RHIhub
Rural Health Information Hub

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Your *First* **STOP** for
Rural Health
INFORMATION

HIV/AIDS in Rural America

Housekeeping

- Q & A to follow – Submit questions using Q&A area
- Slides are available at https://www.ruralhealthinfo.org/webinars/hiv-aids-in-rural-america
- Technical difficulties please call 866-229-3239

Featured Speakers

Kirk D. Henny, PhD, Epidemiologist, Division of HIV/AIDS Prevention (Epidemiology Branch), Centers for Disease Control and Prevention

Pamela Klein, PhD, Health Scientist, HIV/AIDS Bureau, Division of Policy and Data, Health Resources and Services Administration

Michael Murphree, CEO, Medical Advocacy and Outreach

Ending the HIV Epidemic: Implications for Rural America

Kirk D. Henny, PhD
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention

SAMHSA Substance Abuse and Mental Health Services Administration
HRSA Health Resources & Services Administration

HIV has Cost America Too Much for Too Long

700,000+

American lives lost to HIV since 1981

$28 billion

Annual direct health expenditures by U.S. government for HIV prevention and care

Without intervention and despite substantial progress another

400,000

Americans will get HIV over 10 years despite the available prevention tools

https://www.kff.org/hivaids/fact-sheet/u-s-federal-funding-for-hivaids-trends-over-time/

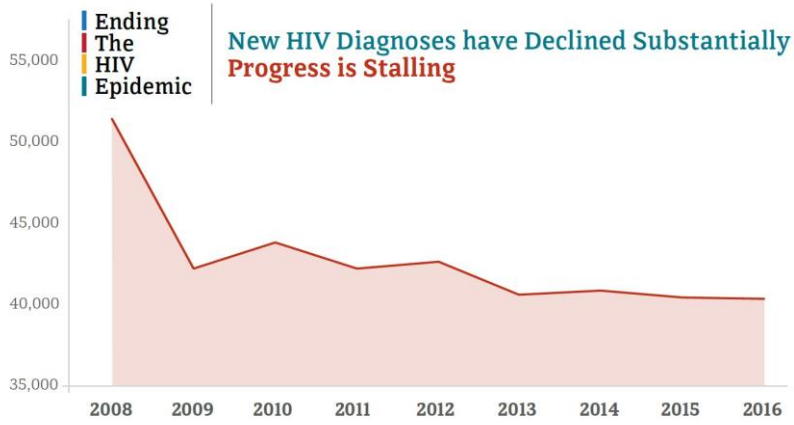
Ending the HIV Epidemic | www.hiv.gov

New HIV Diagnoses have Declined Substantially, but Progress is Stalled

1980s
peak incidence near 130,000 annually

1985 - 2012
interventions have driven infections down to <50,000 annually

2013- Present
HIV infections have stabilized after a period of decline

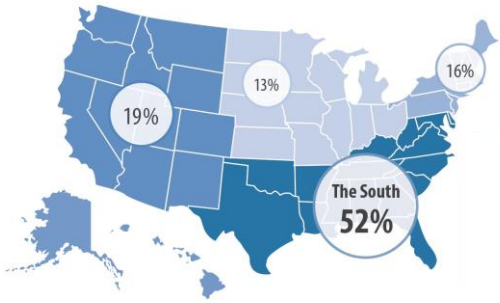


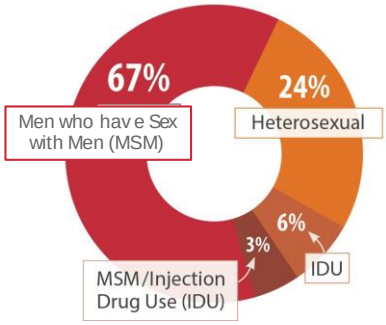
https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-23-4.pdf, Table 10, row 2

Ending the HIV Epidemic | www.hiv.gov

HIV Disproportionally Affects Certain Groups

Percentage of HIV Diagnoses in 2017





African Americans account for 44% of HIV diagnoses, but comprise only 13% of U.S. population

From 2012-2016, HIV diagnoses among **24-35 years old Hispanic/Latino MSM** increased 22%

From 2012-2016, HIV diagnoses among **American Indians/ Alaska Natives** increased 34%

https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf - Data for the year 2017 are preliminary and based on 6 months reporting delay

What are "Rural" Areas?

- There are many ways to characterize urban and nonurban areas and populations
- CDC typically uses metropolitan statistical areas (MSAs) as defined by the Office of Management and Budget (OMB)
- OMB subdivides MSAs as:
  - ≥ 500,000 population
  - 50,000 – 499,999 population
  - Nonmetropolitan (<50,000 population)
- The next few slides use this classification to compare HIV data across these area types

https://www.cdc.gov/hiv/ppt/library/slidesets/cdc-hiv-urban-nonurban-2017.pptx

Adults and Adolescents Living with Diagnosed HIV Infection, by Population of Area of Residence and Region, Year-end 2016—United States

Region of residence	MSA of ≥500,000		MSA of 50,000-499,999		Non-metropolitan	
	No.	Rate	No.	Rate	No.	Rate
Northeast N = 217,341	202,747	519.6	9,699	193.7	4,895	123.6
Midwest N = 112,401	89,249	278.2	14,731	121.6	8,421	66.5
South N = 410,838	317,169	490.1	58,093	279.9	35,576	214.9
West N = 190,423	170,345	354.2	14,389	143.1	5,689	101.6

Note. Data are based on address of residence as of December 31, 2016 (i.e., most recent known address). Data exclude persons whose county of residence is unknown. Rates are per 100,000 population.

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21%

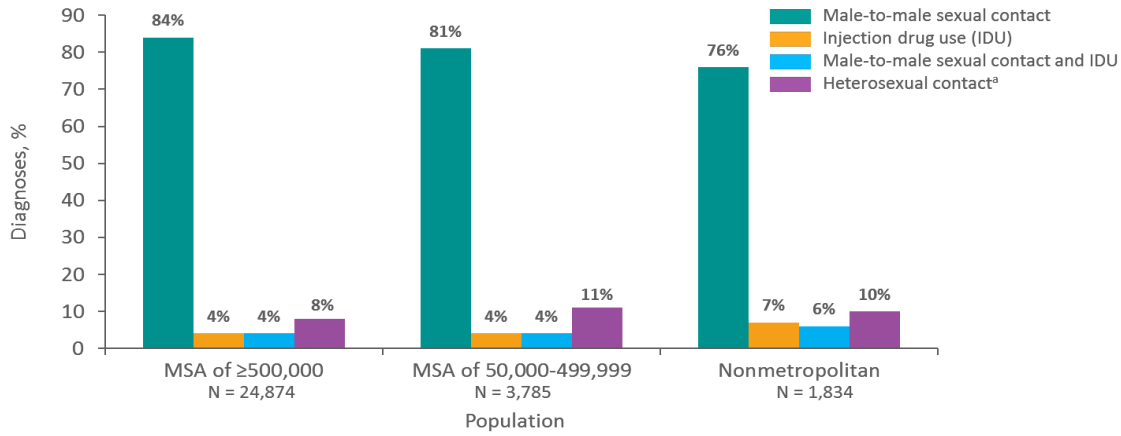
23%

Injection Drug Use (Opioids) driving HIV in rural areas…

- **Opioid Use among Persons Who Inject Drugs (PWID)…**
  - Disproportionately affecting HIV incidence in nonurban areas, where HIV prevalence rates have been low historically
  - Wider geographic dispersion (compared to urban areas) create challenges for services focused on HIV prevention and treatment and substance use disorder treatment.
- **High-risk practices of sharing needles, syringes, and other drug injection equipment (e.g., cookers) are common among PWID**
- **PWID may also engage in risky sexual behaviors**
- **Co-occurring HIV and other infections**
  - **HCV, other STIs**

Source: CDC: https://www.cdc.gov/hiv/group/hiv-idu.html

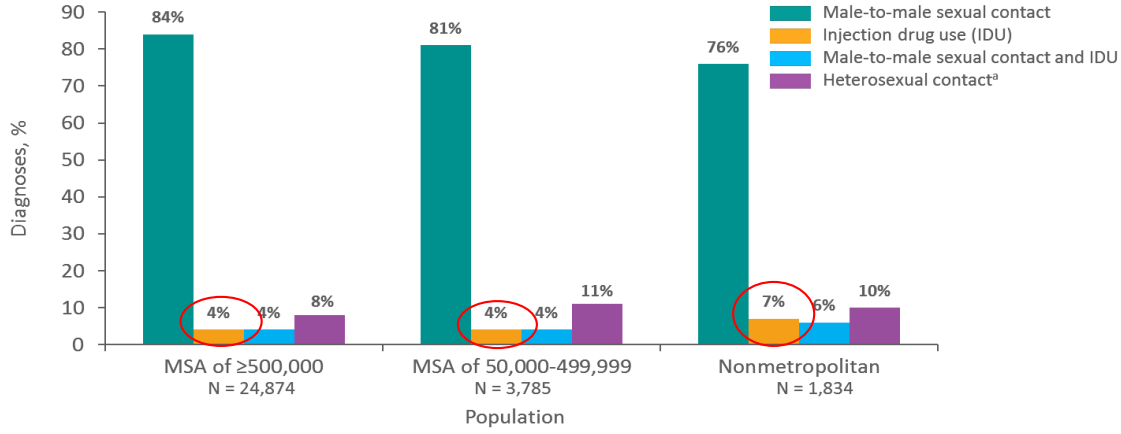
Percentages of Diagnoses of HIV Infection among Male Adults and Adolescents, by Population of Area of Residence and Transmission Category, 2017—United States



Note. Data for the year 2017 are considered preliminary and based on 6 months reporting delay. Data exclude persons whose county of residence is unknown. Data have been statistically adjusted to account for missing transmission category. "Other" transmission category not displayed as it comprises less than 1% of cases.

[a] Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

Percentages of Diagnoses of HIV Infection among Male Adults and Adolescents, by Population of Area of Residence and Transmission Category, 2017—United States



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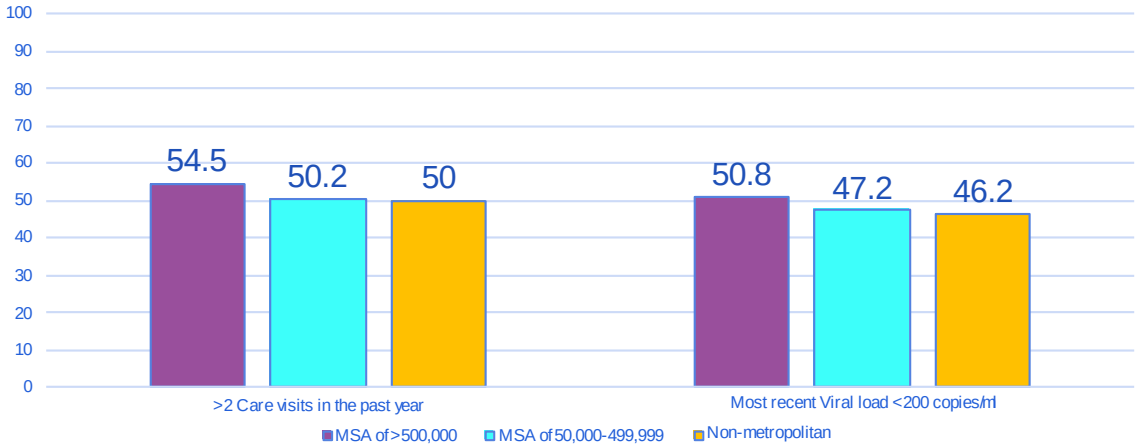
HIV care continuum outcomes, by Population of Area of Residence, National HIV Surveillance System, persons diagnosed through 2011 and alive through 2012



Adapted from: The Journal of Rural Health, Volume: 34, Issue: 1, Pages: 63-70, First published: 13 September 2016, DOI: (10.1111/jrh.12208)

Ending the HIV Epidemic | www.hiv.gov

PrEP uptake has improved dramatically in the last few years

From 2014 to 2016

The number of persons prescribed PrEP increased ↑ **712%**, from **7,972** to **64,763**.

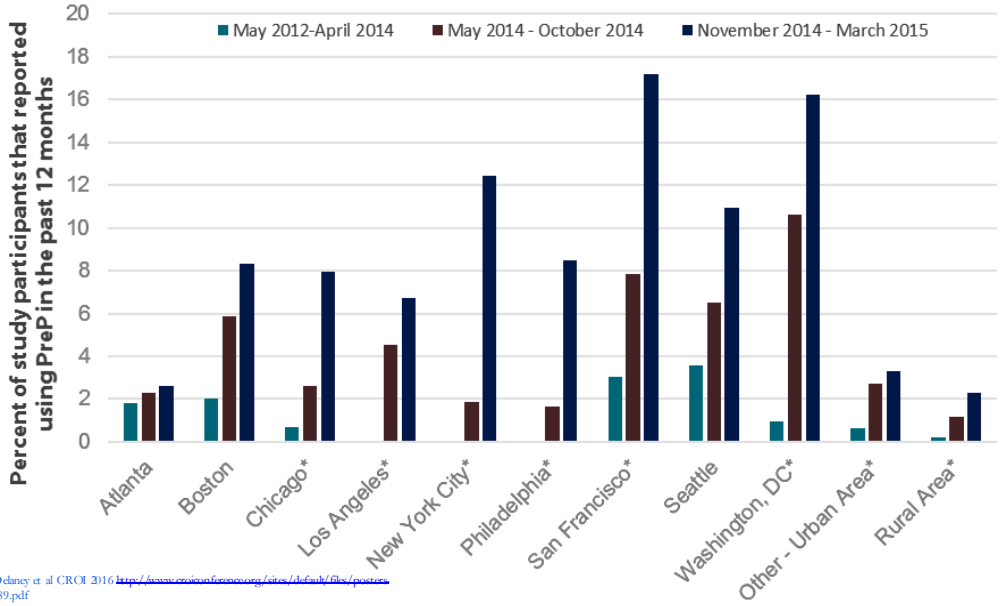
The **INCREASE** in PrEP prescription was greater among males and greatest among those aged 25-54 years.

The **SMALLEST INCREASE** in PrEP prescription was among persons aged 35-44 years.

Although there was a dramatic increase in PrEP prescriptions overall, disparities* exist by race/ethnicity (data not shown), gender, and age.

Ending the HIV Epidemic | www.hiv.gov

Percent of survey participants reporting use of PrEP in the past 12 months, by survey time period and participant residence



From: Delaney et al CROI 2016 http://www.croiconference.org/sites/default/files/posters-2016/889.pdf

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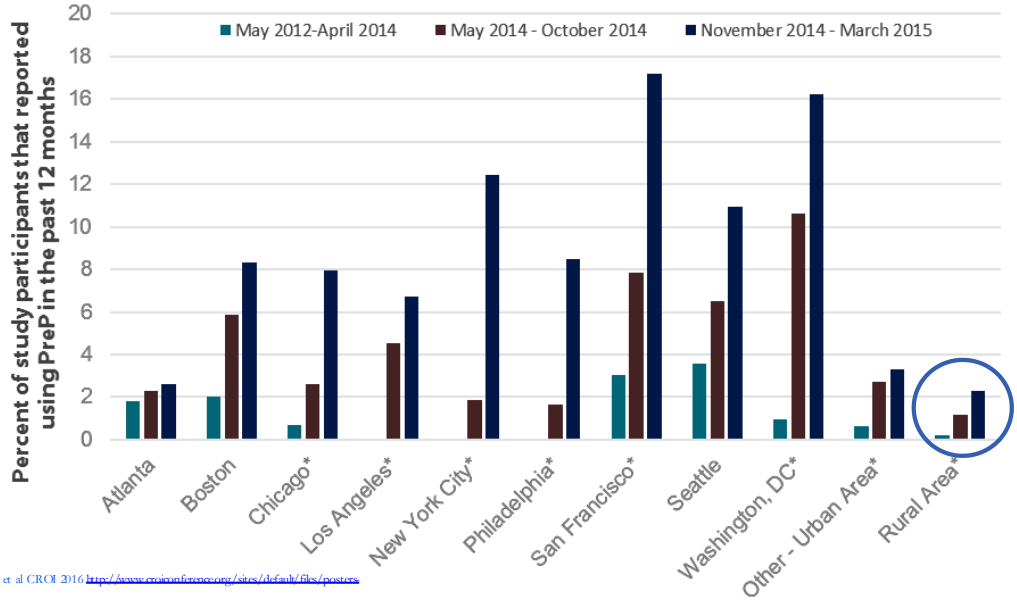


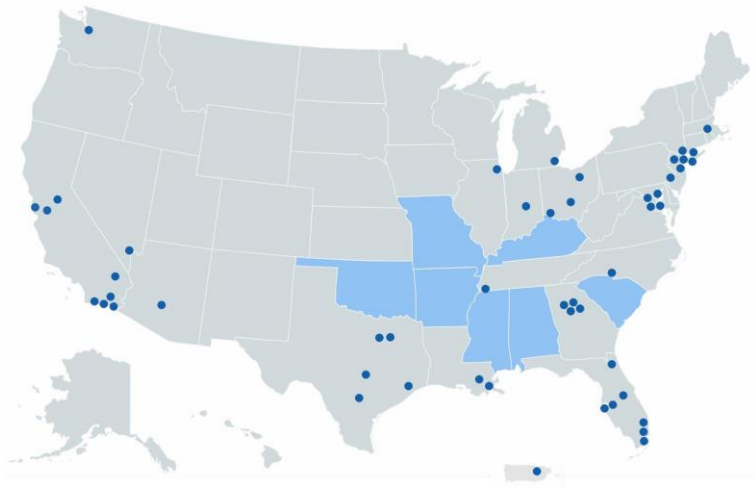
From: Delaney et al CROI 2016 http://www.croiconference.org/sites/default/files/posters2016/889.pdf

Ending the HIV Epidemic: A Plan for America

Ending HIV in America:

Achieving elimination will require an infusion of resources to employ strategic practices in the right places targeted to the right people. HHS is committed to ending the HIV epidemic in America.

Targeting Resources for Greatest Impact



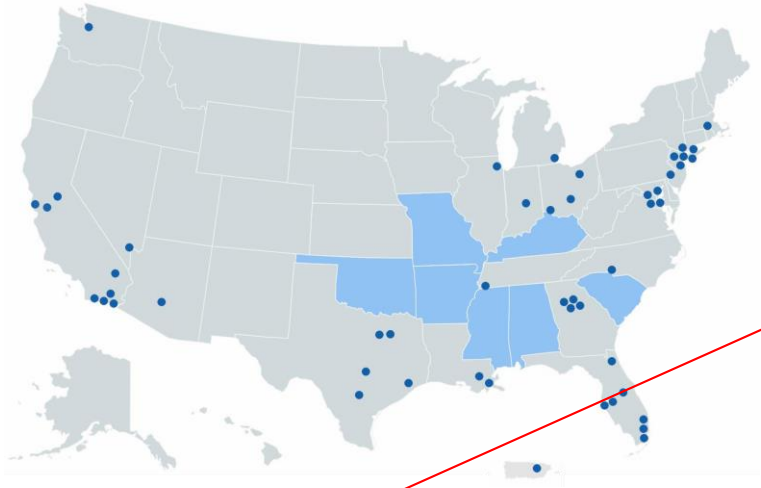
Data on burden of HIV in the US shows areas where HIV transmission occurs more frequently. More than 50% of new HIV diagnoses* occurred in only 48 counties, Washington DC and 1 municipality in San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden.

Full list of Locations:
https://files.hiv.gov/s3fs-public/Ending-the-HIV-Epidemic-Counties-and-Territories.pdf

*2016-2017 data

Ending the HIV Epidemic | www.hiv.gov

Targeting Resources for Greatest Impact



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Full list of Locations:
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*2016-2017 data
*2016-2017 data

*Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, and South Carolina

Ending the HIV Epidemic | www.hiv.gov

Ending the HIV Epidemic: A Plan for America

GOAL:

75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.

HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:

- **Diagnose** all people with HIV as early as possible.
- **Treat** the infection rapidly and effectively to achieve sustained viral suppression.
- **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
- **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Ending the HIV Epidemic | www.HIV.gov

DIAGNOSE:
Early Diagnosis is Essential to End the HIV Epidemic

1 in 2 people with HIV have the virus at least **3 years** before diagnosis

1 in 4 people with HIV have the virus at least **7 years** before diagnosis

80% of new HIV infections are transmitted from people who don't know they have HIV or are not in HIV care

Dailey AF, Hoots BE, Hall HI, et al. Vital Signs: Human Immunodeficiency Virus Testing and Diagnosis Delays — United States. MMWR Morb Mortal Wkly Rep 2017;66:1300–1306. DOI: http://dx.doi.org/10.15585/mmwr.mm6647e1
Li Z, Purcell DW, Sansom SL, Hayes D, Hall HI. Vital Signs: HIV Transmission Along the Continuum of Care — United States, 2016. MMWR Morb Mortal Wkly Rep 2019;68:267–272. DOI: http://dx.doi.org/10.15585/mmwr.mm6811e1

Ending the HIV Epidemic | www.hiv.gov

PREVENT:
PrEP: Pre-exposure Prophylaxis – Underutilized & Effective Prevention Tool

More than **1 Million** **Persons who might benefit from PrEP**

Only about **10%** **Who could benefit from PrEP are using it**

Encouraging Trends among MSM at high risk

Between 2014–2017

Use of PrEP - 6% ↗ 35%

Awareness - 60% ↗ 90%

CDC. Vital Signs November 2015
Centers for Disease Control and Prevention. CDC HIV Prevention Progress Report, 2019. Accessed 3/15/2019.
https://www.cdc.gov/hiv/pdf/policies/progressreports/cdc-hiv-preventionprogressreport.pdf
Poster at CROI, 2019 - Changes in HIV PrEP Awareness and Use Among Men Who Have Sex with Men, 2014 vs. 2017
note: source of this data is the NHBS and is non-representative sample

Ending the HIV Epidemic | www.hiv.gov

PREVENT:
Comprehensive Syringe Services Programs (SSPs) Don't Increase Illegal Drug Use or Crime, but DO Reduce HIV Risk

SSPs Increase Entry Into Substance Use Disorder Treatment:

People who inject drugs (PWID) are **5 times** as likely to enter treatment for substance use disorder and more likely to reduce or stop injecting when they use an SSP.

SSPs Reduce Overdose Deaths:

SSPs **reduce overdose deaths** by teaching PWID how to prevent and respond to drug overdose. They also learn how to use naloxone, a medication used to reverse overdose.

Ending the HIV Epidemic | www.hiv.gov

Wejnert C, Hess KL, Hall HI, et al. Vital Signs: Trends in HIV Diagnoses, Risk Behaviors, and Prevention Among Persons Who Inject Drugs — United States. MMWR Morb Mortal Wkly Rep 2016;65:1336–1342. DOI: http://dx.doi.org/10.15585/mmwr.mm6547e1
https://www.cdc.gov/hiv/pdf/risk/cdchiv-fs-syringe-services.pdf

TREAT:
HIV Treatment Keeps People Healthy and Prevents New Infections

People with HIV who take HIV medicine as prescribed & get and keep an undetectable viral load (or stay virally suppressed) stay healthy and have **effectively no risk** of transmitting HIV to their HIV-negative sexual partners

Ending the HIV Epidemic | www.hiv.gov

Respond:
HIV Data for Action

- Detect developing clusters and outbreaks
- Help people with HIV and those at risk to stay well
- Focus resources on the people and areas that need them most

Ending the HIV Epidemic | www.hiv.gov

Whole-of-Society Initiative

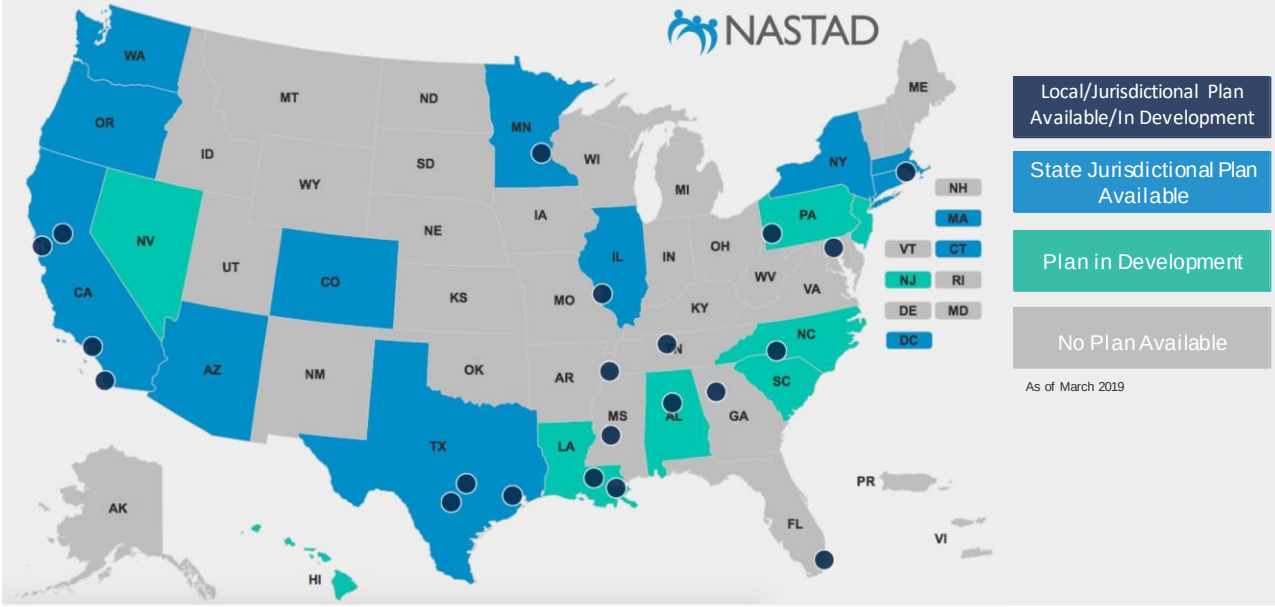
Ending the HIV Epidemic | www.hiv.gov

Ending the HIV Epidemic | www.hiv.gov

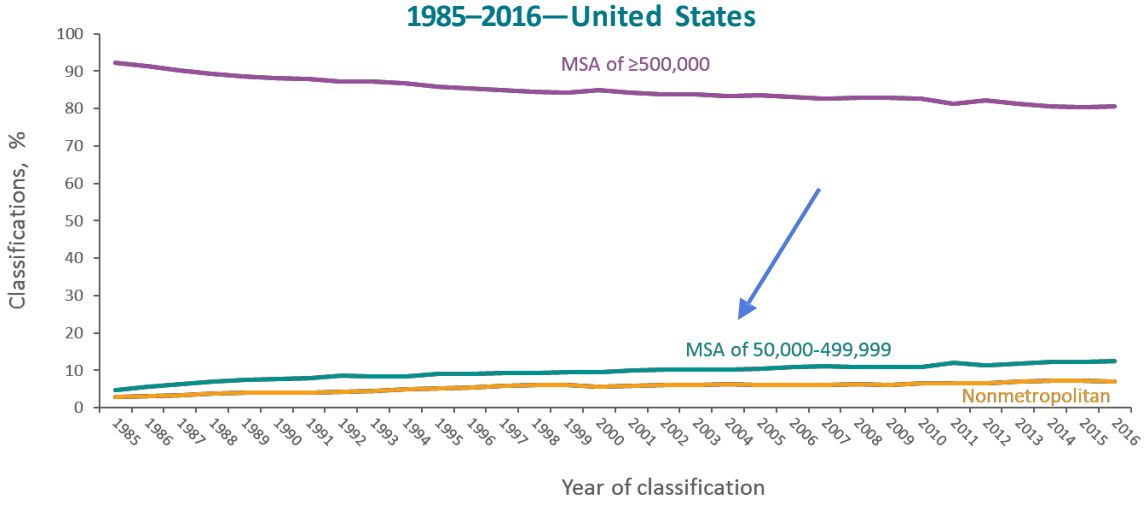
Supplemental Slides

Federal Initiative will Leverage State and Local Planning Efforts

Building on current planning efforts will help jumpstart the initiative in places already thinking about ending the HIV epidemic in their community.



Percentages of Stage 3 (AIDS) Classifications among Adults and Adolescents with Diagnosed HIV Infection, by Population of Area of Residence and Year of Classification, 1985–2016—United States



Note. Data exclude persons whose county of residence is unknown.

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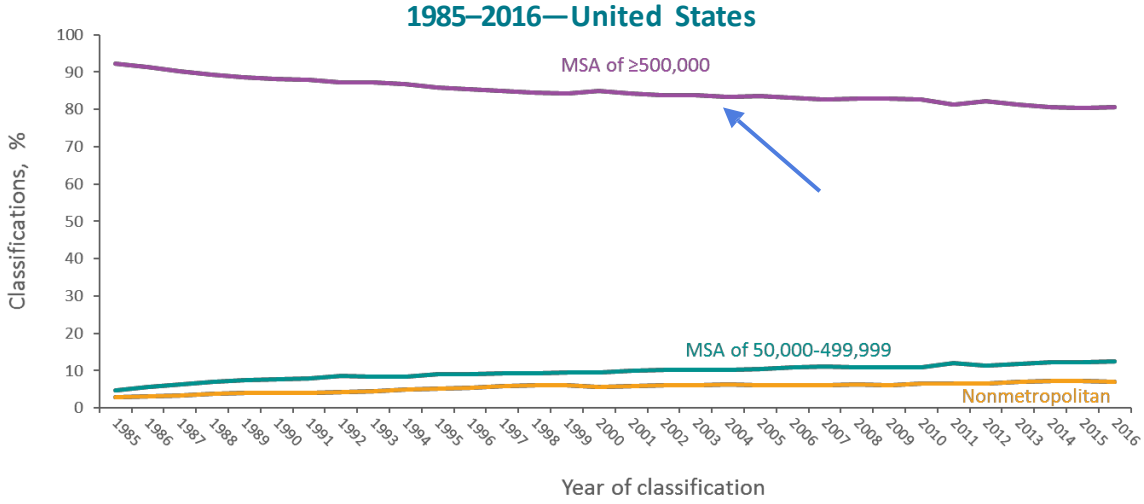


Note. Data exclude persons whose county of residence is unknown.

DIAGNOSE:
Diagnosing and Linking People with HIV to Effective Care is Critical for Stopping New HIV Transmissions

HIV TRANSMISSIONS IN 2016		
% OF PEOPLE WITH HIV	STATUS OF CARE	ACCOUNTED FOR X% OF NEW TRANSMISSIONS*
15%	didn't know they had HIV	38%
23%	knew they had HIV but weren't in care	43%
11%	in care but not virally suppressed	20%
51%	taking HIV medicine and virally suppressed	0%

*Values do not equal 100% because of rounding

8 in 10
NEW INFECTIONS COME FROM PEOPLE WHO ARE NOT IN HIV CARE.

Li Z., Purcell DW, Sansom SL, Hayes D, Hall HI. Vital Signs: HIV Transmission Along the Continuum of Care — United States, 2016. MMWR Morb Mortal Wkly Rep 2019;68:267–272. DOI: http://dx.doi.org/10.15585/mmwr.mm6811e1

How does CDC help people with HIV achieve Viral Suppression?

Linkage:

Once someone is diagnosed with HIV, CDC works to link those people to HIV care

Retention:

CDC supports activities to retain people in care and encourage adherence

Support:

CDC provides access to support services such as food, transportation, etc.

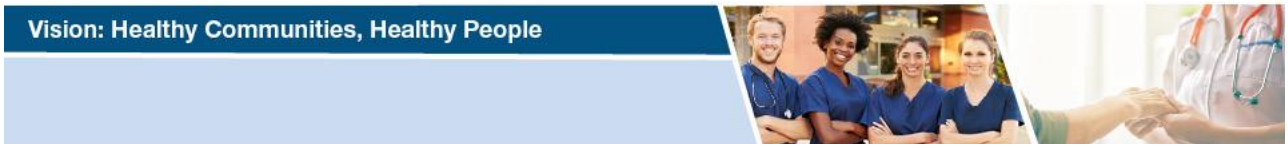
Re-Engage:

CDC finds and works to re-engage people who have fallen out of care

HRSA's Ryan White HIV/AIDS Program in Rural Areas of the United States

November 7, 2019

Pamela Klein, PhD, Health Scientist
Evaluation, Analysis, and Dissemination Branch
Division of Policy and Data
HIV/AIDS Bureau (HAB)



Health Resources and Services Administration (HRSA)

OVERVIEW

- **Supports more than 90 programs that provide health care to people who are geographically isolated, economically, or medically challenged**
- **HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities**
- **Every year, HRSA programs serve tens of millions of people, including people with HIV, pregnant women, mothers and their families, and those otherwise unable to access quality health care**

HRSA Ryan White & Global HIV/AIDS Programs

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HRSA's Ryan White HIV/AIDS Program

- **Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV**
  - More than half of people with diagnosed HIV in the United States – more than 500,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
- **Funds grants to states, cities/counties, and local community based organizations**
  - Recipients determine service delivery and funding priorities based on local needs and planning process
- **Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available**

Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2017; CDC. HIV Surveillance Supplemental Report 2017;21(No. 4)

HRSA Health Resources & Services Administration

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HRSA's Ryan White HIV/AIDS Program

- **Parts A (cities/counties), B (states), C (community-based organizations), and D (community-based organizations for women, infants, children, and youth) Services include:**
  - Medical care, medications, and laboratory services
  - Clinical quality management and improvement
  - Support services including case management, medical transportation, and other services
- **Part F Services**
  - Clinician training, dental services, and dental provider training
  - Development of innovative models of care to improve health outcomes and reduce HIV transmission among hard to reach populations
- **85.9% of Ryan White HIV/AIDS Program clients were virally suppressed in 2017, exceeding national average of 61.5% among all people with diagnosed HIV**

HRSA Health Resources & Services Administration

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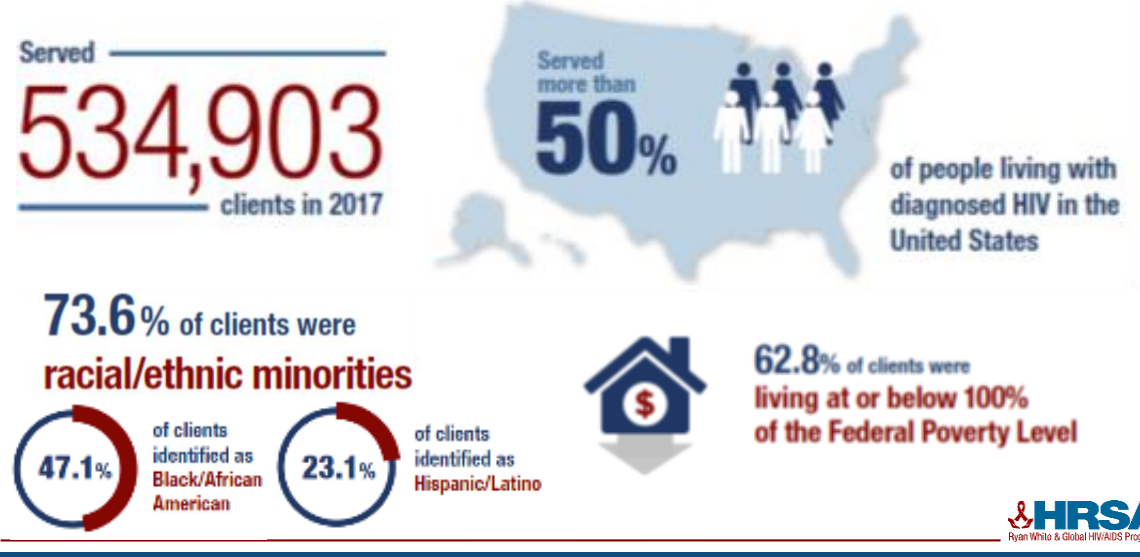
Clients Served by HRSA RWHAP (non-ADAP), 2017



Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2017. Does not include AIDS Drug Assistance Program data.

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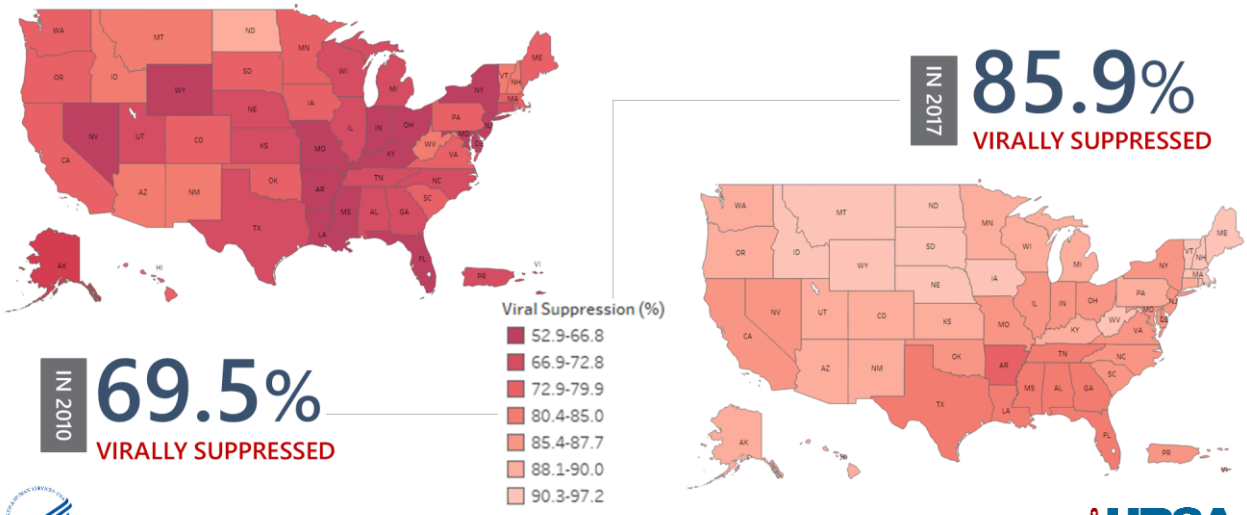
Viral Suppression among HRSA RWHAP Clients, by State, 2010 and 2017—United States and 2 Territories[a]



Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.
[a] Puerto Rico and the U.S. Virgin Islands.

HRSA Ryan White & Global HIV/AIDS Programs

Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2017. Does not include AIDS Drug Assistance Program data.

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Four Pillars of Ending the HIV Epidemic

75% reduction in new HIV diagnoses in 5 years and a **90%** reduction in 10 years.

Diagnose
All people with HIV as early as possible.

Treat
People with HIV rapidly and effectively to reach sustained viral suppression.

Prevent
New HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond
Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

HRSA Ryan White & Global HIV/AIDS Programs

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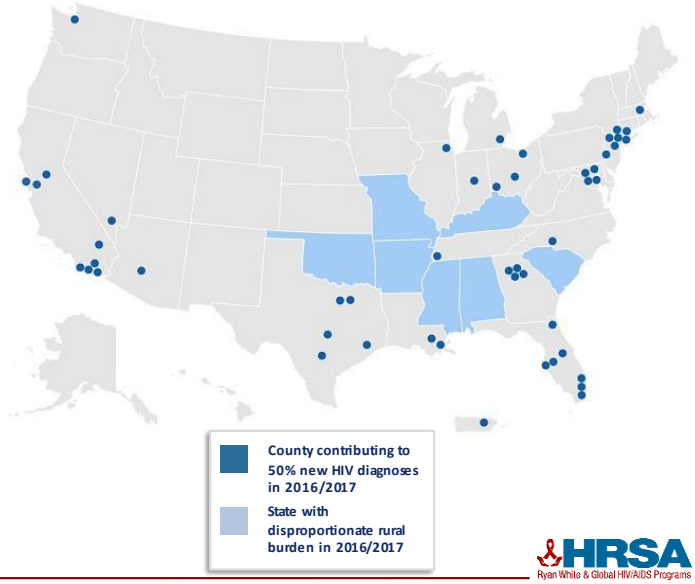
Geographic Locations of Ending the HIV Epidemic Initiative

Efforts focused in 48 counties, Washington, DC, and San Juan, PR, where more than 50% of HIV diagnoses occurred in 2016 and 2017, and seven states with substantial rural HIV burden.



Barriers to HIV Care in Rural Communities

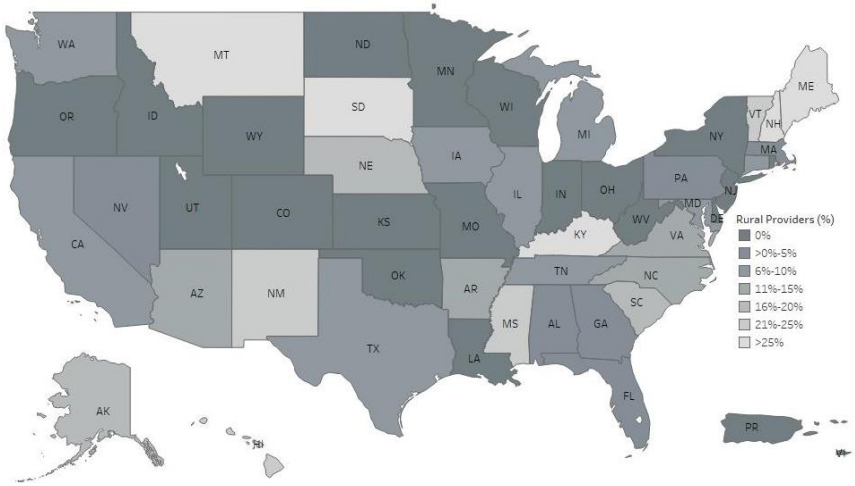
Rural communities face barriers to providing HIV treatment and prevention. Some of those barriers to care include:

- Stigma
- Lack of services, specialized service providers
- Transportation to services
- Behavioral substance health conditions
- Staffing
- Lack of HIV education and awareness

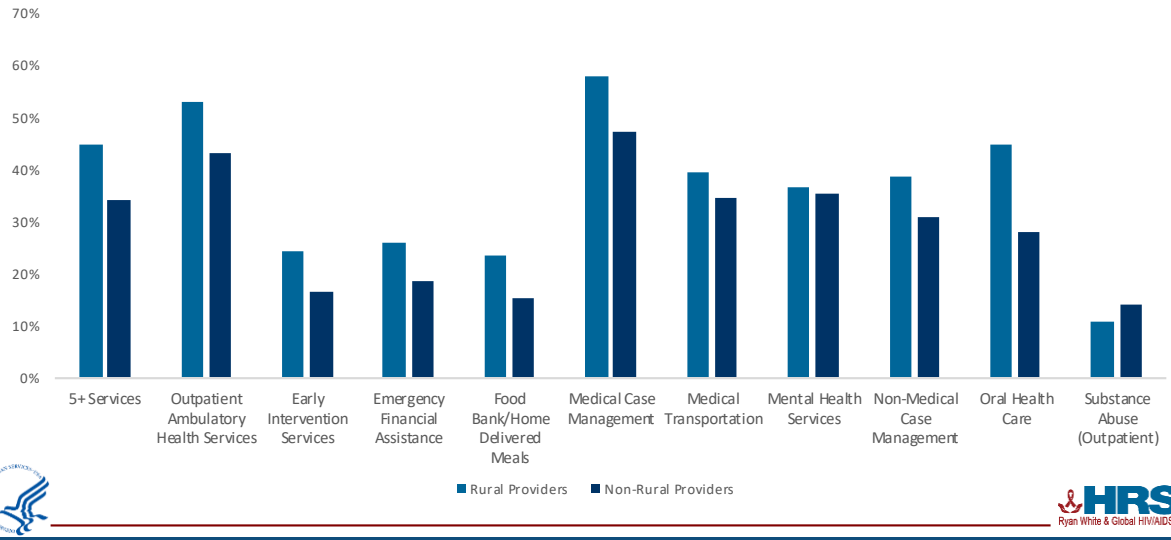
Source: Pellowski, J (2013) Barriers to care for rural people living with HIV: A review of domestic research and health care models. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3640620/pdf/nihms406725.pdf

HRSA RWHAP Providers in Rural Areas, 2017

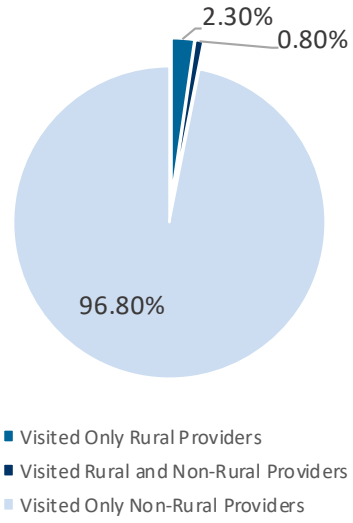
- Nationally, 6.2% of RWHAP providers are located in rural areas
- Approximately 90% of rural providers received Public Health Service Act 330 funding (HRSA-funded Health Centers)
- Nearly half (47%) served 1-99 RWHAP clients



RWHAP Funded Services by Rural and Non-Rural RWHAP Providers, 2017



RWHAP Clients Visiting Only Rural Providers, Only Non-rural Providers, and Both Rural and Non-rural Providers, 2017



Clients who visited rural providers (only or in addition to non-rural providers) were more likely to be:

- Older
- White, Non-Hispanic
- Living at or below the Federal Poverty Level
- Uninsured

Retention in Care and Viral Suppression among RWHAP Clients, 2017

- **Rates of retention in HIV care and viral suppression among RWHAP clients visiting rural providers were comparable to clients who visited only non-rural providers**

		Retained			Virally Suppressed	
	Total No.	No.	%	Total No.	No.	%
Visited Only Rural Providers	7,536	6,246	82.9	7,855	6,718	85.5
Visited Only Non-Rural Providers	330,356	266,937	80.8	344,726	296,132	85.9
Visited Rural and Non-Rural Providers	3,678	2,993	81.4	3,796	3,261	85.9

Retention in care was based on data for PLWH who had at least 1 outpatient ambulatory health services visit by September 1 of the measurement year, with a second visit at least 90 days after.
Viral suppression was based on data for PLWH who had at least 1 outpatient ambulatory health services visit during the measurement year and whose most recent viral load test result was <200 copies/mL.

Addressing Needs of People with HIV in Rural Communities

- Addressing needs of people with HIV in rural communities means developing **innovative approaches** to, ultimately, retain clients in care and reach viral suppression, including:
  - Transportation,
  - Alternative medical visits (Telemedicine),
  - Alternative case management models, and
  - HIV education and awareness (Community Health Workers).

Source: Iyer, M. (2015) Understanding health care needs of persons living with HIV/AIDS in rural communities. https://www.apa.org/pi/aids/resources/exchange/2015/01/health-hiv-aids

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RWHAP Part C Rural Health & HIV Workgroup Technical Assistance

One day technical assistance and networking for HRSA recipients serving people with HIV in rural communities

- March 27th at Meharry Medical College in Nashville, TN
- Invited HRSA rural recipients to attend from Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee) and two states from Region 6 (Arkansas and Louisiana)
- 70 HRSA recipients attended in person and 32 participants attended via Adobe Connect
- Approximately 50% were RWHAP funded recipients
- Collaborated with FORHP, ORO, and BPHC
- Presentations from RWHAP recipients on:
  - Substance Abuse Treatment
  - Telehealth
  - Recruiting and Retaining Staff
  - Community Health Workers

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RWHAP end+disparities ECHO Collaborative: Rural Provider Spotlight

- National quality improvement initiative focused on reducing HIV disparities by increasing viral suppression among MSM of Color, Black/African American and Latina Women, Transgender People, and Youth (aged 13-24)
- Project ECHO model implemented in 18-month learning collaborative
- Magnolia Medical Center Greenwood Leflore Hospital (Greenwood, MS)
  - Increased viral suppression among youth from 80% to 88% in one year

Role of the RWHAP in Ending the HIV Epidemic in Rural America

- **RWHAP providers are a crucial component of HIV care delivery in the rural United States.**
- **Despite evidence of significant barriers to engagement in care for rural people with HIV, RWHAP clients who visited rural providers were just as likely to be retained in care and virally suppressed as their counterparts who visited non-rural providers.**
- **The RWHAP, especially in partnership with Rural Health Clinics and the HRSA-funded Community Health Center Program, has the infrastructure and expertise necessary to work towards ending the HIV epidemic in rural America.**

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Innovative Practices for Serving Rural Communities through Technology: HIV Telehealth

Michael Murphree, LICSW
CEO, Medical Advocacy and Outreach
www.maoi.org

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Primary Objectives Today

- Participants will receive information on the issues facing rural Americans in HIV care delivery.
- Participants will learn about the use of Telemedicine/Telehealth in the MAO service area.
- Participants will develop an understanding of potential costs for implementing a Telemedicine/Telehealth project in a resource limited area.

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Medical

- Primary Care
- Case Management
- Behavioral Health Counseling
- Hepatitis C Treatment
- Dental
- Telemedicine
- PrEP and nPEP

Advocacy

- Patient & Provider Education
- Food Pantries
- Housing & Medication Assistance

Outreach

- HIV & Hep C Testing
- Wellness Education
- AETC Site for Alabama

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What the Future Holds

Looking Forward:
Diabetes Care
Community Specific Care
Patient Advocacy/Civic Engagement

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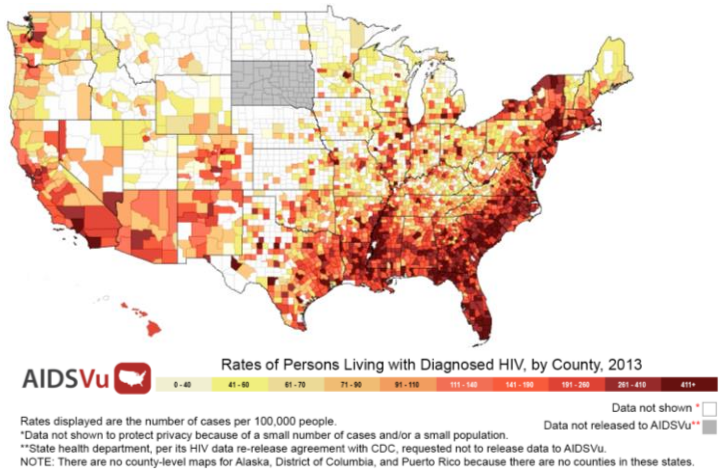
Rates of Persons Living with Diagnosed HIV, by County, 2015



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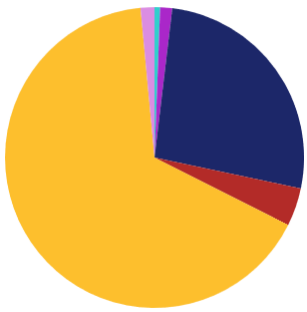
Alabama Demographics 2018

Total Population

4,850,770

State Population by Race/Ethnicity

- American Indian / Alaska Native (0.6%)
- Asian (1.3%)
- Black (26.4%)
- Hispanic / Latino (4.1%)
- White (66.1%)
- Multiple Race (1.5%)



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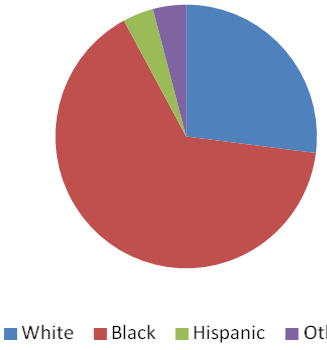
Alabama HIV Demographics 2017



65.8% of newly diagnosed HIV cases and 64.2% of all persons living with HIV identified as Black/African-American at end of 2017.

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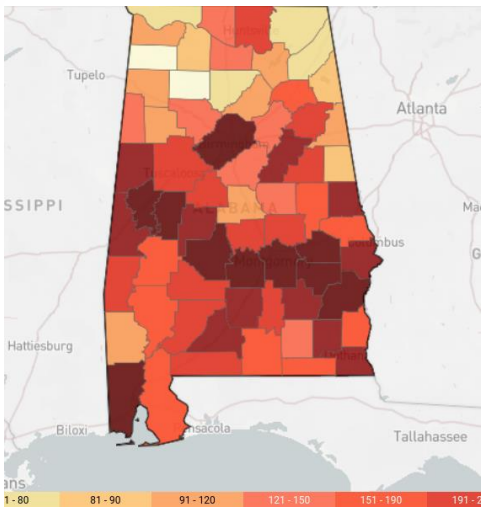


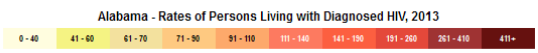
Alabama Highlights

Prevalence
- Number of people living with diagnosed HIV in 2014: 12,439
- Rate of people living with diagnosed HIV in 2014 per 100,000 people: 306
- 72% of people living with diagnosed HIV in 2014 were men, and 28% were women.
- 64% of people living with diagnosed HIV in 2014 were black, 3% Hispanic/Latino, and 28% white.

New Diagnoses
- Number of new HIV diagnoses in 2015: 481
- Rate of new HIV diagnoses in 2015 per 100,000 people: 12

Mortality
- Number of deaths of people with diagnosed HIV in 2014: 284
- Rate of deaths of people with diagnosed HIV per 100,000 people: 7

AIDSVu



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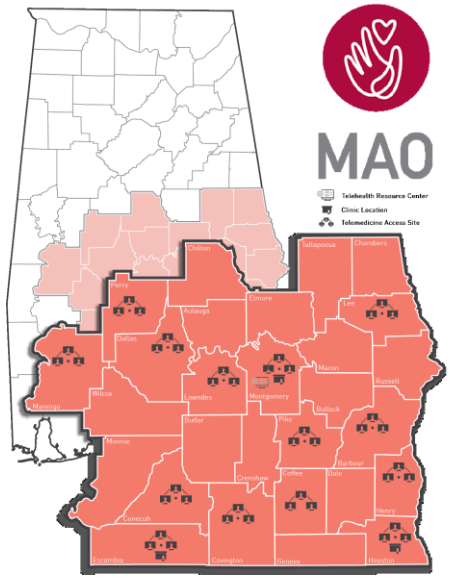
MAO Service Area



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Barriers to Care for Rural People in Alabama

- Poverty
- Transportation
- Health Professional Shortages
- Historic Factors

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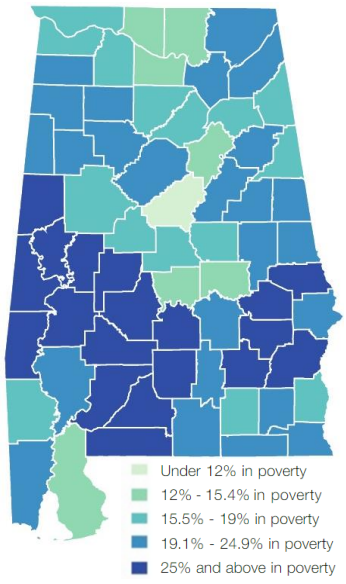

Poverty in Alabama 2016

Source: AlabamaPossible.org

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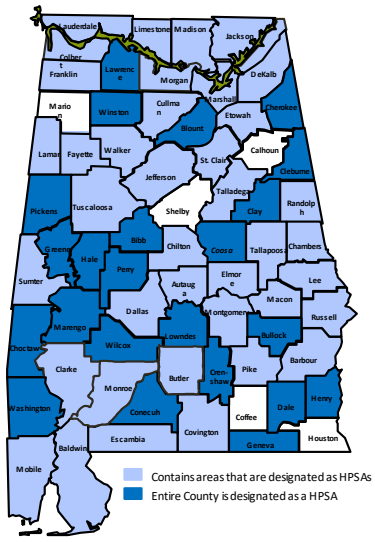

Primary Care Health Professional Shortage Areas 2015

62 of Alabama's 67 counties are HPSAs

Specialty care is even more limited.

Source: ADPH.org/ruralhealth

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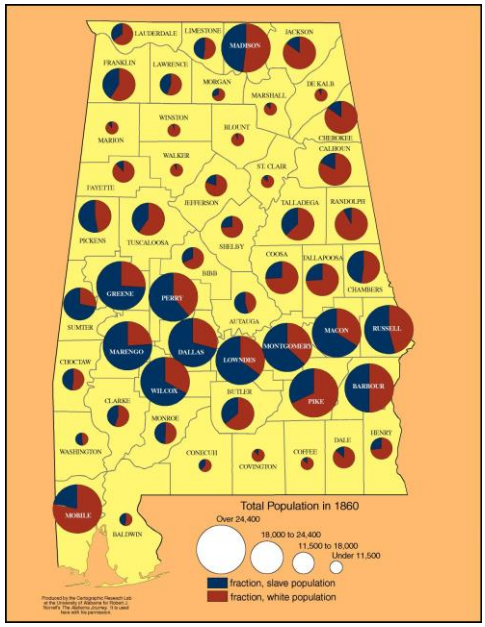

Plantation Culture 1860

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Additional Systemic Barriers

- Hospital Closings in Rural Communities
- Buy in from State and Local Leaders for Healthcare Equity
- High Rates of Uninsured People in Rural Communities
- Rural Culture and Privacy/Independence
- Stigma in Rural Communities Toward Healthcare
- Technological Issues for Rural Medical and Behavioral Health Providers Including Broadband Limits

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Alabama eHealth

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Telemedicine Services

- Medical Care (initial visit done in person)
- Individual psychotherapy and addictions counseling
- Pharmacologic management
- Social Work services
- Individual medical nutrition therapy
- Follow-up inpatient telehealth consultations

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A Few Cost Considerations

- Hardware vs Software based platforms.
- Hardware Codecs around $4500 with 1 year maintenance.
- Full cart-based deployment approximately $8500.
- Convene Units possible at $3800.
- Peripheral costs.
- Software Codecs installed on computers.

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Results of Our Work

- As of May 31, 2019, MAO had conducted more than 4835 telehealth contacts. We have approximately 912 patients/clients who receive some part of their care through our telehealth network.
  - >90% of our patients reported being extremely satisfied in the care received through telehealth.
  - >95% virologic suppression rate of HIV in those patients that are HIV positive and receive care through telemedicine.
  - >94% retention in care rate of our telehealth patients.

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Results of Our Work

Based on zip code data of where patients traveled to for care as opposed to the hub site of MAO provider:

- 662,568 miles of driving saved by our patients over a 5 year period.
- $361,099.56 saved in driving expenses (at prevailing GSA mileage reimbursement rate).
- 148.56 miles saved on average per encounter.
- 781.33 miles saved on average per patient over 5 years.
- 11042.8 hours of total drive time saved for patients traveling to satellite telehealth clinics rather than our Hub sites in Montgomery or Dothan.

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Results of Our Work

- 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

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Collaboration is Key

Alabama eHealth Funders:

- AIDS United
- Alabama Department of Public Health
- CDC

Alabama eHealth Collaborating Agencies:

- UAB Family Practice Residency Program, Selma, AL
- Southeast Alabama Rural Health Associates (SARHA) and their Doctor's Center in Troy, AL and Clayton Family Health Center, Clayton, AL
- Health Services Inc., Hayneville Family Health Center, Hayneville, AL

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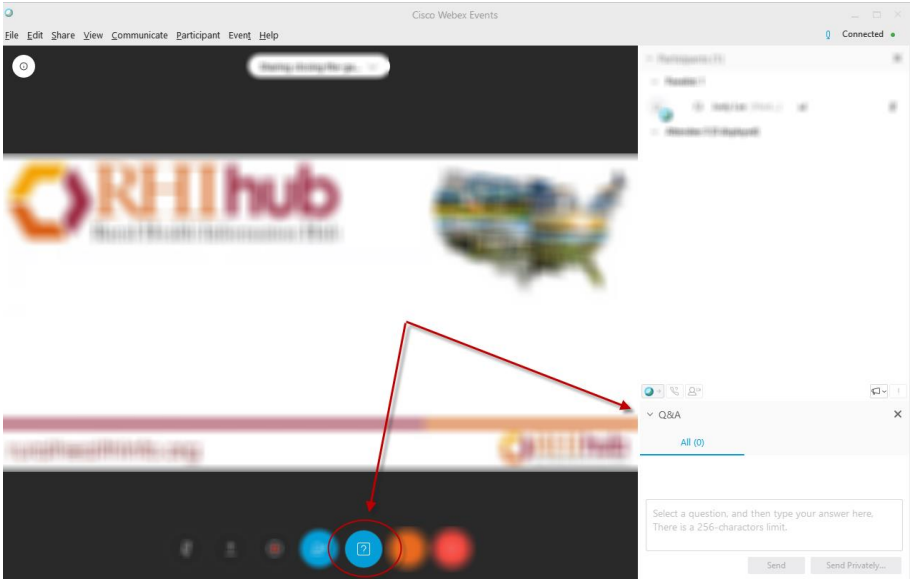
Questions?



Thank you!

- Contact us at ruralhealthinfo.org with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website