## Improving Access to HIV/AIDS Care in the Rural South: Alleviating Structural Barriers Using Telemedicine

**Satellite Conference and Live Webcast**
**Tuesday, July 23, 2013**
**2:00 – 4:00 p.m. Central Time**

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

## Faculty

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**Mary Elizabeth Marr**
**Chief Executive Officer**
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## Faculty

**Sandra Percival**
**Program Director**
**Telemedicine and Distance Learning**
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## The Southern AIDS Coalition

- The Southern AIDS Coalition was formed in 2001 as a membership organization comprised of a unique partnership of government representatives, community-based organizations, people living with HIV disease, and business entities

  www.southernAIDScoalition.org

## The Southern AIDS Coalition

- SAC works to address the disparate impact of HIV on the southern region by promoting accessible and high quality systems of HIV and STD prevention, care, treatment, support services, and housing

  www.southernAIDScoalition.org

## The Southern AIDS Coalition

- SAC advocates for PLWHA and the organizations that serve them

  www.southernAIDScoalition.org

## The Southern AIDS Coalition

- SAC's advocacy and policy development, capacity building, and technical assistance has been instrumental in the development and implementation of public health policies improving the quality of life for those living with HIV in the South

  www.southernAIDScoalition.org

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AIDS United, through the
Southern REACH Initiative

AIDS United
EVERY PERSON EVERY COMMUNITY

SouthernREACH
REGIONAL EXPANSION OF
ACCESS AND CAPACITY TO
ADDRESS HIV/AIDS

## Our Presenters

Sandra Percival
Program Director
Telemedicine and Distance Learning
Medical AIDS Outreach of Alabama, Inc.

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## Overview

- Part 1: Telemedicine and Why It Works
  - What is telemedicine?
  - Logistics and measurable outcomes

## Overview

- **Part 2: The Doctor / Patient Experience**

  – **How a medical encounter is conducted via telemedicine**

## Overview

- **Part 3: Implementation and Maintenance of Telemedicine**

  – **How telemedicine has allowed AIDS Action Coalition to expand its linkage and retention / access to care**

## Part 1: Telemedicine and Why It Works

**Sandra Percival**

**Program Director, Telemedicine and Distance Learning Initiatives**

**MAO of Alabama, Inc.**

## About MAO

- **A private, non-profit, Community Based AIDS Service Organization established in 1987**

- **Transitioned from a volunteer education and service organization to a full-time primary care facility**

## About MAO

- **Clients can access both medical and social services at Montgomery and Dothan locations, and each of the rural clinics MAO operates**

  – **MAO also provides HIV education and testing, and mental health counseling to patients and family members**

## About MAO

- **MAO provides community prevention education, quality services, and compassionate care to those infected and / or affected by HIV / AIDS**

## About MAO

- Services provided include:

  - Social services, medical treatment, medication assistance, pharmacist consultations, mental health counseling, patient education, prevention education, HIV testing, food bank services, and interpretation services including Spanish to English and hearing impaired

## What Is Telemedicine?

- Telemedicine is a video "chat" between a doctor and a patient
- High definition camera and video screen
- Bluetooth medical equipment
- 100% secure: telemedicine uses 128 bit encryption – twice the level of encryption used by the DOD

## What Is Telemedicine?

- Transcends the barriers many PLWHA face in accessing care

## Barriers to Care

- Increasing number of HIV diagnoses
- Poverty
  - Lack of transportation
- Health professional shortage areas
- Stigma

## Individuals Living with an HIV Diagnosis in Alabama

- At the end of 2012, a total of 11,936 individuals were known to be living with HIV in Alabama

  - Of these individuals, 4,869 (41%) had progressed to AIDS

## Individuals Living with an HIV Diagnosis in Alabama

- It is estimated that an additional 2,000 - 4,000 individuals are living with HIV but unaware of their status

## Poverty Rates in Alabama

- Out of Alabama's 67 counties:
  - 46 counties have poverty rates that are higher than the national average
  - 23 counties have poverty rates above 20%
  - 5 counties have poverty rates above 30%

## Poverty Rates in Alabama

- Wilcox County has the highest poverty rate in Alabama, with 39% of its population living below the poverty line
- According to the US Census Bureau, the average household income in Alabama is less than 200% of the federal poverty definition

## Poverty Rates in Alabama

- Fully 17% (or roughly 1 out of every 6 of Alabama's 4.8 million residents) live below the federal poverty line

## Health Professional Shortage Areas (HPSA)

- 62 of Alabama's 67 counties are, either partially or whole, Health Professional Shortage Areas
- There are only 57 ID Docs (most of whom are tasked to institutions) and only 3 AAHIVM credentialed physicians
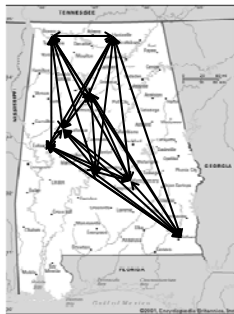
## Health Professional Shortage Areas (HPSA)

- This equates to roughly 1 expert per 80,000 Alabamians or 1 per 250 individuals living with HIV/AIDS

## Telemedicine Transcends Barriers to Care

- With telemedicine, Alabama eHealth has placed clinics in Selma, Sipsey, and Florence
- Corresponding "hubs" in Montgomery, Tuscaloosa, and Huntsville
- Retention rate of 92%

## Telemedicine Transcends Barriers to Care

- MAO has plans to expand to Troy, Clayton, and the Wiregrass area with a hub in Dothan



## Part 2: The Doctor / Patient Experience

**Prashanth Bhat, MD, MPH, AAHIVS**

**Primary Care, HIV Medicine and Clinical Epidemiology**

**MAO of Alabama, Inc.**

## Part 3: Implementation and Maintenance of Telemedicine

**Mary Elizabeth Marr**

**Chief Executive Officer**

**AIDS Action Coalition**

## Rural Access in North Alabama

- Clinical site in Huntsville and second site in Florence approximately 1.5 hours away

- Need to decrease the uncompensated time in traveling between sites

## Prior to Telemedicine

- Not seeing patients during travel time

- Able to see limited clients
  - Two days per month

- "No shows" impacted entire clinical day

- Very expensive transportation costs

## Prior to Telemedicine

- Clients traveling 1-4 hours for lab result appointment

- Clients without transportation:
  - Agency driver traveling for total of 8 hours plus for a medical appointment in Huntsville (main clinic)

## Success Post-Telemedicine

- Increased access to care
  - Clients in Florence satellite clinic two days per week vs. two days per month
- Decreased travel costs

## Success Post-Telemedicine

- Increased number of clients coming into care
  - 6 new or re-established clients during two-week period
- New services for Florence
  - Access to Psychiatrist for Florence clients

## Success Post-Telemedicine

- In September 2013, substance abuse treatment will be available through telemedicine

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