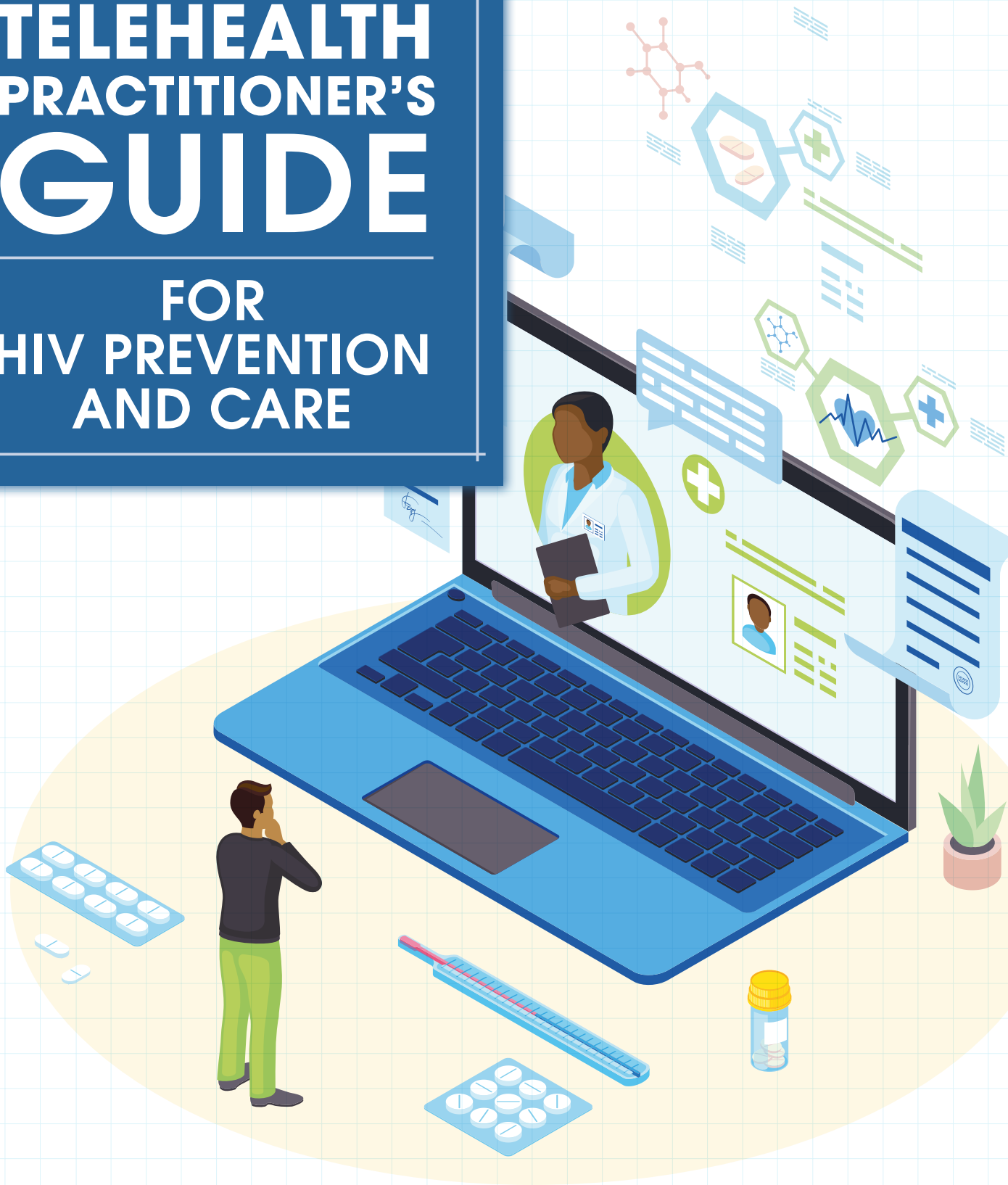




# TELEHEALTH PRACTITIONER'S GUIDE

FOR  
HIV PREVENTION  
AND CARE





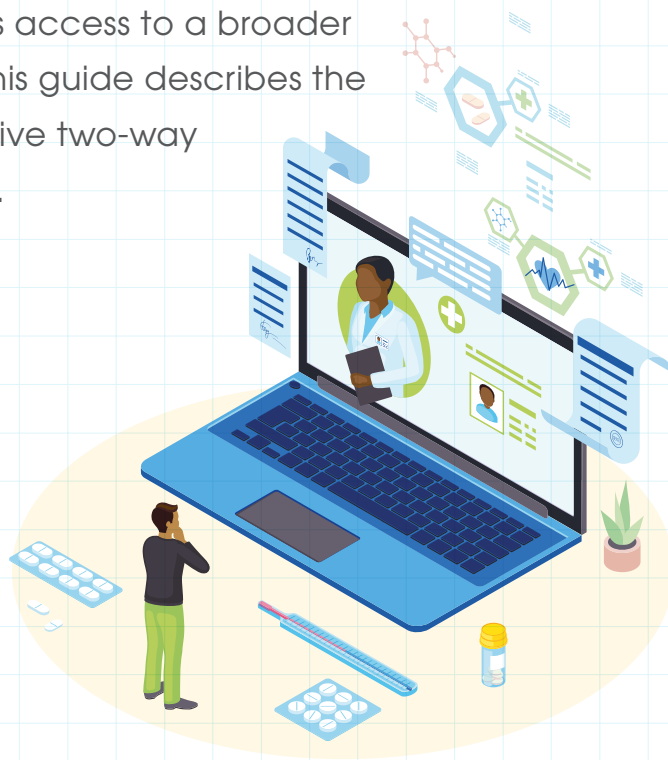
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## INTRODUCTION

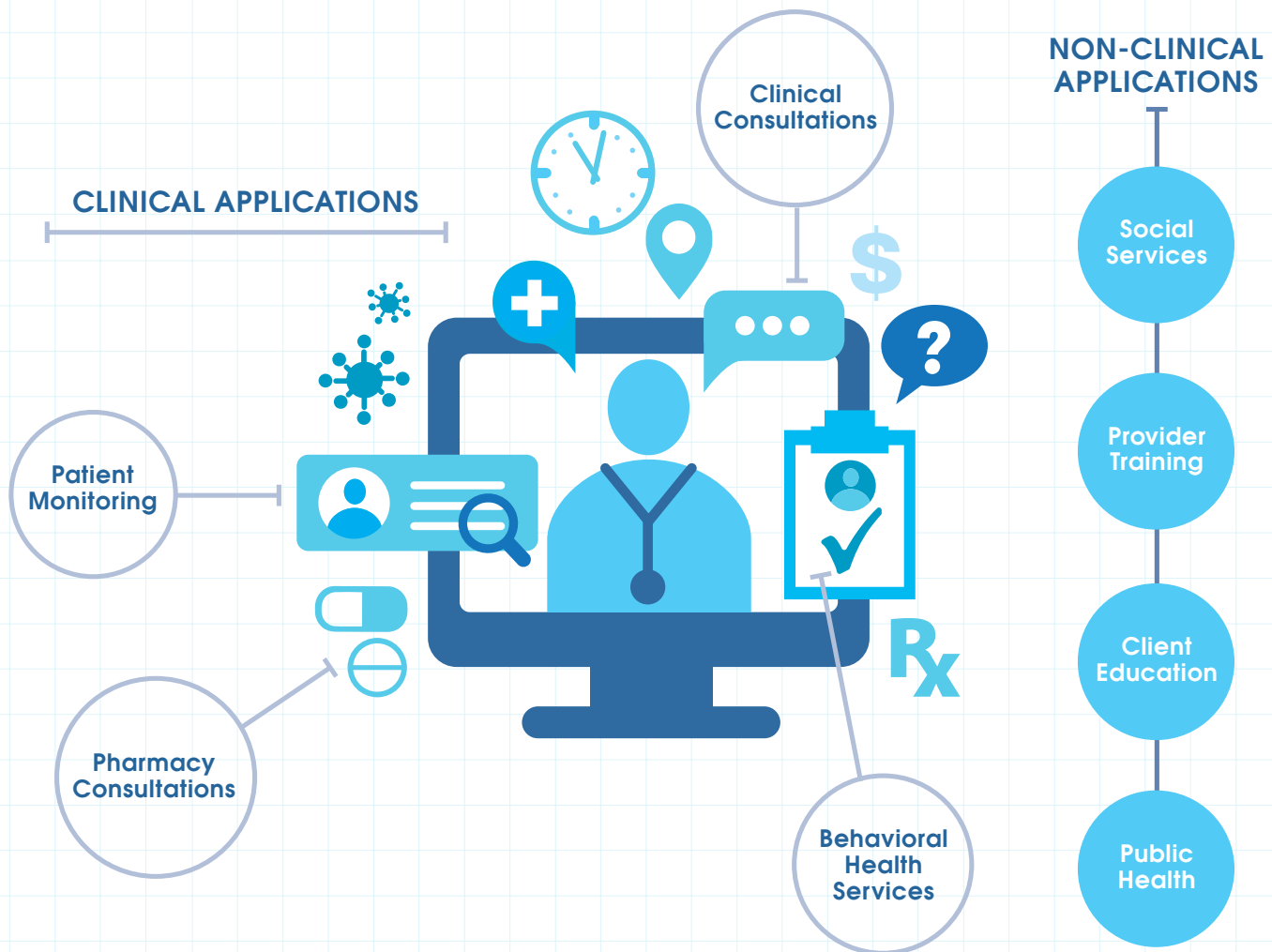
The purpose of the **Telehealth Practitioner's Guide for HIV Prevention and Care** is to assist health centers, clinics, and programs with the essential steps to start and implement a telehealth program. Telehealth programs provide critical tools and resources to strengthen the Ending the HIV Epidemic: A Plan for America (EHE) initiative. <https://www.hrsa.gov/ending-hiv-epidemic>. Telehealth allows clients to receive care from multidisciplinary teams of specialists in convenient locations, making engagement in ongoing care more feasible, and granting clients access to a broader range of services. This guide describes the steps to develop a live two-way telehealth program.





# APPLICATIONS OF TELEHEALTH

**Telehealth** is the use of communication technologies and digital information to provide health-related services remotely between provider and client. This may include live two-way communication, remote patient monitoring, or store and forward capabilities (asynchronous telehealth services). Telehealth provides health service delivery methods that overcome geographic and socioeconomic barriers by bridging the gap between provider availability and client location. Telehealth can have both clinical (e.g., patient monitoring, clinical consultations, pharmacy consultations, and behavioral health services) and non-clinical applications (e.g., social services, administration, and client education). Telehealth reduces stigma, mitigates the need for childcare, minimizes healthcare system navigation, and eliminates barriers to care (i.e., transportation), making it a promising model for providing care to people with HIV.



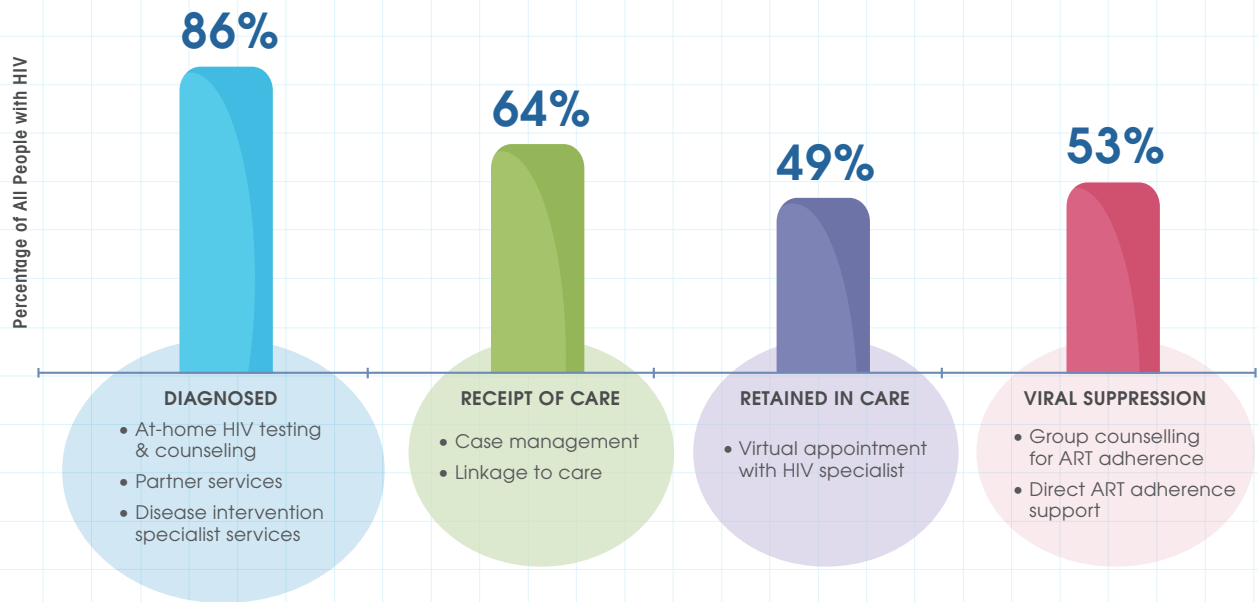


# TELEHEALTH FOR HIV PREVENTION AND CARE

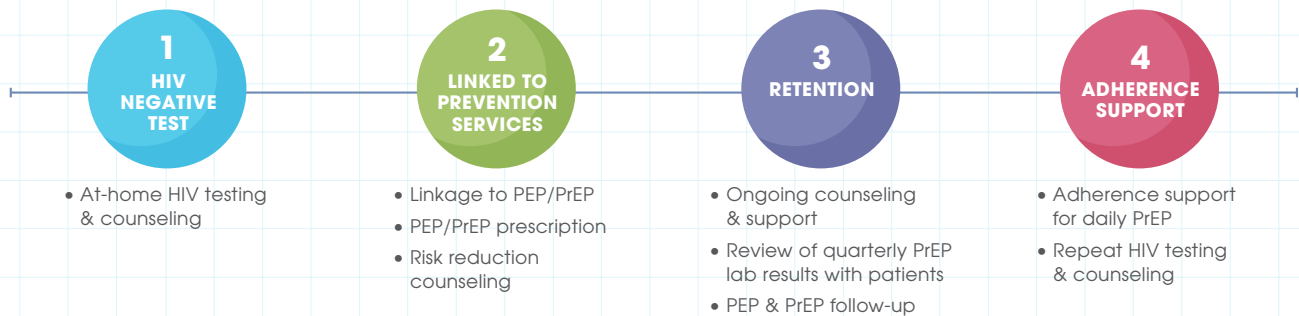
The continuum of HIV care describes the steps of medical care that people with HIV follow from initial diagnosis to viral suppression. After an HIV diagnosis, it is imperative for individuals to link to a healthcare provider and begin antiretroviral therapy (ART) as soon as possible. Ongoing retention in care and adherence to ART help clients achieve viral suppression.

Telehealth has implications for each stage of the continuum of HIV care to eliminate barriers to testing, access to care, and retention in care. The graphics below illustrate the most recent national continuum of HIV care data and potential telehealth interventions at each stage.

## NATIONAL CONTINUUM OF HIV CARE DATA, 2016



## TELEHEALTH HAS IMPLICATIONS FOR HIV PREVENTION SERVICES





# DEFINING THE TELEHEALTH PROGRAM



## IDENTIFYING TELEHEALTH PROGRAM GOALS

The first step in identifying program goals is to identify the specific **priority populations** (e.g., clients with transportation barriers, clients who have long commutes into the health center/ clinic, clients who cannot take off work to attend appointments, clients who have experienced stigma while accessing in-person care) that the program will address. Consider the groups of clients who have greatest challenges remaining engaged in care. What are their challenges to engaging in care, adhering to ART, and achieving viral suppression? What would appeal to them about a telehealth program? The answers to questions like these will also determine the delivery model of the program, the services it offers, and the marketing plan.

### Utilize SMART objectives and goals: Specific, Measurable, Achievable, Relevant, & Timely<sup>1,2</sup>



1. Centers for Disease Control and Prevention. (2017). Writing SMART Objectives. Retrieved from: [https://www.cdc.gov/dhds/evaluation\\_resources/guides/writing-smart-objectives.htm](https://www.cdc.gov/dhds/evaluation_resources/guides/writing-smart-objectives.htm)

2. Smartsheet. (n.d.) The essential guide to writing S.M.A.R.T. goals. Retrieved from: <https://www.smartsheet.com/blog/essential-guide-writing-smart-goals>



# SELECT A DELIVERY MODEL

There are two general models an agency can adopt to deliver live, two-way telehealth communication: (1) Direct-to-consumer and (2) Presenting Site/ Partner Site. The model an agency selects depends on the services offered, need for/availability of partners, need of the priority client population, and technology needed for the services.

## DIRECT-TO-CONSUMER MODEL

### PROS

### CONS

#### DIRECT-TO-CONSUMER MODEL

This model directly connects the provider to the client. The client can be located in any private space, including their home, for the encounter. This model does not require a clinician to accompany the client in person.

- Very convenient for clients
- Removes transportation barriers for visits

- Requires clients to have the technology at home
- Requires clients to be capable of operating the technology and application(s) without assistance

Example: Client reviews their HIV care labs with provider. The appointment only requires videoconferencing capability and client has the technology at home.





## SELECT A DELIVERY MODEL

### PRESENTING SITE/PARTNER SITE

#### PROS

#### CONS

#### PRESENTING SITE

Also known as a hub-and-spoke model, this model connects two clinical sites. A client and an accompanying provider at one site connect with a clinician (often a specialist) at another physical location.

Example: Client travels to their primary care provider's office for a telehealth visit with their provider and an HIV specialist. The client, primary care provider, and specialist all consult on the client's care.

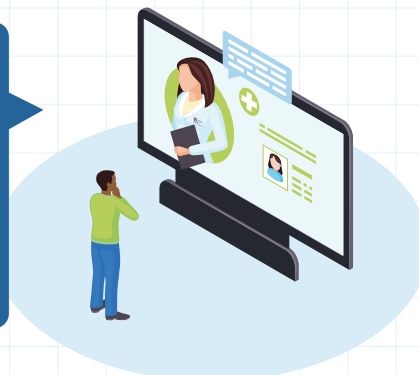


- Clients receive additional clinical and technical support from the on-site provider
- Providers can easily coordinate care for the client
- Removes transportation barriers to visit the additional clinician
- Clients need to travel to the presenting site for care
- Requires staff time at the presenting site to accompany clients during the telehealth visit
- Requires coordination between hub and spoke in addition to patient and provider

#### PARTNER SITE

A partner site hosts the telehealth technology for clients to use within the facility. A client can visit the partner site to use the telehealth equipment and conduct a telehealth visit with their provider.

Example: Client travels to a social services organization to receive care from their HIV care provider via telehealth. The appointment requires videoconferencing equipment (tablet, computer, or smartphone). The client does not have access to the appropriate technology; therefore, they use the partner site's equipment.



- Clients receive on-site technical support with the equipment
- Removes transportation barrier to visit the additional clinician
- Clients need to travel to the presenting site





# SELECT A DELIVERY MODEL

## PROS

## CONS

### HARDWARE-BASED

Computers that are specifically designed to run telehealth connection software

- The device is specifically designed for telehealth
- Higher quality cameras, microphones, etc.

- Higher cost
- Limited brand options
- Requires software upgrades

## PROS

## CONS

### SOFTWARE-BASED

Programs downloaded to existing computers that are used to complete the consultation

- Lower cost
- Many options
- Easy download processes
- Feasibility of use

- Requires a robust computer to multi-task (facilitate appointment and run other tasks on computer)
- Requires additional equipment (high-quality webcams, microphones, headsets/speakers)
- Potential challenges in maintaining compliance with the Health Insurance Portability and Accountability Act (HIPAA)
- Requires software upgrades



## SELECT A DELIVERY MODEL: EXAMPLE

### UNIVERSITY OF FLORIDA HEALTH (UF HEALTH) - VIRTUAL VISIT PROGRAM

UF Health launched its telehealth program for HIV care in September 2017 to increase access to care for people with HIV in Jacksonville, FL. While telehealth is often implemented to reduce barriers for clients in rural settings, the UF Health program reduces barriers such as transportation, time, and stigma around HIV for clients in the urban Jacksonville community.

Based on the HIV epidemiological data and health disparities in Jacksonville, FL, the priority populations of the telehealth program are African American and Latinx people with HIV in the urban area. In order to meet the needs of these populations UF Health chose to combine two delivery models: direct-to-consumer and partner site using a software-based system.

The UF Health telehealth program utilizes the Virtual Visit program of MyChart, which only requires download of the MyChart app onto any smartphone, tablet, or computer. Through the direct-to-consumer model, clients conduct their HIV care appointments from home on the MyChart platform. They can schedule their appointment by calling their UF Health provider or through the MyChart app.

Additionally, clients can access the Virtual Visit program by visiting any of seven partner organizations who participate in the program. These partner sites are each equipped with a tablet that has the MyChart app, and a dedicated appointment space within their office. Clients travel to any of these organizations, are set up with the tablet, and are provided assistance from the partner site staff to conduct their appointment with their UF Health provider.

By combining both delivery models and using a software-based system, UF Health tailors the delivery of the Virtual Visit program to the needs of its client population. When assessing delivery models for a new program, consider which model reduces the most barriers for the priority client population and fits most naturally into the agency or clinic's existing system.

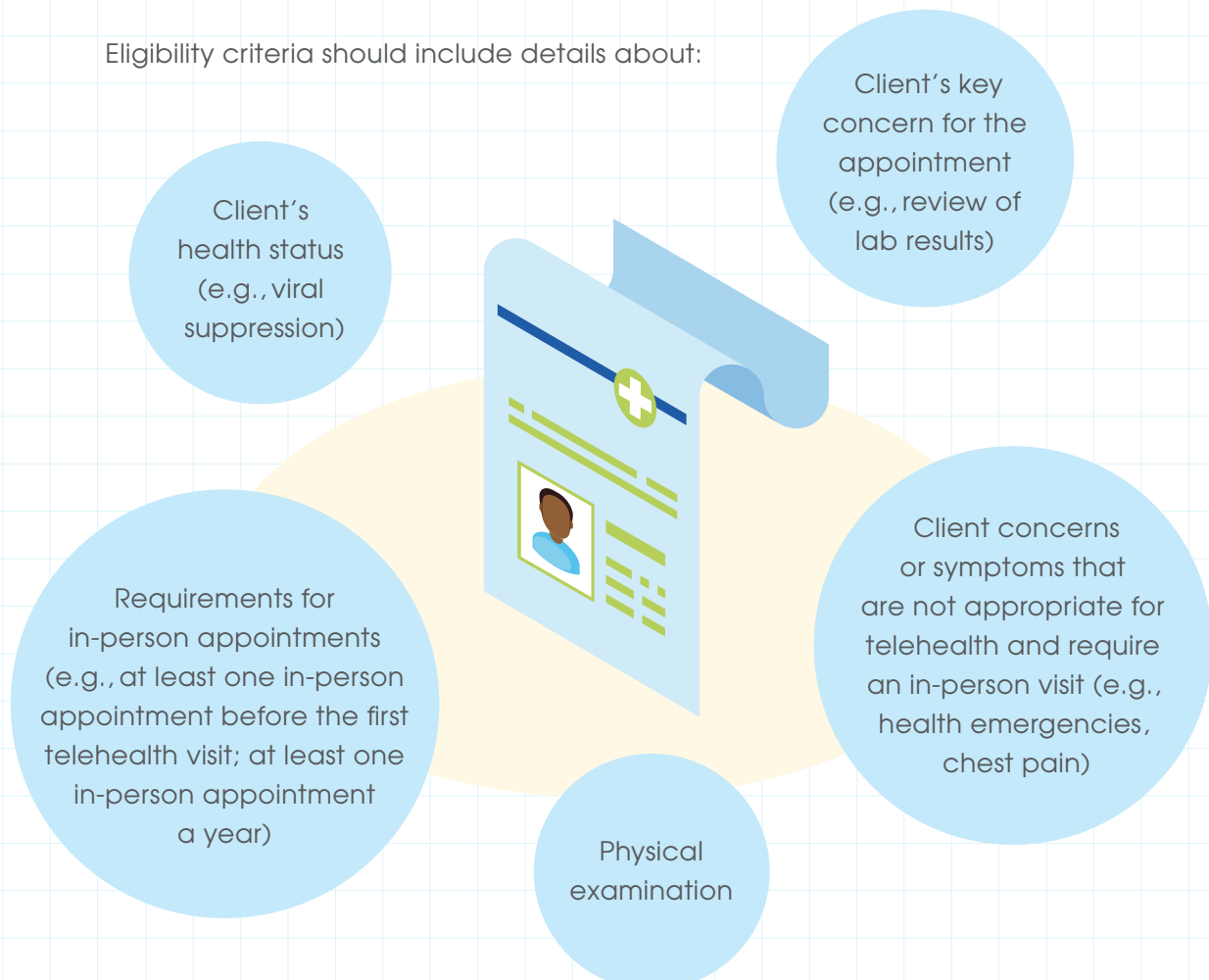


## ELIGIBILITY CRITERIA: DETERMINING WHEN TO USE TELEHEALTH

### DECIDE WHICH CLIENTS ARE ELIGIBLE FOR A TELEHEALTH APPOINTMENT

Providers should always use their professional judgment when deciding whether a telehealth visit is appropriate. The eligibility criteria of the telehealth program should be based upon the goals of the telehealth program and the available equipment.

Eligibility criteria should include details about:





## REVIEW FEDERAL AND STATE TELEHEALTH LAWS AND LICENSING REQUIREMENTS

Providers must maintain compliance with federal and state telehealth regulations when implementing a telehealth program. Providers must consider their obligations under three major areas of federal regulation: the Ryan White HIV/AIDS Program (RWHAP), the Health Insurance Portability and Accountability Act (HIPAA), and the Health Information Technology for Economic and Clinical Health Act (HITECH).

# RYAN WHITE HIV/AIDS PROGRAM COVERAGE FOR TELEHEALTH

The RWHAP is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) to provide HIV primary medical care, essential support services, and medications to low-income people with HIV who are uninsured and underserved.

As new policies are developed to implement the legislation, HRSA/HAB releases Policy Clarification Notices (PCN) and Program Letters to describe programmatic updates and provide guidance to recipients and subrecipients on how they are to implement the requirements of the statute in the current healthcare environment. HRSA HAB expects that services supported with HRSA RWHAP funds will (1) fall within the legislatively defined range of services; (2) as appropriate, within Part A, have been identified as a local priority by the HIV Health Services Planning Council/Body; and (3) in the case of allocation decisions made by a Part B State/Territory or by a local or regional consortium, meet documented needs and contribute to the establishment of a continuum of HIV care.

In 2016, HRSA HAB released Policy Clarification Notice #16-02 (revised 10/22/2018), entitled, "Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds." This PCN defines and provides program guidance for each of the Core Medical and Support Services named in the statute and defines individuals who are eligible to receive these HRSA RWHAP services.

When defining the service categories, "recipients are encouraged to consider all methods or means by which they can provide services, including use of technology (e.g., telehealth)" (p.5). Telehealth is identified in the PCN as an approved setting or type of encounter for delivering outpatient/ambulatory health services (e.g., medical history taking, physical exam, treatment adherence) and non-medical case management services (e.g., development of a care plan and ongoing assessment of client needs). To clarify: PCN #16-02 refers to telehealth as a method (modality) to deliver a service category (outpatient/ambulatory health services). At no time does PCN #16-02 refer to telehealth as a service category.

When utilizing telehealth modalities for Ryan White clients, RWHAP recipients should abide by HRSA's guidelines for all allowable services under RWHAP.

All services must:

- Relate to an HIV diagnosis, care, and support;
- Adhere to established HIV clinical practice standards (US DHHS Clinical Guidelines for Treatment of HIV) and other pertinent clinical guidelines; and
- Comply with state and local regulations and licensure requirements.



## HIPAA/HITECH COMPLIANCE REQUIREMENTS<sup>3</sup>

HIPAA and HITECH are legislation designed to protect consumer privacy. All partners in a telehealth program are bound by the same rules and regulations outlined in the legislation discussed below. Organizations implementing telehealth are expected and required to follow the spirit of the law to ensure the privacy of clients' protected health information (PHI). Full discussion is beyond the scope of this guide, and providers might require legal advice to determine compliance.

- **Telehealth software considerations:**

- Does the telehealth software integrate within the organization's electronic health record (EHR)?
- Do clients have to download an application/software to their phones or mobile devices to access the telehealth platform?
- Does the developer offer organizations a Business Associate Agreement?
- How do security updates occur within the software?

Not all video chat applications or video telephony products are HIPAA compliant.

- **The Health Insurance Portability and Accountability Act of 1996 Business Associate Agreements are required for any partners that have access to client PHI, including:**

- Software based telehealth solutions
- Secondary agencies acting as a spoke site for telehealth
- EHR Vendors
- Anyone who offers services to the agency where PHI may be discovered or seen

- **The Health Information Technology for Economic and Clinical Health Act, 2009 (HITECH) expanded breach of privacy notification requirements for organizations that migrated to EHR platforms**

- Ensures that accurate safeguard measures are in place to keep PHI safe even in digital format

- **It is imperative to have administrative and technical safeguards in place to decrease the risk of disclosing unauthorized electronic data.**

- The first step in protecting patient data is conducting a HIPAA Risk Analysis. Organizations should also apply the HIPAA Security Rule or the "Safe Harbor Rule" when implementing telehealth. To read more on the specifications of these rules click on the link <https://thehipaaetool.com/telehealth-and-hipaa/>.

3. Center for Connected Health Policy. (2018). HIPAA and telehealth. Retrieved from: <https://www.cchpca.org/sites/default/files/2018-09/HIPAA%20and%20Telehealth.pdf>



## REIMBURSEMENT

Reimbursement for telehealth varies by state. State and federal laws mandate how a state or private payer must address telehealth.

### PARITY

It is important to be aware of state parity laws for telehealth reimbursement. Telehealth parity laws mandate that private payers within the state reimburse for services delivered via telehealth at the same rate as in-person care. Without parity laws, private payers are not required to reimburse for telehealth services. As of February 2020, 29 states and Washington D.C. have passed parity laws and eight additional states have proposed them. For more information on parity laws for telehealth view: <https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies>.

### TELEHEALTH AND MEDICARE

The Centers for Medicare & Medicaid Services (CMS) have outlined certain conditions under which telehealth services are covered by Medicare. Medicare reimburses for specific services when they are delivered via live video but does not cover store and forward services (except for CMS demonstration programs in Alaska and Hawaii). Store and forward telehealth is a type of service delivery in which a patient's clinical information is collected and sent electronically to another site for evaluation. Providers use this form of telehealth to gather, store, and share access to patient medical information that physicians use to provide effective care. Telehealth services eligible for reimbursement under Medicare are identified by Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes. Services are billed with a normal code and a telehealth place of service code of "02".

Due to COVID-19, Medicare has expanded the scope of telehealth services offered. The link below from the Center for Connected Health Policy details these temporary actions, the basis of those actions, the expiration date, and what actions can be taken to preserve such policy change after the public health emergency is over. For more information on parity laws for telehealth view:

<https://www.cchpca.org/sites/default/files/2020-06/FEDERAL%20COVID-19%20ACTIONS%20EXPIR%20FUTURE%20ACTS%20MAY%202020%20FINAL.pdf>.





## REIMBURSEMENT

### GEOGRAPHIC AND FACILITY RESTRICTIONS

Medicare defines which geographic areas are eligible for telehealth based on the “originating site,” which is the location of the client during the interaction. CMS has restricted telehealth for Medicare almost exclusively to rural areas. For Medicare eligibility, the originating site must be in a Health Professional Shortage Area as defined by HRSA, or in a county that is outside any Metropolitan Statistical Area as defined by the US Census Bureau.

Medicare also limits facilities eligible for telehealth-delivered services to the following:

- Provider offices
- Hospitals
- Critical access hospitals (certain Medicare-designated rural hospitals)
- Rural health clinics
- Federally qualified health centers
- Skilled nursing facilities
- Community mental health centers
- Hospital-based/critical access hospital-based renal dialysis centers

One caveat to the facility list above is that substance use disorder care is eligible for telehealth-delivered services without having to be in a rural area or Health Profession Shortage Area.





## REIMBURSEMENT

### TELEHEALTH AND MEDICAID

Telehealth reimbursement for Medicaid is left to state policy. States can reimburse for telehealth under Medicaid so long as the service complies with federal requirements of efficacy, economy, and quality of care. If telehealth services are reimbursed for the same amount as face-to-face medical services (parity), states are not required to modify their state plan amendment to begin billing telehealth. Use the links below to find the most up to date telehealth reimbursement laws and provisions for each state.

- **Centers for Medicare & Medicaid Services – Medical Learning Network – Telehealth Services**

- o This booklet details the following Medicare telehealth services topics: originating sites, distant site practitioners, telehealth services, telehealth services billing and payment, telehealth originating sites billing and payment, resources, helpful websites, and Regional Office Rural Health Coordinators.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcfsctshst.pdf>

- **Center for Connected Health Policy – Current State Laws and Reimbursement Policies**

- o This resource includes an interactive map, detailing telehealth-related laws, regulations, and Medicaid programs for all 50 states and the District of Columbia.

<https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies#>

- **Center for Connected Health Policy - Telehealth Reimbursement**

- o This fact sheet details telehealth reimbursement policies and restrictions for both Medicaid and Medicare.

<https://www.cchpca.org/sites/default/files/2019-03/TELEHEALTH%20REIMBURSEMENT%202019%20FINAL.pdf>







## PREPARING THE ORGANIZATION FOR TELEHEALTH

The Implementation Plan includes major considerations for preparing an organization for telehealth, such as: partner agencies, staffing, space, bandwidth, IT, scheduling, materials, and client consent. Developing a telehealth program requires attention to a number of details. However, the most important detail is how the program supports the client's health goals. The major considerations for preparing an organization for telehealth are staffing, workflow, technical preparation, equipment selection, and space set up.

## STAFFING



### WHO IS THE ORGANIZATION'S TELEHEALTH CHAMPION?

It is essential for the success of a telehealth program to have at least one individual who is entirely dedicated to the program. An organization's telehealth champion may step-up on their own or might be encouraged to be the telehealth champion.<sup>4</sup> They may be a nurse, physician, administrator, chief financial officer, front desk staff member, or scheduler. The qualities and role of the telehealth champion are identified below.

Telehealth champions are:

- Enthusiastic about the adoption of telehealth for the organization
- Knowledgeable of the benefits that telehealth brings to the clients and organization
- Motivated to keep learning about telehealth and disseminate information to the team

The role of the telehealth champion is to:

- Drive the process, growth, and adoption of the program
- Help colleagues adopt telehealth without "hand-holding"
- Provide opportunities for providers to communicate and share strategies

### DECIDE WHO WILL STAFF THE TELEHEALTH SUITE AT THE ORGANIZATION AND ANY PARTNER AGENCIES

Determine which staff members at the organization will facilitate the telehealth encounter. It is absolutely necessary to train facilitators to operate the equipment and troubleshoot common challenges. Facilitators should be able to champion the services to the client to ensure they receive the same level of care as clients who visit in-person.

***Every staff member who interacts with clients must be educated on the provider agency's mission and vision. Give special consideration to HIV education and cultural humility training, from the front desk to the client suite. See Staff Training for a complete list of recommended training activities.***

Anyone who staffs the telehealth program should be expected to know the agency's mission and should be well versed in HIV cultural considerations. However, employing internal staff to facilitate telehealth presents a financial burden due to the cost of a full-time telehealth employee. If working with a partner agency (described below), identify who will staff the call, and ensure that they are trained on the same competencies.

4. NRTC. (n.d.) Finding (or developing) a telehealth champion. Retrieved from: <https://www.nrtc.org/content/article-files/White%20Papers/Developing%20a%20Tele-health%20ChampionB.pdf>



# DEVELOP A WORKFLOW

## DEVELOP A WORKFLOW FOR A TELEHEALTH VISIT

Develop a process that staff members and care teams will follow for each visit, with specific assignments for each team member. It can be helpful to develop a visual workflow that all staff members and care teams can access easily for reference. As an example, the workflow for an HIV telehealth program from Oklahoma State University is illustrated below:





## TECHNICAL PREPARATION

### ENSURE ADEQUATE BANDWIDTH IS AVAILABLE

Broadband service limitations can pose a significant barrier to telehealth service provision. Broadband availability must be considered in the earliest stages of planning to avoid implementation barriers due to inadequate bandwidth availability.

### EMPLOY ADEQUATE IT INFRASTRUCTURE

When looking at the IT infrastructure, consult with IT staff or consultant to answer the following questions:

- What throughput\* is offered by the agency's security firewall? Will it push outbound traffic at a high enough rate to not throttle the standard internet traffic when telehealth traffic is occurring?
- Does the organization have the ability to segment local area network (LAN or VLAN) traffic and assign QOS (Quality of Service) to telehealth traffic?
- Does the organization have the ability to create a virtual private network (VPN) tunnel between locations to provide point-to-point call capabilities? This eliminates the need for additional equipment necessary to traverse the firewall in order to complete a call.

### ESTABLISH A ROBUST SCHEDULING PROCESS

Some EHRs have client scheduling systems built in, but the organization must ensure that it can handle the special circumstances involved with telehealth.

Ensure the EHR can:

- Schedule the provider and equipment at the same time and ensure the provider does not get double booked.
- Display provider and equipment schedules in a functional way that assists in clinic management of both in-person and telehealth appointments.

### PREPARE THE PATIENT FOR TELEHEALTH SERVICES FROM THE IT PERSPECTIVE

Make patient aware of the following things needed for a successful telehealth visit:

- Phone technology
- Apps
- Bandwidth

\* "Throughput" refers to the amount of material that the server can process.



## EQUIPMENT SELECTION

### ESTABLISH SPACE LIMITATIONS & DECIDE ON EQUIPMENT

If there is a dedicated space available at the target site, static telehealth equipment and larger display screens may be installed.

**STATIC TELEHEALTH SET-UP:** This is a permanent, space-occupying solution.

- Hardware-/software-based solution
- Television or monitor and any microphones or cameras
- Used in a single location, such as an exam room
- Ideal for non-clinical settings (for ancillary services) where it can stay in the established telehealth office/space

However, if the target location only allows for **temporary, occasional use** of client suite(s), a mobile telehealth cart is ideal because it can be stored away when not in use.

**MOBILE CART:** This mobile cart will have locking wheels to lock the cart into place in the exam room.

- Hardware-/software-based solution
- Television or monitor and peripherals
- Mobile power source (battery back-up to keep equipment powered on in transition)
- Ethernet cord (or wireless solution in clinics with wireless capabilities) for connectivity in the exam rooms
- Preferred in partner telehealth sites, where they can move the unit to a safe location outside of the exam rooms when not in use



Static camera & monitor for teleICU



Cart with monitor, camera, & keyboard



## EQUIPMENT SELECTION

### MATERIALS NEEDED FOR A TELEHEALTH APPOINTMENT

#### MEDICAL APPOINTMENTS:

To conduct a medical appointment, the following items are needed:

##### 1. Telehealth unit:

A static system or a telehealth cart with a camera, microphone, headsets/speakers, and screen.

##### 2. For a presenting-site model with off-site partners:

**a. Presenter:** If using a presenting site model: A clinical staff person will be in the room with the client to present the client to the provider. This person will operate the stethoscope and exam camera and secure vitals. This person will also complete other tasks as needed to facilitate the encounter for the provider.

**b. Electronic Stethoscope (optional):** Allows the provider to hear heart and lung sounds remotely, which is imperative for certain appointments. Find a scope that offers effective, real-time transmission of those sounds. Pay close attention to what the equipment and licensing needs are for both sides (provider and client) of the real time transmission. Some require two scopes and two licenses; others require one scope and one license, plus special headphones. Purchase the appropriate equipment and licenses based on the option chosen.

**c. Exam Camera (optional):** There are many camera options based on the telehealth platform used. Some offer interchangeable lenses or multi-functional adaptations. Research camera options and determine the best use case for the agency. There are many camera options to fit different clinical needs, so find the one that provides the images needed with simple connectivity.

##### 3. Computer access to the EHR:

The advantage to most EHRs is the ability to update and access information in real time. Reviewing lab results or clients' vitals is important for the provider, and accessing orders and recommendations is important for the client. If using a presenting site model, a computer with an internet connection needs to be readily available on both sides of the telehealth encounter

#### NON-MEDICAL APPOINTMENTS:

Non-medical appointments **only require the telehealth unit**. If working with a partner agency and the client does not have access to onsite support, equip them with a phone number to call for troubleshooting.



# SPACE SET UP

## SET UP THE LIGHTING AND SOUND-PROOFING APPROPRIATELY

When setting up the telehealth space, consider lighting and sound-proofing options for telehealth suites -- client headsets, carpet, and sound machines improve sound clarity and privacy.<sup>5</sup> It is important to note that space needs for telehealth appointments are the same as those for seeing people in the clinic. However, using a mobile cart can make the process easier.

### LIGHTING

Lighting is crucial as it impacts the general functionality of the cameras used for telehealth. It is important to have enough lighting but to avoid over-lighting a space or client. Pay attention to:

- Enough ambient lighting to make the room appear full of light, while still having focused lighting on the provider/client
- Lighting that is too focused, casting shadows and darkening the room, may cause camera issues
- Outside lighting from windows may disturb the ability of the camera to focus and wash out the features of clients or providers

Resource Highlight

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**LET THERE BE LIGHT:  
A QUICK GUIDE TO  
TELEMEDICINE LIGHTING**

[https://cdn2.hubspot.net/hubfs/5096139/Let\\_There\\_Be\\_Light\\_Quick\\_Guide.pdf](https://cdn2.hubspot.net/hubfs/5096139/Let_There_Be_Light_Quick_Guide.pdf)

### WALL COLOR

- Soft pastel colors are preferred in telehealth consult rooms or provider spaces
- Stark or overly bright colors can cause discomfort to clients or staff when shown on the screen
- White is acceptable when setting up telehealth space in existing exam rooms
- Choosing a suitable color is important for new spaces or when deciding where to set up units in rooms that are not for clinical exams

### PRIVACY

Provide the client a private space to feel comfortable sharing their health concerns openly with their providers. A private space requires:

- A room with a door that closes
- A guarantee that others cannot hear what the client is saying. Utilize:
  - o Sound masking techniques (e.g., music or white noise) playing outside the room
  - o Sound dampening materials like curtains on the walls
  - o Furnishing that absorbs sound and does not create echoes or amplify the sound

Note: Although headphones are functional at eliminating the incoming sound from a unit, people with headphones on normally increase the volume of their speech.

5. LeRouge, C. M., Garfield, M. J., Hevner, A. R. (2015). Patient perspectives on telemedicine quality. Patient Prefer Adherence, 9, 25-40.



# PARTNER AGENCIES

## DECIDE WHO WILL STAFF THE TELEHEALTH SUITE AT THE PARTNER AGENCY & DEFINE THEIR ROLES

Determine which staff members at the partner agency will facilitate the telehealth encounter. It is absolutely necessary to train facilitators to operate the equipment and troubleshoot problems. Facilitators on either end of the telehealth encounter should be able to champion the services to the client to ensure they receive the same level of care as clients who participate in in-person visits.

**Every staff member who interacts with clients must be educated on the provider agency's mission and vision.** Give special consideration to HIV education and cultural humility training, from the front desk to the client suite.

## ESTABLISH MEMORANDA OF UNDERSTANDING (MOUs) WITH PARTNER AGENCIES

If using a partner agency to allow clients to have access to telehealth equipment, a memorandum of understanding (MOU) or agreement establishes expectations for each party (clinical site and partner agency) and outlines how the telehealth program will be implemented and maintained. A MOU should include:<sup>6</sup>

- Goals/priority population(s) of the telehealth program
- Overview of what the two or more parties will provide:
  - Roles and responsibilities of each party
  - Record retention and reports
  - Equipment maintenance
  - Eligibility criteria for telehealth
  - Process for updating the MOU
  - Timeline of the MOU
  - Security of PHI
  - Compliance with HIPAA/HITECH



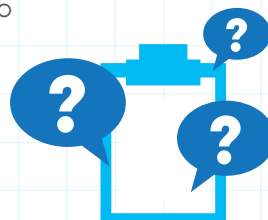
# PROGRAM EVALUATION

## DEVELOP AND EMPLOY SATISFACTION SURVEYS

Satisfaction surveys should be developed for providers and clients of telehealth services. Follow up after the telehealth visit to gather feedback and satisfaction with the visit.

### Staff satisfaction surveys

These are crucial to assess how well the program is operating. Staff who are utilizing the equipment and peripherals on a daily basis can provide insight that is often not considered when implementing the program.



### Client satisfaction surveys

- How adequate do they find the care?
- How happy are they with the appointment structure?
- What do they like/dislike about it?
- How would they change the program?
- What would make them enjoy telehealth more?

6. US Department of Veterans Affairs. (n.d.) MOUs and MCMs for telemental clinics. Retrieved from: <https://www.ruralhealth.va.gov/docs/mous-and-mcms-for-tele-mental-clinics.pdf>



# CLIENT RECRUITMENT

## FINALIZE PROCESS FOR RECRUITING TELEHEALTH CLIENTS

Every HIV prevention and care client may be suitable for telehealth services. To this degree, HIV clinics should institute an opt-out program for telehealth services. In this model, each client signs the consent for telehealth treatment form. This will allow for all clients to receive some form of their care (ancillary or clinical) through the telehealth system. If the client is not interested, they can sign a form declining the service.

An opt-out program creates greater access to these services by:

- Limiting interruptions in care (i.e., client does not have to sign the consent form right when they need treatment)
- Communicating to clients that the organization is available for telehealth services
- Not requiring the client to be seen in the same location by the same providers for the telehealth services

## LESSONS LEARNED THROUGH THE DEVELOPMENT OF TELEHEALTH CLIENT RECRUITMENT RESOURCES UNIVERSITY OF FLORIDA

### Client Promotional Items:

These materials were developed to promote a Virtual Visit program to clients.

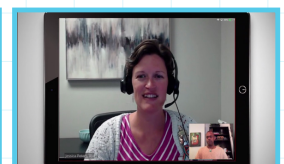


Virtual Visit Buttons

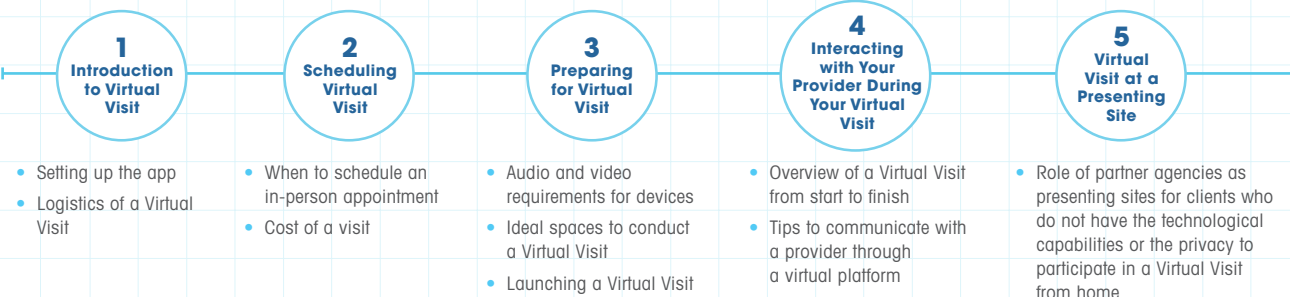
Lapel buttons were developed for providers to wear to prompt clients to request a Virtual Visit appointment.

### Video Series

Educational client videos were developed to demonstrate and troubleshoot challenges of the Virtual Visit process.



### Virtual Visit for HIV Care: Video Series







# CLIENT RECRUITMENT

## LESSONS LEARNED THROUGH THE DEVELOPMENT OF TELEHEALTH CLIENT RECRUITMENT RESOURCES

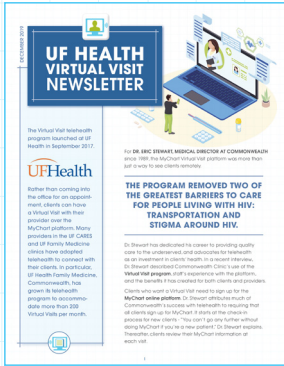
**Provider Promotional Materials:**  
These materials were developed to encourage providers to adopt Virtual Visit within their practice.



Wrist rests that promote telehealth were distributed to providers at UF Health. The wrist rests served to remind providers to mention telehealth opportunities to clients.

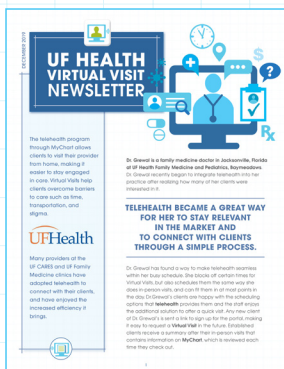
### Provider Newsletters

Provider interviews from within the UF Health network informed the development of newsletters encouraging providers to adopt telehealth into their practices. These newsletters used a popular opinion leader model to disseminate best practices.



**DR. ERIC STEWART**  
**Commonwealth Clinic**

Dr. Eric Stewart, Medical Director of Commonwealth Clinic, accommodates more than 200 Virtual Visits per month and uses telehealth as the avenue to do so. Dr. Stewart is an advocate for telehealth as he recognizes it as an investment in client outcomes through removing two of the greatest barriers to care for people living with HIV: transportation and stigma. Dr. Stewart's opt-out telehealth model has proven to be extremely successful and has been regarded as a model telehealth program in the UF Health community.



**DR. REETU GREWAL**  
**Baymeadows Clinic**

Dr. Reetu Grewal is a family medicine doctor and Medical Director of Baymeadows Clinic. She has recently begun to integrate telehealth into her practice after realizing how many of her clients were interested in it. Telehealth has been a convenient asset to clients and providers alike at Baymeadows Clinic, eliminating travel barriers for clients and freeing up time and space for visits within the clinic.



# CLIENT RECRUITMENT

## LESSONS LEARNED THROUGH THE DEVELOPMENT OF TELEHEALTH CLIENT RECRUITMENT RESOURCES

**Client Education Handout:**  
 These client education handouts were used to assist clients in using the Virtual Visit platform, MyChart. Case managers and providers distributed these handouts to clients using telehealth.

### HOW TO USE MYCHART VIRTUAL VISIT

The following provides a step-by-step description of how to obtain medical appointments with the MyChart Virtual Visit app.

**GETTING STARTED**  
 To use the MyChart Virtual Visit system, you must:

- 👤 Be a UF Health patient
- 👤 Have a MyUFHealth Account

If you don't have an account, visit: <https://mychart.shands.org> and select "Sign Up Now".

Note: If you don't have an access code, you may obtain one from your UF Health Clinic or by clicking "Sign Up Online" and following the prompts.

**1 Install the MyChart App**

**3 Set Up My UFHealth**

**4 Checking Appointments**

**2 Set up the MyChart App**

- 📱 Search for the "MyChart" app on Apple iTunes or Google Play.
- 📱 Download MyChart to your phone.
- 👆 Tap on the MyChart icon and accept the user agreement.
- 📍 Allow the app to access your location.
- 🔍 Search for and select MyUFHealth.

**3 Set Up My UFHealth**

- 👤 Enter your MyChart username and password. Click "Forgot Username or Password" to reset your login as needed.
- 👤 You can set up a passcode or Touch ID during your first login or through the MyChart Preferences.

**4 Checking Appointments**

- 👤 Go to the home screen and tap the Appointments icon to view upcoming and past appointments.
- 👤 Visit past appointments to review messages, lab results, medications, etc.
- 👤 Virtual Visit appointments are identified by the title "Telemedicine" and a camera icon. Tap the Telemedicine appointment to open it.

**5 Conducting Appointments**

- 🕒 The green bar will read "Test Video" until 10 minutes before the scheduled appointment. Click it to test your equipment before the appointment.
- 🕒 10 minutes before the appointment, the green bar will read "Connect to Video". Click it to start your appointment. (The button in the app will read "Begin Visit.")
- 📱 Allow the app to access your microphone and camera.
- 👤 When you connect, you will see your doctor on the screen. There will also be 3 icons:
  - 🗣️ **Microphone**  
Allows mute/unmute.
  - 📷 **Camera**  
Switches between front/back cameras on your device.
  - 📞 **Phone**  
Allows you to end the call.
- 📝 Fill out the patient satisfaction survey! A link is provided in your appointment instructions.

**Contact**

For more information, call MyUFHealth in Jacksonville, FL:  
 Telephone: (904) 383-1054  
 Business Hours: 8:00 AM to 5:00 PM, M-F

HOW TO USE MYCHART VIRTUAL VISIT

ON A MOBILE PHONE & TABLET



# STAFF TRAINING

This is an example of the trainings that health centers and clinics may need to offer in order to successfully implement and maintain a telehealth program.

TRAINING	DESCRIPTION	STAFF	FREQUENCY
<b>Program Implementation</b>	Offered by the telehealth champion and a third party organization with a successful telehealth program or knowledge of implementation	All staff involved with the program Staff or key partner-ships	Offered at the start of the program before full implementation
<b>Cultural Humility Training</b>	Ensure staff with minimal experience serving people with HIV are trained to combat stigma and misinformation related to HIV	All staff who will interact with clients in any way, including front-desk personnel	Onboarding and yearly thereafter
<b>How to Place/End Telehealth Encounters</b>	Staff should feel confident with the basics of starting and completing a telehealth visit	All staff who participate in telehealth visits	Onboarding
<b>Simple Telehealth Connectivity Troubleshooting Procedures</b>	Train all staff to overcome small troubleshooting challenges, to reduce burden on IT support staff	All staff who participate in telehealth visits	Onboarding
<b>Additional Equipment (Peripherals) Training</b>	Proper use of telehealth hardware, software, and all additional equipment (peripherals)	All staff who participate in telehealth visits	Onboarding
<b>Re-Familiarization Training</b>	Ensure that clinical staff members who do not regularly utilize the telehealth equipment and peripherals are kept current on the procedures and equipment  Recommended to conduct with all providers	All staff who participate in telehealth visits	Quarterly/ Semi-Annually



## INTRODUCING NEW CLIENTS TO TELEHEALTH

### BEST PRACTICES

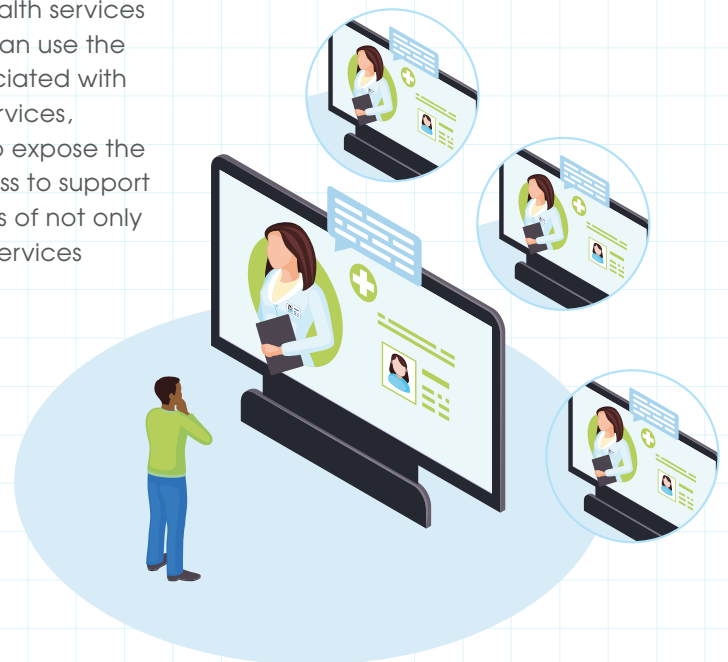
#### CONDUCT THE INITIAL VISIT IN-PERSON

It is best to introduce a new client to a new provider or clinic by conducting the first meeting in-person, or as soon as possible after an initial telehealth visit. Having seen how the telehealth system works, or having an existing relationship with the provider may increase the clients' comfort and confidence in the telehealth platform.



#### EXPOSE CLIENTS TO TELEHEALTH OFTEN

Ensure that the clients are familiar with telehealth services before their first virtual visit. The organization can use the telehealth units for wraparound services associated with HIV (e.g., social services, behavioral health services, support group services, pharmacy services) to expose the client to the system. By creating greater access to support services, the organization will increase success of not only the telehealth program but also the support services offered at the agency.





## EXECUTING A TELEHEALTH APPOINTMENT

After developing the implementation plan and identifying clients for telehealth, it is time to execute the appointment.

Virtual appointments are conducted in the same manner as in-person appointments. While HIV medicine is not the same for each client, each provider will execute their appointments in the manner chosen by their practice.

### CHALLENGES

It is imperative to have a troubleshooting plan before problems occur to ensure clients and providers do not lose faith in the telehealth system.

#### TEST EQUIPMENT BEFORE APPOINTMENTS

Test the equipment and connection thoroughly before encounters. Develop a testing maintenance checklist of weekly/monthly/quarterly testing.

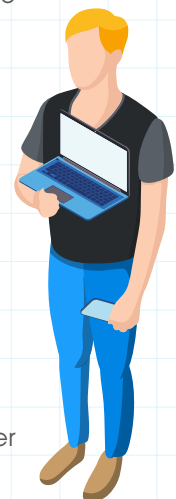
#### CREATE AN EFFECTIVE TROUBLESHOOTING GUIDE

Most challenges are simple fixes. Creating a troubleshooting guide for the staff to handle simple technological issues will make for more confident employees. Keep the guide available at every telehealth unit to make problem solving seamless. The guide should include:

- How to use the telehealth system (basic reminders)
- Steps to utilize peripherals
- Equipment audit sheets
- Simple troubleshooting procedures
- IT support numbers

#### IT STAFF

If implementing a presenting-site model, have IT support staff on site at both the provider and client ends of the encounter while launching new sites so that they can address problems in real time (for the first three telehealth clinic days). When the sites are running well, conducting the weekly/monthly/quarterly IT audits on the telehealth equipment will become the norm.





## SCALING THE TELEHEALTH PROGRAM TO MEET THE NEED

Telehealth can continue to evolve as technology changes. More and more technology companies are offering solutions to address the healthcare shortage that our nation faces. The two major factors that the agency should be focused on when scaling the telehealth program are:

1. How should the organization market the telehealth program?
2. What is the next phase in the telehealth expansion?

### MARKETING THE TELEHEALTH PROGRAM

Consider marketing the telehealth program through existing clients, outside organizations who send referrals, or potential telehealth partners. The most effective way to start marketing the program is to talk about it with both parties, emphasizing the benefits it has brought to the practice.

#### INTERNAL CLIENTS

**Marketing a program through clients' enthusiasm is the most effective marketing tool.** When describing all the possibilities of the program to clients, there must be an effective, fully functioning telehealth program with people who believe in the program. If the staff and the providers are confident in and enthusiastic about the program, and it is delivered effectively, the clients will naturally become excited about the additional services and flexibility the program offers.

#### THE REFERRAL NETWORK / PARTNER ORGANIZATIONS

**The best marketing tools for partner organizations are the client outcomes.** Having successful qualitative and quantitative data to support the telehealth expansion will give the organization a leg up when looking for additional partners. It will enhance the relationship with existing partners and encourage new partners to work with the program.

### WHAT IS THE NEXT PHASE IN THE TELEHEALTH EXPANSION?

**“Will this program help the client?”** Keep this question as the guiding principle to scale the program. For example, in-home patient monitoring, in-home care delivery models, in-home tele-behavioral health, substance abuse counseling or even a tele-legal program could be appropriate expansions of the program.

#### Resource Highlight

**DEVELOPING  
A TELEHEALTH  
MARKETING PLAN:  
A STEP BY STEP GUIDE.  
CALIFORNIA  
TELEHEALTH  
RESOURCE CENTER**



# TELEHEALTH: BUILDING HIV RETENTION IN CARE AMONG MINORITY COMMUNITIES

**HealthHIV** co-leads a team of healthcare providers on an initiative to develop and deploy a telehealth to provide HIV primary and specialty medical care for racial and ethnic minority communities living with HIV in urban areas. Telehealth is well documented as a mechanism to help individuals from rural and underserved communities access medical care; however, for urban individuals, issues such as transportation, clinic service hours that conflict with work hours, lack of providers and appointment times, and stigma still impact the ability of urban minorities to access care. Telehealth efforts are working to mitigate these barriers and help minorities engage along the HIV care continuum.



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