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Director's Note

The COVID-19 pandemic has greatly affected the health care landscape in the nation and has had a significant impact on the HIV care and treatment work within the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP). To prevent, prepare for, and respond to the pandemic, the U.S. Department of Health and Human Services (HHS) awarded \$90 million in Fiscal Year (FY) 2020 Coronavirus Aid, Relief and Economic Security (CARES) Act funding to HRSA's RWHAP on April 15, 2020.

The FY 2020 CARES Act funding has given RWHAP recipients the ability to meet evolving needs in their communities and to take measures—such as social distancing practices—to control the spread of COVID-19 among staff and clients. Although the pandemic disrupted usual “pre-COVID-19” operations, it allowed RWHAP recipients to be flexible and implement innovative approaches to HIV care and client engagement. Many of these innovations—including the adoption of telehealth, streamlined processes for RWHAP client certifications and expanded access to medications, self-testing for HIV, and critical financial assistance for clients—can accelerate our work to meet the challenges of ending the HIV epidemic in the United States. These innovations are highlighted throughout this issue of *CAREAction*. In addition, the “Stories From the Field” feature two RWHAP recipients that expanded their virtual and telehealth capacities during the pandemic to plan local *Ending the HIV Epidemic in the U.S.* (EHE) initiatives and leverage telehealth services to provide care for people with HIV.

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PROVIDING CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT FUNDING

The Fiscal Year (FY) 2020 Coronavirus Aid, Relief and Economic Security (CARES) Act has allowed the Health Resources and Services Administration (HRSA) to provide critical funding to Ryan White

HIV/AIDS Program (RWHAP) recipients to prevent or minimize the impact of the pandemic on services to people with HIV. This funding gives recipients the flexibility to meet the evolving needs in their communities.¹ For example, FY 2020 CARES Act funds may be used by RWHAP recipients to purchase additional equipment, such as the hardware and software needed to implement telehealth; enhance workforce training and capacity development, such as training on using telehealth software and conducting a telehealth visit with clients; support existing HIV care and services, such as home-based or self-testing for HIV; and provide critical services—such as home-delivered meals, emergency housing, transportation, and financial assistance—to people with HIV.²

EXPANDING TELEHEALTH AND VIRTUAL MEETING CAPABILITIES

In addition to FY 2020 CARES Act funding, changes to state and federal telehealth laws, regulations, and policies have allowed health care systems, payers, and providers, including many RWHAP recipients, to modify their health care service delivery methods and leverage telehealth services to provide care for people with HIV. Prior to the pandemic, telehealth services provided by RWHAP recipients were focused on rural and remote areas. Telehealth is now more widely used by RWHAP recipients. According to the recent *Ryan White HIV/AIDS Program COVID-19 Data Report*, approximately 69 percent of RWHAP recipients reported having telehealth capacity in early March 2020; by November 2020, approximately 84 percent reported having that capacity.³ Recipients provided outpatient and ambulatory health services, mental health services, early intervention services, and medical case management through the use of telehealth. RWHAP recipients also reported using telehealth services to help provide emergency financial assistance, medical transportation, and food bank/home-delivered meals.

The use of telehealth has resulted in a variety of benefits for RWHAP providers and their clients with HIV.⁴ Telehealth allowed more frequent

and longer appointments between RWHAP providers and patients, as well as a lower rate of missed patient appointments. Another significant benefit was that providers were able to directly see and evaluate patients' living conditions, diets, and lifestyles—which, in turn, helped providers to address the specific needs of their patients. Telehealth appointments also enabled RWHAP providers to conduct psychosocial and mental health care assessments, which was particularly critical for patients coping with the trauma and isolation of the pandemic and the fear of contracting COVID-19.

RWHAP recipients also expanded their use of virtual technologies for meetings involving staff, partners, and other stakeholders. Virtual meetings enabled RWHAP recipients to communicate COVID-19 pandemic-related guidance to staff and helped providers plan and implement HIV services for their clients. In addition, virtual meetings were instrumental for planning local initiatives with partners and stakeholders during the pandemic. For example, the New Haven Health Department (NHHD) and Kentucky Department for Public Health (KDPH) conducted virtual meetings with stakeholders to plan and implement their *Ending the HIV Epidemic in the U.S.* (EHE) initiatives.

ENCOURAGING THE USE OF HOME-BASED AND SELF-TESTING FOR HIV

When social distancing and local stay-at-home policies were put into place during the COVID-19 pandemic, in-person HIV testing was disrupted, scaled back, or suspended in many locations. To facilitate HIV testing, the Centers for Disease Control and Prevention (CDC) issued guidance encouraging the use of home-based HIV testing during the pandemic.⁵ Home-based testing allows individuals to know their HIV status when in-person testing is not available or feasible. Receiving early HIV diagnosis and treatment with antiretroviral therapy increases the chances of people with HIV to lead longer and healthier lives and helps to keep their sexual partners healthy.

Health departments, community-based organizations, and other HIV prevention and care and treatment service providers have been encouraged to provide people who are at risk for HIV with U.S. Food and Drug Administration–approved self-test kits. HRSA also has encouraged RWHAP recipients to promote access to and continuity of care through self-testing. The kits are intended to be mailed to clients' homes or another private location of their choice. The kits provide information on how the individual can find appropriate care if the HIV test is positive. The ability to self-test at home for HIV helped keep individuals healthy and safe during the COVID-19 pandemic.

STREAMLINING CERTIFICATIONS AND EXTENDING HIV MEDICATION PRESCRIPTIONS

RWHAP clients are required to recertify their eligibility to receive services, including medications, every six months. This recertification may be administratively burdensome for both clients and programs. During the pandemic and with guidance from HRSA, RWHAP recipients exercised flexibility in determining client eligibility for RWHAP services and in performing six-month recertifications. Because RWHAP

recipients were encouraged to promote social distancing practices, they implemented telephonic or electronic documentation and signature processes, when possible, rather than requiring in-person certification. By being flexible during the recertification process, providers enabled their clients to continue to receive HIV services and medications while minimizing their exposure to COVID-19.

In addition, HRSA recommended that AIDS Drug Assistance Programs (ADAPs) allow longer than 30-day prescription dispensing, at the discretion of the prescribing provider. Many ADAPs were able to work with their pharmacy benefits managers to provide alternative access to medications, so that ADAP clients were able to have their 30-day prescriptions extended to 90 days. Mail-order prescriptions also were implemented. With this flexibility, patients were able to avoid frequent visits to the pharmacy, and in some cases, with the implementation of mail-order prescriptions, they were able to remain at home.

OFFERING OTHER CRITICAL SERVICES TO CLIENTS

During the COVID-19 pandemic, RWHAP recipients provided Emergency Financial Assistance as one-time or short-term payments to assist clients with an urgent need for essential items or services necessary to improve health outcomes.

These services, which were supported through FY 2020 CARES Act funding, included assistance for:

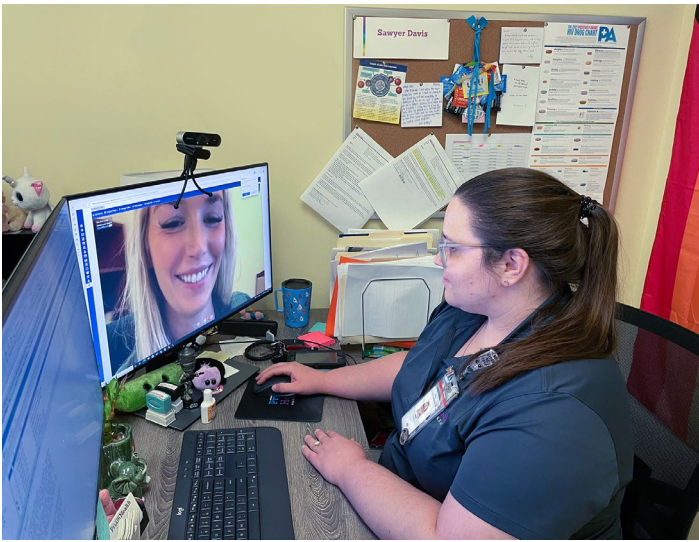
- › Utilities
- › Housing
- › Food (groceries and food vouchers)
- › Transportation to critical in-person medical appointments

Some RWHAP recipients, including NHHD and the Rutgers School of Dental Medicine Community-Based Dental Partnership Program, provided gift certificates for Uber Medical and Lyft to ensure that their clients did not risk exposure to COVID-19 by using public transportation to get to medical appointments. The issuance of gift certificates allowed the recipients to track usage to ensure that clients were using them for HIV care visits.

In addition, NHHD, KDPH, Prism Health North Texas (PHNTX), and the City of Kansas City, Missouri Health Department were among those RWHAP recipients that provided food and housing support to their clients. KDPH also provided hotel and motel vouchers as emergency assistance. Some recipients, such as KDPH, expanded their emergency financial assistance with FY 2020 CARES Act funds to include utilities, in addition to food and rental assistance.

Stories From the Field: Prism Health North Texas (PHNTX)

PHNTX, a HRSA RWHAP Part C recipient, connects people with HIV with personalized, integrated, and equitable HIV medical care and support services in north Texas, including Dallas County and eight



Virtual meeting between Prism Health North Texas, Clinical Nurses Sawyer Davis and Megan Rast.

surrounding counties. Currently, PHNTX’s RWHAP serves approximately 3,000 clients, or 30 percent of people currently in HIV care at four health centers in the region.

At the beginning of the COVID-19 pandemic, PHNTX embraced telehealth efforts to continue to provide high-quality care for its clients. The implementation of telehealth was critical because of patients’ increased anxiety from social isolation and fear of COVID-19.

“Telehealth implementation happened much more quickly than I think we had originally planned. We had talked about rolling it out last year, but we ended up implementing it over about a two-week period [due to the COVID-19 pandemic].”

PHNTX made telehealth and telepsychiatry visits available to patients for medical and behavioral health visits. According to Dr. Jason Gillman, Chief Clinical Informatics Officer, “Telehealth implementation happened much more quickly than I think we had originally planned. We had talked about rolling it out last year, but we ended up implementing it over about a two-week period [due to the COVID-19 pandemic].”

Behavioral health specialists and psychotherapists were trained immediately to adapt their styles and techniques to telehealth and to help patients adjust to the telehealth format, which was accessible via a variety of devices, including computers, smartphones, and tablets. PHNTX uses a Health Insurance Portability and Accountability Act (HIPAA)-compliant app for secured messaging with patients and uploading documentation. Case managers quickly learned how to

conduct and manage virtual appointments with patients to complete their RWHAP intake documentation. The no-show rate decreased by 5 percent compared to traditional in-clinic visits. PHNTX also implemented backup capabilities to address any technical difficulties and made a translator available for non-English-speaking patients.

Telehealth appointments ensured that even during the pandemic PHNTX patients received continued delivery of quality care—including both medical and behavioral health care—as well as case management, linkage to care appointments, and support groups.

Stories From the Field: Kentucky Department for Public Health (KDPH)

KDPH, a HRSA RWHAP Part B recipient, supports community-based medical and nonmedical support services for people with HIV throughout the Commonwealth of Kentucky. Currently, the KDPH RWHAP and its nine subrecipients serve approximately 5,000 people with HIV, approximately 70 percent of all reported living HIV cases in Kentucky.

During the COVID-19 pandemic, KDPH developed an EHE strategic plan for Kentucky through virtual stakeholder engagement. To develop the strategic plan, KDPH formed six regional stakeholder groups and one Commonwealth-wide stakeholder group comprising representatives from the regional groups. Regional stakeholder groups held multiple virtual meetings to discuss ideas, perspectives, and strategies for ending the HIV epidemic, and their recommendations were presented to the Commonwealth-wide group for consideration. This group worked with KDPH to compile input from the stakeholder meetings and survey, review regional stakeholder group recommendations, and draft and finalize the strategic plan. In December 2020, KDPH released Kentucky’s *Strategic Plan for Ending the HIV Epidemic* with the overarching goal of reducing new HIV infections by 75 percent in the first 5 years of the strategic plan and by 90 percent in the first 10 years.

Kentucky’s *Strategic Plan* specifically describes linkage-to-care activities to increase HIV treatment for incarcerated persons using RWHAP services. KDPH’s subrecipient, LivWell Community Health Services, recently served 13 incarcerated patients with HIV from six locations. All 13 patients participated in at least one telehealth appointment during the pandemic. LivWell Community Health Services, found that telehealth helps to better connect incarcerated people with HIV to care and requires fewer transportation and jail resources. Another subrecipient, Bluegrass Care Clinic, serves eight incarcerated patients in two counties. Bluegrass Care Clinic initially scheduled in-person appointments for incarcerated people with HIV but rescheduled those appointments because of concerns of risks associated with the COVID-19 pandemic. The subrecipient has been using telehealth appointments to deliver care to incarcerated people with HIV since that time. The ability to have the inmates meet with the physician by telehealth provided continued medication adherence for these eight incarcerated clients and allowed them to be seen on a regular rotation not possible with in-person visits.

References

- 1 Health Resources and Services Administration (HRSA). 2020. "Coronavirus (COVID-19) Information." <https://hab.hrsa.gov/coronavirus>. Accessed July 22, 2021.
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