please PrEPme.org
Your Home For PrEP Access

PrEP and PEP Access Is Challenging: Changing the Paradigm with Online Navigation Services

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Background

In the U.S., uptake of pre-exposure prophylaxis (PrEP) for HIV prevention has been high among white, gay men in urban centers where access to PrEP is fostered by convenient and attractive clinical services supported by benefits navigation. Overall uptake of PrEP is lower than the CDC's estimated 1.1 million U.S. adults who could benefit[1], with an estimated 98,732 having started PrEP by the end of 2016[2].

Reasons for not using PrEP include:

- lack of PrEP awareness • denial of HIV risk • fear of high costs associated with PrEP care
- concerns about side effects • provider lack of knowledge/experience • provider judgment (real and perceived) • HIV-related stigma (real and perceived)

HIV-prevention education and health-benefits navigation are essential to ensure potential PrEP and post-exposure prophylaxis (PEP) users can access insurance coverage, state and local government PrEP services, and industry-sponsored services.

PleasePrEPMe.org launched in June 2015 initially as a California PrEP provider directory and is now an online hub for PrEP and PEP access in the U.S. Through three online programs, available in English and Spanish, PleasePrEPMe expands access to PrEP and PEP:

please PrEPme.org
DIRECTORY
Search for PrEP providers in your area. National PrEP provider directory In collaboration with PrEPLocator/NPIN.

please PrEPme.org
RESOURCES
Local HIV-prevention resources in English and Spanish for patients and providers in all 50 states. Dedicated HIV-prevention resource pages on PrEP, PEP, and U=U, as well as pages for potential PrEP users, providers, trans women, women, and youth.

please PrEPme.org
CONNECT
Helping Californians find PrEP/PEP services in their area through online chat, in English and Spanish.

Launched in April 2017, in collaboration with Project Inform and the Office of AIDS, California Department of Public Health.

Settings & Population

California lags behind the national average for decreases in new HIV diagnoses. From 2011–2016 the number of new diagnoses fell 5.2% nationally[3], while California dropped by half that number, at 2.6%[4,5]. Nationally, an estimated 1.4% of African Americans and 2.5% of Latinx Americans who could benefit from PrEP have filled a PrEP prescription, compared with 14% of White potential PrEP users[1].

Given research that Black and Latinx internet users are accessing online spaces at rates comparable to White internet users (87%, 88%, and 89% of adults, respectively[6]), the potential for narrowing the racial access gap by utilizing online PrEP outreach and education is high.

PleasePrEPMe:Connect seeks to reach potential PrEP/PEP users in California online to facilitate their access to PrEP/PEP.

PleasePrEPMe's online marketing and outreach (through collaborations, paid advertising, and social media, as well as organic referrals and searches) has focused on Black and Latinx men who have sex with men and transgender women in geographic areas with lower PrEP uptake and fewer PrEP resources.

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Poster available at: PleasePrEPMe.org/now

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PleasePrEPMe:Connect

PleasePrEPMe:Connect is an online chat service serving Californians and is staffed by navigators utilizing a sexual health coaching model (Figure 1).

Consumers in California are offered **proactive chat**: a communication window pops up after one second on the web page when a California IP address is recognized during regular hours of operation. When chat is offline, visitors can leave a message for PleasePrEPMe staff. The offline message option is visible 24/7 for visitors with non-California IP addresses. While chat is the primary method of online communication, PleasePrEPMe staff may also be contacted for navigation services via the website contact form, staff email, text, or social media.

Via the English and Spanish online chat, navigators help locate PEP/PrEP services through ***PleasePrEPMe:Directory***; respond to frequently asked questions with links to HIV-prevention resources, including those in ***PleasePrEPMe:Resources***; and support uninsured, insured, and undocumented visitors with benefits navigation. Hours of operation are Monday–Friday, 9 a.m.–5 p.m. Pacific Time.

Chats may be anonymous. Email, text, and telephone follow-up are offered to visitors to complete the navigation process, if contact information is shared.

Quality assurance protocols ensure high levels of clinical accuracy and our sexual health coaching model ensures excellent customer service throughout the chat process.
➔ These measures have led PleasePrEPMe navigators to become adept at looking for the "question behind the question," allowing the visitor to lead but providing them guidance, information, and resources.
➔ This often leads to more than one topic being discussed per chat interaction, and many more questions being answered than just the initial one that led the visitor to start chatting in the first place (Figure 2).
➔ Through follow-up surveys to those visitors who supply email addresses, barriers to PrEP and PEP access are assessed.

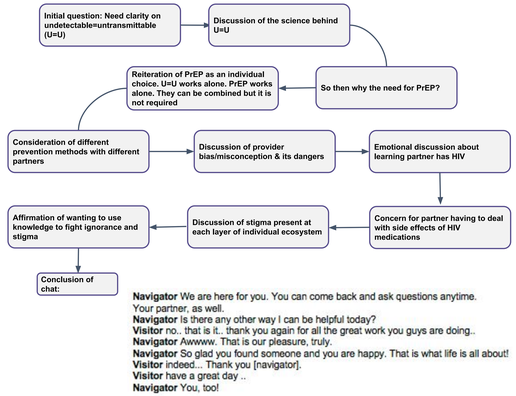

Figure 2: Condensed example of an actual chat flow, covering multiple topics

Results

In 2018, there were **91,710** visitors from across the United States to the PleasePrEPMe.org website (67% mobile, 27% desktop, 6% tablet). Web traffic varied from month to month, proportional to the level of in-kind and paid outreach.

➔ **39,000** visitors were offered proactive chat.

➔ **934** visitors engaged with ***PleasePrEPMe:Connect***.
→ **159** were inappropriate, irrelevant, or duplicate and coded as *non-Connects*.
→ **775** *Connects* are included in this analysis
→ Potential reasons website visitors may visit the website but not engage in chat:
- Found information through ***PleasePrEPMe:Directory*** or ***PleasePrEPMe:Resources***, not requiring additional assistance
- Not ready to further engage around HIV prevention
- Erroneously landed on the website through search results

➔ Visitors range in age (from 13–70+), level of PrEP/PEP knowledge, and complexity of navigation needs.
➔ Race/ethnicity data is not collected prospectively as chat users were reluctant to answer additional questions. Immediate follow up surveys are sent to any chat participant who provides an email address. 302 surveys sent, 30 completed for a 10% response rate. Indicating race/ethnicity is an optional question completed by 20 (removing duplicates):
→ 5% were African American or Black
→ 20% were Asian / South Asian / Pacific Islander
→ 30% were Latinx
→ 45% were White

➔ 95% of *Connects* were conducted in English; 5% were in Spanish.

Across all ***PleasePrEPMe:Connect*** platforms, navigation was provided via chat (**65%**), chat platform messages sent while offline (**9.8%**), email (**19%**), and text, phone call, or social media (**6.2%**).

➔ **60%** of ***PleasePrEPMe:Connect*** visitors are potential PrEP/PEP users; **33%** are clinic and community-based organization staff based throughout California who are seeking PleasePrEPMe's support about complicated cases or requests for resources. The remaining **7%** are clinicians.

➔ Topics covered include*:
→ Health systems and benefits navigation (**45%**)
→ PrEP basics (**35%**)
→ PEP, TasP/U=U (treatment as prevention/undetectable=untransmittable), and HIV 101 (**14%**)
→ Other items related to PleasePrEPMe e.g. directory updates (**18%**)
*More than one topic is often covered in a single session.

8% of visitors required navigation beyond the initial chat interaction, including PleasePrEPMe follow-up with clinics and additional research on behalf of the visitor.

➔ Major themes from these challenging cases included (not exhaustive):
→ Emergency PEP needs, including cases of sexual assault (**34%**)
→ Providing hyper-local lists of providers (**14%**)
→ Assistance with complex insurance needs, including Medicaid and Medi-Cal (**11%**)
→ Assistance locating trans- and hormone therapy–competent PrEP providers (**8%**)
→ Seeking global resources (**3%**)

➔Surveys are emailed immediately post-chat to every visitor who provides an email address (10% response rate, 30/302), 97% of survey respondents were likely/very likely to recommend PleasePrEPMe's services to a friend
➔ 28% of visitors (218/775) received a referral to a specific provider **and** provided their email address. These visitors received a 14-day follow-up survey (8% response rate, 17/218). Of those respondents, 38% had received a PrEP prescription.
➔ Of those who did NOT receive a prescription, reasons given include:
→ issues with insurance coverage
→ unsupportive primary care providers or unresponsive frontline staff
→ issues related to complexity of access

➔ Average chat duration: 12 min, 1 sec
→ Longest chat: 94 min

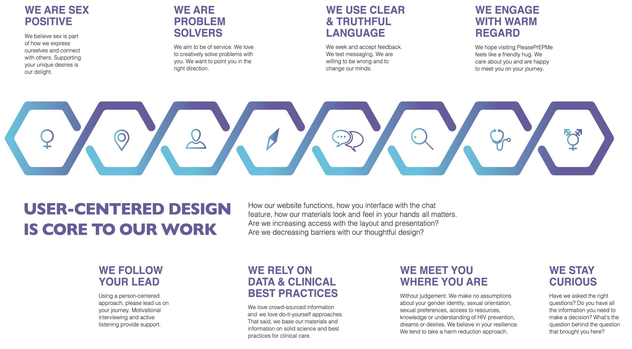

Figure 1: PleasePrEPMe sexual health coaching model shapes interactions with website visitors seeking online navigation assistance for PrEP and PEP

Conclusions & Next Steps

Analysis of PleasePrEPMe:Connect chat transcripts provides insight into the myriad challenges often faced by PrEP and PEP consumers in their attempts to access care. Further, it offers a window into how online spaces can act as an essential conduit of confidential, accurate information, which can often be inaccessible in the offline world due to geography, stigma, misinformation, or lack of resources.

The PleasePrEPMe:Connect chat experience demonstrates that compassionate yet practical health care navigation can occur in the digital world, providing the potential to reach those individuals as yet unserved by the health system. An online sexual health coaching model is successful at reaching a range of individuals, from those not already engaged in HIV-prevention care, to staff navigating PrEP and PEP clients through payment and insurance systems.

PrEP navigation conversations must necessarily include a comprehensive HIV- prevention approach including PEP, TasP/U=U, and HIV 101 to holistically serve the needs of visitors at all stages in the PrEP care continuum.

Paid advertising and partnerships with online and offline community leaders have been key to increasing website traffic. Further evaluation is needed to understand the service needs of the 2,000–32,000+ per month website visitors who do not engage in chat. Additional research evaluating online marketing and outreach are needed in order to understand how to best reach priority populations not well served by the current system of care and prevention.

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