Technical Assistance Session:
Optimizing Telehealth Technology for HIV Care

November 4, 2021 at 1PM ET/10AM PT

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Learning Objectives/Overview

By the end of this session, participants will be able to:

- **Discuss how the federal Public Health Emergency declared during the SARS-CoV-2 pandemic has changed the practice of telemedicine (reimbursement, funding streams, technology requirements).**

- **State the evidence regarding the efficacy of using telehealth technologies in the longitudinal management of PLWH.**

- **State the broad pros and cons of various digital platforms and the importance of encryption.**

- **Discuss some of the barriers to implementation of telehealth in clinical practice.**

Submit questions through the Q&A chat box. Questions will be facilitated at the end of the session.

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Big Shifts Due to COVID-19

- **Federal public health emergency (PHE) declared in January, 2020. Emergency Appropriations Bill (H.R. 6074) and CARES Act passed in March. HEROES Act passed in May. Telehealth waivers to remove barriers include:**

  -Expanded reimbursement by private & public payors

  -Easing of professional licensing requirements

  -Waivers of certain technical requirements

  -Originating (patient) site not just in rural area, can be at home with no telepresenter

  -Types of professionals who may use telemedicine

  -Reimbursement for audio-only visits

  -Allows use of non-HIPAA compliant technologies for duration of PHE

- **Individual states have emergency regulations not tied to federal PHE (e.g. NY Pub Health Law §2999-CC to allow for audio-only coverage permanently).**

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During the SARS-CoV-2 Pandemic…

- **In fiscal year 2020, we OSUWMC telehealth grew from 800 encounters to 188,663 encounters in the last quarter alone.**

- **This saved our patients nearly 8.5 million miles driven, 400,000 gallons of gasoline, and 2,917 metric tons of carbon dioxide.**

- **This is the equivalent of powering 683 homes for one year.**

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Platforms

EHR-based: **Requires patients to register, have an active account, access the account, access the video visit function.**

3rd party HIPAA-compliant: Updox, Doximity, DoxyMe, SynziMD, OnCall, thera-LINK, Kareo, CareCloud.

3rd party non-compliant: FaceTime, Zoom

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Different Types of Telemedicine

- **Synchronous** – Live, real time interaction between patient & provider, often incorporating ancillary staff. Audio only versus video visits. Provider-to-patient.

- **Asynchronous** – Viewing history, images, labs, microbiology or other data & making recommendations. Sometimes called "store-and-forward." Provider-to-provider. Examples: eConsults, tele-ASP, tele-OPAT, dermatology.

- **mHealth** – Generally asynchronous. Remote monitoring (e.g. telemetry, blood glucose), often via mobile app on a smartphone.

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Improved Virologic Suppression With HIV Subspecialty Care in a Large Prison System Using Telemedicine: An Observational Study With Historical Controls

Correctional populations have an elevated human immuno-deficiency virus (HIV) prevalence, yet many individuals lack access to subspecialty care. Our study showed that HIV-infected inmates had significantly greater virologic suppression and higher CD4 T-lymphocyte counts when managed by a multidisciplinary team of subspecialists conducting clinics via telemedicine. In other studies, these outcomes have been associated with reductions on HIV-related morbidity and mortality, as well as HIV transmission.

Jeremy D. Young,[1] Mahesh Patel,[1] Melissa Badowski,[2]
Mary Ellen Mackesy-Amiti,[3] Pyrai Vaughn,[1] Louis Shicker,[4]
Michael Puisis,[1] and Lawrence J. Ouellet[3]

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Table 1. Proportion of Subjects With a Suppressed HIV Load (First 6 Visits), Stratified by Baseline CD4 T-Lymphocyte Count

CD4 Category	Outcome[a]	Proportion Suppressed		χ^2	P Value
		Pretelemedicine	Telemedicine		
<350 cells/µL	1	59.2%	92.8%	69.5	<.001
	2	28.6%	83.7%	66.1	<.001
351–500 cells/µL	1	49.1%	95.8%	73.0	<.001
	2	19.4%	89.1%	58.7	<.001
>500 cells/µL	1	64.4%	87.6%	39.2	<.001
	2	17.8%	59.1%	33.0	<.001

[a] 1 = first 6 visits, 2 = visits 2–6, viral load not suppressed at first visit.

eConsults

- **Outpatient** – For OSUWMC patients. Review notes, culture data, imaging asynchronously and write an assessment and recommendations within 3 business days. Common questions include management of LTBI, cUTI, soft tissue infections, SARS-CoV-2 testing, STI testing and treatment, recurrent *C. difficile* colitis, hepatitis C.

- **Inpatient** – Three rural community hospitals without ID physicians available for consultation. Review the chart in-depth and write an assessment and recommendations within 24 hours.

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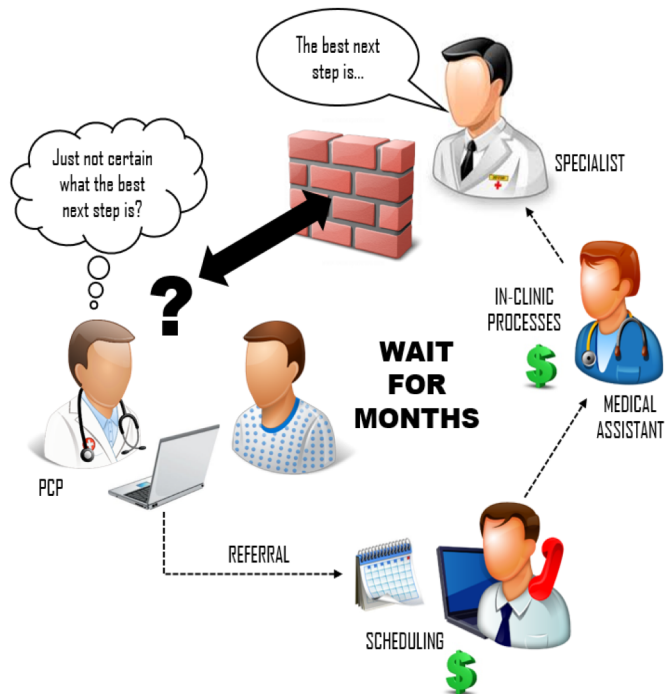
1) **Enter case info to be sent to remote specialist**

1) **Remote specialist reviews on computer or mobile device, provides assessment & recommendations**

1) **Can enter recommendations directly into the system**

1) **Images stored on server**

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E-CONSULT TO INFECTIOUS DISEASE - ABNORMAL HIV TESTING ✔ Accept

HIV Screening and Pregnancy Test results are available in IHIS within the last 3 months:

[Yes] [No]

❗Acute Retroviral Syndrome Signs or Symptoms (select all that apply):

☐Fever ☐Lymphadenopathy ☐Pharyngitis ☐Rash ☐Other ☐None

❗High Risk Factors for HIV Acquisition (select all that apply):

☐Commercial Sex Work ☐Injection Drug Use ☐Positive Parter ☐Other ☐None

❗Significant Exposure to Person with Known HIV Infection (select all that apply):

☐Injection Drug Use ☐Needle Stick ☐Sexual ☐Other ☐None

❗Specific Clinical Question: [   ]

❗Patient verbally consents to the submission of an E-Consult; patient is aware of the risks, benefits, and possible coinsurance/copay cost.

[Yes]

Comments: ➕ Add Comments (F6)

Reference   1. E-Consult Verbal Consent Info
Links:

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Clinic Lag Times

- Time to first visit before eConsults = 84 days

- **Mean time to completion of an eConsult = 21.7 hours**

- **Time to first visit after eConsult program = 14 days**

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mHealth

- Mobile technologies, such as smartphones, used for remote monitoring via wearables, texting, social media.

- Some FDA-approved devices, but many haven't gone through the process

- Can store data such as HR, BP, oximetry, telemetry, and glucometer readings to alert patients and providers via apps.

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Efficacy and Impact of Digital HIV Care Navigation in Young People Living With HIV in San Francisco, California: Prospective Study

Sean Arayasirikul, PhD, Caitlin Turner, MPH, [...],

and Erin C Wilson, DrPH

racially/ethnically diverse. At baseline, majority (99/120, 82.5%) of the participants had recently received primary HIV care, yet this was more likely in those who completed the intervention than in those who did not (54/60, 90% vs 45/60, 75%; χ^2_1=4.68, P=.03). More than half of the sample reported taking antiretroviral therapy (92/120, 76.7%) and having an undetectable viral load (65/120, 54.2%). The 6-month follow-up surveys were completed by 73.3% (88/120) of participants, and these participants were not characteristically different from the overall sample at baseline. GEE models indicated that participants had increased odds of viral suppression at 6 months as compared with baseline. No relevant additive or

Long term impact of *PositiveLinks*: Clinic-deployed mobile technology to improve engagement with HIV care

Chelsea E. Canan[1], Marika E. Waselewski[1], Ava Lena D. Waldman[1],
George Reynolds[2], Tabor E. Flickinger[1], Wendy F. Cohn[3], Karen Ingersoll[4],
Rebecca Dillingham[1]*

Results

127 patients enrolled in PL. Engagement in care and viral suppression improved significantly after 6 months of PL use and remained significantly improved after 24 months. Patients with high PL use were 2.09 (95% CI 0.64–6.88) times more likely to achieve viral suppression and 1.52 (95% CI 0.89–2.57) times more likely to become engaged in care compared to those with low PL use.

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Preliminary Impact of the *weCare* Social Media Intervention to Support Health for Young Men Who Have Sex with Men and Transgender Women with HIV

Amanda E. Tanner, PhD, MPH,[1] Eunyoung Y. Song, PhD,[2] Lilli Mann-Jackson, MPH,[2]
Jorge Alonzo, JD,[2] Katherine Schafer, MD,[3] Samuella Ware, MPH,[1] J. Manuel Garcia,[2]
Elias Arellano Hall,[2] Jonathan C. Bell, BS,[2] Cornelius N. Van Dam, MD,[4,5] and Scott D. Rhodes, PhD, MPH[2,3]

Young racial/ethnic minority men who have sex with men (MSM) and transgender women with HIV often have poor health outcomes. They also utilize a wide array of social media. Accordingly, we developed and implemented *weCare*, a social media intervention utilizing Facebook, texting, and GPS-based mobile social and sexual networking applications to improve HIV-related care engagement and health outcomes. We compared viral load suppression and clinic appointment attendance among 91 participants during the 12-month period before and after *weCare* implementation. McNemar's chi-square test analyses were conducted comparing the pre- and postintervention difference using paired data. Since February 2016, intervention staff and 91 intervention participants (79.1% African American and 13.2% Latino, mean age $= 25$) exchanged 13,830 messages during 3,758 conversations (average: 41.3 conversations per participant) across a variety of topics, including appointment reminders, medication adherence, problem solving, and reducing barriers. There were significant reductions in missed HIV care appointments (68.0% vs. 53.3%, $p = 0.04$) and increases in viral load suppression (61.3% vs. 88.8%, $p < 0.0001$) 12 months postimplementation. Our results highlight the initial success of *weCare* in improving care engagement and viral suppression. Social media is an important tool, especially for young MSM and transgender women, to support individual- (e.g., viral suppression) and community- (e.g., reduced transmission efficiency) level health. It may also be a useful tool for improving engagement with biomedical HIV prevention tools (e.g., PrEP use).

Some barriers to telehealth implementation...

Depersonalization

Privacy and confidentiality

The Digital Divide

Reimbursement

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Depersonalization

- **Establish trusting doctor-patient relationships.**

- **Particularly important in HIV care (sexual history, drug use).**

- **Efficacious, but know when <u>NOT</u> to use telemedicine (e.g. serious diagnoses, end-of-life issues).**

- **Patient's perception of technology & trust of Western medicine influenced by socioeconomic status, beliefs & culture.**

- **First visit in-person with an opt-in approach.**

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Privacy and Confidentiality

- **Observe HIPAA Privacy Rule, practice non-maleficence.**

- **Fines of $50,000 to $1.5 million assessed to providers for HIPAA privacy violations.**

- **Encryption, update & maintain firewalls, store PHI in EHR, store video/audio behind firewall.**

- **Follow IRB standards for research. Good resources include ATA and the Connected and Open Research Ethics (CORE) initiative, a free resource convening experts in telehealth and mHealth to respond to questions regarding ethical research practices (www.thecore.ucsd.edu).**

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US DHHS, HITECH Act Enforcement Rule.

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The Digital Divide

- **Socioeconomic issues & social determinants of health affect telemedicine readiness: income, housing instability, mental health, substance use, education, digital literacy, geography, broadband connectivity, language spoken.**

- **Access to care remains an issue for some.**

- **Common among our HIV and many general ID patients.**

Who's not online in 2019?

% of U.S. adults who say they do not use the internet

Group	%
U.S. adults	10%
Men	10
Women	9
White	8
Black	15
Hispanic	14
Ages 18-29	0
30-49	3
50-64	12
65+	27
<$30K	18
$30K-$49,999	7
$50K-$74,999	3
$75K+	2
Less than HS	29
High school	16
Some college	5
College+	2
Urban	9
Suburban	6
Rural	15
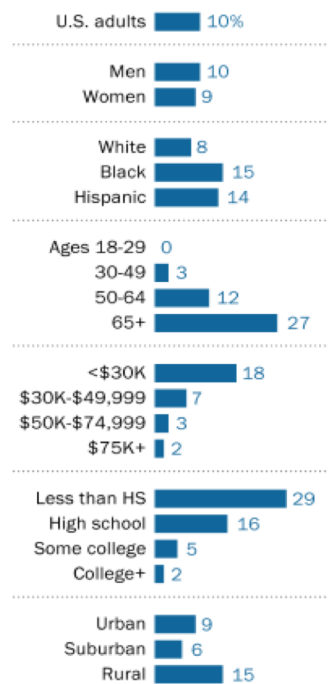
Note: Whites and blacks include only non-Hispanics. Hispanics are of any race. Source: Survey conducted Jan. 8-Feb. 7, 2019.

PEW RESEARCH CENTER

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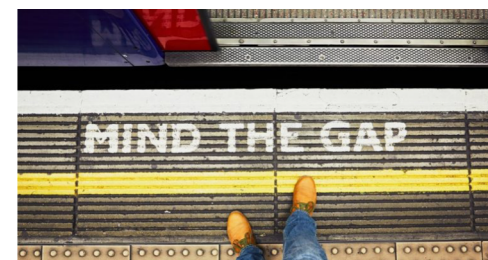
Advancing Digital Health Equity: A Policy Paper of the Infectious Diseases Society of America and the HIV Medicine Association

Brian R. Wood,[1] Jeremy D. Young,[2] Rima C. Abdel-Massih,[3,4] Lewis McCurdy,[5] Todd J. Vento,[6] Shireesha Dhanireddy,[1] Kay J. Moyer,[7] Javeed Siddiqui,[8] and John D. Scott[1]

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic has revolutionized the practice of ambulatory medicine, triggering rapid dissemination of digital healthcare modalities, including synchronous video visits. However, social determinants of health, such as age, race, income, and others, predict readiness for telemedicine and individuals who are not able to connect virtually may become lost to care. This is particularly relevant to the practice of infectious diseases (ID) and human immunodeficiency virus (HIV) medicine, as we care for high proportions of individuals whose health outcomes are affected by such factors. Furthermore, delivering high-quality clinical care in ID and HIV practice necessitates discussion of sensitive topics, which is challenging over video without proper preparation. We describe the "digital divide," emphasize the relevance to ID and HIV practice, underscore the need to study the issue and develop interventions to mitigate its impact, and provide suggestions for optimizing telemedicine in ID and HIV clinics.

Keywords. HIV; communicable diseases; telemedicine; policy.

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Reimbursement

•You can bill private insurance, Medicare, and Medicaid but reimbursement rates vary by payer. May need to meet specific platform, use, and documentation requirements.

•Correct documentation is critical. Document when visit begins and ends, length of chart review + time spent + medical decision-making.

•Some do out-of-pocket model ($25-100 per consult) but can be onerous for patients.

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Table 1. Video visit and eConsult codes

CPT® Code	Description	Time Spent	CY2020 RVU
	Video Visits		
G0425-7	Telehealth consultation, emergency department or initial inpatient	30, 50, 70 min	1.92, 2.61, 3.86
G0406-8	Telehealth consultation, follow-up	15, 25, 35 min	0.76, 1.39, 2.00
	eConsults		
99446-9	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified healthcare professional.	5-10, 11-20, 31-30, >30 min	0.35, 0.75, 1.05, 1.40
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified healthcare professional.	5+ min	0.70

[1]If the patient is seen in-person within 14 days, the eConsult is no longer a billable event
[2]For telephone visits, use modifier G2012

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Advice

- **Standardize your approach as a medical center, practice, or clinician**

- **Provide scripted education for patients in their language & be able to answer questions**

- **You don't just have to use your smartphone**

- **Keep confidentiality in mind (closed door, headset)**

- **Consider what is <u>not</u> appropriate for telemedicine**

- **Develop comfort using only a HIPAA-compliant, encrypted platform**

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Checklist for Telemedicine Visit

☐ **Denote patient details and location for visit**

Name: _____ MRN: _____

Patient plans to join encounter from: _____
                                                                             (specify location)

☐ **Determine language needs**

English | Spanish | Other: _____   ☐ Interpreter needed
  (circle one)   (specify language if Other)

☐ **Identify hardware and software needs**

Telemedicine Software: _____ EHR | External Portal
                                                        (select how patient will connect)

Connectivity: Internet | Broadband   ☐ Headphones needed
               (circle one)

Device: Desktop | Laptop | Tablet | Smartphone
                      (circle one)

☐ **Test hardware and software**   ☐ Test call completed
Conduct test call and then fill out the video and audio assessments below

Video Quality: Acceptable | Poor   Issues: _____
              (circle one)   (describe any issues you experienced)

Audio Quality: Acceptable | Poor   Issues: _____
              (circle one)   (describe any issues you experienced)

☐ **Denote any additional assistance needs**
(e.g. family member, telemedicine navigator, other)

_____

Completed By: _____ Date/Time: _____ / _____
                    (print name)   (mm/dd/yyyy)   (hh:mm)

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Infectious Diseases Society of America Position Statement on Telehealth and Telemedicine as Applied to the Practice of Infectious Diseases

Jeremy D. Young,[1] Rima Abdel-Massih,[2] Thomas Herchline,[3] Lewis McCurdy,[4] Kay J. Moyer,[5] John D. Scott,[6] Brian R. Wood,[4,7] and Javeed Siddiqui[8]

Over the last 2 decades, telemedicine has effectively demonstrated its ability to increase access to care. This access has the ability to deliver quality clinical care and offer potential savings to the healthcare system. With increasing frequency, physicians, clinics, and medical centers are harnessing modern telecommunications technologies to manage a multitude of acute and chronic conditions, as well as incorporating telehealth into teaching and research. The technologies spanning telehealth, telemedicine, and mobile health (mHealth) are rapidly evolving, and the Infectious Diseases Society of America (IDSA) has prepared this updated position statement to educate its membership on the use of telemedicine and telehealth technologies. IDSA supports the appropriate and evidence-based use of telehealth technologies to provide up-to-date, timely, cost-effective subspecialty care to resource-limited populations.

Keywords. telehealth; telemedicine; antimicrobial stewardship; infectious diseases; store-and-forward.

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Thank You!

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Objectives

- **When navigating a hybrid model of care, discuss what can be done regarding services that are more difficult to implement via telehealth (e.g. viral load testing, lab work, etc.)**

- **Discuss the identification and procurement of telehealth peripherals**

- **When training of staff on the use of telehealth, describe how providers recruit and engage with patients**

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Telehealth and **DIAGNOSE**

- HIV self-testing
- Counseling
- Partner services or disease intervention services

Telehealth and **TREAT**

- Linkage to care and navigation services
- Case management
- Virtual appointment with an HIV specialist
- Ongoing counseling and support services

Telehealth and **PREVENT**

- Risk-reduction counseling
- Linkage to care and navigation services for pre- and post-exposure prophylaxis (PrEP and PEP)
- PrEP and PEP virtual appointments with a prescriber
- Delivery of effective behavioral interventions and public health strategies

Telehealth and **RESPOND**

- Rapid scale up of care and prevention services
- Increase access to prevention services and HIV care in rural areas
- Capacity building of public health workforce

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https://www.cdc.gov/hiv/effective-interventions/treat/telehealth?Sort=Priority%3A%3Aasc&Intervention%20Name=Telehealth%20for%20HIV%20Prevention%20and%20Care%20Services

Hybrid Care Delivery:
The Best of Both Worlds

Navigating the Hybrid Model

- **Training is essential**
  - **Clinical providers, staff, patient/caregiver**

- **Continuous quality improvement**
  - **Telehealth new to your site**
  - **Expanding clinical service(s)**

- **Patient preference and need**

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Navigating the Hybrid Model – Medical Perspective

- **Stagger virtual and onsite visit schedules**
- **Consider interdisciplinary integration**
- **Optimize the role of clinical/administrative staff**
  - **Telemedicine TechChecks**
  - **Vital signs**
  - **Medication reconciliation**
- **Add buffer times in between in-person visits**
  - **Hand hygiene**
  - **Replacing face masks**
- **Minimize virtual wait times**

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Navigating the Hybrid Model: Labs + Telehealth

- **Department of Corrections**
  - **Obtain labs onsite at correctional facility**
  - **Uploaded to cloud-based, software-as-a-service (SaaS) service**
  - **Interface with electronic health record (EHR)**
- **Ambulatory Clinic**
  - **Obtain labs at a time that is convenient to the patient before/after telehealth visit**
    - **Within the patient's hospital system**
    - **Clinical laboratory network (i.e. LabCorp)**
      - **Insurance coverage?**

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Navigating the Hybrid Model: Labs + Telehealth

- **Veterans Health Administration (VA)**
  - **Main facility**
    - **Community based outpatient clinics (CBOCS) where a veteran receives care**
      - **Typically, primary care clinics**
      - **Veteran assigned to a specific clinic (including lab draws)**
      - **Labs processed by either the local VA or, rarely, contracted lab**
    - **Rural or many miles from home**
      - **Still report to assigned clinic for labs**

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Navigating the Hybrid Model – Interoperability of EHR

- **Obtain informed consent**

- **Epic/MyChart**
    - **Visit initiated through EHR**
    - **Care Everywhere**

- **Different EHR systems**
    - **Notes documented in patient medical chart and securely faxed**

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Navigating the Hybrid Model – Troubleshooting the Technology

- **Restart computer/device**
- **Make sure pop-up blocker for site is deactivated**
- **Device charged and plugged in**
- **Internet connection stable and working**
- **Close ALL other applications**
- **Update internet browser if using a web-based platform**
- **Use a different device if the one you are on is not working**
- **Provide patient with contact information if an issue arises**

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Identification and Procurement of Telehealth

Identification of Telehealth Peripherals

- **What type of clinical service is being implemented?**
- **Is special equipment needed for diagnostics?**
- **Is remote patient monitoring (RPM) needed?**
- **Wearables (EKG/ECG, blood pressure, blood glucose)**
- **Clinic/Hospital-based equipment**
  - **Pulse oximeter, digital stethoscope, blood pressure cuff, glucometer, otoscope, ultrasound, and EKG monitor**

Identification of Telehealth Peripherals

- **Collects and transmits biometric data**
  - **Produces high-end data, images, videos, and audios for proper treatment and diagnosis**
- **Wired Peripherals**
  - **Connects to a base station using an ethernet cable, a serial RS 232 cable, a USB cable, a VGA cable, or a proprietary cable**
- **Wireless Peripherals**
  - **Connects with a base station via Wi-Fi, Bluetooth, a cellular adaptor, wireless USB, an infrared signal, or a proprietary wireless dongle**

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What to Consider When Procuring Peripherals

- **Functions**
  - **What do you need the equipment to do?**
- **User-friendliness**
  - **Should make providing and receiving care easier (not harder)**
  - **Staff: equipment that is difficult to use   inefficiency and errors**
  - **Patients: if the equipment is not user-friendly   incorrect use or resist using it at all**
- **Portability**
  - **Important for RPM and mobile medical devices**
  - **Equipment that is cumbersome, fragile, or heavy is less useful**

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What to Consider When Procuring Peripherals

- **Setup**
  - Will it work right out of the box?
  - Will it need to be programmed?

- **Training and support**
  - What's required to use the equipment?
  - What maintenance support does the equipment company provide?
  - What happens if the equipment breaks or needs to be upgraded?
  - Is there any warranty for repairs or replacements?
  - Ensure equipment gets fixed or replaced quickly is essential

- **Compatible software**
  - Most equipment requires existing software
  - Some equipment may come with software installed, some may require software to be purchased and installed separately
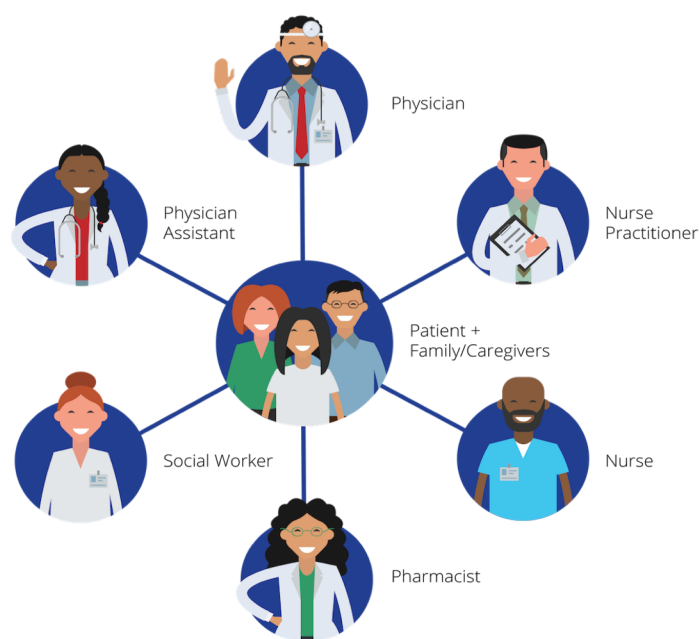 - If you already have software systems in place, is the device compatible?

- **Cost**
  - Peripherals can range from a few hundred to several thousands of dollars, depending on the specific devices and how many of them you need
  - Additional costs to consider (software, training, and maintenance)
    - Some costs will be ongoing while some are only associated with implementation
    - You get what you pay for

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What to Consider When Procuring Peripherals

- **Amwell:** Telemedicine equipment from Amwell ranges from telemedicine carts to peripherals. Home kits can be used with a virtual care app to connect patients and providers with data and communication in real-time.
- **VSee:** VSee offers telemedicine kits for remote consultations, home care kits, and full medicine carts with optional devices including digital stethoscopes.
- **InTouch Health:** InTouch Health has telemedicine solutions including dedicated tables, TVs, and a wide range of telehealth carts. All InTouch Health carts offer video capabilities.
- **AMD Global Medicine:** Integrated medical devices from AMD Global Medicine include cameras, scopes, and vital sign monitors.
- **GlobalMed:** Telemedicine stations from GlobalMed offer virtual care delivery, designed to be used at remote sites, homes, workplaces, schools, and other facilities.

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Training – Medical Team

TRAINING	DESCRIPTION	STAFF	FREQUENCY
Program Implementation	Offered by the telehealth champion and a third party organization with a successful telehealth program or knowledge of implementation	All staff involved with the program Staff or key partnerships	Offered at the start of the program before full implementation
Cultural Humility Training	Ensure staff with minimal experience serving people with HIV are trained to combat stigma and misinformation related to HIV	All staff who will interact with clients in any way, including front-desk personnel	Onboarding and yearly thereafter
How to Place/End Telehealth Encounters	Staff should feel confident with the basics of starting and completing a telehealth visit	All staff who participate in telehealth visits	Onboarding
Simple Telehealth Connectivity Troubleshooting Procedures	Train all staff to overcome small troubleshooting challenges, to reduce burden on IT support staff	All staff who participate in telehealth visits	Onboarding
Additional Equipment (Peripherals) Training	Proper use of telehealth hardware, software, and all additional equipment (peripherals)	All staff who participate in telehealth visits	Onboarding
Re-Familiarization Training	Ensure that clinical staff members who do not regularly utilize the telehealth equipment and peripherals are kept current on the procedures and equipment Recommended to conduct with all providers	All staff who participate in telehealth visits	Quarterly/Semi-Annually

https://www.cdc.gov/hiv/effective-interventions/library/telehealth/implementation-materials/cdc-hiv-ei-telehealth-practitioners-guide.pdf
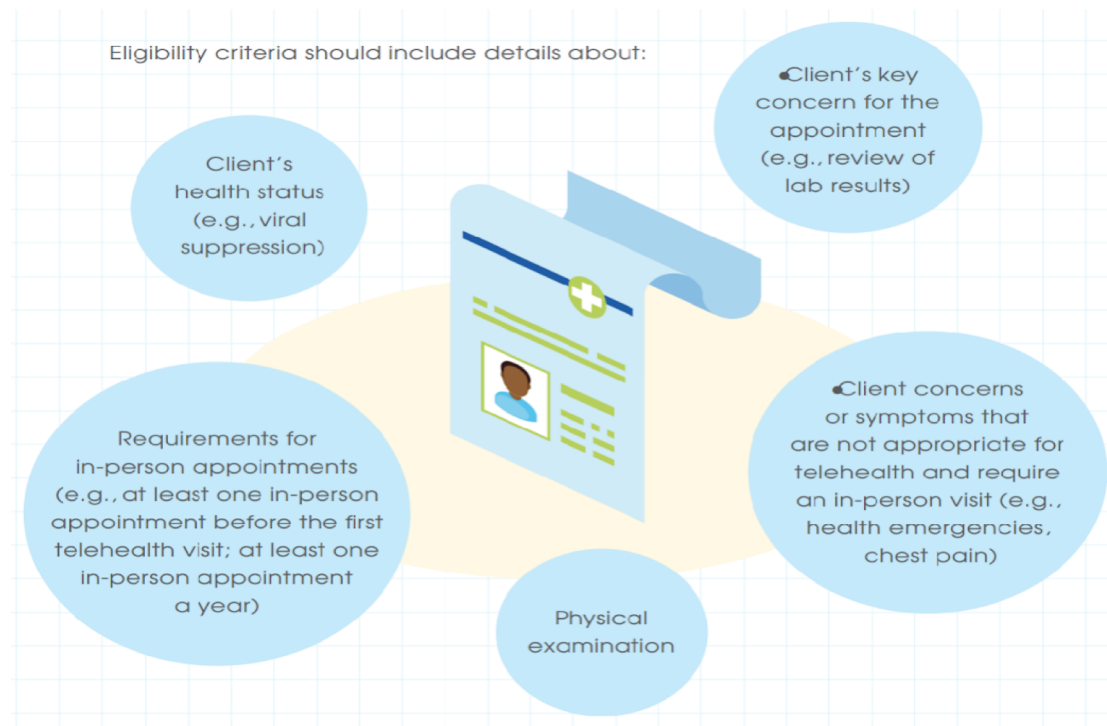
Training – Future Medical Team Members

TABLE 5 Educational components of training programs to prepare health care providers in the use of telehealth technologies

Training components	Description
Shadowing	Newly hired health care providers benefit from observing the workflow and procedures as performed by an experienced practitioner
Onboarding	A presentation or process in which the health provider is provided with a detailed explanation of the workflow, processes, and important details of the telehealth pharmacy operations and procedures
Phased education	Telehealth settings often require employees to conduct several tasks in succession or simultaneously. Showing employees these tasks in phases may instill more confidence in the employee than being exposed to the entire workflow immediately
Observation of video/audio recording of previous interactions	The trainee can observe previously recorded clinician-patient interactions and identify positive components to interactions, components of the interaction that could be improved, and whether all phases of the interaction were completed
Simulated experience	The trainee can role-play clinician–patient and clinician–clinician interactions and receive feedback. This may include patient/clinician actors. Simulated experiences should include a variety of scenarios, such as a demanding patient, a patient with a language barrier, and a patient with connectivity issues. Competency-based evaluation of techniques can be used to assess communication, teach-back techniques, application of motivational interviewing, and compliance with operations/procedures
Observation period of trainee	Once an employee is ready to autonomously participate in a telehealth workflow, having a supervisor verify a predetermined set of encounters will provide valuable and immediate feedback to reduce potential errors in the future. A minimum number expectation can be applied and a competency assessment performed
Employee mentor	New hires have questions and concerns, given the complexity of telehealth technologies and procedures. Providing access to a colleague to answer questions can reduce errors, increase workplace satisfaction, and enhance an employee's progress to becoming fully autonomous within a system

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J Am Coll Clin Pharm. 2021;4:1044–1055.

Patient Recruitment

- **Announce the availability of telehealth services**
  - **Update your website**
  - **Send an email to patients**
  - **Mail a letter or postcard**
  - **Share information via social media**
  - **Announce services in local newspapers and radio**
  - **Place brochures or handouts in multiple languages in your waiting room**
  - **Publicize to local community groups and religious organizations**
  - **Attend community events**

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https://telehealth.hhs.gov/providers/preparing-patients-for-telehealth/announcing-the-availability-of-telehealth/

The Who and the When of Telehealth

Eligibility criteria should include details about:

- Client's health status (e.g., viral suppression)
- Client's key concern for the appointment (e.g., review of lab results)
- Requirements for in-person appointments (e.g., at least one in-person appointment before the first telehealth visit; at least one in-person appointment a year)
- Client concerns or symptoms that are not appropriate for telehealth and require an in-person visit (e.g., health emergencies, chest pain)
- Physical examination

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https://www.cdc.gov/hiv/effective-interventions/library/telehealth/implementation-materials/cdc-hiv-ei-telehealth-practitioners-guide.pdf

Video Series

Educational client videos were developed to demonstrate and troubleshoot challenges of the Virtual Visit process.
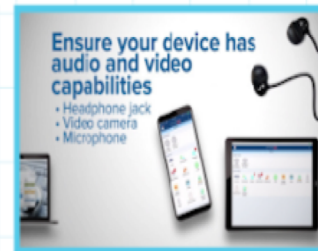
Virtual Visit for HIV Care: Video Series

1 Introduction to Virtual Visit	2 Scheduling Virtual Visit	3 Preparing for Virtual Visit	4 Interacting with Your Provider During Your Virtual Visit	5 Virtual Visit at a Presenting Site
• Setting up the app • Logistics of a Virtual Visit	• When to schedule an in-person appointment • Cost of a visit	• Audio and video requirements for devices • Ideal spaces to conduct a Virtual Visit • Launching a Virtual Visit	• Overview of a Virtual Visit from start to finish • Tips to communicate with a provider through a virtual platform	• Role of partner agencies as presenting sites for clients who do not have the technological capabilities or the privacy to participate in a Virtual Visit from home

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Best Practices

- **Embrace technology**
- **Vet your telehealth equipment**
- **Initial in-person visit**
  - **Not all clinical sites will need this**
- **Expose patients to telehealth often**
- **Market the program**
- **Ask about interest at visit**

1 CREATING A SCHEDULE

FRONT DESK keeps an ongoing list of potential patients and schedules appointments after approval on a predetermined day with labs two weeks prior

PHYSICIAN verifies patients as appropriate candidates for telemedicine

2 OBTAINING LABS FOR APPOINTMENTS

NURSE sends all lab orders to labs two weeks prior to appointments

NURSES obtain lab results from lab one week prior to appointments & records in chart

PHYSICIAN signs off on lab results & reviews charts

3 APPOINTMENT VERIFICATION

NURSE cancels appointments if labs are not completed

FRONT DESK calls patient to reschedule

FRONT DESK confirms appointment time & access to technology/equipment if labs are completed

4 TEAM COMMUNICATION

NURSE communicates schedule with physician & Information Technologist (IT)

PRACTICE ADMINISTRATOR is notified if technological or weather difficulties occur & will notify the physician & the patient of cancellation

5 SUCCESSFUL TELEHEALTH VISIT

IT available for technical difficulties

NURSE at remote location

PHYSICIAN at original site

FRONT DESK calls to schedule follow-up appointment when visit completed

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Next Steps

- Please complete needs assessment, if you have not already done so.
- HealthHIV will post a link to the Zoom recording by Friday, Nov. 5th.
- Post your questions to speakers in the Google Group thread by COB Nov. 12th.
- HealthHIV is scheduling the 2nd TA session on Improving Client Access for Nov. 17th or 18th.

Share your questions, comments, and ideas for our cohort topics in the Google Group!

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Visit www.TelehealthHIV.org or www.HealthHIV.org

Contact AnnaB@HealthHIV.org for information about telehealth technical assistance