

*Technology-Based PrEP Delivery and Retention Services for
Black and Latino MSM, Black and Latina Transgender and
Cisgender Women, and Persons who Inject Drugs in LA County
(aka Digital PrEP)*

February 10, 2020

Sponsored by UCLA Center for HIV Identification, Prevention and Treatment Services (CHIPTS) in collaboration with the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP)

Digital PrEP Team

- Ronald Brooks, PhD, UCLA CHIPTS, Department of Family Medicine
- Dilara Üsküp, PhD, UCLA Semel Institute and Department of Psychiatry
- Sonali Kulkarni, MD, MPH, Medical Director, Division of HIV/STD Programs
- Sung-Jae Lee, PhD, UCLA Department of Psychiatry and Epidemiology
- Norweeta G. Milburn, PhD, UCLA CHIPTS, Nathanson Family Resilience Center

Overview of the day

- Background For Today's Event
- Meeting Goals
- Technology-Based PrEP Provider Presentations
- Large Group Session: Use of Technology-based Services to Improve Prep Uptake, Adherence, and Persistence among Priority Populations in LA County
- Concurrent Breakout Sessions: Using Technology-Based PrEP Services with Priority Populations in LA County

End the HIV Epidemic (EHE) Initiative



CHIPTS EHE Projects



Regional Response to HIV Eradication
Efforts in Southern CA counties *aka*
Regional Coordination project



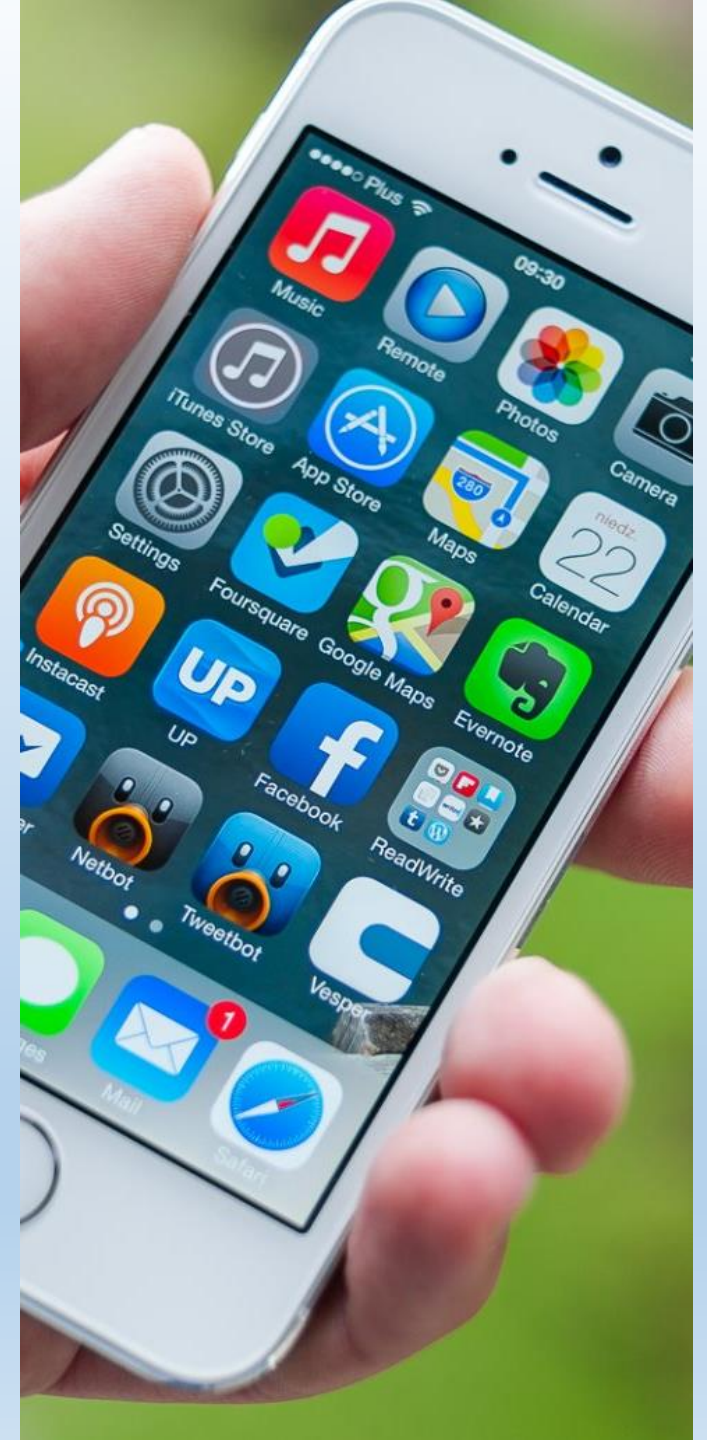
Use of Technology-Based PrEP to
Improve Uptake, Adherence, and
Persistence *aka Digital PrEP*



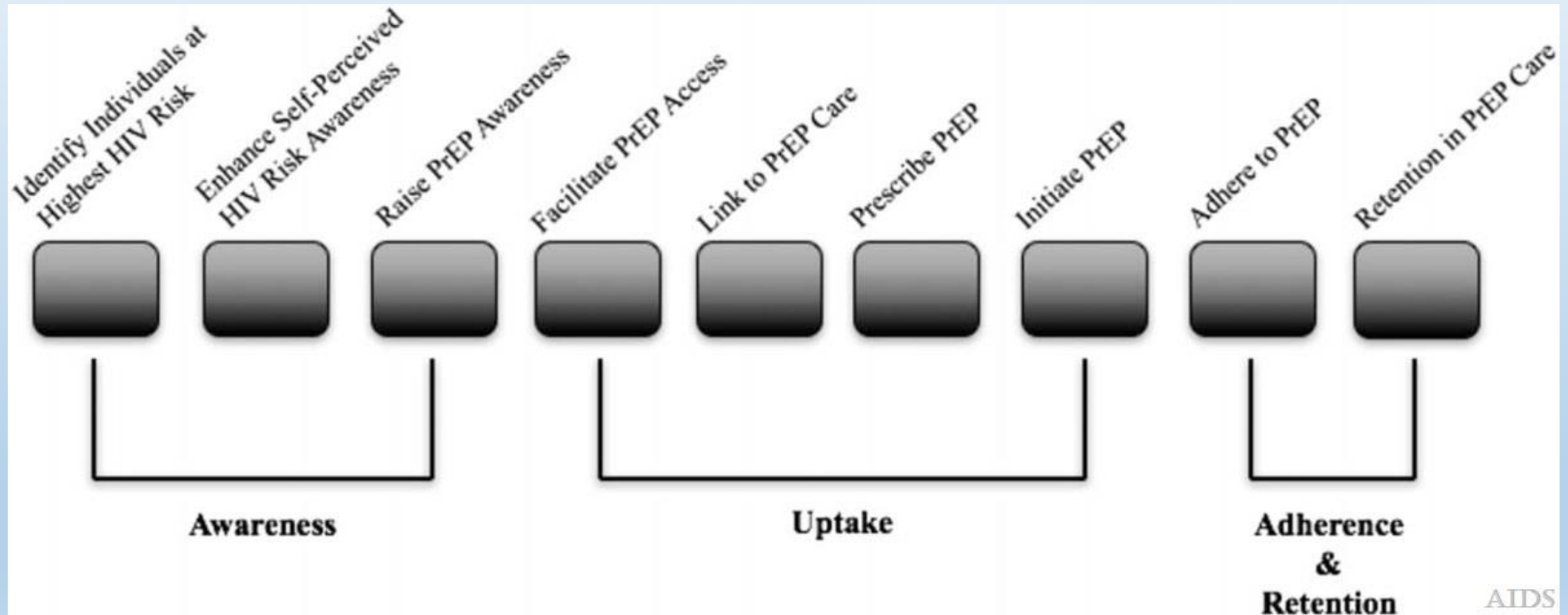
Preparing for Long-Acting Injectable
Treatment for HIV in LA *aka LAI ART*

Meeting Goals

- Introduce attendees to the variety of mobile technology products available to support PrEP delivery and maintenance.
- Conduct breakout sessions to explore how community-based organizations, clinics and other agencies might implement digital technologies (e.g., mobile applications, telehealth, text messaging services) to support PrEP uptake and maintenance among high-risk populations in LA County.



HIV Pre-Exposure Prophylaxis (PrEP) Care Continuum



Defining the HIV pre-exposure prophylaxis care continuum

Nunn, Amy S.; Brinkley-Rubinstein, Lauren; Oldenburg, Catherine E.; Mayer, Kenneth H.; Mimiaga, Matthew; Patel, Rupa; Chan, Philip A.

AIDS31(5):731-734, March 13th, 2017. doi: 10.1097/QAD.0000000000001385

Why is mobile technology so important

- 95% of Americans have a mobile phone
- People check their phones every 12 minutes
- The average person has between 60 and 90 apps installed in their phone
- The average smartphone user spends 2 hours and 15 minutes each day using apps
- On average, we touch our phones 2,617 times a day





**Using Digital Technology to Improve PrEP
Uptake, Adherence, and Persistence
among High-Risk Populations in Los
Angeles County.**

February 10, 2020

James M. Wantuck, MD

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PrEP For all.

The Problem:

It's difficult to get PrEP and stay on it.

4 Visits

Need to get HIV testing four times per year.

4 Hours

Average time off work for an in person doctor visit.



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Solution:
A simple &
modern way to
get PrEP.

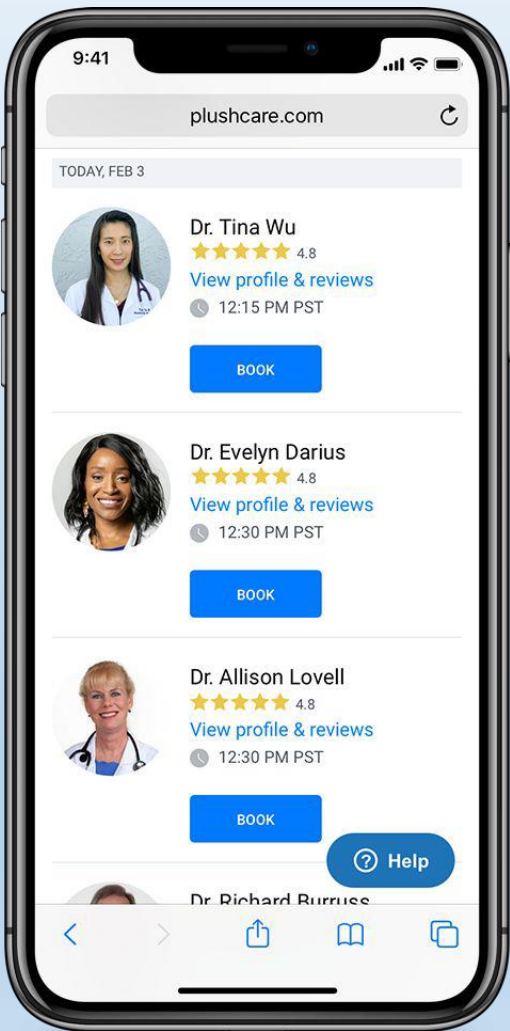




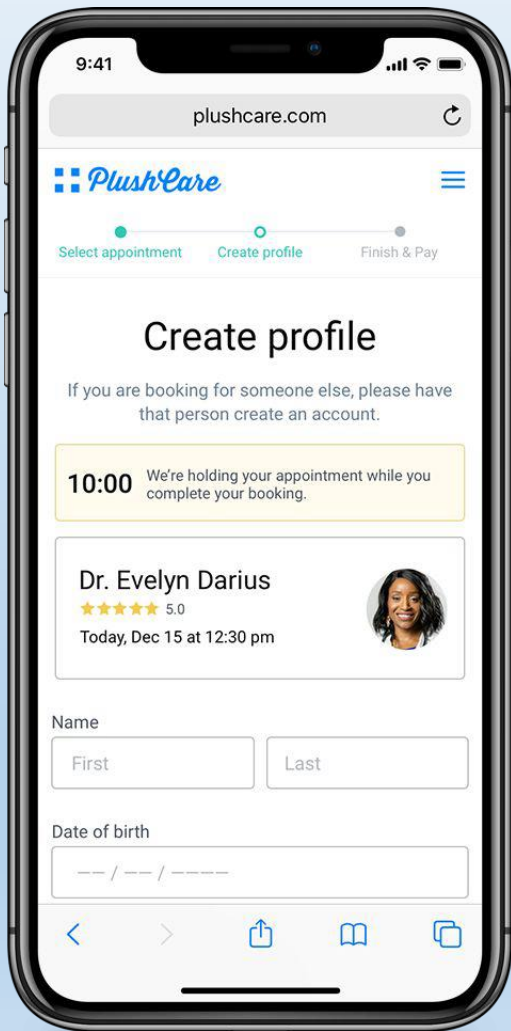
How It Works

How it works: Booking

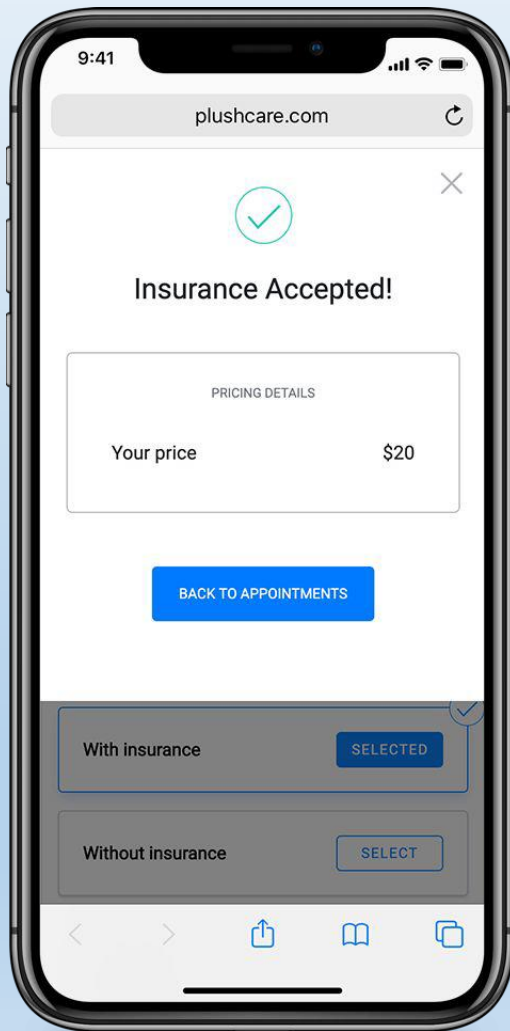
Select appointment



Create profile



Insurance verification



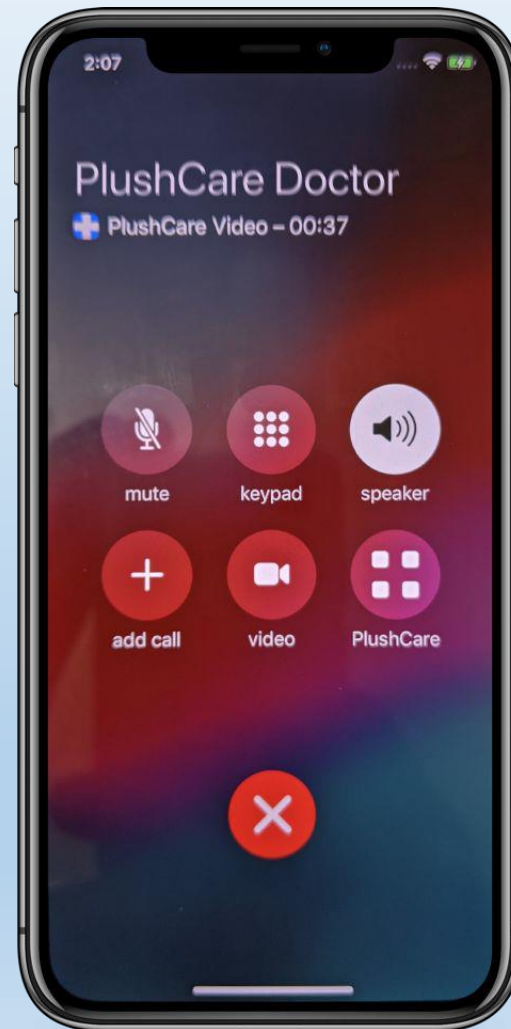
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How It works: Visit

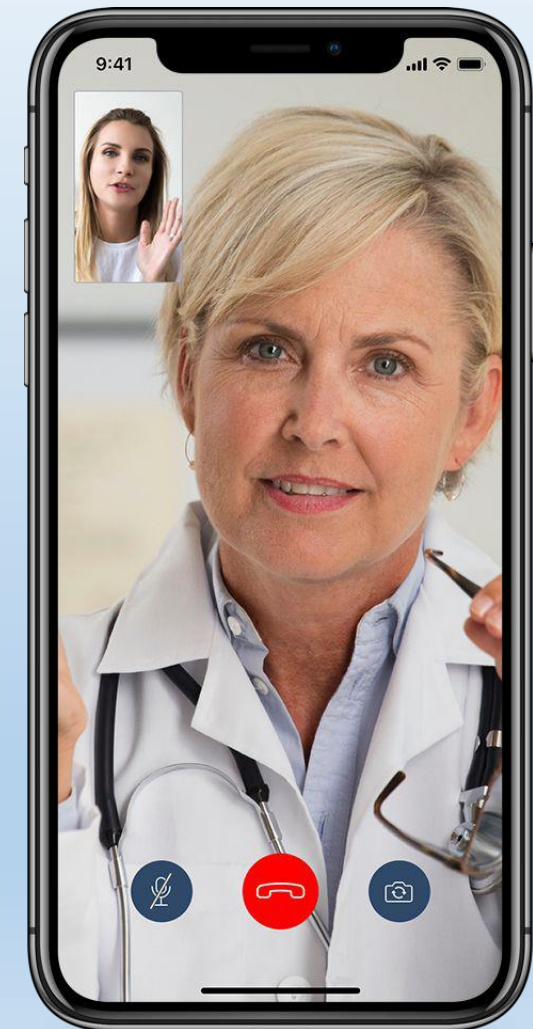
Appointment Reminder



Call from PlushCare

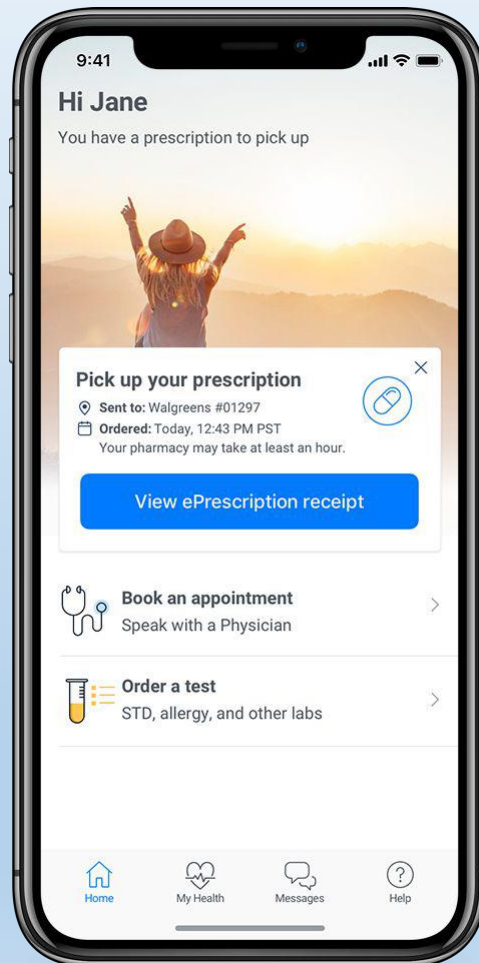


Video visit

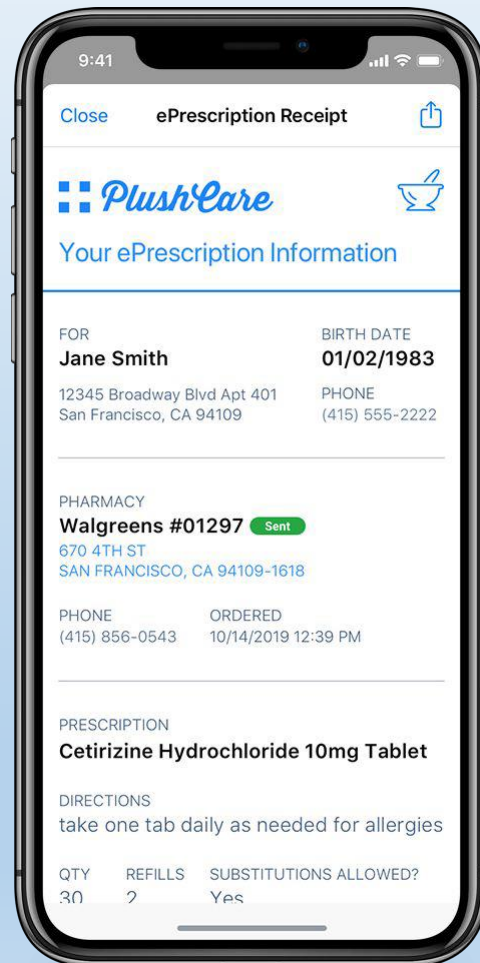


How it works: Post Visit

Pick up prescription

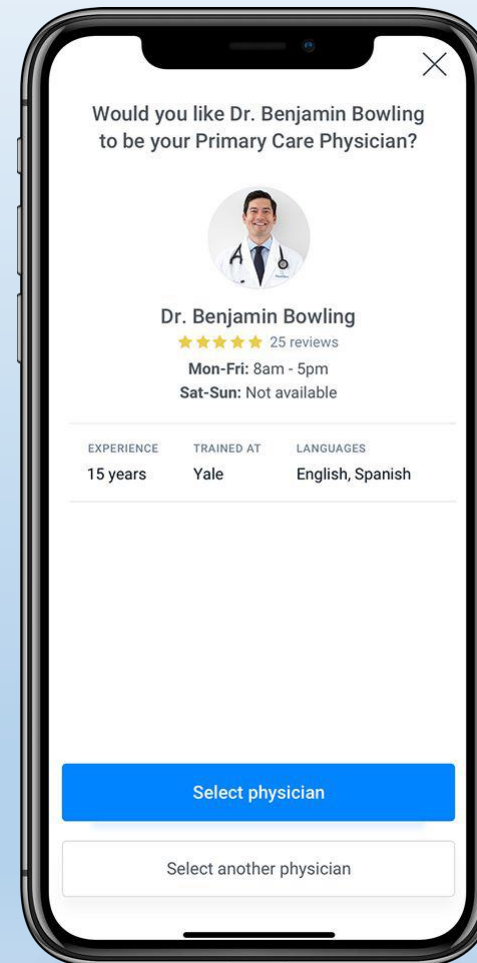


Prescription ready

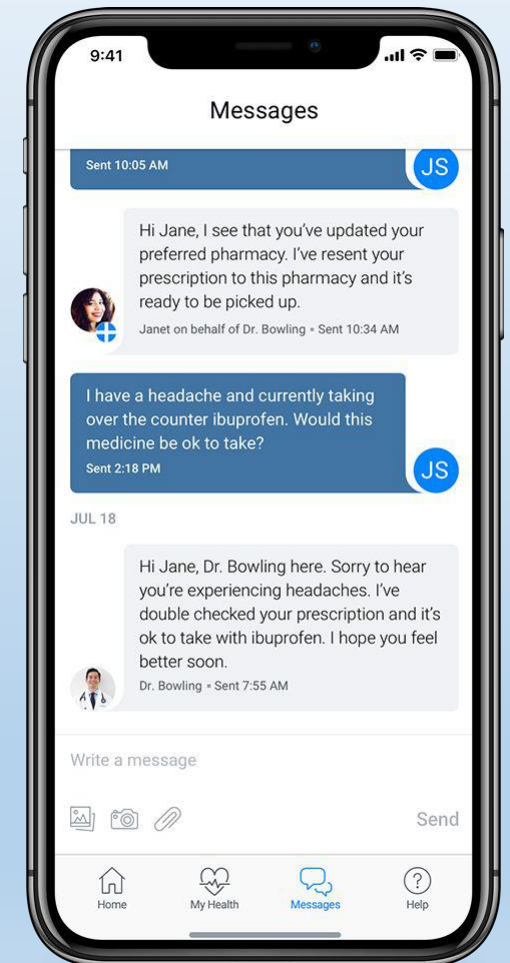


Prescription details

Choose PCP



Message PCP





About Us

10,000 PrEP Patients

90 Net Promoter Score (NPS)

100+ Staff

50 State PrEP Presence



Not just PrEP, treating the whole person.





From the best physicians in **the country**



All physicians:

- ✓ From the top 50 U.S. Medical Schools in the country ranked by U.S. News & World Report.
- ✓ Board certified with 15 years experience on average.
- ✓ Mission driven and PrEP experts.

Payer Partners in California

Patients just pay their office visit co-pay.





Why PlushCare is so loved

Everyone & Everywhere

In-network with major insurers & national footprint.

Highest Pedigree MDs

Doctors all from the Top 50 schools & 15 years experience.

Omni Channel Communication

Care team meets patients where they want.

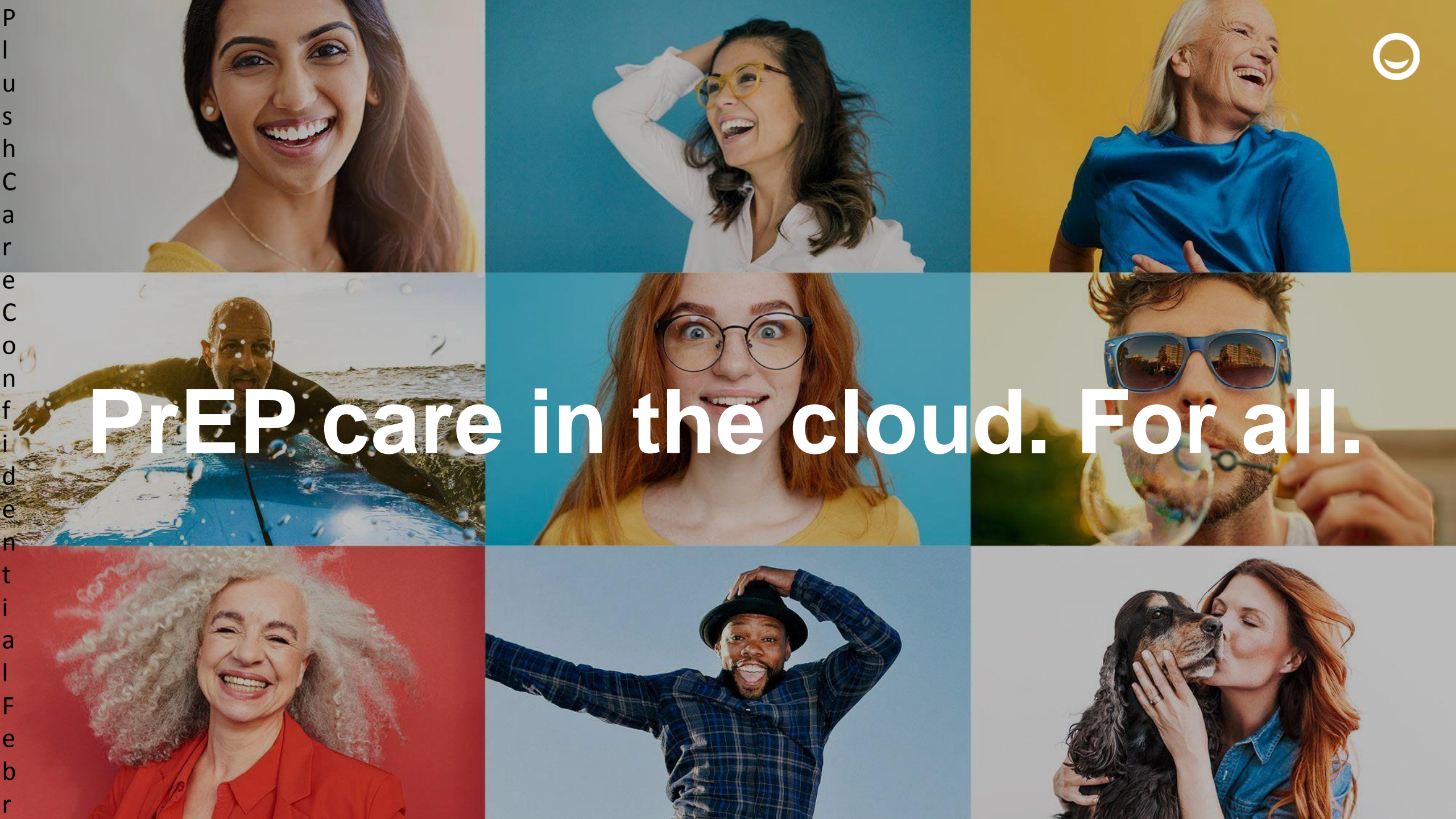
Whole person care

PrEP, Urgent care, preventative care, chronic care.



Partnering with medical centers and public health agencies to promote and study PrEP





PrEP care in the cloud. For all.

Q PlushCare

NURX.

NURX.

Founded in 2015, Nurx is dedicated to increasing access to healthcare.

We provide access to birth control, emergency contraception, PrEP, Home HPV testing, STI testing and Herpes treatment

NURX IS CURRENTLY AVAILABLE IN:

AL, CA, CO, DC, FL, GA, IL, IN, IA, KY, ME, MA, MI, MN, MO, NE, NJ, NY, NC, OH, OR, PA, SC, TN, TX, UT, VA, WA, WI



BIRTH CONTROL

We believe every woman has a right to safe, affordable birth control. Whether you know which type you want or need some pro guidance, we'll help you find your best option.

→ [LEARN MORE](#)



STI TESTING

Testing yourself for STIs offers priceless peace of mind. With our new STI Home Test Kits, you can get a status check on common infections conveniently and confidentially.

→ [LEARN MORE](#)



GENITAL HERPES TREATMENT

Prevent and treat genital herpes without a trip to the doctor or pharmacy. Our medical team prescribes valacyclovir — the most popular herpes medication.

→ [LEARN MORE](#)



ORAL HERPES TREATMENT

Oral herpes, also known as cold sores, is treatable (and less contagious) with the right medication. We prescribe the antiviral valacyclovir, the most popular oral herpes treatment available.

→ [LEARN MORE](#)



EMERGENCY CONTRACEPTION

Emergency contraception (aka the "morning-after pill") is a safe and effective way to prevent pregnancy, up to five days after unprotected sex.

→ [LEARN MORE](#)



HIV PREP

Introducing your daily dose of peace of mind. With Truvada for PrEP, it's never been easier to protect your HIV negative status.

→ [LEARN MORE](#)



HPV SCREENING

Home HPV screening allows you to assess your risk for cervical cancer quickly and easily, no appointment required.

→ [LEARN MORE](#)



Leveraging asynchronous technology Nurx offers an end to end experience where patients complete an intelligent and interactive survey - conduct a consultation with a medical provider licensed in their state - complete their lab testing at home (or in a traditional lab) and receive their medication at their doorstep... **changing what access can look like.**





We are dedicated to increasing access to care by reducing barriers

Providing care through a format patients are already comfortable using

Competent and welcoming medical team

Dedicated to privacy and discretion

No transportation requirements

Medication is mailed directly to the patient

Many patients have a distrust, or negative experiences, with traditional medicine

Less expensive care and testing

NURX.

OUR PREP PATIENTS

33% Hispanic

30% White

17% Black/AA

10% Asian

10% Mixed/Multiple

UCSF Findings

22% California

19% New York

14% Texas

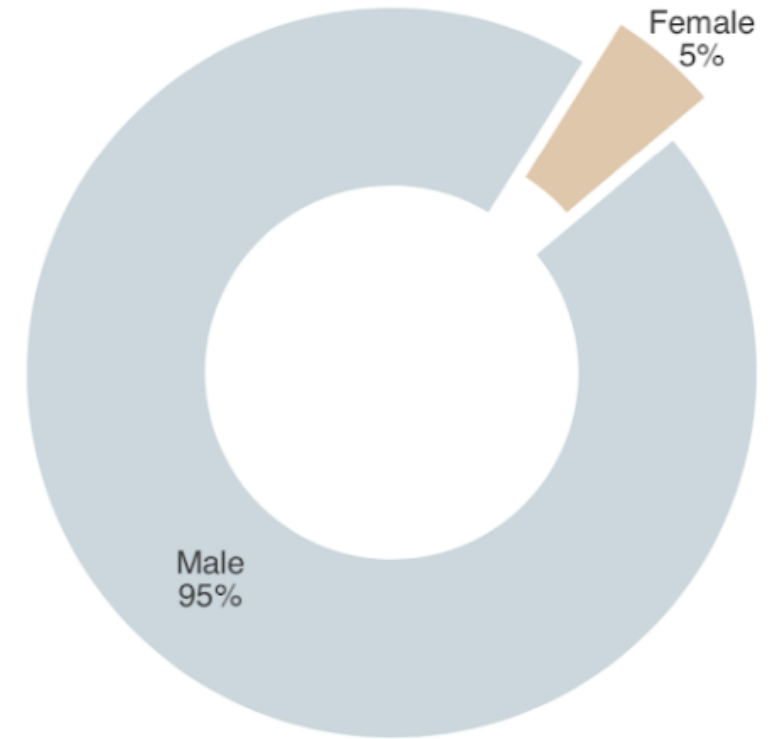
12% Florida


7% New Jersey

6% Georgia

Top States (last month)

>6,000 active PrEP patients



 **87%**
Patients with Insurance

20 - 34
Most prevalent patient age range

THE BENEFIT OF ASYNCHRONISTIC CARE



HOW WE WORK

01.

Tell us about yourself.

Just answer a few health questions to get started and pay a \$15 consultation fee, which includes unlimited messaging with our medical team for a year. If you are eligible for PrEP, our partner lab will mail you a HIV/STI testing kit in a discreet package.

04.

We prescribe PrEP.

We'll send you a three month supply of daily pills. To safely continue taking PrEP you need lab tests every three months.

02.

Self-test at home.

Collect your samples as instructed and mail them back to the lab for screening, using the box and prepaid label included in the kit.

05.

Repeat on schedule.

Before your three month supply runs low, we will contact you to renew your prescription and order a new HIV/STI testing kit. Just pay the price of the test kit, plus a \$15 consultation fee, and our partner lab will mail you another kit. Based on your results, our medical team will prescribe you another three month supply of PrEP.

03.

Our doctors review.

Based on your lab results, one of our medical providers will decide whether PrEP is the right choice for you.



INNOVATION IN LAB TESTING



The first home testing option for PrEP
Convenient, affordable, discreet

Comprehensive Testing Kit

\$199 Cash or \$35 with Insurance + Copays and Deductibles
Tests for: HIV, Hep. B, Creatinine, Syphilis,
Gonorrhea + Chlamydia (3 sites)

Basic Testing Kit

\$129 Cash or \$35 with Insurance + Copays and Deductibles
Tests for: HIV, Hep. B, Creatinine

NURX.



[PrEP @ Nurx](#)



HOME TESTING IS CHANGING THE GAME



PrEP requests increased by

1,054%

after home kits became available

NURX.

Lessons Learned

Telemedicine allows patients to receive quality care and safe access to PrEP

Telemedicine bypasses many common barriers to PrEP access, including filling gaps in PrEP deserts

Nurx users are diverse – and efforts to improve that diversity are on the roadmap

PrEP uptake increases with clear cost transparency, navigation, and convenience of care

Home lab testing for PrEP improves uptake and retention



What's New?



- Expansion of our Rapid ART program to a pilot for ongoing HIV treatment and management
- Public health and NGO Partnerships offering tele-prep services to TX, OR, OH and NC
- Exciting retention data - showing >50% retention at the 1 year mark and >90% at 3 months

WHAT'S NEXT?

- Improved access and focused efforts for
Women, trans-identified individuals, people of color, people in the south and youth
- Comprehensive PEP service
- Technology levered PrEP retention tools
- Additional partnerships
- Hep C treatment

NURX.



<https://www.nurx.com/prep/>

NURX.

Jessica Horwitz
VP of Clinical Services
jhorwitz@nurx.co



Helping to End the Epidemic with



*Human-centered systems,
empowered users, healthy
communities*

Jesse Thomas, RDE Systems

Los Angeles, California

February 10, 2020

Today's Mission

- **I. Welcome and Introductions**
- **II. Problem and Opportunity**
- **III. e2Prep**
- **IV. Q&A**
- **V. Wrap Up / Conclusion**

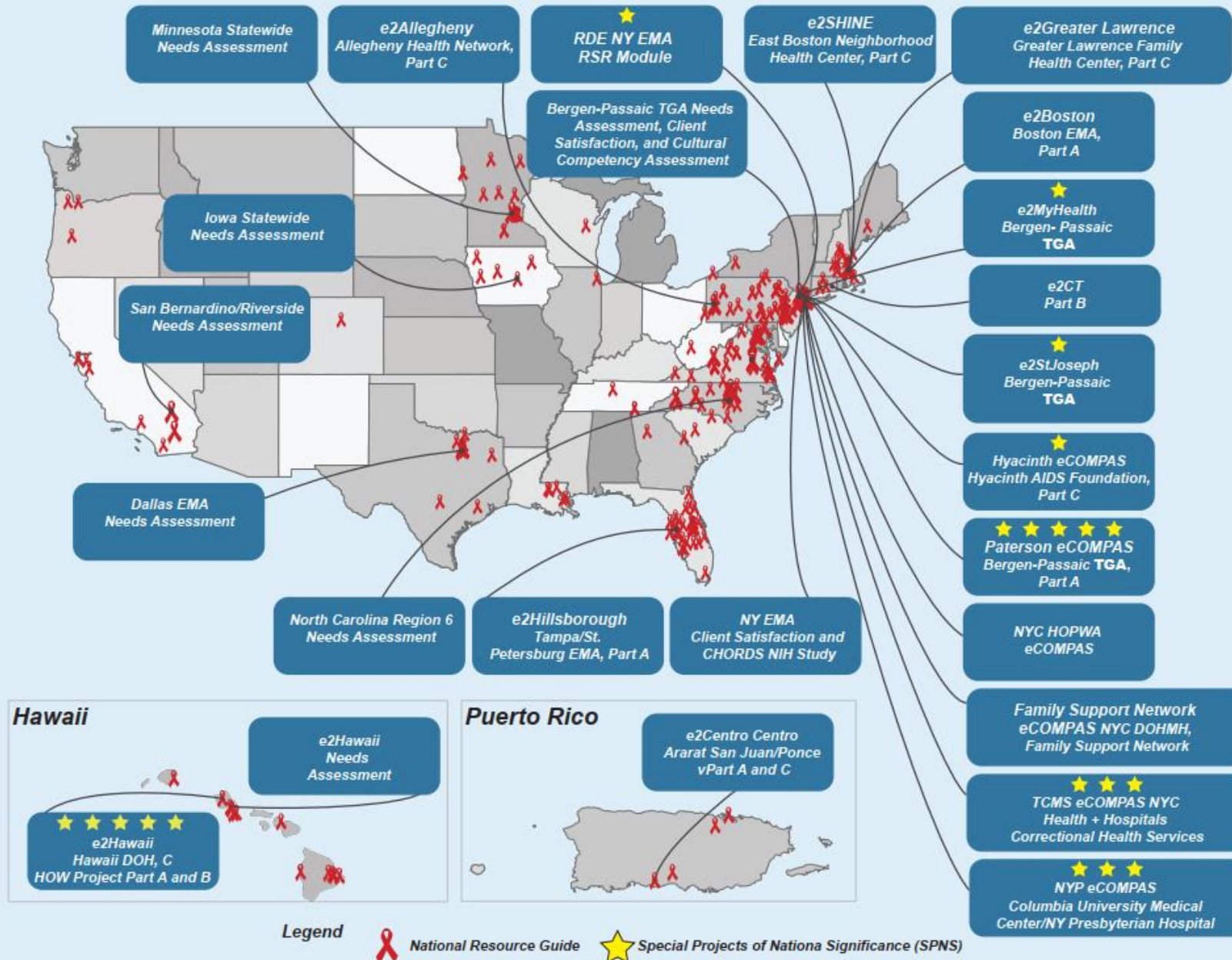
You Are Awesome!

The Problem and the Opportunities

eCOMPAS and e2Community Success Stories

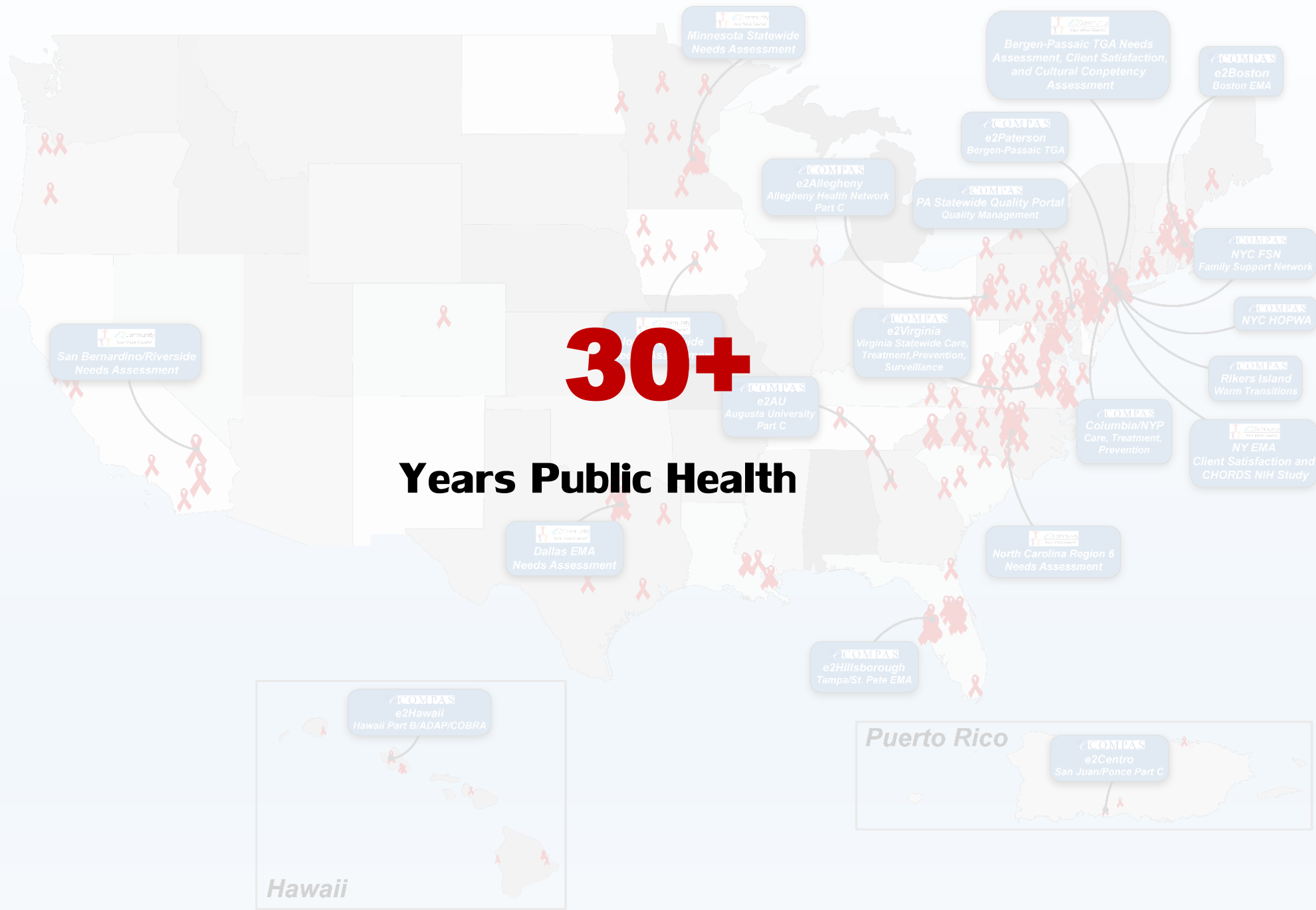
Programs

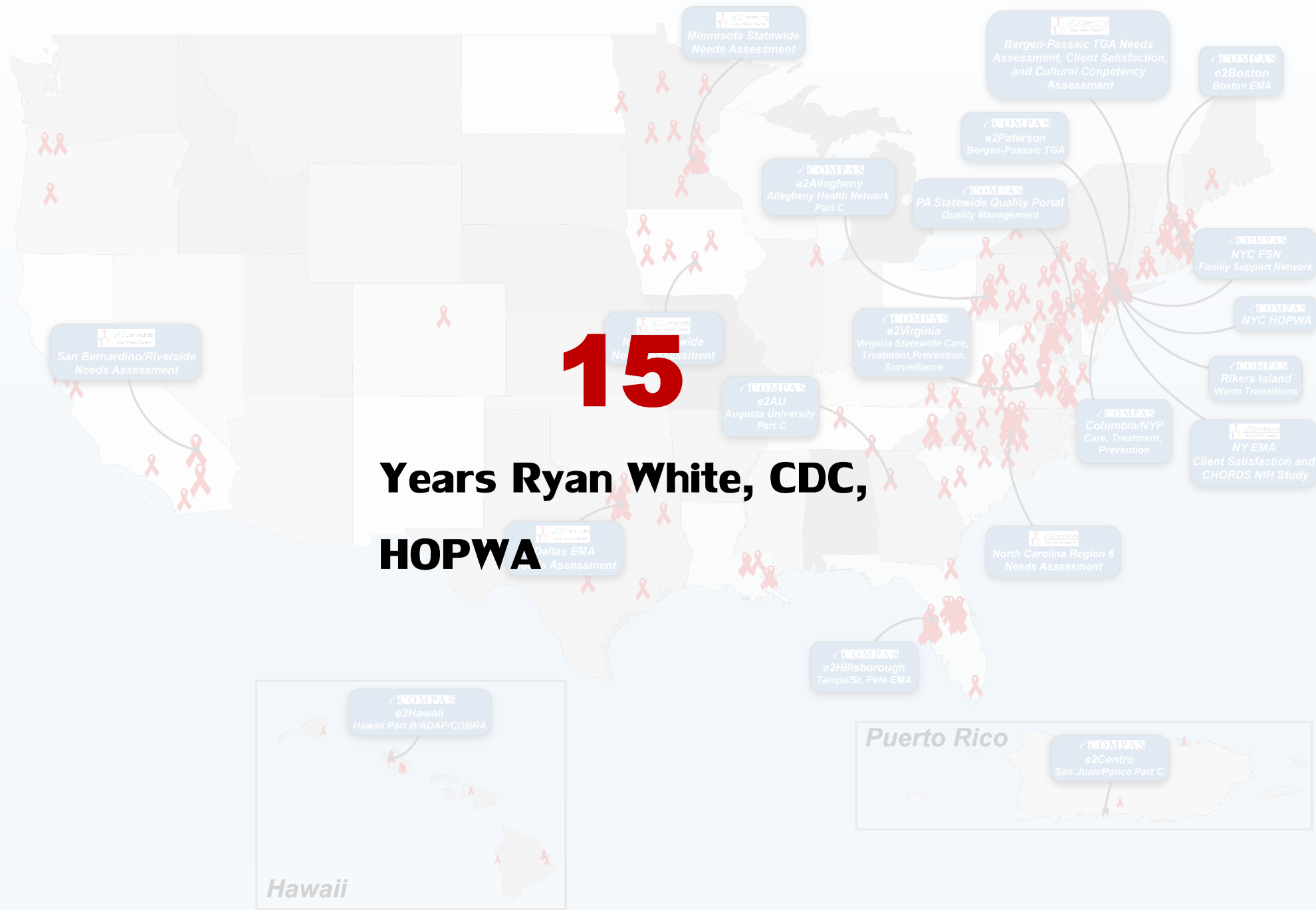
- ✓ CDC Prevention
- ✓ HRSA A,B,C,D
- ✓ HRSA ADAP
- ✓ HRSA SPNS
- ✓ HRSA AETC
- ✓ HUD HOPWA
- ✓ NIH
- ✓ ONC

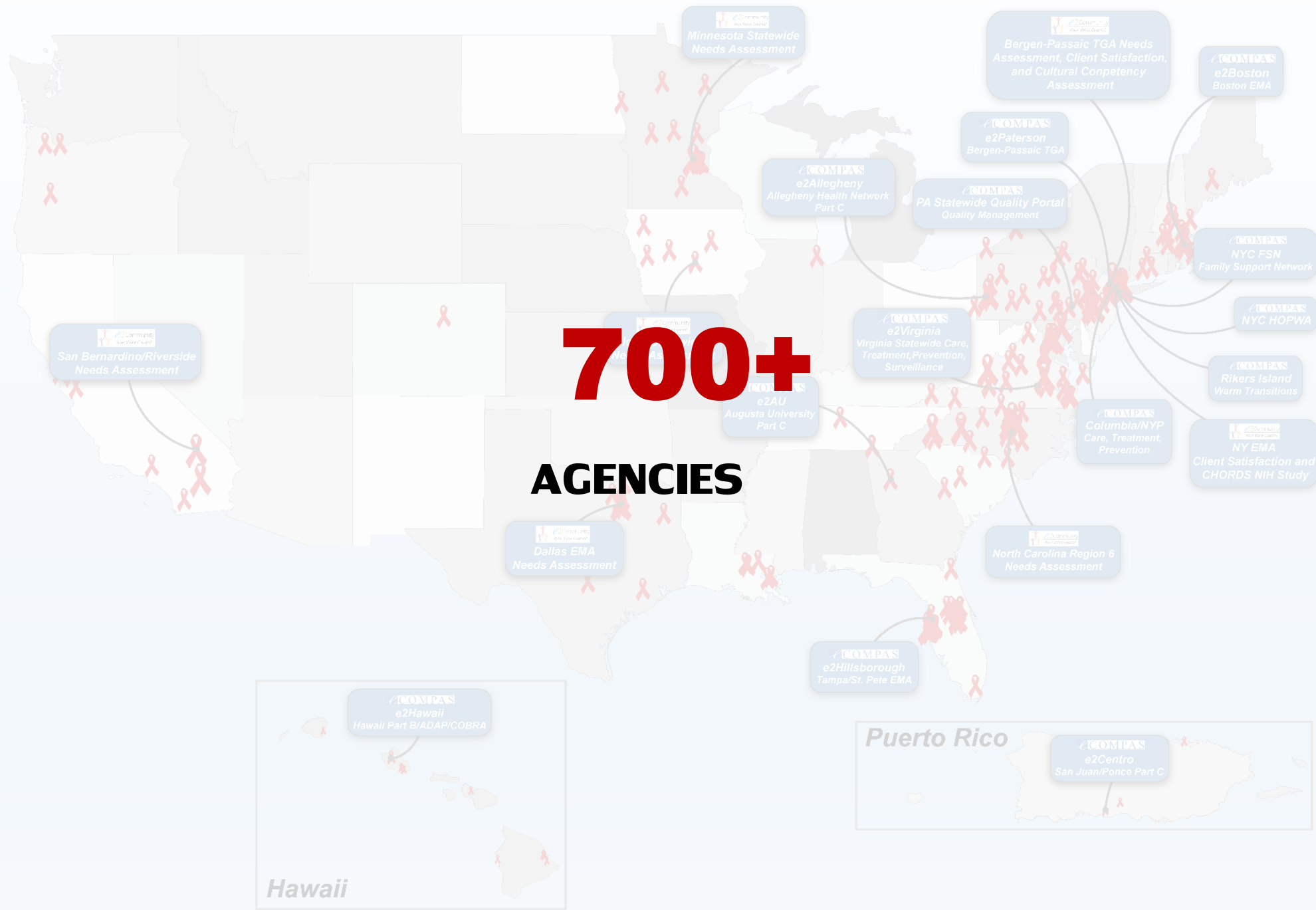


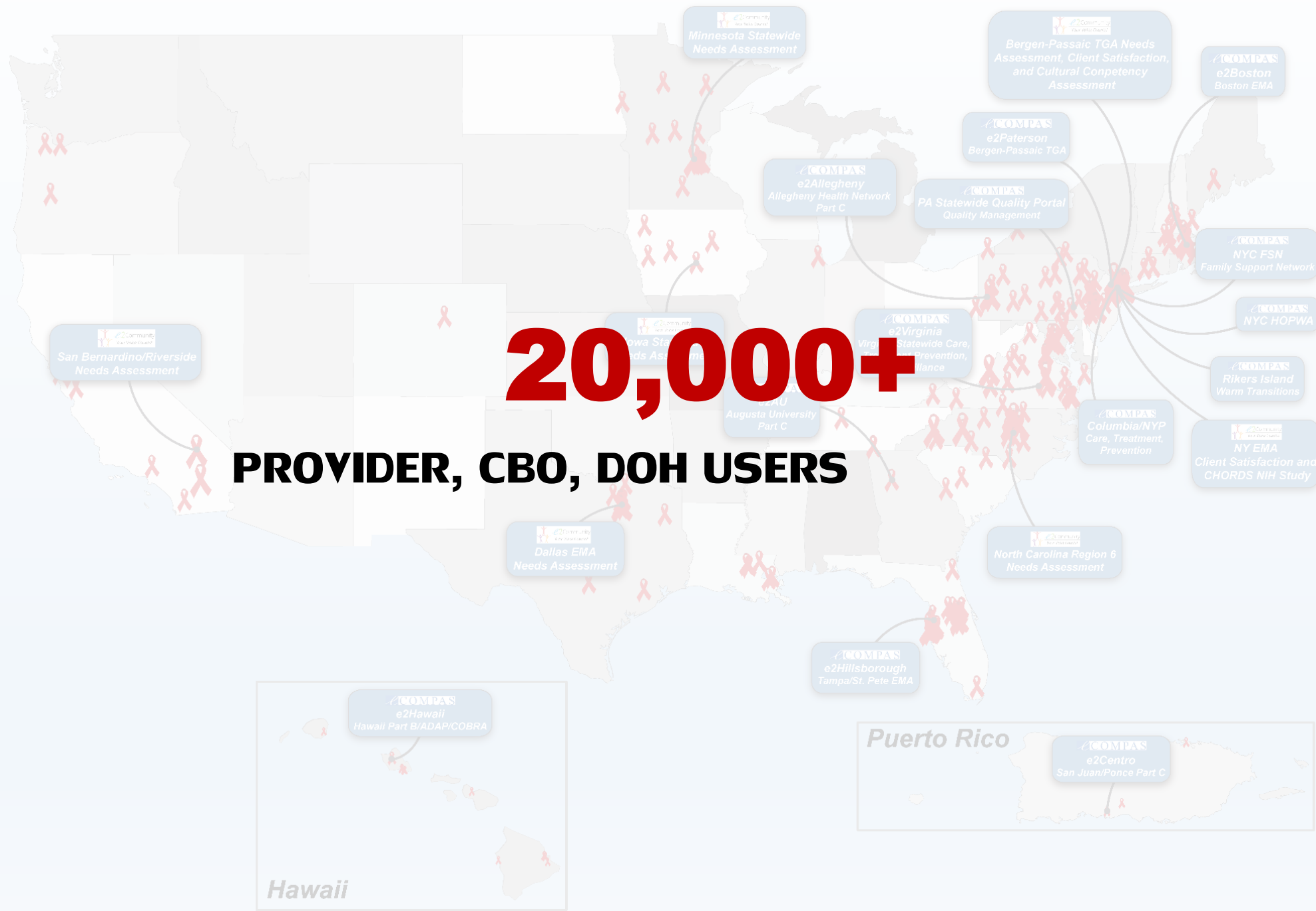
Users

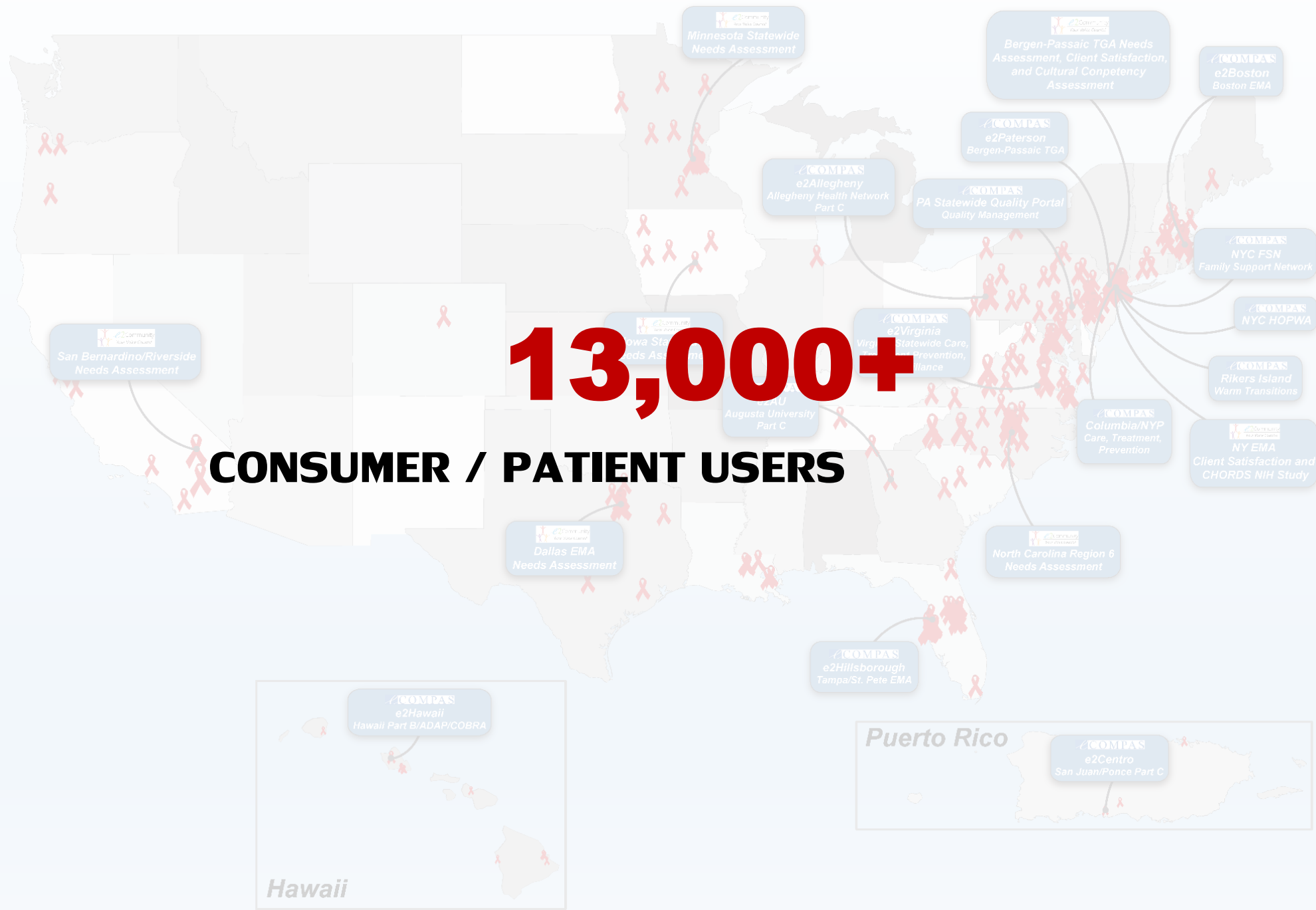
- ✓ Recipients
- ✓ Sub-Recipients
- ✓ Public Health
- ✓ Human Services
- ✓ Health Networks
- ✓ Hard Reduction
- ✓ Clinics
- ✓ CBOs
- ✓ Planning Commissions
- ✓ Clients & Patients

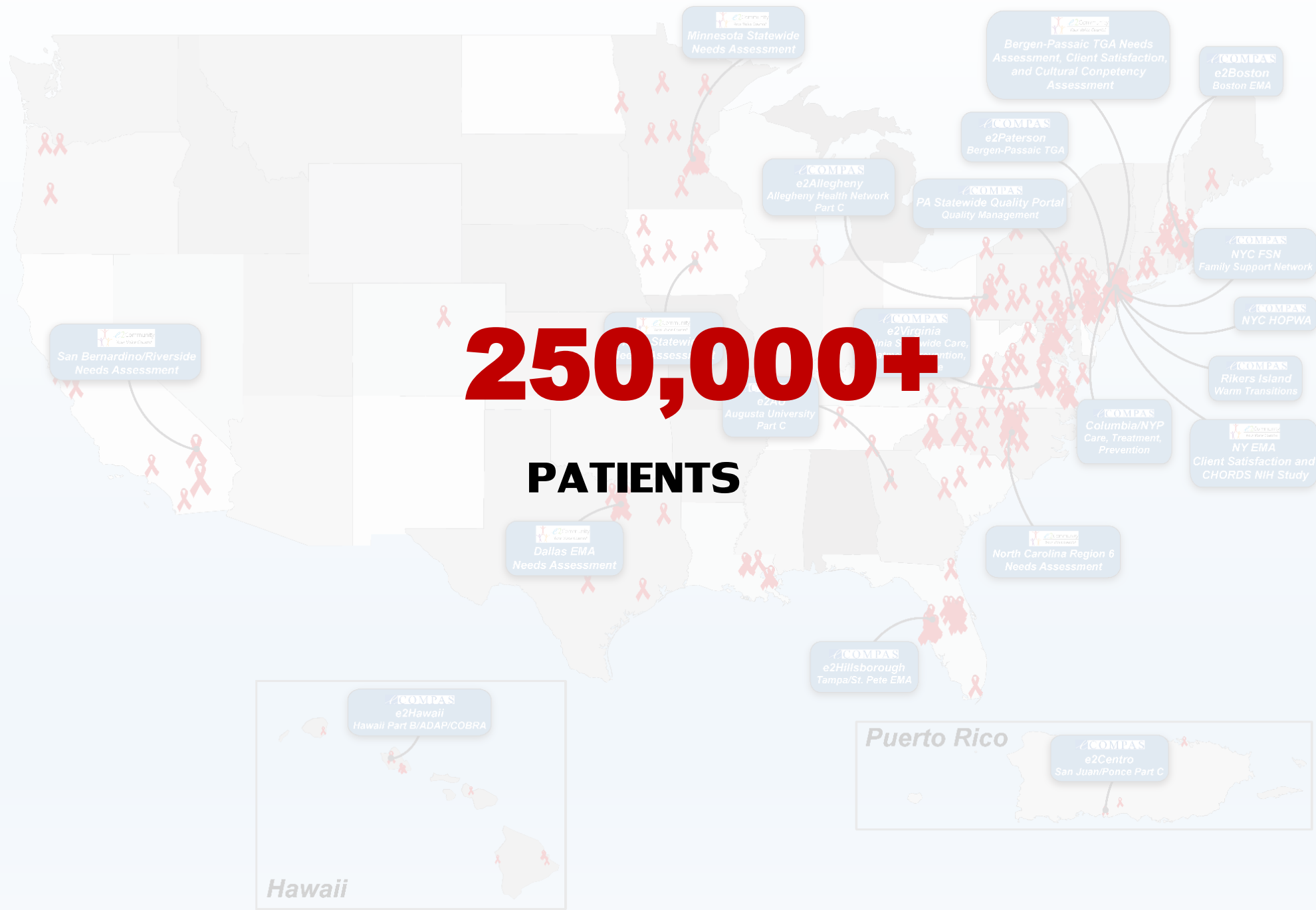










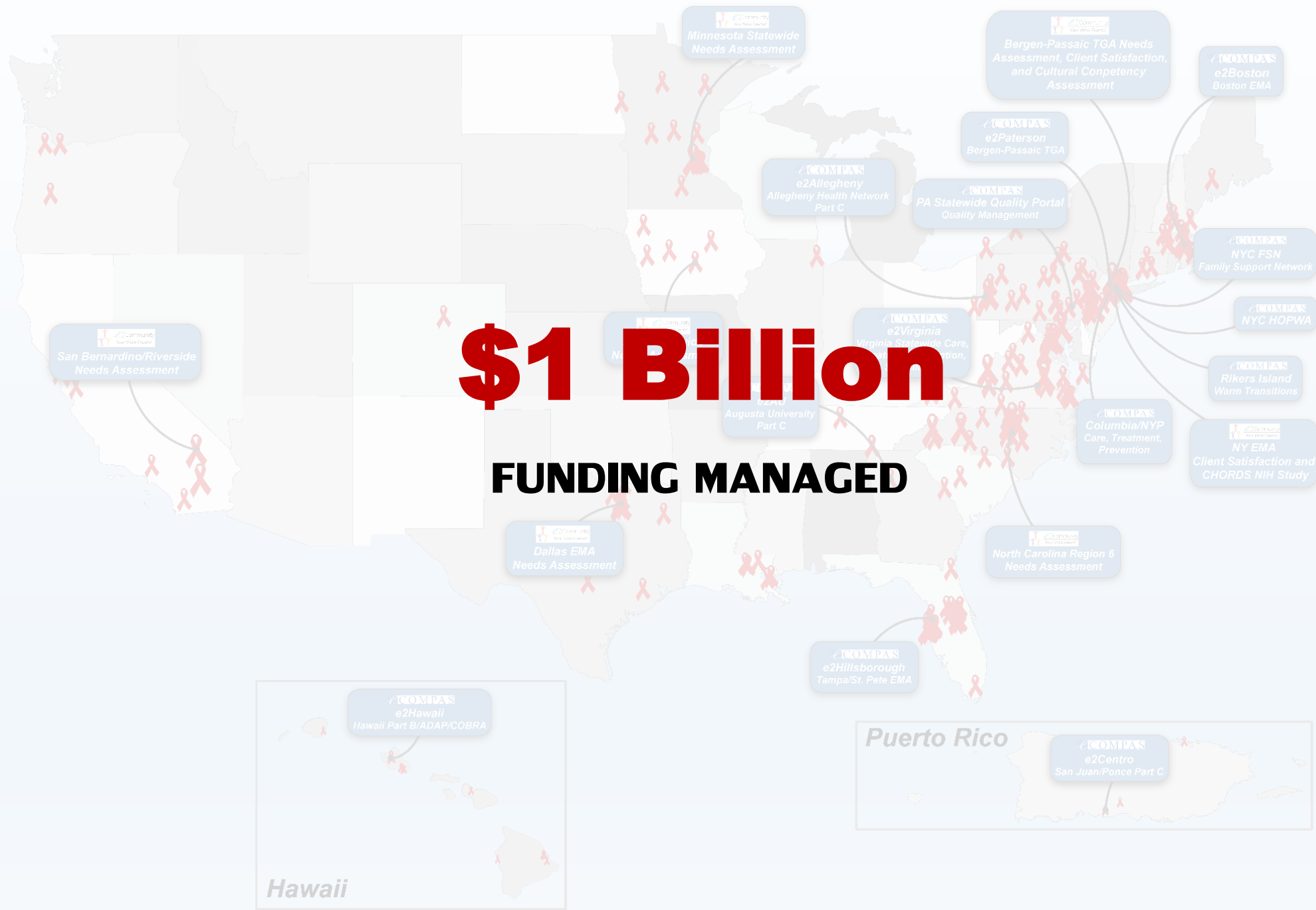


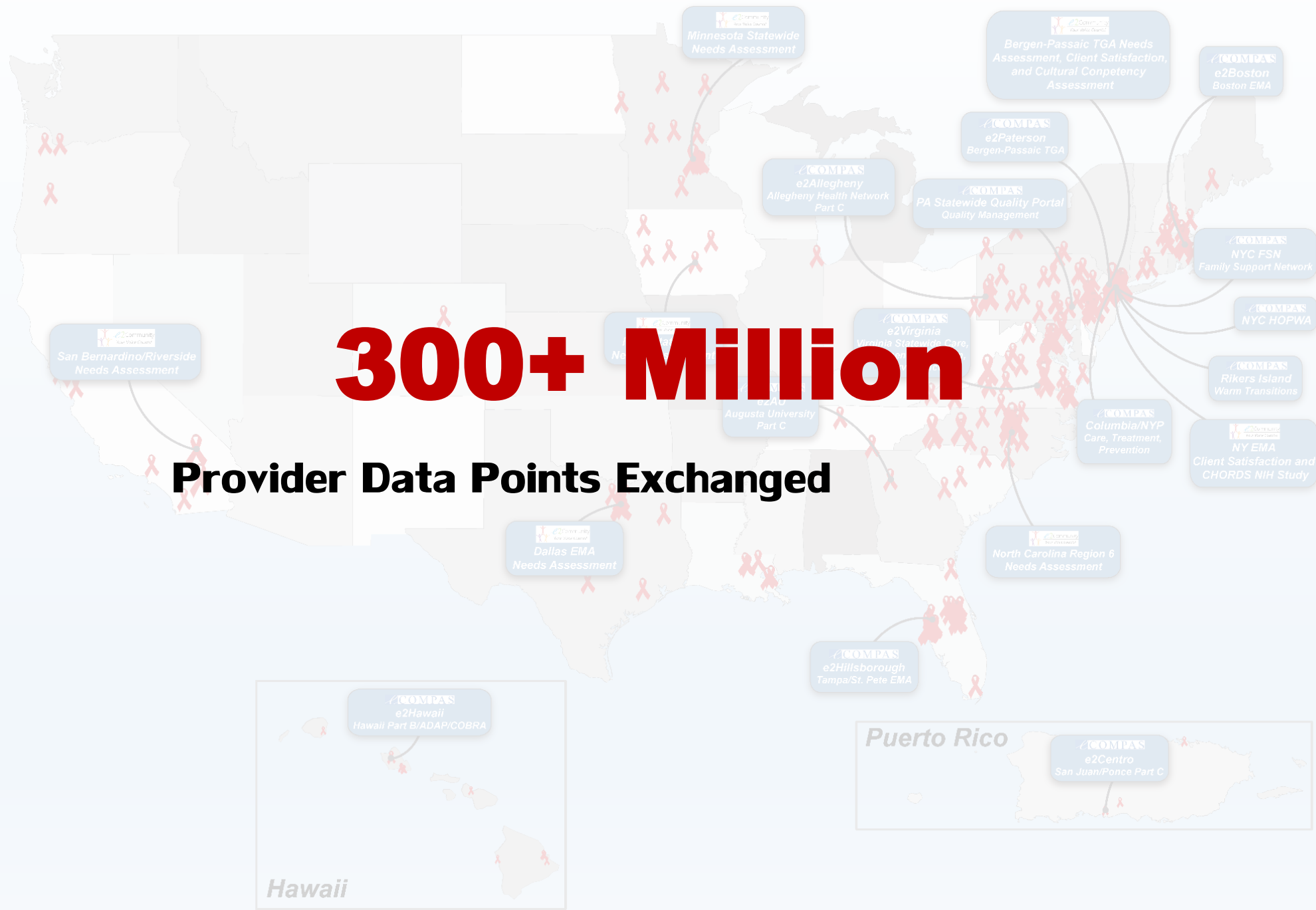
Security and Privacy #1

AWS Assurance Programs



eCOMPAS
Advanced
Encryption

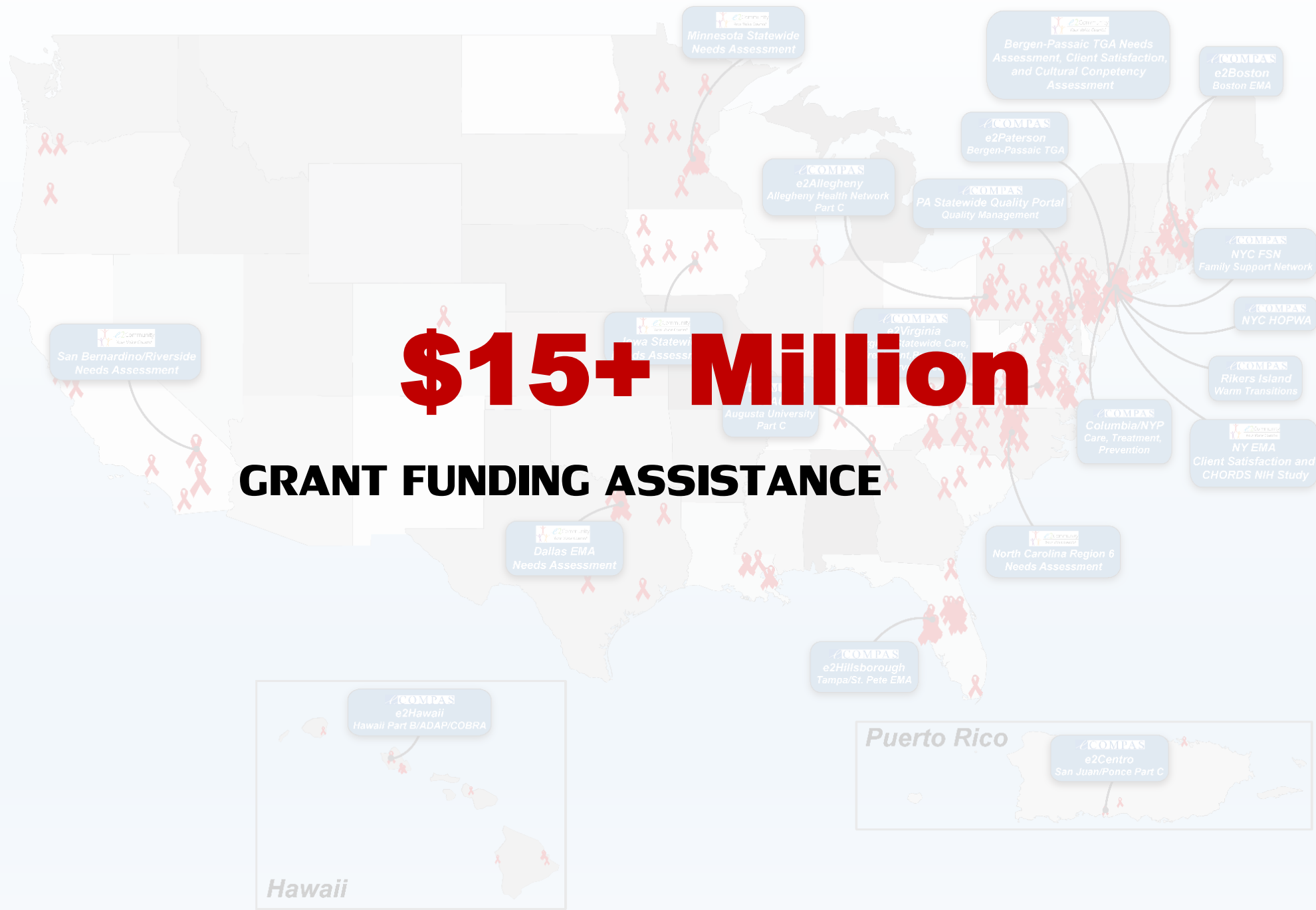




300+ Million

Provider Data Points Exchanged





2002

2004

2006

2008

2010

2012

2014

2016

2018

2020

Evaluate Impact of HIT on Care

e Networks of Care

Capacity building grants*

Parts A & B

Parts C & D

All Parts

HIT for ADAP

HIT for HIV Care Continuum

SMAIF HIEs for Care Engagement

SMAIF HIV Care & Housing Data Integration

Direct clinic IT investments:

Medical Home for HIV+ Homeless

Practice Transformation HIV Primary Care

Evidence-Informed Interventions

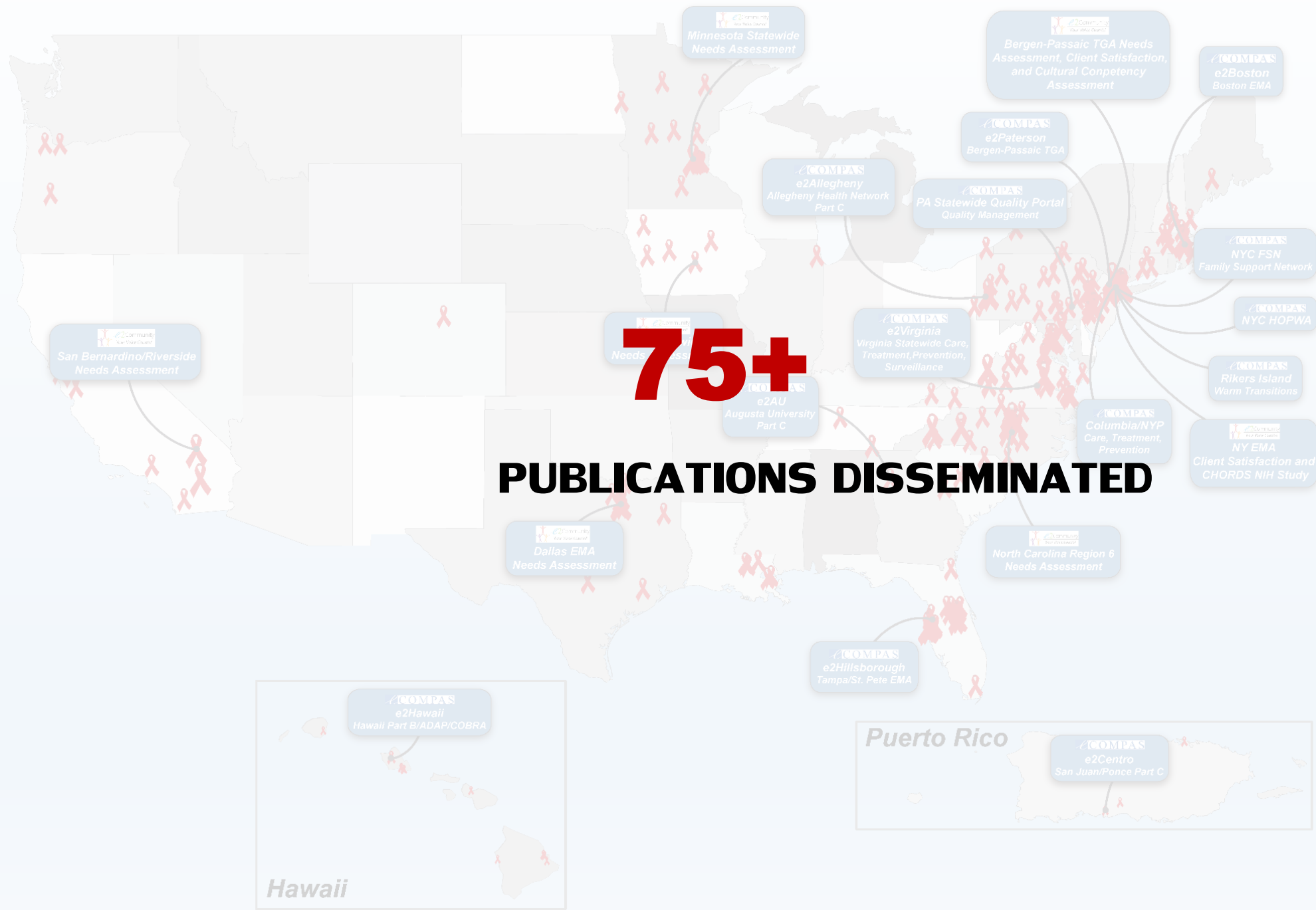
Social Media HIV Care Continuum

19

SPNS

PROJECTS

* PR incl; VPN for RSR & ADR





[About](#) [Features](#) [Contact Us](#)

Free and innovative resources to end the HIV/AIDS epidemic

Data and technology can have a profound impact in health outcomes and social determinants. Use these free RDE Red resources to engage, connect, and empower your communities.

[learn more](#)

THE RED SUITE



e2Polls Red

Engage, evaluate, and delight your QM, medical, and community stakeholders in real-time.

[learn more](#)



e2Data Heroes

On demand analytics, queries, grant assistance - let's join forces to end the epidemic!

[learn more](#)



e2 Online Resource Guide

Improve local linkage to care and services with our mobile map.

[learn more](#)



FreeRentCalculator.com

Reduce time, effort, and stress with our HUD-compliant rent calculator

[learn more](#)

Who are you?

Interactive Poll

Introducing **e2PrEP**

and the Integrated HIV Prevention

Platform, **e2Prevention**

**NO
NEW
HIV**
INFECTIONS

Reduce HIV-related Health Disparities



Increase Knowledge of HIV Status



Testing



Prevent New HIV Infections



PrEP

e2Prevention



HIV Prevention
Education and
Risk Reduction



SSPs



Reduce Transmission of HIV



Viral
Suppression



Intensive Data-to-Care
Models



Rapidly Detect and Interrupt
Active HIV Transmission



Cluster Detection,
Investigation and
Response

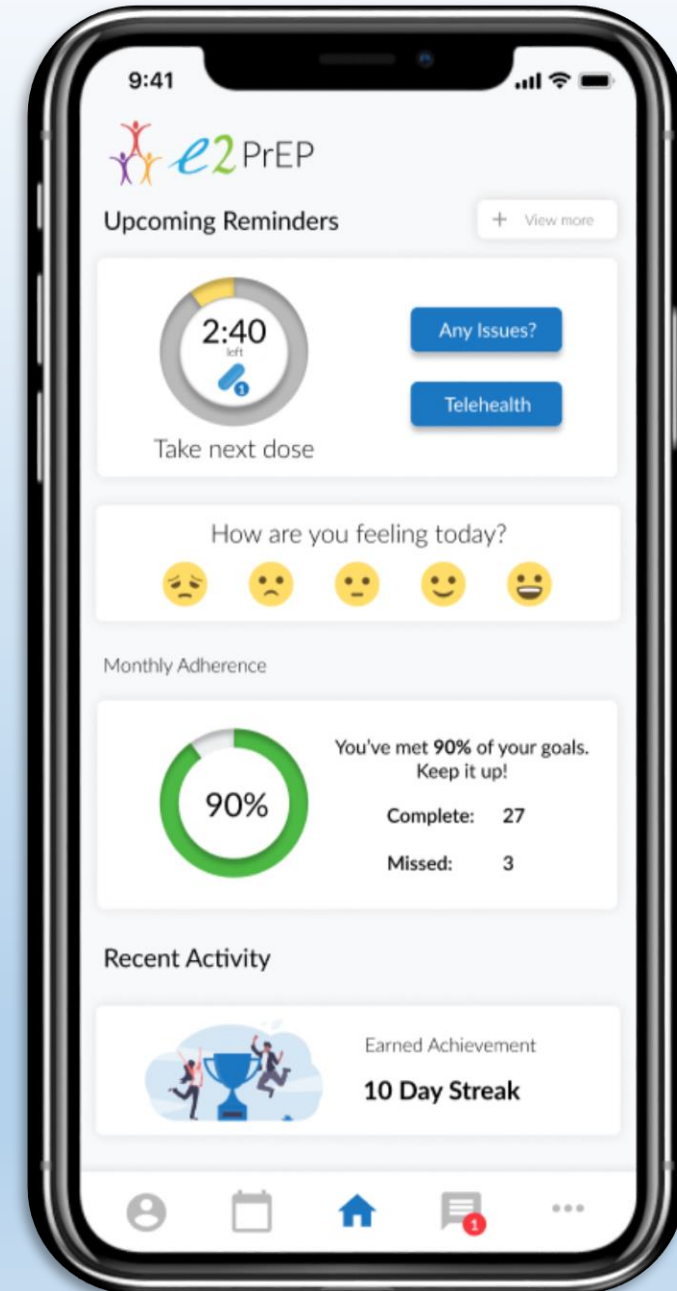
COMPAS

e2PrEP v1.2

- **Improving PrEP uptake, adherence, and persistence.**
- **Supporting patients holistically:**
 - To connect with support services
 - To set goals & track outcomes
 - To monitor and maintain their PrEP adherence
- **Fully Integrated with Federal, State, and Local HIV Prevention Programs**

e2PrEP Mobile App

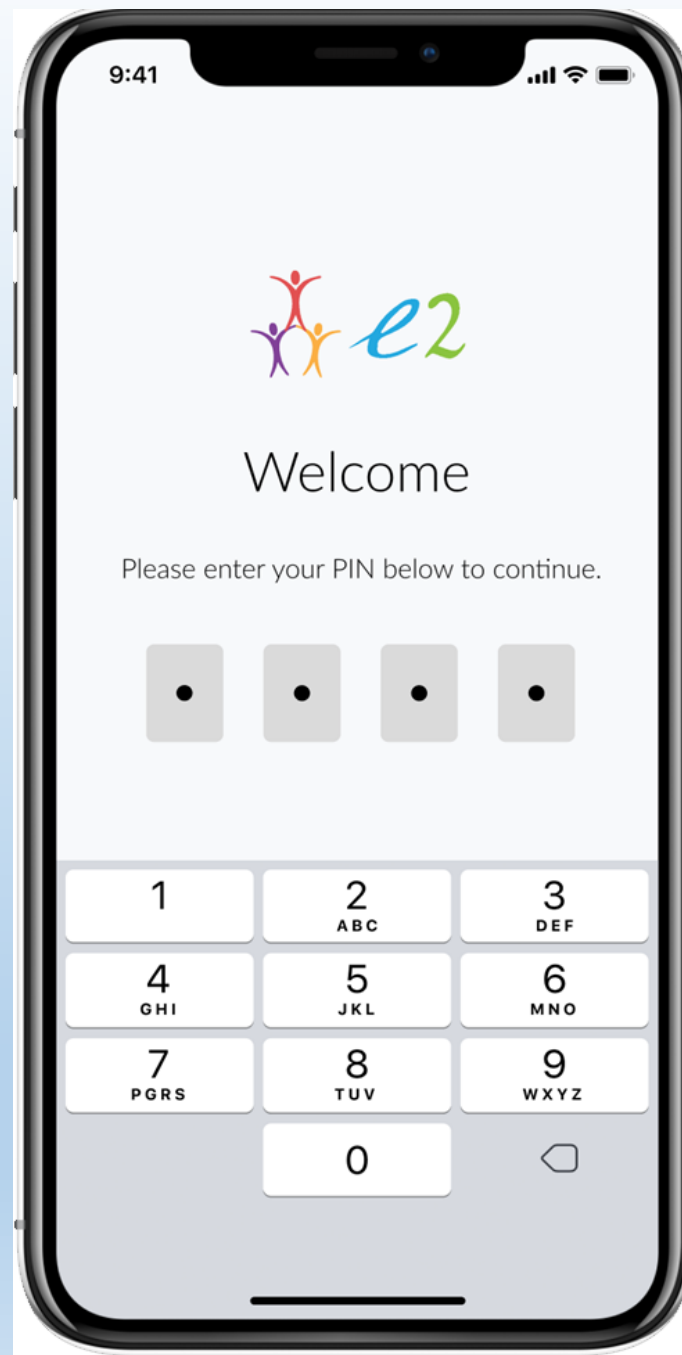
- Dosage reminders with motivational and discreet messaging
- Easily connect to care team with Telehealth
- Report issues, side effects, and general mood and connect this with acuity
- Gamified: Winning streak and goal tracking encourage continued participation

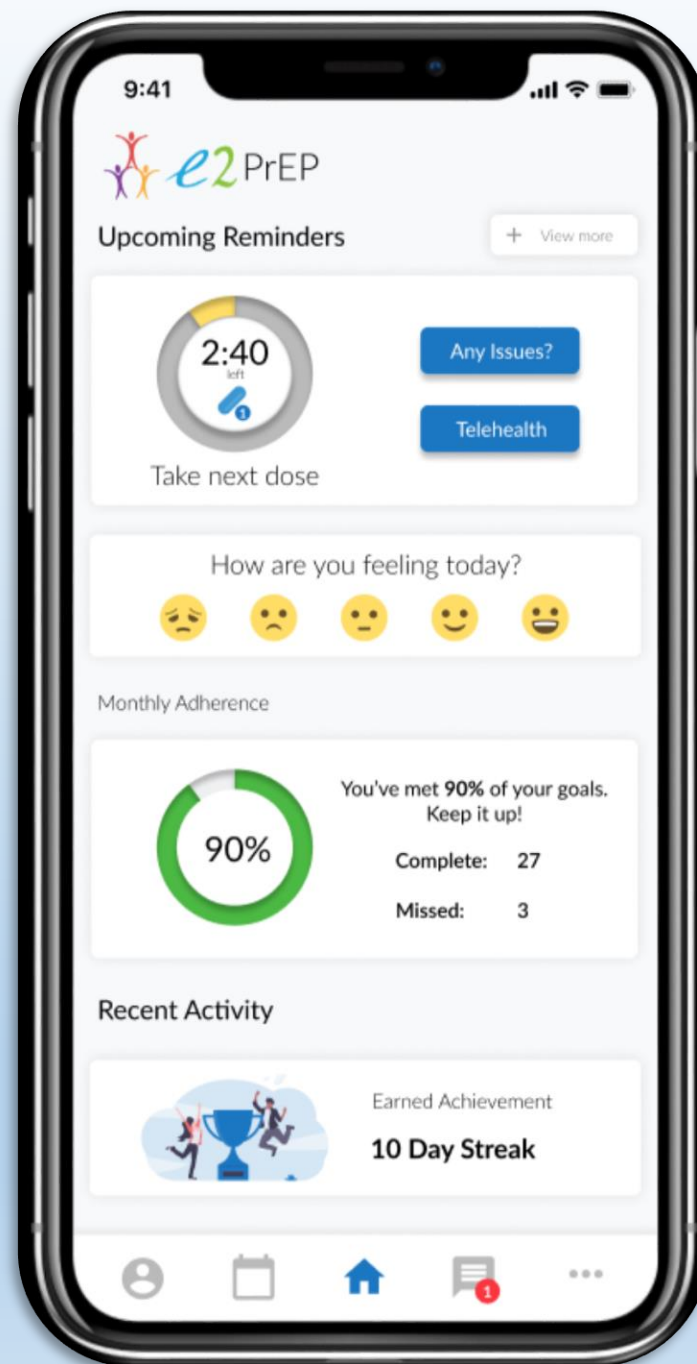


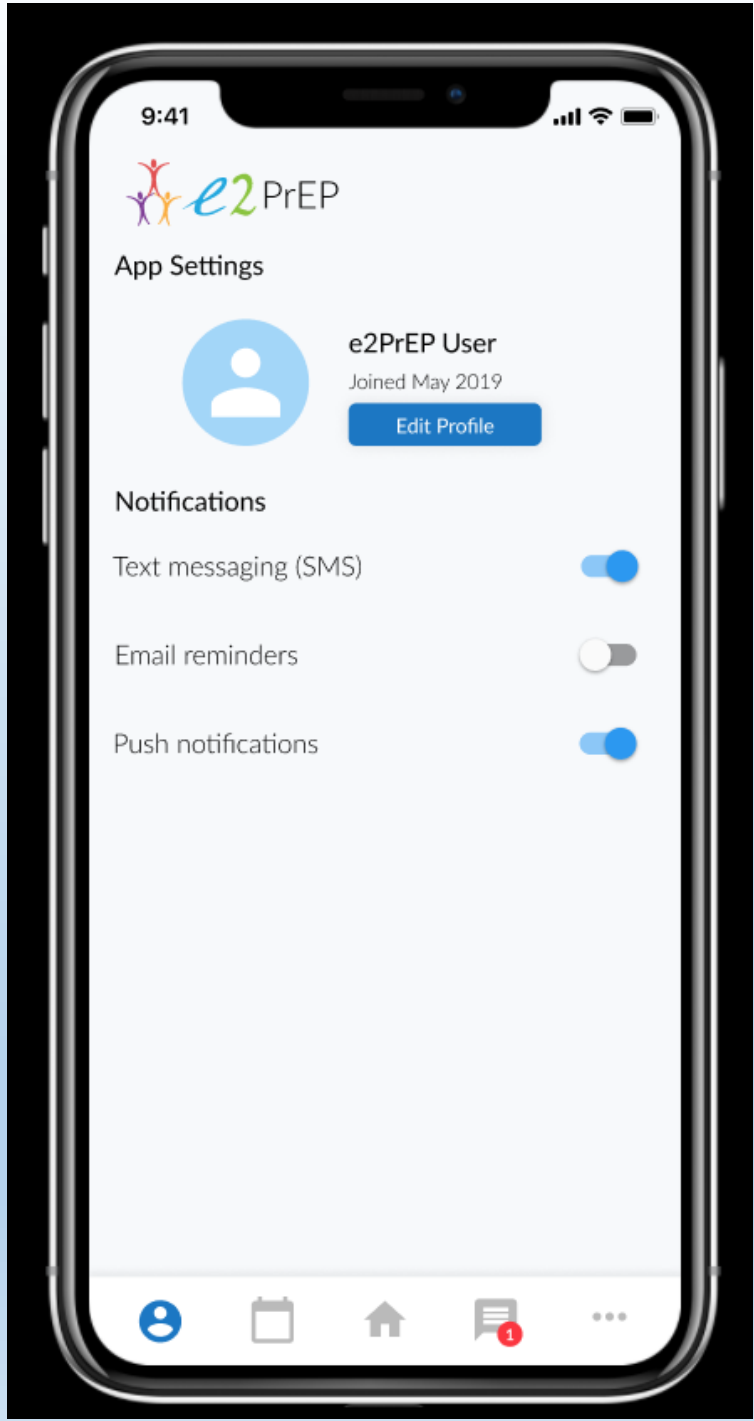
Alerts & Notifications

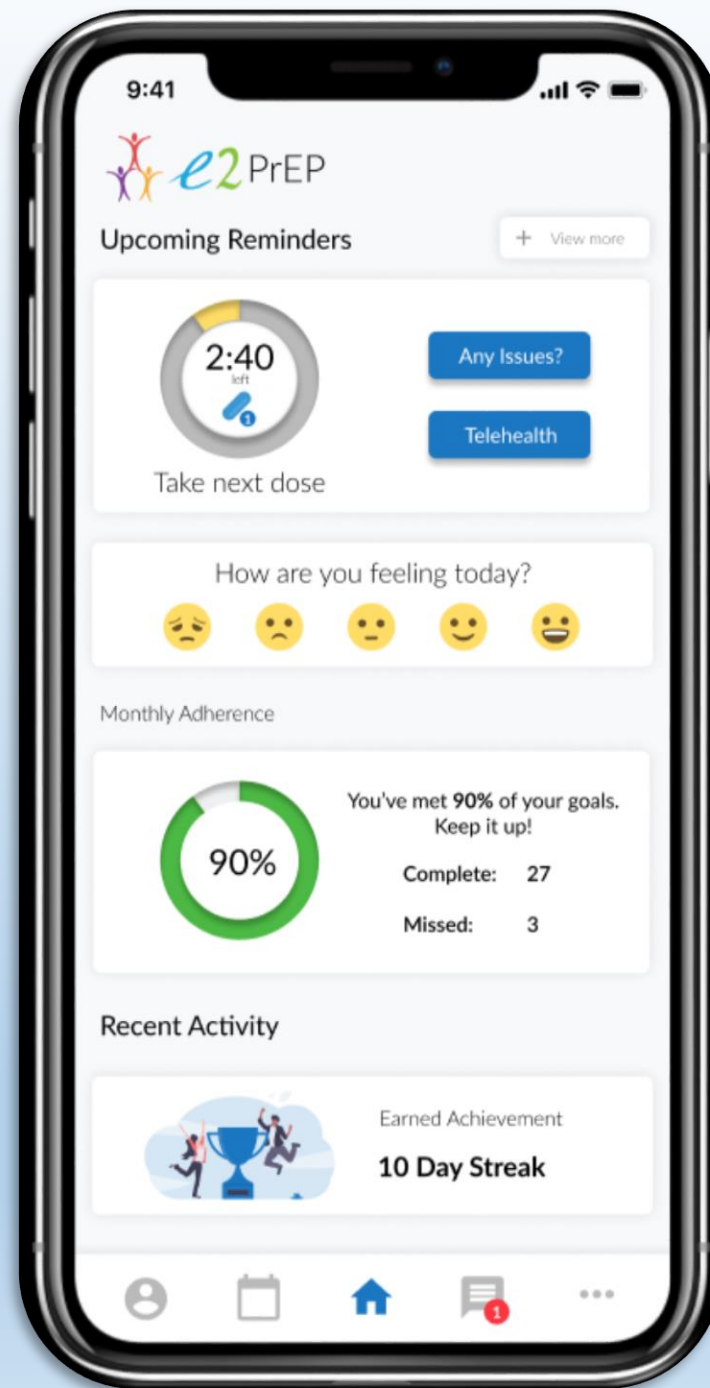
- Discreet reminders leading to easily accessible information with one click.
- Customizable reminders for discretion and/or self motivation
- Secure PIN Screen / FaceID

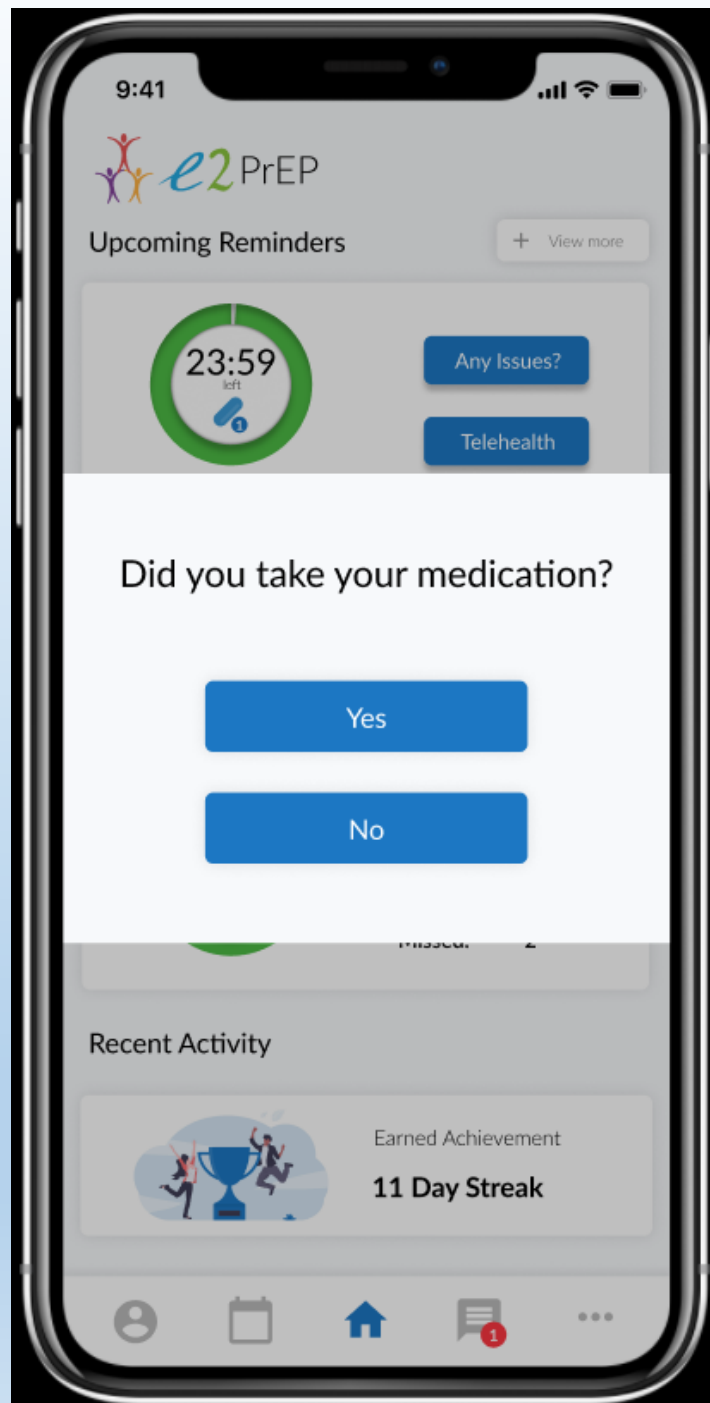












9:41



Great job!



Anything on your mind?

Type a message...

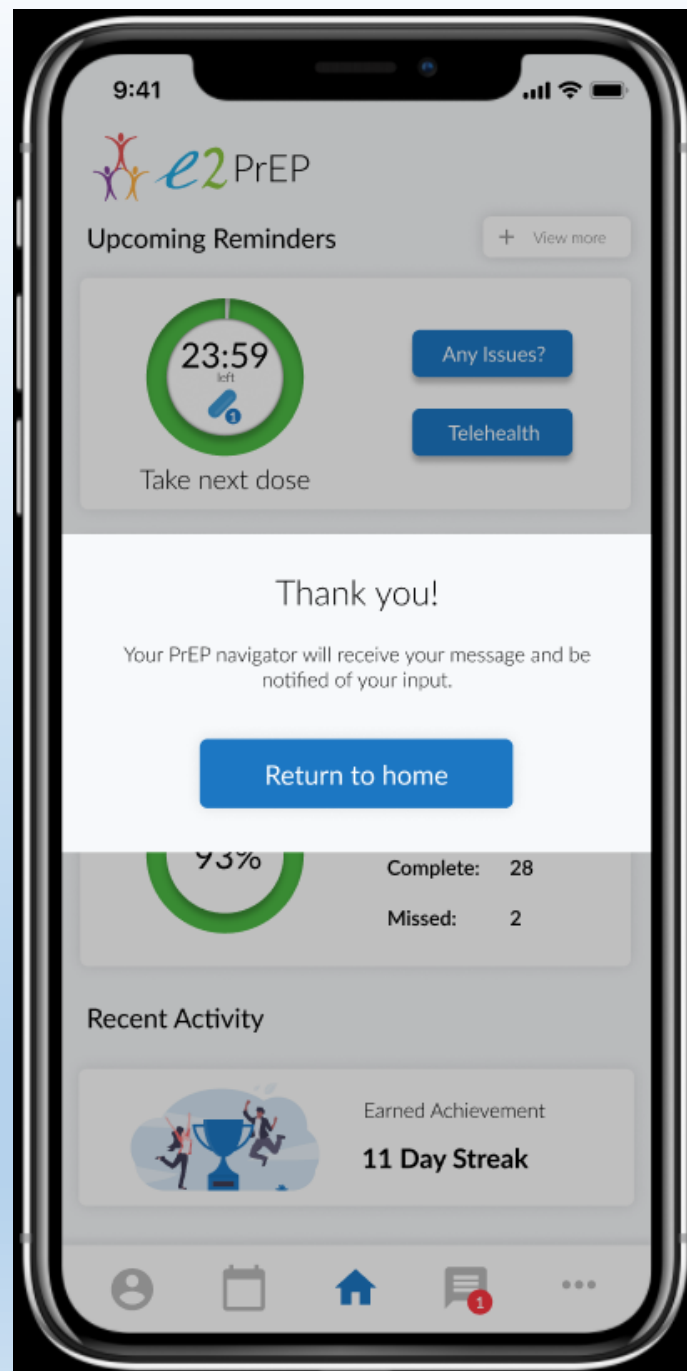


Please follow up with me

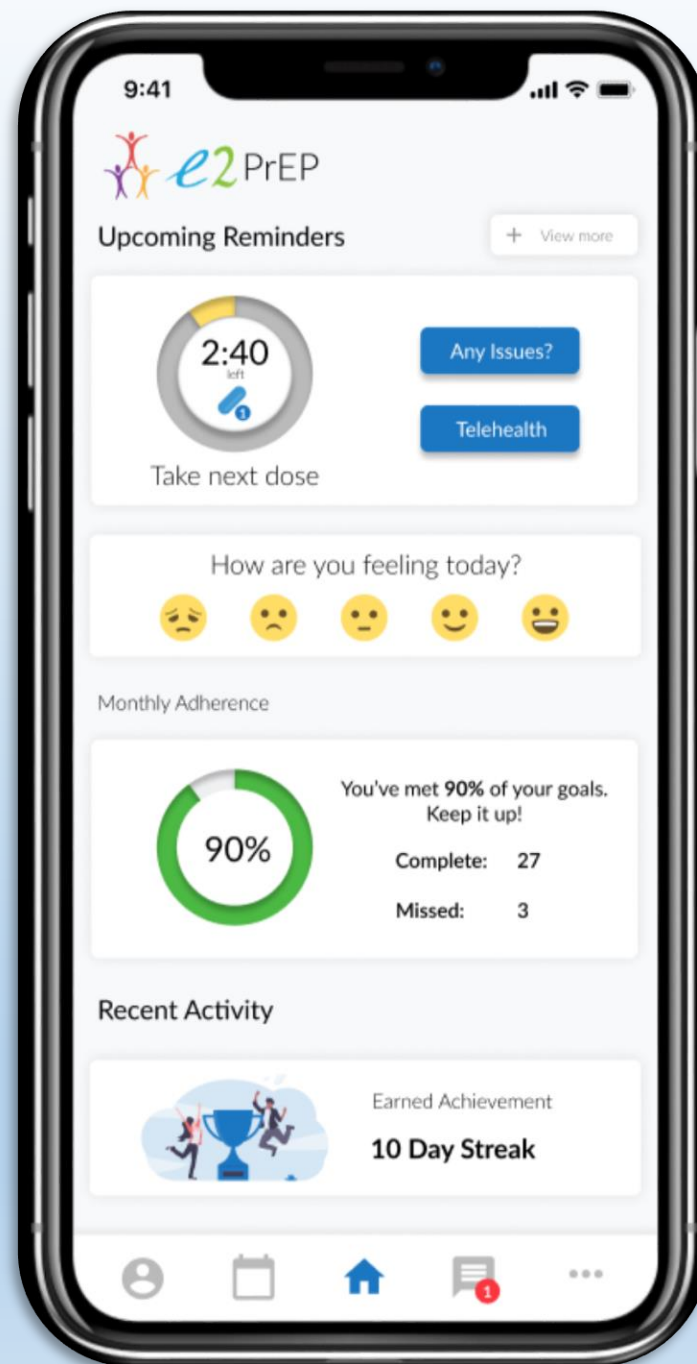
Skip

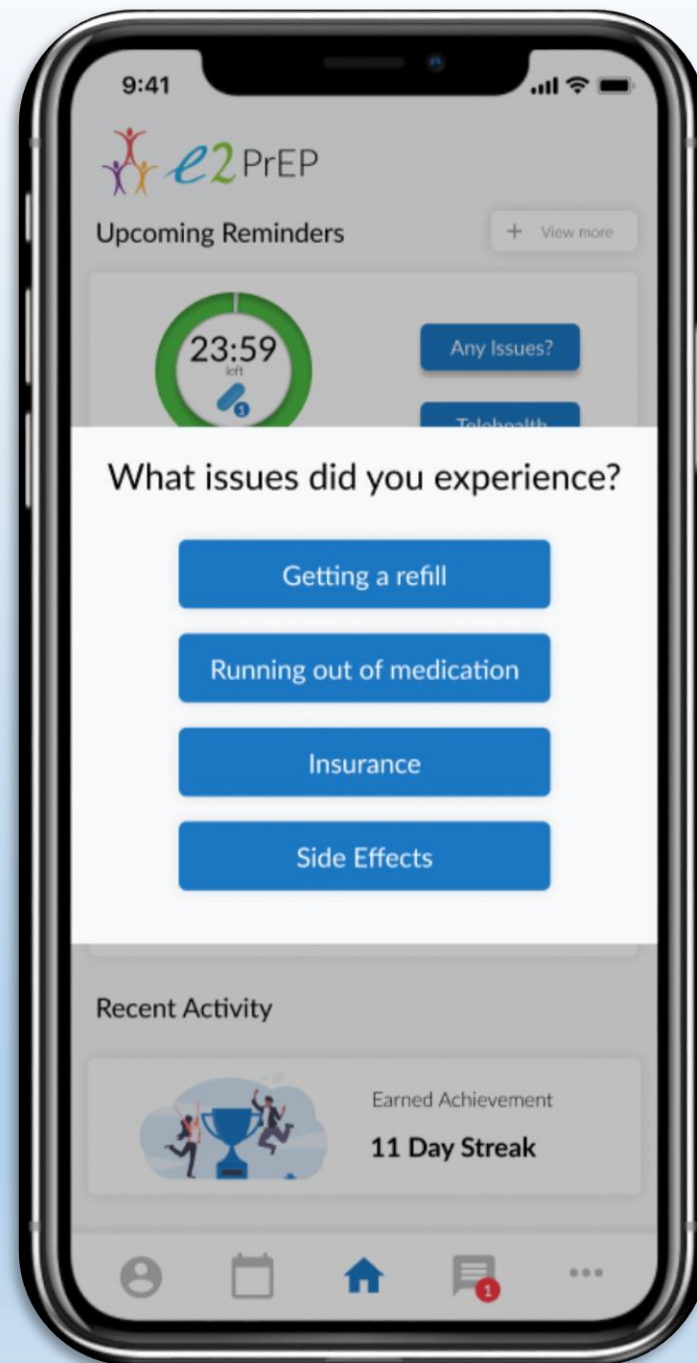
Submit

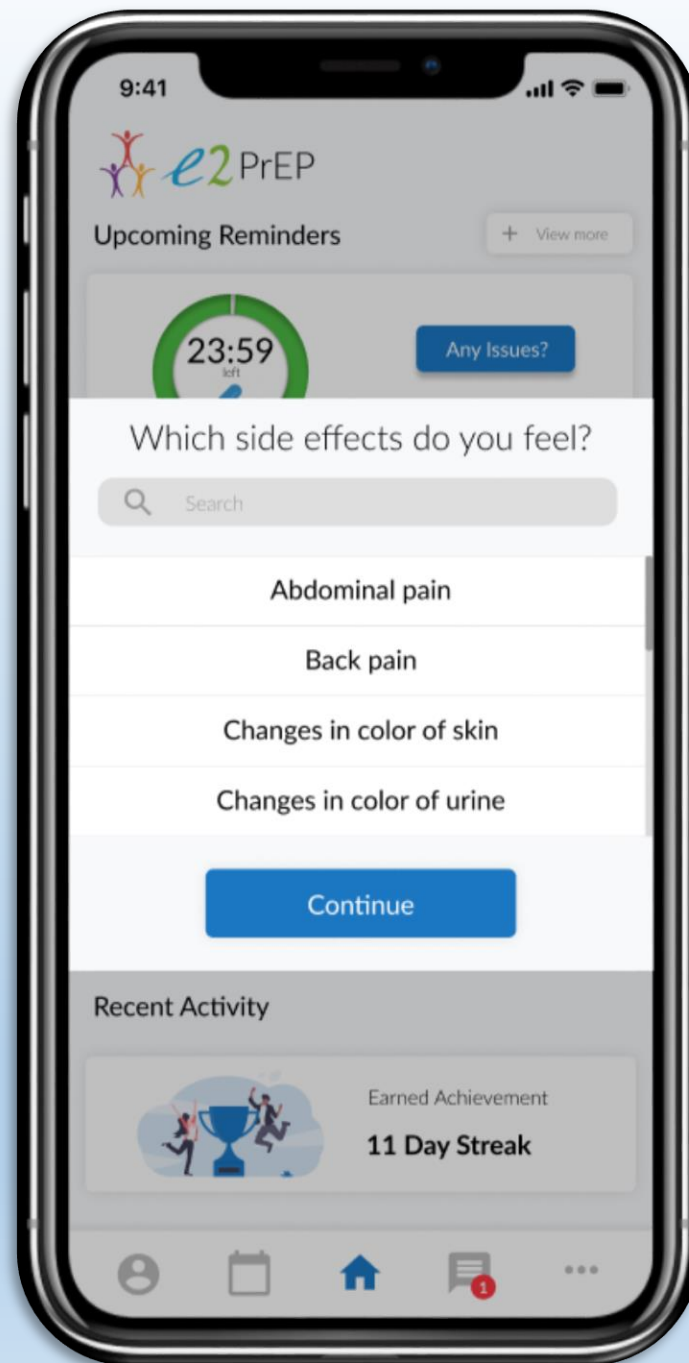


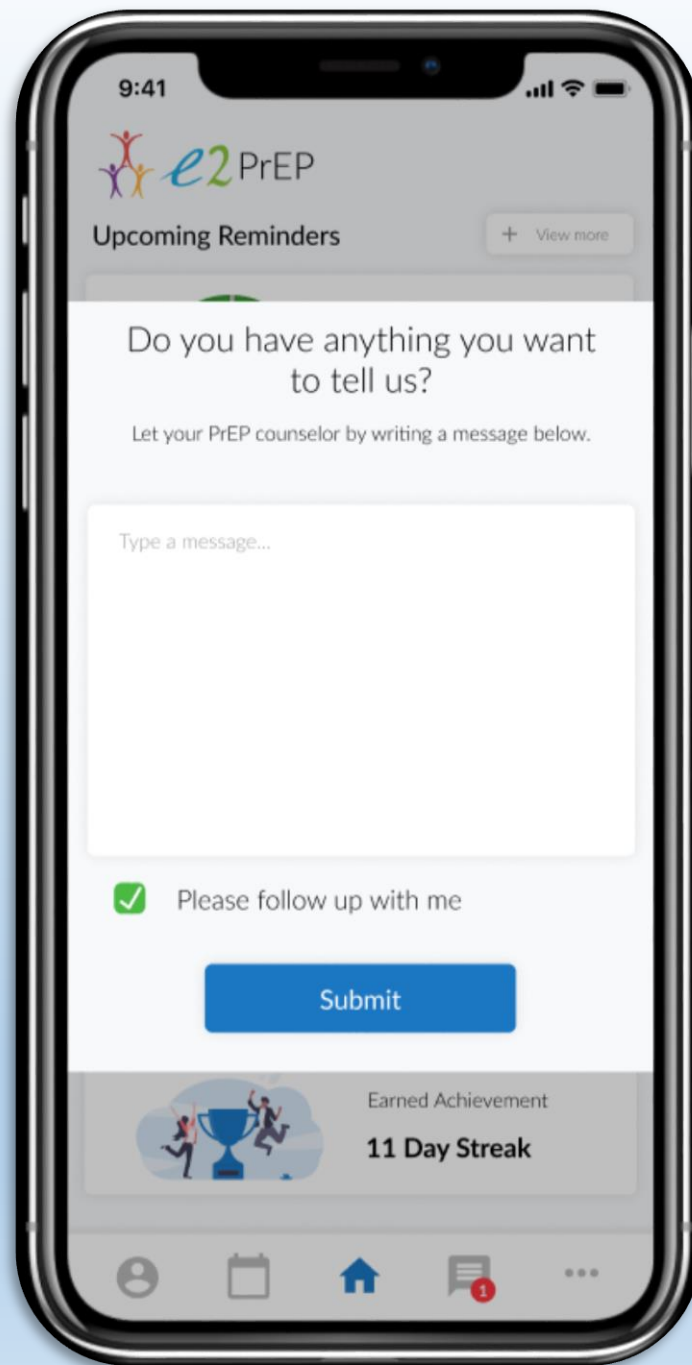


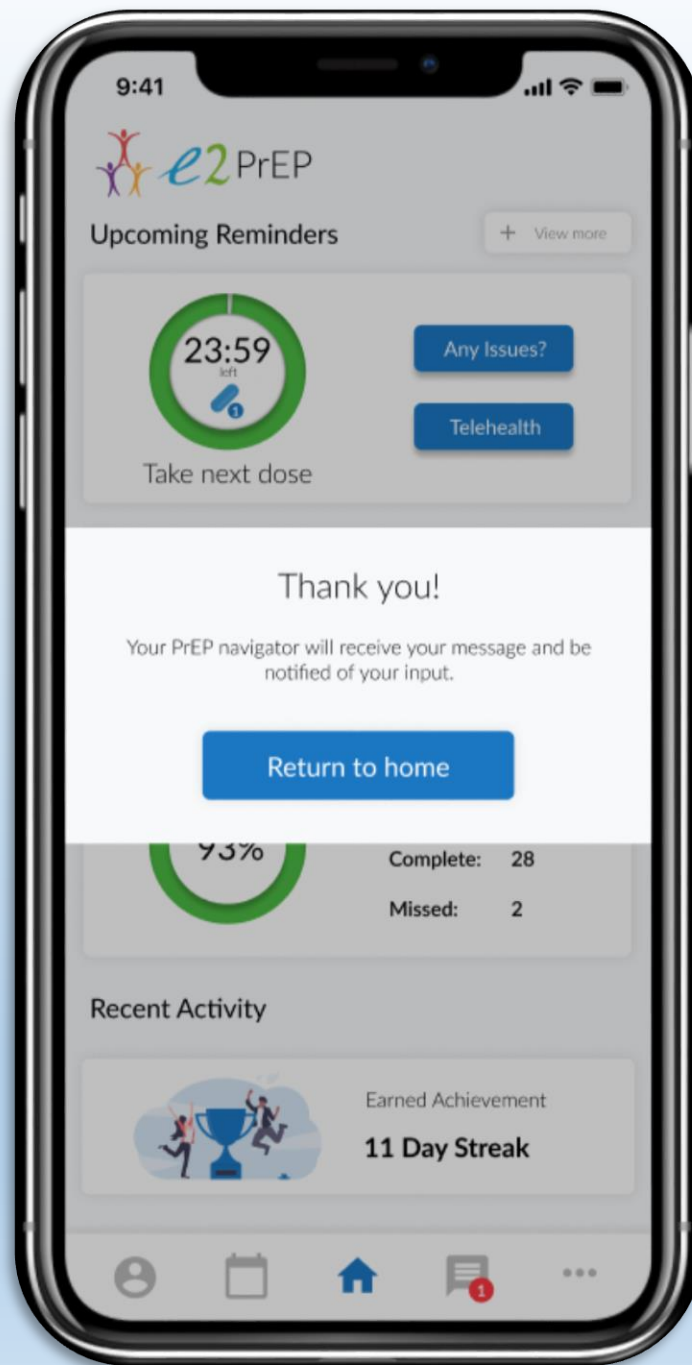












9:41



Start Video Chat

Secure Messaging



Hello, I'm just following up on the side effects you reported yesterday. How are you feeling?

Jane Doe, 11:30 PM

Hi! Thank you for following up, I feel better now!



Me, 11:31 PM



That's great! Please feel free to let me know if there are any other questions or concerns.

Jane Doe, 11:32 PM



Me, 11:33 PM

Type a message...

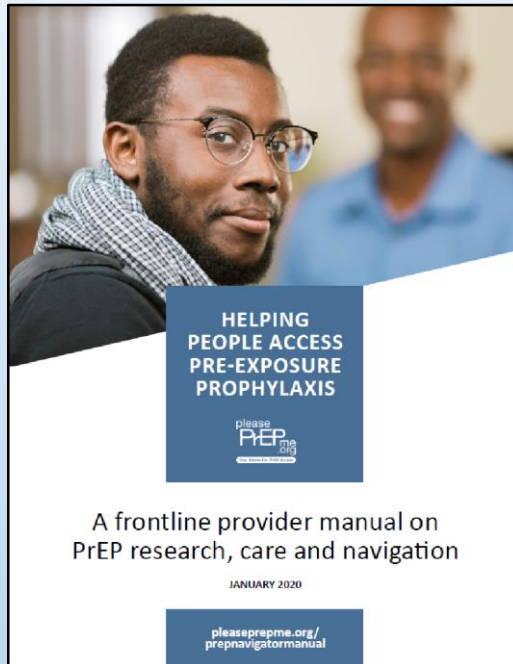


Ongoing Community Input

- PrEP Patients
- PrEP Counselors & Navigators
- Departments of Health
- Clinicians
- National Conferences
- Privacy and Security Experts
- Low Health Literacy Patient Portal SMEs
- Planning Councils
- Texas Transgender Alliance
- Bronx LGBT Task Force
- PleasePrEPMe

Navigator Resources: Manual & Online Training

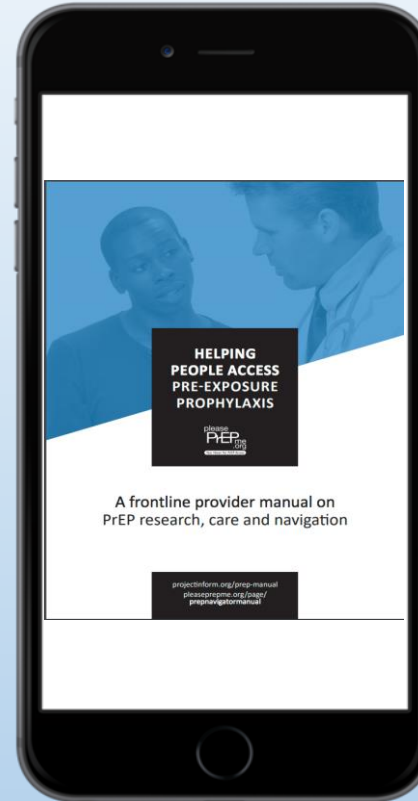
PleasePrEPMe.org/PrEPNavigatorManual



Downloadable manual available in English and Spanish.

A living document updated several times a year.

PleasePrEPMe.org/PrEPNavTraining



Free online resource to assist PrEP navigation staff. Built upon navigation manual content, with additional topics. Featuring local staff from across the U.S.

Self-guided ... work at your own pace.

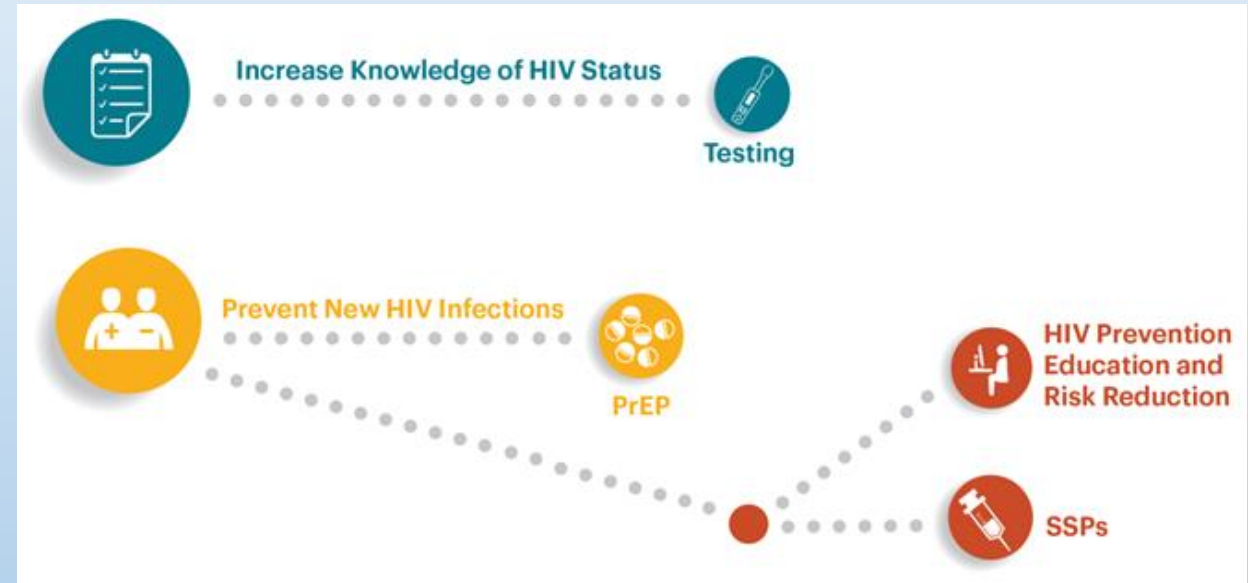
8 modules takes about 2 hours to complete.

Fully Integrated Solution

e2Prevention Platform

Comprehensive HIV Prevention - e2Prevention

- Cross-Program Integration
 - PrEP
 - HIV Testing
 - Drug User Health
 - Needle Exchange
 - Naloxone Distribution & Training
 - Effective Behavioral Interventions
- Federally-Compliant Reporting
- Cross-Program Data Sharing and Referrals
- Modularized Components



PrEP Adherence & App Integration

- **e2Prevention** connects to
 - EHR,
 - Health Dept Systems,
 - Health information networks
 - or as a stand alone app

February 2020						
Mon	Tue	Wed	Thu	Fri	Sat	Sun
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	

■ Taken ■ Not Taken ■ Unconfirmed

Messages

+ New Message

Type	Message	Date	Action
Received	Hello! I have a question regarding my PrEP medication.	01/31/2020	<input type="text"/> Mark as Read

Showing 1 to 1 of 1 entries

← Previous 1 Next →

Reported Issues

Reported On	Issues	Follow Up?
02/07/2020	<input checked="" type="checkbox"/> Dizziness <input checked="" type="checkbox"/> Headache	(unchecked)

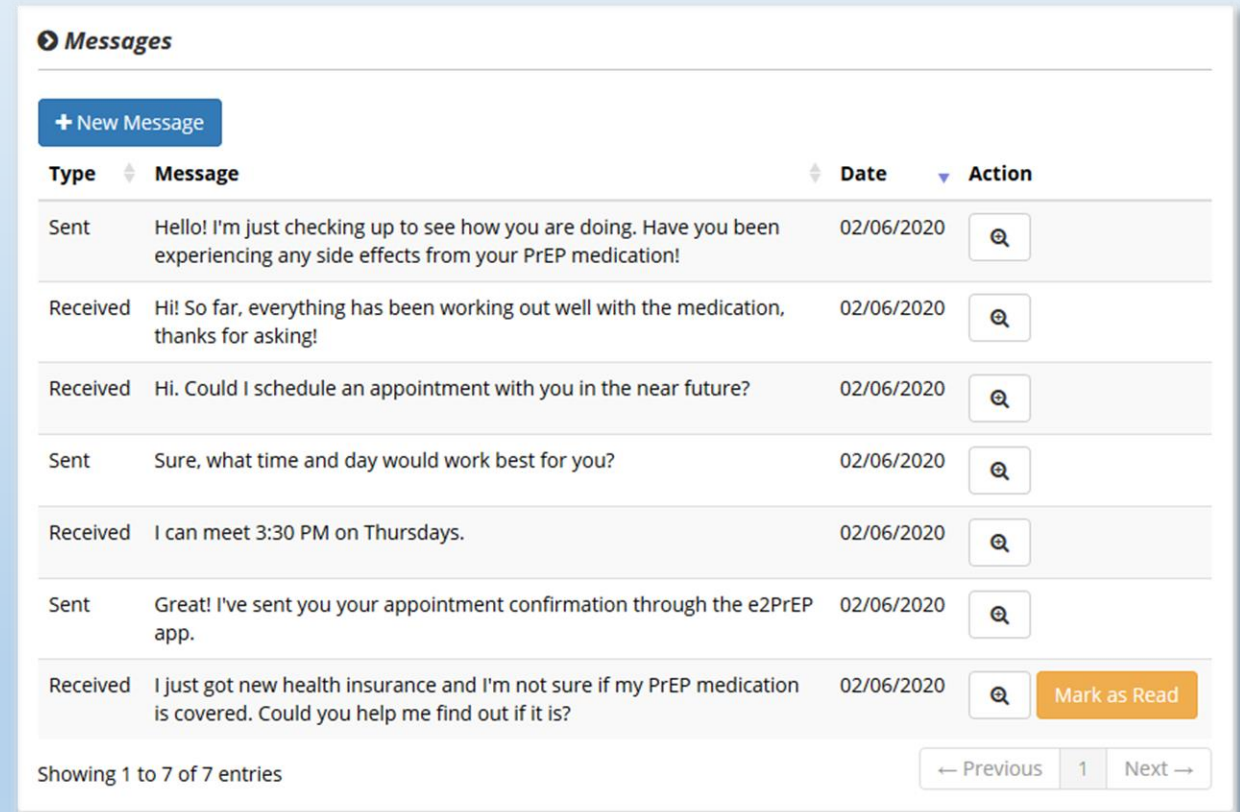
Feelings

Reported On	How are you feeling?	Follow Up?
02/02/2020	😞	(checked)

Showing 1 to 1 of 1 entries

Counselor / Health Dept Secure Messaging

- Real-time secure dialogue
- Only the patient and their provider can see the conversation
- Intuitive dashboard for comprehensive message summary data storage and retrieval



The screenshot displays a web interface for secure messaging. At the top, there's a header with a magnifying glass icon and the word "Messages". Below this is a blue button labeled "+ New Message". The main content is a table with columns for "Type", "Message", "Date", and "Action". The table contains seven entries, alternating between "Sent" and "Received" messages. Each entry has a magnifying glass icon in the "Action" column. The last entry has an additional orange button labeled "Mark as Read". At the bottom, there's a pagination bar showing "Showing 1 to 7 of 7 entries" and navigation links for "Previous", "1", and "Next".

Type	Message	Date	Action
Sent	Hello! I'm just checking up to see how you are doing. Have you been experiencing any side effects from your PrEP medication!	02/06/2020	
Received	Hi! So far, everything has been working out well with the medication, thanks for asking!	02/06/2020	
Received	Hi. Could I schedule an appointment with you in the near future?	02/06/2020	
Sent	Sure, what time and day would work best for you?	02/06/2020	
Received	I can meet 3:30 PM on Thursdays.	02/06/2020	
Sent	Great! I've sent you your appointment confirmation through the e2PrEP app.	02/06/2020	
Received	I just got new health insurance and I'm not sure if my PrEP medication is covered. Could you help me find out if it is?	02/06/2020	Mark as Read

Showing 1 to 7 of 7 entries

← Previous 1 Next →

HIPPA Compliant Geo Mapping

- Link clients to readily accessible resources close to them
- Ensure high data quality at time of data entry
- Secure geospatial analysis

e2Prevention

Dashboard Client Search **Client Intake** EBIs - Community-Level Interventions Community Naloxone HIV Testing

Demographics

US Citizen ☐ Yes ☒ No

* Country of Birth

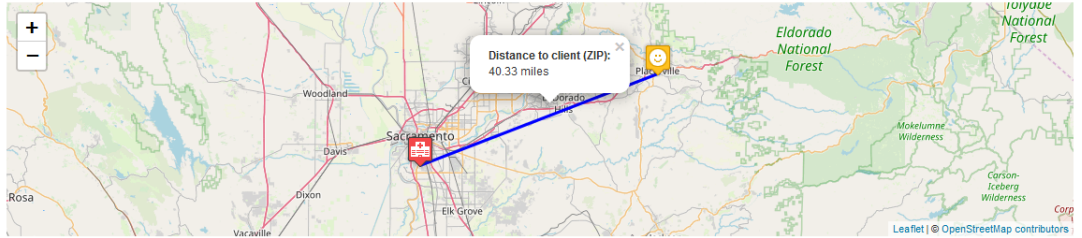
* State/Territory of Residence

* County of Residence

* Zip Code

* Ethnicity

* Race ☐ Black/African American ☒ White ☐ American IN/AK Native ☐ Asian ☐ Native HI/Pac. Islander ☐ Declined ☐ Not Asked ☐ Do Not Know



Vulnerability Factors

* Employment

Housing Status

Medical Insurance

HIV Vulnerabilities ☐ Male to Male sexual contact (MSM) ☐ Injection drug use (IDU) ☐ MSM and IDU ☐ High-Risk Heterosexual ☐ Serodiscordant Relationship ☐ Sex Worker ☐ Risk factor not reported or not identified

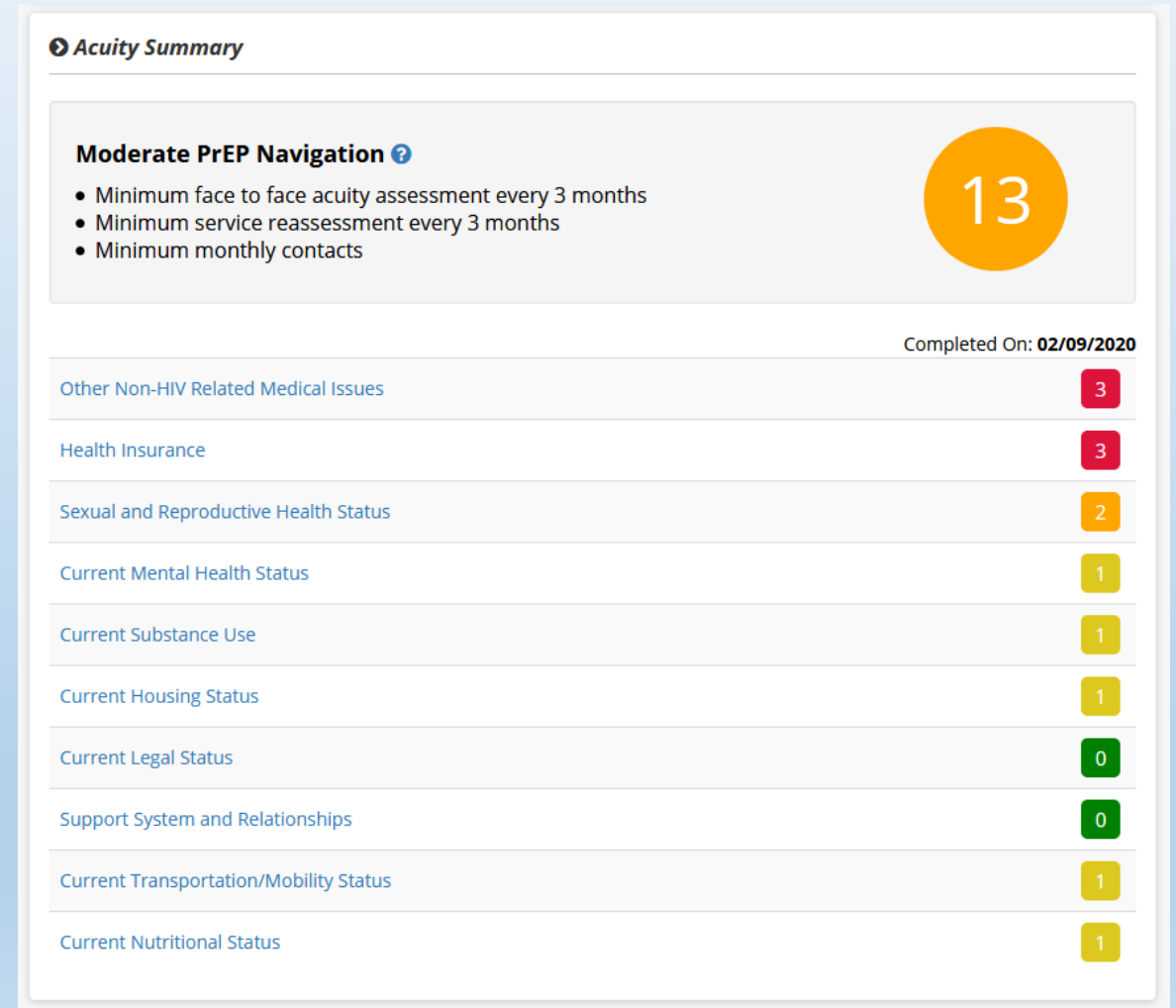
Simplified Data Management

- Intuitive forms to minimize training time
- Guiding Navigators through data entry
- Culturally Sensitive Prompts

* Date of initial client visit	* Person Completing Form
<input type="text" value="02/09/2020"/>	<input type="text" value="Miguel Gonzales"/>
Client HIV Status	
* Previous HIV Test?	* Date Client Tested (Approximate)
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="02/07/2020"/>
* Test Result	* Date client received test results (Approximate)
<input type="text" value="Negative"/>	<input type="text" value="02/07/2020"/>
Type of test used	
<input type="text" value="Rapid"/>	
Screening for Substantial Risk for HIV Infection	
Question Prompts for Providers	
* Sexually active in a high HIV prevalence population	<i>Have you been sexually active in the last six months?</i>
<input checked="" type="radio"/> Yes <input type="radio"/> No	
* Report vaginal or anal intercourse without condoms with more than one partner	<i>With how many people did you have vaginal or anal sex in the last six months?</i>
<input type="radio"/> Yes <input checked="" type="radio"/> No	<i>Did you use condoms consistently during sex in the last six months?</i>
* Report having a sexual partner with one or more HIV risk	<i>Have you had a sex partner in the last six months who:</i>
<input checked="" type="radio"/> Yes <input type="radio"/> No	<ul style="list-style-type: none">• Is living with HIV?• Injects drugs?• Has sex with men?• Is a transgender person?• Is a sex worker?• Has sex with multiple partners without condoms?

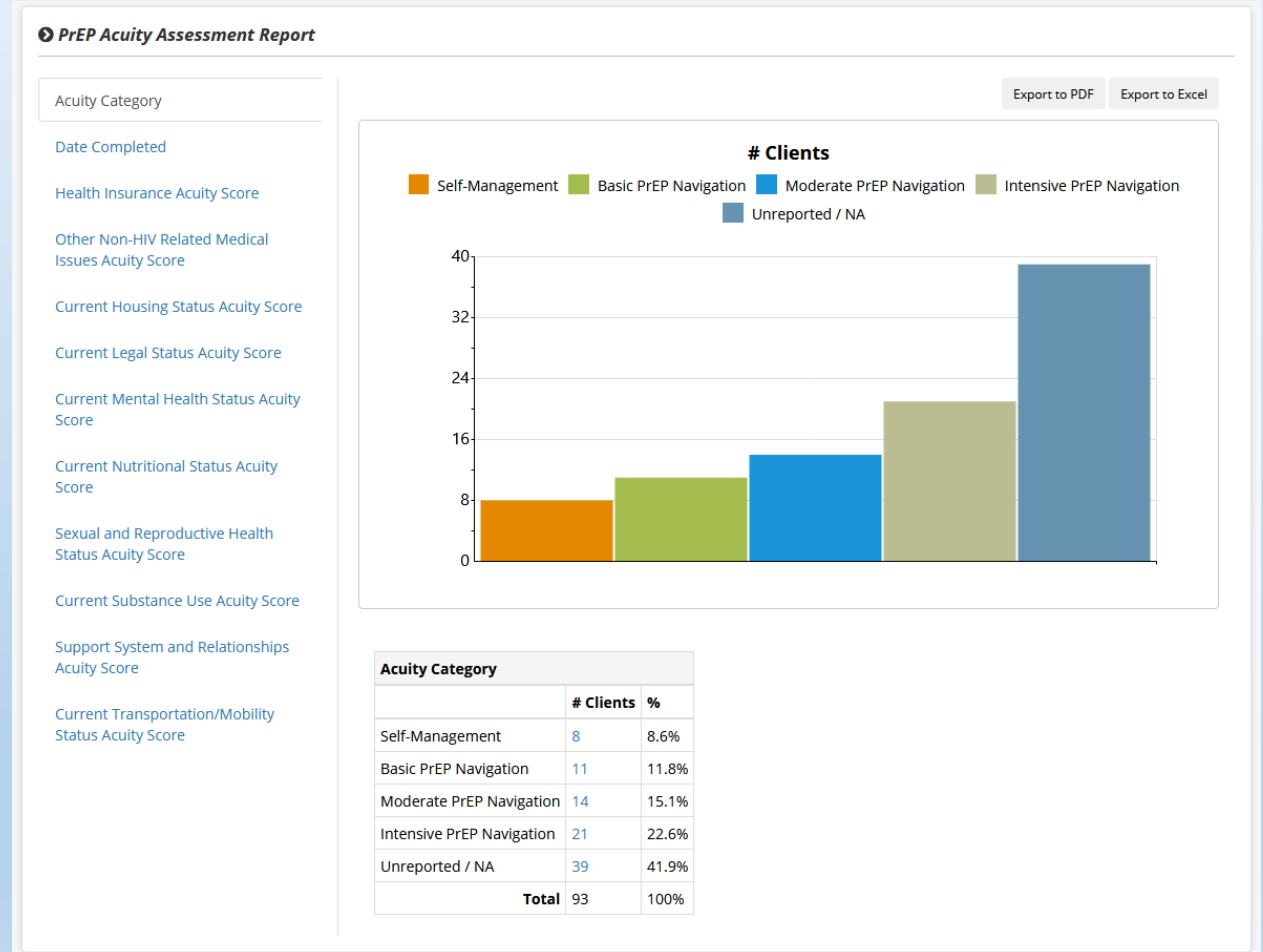
Actionable Information

- Easily find and target areas of need.
- Summarized data for rapid response
- Save time with visual summaries



Real-Time Visual Analytics

- Access to custom reports and real-time data
- Powerful analytics across all data elements
- Cross-program reporting
- Client Drilldowns

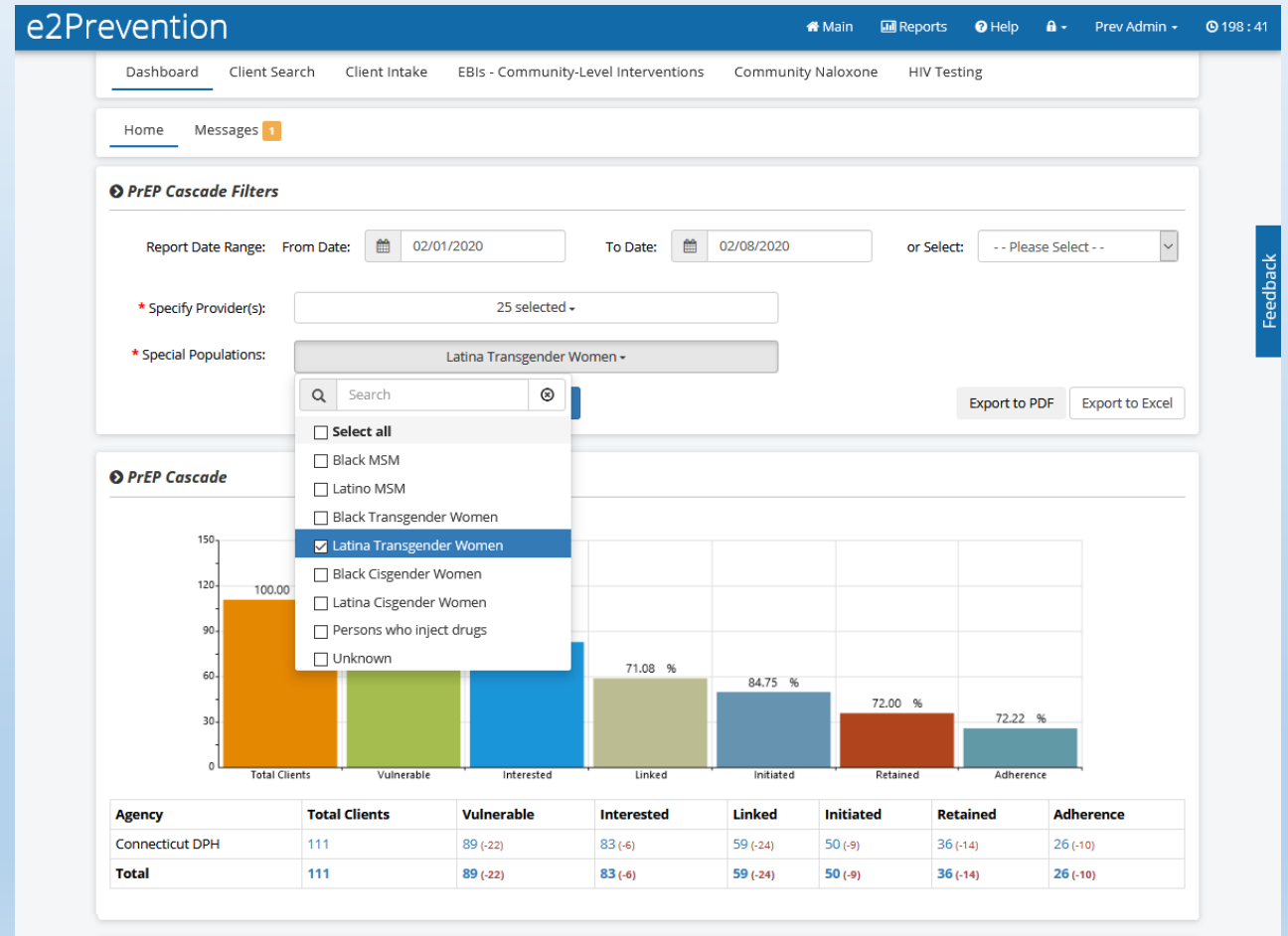


What Does Community Involvement Mean?

“Everyone is very into the PrEP cascade, but my gripe is the cascade really leaves out women and people of color. I will always be complaining how are women and how are young black men doing? None of them are doing well with PrEP cascades.”

PrEP Cascade Dashboard with Special Populations Filter

- Actionable visual PrEP Cascade
- See where you are excelling, and which special populations need additional assistance
- Specifically designed to accommodate all levels of workflow.



Dashboard

PrEP Cascade Drilldowns

✕

Search:

e2ID	First Name	Last Name	Agency	
ABM10185	Bob	Macdonald	Connecticut DPH	View
AEP10195	Herbert	Reyes	Connecticut DPH	View
AQE10203	Tommy	Whitaker	Connecticut DPH	View
AQG10130	Phillip	Horton	Connecticut DPH	View
ARG10193	Kurt	Davis	Connecticut DPH	View
ASP10207	Andrew	Johnson	Connecticut DPH	View
ASW10124	Tyrone	Byrd	Connecticut DPH	View
ATQ10200	Jessie	Lara	Connecticut DPH	View
AWT10125	Guy	Blake	Connecticut DPH	View
BEY10160	Adrian	Hines	Connecticut DPH	View

Showing 1 to 10 of 20 entries

[← Previous](#) [1](#) [2](#) [Next →](#)

Close

Vulnerable -

Mu
Program

EBI

Naloxon

Interested -

Mu
Program

EBI [18]

Naloxone [10]

HIV Testing [32]

Linked - Breakdown by Program

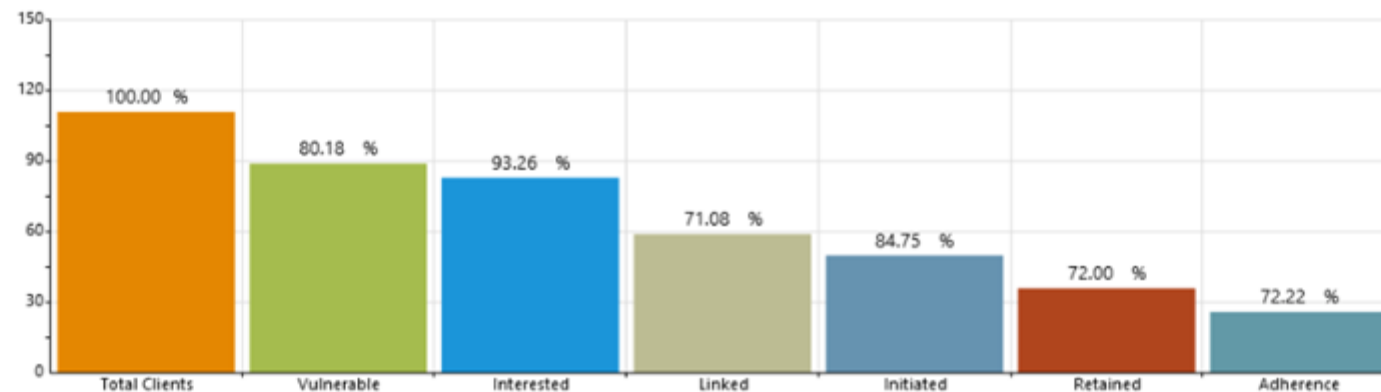
Multiple
Programs [11]

EBI [13]

Drug User Health [8]

Naloxone	10 (12%)	1 (17%)	11 (12%)
EBI	18 (22%)	1 (17%)	19 (21%)
Multiple Programs	15 (18%)	1 (17%)	16 (18%)
Totals	83 (93%)	6 (7%)	89 (100%)

Program	Linked	Gap	Total
Drug User Health	8 (14%)	3 (13%)	11 (13%)
HIV Testing	23 (39%)	9 (38%)	32 (39%)
Naloxone	7 (12%)	3 (13%)	10 (12%)
EBI	13 (22%)	5 (21%)	18 (22%)

[Dashboard](#) [Client Search](#) [Client Intake](#) [EBIs - Community-Level Interventions](#) [Community Naloxone](#) [HIV Testing](#)[Home](#) [Messages 1](#)**PrEP Cascade Filters**Report Date Range: From Date: To Date: or Select: * Specify Provider(s): * Special Populations: [Run Report](#)[Export to PDF](#)[Export to Excel](#)**PrEP Cascade**

Agency	Total Clients	Vulnerable	Interested	Linked	Initiated	Retained	Adherence
Connecticut DPH	111	89 (-22)	83 (-6)	59 (-24)	50 (-9)	36 (-14)	26 (-10)
Total	111	89 (-22)	83 (-6)	59 (-24)	50 (-9)	36 (-14)	26 (-10)

[Dashboard](#) [Client Search](#) [Client Intake](#) [EBIs - Community-Level Interventions](#) [Community Naloxone](#) [HIV Testing](#)[Home](#) [Messages 1](#)**PrEP Cascade Filters**Report Date Range: From Date: To Date: or Select: * Specify Provider(s): * Special Populations:

☐ Select all

☐ Black MSM

☐ Latino MSM

☐ Black Transgender Women

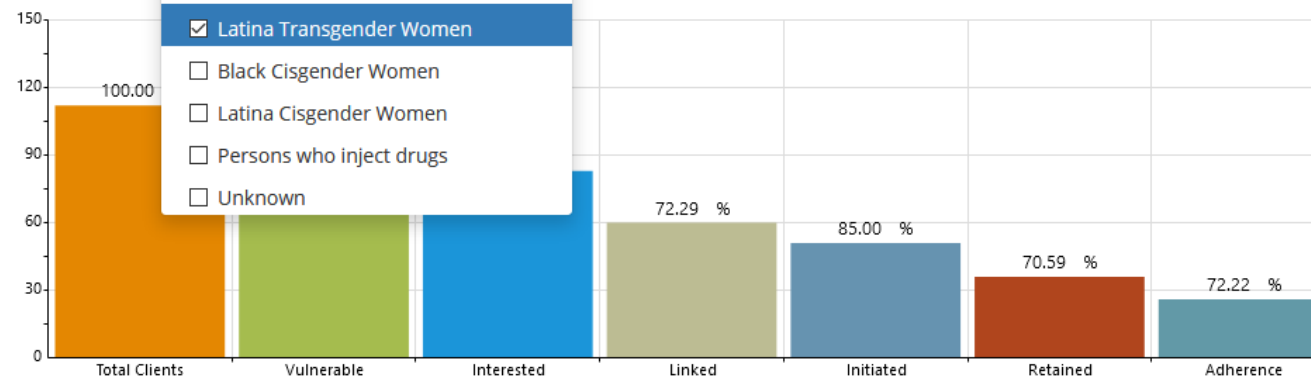
☒ Latina Transgender Women

☐ Black Cisgender Women

☐ Latina Cisgender Women

☐ Persons who inject drugs

☐ Unknown

[Export to PDF](#)[Export to Excel](#)**PrEP Cascade**

Agency	Total Clients	Vulnerable	Interested	Linked	Initiated	Retained	Adherence
Connecticut DPH	112	90 (-22)	83 (-7)	60 (-23)	51 (-9)	36 (-15)	26 (-10)
Total	112	90 (-22)	83 (-7)	60 (-23)	51 (-9)	36 (-15)	26 (-10)

Vulnerable - Breakdown by Program

Feedback

[Dashboard](#)[Client Search](#)[Client Intake](#)[EBIs - Community-Level Interventions](#)[Community Naloxone](#)[HIV Testing](#)[Home](#)[Messages](#) 1

PrEP Cascade Filters

Report Date Range: From Date:



02/01/2020

To Date:



02/09/2020

or Select:

-- Please Select --



* Specify Provider(s):

25 selected

* Special Populations:

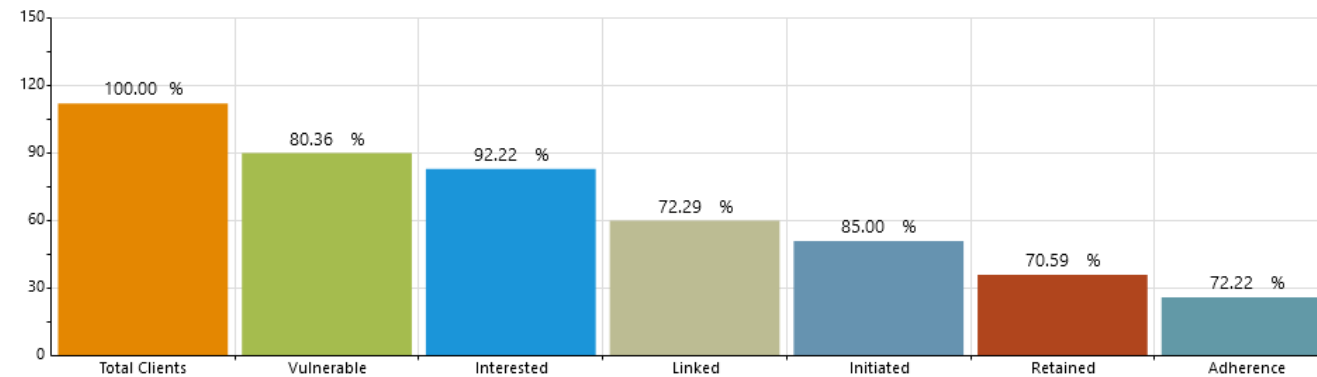
Latina Transgender Women

Run Report

Export to PDF

Export to Excel

PrEP Cascade



Agency	Total Clients	Vulnerable	Interested	Linked	Initiated	Retained	Adherence
Connecticut DPH	112	90 (-22)	83 (-7)	60 (-23)	51 (-9)	36 (-15)	26 (-10)
Total	112	90 (-22)	83 (-7)	60 (-23)	51 (-9)	36 (-15)	26 (-10)

Vulnerable - Breakdown by Program

Feedback

[Dashboard](#)[Client Search](#)[Client Intake](#)[EBIs - Community-Level Interventions](#)[Community Naloxone](#)[HIV Testing](#)[Home](#)[Messages](#) 1

🔒 Secure Patient Messaging

Search:

Date ▼	Client Name ⚡	Assigned PrEP Navigator ⚡	Messages ⚡	Status ⚡	Action ⚡
02/08/2020	Tommy Carpenter	Lauren Gau	1 📧 (1 new messages)	Unread Messages	<button>View</button>

Showing 1 to 1 of 1 entries


[← Previous](#) [1](#) [Next →](#)

Feedback

[Intake](#) [Drug User Health](#) [PrEP Navigation](#) [EBI](#)

Name
Gender
DOB
E2ID
UCI

Carpenter, Tommy
Transgender - MTF
09/11/1977
VTL10143
TMCR0911773U

 Progress Notes

5

[Enrollment](#) [Eligibility Screening](#) [Acuity Assessment](#) [Encounters](#) [Medical Visits](#)
[Medication Assistance](#) [Non-PrEP Referrals](#) [PrEP Adherence](#)

February 2020						
Mon	Tue	Wed	Thu	Fri	Sat	Sun
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	

■ Taken ■ Not Taken ■ Unconfirmed

Messages

[+ New Message](#)

Type Message Date Action

Received Hello! I have a question regarding my PrEP medication. 01/31/2020

 [Mark as Read](#)

Showing 1 to 1 of 1 entries

← Previous 1 Next →

Reported Issues

Reported On Issues Follow Up?

02/07/2020 ☒ Dizziness (unchecked)
☒ Headache

Feelings

Reported On How are you feeling? Follow Up?

02/02/2020 😞 (checked)

Showing 1 to 1 of 1 entries

Feedback

Dashboard

Client Search

Client Intake

EBIs - Community-Level Interventions

Community Naloxone

HIV Testing

Client Creation

* First Name

Middle Initial

* Last Name

* Date of Birth

Primary Language

Secondary Language

* Sex at Birth

* Gender Identity

Preferred Pronoun

Sexual Orientation

Primary Language - Read

Secondary Language - Read

Demographics

US Citizen

☐ Yes ☐ No

* Country of Birth

* State/Territory of Residence

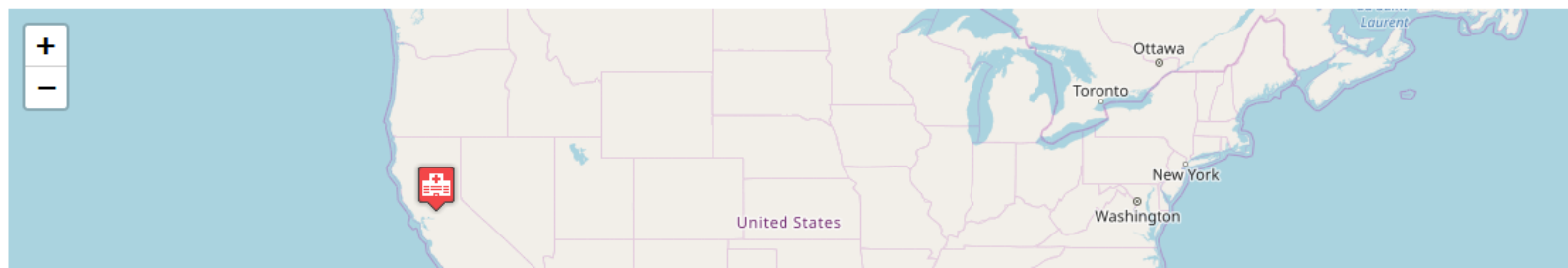
* County of Residence

* Zip Code

* Ethnicity

* Race

- ☐ Black/African American
- ☐ White
- ☐ American IN/AK Native
- ☐ Asian
- ☐ Native HI/Pac. Islander
- ☐ Declined
- ☐ Not Asked
- ☐ Do Not Know



Feedback

Dashboard

Client Search

Client Intake

EBIs - Community-Level Interventions

Community Naloxone

HIV Testing

Client Creation

* First Name

John



* Sex at Birth

Male

Middle Initial



* Gender Identity

Agender

* Last Name

Smith



Preferred Pronoun

they-them-theirs

* Date of Birth

02/01/1991



Sexual Orientation

Asexual

Primary Language

English

Primary Language - Read

English

Secondary Language

English

Secondary Language - Read

English

Demographics

US Citizen

☐ Yes ☒ No

* Ethnicity

Not Hispanic or Latino

* Country of Birth

United States of America

* Race

☐ Black/African American☒ White☐ American IN/AK Native☐ Asian☐ Native HI/Pac. Islander☐ Declined☐ Not Asked☐ Do Not Know

* State/Territory of Residence

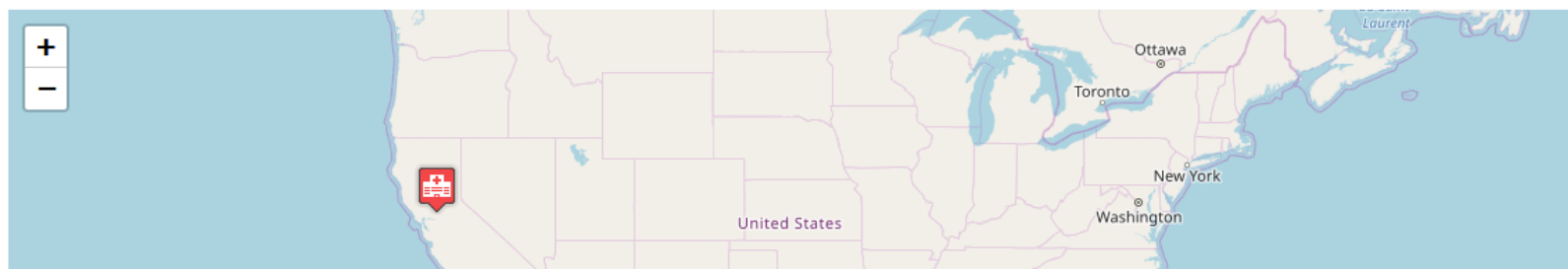
-- Please Select --

* County of Residence

Select a value

* Zip Code

Select a value



Feedback

DemographicsUS Citizen ☐ Yes ☒ No* Country of Birth * State/Territory of Residence * County of Residence * Zip Code * Ethnicity

- * Race
- ☐ Black/African American
 - ☒ White
 - ☐ American IN/AK Native
 - ☐ Asian
 - ☐ Native HI/Pac. Islander
 - ☐ Declined
 - ☐ Not Asked
 - ☐ Do Not Know

**Vulnerability Factors*** Employment Housing Status Medical Insurance

- HIV Vulnerabilities
- ☐ Male to Male sexual contact (MSM)
 - ☐ Injection drug use (IDU)
 - ☐ MSM and IDU
 - ☐ High-Risk Heterosexual
 - ☐ Serodiscordant Relationship
 - ☐ Sex Worker
 - ☐ Risk factor not reported or not identified

Dashboard

Client Search

Client Intake

EBIs - Community-Level Interventions

Community Naloxone

HIV Testing

Demographics

US Citizen

☐ Yes ☒ No

* Country of Birth

United States of America

* State/Territory of Residence

California

* County of Residence

Select a value

* Zip Code

do

Amador County

El Dorado County

Mendocino County

Modoc County

* Ethnicity

Not Hispanic or Latino

* Race

☐ Black/African American☒ White☐ American IN/AK Native☐ Asian☐ Native HI/Pac. Islander☐ Declined☐ Not Asked☐ Do Not Know**Vulnerability Factors**

* Employment

-- Please Select --

Housing Status

-- Please Select --

Medical Insurance

-- Please Select --

HIV Vulnerabilities

☐ Male to Male sexual contact (MSM)☐ Injection drug use (IDU)☐ MSM and IDU☐ High-Risk Heterosexual☐ Serodiscordant Relationship☐ Sex Worker☐ Risk factor not reported or not identified

DemographicsUS Citizen ☐ Yes ☒ No* Country of Birth * State/Territory of Residence * County of Residence * Zip Code

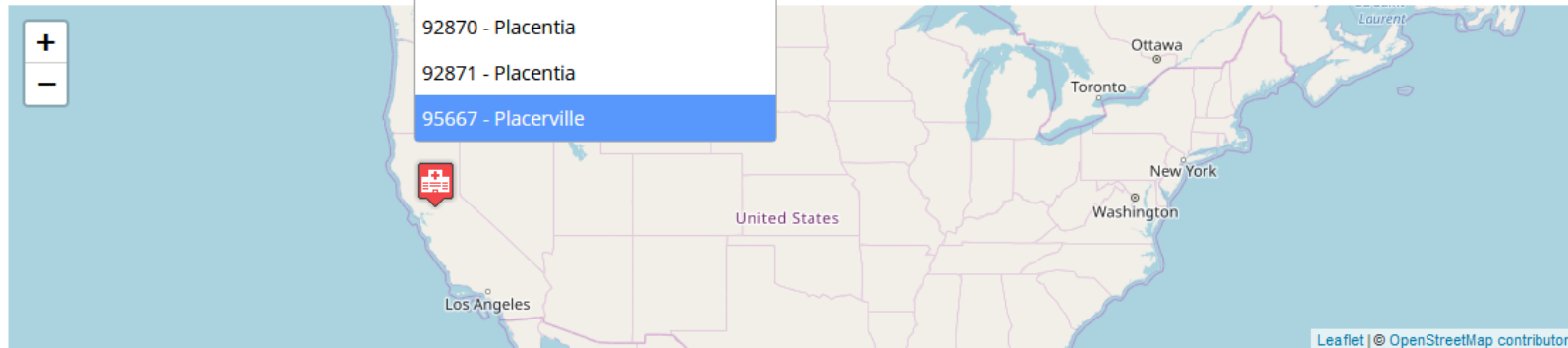
plac

92670 - Placentia

92870 - Placentia

92871 - Placentia

95667 - Placerville

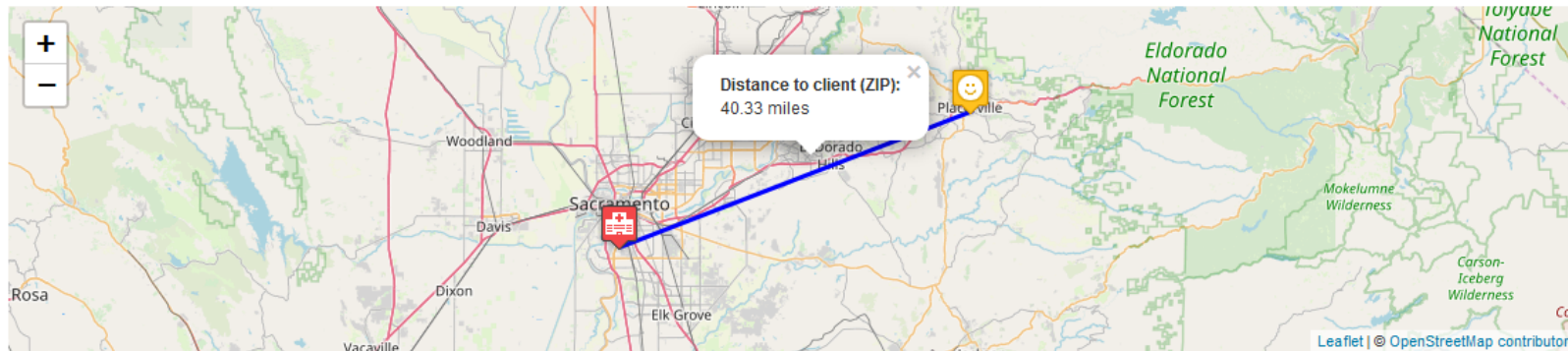
* Ethnicity * Race ☐ Black/African American☒ White☐ American IN/AK Native☐ Asian☐ Native HI/Pac. Islander☐ Declined☐ Not Asked☐ Do Not Know**Vulnerability Factors*** Employment Housing Status Medical Insurance

HIV Vulnerabilities

☐ Male to Male sexual contact (MSM)☐ Injection drug use (IDU)☐ MSM and IDU☐ High-Risk Heterosexual☐ Serodiscordant Relationship☐ Sex Worker☐ Risk factor not reported or not identified

DemographicsUS Citizen ☐ Yes ☒ No* Country of Birth * State/Territory of Residence * County of Residence * Zip Code * Ethnicity

- * Race
- ☐ Black/African American
 - ☒ White
 - ☐ American IN/AK Native
 - ☐ Asian
 - ☐ Native HI/Pac. Islander
 - ☐ Declined
 - ☐ Not Asked
 - ☐ Do Not Know

**Vulnerability Factors*** Employment Housing Status Medical Insurance

HIV Vulnerabilities

- ☐ Male to Male sexual contact (MSM)
- ☐ Injection drug use (IDU)
- ☐ MSM and IDU
- ☐ High-Risk Heterosexual
- ☐ Serodiscordant Relationship
- ☐ Sex Worker
- ☐ Risk factor not reported or not identified


Intake

Drug User Health

PrEP Navigation

EBI

Name Smith, John
Gender Agender
DOB 02/01/1991
E2ID OUN10243
UCI JHSI0201911U

 Progress Notes

0

🕒 Intake Information

Client successfully created!

* First Name

John



* Sex at Birth

Male



Middle Initial



* Gender Identity

Agender



* Last Name

Smith



Preferred Pronoun

they-them-theirs



* Date of Birth

 02/01/1991

Sexual Orientation

Asexual



Primary Language

English



Primary Language - Read

English



Secondary Language

English



Secondary Language - Read

English



🕒 Demographics

US Citizen

☐ Yes ☒ No

* Ethnicity

Not Hispanic or Latino



* Country of Birth

United States of America



* Race

☐ Black/African American☒ White☐ American IN/AK Native☐ Asian☐ Native HI/Pac. Islander☐ Declined☐ Not Asked☐ Do Not Know

* State/Territory of Residence

California



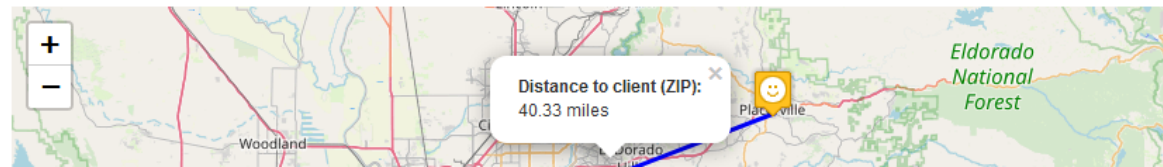
* County of Residence

El Dorado County



* Zip Code


95667 - Placerville



Feedback

[Intake](#) [Drug User Health](#) [PrEP Navigation](#) [EBI](#)

Name Smith, John
Gender Agender
DOB 02/01/1991
E2ID OUN10243
UCI JHSI0201911U

 Progress Notes

0

[Enrollment](#) [Eligibility Screening](#) [Acuity Assessment](#) [Encounters](#) [Medical Visits](#)
[Medication Assistance](#) [Non-PrEP Referrals](#) [PrEP Adherence](#)

🔑 PrEP Enrollment

* PrEP Intake Date

 02/08/2020

* Service Site

Family Centers ▾

* PrEP Navigator

Jackie Robertson ▾

* Patient Phone Number

(555) 123-8822 🔒

* Gross Annual Income

\$ 0.00

* Client problems with co-pay and out of pocket max?

☒ Yes ☐ No

🔑 Primary Care Provider

* Name of Provider

Community Clinic

* Type of Provider

Family Practice ▾

* Provider Phone Number

(555) 123-6644

* Last Service Date

 01/09/2020[Save Changes](#)

🔑 PrEP Withdrawal

[+ New Entry](#)

Date of Withdrawal ▾

HIV Status ▾

Withdrawal by Clinician ▾

Withdrawal by Self ▾

Action ▾

No data available in table

Showing 0 to 0 of 0 entries

[← Previous](#)[Next →](#)

Feedback

[Intake](#)[Drug User Health](#)[PrEP Navigation](#)[EBI](#)

Name Smith, John
Gender Agender
DOB 02/01/1991
E2ID OUN10243
UCI JHSI0201911U

[Progress Notes](#)

0

[Enrollment](#)[Eligibility Screening](#)[Acuity Assessment](#)[Encounters](#)[Medical Visits](#)[Medication Assistance](#)[Non-PrEP Referrals](#)[PrEP Adherence](#)[+ New Entry](#)**Date of initial client visit****Services Received****Action**

No data available in table

Showing 0 to 0 of 0 entries

[← Previous](#)[Next →](#)[Feedback](#)

Intake

Drug

Name

Sm

Gender

Age

DOB

02/

E2ID

OU

UCI

JHS

New Entry | Risk Assessment and Eligibility Screening



* Date of initial client visit



02/09/2020

* Person Completing Form

Miguel Gonzales



Page 1 of 3

Next



Progress Notes

0

Date of initial client visit

Services Received

Action

No data available in table

Showing 0 to 0 of 0 entries

← Previous

Next →

Feedback

Intake Drug

Name Sm
Gender Age
DOB 02/
E2ID OU
UCI JHS



Progress N

New Entry | Risk Assessment and Eligibility Screening



* Previous HIV Test?

☒ Yes ☐ No

* Date Client Tested (Approximate)



02/07/2020

* Test Result

Negative



* Date client received test results (Approximate)



02/07/2020

Type of test used

Rapid



Previous

Page 2 of 6

Next

Action

Previous

Next →

Feedback

New Entry | Risk Assessment and Eligibility Screening



Intake Drug

Name Sm
Gender Age
DOB 02/
E2ID OU
UCI JHS

Progress N

Question Prompts for Providers

* Sexually active in a high HIV prevalence population

☐ Yes ☐ No

Have you been sexually active in the last six months?

Previous

Page 3 of 6

Next

No data available in table

Showing 0 to 0 of 0 entries

← Previous

Next →

Feedback

Intake

Drug

Name Sm
Gender Age
DOB 02/
E2ID OU
UCI JHS



Progress N

New Entry | Risk Assessment and Eligibility Screening



	Question Prompts for Providers
<p>* Sexually active in a high HIV prevalence population</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p><i>Have you been sexually active in the last six months?</i></p>
<p>* Report vaginal or anal intercourse without condoms with more than one partner</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p><i>With how many people did you have vaginal or anal sex in the last six months?</i></p> <p><i>Did you use condoms consistently during sex in the last six months?</i></p>
<p>* Report having a sexual partner with one or more HIV risk</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p><i>Have you had a sex partner in the last six months who:</i></p> <ul style="list-style-type: none"><i>• Is living with HIV?</i><i>• Injects drugs?</i><i>• Has sex with men?</i><i>• Is a transgender person?</i><i>• Is a sex worker?</i><i>• Has sex with multiple partners without condoms?</i>

Previous

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Action

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Next →

Feedback

New Entry | Risk Assessment and Eligibility Screening



Intake Drug

Name Sm
Gender Age
DOB 02/
E2ID OU
UCI JHS

Progress N

	Question Prompts for Providers
<p>* Report having a sexual partner in the last six months who is HIV positive.</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Don't Know</p>	<p><i>Is your partner HIV infected? Is he/she on ART? What was the last viral load result?</i></p>

Previous

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Action

Showing 0 to 0 of 0 entries

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Feedback

Intake

Drug

Name
Gender
DOB
E2ID
UCI

Sm
Age
02/
OU
JHS



Progress N

New Entry | Risk Assessment and Eligibility Screening



	Question Prompts for Providers
* History of a sexually transmitted infection (STI) (based on self-report, lab test, syndromic STI treatment) <input checked="" type="radio"/> Yes <input type="radio"/> No	<i>Have you had an STI in the last six months?</i>
* History of use of post-exposure prophylaxis (PEP) <input type="radio"/> Yes <input checked="" type="radio"/> No	<i>In the last six months, have you taken post-exposure prophylaxis (PEP) following a potential exposure to HIV?</i>
* Report sharing injection material/equipment in the last six months <input checked="" type="radio"/> Yes <input type="radio"/> No	<i>In the last six months, have you shared injecting material with other people?</i>

[Previous](#)

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[Next](#)

Action

[Previous](#)[Next →](#)

Feedback

Intake

Drug

Name
Gender
DOB
E2ID
UCI

Sm
Age
02/
OU
JHS



Progress N

New Entry | Risk Assessment and Eligibility Screening



	Question Prompts for Providers
<p>* Report unprotected sex with someone living with HIV who is not on treatment.</p> <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Don't Know</p>	<p><i>In the last 3 days, have you had sex without a condom with someone living with HIV who is not on treatment?</i></p>
<p>* Report signs of acute infection.</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Don't Know</p>	<p><i>In the last 3 days, have you had a "cold" or "flu" or a sore throat, runny nose, or fever?</i></p>

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Next →

Feedback

Intake

Drug

Name
Gender
DOB
E2ID
UCI

Sm
Age
02/
OU
JHS



Progress N

New Entry | Risk Assessment and Eligibility Screening



* PrEP Offered ☒ Yes ☐ No

Recommended

* Referred for PEP ☐ Yes ☒ No

* Referred for PCR/HIV Ag test or follow-up HIV re-testing ☐ Yes ☒ No

* Referred for HIV Treatment ☐ Yes ☐ No

Previous

Page 7 of 7

Save

Showing 0 to 0 of 0 entries


← Previous

Next →

Feedback

[Intake](#)
[Drug User Health](#)
[PrEP Navigation](#)
[EBI](#)

Name Smith, John
 Gender Agender
 DOB 02/01/1991
 E2ID OUN10243
 UCI JHSI0201911U

 Progress Notes

0

[Enrollment](#)
[Eligibility Screening](#)
[Acuity Assessment](#)
[Encounters](#)
[Medical Visits](#)
[Medication Assistance](#)
[Non-PrEP Referrals](#)
[PrEP Adherence](#)

Record added successfully!

+ New Entry

Date of initial client visit
Services Received
Action

02/09/2020

☒ PrEP Offered



Edit

Delete

Showing 1 to 1 of 1 entries

← Previous
 1
 Next →

Feedback

Intake Drug

Name Sm
Gender Age
DOB 02/
E2ID OU
UCI JHS

Progress N

Editing Entry | Risk Assessment and Eligibility Screening



* Date of initial client visit

02/09/2020

* Person Completing Form

Miguel Gonzales

Client HIV Status

* Previous HIV Test?

☒ Yes ☐ No

* Date Client Tested (Approximate)

02/07/2020

* Test Result

Negative

* Date client received test results (Approximate)

02/07/2020

Type of test used

Rapid

Screening for Substantial Risk for HIV Infection

	Question Prompts for Providers
* Sexually active in a high HIV prevalence population <input checked="" type="radio"/> Yes <input type="radio"/> No	<i>Have you been sexually active in the last six months?</i>
* Report vaginal or anal intercourse without condoms with more than one partner <input type="radio"/> Yes <input checked="" type="radio"/> No	<i>With how many people did you have vaginal or anal sex in the last six months?</i> <i>Did you use condoms consistently during sex in the last six months?</i>
* Report having a sexual partner with one or more HIV risk <input checked="" type="radio"/> Yes <input type="radio"/> No	<i>Have you had a sex partner in the last six months who:</i> <ul style="list-style-type: none">• <i>Is living with HIV?</i>• <i>Injects drugs?</i>• <i>Has sex with men?</i>• <i>Is a transgender person?</i>• <i>Is a sex worker?</i>• <i>Has sex with multiple partners without condoms?</i>

Question Prompts for Providers


Feedback

1

Next →

[Intake](#) [Drug User Health](#) [PrEP Navigation](#) [EBI](#)

Name Smith, John
Gender Agender
DOB 02/01/1991
E2ID OUN10243
UCI JHSI0201911U

 Progress Notes

0

[Enrollment](#) [Eligibility Screening](#) [Acuity Assessment](#) [Encounters](#) [Medical Visits](#)
[Medication Assistance](#) [Non-PrEP Referrals](#) [PrEP Adherence](#)

[+ New Entry](#)

Date of initial client visit	Services Received	Action
------------------------------	-------------------	--------

02/09/2020

☒ PrEP Offered[Edit](#)[Delete](#)

Showing 1 to 1 of 1 entries

[← Previous](#)


1

[Next →](#)

Feedback

[Intake](#)
[Drug User Health](#)
[PrEP Navigation](#)
[EBI](#)

Name Smith, John
 Gender Agender
 DOB 02/01/1991
 E2ID OUN10243
 UCI JHSI0201911U

 Progress Notes

0

[Enrollment](#)
[Eligibility Screening](#)
[Acuity Assessment](#)
[Encounters](#)
[Medical Visits](#)
[Medication Assistance](#)
[Non-PrEP Referrals](#)
[PrEP Adherence](#)

+ New Entry

Date Completed	Acuity Score	Navigator	Action
----------------	--------------	-----------	--------

No data available in table

Showing 0 to 0 of 0 entries

[← Previous](#)
[Next →](#)

Feedback

Intake

Drug

Name
Gender
DOB
E2ID
UCI

Sm
Age
02/
OU
JHS



Progress N

New Entry | PrEP Acuity Assessment

* Date Completed



02/09/2020

* Navigator

Jane Doe

Showing Page 1 of 11

Next

Showing 0 to 0 of 0 entries

← Previous

Next →

Feedback

New Entry | PrEP Acuity Assessment

Area of Functioning: **Other Non-HIV Related Medical Issues**

Intensive Needs	Moderate Needs	Basic Needs	Self-Management
<input checked="" type="checkbox"/> Has been hospitalized or visited the ER for non HIV related illness in last 30 days	<input type="checkbox"/> Has been hospitalized or visited the ER in last 6 months due to non-HIV related illness	<input type="checkbox"/> Has had no non-HIV related hospitalizations or visits to the ER in last 6 months, but at least 1 in the last 12	<input type="checkbox"/> Has no history of non-HIV related hospitalizations or visits to the ER in last 12 months
<input type="checkbox"/> Has 2 or more non-HIV medical conditions (chronic or non-chronic) that impact health and/or care adherence	<input checked="" type="checkbox"/> Has a non-HIV related medical condition (chronic or non-chronic) that impacts health and/or care adherence	<input type="checkbox"/> Has a non-HIV related medical condition, but is not receiving treatment and/or this condition does not impact health and/or care adherence	<input type="checkbox"/> Has no non-HIV related medical condition
<input type="checkbox"/> Currently receiving treatment for non-HIV related medical conditions (e.g. chemo, dialysis, HCV, on-going dental complications, etc.) that impacts daily living	<input checked="" type="checkbox"/> Currently recovering from treatment for non-HIV related medical conditions (e.g. chemo, dialysis, HCV, on-going dental complications, etc.) that impacts daily living	<input type="checkbox"/> Has no current non-HIV related medical condition but past illnesses require monitoring by a medical provider	
<input type="checkbox"/> Has significant challenges (limited language, cognitive ability, mental health, etc.) and requires assistance to make and keep non-HIV related medical appointments	<input type="checkbox"/> Needs referral to or help accessing a culturally competent service provider (e.g. LGBT, linguistically appropriate, etc.) for non-HIV related medical issues	<input checked="" type="checkbox"/> Requests assistance with reminders for non-HIV related medical appointments	<input type="checkbox"/> No assistance needed for reminders for non-HIV related medical appointments
<input type="checkbox"/> Has significant challenges (limited language, cognitive ability, mental health, etc.) and requires accompaniments to specialty medical appointments	<input type="checkbox"/> Requests accompaniments to specialty medical appointments from navigator or other member of the care team	<input type="checkbox"/> Requests assistance with coordinating non-HIV related medical care	<input checked="" type="checkbox"/> No assistance needed with coordinating non-HIV related medical care


Showing Page 2 of 11

Previous

Next

[Intake](#) [Drug User Health](#) [PrEP Navigation](#) [EBI](#)

Name Smith, John
Gender Agender
DOB 02/01/1991
E2ID OUN10243
UCI JHSI0201911U

 Progress Notes

0

[Enrollment](#) [Eligibility Screening](#) [Acuity Assessment](#) [Encounters](#) [Medical Visits](#)
[Medication Assistance](#) [Non-PrEP Referrals](#) [PrEP Adherence](#)

Acuity Summary

Moderate PrEP Navigation ?

- Minimum face to face acuity assessment every 3 months
- Minimum service reassessment every 3 months
- Minimum monthly contacts

13

Completed On: 02/09/2020

Other Non-HIV Related Medical Issues

3

Health Insurance

3

Sexual and Reproductive Health Status

2

Current Mental Health Status

1

Current Substance Use

1

Current Housing Status

1

Current Legal Status

0

Support System and Relationships

0

Current Transportation/Mobility Status

1

Current Nutritional Status

1

Feedback

[+ New Entry](#)

[Reports](#)**Quality Management Reports**[e2 Visual Analytics](#)[Naloxone Distribution](#)[PrEP Cascade](#)[e2 Dashboard](#)[Community Interventions](#)**Client Data Exports**[Prevention Data Extract](#)[Feedback](#)

Visual Analytics Filters

Select Dates

Date Range: From Date:



01/01/2020

To Date:



12/12/2020

or Select:

-- Please Select --

* Specify Provider(s):

25 selected

Custom Filters

Add Filter:

-- Select --

Add Filter +

Display Options

* Select Section:

Intake Information

Break down by (select up to two):

None selected

Run Report

4. Manage Report

Save report as:

Report Name

Save this report

Run saved report:

-- Please Select --

Run Report

Delete

Feedback

Intake Information Report

Employment

Ethnicity

Gender Identity

Hear About Us

HIV Vulnerabilities

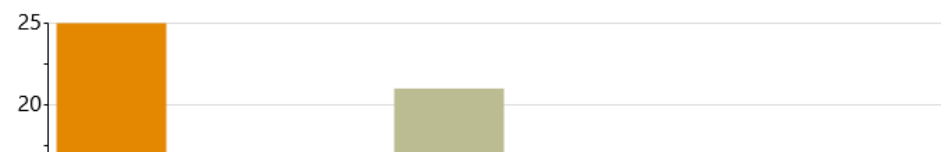
Housing Status

Export to PDF

Export to Excel

Clients

Not Asked Employed for Wages Self-employed Out of Work for More than 1 Year
Out of Work for Less than 1 Year Retired Unable to Work Unreported / NA



Intake Information Report

Employment

Ethnicity

Gender Identity

Hear About Us

HIV Vulnerabilities

Housing Status

Medical Insurance

Preferred Pronoun

Primary Language

Primary Language - Read

Race

Secondary Language

Secondary Language - Read

Sex at Birth

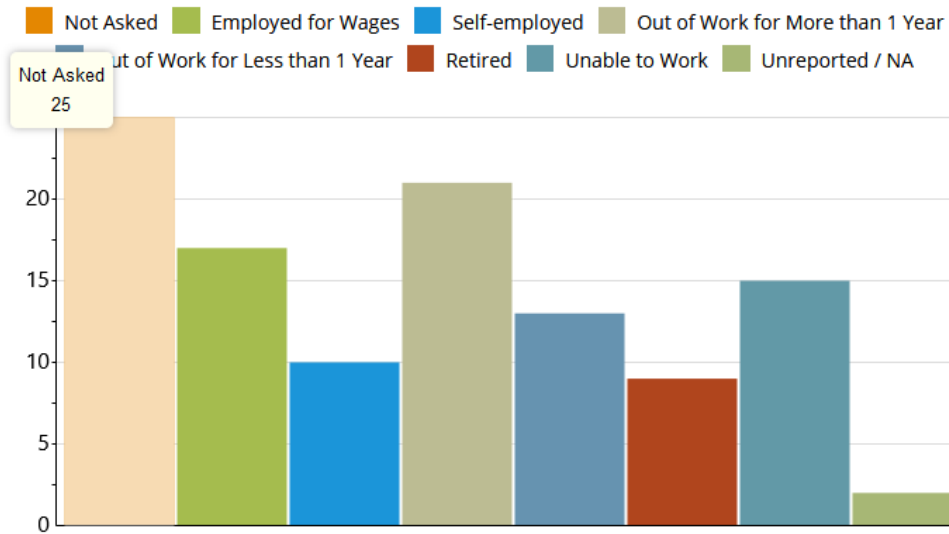
Sexual Orientation

State/Territory of Residence

Export to PDF

Export to Excel

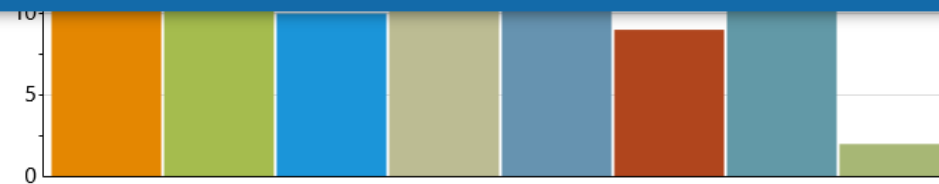
Clients



Employment

	# Clients	%
Not Asked	25	22.3%
Employed for Wages	17	15.2%
Self-employed	10	8.9%
Out of Work for More than 1 Year	21	18.8%
Out of Work for Less than 1 Year	13	11.6%
Retired	9	8%
Unable to Work	15	13.4%
Unreported / NA	2	1.8%
Total	112	100%

Feedback

[Primary Language](#)[Primary Language - Read](#)[Race](#)[Secondary Language](#)[Secondary Language - Read](#)[Sex at Birth](#)[Sexual Orientation](#)[State/Territory of Residence](#)**Employment**

	# Clients	%
Not Asked	25	22.3%
Employed for Wages	17	15.2%
Self-employed	10	8.9%
Out of Work for More than 1 Year	21	18.8%
Out of Work for Less than 1 Year	13	11.6%
Retired	9	8%
Unable to Work	15	13.4%
Unreported / NA	2	1.8%
Total	112	100%

Clients Drilldown

ClientCode	First Name	Last Name	Provider	
ASW10124	Tyrone	Byrd	Connecticut DPH	View
WRV10127	Hugh	Hudson	Connecticut DPH	View
UON10128	Ernest	Hall	Connecticut DPH	View
WTI10129	Wayne	Powers	Connecticut DPH	View
CHU10133	Ronnie	Chang	Connecticut DPH	View
IDM10135	Joseph	Barber	Connecticut DPH	View
FFV10140	Douglas	Carr	Connecticut DPH	View
QMA10146	Wallace	Allen	Connecticut DPH	View

Feedback

Visual Analytics Filters

Select Dates

Date Range: From Date:



01/01/2020

To Date:



12/12/2020

or Select:

-- Please Select --

* Specify Provider(s):

25 selected

Custom Filters

Add Filter:

-- Select --

Add Filter +

Display Options

* Select Section:

Intake Information

Break down by (select up to two):

None selected

Run Report

4. Manage Report

Save report as:

Report Name

Save this report

Run saved report:

-- Please Select --

Run Report

Delete

Feedback

Intake Information Report

Employment

Ethnicity

Gender Identity

Hear About Us

HIV Vulnerabilities

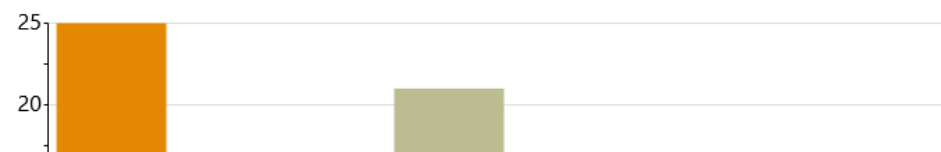
Housing Status

Export to PDF

Export to Excel

Clients

Not Asked Employed for Wages Self-employed Out of Work for More than 1 Year
Out of Work for Less than 1 Year Retired Unable to Work Unreported / NA



Visual Analytics Filters

Select Dates

Date Range: From Date:



01/01/2020

To Date:



12/12/2020

or Select:

-- Please Select --

* Specify Provider(s):

25 selected

Custom Filters

Add Filter:

- Select -

Add Filter +

Display Options

* Select Section:

Intake Information

Break down by (select up to two):

4. Manage Report

Save report as:

Run saved report:

Program Intake

Intake Information

Drug User Health

PrEP Enrollment

Drug User Health

Substance Use

Naloxone Distribution

DUH Transactions

Effective Behavioral Interventions

EBI Enrollments

EBI Risk Profile

PrEP

PrEP Acuity Assessment

PrEP Encounters

Medication Assistance Program Eligibility

PrEP Medical Visits

Non-PrEP Referrals

Risk Assessment and Eligibility Screening

PrEP Withdrawal

Intake Information Report

Employment

Ethnicity

Gender Identity

Hear About Us

HIV Vulnerabilities

Housing Status

25

20

PrEP Acuity Assessment Report

Acuity Category

Date Completed

Health Insurance Acuity Score

Other Non-HIV Related Medical
Issues Acuity Score

Current Housing Status Acuity Score

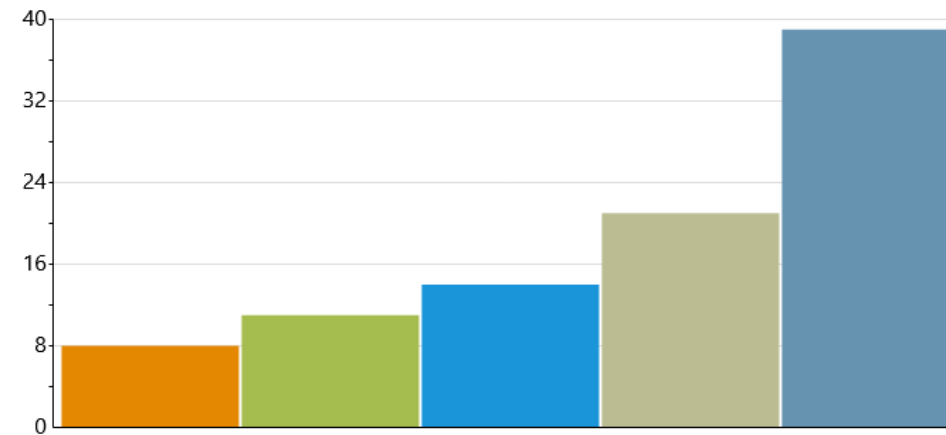
Current Legal Status Acuity Score

Current Mental Health Status Acuity
ScoreCurrent Nutritional Status Acuity
ScoreSexual and Reproductive Health
Status Acuity Score

Current Substance Use Acuity Score

Support System and Relationships
Acuity ScoreCurrent Transportation/Mobility
Status Acuity Score[Export to PDF](#)[Export to Excel](#)**# Clients**

Self-Management Basic PrEP Navigation Moderate PrEP Navigation Intensive PrEP Navigation
Unreported / NA

**Acuity Category**

	# Clients	%
Self-Management	8	8.6%
Basic PrEP Navigation	11	11.8%
Moderate PrEP Navigation	14	15.1%
Intensive PrEP Navigation	21	22.6%
Unreported / NA	39	41.9%
Total	93	100%

Feedback

Tuberculosis Lab Results

Test Type	Date	Result	Follow Up	Treatment
Skin	11/29/2011	0 mm	No Action Taken	
Skin	10/18/2010	0 mm	No Action Taken	
Refused	10/26/2009			
Skin	01/14/2008	0 mm	No Action Taken	

Showing 1 to 4 of 4 entries

Previous

1

Next

Screening Lab Results

Screening	Screening Date	Test Result
Comprehensive Metabolic Screening	01/17/2012	
Comprehensive Metabolic Screening	08/31/2011	
Comprehensive Metabolic Screening	08/03/2011	
Mental Health	05/18/2011	
Substance use	05/18/2011	

Showing 1 to 5 of 16 entries

Previous

1

2

3

4

Next

Gynecologist

Exam Type	Date	Result	Follow-up	Follow-up Date	Gyn Location
PAP smear	05/08/2012	Normal	Not yet done		PCPAC

[Audit Log](#)[Access Permissions](#)

Audit Log

Visitor	Relationship	Visited On
gpatel@example.com	Doctor Patel	11/19/2017 11:45 AM
JohnSmith@example.com	Father	08/15/2017 11:36 AM
hivspec@example.com	HIV Specialist	08/06/2017 11:48 AM
gpatel@example.com	Doctor Patel	06/25/2017 12:46 PM
jDoe@example.com	Wife	06/07/2017 11:56 AM
support@e-compas.com	RDE Support	05/27/2017 11:20 AM
jDoe@example.com	Wife	05/21/2017 11:56 AM

Showing 1 to 7 of 7 entries

[Previous](#)

1

[Next](#)

Agency Access Permissions

Name	Collected On	Expires On
BUDDIES OF NJ	10/20/2016	10/20/2017

Showing 1 to 1 of 1 entries

[Previous](#)

1

[Next](#)

For password resets, policy questions and account issues please email BPSupport@e2MyHealth.com.

For other technical issues, email BPSupport@e2MyHealth.com, or call RDE Systems at **(973) 773-0244**

e2MyHealth requires Mozilla Firefox version 20+, Google Chrome version 30+ or Internet Explorer version 10+.

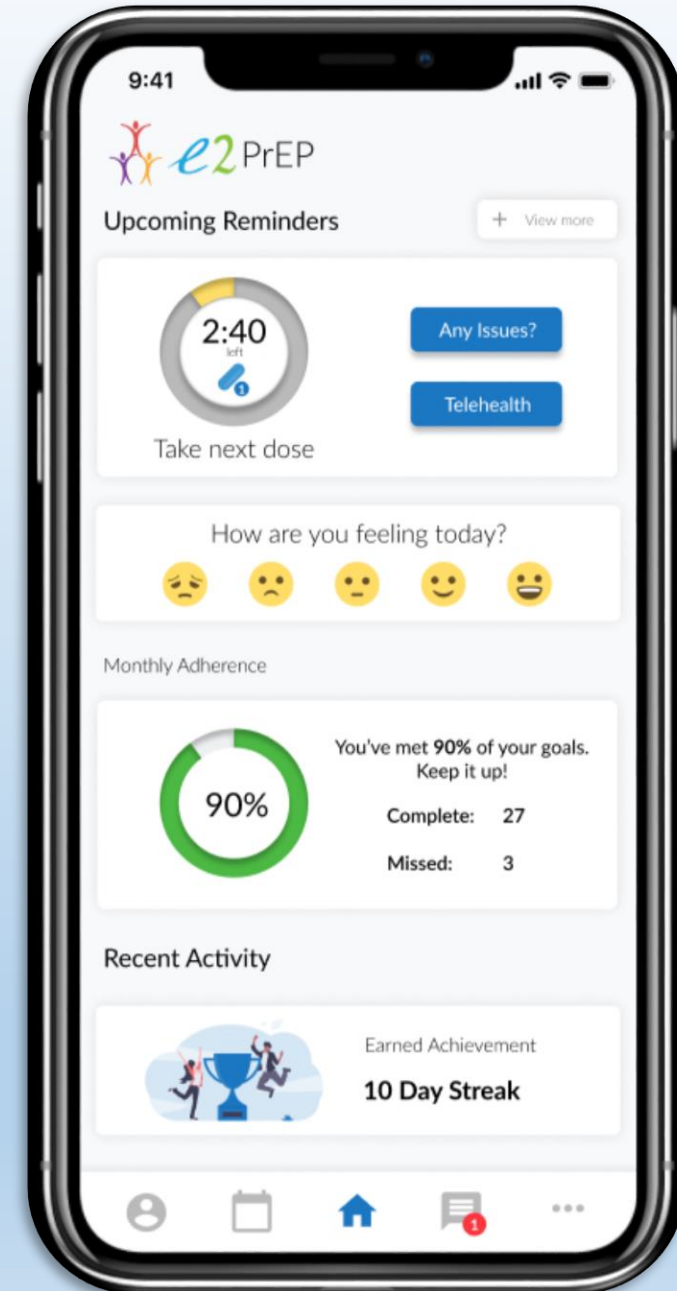
Powered by 

 This is a secured web connection. All data is protected by the highest level of Internet encryption (SSL).

eCOMPAS © 2017  RDE Systems, LLC. All rights reserved. [Review Terms and Conditions.](#)

Wrap Up - Aspirations

- Complete, integrated solution – No More Data Silos!
- User-friendly for Counselors, Clients, and Public Health
- World-class support + Ongoing process and working groups for continuous improvement
- Pro-bono grant writing
- Visual, Actionable information to End the Epidemic



How can we accomplish ambitious goals?

One bite at a time.

Thank You!

- Peter Gordon, MD, Columbia University
- Adan Cajina, HRSA SPNS
- Ramon Rodriguez-Santana, CT DPH Prevention
- Luis Diaz, CT DPH Prevention
- Shannon Weber, PleasePrEPMe
- John Rojas, NYC DSS
- The Bergen-Passaic TGA & Planning Council
- NJ DOH
- PrEP Task Force and PrEP Patients
- Texas Transgender Alliance
- Bronx LGBT Task Force
- NMAC USCA & Biomedical Prevention Attendees
- The e2PrEP and e2Prevention Teams @ RDE

e2PrEP.e-COMPAS.com

Jesse Thomas

Jesse@rdesystems.com

973-773-0244 x1001

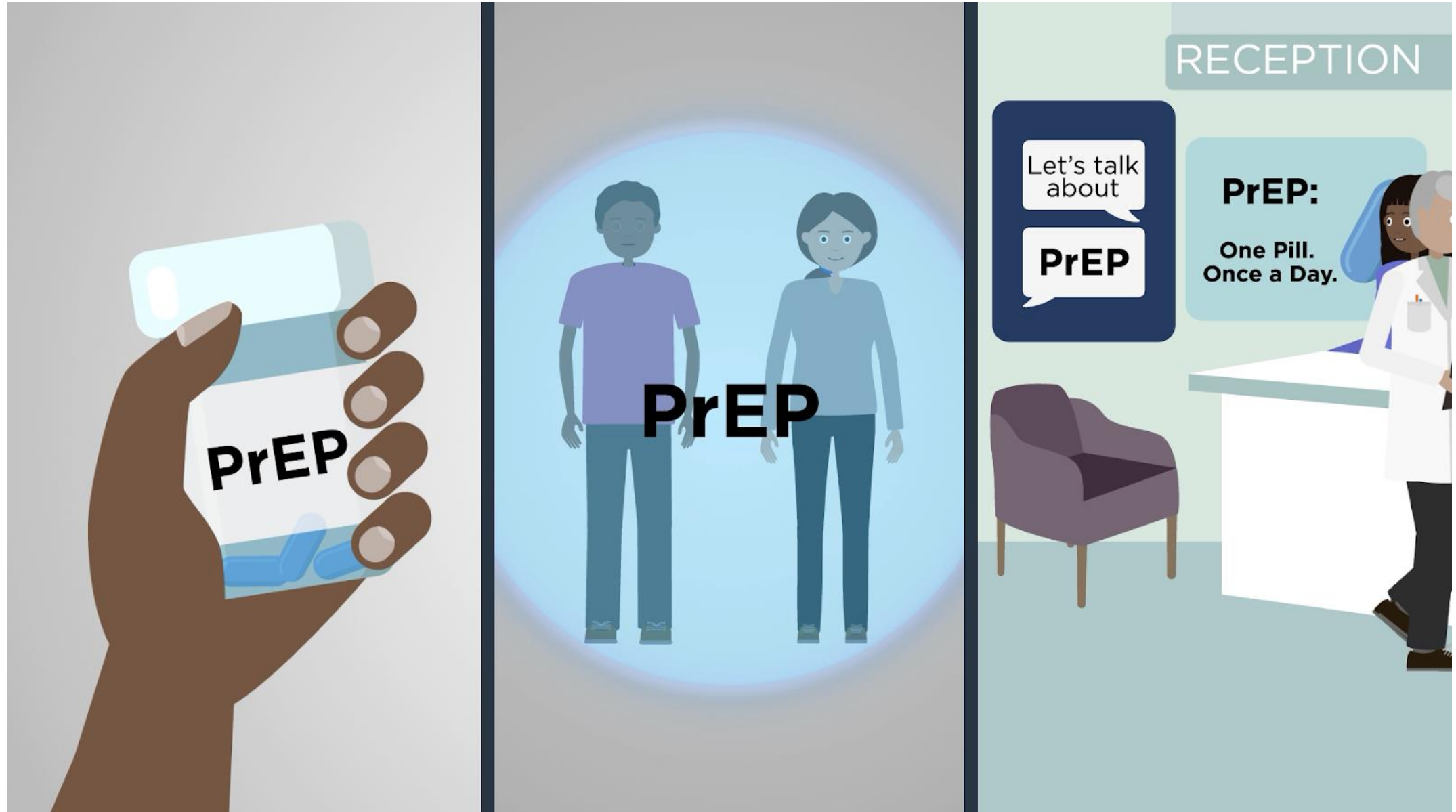


Free and innovative resources to end the epidemic

www.RDE.org/Red

Healthvana for PrEP

PrEP is better with Healthvana



Clinical Workflow

Healthvana

CARE CLINIC

Today

Recent

4
Waiting

0
Seen

2
Recent Patients

0
Unviewed Results

TIME IN	PATIENT	D.O.B.	REASON	REMOVE	STATUS
11:08 AM PDT	Joe Thomas	09/09/76	PrEP Renewal	×	✓ WAITING
9:44 AM PDT	Howard Bailey	01/29/96	Testing for HIV/STDs	×	✓ WAITING
9:44 AM PDT	Carlos Garcia	05/02/67	Testing for HIV/STDs	×	✓ WAITING
9:44 AM PDT	Rebecca Bell	12/29/88	Testing for HIV/STDs	×	✓ WAITING

Healthvana

CARE CLINIC

MESSAGES

+ NEW MESSAGE

Inbox

Clinic

CATEGORY

Any Category

STATUS

Active

ASSIGNED TO

Any User

CLINIC

Any Clinic

CLEAR FILTERS

ASSIGNED TO	MESSAGE	CATEGORY	CLINIC	UPDATED
<input type="checkbox"/> Unassigned	HV Demo - Medication renewal(1)		Care Clinic	1/12/19
<input type="checkbox"/> Unassigned	HV Demo - Almost time to renew PrEP(1)		Care Clinic	1/12/19
<input type="checkbox"/> Unassigned	HV Demo - Medication note(1)		Care Clinic	1/12/19
<input type="checkbox"/> Unassigned	HV Demo - Medication renewal(1)		Care Clinic	1/12/19
<input type="checkbox"/> Unassigned	HV Demo - Three months of Truvada.(1)		Care Clinic	1/12/19
<input type="checkbox"/> Unassigned	HV Demo - Medication note(1)		Care Clinic	1/12/19
<input type="checkbox"/> Unassigned	HV Demo - You have now been on PrEP for two ...		Care Clinic	1/12/19
<input type="checkbox"/> Unassigned	HV Demo - Please return for treatment(1)	Results	DemoSite Full	10/2/17
<input type="checkbox"/> Unassigned	HV Demo - Question about treatment for STI(2)	Medical Question	DemoSite Full	10/2/17

SPNS Study Data

Target Population

- Age 13-34
- Identify as MSM or TWOC
- HIV+

65%

People of Color

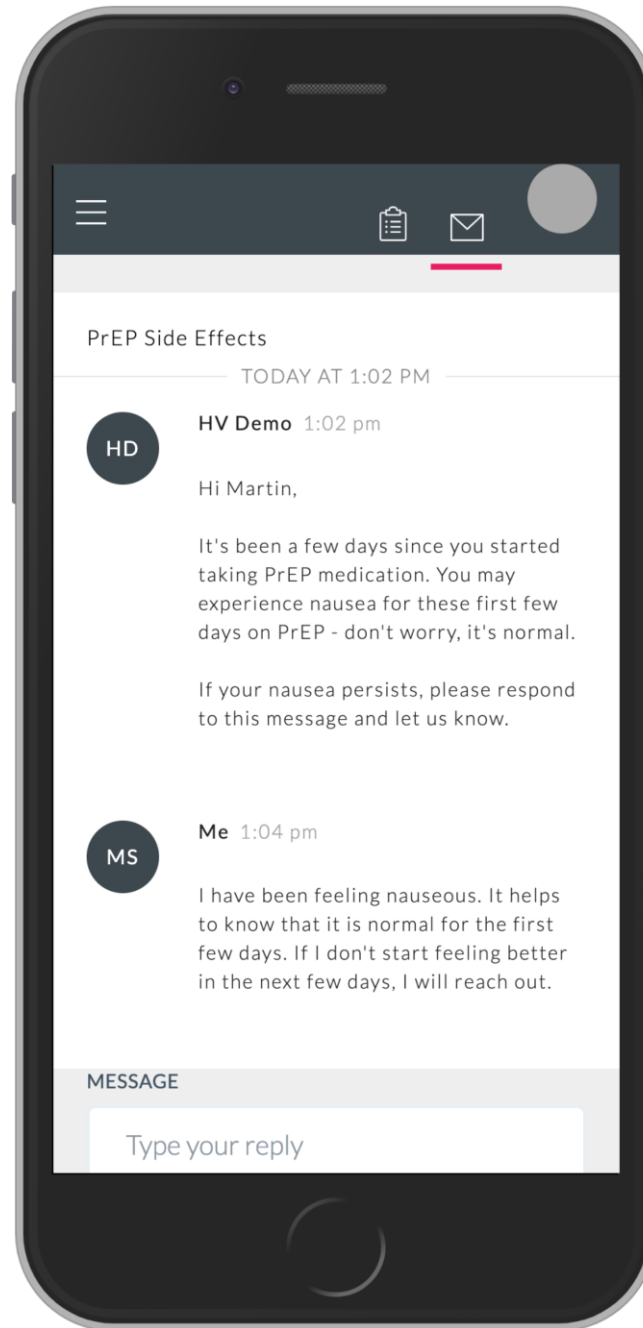
88%

**Increased
Retention Rate**

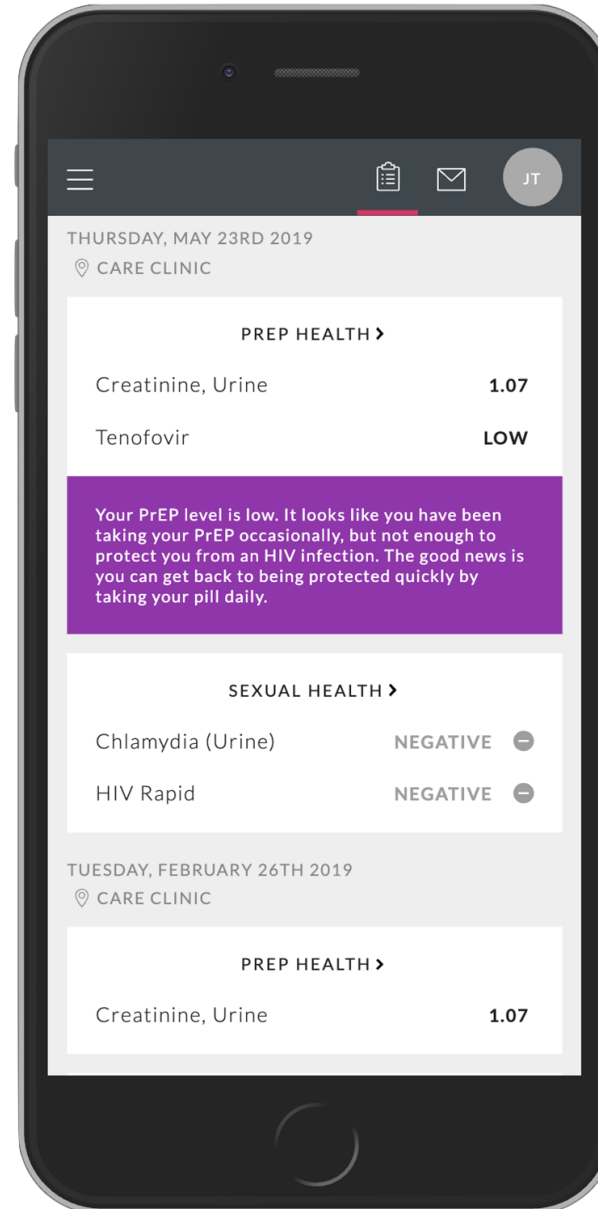
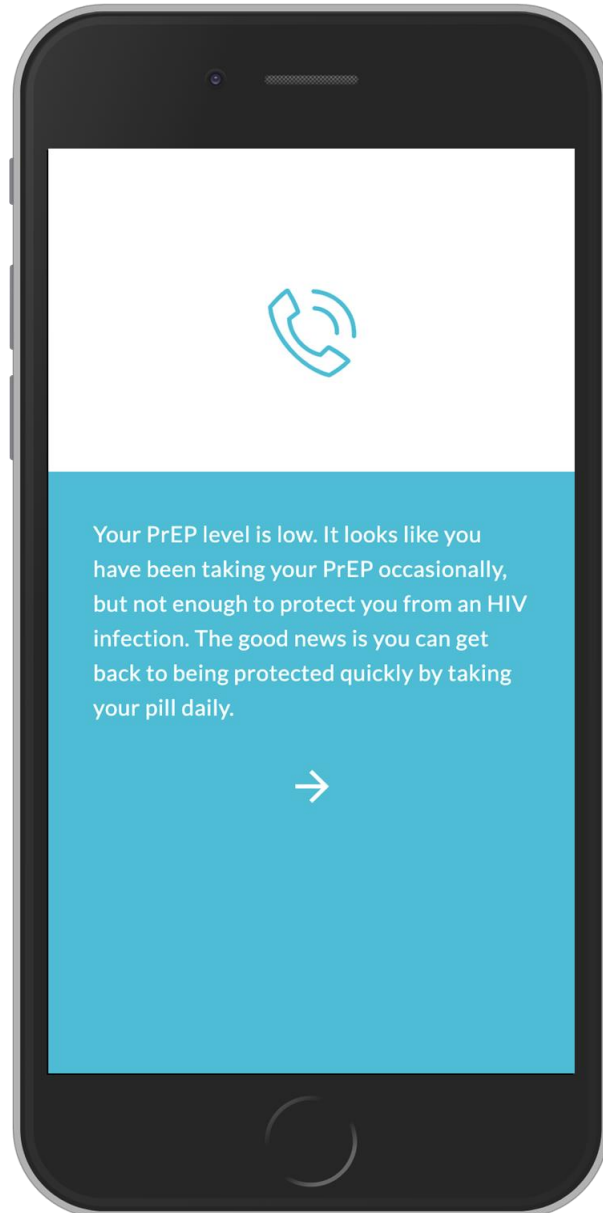
68%

**Increased
Adherence Rate**

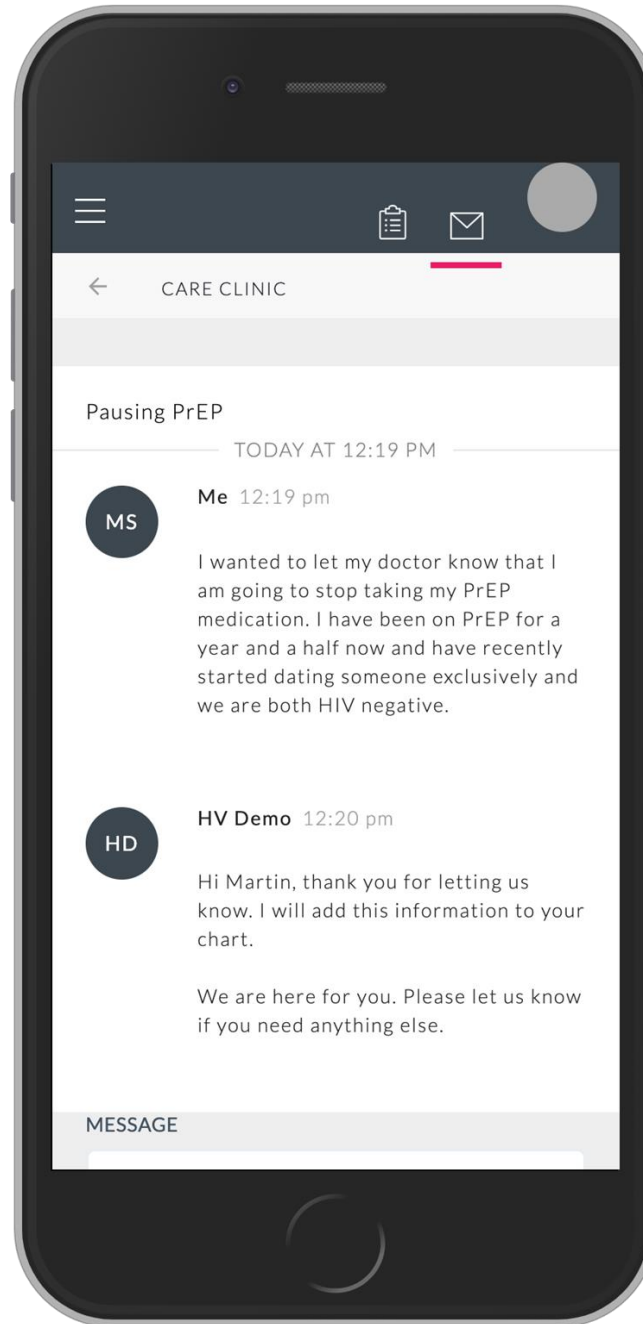
PrEP Start



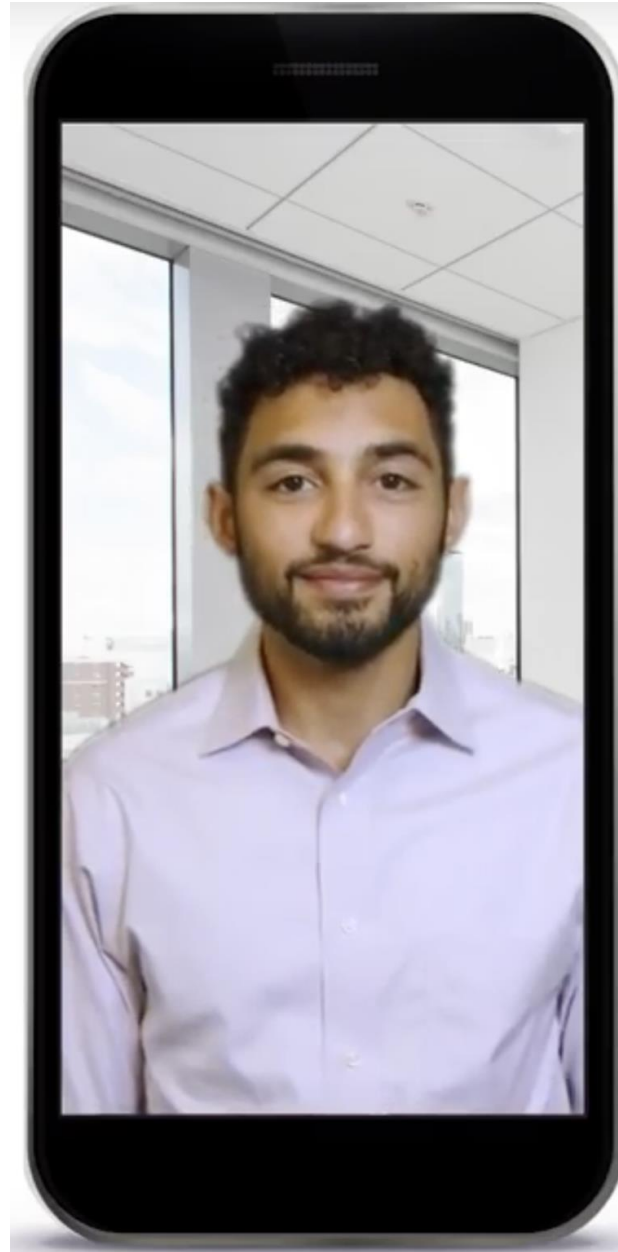
PrEP Patient Alert & Lab Results



PrEP Break



TelePrEP



Thank You



Think Patient.

Questions: Demo@Healthvana.com

Individualized Texting for Adherence Building (iTAB)

David J. Moore, Ph.D.

Professor of Psychiatry, UC San Diego

February 10, 2020

djmoore@ucsd.edu

Evidence Supporting Texting for Adherence

- Meta-analysis of texting to ↑ ART adherence showed:
 - Text messaging higher adherence than control
 - Studies with larger effects on adherence:
 - 1) Sent less than daily messages
 - 2) Supported bidirectional communication*
 - 3) Had personalized content*
 - 4) Were matched to participants' dosing schedule*
- Texting to improve ART adherence in cohorts of people with HIV (PWH) is feasible and acceptable
- Leveraged this background for texting for PrEP
 - TAPIR Study Texting for PrEP among ~400 MSM

* = components of iTAB

*Finitsis, Pellowski, & Johnson, PLoS One, 2014; Moore et al., ART, 2013
Ingersoll et al., J Sub Abuse Tx, 2014; Moore et al., CID, 2018*

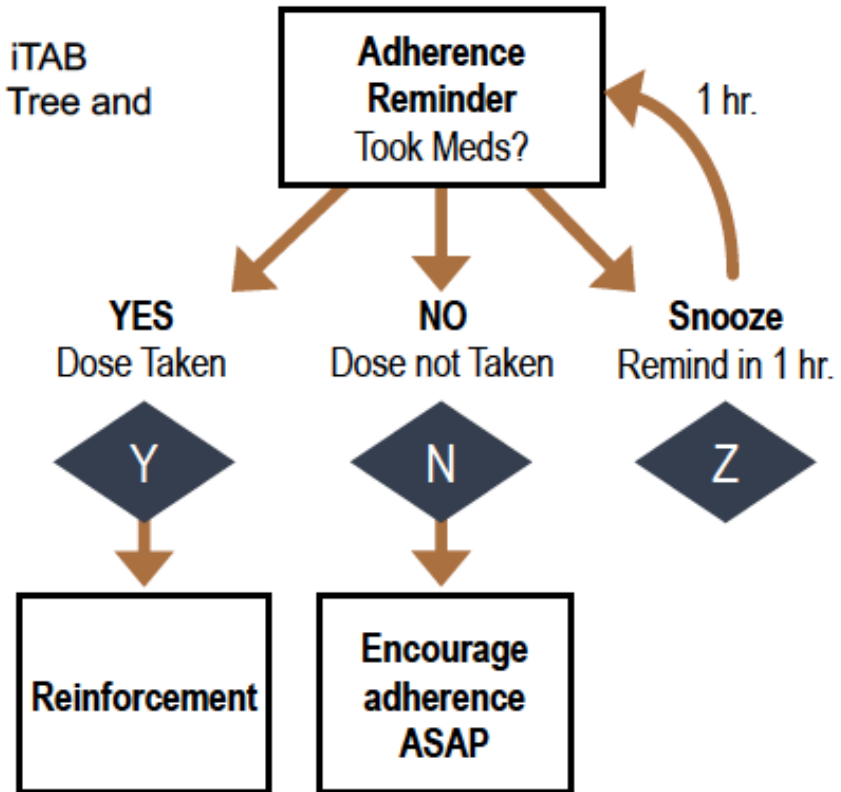
Description of iTAB

iTAB Development: Iterative Patient-Focused Process

- For each iteration of iTAB (2010 to now):
 - Conduct focus groups with population of interest, and ask:
 - Barriers
 - Facilitators
 - Message content & delivery (e.g., frequency)
 - What is most important? (e.g., choice, variability, and entertainment)
 - Develop intervention based on feedback -- create large pool of tailored messages for population of interest (Spanish & English)
 - Pilot test
 - Refine intervention
 - Conduct study
 - Share back with community
 - Seek further opportunities for implementation (e.g., like this!!!)

iTAB Decision Tree—PrEP Adherence

Figure 1. iTAB
Decision Tree and
Logic



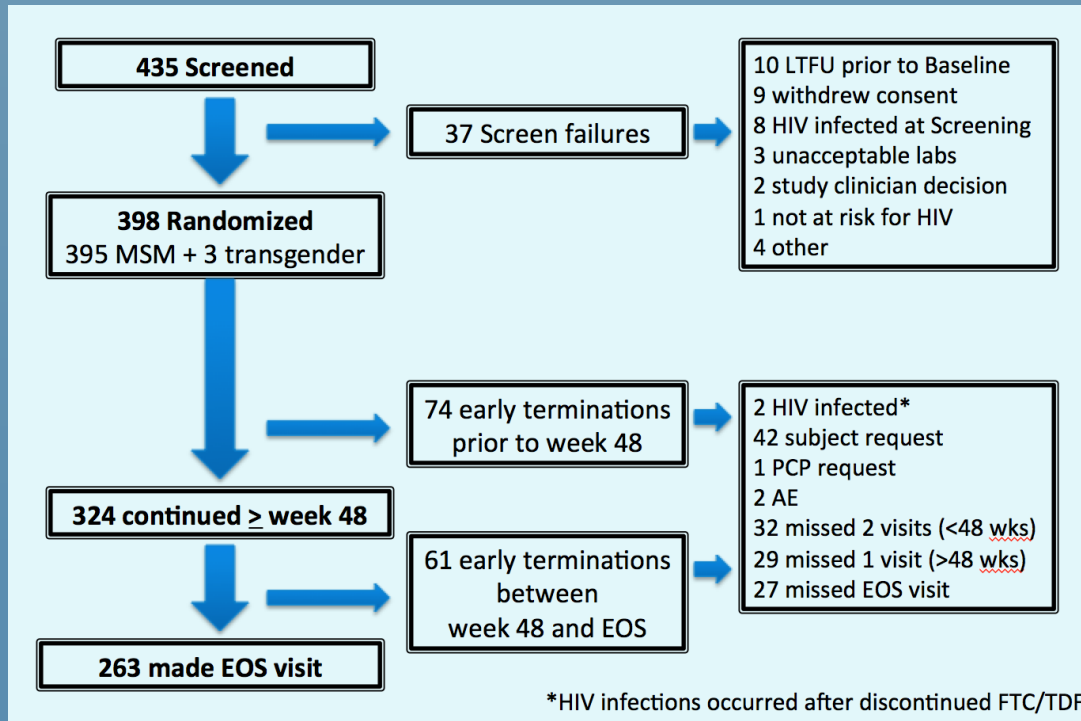
iTAB for PrEP—Various Functions

- iTAB:
 - Two-way, daily, interactive texts:
 - Personalized dosing time (buffer to avoid habituation)
 - Flexibility/choice of personalized reminders & domains
 - Health Promotion (2x/week)
 - Factoids (5x/week)
 - Variability of Message (including write your own)
 - Description of pill/med (or no mention of pill)
 - Choice of reinforcement options
 - If 3 non-responses: Follow-up text up until 3 sets then monthly
 - If 5 non-responses: Can prompt a call

Moore et al., AIDS Res Treatment 2013; Montoya et al., AIDS Care, 2014; Moore et al., CID, 2018

TAPIR: iTAB for MSM

iTAB for PrEP



Messages iTAB Details

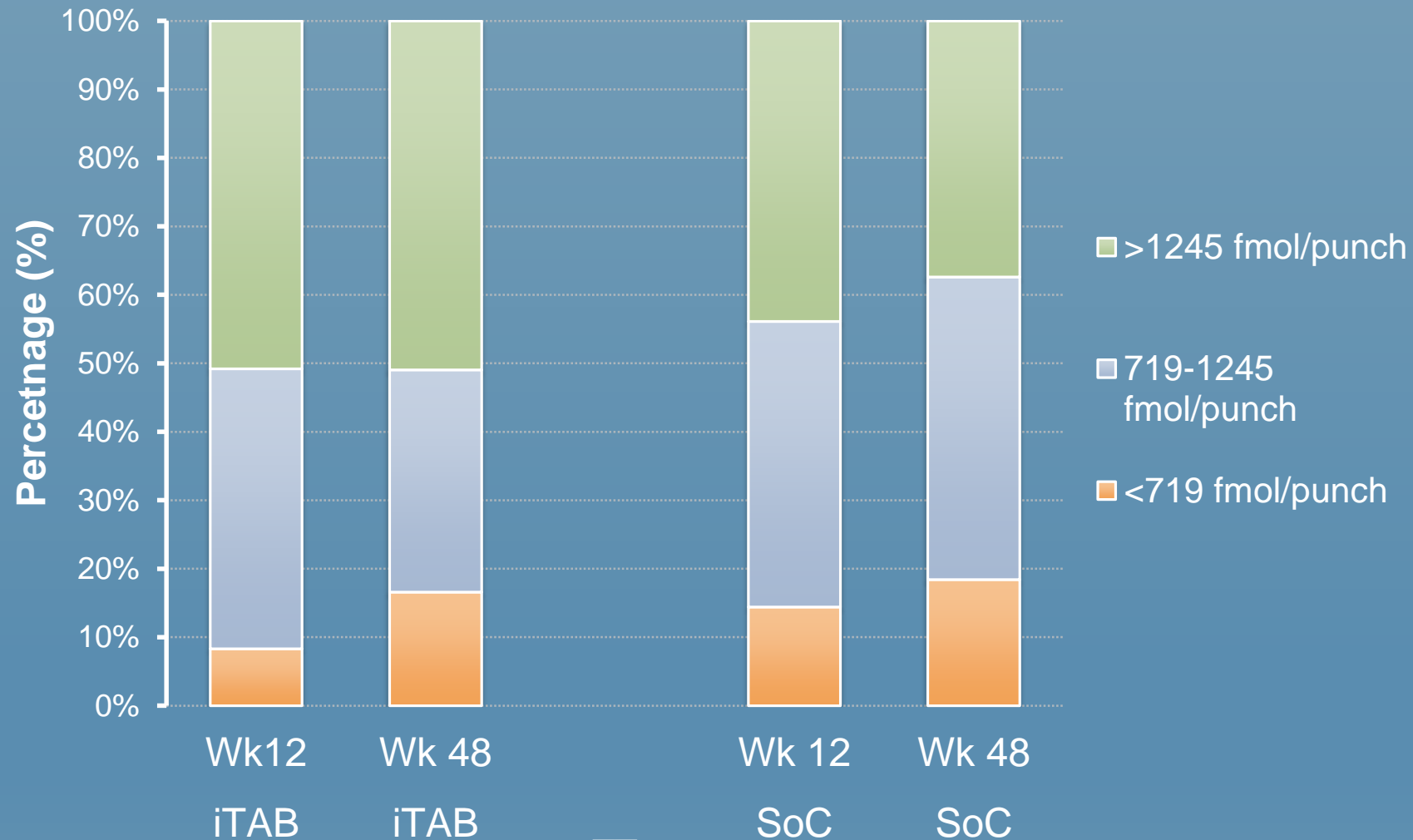
Today 2:20 PM

We care about u and your health. Pls take ur small blue pill. Reply: Y) Took, N) Didn't, P) Postpone

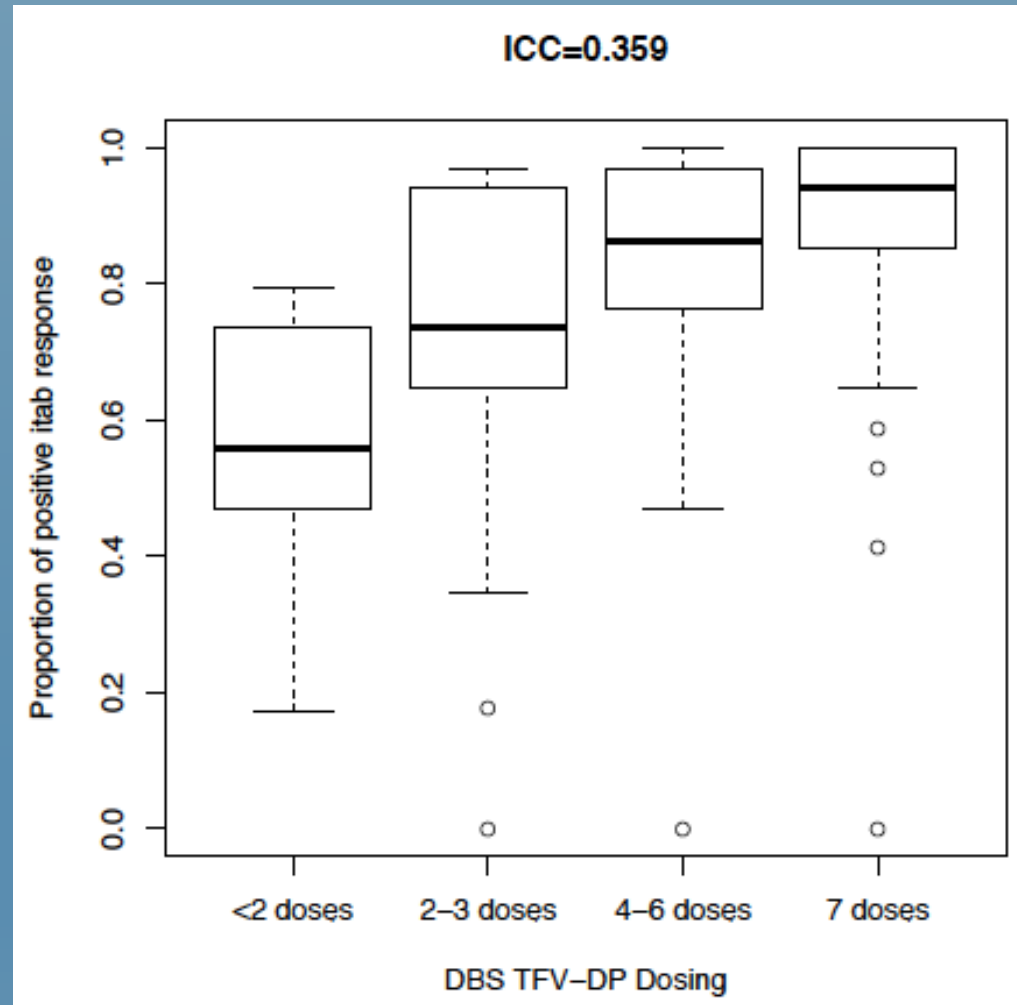
Y

Keep up the good work!

TAPIR: Perfect Adherence Maintained with iTAB but not Standard of Care



TAPIR: Text Responses Related to Tenofovir Levels



Individualized Texting for Adherence Building (iTAB) Intervention Studies for PrEP

	TAPIR*	AEGIS	iMI-PrEP-TG
Group	MSM (+ 3 trans)	Women	Transgender
Design	RCT (n=398)	Obs (n=136)	RCT (n=278)**
Biological Adherence	S-R & Dried Blood Spots	S-R & Dried Blood Spots	S-R & Dried Blood Spots
Length	48 wks	48 wks	48 wks

* Moore et al., CID, 2018, PMID: 29228144; Hoenigl et al.,

** Study ongoing

Health Promotion Domains

Celebrate Health

"Live safely!"

Time/Focus

"It's pill time!"

Social Support

"Your family cares about you."

Prevent Disease

"To stay protected please take your meds"

Self-Esteem

"Stay strong. It's time for..."

Lifestyle

"Take your meds so you can keep having fun."

Dangers of Non-Adherence

"Meds can help keep you safe."

Spiritual

"Spirituality keeps you strong."

Social Support Examples

TAPIR:

"People care about u."

AEGIS:

"We care about you and your health."

iMI-PrEP-TG:

"You are an asset to your community."

“Factoid” Domains

Domain	TAPIR	AEGIS	iMI-PrEP-TG
Affirmations		X	X
Fashion		X	X
Food	X	X	X
Health/HIV Facts	X	X	X
History	X		X
Jokes		X	X
Lifehack		X	X
Messages about HIV		X	X
Messages about PrEP			X
Music	X	X	X
Quotes	X	X	X
Science	X		X
SoCal Destinations		X	X
Sports	X		X
Trans/GNC Health Facts			X
Trans/GNC History			X
Trivia	X		X
TV/Movies	X	X	X
Word of the Day	X	X	X

Domain Message Examples

TAPIR-MSM (Health):

"On average, you breathe 23,000 times a day."

AEGIS-Women (Affirmation):

"I love and respect my body."

iMI-PrEP-TG (Trans Fact):

"With almost 28,000 responses, the US Trans Survey is the largest survey of trans people."

Reinforcement and Non-Compliance Messages

Reinforcement:

"You are doing great!"

"Nice job, way to be safe!"

"Awesome!"

Non-Response:

"Hello! We haven't heard from you in the last 3 days. Did you receive the text messages? Y) Yes, N) No"

Personalized Messages

"Your health matters! It's dose O'clock."

"Did you take your vitamins today?"

"What you're doing is courageous and freeing"

"Miss thing, don't forget to take your"

Additional Functions/Notes

- Persons currently enrolled through an interactive, in-person, process (options of others)
- Content & delivery schedule is completely customizable
- Calendaring feature
- Can program additional features
 - Text frequency (e.g., people text amount of texts to receive/week)
 - Can embed weblinks to HIPPA-compliant surveys
 - Can provide/embed resources in links
- Can be modified for disclosure level (ongoing work with African Americans PWH)
- Can be used for other aspects of the cascade (e.g., for linkage and retention, i.e., HEAL project)

Responses to iTAB

Medication Adherence

February 2018						
Sun	Mon	Tue	Wed	Th	Fri	Sat
				01	02	03
04	05	06	07	08	09	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March 2018						
Sun	Mon	Tue	Wed	Th	Fri	Sat
				01	02	03
04	05	06	07	08	09	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April 2018						
Sun	Mon	Tue	Wed	Th	Fri	Sat
01	02	03	04	05	06	07
08	09	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2018						
Sun	Mon	Tue	Wed	Th	Fri	Sat
		01	02	03	04	05
06	07	08	09	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Key:

- Took
- No response
- Didn't take

Estimated iTAB Pricing Models

Clinic-Managed SMS-based iTAB

*current way that iTAB is implemented

~Technical Costs

- Setup
\$20,000
 - Short Code Purchase
 - Virtual Machine setup
 - Database Configuration
 - Web Application Configuration
- SMS Cost/Person/Year \$12
- Server/System Maintenance (labor)/Year \$14,000

~Behavioral Consultant Costs -- Variable

ALL PARTICIPANTS ENROLLED/MONITORED BY CLINIC STAFF

Self-Enrolled, Non-Managed SMS iTAB

~Technical Costs

- Setup
\$30,000
 - Short Code Purchase
 - Virtual Machine setup
 - Database Configuration
 - Web Application Configuration
- SMS Cost/Person/Year
\$12
- Server/System Maintenance (labor)/Year \$14,000

~Behavioral Consultation Costs -- Variable

PARTICIPANTS MANAGE OWN PARTICIPATION IN STUDY

Application-Based, Non-Managed, iTAB

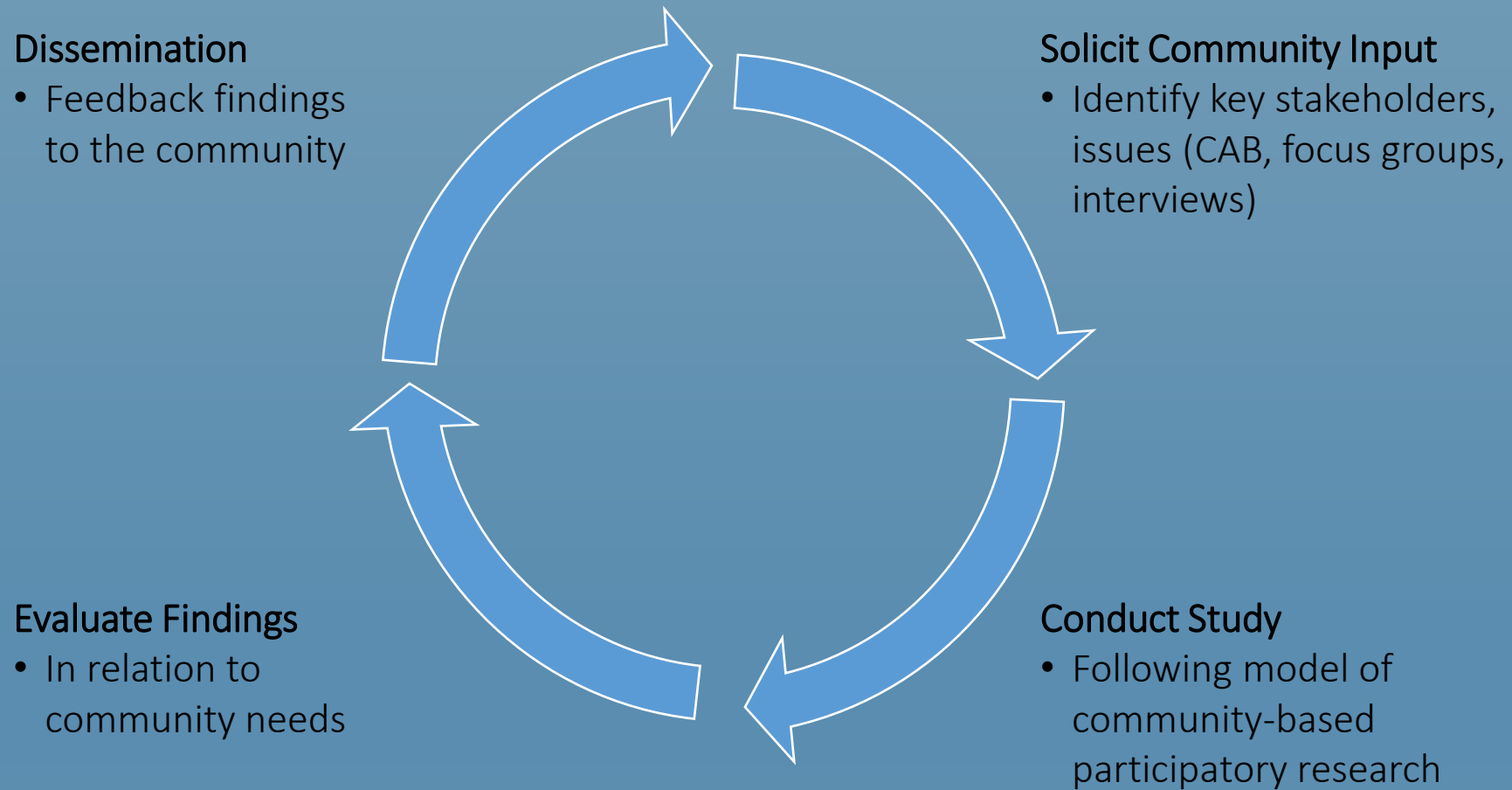
~Technical Costs

- Setup
\$40,000
 - Application Development/Management
- Cost/Person/Year
\$0
- Server/System Maintenance (labor)/Year \$14,000

~Behavioral Consultation Costs – Variable

PARTICIPANTS MANAGE OWN PARTICIPATION IN STUDY THROUGH
APPLICATION INSTALL

Continuously Closing the Loop



Acknowledgments

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- **MANY OTHERS!!!**

Back up slides

TAPIR: Baseline Characteristics

	iTAB arm	Standard of Care	P-value
Gender:			
Male; N(%)	197 (98.5)	198 (100)	0.25
Transgender male to female; N(%)	3 (1.5)	0 (0)	
Age; mean (SD)	35.1 (9.8)	35.4 (8.7)	0.44
Race; N(%):			
Asian	7 (3.6)	5 (2.6)	0.90
Black	26 (13.2)	26 (13.5)	
White	147 (74.6)	148 (76.7)	
Multiple	14 (7.1)	10 (5.2)	
Other	3 (1.5)	4 (2.1)	
Hispanic Ethnicity	61 (30.8)	58 (29.4)	0.83
English Primary Language; N(%)	188 (94)	192 (97)	0.23
Education; N(%):			
<High School	4 (2.0)	0 (0)	0.05
High School	20 (10.0)	11 (5.6)	
Some College	77 (38.5)	72 (36.4)	
Bachelors degree	64 (32.0)	68 (34.3)	
Some Post graduate	5 (2.5)	14 (7.1)	
Advanced Degree	30 (15.0)	33 (16.7)	
Household Income ; N(%):			
< \$2000/ month	43 (21.5)	42 (21.2)	0.02
>\$2000/ month	115 (57.5)	134 (67.7)	
Refused	42 (21.0)	22 (11.1)	

TAPIR: Baseline Risk Factors

	iTAB arm	Standard of Care	P-value
>=1 HIV+ partner for > 4weeks; N(%)	88 (44.0)	109 (55.1)	0.04
Condomless sex with >=3 HIV+/unknown partners past 3 months; N(%)	139 (70.2)	137 (69.2)	>0.99
Condomless sex with >= 1 partner and had STI in past 6 months; N(%)	31 (15.5)	35 (17.7)	0.59
Any STI; N(%)	54 (27.0)	50 (25.3)	0.73
Syphilis (TPA+); N(%)	21 (10.5)	12 (6.1)	0.15
Any Methamphetamine Use; N(%)	36 (18.2)	27 (13.8)	0.27
Any Substance Use (not marijuana); N(%)	152 (76.8)	136 (69.4)	0.11
DAST 10 (Substance Use); N(%):			
No or Low	118 (59.6)	131 (66.9)	0.30
Moderate	67 (33.9)	53 (27.0)	
Substantial	13 (6.6)	12 (6.1)	
PHQ9 (Depression); mean (SD)	5.2 (4.9)	4.2 (4.4)	0.03

TAPIR: Primary Outcome (Adequate Adherence)

	ADJUSTED ODDS RATIO	95% CONFIDENCE INTERVAL	P
iTAB ARM	1.31	0.83-2.09	0.25
College or greater education	1.94	0.90-4.20	0.09
Monthly Income of \$2000 or greater	0.85	0.47-1.57	0.61
Income refused to answer	0.46	0.22-0.95	0.04
White Race	1.60	0.94-2.72	0.08
Primary language other than English	0.41	0.15-1.13	0.08
Ongoing Substance Use	1.79	1.12-2.87	0.015
PHQ9 score	0.96	0.92-1.01	0.12
Multivariable logistic regression includes arm of study in ITT analysis for association with having ≥ 719 fmol/punch at week 12 and (if there was one) the last study visit up until week 48. Covariates included if they were associated arm at baseline ($p < 0.1$) and with outcome ($p < 0.15$) in univariate analysis. Ongoing substance use was defined as any substance of abuse (other than marijuana and alcohol) reported in 2 or more of visits			

Aegis

BASELINE SOCIODEMOGRAPHICS AND RISK FACTORS (n=136)

	N (%)
Age Mean (SD)	40 (11)
Race/Ethnicity	
Non-Hispanic White	30 (22%)
Non-Hispanic Black	52 (38%)
Latina	26 (19%)
Other	28 (21%)
Education - ≤ High School	51 (45%)
Income - < \$2000 per month	74 (68%)
Employment - Unemployed/Unable to work	60 (47%)
Number sex partners last 3mo Median (IQR)	1 (1-3)
STI diagnosed at baseline - positive	12 (9%)
AUDIT - high risk	5 (4%)
DAST - severe/substantial risk	13 (10%)
IPV last year - yes to any	56 (41%)
Pregnancy Interest - yes	31 (23%)
HIV knowledge Mean (SD)	13 (4)

Cost structure for using the product

- Clinic based enrollment/maintenance (current form)
 - Development
 - Ongoing Costs per person per month

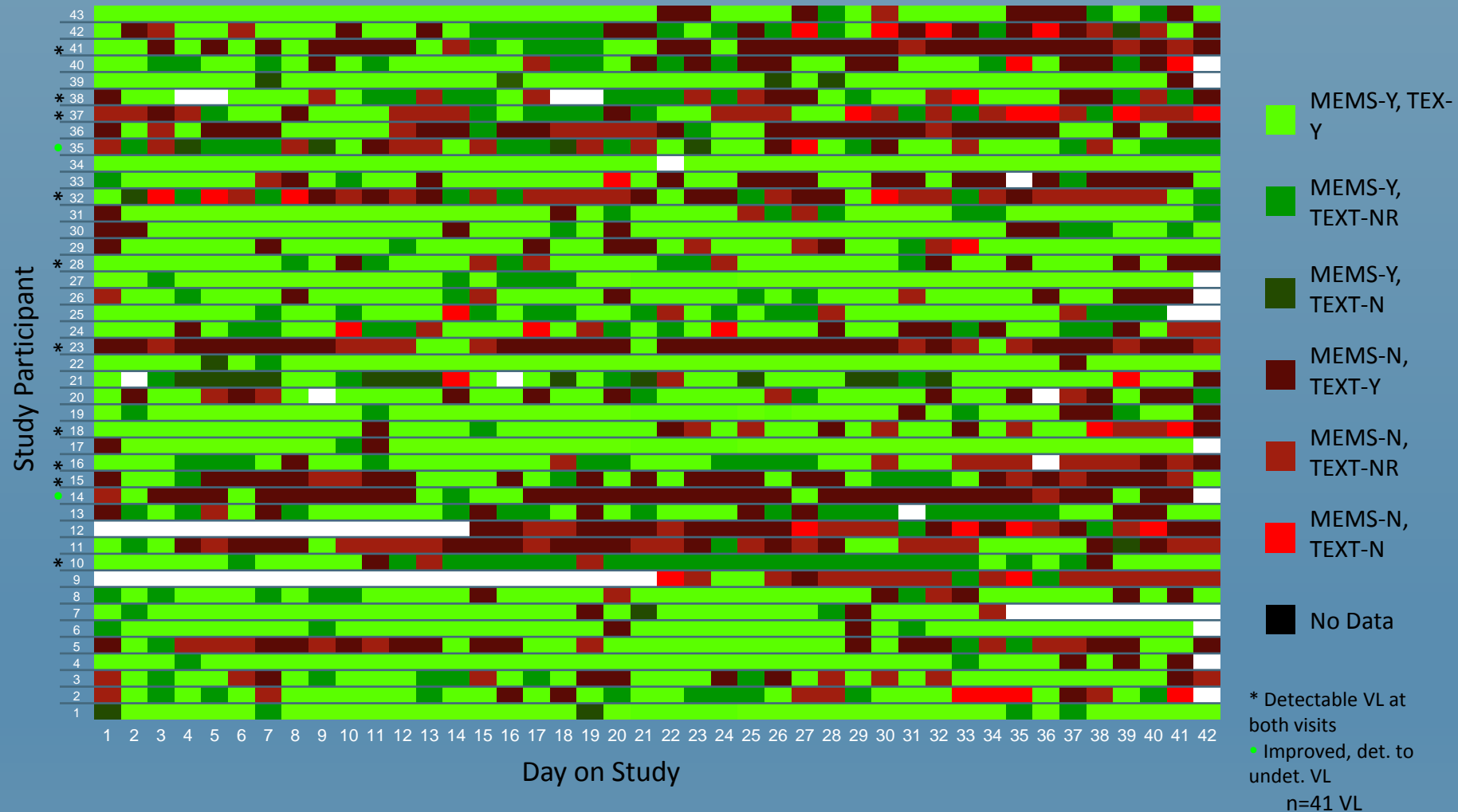
Self enroll autonomous system

- Development
- Ongoing Costs per person per month

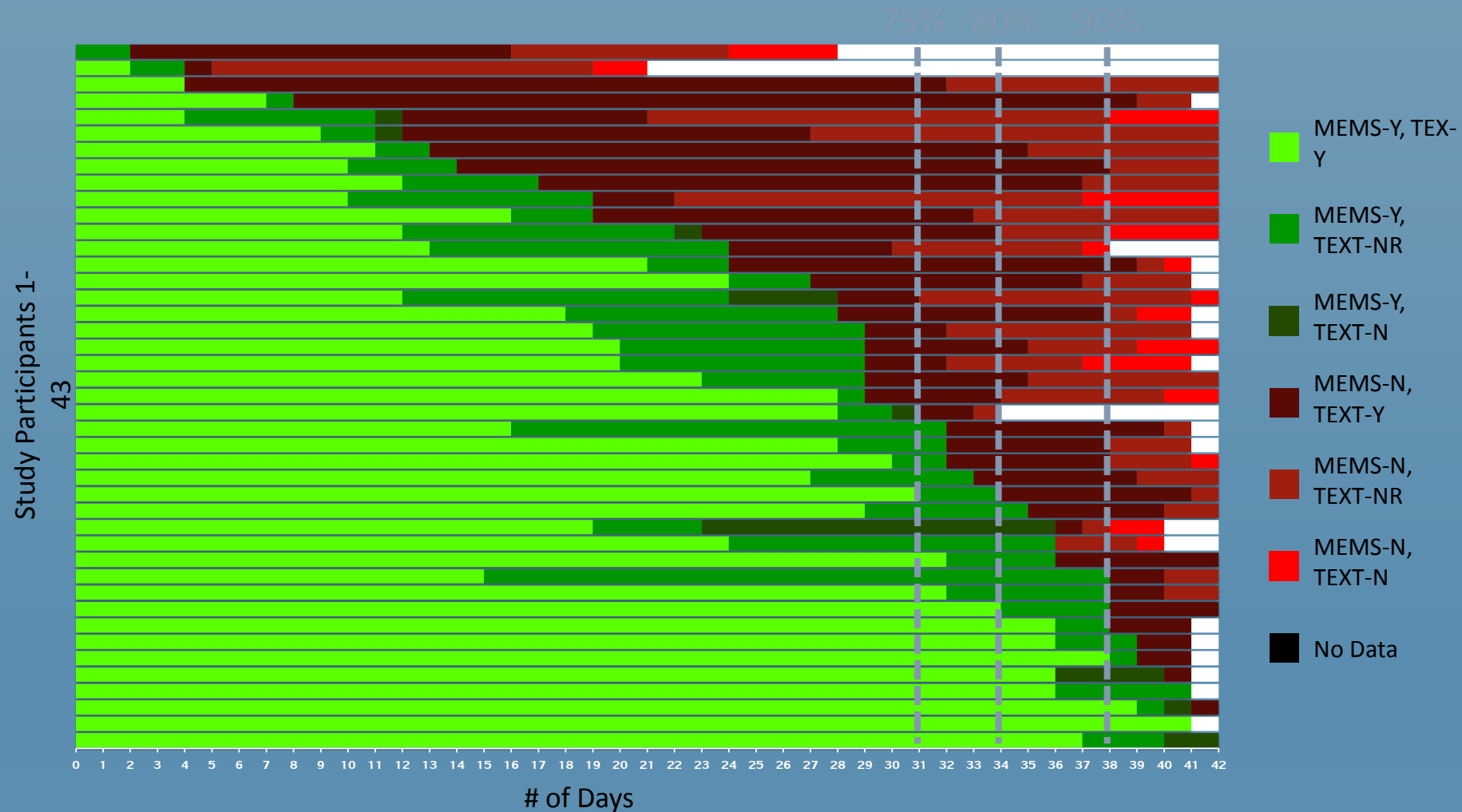
Stand alone application

- Development
- Ongoing Costs per person per month

iTAB-M: Adherence Patterns by MEMS and TEXT



iTAB-M: Adherence Patterns by MEMS and TEXT



iTAB: Future Directions

- Examine adherence over longer periods of time
- Message content personalization for individual/subgroup; smart texting
- Participant control over messages; view calendar
- Machine learning approaches to predicting non-adherence (e.g., at mood and meth use events)
- Intervene in real-time to missed doses
- Multimodal approaches—e.g., iTAB + MI; iTAB + VDOT
- Taking interventions to the clinic, including other community collaborations; implementation

Factoid Domains

Domain	TAPIR	AEGIS	iMI-PrEP-TG
Fashion		✓	✓
Food	✓	✓	✓
History	✓		✓
Jokes		✓	✓
Lifehack		✓	✓
Music	✓	✓	✓
Quotes	✓	✓	✓
Science	✓		✓
SoCal Destinations		✓	✓
Sports	✓		✓
Trivia	✓		✓
TV/Movies	✓	✓	✓
Word of the Day	✓	✓	✓

Health Promotion Domains

Domain	TAPIR	AEGIS	iMI-PrEP-TG
Affirmations		✓	✓
Health/HIV Facts	✓	✓	✓
Messages about HIV		✓	✓
Messages about PrEP			✓
Trans/GNC Health Facts			✓

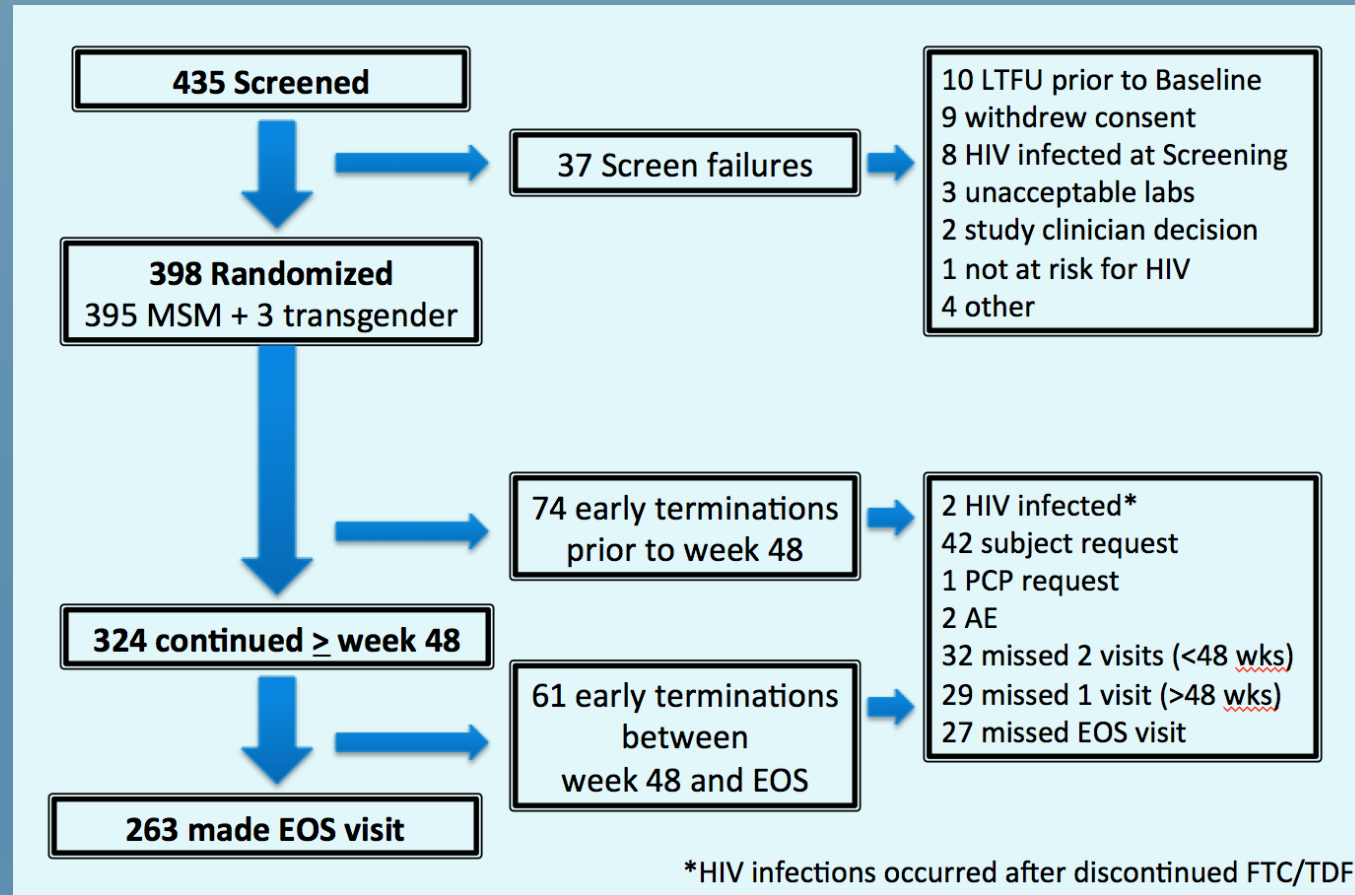
All Domains

Domain	TAPIR	AEGIS	iMI-PrEP-TG
Affirmations		41	43
Fashion		41	40
Food	47	41	42
Health/HIV Facts	43	41	41
History	39		42
Jokes		41	41
Lifehack		40	40
Messages about HIV		41	41
Messages about PrEP			2
Music	38	41	43
Quotes	34	41	42
Science	27		44
SoCal Destinations		40	40
Sports	40		41
Trans/GNC Health Facts			40
Trans/GNC History			40
Trivia	38		40
TV/Movies	33	40	42
Word of the Day	54	40	42

Factoid Domains

Domain	TAPIR	AEGIS	iMI-PrEP-TG
Fashion		41	40
Food	47	41	42
History	39		42
Jokes		41	41
Lifehack		40	40
Music	38	41	43
Quotes	34	41	42
Science	27		44
SoCal Destinations		40	40
Sports	40		41
Trivia	38		40
TV/Movies	33	40	42
Word of the Day	54	40	42

TAPIR: Study Flow



What is PrEP?

PrEP stands for “pre-exposure prophylaxis”.

Taking a daily dose of Truvada™ was approved in July 2012 for reducing the chance of getting HIV infection in people who don’t have HIV.

When used with other safer sex practices (like condoms), PrEP can help protect you from getting HIV from an infected partner.

Truvada™ can be used for HIV prevention by men who have sex with men, men who have sex with women, women who have sex with men, and injection drug users.

*The use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.



HOW TO TALK TO YOUR DOCTOR ABOUT PrEP



Before Your Visit

Make an appointment with your health care provider. Your doctor can help you to decide if PrEP would be a good choice for you.

Do research. Make a list of reasons that you think that PrEP would be a good choice for you.

Think about your routine, especially things that might make it easy or hard to take a daily medication.

Make a health history list for your doctor. That includes any past illnesses or concerns you have, as well as a list of your current medications (including supplements, herbs, etc.).

Make sure a translator is available or bring someone who can translate if you would prefer to speak a language other than English during your appointment.

During Your Visit

Be clear. Take out your notes and tell your doctor that you are interested in PrEP right away.

Do not be shy. Give your doctor all the details about your life that could be important to your health. Don't worry about being judged.

If your sex life is a hard topic to talk about, say that to your doctor. It will help to start the conversation.

Ask questions. You want to be sure that you understand what your doctor is telling you.

Take notes during your visit so that you can remember what your doctor said.

After Your Visit

Review your notes or any information provided by your doctor.

Consider your options. Your doctor gave you a lot of information. Now it is up to you to make the right decision for you.
<http://www.cdc.gov/hiv/risk/behavior/index.html>

Call your doctor if you have more questions. Ask to speak to a nurse if your doctor is unavailable.

Schedule tests or follow-up appointments your doctor requested.

Get your results if you had tests done at your appointment.

If you feel comfortable, you may want to discuss this choice with your partners, family, or friends.

TAPIR – A Randomized Study of Text Messaging to Improve Adherence to PrEP in Risky MSM

- iTAB versus standard of care (SoC) for adherence to daily TDF/FTC for up to 96 weeks
- Primary outcome (Adequate Adherence):
 - TFV-DP levels of > 719 fmol/punch at week 12 and last on-drug study visit up until week 48
- Secondary outcome (Perfect Adherence):
 - TFV-DP level of > 1246 fmol/punch at week 12 and last on-drug study visit up until week 48

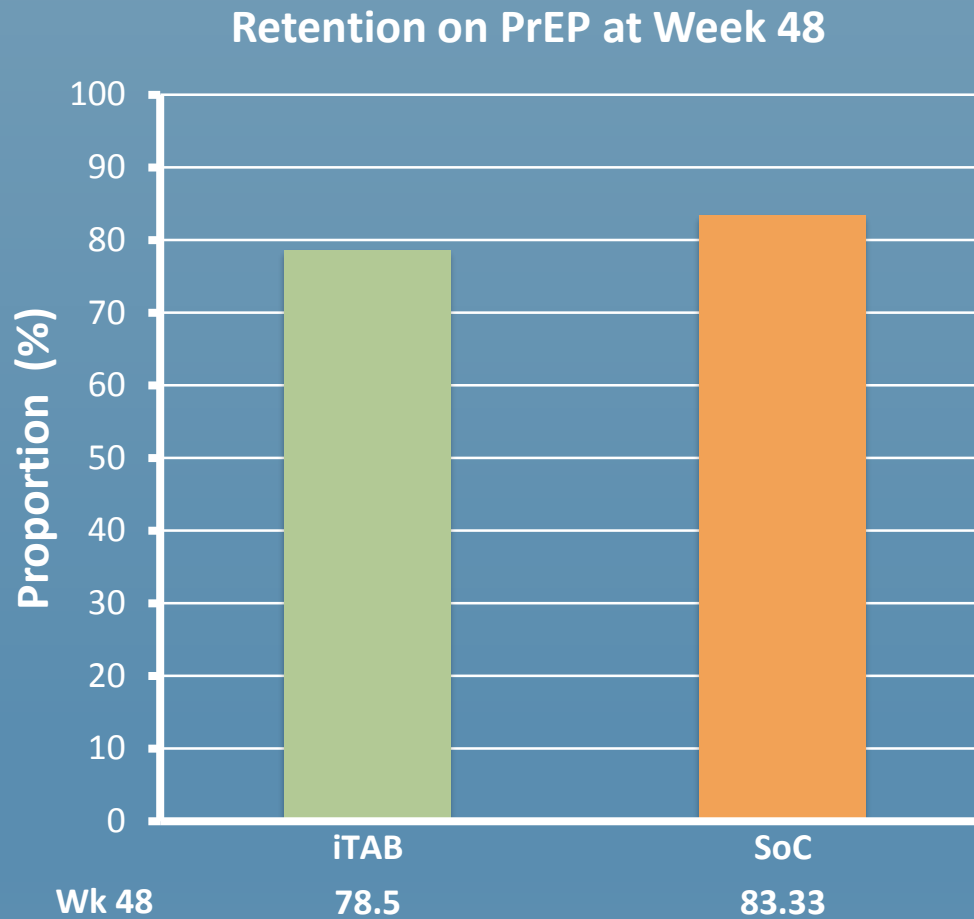
TAPIR: Methods

- **398 HIV-negative adult men who have sex with men (MSM) and transgender women (TGW) with elevated risk of HIV transmission, defined as having:**
 1. ≥ 1 HIV infected sexual partner for ≥ 4 weeks;
 2. Condomless anal intercourse with ≥ 3 male sex partners who are HIV+ or unknown HIV status in past 3 months; or
 3. Condomless anal intercourse with ≥ 1 male partner and STI diagnosis in last 3 months.
- **Participants were required to have creatinine clearance of at least 60 mL/min; ALT and AST $< 3 \times$ upper limit normal; Hemoglobin > 9 g/dL, Absolute neutrophil count $> 750/\text{mm}^3$ and platelets $> 75,000/\text{mm}^3$.**
- **Exclusion criteria included active hepatitis B and urine protein 2+.**

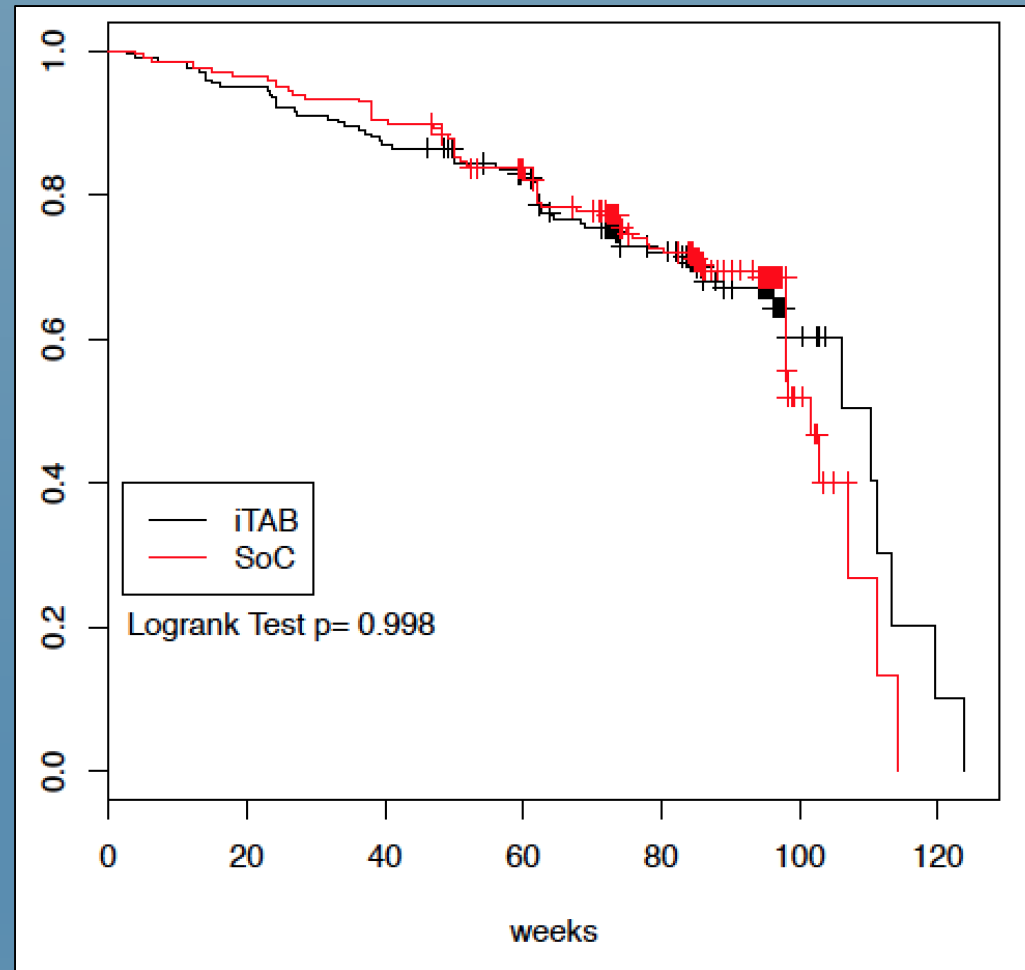
TAPIR: Secondary Outcome (Perfect Adherence)

	ADJUSTED ODDS RATIO	95% CONFIDENCE INTERVAL	P
iTAB ARM	1.56	1.00-2.42	0.05
Age	1.03	1.01-1.06	0.01
Multivariable logistic regression includes arm of study in ITT analysis for association with having ≥ 1246 fmol/punch at week 12 and (if there was one) the last study visit up until week 48. Covariates included if they were associated arm at baseline ($p < 0.1$) and with outcome ($p < 0.15$) in univariate analysis.			

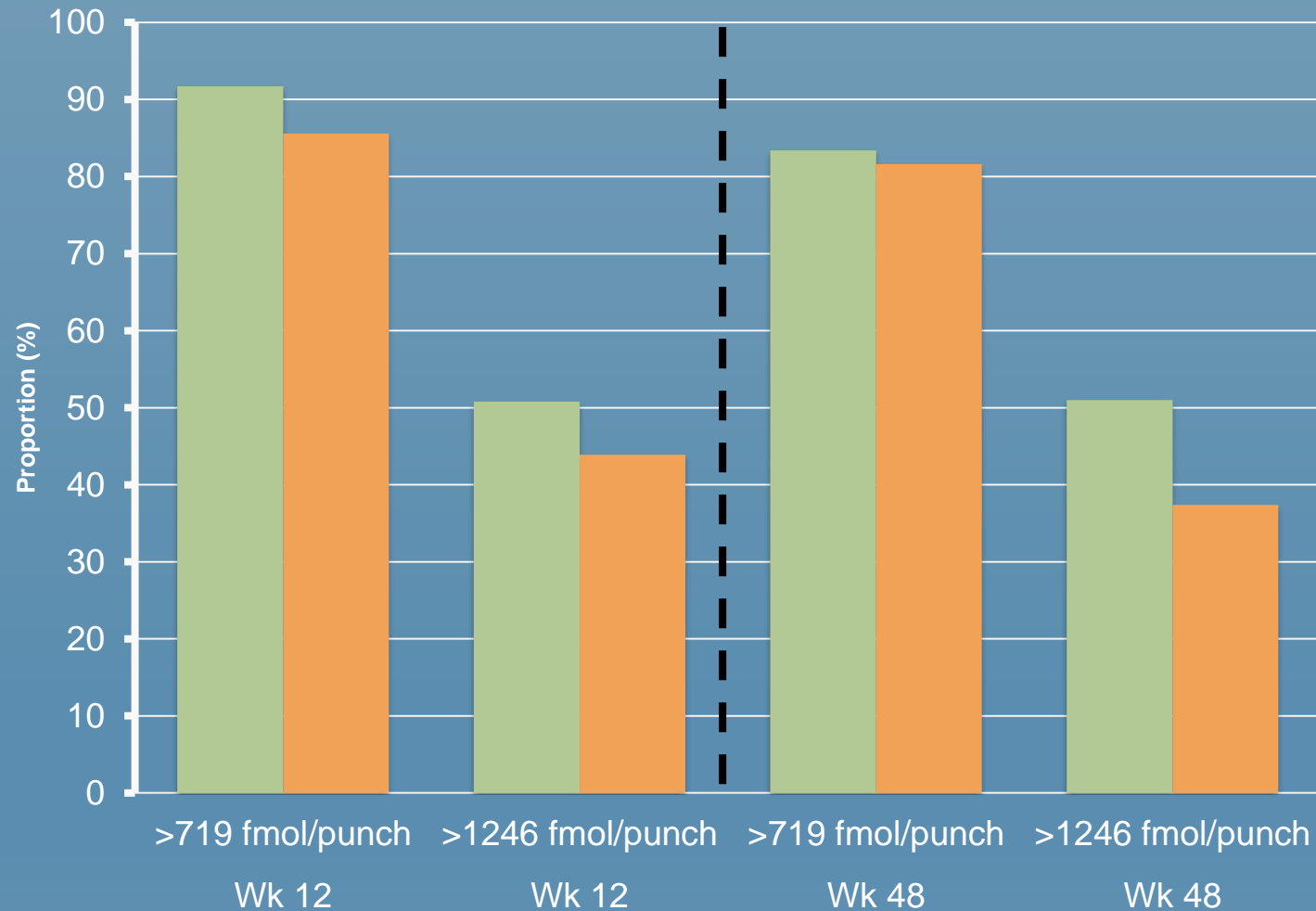
TAPIR: Retention on PrEP at Week 48



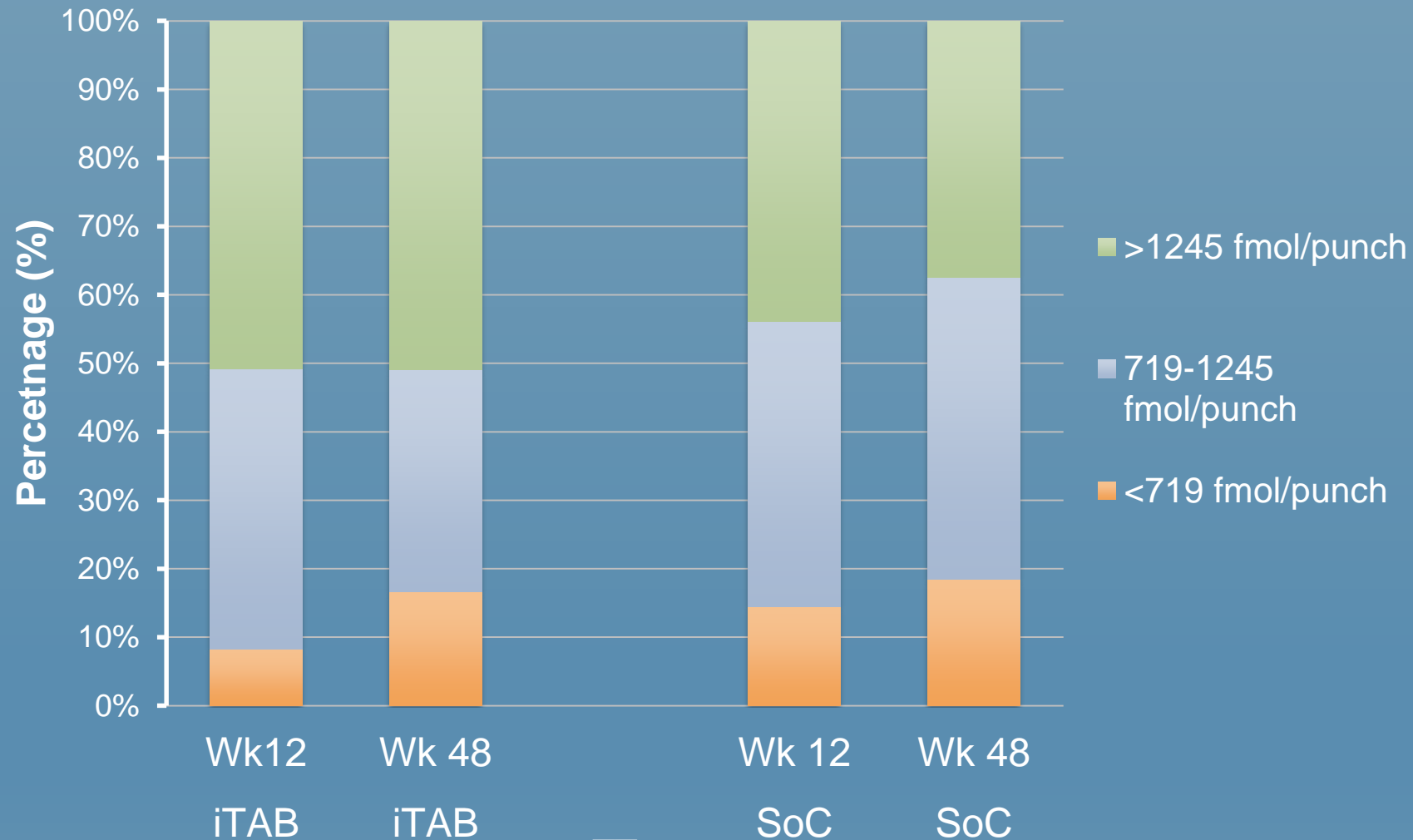
TAPIR: Retention on PrEP (Whole Study)



TAPIR: Adherence Measured by Dried Blood Spot TFV-DP at Week 12 and 48



TAPIR: Perfect Adherence Maintained with iTAB but not Standard of Care



TAPIR: Text Responses Related to Tenofovir Levels

