HRSA
Ryan White HIV/AIDS Program

Background

The coronavirus disease 2019 (COVID-19) pandemic has affected greatly the delivery of healthcare in the United States. One of the primary measures used to control the spread of the virus is social distancing, which significantly limits in-person interactions. As a result, since the onset of the pandemic, demand for and use of telehealth has increased significantly. To facilitate provision of care during the pandemic, several changes have been made to federal and state telehealth laws, regulations, and policies.[1–5] Health care systems, payors, and providers, including many Ryan White HIV/AIDS Program (RWHAP) recipients, have modified healthcare service delivery methods and leveraged telehealth services to provide care for people with HIV.

This executive summary collates findings, lessons learned, and effective practices gleaned from seven RWHAP recipients[6] to help similar organizations implement telehealth services in their programs to augment and provide high-quality, comprehensive HIV care and treatment during and beyond the COVID-19 pandemic. The full report is accessible on the TargetHIV website.[7]

Innovation and Resilience: How Ryan White HIV/AIDS Program Recipients Leverage Telehealth during the COVID-19 Pandemic

Executive Summary

Topics Addressed in This Summary

- Leveraging telehealth laws, provisions, and flexibilities during the coronavirus disease 2019 (COVID-19) pandemic

- Strategies to ensure linkage to and retention in care

- Technology considerations and bridging the digital divide

- Obtaining informed consent for treatment

- Telehealth procedural workflows

- Documentation and third-party billing

- Case examples of the successful application of telehealth

- Keys to success

Telehealth Laws, Regulations, and Provisions

A number of legislative and regulatory changes have been made by states regarding telehealth—including to Medicaid programs—in response to the COVID-19 pandemic. Many of these provisions are tied to continued declarations of a public health emergency and, thus, will be discontinued once the declarations are no longer in effect, absent further statutory or regulatory changes.

Developed by the Health Resources and Services Administration (HRSA), the Telehealth.HHS.gov website[8] includes information for providers and patients regarding federal efforts to support and promote the provision of healthcare via telehealth. It also includes toolkit resources[9] to help providers, patients, and their caregivers understand and prepare for telehealth visits, including a best practice guide for providers on telehealth and HIV care. HRSA supports telehealth efforts made by the U.S. Department of Health and Human Services (HHS) to expand healthcare access and improve health outcomes, including telehealth grant programs that promote and advance telehealth services in rural areas. In addition, HRSA funds the Rural Health Information Hub (RHIhub),[10] which includes the Rural HIV/AIDS Prevention and Treatment Toolkit[11] and resources on telehealth.[12]

The following subsections describe ways to leverage the changes to telehealth while they remain in effect, many of which may be applicable post-pandemic.

Marketing and messaging. Tailor materials for audiences—patients or providers—to highlight the range of resources and modify approaches to obtain or deliver care via telehealth. Clients should be provided a description of the array of conditions that may be treated using telehealth (e.g. management of diabetes, hypertension, mental/behavioral health, HIV care, etc.) and the ease of accessing these services while practicing social distancing. In addition, providers should be notified of the provisions for telehealth reimbursement. Disseminate the material via email messages, telephone calls, or mailed handouts.

Coordination with local and state resources to serve people who are unstably housed. Leverage local and state resources to provide care for patients experiencing homelessness or unstable housing. Cellphones can facilitate care coordination and telehealth appointments for patients who are unstably housed. Although cellphones may be purchased for some clients using Ryan White

HIV/AIDS Program (RWHAP) funds, recipients should work with other federal programs—such as Housing Opportunities for Persons With AIDS (HOPWA)—and leverage the boots-on-the-ground expertise of case managers to secure transportation to health care appointments and to acquire cellphones for clients. Conduct needs assessments of how many clients have access to the needed technology and infrastructure and the feasibility of harnessing local resources to fill the gaps.

Caring for clients across vast rural areas or areas with internet voids.
The digital divide often poses challenges to providing healthcare in rural areas. Consider implementing telehealth using a "direct-to-consumer care" model, which can be modified as needed. In this model, which uses such technology such as Bluetooth stethoscopes, nurses meet with clients at collaborative satellite sites (e.g., Federally Qualified Health Centers or state university hospital systems) and link clients to physicians or nurse specialists at their home site, thereby mitigating challenges related to travel distance. Modifications may include allowing patients to use their smartphones, tablets, or laptops for appointments, provided they can access the recipient's encrypted Health Insurance Portability and Accountability Act (HIPAA)–compliant software.

Safety measures consistent with social distancing.
Implement social distancing protocols consistent with guidelines from the Centers for Disease Control and Prevention (CDC) and state or local health departments. To reduce the burden and anxiety associated with clinic waiting rooms, arrange for patients to have blood drawn at a local laboratory, rather than in person at the clinic, and/or provide at-home HIV and sexually transmitted infection testing. Also, patients' medications can be authorized for 90-day refills and mailed via their local pharmacies. Consider establishing drive-up telehealth services for clients with vehicles. With this model, the client would remain in their vehicle and would be provided a tablet device on-site to access the telehealth platforms.

Rapport-building.
Strong patient–provider rapport is key to retaining patients in care and achieving desirable clinical outcomes for people with HIV. Consider seeing new-to-care clients safely in person.

Consistent with the rapid initiation of HIV antiretroviral (ART) therapy protocols, a person with HIV could be seen in person within 48 hours of receiving of a positive diagnosis and be counseled on their medical condition and how to take their ART medication, as well as on the importance of adhering to treatment regimens. Establish and nurture effective patient–provider relationships while assessing patients' overall well-being to ensure linkage to needed support services.

Digital literacy and patient-driven approaches to determining telehealth modalities.
Gauge a client's aptitude for technology by developing rubrics to assess their relative comfort with technology. Make all visit options—in person, telephone only, and audiovisual—available to the extent permissible by laws, regulations, and third-party reimbursement. Clients opt for modalities that best suit their needs in terms of ease of access, convenience, privacy, and familiarity with the platform. Provide quick tips, information technology (IT) support, and training to guide providers and clients through accessing and navigating the telehealth platform. Engage the services of peer advocates to check in with clients experiencing homelessness or unstable housing to assist with providing IT support and scheduling telehealth appointments.

Linkage to and Retention in Care

The pandemic has significantly affected employment, child care, remote learning, and telework flexibilities. Accordingly, RWHAP recipients can use the following subsections to adjust to using telehealth.

Out-of-state care delivery and receipt.
Seize the opportunity of cross-state flexibilities to deliver care when available by becoming versed in other states' regulatory guidelines on telehealth. Telehealth can facilitate provision of care to clients who moved out of state to be with loved ones during the pandemic. Likewise, with telehealth, a recipient can retain the services of those providers that moved out of state during the pandemic—a valuable benefit for clinics in areas with healthcare professional shortages.

Range of telehealth services.
Delivering a relatively comprehensive range of services via telehealth during the pandemic can ensure continuity of care. Behavioral health services, integrated mental health programs, and psychiatric care are some services commonly provided via telehealth. Consider implementing a crisis intervention program to deliver support via telehealth to clients and providers experiencing anxiety due to the pandemic. Other services include nutrition education, social work case management, substance use counseling, support groups, patient health questionnaires, pharmacist medication adherence consultations, family nurse practitioner services, sexual health counseling, COVID-19-related housing assistance, food assistance, and HIV education and training though local RWHAP Part F AIDS Education and Training Center (AETC) Programs. Although some providers may continue their own laboratory services during the pandemic, clients could access the services at their local laboratory without having to travel long distances.

Explore at-home testing for sexually transmitted infections, which has been effective for pre-exposure prophylaxis (PrEP) testing. In this model, a patient is provided a testing kit with instructions to collect a sample. The patient then mails the kit to a laboratory and initiates treatment, if needed.
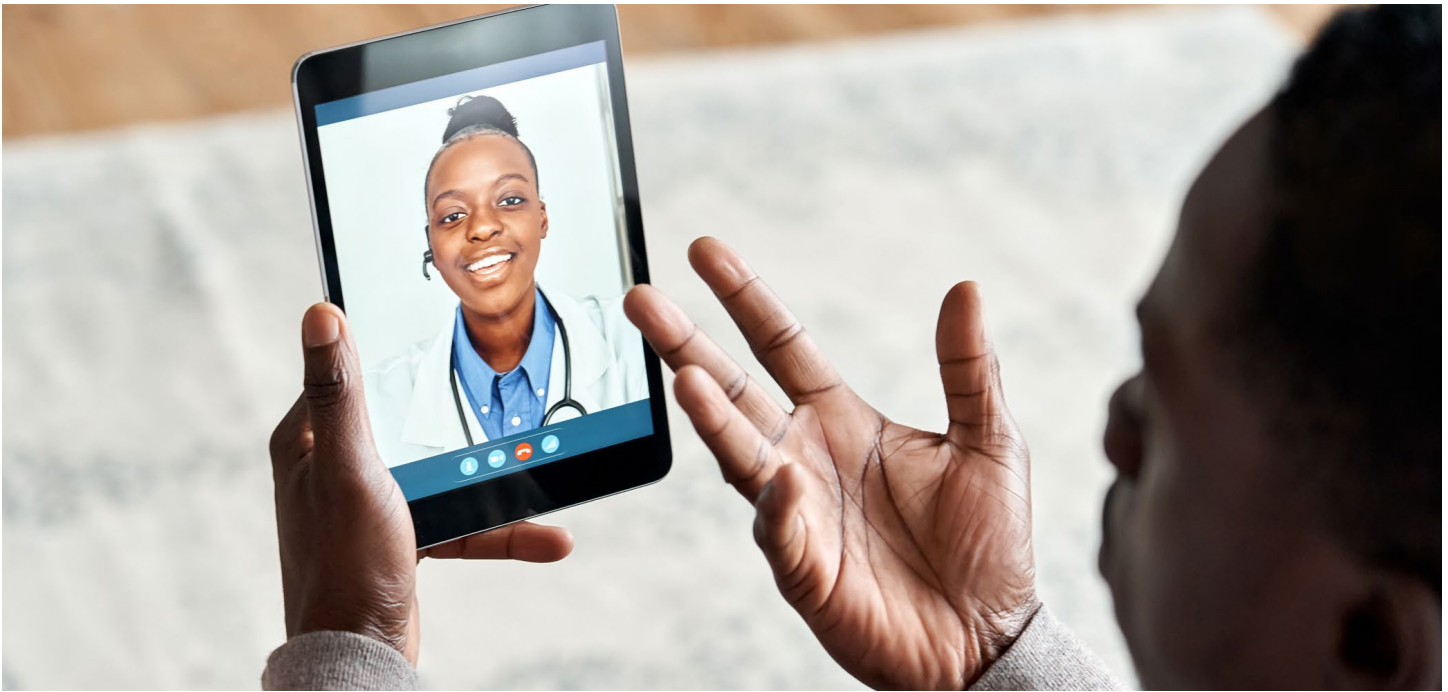
Technology Considerations and Bridging the Digital Divide

Safeguard patient privacy and security. Prioritize patient privacy and information security; demonstrate that these rights are valued and protected. Partner with IT support to ensure HIPAA compliance across telehealth modalities. Embed telehealth portals in electronic medical record (EMR) systems vetted as secure, and routinely test software platforms for security.

Informed Consent for Treatment

Seamless electronic medical record and patient portal modules. Consider obtaining consent telephonically and documenting patient responses in provider notes. Alternatively, consent may be obtained seamlessly through modules embedded within the EMR or a patient portal, which requires a digital signature. A layered approach may be helpful. A provider can obtain initial consent via a telephone intake process and confirm it at the beginning of the actual virtual visit, being sure to document the patient's responses in an attestation section of their notes. If patients are required to sign a hard copy of the consent form, they may visit the clinic or the form may be mailed to their homes with return-to-sender postage.

Procedural Workflows

Tailored approaches to staff roles, clinic types, and patient needs. Clinic-level telehealth policies, procedure manuals, and workflows may vary depending on an organization's relative size and personnel roles. Clear policies and procedures with periodic modification or training mitigate risk, may meet specific requirements of malpractice insurers, and ensure compliance with regulations. Additionally, policies and workflows may vary to meet the specific needs of the patient type (e.g., new or established) or the resources provided by or available to the clinic.

Documentation and Third-party Billing

Proactive practice management. The tasks of documenting and billing for telehealth services come with the modified legislative and regulatory telehealth provisions created during the COVID-19 pandemic. Skilled clinical practice managers are essential for helping clinicians stay up to date on evolving requirements, which differ by third-party payor type, as well as by guideline and regulation. A staple of successful telehealth programs is effective practice managers who ensure clinicians understand the level and nature of services, documentation requirements, and third-party payor claim modifiers required for telehealth billing codes. With these resources in place, clinicians can fulfill their practice requirements while focusing on delivering care via telehealth.

Keys to Success

Recipients may find the following approaches helpful when considering the implementation of telehealth in their programs:*

- Identify provisions and flexibilities afforded by legislative, regulatory, and policy changes at the federal, state, and local levels.

- Match individual client and clinic needs with specific telehealth provisions, flexibilities, services, and modalities by which those services are delivered.

- Avoid presumptions of the relative aptitude of clients and providers for technology. Allow clients to determine which modalities best fit their own needs, then provide the resources and support to deliver care accordingly.

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*Although the feedback provided by the seven recipients is informative, findings based on their responses may not be applicable across all RWHAP recipients.

- Designate a telehealth champion (i.e., an in-practice leader) to drive telehealth initiatives and do the following:

  - Keep informed about legislative, regulatory, and policy changes.

  - Train providers and staff on their specific roles.

  - Provide the technical team with updates to the EMR to incorporate telehealth documentation, billing requirements, and other changes.

  - Outline telehealth workflows and procedural manuals.

  - Develop quick-start, how-to pamphlets for clients, staff, and providers.

- Collaborate with state and local resources to facilitate provision-of-care and support services. This includes, but is not limited to, local systems that transport patients to visits, state and local programs that provide shelter and food to those who are unstably housed, and federal and state programs that provide cellphones to people with low incomes.

- Invest in IT support services to mitigate and resolve issues related to accessing and using telehealth platforms.

- Document baseline and incremental changes in performance and effectiveness measures, such as medication adherence, rate of viral suppression, number of missed appointments, number of clients, cost, and level of engagement over time. The sustainability of telehealth as a mode of delivering care may be dependent on providers' ability to demonstrate cost-effectiveness, while maintaining quality of care and moving clients toward desirable clinical outcomes, as supported by data.

- Network with other practices with similar client demographics and other circumstances—such as geography—to exchange ideas and best practices.

References

1 The Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020, Pub. L. 116-123. March 6, 2020.

2 The Families First Coronavirus Response Act (FFCRA), Pub. L. 116-133. March 18, 2020.

3 The Coronavirus Aid, Relief, and Economic Security (CARES) Act, P.L. 116-136. March 27, 2020.

4 For more information regarding these waivers and flexibilities, please visit https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf (updated April 8, 2021). For services that can be provided through telehealth, and their duration, please visit https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.

5 Center for Connected Health Policy (CCHP). State Telehealth Laws and Reimbursement Policies Report, Fall 2021. October 2021. https://www.cchpca.org/resources/state-telehealth-laws-and-reimbursement-policies-report-fall-2021

6 The seven recipients were Arkansas Department of Health, Iowa Department of Public Health, Montgomery AIDS Outreach, Prism North Texas, Sun River Health, University of Pittsburgh Medical Center Presbyterian–Shadyside, and West Virginia University.

7 Innovation and Resilience: How Ryan White HIV/AIDS Program Recipients Leverage Telehealth during the COVID-19 Pandemic. November 2021. https://targethiv.org/library/innovation-rwhap-telehealth

8 Telehealth: Health Care from the Safety of Our Homes. https://telehealth.hhs.gov

9 Turn to Telehealth Partner Toolkit. https://telehealth.hhs.gov/partner-toolkit/

10 RHIhub. https://www.ruralhealthinfo.org

11 RHIhub Rural HIV/AIDS Prevention and Treatment Toolkit. https://www.ruralhealthinfo.org/toolkits/hiv-aids

12 RHIhub resources on telehealth. https://www.ruralhealthinfo.org/search?q=telehealth