

Ending the Epidemic Task Force Recommendation Form

#45



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Collector: Web Link (Web Link)

Started: Thursday, October 30, 2014 7:30:29 PM

Last Modified: Thursday, October 30, 2014 8:20:01 PM

Time Spent: 00:49:31

IP Address: 108.183.13.55

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Q2: Title of your recommendation

Telemedicine for Follow-up Visits and Improved Retention/Linkage in Care and Viral Suppression in Rural Communities

Q3: Please provide a description of your proposed recommendation

Advance the use of telemedicine and social-media based interventions for HIV care providers in place of and/or in support of follow-up visits. Utilize web meetings and online video tools to make a connection between patients in rural areas and medical staff to make it easier to retain people in care who must travel long distances for a follow-up appointment. These services can also be provided through a community based organization where the person doesn't have access to the internet. A lack of adequate transportation is a barrier for medical care for countless low-income people living with HIV/AIDS in rural and suburban communities across New York State.

Advance the use of telemedicine and social media based interventions to provide links for people who have fallen out of care and bring them back into care as well as to deliver reminder for medical visits and medication reminders. This intervention is applicable statewide, not only in rural and suburban communities.

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

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Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

Housing and Supportive Services Committee: Develop recommendations that strengthen proven interventions enabling optimal engagement and linkage and retention in care for those most in need. This Committee will recommend interventions that effectively address complex and intersecting health and social conditions and reduce health disparities, particularly among New York's low-income and most vulnerable and marginalized residents. These interventions will diminish barriers to care and enhance access to care and treatment leaving no subpopulation behind.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

New program

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Permitted under current law

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?

Within the next year

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Q9: What are the perceived benefits of implementing this recommendation?

In many rural communities the healthcare system is not organized to promote prevention, monitor and coordinate services, provide primary care etc and people are forced to travel long distances for appropriate medical care, especially those people who need to access specialist services. The use of telemedicine and wireless/mobile platforms allow for instant communication over long distances. This also allows for convenience and accessibility for both doctor and patient. Telemedicine would allow access to quality and reliable patient centered medical care. It also allows for a linkage between community based primary care providers and specialists, geographically separated, to consult on a particular patient. Telemedicine would increase the number of primary care and specialty physicians to a particular community and reduce the number of unnecessary emergency room visits.

Use of telemedicine and social media-based interventions through linkage and retention in care allows for increased access to people who may not be able to utilize the phone during the day, this would include victims of domestic violence and youth, etc. Allowing for communication via Facebook, for example, provides an ample opportunity for someone to access medical providers at their convenience. This provides increased linkage and retention in care.

Utilizing these services for medication reminders are especially effective for youth because it allows for increased confidentiality not present when speaking over the phone with someone.

Q10: Are there any concerns with implementing this recommendation that should be considered?

Medical providers should be trained in telemedicine and effective social media interventions. Additionally, providers may need to increase current technological capacity. Medical providers and consumers may have additional concerns about confidentiality and privacy. There may be a learning curve with equipment use and there are limitations with a virtual exam.

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

These methods have already been developed and are used by many community-based organizations statewide. Training can be easily developed for providers. Grant funding is available for increased use of telemedicine as well as funding through Delivery System Reform Incentive Payment Program (DSRIP). Providers not currently utilizing telemedicine in their practice will need to procure new equipment.

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

Reduced rate of increase in per capita cost of care to be calculated. Reduced emergency room visits to be calculated.

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

Medical providers
Consumers

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

Measure of percentage of providers who adopt telemedicine. Measure of improved linkage/retention in care and viral suppression among providers that use of telemedicine technology and social media-based interventions. A survey should be done of providers currently using telemedicine.

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Q15: This recommendation was submitted by one of the following Advocate