Telehealth and HIV: Implementation during COVID-19; Implications moving Forward

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No Disclosures

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Learning Objectives

► Describe telehealth and the delivery models used in providing care
► Discuss the benefits and limitations of telehealth services from both patient and provider perspective
► Identify readiness to implement telehealth during the COVID-19 pandemic
► Identify potential set-backs in telehealth implementation post COVID-19 pandemic
► Describe the future of telehealth
Defining Telehealth

- Telehealth and telemedicine used interchangeably, but not the same

- Use of communication technologies and digital information to provide health-related services remotely between provider and client
Types of Telehealth

► Synchronous communication
  ▶ Real-time two-way communication via telephone or live audio and video

► Asynchronous communication
  ▶ Encrypted, secure messages via patient portal

► Remote patient monitoring
  ▶ Synchronous or asynchronous
Telehealth Applications

- Diagnosis
- Treatment
- Consultation
- Health education
- Care management
- Self-management
Telehealth & 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.

![Prevalence-based HIV Care Continuum, U.S. and 6 Dependent Areas, 2019](image)

- **Diagnosed**: 87%
- **Receipt of Care**: 66%
- **Retained in Care**: 50%
- **Viral Suppression**: 57%

**Linked to Care:** 81% of persons with diagnosed HIV infections were linked to care within 1 month of diagnosis.

Note: Receipt of medical care was defined as ≥1 test (CD4 or VL) in 2019. Retained in medical care was defined as ≥2 tests (CD4 or VL) ≥3 months apart in 2019. Viral suppression was defined as ≤200 copies/mL on the most recent test in 2019. Linkage to care is defined as having ≥ one CD4 or VL test within 30 days (1 month) of diagnosis. Linkage is calculated differently from the other steps in the continuum, and cannot be directly compared to other steps.

Telehealth & HIV Care Continuum

**Diagnosed**
- At-home HIV testing & counseling
- Partner services
- Disease intervention specialist services

**Receipt of Care**
- Case management
- Linkage to care before re-entry

**Retained in Care**
- Virtual appointments with HIV specialist

**Viral Suppression**
- Group counseling for ART adherence
- Direct ART adherence support
Telehealth & the HIV Prevention Continuum

1. **HIV (-) TEST**
   - At-home HIV testing & counseling

2. **LINKED TO PREVENTION SERVICES**
   - Linkage to PEP/PrEP
   - PEP/PrEP prescription
   - Risk reduction counseling

3. **RETENTION**
   - Ongoing counseling & support
   - Review of PrEP lab
   - PEP & PrEP follow-up

4. **ADHERENCE SUPPORT**
   - Adherence support for daily PrEP
   - Repeat HIV testing & counseling
Telehealth Service Delivery Models

- Presenting sites
  - Hub-and-spoke model
- Partnering sites
  - Host telehealth technology
- Provider to Provider
  - Consultation
- Direct to Consumer
  - Home, office

Photo courtesy of David Kohn, Washington Post
Barriers to Telehealth Implementation

• Patient Barriers
  • Lack of smart device/technology divide
  • Low health literacy
  • Ability and willingness to use technology
  • Health information privacy concerns and data breaches
  • Lack of private space to have telehealth visit (shelter, shared housing)
  • Challenges with billing and insurance

• Provider Barriers
  • Lack of direct patient contact (exam, communication)
  • Changes to workflow
  • Privacy/HIPPA
  • Compliance
  • Patient-provider communication
  • Reimbursement
Structural Barriers to Telehealth

- **Regulatory**
  - Patients to live in designated rural or medically underserved areas
  - Only certain providers could bill for telemedicine visits
  - Prohibited patients from joining video visits from home

- **Reimbursement**
  - Parity laws
  - Third-party limitations/restrictions

- **Antiquated practices**
  - Must be seen in-person
  - Original patient signature
  - Lack inclusion of telehealth in policies and guidance
Patient Benefits to Telehealth

- Increases access to care
- Provides greater flexibility to scheduling/appointments
- Decreases transportation and wait times
- Decreases childcare barriers
- Decreases loss of work, income
- Improves relationship with provider
Implications of Resource Allocation for Telehealth: Potential Cost Savings

Telehealth can lower patient spending and drive provider revenue in many ways, including:

• Reduce no-show appointments

• Boost downstream referrals and patient acquisition without building new facilities

• Assist providers in oversaturated clinics see more patients through virtual care sessions with flexible hours

► Telehealth drives down the cost of healthcare via:
  • Reduce hospitalizations/Shorter hospital stays
  • Shared staffing
  • Better chronic disease management
  • Decreases ER visits
  • Eliminates redundant care

► Promotes collaboration between providers and creates a more comprehensive view into a patient’s health story

► Recoups weekend/evening service revenue that would otherwise go to urgent care centers/emergency rooms

► Affords providers the opportunity to expand into communities without increasing their need for expensive facility space and other capital expenditures
Use of Telehealth in the US

- 2018 survey of American Physicians
  - 18% of physicians had provided care using telehealth
  - Less than 10% of US population at ever received care through telehealth

- In January 2020, it was estimated less than 1% of medical services were provided via telehealth

What catapulted the use of telehealth?

- COVID-19 pandemic
- Stay-at-home orders
- Social distancing mandates
- Anxiety and uncertainties around safety
COVID-19 and HIV Prevention and Care

► Disrupted every stage of HIV prevention and care continuums

► Interrupted usual care models
  ▶ In-person
  ▶ Telephone visits

► Created barriers to care (social distancing)
  ▶ Primary care
  ▶ Multidisciplinary services
COVID-19 Pandemic Impact on HIV Prevention and Care

- Decrease in testing and screening (HIV, STIs, viral hepatitis)
- Decrease in PrEP services
- Increase in patients needing social services
- Increase in uninsured patients
- Lower rates virologic suppression
- Increase in the number of PWH lost to follow-up
Nearly all respondents have now implemented telehealth, up from just 1 in 5 in the past.

Of those that offered telehealth in the past, 82% report increasing the offering since the pandemic began.

Prior to the COVID-19 Pandemic
- 78% Offering telehealth
- 22% Not offering telehealth/plan to offer in the future

Now
- 99% Offering telehealth

Survey of AMA Physicians on Telehealth Visits and Remote Patient Monitoring

- Increase (14% to 28%) in use of telehealth and remote patient monitoring (2016 to 2019)

- Increase (60% to 90%) in use of telehealth since start of COVID-19 pandemic
  - 50% first time users
Growth in telehealth usage peaked during April 2020 but has since stabilized.

Telehealth claims volumes, compared to pre-Covid-19 levels (February 2020 = 1)¹

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¹ Includes cardiology, dental/oral, dermatology, endocrinology, ENT medicine, gastroenterology, general medicine, general surgery, gynecology, hematology, infectious diseases, neonatal, nephrology, neurological medicine, neurosurgery, oncology, ophthalmology, orthopedic surgery, poisoning/drug tox./comp. of TX, psychiatry, pulmonary medicine, rheumatology, substance use disorder treatment, urology. Also includes only evaluation and management visits; excludes emergency department, hospital inpatient, and physiatry inpatient claims; excludes certain low-volume specialties.

Source: Compile database; McKinsey analysis

McKinsey & Company
Structural Facilitators of Telehealth

Guidance from the government put an emphasis on telehealth visits rather than in-person visits for routine or non-urgent care.

Easing of regulatory and reimbursement restrictions.

Payers started reimbursement of in-person and telehealth visits at the same rates (telehealth parity).
States Requiring Insurers Cover Telemedicine Services, Pre and Post-Pandemic (as of March 15, 2021)

Source: JoAnn Volk et al., States’ Actions to Expand Telemedicine Access During COVID-19 and Future Policy Considerations (Commonwealth Fund, June 2021). https://doi.org/10.26099/r95z-bs17
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Telehealth & COVID-19: Medicare

► Former Medicare Policy for Telehealth

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

► COVID-19 Pandemic

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

Telehealth & COVID-19: HIPAA

Former HIPAA Policy for Telehealth

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

COVID19 Pandemic

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

Telehealth Impact on HIV Prevention and Care During COVID-19 Pandemic

► Jury is still out….
  ▶ Limited scientific data

► Telehealth may have facilitated:
  ▶ Retention in care
  ▶ Lower rates of missed appointments
  ▶ Access to services (primary, specialty, support)
  ▶ Improved or maintained health outcomes
  ▶ Increase in patients seeking care/re-engaging

► Innovation in service delivery
Telehealth Impact on HIV Prevention and Care

► PrEP
  ▶ More likely retained in care after 6 months
  ▶ More likely to obtain the necessary labs per protocols
  ▶ Greater willingness to use home/self-testing modalities
  ▶ Higher engagement for follow-up consultation after home/self-testing

► HIV Care
  ▶ Comparable outcome to face-to-face visits
  ▶ Greater access to specialty HIV care/decrease community viral load

What does the future hold for telehealth?
Step-Changes in Telehealth Acceptability During COVID-19

- Increased in consumer willingness to use telehealth
- Increased provider willingness and confidence to use telehealth
- Regulatory changes enabling greater access and reimbursement

Factors Influencing Scale-Back of Telehealth

- Need for all healthcare communications to be HIPAA compliant
  - Re-evaluation of telehealth technologies
- Requirement that there be an established doctor-patient relationship
- Return to reduced reimbursement rates for telehealth visits
- Increase anti-fraud, waste and abuse efforts
- Movement from fee-for-service to value-based care
Future of Telehealth

► Substantial investments in virtual care and digital health
► Efficient options for preventative care
► More home health visits
► Optimization of in-person and virtual care
► Expansion of telehealth pods or partnering site models
Future of Telehealth and HIV: Changing the Care Delivery

- Focus on patient-centered, patient first model
- Incorporate the needs of medically complex and vulnerable patients
- Empower patients to embrace health and health care delivery advances
- Integrate team-based (doctors, nurses, mental health providers, social workers, care coordinators, and peer support) care into telehealth model
- Provide flexible options to access care
- Enhance provider communication skills to optimize engagement via telehealth
- Modify workflow and task shift as necessary (testing and screening)
Future of Telehealth

- Collaboration and efficiency of care improvement
- Patients making choices (providers, health systems, hospitals) based on telehealth access
- 24/7 access to network of providers
- Realignment of provider networks
Future of Telehealth

- Increase convenience to receive routine care
  - E-triage solutions
  - Care advocacy and telehealth solutions
  - Virtual-first health plans
- Improve access, especially for behavioral health and specialty care
- Improve care models and health outcomes, particularly for those with chronic conditions or in need of post-acute care support
- Increase adoption of remote patient monitoring for individuals with chronic conditions
Remote Patient Monitoring

- Blood pressure
- Pulse oximeters
- Spirometry
- Continuous glucose monitoring
- Weight
- Capnography
- EKGS
- Ventilators
- Medication management/titration
- Mobile or wearable “smart” devices
2050 and Beyond

- Pill-Cam
- Nanobots
- Smart bathrooms
  - Scanning shower stalls
  - Sampling toilets
- Transdermal infusers
- Implants
• 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

Visit [www.HealthHIV.org/TeleHealthHIV](http://www.HealthHIV.org/TeleHealthHIV)
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
HealthHIV’s National Center for Healthcare Capacity Building

National Center for Healthcare Capacity Building
Syncing Innovative Approaches with Successful Outcomes
An Initiative of HealthHIV

- HIV Prevention Technical Assistance
- ASO/CBO Capacity Building
- ASO/CBO Leadership Initiative
- The BLT: Board Leadership Training
- Transforming from HIV Prevention Practice to Prevention Innovation
- Medication Therapy Management
- Fiscal Health Professional Services
- Telehealth: Building HIV Retention in Care Among Minority Communities

Visit www.HealthHIV.org/cba-center
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