



PARIS

FAST-TRACK CITIES 2024

13-15 October 2024 | Maison de la Mutualité, Paris

Piloting an alternate novel in-house and affordable self-testing model for clients accessing pre-exposure prophylaxis through telehealth to expand access to care in The United States

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Who we are?

- We are a partner to STD, Ryan White, FQHC and other 340B clinics in The United States empowering them to maximize 340b savings, automate compliance, and boost patient navigation.
- We do this with the help of our software, 340bwell – a custom technology platform build in close collaboration with sexual health clinics
- Our clients are clinics located in the states that have disproportionately high burden of HIV/AIDS such as Texas, Florida and Tennessee.

Telehealth for PrEP

- Telehealth is a great tool for those who do not live close to the clinic or do not wish to come to the clinic because of possible stigma
- It provides an alternate option and empowers both clients and clinics



But there are challenges with Telehealth for PrEP
in The United States...

Challenges

- Clinics use pre-assembled kits for diagnostic tests.
- Such kits are not covered by insurance and hence they are an added cost to clinic; making it even more difficult for those who are uninsured.

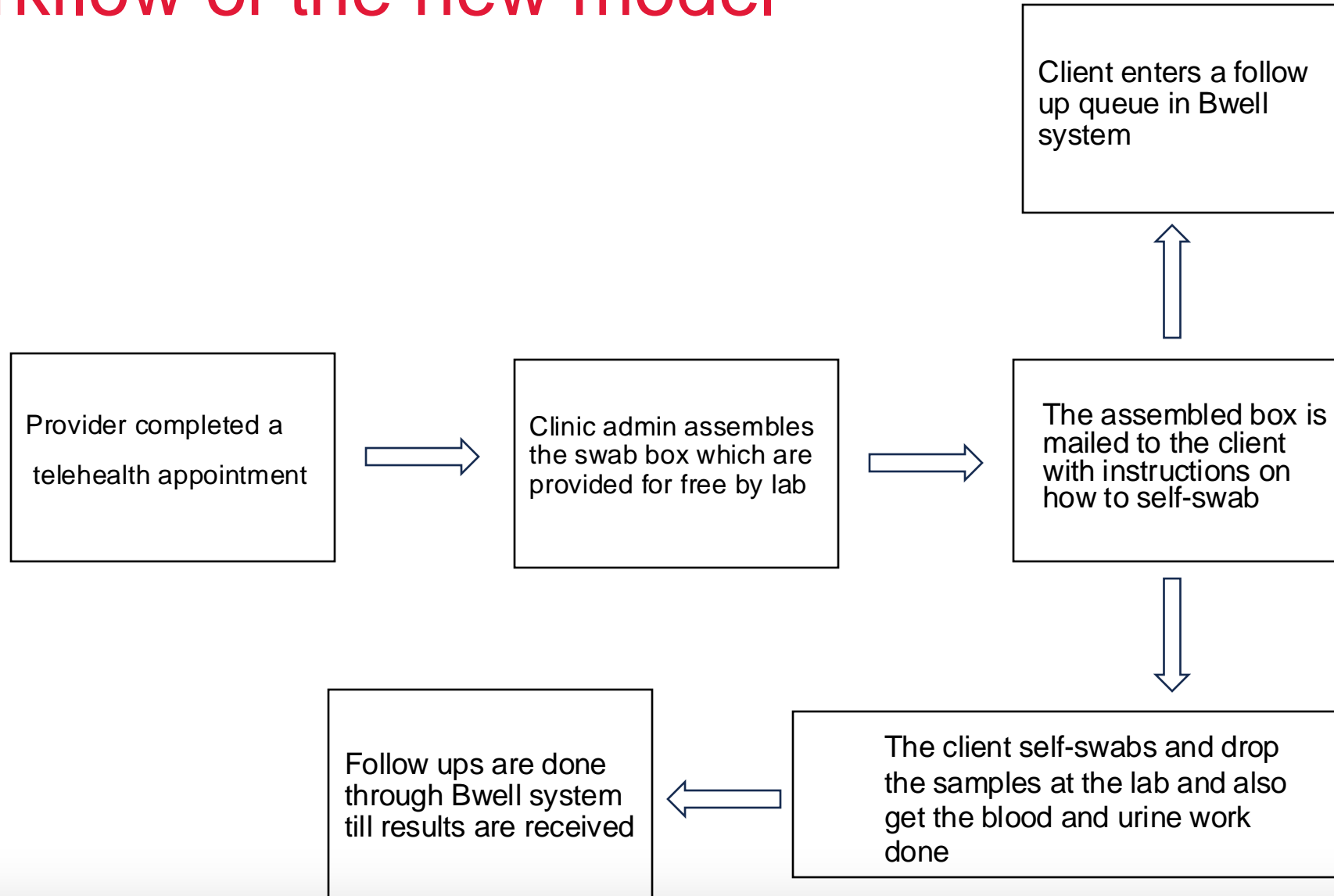


Solution

We aimed to solve this problem by creating a new telehealth model with a partner clinic serving Austin and Dallas in Texas

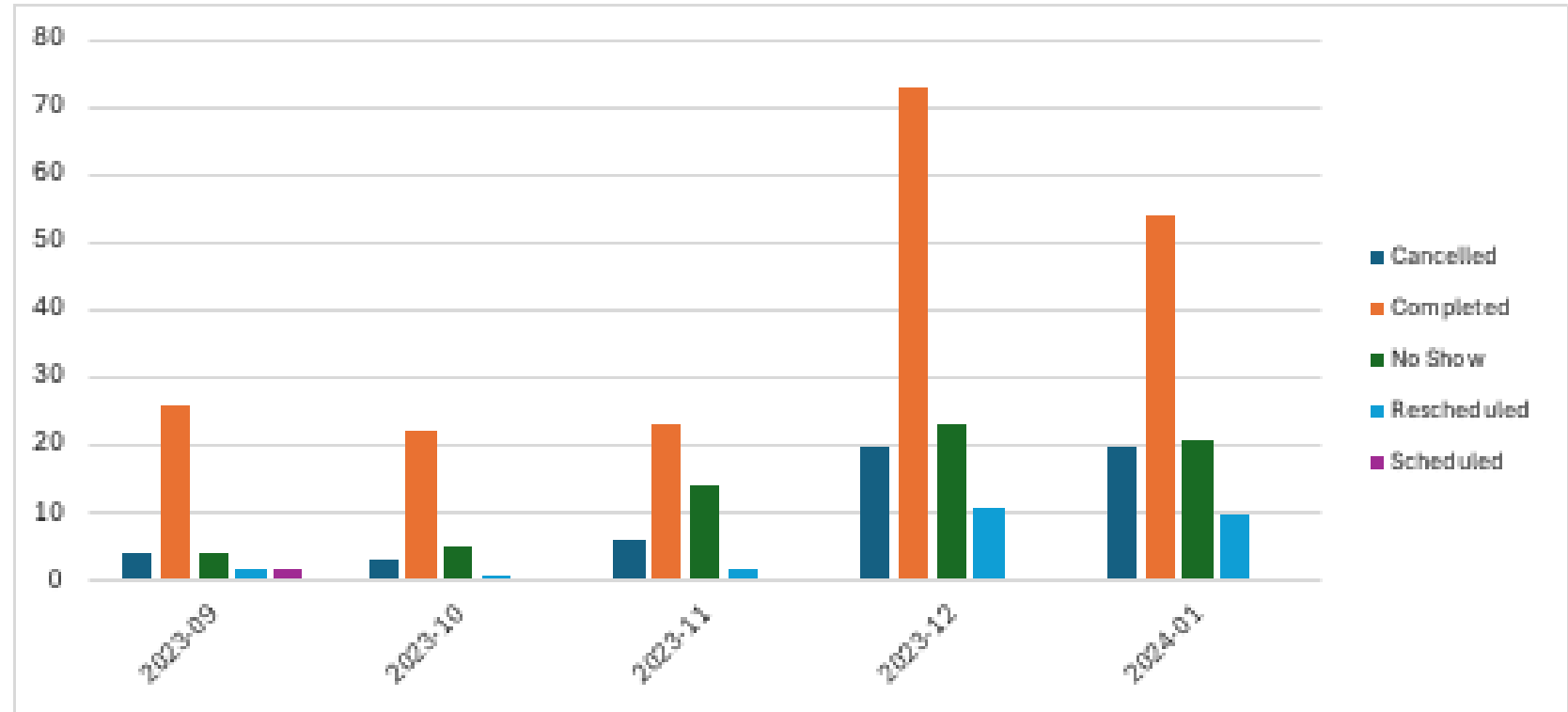


Workflow of the new model



Results

- We saw a significant growth in telehealth appointments
- The model was acceptable among both clients and providers



Challenges

- More coordination required between departments
- Clinic still had to bear shipping costs
- More follow ups were required to ensure clients would go and drop the samples

Advantages

- Significantly lower costs as compared to using pre-assembled kits
- Tighter monitoring with Bwell system since this was all developed and operationalized in-house
- Wider access to clients, ensuring those who most need it get access to it

Conclusion

The pilot provided proof of concept that it was feasible to re-organize telehealth approach to PrEP to make it cheaper and more accessible to vulnerable populations.

The scale up however posit managerial and coordination challenges that could be overcome with tight protocol and implementation set ups.



Thank you.

