Background
Access to PrEP is often poor in small urban & rural areas due to:
• Long distances to PrEP providers
• Privacy concerns
• Provider Shortages

TelePrEP:
• Created to overcome these barriers
• Collaboration between the Iowa Department of Public Health (IDPH), University of Iowa (UI), and community representatives

Iowa TelePrEP is More Than Telemedicine

TelePrEP Service Area & Public Health Partners

Service Demographics
Age (yrs) Distribution

Race

Gender

Rural PrEP Barrier

TelePrEP Component

Guideline Adherence: Initial & Follow-Up Visits

<table>
<thead>
<tr>
<th>Lab Test</th>
<th>n</th>
<th>USPHS/CDC Guideline Recommendation</th>
<th>TelePrEP Adherence with Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>163</td>
<td>Baseline &amp; at least every 3 months</td>
<td>100%</td>
</tr>
<tr>
<td>Creatinine</td>
<td>107</td>
<td>Baseline &amp; at least every 6 months</td>
<td>92%</td>
</tr>
<tr>
<td>Sexually Transmitted Infections</td>
<td>107</td>
<td>Baseline &amp; at least every 6 months</td>
<td>92%</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>79</td>
<td>Baseline</td>
<td>82%</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>79</td>
<td>Baseline</td>
<td>86%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>7</td>
<td>Baseline &amp; every 3 months</td>
<td>100%</td>
</tr>
</tbody>
</table>

Methods
• PrEP continuum as framework
• Retrospective process evaluation (February 2017 – April 2018)
  • IDPH databases, UIHC medical records
• Measures
  • PrEP initiation & retention, guideline concordance, STI identification

Conclusions
• Using telemedicine, healthcare systems can partner with public health programs to create virtual PrEP delivery models in rural settings
• Public Health Partnerships
  • Enhance client identification
  • Ensure linkage to care for new STI diagnoses in telemedicine programs