

HIV IN THE TIME OF COVID-19:

# Improving HIV Care with Telehealth

The COVID-19 pandemic has dramatically altered the way that people living with and at risk of HIV access care around the world. Healthcare providers have effectively utilized new technologies, including telehealth, to provide personalized and simplified models of care to minimize in-person interactions with the traditional healthcare system.

## Telehealth has enabled essential HIV services to continue during COVID-19

According to UNAIDS, the COVID-19 pandemic has caused significant disruption to traditional ways of accessing HIV testing, prevention and care services on a global scale.<sup>1</sup> However, whilst there has been a lack of in-person consultations,<sup>2,3</sup> the HIV health system has responded at speed and with agility by utilizing new technologies, such as telehealth, to ensure continuation of essential HIV services that can be conducted virtually.<sup>4</sup>

## Telehealth can bring value to HIV service delivery

The potential benefits of telehealth include increased comfort, convenience, and savings for individuals; and improved engagement and retention in care. Digital solutions can also reduce demand on providers and the pressures of overburdened health systems, allowing clinicians to focus more on complex patients who will continue to require in-person visits or are unable to access telehealth services.

Furthermore, innovative HIV treatment options can be supported by telehealth options, creating new pathways and methods of care. Removing barriers to access – e.g. physical barriers for those in rural areas and social barriers for those facing stigmatization –

telehealth services have the potential to increase patient empowerment, which should support shared decision-making in relation to their care. In turn, this should improve the health outcomes of people living with HIV and reduce the risk of HIV transmission, ultimately promoting efficient use of healthcare resources.

## Ensuring successful implementation of Telehealth for HIV

It is essential that policymakers continue a broader rollout of the use of telehealth for the delivery of HIV prevention, testing and care services and address potential vulnerabilities in its implementation. This includes bridging the “digital divide”, in which certain groups are excluded from accessing modern communications technologies due to a series of potential barriers such as limited internet connectivity and lack of video chat/webcam.<sup>5</sup> These groups include low-income individuals (often racial and ethnic minorities), people in non-urban areas with less access to technology – including high speed broadband – older populations and those with low tech literacy.<sup>6,7</sup>

Successful implementation will also require close cross-sector cooperation to address the unique risks associated with applying this technology to HIV care models. Just as remote care will not be the preferred option for everyone, it will be important to ensure that vulnerable individuals are not excluded and left behind. The potential to transform HIV care is in reach and, if implemented effectively, could improve patient care and reduce the costs associated with preventing and treating HIV.

In order to increase and improve patient self-management and care in the long-term, policymakers must fully realize the potential of telehealth innovations that have been fast-tracked during the pandemic. Ensuring telehealth innovations can benefit all people living with HIV will require the right regulatory environment, government support and adoptions of other best practices.

## Policy Recommendations

### » Develop both short-term measures and long-term national frameworks:

Telehealth implementation plans should be developed at both the national and sub-national levels to increase adoption of telehealth-enabled HIV prevention, treatment and care services. Rollout of telehealth and enabling digital infrastructure to disadvantaged communities and vulnerable populations should be given specific focus, with consultation from the public and private sector to build out a lasting infrastructure.

### » Identify and scale up best practice models:

Governments should partner with educational institutions and private healthcare providers to test combinations of digital technologies with pathway redesign in real-world settings to help improve delivery of HIV care.

### » Update clinical guidelines to reflect telehealth-enabled care:

Data from telehealth impact assessments in key disease areas such as HIV should be used to inform updated national clinical guidelines to reflect the value of telehealth in delivering patient-centered care and improving the overall quality of care.

### » Expand reimbursement options for telehealth:

Governments and payers should implement transparent reimbursement policies and extend existing COVID-19 measures to encourage adoption of telehealth-enabled HIV services as a viable option post-pandemic. Reimbursement pathways should integrate patient reported outcomes and patient activation measures to reflect the additional value that new technologies by lowering in-person interactions and healthcare system costs.

### » Develop telehealth medical education:

Guidelines and investment in continuing medical education programs are needed to ensure that all healthcare professionals involved in HIV care management receive training on remote care delivery. This is particularly important in low- and middle-income countries where HIV experts and care facilities may be less accessible, and therefore telehealth services have the potential to have even greater impact on outcomes for those who need to access prevention, testing and care services.<sup>5</sup>

### » Standardize data privacy and security measures:

Establish robust healthcare data privacy and security principles for future regulation of telehealth services. Set clear controls around access to sensitive health data and requirements for authentication, encryption, and data storage.

## References

<sup>1</sup> UNAIDS. COVID-19 impacting HIV testing in most countries. October 2020. Available at: [https://www.unaids.org/en/resources/presscentre/featurestories/2020/october/20201013\\_covid19-impacting-hiv-testing-in-most-countries](https://www.unaids.org/en/resources/presscentre/featurestories/2020/october/20201013_covid19-impacting-hiv-testing-in-most-countries) Last accessed June 2021.

<sup>2</sup> AIDSmap. European AIDS Treatment Group documents the impact of COVID on HIV services throughout Europe. Available at: <https://www.aidsmap.com/news/oct-2020/european-aids-treatment-group-documents-impact-covid-hiv-services-throughout-europe> Last accessed June 2021.

<sup>3</sup> Center for Community Practice. The COVID-19 pandemic has impacted HIV service delivery. Available at: <https://www.urccp.org/article.cfm?ArticleNumber=125> Last accessed June 2021.

<sup>4</sup> Guaraldi G, Milic J, Martinez E, et al. HIV care models during the COVID-19 era. *Clin Infect Dis*. 2020; ciaa1864 [online ahead of print].

<sup>5</sup> Clare CA. Telehealth and the digital divide as a social determinant of health during the COVID-19 pandemic. *Netw Model Anal Health Inform Bioinform*. 2021;10:26.

<sup>6</sup> Mishori R, Antonio B. Telehealth, rural America, and the digital divide. *J Ambul Care Manag*. 2020;43:319-322.

<sup>7</sup> Kaiser Family Foundation. Opportunities and barriers for telemedicine in the U.S. during the COVID-19 emergency and beyond. Available at: <https://www.kff.org/womens-health-policy/issue-brief/opportunities-and-barriers-for-telemedicine-in-the-u-s-during-the-covid-19-emergency-and-beyond/> Last accessed June 2021.

<sup>8</sup> Pollack TM, Nhung VTT, Vinh DTN, et al. Building HIV healthcare worker capacity through telehealth in Vietnam. *BMJ Glob Health* 2019;5:e002166.