

### Telehealth & HIV: After COVID-19 A Panel Discussion

Thursday, February 18, 2021





# Logistics

- Typed questions/chat
- Tech difficulties







## Who We Are



#### Strengthen & support implementation of jurisdiction EHE Plans to contribute to achievement of reduction in new reported HIV cases by 75% by 2025

Get TAP-in TA and Training by Contacting TAP-in@caiglobal.org





#### Cooperative Agreement Award # U69HA33964

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# Agenda

- Introduction, and a brief case
- Quick Recap: Telehealth Basics
- EHE Jurisdictions and Telehealth
- Telehealth Post COVID-19: Panel Discussion
- Audience Q & A







# Objectives

- Explain challenges and facilitators of implementing or enhancing HIV telehealth in 2021 and beyond.
- Consider how implementing or enhancing HIV telehealth can help meet EHE goals within their jurisdiction or program.
- Identify 1-2 innovative strategies for addressing health disparities through HIV telehealth.
- Describe how to request training and technical assistance to measure and improve existing and proposed HIV telehealth services within the jurisdiction.





# Conversation About the Future of Telehealth

- COVID-19 spurred rapid changes in HIV services in 2020. Programs across the Nation <u>quickly</u> ramped up telehealth services in order to maintain continuity of care.
- What are agencies doing—what do they need to do—to maintain telehealth and adjust for our post-COVID world?
- What TA and Training can we provide?







## Case

Friends HIV Clinic (FHC) did not offer telehealth appointments before COVID 19 but quickly transitioned to 80% telephone appointments by April 2020. Most FHC's patients liked these phone appointments. They kept them safe from COVID and they didn't have to spend ½ a day completing an in-person visit.

In Summer 2020, FHC received funding to begin video appointments with the expectation that, in a post-COVID environment, they would be seeing patients in person and in video appointments.

In a recent survey of their patients, many voiced concerns that they would struggle to make video appointments because of concerns about the technology or use of their limited phone data and charges they may incur.





What do you see as FHC's #1 telehealth TA need in the coming year?

- 1) Transitioning patients from phone to video
- 2) Transitioning patients from phone to in-person
- 3) Transitioning providers/staff from phone to video
- 4) Transitioning providers/staff from phone to in-person
- 5) Other telehealth-related TA need (Put in Chat)







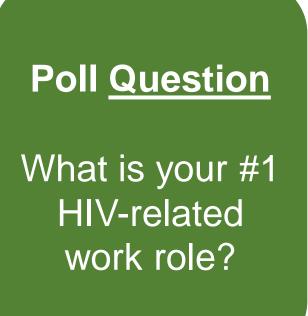
#### Where do you work?

- **1.** Region **1** (CT, ME, MA, NH, RI, VT)
- 2. Region 2 (NJ, NY, PR, US Virgin Islands)
- 3. Region 3 (DE, DC, MD, PA, VA, WV)
- 4. Region 4 (AL, FL, GA, KY, MS, NC, SC, TN)
- 5. Region 5 (IL, IN, MI, MN, OH, WI)
- 6. Region 6 (AR, LA, NM, OK, TX)
- 7. Region 7 (IA, KS, MO, NE)
- 8. Region 8 (CO, MT, ND, SD, UT, WY)
- 9. Region 9 (AZ, CA, HI, NV, Pacific Jurisdictions)

10. Region 10 (AK, ID, OR, WA) A Project of







Which best describes your <u>**#1**</u> HIV-related work role (choose one only)?

- 1. Health department
- 2. Ryan White planning council/planning body member
- 3. Clinician
- 4. Case manager
- 5. Linkage/navigator
- 6. Social worker
- 7. Administrator
- 8. Federal government staff (e.g., HRSA)
- 9. Other (write into chat)







How is your agency <u>currently</u> delivering HIV services?

- 1) Primarily through **in-person** appointments
- 2) Primarily through **phone** appointments
- 3) Primarily through video appointments
- 4) Other/I can't guess (put in chat)
- 5) My agency doesn't deliver HIV services





How will your agency deliver HIV services in 2022 AFTER COVID19?

- 1) Primarily through **in-person** appointments
- 2) Primarily through **phone** appointments
- 3) Primarily through video appointments
- 4) Other/I can't guess (put in chat)
- 5) My agency doesn't deliver HIV services





What do you estimate will be the change in HIV telehealth from 2020 to 2022?

- 1) Decrease patients will want to be seen in person
- 2) Slight Increase 10-20% given positive experiences
- 3) Major Increase >20% given positive experiences
- 4) Too hard to estimate (explain in chat)



Quick Recap: Telehealth Basics Tom Donohoe



# Telehealth in 1 Minute or So

- **Definition**: providing healthcare remotely via telecommunications
- Formats: Video, Text, Phone, Apps
- **Direction**: Patient to provider, Provider to provider
- How it is Used: Assessment, Diagnosis, Medication Management, Etc.
- Telehealth Used: Many before COVID-19, most because of COVID-19





# Potential Benefits of Telehealth:

Sources: RW2020 Sessions / Telehealth Resource Centers

- Maintain continuity of care during COVID-19 restrictions
- Access for those with distance and disability barriers
- Convenience and flexibility
- Stigma and confidentiality concerns of visiting an HIV clinic
- Address health disparities (e.g., transportation, ease access to clinic)
- Optimal for specific types of encounters
- Reduced costs (e.g., transportation, facility fees)





# Telehealth: Requirements and Challenges:

Sources: RW2020 Sessions / Telehealth Resource Centers

<u>Requirements</u> - Examples

- Patients need smartphone for video sessions
- Software and equipment
- Training staff
- Securing reimbursement

**Challenges** - Examples

- Limited physical exams and diagnostics
- Less tech savvy patients (e.g., older clients) and non-English speaking
- Time management (e.g., providers moving from telehealth visit to visit)
- Doing telehealth the right way (e.g., eye contact, loss of the human touch)





EHE Jurisdictions & Telehealth Will Murphy, TAP-in/CAI Global



# EHE Jurisdictions and Telehealth Plans

- Under Pillar 2 (Treat), 11 EHE sites proposed 12 strategies focused on telehealth.
  - Expansion of telehealth services
  - Mobile apps, including PositiveLinks, Positive Peers and others
  - Electronic appointment reminders
  - Telehealth Adherence Counselors

Access TA and Training by Email: TAP-in@caiglobal.org



Telehealth Post-COVID-19 A Panel Discussion



## Panel

- Tom Donohoe, TAP-in, UCLA School of Medicine (Moderator)
- Leandro A. Mena, MD, University of Mississippi Medical Center, Telehealth Center of Excellence
- Derrick Butler, MD, CMO, T.H.E. Clinic, Los Angeles
- Pierre R. Arty, MD, Chief Psychiatric Officer, Housing Works, NYC
- Susa Coffey, MD, Attending Physician, UCSF Division of HIV/SFGH
- Will Murphy, TAP-in/CAI Global





### **Telehealth Panel Opener**

Think back to March/April 2020.

What were the biggest challenges and facilitators in your transitions to telehealth when COVID started? What is your mix of telehealth and in-person appointments now?





# Telehealth Tomorrow: Panel Topics

- 1. Assessing and Planning for Telehealth in the Future
- 2. Technology: Selecting and Maintaining
- 3. Staffing & Training
- 4. Best Practices Patients
- 5. Exams and Diagnostics (e.g., co-morbidities, handling labs)
- 6. Service Delivery: Rapid ART and Telepsychiatry
- 7. Assessing Efficacy





### Panelists and Listeners: Share a Tip

### Question: Can you share one key tip for telehealth in 2021 and beyond?



### Audience Q & A



What is your #1 choice for a future EHE telehealthrelated webinar

- 1) Using Apps to improve health outcomes
- 2) Delivering team-based telehealth
- 3) Delivering behavioral health via telehealth
- 4) Obtaining patient input and feedback to improve telehealth
- 5) Telehealth billing/reimbursement
- 6) Other (put in chat)





### Resources – See the Handout

- Telehealth Resource Center https://www.telehealthresourcecenter.org
- TELEHEALTH.HHS.GOV https://telehealth.hhs.gov
- HRSA telehealth Programs https://www.hrsa.gov/rural-health/telehealth
- RW2020 See the Telehealth Playlist- https://www.youtube.com/targethiv
- AETC NCRC https://aidsetc.org
- TelehealthHIV https://healthhiv.org/programs/telehealthhiv/





### Next Steps

#### Email TAP-in to Request TA/Training

# **TAP-in@caiglobal.org**





# Please complete our evaluation Link in chat

