

# TelePrEP: Impact of Technology on PrEP Adherence and Follow-up Care

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### PROBLEM STATEMENT

- HIV is a worldwide epidemic with more than one million Americans currently living with HIV
- about 5000 new HIV cases per year in Florida
- PrEP was determined to be an effective method to reduce the incidence of new HIV cases
- PrEP requires quarterly clinic follow up
- it was identified that 40% of PrEP patients do not adhere to their scheduled follow up visit

### PROJECT PURPOSE

- The purpose of this project is to implement a more efficient framework for follow up by integrating electronic information and teleconferencing in contrast with the current follow-up which requires all in-person visits.
- The PICO question guiding this project is as follows: In patients at high risk for HIV infection who receive care at this project setting, does the use of technology and remote delivery of follow up visits increase the adherence and retention in care when compared with in-person visits?

### MODEL/NURSING THEORY

- QI to introduce the use of videoconferencing for remote delivery of care in order to facilitate access
- This project focuses on the Nola Pender disease prevention theory that promotes preventive behavior by ease of access and increase commitment.

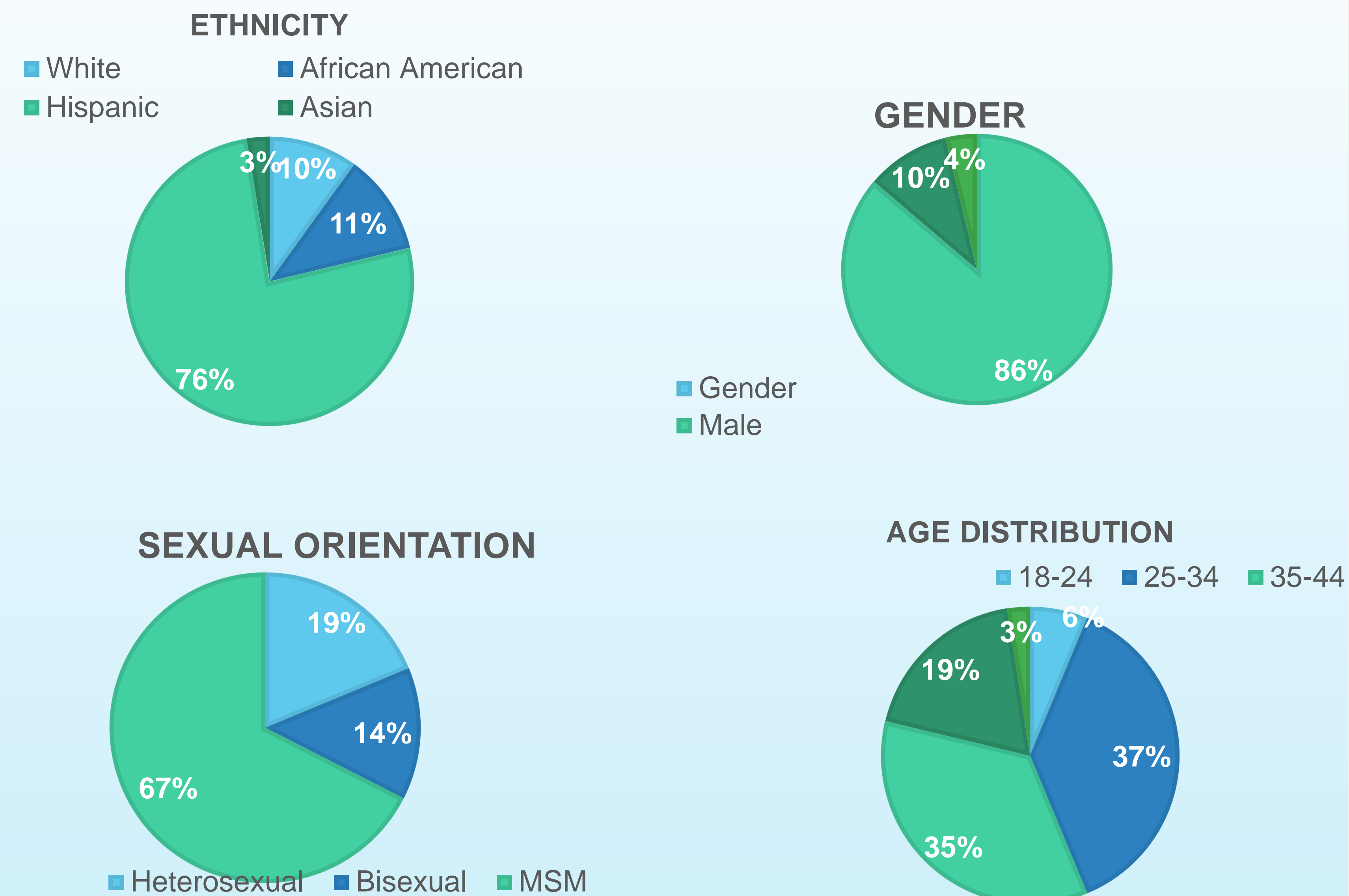
### METHODS

- **Subjects (Participants)**
  - A convenience sample of 80 participants
  - Voluntary participation
  - All PrEP patients that are due for quarterly follow-up visits
- **Setting: full-service STD/HIV clinic in South Florida**
- **Instruments/Tools**
  - Personal mobile device or computer with access to internet

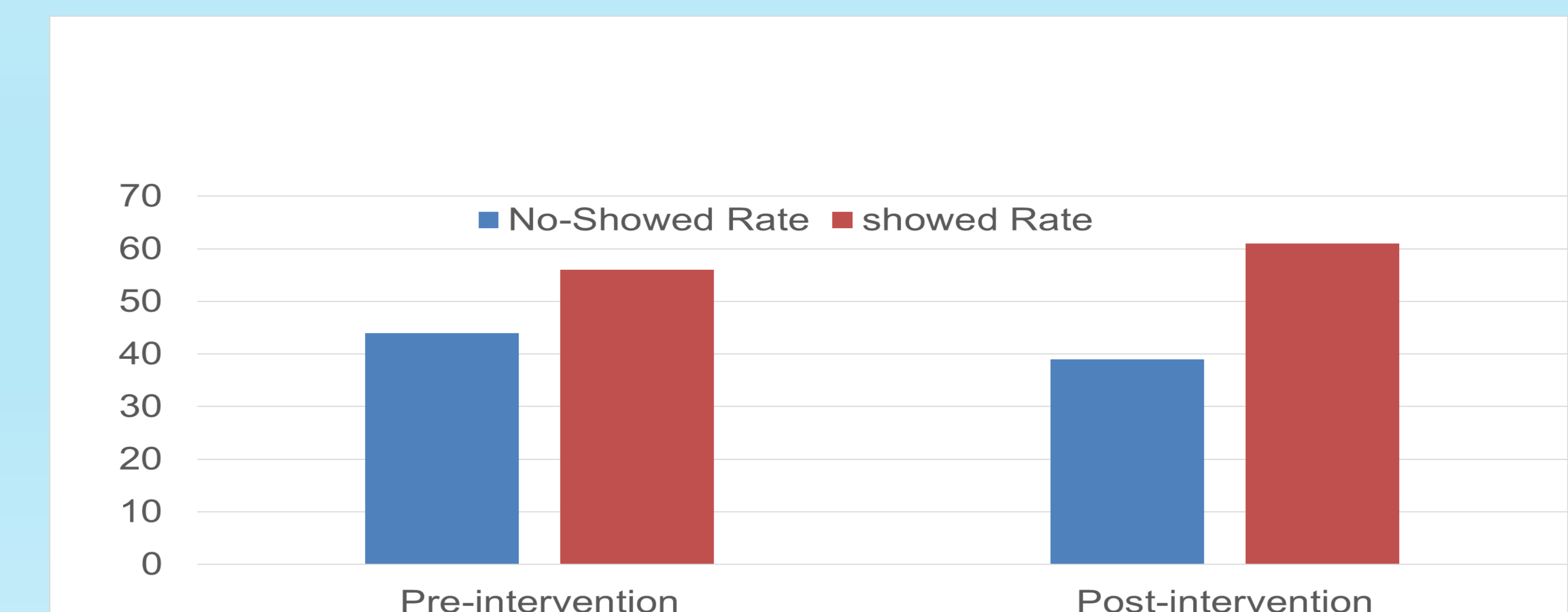
### Intervention and Data Collection

- Patients receiving PrEP are required to have follow up appointments every three months
- Participants were offered the option for the three-month follow up through video teleconferencing or through in-person follow up.
  - Participants are required to have lab work performed at least one week prior to the teleconferencing
  - Data were collected from July 2020 through October 2020
  - rate of participants that were scheduled for in-person visit against those that were scheduled for remote visit through telehealth were compared
  - The no-show rate versus the show rates compared

### RESULTS



	Pre-intervention (N=697)	Post-intervention (N=80)
Percentage NO-SHOWED	44% (305)	39% (31)
Percentage SHOWED	56% (392)	61% (49)



### DISCUSSION

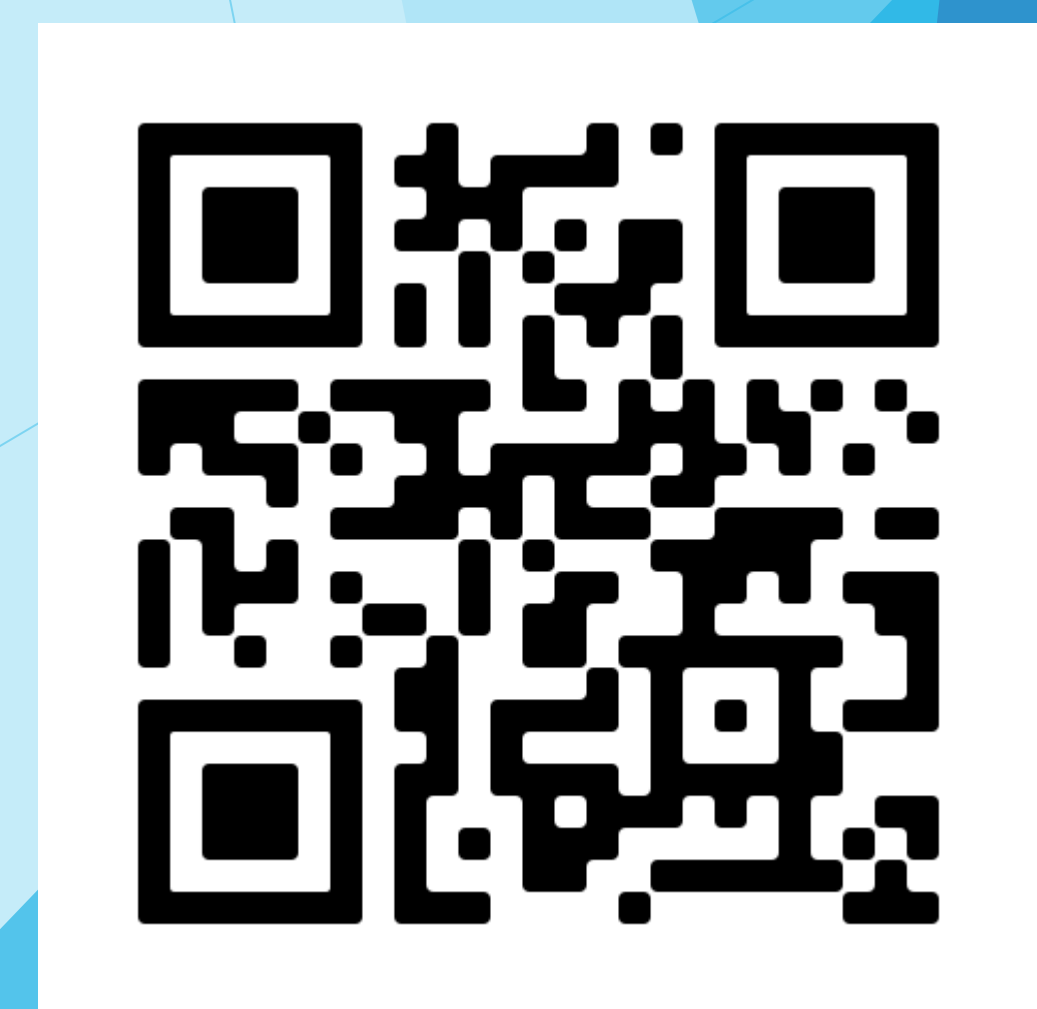
- **Providing remote access to follow up care will:**
- **Increase access and compliance**
- **A total of 80 of participants were scheduled to access the telePrEP**
- **39% did not showed up as compared to 44% of no show to the physical clinic presence.**
- **A chi square test was performed**
- **There is no significance difference between the videoconferencing and the in-person follow-up visit**

### IMPLICATIONS FOR ADVANCED PRACTICE NURSING:

- **Increased accessibility**
- **Improved monitoring**
- **Patient-centered care**

**SUSTAINABILITY:** The project will continued to be sustained after completion as the needs for social distancing and remote delivery of care continued to be a primary necessity for the institution and the community. The principles of TelePrEP is expected to continue to offer another effective option for the safe delivery of care throughout this pandemic and beyond to increase adherence to PrEP follow up.

### REFERENCES:



Providing follow-up care through videoconferencing was found not to be significant in reducing the no-show when compared to in-person follow up visits. Adherence was expected to increase enormously, however it can be attributed to the current state of the COVID pandemic that many of the participants could not get the required lab work done on time for the telehealth visit.