

Strategies for Provision of **Telemedicine Services** for HIV, STIs, HCV, and **Drug User Health** in **NYS** during the **COVID-19** **Pandemic**



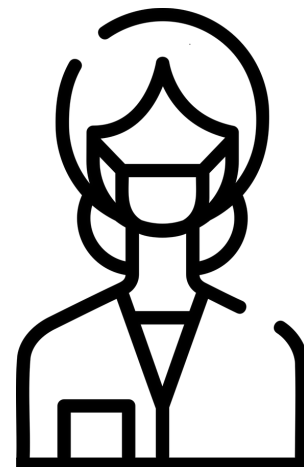
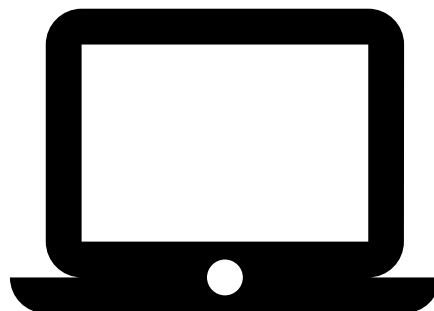
**CLINICAL
EDUCATION
INITIATIVE**

NEW YORK STATE DEPARTMENT
OF HEALTH AIDS INSTITUTE

OVERVIEW

Telemedicine services (via audio only or video) help clinicians provide healthcare when access is limited, and the use of telemedicine is encouraged during the COVID-19 Pandemic to limit potential exposures. From an individual and public health perspective, minimizing disruptions in care for HIV, STI, Hepatitis C, and drug user health is particularly important. Implementing telemedicine allows for maintenance of social distancing and limits in-person interactions, necessary during the COVID-19 Pandemic. Looking toward the future, telemedicine provides a unique opportunity to engage patients who are not actively involved in care due to social stigma, geographic isolation, or other psychosocial factors.

More information about planning telemedicine programs can be found below in the Resources Section. To facilitate use of telemedicine during the pandemic, some HIPAA-related restrictions on video platforms have been temporarily altered. Billing policies for telemedicine services vary by type of encounter and insurer. Medicaid healthcare providers can refer to NYS guidance regarding telehealth services during COVID-19. Technical and billing policies surrounding the provision of telemedicine are updated frequently and many organizations will have internal policies and practices to abide by.



KEY CONSIDERATIONS

Telemedicine has unique benefits and limitations depending on the nature of the services being provided and the health issues being addressed. With regard to HIV, STIs, Hepatitis C, and drug user health, special attention should be paid to ensuring patient privacy during the encounter.

BENEFITS

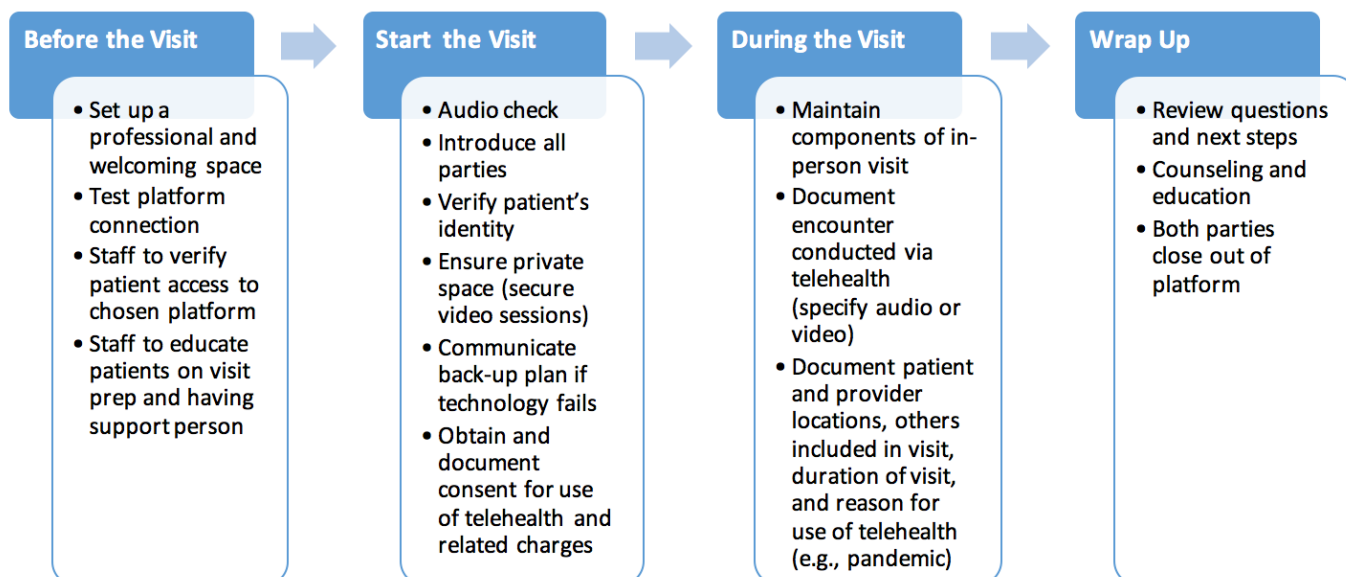
- Allows for maintenance of social distancing practices
- May help patients cope with social isolation
- Improves patient access to care
- Ideal for visits that do not require exam, e.g. adherence, counseling

LIMITATIONS

- Communication may be less effective than in-person
- Requires patient to have access to phone/internet and safe/private space
- Lack of physical exam
- Most diagnostic or screening tests cannot be done at home
- Treatment limited to oral medications

THE CLINICAL ENCOUNTER

Below is an overview of an example telemedicine workflow:



Adapted from the Northwest Regional Telehealth Resource Center's "[Quick Start Guide to Telehealth During the current public health emergency](#)."

TELEMEDICINE FOR HIV PREVENTION AND TREATMENT VISITS

It is important to continue HIV-related care during COVID-19. Note: tailor protocol to COVID-19 prevalence in your community. A range of models can be employed depending on local restrictions, needs of patients, and capacity of clinics. Review local data weekly to guide modifications.

General Principles of Telehealth Visits for HIV

Prevention and Treatment during the Pandemic

- Pre-screen to minimize need for in-person visits
- Identify priority visit types for in-person care or with need for emergent linkage to care
 - **Exposure to HIV:** If a patient had a potential HIV exposure within the last 3 days, see PEP below.
 - **New diagnosis of HIV:** Ideally, a visit for someone with a new diagnosis should be done in-person to promote patient engagement and facilitate rapid treatment initiation protocols. Telemedicine can then be used to follow up on baseline labs and to monitor for tolerability and adherence to antvirals (ART).

Assessment

- Pre-visit telephone triage
 - Consent for both participation in a telehealth visit and any associated charge (if applicable)
 - Assess need for emergent intervention or on-site care (see above)
 - If patient is well and seeking screening, suggest home testing (see below)
- Telehealth visit
 - History of present illness, sexual history with risk assessment (last sex encounter, type of sex, partners, prior STIs, drug use), past history, medications, drug allergies

Testing

- Coordinate testing. In some cases, at-home HIV testing kits can be mailed to a patient's home for free. Home HIV tests may also be purchased at a nearby pharmacy or purchased online for under \$40 (see below resources)
- Details about STI testing and treatment can be found below

Prevention

- **PEP:** Refer the patient to the NYS or NYC PEP hotline or start PEP medication as per NYSDOH guidelines.
 - **PEP Hotline: NYC:** (844) 3-PEP NYC (844-373-7692); **Outside of NYC:** (844) PEP4NOW (844-737-4669)
 - Follow up to provide a medical exam and obtain baseline tests as soon as possible
 - **Initiating PEP:** Due to time sensitivity, a prescription should be transmitted to a local pharmacy that stocks PEP medication. Obtain baseline tests, including an HIV test, as soon as possible
 - **ER:** If PEP medication is not available for immediate access, patients can go to their local emergency department. Patients can print a PEP fact sheet (or use the QR code on their phone) and bring to the ER
- **PrEP:** PrEP can be prescribed and picked up at the patient's nearby pharmacy. In some cases, pharmacy delivery may be available (see below). If possible, it is recommended to prescribe/dispense 3 months of medication
 - Coordinate baseline and quarterly labs for HIV and STIs, with an option for at-home testing for HIV

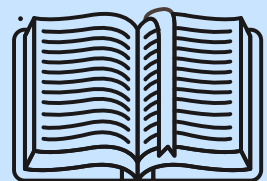
TELEMEDICINE FOR HIV PREVENTION AND TREATMENT VISITS (CONT.)

Treatment

- **ART:** HHS recommends that people with HIV maintain at least an extra 30-day supply of medications. ART can be prescribed and picked up at the patient's nearby pharmacy. In some cases, pharmacy delivery services may be available. If possible, it is recommended to prescribe/dispense 3 months of medication.
 - Monitor symptoms, side effects, adherence, etc. via self-report. If patients are virally suppressed and don't have health issues, routine viral load monitoring may be delayed up to an additional 6 months

Counseling/Education

- Close visit with counseling/education on prevention, treatment, etc.
- Schedule follow-up appointments for both telehealth and in-person visits (when available)
- Provide referral or warm hand-off to other services, as needed



Additional HIV Resources

- CDC's [What to Know about HIV and COVID-19](#)
- HHS's [HIV/AIDS Interim Guidance for COVID-19 and Persons with HIV](#)
- NYS DOH's [PEP Fact Sheet for Patients](#)
- NYS DOH'S [HIV Home Test Giveaway](#)
- Health HIV's [Telehealth HIV Resources](#)
- Please PrEP Me's [list of online PrEP providers](#)
- Rural Health Information Hub's [Telehealth and Use of Technology to Improve Access to Care for People Living with HIV/AIDS](#)



TELEMEDICINE FOR STI VISITS

Note: Tailor protocol to COVID-19 prevalence in your community. A range of models can be employed depending on local restrictions, needs of patients, and capacity of clinics. Review local data weekly to guide modifications.

General Principles of Telehealth Visits for STIs during the Pandemic

- Pre-screen and minimize need for in-person visits
- Provide safe and effective treatment for STIs through syndromic management
- Minimize risk of adverse drug reactions and enhanced development of antibiotic resistance
- Identify priority visit types for in-person care or with need for emergent linkage to care:
 - Examples: Pregnant; syphilis or syphilis contact; HIV contact; sexual assault; symptoms abdominal pain/PID; or STI symptoms that do not fit a pre-determined syndromic management algorithm

Assessment

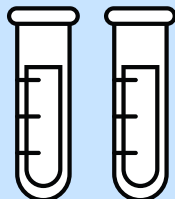
- Pre-visit telephone triage
 - Consent for both participation in a telehealth visit and any associated charge (if applicable)
 - Symptom screen, assess need for emergent intervention or on-site care (see above)
 - If person is well and seeking screening, suggest home testing
- Telehealth Visit
 - History of present illness, sexual history with risk assessment (last sex encounter, type of sex, partners, prior STIs)
 - Specifically consider fever, abdominal pain, dyspareunia, scrotal pain, risk of pregnancy
 - Past history, medications and drug allergies, recent antibiotics

Diagnosis

- If typical symptoms of STI syndromes, aim to treat empirically using electronic prescriptions (guidance below) based on signs/symptoms of the particular syndrome to guide diagnosis (if not, exam/testing indicated)

Testing

- If testing is needed that can't be done at home (e.g., serum HIV testing, RPR, etc.) the patient can be referred to a lab or come to clinic for an abbreviated encounter for test collection (rest of visit conducted by phone)
- Some health departments and clinics offer in-home HIV test kits and home collection kits for STI lab tests



TELEMEDICINE FOR STI VISITS (CONT.)

Treatment

- If self-reported or known asymptomatic contacts to CT, GC, trichomoniasis, NGU, cervicitis, or PID aim to treat empirically using electronic prescriptions
- For patients with syphilis or syphilis contacts, evaluation and management is individualized based on patient symptoms and risk factors and current pandemic prevalence/restrictions
- For patients with CT, consider expedited partner therapy for sexual contacts
- Considerations for in-person treatment (with as much of visit as possible conducted by phone):
 - Syphilis in pregnancy
 - Barriers to pharmacy-dispensed meds (e.g., cost, drug-shortage, allergy)
 - GC in MSM and trans women, oropharyngeal GC, or others with greater risk of drug-resistant GC
 - Conditions/symptoms outlined above as “priority”



Counseling/Education

- Close visit with counseling/education on partner treatment and prevention
- With syndromic management and use of alternative treatment regimens, ensure patients are aware to call with persistent symptoms, and test of cure is arranged when indicated

Additional STI Resources

- CDC Dear Colleague Letter - [Providing care and prevention when services limited \(including syndromic management\)](#)
- NYC DOHMH - [STI Syndromic Management Algorithm](#)
- NYC DOHMH - [Oral Treatment of Uncomplicated Anogenital GC in Absence of Injectable Treatment](#)
- San Francisco City Clinic - [Telemedicine SOP during COVID-19 \(including syndromic management\)](#)
- Seattle-King County - [Sexual Health Clinic Televisits \(including syndromic management\)](#)
- National Coalition of STD Directors - [NCSD COVID-19 STD Clinic Resources](#)
- NYS DOH - [Expedited Partner Therapy](#)

TELEMEDICINE FOR HEPATITIS C VISITS

Note: Tailor protocol to COVID-19 prevalence in your community. A range of models can be employed depending on local restrictions, needs of patients, and capacity of clinics. Review local data weekly to guide modifications.

Assessment

- Elicit Hepatitis C Virus (HCV) history and medical history verbally or through the patient portal in the electronic health system
- Key questions: liver disease history, whether disease severity is known, whether the patient was previously treated, what comorbidities they have, and which medications they are currently on

Screening

- Screening for Hepatitis C Virus can be arranged by ordering lab work (e.g., HCV AB with reflex to HCV RNA)

Testing

- Based on the assessment, coordinate testing for HCV viral load, liver tests, and disease severity. Serum fibrosis tests can take the place of in-person fibrosis assessments such as transient elastography

Diagnosis

- Share test results and recommend next steps via telemedicine

Counseling

- Provide counseling regarding disease severity and treatment options for HCV can be performed via telemedicine

Education

- Educate patients on a variety of topics, including: preventing COVID-19, alcohol abstinence, harm reduction and syringe access as needed, how to prevent HCV disease progression, and potential treatment options and therapeutic benefits

Prescribing HCV Therapy

- Initiation of HCV therapy for treatment naïve patients may be deferred if the patient has not been seen in clinic previously, and can consider initiation of therapy via telemedicine on an individual basis
- If possible, HCV medication should be mailed to the patient home with instructions for the patient to schedule telemedicine appointment once they have received medication and prior to initiating treatment

TELEMEDICINE FOR HEPATITIS C VISITS (CONT.)

Monitoring

- Monitor patients' health, symptoms, side effects, medication adherence, etc. via patient self-report
- If patients with HCV are adherent to therapy and not having any health issues, providers may delay routine blood tests. Patients on HCV therapy should be monitored closely through regular telemedicine visits. Consider scheduling telemedicine visits on a monthly basis while on treatment and then again at 12 weeks post treatment
 - Bloodwork including HCV RNA and liver tests can be checked locally at a lab convenient for the patient, with clear instructions provided to the patient on where to have the lab fax the results of the bloodwork

Referrals

- Provide linkages to external services not offered by their health center/practice (food, housing, social services)

Scheduling

- Schedule follow-up appointments for both telemedicine and in-person visits (when available)

Additional HCV Resources

- CDC's [What to Know About Liver Disease and COVID-19](#)
- AASLD [Updated liver disease and COVID-19 guidelines from AASLD which includes telemedicine recommendations](#)
- AASLD's and IDSA's [HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C](#)
- CDC's [Testing Recommendations for Hepatitis C Virus Infection](#)
- CDC's [Laboratory Testing](#)
- CDC's [Viral Hepatitis Resources](#)
- NYS DOH's [Guidelines on Treatment of Chronic HCV with Direct-Acting Antiviral](#)
- NYS DOH's [HCV Resources](#)
- NYC DOH's [HCV Testing and Treatment](#)
- NYC DOH's [Hep Free NYC](#)

TELEMEDICINE FOR DRUG USER HEALTH VISITS

Note: Tailor protocol to COVID-19 prevalence in your community. A range of models can be employed depending on local restrictions, needs of patients, and capacity of clinics. Review local data weekly to guide modifications.

Access to Buprenorphine

- Use telemedicine to prioritize treatment continuation for existing patients and for patients who wish to start treatment
- Providers with a DATA 2000 waiver to prescribe buprenorphine can do so for patients who want to start or continue treatment, via telemedicine (audio or video)
 - Telemedicine should be used primarily for most patients, particularly those who have conditions that raise their vulnerability or for whom transportation is a challenge
 - Most patients who have no telephone will require in-person visits
 - Provide longer prescriptions (e.g., 30 days) and perhaps additional refills for most patients, without requiring in-person visits or urine toxicology testing
 - For patients who do not have a safe place to store medication) consider shorter prescriptions (e.g., 2 weeks) and frequent check-ins (remote or in-person)
 - Some patients may prefer monthly or more frequent check-ins whether in-person or remote.
 - A few patients may have histories suggesting that they use little or none of their medication thus may be asked for urine toxicology testing and/or given shorter prescriptions

Access to Methadone

- Opioid Treatment Programs (OTPs) are still required to conduct a face-to-face examination with patients starting on methadone, using appropriate PPE
- OTP providers may give take-home doses during the initiation phase, close follow-up is important to reduce adverse events. Weigh the risks of COVID-19 exposure with the risk of undertreated opioid use disorder and methadone-related adverse effects
 - Consider extended take-home doses on an individual patient basis: SAMHSA allows up to 14-28 day take-home doses
 - Should be in regular communication with patients given extended take-home doses via telemedicine .



Remember that both these medications protect against opioid overdose even if patients continue to use other drugs.

TELEMEDICINE FOR DRUG USER HEALTH VISITS (CONT.)

Harm Reduction Services

- **Overdose prevention education:** Conduct remote trainings in overdose prevention education with naloxone via telephone or through video conferencing (i.e. Zoom, FaceTime) [NYS Opioid Overdose Prevention Program](#)
- **Naloxone distribution:** Naloxone kits can then be mailed to patients OR there can be a coordinated pick-up at a designated location, utilizing appropriate social distancing strategies. If no naloxone kits are available, coordinate with the patient to go to a participating naloxone pharmacy ([NYS Department of Health Availability of Naloxone in Pharmacies](#) and [NYC Naloxone Pharmacy Directory](#)) that has naloxone available to be dispensed under the standing order (without requiring a prescription)
 - Consider referring patients to an [online and mail-based naloxone distribution service](#)
 - [Naloxone without a co-pay](#)
- **Syringe services programs (SSPs):** Some SSPs remain open to provide telemedicine services including buprenorphine, post-exposure prophylaxis, and pre-exposure prophylaxis. Refer patients to an [online and mail-based syringe distribution program](#)
 - Encourage patients to call a hotline (**1-800-484-3731** or see www.neverusealone.com) while using; an operator will stay on the phone while the patient is using and if the patient does not respond after a set amount of time, the operator will notify emergency services

Additional DUH Resources

- [DEA COVID-19 Website](#)
 - [How to prescribe controlled substances to patients during COVID-19](#)
- [American Society for Addiction Medicine \(ASAM\) COVID-19](#)
- [SAMHSA COVID-19](#)
- [SAMHSA Buprenorphine Practitioner Locator](#)
- [NYS Department of Health's Drug User Health Resources](#)
- [NYS Directory of Pharmacy Dispensing Naloxone with Standing Orders by County](#)
- [NYC Department of Health's Information for Providers About Treating Opioid Use Disorder](#)
- [NYC Buprenorphine Treatment Sites](#)



GENERAL RESOURCES

Resources for Implementing Telemedicine

American Health Information Management Association's [Telemedicine Toolkit](#)

NYS DOH's Fact Sheet: [Medicaid Telehealth Services During the Coronavirus Emergency](#).

NYS DOH Medicaid Program's [Comprehensive Guidance Regarding Use of Telehealth including Telephonic Services During the COVID-19 State of Emergency](#).

NYS DOH's [COVID-19 FAQs and Guidance for Medicaid Providers](#)

NYS DOH's [2020 Medicaid Program Updates](#)

American Medical Association's [Telehealth Implementation Playbook](#)

Centers for Medicare & Medicaid Service's [General Provider Telehealth and Telemedicine Tool Kit](#)

Northwest Regional Telehealth Resource Center's [Quick Start Guide to Telehealth During the current public health emergency](#).

FCC's details about local [broadband access](#)

The Center for Connected Health Policy's [Current State Laws & Reimbursement Policies](#)

National Consortium of Telehealth Resource Centers [COVID-19 Telehealth Toolkit](#)

HHS's [Discretion for Telehealth Remote Communications During the COVID-19 Pandemic](#)

HHS's Office for Civil Rights [FAQs on Telehealth and HIPPA during the COVID-19 nationwide public health emergency](#).

American College of Physicians' [Telehealth Coding and Billing During COVID-19](#)

The National Organization of State Offices of Rural Health's [Telehealth Technologies and Preparing to Select a Vendor](#)

Clinical Resources

NYS DOH AIDS Institute's CEI Line (Providers only): 1-866-637-2342

A toll-free number for clinicians in NYS to discuss PEP, PrEP, HIV, HCV, Drug User Health and STD management with a specialist.

NYS DOH AIDS Institute's [Clinical Guidelines](#)

NYS DOH AIDS Institute's [Clinical Education Initiative](#)
Clinical education resources, including live webinars and online courses.

NYS DOH's [Information on Novel Coronavirus](#)

NYS DOH AIDS Institute's [Coronavirus News](#)