Telehealth and HIV Care Amid the COVID-19 Pandemic: A Qualitative Study in California
Study Brief | October 2021

Background & Methods:

- The COVID-19 pandemic resulted in the rapid implementation of telehealth among HIV clinics in California.[1] This created a unique opportunity to study telehealth experiences of both clinic staff and patients.
- For this qualitative study, 19 semi-structured interviews were conducted between with ten key informants and nine clients between May 2021 and July 2021. The key informants consisted of medical providers, case managers, administrative staff, clinical researchers, and individuals working in policy. The clients included individuals over the age of 18 who were living with HIV or AIDS and had been receiving care in California. The data was analyzed using the framework analysis approach.[2]
- Informants were recruited through our connections with various agencies and referrals from other participants. Client participants were recruited via referrals from clinic partners and advertisements posted online.
- Study procedures were reviewed and approved by the UCSF Institutional Review Board.

Findings:

Theme 1: Utilizing a hybrid model of telehealth and in-person visits can be a platform for making HIV care more patient-centered.

Key informants frequently recommended continued use of a hybrid model that mixes telehealth and in-person visits. This preference was based on the perception that a hybrid model facilitates patient-centeredness by permitting patients a choice in the way they receive their care.

> "Just be flexible and be willing to meet the patients where they're at… most of our patients really like phone appointments, the flexibility that they offer. I believe that's the future. We discovered the future." HIV Case Manager

Theme 2: Need for integrated telehealth platforms to make sure telehealth is equitable and accesible.

Although there was general support for a hybrid model of care, clients who traditionally utilized multiple services during a single trip to a clinic frequently stated that they considered telehealth to be an inconvenient option. They felt they were unable to address all their needs in one virtual visit, unlike one in-person visit to a clinic. This made telehealth appointments seem more piecemeal.

> "[Telehealth is] more convenient if you can stay home if you don't need anything. But if you need labs and to schedule an appointment. And to get your prescriptions…the most convenient way to do that is to show up at the clinic and get everything done all at once." Medical Provider

Theme 3: Recommendation of specialized telehealth navigators for widespread telehealth sustainability.

Informants recommended adding specialized telehealth navigators who could address two major barriers related to telehealth access and uptake: 1) difficulty learning technological platforms; and 2) the impact of social determinants of health (employment, housing, access to technology) which can influence an individual's utilization of telehealth.

> "That's kind of rethinking the model of delivery and model of care that we have where maybe there needs to be a person they go to first that kind of teaches them that stuff before they make it to the peer case manager… interventions that just, do the basics for people" Clinical Researcher

Conclusion:

The key takeaway of the study was that no "one size fits all approach" can be utilized for telehealth delivery. Clinics and agencies need to adopt telehealth platforms that work best for the patient population they are serving. This can be facilitated by having user friendly telehealth platforms and specialized roles such as telehealth navigators to provide support for both patients and providers.

Recommendations:

Several recommendations emerged from the study:
- Continue to reimburse telehealth visits at the same rates as in-person health visits through bills such as AB-32.[3]
- Prioritize access to telehealth resources such as widespread broadband coverage, smart devices, and interpreters.
- Partner with community-based organizations to train and support telehealth navigators
- Recognize the impact of the digital divide on access to care, and expand trainings on digital literacy.
- Create telehealth platforms that integrate services across disciplines, for example allowing patients to access social services, mental health services, and medical appointments through one telehealth platform.

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References:

1 Rogers BG, Coats CS, Adams E, *et al.* Development of Telemedicine Infrastructure at an LGBTQ+ Clinic to Support HIV Prevention and Care in Response to COVID-19, Providence, RI. AIDS Behav. 2020; 24: 2743–7.
2 Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology* 2013; 13.
3 Bill Text - AB-32 Telehealth. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB32 (accessed Sept 20, 2021).