

GEOGRAPHIC ACCESS TO PREEXPOSURE PROPHYLAXIS AND THE CASE FOR TELEMEDICINE

We read the article “Geographic Access to Preexposure Prophylaxis Clinics Among Men Who Have Sex With Men in the United States” by Siegler et al.¹ The research used the national HIV preexposure prophylaxis (PrEP) provider directory PrEP Locator and data from the US Census Bureau on county-level estimates of men who have sex with men and identified several geographic areas in the United States with limited access to PrEP.

The study made a compelling case for how geographic barrier is a critical determinant in the accessibility of PrEP use and why the PrEP Locator is a resource that should be continually supported as a crucial component in HIV prevention strategies. We echo Siegler et al.’s call for novel interventions to improve PrEP access in resource-dispersed communities. In the area of telemedicine, there have been several state-driven efforts to leverage technology to improve PrEP delivery, including Iowa’s TelePrEP program² as well as the PrEP Assistance Program from the California Department of Public Health.³ Commercial entities

such as Nurx and PlushCare⁴ also provide telemedicine for PrEP throughout the United States with few geographic limitations. The use of video messaging, telephone, or text messaging allows patients to consult with a PrEP-friendly provider privately and conveniently in their own home, an option that can increase access for those living in PrEP deserts. In addition, home-based collection test kits that allow patients to drop off samples or return specimens by mail may reduce the need for in-person laboratory visits. Similar models for electronic services in sexually transmitted infection testing and treatment have shown to be feasible and cost-effective,⁵ and early research on telemedicine for PrEP shows promise among young people, Black and Hispanic men who have sex with men, and those living in rural communities, with an encouraging level of initiation and six-month retention among users.⁶

The current bottleneck for the large-scale adaptability of telemedicine for PrEP is the financial costs associated with laboratory tests and physician appointments, which are often not covered by insurance and many government assistance programs.⁶ There should be a push for a centralized source of funding at the national level and a concrete investment in the prevention of HIV through increasing PrEP accessibility. Policy proposals that establish a federal grant toward that goal, such as the PrEP Assistance Program Act,⁷ offer a path to expand on the current effort in telemedicine and can maximize the effectiveness of PrEP by eliminating the effect of geography on access. **AJPH**

Keith Yiu Kei Wong, BA
Jeffrey D. Klausner, MD, MPH

ABOUT THE AUTHORS

Keith Yiu Kei Wong is with the David Geffen School of Medicine at University of California, Los Angeles. Jeffrey D. Klausner is with the Division of Infectious Diseases, Department of Medicine, University of California, Los Angeles.

Correspondence should be sent to Keith Yiu Kei Wong, BA, 10920 Wilshire Blvd, Suite 350, Los Angeles, CA 90024 (e-mail: yuwong@mednet.ucla.edu). Reprints can be ordered at <http://www.ajph.org> by clicking the “Reprints” link.

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CONTRIBUTORS

Both authors contributed equally to this letter.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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SIEGLER ET AL. RESPOND

We thank Wong and Klausner for their positive remarks regarding our research. We share their enthusiasm for telemedicine as a way to facilitate greater uptake of preexposure prophylaxis (PrEP) in low-access areas. In fact, we are currently conducting a clinical trial, as part of the Adolescent Medicine Trials Network for HIV/AIDS Interventions, to assess the effect of providing a telemedicine option on PrEP uptake and maintenance in care.^{1,2} Structured by a theory-based smartphone

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app, the intervention seeks to facilitate tailored access to PrEP care for adolescents in the rural US South. Separately, pilot testing of our home care system designed to supplement standard PrEP care found the approach to be both feasible and preferred by a majority of participants.³ These results are supported by a number of studies that found high interest in and acceptability of home care for PrEP.^{4,5}

We also agree with Wong and Klausner's assessment that the costs of laboratory testing and clinical care are a critical barrier to bringing telemedicine PrEP to scale, and we second their call to provide resources to support these efforts. One minor clarification: the authors note that telemedicine PrEP can "eliminate the impact of geography on access." Our data indicate that individuals are not necessarily skilled at identifying what might make them a good candidate for PrEP, with issues ranging from not understanding that sexually transmitted infections are an indication for PrEP to being overly optimistic regarding future condom use.⁶ If geographic access also influences access to clinicians or wraparound prevention services that guide individuals toward PrEP care when appropriate, then simply covering the financial burden of telemedicine PrEP will not fully resolve access disparities.

Last, we note that there is a remarkable diversity of interventions that address each level of the PrEP care continuum.⁷ Covering the cost of laboratory tests for telemedicine is one of many worthy investments. Given the rapidly changing provision of PrEP, development of a national PrEP surveillance system could provide critical data for ongoing evaluation. This might facilitate assessment of the overall value and impact of PrEP support interventions as they translate from research to program. **AJPH**

Aaron J. Siegler, PhD
Anna Bratcher, MPH
Kevin M. Weiss, MPH

ABOUT THE AUTHORS

Aaron J. Siegler is with the Department of Behavioral Sciences and Health Education, and Anna Bratcher and Kevin M. Weiss are with the Department of Epidemiology, Emory University, Atlanta, GA.

Correspondence should be sent to Aaron J. Siegler, Department of Behavioral Sciences and Health Education, Emory University, 1518 Clifton Rd, Atlanta, GA 30322 (e-mail: asiegler@emory.edu). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints" link.

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CONTRIBUTORS

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