Text Messaging is Associated with Improved Retention in a Clinic-based PrEP Program

Christine M. Khosropour1, Richard T. Lester2, Matthew R. Golden1,2,4, Julia C. Dombrowski1,2,4

Departments of 1Epidemiology and 2Medicine at the University of Washington, Seattle, WA, USA, 3Department of Medicine, University of British Columbia, Vancouver, BC, Canada, and 4Public Health – Seattle & King County, Seattle, WA, USA

*R. Lester is the Chief Scientific Officer at WelTel Inc.

#964

Patients aged <24 years were more likely to opt-in to the SMS program than those >25 (88%

DATA ANALYSIS:

PrEP DIS (Cheryl Malinksi and Glorya Afful); PrEP database manager (Jon Diemer); WelTel el Support Staff (Victor Silva, Oscar Correa, Gabrielle Sarafian)

PrEP CLINIC:

Association between enrollment in the SMS program and retention in the PrEP clinic

In clinic-based pre-exposure prophylaxis (PrEP) programs, SMS programs have the potential to improve retention in PrEP care

METHODS

PrEP DIS: The municipal STD clinic in Seattle, WA provides PrEP to patients at high risk for HIV

PrEP patients return to the clinic quarterly for clinical follow-up and monitoring

Patients are considered “dropped” from the clinic (i.e. cease to receive PrEP from the clinic) if they notify the clinic that they are discontinuing PrEP or if they fail to attend a follow-up appointment and do not respond to a call, text message, or letter

SMS (TEXT MESSAGE) PROGRAM:

The SMS program (provided by WelTel) was designed to enhance retention to follow-up PrEP clinic appointments and to improve adherence to PrEP

The SMS program began in September 2015 and includes 3 components:

1) Automated weekly [now monthly] “check-in” messages
2) Automated appointment reminders
3) Bi-directional open communication with DIS

Incoming SMS are monitored during clinic hours by two DIS who coordinate the PrEP clinic

Opted-in to SMS

Bi-Directional Open Communication with DIS

Patients requested health information

Patients asked if they can be reached

Check-in prompts patient to inquire about medical issue

DIS alerts clinic to contact patient

Computer screen shot examples of SMS conversations between PrEP patients and DIS

Automated Weekly [now Monthly] Check-in Message

Standard message generated automatically by the system

.txt

Automated Appointment Reminders

Patient requests change in appointment time

Patient alerts staff that s/he will be late

DIS alerts clinician to contact patient

Error! Bookmark not defined.

Characteristics of PrEP Patients, by Enrollment in the SMS Program*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total (N = 324)</th>
<th>Opted to SMS (N = 218)</th>
<th>Did not opt-in to SMS (N = 106)</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>67 (21)</td>
<td>39 (88)</td>
<td>28 (12)</td>
<td>0.04</td>
</tr>
<tr>
<td>25-29</td>
<td>84 (31)</td>
<td>65 (77)</td>
<td>19 (23)</td>
<td></td>
</tr>
<tr>
<td>30-34</td>
<td>60 (22)</td>
<td>46 (77)</td>
<td>14 (23)</td>
<td></td>
</tr>
<tr>
<td>35-44</td>
<td>54 (21)</td>
<td>39 (73)</td>
<td>15 (27)</td>
<td></td>
</tr>
<tr>
<td>&gt;44</td>
<td>24 (8)</td>
<td>18 (75)</td>
<td>6 (25)</td>
<td></td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>142 (51)</td>
<td>83 (60)</td>
<td>59 (40)</td>
<td>0.07</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>22 (8)</td>
<td>17 (77)</td>
<td>5 (23)</td>
<td></td>
</tr>
<tr>
<td>Asian, non-Hispanic</td>
<td>24 (12)</td>
<td>19 (79)</td>
<td>5 (21)</td>
<td></td>
</tr>
<tr>
<td>Other, non-Hispanic</td>
<td>12 (6)</td>
<td>9 (75)</td>
<td>3 (25)</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>65 (24)</td>
<td>48 (74)</td>
<td>17 (26)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male (all MDIs)</td>
<td>263 (94)</td>
<td>211 (80)</td>
<td>52 (20)</td>
<td>0.15</td>
</tr>
<tr>
<td>Veteran</td>
<td>6 (2)</td>
<td>4 (67)</td>
<td>2 (33)</td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td>6 (2)</td>
<td>3 (50)</td>
<td>3 (50)</td>
<td></td>
</tr>
</tbody>
</table>

77.5% (251 of 324) of all PrEP patients opted-in to the SMS program, including 79.3% (218 of 275) of those who filled a PrEP prescription

DISCUSSION

Limitations

This was not a randomized study (the SMS program is an opt-in program). Thus, those patients that chose to opt-in may have been more likely to remain in the PrEP clinic from the onset

CONCLUSIONS

Multi-component SMS programs that facilitate communication between patients and clinic staff or DIS can be readily incorporated into clinic-based PrEP programs

These SMS programs may improve retention of patients in PrEP care

ACKNOWLEDGEMENTS

PrEP DIS (Cheryl Malinksi and Glorya Afful); PrEP database manager (Jon Diemer); WelTel el Support Staff (Victor Silva, Oscar Correa, Gabrielle Sarafian)

SUMMARY

Overall, 77.5% of PrEP patients (79.3% of those who filled a PrEP prescription) opted-in to a clinic SMS program

Patients aged ≥24 years were more likely to opt-in to the SMS program than those ≥25 (88% vs 76%; P=0.04); there were no significant opt-in differences by race/ethnicity or gender

PrEP patients who opted-into the SMS program were more likely to remain as patients in the PrEP clinic compared to those who did not opt-in (76.2% vs 52.6%; P<0.001)

REFERENCES


2. Golden MR, Critchlow CW, Diemer J, Dombrowski JC, Lester RT. Multi-component SMS programs that facilitate communication between patients and clinic staff or DIS can be readily incorporated into clinic-based PrEP programs. 11th Annual Conference of the Association of HIV Medicine (AHAM), 2019