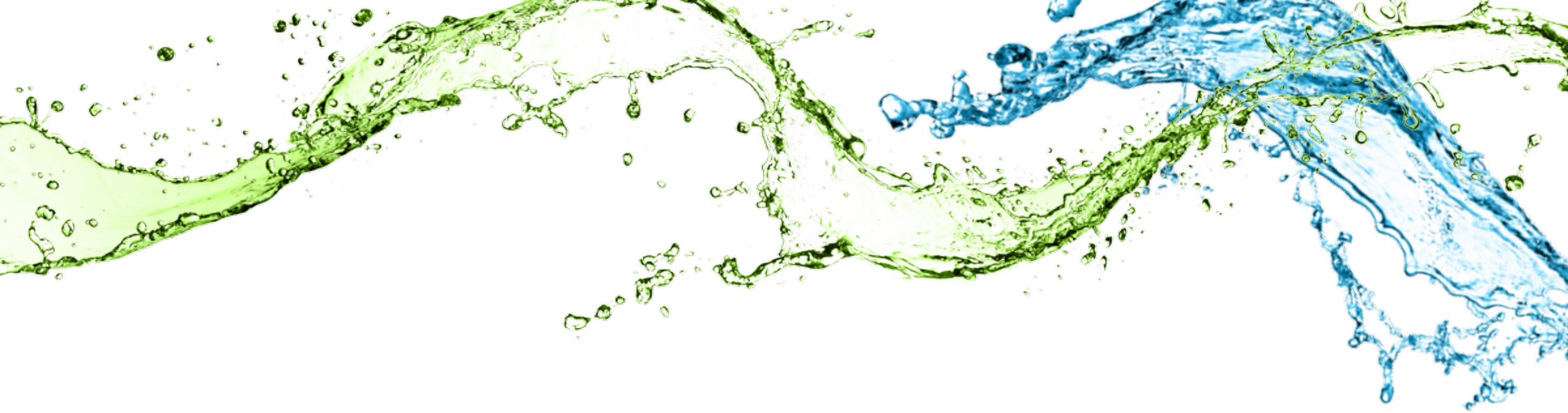


Telehealth and HIV: Implementation during COVID-19; Implications moving Forward

Michael D. Shankle, MPH
Senior Director of Capacity Building, HealthHIV

Friday, September 17, 2021

HealthHIV

DISCLOSURE OF CONFLICT OF INTEREST

No Disclosures

Any product images displayed are strictly for visualization of technology and does not constitute any endorsement.

HealthHIV

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

HealthHIV

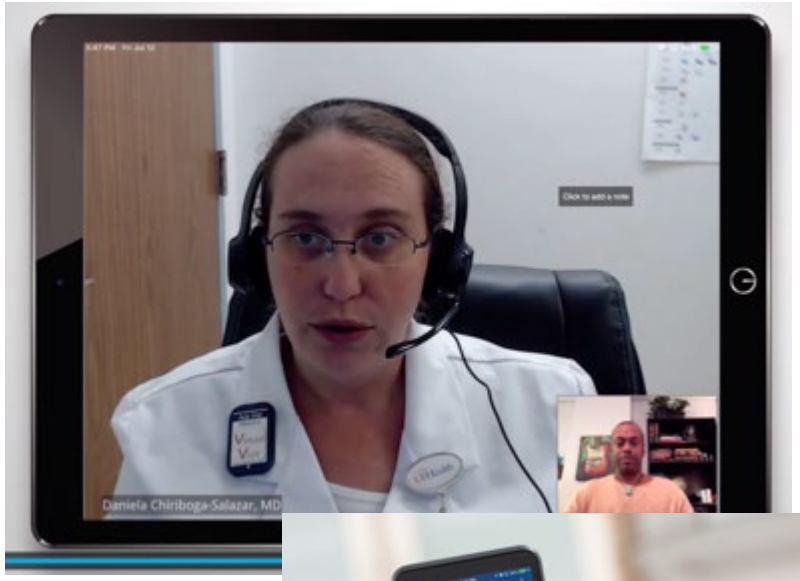
Defining Telehealth

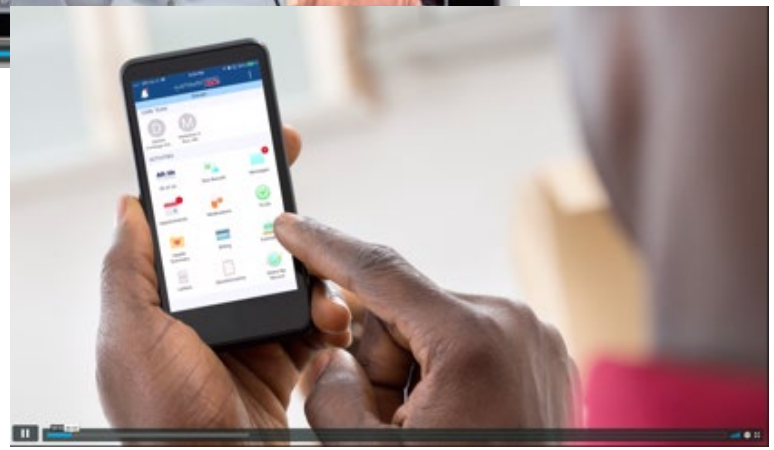
- Telehealth and telemedicine used interchangeably, but not the same
- Use of communication technologies and digital information to provide health-related services remotely between provider and client

HealthHIV

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

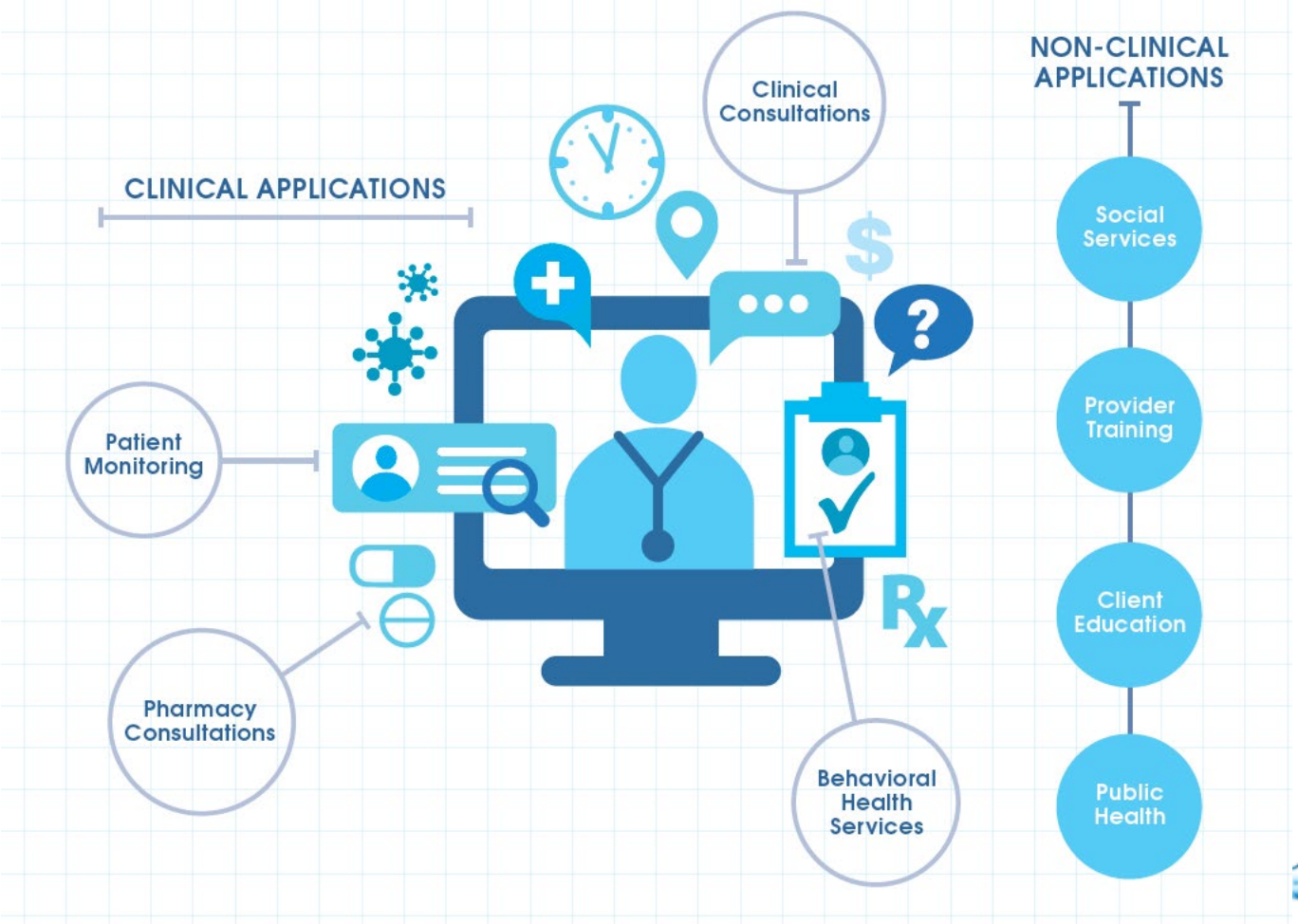




HealthHIV

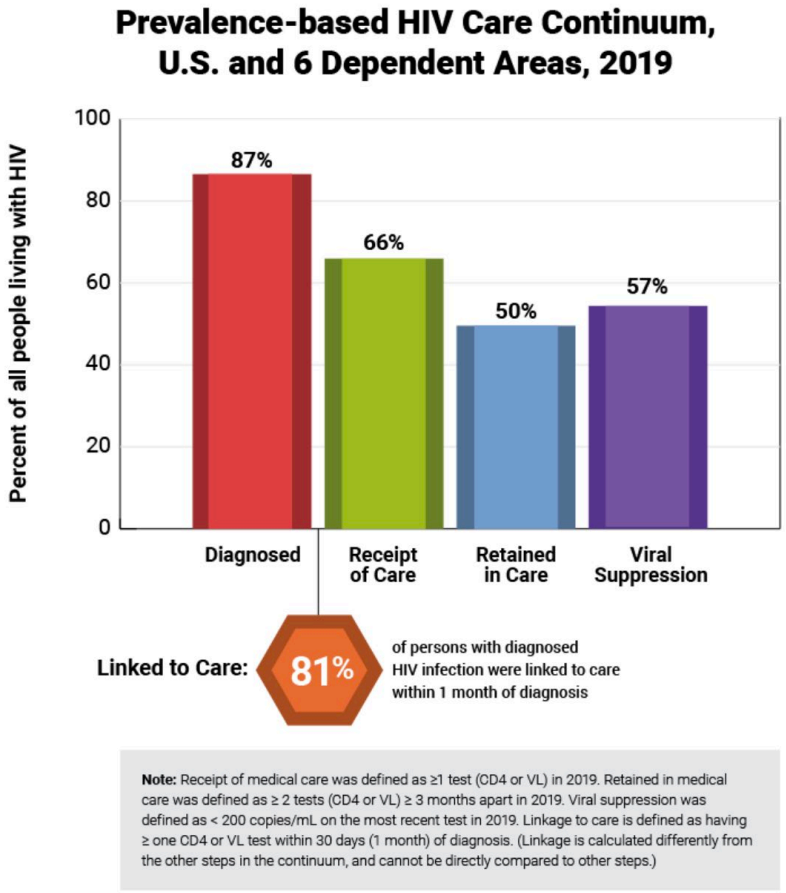
Telehealth Applications

- Diagnosis
- Treatment
- Consultation
- Health education
- Care management
- Self-management



HealthHIV

Telehealth & HIV Care Continuum



CDC, Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019. HIV Surveillance Supplemental Report 2021; 26(No. 2). Published May 2021.

- 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.

HealthHIV

Telehealth & HIV Care Continuum

Diagnosed	Receipt of Care	Retained in Care	Viral Suppression
• At-home HIV testing & counseling • Partner services • Disease intervention specialist services	• Case management • Linkage to care before re-entry	• Virtual appointments with HIV specialist	• Group counseling for ART adherence • Direct ART adherence support

HealthHIV

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 conseling

3 RETENTION

- Ongoing counseling & support
- Review of PrEP labs
- PEP & PrEP follow-up

4 ADHERENCE SUPPORT

- Adherenece support for daily PrEP
- Repeat HIV testing & counseling

HealthHIV

Telehealth Service Delivery Models

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

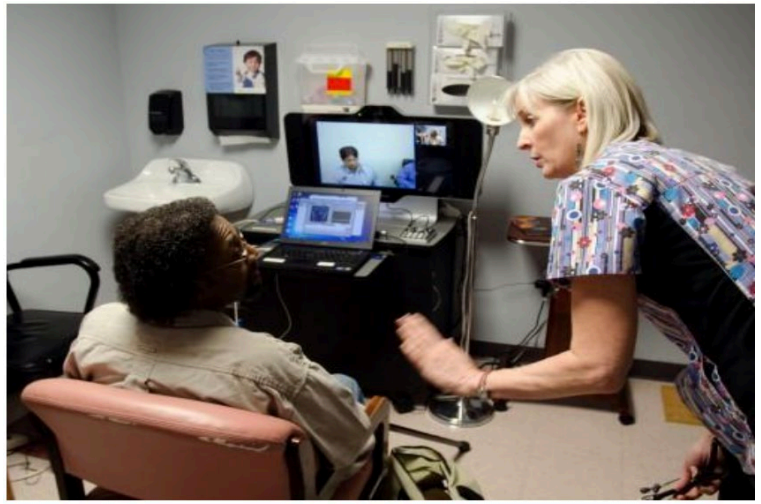
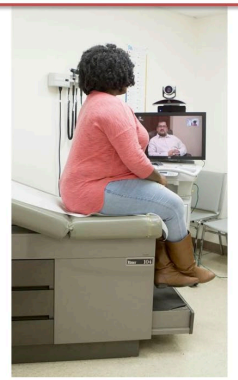


Photo courtesy of David Kohn, Washington Post



Alabama eHealth

HealthHIV

Barriers to Telehealth Implementation

Health HIV

- 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

Health HIV

- 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

More Implications of Resource Allocation for Telehealth: Potential Cost Savings

Health HIV

- 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

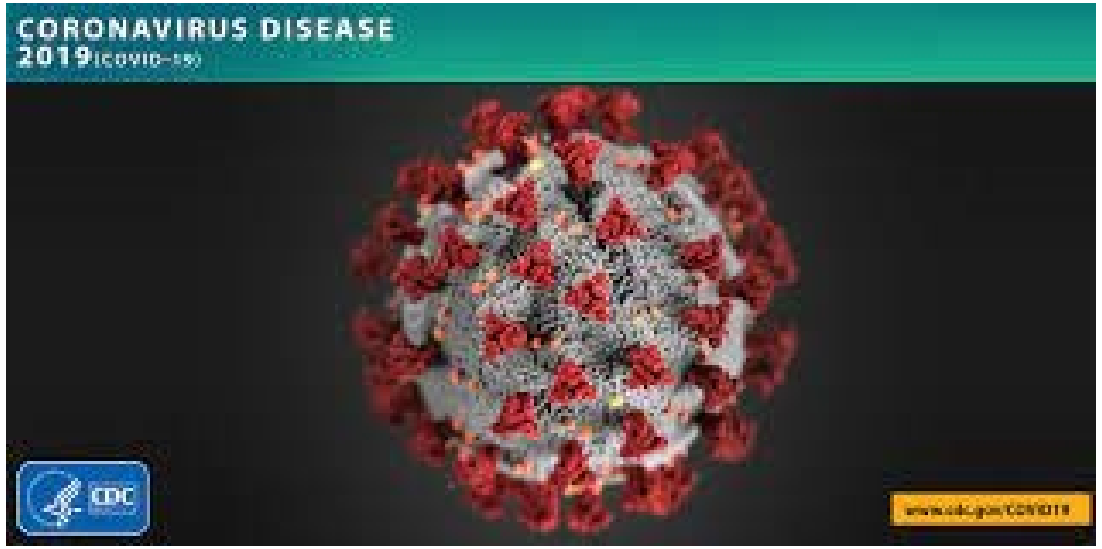
- In January 2020, it was estimated less than 1% of medical services were provided via telehealth

Jacob C. Warren and K. Bryant Smalley, “Using Telehealth to Meet Mental Health Needs During the COVID-19 Crisis,” To the Point (blog), Commonwealth Fund, June 18, 2020.
Fair Health, Inc., “Monthly Telehealth Regional Tracker,” Jan. 2020.

HealthHIV

What catapulted the use of telehealth?

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



HealthHIV

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

HealthHIV

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

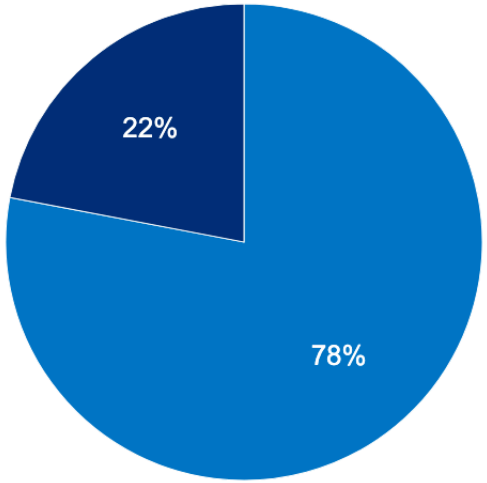
HealthHIV

Survey of Part C and D Ryan White Providers

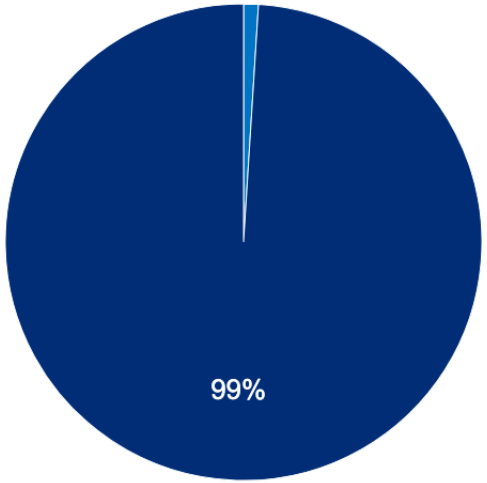
Nearly all respondents have now implemented telehealth, up from just 1 in 5 in the past.

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

Not offering telehealth/plan to offer in the future Offering telehealth



Prior to the COVID-19 Pandemic



Now

SOURCE: KFF Survey of Part C and Part D Ryan White Provider, 2020.

KFF

HealthHIV

Survey of AMA Physicians on Telehealth Visits and Remote Patient Monitoring

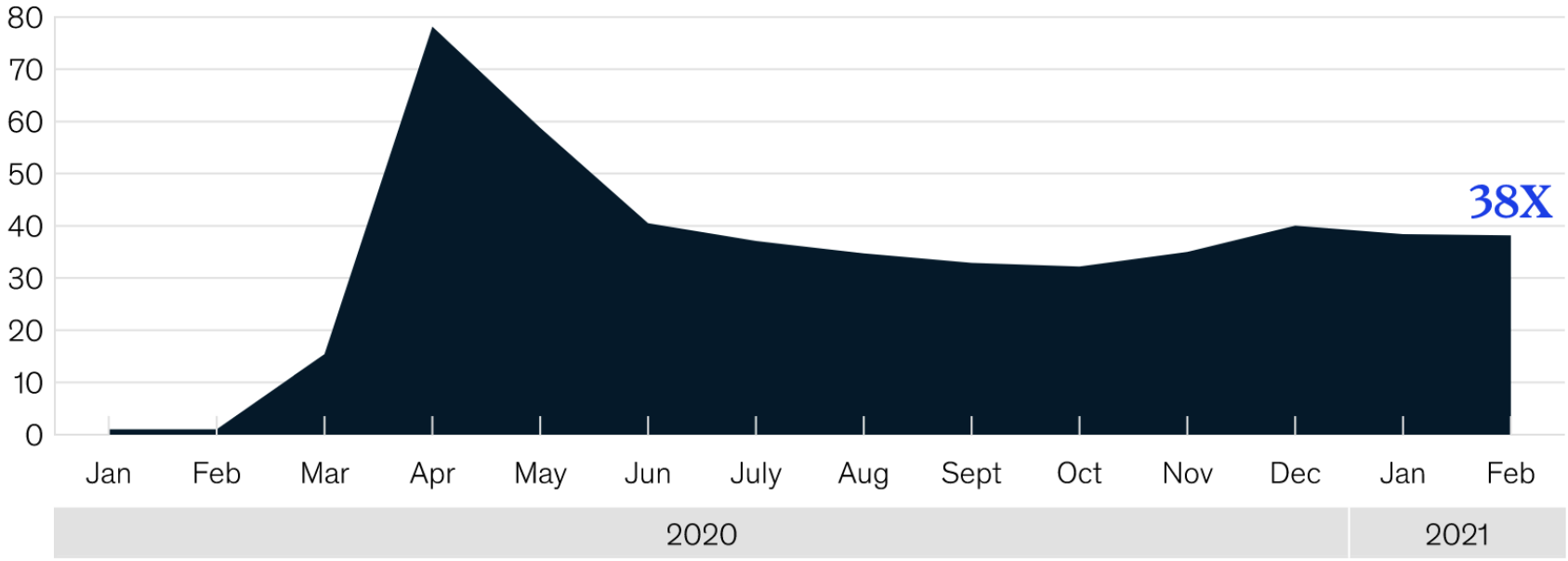
- Increase (14% to 28%) in use of telehealth and remote patient monitoring (2016 to 2019)

- Increase (60% to 90%) in use of telehealth since start of COVID-19 pandemic
  - 50% first time users

HealthHIV

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]



[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

HealthHIV

Structural Facilitators of Telehealth

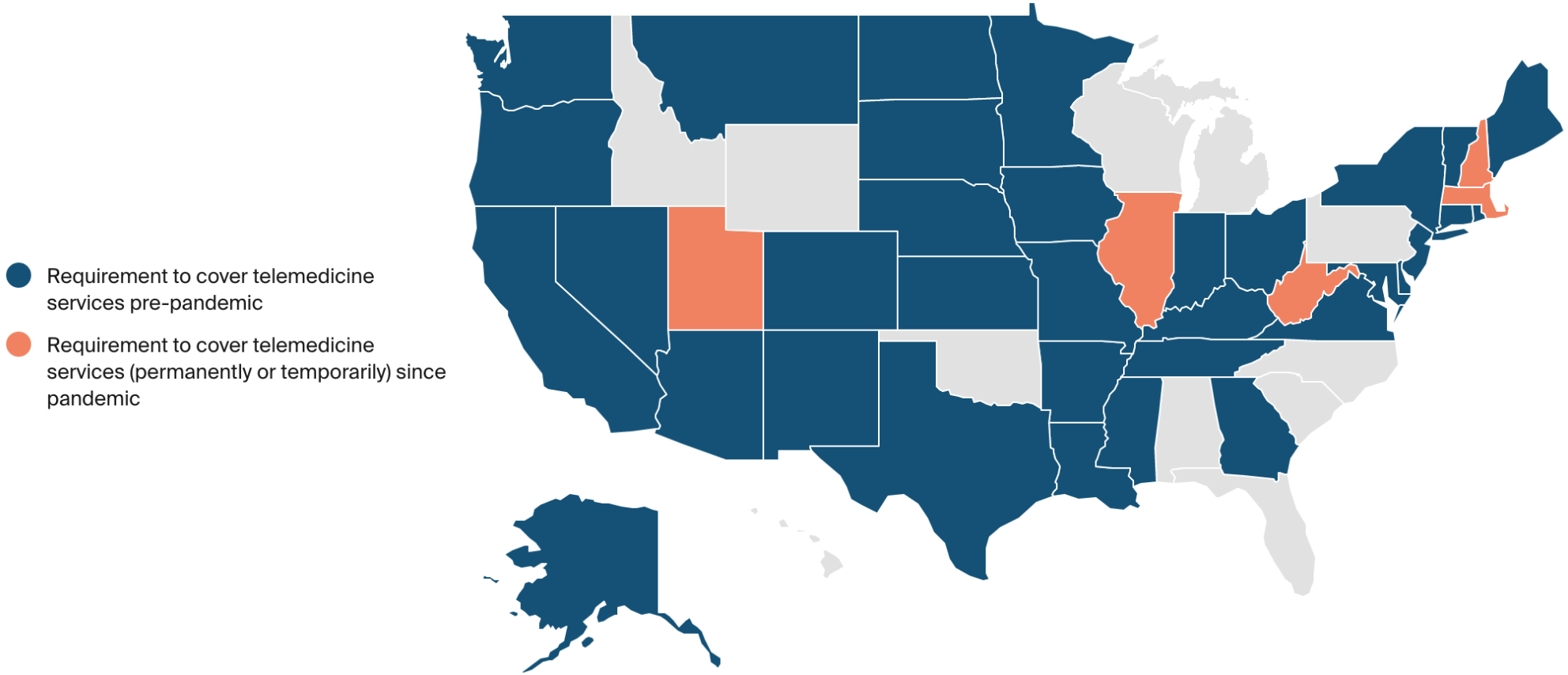
Guidance from the government put an emphasis on telehealth visits rather than in-person visits for routine or non-urgent care

Easing of regulatory and reimbursement restrictions

Payers started reimbursement of in-person and telehealth visits at the same rates (telehealth parity)

HealthHIV

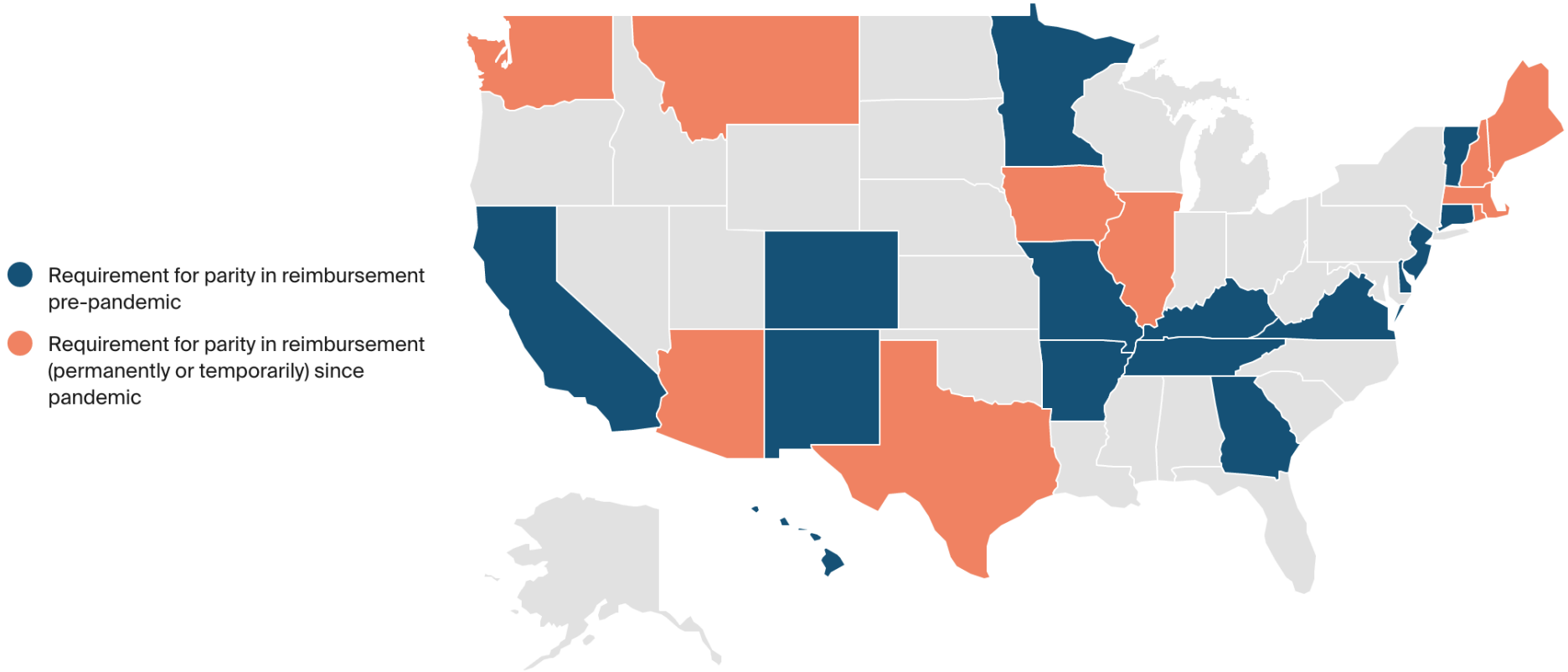
States Requiring Insurers Cover Telemedicine Services, Pre and Post-Pandemic (as of March 15, 2021)



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

HealthHIV

States Requiring Insurers Have Parity in Provider Reimbursement for 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

HealthHIV

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

CMS. (2020). Medicare telemedicine health care provider fact sheet. Retrieved from: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

HealthHIV

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
- **COVID-19 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

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

HealthHIV

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

HealthHIV

Telehealth Impact on HIV Prevention and Care

Health HIV

- 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

Smith E, Badowski ME. Telemedicine for HIV Care: Current Status and Future Prospects. *HIV AIDS (Auckl)*. 2021;13:651-656 https://doi.org/10.2147/HIV.S277893.

What does the future hold for telehealth?

HealthHIV

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

Bestsennyy, Oleg; Gilbert, Greg; Harris, Alex; and Rost, Jennifer (July 9, 2021).
Telehealth: A quarter-trillion-dollar post-COVID-19 reality? McKinsey and Company. Accessed online at https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality

HealthHIV

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

HealthHIV

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)

HealthHIV

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

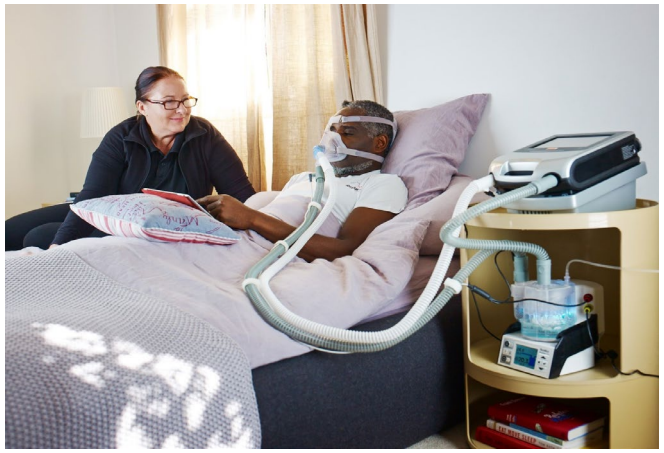
HealthHIV

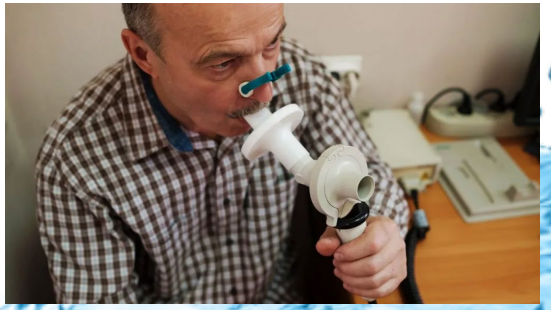
Future of Telehealth

- 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





HealthHIV

2050 and Beyond

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

HealthHIV

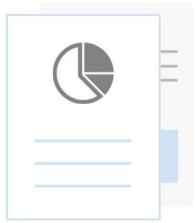
HealthHIV

TeleHealthHIV

- 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

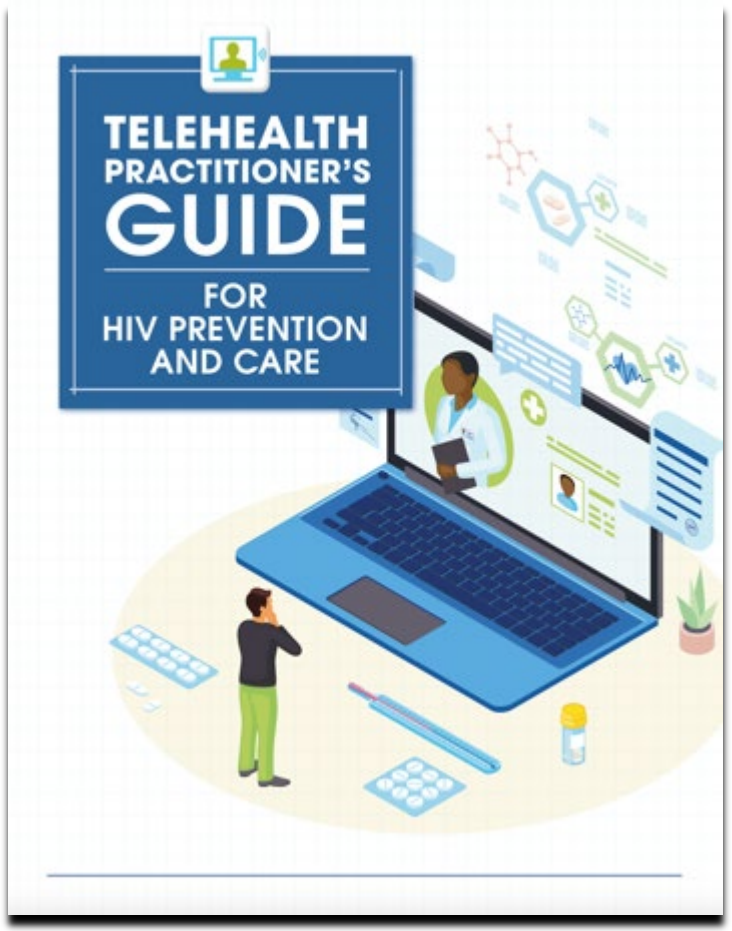
WEBINARS



RESOURCES

Visit www.HealthHIV.org/TeleHealthHIV

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

Contact

Michael D. Shankle, MPH
Senior Director of Capacity Building
HealthHIV
1630 Connecticut Avenue NW, Suite 500
Washington, DC 20009
202.507.4730
Michael@HealthHIV.org