

# Changing the model: PrEP delivery – nurse led telehealth in a metropolitan sexual health service

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## Background:

Innovative models in HIV PrEP delivery are required to reduce the burden on clinical services and provide convenience and access for clients. A nurse-led telehealth PrEP clinic (“TelePrEP”) with free multi-modal testing pathway has been developed at Sydney Sexual Health Centre (SSHC). These include Xpress (in person clinic-based testing), a[TEST] (in person community outreach testing), and the novel MyCheck (online testing platform allowing clients to test via local pathology providers).

## Methods:

We conducted a retrospective electronic medical record review of TelePrEP consultations at SSHC. We collected demographic information, STI/HIV testing modality and positivity, and adherence to national guidelines.

## Results:

Between August 2022-April 2023, 440 clients were reviewed via the TelePrEP clinic. 99% were cis gender male and median age was 31 years (IQR 23-39). 87% were born overseas and 75% were Medicare ineligible. 46% reported <50% condom use.

Out of 468 booked TelePrEP appointments, 83% attended, 9% “did not attend” and 8% cancelled. 49% of these cancellations were due to a change to a face-to-face appointment for STI treatment. PrEP was newly initiated in 48% of appointments.

Pre-appointment STI/HIV testing were conducted via the following pathways: 57% via a[TEST], 33% via Xpress & 10% via MyCheck. In total, 37 PrEP reviews were conducted entirely remotely without in-person visits (MyCheck followed by TelePrEP).

There was high adherence to national guidelines for STI/HIV testing. Testing identified 110 cases of STIs in 79 clients: 48% gonorrhoea, 45% chlamydia and 5% infectious syphilis. Additionally, there were 2 HIV diagnoses and 1 chronic hepatitis B diagnosis.

## Conclusion:

Our experience demonstrates the feasibility of PrEP testing and provision via a remote model of care overcoming issues of accessibility for high proportions of people including those who are Medicare ineligible. Additionally, this model reduces the pressure on overburdened services to improve access for clients requiring in-person visits.

## Disclosure of Interest Statement:

None