



2024 CHIPTS HIV NEXT GENERATION CONFERENCE

PrEP Retention and Disparities – Comparing Telehealth and in-clinic clients

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HIV/AIDS in Texas

- Texas is second largest and second most populous state in USA
- In 2018, it registered the second highest number of new diagnoses in USA
- Gay men and other men who have sex with men (MSM) have historically experienced highest burden of HIV in Texas
- It is home to several big fast track cities - Austin, Dallas, Houston and San Antonio



Image source: Bloomberg

Center for Health Empowerment

- A Nonprofit organization started in 2016
- 340b status certified
- Serving entire Texas through Telehealth and with clinics in Austin and Dallas
- Targeted focus on people of color and young people



340bwell

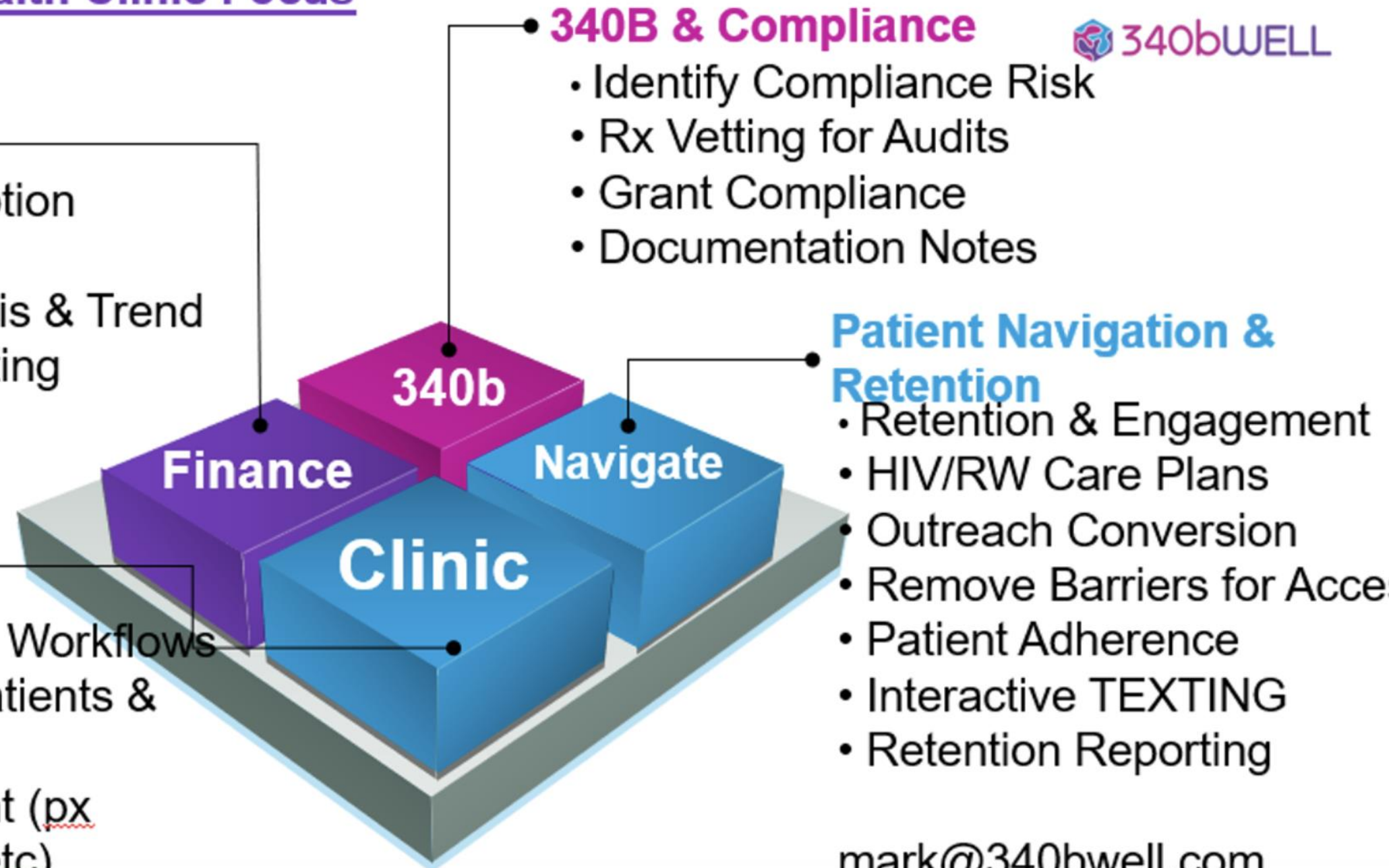
Sexual Health Clinic Focus

Finance

- Monthly Prescription Reconciliation
- Revenue Analysis & Trend Interactive Reporting

Clinic Management

- Customize Clinic Workflows
- Keep Track of Patients & Providers
- Task Management (px requests, needs, etc)



- Streamline the way sexual health and wellness clinics operates
- Integrates with pharmacy, ERM, insurance and other systems
- Solves the puzzle of clinical, financial, and administrative problems
- 340bwell is used by clinics in Texas, Florida, Tennessee and California

How does Telehealth works for PrEP?

- PrEP has multiple steps and involves a variety of healthcare providers
- The Navigation team schedules an appointment at a HIPPA compliant telehealth platform
- After the appointment self-testing kits are sent to the client and prescription is written
- Appropriate follow up is done based on the lab results



Benefits of Telehealth

- We often see excitement among the community and providers about Telehealth
- Telehealth removes the logistical barrier of going to a clinic and promotes flexibility
- It can also reduce stigma experienced by sexual and gender minorities or people of color that they may experience otherwise
- Expands coverage to non-urban areas



However, would removing those barriers mean clients accessing PrEP via telehealth have better retention? We set to find out...

Methodology

- We are presenting results of a secondary data analysis that we did for Center for Health Empowerment
- We used SQL to query our database and created a dataset with client demographics and client retention in 0-3 months and 4-6 months
- Client retention was defined as keeping a PrEP appointment in those periods
- The data was exported in R studio to calculate retention for both modalities and we used a two sample t-test to check statistical significance
- We then calculated prevalence odds ratios (PORs) using logistic regression with retention as outcome against demographic variables and then compared those PORs within the two modalities descriptively

Comparing in-clinic and telehealth retention

Parameter	In Clinic	Telehealth
0-3 months retention	61%	48%
4-6 months retention	45%	38.3%

P <.01 for 0-3 months and p=.002 for 4-6 months

- In clinic clients had a better retention than clients who accessed services through telehealth
- We found statistical significance for both the periods

Comparing Prevalence Odds Ratios for Race between Telehealth and In-clinic clients 0-3 months

Parameter	In Clinic	Telehealth
Asian	1.5	1.33
Native American	.50	0.33*
Native Hawaiian	.75	0.66
Other	1.33	1.17
Unknown	1.28	1.29
White	1.33	1.44*

Reference: Black

*Statistically Significant at 95% Confidence Intervals

- In general, Asian and White clients did better than Black clients
- While we did not find statistical significance, it was worth noting that all groups did better with in the clinic model except white clients who did better at telehealth model

Comparing Prevalence Odds Ratios for Race between Telehealth and In-clinic clients 4-6 months

Parameter	In Clinic	Telehealth
Asian	1.47	9.5
Native American	0.41	1.0
Native Hawaiian	1.64	1.03
Other	1.53*	1.02
Unknown	1.31	9.29
White	1.5*	1.66*

Reference: Black

*Statistically Significant at 95% Confidence Intervals

- We observe similar trend as for 4-6 months as well.
- Further 4-6 months we did find statistical significance for white clients compared to black clients for both the models

Comparing Prevalence Odds Ratios for Age between Telehealth and In-clinic clients 0-3 months

Parameter	In Clinic	Telehealth
25-34	1.5	1.36
35-44	.50	1.58
45-54	.75	2.17
55-64	1.33	1.9
65-74	1.28	1.54
75 or older	1.33	3.2

Reference: 18-24y ears

- For age-group, for telehealth, all groups did better than 18-24 – the youngest age group
- For in-clinic model, 35-54 did worse than 18-24 while others did better
- However, we did not find statistical significance for these results

Comparing Prevalence Odds Ratios for Age between Telehealth and In-clinic clients 4-6 months

Parameter	In Clinic	Telehealth
25-34	1.48	1.69
35-44	1.32	2.21
45-54	1.25	2.62
55-64	1.51	2.32
65-74	4.1	2.1
75 or older	5.8	6.0

- For 4-6 months, all groups across the two modalities did better than 18-24 years age group
- However, once again, there was no statistical significance

Reference: 18-24 years

Comparing Prevalence Odds Ratios for Ethnicity between Telehealth and In-clinic clients 0-3 months

Parameter	In Clinic	Telehealth
Latino/Hispanic	1.5*	0.86
Unknown	0.49*	0.89

- Those who identified as Latinos/Hispanics had better retention in clinic and poorer in telehealth settings
- While there was statistical significance for in-clinic, we did not find statistical significance for Telehealth

Reference: Non-Hispanic

*Statistically Significant at 95% Confidence Intervals

Comparing Prevalence Odds Ratios for Ethnicity between Telehealth and In-clinic clients 4-6 months

Parameter	In Clinic	Telehealth
Latino/Hispanic	1.54*	0.96
Unknown	0.32*	0.86

- The 4-6 months trend mirrored the 0-3 months trend with Latinos/Hispanics doing better in terms of retention in clinics than telehealth

Reference: Non-Hispanic

*Statistically Significant at 95% Confidence Intervals

Conclusion

- While Telehealth may have some benefits and alleviate some barriers, it doesn't necessarily improve retention
- There are still possible social determinants of health and structural barriers that could influence retention
- With the tele nature of this modality, further niche interventions should be planned that could work well with this virtual mode to support retention



Limitations

- Clinics change the way they operate and staff changes which may also influence retention
- There can be other confounders that might be influencing these outcomes but with lack of data, it is difficult to account for them
- We did have some missing data because clients did not enter their race or ethnicity
- Latino identities are complex and this was a rather simpler analysis, it should be dug deeper



Thank you

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