

# Expanding HIV Telemedicine in Urban Communities: Innovative Approach for Improving Client Retention and Access

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1. CDC, 2. University of Florida, Jacksonville, 3. HealthHIV

# Disclosures

**Presenters have no relevant financial or nonfinancial interests to disclose.**



# Presentation Overview

- **Background**

- Retention in HIV care
- Telemedicine
- Notice of Funding Opportunity (NOFO)

- **Capacity Building Assistance for UF Telemedicine Program**

- **Implementation of UF HIV Telemedicine Program**

# Acknowledgments

## ■ CDC Team

- Arin Freeman
- Marie Johnston
- Deborah Gelaude
- Neal Carnes

## ■ HealthHIV

- Anna Clayton

## ■ UF Health

- Reetu Grewal
- Jessica Peters
- Fern Webb
- Glen Edwards

# Retention in Care & Telemedicine Background

Aisha L. Wilkes, MPH

# Background

## ■ Geographic and racial disparities in HIV

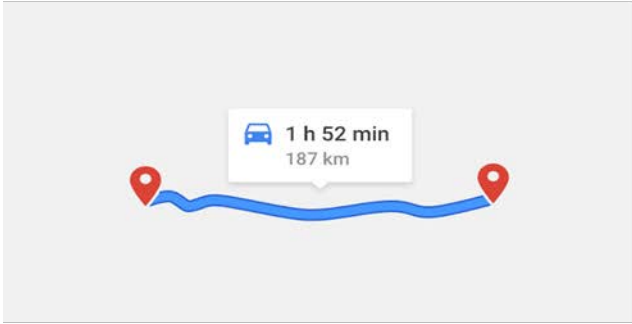
- South is home to 37% of the US population
- 44% of PLWH in US reside in the southern United States
- 10 metropolitan statistical areas with highest rates of HIV in the south
- More than 50% of the PLWH in south are Black
- Rates of engagement in HIV care and viral load suppression are consistently lower among black PLWH than among white counterparts

- CDC (2016). HIV in the Southern United States (Issue Brief). Retrieved from <https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-in-the-south-issue-brief.pdf>
- CDC (2018). Racial and Ethnic disparities in Sustained Viral Suppression and Transmission Risk Potential Among Persons Receiving HIV Care – United States 2014. MMWR;67:113-118

# Telemedicine and HIV

- **Telemedicine models for HIV care and treatment generally target specific populations**
  - Rural communities
  - Prisoners
  - Veterans
- **Telemedicine models for HIV care in urban settings have not been formally evaluated**

# Telemedicine and barriers to traditional HIV care





# Telemedicine: Purpose



create  
**framework** of  
barriers  
& facilitators



increase  
**acceptability**  
among clients



grow **proportion**  
of patients using  
virtual visit

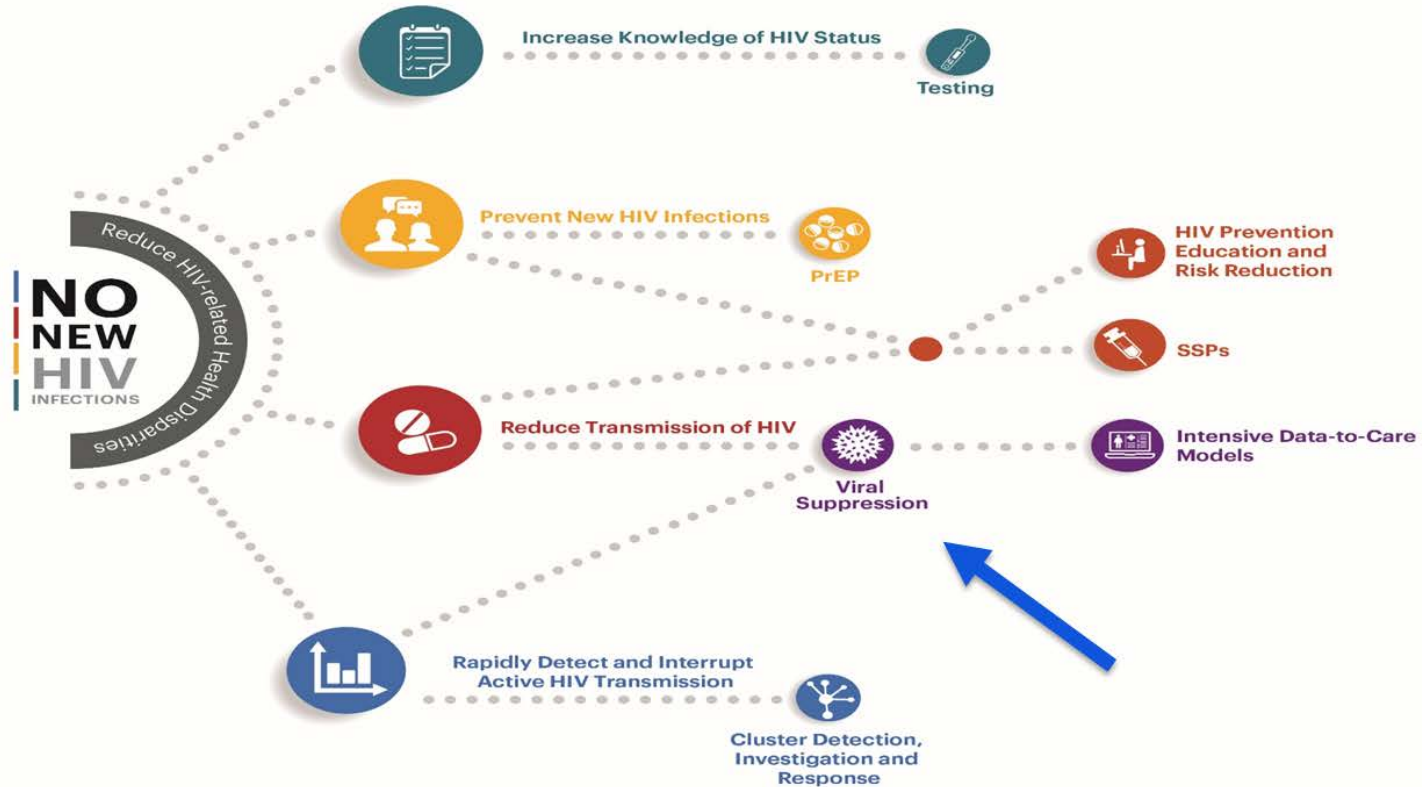


enhance  
patient  
**satisfaction**



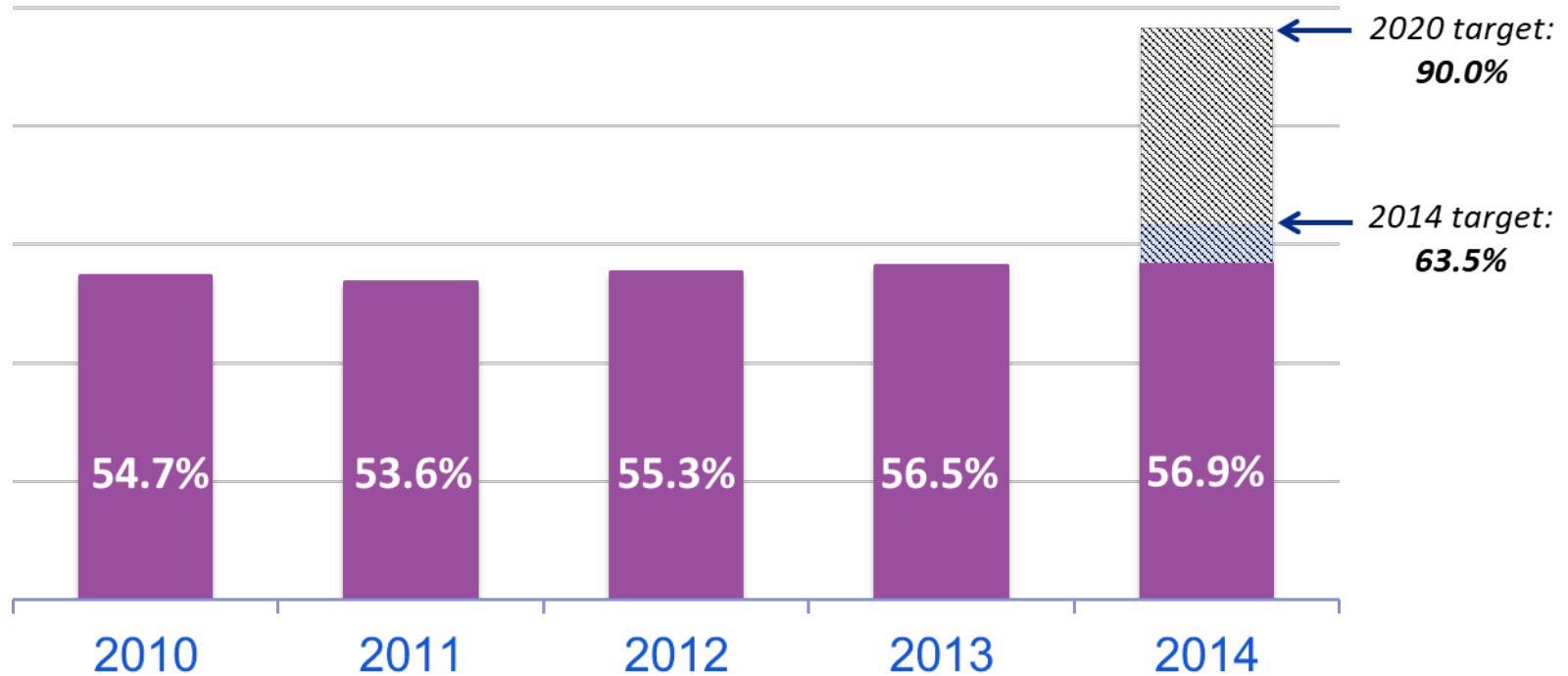
demonstrate  
**cost benefits**

# DHAP Priorities-2017



# Retention in HIV Care

Source: HIV.gov, CDC Monitoring Report, 2017



# Overview of Telemedicine Project: PS17-1710

Aisha L. Wilkes, MPH

# Project Purpose, Goals, and Objectives

- To create and implement a telemedicine program for urban clinics serving predominantly minority PLWH to improve service delivery and retention in care.
- The tailored telemedicine program will increase efficiency of care delivery and accessibility to medical care and case management by:
  - Reducing patient-level barriers associated with retention (i.e., access to affordable and reliable transportation, wait time and time to keep medical visits)
  - Reducing system-level barriers associated with retention (i.e., physician caseload, appointment backlog and extensive wait time)

# Overview of Notice Of Funding Opportunity (NOFO)

- **Project Period 9/30/2017 – 9/29/2020 (3 years)**
- **Non-research Cooperative Agreement**
- **Collaboration between two DHAP branches:**
  - Prevention Research Branch (PRB)
  - Capacity Building Branch (CBB)
- **Demonstration Project with Capacity Building Assistance component**
  - Category A (Demonstration Project) – University of Florida, Jacksonville
  - Category B (Capacity Building Assistance) – HealthHIV

# University of Florida (UF), Jacksonville (Cat A) Activities

- Engage Community Advisory Board (CAB) to advise on Telemedicine (TM) tailoring
- Build agency infrastructure for TM at UF clinics
- Develop and disseminate SOPs
- Train providers and supporting staff on implementing TM
- Market TM program to patients in clinics via newly developed marketing campaign
- Develop strategy for gathering evaluation and cost data
- Disseminate program results to key stakeholders

# HealthHIV (Cat B) Activities

- **Conduct program review of existing TM program to identify clinic needs**
  - Literature review
  - Consultation with CAB, clinic staff, potential patients
- **Develop plan to meet TM program's TA needs (e.g. training, technical support, staff protocols, patient education)**
- **Develop and execute capacity building assistance plan**



# Capacity Building Assistance for UF Telemedicine Program

Michael Shankle, MPH



# **Telehealth: Building HIV Retention in Care Among Minority Communities**

# HealthHIV

## Mission

To advance effective prevention, care, support, and health equity for people living with, or at risk for, HIV and hepatitis C—particularly with LGBT and other underserved communities—by providing education, capacity building, health services, research, and advocacy to organizations, communities, and professionals.

## Team

Diverse staff of professionals with HIV, HCV, and LGBT clinical, global, cultural competency, prevention, and other experience – particularly within LGBT and other underserved communities.

## Core Capabilities



Capacity Building



Education &  
Training



Health Services  
Research &  
Evaluation

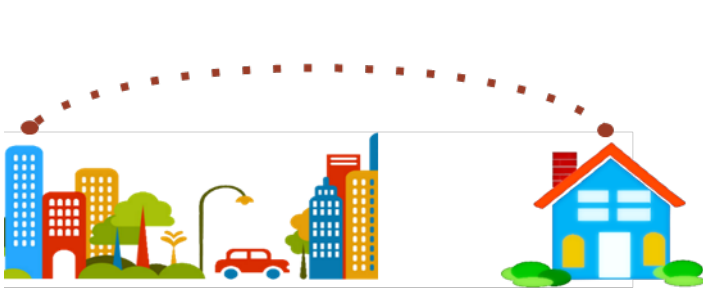


Advocacy

# Telemedicine for HIV: Present & Future

## Current Telemedicine & HIV

- Urban → rural
- HIV clinical & PrEP care
- Clinical settings
- Presenting site (not direct-to-consumer)



## Telemedicine Opportunities

- Urban → urban
- Reduce barriers to care
- PrEP, PEP, social support, testing
- Clinical care, prevention, case management, behavioral health, social support



# Reimbursement Limitations

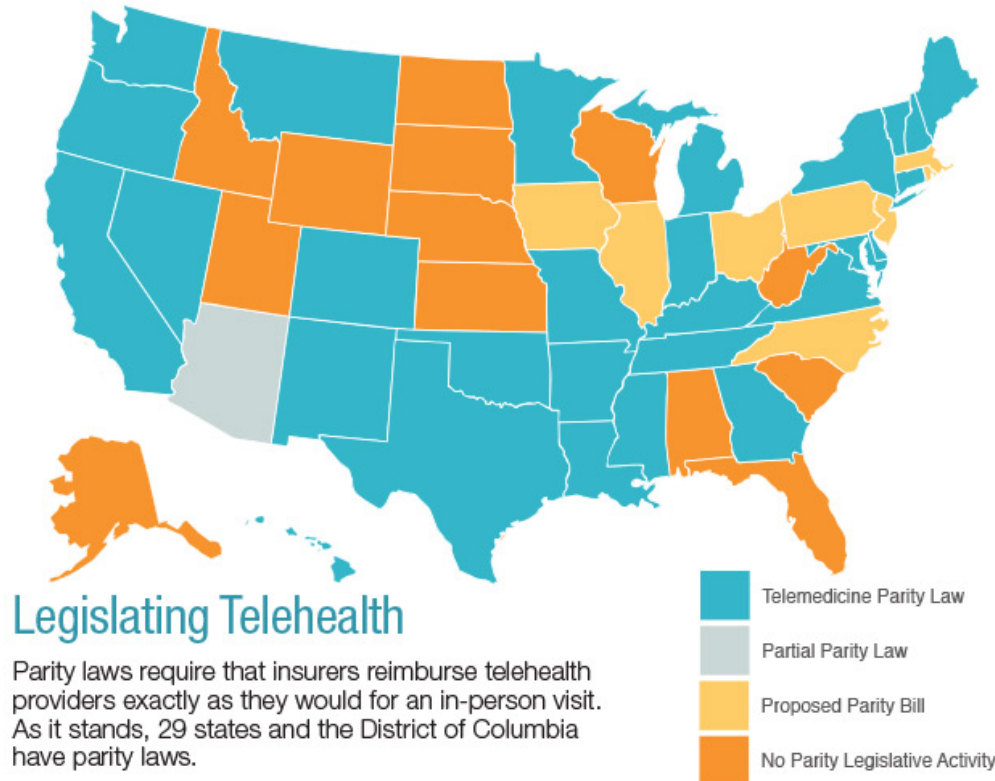
- **Third Party Payers**

- Varying reimbursement based on state parity legislation
- Contracted telemedicine provider/modality

- **Medicare**

- Waiver for urban-to-urban settings
- Provider shortage area
- Presenting site vs. direct to consumer

# Reimbursement



# Ryan White and Telemedicine

- **Modality of service delivery, not service category**
- **May require**
  - Approval by Planning Councils/Bodies
  - Changes to service standards
  - Modification of contract/subrecipient agreements
- **Challenges**
  - Documentation process
  - Signature requirements

# Telemedicine: National Legislation

- 1 Meeting between the provider & client must be **interactive**
- 2 Meeting must be with a physician or other **qualified personnel**
- 3 Individual must **qualify** to receive telehealth
- 4 Individual must receive services at a designated telehealth **originating site**



# Telemedicine: Steps for Implementation

- Develop Task List
  - Create: trainings, processes, partnerships
- Equipment
  - Video, audio, scheduling, mobile apps, tablet
- Policy
  - Reimbursement, HIPPA, RWHAP
- Procedure
  - Process flow, essential staff
- Training
  - Scheduling, facilitating, troubleshooting
- Buy-In
  - Providers, staff, clients

# Resource Dissemination

- **Guides to replicating a telemedicine program**
- **Fact sheets, implementation guides, toolkits and other resources**
- **Peer-reviewed journal articles/contributions to implementation science**
  - Systematic review of synchronous video telehealth in HIV
  - Provider and consumer acceptability of virtual visits
- **Webinars & distance/group learning**

# Implementation of UF HIV Telemedicine Program

Kendall Guthrie, M. Div.

# **CDC Grant: Utilizing Telemedicine to Improve Care for Urban Minority PLWH**

Kendall Guthrie, M. Div.

Jessica Peters, BSN, RN-BC

# Telehealth at UF Health Jacksonville

## •Current Projects:

- UF Health Virtual Visit : Epic/MyChart & Vidyo, Ambulatory Follow-up Care: Family Med and Specialty
  - Virtual Visit Departments/Subspecialties:
  - Community Health and Family Medicine (60+ providers)
  - General Pediatrics (10+ providers)
  - Neurology – Stroke and MS (3 providers)
  - Pharmacy – Population Health Support
  - General Surgery – Post-op Follow Up
  - Infectious Disease – General Peds ID, HIV Adult and Peds (CDC Grant Support)
  - Mental Health – MSW and Psychologist in Community Health Dept
  - Transitional Care and Follow-up Care for Medically Complex Children
  - Pediatric Neurosurgery, Nephrology, and Cardiology
  - Pediatric Weight Management – Nutrition Counseling

- EMS Pre-transport Telestroke Assessment
- Tele Physical Therapy and Jinntronic
- UF Health North Virtual Inpatient Consults – cart based, leveraging Vidyo
- SPARROWnet Member – Disaster and Trauma Telemedicine Network for FL Trauma Centers
- NICU Virtual Visiting Hours – cart based, leveraging Vidyo
- NICU Remote Monitoring: 12 lead ECG

## •International Projects:

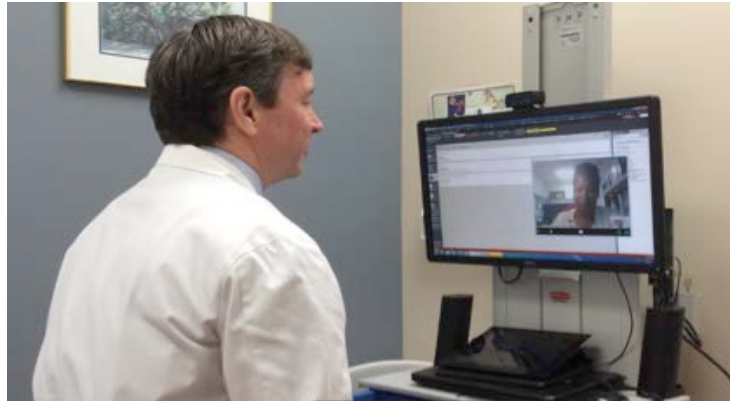
- China – Pediatric Oncology
- West Indies – Pediatric Cardiology

## •Past Projects:

- Jacksonville Sheriff's Office Jail and UF Health Jacksonville Cardiology and Neurology Telemedicine Pilot
- ALS Asynchronous Video Assessment and Synchronous Multi-Disciplinary Clinic

# UF Health Virtual Visit

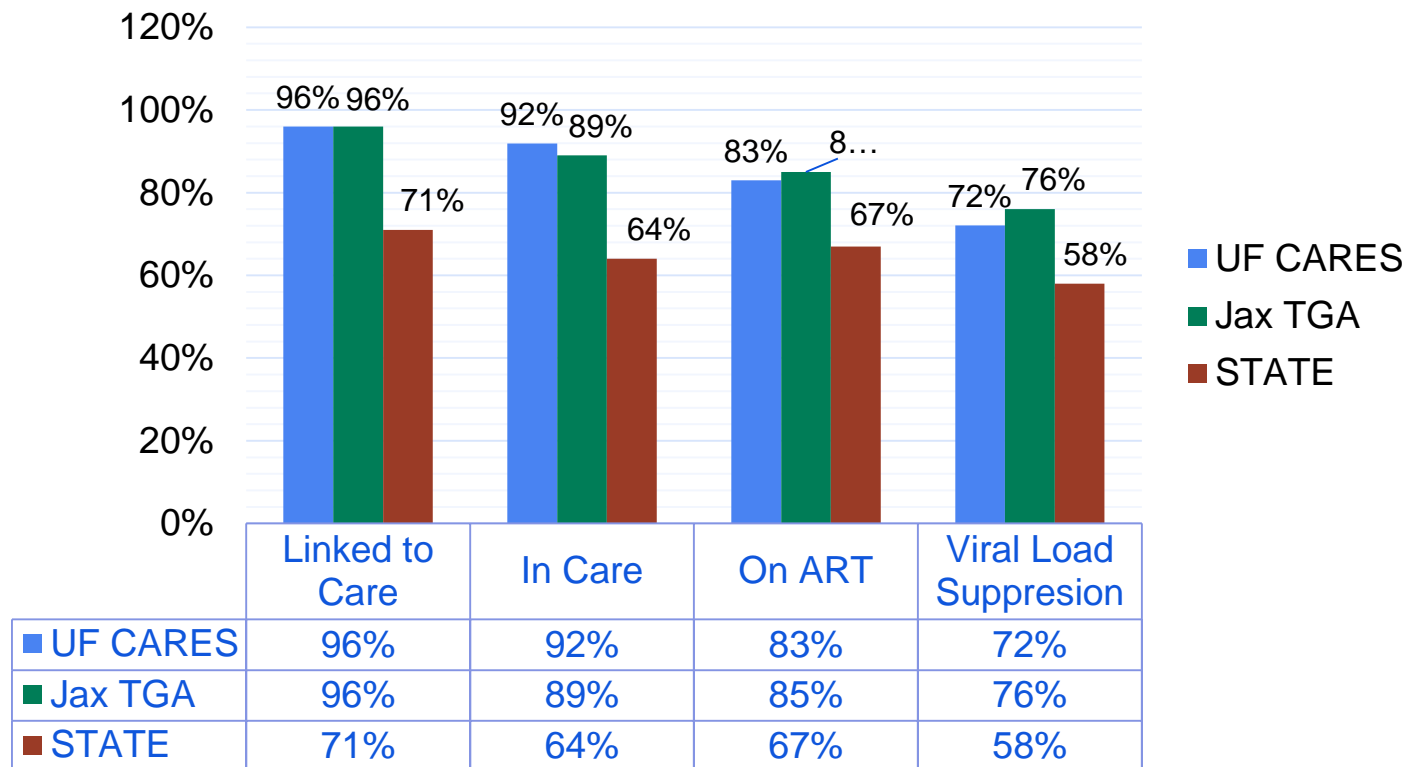
- HIPPA compliant, secure, live, two-way video
- Platform: Epic/MyChart and Vidyo deep integration
- Scheduled encounters with established patients



# UF CARES & Jacksonville, FL



# UF CARES Cascade





# Recognized Risk of Falling Out of Care

UF CARES has successfully met NHAS 2020 Target Indicator 5 (Retention in care at 90%) during the last three years for the majority of population groups

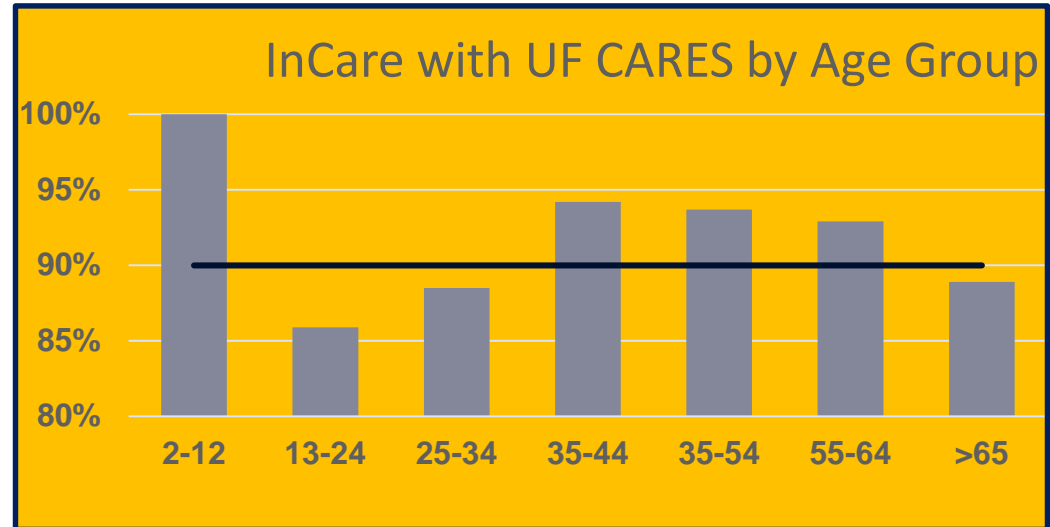
However, rates of retention for ages 13 to 34 and 65 and over have been lower than the rest of the population, ranging from 85.9% (13-34) to 88.9% (65 and over).

## Gender Identity

Female	91%
Male	93%
Transgender	100%

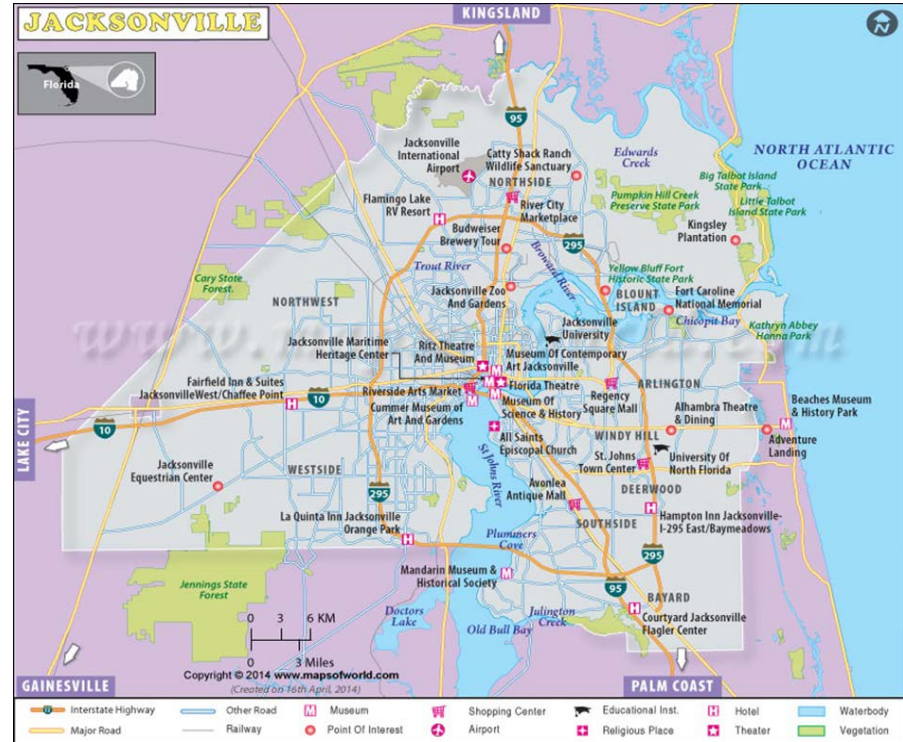
## Racial Identity

Black	92%
White	91%
Other	94%



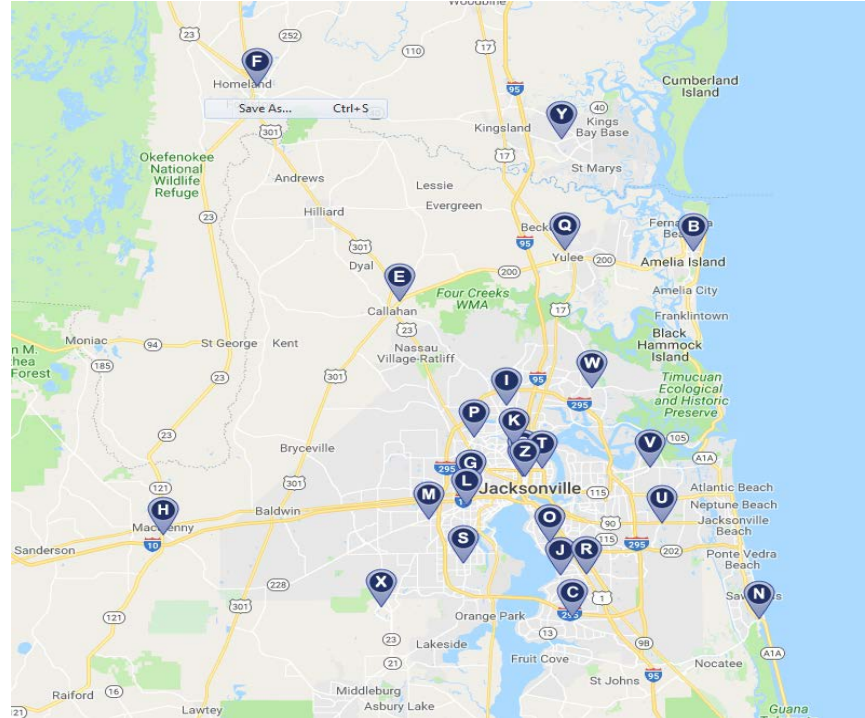
# Jacksonville Geography

- City of Jacksonville is 874.64 sq miles
- Drive time from one side of the city to the other can be more than 1 hour.
- Many Telemedicine Projects have focused on Urban to Rural, but many Urban areas face similar access and transportation issues.



# UF CARES Reach

- There are 31 UF Health Jacksonville Community Health and Family Medicine Clinics spread across Jacksonville.
- There are 3 active UF CARES clinics.
- We aim to expand UF CARES reach by making CHFM clinics and CBO partners presenting sites for UF CARES.



# Team Strengths

## Diverse, Multi-Disciplinary Team Approach

-UF Health Team, CDC, HealthHIV, CAB

-Creating Innovative Solutions



# CBO Partners

## Community Based Organizations

Serve as a site to have a virtual visit

## Current CBOs

Jacksonville Area Sexual Minority Youth Network (JASMYN)

North Florida AIDS Network

River Region Human Services

Nassau County Health Dept

Edgewood Pharmacy

## Potential Partners

Baker Health Dept



# CAB

## Community Advisory Board

- Diverse group
- Seek out opinions/ideas on project
- Assist with development of marketing materials, patient education materials, operating procedures, and promotion of project
- Meet Monthly during planning and Quarterly during implementation

## Current CAB Members Include:


- PLWH
- CBO representatives
- Duval and Nassau County Health Departments
- University of North Florida Asst Prof, Dept Public Health and Diversity Council
- UF CARES Staff
- UF Health Staff

# Eligibility

Criteria	Definition
Clinical	Dx of HIV
MyChart	Patient Portal
Established Patient	UF CARES/CHFM
Reimbursement	Insurance or Self-Pay
Tech Capability	Own Device or Access to CHFM/CBO
Non-Medically Complex	Current CD4>200; No emergent issues



# Marketing




Your Time.  
Your Health.  
Your Terms.

UF Health Virtual Visit provides the care you need, when and where you need it.

UF Health makes health care more accessible, efficient and cost-effective through telemedicine. Virtual Visit gives you access to our medical professionals remotely from your home, office or any location using your phone, tablet or computer. See and talk to your health care provider while saving time and energy — all without sacrificing quality care.

- ✓ Save time
- ✓ Travel less
- ✓ Connect from the internet

Try a Virtual Visit with your UF CARES physician. Call 904.383.1052.



**UFHealth**  
UNIVERSITY OF FLORIDA HEALTH

UFHealthJax.org/virtual-visit



Your Time.  
Your Health.  
Your Terms.



**The same caring experts.  
A smarter way to visit them.**

Living with HIV? Receive virtual care from anywhere.  
Try UF Health Virtual Visit with your UF CARES provider.

- ✓ Save time
- ✓ Travel less
- ✓ Connect from the internet

**UFHealth**  
UNIVERSITY OF FLORIDA HEALTH

UFHealthJax.org/virtual-visit

Call 904.383.1052 to determine eligibility. You must have an active MyUFHealth account, accessible through the MyChart app, and have seen your UF Health provider in the past six months to participate.



# Evaluation

Construct / Information	Variable(s)	Source
Clinical Outcome	Viral load: lab date and result; CD4 lab date and result; antiretroviral (ART) prescription status	EPIC
Satisfaction	Patient Satisfaction Survey – TM patients	Patient
Satisfaction	Patient Satisfaction Survey – In-person patients	Patient
Satisfaction	Provider Satisfaction Survey	Provider
Patient Costs	TM visit costs In-person visits costs	Patient Billing

## FORMATIVE QUESTIONS

1. To what extent does virtual visits (VV) affect provider-to-patient staffing ratio?
2. To what extent does VV ameliorate the effect of structural barriers that affect PLWH's access to and use of HIV care and treatment services?
3. What factors facilitate and/or hinder VV implementation?
4. What good practices were identified relative to VV use by PLWH, the delivery of HIV care services by physicians/health care providers, and VV capacity building?

# Lessons Learned

## Community Advisory Board

### Knowledge of Target Population:

- Project leaders backgrounds are diverse: nursing, IT, and Family Medicine
- CAB shares knowledge and experiences caring for PLWH in urban Jacksonville, FL

### Shaping Marketing and Education Materials:

- Provide advice on client attributes to tailor marketing and education materials to them

# Lessons Learned

## Health System

### Policies & Systems

- Proper Channels for Project Needs

### Resources/Lack of Resources

- Marketing
- Cost Analyst

### Electronic Medical Record System

- Creating Reminders “Best Practice Alerts”
- Digital Signature Solutions
- Technical Support for Patients

# Reimbursement



# Thank You

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

