Technical Assistance Session: Optimizing the HIV Client's Telehealth Experience

December 16, 2021 at 3:30 PM ET/12:30PM PT
Overview

This session will cover the HIV client experience with telehealth, including:

- HIV client attitudes towards telehealth
- Strategies for client engagement and retention in telehealth
- Tailoring messaging around telehealth
- Rapport-building via telehealth
- Best practices for telehealth navigation.

You may submit questions in the chat box and questions also will be facilitated via live audio at the end of the session.
Introductions - Speakers

Dima Dandachi, MD, MPH
Medical Director of the HIV/AIDS Program, University of Missouri Health Care

Aleeshba Basil, BS
Telehealth Navigator, University of Florida - Jacksonville
Expanding HIV Care Through Telehealth

This is the last technical assistance session. The next and final step for participants will be to complete a post-program evaluation.
TeleHealthHIV Overview

CAPACITY BUILDING

WEBINARS

RESOURCES

HealthHIV.org/TeleHealthHIV
Dima Dandachi, MD, MPH

Medical Director of the HIV/AIDS program MU health care
Medical Director of Outpatient Antimicrobial Therapy (OPAT) and Vascular access team
Division of Infectious Diseases, Department of Medicine
University of Missouri- Columbia
Experience of people living with HIV

Exploring the attitude that people living with HIV have towards the implementation of a telehealth program for their HIV care

February – June 2018, Houston, Texas

Very large Ryan White clinic ~5000 PLWH
At that time none of the patients had any prior experience with telehealth
Retention in care

So many barriers for PLWH to be retained in care
- Transportation challenges
- Competing life events
- Time consuming
- Driving time: Nationwide, the median county-level drive time to HIV care is between 69 - 90 minutes
- Stigma

[Image: Prevalence-based HIV Care Continuum, U.S. and 6 Dependent Areas, 2019]

Telehealth

- Telehealth could address many of the factors identified as barriers for retention in HIV care.
- We explored PLWH’s attitudes about using telehealth for HIV care instead of face-to-face clinic visits.
- 371 participants completed the survey; median age was 51 years, 36% were female, 63% African-American and 26% Hispanics.

How likely would you use Telehealth?
Telehealth

- Participants reported many benefits including ability to fit better their schedule, decreasing travel time, and privacy.

- Factors associated with likelihood of using telehealth include personal factors (US-born, higher educational attainment, higher HIV-related stigma perception)

- Sociodemographic factors such age, sex, race, and income were not associated with attitude for telehealth among PWH.

- Lack of devices, internet, limited data plan, and lack of familiarity with the technology was perceived as barriers for telehealth for 30% of respondents

- There was no association between participants with uncontrolled HIV, medication adherence, and likelihood of using telehealth.
Patients’ experience with telehealth

- There is evidence that patients are generally pleased with their experience using telehealth

- Younger patients were more comfortable using telehealth technology

- Positive patient experiences: 91% of patients reported effective communication with their provider and 67% indicated that their telemedicine visit was more convenient than a clinic visit
Telehealth experience in Missouri

Visits for family medicine, internal medicine, cardiology, and medical specialty at the University of Missouri-Columbia

McElroy et al. Prev Chronic Dis. 2020; 17: E64.
Preliminary data suggest that, among adults age 19 to 64, services delivered via telehealth per 1,000 beneficiary months from March through June 2020 varied across states.

Telehealth rates among working age adults peaked in April for nearly all states and began to fall in May.

Across states in April 2020, Missouri had the highest monthly rate at 520 services per 1,000 beneficiaries age 19 to 64, and South Carolina had the lowest monthly rate at 51 services per 1,000 beneficiaries age 19 to 64.

Note: Data for recent months are likely to be adjusted upward due to claims lag; see slides 5 and 11 for additional details on claims lag.

Notes: These data are preliminary. Data are sourced from the T-MESS Analytic Files v4 in AREMAC, using final action claims. They are based on August T-MESS submissions with services through the end of July. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for July are mostly incomplete, results are only presented through June. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states.
What made it successful?

- Infrastructure
- Organization readiness, buy-in
- Telehealth dedicated team
- Support and training to providers
- Rearranging the workflow
- Re-assessment, evaluation
- Providers satisfaction
- **Patient satisfaction**
PLWH and telehealth

No show rate - MU Med Spec Infectious Disease

No show rates for PLWH

<table>
<thead>
<tr>
<th>Month</th>
<th>In-person 2021</th>
<th>Telehealth 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>27%</td>
<td>27%</td>
</tr>
<tr>
<td>July</td>
<td>25%</td>
<td>26%</td>
</tr>
<tr>
<td></td>
<td>32%</td>
<td></td>
</tr>
</tbody>
</table>
Barriers to telehealth

- Limited broadband internet access
- Lack of access to compatible device
- Digital literacy
- Language barriers and lack of interpretation service
Not everyone’s experience is the same

“It is hard on me, this [telehealth] changed my relationship with my doctor... I don’t like to feel rushed”
- I am an HIV survivor for 27 years

“Even if I tried video, it was very painful for myself and the patient”...“Speaking more to my personal experience, I honestly do not like telehealth, and this is me just me being totally honest”- HIV healthcare provider

“I will estimate, perhaps I am negative, I think 30% of my patients will never be able to do telehealth, just because they do not have the level of education” – Clinician

“It affected my mental and emotional health because I would spend more time on the call agitated because it is all new to me”...“The technology is something I struggled with all my life”...“I am a visual person, and no one showed me how to do it”... “If people are poor does not mean they are stupid and can’t learn”
- 63 years old person living with HIV
UF Health and CDC Implementation Project:

Telehealth for Minority Persons With HIV in an Urban Setting

Aleeshba Basil
Disclosures

This project was funded by the Centers for Disease Control
PS17-1710
Acknowledgements

UF Health Jacksonville
- Project Director, Reetu Grewal, MD
- Community Health and Family Medicine Department (CHFM)
- Center for HIV/AIDS Research, Education, and Service (UF CARES)

HealthHIV
- Capacity Building and TeleHealthHIV

CDC
- Prevention Research Branch/DHAP/NCHHSTP

Community Organizations
- Jacksonville Area Sexual Minority Youth Network
- Northeast Florida AIDS Network
- Nassau County Health Department
- River Region Health and Human Services

Marketing Teams
- Beson 4
- UF Health Jax Marketing Team

TeleHealthHIV
Presentation Overview

- UF Telehealth Program Overview
- Patient Perspectives
- Lessons Learned
UF Health and CDC Implementation Project:

Overview
Telehealth Adoption at UF Health Jax

- Pediatric Neurosurgery: 1990
- Community Health and Family Medicine: 2016
- Adult Neurology: 2015
- Epic Integration: 2017
- Zoom: 2020
Multi-departmental Project

RRHS
JASMYN
NC DOH
NFAN
CDC
HHIV

UF CARES
UF CHFM

TeleHealthHIV
Telehealth Infrastructure

• Technology
  • Hardware
  • Software
• Legislation
• Reimbursement
• Translation Services
Patient Education

**HOW TO USE MYCHART VIRTUAL VISIT**

The following provides a step-by-step description of how to obtain medical appointments with the MyChart Virtual Visit app.

**GETTING STARTED**

**Sign Up Now!**

- You must be a UF Health patient
- Have a MyChart Account
- You can call your UF Health Clinic to request an email invite to join MyChart

If you do not have an account, visit: https://mychart.shands.org/mychartprd/accesscheck.asp and select “Sign Up Now”.

Note: If you do not have an access code, you may obtain one from your UF Health Clinic or by clicking “Sign Up Online” and following the prompts.

**1 Install the MyChart App**

- Search for the “MyChart” app on iTunes or Google Play.
- Download MyChart to your phone.

**2 Set up the MyChart App**

- Tap on the MyChart icon and accept the license agreement.
- Allow the app to access your location. This will help you find your healthcare provider.
- Search for and select MyUFHealth.

**3 Set Up My UFHealth**

- Enter your MyChart username and password. Click “Forgot Username or Password” to reset your login as needed.

**4 Checking Appointments**

- Go to the home screen and tap the Appointments icon to view upcoming and past appointments.
- Visit past appointments to review messages, lab results, medications, etc.
- Virtual Visit appointments are identified by the title “Virtual Visit” and a camera icon. Tap the Telemedicine appointment to open it.
- A green camera icon means it is time for your Virtual Visit.
- Complete el/update before your Virtual Visit to:
  - Verify contact info, medications, and allergies
  - Sign consent forms
  - Submit co-payments
The Role of a Telehealth Navigator: Patient Training & Engagement

*Educated Patients are Empowered Patients!*
UF Health and CDC Implementation Project:

Patient Perspectives
Patient Satisfaction Surveys

- Redcap surveys were sent to patients:
  - Who had virtual visits to gauge satisfaction with their virtual visits
  - Who had in person visits to gauge their satisfaction in comparison to virtual visits
Marketing

Skip the waiting room.

Try Virtual Visit with your UF Health provider.
804-383-1052
UFHealthjax.org/virtual-visit

The same caring experts.
A smarter way to visit them.

Eligibility: To begin using Virtual Visit, you must be an established UF Health provider with a UF Health account, be a member through the MyChart app, and have visited your UF Health provider in person at least once in the past six months. Call 804-383-1052 to check your eligibility and learn more about how to get started.

Insurance: If your insurance provider covers Virtual Visit, the cost is typically the same or lower than your normal copay. A self-pay option is also available.

Privacy and Security: Your privacy is important to us. Your visits are never recorded. The video and audio are transmitted. Your UF Health provider will document your visit in your chart the same way as an in-person visit would be documented.

UFHealthJax.org/virtual-visit

Living with HIV?
Receive care anywhere using UF Health Virtual Visit.

TeleHealthHIV
Patient-Centric Media Campaigns
Patient Focus Groups

- Team conducted 6 focus groups to learn patient perspectives from patients who utilized telemedicine and those who declined telemedicine.

This Photo by Unknown Author is licensed under CC BY-SA
Facilitating Factors for Virtual Visit (VV) Use and Potential Outcomes

VV Usage

- Privacy
- Minimizes Stigmatization
- Convenience
- Reduces Wait Time

- Transportation Barriers
- Medical records/lab result access
- Healthcare system navigation
- Childcare
- COVID-19
- No-Show rates (organization)
Barriers or Hindrances for Virtual Visit Use

- Lack of Access
- Privacy & Security
- Telehealth Literacy
- Technology Changes
- Quality of Care
UF Health and CDC Implementation Project:

Lessons Learned: *Expect the Unexpected*
COVID-19

Rapid Increase in Patient Demand for Multidisciplinary Telehealth Services
Adapt and Overcome: 
Ensuring Efficient Workflows

Patient Registration Workflow
Provider Education
• Web-Side Manner
• Technology Changes
Telehealth Navigator
Questions?