



# Feasibility, Acceptability, and Uptake of Remote PrEP Care in a Real-World Setting

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## Introduction

Pre-Exposure Prophylaxis (PrEP) can dramatically reduce HIV infections when taken consistently. However, disparities in PrEP uptake and continuation persist.

Logistical difficulties and substantial opportunity cost associated with quarterly medical visits can limit PrEP consistency, particularly for those with limited resources.

PrEP maintenance-in-care is burdensome as it currently requires quarterly follow-up visits for clinical and laboratory monitoring prior to prescription renewal, according to the U.S. CDC's guidance.

Remote PrEP follow-up visits may help mitigate structural and practical barriers to PrEP access and facilitate PrEP maintenance.

This study assessed feasibility, acceptability and uptake of remote PrEP care among clients, most of whom are Black and/or Latino MSM, in a real-world clinical setting in Miami-Dade County, Florida, in the United States.

## Methods

### Setting:

Participants were recruited from in the Rapid Access Wellness and Mobile PrEP Clinics of the University of Miami from February-December 2022. The Mobile PrEP Clinic is a customized clinic vehicle that travels to highly impacted neighborhoods in Miami-Dade to provide holistic, low-barrier PrEP and HIV prevention services. This includes assistance with transportation, general health screening and wellness, HIV and STD testing, all laboratory monitoring, and medication prescribing with patient-centered navigation and ongoing support by multilingual staff. The Rapid Access Wellness Clinic is the brick-and-mortar affiliated clinic located in the Allapattah neighborhood of Miami and offering the same services and support as the mobile program with the goal of promoting a comprehensive and non-stigmatizing approach to HIV care for underreached communities.

### Approach:

Study staff approached (n=225), screened (n=161), and enrolled (n=60) PrEP program clients at initial and follow-up PrEP visits.

Clients who agreed to screening completed a survey that included demographics, comfort-level with specimen self-collection and telehealth visits, ability to receive/send specimen collection kits by mail, and reasons they may or may not be interested in receiving PrEP care remotely.

Enrolled participants were those who elected to receive a specimen collection kit by mail and complete a telehealth visit in place of their next three quarterly follow-up visits.

Clients were not charged for any PrEP-related care (in-person or remote).

Descriptive statistics included mean and range for continuous variables and frequencies for categorical variables. Bivariate analyses were conducted in R and assessed the relationship between demographic characteristics and enrollment status.



## Results

Table 1. Clients Choosing Remote Care vs. In-Person Care

	Chose Remote Care (N=60)	Chose In Person Care (N=101)	Overall (N=161)	
<b>Age*</b>				<b>p = 0.01</b>
Mean (SD)	39.2 (9.84)	35.5 (9.26)	36.9 (9.62)	
Median [Min, Max]	37.5 [23.0, 73.0]	34.0 [22.0, 63.0]	35.0 [22.0, 73.0]	
<b>Race*</b>				<b>p = 0.02</b>
Black/ African American	2 (3.3%)	14 (13.9%)	16 (9.7%)	
More than One Race	6 (10.0%)	3 (3.0%)	9 (5.6%)	
Other	3 (5.0%)	12 (11.9%)	15 (9.3%)	
Prefer Not to Answer	1 (1.7%)	4 (4.0%)	5 (3.1%)	
White	48 (80.0%)	68 (67.3%)	116 (72.5%)	
<b>Sex Assigned at Birth</b>				<b>p = 0.9</b>
Male	59 (98.3%)	98 (97.0%)	157 (97.5%)	
Female	1 (1.7%)	3 (3.0%)	4 (2.5%)	
Intersex	0 (0%)	0 (0%)	0 (0%)	
Prefer Not to Answer	0 (0%)	0 (0%)	0 (0%)	
<b>Gender Identity</b>				<b>p = 0.9</b>
Female or Woman	1 (1.7%)	3 (3.0%)	4 (2.5%)	
Male or Man	59 (98.3%)	95 (94.1%)	154 (95.7%)	
My Gender is Not Included in the List/ Other	0 (0%)	1 (1.0%)	1 (0.6%)	
Prefer Not to Answer	0 (0%)	1 (1.0%)	1 (0.6%)	
Trans Female, Trans Woman, Transfeminine, Male-to-Female (MTF)	0 (0%)	1 (1.0%)	1 (0.6%)	
<b>Ethnicity</b>				<b>p = 0.9</b>
Hispanic/Latino	44 (73.3%)	71 (70.3%)	115 (71.4%)	
Non-Hispanic/Latino	16 (26.7%)	29 (28.7%)	45 (28.0%)	
Prefer Not to Answer	0 (0%)	1 (1.0%)	1 (0.6%)	
<b>Born in the U.S.</b>				<b>p = 0.31</b>
Yes	19 (31.7%)	25 (24.8%)	44 (27.3%)	
No	38 (63.3%)	74 (73.3%)	112 (69.6%)	
Prefer Not to Answer	3 (5.0%)	2 (2.0%)	5 (3.1%)	
<b>How comfortable would you feel completing a web-based health questionnaire?*</b>				<b>p &lt; 0.01</b>
Extremely uncomfortable	7 (11.7%)	22 (21.8%)	29 (18.0%)	
Somewhat uncomfortable	0 (0%)	10 (9.9%)	10 (6.2%)	
Neither comfortable nor uncomfortable	7 (11.7%)	19 (18.8%)	26 (16.1%)	
Somewhat comfortable	4 (6.7%)	11 (10.9%)	15 (9.3%)	
Extremely comfortable	42 (70.0%)	39 (38.6%)	81 (50.4%)	
<b>How comfortable would you be self-collecting laboratory specimens at home?*</b>				<b>p &lt; 0.01</b>
Extremely uncomfortable	26 (43.2%)	24 (23.8%)	50 (31.1%)	
Somewhat uncomfortable	4 (6.7%)	10 (9.9%)	14 (8.7%)	
Neither comfortable nor uncomfortable	4 (6.7%)	17 (16.8%)	21 (13.0%)	
Somewhat comfortable	1 (1.7%)	18 (17.8%)	19 (11.8%)	
Extremely comfortable	24 (40.0%)	24 (23.8%)	48 (29.8%)	
Missing	1 (1.7%)	8 (7.9%)	9 (5.6%)	
<b>Do you have an address where you could receive home-testing kits by mail?*</b>				<b>p = 0.21</b>
Yes	60 (100%)	89 (88.1%)	149 (92.5%)	
No	0 (0%)	11 (10.9%)	11 (6.9%)	
Missing	0 (0%)	1 (1.0%)	1 (0.6%)	
<b>Would you be willing to receive home-testing kits by mail?*</b>				<b>p &lt; 0.01</b>
Yes	58 (96.5%)	69 (68.3%)	127 (78.9%)	
No	2 (3.5%)	30 (29.7%)	32 (19.9%)	
Missing	0 (0%)	2 (2.0%)	2 (1.2%)	
<b>Would you be able to mail the home-testing kit back immediately once the specimens are collected?*</b>				<b>p &lt; 0.01</b>
Yes	60 (100.0%)	68 (67.3%)	128 (79.5%)	
No	0 (0%)	31 (30.7%)	31 (19.3%)	
Missing	0 (0%)	2 (2.0%)	2 (1.2%)	
<b>How interested would you be in completing some of your PrEP follow-up visits from home rather than coming to the clinic (On a scale ranging from 0 – 100, with 100 representing the highest interest)?*</b>				<b>p &lt; 0.01</b>
Mean (SD)	90.9 (18.9)	52.9 (35.9)	66.7 (35.8)	
Median [Min, Max]	100.0 [10, 100]	50.0 [0, 100]	80.0 [0, 100]	

## Conclusions

We demonstrate the feasibility and acceptability of remote visits for PrEP continuation among diverse clients served by a real-world clinic. This mechanism of PrEP delivery may be most appropriate for clients with few barriers to PrEP access and high desire for flexibility in PrEP care.

## References

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## Contact for Questions:

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- The majority of screened clients were white-Hispanic (72.5%) and Black (9.7%) and 98% were assigned male at birth.
- Most clients (62.7%) chose in-person care over remote PrEP continuation.
- Clients who chose in-person care reported less comfort completing an electronic health assessment and self-collecting specimens than those who chose remote care (p=0.02; p=0.04 respectively).
- Clients who were screened but did not choose remote PrEP continuation were less likely to have a stable address than those who chose remote care (p=0.04).
- Convenience was the most common reason reported for choosing remote care.
- Preference for human interaction and discomfort with self-collecting blood samples were commonly reported reasons for choosing to continue in-person care.