

HIV Telehealth Collaborative Care (HIV TCC) Among Rural Veterans

This model of care improves access to infectious disease specialty care for rural Veterans living with Human Immunodeficiency Virus (HIV) in partnership with the primary care medical home and is recommended for replication at other facilities.

Medical Issue

The Veterans Health Administration (VHA) is the single largest provider of HIV care in the United States with 30,292 total Veterans served living with HIV in fiscal year 2020.¹ Longitudinal HIV care with antiretroviral therapy initiation and monitoring is critical to maintain optimal immunological function for the prevention of HIV-related cancers and associated opportunistic infections.

Access Challenge

The more than 6,000 rural Veterans living with HIV face a disproportionate burden to access high quality HIV care due to transportation challenges and HIV specialty care concentrated in urban centers.^{1,2,3}

Access to services and laboratories has also been challenging during the coronavirus pandemic, making it more complex to deliver high-quality, sustainable care.

This project deploys telehealth modalities to bridge the quality and access gap among rural Veterans.

Monthly, targeted, team conference calls ensure continued mentorship and programmatic overview, and

targeted site portfolios are generated for data to care models. For each quarter, the number of rural Veterans living with HIV is tracked as well to enhance continuity of care between HIV infectious disease specialists and primary care PACT teams.

Solution

This model successfully combines:

1. Use of clinical video telehealth and video on demand to deliver HIV specialty care
2. Creation of shared-care relationships between primary care teams in outlying clinics and the HIV specialty clinic
3. A central care manager who works to coordinate care across teams
4. Use of a data to care model to facilitate population management within and across sites
5. Monthly programmatic strategic calls among participating sites for best practices

A cluster randomized controlled trial was initially employed for the original program pilot with pre- and post-intervention HIV viral load suppression rates recorded. Improvements in HIV viral load suppression was demonstrated among rural Veterans at telehealth intervention sites.⁴

Findings

- ✔ Telehealth services increased significantly during the COVID-19 pandemic as face-to-face clinics were temporarily suspended, and travel and laboratory access became more difficult.
- ✔ Rural Veterans found telehealth a secure and practical way to continue HIV longitudinal care.
- ✔ Since FY15, the HIV TCC program has been successfully disseminated to fifteen VA medical centers including Iowa City, IA as the initial pilot, as well as Houston, TX; Dallas, TX; San Antonio, TX; Indianapolis, IN; Atlanta, GA; Dayton, OH; Tampa, FL; and Jackson, MS with FY20 successful expansion to Phoenix, AZ; New Orleans, LA; Portland, OR; Seattle, WA; rural greater Los Angeles, CA; and Togus, ME.
- ✔ For FY20, the program provided services for more than 1,800 encounters for Veterans living with HIV, with more than 450 rural encounters. Qualitative feedback had confirmed that Veterans are appreciative of the HIV telehealth initiative for improved access to care.

Conclusion

The HIV Telehealth Collaborative Care Model was successful in bringing up-to-date, high quality HIV specialty care to rural Veterans living with HIV. Objective results taken from a cluster randomized controlled trial showed significant suppression in HIV viral load,

indicating better antiretroviral adherence with those participating in HIV TCC enhanced telehealth services.

The HIV TCC program builds solid infrastructure foundations within participating VA facilities to integrate HIV specialty care to corresponding primary care PACT Teams with enhanced case management for rural Veterans.

Further, the HIV TCC model proved vital to retain services to Veterans living with HIV during the COVID-19 pandemic by establishing a collaborative and robust network of communicating speciality care and primary care providers to improve care outcomes of rural Veterans living with HIV.

¹ VHA Support Service Center (VSSC), Corporate Data Warehouse (CDW) HIV Cube, Accessed 2020.

² Ohl ME, Dillon D, Moeckli J, Ono S., Waterbury N., Sissel J., Yin J., Neil B., Wakefield B., Kaboli P. Mixed- methods evaluation of a telehealth collaborative care program for persons with HIV infection in a rural setting. *J Gen Intern Med.* 2013 Sep;28(9):1165-73.

³ Ohl ME, Richardson K, Kaboli PJ, Perencevich E, Vaughan-Sarrazin M. Geographic access and use of infectious diseases specialty and general primary care services by veterans with HIV infection: Implications for telehealth and shared care programs. *J Rural Health.* 2014 Sep;30(4):412-21.

⁴ Ohl ME, Richardson K, Rodriguez-Barradas MC, Bedimo R, Marconi V, Morano JP, Jones MP, Vaughan-Sarrazin M. Impact of availability of telehealth programs on documented HIV viral suppression. A cluster-randomized program evaluation in Veterans Health Administration. *Open Forum Infectious Disease.* 2019 May 10;6(6).

⁵ Morano JP, Ohl ME. VA Telehealth Best Practices, ID Week Conference (Infectious Disease Society of America), October 2019, Washington, DC. programs. *J Rural Health.* 2014 Sep;30(4):412-21.

The Office of Rural Health (ORH) works to see that America's Veterans thrive in rural communities. To support the health and well-being of rural Veterans, ORH and its Veterans Rural Health Resource Centers establish and disseminate initiatives that increase access to care for the 2.7 million rural Veterans enrolled in the U.S. Department of Veterans Affairs' health care system. Key focus areas include programs that address workforce shortages, transportation, primary care, mental health, telehealth and specialty care. To learn more, visit www.ruralhealth.va.gov.