

Adapting HIV Service Delivery during COVID-19: Lessons Learned

Boston EMA

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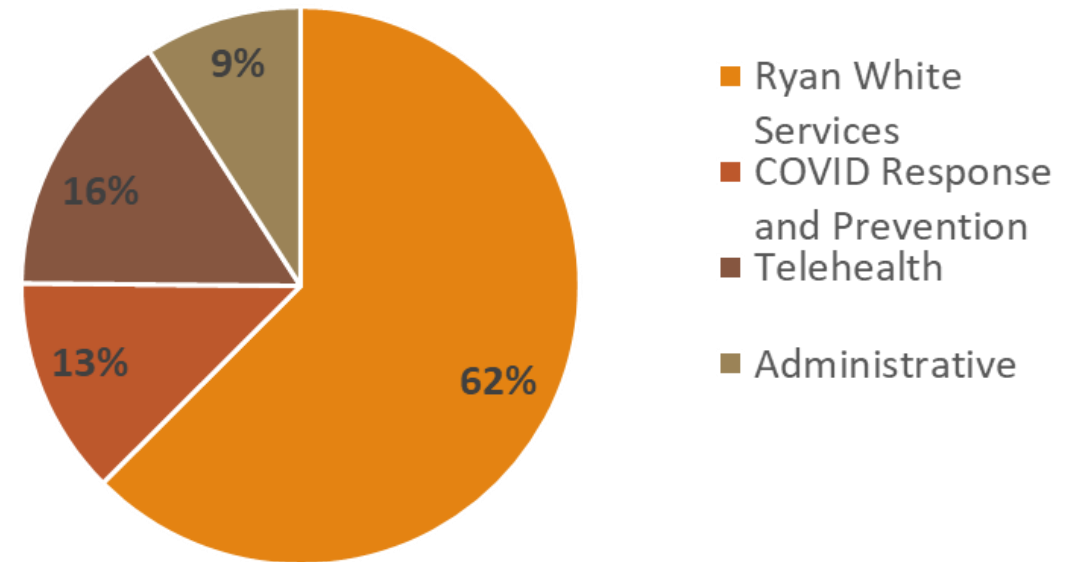
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Background

- The Boston Public Health Commission (BPHC) is a recipient of Ryan White Part A Funding and serves 32 agencies across the Boston Eligible Metropolitan Area (EMA)
- The Boston EMA quickly adapted during the pandemic by shifting to telehealth, streamlining and enhancing processes, and expanding services to accommodate changing client needs
- BPHC allocated CARES Act funding to 81% of Part A agencies during the pandemic, provided to prepare for, prevent, and respond to the coronavirus 2019 (COVID-19) pandemic, assisted agencies to adopt new models of care by supporting innovative approaches to services and meeting increased client needs in response to COVID-19

**Boston EMA
CARES Act Funding (%)**



Design/Method

Telehealth

- Agencies quickly adapted to telehealth and provided education on different virtual platforms to increase utilization in services
 - Some created informational brochures on the use of zoom to reduce barriers for continuity of care
 - The Case Management Training and Psychosocial Support Training programs provided training virtually and tailored trainings to needs that have been identified related to the pandemic-for example how to facilitate a virtual support group
 - Agencies strengthened telehealth infrastructure by providing tablets, phones, implementing DocuSign, etc.
 - Agencies provided designated office space for clients who have privacy concerns in the home when using telehealth

Streamlining Processes

- Agencies continued to expedite eligibility certification and find new ways to get client signatures and collect eligibility paperwork through e-signatures, mailing, electronic communication etc.
- Agencies took steps to amend and expedite eligibility certification given social distancing requirements

Collaborative Capacity-Building Efforts

- Several agencies worked together to increase access to meal programs and increase referrals to food access organizations
- Agencies reinforced the *buddy system*, which pairs clients to promote peer support when experiencing grief, loss, and isolation during COVID-19
- Several agencies implemented delivery and curbside pick-up systems for medical nutrition therapy and food related services
- Agencies came together to promote housing stability and legal services to support PLWH tenants who may be facing imminent eviction from their housing during the eviction moratorium
- Agencies expanded services for clients who recently were not able to utilize all services due to schedule conflicts
- Agencies adapted medical transportation services during the public health emergency and have made changes such as replacing taxi services with ridesharing programs.

Results

- 28% of clients received telehealth services in FY21
 - Agencies have sustained the telehealth option in an effort to expand access to care, serving 14% of clients as of July 25th (FY22)
- Agencies were able to overturn multiple evictions throughout the EMA due to the optimization of support services such as Legal Services, in the anticipation of the eviction moratorium being lifted
- The flexibility provided by HRSA and BPHC regarding client signatures and timelines improved access and efficiency across the EMA
- The collaborative effort across the EMA has allowed clients to access available services, prevent duplication of efforts and bridge gaps in services.
 - This yielded a range of improvements for Part A clients, from securing employment to being granted asylum

<i>CARES ACT Funding</i>	<i># of Clients Served</i>
Non Medical Case Management	2221
Medical Case Mangement	5396
Emergency Financial Assistance	905
Food Bank/home delivered meals	1020
Health Education/Risk Reduction	663
Psychosocial Support	673

Results, Continued

- An agency started to allow patients to receive HIV-related medications at home via mail, with the option of 90-day prescriptions
 - The agency found that patients were taking their medications as prescribed
 - They are looking into expanding this model post-COVID
- Boston EMA's AIDS Drug Assistance Programs have made important modifications to their self-attestation and recertification forms which have streamlined the processing of more than 400 weekly applications that they receive on average

Challenges/Limitations

- Some clients continue to face access to care barriers with the expansion of telehealth
 - Inability to navigate Smartphones to access virtual platforms such as Zoom and Teams, due to differences in technological literacy
 - Limited access to phone data, Wi-Fi access
 - Loss of Privacy in the homes to access medical appointments
- The rise in unemployment rates combined with a significant need for food, housing, transportation, and legal services have resulted in additional barriers to care for clients across the EMA.
- Some clients prefer in-person services, indicating the need to socialize and feel a sense of community, as well as skepticism of the quality of virtual care

Lessons Learned

- CARES Act funding was invaluable for the Boston Public Health Commission to assist funded agencies with additional investments in telehealth infrastructure, enhanced safety measures, and increased access to critical services that were in higher demand
- When provided with the opportunity and platform, agencies are enthusiastic about collaborating and sharing best practices with one another
- Although telehealth allows for the expansion of services, and opportunities for new models of care, barriers to care remains in some groups
- Streamlining processes and lessened administrative restrictions promotes efficiency and effectiveness across all systems of care