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Introduction

- Long-acting cabotegravir (CAB LA) administered every 2 months is the first approved long-acting injectable recommended for pre-exposure prophylaxis (PrEP) and has been shown to be superior to daily oral PrEP in preventing HIV acquisition¹⁻³
- Telehealth can be leveraged to support PrEP delivery⁴; however, limited evidence exists on how it is being used with injectable PrEP
- We report interim findings from PILLAR, a phase 4 implementation science study in the United States, on
 - Healthcare staff acceptability and feasibility of CAB LA for PrEP
 - Utility of implementation supports for CAB LA delivery
 - Use of telehealth for CAB LA delivery

Methods

- PILLAR (NCT05374525) is a randomized, open-label, two-arm, phase 4 study evaluating the feasibility and acceptability of dynamic and routine implementation strategies for delivering CAB LA for PrEP in existing PrEP sites in the United States for men who have sex with men and transgender men ≥18 years of age
- 17 sites were randomized 2:1 to dynamic implementation (DI) or routine implementation (RI)
 - RI sites received standard toolkits and DI sites received standard and enhanced toolkits and supports
- Staff study participants (SSPs) completed the Acceptability of Intervention Measure (AIM) and Feasibility of Intervention Measure (FIM) for CAB LA delivery and for implementation support at Month 1 (M1; N=86) and Month 4 (M4; N=80)
- Change in mean FIM and AIM scores (averaged over 4 items, with 1=completely disagree and 5=completely agree) was assessed
- SSPs completed questions on the utility of implementation resources and telehealth delivery of CAB LA at M4

Results

Baseline Demographics of SSPs

- Among the 86 SSPs, 56 were from DI sites and 30 were from RI sites (Table 1)

Table 1. SSP Demographic Characteristics (N=86)

Characteristics, n (%)	DI SSPs (n=56) ^a	RI SSPs (n=30) ^a
Age	n=44 ^b	n=21 ^c
<50 y	40 (91)	17 (81)
Gender	n=56	n=30
Cisgender male	21 (38)	13 (43)
Cisgender female	30 (54)	13 (43)
Race	n=55 ^d	
White/Caucasian	25 (45)	18 (60)
Black	6 (11)	5 (17)
Other races ^e	15 (27)	2 (7)
Ethnicity	n=55 ^d	
Hispanic/Latinx	10 (18)	9 (30)
Not Hispanic/Latinx	35 (63)	17 (57)
Provider type		
Physician/Physician Assistant	22 (39)	10 (33)
Nurse/Nurse Practitioner	8 (14)	6 (20)
Medical Assistant	5 (9)	2 (7)
Pharmacist	4 (7)	3 (10)
Administrator (office/clinic)	4 (7)	3 (10)
Specialty, n (%) ^{f,g}	n=27	n=15
HIV/infectious disease specialist	19 (70)	14 (93)
Internal medicine/primary care/general doctor/family practitioner	7 (26)	7 (47)

^aUnless otherwise stated. ^bAnswer missing for n=12. ^cAnswer missing for n=9. ^dAnswer missing for n=1. ^eIncluded Asian (DI, n=6) and individuals of mixed race (DI, n=2; RI, n=1) or other race (DI, n=7; RI, n=1). ^fNot represented in the table, other specialties included internal medicine and pediatrics as well as sexual health (DI, n=1; RI, n=1). ^gThis question was applicable among SSPs who prescribe medication and multiple responses could be selected.

To deliver CAB LA for PrEP, healthcare staff in the United States used telehealth services from online appointment scheduling to at-home testing and injections and found such services acceptable, feasible, easy, and helpful to use

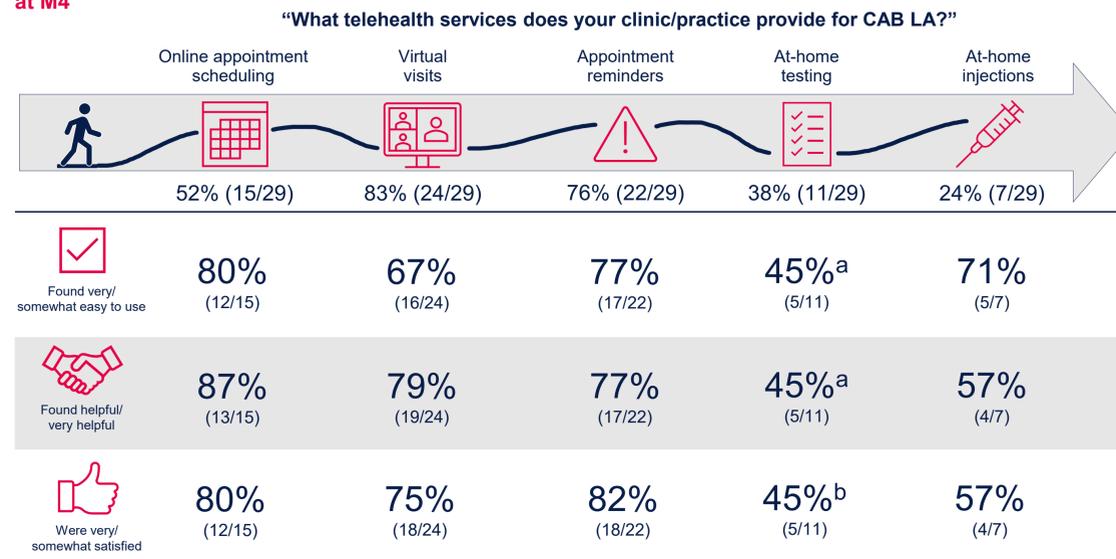
Acceptability and Feasibility

- SSPs reported high levels of acceptability and feasibility of CAB LA and implementation support at M1 (mean scale scores ≥4.0) and M4 (mean scale scores ≥3.9)
 - Mean scores at M1 and M4 were generally consistent between SSPs from DI and RI sites

Utility of Telehealth for CAB LA Delivery

- At M4, 49% (39/80) of all SSPs reported that their clinic/practice uses some form of telehealth for CAB LA delivery (57% [29/51] of DI SSPs vs 35% [10/29] of RI SSPs)
 - Online appointment scheduling (41% [16/39]), virtual visits (87% [34/39]), appointment reminders (80% [31/39]), and at-home testing (26% [10/39])
- Of SSPs reporting telehealth use by their clinic/practice at M4, 74% (29/39) were from DI sites (Figure 1)
 - Variability in use of services across the telehealth journey and perceptions of ease, helpfulness, and satisfaction by DI SSPs was observed
- Overall, DI SSPs reported high levels of acceptability and feasibility of telehealth delivery of CAB LA at M4 (mean scale scores ≥4.1)

Figure 1. Use of Telehealth Systems Across the Entire Telehealth Journey for CAB LA Delivery by DI SSPs at M4



^a36% (4/11) of DI SSPs reported that they had not personally used at-home testing services for the delivery of CAB LA when asked about its ease of use and helpfulness. ^b45% (5/11) of DI SSPs reported that they had not personally used at-home testing services for the delivery of CAB LA when asked about satisfaction.

Utility of Implementation Resources for CAB LA Delivery

- At M4, toolkits used by ≥40% of SSPs were found useful/very useful by over 58% of SSPs (Table 2)
- DI-specific toolkits and supports used by ≥33% of DI SSPs were found useful/very useful by over 64% of DI SSPs
 - The majority of DI SSPs reported using The PILLAR Spot (59% [19/32]), 1-on-1 facilitation support (62% [18/29]), and group facilitation support (55% [16/29]) often/all the time

Table 2. Usefulness of Implementation Resources Among Total SSPs and DI SSPs at M4

Standard implementation resources among total SSPs (N=80)	Used this resource, % (n/N)	Found it useful/very useful, % (n/n)
Injection education video	63 (50/80)	74 (37/50)
Patient materials	51 (41/80)	68 (28/41)
FAQ brochure	43 (34/8)	59 (20/34)
Initiation and administration guide	40 (32/80)	59 (19/32)
Enhanced implementation resources among DI SSPs (n=51)	Used this resource, % (n/N)	Found it useful/very useful, % (n/n)
The PILLAR Spot	63 (32/51)	66 (21/32)
1-on-1/group facilitation support	57 (29/51)	69 (20/29)
Transportation support	47 (24/51)	67 (16/24)
Designated injection days guidance	33 (17/51)	65 (11/17)

FAQ, frequently asked questions.

Conclusions

- SSPs caring for men who have sex with men and transgender men reported high levels of acceptability and feasibility of telehealth delivery of CAB LA
- Among SSPs using telehealth services to deliver CAB LA, a large proportion (45%-87%) were satisfied and found telehealth delivery to be both easy and helpful
- Over half of SSPs who used a CAB LA implementation resource did so often, finding them to be useful/very useful

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