



MAOI

# Innovations in HIV Care

## Michael Murphree, MSW, LICSW

*35 years of compassion, care, & innovation in 2021*  
**MONTGOMERY – DOTHAN – ATMORE**  
**SOUTH ALABAMA**  
**(800) 510-4704**  
**MAOI.ORG**



# PRIMARY OBJECTIVES TODAY

- ▶ Participants will receive information on the issues facing rural communities in specialty care delivery.
- ▶ Participants will learn about the use of Telemedicine/Telehealth in the Medical Advocacy and Outreach service area and how to address HIPAA concerns.
- ▶ Participants will develop an understanding of potential costs for implementing a Telemedicine/Telehealth project in a resource limited area.



MAO

# GETTING TO KNOW MAO

- A 501(c)3 not-for-profit organization founded in 1987.
- Responding to the needs of people living with HIV in rural areas has given way to a broad range of services.

## MISSION

MAO supports the overall health and wellbeing of individuals needing our services, including those living with HIV and substance use disorders, by delivering comprehensive healthcare through medical treatment, behavioral health, social services and health and civic education.

# SERVICES



## Medical Advocacy & Outreach

26% of MAO Personnel dedicated to Administrative Support services including telemedicine and information technology support.

39 %  
of MAO  
Personnel

**Medical**

- HIV Specialty & Primary
- PrEP
- nPEP
- Hepatitis C
- Dental
- Pharmacy

**Behavioral**

- Mental Health
- Substance Abuse
- Counseling
- Treatment Referral
- Drug Testing

9%  
of MAO  
Personnel

20 %  
of MAO  
Personnel

**Social**

- Social Work
- Case Management
- Transportation
- Food Pantry
- House Assistance
- Consumer/Client Engagement

**Educational**

- HIV Testing
- Hepatitis C Testing
- School & Community Prevention Education
- Alabama AETC/ Professional Development
- Civic Health Advocacy

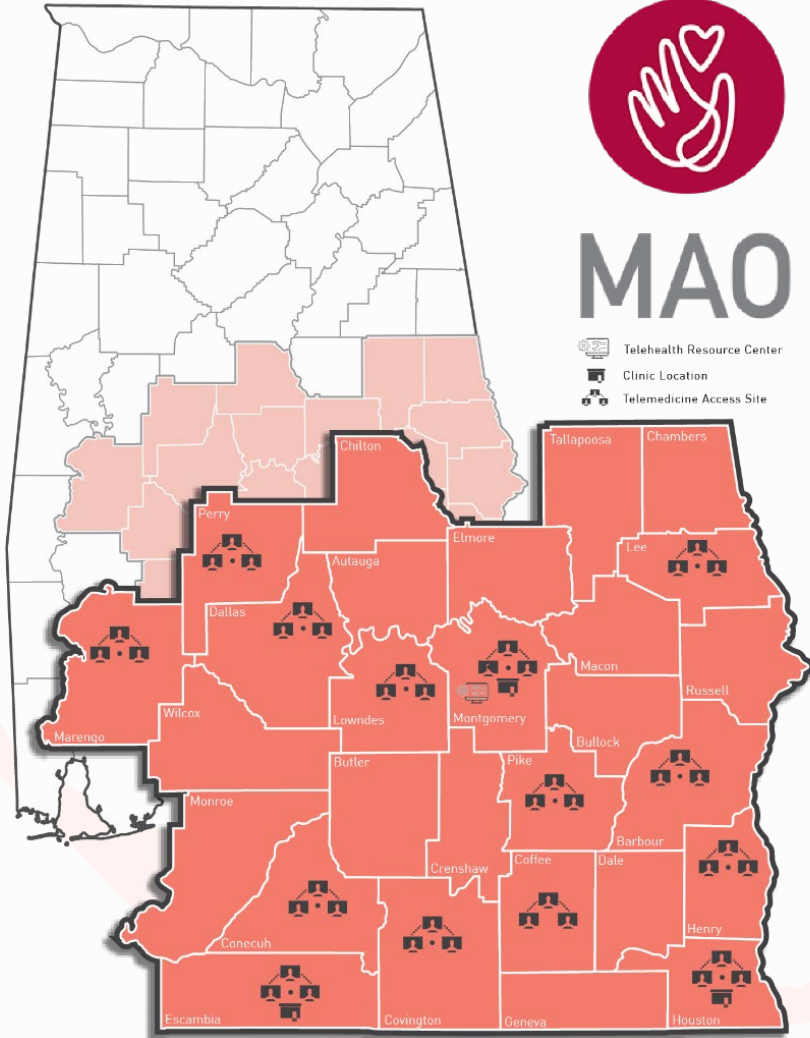
6%  
of MAO  
Personnel

# GEOGRAPHY & REACH



**MAO**

-  Telehealth Resource Center
-  Clinic Location
-  Telemedicine Access Site



18,675 square miles

- 4 - Full-service Clinic, Testing & Education Hub Sites
  - Montgomery
  - Dothan
  - Atmore
  - Selma (Clinic Only)
- 11 - Alabama e-Health Satellite Clinics
- Hub Sites & Satellite Clinics connect MAO team members using state-of-the-art encrypted telemedicine technology.

Alabama  Health

# THE COMMUNITIES WE SERVE

Illustrations provided by AIDSvu ([www.aidsvu.org](http://www.aidsvu.org))

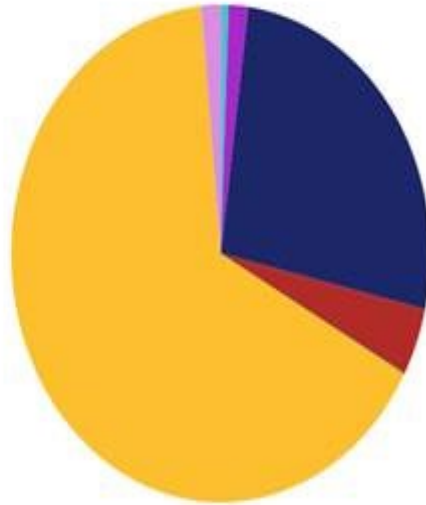
## DEMOGRAPHICS, 2018

Total Population

4,887,871

State Population by Race/Ethnicity

- American Indian / Alaska Native (0.6%)
- Asian (1.5%)
- Black (26.5%)
- Hispanic / Latinx (4.4%)
- Native Hawaiian / Other Pacific Islander (0.1%)
- White (65.4%)
- Multiple Race (1.6%)
- Other\* (0.0%)



\*Includes other races/ethnicities or missing/suppressed data

## HIV Prevalence

Number of people living with HIV, 2018

13,579

Rate of people living with HIV per 100,000 people, 2018

330

Percent of people living with HIV, by Sex, 2018



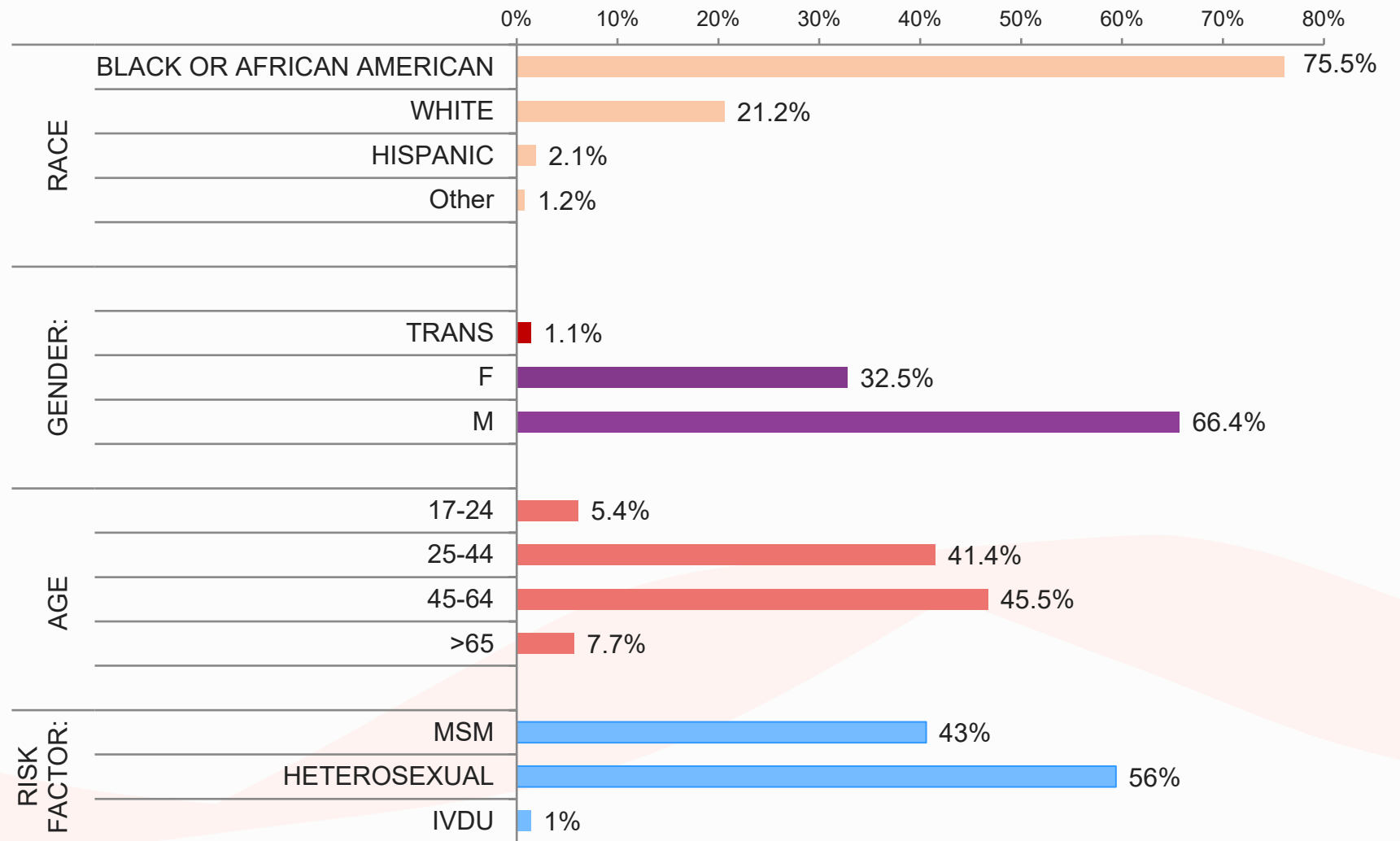
Percent of people living with HIV, by Race, 2018



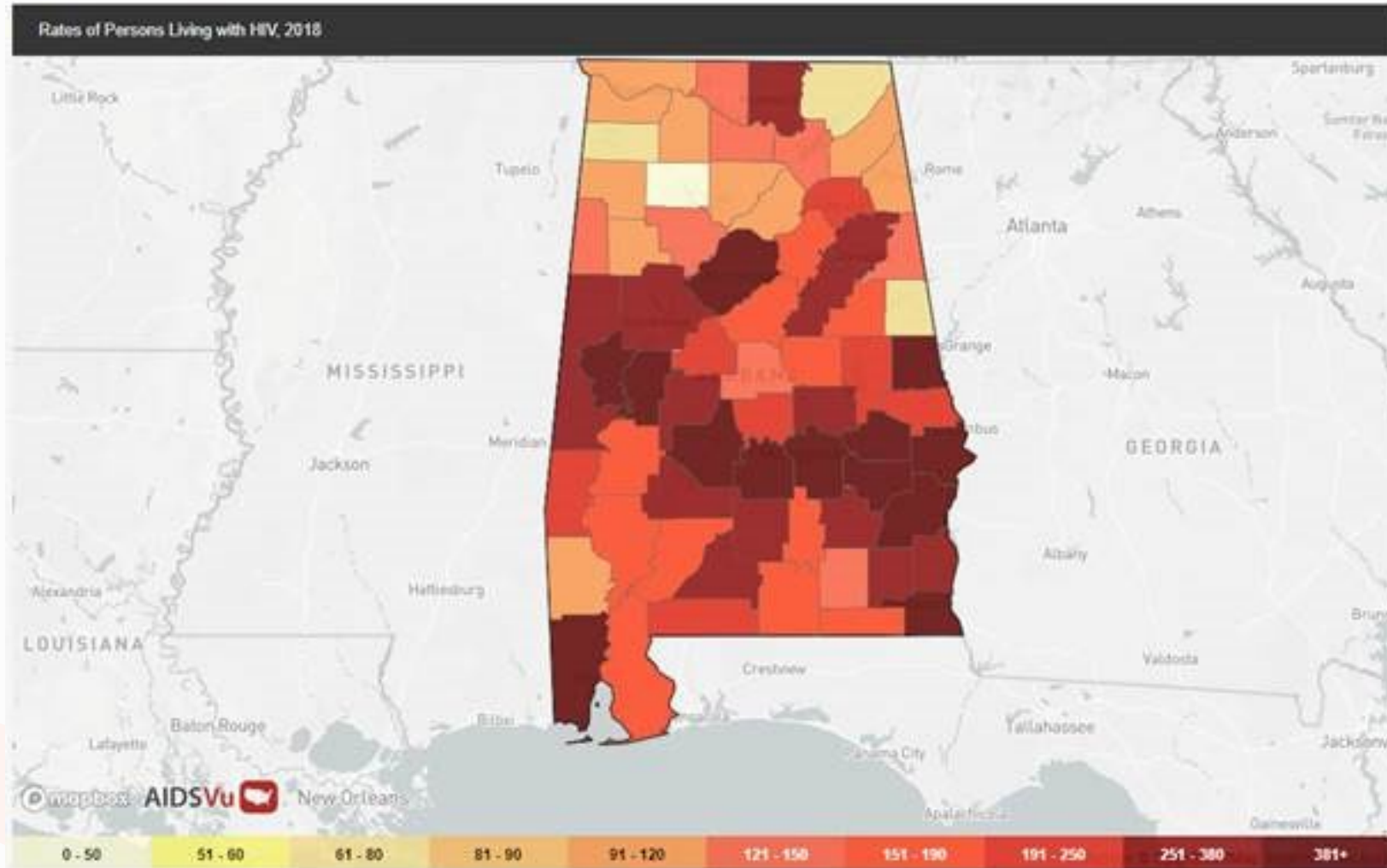
Percent of people living with HIV, by Age, 2018



# 2020 RECIPIENT DEMOGRAPHICS



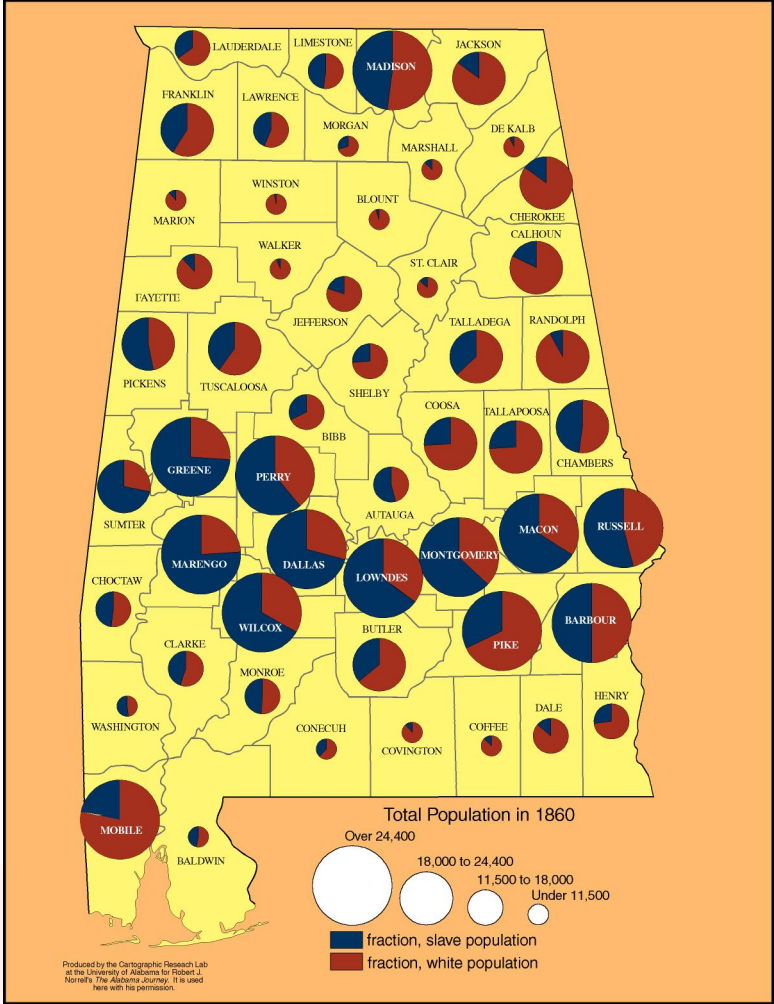
# A PATTERN OF HEALTH DISPARITIES THE IMPACT OF HIV ON ALABAMA







# ORIGIN OF SYSTEMIC DISPARITIES



- The Plantation Culture of 1860.
- Healthcare disparities in Alabama tend to reflect the results of a failed system that left massive poverty.

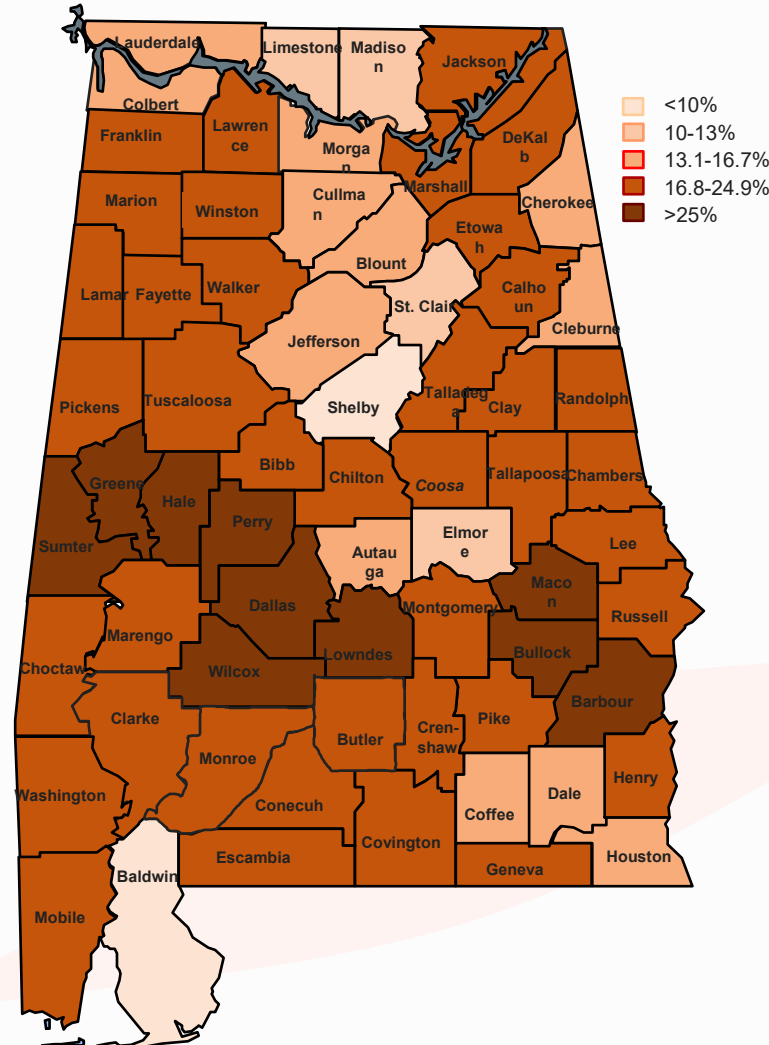
Source: Produced by the Cartographic Research Lab at the University of Alabama for Robert J. Norrell's *The Alabama Journey*



# CURRENT INFLUENCES ON CARE

## POVERTY

- Alabama is the Nation's 6th Poorest State. Out of Alabama's 67 counties...
  - 64 counties have poverty rates higher than the 2018 national average (11.8%).
  - 27 counties have poverty rates above 20%.
  - 8 counties have poverty rates above 30%.
  - The median household income in Alabama is 20% lower than the national median.
  - 16.8% (or roughly 1 out of every 6 of Alabama's ~4.8M residents) live below the federal poverty line



## LIMITED TRANSPORTATION

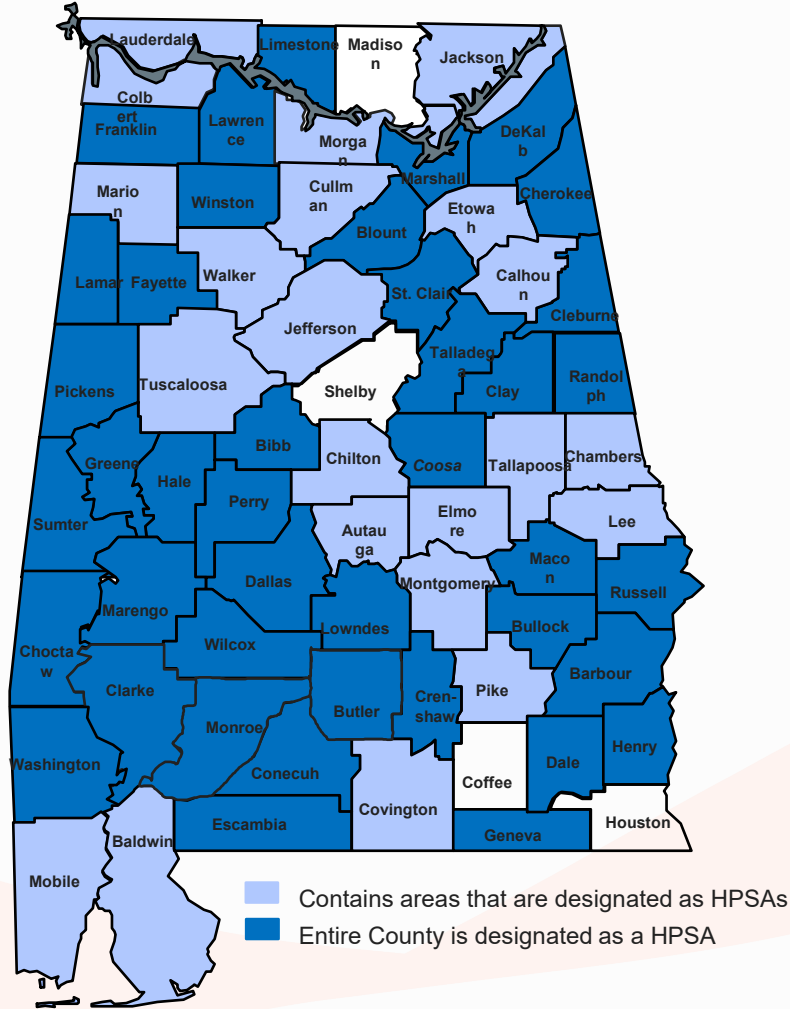
- Only 5 of Alabama's 67 counties have a full, scheduled public transportation system. Other systems in place offer limited coverage.
- Alabama is also only 1 of 5 states that provides no state funding for public transportation.



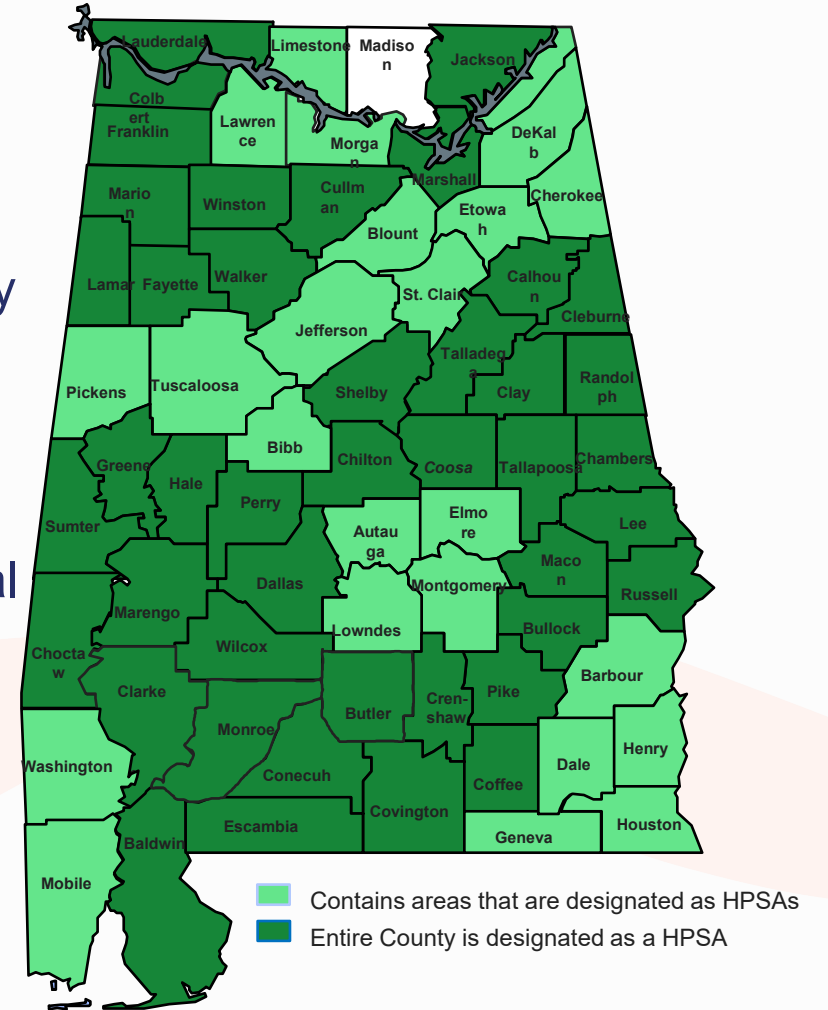


# PROVIDER LANDSCAPE

- 63 of Alabama's 67 counties are, partially or entirely, Health Professional Shortage Areas.



- 66 of Alabama's 67 counties are, partially or entirely, Mental Health Professional Shortage Areas.





# EVEN MORE CHALLENGES

- Hospital Closings in Rural Communities
- Buy in from State and Local Leaders for Healthcare Equity
- High Rates of Uninsured People in Rural Communities
- Rural Culture and Privacy/Independence Factor
- Technological Issues for Rural Medical and Behavioral Health Providers Including Broadband Limits



MAO

# THE ORIGINAL RURAL CARE MODEL



# THE TELEMEDICINE OPTION

## What does Telemedicine mean at MAO?

- Telemedicine is a video chat environment between a doctor & patient with nursing assistance
- High definition camera & video screen with 1080p capability
- Bluetooth peripheral equipment
- 100% secure: MAO Telemedicine uses encryption in line with the Department of Defense



Photo courtesy of David Kohn,  
The Washington Post

# DIVING INTO TELEMED

## Where We Started...

- Although planning began as early as 2008, MAO's use of telemedicine technology for direct practice care went into overdrive in 2012 with the Alabama e-Health Project.
- MAO partnered with THRIVE Alabama (formerly AIDS Action Coalition) in Huntsville & Whatley Health Services, Inc. in Tuscaloosa with the vision of connecting 50 of Alabama's 67 counties through telemedicine.
- The concept was that Telemedicine would link rural satellite HIV-specific primary care medical clinics to providers in their permanent clinics & deliver improved access through:

Alabama  Health



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# COVERING ALABAMA & BEYOND

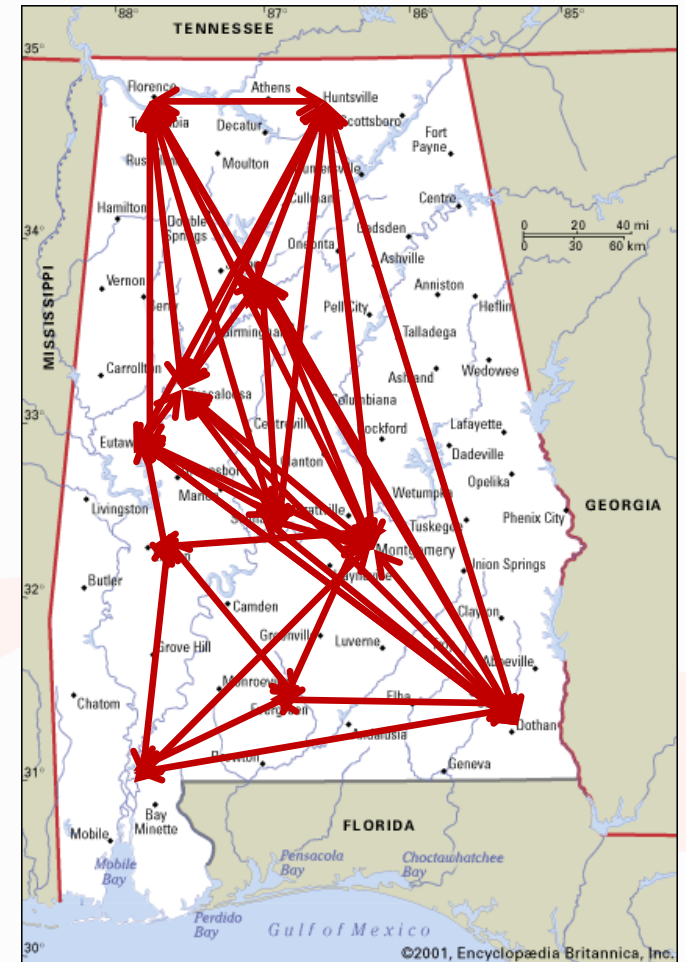
## Telemedicine - Today...

- The Network Continues to Grow
- MAO Hub Sites
  - Montgomery
  - Dothan
  - Atmore
  - Selma

- MAO Satellite Clinics
  - Barbour County – Clayton
  - Escambia County – Brewton
  - Conecuh County – Evergreen
  - Covington County – Andalusia
  - Henry County – Abbeville
  - Marengo County – Linden
  - Lowndes County – Hayneville
  - Barbour County - Eufaula
  - Perry County – Marion
  - Pike County – Troy
  - Coffee County - Enterprise



The MAO Telemedicine Bridge is now even being used by care providers outside of Alabama.





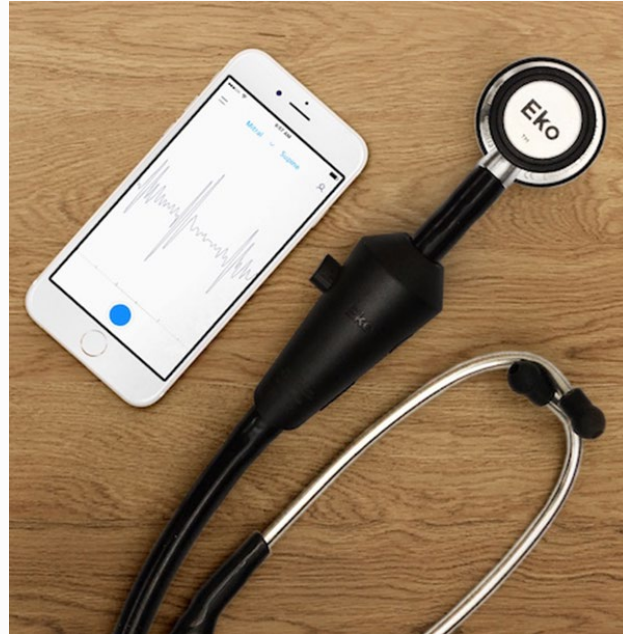


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# TELEMEDICINE/TELEHEALTH AT MAO TODAY



# TELEMEDICINE / TELEHEALTH AT MAO TODAY



# CAN WE AFFORD THIS OPTION?

## Provider Set-up:

- Approx. \$2100 which includes the **telehealth unit(X30)**, **remote control** to manage the telehealth unit, **27” curved monitor**, **digital stethoscope** and **Bluetooth headphones** to hear the stethoscope live stream. The additional need for the provider is a **computer** to allow access to the EMR and the webpage for the stethoscope live stream.
- There is no added monthly cost for the provider, as the EKO system only requires the payment of patient service side of the live stream and not the provider side.

## Telehealth Cart:

- Approx. \$12,250 and this includes the **telehealth unit (Group 310)**, **32” TV screen**, **exam camera with attachments**, **digital stethoscope**, and the **cart** to mount it all on for clinical purposes.
- The telehealth cart has a monthly added cost of \$60 per month, and that is for the **live streaming capabilities of the stethoscope**.

# MOVING FORWARD



# IS THE “SUITECASE UNIT” AFFORDABLE?

## Telehealth Suitcase

- Approx. \$8700 which includes the **suitcase**, the **telehealth unit (X30)**, **screen**, **exam camera with attachments**, **stethoscope** and **headphones** for the patient to use if additional privacy is needed.
- The suit case has a monthly added cost of \$120 per month. \$60 for the live streaming capabilities of the stethoscope, and \$60 for the cost of a cell based broadband connection to use for internet connection.



# ACHIEVING RESULTS



- **MAO Telemedicine supports:**
  - Direct Practice Clinical Care
  - Preventative Treatment (i.e., PrEP monitoring)
  - Tele-Behavioral Health Counseling & Service Delivery
  - Social Services Monitoring & Client Support
  - Archival Recording & Virtual Training
  - Agency-wide Planning & Communication



# ACHIEVING RESULTS

<b>Telemedicine vs Clinic Statistics 2019</b>			
	<b>Total</b>	<b>Clinic</b>	<b>Telehealth</b>
Patient Count	2038	1759	279
Viral Load Suppression	89.30%	88.40%	90.20%
Retention Rate	82.70%	80.30%	85.00%

<b>HIV VIRALOAD SUPPRESSION BY APPOINTMENT TYPE 2020</b>					
<b>Appointment Type</b>	<b>Total</b>	<b>In-Person</b>	<b>Telemed</b>	<b>At Home Phone</b>	<b>At Home Telemed</b>
Patient Count	1878	1535	125	993	58
Viral Load <200	88.4%	88.5%	87.4%	91.0%	91.4%

<b>APPOINTMENT TYPE</b>	<b>NO SHOW %</b>	<b>#NO SHOW</b>	<b># ARRIVED</b>	<b>TOTAL SCHEDULED APP</b>
Patient At Home via Telemedicine	8%	6	66	72
Patient at Home by Phone	14%	123	749	872

# ACHIEVING RESULTS

**Five year study based on zip code data of patients traveled to /from for care as opposed to Hub Sites:**

- 662,568 miles of driving saved by our patients.
- \$361,099.56 saved in driving expenses (at prevailing GSA mileage reimbursement rate).
- 148.56 miles saved on average per encounter.
- 781.33 miles saved on average per patient over 5 years.



# WHAT WE HAVE LEARNED

## Telehealth as the Solution

- **Minimizes Impact of Provider Shortage**
  - Allows rural patients affordable access to providers physically located elsewhere
- **Improves Health Outcomes**
  - Allows for low-cost maintenance of potentially costly chronic conditions
  - Provides local physicians access to life-saving expertise
- **Expands Specialty Care Access**
  - Allows community healthcare providers access to specialized training & professional development from existing knowledge bases

## Bolsters economic solvency of overall healthcare delivery system

- Repositions rural healthcare facilities as preferred service delivery destinations where patients can receive world-class care
- Increases capacity for revenue generation for hospitals and providers



Photos courtesy of Jake Crandall, USA Today & The Montgomery Advertiser

# LESSONS LEARNED FROM COVID-19

The more options available to recipients/patients, the better chance they will find the delivery system that fits their lives.

MAO's Plan:

- Traditional Face-to-Face
- Direct Practice Telemedicine Satellite Clinics
- Telehealth Options
- Telephone Option
- Direct Practice “Suitcase Units”
- Mobile Medical Clinics

# WORKING TOGETHER IS VITAL

## Alabama eHealth Funders:

- AIDS United
- Alabama Department of Public Health
- CDC

## Alabama eHealth Collaborating Agencies:

- UAB Family Practice Residency Program, Selma, AL
- Southeast Alabama Rural Health Associates (SARHA) and their Doctor's Center in Troy, AL and Clayton Family Health Center, Clayton, AL
- Health Services Inc., Hayneville Family Health Center, Hayneville, AL



THANK YOU.

# Medical Advocacy & Outreach MAOI.ORG

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