



## HIV/STD Prevention Telehealth Interest and Readiness Survey Summary

A total of 26 participants responded to the survey sent to STD/HIV prevention partners in May 2020 (see Table 1). Participants represented 20 local public health authorities (LPHAs) and three external agencies (Cascade AIDS Project, HIV Alliance, and Outside In). Most survey participants have considered implementing telehealth services (65%) and responded that staff are interested in providing these services (73%). About half of participants responded that their client concerns are conducive to telehealth visits (46%) and clients are interested in receiving these services (46%). More than half of participants are concerned about billing and reimbursement for telehealth services (58%); less than half have concerns about confidentiality (42%). A quarter of participants noted a lack of equipment/technology as a barrier (27%). Participants were divided on whether they currently have the capacity to institute large-scale change, with half responding that they are neutral on this point. Of note, several jurisdictions interested in telehealth are entirely rural or frontier.

Twelve survey participants are with agencies funded by Early Intervention Services and Outreach and HIV Prevention Services contracts (EISO/HIV Prevention) awarded by the Oregon Health Authority (OHA). Non-EISO/HIV Prevention LPHAs were more likely than EISO/HIV Prevention partners to have considered implementing telehealth. These LPHAs were also more likely than EISO/HIV Prevention partners to endorse confidentiality and billing/reimbursement concerns and to respond that they currently do not have the capacity to institute large-scale change.

Technical assistance requests revolved around technology (e.g., secure videoconferencing equipment); support for advertising telehealth services; telehealth policies/procedures and best practices; and guidance translating telehealth visits into reporting systems such as Evaluation Web.

## Recommendations

Our partners are clearly interested in adopting telehealth for STD/HIV prevention and outreach purposes. The results also likely reflect increased interest prompted by the COVID-19 disruptions in STD/HIV services occurring when the survey was conducted. Telehealth implementation concerns centered primarily on logistics, such as ensuring confidentiality and billing for services provided on telehealth platforms, rather than on technological infrastructure and equipment. Technical assistance requests highlight a need for telehealth policies and best practices. Based on the survey results, telehealth implementation is not likely to require a significant financial investment by OHA STD/HIV Prevention/EISO. Technical support in the form of guidance and referrals to appropriate information sources may be crucial to implementation, particularly for non-EISO/HIV Prevention partners.

Recommendations include:

- Offer a special needs funding application specifically for supplies/equipment to enable telehealth STD/HIV visits and educational outreach
- Partner with the AIDS Education and Training Center (AETC) to support capacity-building and training efforts associated with telehealth
- Commit to highlighting and sharing successful HIV/STD telehealth models as they develop around the state
- Promote telehealth implementation alongside internet partner services in STD prevention



Table 1. Telehealth Interest and Readiness Survey Responses, May 2020\*

	All Responses (n=26)		Contracted EISO/HIV Prevention Partners <sup>†‡</sup> (n=12)		Non-EISO/HIV Prevention Partners (n=14)	
	Agree	Disagree	Agree	Disagree	Agree	Disagree
<b>Considered TH</b>	65%	15%	58%	17%	71%	14%
<b>Client concerns conducive to TH</b>	46%	23%	42%	33%	50%	14%
<b>Client interest in TH</b>	46%	12%	42%	8%	50%	14%
<b>Staff interest in TH</b>	73%	12%	75%	8%	71%	14%
<b>Confidentiality concerns</b>	42%	42%	33%	58%	50%	29%
<b>Billing concerns</b>	58%	31%	50%	42%	64%	21%
<b>Lack of equip/tech</b>	27%	50%	25%	50%	29%	50%
<b>No capacity for large- scale change</b>	23%	27%	17%	25%	29%	29%

\* Responses do not equal 100% because neutral response percentages are not displayed

† EISO-contracted counties: Deschutes, Jackson, Lane, Lincoln, Marion, and Multnomah

‡ HIV Prevention-contracted agencies include Cascade AIDS Project, HIV Alliance, Outside In, and the following counties: Clackamas, Deschutes, Jackson, Lane, Marion, Multnomah, and Washington