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HIV CARE & TREATMENT

# Ending the Epidemic: A Pilot HIV Telehealth Program in an Urban Setting

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# Learning Outcomes



- Describe how telehealth can improve outcomes along HIV prevention and care continuums for people with HIV in urban areas
- Explain how an agency can plan and develop a telehealth program for Ryan-White eligible clients
- Illustrate the implications of resource allocation for telehealth, including potential cost savings
- Describe successes and challenges of the University of Florida Health (UF Health) Virtual Visit Program
- Understand capacity building resources and promotional activities to drive telehealth activities

# Telehealth - A Brief Review



A modality for delivering health care services and public health via information and communication technologies

## **Applications**

Diagnosis  
Consultation  
Treatment  
Education  
Care management  
Self-management

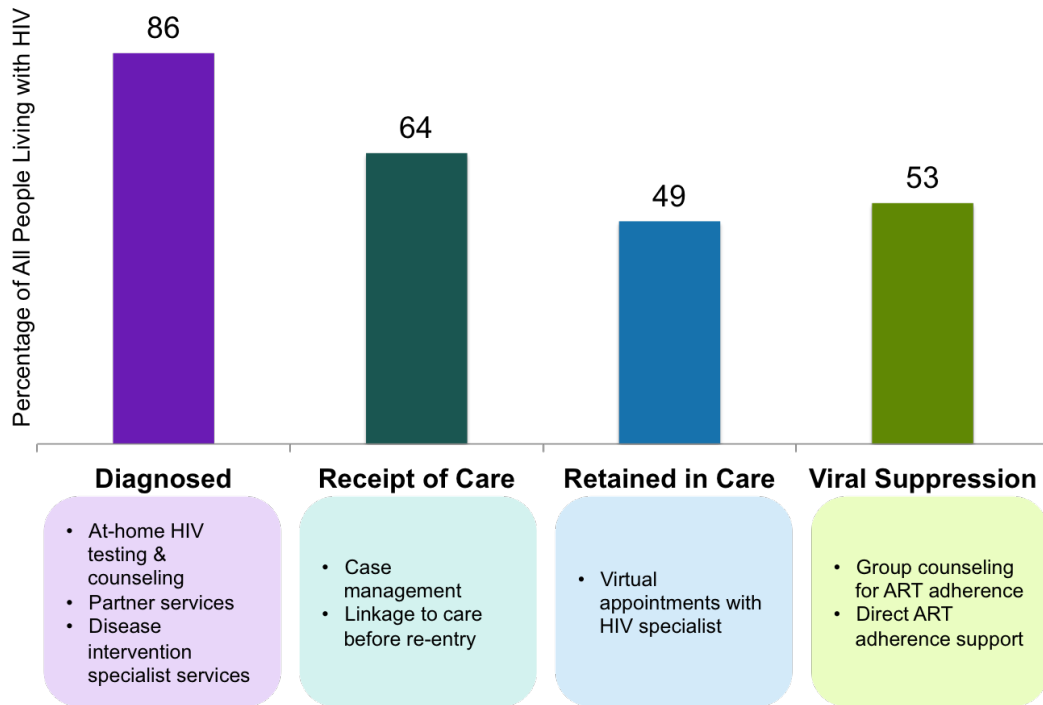
## **Benefits**

Access to HIV prevention and care services  
Client engagement  
Patient/provider relationship

# Scope of the Program: Telehealth & the HIV Care Continuum



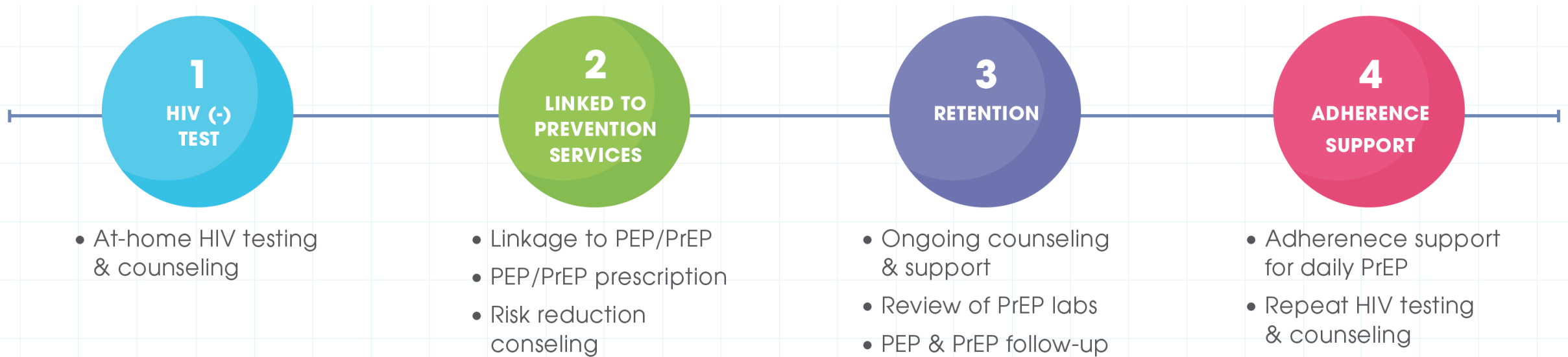
National Continuum of Care Data, 2016



The graphic above illustrates the most recent national continuum of care data from 2016 and potential telehealth interventions at each stage.

- The HIV care continuum describes the steps of medical care that people with HIV progress through from initial diagnosis to viral suppression.
- After a positive HIV diagnosis, it is imperative for individuals to be linked to a healthcare provider and begin antiretroviral therapy (ART) treatment as soon as possible.
- Ongoing retention in care and adherence to ART help clients achieve viral suppression.

# Scope of the Program: Telehealth & the HIV Prevention Continuum





# Developing a Telehealth Program for Ryan-White Eligible Clients



- 2016: HRSA HAB released Policy Clarification Notice (PCN) #16-02, entitled, “Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.” Telehealth is identified in the PCN as:
  - An approved setting or type of encounter for delivery outpatient/ ambulatory health services
  - Non-medical case management
  - Note: PCN refers to telehealth as a method (modality) to deliver a service category (outpatient/ambulatory health services). PCN does not refer to telehealth as a service category

- When utilizing telehealth modalities for Ryan White clients, RWHAP recipients should abide by HRSA's guidelines for allowable services. Under RWHAP all services must:
  - Relate to HIV diagnosis, care, and support
  - Adhere to established HIV clinical practice standards
    - US DHHA Clinical Guidelines for Treatment of HIV and other pertinent clinical guidelines
  - Comply with state and local regulations and licensure requirements



# Implications of Resource Allocation For Telehealth

# Implications of Resource Allocation for Telehealth: Potential Cost Savings



- Telehealth can lower patient spending and drive provider revenue in a number of ways, including:
  - Reduce no-show appointments
  - Prevent the patient's wage loss, childcare and transportation costs of traveling to a distant hospital
  - Boost downstream referrals, patient retention, and patient acquisition without building new facilities
  - Help providers in oversaturated clinics see more patients through virtual care sessions with flexible hours

# More Implications of Resource Allocation for Telehealth: Potential Cost Savings



- Virtual care delivery drives down the cost of healthcare via:
  - Shorter hospital stays
  - Shared staffing
  - Better chronic disease management
- Remote patient monitoring can help patients avoid expensive ER visits and hospitalizations
- Virtual care collaboration between providers can create a more comprehensive view into a patient's story that eliminates redundant care.

# Other Implications of Resource Allocation for Telehealth: Potential Cost Savings for Providers



- Telemedicine can:
  - Attract younger patients
  - Increase referrals
  - Recoup weekend/evening service revenue who would otherwise go to urgent care center
- Telemedicine affords providers the opportunity to expand into communities without increasing their need for expensive facility space and other capital expenditures.



# University of Florida Virtual Visit Program

# Scope of Program: Telehealth in Urban Settings



Stigma being seen at HIV clinic

Access to transport

Daily Caseload

Full Schedule

Wait/Visit Time

Lost Income Missed Work

Limited time for complex care

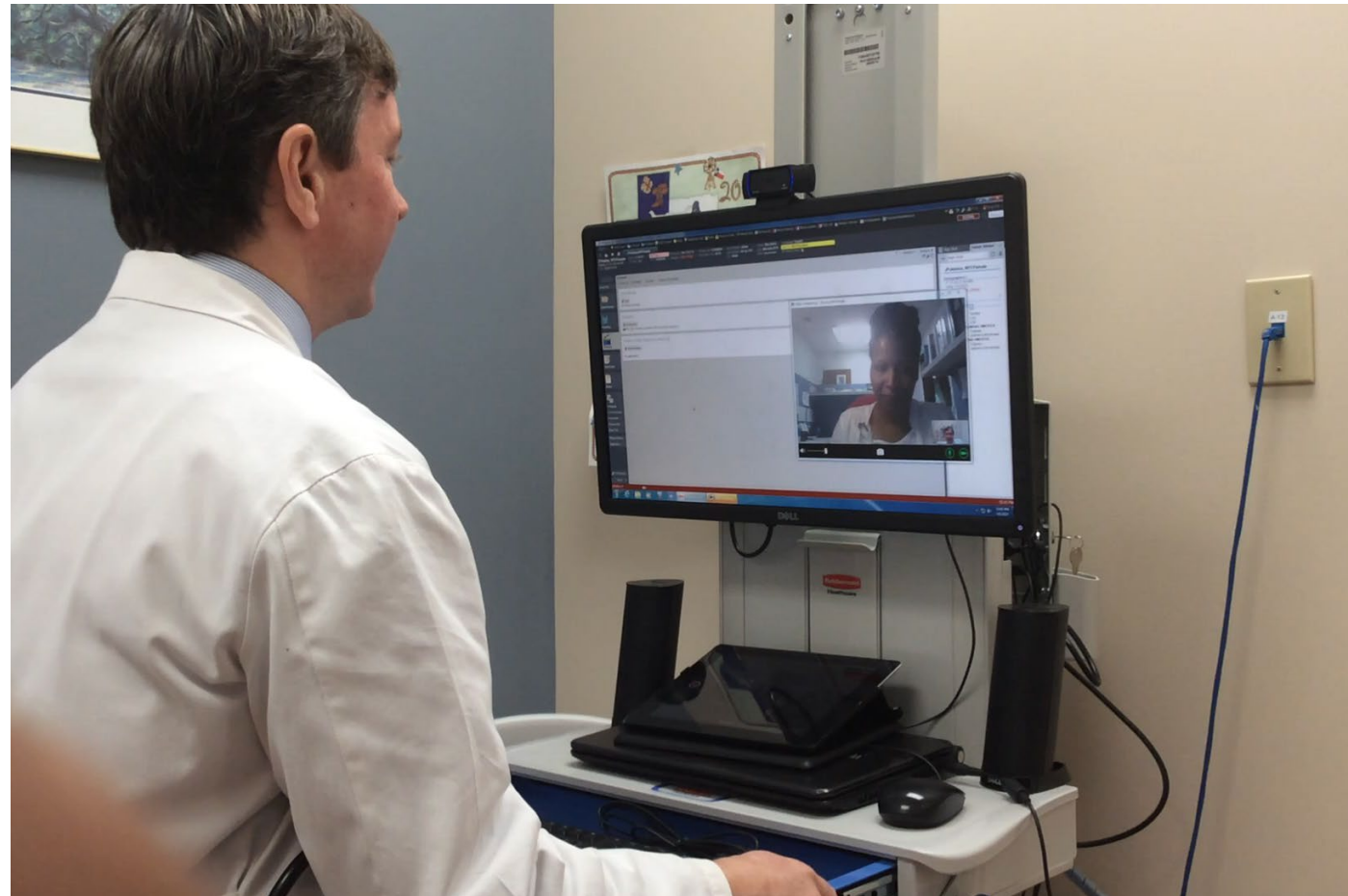
Utilization of Emergency Care



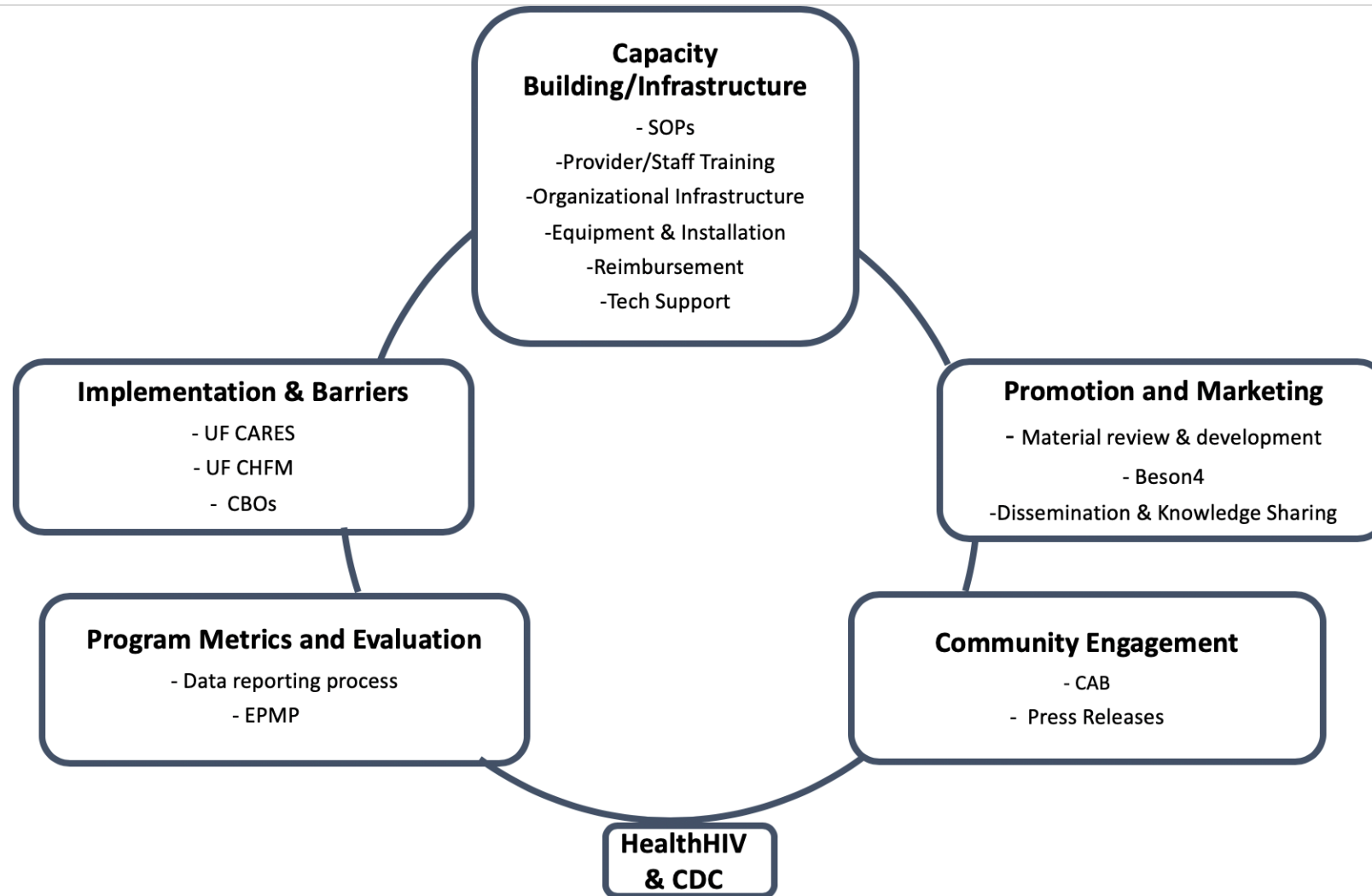
# Virtual Visit Setup



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# UF Health Program Design



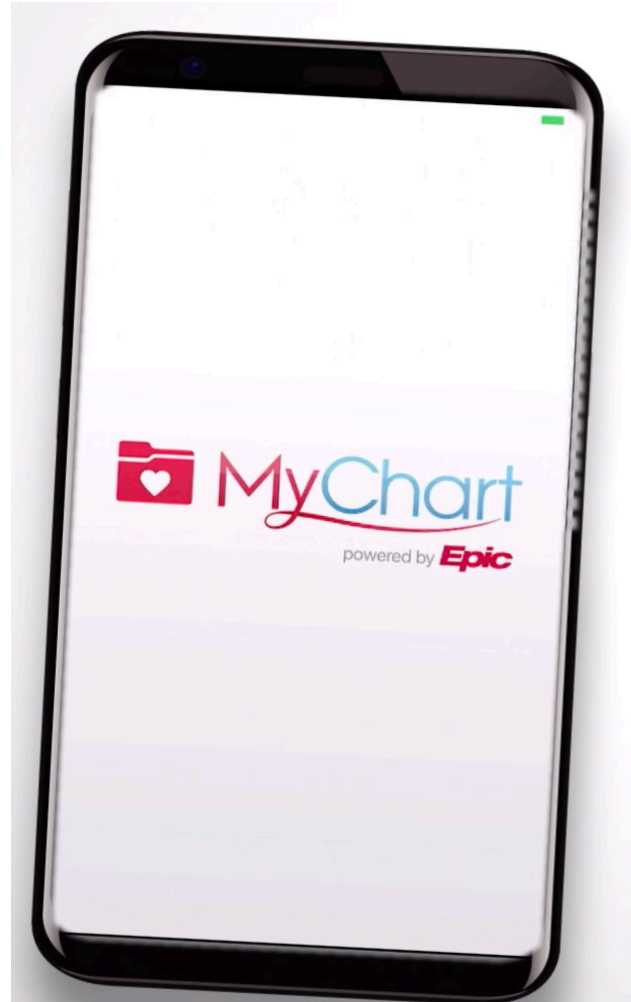
# UF Health Virtual Visit Program



- Launched in September 2017 with a goal of increasing access to care for people with HIV in Jacksonville, FL.
- Priority population
  - Minority individual living with HIV in urban areas
- Delivery models:
  - Direct to consumer
  - Partner site
  - Software based system
- Utilized MyChart app to conduct Virtual Visits
- Clients can access the Virtual Visit program by visiting any of the seven partner organizations who participate in the program. Organizations have a tablet with the MyChart app.

# Tablet with MyChart app

Verizon LTE 17:20 33%  
Search  
**MyChart**  
Epic secure health connection  
OPEN  
3.2 ★★★★★  
3.1K Ratings #2 Medical 4+ Age  
**What's New** Version History  
Version 9.2.2 2w ago  
Any scanned images you have available for test results on the MyChart website are now also available in MyChart mobile, if your health [more](#)  
**Preview**  
All your health info in one place  
Connect with your care team  
Dr. Clara Ramirez Sports Medicine  
Hi Dr. Ramirez, when can I take my bandages off?  
Send Message  
Today Games Apps Arcade Search



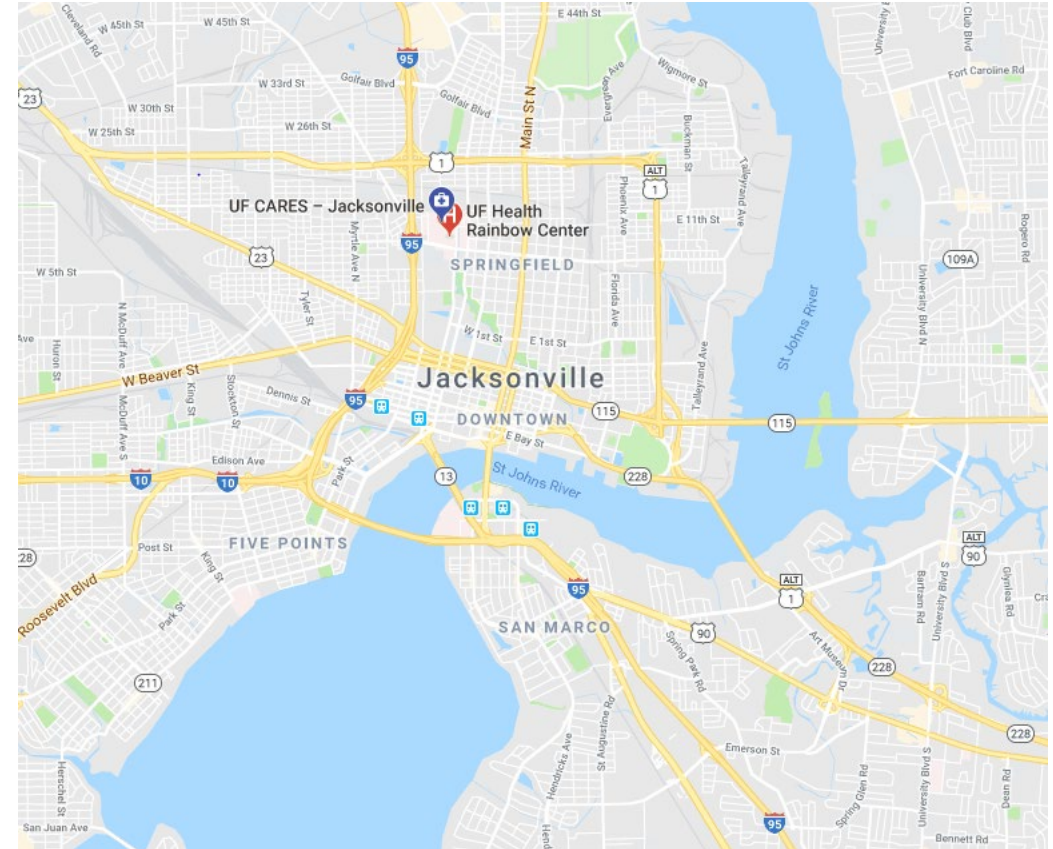
Verizon LTE 15:00 68%  
MyChart powered by Epic  
Debbie  
CARE TEAM  
R Rita Nathawad, MD  
A Adrienne DeBerry, PharmD  
A Aisha M Ladson, APRN  
A Amy Anne McCoy, L  
ACTIVITIES  
All of Us  
Test Results  
Messages 443  
Appointments 1  
Medications  
To Do 1  
My Documents  
Health Summary  
Billing  
Insurance

# UF CARES Infrastructure

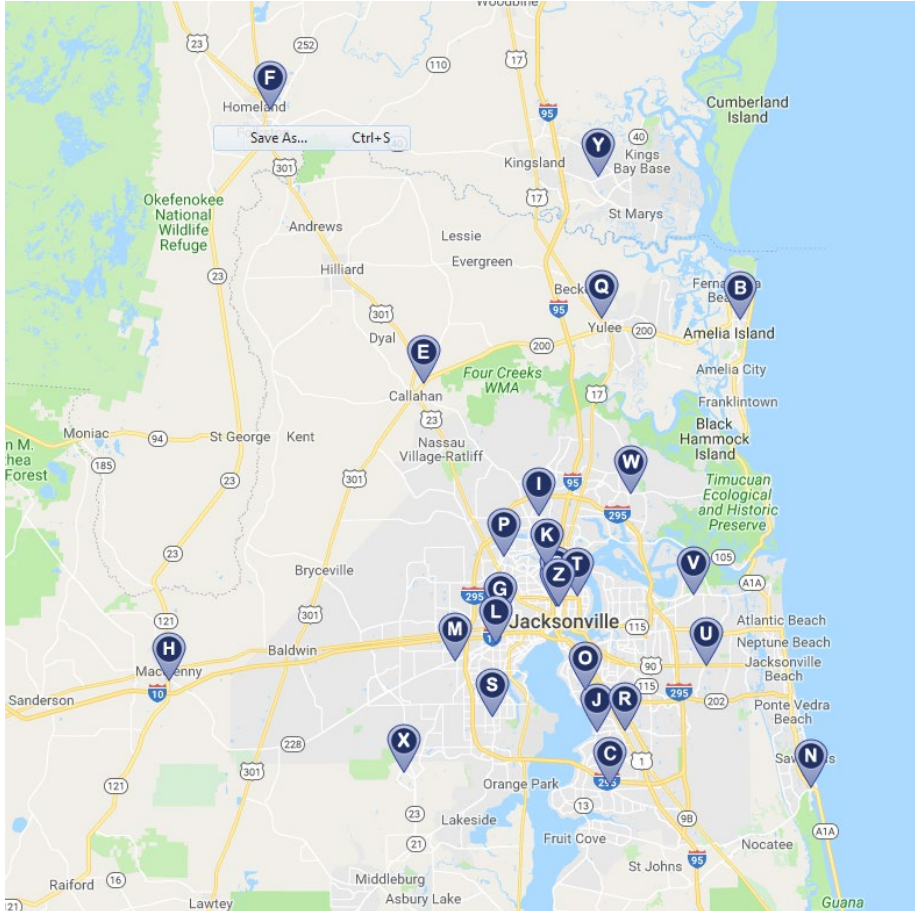


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- Services
  - Pediatric care
  - Chronic Disease Treatment: HIV, Hep B/C
  - Gynecology
  - Nutritional Services
  - Social Work/Case Mgmt.
  - Psychology
  - Pharmacy



# Presenting Site Locations



- 26/29 UF CHFM Sites are trained as presenting sites
- CBO Partners
  - JASMYN
  - River Region
  - NFAN
  - Edgewood Pharmacy
  - Nassau County Health Department

## Clinical:

- Diagnosis of HIV

## MyChart:

- Patient has an active MyChart account

## Established patient:

- UF CHFM: Patient has been seen in the UF Health system within the last year and their HIPAA Acknowledgement and Consent for Treatment forms will be valid (less than one year old) at time of the Virtual Visit.

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- UF CHFM: Patient has been seen in the UF Health system within the last year and their HIPAA Acknowledgement and Consent for Treatment forms will be valid (less than one year old) at time of the Virtual Visit.

## Reimbursement:

- Insurance covers or grant reimbursement

## Tech Capability:

- Patient either has own, or access to, a telemedicine capable device

# Eligibility Criteria



- Symptoms that would NOT be appropriate for a Telemedicine Visit:
  - ANY ACUTE/LIFE-THREATENING ILLNESS
  - Medical complications or conditions NOT appropriate for Telemedicine Visit
  - CD4 count < 200 cells/mm<sup>3</sup>
  - Unstable chronic disease
  - Chronic pain – requiring narcotics be prescribed during the Virtual Visit



# Electronic Medical Record Updates

- Best Practice Alerts – Acceptability/Interest
- Telehealth Integration

The screenshot displays two overlapping windows from an Electronic Medical Record (EMR) system. The background window, titled "Rooming", shows patient information and a section for "BestPractice Advisories". Under "Care Guidance (1)", there is a notification for "UF CARES TELEMEDICINE CHFM" and a list of criteria for virtual visits: 1. CD4>200, 2. No acute illness or ac..., 3. Active MyChart accou..., 4. Seen in UF Health syst..., 5. Has personal telemed... A "Flowsheet Pop-Up" window is overlaid on top, titled "Jptest,Eupdate" for a 26-year-old female patient. It contains several questions with "Yes/No" options and dropdown menus for reasons:

- Has the patient heard about Virtual Visit? (Yes/No)
- Did the provider offer Virtual Visits to the patient? (Yes/No)
- Why didn't the provider offer Virtual Visit? (Dropdown: No follow up appointment needed, Declines MyChart, Doesn't own necessary tech, Insurance doesn't cover Virtual Visit and decl..., Not appropriate for Virtual Visit, other:)
- Did the patient accept a Virtual Visit? (Yes/No)
- Why didn't the patient accept Virtual Visit? (Dropdown: Declines MyChart, Doesn't have electronic payment available, Doesn't own necessary tech, Doesn't feel comfortable using tech, Insurance doesn't cover Virtual Visit and declines self-pay fee, Doesn't want to other:)

Buttons at the bottom of the pop-up include "Accept", "Accept and New", and "Cancel".

# Promotion & Marketing (Billboards, Virtual and Bus Ads)



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# Community Advisory Board Engagement



- Engaged 15 members consisting of PWH patients, community-based organizations (CBOs), academic and medical experts
- Met quarterly to review all aspects of project
  - Informed marketing campaign, print materials and social media/digital/radio campaigns (placement, messaging, image selection)
  - Improved recruitment with UF CARES clinic and community partnering sites
  - Refined focus group questions and recruitment
  - Involved in all aspects of program development and implementation

# Program Metrics & Evaluation



## Patient Outcomes

- Eligible for VV (My Chart status)
- Offered Virtual Visits (VV)
- Completed VV
- Viral Suppression

# Capacity Building Activities



Create  
standard  
**operating  
procedures**



Develop staff  
**training  
protocols**



Grow  
**proportion**  
of patients  
using TH



Conduct  
ongoing  
**program  
evaluations**



Demonstrate  
**cost benefits**  
of telehealth

# Telehealth Webinar Series



**Showcase**  
telehealth  
programs for  
HIV

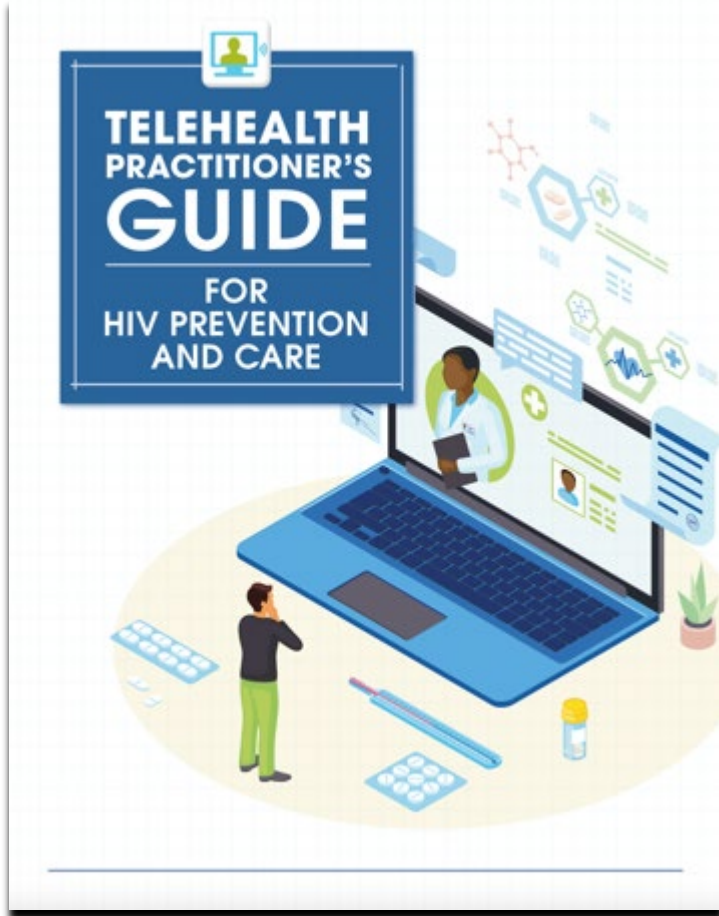
**Promote**  
telehealth to  
increase  
access

Share  
**best practices**  
with providers

**Connect** with  
new telehealth  
organizations

- Lessons Learned for Rural and Urban Care Delivery – A Case Study from Alabama eHealth
  - **Medical Advocacy and Outreach, Alabama**
- Expanding Access to HIV Care in Georgia's Rural & Urban Settings
  - **Georgia Department of Public Health**
- Mobile Telehealth for HIV Care in Rural Oklahoma
  - **Oklahoma State University**
- HIV Prevention via TelePrEP
  - **Iowa Department of Health**
- Linkage to HIV Care for Incarcerated People Living with HIV
  - **Louisiana Department of Health**

# HealthHIV Telehealth Guide



- Supports health center, clinic, or program through the essential steps to starting or expanding a telehealth program
- Provides critical tools and resources to strengthen the *Ending the HIV Epidemic: A Plan for America* (EHE) initiative
- Highlights model practices from the field

# Telehealth Practitioners' Guide



Detailed handbook for starting & implementing telehealth for HIV, drawing from:

Best practices from  
Telehealth Webinar Series

Experience & perspective of  
telehealth experts

HealthHIV's CBA activities in  
telehealth

Telehealth policies &  
regulations



# Telehealth Practitioners' Guide



Preparing your organization for telehealth:

Developing staff training protocols

Technology & Software

HIPPA compliance

Ryan White Policy & Reimbursement

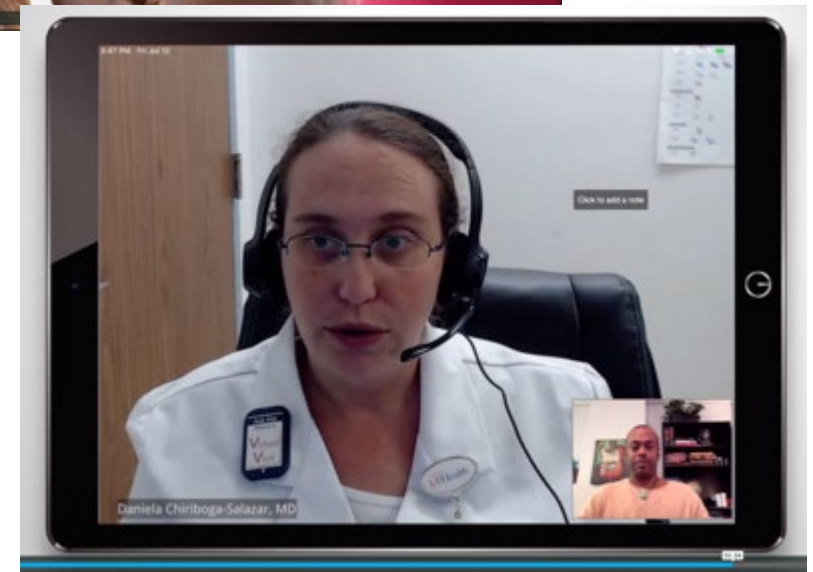
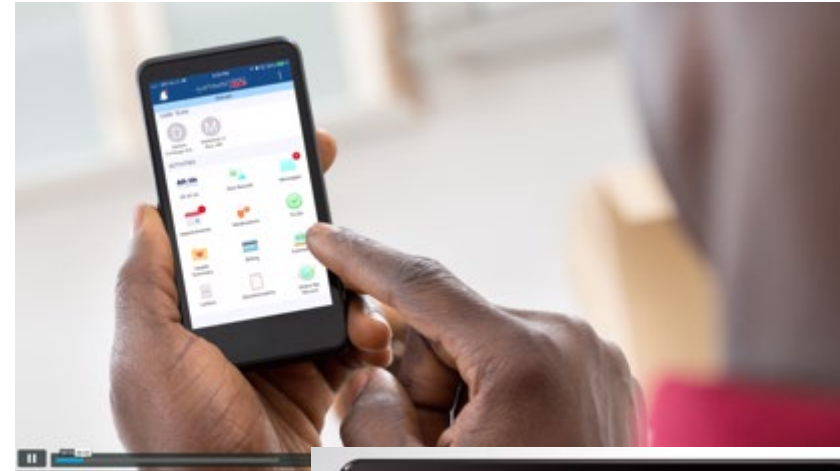
# Provider Promotional Materials

- Wrist Rests
  - Reminded providers to mention telehealth to clients
- Buttons
  - Prompted clients to ask about virtual visits
- Provider newsletters
  - Distributed to additional providers to encourage adoption of telehealth in practice



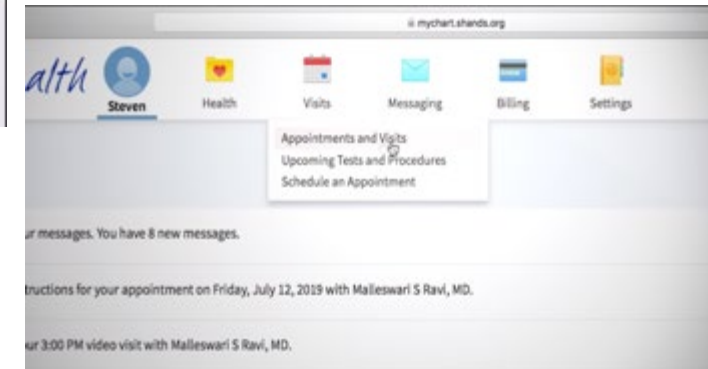
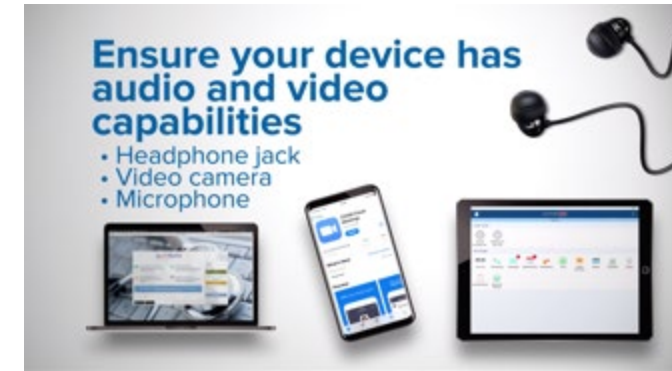
# Patient Education Videos

- “Telehealth for HIV Care”
  - Introduction to the Virtual Visit program
  - Overview of Virtual Visit Process
- “Scheduling your Virtual Visit”
  - Steps for scheduling a Virtual Visit
  - Eligibility Determination
- “Preparing for your Virtual Visit”
  - Necessities for a Virtual Visit
  - Review of app, account, private space, technology



# Patient Education Videos 2

- “Your Visit with Your Provider”
  - Setting up for the Virtual Visit, confirming payment
  - Tips for talking with your provider via the platform
- “Virtual Visit at a Presenting Site”
  - Overview of presenting site model
  - Materials provided by presenting site
  - Tips for a successful visit with your provider



# Client Education Handouts



- Client education handouts were used to aid clients in using the Virtual Visit platform, MyChart.
- Case Managers and providers distributed these handouts to clients using telehealth.

# Client Education Handouts Samples



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## 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

To use the MyChart Virtual Visit system, you must:

- Be a UF Health patient
- Have a MyUFHealth Account



If you don't have an account, visit: <https://mychart.shands.org> and select "Sign Up Now".

Note: If you don't 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 user agreement.
- Allow the app to access your location.
- 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 "Telemedicine" and a camera icon. Tap the Telemedicine appointment to open it.

#### 5 Conducting Appointments

- The green bar will read "Test Video" until 10 minutes before the scheduled appointment. Click it to test your equipment before the appointment.
- 10 minutes before the appointment, the green bar will read "Connect to Video". Click it to start your appointment. (The button in the app will read "Begin Visit.")
- Allow the app to access your microphone and camera.
- When you connect, you will see your doctor on the screen. There will also be 3 icons:



**Microphone**  
Allows mute/unmute.



**Camera**  
Switches between front/back cameras on your device.



**Phone**  
Allows you to end the call.

- Fill out the patient satisfaction survey! A link is provided in your appointment instructions.



## HOW TO USE MYCHART VIRTUAL VISIT

ON A MOBILE PHONE & TABLET

### Contact



For more information, call MyUFHealth in Jacksonville, FL:

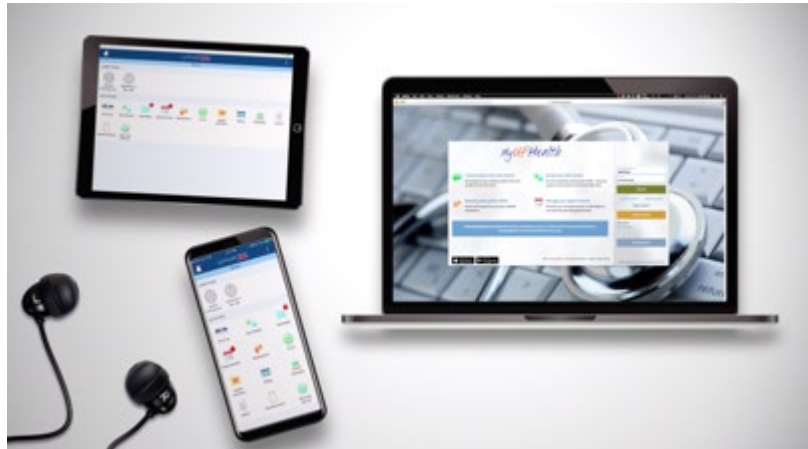
Telephone:  
(904) 383-1054

Business Hours:  
8:00 AM to 5:00 PM, M-F

# Techniques for Improving the Telehealth Experience



- Provide patient instruction sheets
- Create patient “how-to” videos
- Implement peer-to-peer support system
- Demonstrate the technology and practice with patients



# Implementation Update



## Total Engagement to Date (6/20/20)

- 380 unique patients
- 629 total medical visits
  - Psychology
    - 69 unique patients, 95 visits
  - Pharmacy
    - 22 visits
  - Nutrition
    - 43 visits
  - Case Management
    - 19 unique patients, 21 visits

## Pre/Post COVID-19

- As of 8/26/19:
  - 71 TM visits conducted
  - 58 unique patients
- As of 2/10/20:
  - 178 TM visits conducted
  - 115 unique patients
- As of 3/30/20:
  - 257 TM visits conducted
  - 168
  - Unique patients

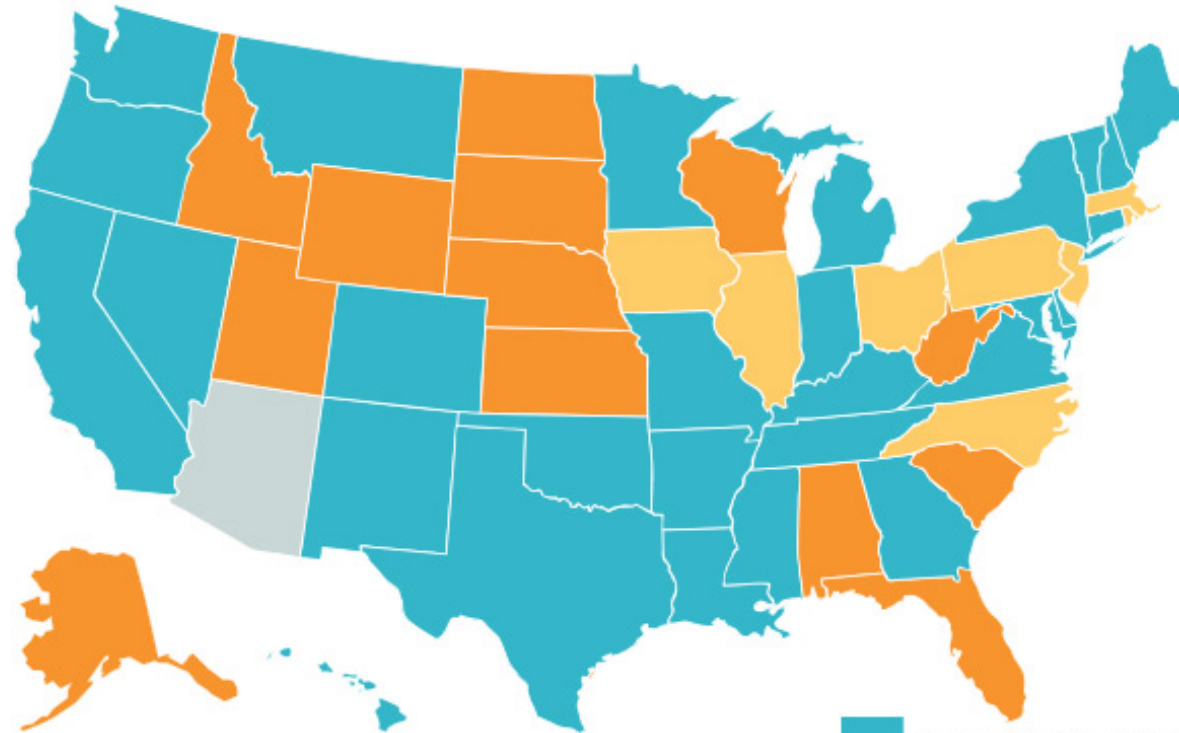


# Implementation Challenges



- Low utilization at presenting sites
- Patient barriers
  - Not tech savvy
    - Difficulty navigating MyChart app
  - Lack of smart device
  - Not willing to go to presenting site
- Provider barriers
  - Lack of Virtual Visit promotion
  - Worries about lack of direct patient contact
- Parity Laws

# Telehealth Parity Laws



## Legislating Telehealth

Parity laws require that insurers reimburse telehealth providers exactly as they would for an in-person visit. As it stands, 29 states and the District of Columbia have parity laws.



## Former Medicare Policy for Telehealth

- Rural areas
- Specified medical locations
- Virtual check-ins/e-visits
- Specific services

## COVID-19 Response

- More healthcare services
- More locations (including client's home)
- Reimbursement parity
- Option to reduce/waive cost-sharing

*Purpose: keep clients at home; save space in healthcare settings; prevent exposures*

## Former HIPAA Policy for Telehealth

- Covered entities must follow HIPAA standards to protect protected health information through telehealth
- Business Associate Agreements with third parties
- HIPAA-compliant platforms

## COVID-19 Response

- *Notification of Enforcement Discretion* for health care providers
- Removes penalties for HIPAA violations
- Applies to all telehealth services
- BAAs not required for communications services

HHS. (2020). Notification of enforcement discretion for telehealth remote communications during the COVID-19 nationwide public health emergency. Retrieved from: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

# Implementation Successes



- Engaged community throughout program development, implementation and evaluation
- Trained multi-disciplinary workforce to engage clients via telehealth
- Conducted effective marketing and promotion
- Adapted EMR to include BPA remembers
- Marketed the program throughout the community
- Promoted “Virtual Visit” in the Clinic
- Provided client education materials to promote confidence in using telehealth
- Developed comprehensive policies, procedures, and training materials to scale telehealth in other settings
- Engaged clients through HIV telehealth in an urban setting

# Lessons Learned



- Telehealth is widely accepted among clients and can deliver comparable or better care to clients
- Patients must be introduced and encouraged to use virtual health platforms as part of health care
- Patients appreciate accessibility and convenience of telehealth, but may prefer in-person visit
- Provider training and engagement are essential for scale-up of telehealth services
- Multi-disciplinary teams training and use of telehealth necessary to maximize client engagement



# HealthHIV's Telehealth Resources & Technical Assistance

# HealthHIV's Core Capabilities/Services



Capacity Building



Health Services  
Research & Evaluation



Advocacy



Education & Training







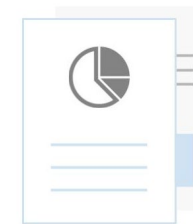
- Provides capacity building assistance to health departments, community-based organizations, AIDS service organizations, and health organizations to develop, implement, or expand HIV prevention and care telehealth services



CAPACITY  
BUILDING



WEBINARS



RESOURCES

Visit [www.HealthHIV.org/TeleHealthHIV](http://www.HealthHIV.org/TeleHealthHIV)

# HealthHIV's National Center for Healthcare Capacity Building



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## National Center for Healthcare Capacity Building

Syncing Innovative Approaches with Successful Outcomes  
An Initiative of HealthHIV



HIV Prevention Technical Assistance



Transforming from HIV Prevention Practice to Prevention Innovation



ASO/CBO Capacity Building



Medication Therapy Management



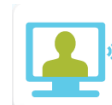
ASO/CBO Leadership Initiative



Fiscal Health Professional Services



The BLT: Board Leadership Training



Telehealth: Building HIV Retention in Care Among Minority Communities

Visit [www.HealthHIV.org/cba-center](http://www.HealthHIV.org/cba-center)

# HealthHIV's Fiscal Health Professional Services™



HealthHIV's Fiscal Health Professional Services™ helps Ryan White programs build fiscal management capacity, improve organizational sustainability, and maintain compliance with federal guidelines. Content areas include:

- Managing 340B Pharmacy Programs
- Budgeting and Projecting Program Income
- Understanding Uniform Guidance for Federal Grants
- Budgeting for the Non-Financial Manager
- Responding to Audit/Site Visit Findings
- Implementing Sliding Fee Scales and Caps on Charges
- Complying with HRSA/HAB Fiscal Monitoring Standards
- Diversifying Income
- Maximizing Third-Party Billing
- Overseeing Federal Grants

Contact Michael D. Shankle, MPH, [Michael@HealthHIV.org](mailto:Michael@HealthHIV.org), 202-232-6749

# HealthHIV's HIV Primary Care Training & Certificate Program



## HIV Primary Care Training & Certificate Program



Register at:  
<https://healthhiv.org/certificate-programs/healthhivs-hiv-primary-care-training-and-certificate-program/>

- Online, self-paced, staged CME curriculum
- Features five courses on:
  - HIV Management in Primary Care - Foundations Course
  - Core Skills for HIV Management in the Primary Care Setting
  - Assessment and Treatment Decisions in HIV-HCV Co-infection
  - Considerations in the Management of HIV in Older Adults
  - Improving Communication in the Clinical Setting
- Based on a proven model of HIV primary care integration
- For MDs, DOs, NPs, and/or PAs interested in and/or care for patients infected with, or at-risk for, HIV
- Offers a certificate of proficiency in HIV primary care

# HealthHIV's Prevention Certified Provider (PCP) Certificate Program™



[www.HIVPCPcertification.org](http://www.HIVPCPcertification.org)

- Online, self-paced CME curriculum and certification
- Five core HIV prevention modules detailing the pertinent clinical and practice information
- Engages clinical providers to deliver effective, comprehensive, culturally competent HIV prevention interventions
- Earn a certificate recognizing participate as an HIV Prevention Certified Provider and receive listing in national online directory of HIV PCPs

# Virtual SYNChronicity 2020



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# SYNChronicity

Virtually syncing HIV, HCV, STI and LGBTQ Health

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**September 8 - 11, 2020**

Visit [SYNC2020.org](https://www.sync2020.org)

# For More Information & Technical Assistance



## HealthHIV



2000 S ST NW  
Washington, DC 20009



202.232.6749



[www.HealthHIV.org](http://www.HealthHIV.org)



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