Results and Response to a 10-State COVID-19 Practice Impact Survey in the Mountain West Region

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No conflict of interests to disclose
Learning Goals

• Discuss COVID-19 impact on health care provision in the 10-state Mountain West region
• Discuss HIV care and workforce development needs
• Describe support and training strategies implemented
Need Assessment Purpose

- Practice impact
- Intrapersonal impact
- Training and support need
- Related to COVID-19 and provision of HIV prevention and care
Methodology

- Electronic survey through REDCap data collection platforms
- 4500 providers across Mountain West states: AK, WA, OR, MT, ID, UT, WY, CO, ND, and SD
- Previous MWAETC PIFs
  Additional distribution through RPs and partners
- Timeframe: May - June 30 2020
- Overall response 559 (~16%)
Needs Assessment Domains

- Demographics
  - Professional Role
  - Type of Practice
  - Practice Setting & Location
- COVID-19 impact
  - Operations and Workforce
  - HIV Services
  - Mental Health/& Substance Use Services
- COVID-19 Testing Capacity
- Impact of COVID-19 on people
  - Impact on Providers
  - Impact on Patients
- Telemedicine
  - Capacity
  - Use since COVID-19 pandemic
  - Challenges
- Training and TA
  - Needed Training (Topics)
  - Preferred Training Format
Practice Settings
Respondent’s Geographical Distribution
Most Respondents were from WA and OR
Most Respondents were in Urban Settings

- Urban: 60%
- Rural: 22%
- Suburban: 15%
- Other: 3%

(n=490)
Various Clinical Care Settings Represented

- Hospital: 22%
- FQHC: 15%
- Health Dept: 11%
- Specialty Clinic: 10%
- Community Health: 8%
- Other: 28%
- Mental Health: 6%
Rural Health Department/FQHC vs. Urban Hospitals

![Bar chart showing the comparison between rural and urban health settings. The chart represents the percent of patients within groups across various hospital settings.](chart.png)
Nurses: Main Health Care Force in Rural Areas

**RURAL**
- NP: 7%
- Social Worker/Case Manager: 18%
- MH/BH: 3%
- PA: 1%
- Physician: 19%
- Pharmacist: 5%
- Nurse: 48%

**URBAN**
- NP: 13%
- Social Worker/Case Manager: 33%
- MH/BH: 3%
- PA: 6%
- Physician: 21%
- Pharmacist: 8%
- Nurse: 16%

Prescribers: 27%

Prescribers: 40%

n=518
Professional Role Varies across States

Percent within State

AK  WA  OR  UT  ID  WY  CO  MT  ND  SD

- Other
- Social/Comm. Health Worker
- Mental/Beh Health Provider
- Pharmacist
- Nurse
- Physician Asst.
- Nurse Practitioner
- Physician
Agency Type Distribution varies by State
COVID-19 Impact on Operations
Biggest Impact: Reduce In-Person Care
COVID-19 Severely Limited Patient Contact

- Reduced SUD/MH services
- Reduced HIV primary care services
- Begun providing care via telemedicine
- Absorbing patients from other sites
- Closed to in person visits
- Reduced hours of operations
- Staff die of COVID-19
- Cannot see clients due to quarantine
- Staff diagnosed with COVID-19
- Unable to ensure safety
- Lost capacity to reach patients
- Staff furloughed
- Less personnel on site
- Limited number patients
- Working remotely
- Not working

N=553
All Geographic Settings Limited On-Site Presence

- Not working
- Working remotely
- Limited number patients
- Less personnel on site
- Staff furloughed
- Lost capacity to reach patients
- Unable to ensure safety
- Staff diagnosed with COVID-19
- Cannot see clients (quarantine)
- Staff die of COVID-19
- Reduced capacity to reach patients
- Unable to ensure safety
- Staff diagnosed with COVID-19
- Cannot see clients
- Staff die of COVID-19
- Reduced hours of operations
- Closed to in person visits
- Absorbing patients from other sites
- Begun providing care via...
- Reduced HIV primary care services
- Reduced SUD/MH services

p<0.001

RURAL (n=132)  URBAN (n=358)
Pandemic Imposed Changes for Safe Operations

Screening
- Screen all Patients for COVID-19 (referred out)
- Screen Personnel

Treatment
- Patient Flow
- Disinfect common areas in between patients
- Increased Use of PPE/universal precautions

Physical Distance
- Isolate possible infected patients and personnel
- Remote work for non-essential staff
- Telehealth
Impact on HIV, Mental Health and Substance Use Services
Pandemic Had a Negative Impact on Screening (HIV/HCV/HBV/STI)

- Limited HIV care provision
- Reduced ability to provide HIV testing
- Delayed plans for HIV testing
- Difficulties with HBV/HCV/STI testing
- Lower ability to provide PrEP
- Reduced monitoring
- Loss to follow-up
- Difficulties getting medications
- Difficulties with getting labs
- Better show rate due to telemedicine

N=81 (15% of respondents)
Some HIV Services more Affected in Rural Areas

- Limited HIV care provision
- Reduced Ability to provide HIV testing
- Delayed plans for HIV testing
- Difficulties with HBV/HCV/STI testing
- Lower ability to provide PrEP
- Less monitoring
- Loss to follow-up
- Difficulties with getting labs
- Difficulties getting medications
- Negative impact on care integration
- Better show rate due to telemedicine

RURAL (n=21) vs URBAN (n=58)

p<0.01
Negative Impact on Mental Health and Substance Use

- Better show rates due to TM
- Difficulty getting medications
- Greater loss to follow up
- Neg. Impact on Care Integration
- Delayed/stopped MOUD services
- Longer wait times for induction
- Began implementing remote DOT
- Reduced patient census
- Increased take homes
- Reduced urine toxicology

N=161 (30% of respondents)
Pandemic Severely Impacted Services Across Settings

**HIV Services**
- Reduced patient census
- Greater loss to follow up
- Prevented physical-behavioral health integration
- Lower screening capacity/labs

**Mental Health/ Substance Use**
- Greater loss to follow up
- Prevented physical-behavioral health integration
COVID-19 Pandemic Impact on Providers
Health Care Providers Felt Both Stressed and Physically Safe

Providers’ Stress
• Toll on providers
• Stressed, anxious

Safety and Control
• Felt confident on measures
• Felt safe overall
Urban Providers Felt More Isolated

- Confident in infection control measures
- Concerned about contracting COVID-19
- Stressed, anxious or exhausted
- Feeling isolated with remote work
- Concerned about the toll on providers
- Managing well and having resources
- Worried about being laid off

Percentage within group

- **RURAL** (n=132)
- **URBAN** (n=358)

Statistical significance: p<0.001
Providers’ Perceptions of COVID-19 Impact on Patients
Providers Reported Increased MH and SUD Problems Among Patients
Mental Health and Care Avoidance were Respondents’ Common Concerns about Patients

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidance of seeking care</td>
<td>64%</td>
</tr>
<tr>
<td>Increase in mental health issues</td>
<td>71%</td>
</tr>
<tr>
<td>Increase in substance use</td>
<td>42%</td>
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</table>
COVID-19 Testing Capacity
Little Testing was Available for Most Agencies

- Testing symptomatic patients: 32%
- Referring out: 15%
- Testing available for anyone: 11%
- Test in the community for symptomatic individuals: 10%
- Testing not available: 11%
- N/A: 21%
Initially Hospitals and FQHCs were Mostly Able to Test Symptomatic Patients

- **Community**: 30% Testing symptomatic patients, 30% Referring out, 10% Test in the community for symptomatic folks, 20% Testing available for anyone, 30% Testing not available
- **Specialty Clinic**: 40% Testing symptomatic patients, 40% Referring out, 10% Test in the community for symptomatic folks, 20% Testing available for anyone, 10% Testing not available
- **Health Dept.**: 30% Testing symptomatic patients, 30% Referring out, 10% Test in the community for symptomatic folks, 20% Testing available for anyone, 20% Testing not available
- **FQHC**: 30% Testing symptomatic patients, 30% Referring out, 10% Test in the community for symptomatic folks, 20% Testing available for anyone, 20% Testing not available
- **Hospital**: 30% Testing symptomatic patients, 30% Referring out, 10% Test in the community for symptomatic folks, 20% Testing available for anyone, 20% Testing not available
- **Behavioral Health**: 30% Testing symptomatic patients, 30% Referring out, 10% Test in the community for symptomatic folks, 20% Testing available for anyone, 20% Testing not available

Legend:
- **Blue**: Testing symptomatic patients
- **Green**: Referring out
- **Gray**: Test in the community for symptomatic folks
- **Purple**: Testing available for anyone
- **Brown**: Testing not available
COVID-19 DRIVEN CHANGES

Telemedicine Capacity and Adoption
Majority of Respondents Felt Moderately to Highly Prepared to Offer Telemedicine
From Most Visits In-Person to Most via TM

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent Before</th>
<th>Percent After</th>
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</thead>
<tbody>
<tr>
<td>Only telemedicine</td>
<td></td>
<td></td>
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<tr>
<td>&gt;75% of visits over TM</td>
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<tr>
<td>51-75% of visits over TM</td>
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<tr>
<td>25-50% of visits over TM</td>
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<td></td>
</tr>
<tr>
<td>&lt;25% of visits over TM</td>
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<td></td>
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<tr>
<td>No telehealth visits</td>
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</tbody>
</table>

N=358, p<0.001
Most Sites showed Steep Shifts in Adopting Telemedicine
Challenges using Telemedicine
Challenges with Telemedicine

- Patients prefer TM: Lack of technology training
- No challenge for provider: Do not feel comfortable
- Poor communication: Insurance regulations
- Neg. impact patient-provider trust: Lack of infrastructure (home)
- Connectivity/broadband: Patients lack access to technology
- Not part of protocol: Patients lack private space
- Patients lack private space: Lack of technology training
- Lack of infrastructure (home): Connectivity/broadband
- Insurance regulations: Not part of protocol
- Do not feel comfortable: Patients lack access to technology
- Lack of technology training: Patients prefer TM

Percent
Challenges Offering Telemedicine

- Patients lack access to technology
- Patients lack private space
- Tech training (staff)
- Regulatory / Access
- Provider comfort with technology
- Provider-patient communication
- Patient dislike
Needs and Interests

TRAINING

COACHING  TEACHING  KNOWLEDGE  DEVELOPMENT  LEARN  EXPERIENCE  SKILLS
Resilience and Self-Care for Self and Patients Topped Training Interests
Training Needs: Self Care and Resiliency

N=496
Different Training Needs across Provider Type

**Nurse (n=86)**

- Remote technology
- Deliver telemedicine
- Telemedicine platforms
- Telemedicine algorithms
- HIPAA req.
- Info for patients
- COVID 19 testing
- COVID 19 treatment
- Workflow
- HIV screening & DX
- Providing teleP RP
- Self care/resiliency
- Trauma informed Care
- Providing MOUD

**Nurse Practitioner (n=40)**

- Remote technology
- Deliver telemedicine
- Telemedicine platforms
- Telemedicine algorithms
- HIPAA req.
- Info for patients
- COVID 19 testing
- COVID 19 treatment
- Workflow
- HIV screening & DX
- Providing teleP RP
- Self care/resiliency
- Trauma informed Care
- Providing MOUD

**Physician (n=73)**

- Remote technology
- Deliver telemedicine
- Telemedicine platforms
- Telemedicine algorithms
- HIPAA req.
- Info for patients
- COVID 19 testing
- COVID 19 treatment
- Workflow
- HIV screening & DX
- Providing teleP RP
- Self care/resiliency
- Trauma informed Care
- Providing MOUD

**Pharmacist (n=27)**

- Remote technology
- Deliver telemedicine
- Telemedicine platforms
- Telemedicine algorithms
- HIPAA req.
- Info for patients
- COVID 19 testing
- COVID 19 treatment
- Workflow
- HIV screening & DX
- Providing teleP RP
- Self care/resiliency
- Trauma informed Care
- Providing MOUD

**Social/Community Worker (n=104)**

- Remote technology
- Deliver telemedicine
- Telemedicine platforms
- Telemedicine algorithms
- HIPAA req.
- Info for patients
- COVID 19 testing
- COVID 19 treatment
- Workflow
- HIV screening & DX
- Providing teleP RP
- Self care/resiliency
- Trauma informed Care
- Providing MOUD

**Public Health (n=40)**

- Remote technology
- Deliver telemedicine
- Telemedicine platforms
- Telemedicine algorithms
- HIPAA req.
- Info for patients
- COVID 19 testing
- COVID 19 treatment
- Workflow
- HIV screening & DX
- Providing teleP RP
- Self care/resiliency
- Trauma informed Care
- Providing MOUD
Technical Assistance and Training Preference
Web-based, Independent Study was Preferred Training Format

N=398

- Virtual Community of Practice
- Multi site Webinar
- Team Interactive virtual training
- Web based self study
- Virtual preceptorship
- Offsite preceptorship
- Podcast
- Virtual training series
- In person training series
- Short on site in person group
MWAETC COVID Programming
Adjustments Made

- Transitioned from In-Person to Virtual Training
- Increased Region-Wide Programming
- Delivered Webinars
  - COVID and HIV
  - Resilience and Self-Care for the Caregiver
  - PrEP TOT
  - Opioid Treatment in COVID-19 Era
  - COVID and Oral Healthcare
- Launched Regional Round-Up Series
- Provided State-Specific Self-Care CBA
Self-Care and Resiliency

- 6 session community of practice
- In process of producing a podcast series
Telemedicine Programs

6 session region-wide series (plus office hours):

- Getting Started in Telemedicine
- Workflows in Telemedicine
- Telemedicine and Payment Policy
- Telemedicine Technology
- Clinical Best Practices in Telemedicine
- Telemedicine Potpourri

ECHO Telemedicine Sessions

https://mwaetc.org/presentations/webinars/implementing-telemedicine
State-Specific Needs and Responses

Colorado
• COVID ID webinar series
• COVID/HIV case-based CoP
• Staff wellness CBA to PT site
• Telemedicine CBA

South Dakota
• Telemedicine support to South Dakota Urban Indian College

Idaho
• CBA to develop culturally and linguistically appropriate videos to increase contract tracing acceptance among immigrants (COVID/HIV/STI)
COVID-19 Treatment

Our main goal is to provide up-to-date information and teaching slide decks focused on clinical trials and published data related to potential high-impact treatments of persons with COVID-19.

Remdesivir Mechanism of Action Slide Set

The antiretroviral medication prodrg remdesivir inhibits SARS-CoV-2 RNA genome replication by targeting the viral RNA-dependent RNA polymerase (RdRp) and inducing delayed chain termination. See the teaching slide set for a visual summary of this process.

U.S. Clinical Trials

Quick links to COVID-19 clinical trials and expanded access programs in the United States. The treatment regimens and trial list are organized alphabetically.

Treatments

Selected high-impact and high interest COVID-19 treatments. Includes medication summaries, studies, and treatment-specific references.

Teaching Resources

COVID-19 treatment PowerPoint slide decks. All slide decks can be downloaded and used for educational purposes without obtaining permission from our website.

MWAETC contributed resources: NOT an MWAETC product
<table>
<thead>
<tr>
<th>Organization changes</th>
<th>Impact on providers</th>
<th>Impact on patients</th>
<th>Telehealth provision</th>
<th>Needs &amp; Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure, protocols, procedures</td>
<td>Toll on providers</td>
<td>Mental Health</td>
<td>Rapid implementation</td>
<td>Trainings</td>
</tr>
<tr>
<td>• Safety and distancing</td>
<td>• Stress</td>
<td>Substance use</td>
<td>• No access to technology</td>
<td>Resources</td>
</tr>
<tr>
<td>• Impact on services</td>
<td></td>
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• The content in this presentation are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.
QUESTIONS?

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