

# Introducing NASTAD's Third-Party TelePrEP Programs: Partnership Consideration Resources

**June 18, 2024**

# Session Overview

---

Background– Why these tools?

Delivery Model Overview

Resource Walk Through and Upcoming Resource Preview

Q+A and Discussion

# Background

# Why these resources?

---

- Third-party telePrEP has rapidly expanded and is now available in all 50 states
- Many benefits and challenges with partnering with these programs
- Heard from organizations in the field having difficulties with patient record retention and contract negotiation
- Heard from patients about challenges with patient navigation, customer service, and cost transparency

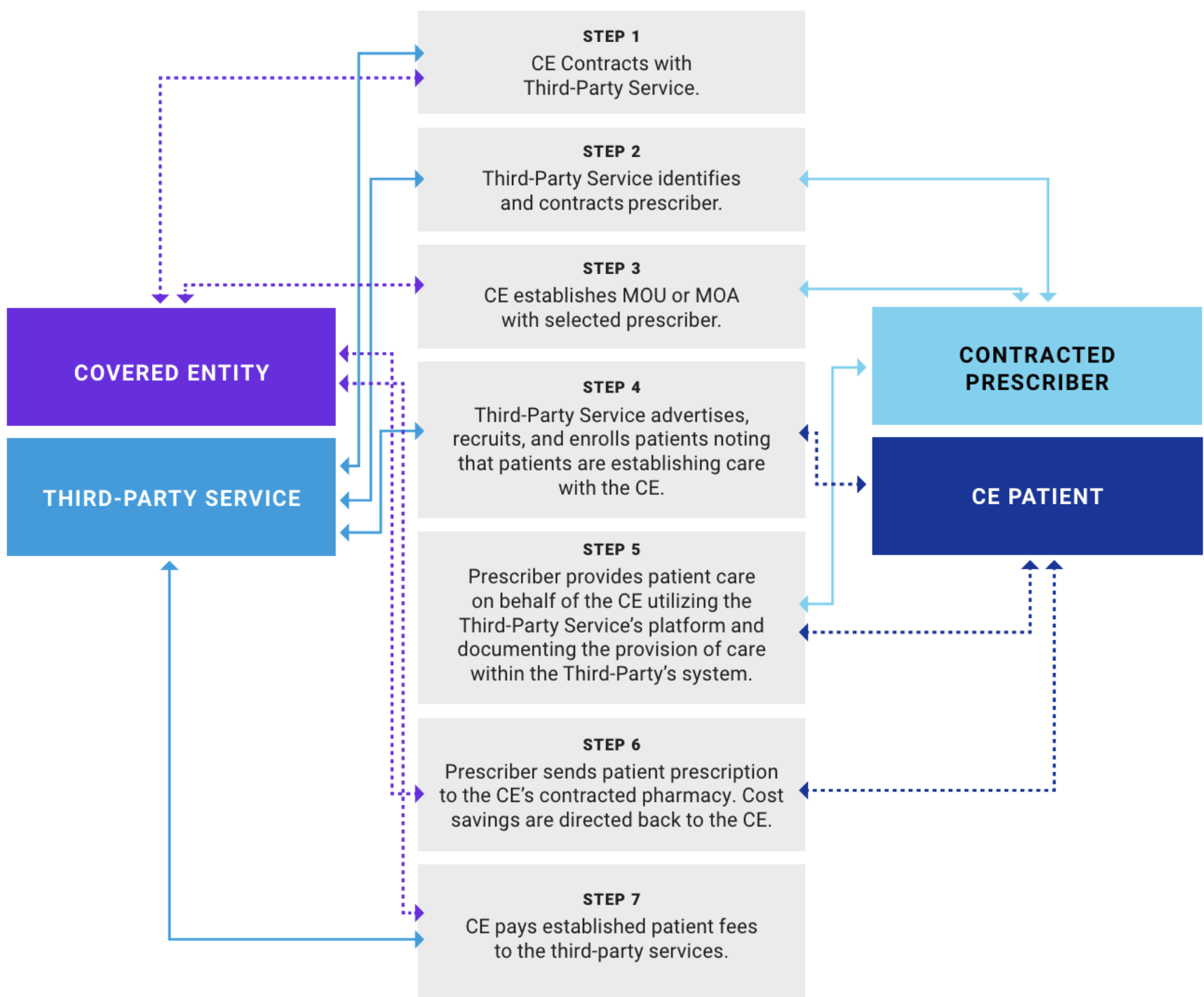


Source: Building Healthy Online Communities

# Delivery Model Overview

# Third-Party TelePrEP Model

- Commercial entities that provide telePrEP services directly to clients in partnership with community-based organizations and other service providers.
- The commercial entity acts as a contracted provider, providing a specific set of agreed upon services on behalf of the partner organization (*e.g., telehealth platform, client recruitment, providers, labs, and prescriptions*).
- The partner organization (*covered entity*) agrees to pay a routine fee per patient served in return for the provided services.
- Typically, services are provided at no-cost to the patient and rely on associated 340B drug pricing program cost savings to pay the commercial entity's fees.



# Third-Party TelePrEP Model

The following are important to understand for those who are engaged in, or considering engaging in, third-party partnerships:

- Clients who are recruited into these programs are consenting to becoming patients of the local partner / covered entity.
- Contracted providers are not customarily employees of the third-party entity but are contracted only to provide a specific service within a specific region.
- Compliance with 340B drug pricing program requirements are fully the responsibility of the local partner / covered entity.
- Third-party entities do not provide uniform linkage to care, retention, or adherence support to patients participating in their services, typically leaving these tasks for the local partner / covered entity to address.

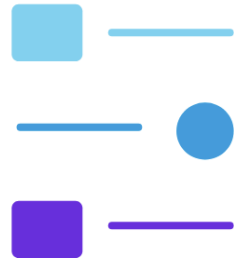


# Third-Party TelePrEP Model

Due to the complexity of these relationships, and the compliance burden placed on local partners / covered entities, we have developed resources to assist those who are already engaged in, and those who are considering, partnerships with third-party entities providing telePrEP services:

1. Evaluation Considerations and Decision-Making Tool
2. Patient Record Retention Compliance Strategies
3. Defensive Contracting (*to be released*)

# Resource Walk Through



**Partnering with a Third-Party TelePreP Program:**

## Evaluation Considerations and Decision-Making Tool

# Evaluation Considerations and Decision-Making

---

- This tool aims to assist jurisdictions, local health departments, community health centers, and community-based organizations to compare self-administered ("in house") telePrEP programs with third-party services, and can assist evaluating programming options and opportunities.
- The tool is interactive, allowing users to answer a series of questions related to different program components rating the importance of agency influence in each of the components.
- For the purposes of this tool, **influence** indicates your ability to have an affect on the design, development, implementation, or operational practices with each area.

## CLIENT RECRUITMENT

Refers to the strategies and activities that are utilized to increase awareness of your program and engage prospective clients/patients.

How important is it that your agency has influence over the recruitment of telePrEP clients?

- 1    2    3    4    5

How much influence does your agency want to have over the recruitment of telePrEP clients?

- 1    2    3    4    5

SECTION SCORE

---

## NAVIGATION

Refers to strategies and activities that are utilized to support patients in accessing PrEP including insurance coverage, assistance programs, and ancillary support services.

How important is it that your agency has influence over client navigation services?

- 1    2    3    4    5

How much influence does your agency want to have over client navigation services?

- 1    2    3    4    5

SECTION SCORE

---

## PROVIDER TRAINING: CULTURAL HUMILITY AND RESPONSIVENESS

Refers to training and support that is provided to PrEP prescribers related to providing care that is informed by cultural humility and responsiveness.

How important is it that your agency has influence over provider training related to cultural humility and responsiveness?

- 1    2    3    4    5

How much influence does your agency want to have over provider training related to cultural humility and responsiveness?

- 1    2    3    4    5

SECTION SCORE

## CARE PROVISION: RETENTION

Refers to strategies and activities that are intended to support patient retention and persistence in PrEP care.

How important is it that your agency has influence over care services related to retention (e.g., clients returning for routine appointments) and persistence (e.g., clients remaining in the program and continuously engaged in PrEP therapy)?

- 1    2    3    4    5

How much influence does your agency want to have over care services related to retention and persistence?

- 1    2    3    4    5

SECTION SCORE

## CARE PROVISION: ANCILLARY SERVICES

Refers to strategies and activities that are intended to support patients by connecting them to other services and support that may benefit their overall well-being and increase the likelihood that they will persist in PrEP care.

How important is it that your agency has influence over connecting telePrEP program clients to ancillary support, local resources, or additional prevention services?

- 1    2    3    4    5

How much influence does your agency want to have over ancillary supports, local resources, or additional prevention services?

- 1    2    3    4    5

SECTION SCORE

## DISCONTINUATION AND TRANSFERS

Refers to practices that are in place to support patients who elect to permanently or temporarily discontinue PrEP care or transfer care to another PrEP provider.

How important is it that your agency has influence over services that are provided related to discontinuation or patient transfers to alternate providers?

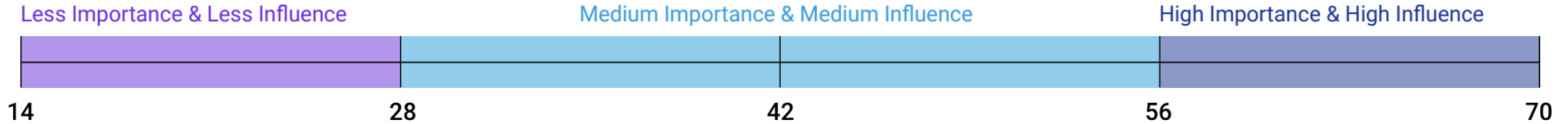
- 1    2    3    4    5

How much influence does your agency want to have over services that are provided related to discontinuation or patient transfers to alternate providers?

- 1    2    3    4    5

SECTION SCORE

## Results and Interpretation:



### Less importance and less influence (14 - 28):

When it is not very important for programs to retain a high level of influence related to the development and implementation of their telePrEP programs, a third-party telePrEP program may work well to meet a program's needs. When third-party telePrEP programs are engaged, organizations should be mindful of defensive contracting strategies (i.e., contracting strategies that protect the CE and ensure they are operating in accordance with all governing policies and regulations) and employ practices to ensure compliance with 340B record storage and retention requirements.

- For programs that choose to pursue relationships with third-party providers, NASTAD has [developed tools](#) to assist in negotiating contract terms that are favorable to the needs of the agency and ensuring compliance with 340B retention requirements for patient records.



### Medium importance and medium influence (29 - 55):

When it is of medium importance for programs to retain influence related to the development and implementation of their telePrEP programs, a third-party service may meet a program's needs if contract terms can be negotiated to meet the identified needs of the organization. If contracting terms cannot be negotiated to meet the specific needs of the organization, a self-administered program model may be preferred.

- *For programs that choose to pursue relationships with third-party providers, NASTAD has [developed tools](#) to assist in negotiating contract terms that are favorable to the needs of the agency and ensuring compliance with 340B retention requirements for patient records.*
  - *For programs interested in developing or growing a self-administered telePrEP program, [NASTAD's TelePrEP Online Learning Series](#) provides useful information to support planning, development, and implementation.*
- 

### High importance and high influence (56-70):

When it is very important for programs to retain a high level of influence related to the development and implementation of their telePrEP programs, a self-administered program will be the best option.

- *For programs interested in developing or growing a self-administered telePrEP program, [NASTAD's TelePrEP Online Learning Series](#) provides useful information to support planning, development, and implementation.*



**Partnering with a Third-Party TelePreEP Program:**

# Patient Record Retention Compliance Strategies

“

*The burden of compliance for our organization was not clear when we entered into our agreement (with a third-party provider). While it may have been included in our contract language, we did not fully understand our compliance responsibilities as it related to 340B. The actual storage of the requirement documentation was not explicitly stated.”*

# The Importance of Compliance

This resource discusses the compliance requirements for local organizations who are covered entities under the 340B drug pricing program.

- Covered entities, as the agencies who are serving the clients through these relationships, are obligated to ensure compliance with all standards and requirements of the program consistent with registration as a covered entity.
- In situations where patient records are primarily maintained in external databases (or otherwise managed by the contracted service) covered entities may be vulnerable to non-compliance with program requirements.

# Recommended Actions

---

- Disclosure to clients/patients
  - Ensure individuals registering as patients with third-party services are informed how their data will be collected, shared, and stored.
  - Provide contact information for the covered entity to ensure the patient can reach their provider agency should they have questions or concerns related to service, quality of care, or handling of their medical record data.
- System Interoperability
  - Ensure that the covered entity and contracted service provider are compliant with current electronic medical (EMR) record best practices and standards (Health Level Seven Fast Healthcare Interoperability Resources) to ensure interoperability across EMR systems to facilitate streamlined and compliant record handling and storage.

# Recommended Actions

---

- Record Retention, Storage, and Forwarding
  - Negotiate contract terms that protect how patient records are handled and routinely forwarded to the covered entity or extracted into the covered entity's medical record system.
  - Establish defined intervals for auto-forwarding of records with greater frequency to minimize the potential loss of records.
  - In cases where auto-forwarding is not possible, explore options to routinely extract patient records (potentially working with developers who can write code for auto extraction).
  - Ensure compliance with agency or funder data security requirements around patient records.
  - Ensure patient records are complete and contain all required variables for compliance.

# Record Retention is a Patient Support

- Timely and accurate data forwarding can play a vital role in supporting patient retention and persistence strategies.
- As these services typically do not provide comprehensive care or support for associated conditions, the covered entity remains responsible for providing follow-up care, arranging necessary treatments, and providing ancillary support services.

“  
*Our third-party telePrEP program does not provide follow up with reactive tests or provide supports related to medication adherence, persistence, discontinuation, or enrolled patients otherwise falling out of care. Our navigators do not have direct access to the contracted providers and instead must route inquiries through the third-party program’s support platform.”*

# Q+A and Discussion

# Stay Updated! NASTAD PrEP Access Listserv Sign-up

---



SCAN ME



## Contact Information

---

[PrEP@NASTAD.org](mailto:PrEP@NASTAD.org)

Nicole Elinoff

[nelinoff@NASTAD.org](mailto:nelinoff@NASTAD.org)

Cody Shafer-Fritz

[Cody.j.shafer@gmail.com](mailto:Cody.j.shafer@gmail.com)

