

Profile | Thirty Madison

- Thirty Madison’s portfolio includes Nurx, which tests for and treats sexually transmitted infections (STIs), including HIV, and provides access to preventive medications.
- Care components include synchronous and asynchronous communication, tele-visits, prescriptions, and delivery/analysis of labs.
- Thirty Madison’s platform includes over 130 specialized providers via its affiliated medical groups (“KMG”). KMG is the leading national virtual-first care provider group exclusively affiliated with Thirty Madison and offering licensed providers nationwide.

Scenario

Despite the availability of preventive medications and the inclusion of pre-exposure prophylaxis (PrEP) as a required service to be covered by insurers per the Affordable Care Act, there are more than 30,000 new HIV diagnoses every year. PrEP reduces the risk of HIV from sexual transmission by nearly 99%, yet in 2019, only 23% of people eligible for PrEP received a prescription for it. The low prescription rate is likely due to stigmatization and lack of access to convenient private testing and treatment. Many providers lack the comfort to speak about sexual health—in 2019, only 4% of active providers had prescribed PrEP.

Maria’s Story

Maria is worried about her ongoing exposure to HIV but doesn’t want to see her family physician for fear of judgment or the stigma typically associated with her medical concerns.

**Intake and Onboarding**

She connects to the Nurx app and completes a detailed, dynamic written examination asynchronously. Maria pays for the \$25 consultation. She completes a health questionnaire that a Nurx provider reviews within ~24 hours and then orders the necessary tests to determine if Maria is eligible for PrEP. Like 90% of fellow patients, she chooses the more convenient and private option of having the specimen collection kit mailed to her home rather than go to a lab service center. Her employer-sponsored insurance plan covers the cost of testing. Once she returns the test by mail, the lab analyzes it within 5-8 days, and the result is available in the Nurx-provider electronic medical record (EMR).

**Longitudinal Co-Management**

If Maria’s HIV test is positive, she will receive a call from a provider certified by the American Association of HIV Providers. Maria completes disclosure over the phone and has the following options:

1. Her Nurx provider can order her confirmation labs and Rapid Start (the immediate initiation of antiretroviral therapy at the time of disclosure aligns with CDC recommendations) or
2. There can be a warm hand-off to an HIV provider who accepts the patient's insurance to initiate the labs and Rapid Start. Regardless of her decision, Maria will be connected with a Nurx HIV care coordinator for psychosocial support related to her new HIV diagnosis. She will have help finding local or virtual support groups that match her preferences.

Similarly, suppose any of Maria's other STI tests are positive. In that case, her Nurx team will either provide treatment directly or linkage to care if she needs to be treated with injectables (for syphilis or gonorrhea). If she cannot find injectable treatment, Nurx can provide second-line oral care to ensure completion, along with a nursing team throughout her treatment. Nurx also completes the confidential morbidity reporting (CMR) required by county/state health departments.



Downstream Referrals

A Nurx provider notifies Maria via text or the platform messenger that her result is negative for HIV and STIs. Next, they prescribe PrEP and answer any questions she may have. Nurx sends her a 3-month supply of medication by mail, delivered to her home in a discreet package. While in the program, Maria has unlimited access to Nurx providers and the care team via telephone and asynchronous chat. To continue her prescription, Maria receives a test kit every three months to collect specimens (dried blood spots) for HIV, HepB, renal function, and pregnancy.

“There's always a way, and we're committed to finding it. Even if Maria did not have insurance and paid cash for her lab panel, we would have guided her through the process of enrolling in a payment assistance program to access meds at zero cost. V1C is about complete care.”

- Emily Rymland, Director of Nursing Nurx

TAKEAWAYS FOR EFFECTIVE CARE TRANSITIONS



Clinical Integration

Care escalation pathways with a local in-person provider, a virtual provider, and support networks ensure that patients are not lost during critical moments in their care journey and have options that work for them.



Incentive Alignment

To ensure the completion of diagnostic test orders and optimize medication adherence, V1C providers should consider contracting with vendors to provide patients with affordable, convenient options, such as medication and lab test kit delivery.

Bundled care navigation, management, and psychosocial support with medication management help ensure the completion of treatment by making it easy and affordable for patients to participate in their care. This is especially important for vulnerable populations living with stigmatized conditions.



Visit the [V1C Care Transitions Toolkit](#) or view additional [V1C Care Transitions Case Studies](#).