A community-engaged approach to inform implementation of a technology-based intervention to support PrEP adherence

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Study Team and Partners

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- Alvy Rangel
- Phoebe Lyman
- Robert Bolan, MD
- Study participants (Clients, leaders, providers, and staff)

- LA LGBT Center

- David J. Moore, PhD
- Jessica L. Montoya, PhD
- Annie Heaton
- Ben Gouaux
- Melissa Beckwith
- Clint Cushman

- UC San Diego

- Gregory Aarons, PhD
- Catie Willging, PhD
- Maile Karris, MD

- IS Coaches
Aims

**Objective:** support PrEP adherence and persistence

**Question:** How do you move a technology-based intervention (the individualized Texting for Adherence Building intervention, iTAB) to a real-world setting?

**Aim 1:** Is iTAB an acceptable, appropriate, & feasible intervention at the Los Angeles LGBT Center?

**Aim 2:** What factors will facilitate adoption of iTAB at the Los Angeles LGBT Center?

Persistence on PrEP medication over time by sex

- **Men:**
  - Initiated PrEP in 2015: 100%
  - Persistence to Year 1 (0-12 months): 57%
  - Persistence to Year 2 (0-24 months): 42%

- **Women:**
  - Initiated PrEP in 2015: 100%
  - Persistence to Year 1 (0-12 months): 34%
  - Persistence to Year 2 (0-24 months): 20%

Implementation Science Methodologies

- Familiarized team members to EPIS framework, including phases of implementation
- Informed selection of our data collection tools & analysis of data
- EPIS framework

- Adapted data collection tools (interview guide)
- Elicited participant feedback on iTAB adaptations to increase its fit with the Center
- Adaptation

- Conducted during last 5 months of the study period
- Opportunity for the team to process data & consider future directions
- Periodic reflections
Key Outcomes

Qualitative Feedback on iTAB’s Appeal

- Customization of intervention message themes & ability to name pill (e.g., “Vitamin”)
- Personalized level of discreteness
- Interactivity
- Record of day-to-day adherence
Preparing for implementation: Recommended adaptations to iTAB

• Add iTAB messages to remind participants of upcoming prescription refills & appointment reminders
• Add iTAB message content on non-PrEP related concerns (e.g., mental health)
• Create a process for referring participants to iTAB, including developing a protocol for how to enroll participants in iTAB
• Explore how to integrate iTAB data directly into EHR
• Update iTAB data visuals (e.g., calendar record of iTAB responses)
Discussion: Getting to the Next Level

- What were the challenges?
  - No established blueprint for how to move a technology-based intervention to practice
    - Establish demand for intervention
    - Identify source of funding

- How did you address those challenges?
  - Purposive sampling
    - Center leaders: what is the process for adopting new services?
    - Center clients: how do you learn about the Center’s services?
  - Maintained community-academic partnership: identified & applied for grant funding
Best Practices and Lessons Learned

• Identify funding for all phases of implementation

• Train providers: referral process and any changes to their workflow

• Integrate interventions into existing services

• Increase demand (e.g., TikTok and video advertisements in lobby areas)

• Understand your implementing partner’s values & initiatives (current & planned)
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