Telehealth Experience and Satisfaction During the COVID-19 Pandemic Among PWH in DC

Gayle Balba[1], Shannon K. Barth[2] , Kacie Saulters[3], Michael Horberg[4], Alan Greenberg[2], Anne Monroe[2], Princy Kumar[1], Amanda D. Castel[2], on behalf of the DC Cohort Executive Committee
[1]Georgetown University, Washington, DC; [2]The George Washington University Milken School of Public Health, Washington, DC; [3]University of Maryland Capital Region Health, Largo, MD; [4]Kasier Permanente Mid-Atlantic States, Rockville, MD

Background

- Telehealth has been used primarily to provide HIV care in rural areas and settings with limited healthcare access
- The pandemic may have resulted in disruptions in PWH's ability to access care
- During the COVID-19 pandemic, telehealth was rapidly deployed for HIV care

Objective

- To quantify use of and satisfaction with telehealth among a cohort of people with HIV (PWH) in Washington, DC

Methods

DATA SOURCE

- Cross-sectional COVID-19 survey of participants in the DC Cohort, a prospective longitudinal study of PWH receiving care at 14 clinics in Washington, DC
- Survey responses were linked to participants' electronic health records
- Responses between October 2020 and December 2021 were included (N=978)

STATISTICAL ANALYSES

- Calculated frequency counts and prevalence estimates of self-reported telehealth use by demographic and HIV-related measures
- Measured impact of telehealth on HIV-related measures, patient motivation for using, and satisfaction with telehealth
- Conducted unadjusted and adjusted logistic regression analyses comparing telehealth usage by demographic and HIV-related measures

Results

Table 1: Unadjusted (OR) and adjusted odds ratios (aOR) and 95% confidence intervals (CI) of telehealth use compared to those not using telehealth by demographic and HIV/medical characteristics, N=978

Characteristic	No telehealth visit (n= 300, 30.7%)	Telehealth visit (n=678, 69.3%)	OR (95% CI)	aOR (95% CI)
Sociodemographics				
Gender Identity*				
Female	79 (26.3)	235 (34.7)	**1.55 (1.14, 2.09)**	1.34 (0.96, 1.94)
Male	219 (73.0)	421 (62.1)	REF	REF
Race/Ethnicity*				
Non-Hispanic White	44 (14.7)	85 (12.5)	REF	REF
Non-Hispanic Black	218 (72.7)	505 (74.5)	1.20 (0.81, 1.78)	0.93 (0.60, 1.45)
Hispanic	15 (5.0)	38 (5.6)	1.31 (0.65, 2.64)	1.15 (0.58, 2.52)
Other[1]	16 (5.3)	32 (4.7)	1.04 (0.51, 2.09)	0.82 (0.39, 1.76)
Education*				
Less than high school education	22 (7.3)	70 (10.3)	1.46 (0.88, 2.43)	**1.01 (0.56, 1.83)**
HS graduate	90 (30.0)	190 (28.0)	0.97 (0.72, 1.32)	**0.69 (0.48, 0.98)**
At least some college	186 (62.0)	405 (59.7)	REF	REF
Work status (as of 1/1/20)*				
Employed full- or part-time	186 (62.0)	355 (52.4)	REF	REF
Unemployed	38 (12.7)	91 (13.4)	**1.26 (0.83, 1.91)**	**1.12 (0.70, 1.79)**
Other[2]	76 (25.3)	232 (34.23)	**1.57 (1.15, 2.16)**	**1.50 (1.04, 2.17)**
Housing status*				
Own	94 (31.3)	140 (20.7)	REF	REF
Rent	162 (54.0)	411 (60.6)	**1.70 (1.24, 2.34)**	**1.53 (1.05, 2.23)**
Homeless	4 (1.3)	6 (0.9)	1.01 (0.28, 3.67)	1.78 (0.17, 17.87)
Other[3]	40 (13.3)	121 (17.9)	**2.03 (1.30, 3.16)**	**2.03 (1.21, 3.41)**
HIV and Other Medical Conditions				
Viral load[5] as of 1/1/20 (n=968)**				
undetectable	145 (48.3)	352 (51.9)	REF	REF
not undetectable	55 (18.3)	154 (22.7)	**1.15 (0.80, 1.66)**	**1.01 (0.69, 1.50)**
no labs as of 1/1/20	67 (22.3)	119 (17.6)	0.73 (0.51, 1.05)	**0.76 (0.52, 1.10)**
CD4 as of 1/1/20 (n=762)**				
CD4 ≥200 cells/μl	210 (70.0)	505 (74.5)	REF	REF
CD4 <200 cells/μl	9 (3.0)	23 (3.4)	**1.06 (0.48, 2.34)**	**1.43 (0.59, 3.47)**
no labs as of 1/1/20	59 (19.7)	118 (17.4)	**0.83 (0.59, 1.18)**	**0.90 (0.62, 1.30)**
HIV Mode of Transmission**				
Men who have sex with men (MSM)	143 (47.7)	260 (38.4)	REF	REF
High Risk Heterosexual	67 (22.3)	186 (27.4)	**1.53 (1.08, 2.16)**	1.34 (0.81, 2.22)
Other[6]	69 (23.0)	203 (29.9)	**1.62 (1.15, 2.28)**	1.45 (0.95, 2.23)
Number of underlying medical conditions **				
0	106 (35.3)	193 (28.5)	REF	REF
≥1	194 (64.7)	485 (71.5)	**1.37 (1.03, 1.83)**	**1.41 (1.02, 1.95)**

[1]Other includes American Indian/Alaska native, Asian, Native Hawaiian/Pacific Islander, Bi/multiracial, [2]Other includes student, homemaker, disabled, retired, other, [3]Other includes lives with parent/friends, lives in rooming/half way/group home, lives in residential drug facility, lives in assisted living, other, [4]Other includes MD, VA, other, declined, missing, [5]Viral suppression defined as HIV RNA < 20 copies/ml at last measured, [6]Other includes perinatal, hemophilia, blood transfusion, other, unknown; *Model includes all demographic variables; **Separate models for each HIV/medical condition outcome, adjusting for age, gender, race/ethnicity, employment status, housing composition, housing status, state of residence

Figure 1: Primary motivation for using telehealth (N=678)

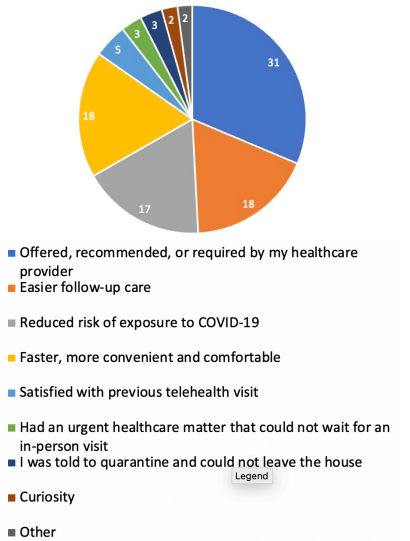
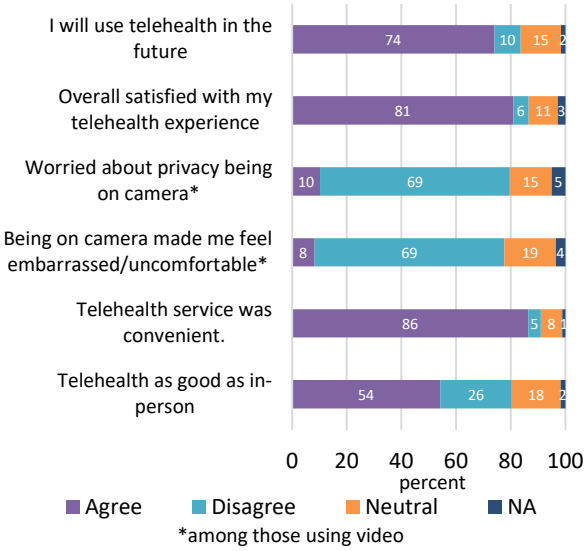


Figure 2: PWH satisfaction with using telehealth (N=678)



Conclusions

- We observed high prevalence of telehealth use for HIV care during the pandemic era among a cohort of PWH across multiple demographics, with greater likelihood of use among females, those with higher education, other work status, and those with one or more medical condition in addition to HIV.
- Overall, participants reported satisfaction with telehealth experiences, including feeling satisfied, feeling it was fast, convenient and comfortable, and willingness to continue use.
- Results suggest that telehealth may support engagement in care among PWH in the post-pandemic era given the high prevalence, motivations, and satisfaction with telehealth visits.

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