Newark EMA

HIV Health Services Planning Council

NEEDS ASSESSMENT UPDATE - 2021

July 2021

NEEDS ASSESSMENT UPDATE – 2021

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APPENDIX C: Agency Survey Tool - Telehealth

INTRODUCTION

The information below was extracted from the Ryan White Part A Manual published by HRSA/HAB in 2013 on its website. It reflects requirements of the Ryan White HIV/AIDS Treatment Extension Act (RWTEA) of 2009, Public Law 111-87, October 30, 2009. The citations are referenced to the Public Health Service Act (42 U.S.C. 300ff-11).

A. Legislative Background - Planning Council Duties

Completion of the needs assessment is a significant part of the **eight duties of the planning council**, as shown in federal law, most recently updated by the Ryan White Treatment Extension Act. Five sections - (4)(A), (B), (F), (G) and (H) - speak directly to the needs assessment. The purpose of the needs assessment is to assist the planning council in meeting Section (4)(C) – establish service priorities for the allocation of funds within the eligible area – and (4)(D) - develop a comprehensive plan for the organization and delivery of health and support services.

42 U.S. Code § 300ff–12 - Administration and planning council

(b) HIV health services planning council

(4) Duties: The planning council established or designated under paragraph (1) shall—

(A) determine the size and demographics of the population of individuals with HIV/AIDS, as well as the size and demographics of the estimated population of individuals with HIV/AIDS who are unaware of their HIV status;

(B) determine the needs of such population, with particular attention to—

(i) individuals with HIV/AIDS who know their HIV status and are not receiving HIV-related services;
(ii) disparities in access and services among affected subpopulations and historically underserved communities; and
(iii) individuals with HIV/AIDS who do not know their HIV status;

(C) establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that a grantee should consider in allocating funds under a grant based on the—

(i) size and demographics of the population of individuals with HIV/AIDS (as determined under subparagraph (A)) and the needs of such population (as determined under subparagraph (B));

(Additional language not included)

Needs assessment data are critical to conducting other planning tasks. Needs assessment results must be reflected in both the planning council's priority setting and resource allocations and in the EMA's/TGA's comprehensive plan. Planning councils are required to:

- Address coordination with programs for HIV prevention and the prevention and treatment of substance abuse
- Include links with outreach and early intervention services

- Address capacity development needs
- Be closely linked with comprehensive planning and annual implementation plan development, as interconnected parts of an ongoing planning process.

Section 2603(b)(1) specifies that in seeking supplemental funding, the EMA/TGA is expected to include in its application for funding an array of information, including needs assessment data that demonstrate need.

Section 2603(b)(2)(B) specifies that, in making awards for **demonstrated need**, the Secretary may consider any or all of the following factors:

i. "The unmet need for such services, as determined under section 2602(b)(4) or other community input process as defined under section 2609(d)(1)(A).
ii. An increasing need for HIV/AIDS-related services, including relative rates of increase in the number of cases of HIV/AIDS.
iii. The relative rates of increase in the number of cases of HIV/AIDS within new or emerging subpopulations.
iv. The current prevalence of HIV/AIDS.
v. Relevant factors related to the cost and complexity of delivering health care to individuals with HIV/AIDS in the eligible area.
vi. The impact of co-morbid factors, including co-occurring conditions, determined relevant by the Secretary.
vii. The prevalence of homelessness.
viii. The prevalence of individuals described under section 2602(b)(2)(M).
ix. The relevant factors that limit access to health care, including geographic variation, adequacy of health insurance coverage, and language barriers."

B. HAB Expectations

Needs assessment is expected to generate information about:

- The size and demographics of the HIV/AIDS population within the service area, including those who are unaware of their HIV status (not tested), and
- The needs of PLWHA, with emphasis on individuals with HIV/AIDS who know their HIV status and are not receiving primary health care, and on disparities in access and services among affected subpopulations and historically underserved communities.

HAB expects Part A needs assessments to meet all legislative requirements and to provide a sound information base for planning and decision making.

PURPOSE, RESEARCH QUESTIONS AND METHODOLOGY

Purpose

The purpose of the Needs Assessment Update – 2021 is to provide a special, more in-depth study of the impact of telehealth services on access to RWHAP services particularly during the COVID-19 pandemic in 2020.

The outcome of this analysis is to identify the use of telehealth as a method of service delivery, advantages and disadvantages to serving clients with HIV, and to better target and increase flexibility of RWHAP resources for use with telehealth and thus improve PLWH health outcomes.

Research Question and Methodology

Research Question:

> **What has been the impact of telehealth on access to HIV medical care during the COVID-19 pandemic?**

Methodological Approach: The following methods were used.

- **Analysis of CHAMP Data –** Client use of Telehealth Services during 2020 in the six (6) core medical service categories approved for telehealth by the City of Newark Ryan White HIV/AIDS Program.
- **Obtain input from consumers through a Consumer Survey.**
- **Obtain input from agencies through an Agency/Provider Survey.**

NEEDS ASSESSMENT – UPDATE 2021

PART 1: TELEHEALTH - ANALYSIS OF CHAMP DATA 2020

1.1 Definition of Telehealth (HRSA)

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB), which administers the Ryan White HIV/AIDS Program (RWHAP), began to allow use of telehealth as a method of service delivery in 2019. HRSA has established a special website within US Department of Health and Human Services (HHS). The **Telehealth.HHS.gov website** provides information for health care providers and patients about the latest federal efforts to support and promote virtual health care, known as telehealth. It was built by the Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services (HHS).

> "Telehealth — sometimes called telemedicine — is the use of electronic information and telecommunication technologies to provide care when you and the doctor are not in the same place at the same time. If you have a phone or a device with internet access, you already have everything you need to get medical care or services through telehealth. (Telehealth.hhs.gov)[1]"
>
> "Telehealth is a great way to get the health care you need while still practicing social distancing."

RWHAP Telehealth was initially focused on delivery of services to Persons Living With HIV (PLWH) in rural areas who lacked geographical access to services to treat their HIV disease and related health and support services issues. However, the Coronavirus pandemic (COVID-19) which emerged in early 2020 resulted in restrictions (aka "lockdowns") on access to in-person services – including health care. This led to expansion of telehealth to treat HIV in all geographical areas including the Newark EMA.

The core of telehealth is **"telemedicine" or conducting a patient medical visit using telehealth technology**, e.g., video camera, smart phone with a video app, Ipad or laptop or computer. Most other services were conducted this way. However, telehealth by telephone without video was also allowed for PLWH who did not have a smart phone (with video), internet access (including private internet access), and similar technological barriers. These are often associated with socioeconomic barriers.

1.2 Telehealth and RWHAP CHAMP Client Level Data

1.2.1 Background

In 2020 at the start of the COVID pandemic, to ensure continued access to medical care and related services for PLWH, the Newark EMA Ryan White Unit (RWU) allowed RWHAP services to be provided by telehealth, consistent with HRSA/HAB guidance.

[1] https://telehealth.hhs.gov/patients/understanding-telehealth/

In March 2020 the CHAMP client level data (CLD) system was expanded to allow service delivery by telehealth (and billing) for **6 service categories:**

(1) outpatient/ambulatory health services,
(2) mental health services,
(3) substance abuse outpatient services,
(4) medical nutritional therapy,
(5) medical case management, and
(6) non-medical case management.

The CHAMP service codes and service descriptions for Telehealth are in APPENDIX A. Also included are the “regular” or non-telehealth services for comparison.

1.2.2 Purpose

The purpose of this portion of the Needs Assessment Update - 2021 was to assess the utilization of telehealth services by RWHAP clients in 2020 as documented in the CHAMP Client Level Data (CLD) system. Analyzing CHAMP data by in-depth metrics can help identify any differences or disparities in use of telehealth services in 2020 by subpopulations and geography. These detailed data can show any **impact – positive or negative - of telehealth on access to HIV medical care during the COVID-19 pandemic.**

1.2.3 Research Question and Methodology

What has been the impact of telehealth on access to HIV medical care during the COVID-19 pandemic?

The methods were to start from an overview of all RWHAP clients in 2020 and those receiving telehealth (TH) services, then to focus or “drill down” the analysis to TH services, then medical care, then medical visits including outcomes – viral load suppression, prescribed ARVs and retention in care.

1.3 Findings on Access to HIV Medical Care

1.3.1 Overview

In 2020 a total of 6,202 PLWH received RWHAP services from the Newark EMA.

- Of these, **4,529 clients or 73% received one or more RWHAP services by telehealth.**
- **Telehealth services reached all RWHAP clients evenly.**

  There was NO DIFFERENCE in demographics (race/ethnicity, gender, age), geography, income, housing status – of those receiving ANY Telehealth service compared with total RW clients.
  See Table 1.

Table 1: Clients Receiving All Telehealth (TH) Services vs All Ryan White HIV/AIDS Program (RWHAP) Services in 2020 by Geography, Demographics, Housing

Characteristic	# Clients		% Distn		% TH of RWHAP
	TH	RWHAP	TH	RWHAP	
Total	**4,529**	**6,202**	**100%**	**100%**	**73%**
Race/Ethnicity					
Black Not Hispanic	3,075	4,211	68%	68%	73%
Hispanic/Latino	1,021	1,416	23%	23%	72%
White Not Hispanic	336	456	7%	7%	74%
Other	97	119	2%	2%	82%
Gender					
Male	2,707	3,758	60%	61%	72%
Female	1,773	2,367	39%	38%	75%
Transgender	49	77	1%	1%	66%
Age Category					
Age 0-12	2	6	<1%	<1%	33%
Age 13-18	4	15	<1%	<1%	27%
Age 19-24	79	124	2%	2%	64%
Age 25-34	605	895	13%	14%	68%
Age 35-44	759	1,068	17%	17%	71%
Age 45-54	990	1,316	22%	21%	75%
Age 55-64	1,395	1,849	31%	30%	75%
Age 65+	695	929	15%	15%	75%
County of Residence					
Essex	2,974	4,166	66%	67%	71%
Union	826	1,105	18%	18%	75%
MSW	271	321	6%	5%	84%
Outside NEMA	458	610	10%	10%	75%
Within Newark EMA	**4,071**	**5,592**	**90%**	90%	73%
5 Largest Cities					
Newark	1,908	2,653	42%	43%	72%
East Orange	399	568	9%	9%	70%
Irvington	353	485	8%	8%	73%
Elizabeth	391	544	9%	9%	72%
Plainfield	175	198	4%	3%	88%
Total 5 Cities	**3,226**	**4,448**	**71%**	**72%**	**73%**
Health Insurance Status					
Medicaid	2,120	2,946	47%	47%	72%
Medicare	794	1,035	18%	17%	77%
Private Insurance	863	1,108	19%	18%	78%
No Insurance	748	1,108	16%	18%	68%
Other	4	5	<1%	<1%	80%
Poverty Status (Federal Poverty Level - FPL)					
</= 138% FPL	3,353	4,634	74%	75%	72%
139%-400% FPL	1,059	1,417	23%	22%	75%
401%-500% FPL	117	151	3%	3%	77%
Housing Status					
Stable Permanent Housing	3,356	4,396	74%	71%	76%
Temporary Housing	1,055	1,600	23%	26%	66%
Unstable Housing	118	206	3%	3%	57%

1.3.2 Telehealth Services

In 2020, over half of all RWHAP clients (51% - 62%) received at least one of 5 telehealth services – medical care, outpatient substance abuse, medical care management, medial nutrition therapy and non-medical case management. **One third of RWHAP clients received mental health services by telehealth.**

In addition, **58% of RWHAP clients received one or more medical visits by telehealth.**

Table 2: Telehealth Services Received by RWHAP Clients in 2020– Percent of Total

Telehealth Service Category	# Clients		% TH/ RWHAP
	TH	All RWHAP	
Medical Care	2,989	5,543	54%
Mental Health Services	427	1,261	34%
Outpatient Substance Abuse	471	926	51%
Medical Case Management	3,388	5,515	61%
Medical Nutrition Therapy	343	551	62%
Case Management-Non-Medical	505	977	52%
Medical Visits	**2,983**	**5,122**	**58%**
Total Clients	**4,529**	**6,202**	**73%**

The table below shows the definitions (subtype descriptions) of medical visit in CHAMP as developed by Newark DHCW Ryan White Unit (RWU) in consultation with medical providers. These definitions conform to HRSA/HAB and, are reported as medical visits to HAB by the RSR, and are used to compute the medical visit denominator in the Performance Outcomes. They are also tied into billing and unit costs. (Note: A specialty care medical visit to a specialist is not counted as a medical visit for these purposes. The difference is that many of our infectious disease specialists are also the primary care provider for PLWH.)

Table 3: Definitions of RWHAP "Medical Visits" in CHAMP including Telehealth

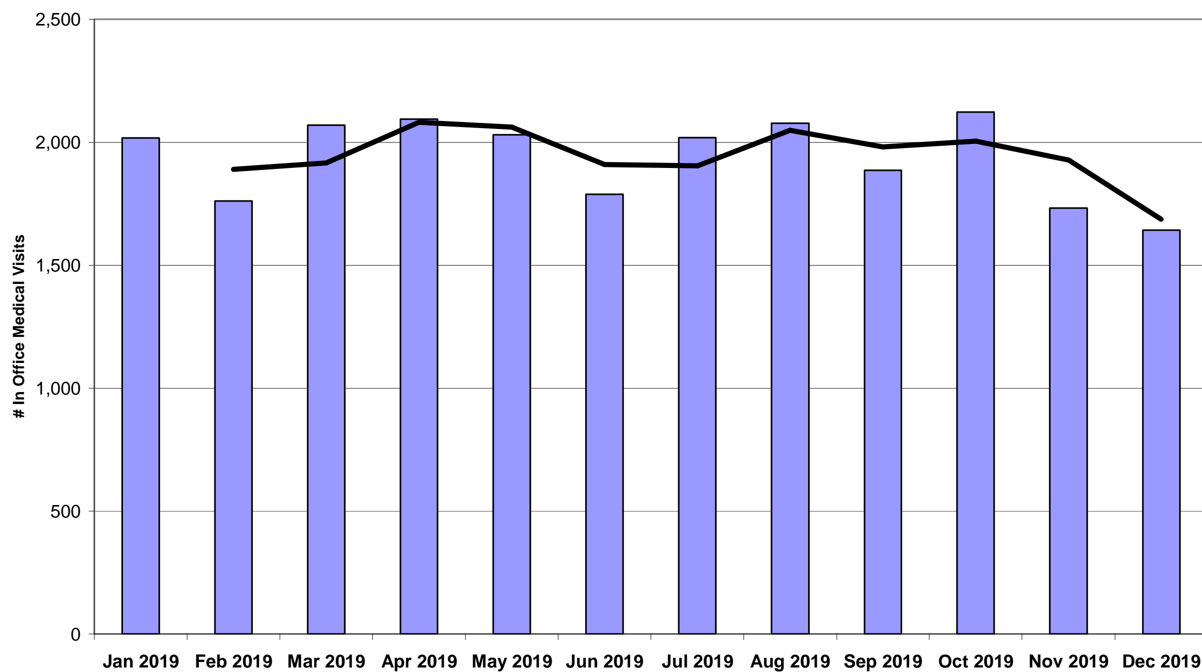
Medical Visit (All)	In Person	Telehealth
Physician - Initial Interview/Medical Assessment	X	X
Physician - Medical Visit	X	X
Gyn/Reproductive Medical Visit	X	
Nurse Practitioner / Physician Assistant Medical Visit	X	X
Physician - Specialty Care Medical Visit – Infectious Disease	X	X
Physician Specialty Care Visit- Inmate	X	

1.3.3 Access to HIV Medical Care - Medical Visits by In Office and Telehealth

To answer the Research Question on the impact of telehealth on access to HIV medical care, we examined the number of medical visits in 2019 and 2020 recorded in CHAMP regardless of pay source (health insurance). That is, we included visits paid for by Medicaid, Medicare, private insurance, Ryan White.

Pre-COVID Medical Care - 2019. The figure below shows the number of **in office medical visits** that RWHAP clients attended in 2019. (Recorded in CHAMP regardless of payer.) There were a total of **23,245 medical visits in 2019 or a monthly average of 1,937 visits.** The definition of "medical visit" is in the previous table.

Figure 1: Medical Visits in 2019 by RWHAP Clients by Month of Visit



Access to HIV Care in April - May 2020. Due to the COVID-19 pandemic, access to medical care and **in office medical visits** was limited in April and May 2020 due to federally mandated restrictions and temporary closure of some health care facilities – as well as fear by PLWH of the possibility of COVID infection due to underlying HIV comorbidity. **In 2020, the number of "in office" medical visits declined by 88% from 2,136 in January 2020 to 262 in April and 321 in May 2020.**

Telemedicine was able to fill in some gaps once the services were up and running. However, the April-May 2020 period was a challenge. **A total of 14,760 in office visits were provided in 2020, a decline of 8,485 or 37% over 2019.** See below.

Figure 2: "In Office" Medical Visits in 2020 by RWHAP Clients by Month of Visit

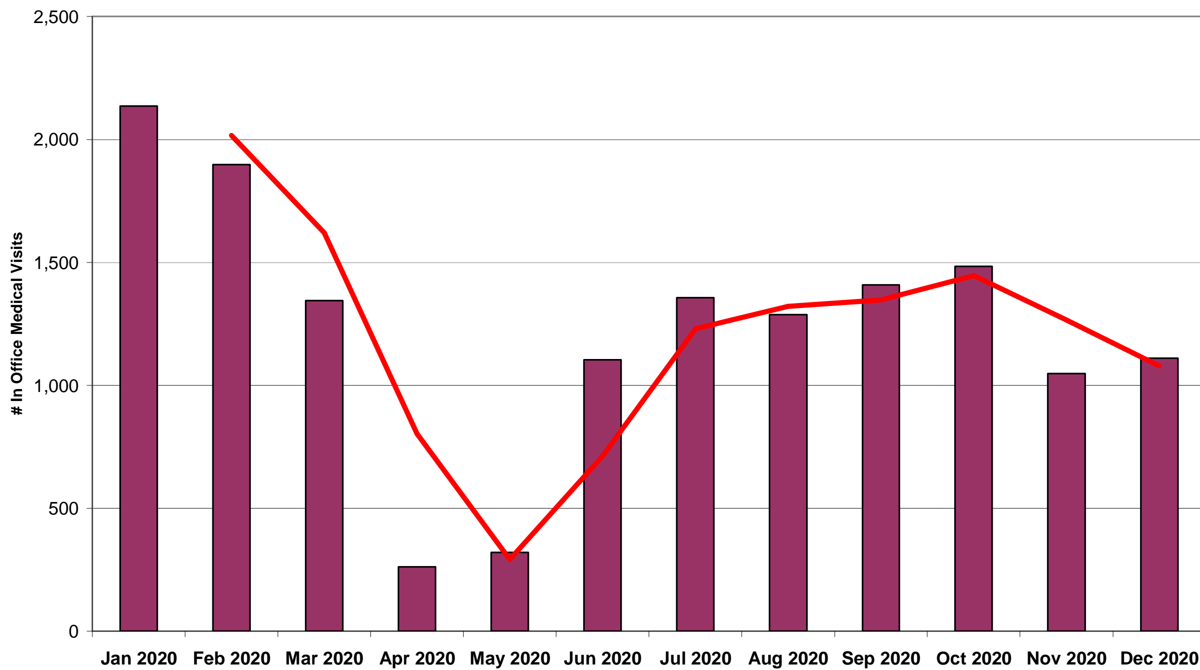
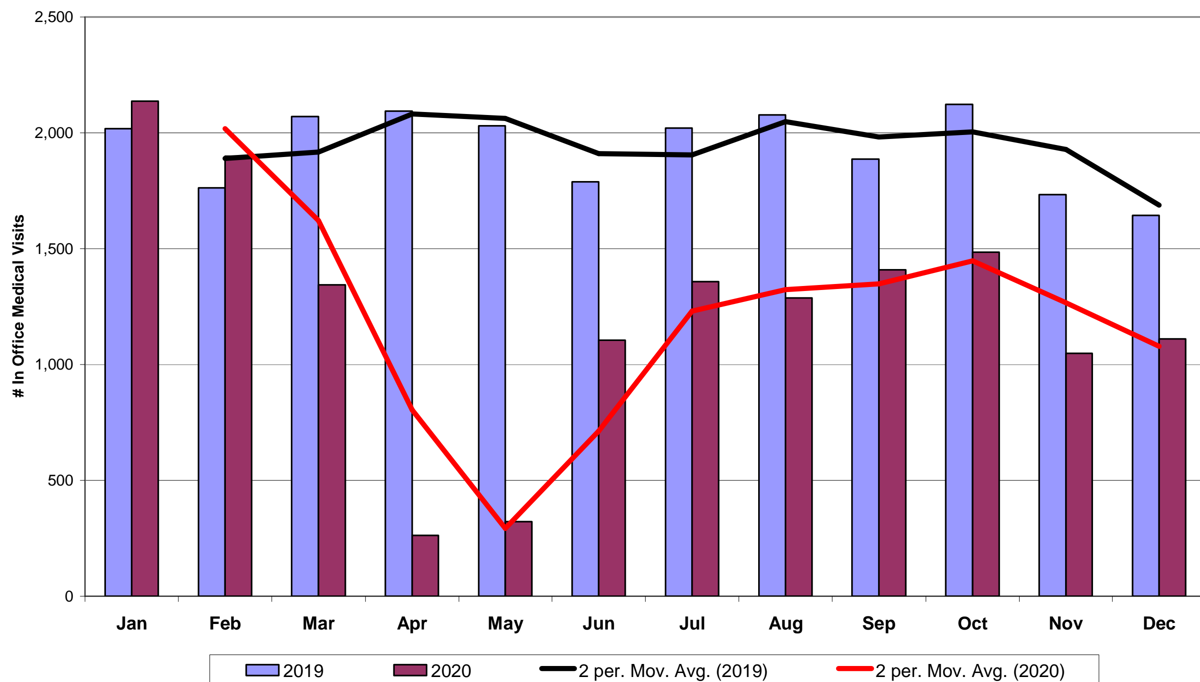


Figure 3: Comparison of "In Office" Medical Visits in 2019 and 2020 by RWHAP Clients by Month of Visit



Impact of Telehealth Medical Visits (Telemedicine) in 2020. Telemedicine became a viable alternative to in office visits for PLWH particularly during April – June 2020. The majority of medical visits in April and May were by telehealth and nearly half of June visits. As lockdown restrictions were lifted and more providers opened up their offices, and PLWH returned to office appointments, telemedicine continued but at a smaller percent of total medical visits.

Figure 4: Number of HIV Medical Visits in 2020 by Type – In Office and Telehealth

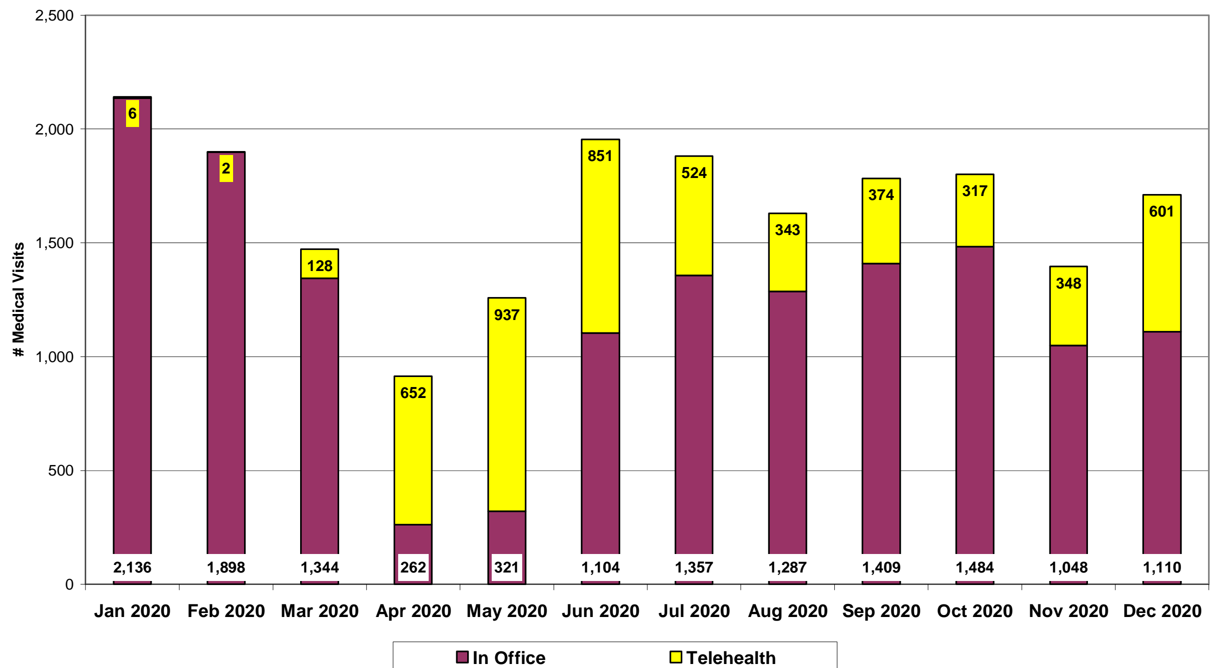
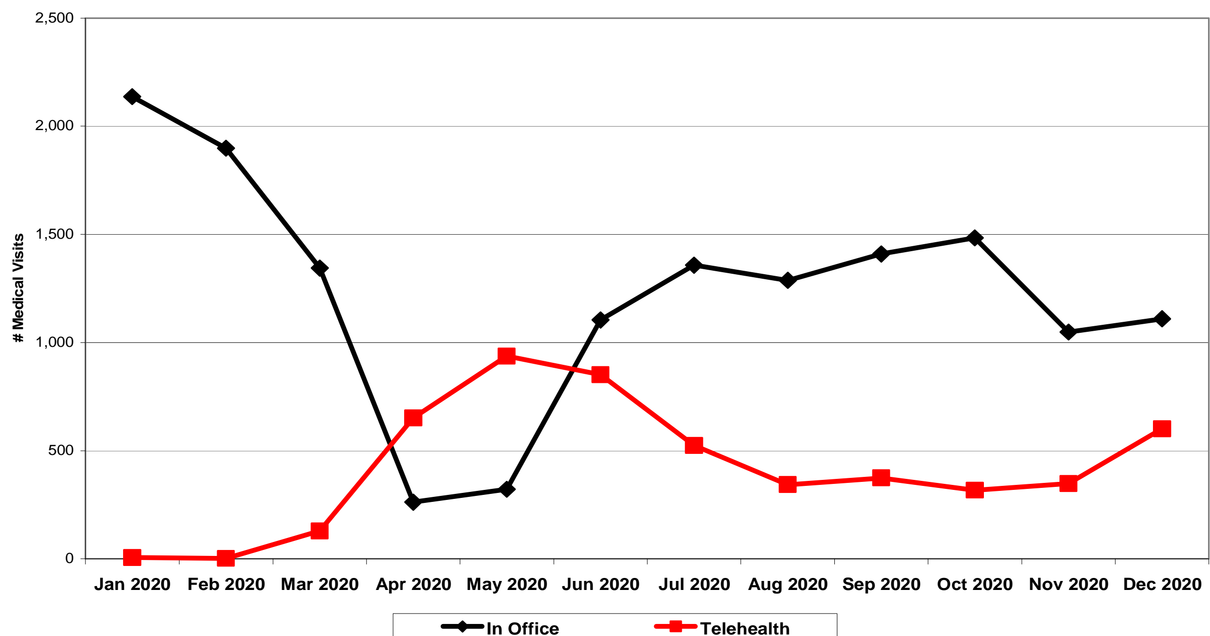


Figure 5: Trend in HIV Medical Visits in 2020 by Type – In Office and Telehealth



Distribution of Medical Visits by Office and Telehealth – Continued Access to HIV Medical Care. The figure below shows the percent of medical visits by office and telehealth by month during 2020. **In April and May 2020, telehealth visits were 71% and 74% of total medical visits.** This percent has decreased to **35% in December 2020.** The table below shows the number of visits by month.

Figure 6: Percent of HIV Medical Visits in 2020 by Month and Type – In Office and Telehealth

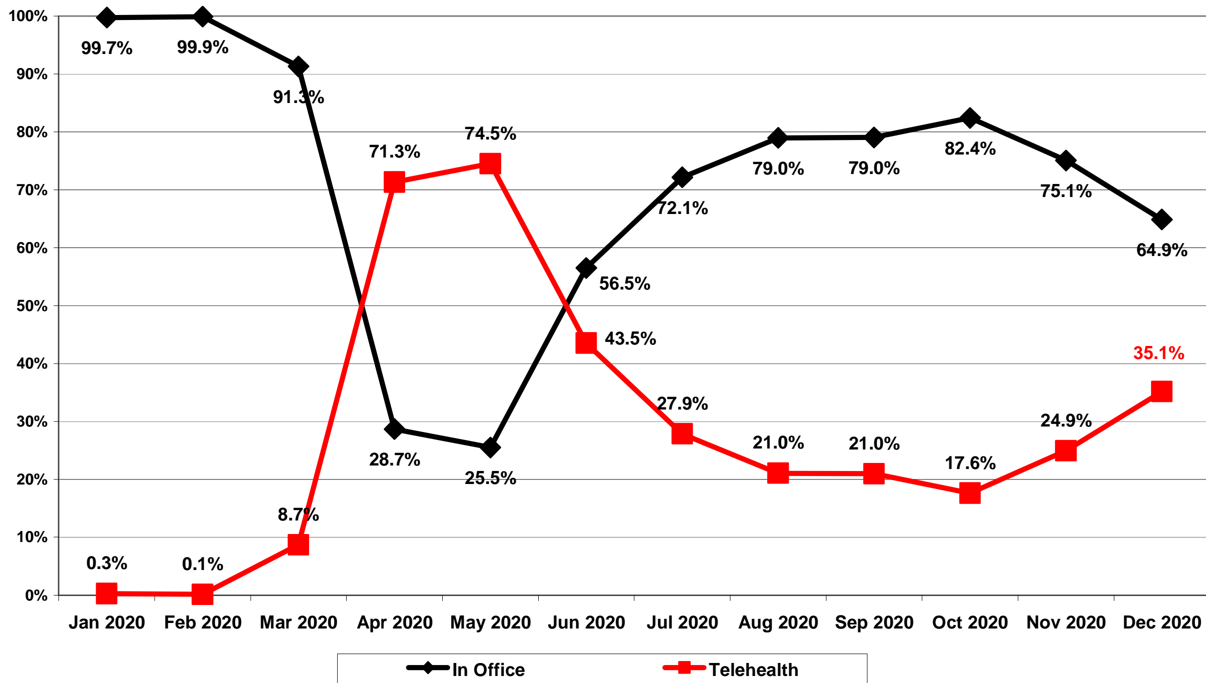
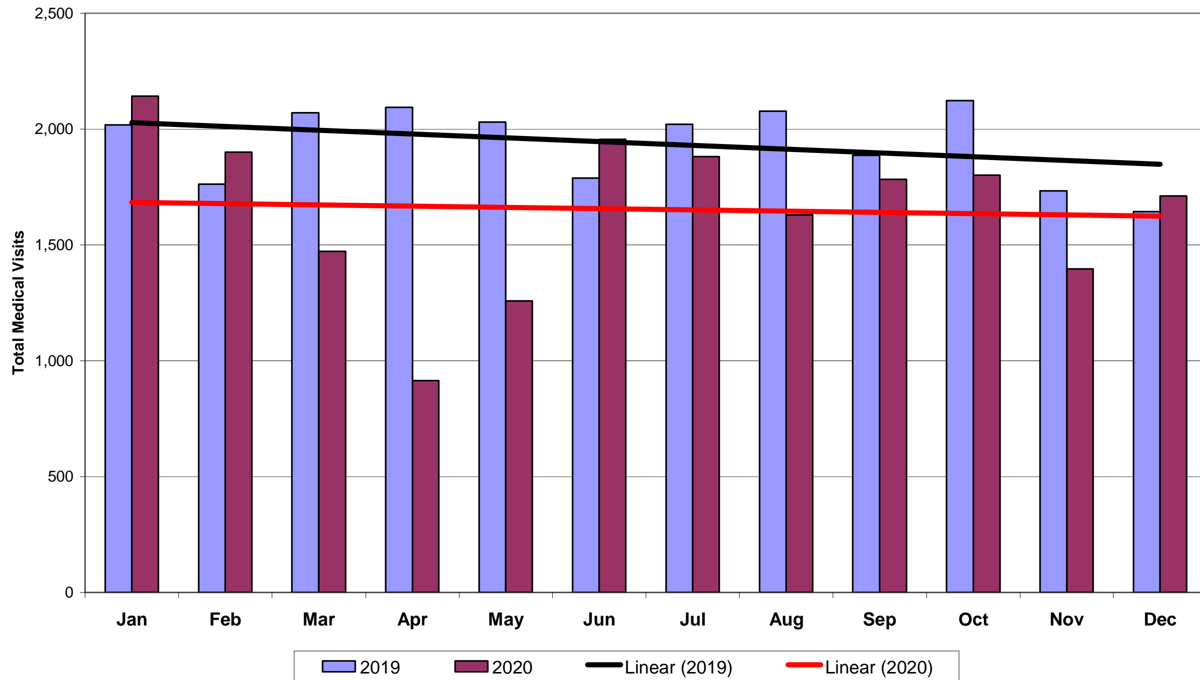


Table 4: Number of Medical Visits in 2019 and 2020 by Month and Type of Visit – In Office and Telehealth

Month of Service	2019 Total (All In Office)	2020		
		In Office	Telehealth	Total
Jan 2020	2,018	2,136	6	2,142
Feb 2020	1,762	1,898	2	1,900
Mar 2020	2,070	1,344	128	1,472
Apr 2020	2,094	262	652	914
May 2020	2,030	321	937	1,258
Jun 2020	1,789	1,104	851	1,955
Jul 2020	2,020	1,357	524	1,881
Aug 2020	2,077	1,287	343	1,630
Sep 2020	1,886	1,409	374	1,783
Oct 2020	2,123	1,484	317	1,801
Nov 2020	1,733	1,048	348	1,396
Dec 2020	1,643	1,110	601	1,711
Total	**23,245**	**14,760**	**5,083**	**19,843**

Trends in Medical Visits. Notwithstanding the impact of the COVID-19 pandemic and expansion of telemedicine, **the number of medical visits for RWHAP clients is declining over the past two years.** Medical visits declined slowly from 2,018 in January 2019 to 1,643 in December 2019. They picked up in January 2020 at 2,136 and decreased to 1,110 in December 2020. There are cyclical ups and downs but the overall trend is declining. **While the numbers for December 2020 are subject to revision in 2021, this trend should be considered in priority setting and resource allocation.**

Figure 7: Trend in HIV Medical Visits from 2019 through 2020 by Month



1.3.4 Access to HIV Medical Care - Medical Visits by Race/Ethnicity

Findings. Using the same figures and tables as in the previous section, there was no difference in percent distribution of medical visits by race/ethnicity. The percent distribution of medical visits for NonHispanic Blacks/African Americans, Hispanic/Latinos, and NonHispanic Whites was the same in 2019 before the COVID pandemic as during 2020 and the COVID pandemic – for in office, telehealth and total medical visits. **That is, all populations had access to medical care and had medical visits at the same percentages before and during COVID. Black/African American clients had a higher percentage of total telehealth visits.** See the table below and following figures.

Table 5: Medical Visits in 2019 and 2020 by Race/Ethnicity

Race/Ethnicity	2019	2020		
		In Office	Telehealth	Total
# Medical Visits				
Black/African American, Not Hispanic	16,070	9,926	3,633	13,559
Hispanic/Latino	5,471	3,600	1,025	4,625
White, Not Hispanic	1,425	949	326	1,275
Other	279	285	99	384
Total Medical Visits	**23,245**	**14,760**	**5,083**	**19,843**
Percent Distribution				
Black/African American, Not Hispanic	**69.2%**	67.3%	**71.5%**	**68.3%**
Hispanic/Latino	**23.5%**	24.4%	**20.2%**	**23.3%**
White, Not Hispanic	**6.1%**	6.4%	**6.4%**	**6.4%**
Other	**1.2%**	1.9%	**1.9%**	**2.0%**
Total	100.0%	100.0%	100.0%	100.0%

Decline in Medical Visits. The number of medical visits declined by 14.6% (3,402) between 2019 and 2020. By race/ethnicity, Blacks and Hispanic/Latinos each had over a 15% decline. Although there was a slight decline of 138 or -2.2% in total RWHAP clients from 2019 to 2020, the change was due more to the impact of the COVID pandemic – temporary medical office closures, and possible reluctance to use telehealth or to resume in office care.

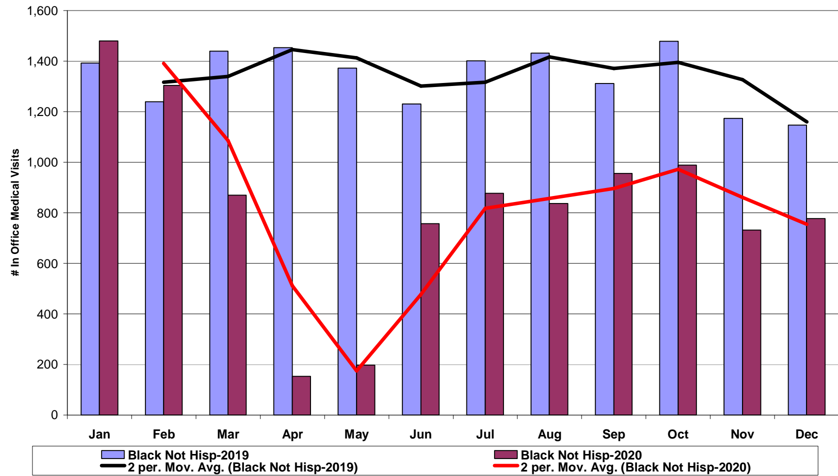
Table 6: Change in Medical Visits from 2019 to 2020 by Race/Ethnicity

	Change	% Change
Black/African American, Not Hispanic	-2,511	-15.6%
Hispanic/Latino	-846	-15.5%
White, Not Hispanic	-150	-10.5%
Other	105	37.6%
Total	**-3,402**	**-14.6%**

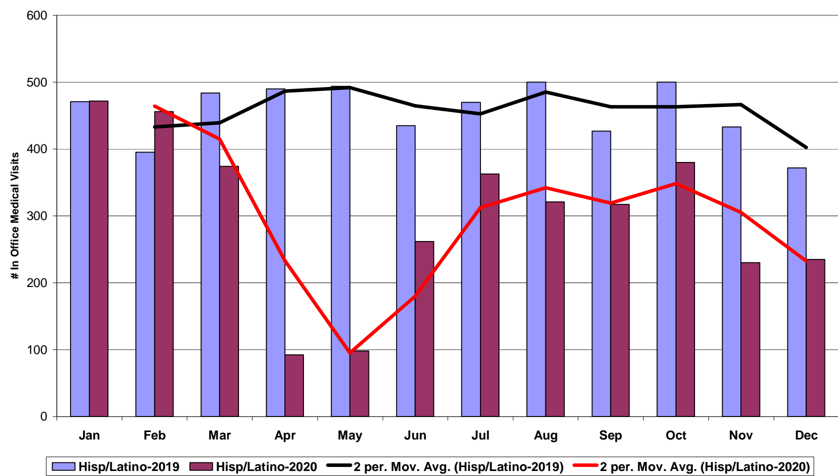
Figure 8: Medical Visits (In Office) in 2019 and 2020 by RWHAP Clients by Month of Visit –by Race/Ethnicity

The trends are the same!

Black/African American, Non-Hispanic



Hispanic/Latino



White, Not Hispanic

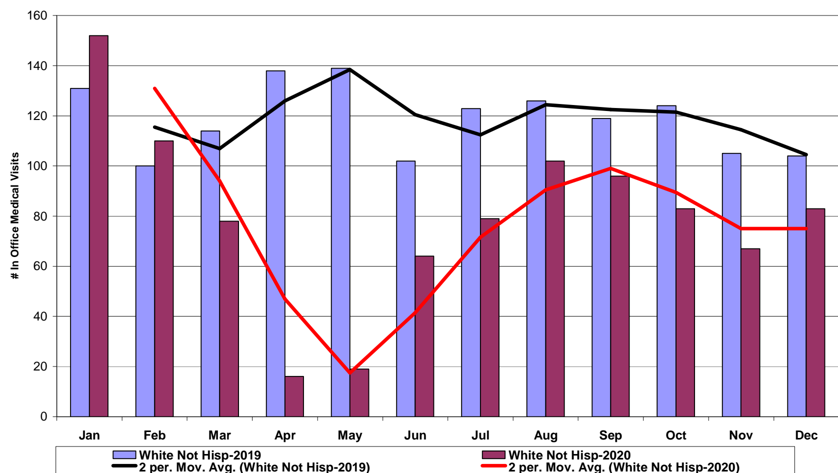
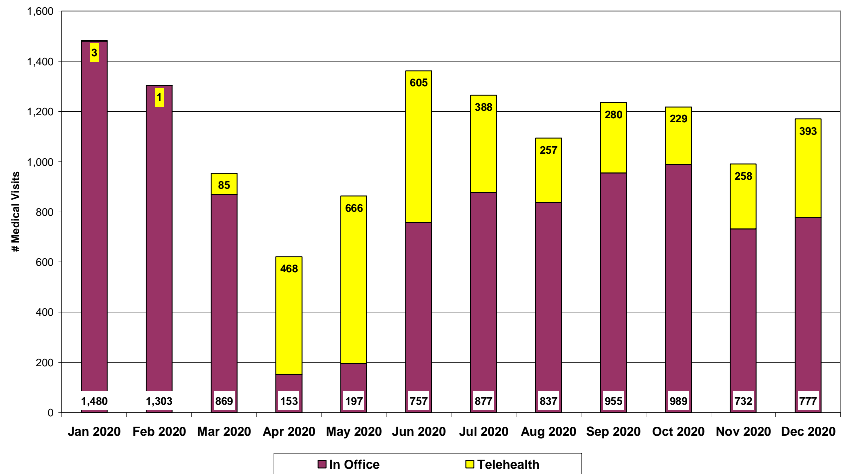


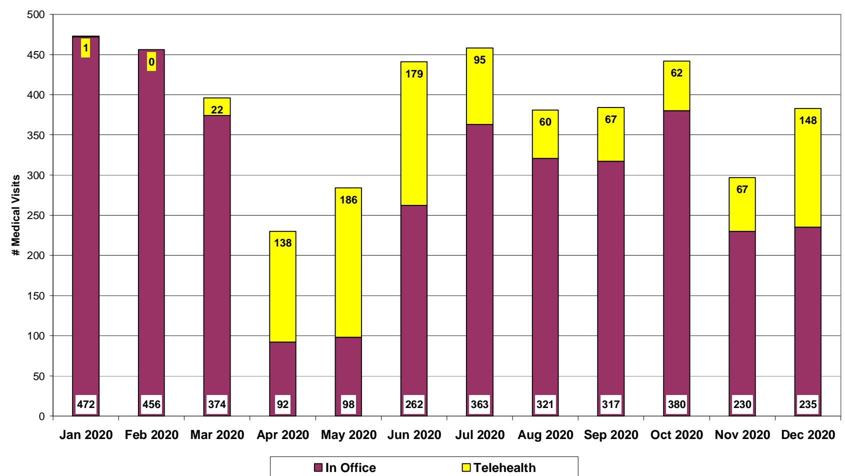
Figure 9: Number of Medical Visits (In Office and Telehealth) in 2020 by RWHAP Clients by Month of Visit –by Race/Ethnicity

The trends in utilization of telehealth visits in 2020 are the same!

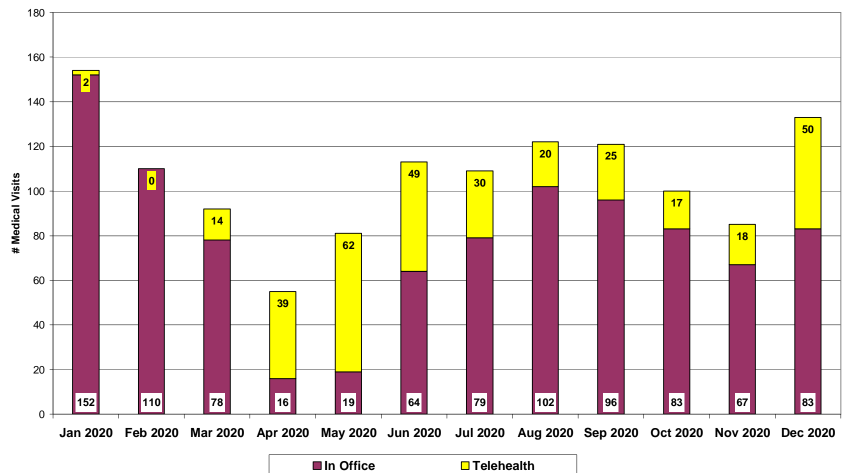
Black/African American, Not Hispanic



Hispanic/Latino



White, Not Hispanic



1.4 Findings on Use of Other Core Medical Services

In addition to medical care, five other RWHAP core medical services were available by telehealth service delivery. These are listed and analyzed below in order of number of clients receiving TH services.

1.4.1 Medical Case Management by Telehealth

A total of **3,388 individuals received Medical Case Management (MCM) services by telehealth** in 2020 – which was the highest number of clients receiving telehealth.

Types of MCM telehealth services received. The table below shows the types of MCM services received in 2020 – by units of service. Most were general MCM services, followed by screening/assessments, MCM Care Plan/recertification, follow up, and treatment adherence counseling.

Table 7: Medical Case Management (MCM) Services (Units) delivered by Telehealth in 2020

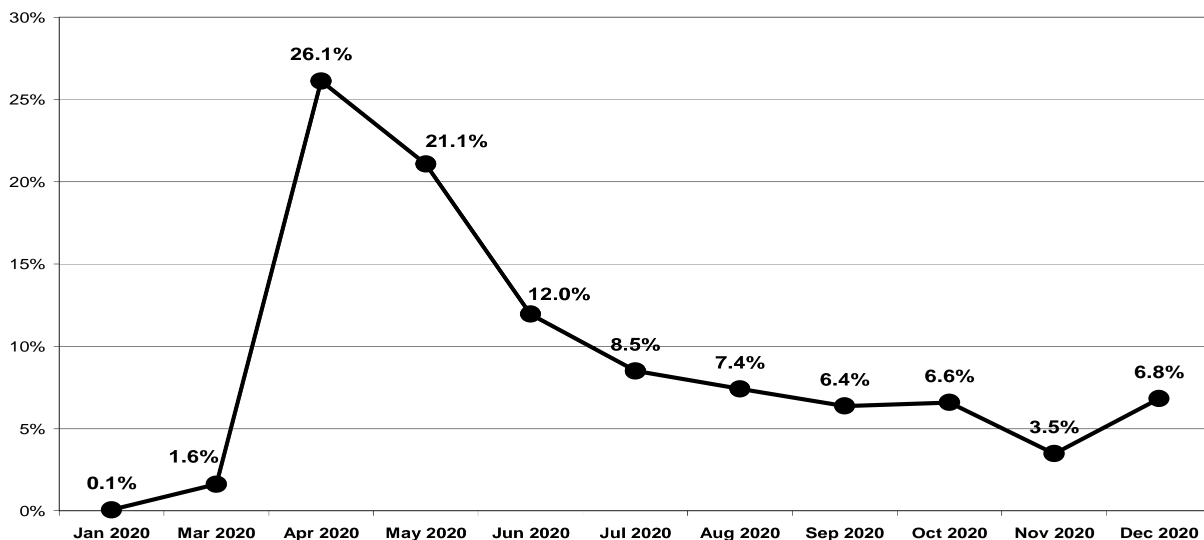
Service Subcategory	Units	% Distn
General MCM		
Telehealth - Chart Review	1,916	9.3%
Telehealth - Coordination of Care	4,027	19.5%
Telehealth – Counseling	3,145	15.2%
Subtotal	***9,088***	***44.0%***
Screening/Assessment		
Telehealth - Initial Assessment	67	0.3%
Telehealth – Mental Health Screening	1,583	7.7%
Telehealth - Nutritional Screening	1,077	5.2%
Telehealth - Oral Health Screening	1,194	5.8%
Telehealth - Substance Abuse Screening	1,534	7.4%
Subtotal	***5,455***	***26.4%***
Care Plan/Recertification		
Telehealth - Development of Care Plan	338	1.6%
Telehealth – Re-assessment of Care Plan	1,487	7.2%
Telehealth – Client Re-certification (6 month)	825	4.0%
Subtotal	***2,650***	***12.8%***
Follow Up	*0*	
Telehealth - Medical Appointment Follow-up	2,000	9.7%
Telehealth - Lost to Care Follow-up	70	0.3%
Subtotal	***2,070***	***10.0%***
Treatment Adherence Counseling		
Telehealth - Treatment Adherence Counseling (Individual)	1,352	6.5%
Subtotal	***1,352***	***6.5%***
Other Older MCM Codes	***12***	***0.1%***
TOTAL	20,656	100.0%

Table 8: Medical Case Management (MCM) Clients and Services (Units) delivered by Telehealth in 2020 by Month

	Jan	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Clients	2	55	885	714	405	288	251	216	223	118	231	**3,388**
Service Units	7	105	3,142	2,913	2,392	1,816	2,001	1,995	2,161	1,761	2,363	**20,656**

Month of Service Delivery. The table above and figure and below show the month in which clients had their first telehealth service. Over one quarter received the first TH service in April 2020, followed by 21% in May 2020. So **nearly one half (47%) received a MCM TH service in April-May 2020.** This indicates the outreach of MCM agencies to remain in contact with clients and provide needed support to ensure clients remain in care in whatever form feasible.

Figure 10: Distribution of MCM Clients by Month First Received MCM Telehealth in 2020



1.4.2 Non-Medical Case Management by Telehealth

A total of **505 individuals received Non-Medical Case Management (NM-CM) services by telehealth** in 2020 – which was the second highest number of clients receiving telehealth after MCM and excluding Outpatient/Ambulatory Health Services (OAHS).

Types of NM-CM telehealth services received. The table below shows the types of NM-CM services received in 2020 – by units of service. Most were general NM-CM services, followed by benefit/financial counseling, screening/assessments, Care Plan/recertification, and follow up.

Month of Service Delivery. One third of clients received their first NM-CM service in April 2020. Then this dropped to 13% then 11% and 10% to an average of 5%. Agencies kept in contact with their clients by NM-CM on/after April 2020 as shown by the relatively constant service units delivered by month.

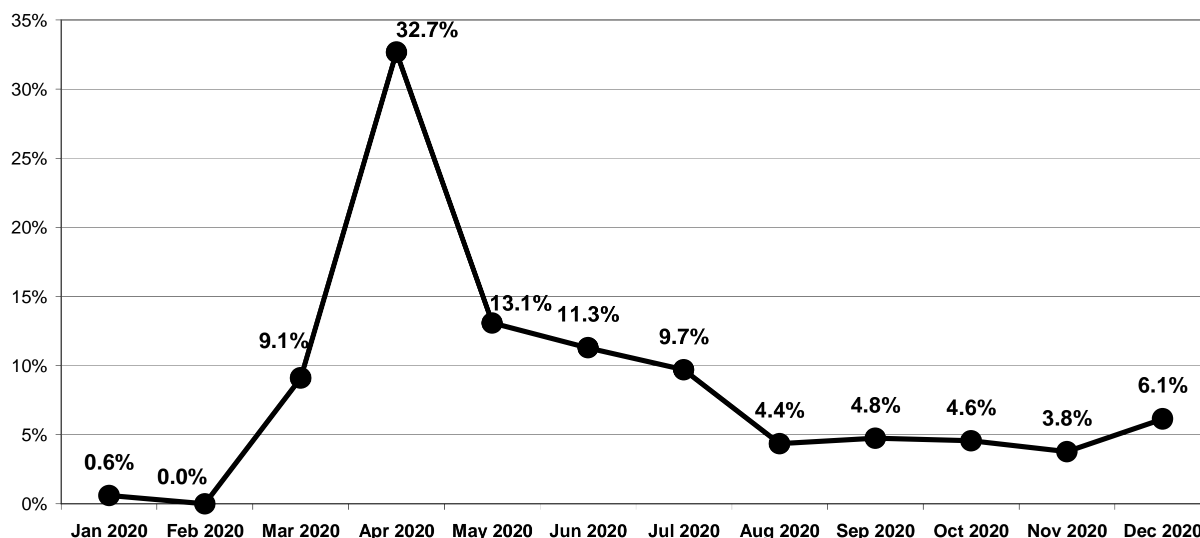
Table 9: Non-Medical Case Management (NM-CM) Services (Units) delivered by Telehealth in 2020

Service Subcategory	Units	% Distn
General NM-CM		
Telehealth - Coordination of Care	2,877	37.5%
Telehealth – Counseling	2,488	32.4%
Subtotal	***5,365***	***69.9%%***
Benefit/Financial Counseling		
Telehealth - Benefit / Financial Counseling	1,272	16.6%
Subtotal	***1,272***	***16.6%***
Screening/Assessment		
Telehealth - Initial Assessment	80	1.0%
Telehealth – Mental Health Screening	221	2.9%
Telehealth - Nutritional Screening	191	2.5%
Telehealth - Oral Health Screening	148	1.9%
Subtotal	***640***	***8.3%%***
Care Plan/Recertification		
Telehealth - Development of Care Plan	81	1.1%
Telehealth – Re-assessment of Care Plan	58	0.8%
Telehealth – Client Re-certification (6 month)	215	2.8%
Subtotal	***354***	***4.7%%***
Follow Up	*0*	
Telehealth - Lost to Care Follow-up	38	0.5%
Subtotal	***746***	***0.5%%***
TOTAL	**7,669**	**100.0%**

Table 10: Non-Medical Case Management (NM-CM) Clients and Services (Units) delivered by Telehealth in 2020 by Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Clients	3	0	46	165	66	57	49	22	24	23	19	31	**505**
Service Units	4	1	73	754	922	962	981	820	825	812	815	700	**7,669**

Figure 11: Distribution of NM-CM Clients by Month First Received NM-CM Telehealth in 2020



1.4.3 Substance Abuse Outpatient Care

A total of **471 individuals received Substance Abuse Outpatient Care (OP-SA) services by telehealth** in 2020 – which was the third highest number of clients receiving telehealth after MCM and NM-CM and excluding Outpatient/Ambulatory Health Services (OAHS).

Types of OP-SA telehealth services received. The table below shows the types of OP-SA services received in 2020 – by units of service. Most were Individual Counseling, followed by SA assessments, SA screening, and missed appointment follow up.

Month of Service Delivery. Agencies reached out to over ¼ of clients in April 2020 for telehealth services, and then 17% and 15%, with an average of 7%-8% of clients newly-reached by TH thereafter. OP-SA service units delivered monthly by TH from June – December 2020 remained relatively constant.

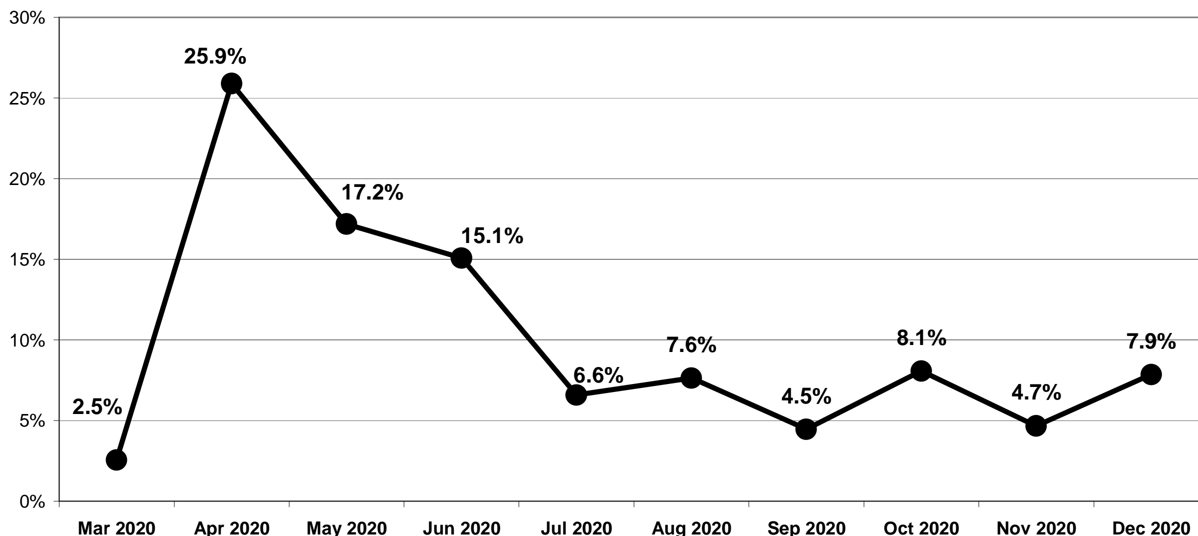
Table 11: Outpatient Substance Abuse (OP-SA) Services (Units) delivered by Telehealth in 2020

Service Subcategory	Units	% Distn
Telehealth - Individual Counseling - Level I	2,482	92.0%
Telehealth - Substance Abuse Assessment	120	4.4%
Telehealth - Substance Abuse Screening	72	2.7%
Telehealth - Missed Appointment Follow-up - Substance Abuse	24	0.9%
TOTAL	**2,698**	**100.0%**

Table 12: Outpatient Substance Abuse (OP-SA) Clients and Services (Units) delivered by Telehealth in 2020 by Month

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Clients	12	122	81	71	31	36	21	38	22	37	471
Service Units	24	318	344	333	295	311	291	309	215	258	2,698

Figure 12: Distribution of OP-SA Clients by Month First Received OP-SA Telehealth in 2020



1.4.4 Mental Health Services

A total of **427 individuals received Mental Health (MH) services by telehealth** in 2020 – which was the fourth highest number of clients receiving telehealth after MCM, NM-CM and OP-SA and excluding Outpatient/Ambulatory Health Services (OAHS).

Types of MH telehealth services received. The table below shows the types of MH services received in 2020 – by units of service. Most were Individual Counseling, followed by MH assessments, missed appointment follow up, medication monitoring and MH screening.

Month of Service Delivery. Nearly half (47%) of MH clients were reached by TH in April-May 2020. Thereafter, new MH TH clients were 7-10% per month. Service units delivered by TH were relatively constant throughout 2020.

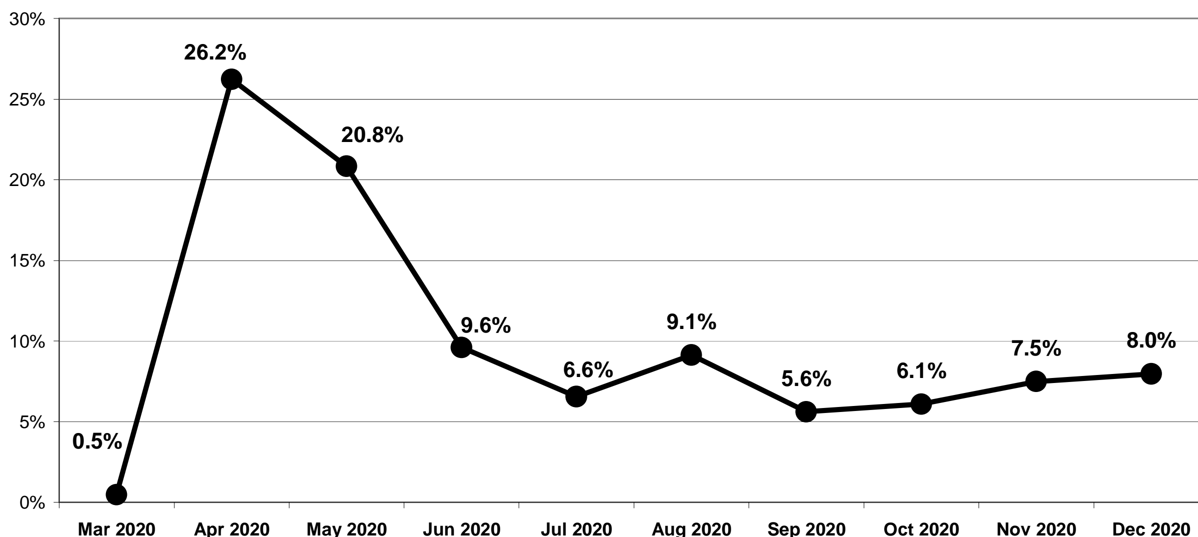
Table 13: Mental Health (MH) Services (Units) delivered by Telehealth in 2020

Service Subcategory	Units	% Distn
Telehealth - Individual Counseling - Level I	1,732	76.3%
Telehealth – Mental Health Assessment	202	8.9%
Telehealth - Missed Appointment Follow-up – Mental Health	144	6.4%
Telehealth - Medication Monitoring	118	5.2%
Telehealth – Mental Health Screening	73	3.2%
TOTAL	2,269	100.0%

Table 14: Mental Health (MH) Clients and Services (Units) delivered by Telehealth in 2020 by Month

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Clients	2	112	89	41	28	39	24	26	32	34	427
Service Units	2	257	355	226	228	238	222	293	227	221	2,269

Figure 13: Distribution of MH Clients by Month First Received MH Telehealth in 2020



1.4.5 Medical Nutritional Therapy

A total of **343 individuals received Medical Nutritional Therapy (MNT) services by telehealth** in 2020 – which was the fifth highest number of clients receiving telehealth after MCM, NM-CM, OP-SA and MH and excluding Outpatient/Ambulatory Health Services (OAHS).

Types of MNT telehealth services received. The table below shows the types of MH services received in 2020 – by units of service. Most were Nutritional Counseling, followed by Nutritional Assessments.

Month of Service Delivery. MNT services delivered by TH by month differed from previous core medical services, with the percent increasing from 11% in April 2020 to the highest percent (17%) in July 2020, and then dropping off to an average of 9%. This was probably due to the need to stabilize medical care patients on TH in April-May, and, once comfortable with medical TH, to then add in MNT.

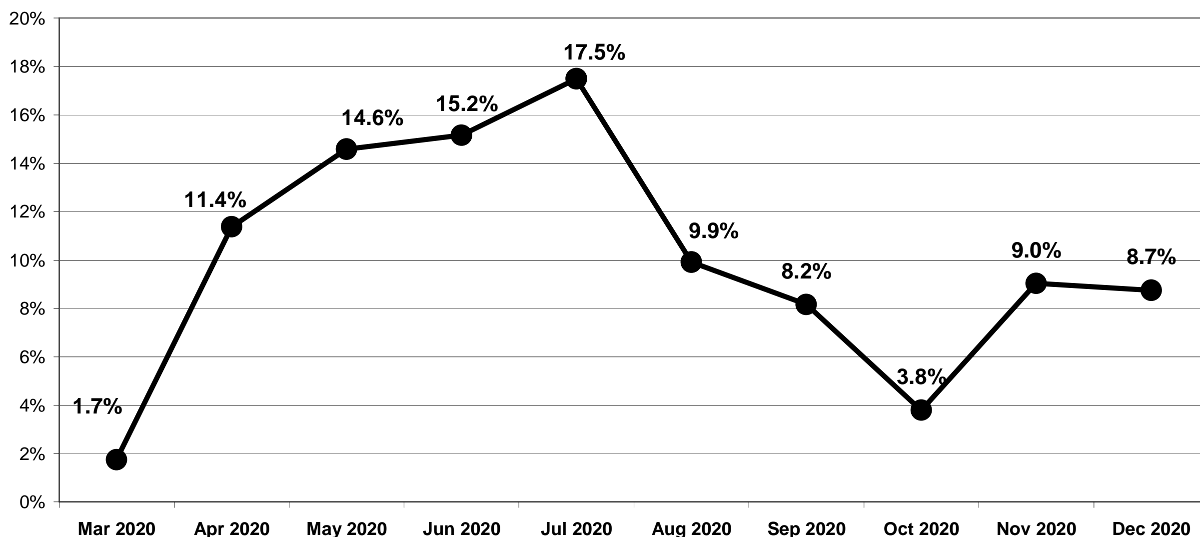
Table 15: Medical Nutritional Therapy (MNT) Services (Units) delivered by Telehealth in 2020

Service Subcategory	Units	% Distn
Telehealth - Nutritional Counseling	460	81.1%
Telehealth - Nutritional Assessment	107	18.9%
TOTAL	**567**	**100.0%**

Table 16: Medical Nutritional Therapy (MNT) Clients and Services (Units) delivered by Telehealth in 2020 by Month

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Clients	6	39	50	52	60	34	28	13	31	30	343
Service Units	7	41	61	70	86	70	58	32	70	72	567

Figure 14: Distribution of MNT Clients by Month First Received MNT Telehealth in 2020



1.5 Future of Telehealth and Insurance Reimbursement

A major question regarding telehealth is health insurance reimbursement for services provided by telehealth. The major insurer is the federal Medicare program, followed by federal/state funded Medicaid programs. Private insurers usually follow the policy directions of these two.

Telehealth was established initially to give rural populations in the US access to medical care, with reimbursement allowed from federally funded insurance programs. In the rural regions of the country, hospitals were closing and there were few outpatient alternatives to routine medical care. In 2020 due to the COVID-19 pandemic, on January 31, 2020 the US Department of Health and Human Services (HHS) declared a public health emergency for 90 days and expanded use of telehealth nationwide. This allowed individuals across the US to maintain health visits without the need for going outside or to a medical office, especially during federal "lockdowns", and for providers to receive reimbursement for these telehealth visits. The public health emergency declarations were renewed for 90-day periods a number of times over the past 1.5 years. Most recently, HHS has renewed the COVID-related public health emergency for another 90 days effective July 20, 2021[2] through October 17, 2021. After this date, it is not known whether the public health emergency - and hence status of insurance coverage – will continue as extensively as in 2020-2021.

In the meantime, in 2019 HRSA HAB approved telehealth as a method of service delivery for the RWHAP. This policy decision was made well before the COVID pandemic was evidenced in 2020. There has been no change in RWHAP policy regarding telehealth. Therefore, for uninsured and underinsured RWHAP clients, those six RWHAP core medical services which are not covered in part or all by health insurance, will continue to be covered by the Newark EMA RWHAP in FY 2021 and beyond. Client eligibility must continue to be documented by agencies for each service provided. It is up to the agency to determine if telehealth services – medical visits and other core medical services – are appropriate for their uninsured and underinsured clients based on client need and availability of other resources, given that Ryan White is payor of last resort.

[2] https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx

PART 2: TELEHEALTH – CONSUMER SURVEY

2.1 Purpose – Usefulness of Telehealth as HIV Medical Care during the COVID Pandemic

The purpose of the Consumer Survey was to obtain input on consumers' experience with telehealth medical visits provided both due to the COVID-19 pandemic and as an alternative to an in person, in office medical visit. As a component of Outpatient Ambulatory Health Services (OAHS), HRSA HAB requires that one medical visit be conducted in person. Other visits can be conducted as telemedicine or "telehealth". Telehealth as a service delivery option was implemented in March-April 2020 when CHAMP was coded to allow billing for numerous telehealth services.

The approach was to establish a baseline of access to medical care in 2020 and then ask about preferences for 2021 and beyond.

The Consumer Survey form is Appendix B.

2.2 HIV Medical Care in 2020

2.2.1 HIV Medical Visits in 2020 by In Office and Telehealth

"Did you have a medical visit with your HIV with a medical provider at anytime in 2020?"

Most respondents (91% or 117 of 128) had a medical visit in 2020. Seven (7) or 6% had no medical visit, and four (4) or 3% did not answer.

"Reasons for no HIV medical visit in 2020."

Most respondents gave more than one reason for no HIV medical visit in 2020. All are listed below. The lack of health insurance and inability to pay are questionable since RWHAP funds are available to pay for medical care for uninsured and underinsured.

Table 17: Reasons for No Medical Visit in 2020

#	%	Reason(s) for No Medical Visit in 2020
4	57%	I did not feel I needed it.
		I had no medical insurance.
		I was afraid of COVID.
3	43%	I was too busy.
2	29%	I could not pay for it.
		I did not want to use the phone or computer for the visit.
1	14%	I had no transportation.
		I was worried about how I would be treated (stigma).

#	%	Reason(s) for No Medical Visit in 2020
		I did not have a phone or computer for a medical visit.
		I did not have internet.
		I did not feel comfortable using telehealth.
		I had trouble with telehealth apps.

"Medical Visits Scheduled and Kept in 2020."

115 of 128 (90%) reported the number of medical visits scheduled and kept. Nearly half of respondents (42%) had 3-4 visits scheduled in 2020. 30% had nine or more. The vast majority (88%) of respondents reported that they kept all of their medical visits in 2020.

Table 18: Medical Visits Scheduled and Kept in 2020

# Medical Visits Scheduled		
Range	**#**	**%**
1-2 Visits	13	11%
3-4	48	42%
5-8	19	17%
9-12	35	30%
Total	**115**	**98i**

% Visits Kept		
Range	**#**	**%**
</= 50%	4	3%
51%-99%	10	9%
100%	101	88%
Total	**115**	**100%**

"Where Were Your Medical Visits Held?"

- **In Office - 95 (77%)** of 123 who answered
- **Telehealth – One third 39 (32%)** of 123 who answered. **Some had both telehealth and in-office.**
  - **28 or 23% had just telehealth**
  - **11 or 9% had both in office and telehealth.**
  - **84 or 68% had just in office.**

"How was/were Your Medical Telehealth Visits Held?" (Check all that apply)

Most telehealth visits were held by cell phone – either with or without video. (Number exceeds the total responding to location of medical visit in above questions.)

Table 19: How Telehealth Medical Visits Were Held in 2020

Telehealth Method	#	%
By cell phone with video (Iphone, other brands).	25	
By cell phone but no video.	22	
By phone – not cell phone.	3	
By computer.	3	
By tablet (Iphone, other brands).	3	

2.2.2 Telehealth Visit - Likes and Dislikes and Recommendations for Improvement

"What did you LIKE about the telehealth visit?"

We received comments from 46 respondents. However, eight (8) or 17% did not have telehealth and three (3) or 7% did not like telehealth. Many of the remaining 35 respondents had more than 1 reason for liking telehealth so there was a total of 54 answers. **The primary reasons for liking telehealth was the convenience and ability to have the visit from home, as well as the quality of health care provided.** See below. Individual responses are listed at the end of this section.

Table 20: Summary of Reasons for LIKING Telehealth Medical Visits

%	#	Reasons for Liking Telehealth (n=54)
31%	11	Convenience.
28%	10	I don't have to leave home. (COVID, transportation.) I can be anywhere!
25%	9	Quality of health care was good. Able to speak to same doctor.
17%	6	Able to avoid exposure to COVID.
17%	6	Saves time. Visit does not take too long.
11%	4	Visit was safe. Privacy.
11%	4	Personable. I was able to share information.
6%	2	I prefer telehealth. Would like all visits to be by telehealth.
6%	2	Do not have to deal with transportation (public). Or bad weather issues.

"What did you DISLIKE about the telehealth visit?"

Of the 128 respondents, 92 (72%) did not answer. Of the 36 who answered, 11 (8.6%) said "Nothing" and 7 (5.5%) said "N/A" for Not Applicable. **Responses from the remaining 19 were as follows** (1 gave 2 responses). **The two main reasons for disliking telehealth were trouble with the Telehealth App and the provider was not on time for the visit.**

Table 21: Summary of Reasons for DISLIKING Telehealth Medical Visits

Rank	%	#	Reason (n=20)
#1	**35%**	**7**	**Trouble with the Telehealth App**
#2	**30%**	**6**	**Timeliness – Provider was not On Time**
#3	20%	4	**Lack of Personal Contact**
#4	5%	1	**Issues re Confidentiality about HIV**
	5%	1	**Concern Abut Losing Telehealth (after pandemic is over)**
	5%	1	**Liked telehealth**

"How can we IMPROVE telehealth visits?"

Only 36 (28%) individuals gave specific responses. 93 (72%) did not answer. Of the 36, 8 (22%) said N/A or no comment, 5 (14%) said "don't know" and 5 (15%) said "Nothing or None Needed". Responses from the remaining 18 were follows, primarily **provider issues need improvement.**

Table 22: Summary of Reasons for IMPROVING Telehealth Medical Visits

Rank	%	#	Reason (n=18)
#1	**33%**	**6**	**Timeliness/Provider Issues**
#2	**28%**	**5**	**Improve Telehealth App/Communications**
#3	22%	4	**Continue Telehealth**
#4	11%	2	**No need for improvement**
#5	6%	1	**Liked telehealth**

"Did you feel the telehealth visit was confidential?"

Forty (40) individuals answered. **Yes = 37 (92.5%). No =1 (2.5%). Somewhat = 2 (5%).**
Nearly all who answered felt that the telehealth visit was confidential.

2.3 HIV Medical Care in 2021 and Beyond

Based on clients' experience with telehealth, this section asked about their preference for medical care and visits in 2021 and beyond and the reasons.

2.3.1 Preference for Medical Care in 2021 – In Person vs. Telehealth

> **"For 2021 and beyond, how would you like to get your medical care for HIV? (One visit per year must be in person.)"**

Purpose. Responses to this question were key to identifying consumer satisfaction with telehealth and to assist the EMA and agencies in planning for medical care service delivery.

Findings. Of the total 128 respondents:

- **48% In Office** - wanted in person office visits (only)
- **47% Telehealth** - wanted in person + telehealth including those who said either was OK
- **5% No Answer** - did not respond.

Demographic and Other Characteristics were very interesting!

- **Race/Ethnicity** – Blacks were equally comfortable with in person office visits and telehealth. More Hispanics wanted in person visits.
- **Gender** – More females than males wanted telehealth!
- **Age** –more persons age 35-44 and 55-64 wanted in person visits. But more younger persons (expected) and persons age 45-54 and 65-74 and older wanted telehealth!
- **Educational Level** – Those with less than a high school diploma preferred in person visits, but all with a high school diploma including GED and higher wanted both in office and telehealth!
- **When Diagnosed with HIV** – More respondents in each time interval were OK with telehealth, with the exception of those diagnosed within the past 5-10 years. Time living with HIV does not appear to be a factor related to use of telehealth.

Table 23: Preference for Medical Care in 2021 In Person or Telehealth (TH) – by Respondent Characteristics

Respondent Characteristic	In Person	IP or TH	Either is OK	Subtotal TH	No Answer	Total	% In person	% TH
Total	**62**	**35**	**25**	**60**	**6**	**128**	**49%**	**47%**
Gender								
Male	34	18	9	**27**	4	**65**	52%	42%
Female	26	16	16	**32**	2	**60**	43%	53%
Transgender	1	1	0	**1**	0	**2**	50%	50%
No Gender Specified	1	0	0	**0**	0	**1**	100%	0%
Race/Ethnicity								
Black/Afr Amer Not Hispanic	40	24	15	**39**	2	**81**	52%	38%
Hispanic	15	7	4	**11**	3	**29**	44%	44%
White Not Hispanic	4	3	1	**4**	1	**9**	14%	86%
Other/Multi Race Not Hispanic	1	1	5	**6**	0	**7**	100%	0%
No Race/Ethnicity Specified	2	0	0	**0**	0	**2**	52%	38%
Age Category								
Age 18-24	**0**	0	1	**1**	0	1	0%	100%
Age 25-34	**3**	3	7	**10**	0	13	23%	77%
Age 35-44	**8**	5	0	**5**	1	14	57%	36%
Age 45-54	**11**	15	4	**19**	3	33	33%	58%
Age 55-64	**30**	7	9	**16**	2	48	63%	33%
Age 65-74	**6**	4	3	**7**	0	13	46%	54%
Age 75+	**0**	0	1	**1**	0	1	0%	100%
No Age Specified	**4**	1	0	**1**	0	5	80%	20%
Education Level								
Some high school or less	**26**	7	5	**12**	1	39	67%	31%
High School diploma or GED	**13**	12	8	**20**	2	35	37%	57%
Some College but no degree	**13**	5	9	**14**	1	28	46%	50%
Associate's degree	**1**	3	1	**4**	0	5	20%	80%
Bachelor's degree	**6**	4	2	**6**	1	13	46%	46%
Graduate degree	**0**	3	0	**3**	1	4	0%	75%
No Answer	**3**	1	0	**1**	0	4	75%	25%
When HIV Diagnosed								
Within the Past Year	**1**	0	1	**1**	0	2	50%	50%
2 to 4 years ago	**4**	6	0	**6**	0	10	40%	60%
5 to 10 years ago	**14**	4	8	**12**	0	26	54%	46%
11 to 15 years ago	**6**	6	3	**9**	2	17	35%	53%
15+ years ago	**27**	18	13	**31**	1	59	46%	53%
Not HIV+	**0**	1	0	**1**	1	2	0%	50%
No Dx Data	**10**	0	0	**0**	2	12	83%	0%

Figure 15: Preference for Medical Care in 2021 In Person or Telehealth – by Gender

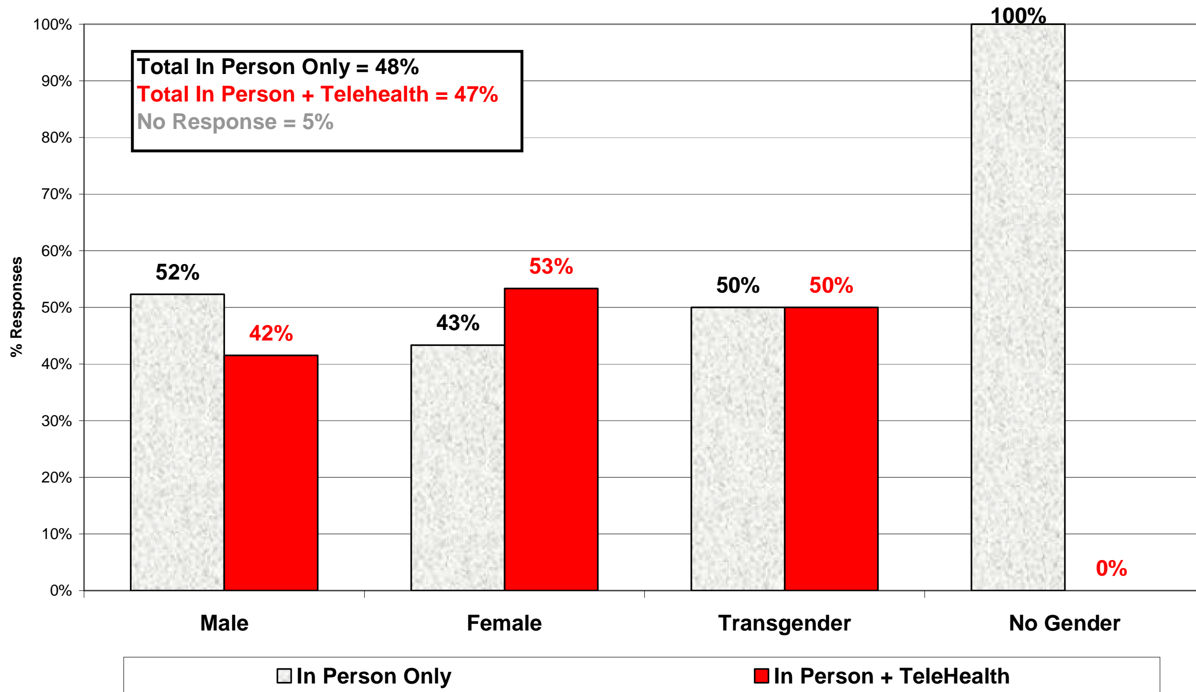
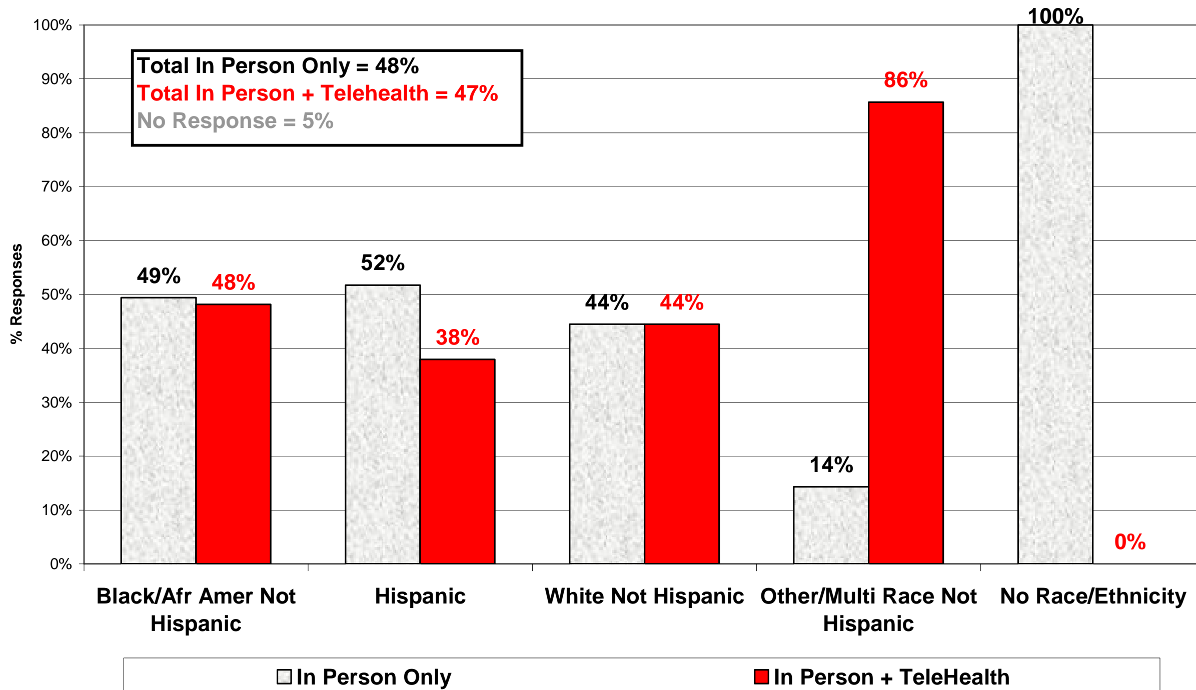


Figure 16: Preference for Medical Care in 2021 In Person or Telehealth – by Race/Ethnicity



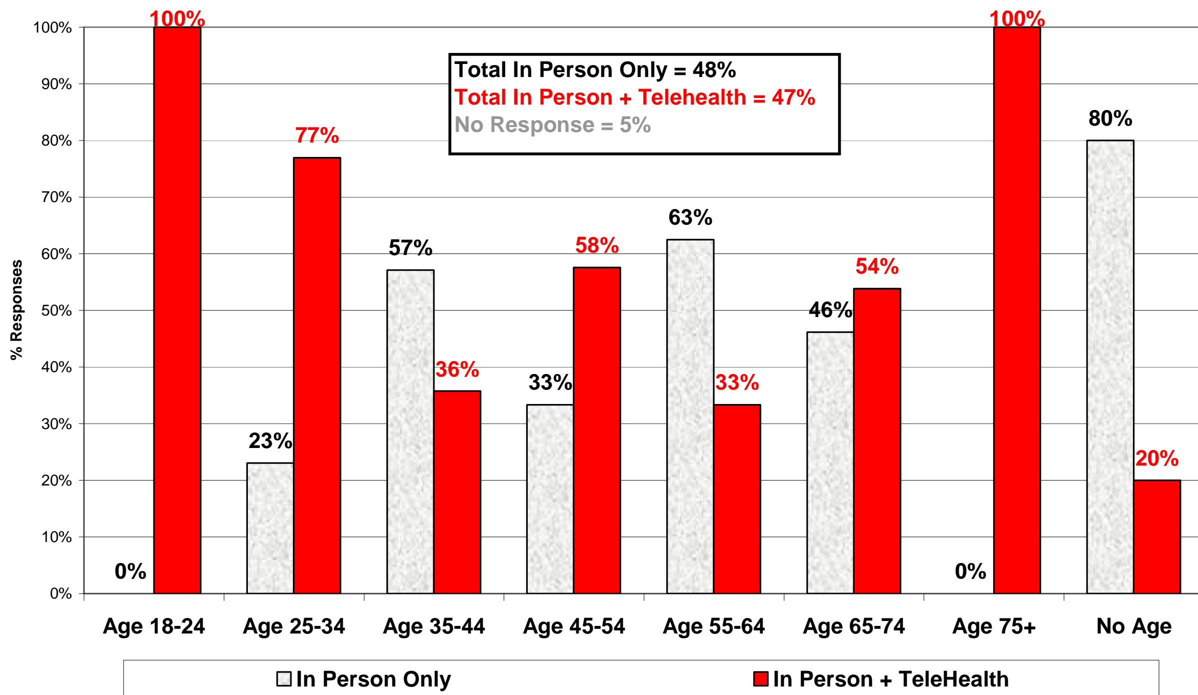


Figure 17: Preference for Medical Care in 2021 In Person or Telehealth – by Age
Total In Person Only = 48%
Total In Person + Telehealth = 47%
No Response = 5%
% Responses
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Age 18-24
0%
100%
Age 25-34
23%
77%
Age 35-44
57%
36%
Age 45-54
33%
58%
Age 55-64
63%
33%
Age 65-74
46%
54%
Age 75+
0%
100%
No Age
80%
20%
In Person Only
In Person + TeleHealth

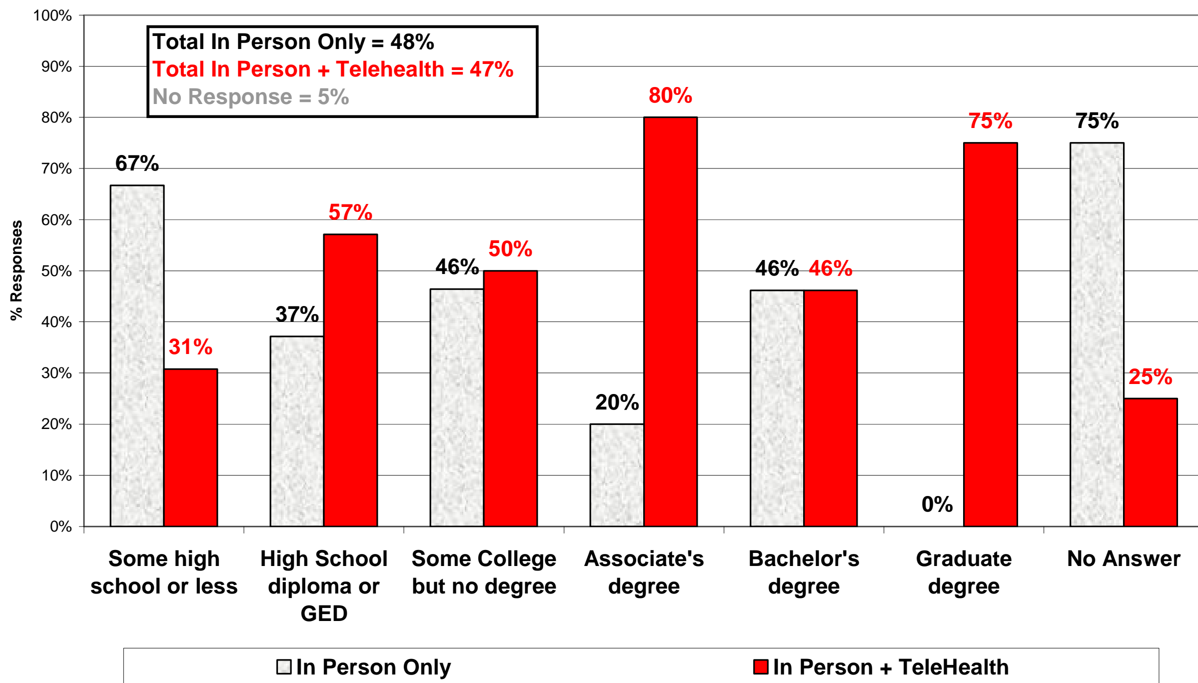
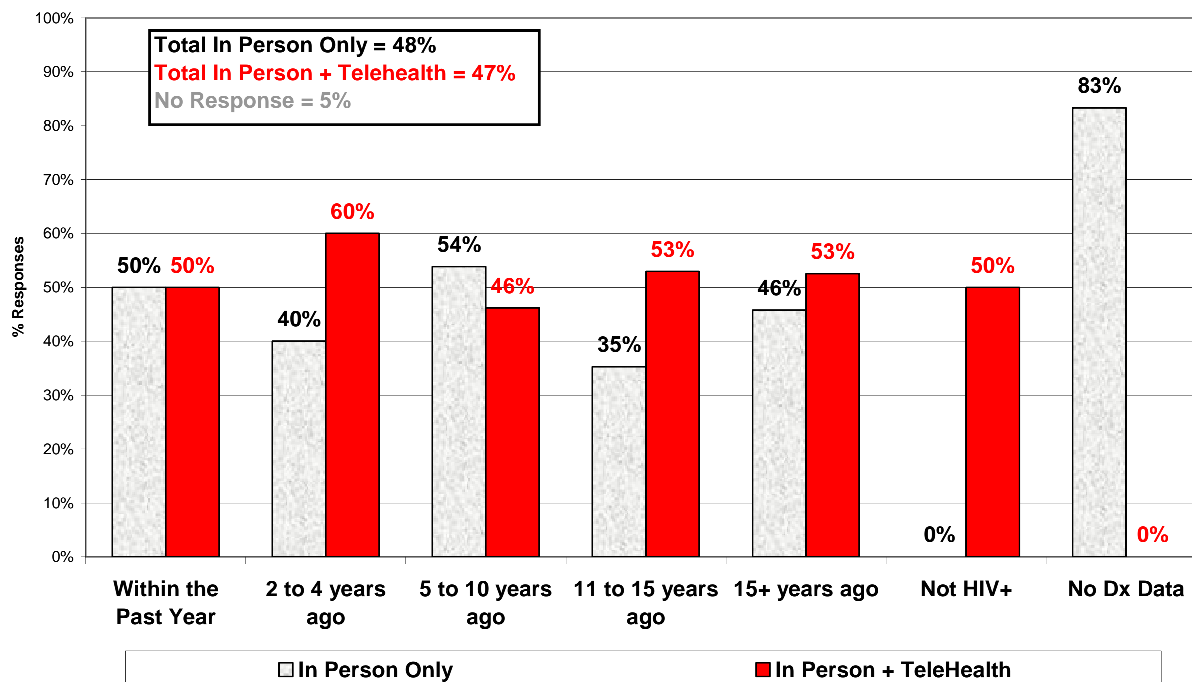


Figure 18: Preference for Medical Care in 2021 In Person or Telehealth – by Education Level
Total In Person Only = 48%
Total In Person + Telehealth = 47%
No Response = 5%
% Responses
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Some high school or less
67%
31%
High School diploma or GED
37%
57%
Some College but no degree
46%
50%
Associate's degree
20%
80%
Bachelor's degree
46%
46%
Graduate degree
0%
75%
No Answer
75%
25%
In Person Only
In Person + TeleHealth

Figure 19: Preference for Medical Care in 2021 In Person or Telehealth – by Year of HIV Diagnosis



2.3.2 Reasons for Preferring <u>In-Person</u> Medical Care in 2021

"What are the reasons you would prefer medical visits in person only? (Check all that apply.)"

A total of 60 (47% answered this question. The primary reasons for **preferring in person medical visits** is that respondents feel they **get better care in person and visits are more confidential**. Also, there is **difficulty with telehealth** – particularly **using the telehealth "apps", telehealth is too complicated, and lack of internet**. However, when asked for "Other" reasons, four reported preference for telehealth.

Table 24: Reasons for Preferring In Person Medical Care in 2021 (n=60)

#	% (of 60)	Reasons for Preferring In Person Medical Care
		Quality of Care is Better In Person
40	67%	I feel I get better treatment in person.
16	27%	I feel the quality in telehealth is not as good as in person visit.
		Confidentiality
30	50%	I feel there is more confidentiality in person.
11	18%	I have no privacy where I live to conduct a medical visit by telehealth. (1=No Cell Phone yet)
		Internet/Technology Issues
11	18%	I do not have internet.
4	7%	I have internet but it keeps disconnecting.

#	% (of 60)	Reasons for Preferring In Person Medical Care
6	10%	I do not have a smart phone, tablet, or computer with video.
		Telehealth App Issues
10	17%	It is too complicated to use telehealth.
11	18%	I do not know how to use the telehealth "apps".
16	27%	I do not feel comfortable using the telehealth "apps".
		Other
		Can Access In Person
1	2%	I have time to see my provider in person.
1	2%	Illness of this nature needs to be in private.
		Prefer Personal Contact
1	2%	I like direct dialogue.
1	2%	There is no genuine responses/ Nor for the physician to actually look at you. Conversation.
		Cannot Access In Person
1	2%	In nursing home so in person visit is not possible at this time.
		Like Telehealth
1	2%	Home only on the phone. Don't like coming in.
1	2%	I like both
1	2%	I rather do telehealth
1	2%	Wants all visits in telehealth.

2.3.3 Reasons for Preferring Telehealth Medical Care in 2021

"One annual in person visit is required, what are reasons you would prefer other medical appointments to be held via telehealth? (Check all that apply.)"

A total of 46 (36%) responded. The responses were overwhelmingly **positive**, ranging from **convenience, safety from COVID, confidentiality, privacy, quality of care, and not having to deal with transportation issues**. **Over half felt comfortable using telehealth apps**, and had internet and a smart phone, tablet or computer with video.

Table 25: Reasons for Preferring Telehealth Medical Care in 2021 (n=46)

#	% (of 46)	Reasons for Preferring Telehealth Medical Care
		Convenience
46	**100%**	I like convenience.
31	**67%**	I do not have to deal with transportation issues.
		Need Few Office Visits
18	**39%**	My health is good.
19	**41%**	I do not need many office visits.
		Quality of Care
25	**54%**	I feel quality of treatment by telehealth is good.
24	**52%**	My provider can take time with me. (One on one.)

#	% (of 46)	Reasons for Preferring Telehealth Medical Care
		Confidentiality
30	65%	I am comfortable with telehealth confidentiality.
23	50%	I have privacy for telehealth visit.
		Internet/Telehealth App Issues
21	46%	I have internet.
21	46%	I have a smart phone, tablet, or computer with video.
20	43%	I feel comfortable using the telehealth "apps".
		Safety from COVID
31	67%	Telehealth is safe from COVID.
		Other
1	2%	However personal appearances to me, you get more quality observance.
1	2%	I don't like my doctor so if I only have to see him in person once a year that would be good for me until I find a doctor I can deal with on a regular basis.
1	2%	Improve in keeping to telehealth exactly time of appointments.

2.3.4 Other Comments from Consumers

"Do you have any other comments that you would like to make?"

Of the 128, 90 (70%) provided some response. Of these, 50 (39%) specified no comment or Not Applicable and 40 (31%) gave comments below. Of these 40, nearly half **(45%) want to keep telehealth, 20% want both in-person and telehealth, and 20% prefer in-person visits**.

Table 26: Additional Comments from Consumers re Telehealth and In-Person Medical Care (n=40)

#	% (of 40)	Additional Comments from Consumers
18	45%	**Keep Telehealth**
All visits should be in telehealth.		
I am just thankful for telehealth.		
Keep telehealth appointments.		
Yes I advocate for telehealth remaining a treatment choice.		
Only want phone appointments.		
COVID-19 disrupted our lives, but thank goodness for the fast movement to telehealth. Groups, individuals, evals and medication monitoring made easier to remain in care.		
I feel like Telehealth is great and I never missed any of my appointments, groups, or individuals because they are important in my life		
I really enjoyed using telehealth from my home. Things like doctor's appointments, groups, educational training, and evaluations can be done from the privacy of your own home.		
I stay in the nursing home so only telehealth is possible until COVID is over.		
I think telehealth is a great technology and we should never lose it.		
It is a good start. Doximity is better. Also text/email alerts reminding of appts.		
More groups 4-Carriers to attend speakers living with or pharmacies input on future meds/breakthroughs		

#	% (of 40)	Additional Comments from Consumers
No comments necessary. Everything is good.		
No. I am just grateful and blessed to have this wonderful program.		
Patients should be reminded via email and text message or by phone a day prior to any telehealth visit.		
Peter Ho workers are amazing caring and loving. They deserve a raise.		
The team is excellent. Feels like a family. Great work		
With the use of zoom and learning how to really use your phone/tablet it is amazing especially being a senior		
8	**20%**	**Telehealth is OK.**
Either in person or telehealth is fine for me.		
I would like see the Dr. in person, and telehealth too.		
If I have to do telehealth I would.		
One medical visit per year; the rest by phone.		
Prefer in person but would do telehealth.		
Telehealth is okay, I use it with other providers but for my HIV care I prefer face to face.		
Telehealth is okay but going to the office is more personal.		
Either in person or telehealth is fine for me.		
8	**20%**	**Prefer In Person**
I like to visit my doctor month after month. Is better for my health.		
Feel better to discuss things with doctor in person.		
I prefer my doctor's visit in person. (2)		
I prefer face to face service.		
Not interested in telehealth. (2)		
Telehealth vs an in person visit is like eating fast food instead of a home prepared meal. It's impossible for the former to provide the benefits of the latter.		
2	**5%**	**Have Not Used Telehealth**
At this time, I don't use Telehealth and I have not used it so I'm not familiar with the technology.		
I really haven't used telehealth to rate it fairly.		
3	**8%**	**Other Comments**
My current healthcare provider is excellent.		
Happy with my new provider.		
Will we get any information from this assessment?		

PART 3: TELEHEALTH – AGENCY SURVEY

3.1 Purpose – Usefulness and Effectiveness of Telehealth as HIV Medical Care during the COVID Pandemic

The purpose of the Agency Survey was to obtain input on agencies' experience in providing telehealth medical visits both due to the COVID-19 pandemic and as an alternative to an in person, in office medical visit.

The approach was to establish a baseline assessing access to and effectiveness of medical care in 2020 and then ask about preferences for 2021 and beyond.

The Agency Survey form is Appendix C.

3.2 Summary of Agencies' Telehealth Services

Number of Agencies Responding. A total of 32 agencies responded to the survey – 30 or 86% of the total 35 funded in FY 2020 and two (6%) private providers who are affiliated with RWHAP funded providers.

Types of Telehealth Services Provided. Of the 32 respondents, 15 or (43%) provided Outpatient/Ambulatory Health Services (OAHS) by telehealth, as well as combinations of the other four core medical services. Of the remaining agencies, five (14%) provided Mental Health services, eight (23%) provided Outpatient Substance Abuse services, and 12 (34%) provided Non-Medical Case Management and one (3%) provided Medical Case Management by telehealth. **So a wide array and combinations of telehealth services were delivered by the agencies.**

Table 27: Telehealth Services provided by Agencies in 2020 - Types and Number

Service Category	Number	% (of 30)
Outpatient/Ambulatory Health Services	15	50%
Mental Health Services	18	60%
Outpatient Substance Abuse Services	13	43%
Medical Nutritional Therapy	3	10%
Medical Case Management	15	50%
Non-Medical Case Management	16	53%

Reasons for not providing telehealth. Five agencies or 14% did not provide any of the six services available by telehealth. Three (9%) do not provide any of the six services in-person (so they would not provide by telehealth), and one (3%) did not have the technical capability. One dental provider "is in the process of developing a program to provide some dental services remotely such as Oral Health Instruction, Tobacco Cessation, Nutrition Counseling, etc."

3.3 Agencies' Experience with Telehealth Services in 2020

This section asked about Challenges and Benefits of Telehealth experienced by Clients – as perceived by the Agencies –and the agencies themselves.

3.3.1 Challenges and Benefits of Telehealth to Clients

"What were the CHALLENGES experienced by CLIENTS in using telehealth? (See attached client survey, and add your own experiences and observations)."

The agencies – 28 - provided a wide array of challenges facing clients with telehealth. These are summarized below and the total comments are listed as well.

Table 28: Challenges of Telehealth Experienced by Clients – Agency Perspective

% (28)	#	Reason
50%	14	Technology – Unfamiliarity, Do not know how to use. Not computer savvy.
21%	6	Technology – Access
14%	4	Technology – Lack of smart phones, video
14%	4	Feel Telehealth is Impersonal, prefer in person contact
14%	4	Internet Connectivity. Limited WiFi.
11%	3	Client Privacy Issues at Home
11%	3	Issues with vitals, lab work. Paperwork and upload.
7%	2	Outdated Client Contact information. More attempts to contact client.
7%	2	Missed appointments, Availability
7%	2	Unable to have group experience
4%	1	Agency IT issues
4%	1	Health insurance issues & documentation
	46	**Total Reasons**

Challenges with Patient Care –Vitals, Lab Work
Ability to do vital signs with automated equipment.
Did not get lab work done in a timely manner. Patients had limited technology access.
Technology Challenges - Access, Ability To Use
Acclimating to the technology (downloading apps, locating links, navigating features like camera and mute)
Availability at times
Client access to technology, challenges with privacy at home, client prefers in person
Clients did not always have access to computers, tablets and/or smart phones
Clients were unsure how to download Zoom or any video conferencing app
Many of our clients are not computer savvy
No smart phone or computer. Limited Wi-Fi. Did not know how to use technology.
Not all clients had access to video/internet and could only use phone for access

Not having the right devices, not familiar with technology, nervous about receiving care and support services in a new way
Not knowing how to download the required apps, how to use the apps, and/or having the equipment to do telehealth
Patients needed to be trained on ZOOM platform weren't computer savvy
Some clients are not great with the use of technology. For instance, zoom can be complicated for some clients they rather have facetime/ Google duo since it is easier.
Some clients didn't have smart phones and were unable to login in to zoom meeting. If paperwork was needed to be returned to us sometimes the client couldn't take an appropriate picture or didn't know how to send to us.
Some of the challenges experienced by our clients was the technology related to a telehealth visit (using the virtual platform was sometimes difficult). Our organization created a job for the purpose of creating and helping patients and staff navigate the technological advances needed to create and perform telehealth visits. At times if a patient couldn't figure out the various virtual platform, we resorted to a telehealth visit via phone. Ultimately, we were able to create learning tools and use various easy to use virtual platforms to provide better more effective telehealth visits.
The challenges our agency met were with the older population. We found that our older population had little to no knowledge of the use of video conferencing apps.
Took some time to familiarize with the process. Not all patients understand technology and therefore, have difficulty with telehealth.
Technology.
Internet Connectivity
Mainly internet connection problems
Sometimes there was bad connection.
Client Dislike - Impersonal
Client(s) expressed telehealth is not personal enough; Client(s) feel they get better treatment in person. Client(s) like face-to-face. Client(s) do not feel comfortable using telehealth apps; Facility Challenges: 1. Access to equipment; 2. Training staff; 3. Facility resources (i.e. Wi-Fi)
Not able to have group experience.
Agency IT Challenges
In Outpatient sometimes the video would freeze.
Missing Client Contact Information
Disconnected contact numbers, increase number of attempts to get in touch with patients
Outdated phone numbers, privacy (talking in open spaces), access to phones & computers, inability to complete lab and intake appointments, and uninsured and underinsured patients were handicapped due to their inability to physically meet when it came insurance document and applications.
Lack of Privacy
Privacy concerns and no access or experience with technology. Hacking especially with Zoom is a big concern.
Missed Appointments
Sometimes missed counselor/ Case manager call

"What were the BENEFITS experienced by CLIENTS in using telehealth? (See client survey, and add your own experiences and observations)."

28 agencies responded with many reasons, including access to care, convenience, continuity of care, better patient communication, avoiding COVID exposure, and avoiding expense of transportation, child care, and taking time off from work for an in-person appointment.

Table 29: Benefits of Telehealth Experienced by Clients – Agency Perspective

% (28)	#	Reason
43%	12	Safer environment/limited risk of exposure to COVID & other infections.
36%	10	Flexibility (hours of contact). Accommodates patient schedules, locations.
36%	10	Avoided transportation barriers or issues. Especially bad weather.
25%	7	Easy access to staff. Improved communication.
18%	5	No waiting time. Promptness.
14%	4	Convenience.
11%	3	Continuity of care, services.
11%	3	Improved attendance. Retention in care.
7%	2	Ease of prescriptions & access to medications.
7%	2	Comfortable with telehealth confidentiality. Especially at home.
7%	2	Video calls help with feelings of isolation (more than regular phone calls)
4%	1	More referrals to medical, dental, psych care.
4%	1	More appointment times & sessions available.
4%	1	Comfort of own home for visit, especially if unwell or unable to leave home.
4%	1	Avoid child care barriers.
	64	**Total Reasons**

Accessibility
A call away. Being accessible to our patients always.
Ability to reach out whenever needed-- flexible with hours of contact.
Continued healthcare services, access their providers, safer environments as it related to receiving care & treatment, and prescriptions were not hindered by the process.
Easier direct access. Improved attendance. More sessions available.
No waiting. Easy access. Comfortable with telehealth confidentiality. Immediate access to staff and care.
Mitigates risk of exposure; Ability to access service that might normally be too far to physically get to; Ability to access services while on a break at work; Video calls help somewhat with feelings of isolation - provide more of a connection than regular phone calls; Clients are able to be comfortable in their own space, and still access services if they are not feeling well or unable to leave home.
Convenience
Clients like being called, Stayed in care. Continued access to meds.
Convenience, promptness, limited risk of exposure to COVID and other infections compared to the in-person visits.
Convenience of being at home and feeling more comfortable talking about their health, and they didn't have problems finding transportation to appt
Less isolation, more referrals to medical, dental and psych care. Many clients stated telehealth is

more convenient for them. Interaction increased with many clients due to telehealth.
They actually enjoyed the convenience of telehealth without leaving their home, especially during the height of the pandemic
They did not have to come to the agency, especially in bad weather.
We found many benefits in using telehealth services. The most beneficial fact is the convenience of not having to leave your home because of bad weather or COVID contraction fear.
Avoid COVID
Clients appreciated staying at home and not being subjected to being around the other clients during COVID-19.
Clients felt comfortable not having to leave their homes during the pandemic.
Clients were able to get access to healthcare without coming into the office during a pandemic
Promptness
Did not have to wait for counselor
Eliminates barriers - Transportation, Child Care
Eliminates barriers like child care and transportation, no wait times, limited interruption in daily schedule, improved retention due to flexibility.
No need for transportation, didn't have to leave the house
Not taking public transportation or waiting to see a provider.
Solved transportation issues, less risk for COVID exposure
Continuity of Care
Gave clients the opportunity to adhere to medical treatment plan during the pandemic. Gave clients the opportunity to continue case management services with their MCM. Provided an opportunity to continue Mental Health services which were needed more than usual during this difficult time.
Better Patient Communication
I notice that clients were able to communicate faster with me since they had my direct work phone number.
They appreciated the contact from a familiar person.
Flexibility of Care and Appointments
It created greater flexibility for timing of appointments. Many clients liked that they could be at home and not risk COVID exposures by traveling to the office.
Some of the benefits of using telehealth appointments and virtual visits were that patients had the flexibility to meet with the providers from the comfort of their home. They did not feel compromised coming into the office with the restrictions/limitations/concerns of COVID. Additionally, with their busy schedules, lives and work they were able to make and keep appointments due to the flexibility of the telehealth platform, they could essentially use a lunch break to have a doctor's appointment. Clients also stated that the flexibility of time was key (time/transportation/flexibility of schedule). Patients that had/have transportation issues also found this more convenient as they were able to meet with their various provider(s) without having to deal with the hassle of arranging transportation.
The clients were more accessible because they were home and there was more flexibility in scheduling.
Safety
Safe access to healthcare, mental health and medical case management services during this pandemic. Also the convenience of not having to go out, saving on transportation expenses and having flexibility.

3.3.2 Challenges and Benefits of Telehealth to Providers/Agencies

"What were the CHALLENGES experienced by PROVIDERS/AGENCY STAFF in using telehealth?"

28 agencies responded to this question, as shown below.

% (28)	#	Reason
71%	20	Client Technology – limited access, internet, no smart phones, unaffordable, unfamiliar with apps/ZOOM
21%	6	Agency technology issues – lack of equipment initially, understanding process & workflow, training needed on apps.
11%	3	Client preference – did not want to use telehealth, wanted to see provider
11%	3	Need for provider to see client in person. Observe patient.
11%	3	Not always able to reach client by phone. (reasons not given)
11%	3	Not always able to receive signed forms timely.
11%	3	Lack of face to face contact - Providers did not like, limits staff observations of patients, limits comprehensive client assistance
11%	3	Agency workflow, coordinate in person and telehealth visits, sufficient staff
4%	1	Staff must use equipment (cell phones, tablets) when not on site.
4%	1	Client missed appointments – would not come out for lab services.
4%	1	Agency bureaucracy approvals delayed telehealth.
	47	**Total Reasons**

Client Technology Issues
Client limited access to and knowledge of technology.
Clients do not take the pictures whether is them taking incorrectly or their phone's camera quality.
Clients missing appointments because they couldn't remember how to use the apps and people.
Contacting clients who had phone issues at times. (disconnections)
Internet bad connections and not every client had access to smart phones.
Some clients do not have access to personal cells phones/some numbers are disconnected.
Some clients' inability to connect online.
Sometimes the reception because of client's location or service provider. Some clients cannot afford to have their phones on at times because they are paying for minutes.
Client Preference
Not all clients has access to internet or ZOOM , some clients did not want to use telehealth services and some clients would not come out for lab services
Reaching clients with no smart phones or computers. Some clients did not know how to join telehealth meetings. Some clients thought telehealth was too impersonal and would not participate.
Agency-Client Interactions
In Outpatient getting clients to set up for zoom. In Case Management not being able to do video with clients.
Always ensuring to use same platform, the need to see them in person by providers.

Not always able to reach clients
Receiving signed forms from clients in a timely matter.
Sometimes hard to reach clients by phone, difficult to get documents signed when needed.
Agency Technology Issues
Initially, we needed to get devices and system to implement. It was hard to reach the clients that relied on drop in appointments prior to the start of COVID.
Just to understand the technology and the process in the beginning.
Some of the challenges experienced by our providers was like the clients in that they had to learn and use a new technological system related to a telehealth visit (using the virtual platform was sometimes difficult). Some providers didn't like the lack of face to face contact for certain visits as it was difficult to fully ascertain what the patient/client was experiencing. We were able to set a framework for what visits were able to be done virtually and not.
Staff have to utilize equipment (i.e. cell phones or tablets) when not on site.
Internal Agency Workflow
Establishing a flow that allows all disciplines to have the encounter with the patient.
Increased time to process face to face and Telehealth clients on the same day.
Lack of physical appointments, lack of adequate audio/video technology, reduced allowable hours, remote access, and inability to track productivity.
Process not implemented due to inadequate staff at registration desk to do the work required to do a telehealth visit. Inadequate technology.
Patient Care Issues
Patients were seeking more access to counselors and were more needy.
Telehealth limits the observations staff are able to make (is the client limping? is their body language different today? etc.). Navigating communication challenges with clients unfamiliar with technology.
The lack of personal human connection in order to assess and assist client more comprehensively.
We had to get a grant, hospital, insurance approvals, limited face-to-face interactions including limited physical examinations especially those with physical complaints.
No Challenges
No challenges. We were able to smoothly transition from in-person to telehealth quite quickly. There were some times when patients were unable to connect to the telehealth platform or lost connection during the visit. This was usually due to their internet connection.

"What were the BENEFITS experienced by PROVIDERS/AGENCY STAFF in using telehealth?"

28 agencies responded to this question, as shown below.

% (28)	#	Reason
26%	9	Better client communication & service. Clients comfortable from home.
24%	8	Better retention & appointments kept. No transportation barriers
24%	8	Good overall patient care. Holistic approach. Medication management. Behavioral care.
15%	5	Better efficiency & effectiveness of care. Work from home & see clients.
6%	2	Avoid staff exposure to COVID.

% (28)	#	Reason
3%	1	MCM Assessments – spent more time on
3%	1	Able to follow up on clients lost to care.
	34	**Total Reasons**

Better Client Communication & Service
Being able to stay in contact with clients and provide the necessary services.
Agency staff exposed to COVID was less. MCM was able to spend more time on assessments and found clients to be more open to conversations from home.
Clients appeared happier and more open to discuss their issues.
Clients wanted to spend more time talking.
Continued communication with clients.
Had more opportunities to do regular check in's with clients via phone.
Maintaining an open line of communication was key to ensure that our clients were safe and that if they needed anything they could still reach out to us.
Staying connected to the clients. No break in communication
Ability to Follow Up with Clients
Ability to continue checking in, even if just a voice message.
Able to follow up on clients lost to care.
Better Retention & Appointments Kept
Convenient, efficient, improves patient appointment adherence.
Less canceled sessions.
More clients kept appointments.
Patients met the goal of having medical visits.
Greater flexibility with appointment times.
Increased reach/client engagement by removing transportation and mobility barriers.
Good Overall Patient Care
Able to provide a more holistic approach to treatment through easy navigation of direct services.
Medication management continuity including lab orders and routine screenings were ordered.
Provided us an opportunity to maintain medical, case management and behavioral health services with minimal risk of exposure.
Increased flexibility, maintain all safety protocols during COVID.
The ability to check in with clients, make sure they had medications and the ability to speak to provider about health issues/concerns
We were able to maintain and conduct care even though it was not in person. All patients were able to get their bloodwork done at LabCorp. We were able to do medication refills and order bloodwork electronically through the EMR. MH counseling was also easy to perform via telehealth. Patients reported being grateful to be able to continue services while maintaining COVID 19 precautions.
We were able to provide safe medical, mental health, and MCM services during this time, when patients really needed this service most. Patients needed follow up on their HIV and psychiatric care, medication refills, Medical Case Management Services i.e. counseling, applications for insurance and ADDP, and RW certifications. Telehealth allowed us to facilitate all these needs. This reduced the risk of exposing patients and the staff to the virus.
Better Efficiency & Effectiveness of Care

Able to work from home and still see clients in need.
The benefits to the providers/agency is that it cut down on a lot of lag time, because it was virtual the providers weren't waiting for a room to be cleared/cleaned and the next patient to be worked up by the Nurse or Medical Assistant. The patient/client was already ready on the virtual platform for the visit. Additionally, providers were able to see more patients and document directly on those patients as there was limited lag time room, lab or work up issues that typically would slow down a visit.
Video sessions were great since clients were able to see us after so long.
We were able to provide services from home and be more accessible in scheduling.
Work in a safer environment for clients/staff, reduced stress due to COVID related illnesses, and ability to work and not reduce hours.

3.3.3 Challenges and Benefits of Telehealth to Agency Administration

"What were the CHALLENGES experienced by AGENCY [ADMINISTRATION] in managing telehealth?"

24 agencies responded and three had no challenges. Responses from the remaining 20 are below.

% (20)	#	Reason
30%	6	Agency technology challenges – enough equipment, software, slow internet
15%	3	Billing – general, EFA documentation, coding
15%	3	Patient confidentiality, HIPAA
10%	2	Staff accountability – confirm working in real time, supervision
10%	2	Agency Telehealth service delivery – communication skills, visit protocol., etc
10%	2	Access to agency due to COVID restrictions/closures
5%	1	Lack of client groups
5%s	1	Client issues – not working phones, not familiar with apps and Zoom.
	20	**Total Reasons**

Agency Technology Challenges
Agency does not supply equipment (cell phones, tablets) to all staff.
Cost for software to manage time and scheduling staff for hybrid to dump client files.
Getting the equipment necessary to do the telehealth.
Not all staff members had equipment available for video calling patients so we had to arrange to use each others desktops. We did miss having the opportunity for groups of clients to meet together for support group sessions like we did before COVID restrictions were initiated but we did find some creative ways to link some together.
Some of the Agency challenges were that we didn't have enough laptops or tablets to do telehealth/med visits, that the internet or servers were slow, and that the clarity wasn't as good. We through trial and error found a virtual of systems to conduct telehealth visits, worked on upgrading and purchasing laptops /tablets and increasing our internet/server capacity through some of our COVID funding.

Staff having reliable internet at home and dedicated computer work purposes.
Challenges with Clients
At times, the difficulty getting in touch with clients due to issues with phones not in service,
Helping and teaching the community on how to use it.
Agency Management Issues
Being able to confirm if staff are working in real time.
Ensuring staff have tools needed and develop telecommunication skills
Establishing a streamlined approach to conducting telehealth visits across the facility/system.
Providing supervision of staff while working from home.
Billing and Care Documentation
Billing.
Collecting certain documents for EFA. Since property mangers or landlords were also working from home at times it was complicated to get a ledger, copies of money orders, or leases in a good time frame. Also, the hardships of EFA cases were a bit complicated to approve.
Ensuring all providers were using same platform and using billing code.
Challenges related to COVID Restrictions
All offices and clinics were closed in March due to the pandemic. Our offices remain closed, however we are able to see patients in-person once a week if they need to come in for services. Because of our infrastructure it was very easy to transfer care from in-person to telehealth from our homes. We have access to VPN so are able to connect with the EMR remotely. We had the platforms in place to provide a smooth transition. C19 funds were used to purchase laptops and other computer equipment including head sets so that conversations could take place privately.
Decision to keep clinic functioning at full capacity when patient attendance was low, PPE provisions, safety protocols, deciding who was consider "essential" personnel, and pay.
Patient Confidentiality
Ensuring there were no gaps in maintaining client confidentiality when using online platforms.
It was a learning curve for us and the patient. It required developing new policies and procedure to avoid HIPAA Violations.
It was challenging initially to obtain the needed equipment for staff and ensure the telehealth platform was HIPAA compliant.
No Challenges
Our EMR was arranged to provide telehealth. No problems.

"What were the BENEFITS experienced by AGENCY [ADMINISTRATION] in managing telehealth?"

A total of 27 agencies responded. Two said all was OK. The remaining 25 listed benefits below.

% (25)	#	Reason
52%	13	Maintain continuity of care and patient services
28%	7	Staff flexibility (work from home)
16%	4	Staff safety (during pandemic, less risk of COVID exposure)
16%	4	Ability to meet RW service targets & visits (& provide continuity of care)
8%	2	Better management – more/regular staff meetings, internal controls

% (25)	#	Reason
8%	2	Quality of care, more care
4%	1	Agency efficiencies (appt scheduling, etc.)
4%	1	Special services – more food pantry & vouchers
	34	**Total Reasons**

Continuity of Care and Patient Service
Ability to continue providing services during the pandemic.
Ability to offer consistent healthcare, community connections, networking with your work facility, and using another vehicle to provide healthcare.
Able to maintain clients in care and not lost to care.
Allowed for provision of services to continue; Provided options to keep staff safe (rotating in-office/work from home schedule) without impacting service delivery.
For a period of time the Morristown Town Hall Building was closed because the pandemic. Patients access to care and supportive services continued without any barriers.
Knowing our clients had access to the provider to get the care they needed.
That could continue providing services to our clients.
The ability to provide services remotely helped to continue to work with our clients especially during these very difficult year.
Flexibility for Staff – Benefits
Flexibility for staff -- able to work from home, etc.
It provided more flexibility for staff and clients. It allowed us to remain connected to clients even when we couldn't physically be in the space with them.
Staff could work remotely in order to keep social distancing.
The benefits experienced by the agency allowed for more flexibility with patients and staff by conducting virtual visits. The amount of staff needed in the building was cut down because we were virtual and the flexibility to conduct additional timeslots/appointments varied due to the flexibility of telehealth visits.
Better Management
Able to meet with the staff more regularly.
Skill Building for Agency
Being able to learn how to work through telehealth and coming with ideas of engaging clients while working virtually.
With telehealth we were able to shorten our appointment slots, making it easier to see more patients in the day. (Due to COVID we were only able to see one client every 30 mins.)
Able to Meet RW Service Targets
Capacity of providing units of service. The benefits are keeping clients connected to services.
No loss of visit volume due to COVID restrictions.
Units were provided, services continued. We were able to meet our goals.
We are able to meet our numbers and provide continuity of care to our patients.
Lessened Risk of COVID Exposure - Better Health
Lessened risk of infection exposure for staff and patient, convenience
Minimized staff exposure to COVID and provided a calm work place.
Better Quality of Care
Patients were able to receive more care. Developed internal controls to manage sessions.

Provided a forum to keep patients engaged in care and treatment and provided an open line of communication between staff and patients.
We were able to assist more clients with food pantry and food voucher requests.
We were able to provide the same quality of service and assist the trying by providing resources they needed while keeping them engaged.

3.3.4 How Telehealth Helped Overcome Service Delivery Gaps

"Has telehealth helped your agency overcome any gaps in service delivery or health care not otherwise discussed above? If so, please list here."

22 agencies responded. Most found that telehealth was able to fill gaps by accessing clients who would not come to appointments, access the homebound, overcome fears of going outside due to COVID, ensure continuity of care, and improve staffing and internal management of service delivery. Two agencies found that service delivery/challenges remained.

Improved Retention for Hard to Reach, Homebound Clients
I do feel patients who may have been a "no show" for appointments in the past were willing to have a telehealth visit so maybe we were able to achieve a lower "no show" rate???
Patients who experience difficulty with in person visits; were given this new option/access to care. It helped especially those patients who are not adherent to follow-up with medical care.
Yes, to reach some homebound clients that normally we couldn't call too often.
Continuity of Care
Keeping clients connected with no gaps in services.
Yes as stated above retention on care. The access to patients through smart phones and tablets made the delivery more consistent.
Yes, we were able to maintain in contact with all of our clients and providing them the support they needed through the challenging times
Yes, without telehealth capability, we would not have been able to maintain contact with some of our most vulnerable clients.
Improved Appointments - No Transportation Barriers
More clients have been able to keep their scheduled appointments because their is less time being used when taking public transportation.
Yes, for those patients with transportation issues, able to reach clients.
Yes, it helped us to get care to clients unable to come into the office for an appointment.
Yes, we were able to see and continue seeing patients that were unable to get to the office due to transportation issues, too afraid to come because of COVID or had schedules that didn't permit visits. Additionally, the flexibility and time of the staff opened to see more visits.
MCM Care Plans Improved
MCM care plans and re-assessments gaps were greatly improved.
Able to Provide more Food Services for Homebound
I was happy that Meals on Wheels has still being able to run since the pandemic started and we started working from home.
It has assisted us with providing more nutritional services.

Maintained Care During COVID
Telehealth has afforded our patient increased flexibility to maintain engagement in care while enforcing all COVID related precautions and minimizing interruptions in daily work/school schedules. Telehealth services will be sustained post COVID.
Telehealth has allowed our agency to continue the old adage of "meeting a client where they are". Many clients were scared to leave their homes at times, and we were able to continue to be a consistent source of support for them through this experience, thanks to telehealth.
We found that patients were keeping their appointments via telehealth, sometimes more so than in-person as it was more convenient for them and they felt that they were not in danger of being exposed to COVID 19.
Yes. There is greater ease in contacting clients and the thought of not having to come into facility during COVID-19, clients have made themselves more readily available to be contacted.
Agency Improvements
Updating electronic charts/records was a bit easier, teamwork improved, and creativity of healthcare provisions soared,
Yea. Providers were consistently trained and all have adopted. Discover new ways to conduct preventive medicine well.
Challenges and Gaps Remain
In some cases it has helped. In doing recertifications difficult since clients were unable to bring in needed documents. In Residential Substance Abuse we were unable to admit new clients. We were unable to get new clients.
No. Gaps worsened.

3.4 Telehealth Services in 2021

3.4.1 Plans by Agencies to Continue Telehealth in 2021

"Does your agency plan to start or continue using telehealth for HIV client/patient care in 2021?"

Most agencies (85% or 29) plan to start or continue using telehealth in 2021 while 15% (5) do not.

Table 30: Agencies' Reasons re Starting/Continuing Telehealth in 2021 – Client Issues

a. Client issues (e.g.: capability, internet access, access to care, impact on health status, client preference, etc.)	
Reasons will NOT Provide	Capability.
	Clients limited access to technological resources.
	Agency does not provide medical services. (2)
Reasons WILL Provide	Access to care – ease of (46%)
	Client preference (32%)
	Internet access (25%)
	Convenience (21%)
	Safer method (18%)

a. Client issues (e.g.: capability, internet access, access to care, impact on health status, client preference, etc.)	
	COVID – fear of/avoid exposure (18%)
	Continuity of Care (18%)
	Impact on Health status (14%). Improve health outcomes.
	Ease of Client Engagement (7%)
	Capability (7%)
	In Person for Groups (4%)
	Additional Comments We have had more interactions with some clients due to telehealth being more convenient for them. Telehealth allows for communication between us and the clients.
	We plan to use a blend of telehealth and in-person appointments in 2021. We see this as a benefit for clients and staff. As the COVID pandemic continues, it is necessary to still have safety protocols in place. Implementation of a blended approach allows us to provide clients with options that work best for them.

Table 31: Agencies' Reasons re Starting/Continuing Telehealth in 2021 – Medical Issues

b. Medical care issues (e.g.: ease or difficulty of care and follow up, ability to triage or manage care, impact on health outcomes such as viral suppression & retention in care, etc.)
Reasons for Continuing Telehealth in 2021 (n=19)
Ease of follow up with clients (32%)
Retention in care improvements (26%)
Ability to manage and triage care (16%)
Viral Load Suppression not adversely affected (16%)
Convenient (11%)
Ease of Care (11%)
Easy (5%)
Improved Adherence (5%)
COVID (5%)
Comments – These Show Both Benefits and Challenges
Despite the following **challenges, we will continue to offer telehealth services**. Lab and intake will prove to be a challenge, follow up is handicapped due to reduced physician hours, substance use or abuse may increase due to inability to test & assess for toxicology, lack of video usage may hinder assessing mental health or other supportive needs, and care & treatment may be considered less important or vital because physical contact is decreased.
Ease of care but difficulty assessing patient and establishing diagnosis and prescribing proper treatment and ordering appropriate tests.
No negative impact on retention or VLS. Easy access to regular care and also to arrange sick visits and triage in a timely manner. We have found that our viral load suppression rates and engagement in care data has not been impacted by telehealth.
Patients will only be required to come to the clinic for actual dental procedures.
Patient Support is needed. Some clients have experienced some medical dilemmas, however, it was

required to remain consistent and follow up on their wellness to also make sure they had the support.
Fewer missed appointments. We found that patients were not missing as many appointments due to the flexibility. We arranged for patients to get bloodwork directly from the lab without waiting in the waiting room which helped our VL suppression rates stay low and also made it more suitable for the patients.
We **provide transportation** through a private car service which makes it easier for patients to get to and from PCP so the MCM can manage their viral suppression and retention in care.
Retention but need in-person. Would prefer to have patients remain in care BUT know it is essential to have face to face visits for proper physical exam and assessment. Cannot allow it all to remain telehealth.

With respect to **Agency/Staff/Systems issues, many agencies were able to adapt to telehealth** through purchase of needed equipment with CARES Act funding and through training. Billing for telehealth was addressed successfully. Other agencies identified gaps and needs, particularly with equipment and internet/Wi-Fi access. All responses are shown as comments below.

Table 32: Agencies' Reasons re Starting/Continuing Telehealth in 2021 – Agency/Staff/Systems Issues

c. Agency/staff/system issues **(e.g.: internet capability, resources, billing, training, etc.)**
Telehealth Equipment Provided with CARES Funding Helped!
Access to telehealth equipment provided with COVID funds.
Expanded technology capacity due to CARES funding.
Staff were given the resources such as internet, laptops, apps like Docusign, and MS Teams, and cell phones which are required to assist the clients via telehealth and it is proving to be more proficient the staff are always on time and follow up with the clients is easier.
Internet Capability Supported Telehealth
Internet capability, ability to work remotely, less canceled sessions, increase in the LOS. (2)
Staffing Resources Supported by Telehealth
Allows staff to stay employed full-time, we now have better "virtual" communication, and staff/clients' stress levels are beginning to decrease although the pandemic is not.
Flexibility for staff to maintain COVID precautions and continue meeting clients needs.
Educational purposes include telehealth in new hire orientation. Increased internet capability.
Ongoing rotating in-office schedule for staff.
Staff was satisfied with using telehealth when needed.
Billing
Billing hasn't been an issue.
Resources, billing were addressed.
Training with billing codes and completing billable assessments.
Comprehensive Responses to Telehealth by Agencies were Important
Resources were useful and accessible to our clients due to our transportation service.
The provision of care has not been impacted due to the smooth transition to telehealth services and availability of equipment and access to the internet. Billing continued to be successfully performed through the EMR. Staff trainings, staff meetings and communication have also been taking place via Zoom with no disruption in services.

c. Agency/staff/system issues (e.g.: internet capability, resources, billing, training, etc.)
We are able to provide services and receive training more efficiently through telehealth.
We have excellent capabilities and were prepared from the onset of the pandemic for telehealth and telemedicine as well as our mental health physicians for Psych evaluations and medication assistance with both psychotropic medication and opioid maintenance.
We have the staff and technology for this to be successful.
We worked very hard as an agency to build a sustainable way of billing and providing services, through increasing internet and server space, purchasing more equipment to help increase visits and put a billing system in place to capture services.
Additional Needs
Policies and Procedures should be established for uniformity.
Technology Challenges
Billing on CHAMP can be slow due to Wi-Fi support.
During challenging weather - some technical difficulties when at home and from the clients location.
We do not have enough electronic equipment for all staff to function as a complete telehealth system. Need more current desktop computers, especially for MCM staff.
We will need to have updated equipment and training.
We would like to incorporate some kind of video calling app.

"RWHAP requires that one medical visit per year must be in person. Is that a factor in your decision regarding use of telehealth?"

Of the 33 agencies responding, 10 gave no comment, and five (5) were not medical providers. Ten (10) said that the one in-person visit per year was NOT a factor in continuing telehealth, while eight (8) said that it WAS a factor in their decision to continue telehealth. Reasons are listed below. (This question might have been misinterpreted by respondents – that the one in-person visit per year was the maximum allowable in person visit or a goal for patient care.)

Table 33: Impact of One Required In Person Medical Visit Per Year on Decision to Continue Telehealth Services in 2021

One Required Annual Visit was NOT a Factor in Decision to Continue Telehealth – Reasons
In Person Care is Always Available
Client can always request in person care.
Client can request face to face doctor's visits at any time concerning their medication.
Clients still come in to see medical doctor.
The patient can still access PCP. We provide them with PPE and car service.
Those clients that prefer to be seen in person, they are seen in person.
We recognize the clients who can have one visit per year, but that is not for our whole client list. Some clients require more visits in a year depending on their health issues or comorbid conditions.
Patients will always be required to be seen for routine dental care.
Telehealth Has a Role in Patient Care
It is certainly something to work towards implementing. However, it would only apply to select service components. We would also have to look at how we address our clients access to technological

One Required Annual Visit was NOT a Factor in Decision to Continue Telehealth – Reasons
resources, training, etc.
Telehealth will supplement in person visits.
We make the necessary visits when needed; however, additional precautions and assessments are done prior to moving forward.
Technology Issues – Positive and Negative
Clients' understanding was overall positive.
Computer use. Clients are clueless to the internet.

Minimum One Required Annual Visit WAS a Factor in Decision to Continue Telehealth – Reasons
In Person Care is Always Available when Needed
Clients still need to come in for bloodwork.
Depending on clients they may need entire physical exams for complete physical.
It is essential we physically see our patients I feel at least every 6 months unless there is a need for more often.
Telehealth Has an Important Role in Patient Care
Created an in office vs. telehealth visit structure based on adherence/suppression.
It allows more freedom and flexibility for the providers and the patients if the patients are VL suppressed and not having any pressing issues/concerns where they would need to see a provider in person.
It is essential for the well-being of the patient and ensures up to date labs despite decreased visits to our office. Telehealth is an alternative way of providing medical care for continuity of care.
We do have the capability of seeing patients in-person. At the beginning of the pandemic, this was not possible; however we gradually began to open up in-person visits so that patients did have the opportunity to be seen in person.
When weather is better, patients can follow up live in spring or summer.

3.4.2 Recommendations by Agencies to Facilitate Telehealth Use

"Do you have any recommendations as to how the Newark EMA or Ryan White Unit can facilitate use of telehealth for clients/patients, providers and agencies?"

The responses were categorized by type of agency – medical provider and Other Core Medical and Support Services. Within each category, answers are divided by (1) payment for Information Technology (IT) for consumers to access telehealth (TH), (2) funding and payment for TH within the EMA, and (3) Other supports to ensure effective TH services.

Table 34: Recommendations on How Telehealth can be Facilitated in the Newark EMA

Medical Providers
Payment for IT support & equipment
• Additional **funding** for needed equipment.
• Helping with the **purchase of upgraded laptops/tables and servers** to increase the capacity of telehealth visits.
• Provide a **specific budget** for PPE and technology services, equipment and training.
• Provide clients with a **BP machine, thermometer, pulse oximeter**.
Funding and Payment for Telehealth Services

- Continue to allow Telehealth to be **billable services**.
- Continue to fund telehealth activities for **all core services.**
- Continue to allow agencies to offer telehealth and be able to **bill this service in CHAMP**.

Ryan White Program Issues

- The Ryan White unit can encourage **patient participation**.
- Consider telehealth visits as part of the **new care continuum**.
- Provide guidelines for **required documentation for telehealth visits** as I don't want to run into problems when charts are later audited and we are found to be missing required information. Telehealth is fairly new to all of us and we may all have our own interpretation of what is required.
- Providers should submit **documentation** of the a) process, b) how did they implement in the practice. Resources - HIPAA compliant EMR, adequate staffing
- At this time we are able to provide continuity of care within our organization. It may be useful to be able to provide **TA through NEMA** to those patients who are having problems with connectivity or are unfamiliar with accessing telehealth services
- It seems in **CHAMP that labs** need to be updated sooner than a year in order to put in for services. If clients only have to have one in person visit then maybe their labs should only have to be updated yearly.

Other-Agencies – Core Medical and Support Services

Payment for IT support & equipment

- Yes. There should be funds allocated for the **purchase of laptops** to facilitate the provision of remote services. If possible mobile hotspot/jetpack as well.
- **Computer with camera** is a need.
- Provide **smart phone** to those clients that do not own and can't afford them- having the capabilities of facetime and being able to send information through text with a picture is so helpful. For instance, food bank location, pantry, and sending this information with a picture of what the building looks like and phone numbers they will be able to access the information when they needed
- **Tablets** and training for clients who do not have ANY way or form to use telehealth.
- **Free access to Wi-Fi**, and accessibility to a tablet
- Resources to **purchase tablets**. Resources to purchase cell phones, and/or Upgrading Wi-Fi for facility.

Ryan White Program Issues

- I believe **good use of telehealth has already been incorporated** and since this is new many things will continue to be added as we go along
- There should be **web training for providers and a patient training by agency**. We trained all staff by March 16th and then trained our patients for three consecutive weeks and additionally thereafter if needed
- Maybe providing **trainings** for clients on how to use zoom.
- **Trainings** on effective ways for staff to engage with clients remotely.

3.4.3 Other Comments from Agencies

Please insert any other comments you have regarding telehealth, RWHAP service delivery in general, and recommendations for 2021.

12 agencies provided additional comments – which were positive and included recommendations such as more coordination within the EMA, including by Recipient.

- Improves client engagement in care, access during inclement weather, avoids transportation barriers.

- Provides expanded opportunities for group activities and for support services not previously available by in-person settings.

Table 35: Additional Comments and Recommendations regarding Telehealth and Service Delivery

Medical Providers
• Telehealth does provide another **well-received option for care**. Including when changes in **weather** force an agency to close. We were still able to conduct safety checks on our clients.
• It would be ideal if facilities could provide a **designated area within the NEMA** that could be used to contact ANY RW organization regarding their care, treatment or need for supportive services.
• I'm glad the clients were able to adjust by **remaining engaged** and have built a great rapport with them prior help continue to have a great communication with them. They all kept in contact and we were able to provide the additional support they needed especially to those that do not have extended families or families that reside in this state.
• Client **education on telehealth** services.
Other Agencies – Core Medical and Support Services
• We hope that the patients will see the value in this program.
• We have had an **overwhelmingly positive experience** from the providers, administration and most importantly the patients with telehealth visits. We hope this is a new and improved way to provider the same highest quality of care/services to our patients while reducing or eliminating some of the barriers.
• This appears to be the way we will be providing services in the near future. Its time to think out of the box. The **EMA should host a meeting of all providers to work jointly and leverage all services** to assure that all categories of core and support services are delivered. Then the EMA can meet their contractual obligations and serve the community at large providing wraparound services through networking and utilizing resources of each provider to maximize the coordination of care. We provide over 14 groups per week since when we were told that some of our peers had not been able to engage their patient's in group counseling at all. Time to work together so we can all win maintain our budget and serve the patients so they can remain in care. We are in three EMA and provide and will be providing the same type services in 2021.
• Telehealth is a very important part of facing these service delivery challenges. It allows us to keep our **patients engaged in care**. Our monitor has given us a lot of support and allowed us to do budget revisions as we see more client needs in certain areas.
• Strongly encourage the **continued use** of telehealth in 2021.
• I was very happy we were able to provide telehealth services during 2020 and receive funding to do so. I think our MCM in particular spent a great deal of time assisting clients and following up with them...these were valuable services that were provided. We ran into real problems as MANY of the CBOs we routinely work with were either closed or reducing service provision so the MCM staff had to be **more creative in meeting the clients' needs**. The needs increased while the available services decreased.
• I think that this is a benefit to patients as they can **access care without traveling** to the agency. Please ensure that agencies have **HIPAA compliant EMR** - before paying for telehealth services. Insurance pays for telehealth visits when delivered using a system where the provider can see the patient and vice versa.
• Also, as a case manager I would like to have a **virtual groups** with clients maybe showing them simple exercises due to their physical health and quarantining at home for long. A lot of clients are fearful to go outside due to COVID and maybe teaching them simple exercises moves can help their bodies be healthier at home.

PART 4: CONCLUSIONS AND RECOMMENDATIONS

Conclusions and recommendations regarding Telehealth services provided by RWHAP were consistent across the board for CHAMP data, Consumer survey, and agency survey.

4.1 Conclusions regarding RWHAP Telehealth Services

CHAMP Client Level Data. During 2020, 73% of RWHAP clients received one or more of the 6 RWHAP telehealth services. **Telehealth services were equitably delivered.** That is, there was no to minimal difference in receipt of by demographics – race/ethnicity, gender, age category, geography (county/city of residence), health insurance.

There were **differences by housing status** – **those in temporary and unstable housing received less telehealth**. This is to be expected due to the transient nature of these living arrangements versus the need for accessible technology, internet access, which are associated with more stable living arrangements.

By service category, over one quarter of clients first started receiving TH services in April-May 2020. Then services leveled off for remaining months in 2020 – with 8%-10% new TH clients monthly thereafter. However, services units remained steady – that is, after May 2020 clients received roughly the same number of services every month through December 2020.

Consumer Survey Response to Telehealth.

One third of consumer respondents had a telehealth visit either alone or in combination with an in-office medical visit. Two thirds had just an in office visit.

Consumers **liked telehealth visits** because of convenience, ability to stay at home and not deal with COVID, transportation, office waiting rooms, etc. They felt the quality of care was good and many were able to open up to providers. Nearly all thought the visits were confidential.

Consumers did **NOT like telehealth** visits due to problems with the telehealth App and provider issues – agencies not prepared with charts and providers were late on the calls.

Consumer **recommendations** for telehealth visits were to keep them. On the negative side, they recommended that the visits be conducted on time, and that all patient prep work be done ahead of time – including with them so that the physician medical visit could be on time.

Agency Survey Response to Telehealth.

Agencies used and provided all 6 RWHAP types of telehealth services to the maximum. By number of agencies: 15 – outpatient/ambulatory health services, 18 – mental health services, 13 – outpatient substance abuse services, 3 – medical nutritional therapy, 15 – medical case management, and 16 – non-medical case management.

Reasons for **not providing telehealth** were their agency did not provide any of the 6 services designated for telehealth, did not have the technical capability. Dental providers were in the process of developing a program to provide certain services remotely (instruction and counseling).

Agencies Perspective: Challenges and Benefits of telehealth to clients

- **Challenges for Clients:**
  - **Technology issues** – access (reliable internet, internet connectivity), unfamiliarity, do not know how to use, not computer savvy, lack of smart phones with video
  - **Privacy** – client privacy issues at home
  - **Preference for in-person contact** – telehealth is impersonal
  - **Logistics** – getting vitals, lab work in time for [virtual] visit
  - **Outdated client contact information** – could not schedule appointments/visits
  - **Missed appointments** – limited availability for next "slot"
  - **Agency IT issues.**

- **Benefits for Clients:**
  - **Convenience** – medical visit while at home, lunchtime at work. (Avoid bad weather, transportation and child care issues)
  - **Avoided COVID** – possible infection for immunocompromised.
  - **Accessibility to services** – clients were just a phone call away.

Agencies Perspective: Challenges and Benefits of telehealth to agencies

- **Challenges for Agencies:**
  - **Client Technology issues** – limited access, internet, no smart phones, unaffordable, unfamiliar with apps/ZOOM
  - **Agency technology issues** – lack of equipment initially, understanding process & workflow, training needed on apps.
  - **Client preference** for in office visit
  - **Not able to reach client or get forms**

- **Benefits for Agencies:**
  - **Better client communication and service** – Clients comfortable from home.
  - **Better retention and appointments kept**.
  - **Good overall patient care**
  - **Better efficiency and effectiveness of care.**
  - **Avoid COVID** (by staff)
  - **Improve MCM assessments and follow up on clients lost to care.**

Management/Systems Perspective: Challenges and Benefits of telehealth to Agency Management

- **Challenges for Management/Systems:**
  - **Technology issues** – within agency including enough equipment, software
  - **Billing** – documentation

- **Patient confidentiality, HIPAA**
- **Staff accountability** – ensure working while at home

- **Benefits for Management/Systems:**
  - **Maintained continuity of care for patients,** provided quality care and special services
  - **Staff safety (from COVID) and flexibility** – working from home, safe & comfortable environment
  - **Better management and agency efficiencies.**

Telehealth helped overcome the following service delivery gaps:

- Improved Retention for Hard to Reach, Homebound Clients
- Continuity of Care
- Improved Appointments - No Transportation Barriers
- MCM Care Plans Improved
- Able to Provide more Food Services for Homebound
- Maintained Care During COVID
- Agency Improvements –teamwork, creativity, preventive medicine

Some challenges and gaps in care remain even with telehealth. Post-COVID-19, it will be up to each agency to integrate telehealth into service delivery based on patient health, needs and agency ability and flexibility to respond to TH platform.

4.2 Recommendations regarding RWHAP Telehealth Services

#1 Recommendation: Improve Patient Access and Use of Telehealth.
Agencies – and the EMA - must ensure that patients can use the telehealth apps.

- Identify the app your agency is using for telehealth.

#2 Recommendation: Improve Provider preparedness and timeliness. Provider agencies must ensure they are prepared for the calls and keep telehealth appointments on time.

- Confirm the appointment by text or email – as with in-person appointments. (Zoom may do this.)
- Have the medical records at hand before the call.
- If necessary, complete the check-in process before the scheduled appointment, or make sure that patients are aware that a certain (specified) amount of time will be for check-in & preparation (e.g., 15 minutes), and the provider will be available at **XX** time.

#3 Recommendation: Explore provider best practices for telehealth – for efficiency and effectiveness and best patient outcomes.

- **E.g., possibly set aside a block of time for telehealth and schedule appointments accordingly.** The zoom system can set this up.
- Provide assistance or share recommendations about hybrid or blended RWHAP medical care – telehealth visits complementing the [mandatory] one in-person visit per year.
- Schedule in-person visits in good weather (spring, summer) and telehealth during inclement weather (winter).
- Use telehealth to address issues related to transportation, child care, employment schedules. Unnecessary to travel, pay expense of child are, take time off from work.

#4 Recommendation: Make use of available telehealth Technical Assistance (TA) resources.

- The Northeast Caribbean AIDS Education and Training Center (NECA AETC) should have access to telehealth TA resources nationwide – for both providers and consumers.
- NECA can provide TA to agencies and recommend methods for consumer education.
- Use HRSA HAB Planning CHATT resources for the NEMA Planning Council to reinforce telehealth training at consumer meetings.

#5 Recommendation: Incorporate telehealth evaluative measures into NEMA Service Standards.

- These measures can come from national bodies, such as Centers for Medicare and Medicaid (CMS), National Center for Quality Assurance (NCQA), DHHS and HIV.gov, etc. NECA AETC can assist.

#6 Recommendation: Provide EMA-wide and agency-specific CHAMP or CQM reports on health outcomes based on telehealth and in-person medical care.

#7 Recommendation: NEMA-wide agency meeting regarding telehealth.

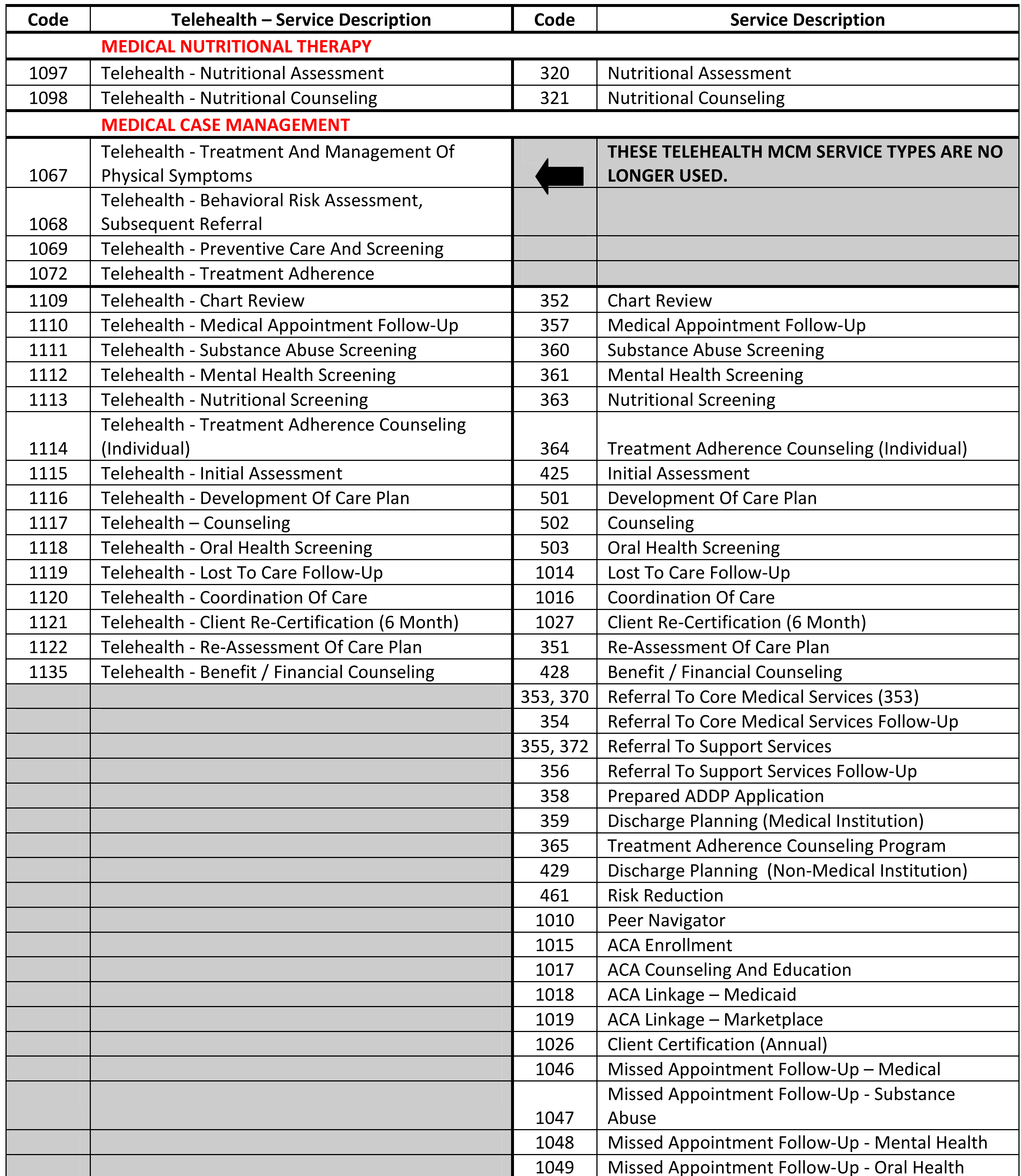
- Similar to the RWHAP All Provider meeting. The scope, topics and issues would be developed.

#8 Recommendation: Perform more analysis of the effectiveness of non-medical telehealth services.

- This would include mental health series, outpatient substance use services, medical nutritional therapy, medical case management and non-medical case management.

APPENDIX A: CHAMP TELEHEALTH SUBTYPES

Code	Telehealth – Service Description	Code	Service Description
	OUTPATIENT/AMBULATORY HEALTH SERVICES		
1058	Telehealth - Medical History Taking		
1061	Telehealth - Preventive Care And Screening		
1063	Telehealth - Prescription And Management Of Medical Care		
1090	Telehealth - Physician - Initial Interview/Medical Assessment	300	Physician - Initial Interview/Medical Assessment
1091	Telehealth - Physician - Medical Visit	301	Physician - Medical Visit
1092	Telehealth - Nurse – Visit	303	Nurse - Visit
1094	Telehealth - Physician – Specialty Care Medical Visit	440	Physician – Specialty Care Medical Visit
1095	Telehealth - Nurse Practitioner / Physician Assistant	500	Nurse Practitioner / Physician Assistant Medical V
1096	Telehealth - Physician - Specialty Care Medical Visit-Infectious Disease	1012	Physician - Specialty Care Medical Visit – Infectious Disease
		304	Nurse - Phlebotomy/Lab Samples/Vital Signs
		305	Gyn/Reproductive Medical Visit
		306	Laboratory /Diagnostic Testing
		1037	Anoscopy
	MENTAL HEALTH SERVICES		
1099	Telehealth - Individual Counseling - Level I	322	Individual Counseling - Level I
1100	Telehealth - Individual - Psychiatric	325	Individual - Psychiatric
1101	Telehealth - Mental Health Assessment	330	Mental Health Assessment
1102	Telehealth - Mental Health Screening	1007	Mental Health Screening
1103	Telehealth - Medication Monitoring	1045	Medication Monitoring
1104	Telehealth - Missed Appointment Follow-Up – Mental Health	1051	Missed Appointment Follow-Up - Mental Health
		324	Individual Counseling - Level III - Partial Care
		327	Individual - Family Counseling
		328	Individual - Co-Occurring Disorders (COD)
		331	Group Counseling - Level I
		335	Group - Family Counseling
		1036	Group Counseling - Level I - Individually Billed
	OUTPATIENT SUBSTANCE USE SERVICES		
1105	Telehealth - Individual Counseling - Level I	336	Individual Counseling - Level I
1106	Telehealth - Substance Abuse Assessment	349	Substance Abuse Assessment
1107	Telehealth - Substance Abuse Screening	1006	Substance Abuse Screening
1108	Telehealth - Missed Appointment Follow-Up - Substance Abuse	1050	Missed Appointment Follow-Up – Substance Abuse
		332	Group Counseling - Level II - Intensive Outpatient
		339	Methadone Treatment
		340	Individual Counseling- Level II - Intensive Outpatient
		347	Group Counseling - Level I
		504	Suboxone Treatment



Code	Telehealth – Service Description	Code	Service Description
	MEDICAL NUTRITIONAL THERAPY		
1097	Telehealth - Nutritional Assessment	320	Nutritional Assessment
1098	Telehealth - Nutritional Counseling	321	Nutritional Counseling
	MEDICAL CASE MANAGEMENT		
1067	Telehealth - Treatment And Management Of Physical Symptoms		THESE TELEHEALTH MCM SERVICE TYPES ARE NO LONGER USED.
1068	Telehealth - Behavioral Risk Assessment, Subsequent Referral		
1069	Telehealth - Preventive Care And Screening		
1072	Telehealth - Treatment Adherence		
1109	Telehealth - Chart Review	352	Chart Review
1110	Telehealth - Medical Appointment Follow-Up	357	Medical Appointment Follow-Up
1111	Telehealth - Substance Abuse Screening	360	Substance Abuse Screening
1112	Telehealth - Mental Health Screening	361	Mental Health Screening
1113	Telehealth - Nutritional Screening	363	Nutritional Screening
1114	Telehealth - Treatment Adherence Counseling (Individual)	364	Treatment Adherence Counseling (Individual)
1115	Telehealth - Initial Assessment	425	Initial Assessment
1116	Telehealth - Development Of Care Plan	501	Development Of Care Plan
1117	Telehealth – Counseling	502	Counseling
1118	Telehealth - Oral Health Screening	503	Oral Health Screening
1119	Telehealth - Lost To Care Follow-Up	1014	Lost To Care Follow-Up
1120	Telehealth - Coordination Of Care	1016	Coordination Of Care
1121	Telehealth - Client Re-Certification (6 Month)	1027	Client Re-Certification (6 Month)
1122	Telehealth - Re-Assessment Of Care Plan	351	Re-Assessment Of Care Plan
1135	Telehealth - Benefit / Financial Counseling	428	Benefit / Financial Counseling
		353, 370	Referral To Core Medical Services (353)
		354	Referral To Core Medical Services Follow-Up
		355, 372	Referral To Support Services
		356	Referral To Support Services Follow-Up
		358	Prepared ADDP Application
		359	Discharge Planning (Medical Institution)
		365	Treatment Adherence Counseling Program
		429	Discharge Planning (Non-Medical Institution)
		461	Risk Reduction
		1010	Peer Navigator
		1015	ACA Enrollment
		1017	ACA Counseling And Education
		1018	ACA Linkage – Medicaid
		1019	ACA Linkage – Marketplace
		1026	Client Certification (Annual)
		1046	Missed Appointment Follow-Up – Medical
		1047	Missed Appointment Follow-Up - Substance Abuse
		1048	Missed Appointment Follow-Up - Mental Health
		1049	Missed Appointment Follow-Up - Oral Health

Code	Telehealth – Service Description	Code	Service Description
	CASE MANAGEMENT, NON-MEDICAL		
1123	Telehealth - Initial Assessment	366	Initial Assessment
1124	Telehealth - Re-Assessment of Care Plan	367	Re-Assessment of Care Plan
1125	Telehealth - Mental Health Screening	374	Mental Health Screening
1126	Telehealth - Nutritional Screening	377	Nutritional Screening
1127	Telehealth - Benefit / Financial Counseling	380	Benefit / Financial Counseling
1128	Telehealth - Oral Health Screening	508	Oral Health Screening
1129	Telehealth - Development of Care Plan	509	Development of Care Plan
1130	Telehealth – Counseling	511	Counseling
1131	Telehealth - Lost To Care Follow-Up	1020	Lost to Care Follow-Up
1132	Telehealth - Coordination of Care	1022	Coordination of Care
1133	Telehealth - Client Re-Certification (6 Month)	1029	Client Re-Certification (6 Month)
		368	Chart Review
		369	Prepared ADDP Application
		370	Referral to Core Medical Services
		371	Referral to Core Medical Services Follow-Up
		372	Referral to Support Services
		373	Referral to Support Services Follow-Up
		376	Substance Abuse Screening
		381	Discharge Planning (Non-Institution)
		1011	Peer Navigator
		1021	ACA Enrollment
		1024	ACA Linkage - Medicaid
		1025	ACA Linkage - Marketplace
		1028	Client Certification (Annual)

For Office Use
Date: ______________
Site: _______________

Consumer HEALTH ISSUES Survey

We are conducting a survey on the needs of people regarding health issues. The purpose is to determine the need for HIV medical care **in person and by "telehealth"** and how best we can allocate [Ryan White and other] resources for medical care. **Telehealth includes medical care provided by cell phone, video, tablet, computer, but not in person.** This will take only a few minutes to complete. Your participation is voluntary, your responses will be kept confidential, and you can decline to answer any of the questions.

1. **Gender** ☐ Male ☐ Female ☐ Transgendered ☐ Other _____________

2. **Sexual Identification** ☐ Heterosexual ☐ Men who have sex with men ☐ Women who have sex with women ☐ Bisexual ☐ Other _____________

3. Are you **Hispanic or Latino?** ☐ No ☐ Yes Country: ____________________________

4. **Race** ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other ___________________

5. **Current Age: (Please list your age in years)** _________________

6. In what **county do you live?** ☐ Essex ☐ Union ☐ Morris ☐ Warren ☐ Sussex ☐ Other _____________

7. What is your **ZIP Code** where you currently live? (Enter) ____________________________

8. **What is your education level?** ☐ Some high school or less ☐ High school diploma or GED ☐ Some college but no degree ☐ Associate's degree ☐ Bachelor's degree ☐ Graduate degree

9. **When were you diagnosed with HIV/AIDS?** ☐ Within the past year ☐ 2 to 4 years ago ☐ 5 to 10 years ago ☐ 11 to 15 years ago ☐ 15+ years ago ☐ Not HIV+

MEDICAL CARE APPOINTMENTS AND VISITS IN 2020

10. Did you have a **medical visit for your HIV with a medical provider** at anytime in **2020**?
☐ YES ☐ NO

11. **If NO**, why not? (Check as many reasons as possible) ☐ I was too busy.
☐ I did not feel I needed it. ☐ I could not pay for it. ☐ I had no medical insurance.
☐ I had no transportation. ☐ I was worried about how I would be treated (stigma).
☐ I was afraid of COVID. ☐ I did not want to use the phone or computer for the visit.
☐ I did not have a phone or computer for a medical visit. ☐ I did not have internet.
☐ I did not feel comfortable using telehealth. ☐ I had trouble with telehealth apps.
☐ Other (list reasons) ____
____

12. **If YES**, how many appointments and visits did you **have**? **Insert the Number:** ______

13. **If YES**, how many appointments and visits did you **keep**? **Insert the Number:** ______

PLEASE CONTINUE ON THE NEXT PAGE

14. **If YES**, **where was/were the medical visit(s) held?** (Check all that apply.) ☐ **In office in person.**
By telehealth:
☐ By cell phone with video (Iphone, other brands). ☐ By cell phone but no video.
☐ By phone – not cell phone. ☐ By computer. ☐ By tablet (Iphone, other brands).
☐ Other (list where or how visit was held). ____
____

TELEHEALTH MEDICAL VISIT BY CELL PHONE, TABLET, COMPUTER

If you **had a telehealth visit** by any of the above methods, please answer the following:

15. What did you LIKE about the telehealth visit?
____
____

16. What did you DISLIKE about the telehealth visit?
____
____

17. How can we IMPROVE telehealth visits?
____
____

18. Did you feel the telehealth visit was confidential? ☐ Yes ☐ No ☐ Somewhat

19. Would you recommend that we continue to make telehealth visits available for medical appointments? ☐ Yes ☐ No ☐ It depends. List any reasons below.
____
____

MEDICAL CARE in 2021 and beyond

20. For 2021 and beyond, how would you like to get your medical care for HIV? (**One visit per year must be in person.**)
☐ In person only ☐ In person and telehealth ☐ Either is OK with me.

21. If you want **in person only and not telehealth**, what are the reasons? (Check all that apply.)
☐ I like face to face with my provider. ☐ I feel I get better treatment in person.
☐ I feel the quality in telehealth is not as good as in person visit.
☐ I feel there is more confidentiality in person.
☐ I do not have internet. ☐ I have internet but it keeps disconnecting.
☐ It is too complicated to use telehealth.
☐ I do not have a smart phone, tablet, or computer with video.
☐ I do not know how to use the telehealth “apps”.
☐ I do not feel comfortable using the telehealth “apps”.
☐ I have no privacy where I live to conduct a medical visit by telehealth.
☐ Other (list reasons) ____
____
____

PLEASE CONTINUE ON THE NEXT PAGE

22. If you want **telehealth in addition to annual in person visit**, what are the reasons? (Check all that apply.)

- ☐ I like convenience.
- ☐ I do not have to deal with transportation issues.
- ☐ My health is good.
- ☐ I do not need many office visits.
- ☐ I feel quality of treatment by telehealth is good.
- ☐ My provider can take time with me.
- ☐ I am comfortable with telehealth confidentiality.
- ☐ I have privacy for telehealth visit.
- ☐ I have internet.
- ☐ I have a smart phone, tablet, or computer with video.
- ☐ I feel comfortable using the telehealth "apps".
- ☐ Telehealth is safe from COVID.
- ☐ Other (list reasons) ____

____

____

23. **Do you have any other comments that you would like to make?**

____

____

Thank you for participating! Your responses will help the Newark EMA HIV Health Services Planning Council make recommendations about the needs of individuals with HIV in the counties of Essex, Morris, Sussex, Union and Warren. If you would like to see the results of this survey, they will be available by contacting the Newark EMA HIV Health Services Planning Council at (908) 353-7171 after July 31, 2021.

2021 Newark EMA Needs Assessment Questionnaire: Agency Survey

Thank you for taking the time to complete this survey. It was developed to address the following research questions: (1) What has been the impact of telehealth on services to RWHAP clients in 2020 and (2) what are your potential or actual agency plans for using telehealth in 2021? Your responses to the following questions are invaluable to improving healthcare for the clients we serve. This survey should be completed by a RWHAP supervisor or coordinator. It is in Word format so you can just type in the information and use as much space as you need. **Please return the completed form by (INSERT DATE) to Tania Guaman at (insert email address).**

NOTE: For all the following questions, the time-period referred to is Calendar Year (CY) 2020 (January 1 – December 31, 2020) and where indicated CY 2021 (January 1 – December 31, 2021).

Contact information (Confidential, in case follow-up is needed)

Agency Name: ____

Person Answering Survey: ____

Phone Number: ____

Email: ____

Background: In 2019, Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) announced that telehealth was an approved method of service delivery for Ryan White HIV/AIDS Program (RWHAP) services. Telehealth includes medical care and related services provided by cell phone, video, tablet, computer, but not in person. The COVID-19 pandemic accelerated the use of telehealth.

The Newark EMA included the option of telehealth services for FY 2020 RWHAP services – initially, to allow flexibility in serving clients generally but then in response to the COVID-19 pandemic. In March-April 2020, CHAMP was updated with service subtypes to capture services delivered by telehealth. Service categories included: (1) outpatient ambulatory health services, (2) mental health services, (3) outpatient substance abuse services, (4) medical case management, (5) non-medical case management, (6) medical nutritional therapy.

Attached FYI is a client survey/questionnaire regarding telehealth which is being administered as part of this 2021 Needs Assessment Update. It may help you with some answers.

TELEHEALTH SERVICES IN 2020.

1. Did your agency provide any RWHAP services by telehealth in 2020? ☐ Yes ☐ No.

2. If **NO**, why not? (Check as many as apply and add your own reasons)

☐ a. Our agency does not provide any of the above services.
☐ b. Our agency does not have the staff.
☐ c. Our agency does not have the technical capability.
☐ d. We were able to serve clients in person without the need for telehealth.
☐ e. Our clients did not want it.
☐ f. Other. (List or insert in space below.)

3. If **YES**, for what services? (see above)

4. If **YES**, how were the services provided? Check all that apply.

	Telehealth modes			
Service category	**Cell phone with video**	**Computer with video**	**Tablet with video**	**Phone no video**
1/ OAHS (medical care)				
2/ Mental health				
3/ OP substance use				
4/ MCM				
5/ Non-medical CM				
6/ Medical Nutrition Ther.				

5. If **YES**, what were the **CHALLENGES experienced by CLIENTS** in using telehealth? (See attached client survey, and add your own experiences and observations).

6. If **YES**, what were the **BENEFITS experienced by CLIENTS** in using telehealth? (See client survey, and add your own experiences and observations).

7. If **YES**, what were the **CHALLENGES experienced by PROVIDERS/AGENCY STAFF** in using telehealth?

8. If **YES**, what were the **BENEFITS experienced by PROVIDERS/AGENCY STAFF** in using telehealth?

9. If **YES**, what were the **CHALLENGES experienced by AGENCY [ADMINISTRATION]** in managing telehealth?

10. If **YES**, what were the **BENEFITS experienced by AGENCY [ADMINISTRATION]** in managing telehealth?

11. Has telehealth helped your agency overcome any gaps in service delivery or health care not otherwise discussed above? If so, please list here.

TELEHEALTH SERVICES IN 2021.

12. Does your agency plan to start or continue using telehealth for HIV client/patient care in 2021?
☐ Yes ☐ No.

13. Why or why not? List reasons for each of the following categories. (Items in parentheses can help you answer)

a. Client issues (e.g.: capability, internet access, access to care, impact on health status, client preference, etc.)

b. Medical care issues (e.g.: ease or difficulty of care and follow up, ability to triage or manage care, impact on health outcomes such as viral suppression & retention in care, etc.)

c. Agency/staff/system issues (e.g.: internet capability, resources, billing, training, etc.)

14. RWHAP requires that **one medical visit per year must be in person**. Is that a factor in your decision regarding use of telehealth? ☐ Yes ☐ No.

    a. Reasons or comments.

15. Do you have any recommendations as to how the Newark EMA or Ryan White Unit can facilitate use of telehealth for clients/patients, providers and agencies? Please insert below.

16. Please insert any other comments you have regarding telehealth, RWHAP service delivery in general, and recommendations for 2021.

Thank you very much for your time and input! As in the past, all of your responses will be considered and included in the Newark EMA 2021 Needs Assessment Update.

Attachment: 2021 Client Survey on Telehealth