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Dimension: Mental Health

This Intervention is Linked to the Following Secondary Drivers:

- Judgement-free clinic environment to welcome clients with mental health conditions
- Effective clinic flow to care and support clients with mental health issues, i.e., coordinating HIV care and mental health care and support systems

Level of Evidence: Well-Defined Interventions with an emerging evidence-base

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Tele-Health to increase ART Adherence

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Summary:

There is emerging evidence (see Citations section) that telehealth with patients can help address several barriers to care, improve health outcomes and can help improve ART adherence. There is also evidence to recommend the addition of tele-mental health for patients with a mental health issue.

Core Components

The American Medical Association outlines twelve steps in developing an effective telehealth practice:

1. Identifying a Need
2. Forming the Team
3. Defining Success
4. Evaluating the Vendor
5. Making the Case
6. Contracting
7. Designing the Workflow
8. Preparing the Care Team
9. Partnering with the Patient
10. Implementing
11. Evaluating Success
12. Scaling

In terms of telehealth to improve ART adherence, there are several models that appear to be effective including:

- Telehealth between a primary care provider and a patient to discuss medication and ART Adherence and/or other health concerns
- Tele-mental health between a therapist and a patient in which counseling and/or therapy is provided virtually and could include a discussion related to addressing barriers to ART adherence
- Telehealth between a primary care provider and an HIV (or other specialist) to have a rapid consult and receive expert advice.

Tips and Tricks:

- The Lallie Kemp Medical Center has found that providing patients with a mental health issue with a referral for psychiatry telehealth appointments the same day as their HIV clinic appointments is an effective and efficient way to refer patients to mental health telehealth services.
- Telehealth is not a one-size-fits-all intervention and it is helpful to design the clinic's program with providers, front-line staff and patients to make sure it meets their needs
- It is important to add an Equity Lens when developing a telehealth program to identify who might be left out or have barriers to accessing telehealth and developing strategies to remove or mitigate these barriers.
- Developing an effective telehealth program takes time, testing and refining before going to scale, using continuous improvement methods.

Additional Resources (Existing Guides, Case Studies, etc.):

- HRSA's **Guide to Expanding HIV Care Through Telehealth**

- American Medical Association's **Telehealth Implementation Play Book**

- **U.S. Department of Health and Human Services website on Telehealth**

- Institute for Healthcare Improvement's **Recommendations for Designing High Quality Telehealth**

- Institute for Healthcare Improvement's **Virtual Learning Hour Special Series: Telemedicine: COVID-19 and Beyond**

- American Psychiatric Association and American Telemedicine's **Best Practices in Telemental Health**

- Rural Health Information Hub's **Telehealth and Use of Technology to Improve Access to Care for People with HIV/AIDS**

- AHRQ's **Sample Telehealth Consent Form**

Suggested Measures:

Process Measures

- % of patients offered telehealth services and supports
- % of patients offered telehealth services and supports that participate in telehealth
- % of clinic staff that agree or strongly agree to the statement "Telehealth improves health outcomes for our clinic's patients"
- % of patients participating in telehealth that agree to the statement "telehealth has helped to improve my health".

Outcome Measures

- % of patients participating in telehealth that have not yet achieved viral suppression that demonstrated improved viral suppression rates within 6 months
- % of patients participating in telehealth that achieve viral suppression (percentage of patients with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year)

Citations and Acknowledgements:

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