



Best Tips and Practices for Clinicians and Patients with HIV in the Age of Telehealth

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Objectives

- Know difference b/w telehealth and telemedicine
- Learn to prepare for telehealth sessions
- Learn best tips and practices to run a smooth telehealth session



What is telehealth?

 HRSA defines *telehealth* as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media and terrestrial and wireless communications.



Telemedicine

 Telehealth refers to a broader scope of remote healthcare services than telemedicine. While telemedicine refers specifically to remote clinical services, telehealth can refer to remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.



www.healthit.gov

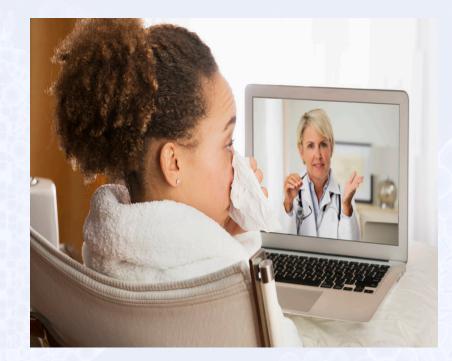
American Telemedicine Association (ATA)

- Established in 1993
- Non-profit
- Promote access to medical care for consumers and health professionals via telecommunications technology
- Focused on advancing telehealth



Then and now







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COVID-19

- Prior to COVID-19, telehealth was already being used by many healthcare institutions:
 - Rural communities
 - Incarcerated patients
 - Offered healthcare services to those with transportation issues or chronic illnesses such as cancer
 - Had to meet HIPPAA standards → Relaxed HIPPAA standards due to public health emergency



Why use telehealth now?

- Increase access to health care team
- Technology (phone apps like myPrEP) can assist in HIV prevention especially with youth
- Can help with greater access to rural areas
- Expensive and time-consuming transportation issues
- Helps working patients that may not be able to take time off



Patient acceptability

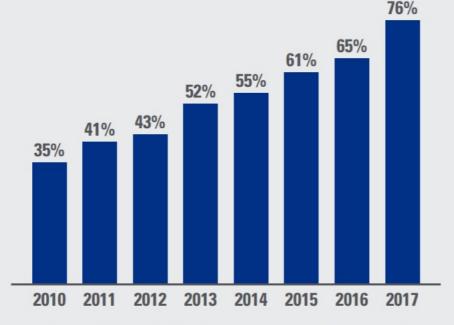
2018 survey of 371 participants from an HIV outpatient clinic in Texas (median age was 51, 36% female and 63% African American) found that 57% would be more likely to use telemedicine for their HIV care if it was available. Just over a third said that they would use these services frequently or always as an alternative to clinic visits.

Samuel, Krishen. Is telemedicine for HIV here to stay. June 2020. www.aidsmap.com

Telehealth growth

Use of telehealth in hospitals has grown rapidly.

Percent of hospitals fully or partially implementing computerized telehealth system, 2010-2017



Source: 2011 to 2018 AHA Annual Survey IT Supplement



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Applications of telehealth

- Diagnosis, disease management
- Consultations
- Education such as STI prevention
- Case management/social work needs
- Self-management/care



Current telehealth benefits

- Maintain social distancing per CDC recommendation for COVID-19—keeps patient at home. No risk of transmission
- Reduce potential viral exposure (COVID-19 asymptomatic carriers)
- Higher attendance rates to clinic appointments—low 'no show' rates
- Useful for patients that may not need physical exam---mental health visit such as counselling, medication adherence checkins
- Convenience factor; parking; travel time



Telehealth challenges

- Reimbursement, billing issues
- Patients have to be VA residents (malpractice purposes)
- Check with state medical/nursing boards for current telehealth regulations
- Technology issues \rightarrow bandwidth in rural areas
 - Cell phone issues, battery failure
 - Didn't receive reminder for appointment or late
 - May cause walk-ins to clinic
 - Age of patient---technology challenged?

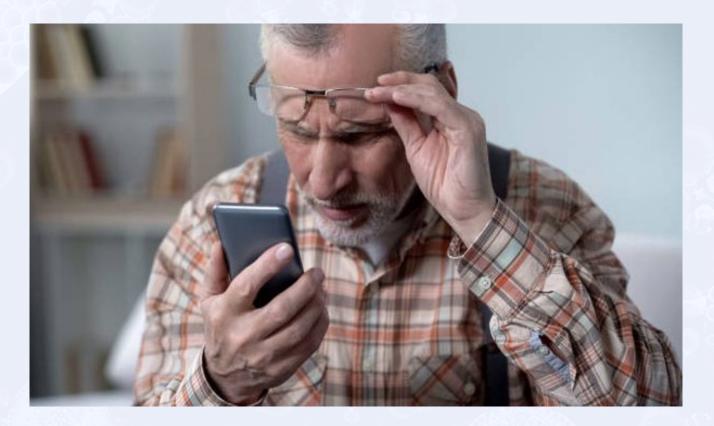


Challenges con't

- Privacy issues \rightarrow patient location
 - Can the patient discuss medical information in private?
- Lack of physical exam, vital signs (unless patient can provide)
- Unable to get check-ins with CM/LCSW
- Lack of follow-up with labs, vaccines, etc...
 - Ex: VCU micro lab being used mostly for COVID



Zoom what?? Remember to be patient





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Regulations

- American Hospital Association--Significant federal and state legal and regulatory issues will determine whether and how providers can offer specific telehealth services. In general, the provision of telehealth services requires compliance with an array of federal and state rules. Legal and regulatory challenges abound in the following areas:
- Coverage and payments (billing)
- Healthcare professional licensure
- Credentialing and privileging (MDs, APPs...)
- Online prescribing, including for controlled substances
- Medical malpractice and professional liability insurance
- Privacy and security

**Remember to check with your state

www.aha.org/factsheet/telehealth



Telehealth tips

- Being prepared!
- Working with nurses, case managers prior to and after visit (communication is key)
- High quality tech → cameras, headsets (HIPPA compliance)
- Technology is our friend
- Telehealth "Super user"
 - Helps train staff
 - Resource leader

Before the visit

- Try to confirm the appointment a week before the call
- Have clinic staff pre-test audio and video connections before the visit
- Back-up phone number in case connection is lost (verify with name/DOB—patient identifiers
- Make sure any insurance and primary care provider is up to date; check in with the case manager or social worker prior to the visit
- (Nurse) ask patients for any vital signs if they are able to do them



During the visit

- Have a quiet and safe setting for the call \rightarrow avoid distractions
- Ensure privacy. Remind patient that you will be discussing sensitive, personal medical information. **It's best to do telemedicine visits without family and friends nearby. Not in public
- Review any previous lab work → ask about medication adherence
- Current health status? Vaccination status?
- Ask about any health/sexual risk behaviors



During the visit

- Ask about any medication refills if needed and do medication reconciliation
 - CDC Guidance→90 day refills**
 - HIVMA→COVID-19: Considerations for people living with HIV
 - HIVMA.org
- Are there any follow-up appointments with other medical providers?
- Diagnostic tests? Seeing therapists or counselors?
- Get any contact changes after each virtual visit (new address or phone numbers), schedule next appointment
- Schedule follow-up labs and vaccines if needed (COVID vaccine?)

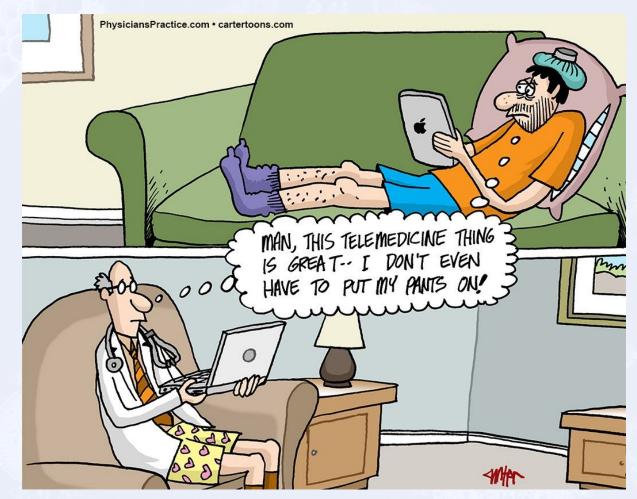
After the visit

- Remember to update case managers/social workers on any changes with job status, insurance coverage, Ryan White updates
- Billing sheets, notes (EMR)

• *For healthy patients with a new HIV diagnosis, the first meeting with case manager, nurse educator and provider may be done virtually in order to see the patient and begin HIV treatment as soon as possible. For newly diagnosed ill patients, an in-person visit should be considered



Guilty?





Pocket Guides coming soon

www.maaetc.org



MidAtlantic AIDS Education and Training Center - Contact Information

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Virginia Resources

www.ehealthvirginia.org

 <u>https://www.vdh.virginia.gov/health-</u> equity/telehealth/

 <u>www.vdh.virginia.gov</u> for COVID-19 updates/vaccinations



References

- Northwest Regional Telehealth Resource Center
 - https://www.nrtrc.org/covid-19-detail-117
- Clinical Education Initiative https://ceitraining.org
- Health & Human Services Telehealth Services
 - https://telehealth.hhs.gov/
- HRSA Telehealth Programs
 - <u>https://www.hrsa.gov/rural-health/telehealth</u>
- CDC: Telehealth Preventions to improve chronic disease
 - https://www.cdc.gov/dhdsp/pubs/telehealth.htm



Thank you!

Questions? Email us at maaetc@pitt.edu



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