

Telemedicine Implementation at a Midwestern HIV Clinic During COVID-19: One Year Outcomes

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Background—Initial Abstract

- The Specialty Care Center provides primary and focused HIV care to 1200 people with HIV (PWH) in Nebraska and Southwest Iowa.
- Prior to March 2020, we were not utilizing telemedicine modalities.
- At the onset of the COVID-19 pandemic, we quickly implemented strategies to utilize telemedicine and monitor preliminary outcomes.
- We submitted initial abstract to Virtual IDWeek 2020, which was selected as an oral abstract presentation and received Program Committee Choice Award.

A Midwestern Academic HIV Clinic Operation during COVID-19: Implementation Strategy and Preliminary Outcomes

Nada Fadul, MD
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Introduction—Current Abstract

- We aimed to describe the implementation process with a focus on **one year outcomes of telemedicine at our clinic.**
- Our HIV clinic adopted telemedicine practices in line with DHHS Interim Guidance for COVID-19 and Persons with HIV.¹
- Some HIV clinics reported decline in viral load suppression rates during COVID-19/telemedicine², but
- We have previously demonstrated preservation of overall high viral load suppression rate 6 months after telemedicine implementation.³

References:

1. DHHS. Interim Guidance for COVID-19 and Persons with HIV (2020). Available from: <https://clinicalinfo.hiv.gov/en/guidelines/covid-19-and-persons-hiv-interim-guidance/interim-guidance-covid-19-and-persons-hiv?view=full>
2. Spinelli MA, Hickey MD, Glidden DV, Nguyen JQ, Oskarsson JJ, Havlir D, et al. Viral suppression rates in a safety-net HIV clinic in San Francisco destabilized during COVID-19. AIDS. 2020; 34(15):2328-31.
3. Fadul, N. and Regan, N. 2020. A midwestern academic HIV clinic operation during covid-19: Implementation strategy and preliminary outcomes. [Presented as oral abstract]. IDWeek, October 2020.

Methods

- March 2020: created telemedicine protocols
- Designed and continuously updated algorithms to select patients eligible for telemedicine
- Monitored utilization and outcomes and through electronic medical record chart reviews
 - May 1, 2020-April 30, 2021.
- Analyzed patient demographics, including federal poverty level

- Examined baseline and post-intervention rates of:

Viral Load Suppression (VLS)
HIV RNA <200 copies/mL

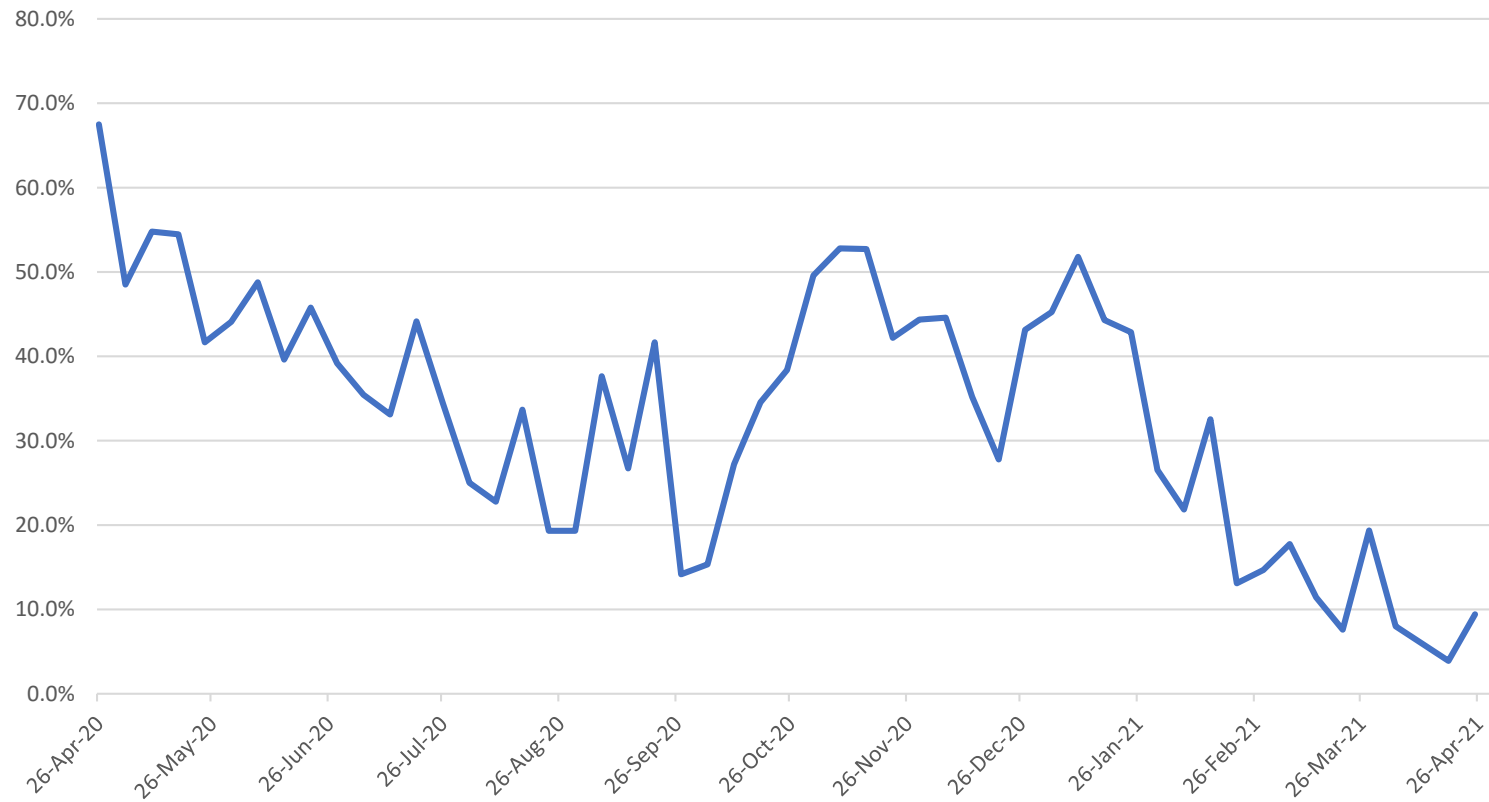
Medical Visit Frequency (MVF)
Percentage of patients with one visit in each 6 months of the preceding 24 months with at least 60 days between visits

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Lost to Care (LTC)
No visit within 12 month period

Results and Conclusions

Percentage of Telemedicine Visits



Conclusion:

Telemedicine proved to be a safe alternative to in-person HIV care during the COVID-19 pandemic, especially during regional “waves” or increased COVID-19 caseloads.

Results and Conclusions

Race	Telemedicine n (%)	In-person n (%)
American Indian or Alaska Native	6 (27)	16 (73)
Asian	12 (20)	48 (80)
Black or African American	176 (28)	467 (72)
Other	4 (14)	22 (83)
White or Caucasian	451 (32)	975 (68)

Gender	Telemedicine n (%)	In-person n (%)
Female	166 (30)	371 (70)
Male	483 (30)	1157 (70)

Ethnicity	Telemedicine n (%)	In-person n (%)
Hispanic or Latino	107 (29)	260 (71)
Not Hispanic or Latino	542 (30)	1268 (70)

FPL	Telemedicine n (%)	In-person n (%)
201-250% of the FPL	69 (31)	154 (69)
251-300% of the FPL	47 (29)	110 (71)
301-400% of the FPL	57 (34)	112 (66)
Above 400% of the FPL	27 (28)	69 (72)
Below 200% of the FPL	344 (28)	876 (72)
Unknown/Not Reported	104 (34)	206 (66)

*FPL = Federal Poverty Level

Conclusion:

We observed similar rates of telemedicine utilization across demographic and federal poverty level (FPL) status.

Results and Conclusions

Conclusion:

Applying selection criteria, viral load suppression (VLS) and medical visit frequency (MVF) rates were not adversely impacted by shift to telemedicine modality.

Thanks for your interest!

We are eager to answer questions and brainstorm next steps!

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Results of Telemedicine Intervention

