Abstract
Introduction: The use of FTC/TAF was approved for PrEP by the FDA for men who have sex with men (MSM). People of color (POC) are disproportionately affected by HIV and less likely to use PrEP due to barriers to access. Telehealth approaches may reduce barriers and improve uptake of PrEP in the MSM population. **Methods**: We recruited MSM and transgender females who were HIV negative, 18 years and older, had not used PrEP for > 30 days in the last year and had internet access from three Vivent Health clinics (Denver, Milwaukee and St. Louis).We advertised the telehealth PrEP intervention over social media, in-person at LGBTQIA events, and in surrounding rural areas. Participants were consented via the internet or in person. HIV testing was done via oral swab, and PrEP was initiated during a telehealth visit, and FTC/TAF was sent to their homes. A 3-month follow-up telehealth visit was conducted. We describe demographics, retention at 3-months compare to historical controls who had initiated PrEP through routine care at these clinics using chi-square tests. An electronic Likert questionnaire was sent to study participants and staff. **Results:** Overall, 75 participants were recruited at the three sites: 30 in Denver (40.0%), 22 in Milwaukee (29.3%), and 23 in St. Louis (30.7%). Median age was 34 years (IQR 27,43) and 62 were male (82.7%), 4 were transgender female (5.3%), and 3 (4%) were nonbinary (male). 41 (54.7%) were non-Hispanic White, 12 (16.0%) were Black/African-American, 14 (18.7%) were Latino, and 6 (8.0%) were Asian. There were no HIV seroconversions among study participants; 48 (64.0%) completed their 3-month follow-up visit (44 [93.6%] virtual only, 1 [2.1%] in-person only, and 3 [6.3%] both). Demographics of those initiating PrEP were similar to historical controls. Almost 90% of study participants were satisfied with their telehealth visit and 100% would recommend telehealth visits. While 100% of staff would recommend telehealth, only 40% were satisfied with telehealth. **Conclusion:** PrEP initiation and follow-up via telehealth resulted in similar short-term persistence as routine in-person delivery but was not more successful in improving PrEP uptake among marginalized groups. Other modalities are needed to improve uptake of PrEP for POC.

P-296 Telehealth as a modality to improve the uptake of PrEP services in Black and Latino MSM

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Introduction: The use of FTC/TAF was approved for PrEP by the FDA for men who have sex with men (MSM)[1]. People of color (POC) are disproportionately affected by HIV and less likely to use PrEP due to barriers to access[2]. Telehealth approaches may reduce barriers and improve uptake of PrEP in the MSM population.

Methods:

We recruited MSM and transgender females who were:

- HIV negative
- 18 years and older
- No PrEP used for > 30 days in the last year
- Had internet access
- Recruited from three Vivent Health clinics
- Participants were consented via the internet or in-person.
- HIV testing was done via oral swab, FTC/TAF that was sent to their homes.
- 3-month follow-up telehealth visit was conducted.
- Participants were given 50 dollars after each visit.
- Historical controls from each clinic from the previous year
- All comparisons were made using chi-square tests.

Results:

- 161 electronic consents were sent out
- 17/92 signed consents did not attend their first visit
- 75 participants were recruited
  - 30 from Denver
  - 22 from Milwaukee
  - 23 from St. Louis
- See Tables 1a-d for demographics

Table 1a.

Overall			
	Historical Control n= 282	Intervention n=75	p-value
Age At Enrollment, median (IQR)	32 (27, 38)	34 (27, 43)	0.34
Age Category, n (%)			
18-25y	45 (16.0%)	13 (17.3%)	0.27
25-35y	136 (48.2%)	27 (36.0%)	
35-50y	69 (24.5%)	23 (30.7%)	
>50y	32 (11.3%)	12 (16.0%)	
Gender Identity, n (%)			
Male	262 (92.9%)	62 (82.7%)	0.028
Non-binary/genderqueer	2 (0.7%)	3 (4.0%)	
Transgender Female	6 (2.1%)	4 (5.3%)	
Other (male at birth)	12 (4.3%)	6 (8.0%)	
Race/Ethnicity, n (%)			
American Indian	4 (1.4%)	0 (0.0%)	0.47
Asian	12 (4.3%)	6 (8.0%)	
Black/African American	46 (16.3%)	12 (16.0%)	
Hispanic or Latino/a	44 (15.6%)	14 (18.7%)	
More than one race	6 (2.1%)	1 (1.3%)	
Non-Hispanic White	154 (54.6%)	41 (54.7%)	
Don't know	16 (5.7%)	1 (1.3%)	
Clinic, n (%)			
Denver	110 (39.0%)	30 (40.0%)	0.73
Milwaukee	73 (25.9%)	22 (29.3%)	
St. Louis	99 (35.1%)	23 (30.7%)	

Results:

- Table 2 presents the statistical evaluation between historical controls and study participants.

Table 2

	Historical Control			Intervention		
	Baseline n=282	Month 3 visit n=159	p-value	Baseline n=75	Month 3 visit n=48	p-value
Age At Enrollment, median (IQR)						
Age Category, n (%)	32 (27, 38) (n=282)	34 (28, 40) (n=159)	0.12	34 (27, 43) (n=75)	33 (26, 42.5) (n=48)	0.81
18-25y	45 (16.0%)	19 (11.9%)	0.38	13 (17.3%)	9 (18.8%)	0.99
25-35y	136 (48.2%)	71 (44.7%)		27 (36.0%)	18 (37.5%)	
35-50y	69 (24.5%)	49 (30.8%)		23 (30.7%)	14 (29.2%)	
>50y	32 (11.3%)	20 (12.6%)		12 (16.0%)	7 (14.6%)	
Gender Identity, n (%)						
Male	262 (92.9%)	157 (98.7%)	0.035	62 (82.7%)	41 (85.4%)	0.93
Non-binary/genderqueer	2 (0.7%)	1 (0.6%)		3 (4.0%)	1 (2.1%)	
Other/Unknown	12 (4.3%)	0 (0.0%)		6 (8.0%)	4 (8.3%)	
Transgender Female	6 (2.1%)	1 (0.6%)		4 (5.3%)	2 (4.2%)	
Sex Assigned at Birth, n (%)						
Male	282 (100.0%)	159 (100.0%)		75 (100.0%)	48 (100.0%)	
Race/Ethnicity, n (%)						
American Indian	4 (1.4%)	3 (1.9%)	0.89	0 (0.0%)	0 (0.0%)	0.96
Asian	12 (4.3%)	7 (4.4%)		6 (8.0%)	5 (10.4%)	
Black/African American	46 (16.3%)	19 (11.9%)		12 (16.0%)	7 (14.6%)	
Don't know	16 (5.7%)	10 (6.3%)		1 (1.3%)	1 (2.1%)	
Hispanic or Latino/a	44 (15.6%)	28 (17.6%)		14 (18.7%)	9 (18.8%)	
More than one race	6 (2.1%)	2 (1.3%)		1 (1.3%)	0 (0.0%)	
Non-Hispanic White	154 (54.6%)	90 (56.6%)		41 (54.7%)	26 (54.2%)	
Insurance Category, n (%)						
Private	76 (27.0%)	51 (32.1%)	0.41	6 (8%)	5 (10%)	0.68
Public	23 (8.2%)	11 (6.9%)		10 (13%)	6 (12%)	
Unknown	183 (64.9%)	97 (61.0%)		59 (79%)	37 (77%)	
Clinic, n (%)						
Denver	110 (39.0%)	76 (47.8%)	0.11	30 (40%)	19 (40%)	1.00
Milwaukee	73 (25.9%)	29 (18.2%)		22 (29%)	14 (29%)	
St. Louis	99 (35.1%)	54 (34.0%)		23 (31%)	15 (31%)	

Results:

- Table 3 presents STD results between controls and study participants.

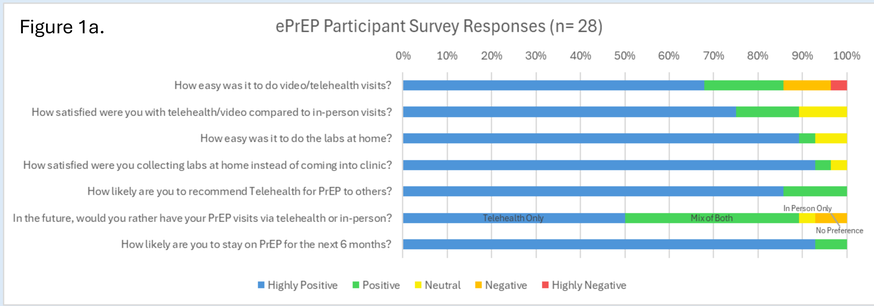
Table 3

	Level	Historical Control n=282	Intervention n=75	p-value
Any 3 month Visit, n (%)				
	No	123 (43.6%)	27 (36.0%)	0.23
	Yes	159 (56.4%)	48 (64.0%)	
Virtual 3 month Visit n (%)				
	No	281 (99.6%)	28 (37.3%)	<0.001
	Yes	1 (0.4%)	47 (62.7%)	
Baseline HIV Test n (%)				
	No	13 (4.6%)	0 (0.0%)	0.058
	Yes	269 (95.4%)	75 (100.0%)	
3 month HIV Test n (%)				
	No	131 (46.5%)	15 (20.0%)	<0.001
	Yes	151 (53.5%)	60 (80.0%)	
Baseline Test n (%) GC/Chlamydia				
	No	81 (28.7%)	67 (89.3%)	<0.001
	Yes	201 (71.3%)	8 (10.7%)	
3-month Gonorrhea/Chlamydia Test n (%)				
	No	157 (55.7%)	72 (96.0%)	<0.001
	Yes	125 (44.3%)	3 (4.0%)	
Baseline Syphilis Test n (%)				
	No	43 (15.2%)	66 (88.0%)	<0.001
	Yes	239 (84.8%)	9 (12.0%)	
3-month Syphilis Test n (%)				
	No	151 (53.5%)	70 (93.3%)	<0.001
	Yes	131 (46.5%)	5 (6.7%)	

Results continued:

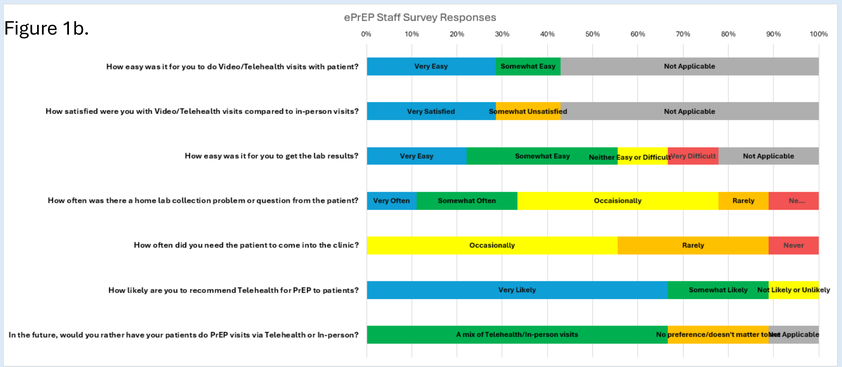
- No HIV conversion occurred on study.
- The demographics for the 3-month follow-up were the same as the historical controls and the study participants.
- The 3-month follow-up was 64% (48/75), and 94% was virtual.
- 10.6% of the participants' visits lost the OraQuick Test and it had to be resent.
- Partcipant Survey results see Figure 1a.
- 37.3% (28/75) response rate on participant survey

Figure 1a.



- 9/11 Study staff survey responses were recorded.
- Questions 1 and 2 are for providers only
- Staff survey results see Figure 1b.

Figure 1b.



Conclusion:

- The option of Telehealth did not increase the number of Black or Latino participants above historical controls, but did perform equally as well as the traditional in-person visit.
- 90% of respondents found telehealth to be a positive experience.
- Telehealth is one more option for this population.

References:
1. Emtricitabine and tenofovir alafenamide vs emtricitabine and tenofovir disoproxil fumarate for HIV. Mayer KH, Molina JM, Thompson MA, et al and Discover Study team Hare CB. Lancet. 2020 Jul 25;396(10246):239-254. PMID: 32711800
2. CDC HIV gov surveillance overview data and trends US statistics. (Feb 21, 2025) https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics accessed 10 June 2025

Funded by Gilead NOVA under GrantR: IN-US-412-6419
ClinicalTrials.gov #: NCT05529853
IRB Approval Advarra #Pro0006330

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