

Concept Report

PEP Telemedicine Line – On Call Clinical Service Program

Purpose of the Proposed Request for Proposal (RFP)

In accordance with Section 3-16(j) of the New York City Procurement Policy Board (PPB) Rules, the New York City Department of Health and Mental Hygiene (“the Health Department ” or “the agency”) is issuing this Concept Report in advance of issuing a Request for Proposals for a new client services program. Specifically, the Health Department is planning to issue an RFP for the PEP Telemedicine Line – On Call Clinical Service Program.

Background

NYC’s HIV epidemic is characterized by a declining number of new HIV diagnoses and estimated incident HIV infections, a large population of people with HIV (PWH), and generally high engagement across the HIV care continuum. However, stark inequities persist in the burden of new diagnoses and clinical outcomes by race/ethnicity, gender, age, and neighborhood.

While New York City (NYC) continues to make headway toward its goals of ending the HIV epidemic, progress has recently slowed compared with previous years. In 2022, 1,624 people were newly diagnosed with HIV in NYC — a decrease of 1.3% from 2021.¹ In NYC, the HIV epidemic continues to predominantly impact men who have sex with men (MSM) and people of color. In 2022, among males, 62% of new HIV diagnoses occurred among MSM and 83% among Black and Hispanic males. Young males are also particularly impacted, with 38% of HIV diagnoses occurring in those under the age of 29.¹ Persistent inequities underscore the need to increase access to HIV prevention, testing, care, and treatment — particularly among Black and Latino/Hispanic communities — and to accelerate efforts to improve HIV-related outcomes for all New Yorkers.

The Health Department HIV response is rooted in three key strategic plans: a) the [NYC Ending the HIV Epidemic Plan](#) (NYC ETE Plan) implemented in 2015, b) the [NYC 2020: Ending the HIV Epidemic: A Plan for America Plan](#) (NYC 2020 EHE Plan) developed in 2020 and c) the [National HIV/AIDS Strategy \(2022-2025\)](#). These three strategic plans all heavily endorse the prevention of HIV by increasing access to effective biomedical prevention interventions including pre-exposure prophylaxis (PrEP), HIV emergency post-exposure prophylaxis (emergency PEP), condoms, harm reduction, and supportive services.

Ensuring adequate and timely access to emergency PEP is a key strategy to ending the HIV epidemic in NYC and decreasing the inequities that persist among new diagnoses. Exposure to HIV is a medical emergency because HIV establishes infection very quickly, often within 24 to 36 hours after exposure.² Emergency PEP is a safe and effective medicine that prevents HIV after a possible exposure to HIV. Emergency PEP should be started as soon as possible and not more than 72 hours after exposure. It is highly effective in preventing HIV when the pills are taken every day, as directed, for 28 days.³

[1] N.Y.C. Dep’t of Health & Mental Hygiene, HIV Surveillance Annual Report, 2012 (Dec. 1, 2023), available at <https://www.nyc.gov/assets/doh/downloads/pdf/dires/hiv-surveillance-annualreport-2022.pdf>

[2] Otten RA, Smith DK, Adams DR, et al. Efficacy of postexposure prophylaxis after intravaginal exposure of pig-tailed macaques to a human-derived retrovirus (human immunodeficiency virus type 2). *J Virol* 2000;74(20):9771–9775. [PMID: 11000253] <https://pubmed.ncbi.nlm.nih.gov/11000253>

[3] New York State Department of Health AIDS Institute (April 17, 2023). PEP to Prevent HIV Infection. <https://www.hivguidelines.org/guideline/hiv-pep/?mycollection=pep-prep>

Currently recommended emergency PEP drug combinations have demonstrated improved safety, tolerability⁴ and completion rates⁵ and fewer potential drug-drug interactions. Despite its effectiveness and importance in the HIV prevention toolkit, healthcare-related logistical and administrative issues oftentimes prevent individuals who would benefit from emergency PEP from accessing this critical intervention.

In accordance with the Health Department’s mission to protect and promote the health of all New Yorkers, the Division of Disease Control’s Bureau of Hepatitis, HIV & STI (BHHS) aims to support timely access to emergency PEP and appropriate linkage/care for emergency PEP-eligible New Yorkers. BHHS is seeking a clinical program that provides telehealth (access to medical providers) with the ability to maintain a network of clinical sites (including the Health Department -funded clinical providers) to support this biomedical prevention by providing emergency PEP services through the establishment and maintenance of a 24-hour PEP Telemedicine Line – On Call Clinical Service Program.

Note: The PEP Telemedicine Line (previously known as PEP Hotline) has been a critical piece of BHHS’s programming since 2017.⁶ Since its launch, the PEP Hotline has screened more than 12,000 callers and issued more than 8,000 emergency PEP prescriptions. The majority of new PEP Hotline clients identify as MSM, including Black and/or Latino MSM (unpublished data).

Program Goals and Objectives

The main goals of the PEP Telemedicine Line are to:

1. Provide round-the-clock, immediate access to initial emergency PEP medications (i.e., emergency PEP starter packs) free of charge for individuals presumed HIV-negative with a recent HIV exposure event;
2. Rapidly link presumably emergency PEP-eligible individuals to PEP providers in order to complete a medical assessment and to receive a full course of emergency PEP medications; and
3. Increase awareness and education of ongoing biomedical prevention strategies (e.g., PrEP and DoxyPEP) among emergency PEP-eligible patients.

The objectives are to make PEP more accessible for eligible individuals and to promote ongoing care, education, and prevention strategies. PEP starter packs must only be distributed through this program’s funding when efforts to obtain PEP medication through insurance, Patient Assistance Programs and/or other source of medication coverage are unsuccessful or are a barrier to emergency care.

Proposer Eligibility

Eligible proposers would:

[4] Mayer KH, Mimiaga MJ, Gelman M, Grasso C. Raltegravir, tenofovir DF, and emtricitabine for postexposure prophylaxis to prevent the sexual transmission of HIV: safety, tolerability, and adherence. *J Acquir Immune Defic Syndr*. 2012 ;59(4) :354-359. https://journals.lww.com/jaids/abstract/2012/04010/raltegravir_tenofovir_df_and_emtricitabine_for.6.aspx

[5] Tsai CC, Emau P, Follis KE, et al. Effectiveness of postinoculation ®-9-(2-phosphonylmethoxypropyl) adenine treatment for prevention of persistent simian immunodeficiency virus SIVmne infection depends critically on timing of initiation and duration of treatment. *J Virol* 1998;72(5):4265–4273. [PMID: 9557716] <https://pubmed.ncbi.nlm.nih.gov/9557716>

[6] Public Health Solutions on behalf of the Department of Health & Mental Hygiene Bureau of HIV/AIDS Prevention & Control. (March 23, 2016). *Ending the epidemic: NYC the Health Department responds to the New York State plan to end the epidemic*.

1. Currently provide clinical services in New York City.
2. Have an Article 28 license from the New York State Department of Health.
3. Have experience providing PEP for non-occupational exposures to PEP-eligible individuals through telemedicine.
4. Have extensive experience collaborating with other organizations (either CBOs or clinic sites) through Linkage Agreements (LA) / Memoranda of Understanding (MOU) / Memoranda of Agreement (MOA).
5. Have experience providing medication through a virtual patient-provider-pharmacy arrangement where the initial triage and prescribing occur by telephone and the clinical site has a business agreement with a pharmacy allowing for medication to be dispensed and billed to a specific funding source.

Proposed Service Model

Since exposure to HIV is a medical emergency, the PEP Telemedicine Line provides access to emergency PEP medication starter packs (average ~ 3 days), free of charge, to people who report a recent exposure to HIV. The proposed service model provides 24/7 access to the PEP Telemedicine Line - On Call Clinical Service Program by linking to clinical care during business hour operations and the provision of telemedicine during clinical after-hours.

The Health Department anticipates that the Contractor would be expected to meet the following program requirements:

- Create and maintain a PEP specific phone number accessible 24 hours/7 days a week (24/7), which would comply with the Health Department IT and New York City Office of Technology Innovation (OTI) requirements and be able to:
 - o Receive approximately 2,000 inbound calls per year and place outbound calls locally and nationally to do the following: confirmation of emergency PEP prescription pick up, PEP medical provider linkage appointment support, confirmation of attendance of linkage appointment;
 - o Search for and find calls/communications based on parameters such as call time, phone number, program staff member, etc. and generate detailed reports and data exports/extracts of call activities, as requested;
 - o Transfer calls, as needed, to another call center and other partner organizations (i.e., 911, Poison Control, 311); and
 - o Maintain detailed call records in accordance with the standards which would be set out in the City's boilerplate contract, also referred to as General Provisions Governing Contracts For Consultants, Professional, Technical, Human And Client Services.
- Employ program staff, including navigators and medical providers who can: answer the PEP Telemedicine Line phone calls; assess patient eligibility (as job title allows); prescribe emergency PEP medications (as job title allows); provide patient follow up, navigation and linkage to care; update data and reporting information; conduct social media activities for promotion; and follow up with pharmacies and maintain relationships to ensure coverage. The Telemedicine Line must have medical providers available who can provide PEP eligibility assessments and prescribe emergency PEP medications outside of clinic business hours of operation including evenings, weekends and holidays.

- **If a client calls the PEP Telemedicine Line during clinical business hours of operation:** PEP Telemedicine Line staff member would assess for emergency PEP eligibility, including:
 - Conducting an emergency PEP assessment (per NYS guidelines) and determining emergency PEP eligibility.
 - Gathering client contact information, insurance status and needs.
 - Scheduling an emergency medical visit or walk-in at the most appropriate clinic (either with the Contractor's clinic or another partnership clinic).
 - Once the client arrives in the clinic, if emergency PEP is warranted, a stop-the-clock PEP dose and/or starter pack must be dispensed, and the medical visit should occur, regardless of the patient insurance status, ensuring access to the remainder of the emergency PEP regimen.
 - If not possible to make a same day appointment, a starter pack can be prescribed until the patient is able to be linked to clinical care for full medical assessment and emergency PEP medications.

- **If a client calls the PEP Telemedicine Line outside of clinic business hour operations (i.e., evenings, weekends or holidays):** PEP Telemedicine Line program must ensure that staff members assess for emergency PEP eligibility and conduct the following activities:
 - Conduct an emergency PEP assessment (per NYS guidelines) and determine emergency PEP eligibility.
 - Gather client contact information, insurance status, and needs.
 - Call in a free prescription for starter pack (average ~ 3 days), which is ready for the client to pick-up within 30-60 minutes.
 - Provide the client with a direct phone number for follow-up emergency PEP services during the next business day with program staff.
 - Alert both the pharmacy and the patient navigator of the client's expedited prescription and linkage needs.
 - The next business day, there should be a follow-up linkage facilitation conducted via phone to confirm that the client picked up the emergency PEP starter pack at the pharmacy (if a client fails to pick up the starter-pack, the client should receive a referral to a clinic for immediate emergency PEP services).
 - Make an appointment at the most appropriate location/provider for continuity of emergency PEP medications and services.
 - Within one business day, and not more than 72 hours following receipt of an emergency PEP starter pack, a patient navigator should confirm that the client linked to clinical care and received services such as a full medical assessment and prescription for the remainder of their emergency PEP medications .

To meet the above program requirements, the Health Department anticipates that the contractor would also:

- Establish an appropriate network of Linkage Agreements, Memoranda of Understanding, or Memoranda of Agreement with clinics in NYC that have experience providing emergency PEP, to refer PEP Telemedicine Line clients for linkage to same day emergency PEP medication services or for continuity of emergency PEP medication and medical services for those who received a starter pack.
- Establish a protocol for internal referral from PEP Telemedicine Line to clinical services managed by Contractor, if applicable.

- Establish business agreements with commercial pharmacies that have 24-hour or extended business hours for the provision of emergency PEP starter pack medication AND agreement that PEP Telemedicine Line program staff and pharmacy will communicate with one another to coordinate client's collection of emergency PEP starter-packs.
- Deliver all services in a culturally competent and sensitive manner, taking low health literacy into account, including ensuring services available in Spanish (required) and other languages as necessary.
- Develop a social media and outreach plan to promote the existence of the PEP Telemedicine Line.

Client Eligibility

Client must be located in NYC at the time of the call and be able to access a NYC pharmacy location for the starter pack medication.

Reporting Requirements

The Contractor would be expected to ensure all client information is stored securely in compliance with rules and regulations governing the Health Department requirements to protect patient privacy and health information as well as data security requirements. Contractor may be required to provide documentation to show proof of compliance with the Health Department IT and New York City Office of Technology Innovation (OTI) requirements.

The Health Department anticipates that the Contractor will report client and service data in Electronic System for HIV/AIDS Reporting and Evaluation, the Health Department's data collection system (eSHARE) and/or any other reporting system as required by the Health Department. The Health Department may also require the Contractor to report staff trainings and social media outreach into the reporting system specified by the agency.

Proposed Term of the Contract(s)

The Health Department anticipates that the term of the contract resulting from this RFP will up to 6 years in duration, contingent on the availability of funding. As of the release date of this Concept Report, the anticipated contract start date is July 1, 2026.

Proposed Procurement Timeline

The proposed RFP would be issued through the PASSPort system, and proposals will only be accepted through PASSPort. It is anticipated that the RFP issuance date will be Summer 2025, with proposals due 45-60 after the RFP issuance date, and an anticipated award decision in late Fall 2025.

Planned Method of Evaluating Proposals

The Health Department anticipates that proposals will be evaluated based on: the extent to which proposers demonstrate relevant organizational experience; the proposed approach to the scope of services; the proposed approach to data management, monitoring and reporting; demonstration of organizational capacity and qualifications; and the proposed approach to budget management.

Funding Information

The Health Department anticipates awarding one contract from the RFP. The Health Department estimates that the annual value of the contract will be \$750,000 subject to funding availability.

Use of PASSPort and Prequalification.

To respond to this future RFP and all other Human/Client Services RFPs, organizations must have an account and an approved HHS Accelerator Prequalification status in PASSPort. Prequalification (PQL) applications and

proposals in response to the future RFP will ONLY be accepted through PASSPort. If you do not have a PASSPort account or approved PASSPort HHS Accelerator Prequalification application, please visit nyc.gov/passport to get started. If you have any questions about your HHS Accelerator PQL status or for assistance with creating a PASSPort account, please go to nyc.gov/mocshelp and use the MOCS Service Desk for click here for a direct link: <https://mocssupport.atlassian.net/servicedesk/customer/portal/8>.

Provider Conference

The Health Department will hold a virtual meeting for interested providers on October 2, 2024, at 2:00pm. The purpose of this meeting is for The Health Department to obtain feedback and input from the provider community relating to the content of this Concept Report.

If you plan to attend this meeting, please email RFI@health.nyc.gov with the attendee(s) name and email address(es); include **PEP Telehealth Provider RSVP** in the subject line.

Contact Information /Deadline for Questions/Comments

Written comments on this Concept Report are invited by November 8, 2024. Please email RFI@health.nyc.gov and indicate **PEP Telehealth CP Comments** in the subject line of the email. Alternatively, you may submit comments via the City’s digital procurement system, PASSPort (<https://www.nyc.gov/site/mocs/passport/about-passport.page>).