

Technology-Based PrEP Delivery and Retention Services for Black and Latino MSM, Black and Latina Transgender Women, Black and Latina Cisgender Women, and Persons Who Inject Drugs in Los Angeles County

Community Consultation Summary Report
June 2020

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Introduction

In Los Angeles County (LAC), we are failing to curb HIV incidence among priority populations such as Black and Latino cisgender men who have sex with men (MSM), Black and Latina transgender women, Black and Latina cisgender women, and persons who inject drugs. This situation suggests an overwhelming lack of uptake of Pre-Exposure Prophylaxis (PrEP) among persons living at the intersections of minority race/ethnicity, sexual orientation, gender identity, and injection drug use. While LAC has initiated PrEP scale-up activities by funding ten community-based clinics across LAC to deliver PrEP (also known as PrEP Centers of Excellence), disparities persist in all phases of the PrEP care continuum (i.e., uptake, adherence, and persistence). These alarming trends signal an urgent need to move beyond standard in-person, clinic-based approaches to PrEP delivery and consider alternatives that are available, acceptable, and will be used by LAC priority populations.

Utilizing technology is one alternative approach to PrEP delivery that may help address many of the existing barriers to PrEP uptake, adherence, and persistence among priority populations in LAC. Technology, such as mobile apps, telehealth platforms, and text messaging services, can be integrated to enhance PrEP delivery and monitoring. Telehealth platforms, for example, can enable patients to have new, convenient, and discrete ways to communicate with providers. They can also help eliminate potential stigma and other barriers associated with HIV testing for PrEP. In addition, mobile health apps and text messaging services offer simple and convenient ways to support medication adherence and PrEP medical monitoring.

The UCLA Center for HIV Identification, Prevention and Treatment Services (CHIPTS) received *Ending the HIV Epidemic (EHE)* initiative supplemental funding to conduct a community consultation with PrEP stakeholders, policymakers, and consumers to explore the acceptability and feasibility of utilizing technology-based PrEP delivery to facilitate greater uptake of PrEP with LAC's priority populations. This report summarizes the preliminary findings and next steps emerging from the "*Technology-Based PrEP Delivery and Retention Services for Black and Latino MSM, Black and Latina Transgender Women, Black and Latina Cisgender Women, and Persons Who Inject Drugs in Los Angeles County*" community consultation. The report includes a description of the study procedures, preliminary results, and recommendations for future implementation.

Procedures

Community Consultation

On February 10, 2020, CHIPTS held an all-day community consultation entitled “*Technology-Based PrEP Delivery and Retention Services for Black and Latino MSM, Black and Latina Transgender Women, Black and Latina Cisgender Women, and Persons Who Inject Drugs in Log Angeles County.*” This event was organized in collaboration with the Los Angeles County Department of Public Health Division of HIV and STD programs (DHSP). The goal of the consultation was to engage multiple stakeholders in a dialogue about the use of existing digital technology products to facilitate PrEP uptake and persistence among LAC’s priority populations (i.e., Black and Latino/a cisgender MSM, transgender women, and cisgender women, and injection drug using populations).

The event objectives were to:

1. Explore participants’ opinions about whether LAC priority populations would use PrEP-related digital technology products to access and maintain their PrEP prescription.
2. Explore how best to tailor the products to meet the unique needs of the priority groups.
3. Explore the benefits, challenges, facilitators, and needs associated with implementing these products in a community-based agency.
4. Develop recommendations for next steps that result from the community consultation.

Potential stakeholders were recruited via an email invitation that was distributed through a network of PrEP/PEP providers in LAC and community-based agency referrals. Upon registration, participants completed a brief survey providing their title and/or role at their organization (e.g., PrEP Navigator, PrEP Provider, Prevention Program Manager, Chief Executive Officer), and their preferences for which population-specific breakout group(s) they would like to participate in during the meeting.

The community consultation included both morning and afternoon sessions (see Appendix 1). The focus of the morning session was to introduce participants to various digital technology products that are available to support the delivery and maintenance of PrEP. Products discussed at the event are included in the table below.

PrEP-Related Digital Technology Products	
NURX	Full-Service PrEP Telehealth
PlushCare	Full-Service PrEP Telehealth
e2PrEP	Mobile Application
Healthvana	Mobile Application
iTAB	Text Messaging Service

Representatives of each product delivered 15-minute presentations describing the product, how the product supports clients along the PrEP care continuum (i.e., uptake, adherence, and persistence), the product’s various functions and message content (e.g., medication reminders, affirmations, motivational messaging), images of the product and/or different functions, and cost structures for using the product. In addition, they were asked to discuss how the technology product might be integrated into existing PrEP programs. A brief question and answer session followed each presentation. A large-group survey was also conducted as part of the morning session using an anonymous audience response technology (*PollEverywhere*) to assess participants’ opinions of the technology products (e.g., advantages, disadvantages, preferred options) and the biggest barriers to PrEP uptake among the priority populations.

The second half of the consultation was focused on conducting multiple, concurrent breakout sessions to assess the feasibility and acceptability of using digital technologies in the delivery of PrEP to specific priority populations in LAC. Each breakout group was facilitated by a member of the research team and consisted of approximately 15 to 20 participants. However, very few individuals were present for the Black and Latina transwomen breakout groups. After checking in with the research team, participants indicated that both groups shared many of the same challenges and needs, and decided to merge into one group.

Breakout sessions lasted 1.5 hours and were audio recorded and later transcribed for analysis. A semi-structured interview guide was used to facilitate discussion within the groups (see Appendix 2). The interview guide assessed the following implementation research outcomes: acceptability, adoption, appropriateness, feasibility, implementation cost.¹ The

¹ Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(2), 65-76.

questions were vetted by our research partners and the CHIPTS community advisory board prior to the consultation.

Data Analysis

Data analysis began with creation of an initial codebook using the interview guide, line-by-line review of the transcripts, and staff memos taken during the community consultation. Members of the research team met weekly to review a select number of transcripts for the purpose of refining the codebook (i.e., adding or deleting codes, updating code descriptions, identifying quotes that best represented the codes). Once a consensus was reached on the codebook, the transcripts were uploaded into ATLAS.ti (version 8.4.24.0) and coded using the finalized coding scheme. A thematic analysis approach was then used to organize the data into broad categories that helped meet the study objectives.

Several important factors guided our interpretation of the results. For example, many of the respondents communicated that they were unaware of the technology products prior to the consultation. Therefore, the opinions that were offered during the breakout sessions might have been limited to information they received during the morning's presentations. This served to provide the team with greater context for responses related to implementation challenges (e.g., lack of cost information). Participants might also have been influenced by responses from the large group survey, which were displayed in real-time and aggregated on screen (e.g., discussions of the biggest barriers to PrEP use). In addition, analysis of agency-level factors affecting implementation was conducted separately for telehealth options (i.e., NURX and PlushCare) and technology products that would be directly implemented by agencies (i.e., e2PrEP, Healthvana, iTAB). For the telehealth options, greater emphasis was placed on the benefits or disadvantages of partnering with PrEP-related telehealth providers.

Preliminary Results

In total, 67 stakeholders attended the community consultation. They represented community-based organizations and clinics, hospitals, academic institutions, prevention networks (e.g., the LAC PrEP/PEP work group), and the LAC Commission on HIV. Participants included senior leadership at agencies (i.e., Associate/Executive Directors, CEOs), program staff (i.e., project coordinators, managers, program analysts, assistants), HIV health educators, outreach and testing specialists, PrEP navigators, and digital technology representatives. The

results that follow reflect preliminary analysis of the data from a select number of thematic codes.

Compatibility of Digital Technology Products with Priority Populations

Participants in each breakout group were asked to identify the technology product they felt the priority population in question would most likely use to initiate and manage their PrEP care, and then explain their choice. Key findings from each breakout group are detailed below:

Black MSM Breakout Group

Among the products presented, participants felt that Healthvana may be an especially compatible choice for Black MSM to initiate and manage their PrEP care. They noted several benefits of the app, including its user-friendly interface, ability to facilitate communication between patients and providers, customization options, and reminder functions.

“I think that Healthvana was really good. I like the simple things of how user-friendly it was, but also the reminders... As a user, I've actually used Healthvana and I was very pleased with it. It was very simple, very easy to use.” (Black MSM Group)

Latino MSM Breakout Group

Participants expressed that NURX may best meet the needs and preferences of Latino MSM because it is user-friendly, visually appealing, and allows potential users to browse the product before creating an account. Additionally, NURX offers the opportunity to connect to confidential care from home.

“NURX actually had the best user-friendly app, where you go in, you can see the different services; there's birth control, there's PrEP, there's a specific space and it's not too burdened with words. It's the visuals and you can get information and say, 'Okay, this is the service I'm looking for...' I think the sense of, you can see what you're looking for and then decide whether you're going to create a login or profile, kind of makes it more user friendly for Latino communities.” (Latino MSM Group)

iTAB was also noted as a good fit for Latino MSM, with its accessibility and simplicity, quick and convenient messaging, and positive reinforcement message content.

“I really like the iTAB because there's a lot of messaging that I think for Latinos, just letting you know, ‘Hey good job for doing this,’ really helps out in the long run because it is kind of giving you a sense of accomplishment.” (Latino MSM Group)

Black and Latina Transwomen Breakout Group

Participants identified iTAB as especially compatible with Black and Latina transwomen, as well. They shared that iTAB is already an established product in the trans community and reflects the lexicon used by these populations.

“I just kind of felt that iTAB already included even the language that's used in the community, like the lingo, and stuff like that. If a person from the community reads that, it's communicating with the actual person, only because the language that's used in the text message that's delivered to them. I saw that, so that's what caught my attention and I know that a lot of other girls will also relate to that, if that's the lingo that's used.” (Black and Latina TW Group)

With its easy-to-navigate interface, and its helpful features for monitoring medical information (e.g., lab results) and communicating with current providers, participants believed Healthvana may also be a good fit for Black and Latina transwomen.

“I think Healthvana could be a good tool just because it's an easy platform for people to have their own medical information and to be able to communicate with their provider, whoever that provider is, kind of like on an ongoing basis. In terms of ongoing engagement, that sounds like a good tool, just to have higher health literacy about their own labs, their own results, communicate with their providers, all of that.” (Black and Latina TW Group)

Black Ciswomen Breakout Group

For Black ciswomen, who often juggle multiple responsibilities, participants felt NURX may be a compatible choice. They highlighted NURX's timesaving and convenient at-home HIV and STI testing kits.

“A lot of people are working two jobs or are parenting at the time, so I think being able to have a kit and doing it at home is very time-saving and is very convenient. For that reason, I think NURX would be very beneficial.” (Black CW Group)

PlushCare was also perceived to be a good fit for Black ciswomen. In particular, participants saw PlushCare's option to pick a provider based on a description of their background and credentials as a positive opportunity for Black ciswomen to choose providers they trust.

“What I liked about PlushCare is that they gave you an option of picking who you wanted to pick out of all of the providers, and I think they also listed who they are, their credentials, and a little background of who they are as a person. I think when I'm choosing to be able to read a little about this person, that can help with them choosing a provider in regards to trust and rapport.” (Black CW Group)

Latina Ciswomen Breakout Group

Similarly, NURX and PlushCare were thought to be particularly compatible with the needs and preferences of Latina ciswomen. Key features of NURX that can support Latina ciswomen to access PrEP include PrEP navigation services and Spanish language options for engaging with the product. Participants also saw PlushCare's “four visits” system, customization options, appealing graphics, and option to select a provider as beneficial for this population. Participants highlighted that both products offer an easy-to-navigate interface and support adherence by providing accessible healthcare to Latina ciswomen who may experience barriers to in-person care (e.g., childcare).

“I think it was PlushCare and NURX, that you're not having to weigh, ‘Do I have to take time off of work in order to go for an appointment?’ The fact that I can maintain PrEP, while also keeping... not having to take time off work. And, I think

that really helps with adherence. And, it also supports like if you're not working and you have childcare issues, again, I think the accessibility makes it easier.”
(Latina CW Group)

Persons Who Inject Drugs Breakout Group

Participants believed that iTAB and E2PrEP were the most viable options for persons who inject drugs to access and maintain PrEP given the barriers they experience to engaging with routine medical care (e.g., transportation, cost, storage of medication). They highlighted the benefits of iTAB’s daily reminders and E2PrEP’s gamification and incentive features for this population.

“iTAB, would be, just my opinion, but probably the best of the interventions as it's a daily reminder, which is at that exact same time, which kind of says, ‘Hey, you should be taking your pill?’” (Persons Who Inject Drugs Group)

“When it comes to incentivization, I think the closest one that got to that was E2PrEP when they gamified the experience.” (Persons Who Inject Drugs Group)

Digital Technology Products Compatibility Summary

Priority Population	Most Compatible Product(s)
Black MSM	Healthvana
Latino MSM	NURX and iTAB
Black and Latina Transwomen	iTAB and Healthvana
Black Ciswomen	NURX and PlushCare
Latina Ciswomen	NURX and PlushCare
Persons Who Inject Drugs	iTAB and E2PrEP

Across priority populations, participants commonly noted user-friendly interfaces, visual appeal, reminder features, customization options, and facilitating healthcare from home as beneficial attributes of the digital PrEP products.

Tailoring Technology Products for Priority Populations

Participants in each breakout group were asked about how specific digital PrEP technology products could be tailored to meet the needs of the priority population in question. The findings from the breakout groups revealed three primary suggestions for tailoring the digital PrEP technology products:

Expanding Customization Options: Participants discussed the importance of customization, so that each individual has control over features based on their needs and preferences. This includes having the ability to customize the alert system (e.g. frequency of notifications, types of notifications received, message content of reminders), and to tailor the product so that it is culturally appropriate and language-specific.

“The same thing I guess with the notifications, be able to turn them off or have a different level of how you want it to be displayed. Have some sort of control so those who want to feel empowered, they can say, ‘Oh yeah, my PrEP appointment.’ And the ones that don’t, just a code word or something like that. Have some sort of control on the notifications.” (Latino MSM Group)

“I think part of it is having it available in different languages. So particularly thinking of the Latinx people, having it available in Spanish, but I think also to her point of the lingo and how it’s customized and [it is] culturally appropriate for the community that it’s serving.” (Black and Latina TW Group)

Offering Online Access to PrEP Care: Participants stressed that having the option to manage one’s PrEP care through online platforms as an alternative to a phone app (e.g., through a secure website) would help meet priority population needs. Having the ability to communicate with PrEP providers online from a public library was seen as particularly beneficial for persons who struggle with injection drugs, are unstably housed, and/or who have lost or stolen phones.

“...anything that’s online would be better than an application. Our folks lose stuff constantly, so to have the ability to, no matter what internet you’re on, to access it.” (Latino MSM Breakout Group)

“I think one key thing that would be really great is having that way to have a computer access there or going to the public library... because a lot of the trans women I know, they go to the public library, and they access services there on the computer. Maybe having some way of communicating through, not an app, but an online.” (Persons Who Inject Drugs Group)

Providing Incentives for Adherence: In order for digital PrEP platforms to succeed, participants expressed the importance of including a built-in incentive structure. They perceived that nominal incentives to reward participants’ engagement and use will translate to better PrEP uptake, retention, and persistence.

“If they're checking in, they might get an incentive of five dollars. If they're checking in with their doctor, they might get an incentive for \$20. I think those things that also help enhance the women to come, and, ‘Hey I'm getting paid as an incentive to keeping my health well taken care of.’” (Black and Latina TW Group)

Product Tailoring Suggestions Summary

Tailoring Suggestion	Benefits for Priority Populations
Expanding Customization Options	Helps meet individual needs and preferences for managing PrEP care (e.g., frequency of reminders, language, message content)
Offering Online Access to PrEP Care	Supports populations with barriers to using phone-based services to manage their PrEP care
Providing Incentives for Adherence	Supports sustained engagement in PrEP care

Implementation Benefits

After discussing factors that may impact the use of digital PrEP products among priority populations, each breakout group was asked to consider benefits of using digital technology to deliver PrEP from an agency perspective. Four key benefits emerged from the data:

Supports Service Delivery: In general, participants believed that digital technology could support agencies to serve priority populations along the PrEP care continuum (i.e., uptake, adherence, and persistence). For example, this may include using reminders to improve adherence and monitor PrEP use over time.

*“It will facilitate our process to link clients into PrEP and assist them in retention.”
(Latina CW Group)*

“I think something like E2PrEP is more of a better system for Latinos in terms of helping the CBO or the health center collect more information on your actual treatment and monitoring of the actual adherence of the PrEP.” (Latino MSM Group)

Maximizes Resources: In addition, participants thought digital PrEP delivery would help agencies maximize their available resources and lead to greater efficiency by allowing outreach and navigation teams to shift effort that would otherwise be spent trying to engage clients in-person or by phone.

“We have seven centers and we go to whatever the client is closer... I think having this is going to free that time in traffic. It's going to help us just maybe we can look at it from the office, we can see more clients instead of having to drive around the city and doing all this. It's not necessarily wasted time, but it's time that can be used for something else.” (Latino MSM Group)

Improves Patient-Provider Communication: Participants also saw the benefit of using digital technology approaches to improve communication between medical providers and patients. This would allow providers and other members of a patient's care team to leverage existing communication channels to engage hard-to-reach populations.

“I think from the HIV provider standpoint, I think we see the value in technology and we see the value in being able to text with patients or reach them on Facebook or whatever. We know that technology and social media, it would be the ideal way of connecting with patients.” (Black and Latina TW Group)

Supports Quality Assurance Metrics: Of particular emphasis was the ability of digital PrEP products to interface with existing Electronic Medical Records (EMRs) (i.e., “streamlining” patient information). This includes providing agencies with analytical performance metrics to use for quality assurance and when submitting reimbursements.

“I would say the health centers definitely would choose the platform that would communicate to their EMRs, but also, contribute widely to their quality assurance measures for their contracts. So, anything that can help you capture the documentation for compliance, is where clinics will start.” (Black MSM Group)

Implementation Benefits Summary

Implementation Benefit	Product Attributes
Supports Service Delivery	Offers tools to link patients to PrEP care, support adherence, and monitor engagement
Maximizes Resources	Facilitates efficient service provision from any location
Improves Patient-Provider Communication	Reflects communication methods routinely used by priority populations (i.e., texting and app-based messaging)
Supports Quality Assurance Metrics	Interfaces with EMRs

Implementation Challenges and Facilitators

Participants noted several important barriers to the implementation of digital PrEP products. Participants were then asked to describe the support they would need to facilitate adoption of the technology products.

Cost of the Technology: A prominently discussed barrier was the cost of adopting the technology at the agency. This included the cost of hiring employees to train medical staff on the uses of the tech product and reoccurring costs associated with continued maintenance and/or use of the product.

“One of the organizations had mentioned that it costs \$14,000 a year to maintain [iTAB]. Okay, \$14,000. You make the initial investment of the 20 [thousand], then 14 [thousand] to maintain it yearly, but plus \$14 per person. What happens if you're a large-scale organization and you have a hundred people using it? Your \$14,000 plus.” (Black CW Group)

Of note, these responses may have been influenced by the lack of cost information provided during the technology representatives' presentations, which led many to feel as though adoption of the products was improbable.

“Since we do not know the cost of any of the technologies except for iTAB, that makes it difficult. Because you may like one particular platform, but then it may be cost impossible for your organization to implement.” (Latino MSM Group)

To address this barrier and help facilitate adoption, participants discussed the need for additional financial support and/or technology companies to provide the product to the agency at low or no cost.

“I don't think it should necessarily just be our public funders paying for it. I also think if these are large private companies, it should be part of the investment in the community, whether it's reduced cost or donation-based to public clinics.” (Black and Latina TW Group)

Buy-In from Senior Leadership: An additional barrier to implementation of the digital PrEP products was the perceived lack of buy-in from senior leadership. Participants expressed a need for greater inclusion of senior leadership, both within the context of the consultation and in general, who possessed the decision-making power to select a product for adoption at their respective agencies. In addition, participants believed that these decisions would occur several levels above those who attended the community consultation.

“I think that kind of what goes with that is a lot of who's here are PrEP navigators, staff, program managers, implementing PrEP programs, but really, the decision makers at organizations are the senior leadership and they're not here to be informed about what's available. So whether we think it's something that we want to incorporate into the organizations, it's again that top down approach of who's making the decision to make it. Whether they're going to be endorsing a certain app or a certain technology, whether it gets incorporated, those are quite a couple levels above many of the people in the room, and, unfortunately, that's

what we need to mobilize and move healthcare centers to be at this tech savvy place that we're trying to get to.” (Latino MSM Group)

A related concern was the perceived bias or aversion that senior leadership may have toward digital technology and its use in healthcare systems, which might impact implementation of these types of products. Participants suggested that this might require a “shift in the culture” of the agencies to support the adoption of novel digital technology models.

“Many organizations still are technologically shy or scared, even those with EMRs, even those that are using different interfaces and things like that, still have biases against certain types of technology and communication.”

Staff Capacity: The data also revealed a barrier related to the lack of staff capacity needed to implement the digital PrEP products. In most cases, participants felt that medical staff may not be equipped to use digital technology to manage PrEP programs, some of whom regularly experience difficulty with existing medical tracking systems.

“Some providers are not savvy with even for example, we have a new medical track system where it's kind of hard to navigate. So, bringing another type of service where we have to retrain and all that and not everyone's... they're not advanced or they just don't know how to navigate a system. So that can possibly be a barrier not just for staff, but also for providers.” (Latino MSM Group)

This signals a need for greater capacity building, and might present an opportunity for digital PrEP companies to train individuals on the uses of their digital PrEP products.

“Maybe whatever company we purchase at, the representatives come and train everybody. And that way everyone can easily be able to access it use it, and they can help out the clients who are interested in that too.” (Latino MSM Group)

Physical and Technological Infrastructure: Participants noted that there may also be a need for greater physical and technological infrastructure at the agency to support the rollout and continued maintenance of the digital PrEP products. This can include working with Information

Technology departments or third parties to secure reliable internet connection and manage product updates and bug fixes, providing phones or using mobile tablets to keep patients engaged, and providing space and equipment for product use at the agency.

“Like a lot of the people here in this group mentioned, the technology is not always accessible and I think that a lot of the agencies are not equipped with computers for people to just come in and use them.” (Black CW Group)

Implementation Challenges and Facilitators Summary

Implementation Challenges	Implementation Facilitators
Cost	Receive financial support from public and private funders, including digital technology companies
Lack of Leadership Buy-In	Involve senior leadership in discussions of digital technology products and work to shift “tech-shy” culture of agencies
Limited Staff Capacity	Provide product training to staff and clients
Limited Physical and Technological Infrastructure	Secure space, equipment, and technological support to facilitate product use at agencies

Benefits of Telehealth Options for Community Agencies

Participants in each breakout session were asked about the benefits of agencies using telehealth products (i.e., NURX and PlushCare) to increase PrEP use among the priority populations. The findings from the breakout sessions primarily focused on two agency-level benefits of working with telehealth options:

Referral Services: Participants indicated that telehealth products would provide an opportunity to refer or transition patients who discontinued or aged out of care, experienced difficulty engaging in care at a clinic, were uninsured, or wanted another option to access services.

“I could see [PlushCare] or Nurx being a referral source just in terms of where we might refer people to once they age out of our youth program, or if coming in is not working for them.” (Black and Latina TW Group)

“[PlushCare] would help set the client up insurance-wise and make sure it’s a fit with them. They utilize insurance so it would simply be just like a referral. So, there’s no cost from us and there’s also linking the client to a service.” (Black CW Group)

Participants also discussed the potential partnerships that could occur between smaller community-based organizations (CBOs) that do not provide clinical services and telehealth services. In this way, CBOs could be responsible for engaging with clients who prefer in-person navigation, while referring out clients who experience difficulty attending medical appointments.

“NURX: they provide providers, they bill insurance, they do everything like that. I think for them, I would want them to partner with me so then we can provide the navigation portion of the service to do the reminders... Give me the people that are actually following up with the clients and giving them that in-service, that CBO service, where they do the provision of services. Because a lot of clients that are utilizing telemedicine, are people that are falling through the cracks of the services that are currently being provided, that are not going to their appointments, and not seeing the doctors. These are again, an option for people that don’t want to go to a doctor regularly.” (Black MSM Group)

Coordinated Implementation with the State of California Office of AIDS: Participants described the importance of the State Office of AIDS having established a partnership with PlushCare to facilitate PrEP uptake and retention, and the ability of agencies to easily assist clients with linkage.

“I’d say PlushCare, just because it’s already gone through the state for the PrEP AP [assistance] program. So, it’s already there. It’s no added effort on our end... It’s easy to navigate, to separate profile.” (Latina CW Group)

Overall, participants felt that telehealth products could help agencies better serve priority populations through referrals for individuals who experience barriers to receiving medical services from the agencies. Smaller CBOs that do not provide medical care may directly benefit

from telehealth products by partnering with them to provide PrEP care navigation and adherence supports for patients receiving telehealth-based medical care.

Disadvantages of Telehealth Options for Community Agencies

Participants in each breakout session were also asked about the disadvantages of agencies using telehealth products to increase PrEP use among the priority populations.

Reduction in Clients and Financial Disincentives: Participants indicated that the introduction of telehealth services could greatly impact revenue of already financially stressed CBOs. Displacement of healthcare workers in CBOs was also emphasized.

“... for community health centers, FQHC’s, profit making organizations, that means less revenue based on visits if we’re not getting those into our organizations. So, whether agencies who are connected to bringing in income through that type of revenue, through pharmacy, whether they’re going to adopt it, that’s a question, but it really does force us to think as providers. Here’s the competition; we’re moving way too slow.” (Latino MSM Group)

Importance of Preserving Care in the Clinical Setting: Participants additionally stressed the importance of preserving care in the clinical setting. In this respect, face-to-face interactions within the clinical care setting were seen as an integral part of a patient’s care and could enable CBOs to be personally invested in advocating for clients and ensure that there is a good match between patient and provider.

“I wouldn’t do it anyway [recommend the telehealth options], just based over the fact that whatever doctor, they would link them to, face-to-face, I don’t know. So, with my clients specifically, I would want them to go next door, and if they can’t go next door and they need to go somewhere else, I like to attend that appointment with them to assure quality service, because we can say that we do that, but if we’re not there, then we don’t know... when you promote that service and they can just get whoever they get, regardless of what the certification is or how well they’ve been perceived, I wouldn’t feel comfortable making a verbal recommendation to do that.” (Black MSM Group)

Overall, participants felt that telehealth products may act as competition for agencies providing medical care and threaten their financial stability. Participants also worried that agencies may not be able to ensure quality care for clients without face-to-face interactions in the clinical setting.

Recommendations for Implementation

The findings from the breakout sessions revealed four main recommendations pertaining to the next steps for implementation.

1. Coordinated Implementation by Los Angeles County: Participants suggested that there be a coordinated strategy from LAC DHSP to implement one single technology product across agencies in LAC to facilitate PrEP uptake, adherence, and persistence among priority populations.

“I feel it would be amazing if Los Angeles County was to come up with... Department of Public Health, or the state was to come up with one single app that was user-friendly, able to assist all of us. I would think that's ideal. Not for all of us to be mandated to use it, but just have it available in case this is something we want to [adopt].” (Latina CW Group)

2. Potential Implementation Research Project: The findings also provide support for a potential implementation research project that would assess the feasibility and sustainability of a specific digital technology product at a select number of agencies.

“... it would be really cool to see some kind of research study where there's actually users and you check whether the different apps, actually which people are more responsive to, so they're assigned to the different... Which would be just amazing. Because then that tells you proof versus what we think.” (Latino MSM Group)

3. Creating Informational Resources: There was also a need for informational resources about the technology products that were presented during the community consultation

(e.g., factsheets). These resources would address some of the unanswered questions that arose during the breakout sessions and enable agencies to make decisions about the option they would most like to adopt. To be effective, they should include comparisons among the technology products, such as a description of the features and functions of the products (e.g., reminders, full customization), services offered (e.g., PrEP-AP assistance, at-home HIV and STD testing, virtual visits with providers, etc.), and costs of the products.

“I think really it would be great, whether it's CHIPTS, whether it's the county, where there's information on, here's all the resources outside of the PrEP Centers of Excellence that people can go to. And then maybe having a fact sheet; here's the pros and cons.” (Latino MSM Group)

These types of resources may also help the priority populations make decisions about their preferred option for accessing and maintaining their PrEP care.

“... we have to do a comparison with each app. What are the advantage and disadvantage for women in use of this platform? So, they can look at it and say, ‘Okay, this is for me.’” (Black CW Group)

4. Design Our Own App: The final recommendation was to create a new app separate from the existing digital PrEP products that would address the specific needs of the priority populations in LA County.

“Let's design something on our own; we don't need a for-profit company... to make sure all of these things we're talking about it get implemented; I'm telling you that in the end, the one driver's going to be something else for these companies.” (Latino MSM Group)

Conclusion and Next Steps

Conclusion

Never have the benefits and importance of expanding access to digital health services been more evident than they are now, in the midst of a global pandemic from COVID-19. While opportunities for in-person care are limited, it is especially critical to consider alternative ways to support priority populations through the PrEP care continuum to prevent further health disparities. Digital PrEP technology products can serve as potential tools to reduce priority population barriers to PrEP uptake, adherence, and persistence.

However, implementation of digital PrEP products must be tailored according to the specific needs and preferences of the priority populations. For example, this could include creating a designated room at an agency to allow patients to easily manage their PrEP care, having a kiosk available at an agency to allow patients to communicate easily with their providers, or providing free phones to patients. Failure to do so may create even greater disparities along the PrEP care continuum, especially for those who experience barriers to care related to housing instability or injection drug use.

Implementation must also be tailored to reflect the capacity and infrastructure of agencies. For example, some agencies may need support from digital PrEP companies and public funders to address cost, staff capacity, and physical and technological infrastructure barriers to implementation. Further implementation research is also critical to inform successful and sustainable product implementation.

Effective implementation of digital PrEP products will require a substantial, coordinated effort across multiple partners (e.g., CBOs, Los Angeles County DHSP, CHIPTS). With active collaboration and priority population engagement, digital PrEP technology products can help curb HIV incidence among priority populations in LAC.

Next Steps from the Community Consultation

Action Item	Description
Disseminate the project report	<ul style="list-style-type: none">After a community review process with community partners, stakeholders, and DHSP leadership, post this summary report on the UCLA CHIPTS website and disseminate it by email to community consultation participants and other stakeholders.

<p>Meet with DHSP to discuss county-wide implementation of digital PrEP products</p>	<ul style="list-style-type: none"> • Convene a meeting with DHSP to discuss the various tech products and identify the most appropriate option(s) for county-level implementation. • The meeting will include discussion of the established relationship between the State Office of AIDS and PlushCare. This may present an opportunity for coordinated implementation through county-level partnerships with individual tech products. • CHIPTS may be able to serve as an evaluation center to assess the implementation process for the chosen product. • Present the resulting plan to the LAC Commission on HIV.
<p>Create informational resources on the tech products</p>	<ul style="list-style-type: none"> • Develop informational “factsheets” on the technology products (e.g., features or functions, how the product supports patients along the PrEP care continuum, cost structure for implementing the product, discussion of how the product or service can be implemented at an agency [where appropriate]). Particular emphasis will be placed on including information that was not covered during the community consultation. These resources may support agencies in making decisions about which tech product is most feasible to implement. • Post the resources on the UCLA CHIPTS website and disseminate by email to partners and stakeholders.
<p>Facilitate implementation research projects</p>	<ul style="list-style-type: none"> • Partner with specific agencies that expressed interest in implementing an individual product to improve PrEP uptake, adherence, and retention among priority populations to conduct implementation research projects. • Findings would be used to inform future digital PrEP implementation efforts in LAC and create digital PrEP programs that are sustainable for an agency.

<p>Support the creation of a new application or adapt existing products</p>	<ul style="list-style-type: none"> • Discuss the potential for creating a new application with DHSP that agencies can utilize to improve PrEP uptake, adherence, and persistence among priority populations. Findings from the current report may be helpful in tailoring a product for priority populations. • Explore opportunities to work with local investigators to modify existing telehealth products to better suit the needs of agencies and priority populations.
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Acknowledgments

We would like to acknowledge the many partners who contributed to this community consultation, including:

- All community consultation participants
- NURX, PlushCare, e2PrEP, Healthvana, and iTAB digital technology services
- Los Angeles County Department of Public Health Division of HIV and STD programs (DHSP)
- CHIPTS Community Advisory Board
- Event support team: Uyen Kao, Damilola Jolayemi, and Adenike Omomukuyo

CHIPTS is supported by NIMH P30MH058107. This project was funded by NIMH in 2019 as part of an End the HIV Epidemic supplement grant (Sponsor Award Number 3P30MH058107-23S1).

APPENDIX 1

Technology-Based PrEP Delivery and Retention Services for Black and Latino MSM, Black and Latina Transgender Women, Black and Latina Cisgender Women, and Persons who Inject Drugs in Los Angeles County

St. Anne's Conference Center
155 N Occidental Blvd, Los Angeles, CA 90026

February 10, 2020

Meeting Agenda

- 8:30 a.m. Registration and Continental Breakfast
- 9:00 a.m. Introductions
- 9:15 a.m. **Welcome, Overview of HIV Incidence/Prevalence and PrEP Uptake in Los Angeles County, Goals of the Digital PrEP Meeting**
Dr. Steve Shoptaw, Director, UCLA Center for HIV Identification, Prevention and Treatment Services (CHIPTS),
Dr. Sonali Kulkarni, Medical Director, Los Angeles County Department of Public Health, Division of HIV/STD Programs
Dr. Ron Brooks, Core Scientist, CHIPTS
- Technology-Based PrEP Provider Presentations**
- 9:45 a.m. **Telehealth**
PlushCare, Dr. James Wantuck
- 10:05 a.m. **Telehealth**
Nurx, Jessica Horwitz
- 10:25 a.m. **Mobile Application**
e2PrEP, Jesse Thomas
- 10:45 a.m. Break (10 Minutes)
- 10:55 a.m. **Mobile Application**
Healthvana, Eden Pudberry
- 11:15 a.m. **Short Message Service (SMS)/Text Messaging Services**
Individualized Texting for Adherence Building (iTAB), Dr. David Moore
- 11:35 a.m. **Large Group Session: Use of technology-based services to improve PrEP uptake, adherence, and persistence among high priority populations in LA County**
Facilitator: Dr. Dilara Üsküp
- 12:00 p.m. Lunch provided

1:00 p.m. **Concurrent Breakout Sessions: Round 1 (1.5 HOURS EACH)**

Using Technology-Based PrEP Services with Priority Populations

I. Latino Men Who Have Sex with Men
Facilitator: Omar Nieto, Location: Foundation Room

II. Black Men Who Have Sex with Men
Facilitator: Dr. Ron Brooks, Location: Annex Room B

III. Black and Latina Transgender Women
Facilitator: Dr. Dilara Üsküp: Annex Room C
Facilitator: Dr. Sung-Jae Lee, Location: TBD

2:30 p.m. Break (10 Minutes)

2:40 p.m. **Concurrent Breakout Sessions: Round 2 (1.5 HOURS EACH)**

Using Technology-Based PrEP Services with Priority Populations

IV. Latina Cisgender Women
Facilitator: Dr. Norweeta Milburn, Location: Annex Room B

V. Black Cisgender Women
Facilitator: Dr. Dilara Üsküp, Location: Foundation Room

VI. Persons who Inject Drugs
Facilitator: Dr. Sung-Jae Lee, Location: Annex Room C

4:10 p.m. **Wrap-Up and Next Steps**
Dr. Brooks and Dr. Üsküp

4:30 p.m. Adjourn

APPENDIX 2

Use of technology-based PrEP services to improve uptake, adherence, and persistence among YMSM and YTG persons of color Interview Guide

Consultation #2 (4 breakout sessions)

Facilitator note: Turn on recorder.

Introductory Statement: *The purpose of this breakout session is to get your perspective on using digital technology to improve PrEP delivery for populations most at risk for HIV here in Los Angeles County. Everything that you say here will be kept confidential, and any other identifying information will not be used in any report coming from this consultation. We have a limited amount of time, so I might have to interrupt from time-to-time to keep things moving. Our opening questions will ask about individual experiences and then we'll move into collective experiences.*

BREAKOUT SESSION #1: [Priority Population]

Prompt: I now want to ask you questions about your opinions regarding the use of digital technology to help [priority population] access and maintain their PrEP prescription. I will also ask about your specific opinions of the four technologies presented during the first part of the meeting. Please preface your response with your pseudonym.

1. Do you think [priority population] would use digital technology to access PrEP for HIV prevention? Why or why not?
2. Of the five technology products presented earlier, which do you think [priority population] are most likely to use to initiate PrEP (i.e., PlushCare, Nurx, e2PrEP, Healthvana, iTAB)? Please explain.
3. How could this technology product be used to improve PrEP adherence, engagement, and persistence among [priority population]? Please preface your response with the technology product that you chose (i.e., PlushCare, Nurx, e2PrEP, Healthvana, iTAB).
4. How might we tailor this technology product to better suit the needs of [priority population]? Please preface your response with the technology product that you chose (i.e., PlushCare, Nurx, e2PrEP, Healthvana, iTAB).

Prompt: These last set of questions are about the capacity of agencies to implement these different technology services and any challenges you anticipate in the process. For each question, we will begin by asking for feedback from the agency representatives in the room (e.g., CEO/ED, PrEP navigators, Medical Providers). Those who belong to the target population (i.e., consumers) will then get a chance to respond to the comments that are brought up.

5. What are the advantages of using digital technology to deliver PrEP to [priority population]?
6. What are the disadvantages of using digital technology to deliver PrEP to [priority population]?
7. What will be the biggest barriers to using digital technology to deliver PrEP to [priority population]?
8. How would the cost of the technology impact adoption within your agency?
 - a. PROBE: How would the cost impact adoption among the populations you serve?
9. Which of the five technology products presented earlier is the most feasible for your agency to implement (i.e., PlushCare, Nurx, e2PrEP, Healthvana, iTAB)?
10. How likely is your agency to want to adopt these different digital technologies?
11. What are the implementation needs of your agency to adopt this specific technology? Please preface your answer with the technology you have in mind.
 - b. PROBE: Staffing? Testing? Other structural or logistical barriers?
12. Finally, is there anything you want to say that you may not have had a chance to say earlier? This question is open to everyone in the room.

Debriefing Statement: *I would like to thank all of you for your participation. I also want to repeat that what you have shared here is confidential. No part of these conversations will include names, clinics, or other identifying information, particularly in any reports, displays, or other publicly accessible media coming from this consultation. Finally, I want to provide you all with a chance to ask any questions that you might have about this consultation. Do you have any questions?*