Access to Care: Telemedicine
The Alabama eHealth Model

ACTHIV
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Disclosure

- Member, Scientific Advisory Board, Gilead Sciences
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Objectives

At the end of this presentation, the audience should be able to:

• Discuss the disparities in access to HIV health care in Alabama
• Review the role of technology in bridging gaps in access to health care
• Describe the Alabama eHealth’s model
• Identify the role of telemedicine in insuring access to health care, thus reducing health disparities and increasing health equity
Primary Care Health Professional Shortage Areas
88% of AL

Picture Courtesy:
Alabama Department of Public Health
Poverty in AL

- 67 counties
- 46 counties have poverty over National average
- 23 counties have above 20% poverty rate
- Average income is <200% FPL
Public transportation in AL

Very minimal where available
HIV Prevalence in AL

- Over 12,000 PLWHA
- Under 6000 in care
- 8 RW Funded clinics/6 cities
- Minimal private clinics

Picture courtesy: AIDSVu
HIV is a high impact disease (individual level and population level)

- HIV is a multifaceted disease with complex management protocols
- HIV treatment and science – rapidly evolving – need for HIV Specialist centers and care
- Untreated HIV leads to serious and severe outcomes
- HIV treatment is effective in restoring and preserving health
- Lack of HIV trained providers in AL
- High burden of HIV in AL
- Anemic health care infrastructure, nonexistent public transport, and high poverty in AL
- HIV+ individuals also have other chronic diseases with similar characteristics
- “synergy of plagues” – Paul Farmer
A New Model of Health Care: Telehealth

- Telemedicine as a tool to redesign health care system
- A disruptive innovation used to extend care into areas of non-consumption where the alternative is no health care at all*
- Serve geographically isolated individuals and extend the reach of scarce resources while also emphasizing quality and value in the delivery of healthcare services**

** HRSA
The Montgomery Experience

2009 Concept

2010 Consortium

2011 Funding

2012 Execution Evolution Expansion
Success via Collaboration

- 14 sites
  - 2015

- 2 sites
  - 2012

(Chart showing collaborative efforts from 2012 to 2015)
Alabama eHealth
What happens in a telemedicine clinic?
Evolution

- Patient – MD visits
- Patient – PharmD visits
- Patient – Mental health counsellor visits
- Patient – Social Worker visits
- Patient – Insurance navigator visits
- Family Medicine resident teaching (at the pt site)
- Equipment also used for team meetings and CEU classes
- Distance Education Center (planning phase)
Expansion

4 models of telemedicine clinics of Medical AIDS Outreach of Alabama

1. Our own brick and mortar clinics (2)
2. Collaboration with a primary care residency program for space (1)
3. Collaboration with local FQHCs for space (3)
4. Collaboration with state public health department for space, equipment, and internet (4)

- All telemedicine sites are housed in health care facilities
- Future: Collaboration with new partners, utilize their labs/nursing supports and expansion with current partners
Efficacy

• Efficacy – response of the health conditions and patient satisfaction
• 1/4\textsuperscript{th} of our clinic patients are telemedicine patients
• Every patient has the right to see the provider in person
• Most patients found the technology non-disruptive and not significantly different than traditional care
• Patients did not view telemedicine as negatively impacting patient-provider relationship
• Concerns about telemedicine care were minimal
• >90\% reported being extremely satisfied
• >92\% virologic suppression rate
• >94\% retention rate
Sustainability

• Sustainability – financial/goal directed, replicability
• Reimbursements from health insurers – warming up
• Grants/Fund raising
• Collaborations
• Cost sensitive scheduling
Public Health Effects

• Decreased health care expenditure – cost to the patient (transportation/access/sickness), cost to the health care system (burden of disease/hospitalizations/productivity)

• Preserve / Regain health

• Controlled HIV drastically reduces transmission – Treatment is Prevention

• Decreased health disparities = increased health equity
Challenges

• Infrastructure - lack of T1 internet penetration in rural communities
• Lack of health care staff buy in (not the patients)
• Many health insurers do not cover telemedicine services
• Restrictions on ancillary care for billing
• Risk of rural site being known as an ‘AIDS Clinic’
• Refer to Jonathon Linkous’ challenges on Telemedicine (ATA)
Thanks

• Our patients
• Staff and partners of Alabama eHealth
• American Academy of HIV Medicine
• AIDS United
• CDC
• Alabama Dept of Public Health
• Ms. Sandi Percival
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