

Stepwise Implementation of HIV Telemedicine in Prisons: # 20843

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Grant Support: Ryan White Part C EIS, Ryan White Part B, Ryan White Part A, HOPWA, and United Way of Nashville and Middle Tennessee

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Background and Methods

- Racial/ethnic minorities experience a higher rate of incarceration
- Incarceration may create gaps in the HIV care continuum and magnify disparities
- In-person attendance and viral suppression at the HIV clinic in the central prison were 50% and 20% at baseline, respectively

Program goal: To improve HIV clinic attendance and viral suppression in prisons

Procedures:

- Prisons send patient schedule and medical records to ID consultant
- Chart review and draft of consultation note, assessment and recommendations
- Preparation of teaching points for providers and inmates
- Perform HIV telemedicine consultation through secure communication
- Coordinate re-entry in outpatient HIV care for inmates in transition

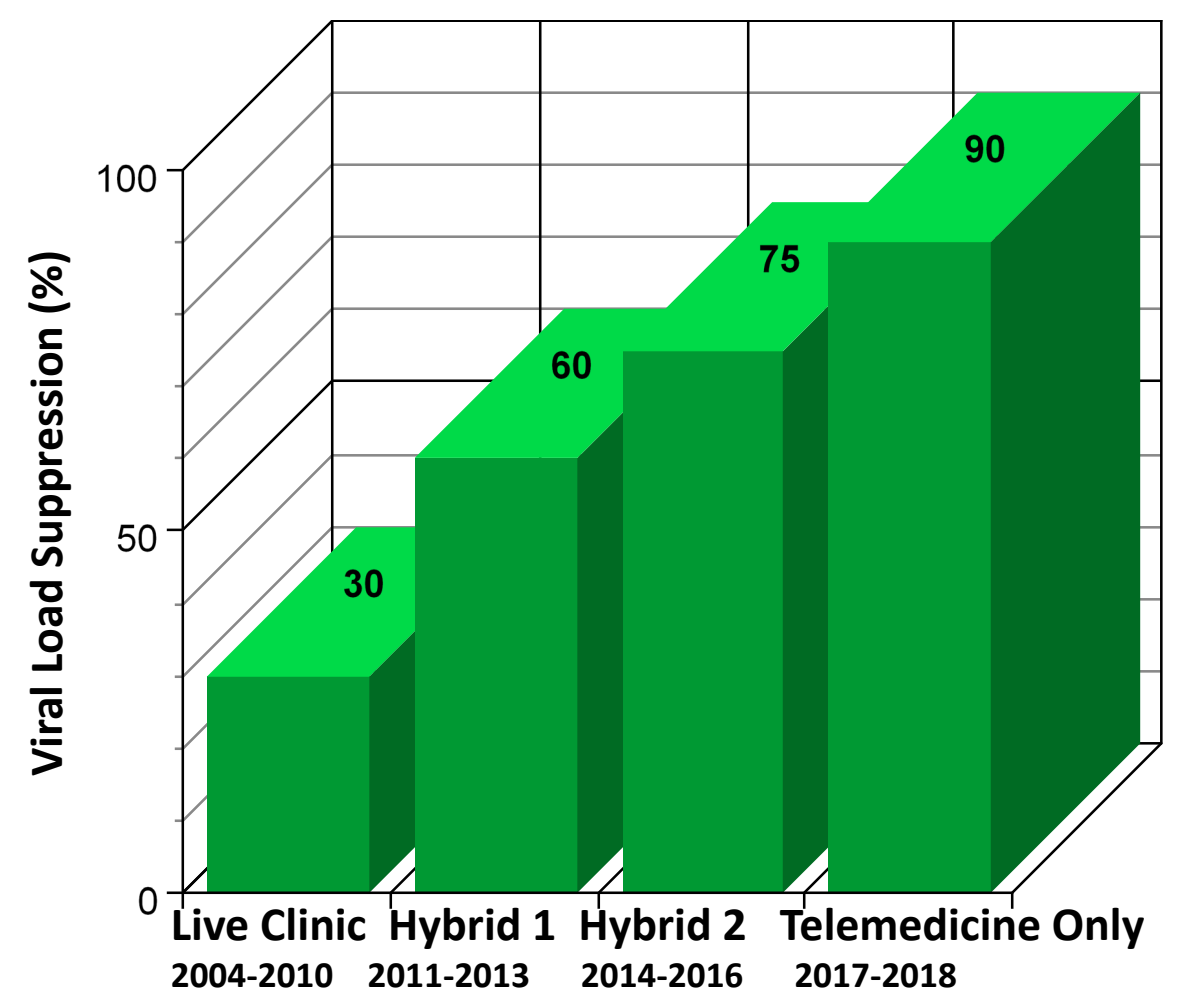
Implementation Model

- **Live clinic, 2004-2010:** 100% in-person at the central prison
- **Hybrid 1, 2011-2013:** 50% live clinic followed by 50% telemedicine at the central prison on the same day
- **Hybrid 2, 2014-2016:** 50% live clinic at the central prison and 50% telemedicine at Meharry on alternate week
- **Telemedicine only, 2017-2018:** 100% telemedicine at Meharry Medical College

Program Results

- 516 HIV+ inmates served: Black 332 (64%), White 159, Latinx 9, not specified 16
 - Gender: male 463 (90%), female 51, transgender 2
 - Age group: 13-24: 3; 25-44: 140; 45-64: 342 (66%); 65+: 31
- Clinic attendance: 50% during live clinic only and 90% during telemedicine only
- Improved communication, patient-provider relationship, and continuity of care
- Improved linkage and engagement of inmates in transition
- Opportunity to train medical students and residents

Stepwise Implementation of HIV Telemedicine



Source: CAREWare

Facilitators of Telemedicine Acceptance

- Cost savings on transportation and accompanying security personnel
- Elimination of temporary stay in a holding cell
- No more fear for inmates to lose their prison cell upon returning
- Less frequent appointment cancellations due to parole board meetings or family visits

Limitations

- This study did not account for unknown factors that could have affected adherence to telemedicine and ART, thereby contributed to improving viral suppression.
- This study did not evaluate the impact of telemedicine on provider and patient knowledge.
- This study did not measure patient satisfaction about the telemedicine program.