



### Introduction

- COVID-19 has threatened health care for many individuals.
- Restriction of resources, redeployment of staff, and patient reluctance to make clinic appointments disrupts continuity of care for existing patients and limits access to care of new ones.
- To overcome this, our HIV Clinic aggressively promoted a telehealth, MyChart (MC) application, and provided smart phone technology to those in need.
- Despite these efforts, we found that utilization of telehealth accounted for 4.7% of HIV Clinic visits, compared to 25% in internal medicine clinics.
- In this report, we sought to obtain reasons why our patients were reluctant to use telehealth even during a pandemic.

### Methods

All Ryan White (RW) people living with HIV (PLWH) at Henry Ford Hospital that were initiated in our telehealth pilot program were surveyed on the underutilization of MC

Utilization was determined by if PLWH responded to a MC notification sent by the telehealth navigator

Activity level was established on MC (Figure 1)

If a PLWH did not respond, they were called as a follow up for survey answers

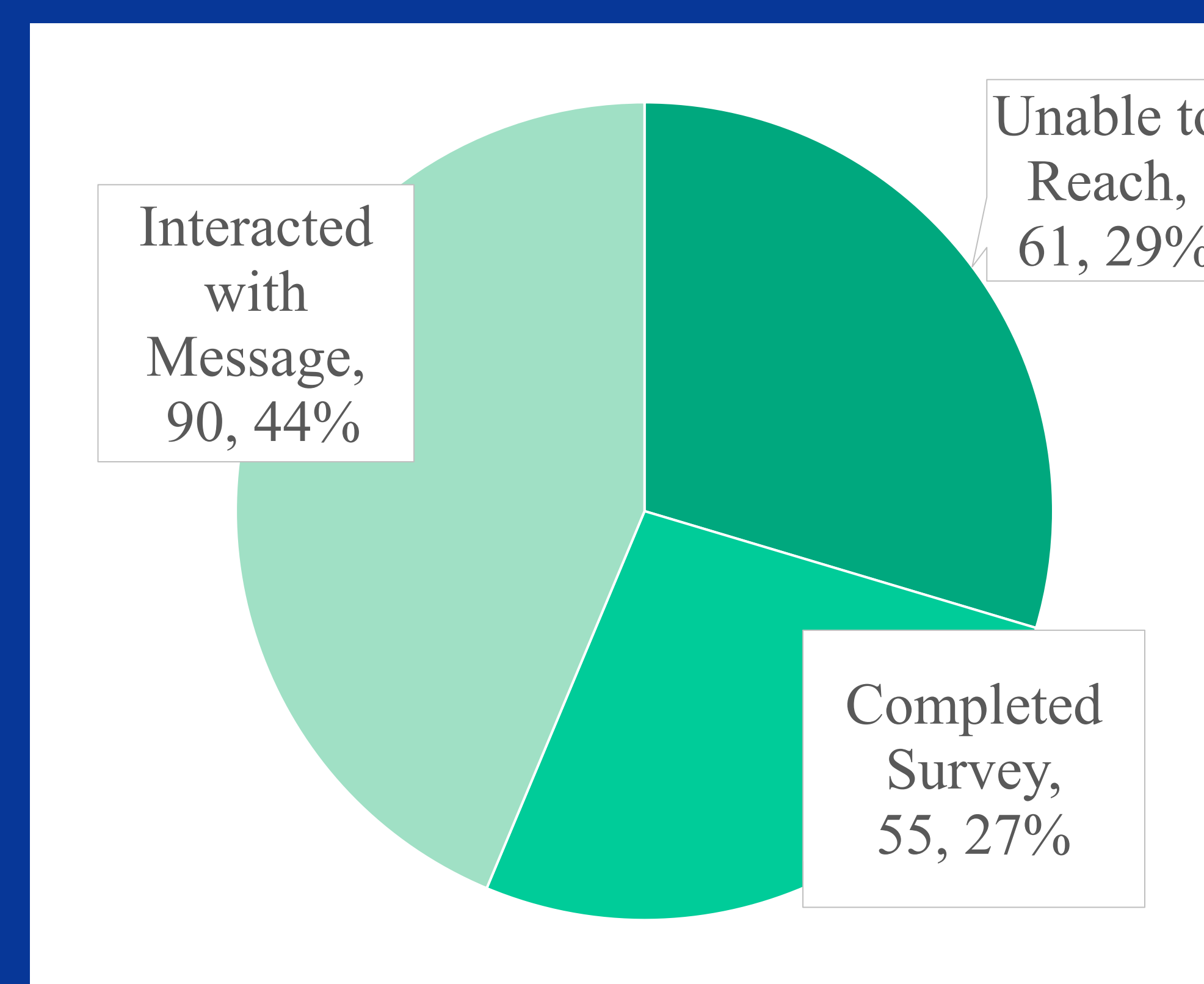
**This study suggests that our PLWH preferred and felt safe engaging with in-person visits despite telehealth education and smartphone supplementation even in a pandemic.**

**As the future of medicine moves towards telehealth management, we must not forget our PLWH and find opportunities to safely engage with in-person visits.**

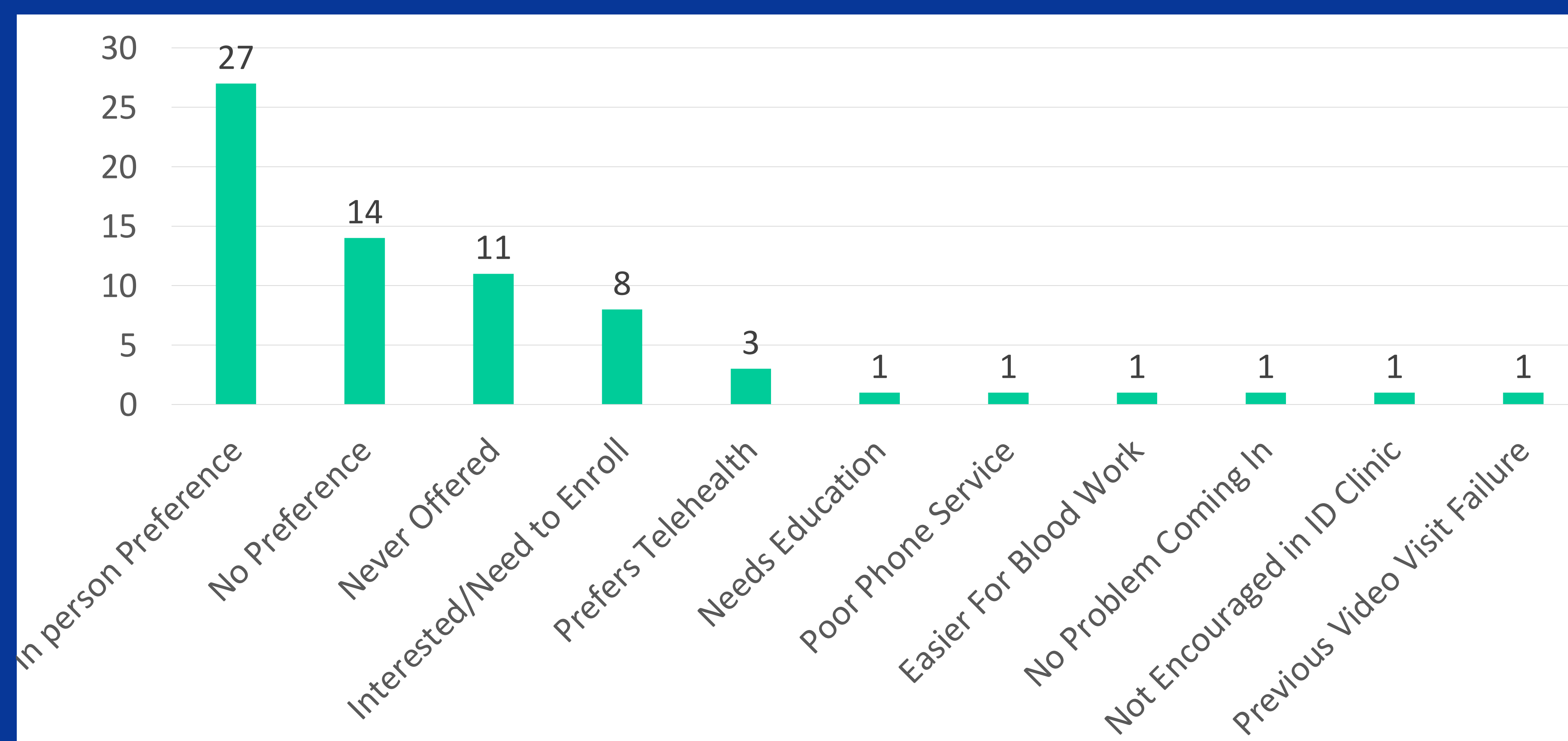
#### Survey Questions

1. Did you receive a MyChart notification after Telehealth education?
2. Of those who got a notification, did you know you needed to respond?
3. Do you know how to respond to MyChart messages?
4. Have you used Telehealth for your HIV care?
5. What prevented you from using Telehealth for your HIV care?

**Figure 1. Survey questions displayed in MyChart for our Ryan White people living with HIV that received telehealth education**



**Figure 2. Breakdown of patients who responded with MyChart and who completed the survey**



**Figure 3. Reasons for underutilization of MyChart**

### Results

From 10/2020-1/2022: **206** PLWH enrolled in our pilot program and given telehealth education

**27/206** PLWH needed/received pre-loaded smart phones

- Of those successfully enrolled: 83.7% were black, 73% male, 57% were older than 45 years, 88% lived in Wayne County
- When asked why telehealth was not utilized, 27 (49%) stated they preferred in person visits (Figure 3).
- Complete results of the response and answers to the survey are in Figures 1, 2 and 3.

### Conclusion

- Telehealth programs can help overcome barriers to HIV care and maintain patient engagement when crises interrupt traditional care models.
- Although small numbers, our study suggests that our PLWH preferred and felt safe engaging with in-person visits despite telehealth education and smartphone supplementation even in a pandemic.
- We think that our patients preferred in-person visits due to easier communication with staff and access to labs, medications and vaccinations.
- As the future of medicine moves towards telehealth management, we must not forget our PLWH and find opportunities to safely engage with in-person visits.

### Acknowledgements

- We would like to thank our RW PLWH who participated in this study.