



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.

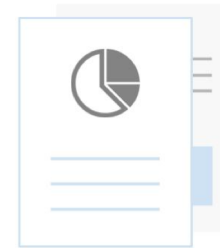
TeleHealthHIV Overview



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

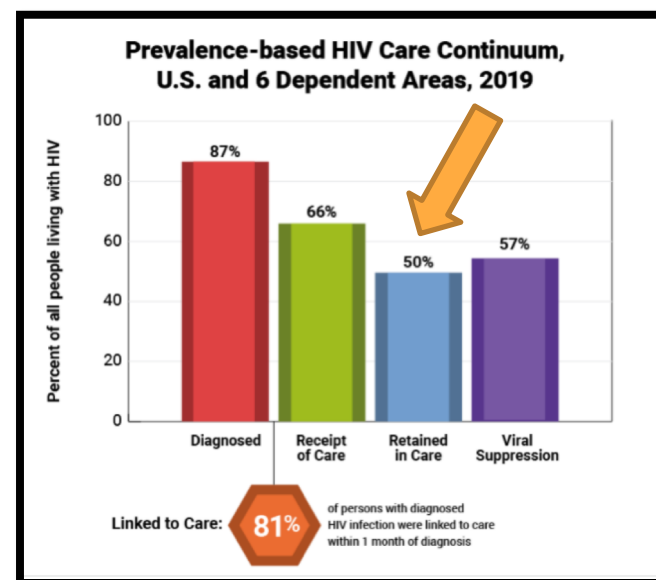
At that time none of the patients had any prior experience with telehealth



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

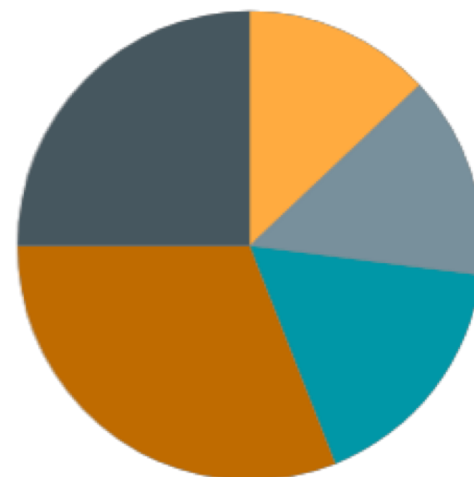


<https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum>

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.

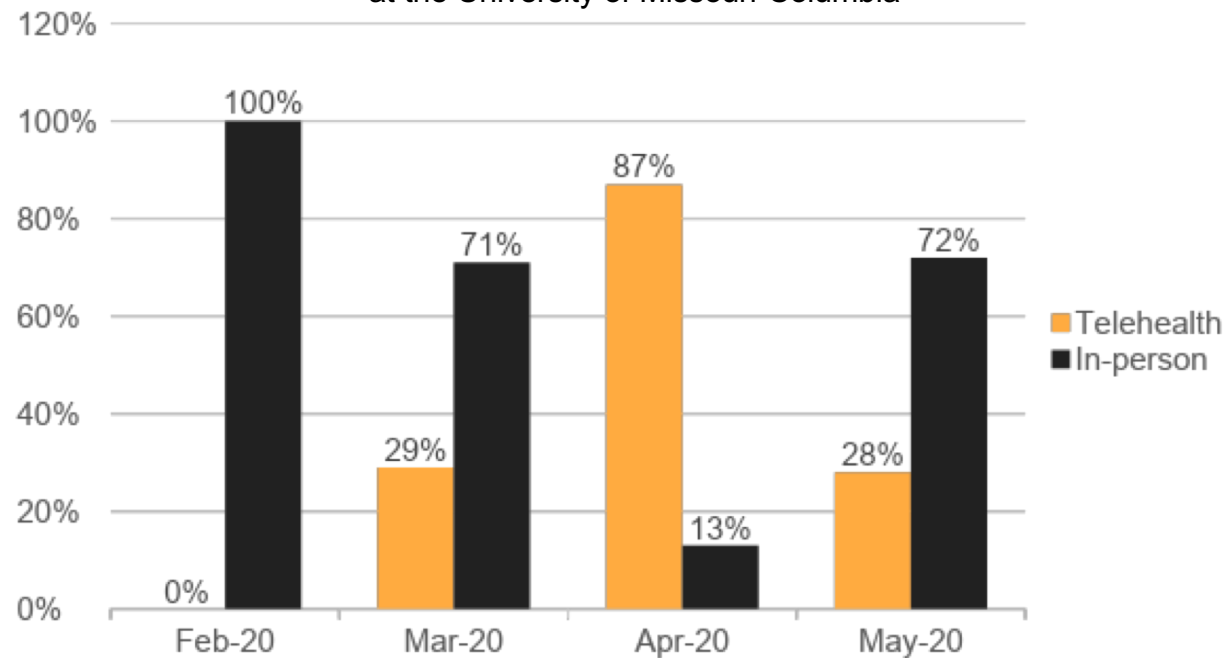


Patients' experience with telehealth

- 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



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

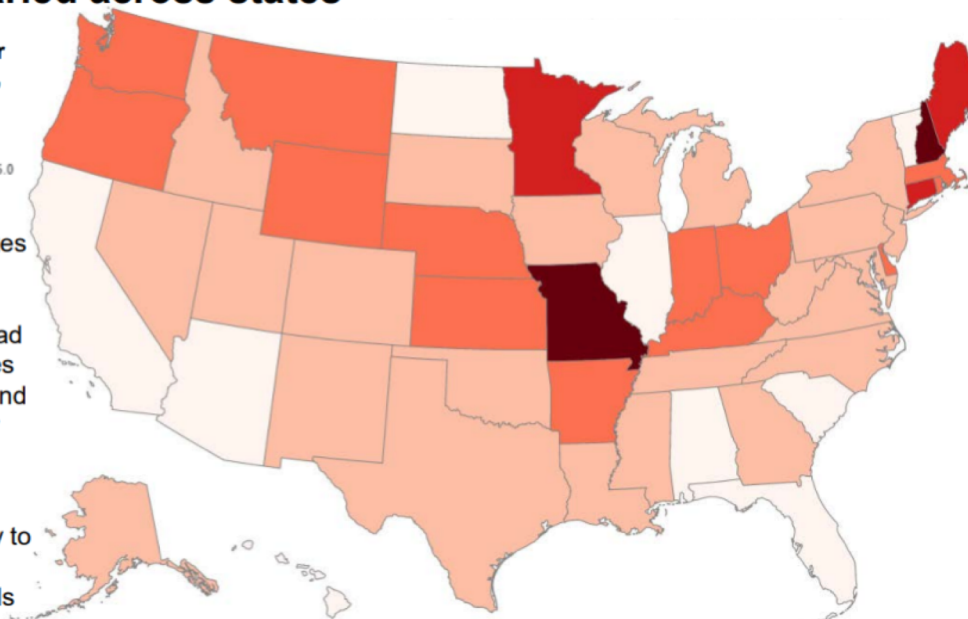
of services delivered via telehealth per 1,000 beneficiary months (age 19 to 64), March – June 2020



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.

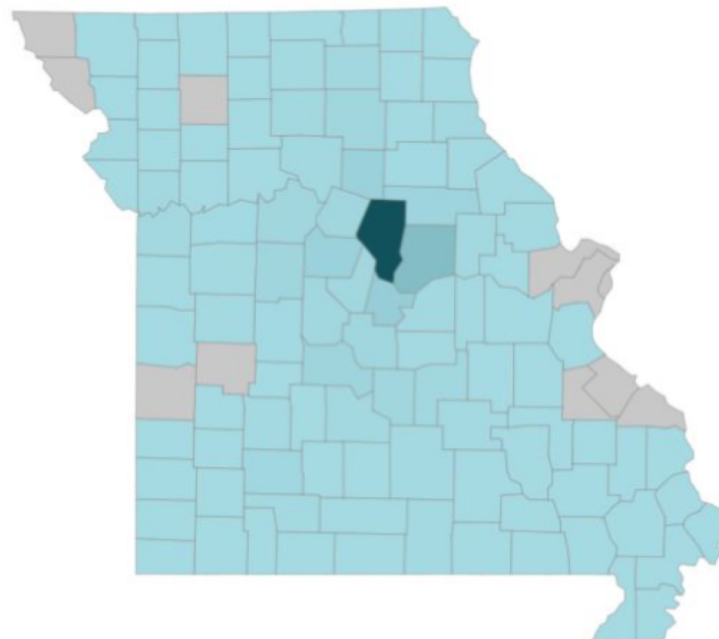
Note: Data for recent months are likely to be adjusted upward due to claims lag; see slides 5 and 11 for additional details on claims lag.



Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on August T-MSIS 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.

9

Distinct Patients Arrived by County



49,883

Appointments Arrived

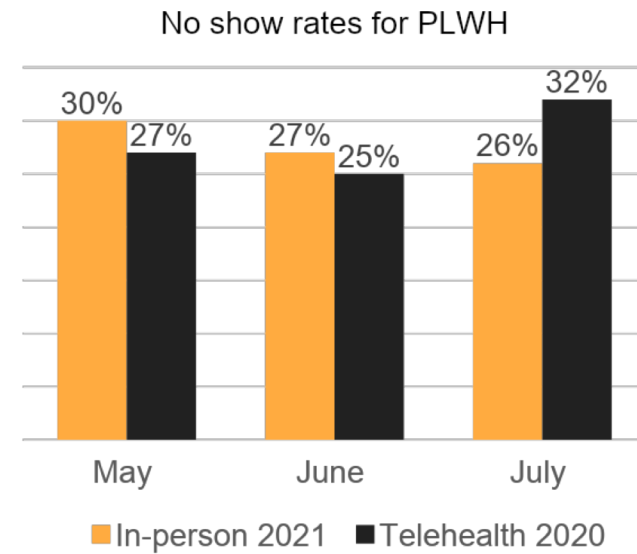
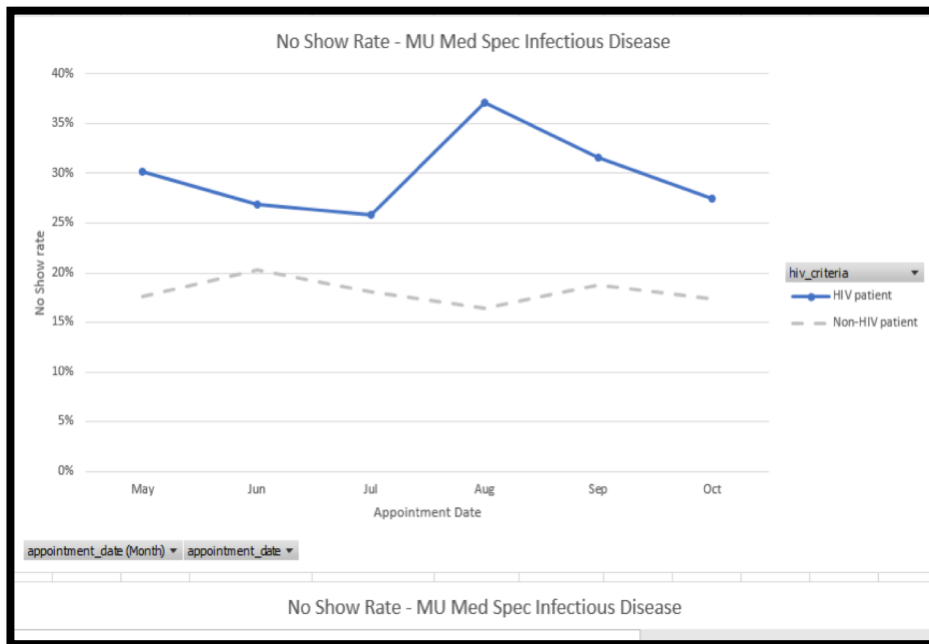
5,403,446

Miles Avoided

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



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**



Centers for Disease
Control and Prevention



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



Presentation Overview



UF Telehealth Program Overview



Patient Perspectives

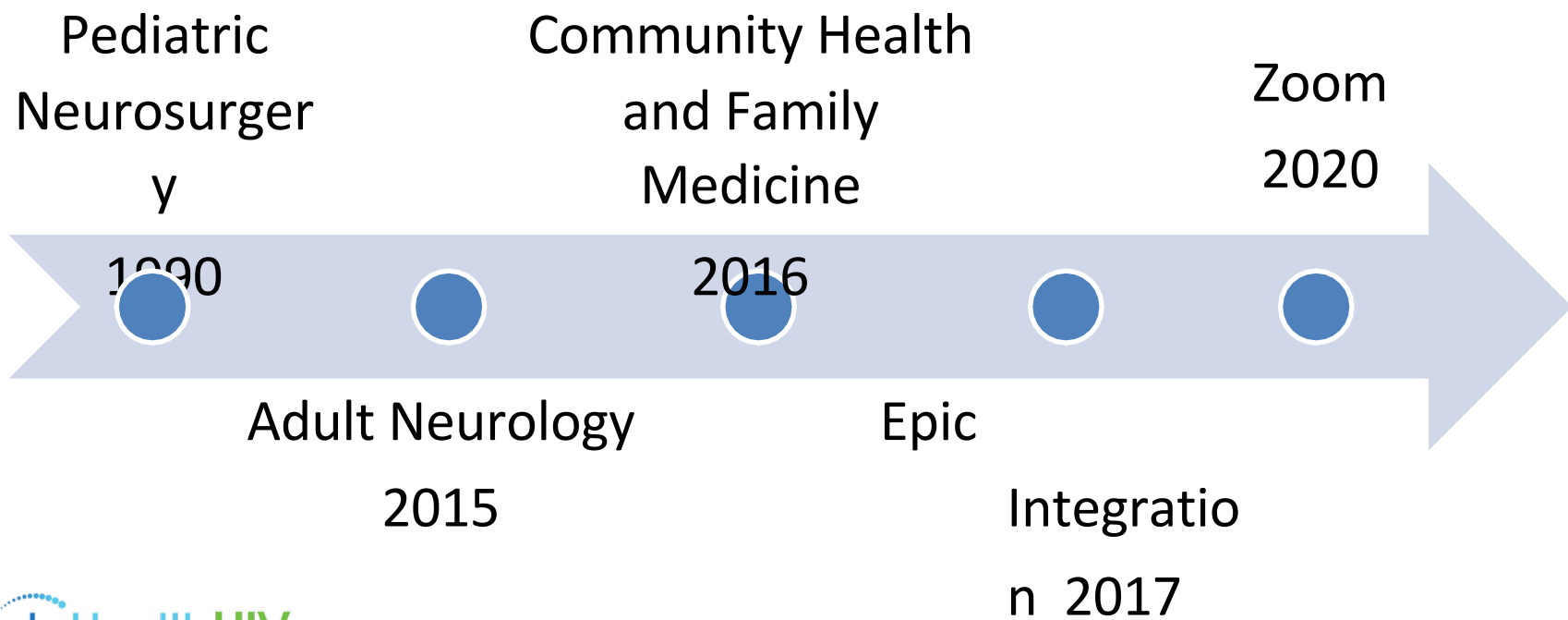


Lessons Learned

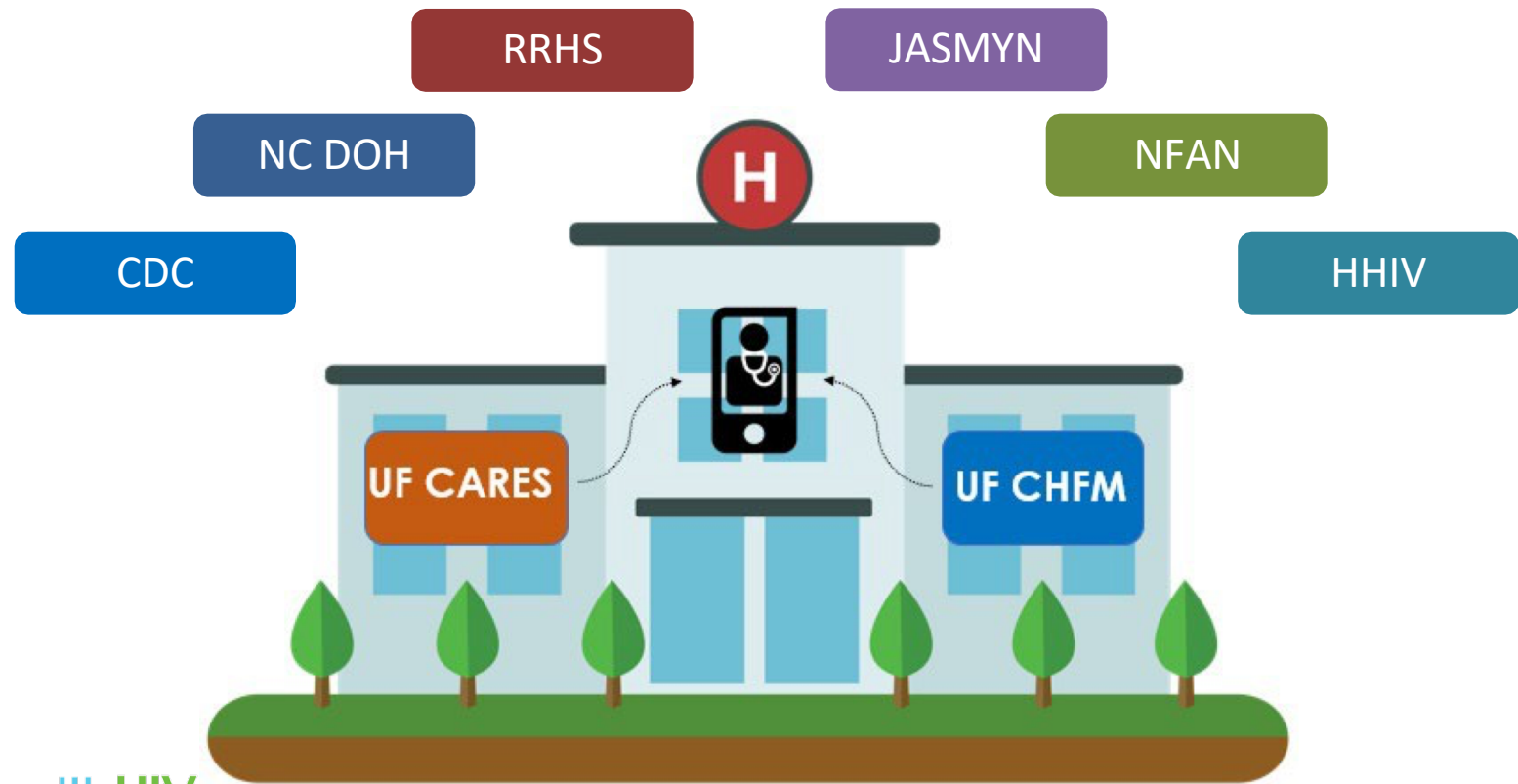
UF Health and CDC Implementation Project:

Overview

Telehealth Adoption at UF Health Jax



Multi-departmental Project



Telehealth Infrastructure

- Technology
 - Hardware
 - Software
- Legislation
- Reimbursement
- Translation



Patient Education



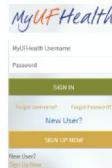
HOW TO USE MYCHART VIRTUAL VISIT

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 MyUFHealth 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 Apple 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.



- 👤 You can set up a passcode or Touch ID during your first login or through the MyChart Preferences.

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 eUpdate 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



This Photo by Unknown Author is licensed under CC BY-SA-NC

Marketing



Skip the waiting room.

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

Try Virtual Visit with your UF Health provider.

904.383.1052
UFHealthJax.org/virtual-visit

UFHealth
UNIVERSITY OF FLORIDA HEALTH



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

UFHealth
UNIVERSITY OF FLORIDA HEALTH

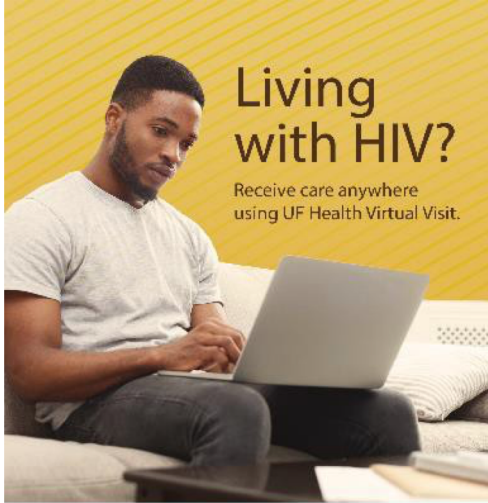
Eligibility
To begin using Virtual Visit, you must be an established UF Health patient with a MyUFHealth account, accessible through the MyChart app, and have visited your UF Health provider in person at least once in the past six months. Call 904.383.1052 to check your eligibility and learn more about 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 Safety
Your privacy is important to us. Your visits are never recorded. The video and audio are livestreamed. Your UF Health provider will document your visit in your chart the same way an in-person visit would be documented.

UFHealth
UNIVERSITY OF FLORIDA HEALTH

UFHealthJax.org/virtual-visit



Living with HIV?

Receive care anywhere using UF Health Virtual Visit.

✓ Save time ✓ Travel less ✓ Live secure video

UFHealth
UNIVERSITY OF FLORIDA HEALTH

Call 904.383.1052 to determine eligibility.
UFHealthJax.org/virtual-visit

Patient-Centric Media Campaigns



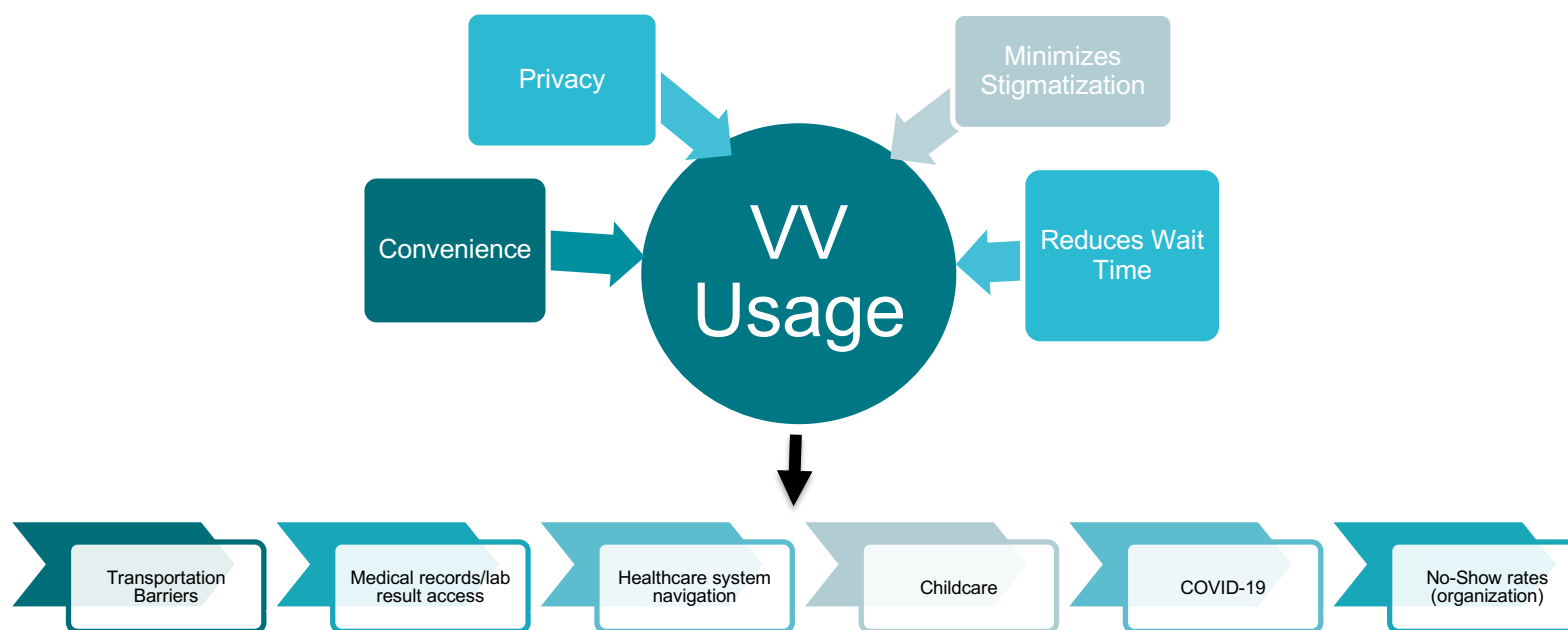
Patient Focus Groups



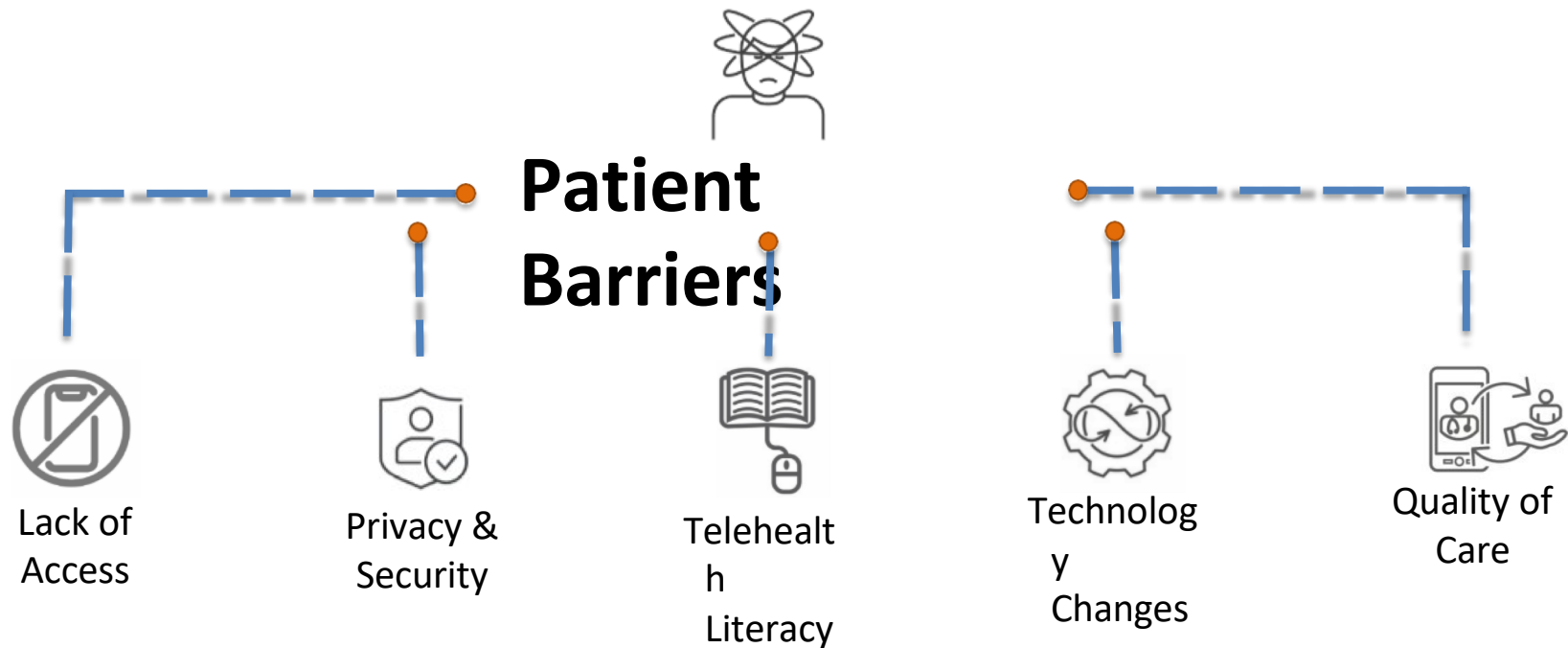
This Photo by Unknown Author is licensed under CC BY-SA

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

Facilitating Factors for Virtual Visit (VV) Use and Potential Outcomes



Barriers or Hindrances for Virtual Visit Use



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?

