

Perceived impact of **digital health instruments** on **PrEP uptake** in the UK: a discrete choice experiment with ~~810~~ **1,250** gay, bisexual and queer men

Presenting author: Igor Kuchin, MD MSc

Under supervision of Prof. Dr. Nils Mevenkamp

In partnership with academia and community



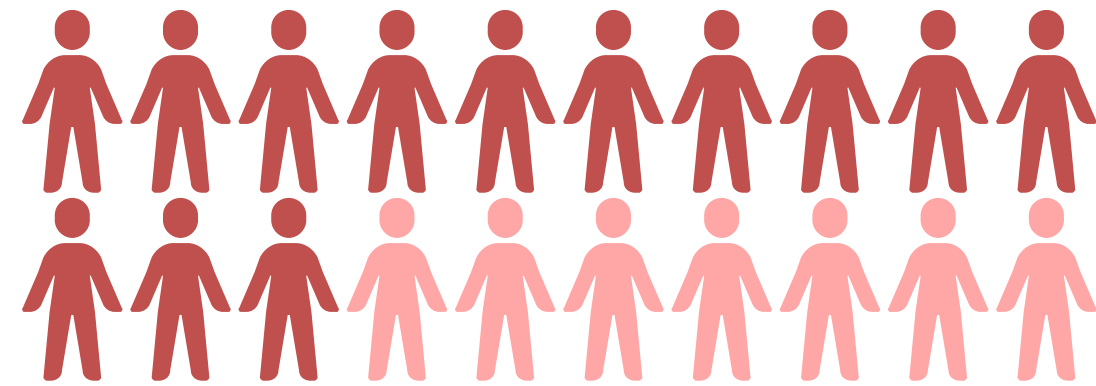
Erasmus School of
Health Policy
& Management



Disclosure

	Remunerated engagements		Unremunerated engagements
2018 – 2021	Medical Advisor, Sanofi	2019 – 2022	Board Member & Chair, Y+ Global
2022 – present	Technical Review Committee, ViiV Healthcare Positive Action	2020 – present	Scientific Committee, International Workshop on HIV & Adolescence
	Academic background	2022 – present	Youth Leadership mentor, IAS Mentorship programme
2023	Health Economics and Management MSc // MAB // MPhil // LM	2022 – 2023	Fundraising consultant, American Initiative for Health & Wellness in Africa
2020	Medical Doctor	2023	Consultant, 180DC Innsbruck
	<i>personal journey</i>		
since 2016	Living with HIV	since 2018	On ART and undetectable

State of PrEP in the UK

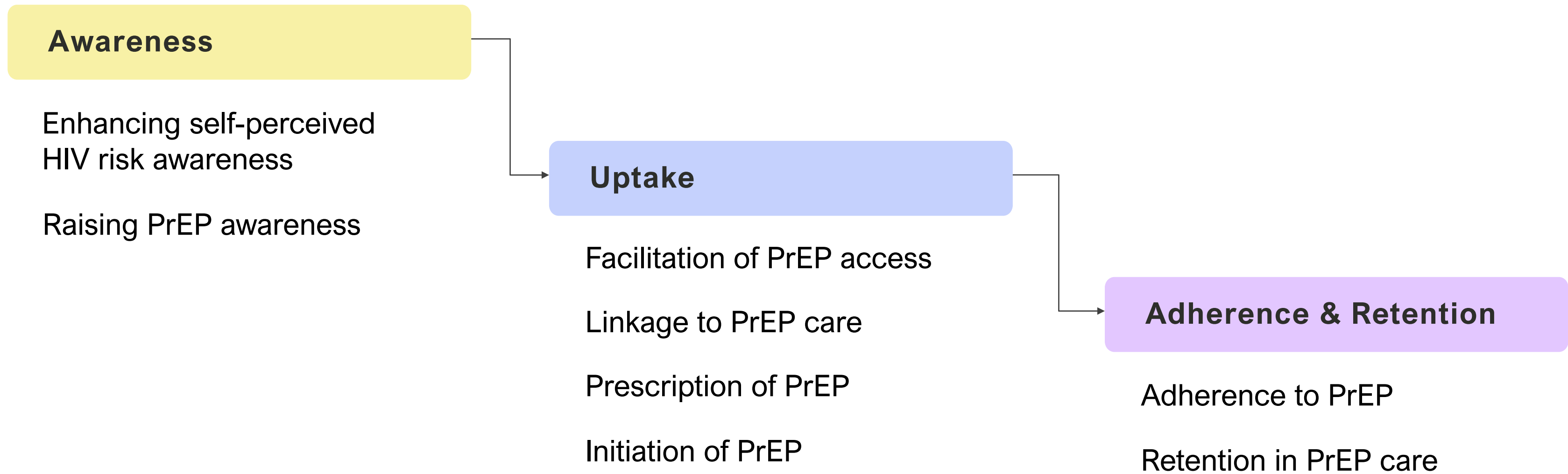


Out of 20 people in need of PrEP in the UK **13** are GBMSM

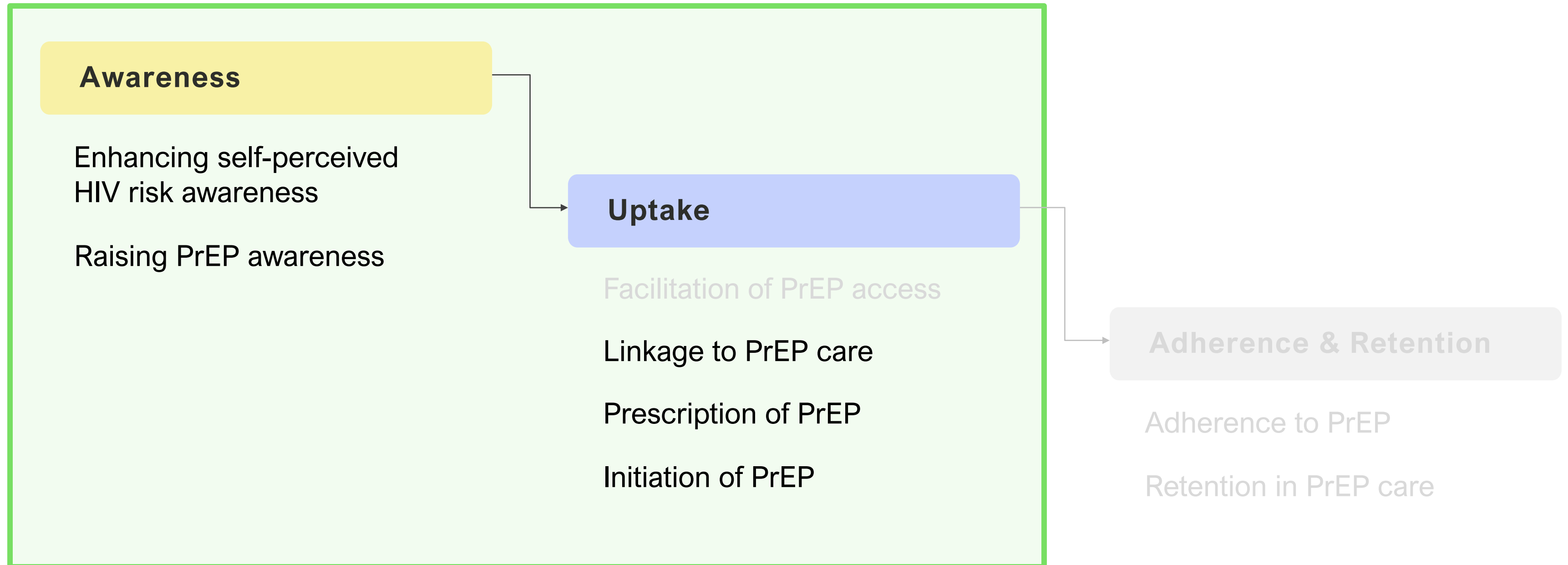
70,076
not on PrEP

GBMSM already accessing SHC are eligible for PrEP in the UK

PrEP Care Continuum



PrEP Care Continuum



Digital Health Instruments

PrEP Care Continuum

Awareness

Enhancing self-perceived HIV risk awareness

Raising PrEP awareness

Uptake

Linkage to PrEP care

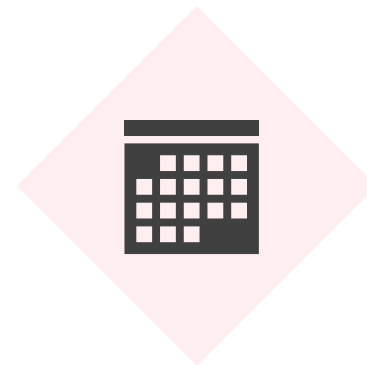
Prescription of PrEP

Initiation of PrEP

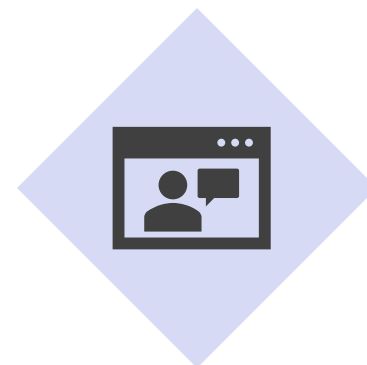
Digital Health Instruments are successfully used for a variety of interventions within the PrEP Care Continuum



Awareness raising campaigns and information materials



Online booking and appointment scheduling



Telehealth consultations and video-call based services

Digital Health Instruments

PrEP Care Continuum

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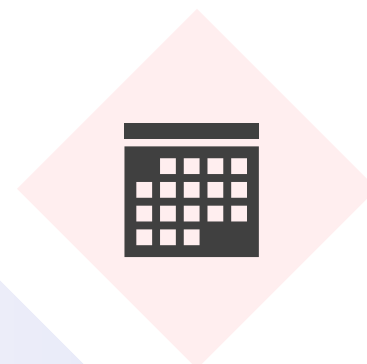
Prescription of PrEP

Only introducing solutions existing on the UK market

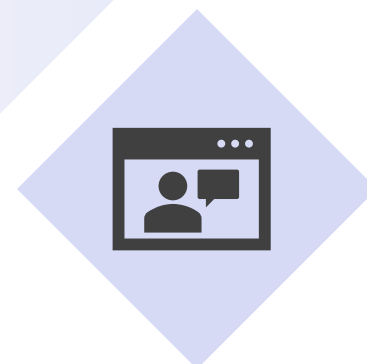
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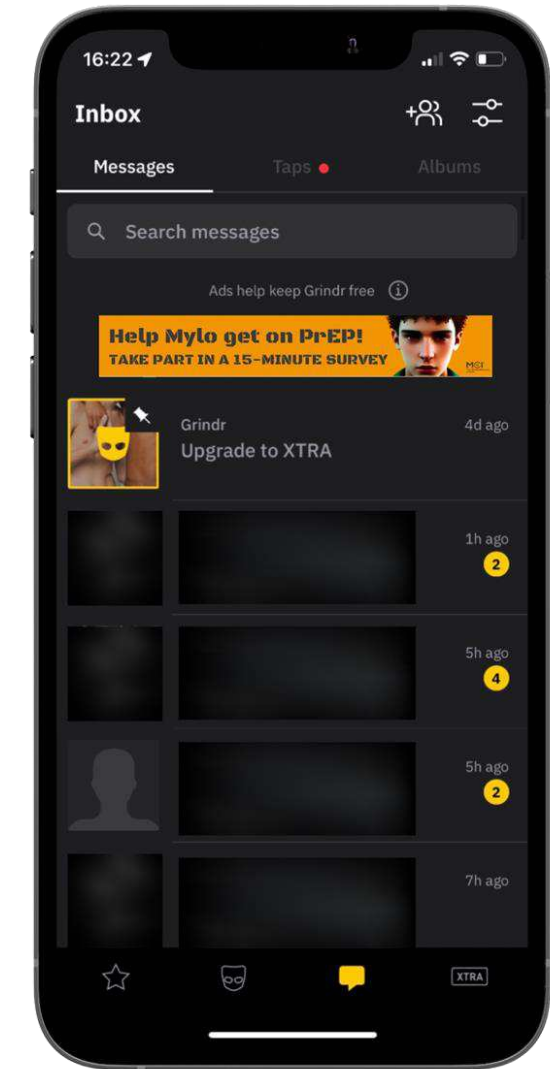
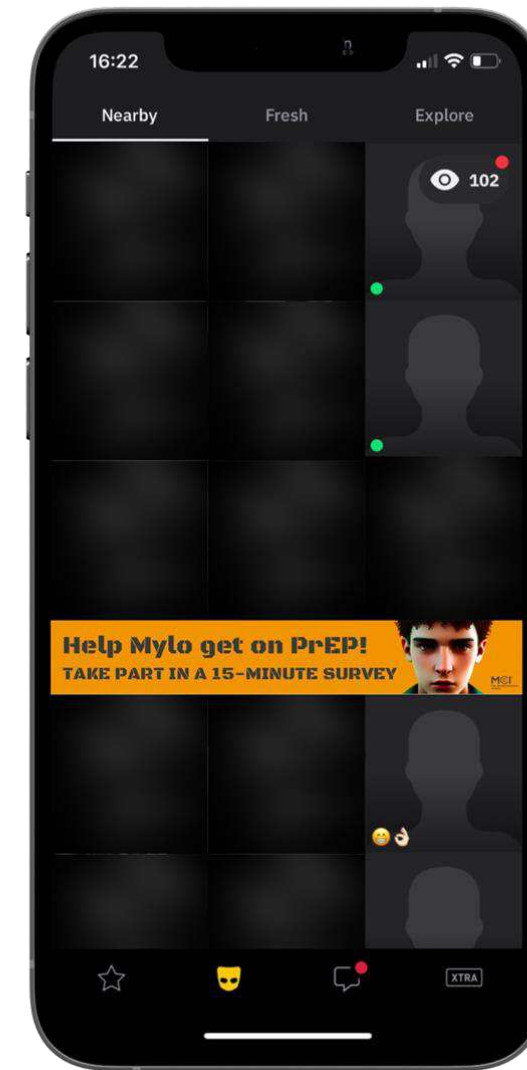
Mylo

We introduced a **relatable character** to guide our respondents from the first impression



Mylo, a fictional character, faced a series of choices to get on PrEP.

Advertising through Grindr, a dating social network focused on GBMSM



Discrete Choice Experiment

powered by  **survey engine**

Choice attributes

Attribute levels

HIV risk self-awareness

HCP-driven
Online-driven

PrEP awareness

HCP-driven
Peer group driven
Online-driven

PrEP consultation

Walk-in
Call to book
Book online
Opt for telehealth

Choice trade-offs

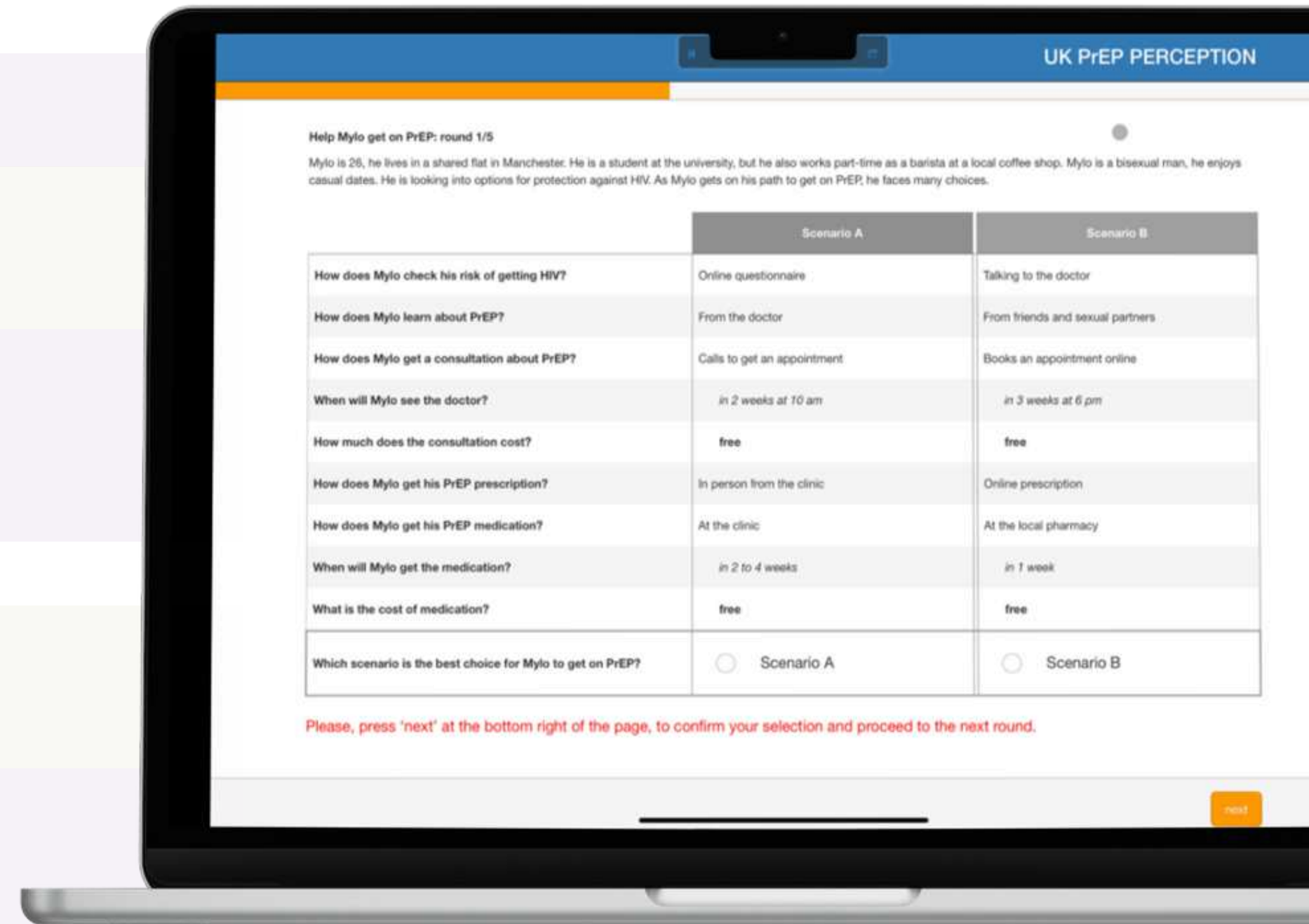
Trade-off levels

OOP payment

Free
Partially OOP
Fully OOP

Waiting time

<1 week
1 – 3 weeks
>3 weeks



UK PrEP PERCEPTION

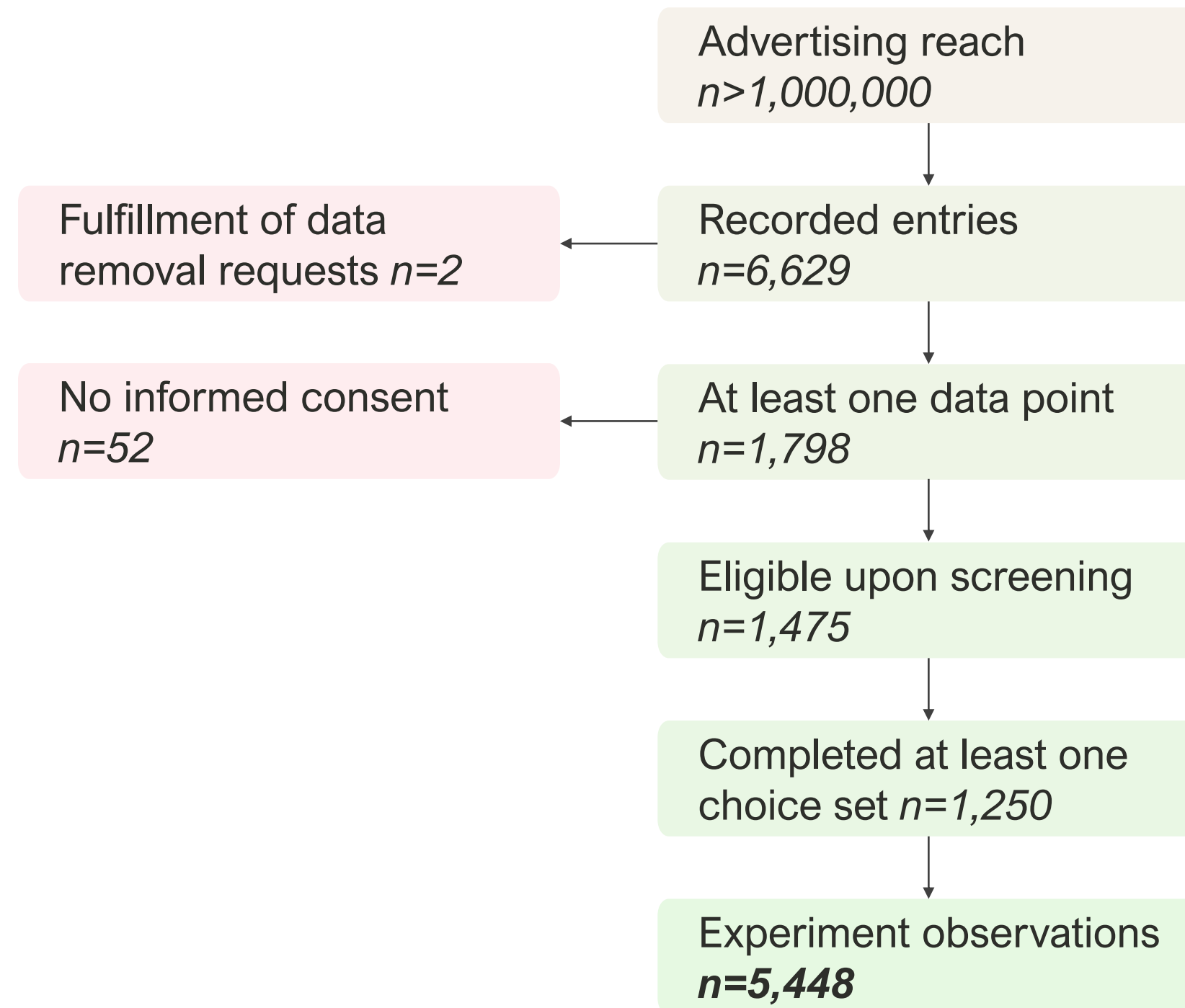
Help Mylo get on PrEP: round 1/5

Mylo is 26, he lives in a shared flat in Manchester. He is a student at the university, but he also works part-time as a barista at a local coffee shop. Mylo is a bisexual man, he enjoys casual dates. He is looking into options for protection against HIV. As Mylo gets on his path to get on PrEP, he faces many choices.

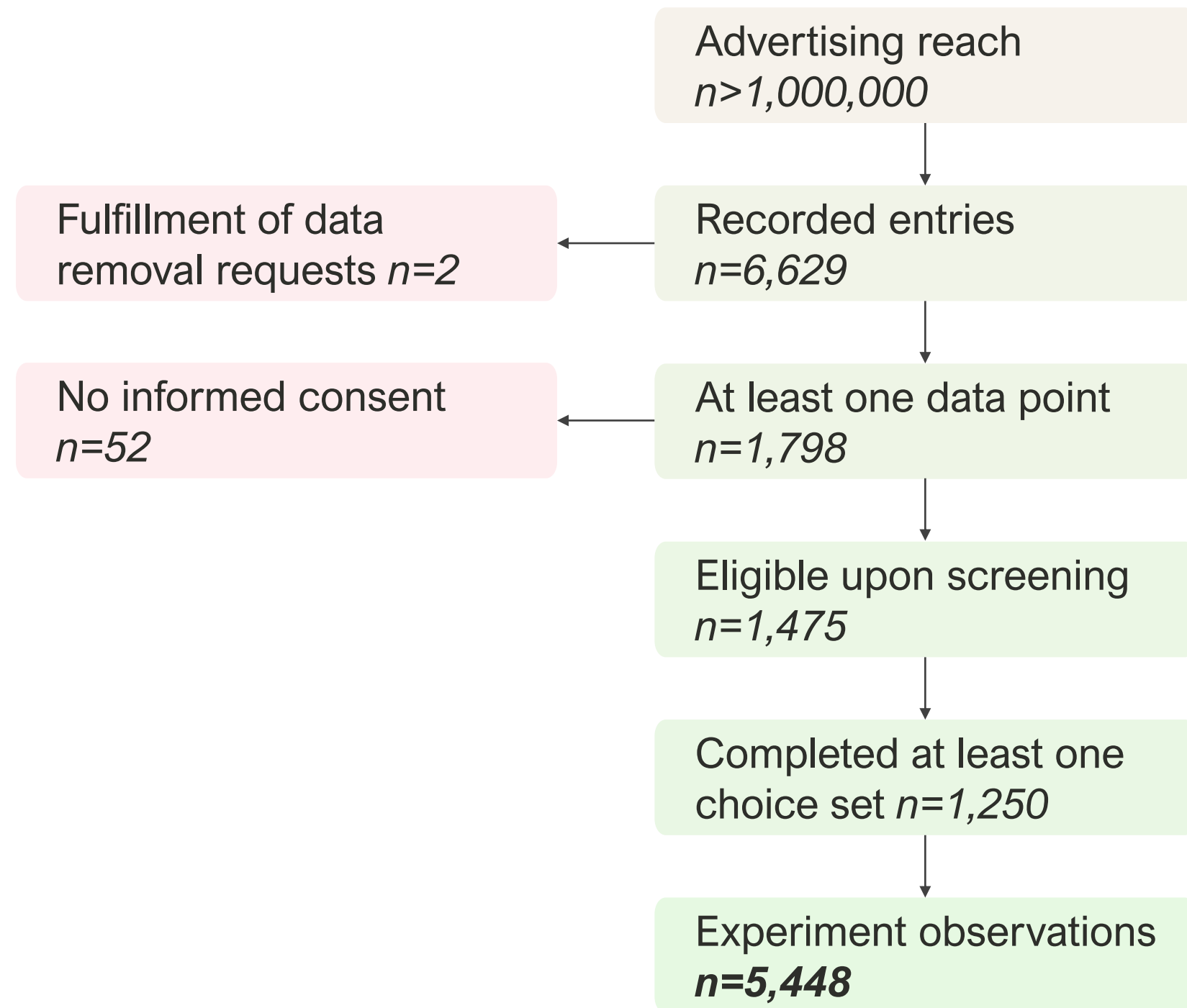
	Scenario A	Scenario B
How does Mylo check his risk of getting HIV?	Online questionnaire	Talking to the doctor
How does Mylo learn about PrEP?	From the doctor	From friends and sexual partners
How does Mylo get a consultation about PrEP?	Calls to get an appointment	Books an appointment online
When will Mylo see the doctor?	in 2 weeks at 10 am	in 3 weeks at 6 pm
How much does the consultation cost?	free	free
How does Mylo get his PrEP prescription?	In person from the clinic	Online prescription
How does Mylo get his PrEP medication?	At the clinic	At the local pharmacy
When will Mylo get the medication?	in 2 to 4 weeks	in 1 week
What is the cost of medication?	free	free
Which scenario is the best choice for Mylo to get on PrEP?	<input type="radio"/> Scenario A	<input type="radio"/> Scenario B

Please, press 'next' at the bottom right of the page, to confirm your selection and proceed to the next round.

Population sample



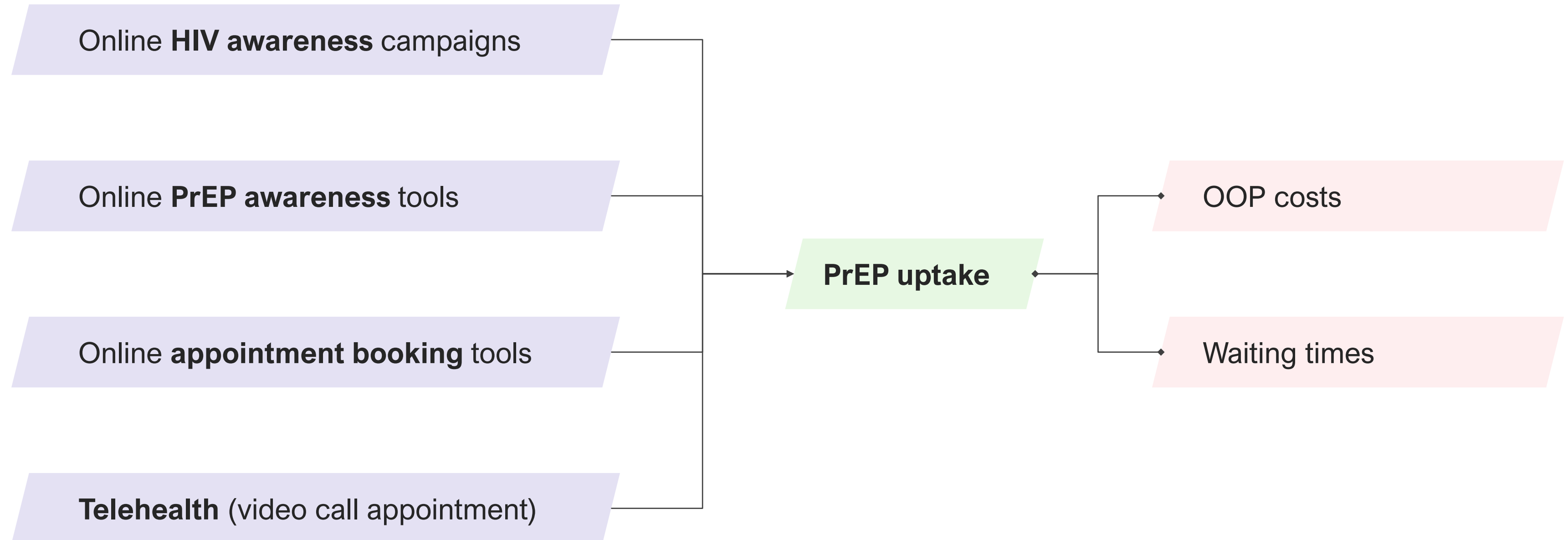
Population sample



Population sample

<i>Descriptive statistics N=1,250</i>	N	%
Age		
18 – 25	149	11.9
26 – 30	150	12.0
31 – 45	517	41.4
> 45	434	34.7
Self-declared identity		
Gay men	946	75.7
Bisexual men	169	13.5
Men who have sex with men	114	9.1
Queer men	21	1.7
Self-declared PrEP experience		
Currently on PrEP	821	65.7
Used to be on PrEP	84	6.7
Getting on PrEP	25	2.0
Want to get on PrEP	320	25.6

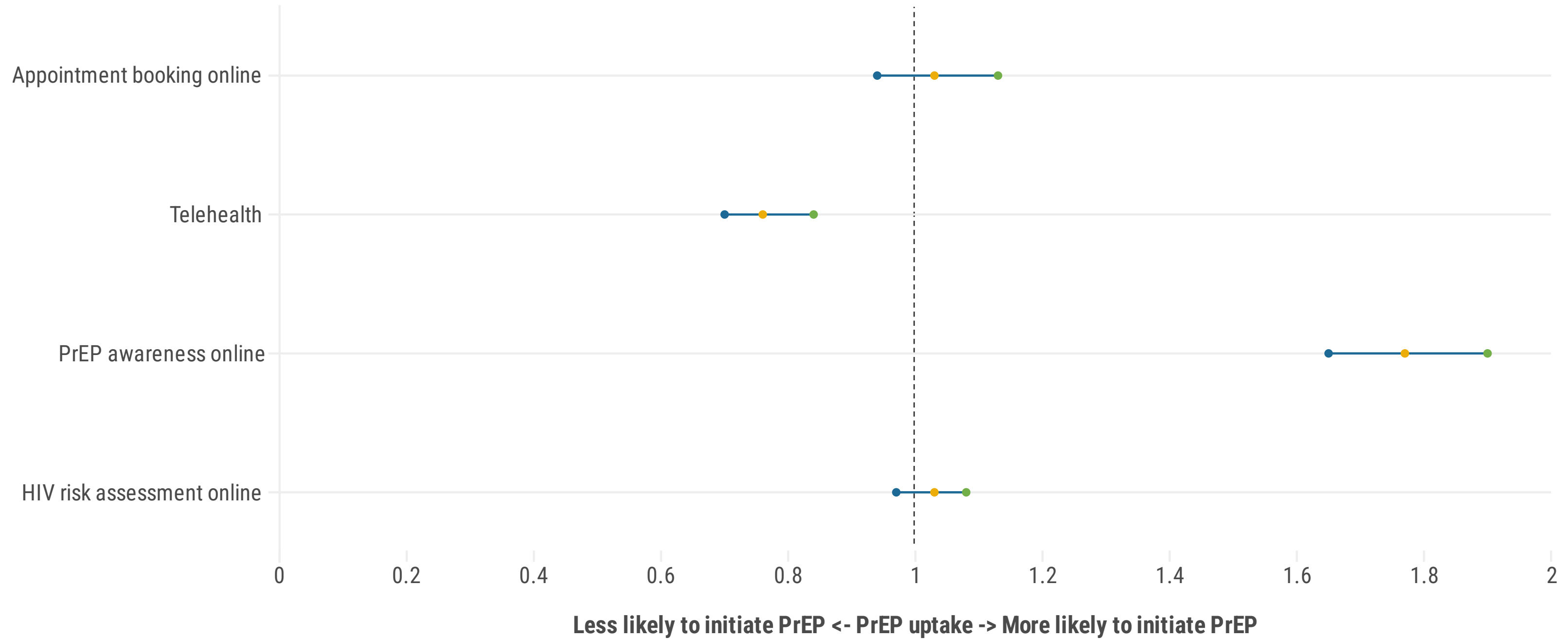
Experiment hypothesis



Experiment results

Multinomial logit regression. $N=1,250$

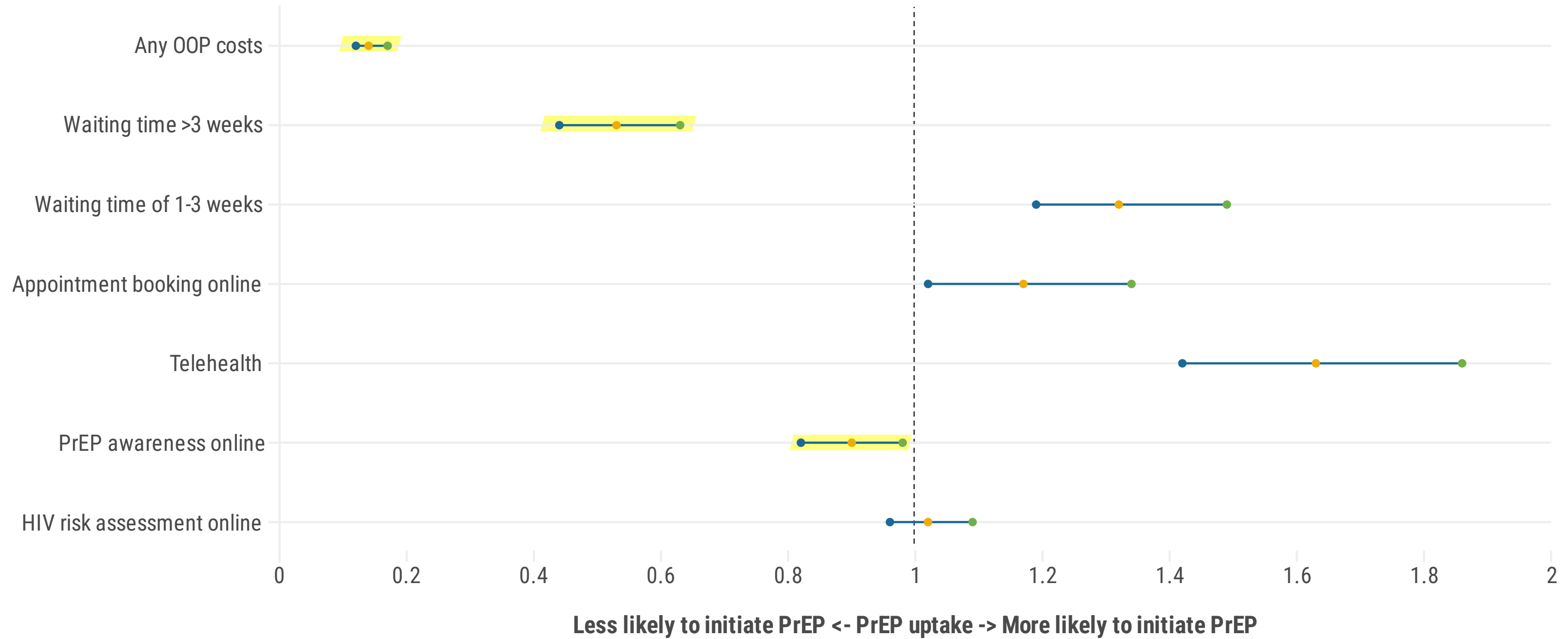
● 95% CI Lower bound ● RRR ● 95% CI Upper bound



Experiment results

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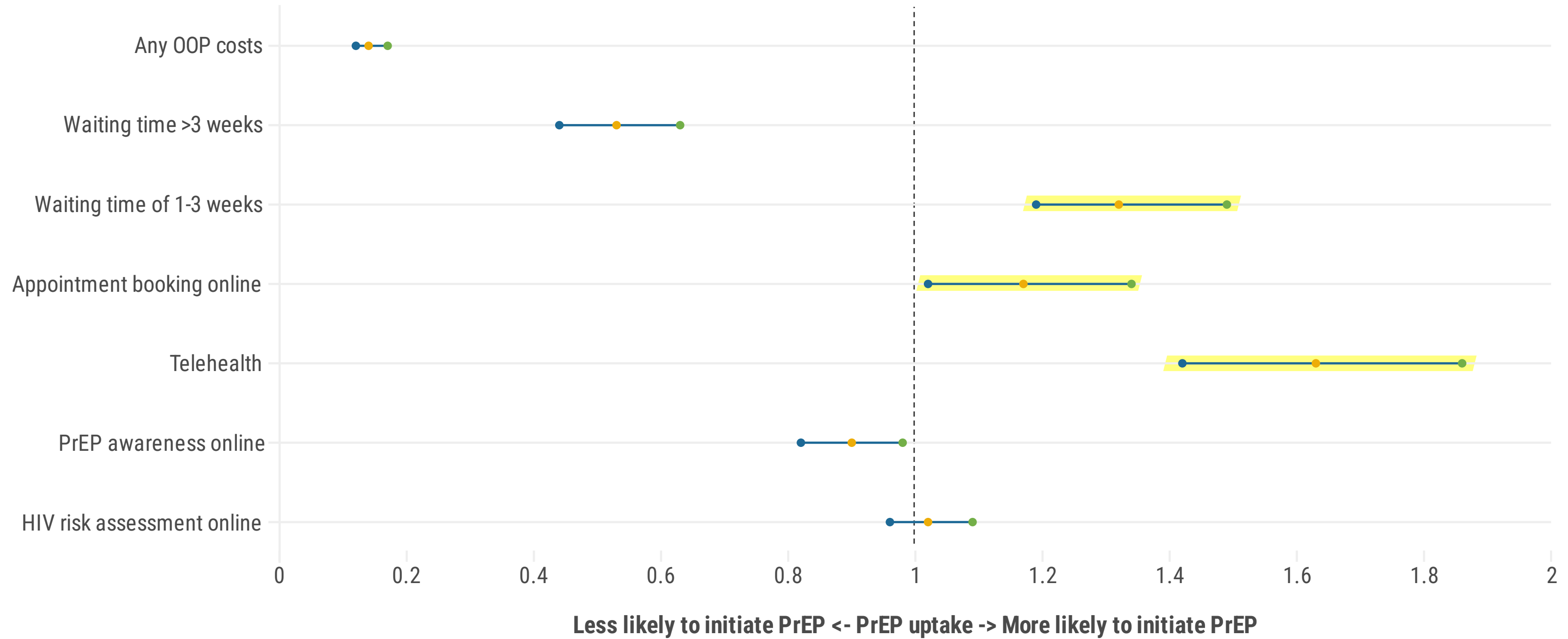
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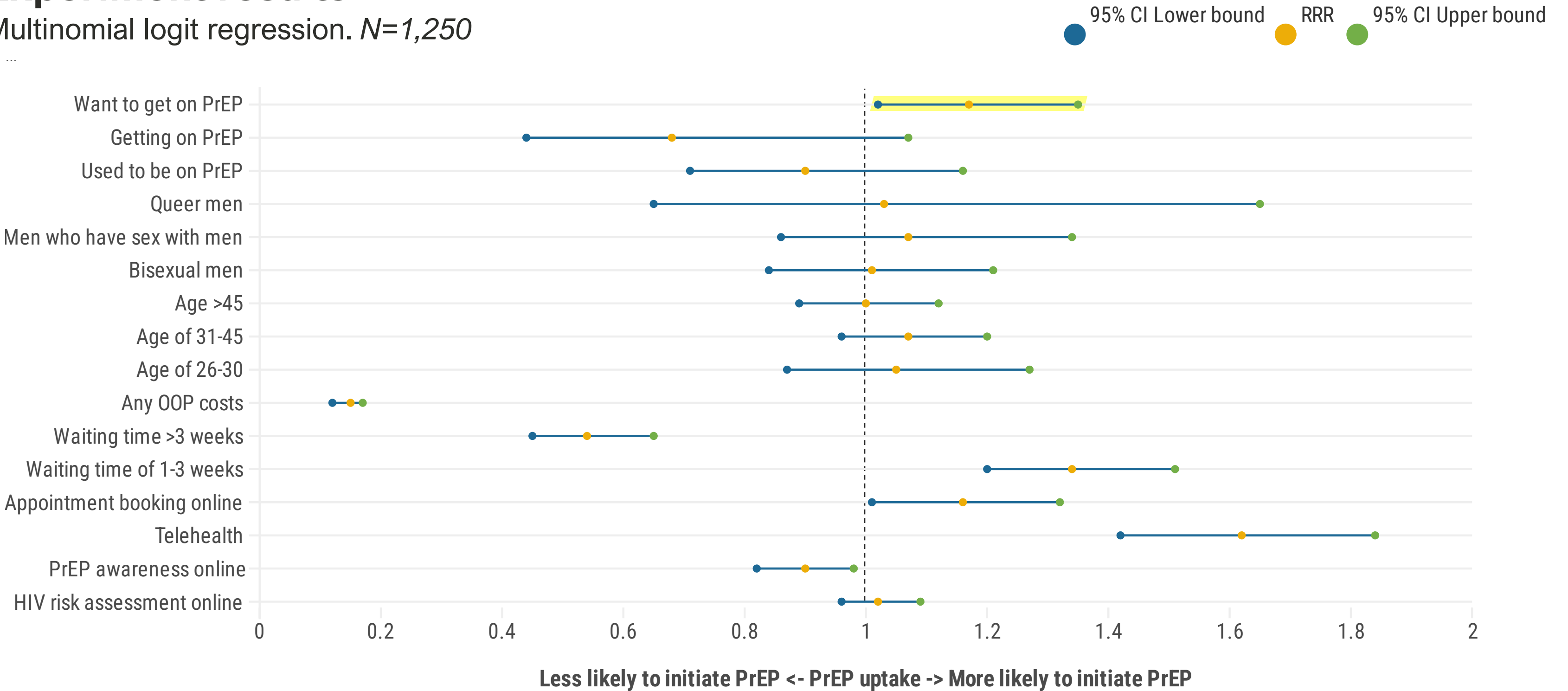
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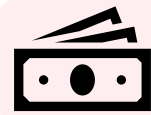
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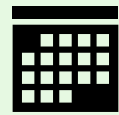
Conclusions & Limitations



Digital Health Instruments can have a significant **positive impact** on PrEP uptake



OOP costs limit the effectiveness of DHIs for PrEP uptake in the UK



Retaining **waiting times below 3 weeks** can be optimal for increasing PrEP uptake



Telehealth is potentially highly favourable by GBMSM in the UK if offered for free

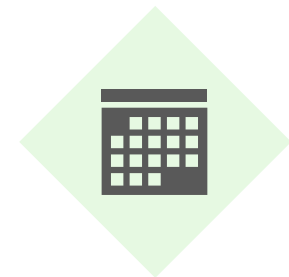
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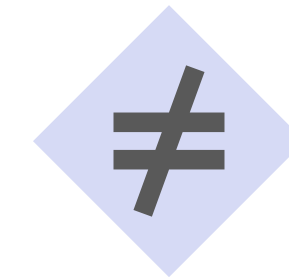
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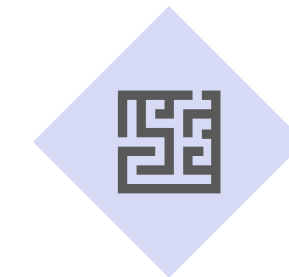
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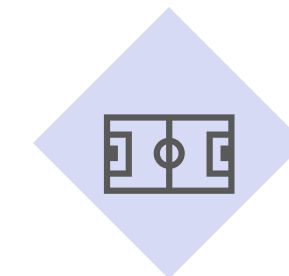
Our sample included **only digitally active** participants



Not be interpreted as a call to provide all PrEP services **only online**



We used **existing market structure** to guide our discrete choice experiment



We suggest research and intervention planning **to be tested in the field**

Acknowledgements & Takeaway



Digital innovation in health and care should address the **unmet needs of people in care**, not the KPIs of the system



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