NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Commissioner

PEP Telemedicine Line Concept Paper
Summary of Provider Conference

The NYC Department of Health and Mental Hygiene (the Health Department) held a virtual provider conference on October 2, 2024, from 2 p.m. – 3 p.m. for the PEP Telemedicine Line – On Call Clinical Service Program Concept Paper. The questions presented are listed below along with the comments and feedback received from the 10 attendees during the Provider Conference.

The concept paper remains open for written comments, which can be submitted to RFP@health.nyc.gov with "PEP Telehealth CP Comments" in the subject line until November 8, 2024 at 5 p.m. The Health Department presented the following questions to the providers in attendance:

1. Thinking about the proposed service model, are there any specific barriers in:
    a. Establishing partnerships with commercial pharmacies to provide emergency PEP medication starter packs by telemedicine that adhere to program expectations (i.e., having medication ready within an hour, having extended hours or open 24-hours, having the ability to not charge the client for medications and coordinating payment with the funded agency, having the ability to confirm medication pick-ups to the funded agency)?
    b. Establishing linkage agreements or MOUs with clinical sites to provide a full course of emergency PEP medication to clients that adhere to program expectations (i.e., having same-day or timely appointments available, having the ability to confirm to the funded agency if clients attended linkage appointments and were dispensed a full course of PEP medication)
    c. Connecting and following up with the client directly to ensure receipt of the emergency PEP starter-pack medications in a timely manner, and that client has connected with a clinical site for further emergency PEP-related care.
2. What patient satisfaction/quality control mechanisms (e.g. use of Press Ganeys or client experience surveys) would be feasible to implement alongside the PEP Telemedicine Initiative?
3. What specific barriers might your agency face in increasing awareness and education of ongoing biomedical prevention strategies (e.g. PrEP and DoxyPEP) among emergency PEP-eligible patients?
4. What do you think is missing from this concept paper?

Responses/Questions/Comments/Concerns from the Providers in attendance
All language in the posted comments is reflective of the commenter's word choice and is not reflective of the Health Department's beliefs and preferences.

Barriers

- Finding and establishing partnerships with pharmacies that are open 24 hours would be difficult, especially pharmacies located in different boroughs. We would look for Health Department assistance to identify these pharmacies and establish a connection with them.

- Foresee issues finding 24-hour pharmacies in outer boroughs as well as asking pharmacies to break the bottle to prescribe starter pack doses. Medication usually comes in a bottle containing approximately 30 days of medication, but starter pack doses are less than 30 days. Pharmacies might have an issue with the medication going bad if a bottle is opened and there is not enough volume to use up the bottle in a timely manner. Would like Health Department assistance with facilitating this.

- There is news that Truvada may be taken off the Advancing Access list possibly as early as December. For patients without insurance, navigation and ensuring patients receive the full emergency PEP regimen after receiving a starter pack will be difficult if the assistance program is not available. Using the medication Descovy for emergency PEP is not in the PEP guidelines, this could be an issue going forward.

- Don't foresee any barriers to linking patients to clinical sites for a full course of PEP medication because we do this every day. The biggest barrier would be the follow-up to confirm if a client received the starter pack medication and were able to stop the clock. If they don't come to the clinic or to their appointment or respond to our outreach, we would need to be staffed enough to devote time to conduct different outreach strategies and really engage with clients to link them.

- We try to reach patients by phone and have about 3 follow-up attempts or more to confirm they get their medication or go to a clinic. If we can't get in contact with patients, we try to call the clinical sites to get confirmation from them, but our contacts at the clinical sites are always evolving. It would be helpful to have a database with updated contact information for clinical sites.

- The concept paper says that clients that are located within the five boroughs at the time of the call are eligible, what resources can the prescriber route clients who are located outside the five boroughs to?

    - Mount Sinai runs the New York State PEP Hotline so you can refer patients who are outside the five boroughs to us there. We navigate clients outside of New York City to get a full course of medication and a follow up clinical visit.

- For individuals who are uninsured and utilize the Gilead assistance program and don't make the transition to PrEP but then need subsequent assistance again with PEP, we sometimes face barriers in getting the full regimen covered. It would be great to get guidance on this issue or have it addressed in the RFP.

Patient Experience

- For institutions that have EMRs (Electronic Medical Records) like EPIC, a questionnaire can be sent to a patient via the patient portal to ask them for feedback. This can be administered after services are rendered.

- We currently get feedback from Press Ganeys and other program satisfaction surveys (i.e., Medallia)

- The biggest barrier to a patient experience survey would be the anonymous factor. Not all patients who use the hotline will be seen at the clinic providing them telemedicine care. A Press Ganey survey will only work if someone goes to a clinic, it does not get activated by telemedicine care. If they are connected to a clinical service, we need to make sure the feedback is anonymous. I think the Health Department should provide the survey and the results should go straight to them. It should also be devoid of the patient's personal information so that it remains anonymous and patients feel comfortable providing feedback.

Prevention Education

- We still have some barriers providing biomedical prevention education and information to the communities that need it most. For example, people who identify as Hispanic are disproportionately impacted by HIV and are at risk based on the data that is in the Concept Paper, so getting them that information will probably be the biggest barrier for the agency in providing education.

- Utilizing the PEP telemedicine hotline is all self-driven and based on health literacy and knowing that "I can take PEP medication to prevent HIV after the condom broke," so this is still a barrier. We need to figure out strategies to provide education to these communities in order to educate them on the availability of PEP on the hotline and in the clinics to prevent them from getting HIV.

- We have been excited and interested in seeing when the NYC Health Department public health campaign, which includes PEP, comes out.

- There are no barriers to providing the education to patients who call the telemedicine line aside from language barriers. We use a language line for folks that don't speak English or Spanish but some of the colloquial components of the translation get lost for patients.

- Some patients might be visual learners so may need other resources that they can read over. This could be another way that we can provide the education.

- Another barrier to providing education might be staff time. Sometimes patients are calling nonstop and it is difficult to take 30-45 minutes to educate patients when we have other patients who are also in need. We have been using the New York State HIV/STI/HCV Hotline, the H-line, to supplement the educational component for callers.

- The quality of the telephone connection could also be a barrier to providing education. If patients are calling from outdoors, or if there is a lot of background noise, or if they are not in a private place, they may not be able to answer questions or talk in-depth with the provider. A texting feature might be helpful to provide supplemental information like education and appointment reminders. A verbal conversation would still need to happen to determine eligibility.

Miscellaneous

No comments were provided by attendees for this question.