
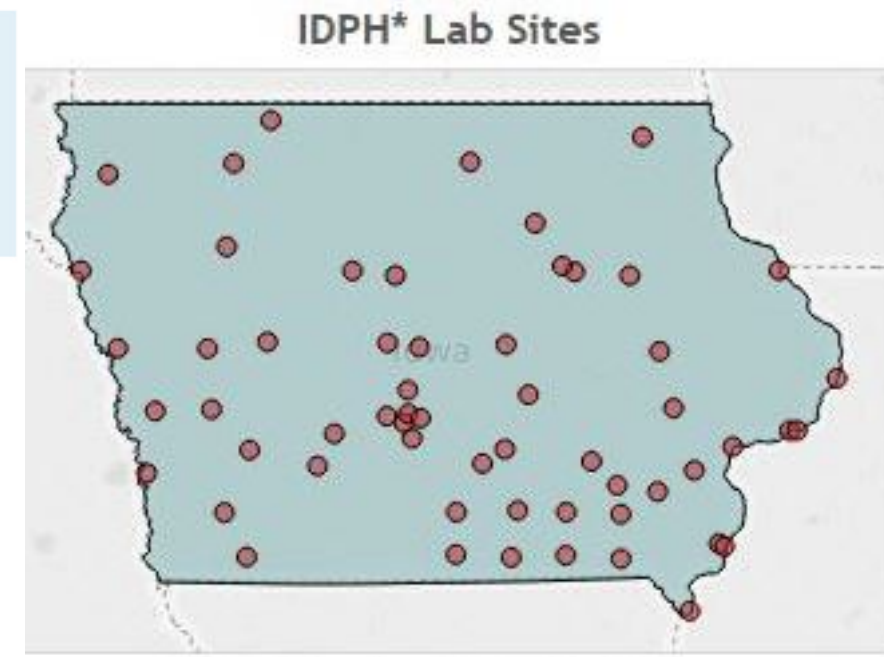
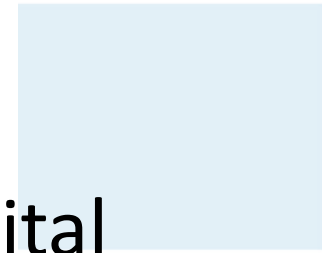
- PrEP screening, education, and referral in statewide public health clinics; Partner Services / DIS; and Counseling, Testing and Referral
- Leverage statewide network of public-health-affiliated laboratory sites for monitoring / STI testing
- Refer clients with + STI screens back to local DIS for follow up and treatment



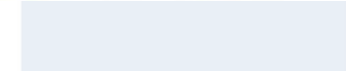
Local Laboratory Sites



- Blood draws
- Self-swab for extragenital GC/CT screening
- Critically distant from client residence?



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Public Health Short Term Benefits

- Increases access to PrEP to individuals who cannot currently see a provider in their local area.
- Makes PrEP available to individuals who would never access it in a traditional community setting.
- Demedicalizes PrEP delivery.
- Integration with PH programs ensures that those who are most at-risk are given choices for prevention and access.





Clinic Scale Up & Implementation

- The clinic began accepting patients from a small geographical region for pilot testing in February of 2017.
- Beginning in February of 2018 the clinic will expand to provide coverage to the Eastern Half of Iowa.
- By the conclusion of 2018 the clinic will offer services to all Iowans.



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Year 1 in Review: Data Highlights

115 unique
referrals into the
program.

73 completed
visits

13 patient STI
diagnosis

13 patient STI
treatments

43 vaccine
recommendations

1 identified
pregnancy
(unknown at
intake)





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Thank You!

*Shannon Wood & Cody Shafer
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