

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

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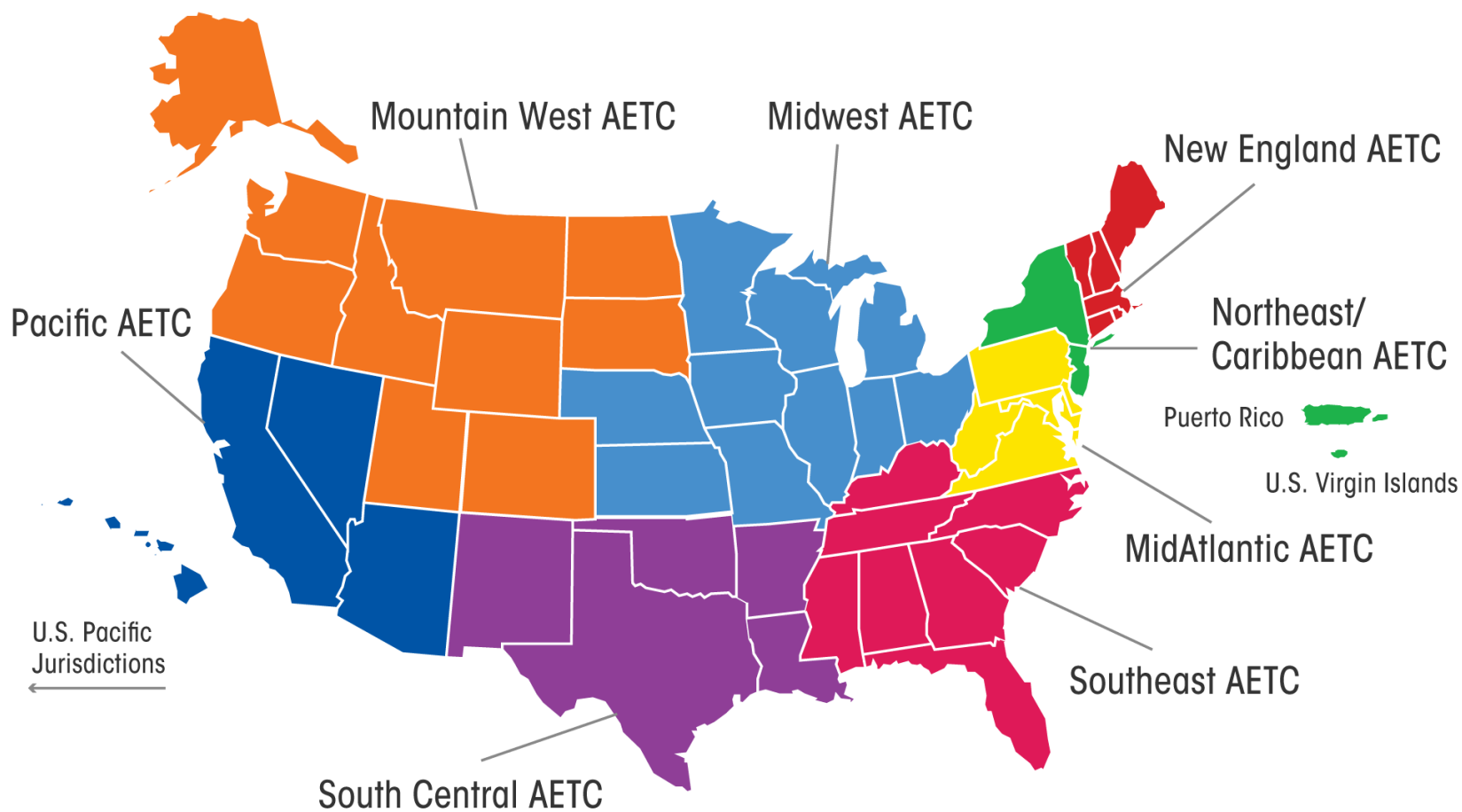
Disclosures

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

AETC Regional Training Centers



mwaetc.org/

aidsetc.org/directory



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

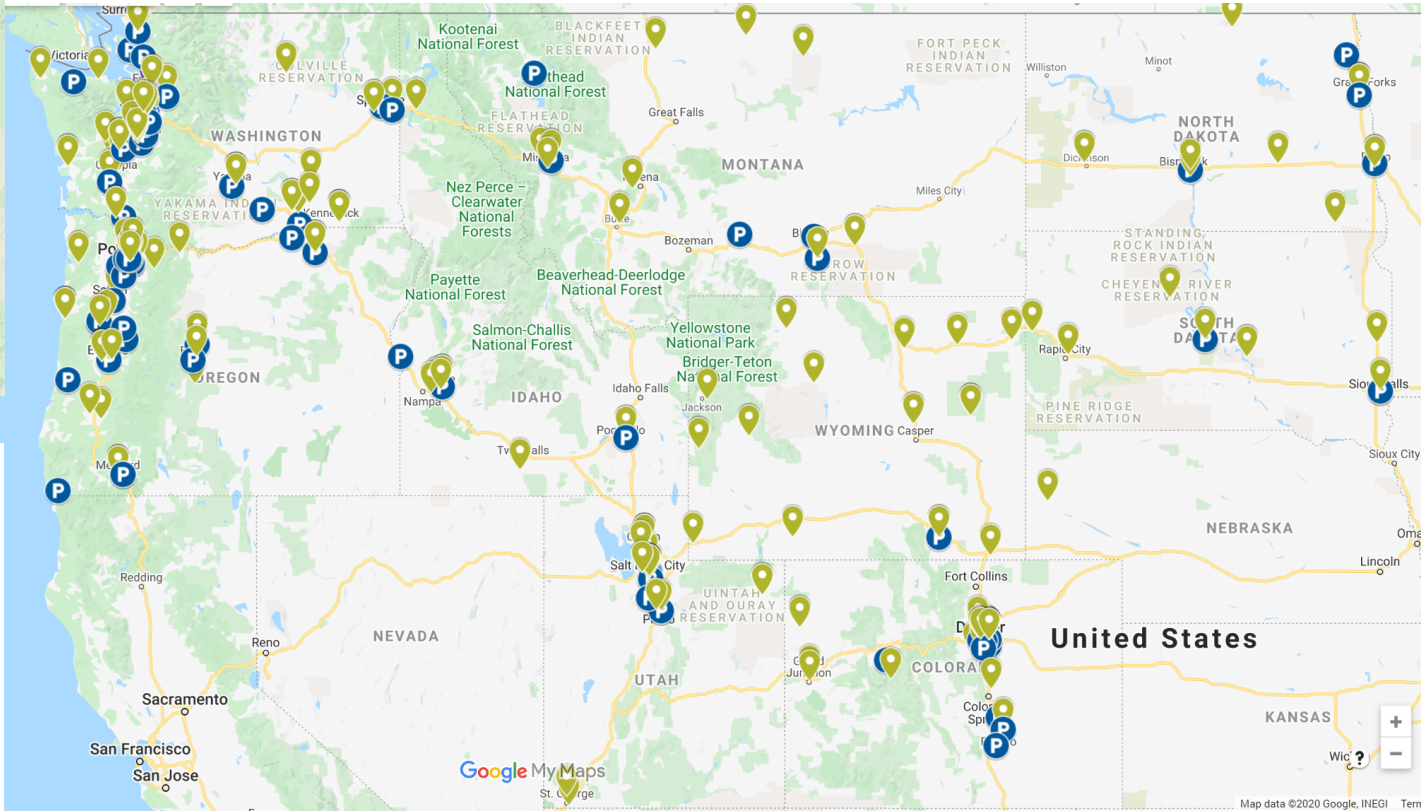
Practice Settings

Respondent's Geographical Distribution

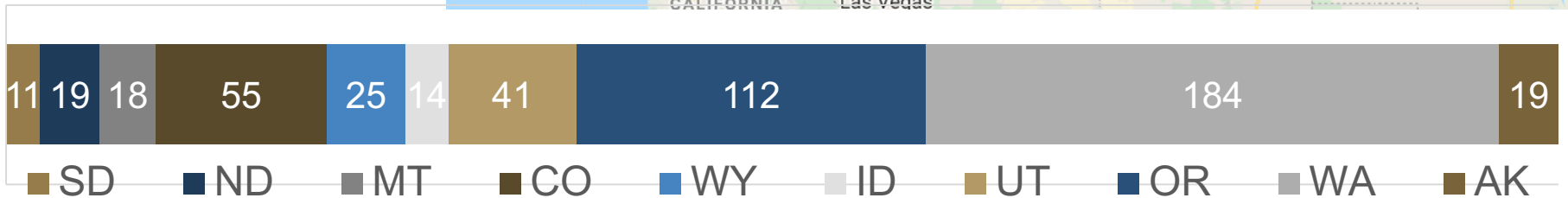
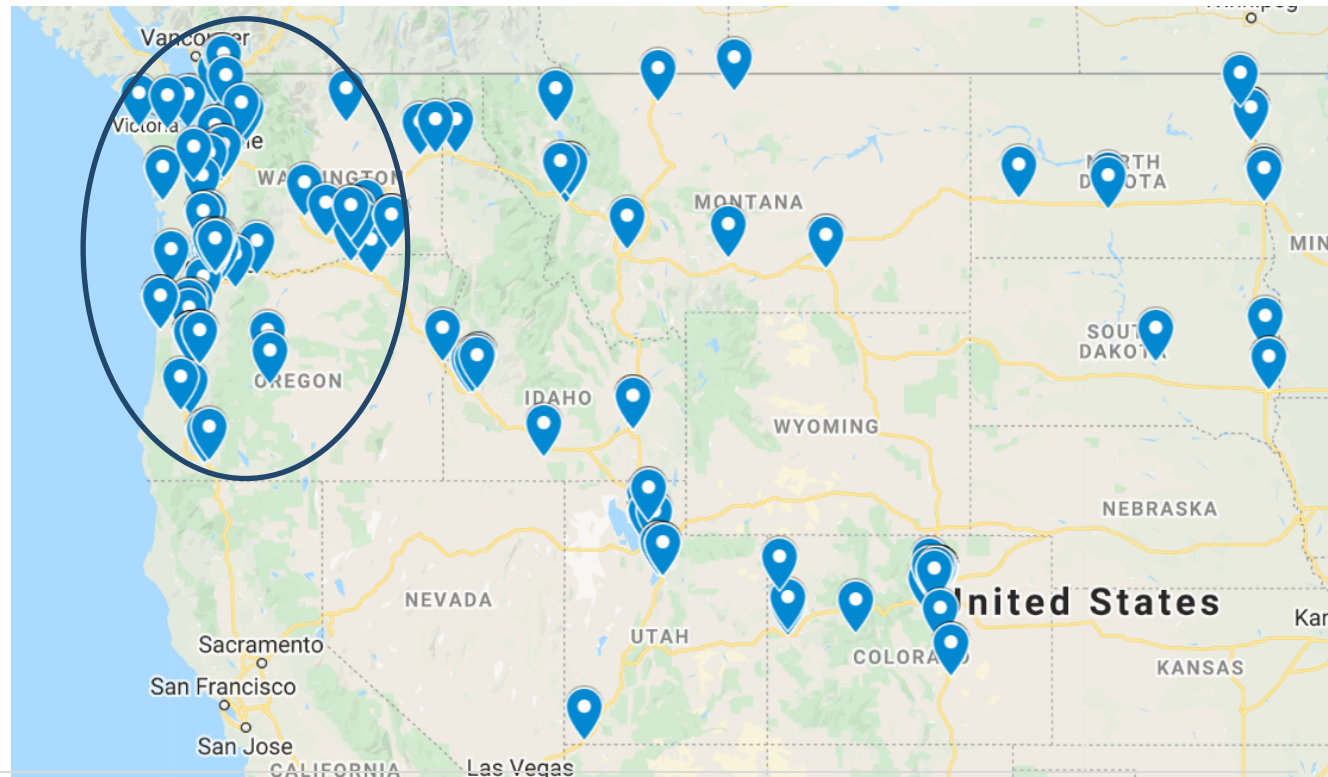
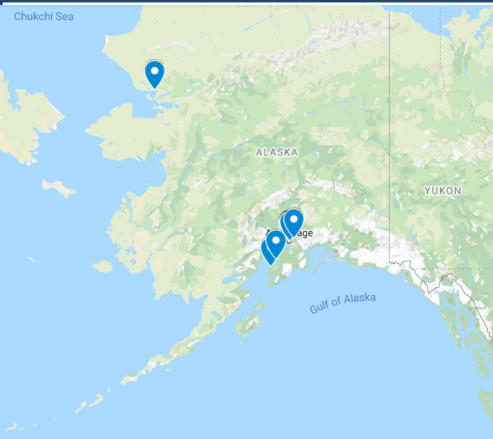


Responses in the 10-State Region

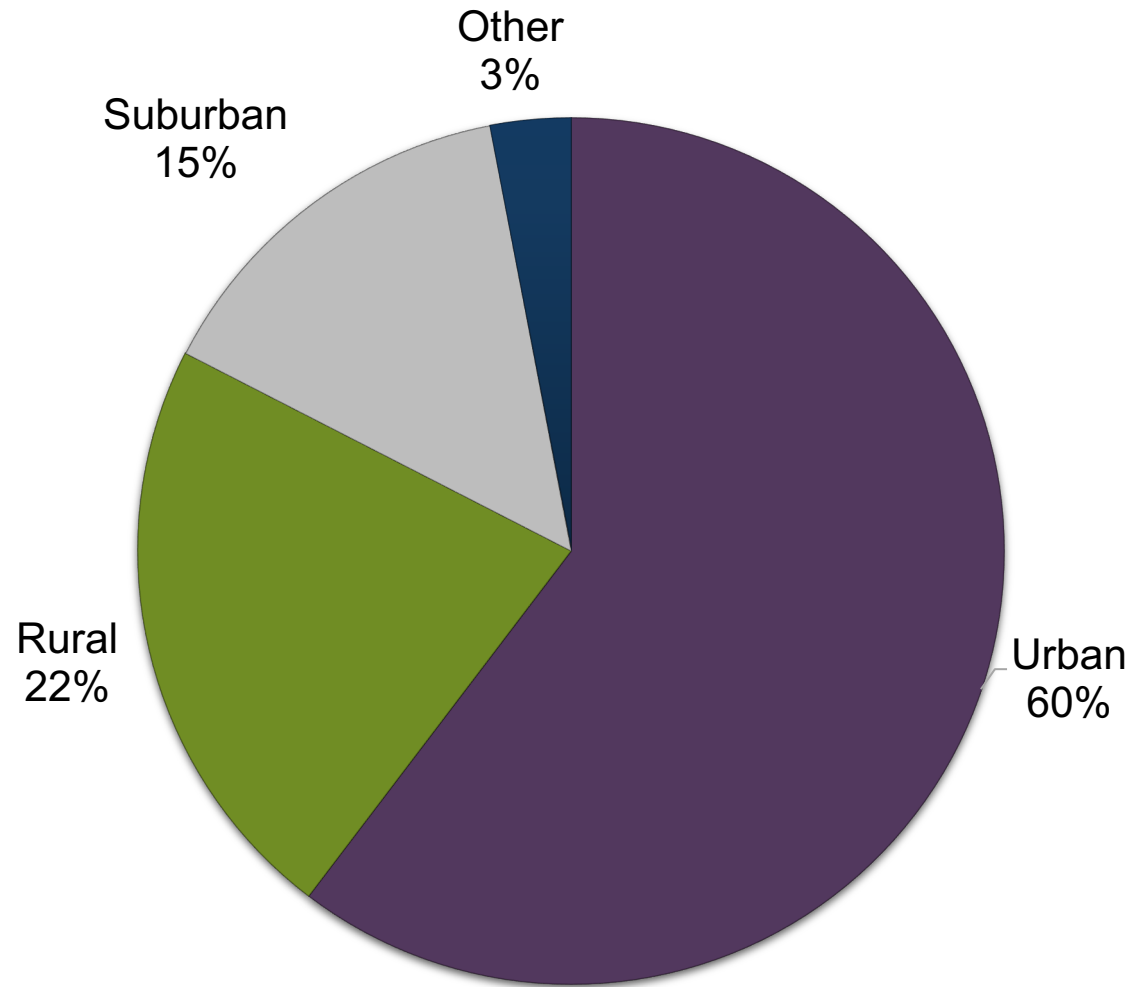
Non-prescriber
Prescriber



Most Respondents were from WA and OR

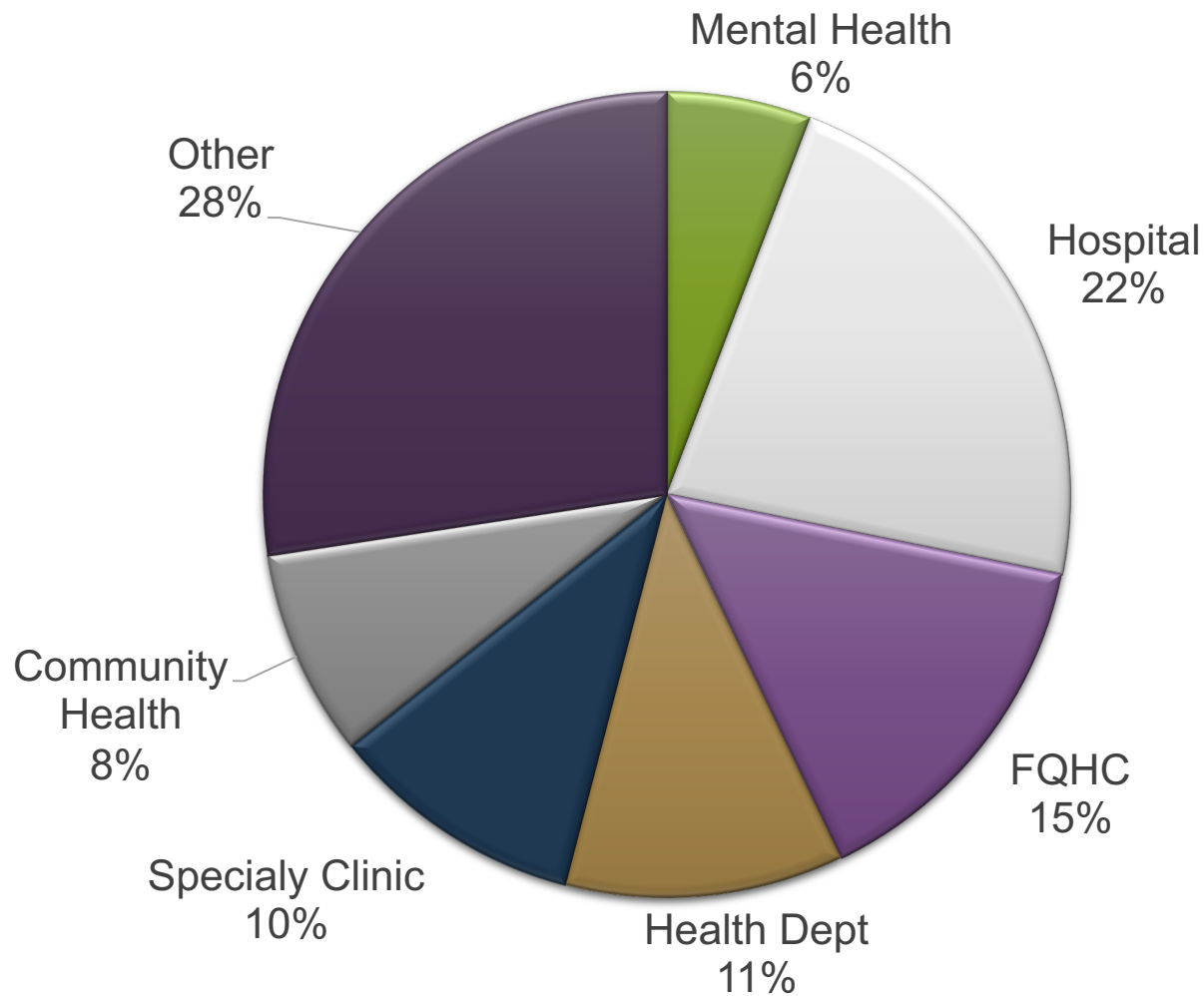


Most Respondents were in Urban Settings

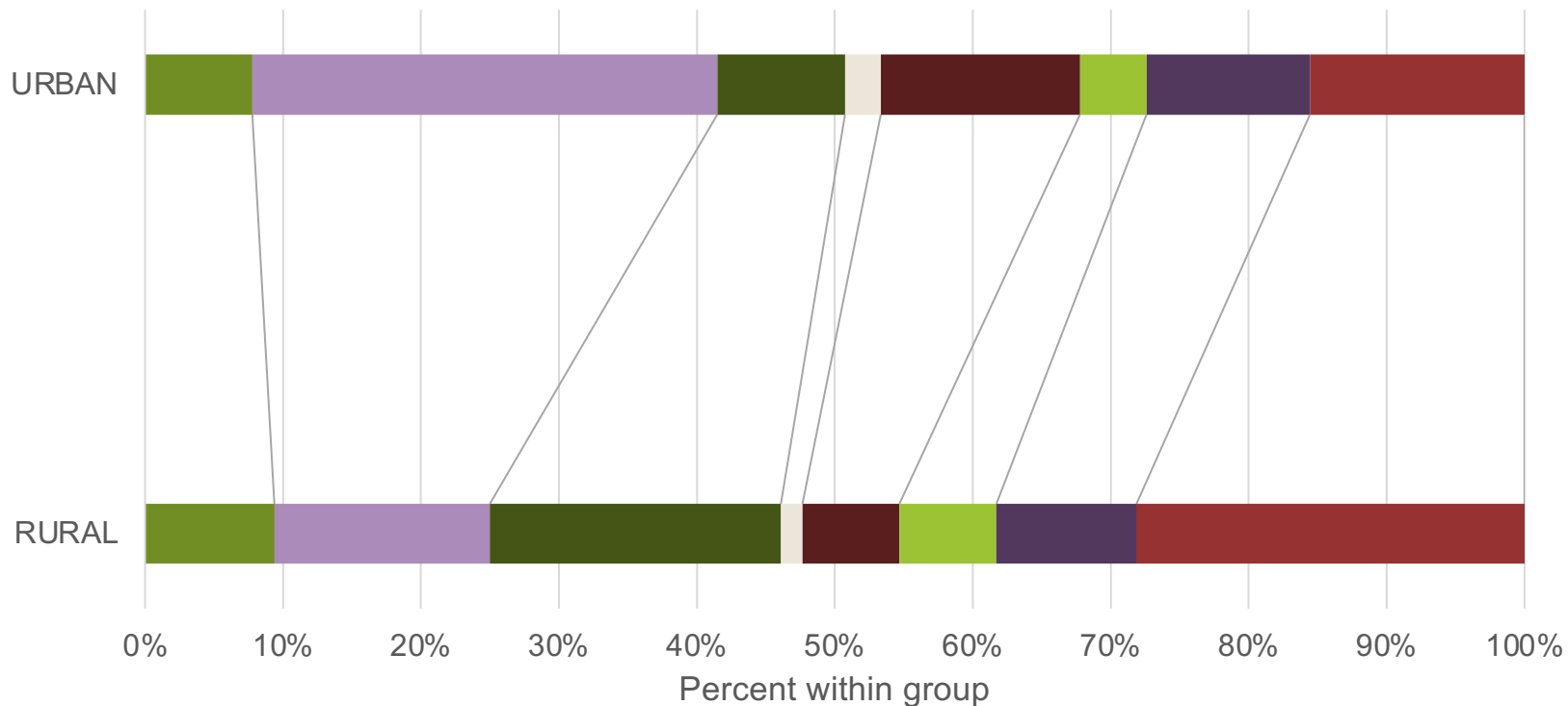


(n=490)

Various Clinical Care Settings Represented

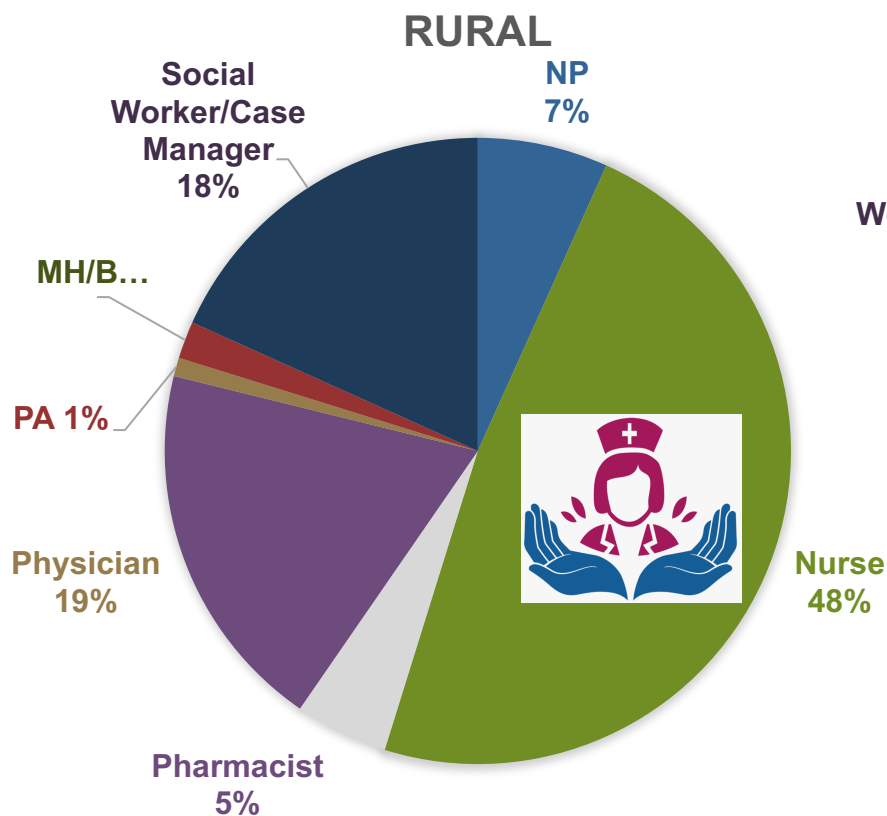


Rural Health Department/FQHC vs. Urban Hospitals



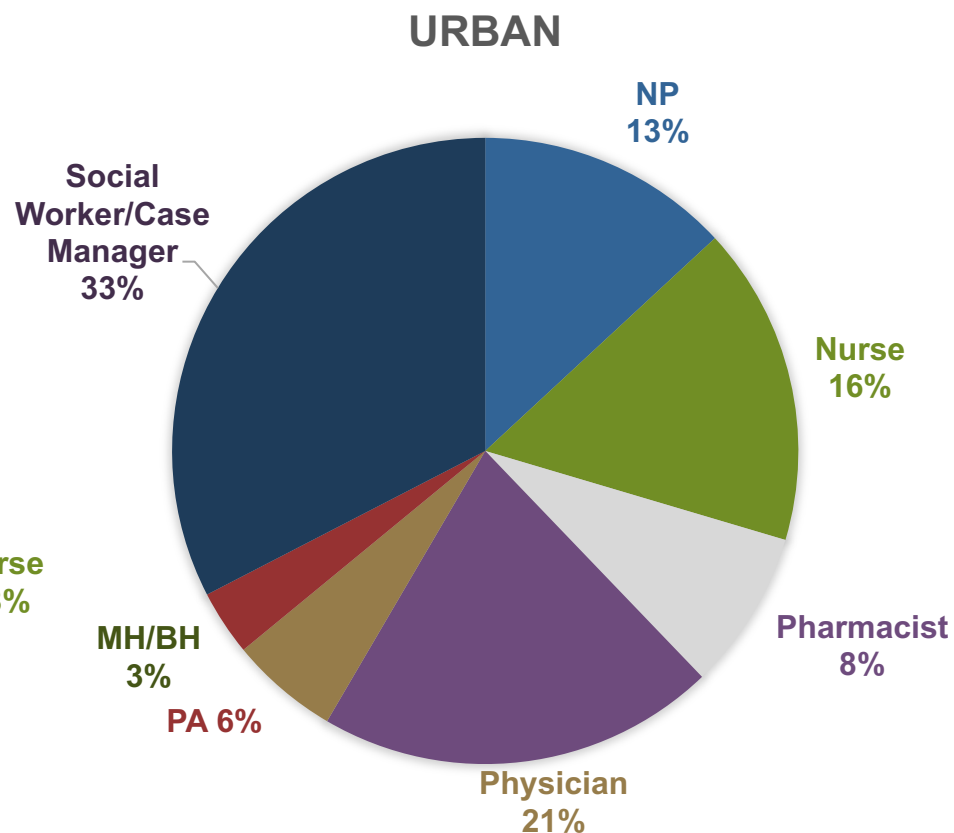
■ Mental Health ■ Hospital Setting ■ Health Dept ■ Pharmacy
■ Specialty clinic ■ Jail ■ Community Health ■ FQHC

Nurses: Main Health Care Force in Rural Areas



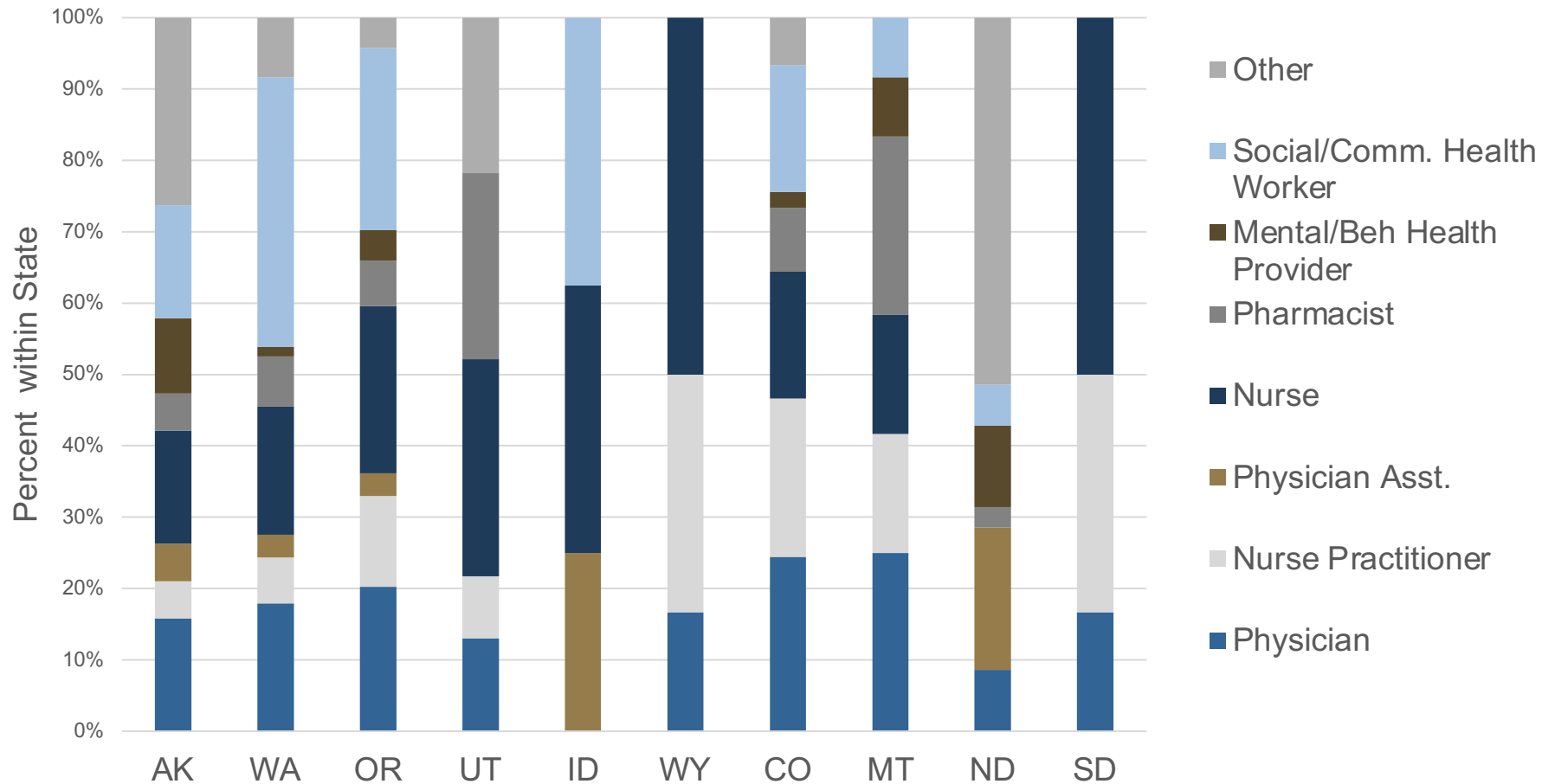
Prescribers: 27%

n=518

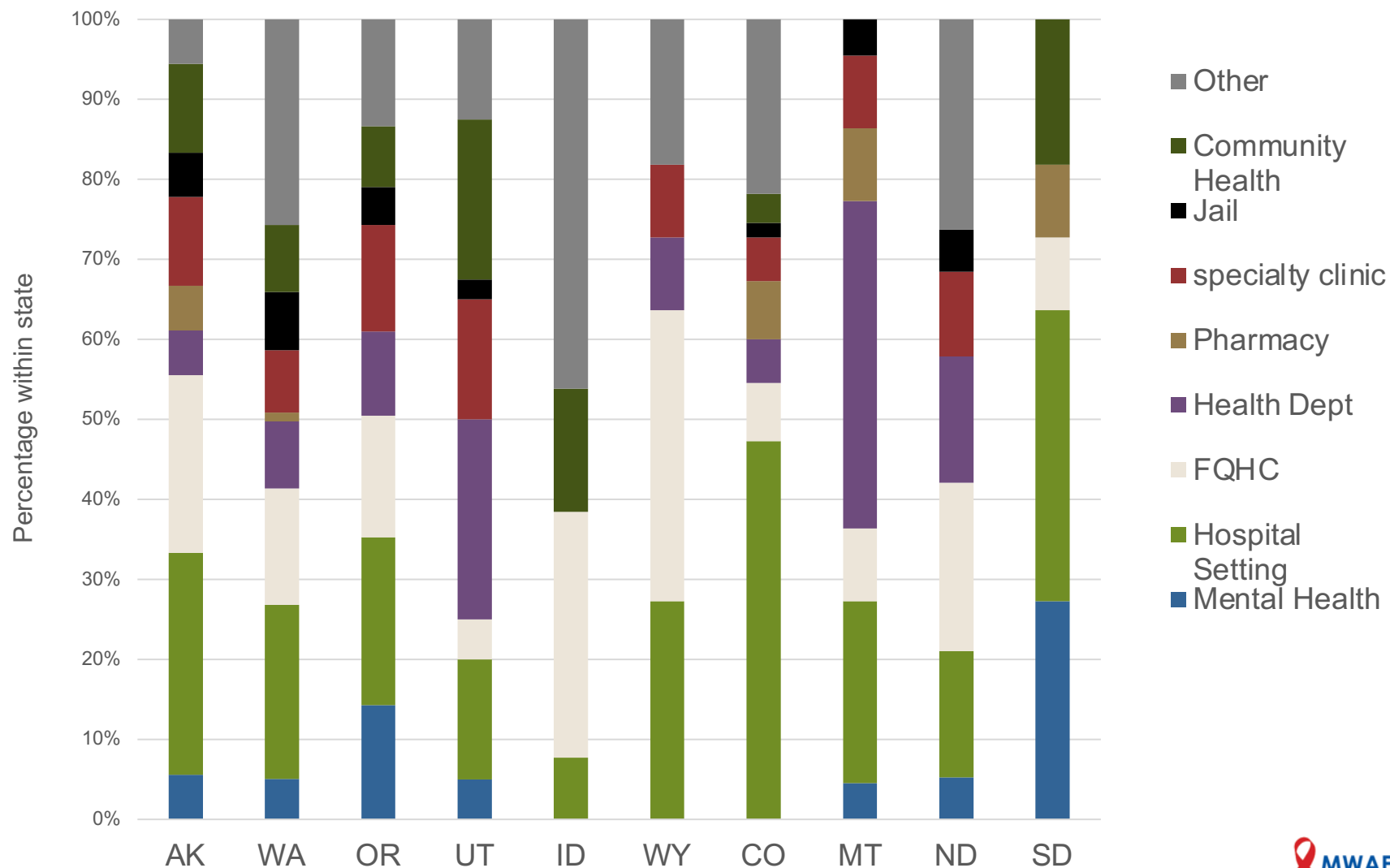


Prescribers: 40%

Professional Role Varies across States

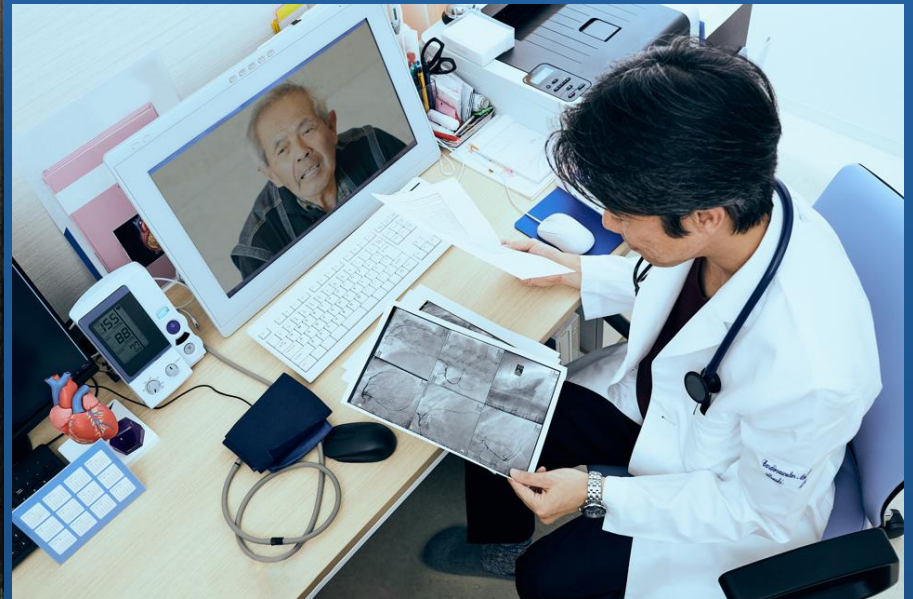


Agency Type Distribution varies by State

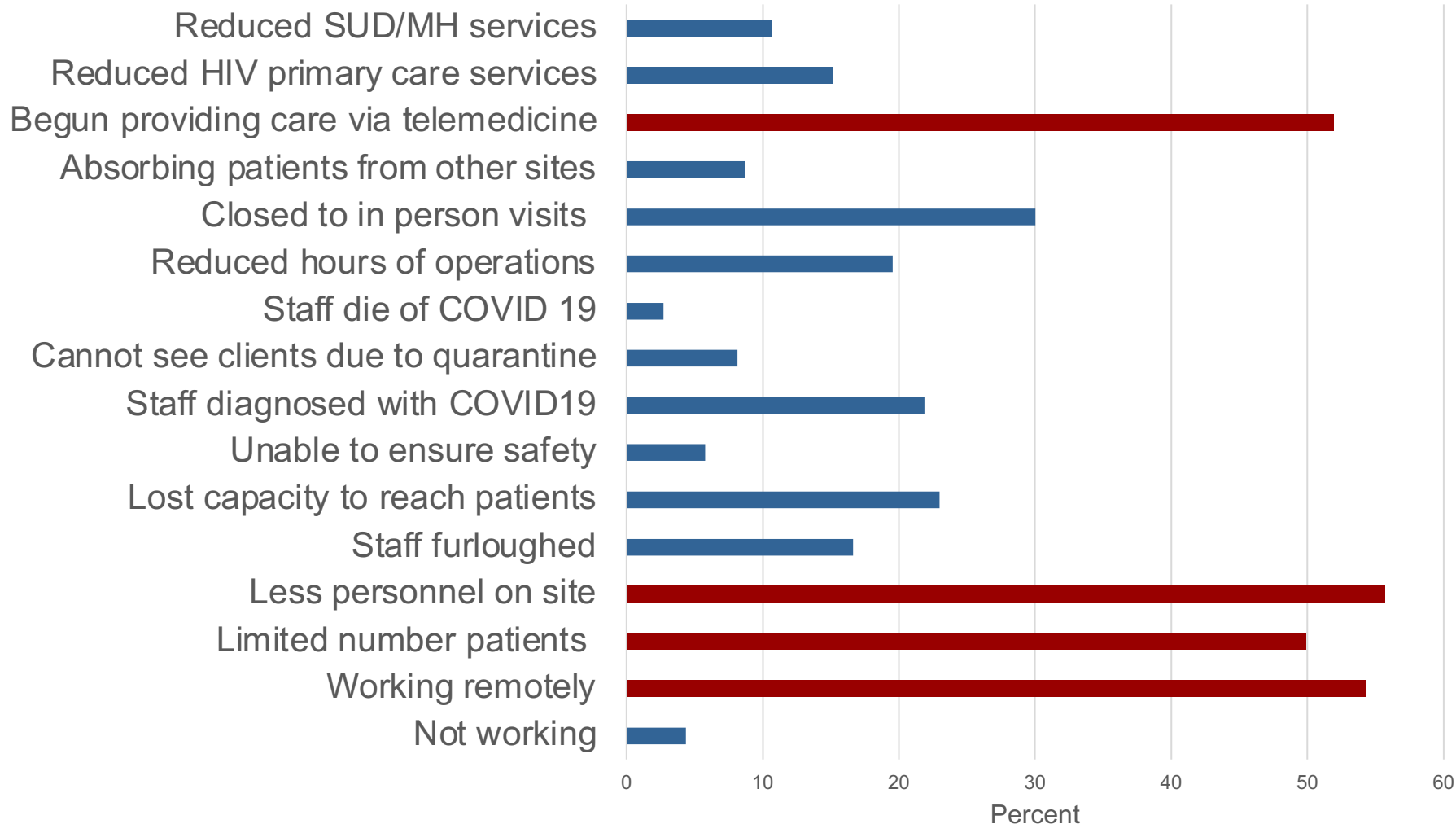


COVID-19 Impact on Operations

Biggest Impact: Reduce In-Person Care

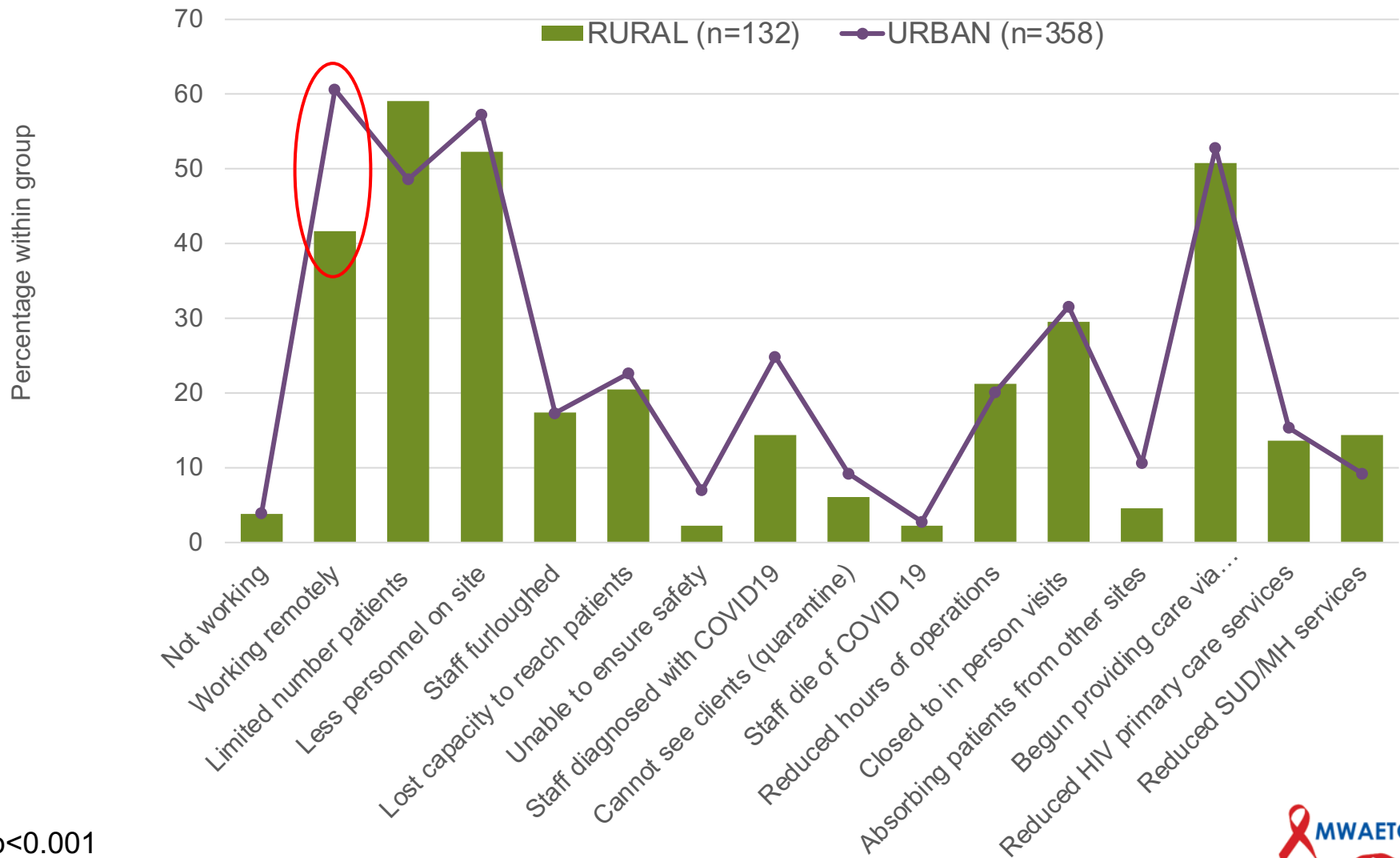


COVID-19 Severely Limited Patient Contact



N=553

All Geographic Settings Limited On-Site Presence



Pandemic Imposed Changes for Safe Operations

Screening

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

Treatment

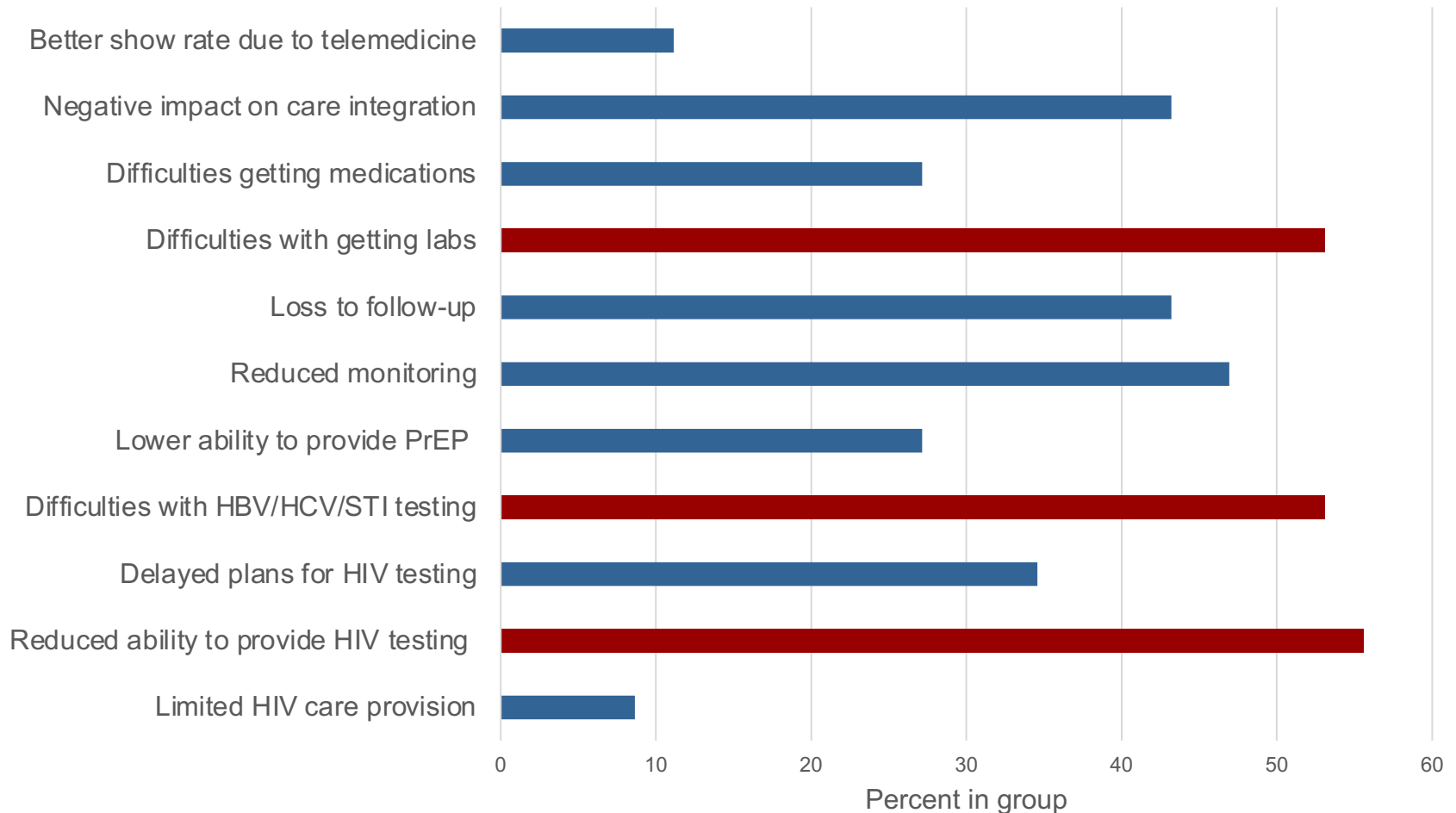
- Patient Flow
- Disinfect common areas in between patients
- Increased Use of PPE/ universal precautions

Physical Distance

- Isolate possible infected patients and personnel
- **Remote work for non-essential staff**
- **Telehealth**

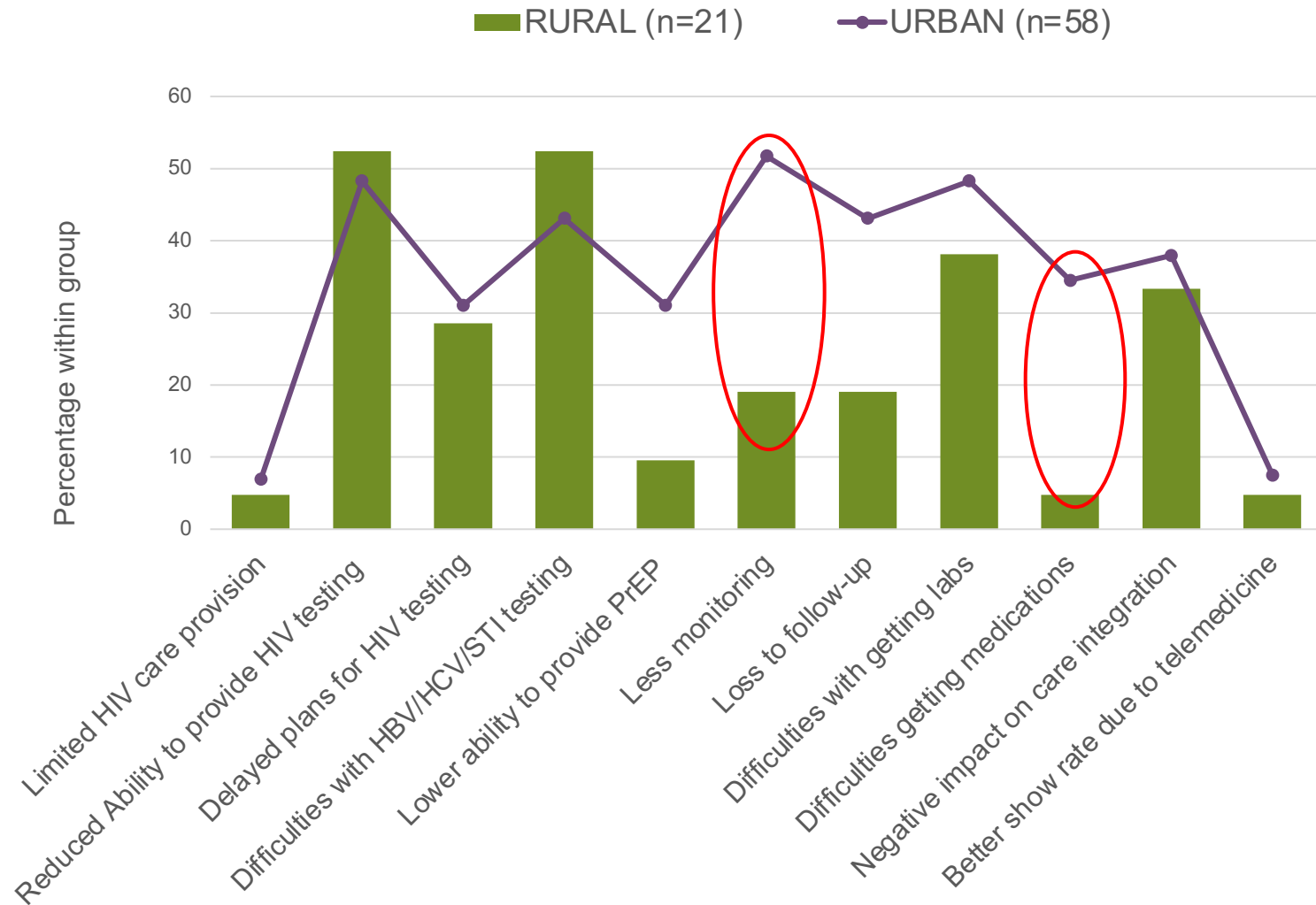
Impact on HIV, Mental Health and Substance Use Services

Pandemic Had a Negative Impact on Screening (HIV/HCV/HBV/STI)



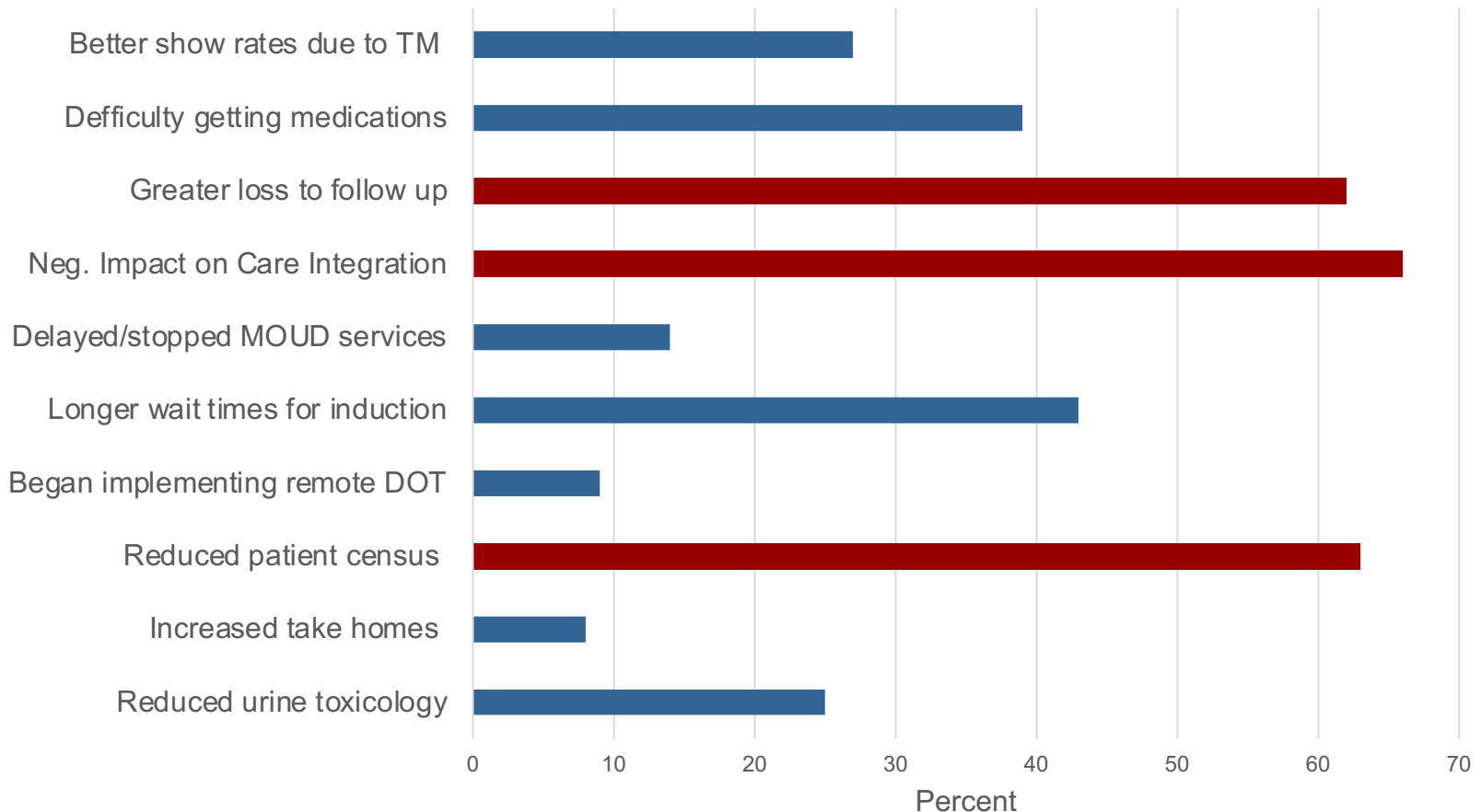
N=81 (15% of respondents)

Some HIV Services more Affected in Rural Areas



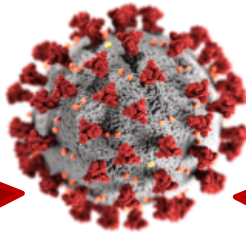
p<0.01

Negative Impact on Mental Health and Substance Use



N=161 (30% of respondents)

Pandemic Severely Impacted Services Across Settings



HIV Services

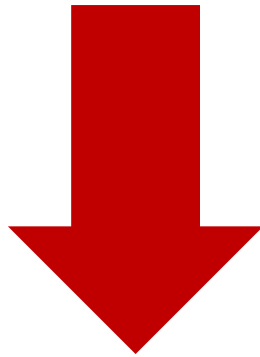
- Reduced patient census
- Greater loss to follow up
- Prevented physical-behavioral health integration
- Lower screening capacity/labs

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

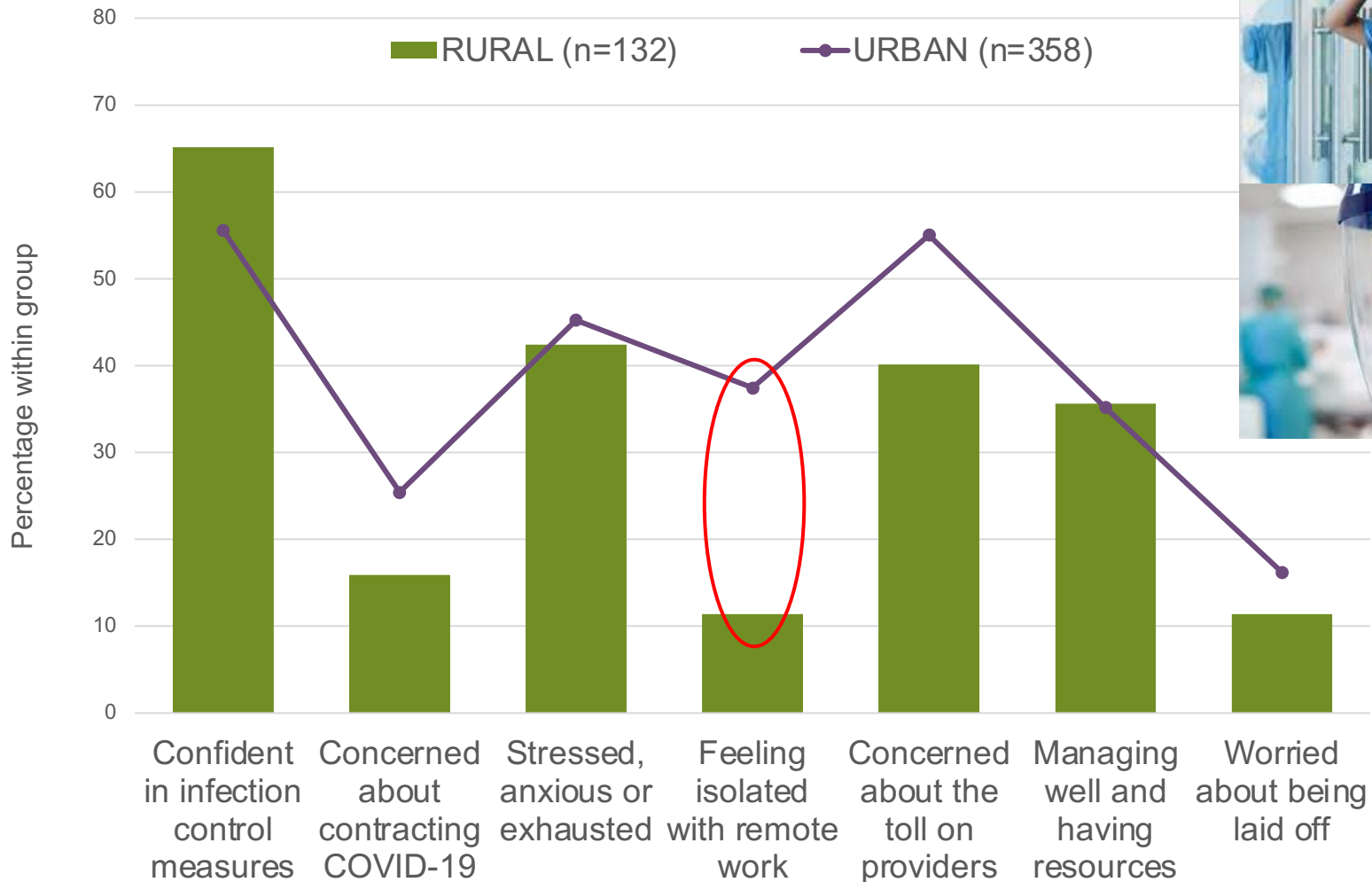
- Toll on providers
- Stressed, anxious

Safety and Control

- Felt confident on measures
- Felt safe overall



Urban Providers Felt More Isolated



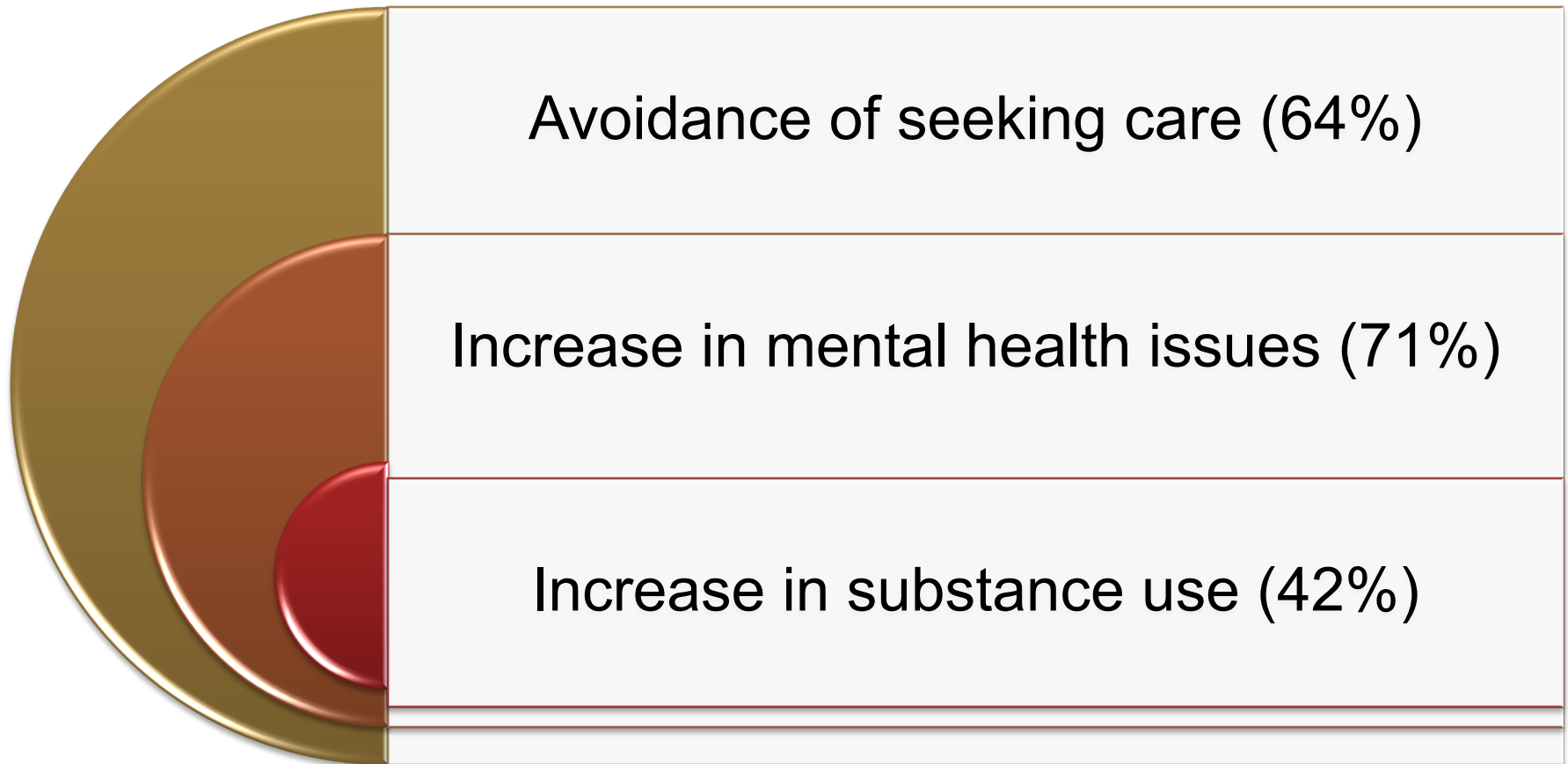
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Providers' Perceptions of COVID-19 Impact on Patients

Providers Reported Increased MH and SUD Problems Among Patients

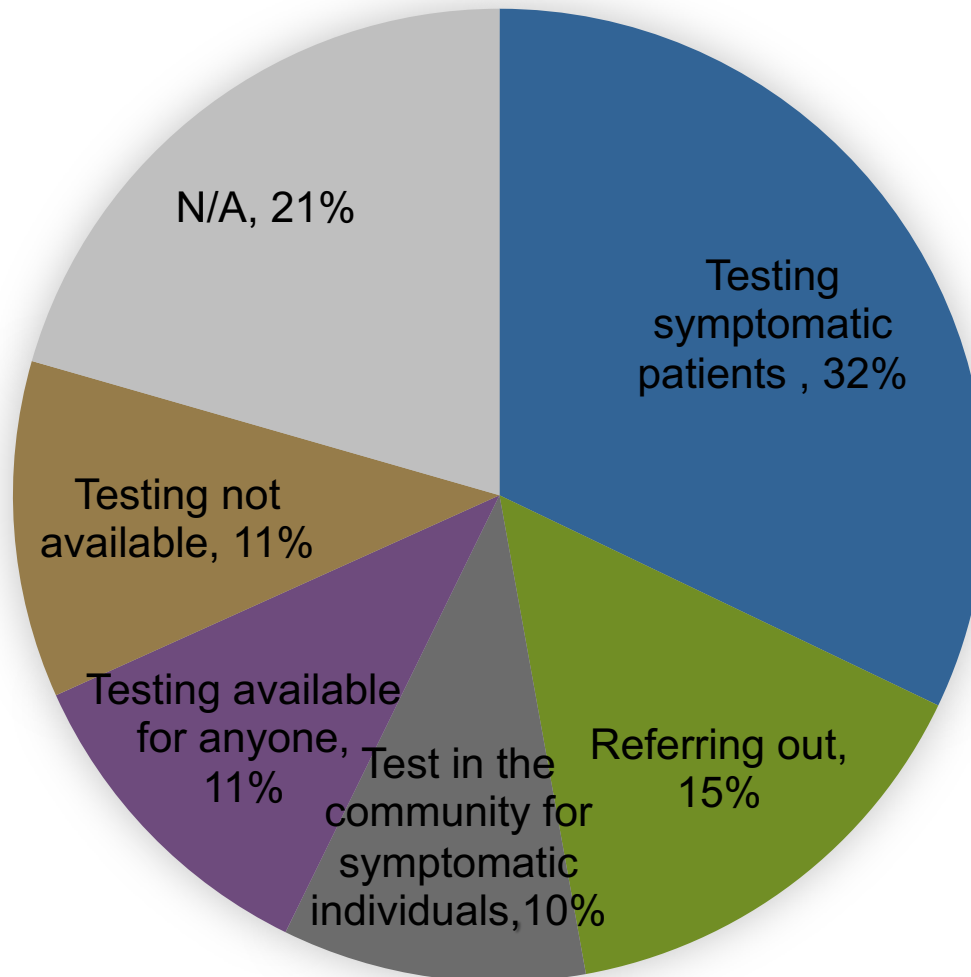


Mental Health and Care Avoidance were Respondents' Common Concerns about Patients

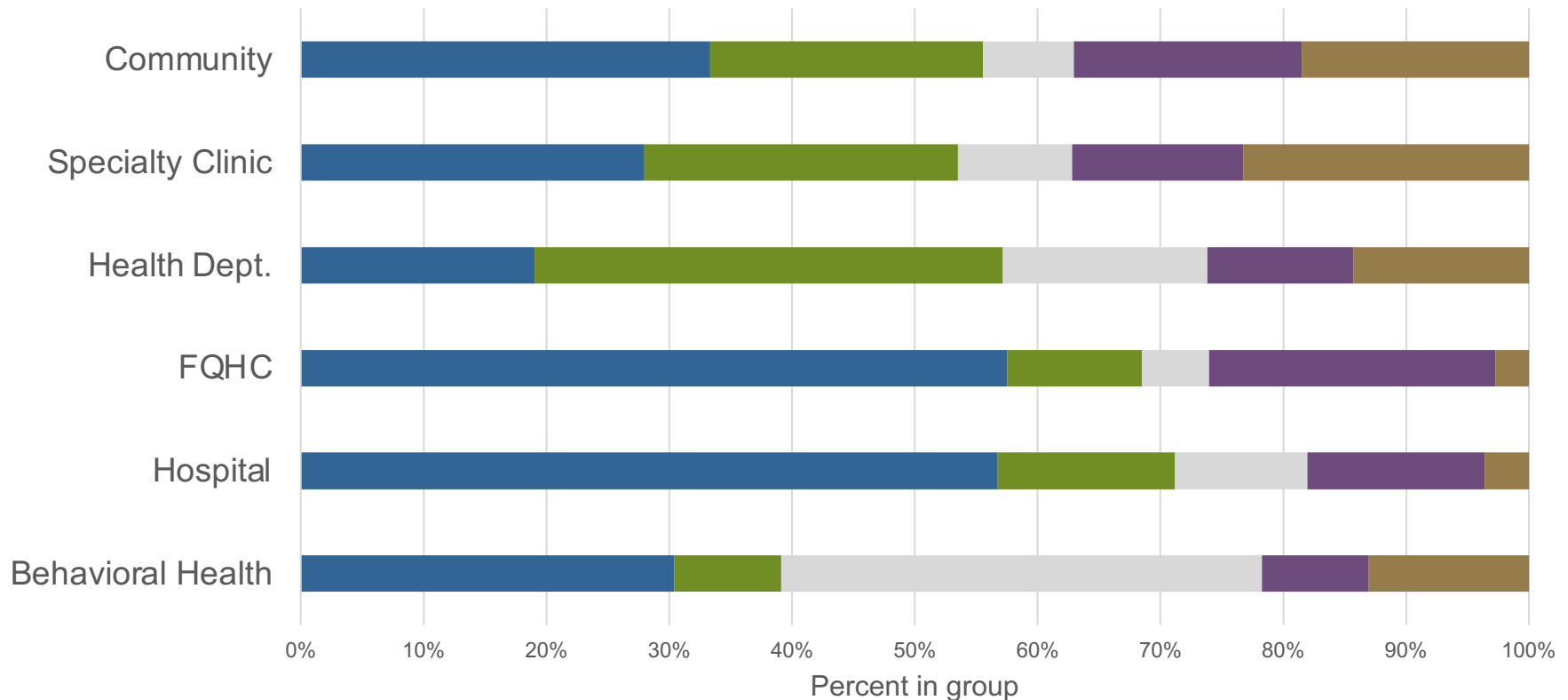


COVID-19 Testing Capacity

Little Testing was Available for Most Agencies

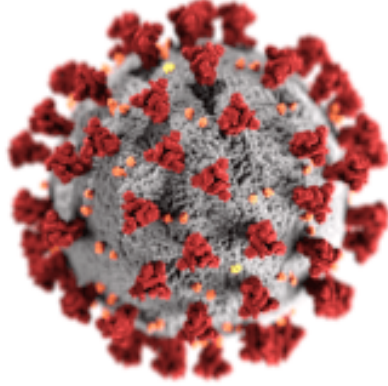


Initially Hospitals and FQHCs were Mostly Able to Test Symptomatic Patients



- Testing symptomatic patients
- Test in the community for symptomatic folks
- Testing not available

- Referring out
- Testing available for anyone

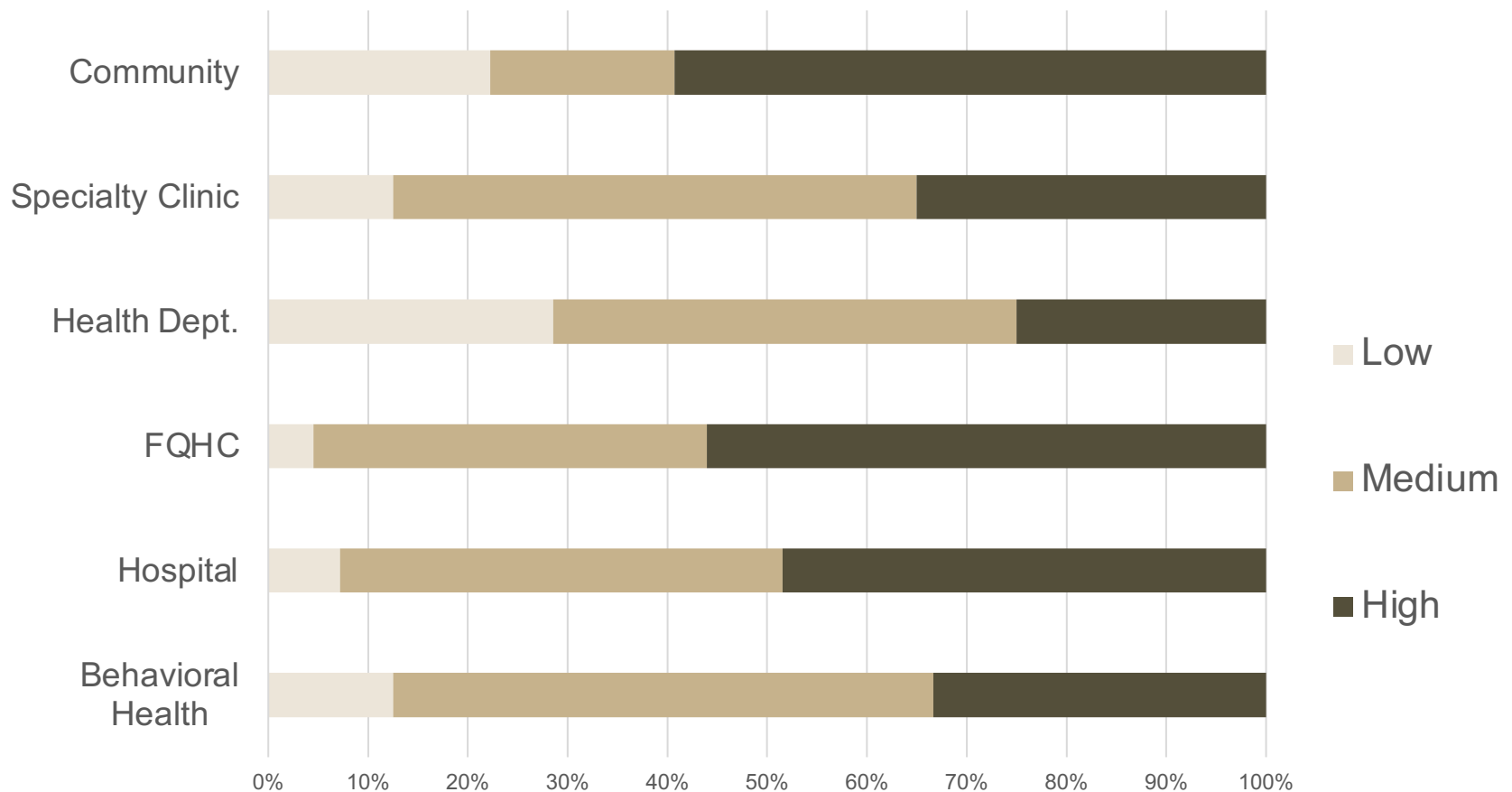


COVID-19 DRIVEN CHANGES

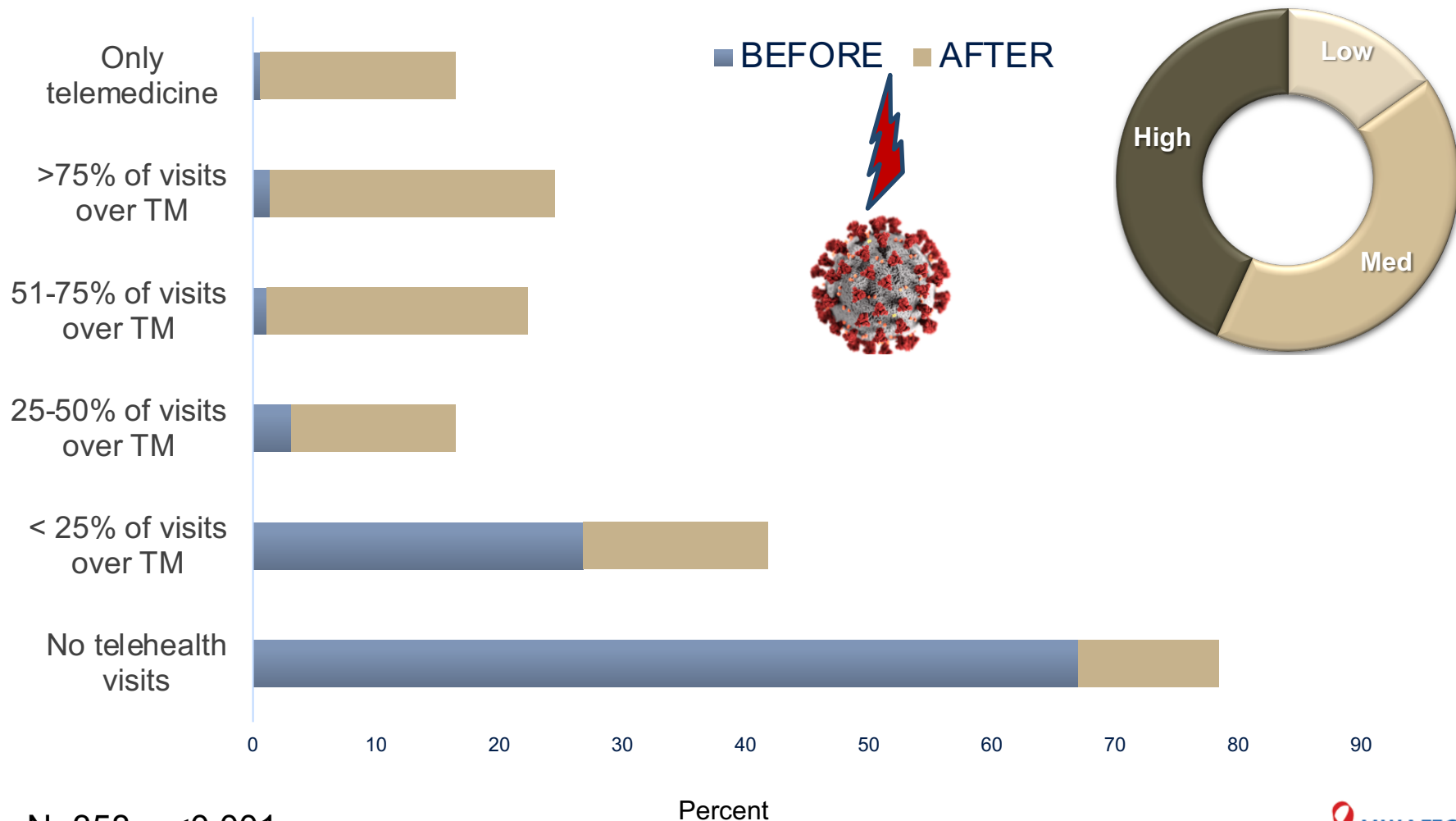
Telemedicine Capacity and Adoption



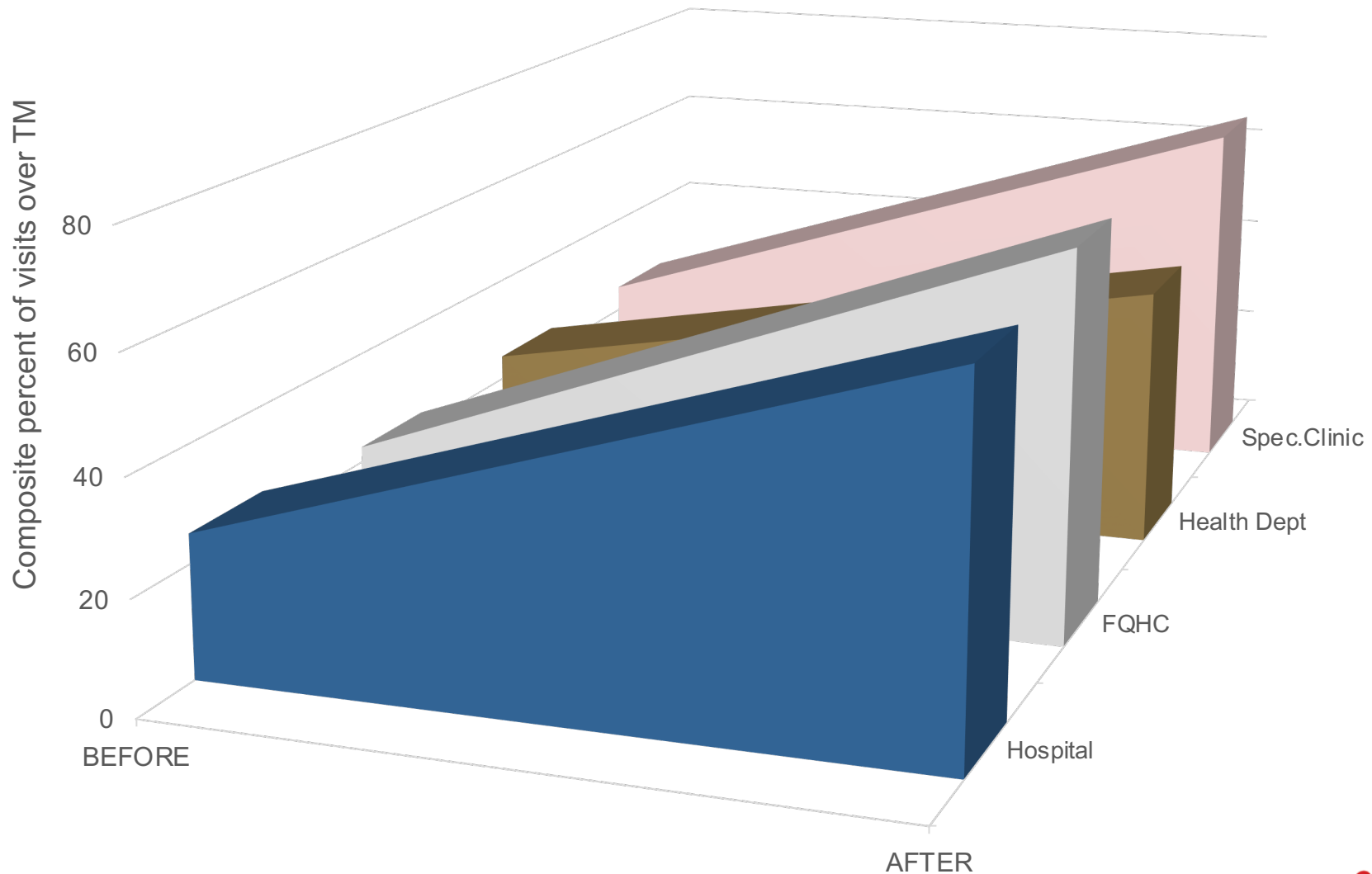
Majority of Respondents Felt Moderately to Highly Prepared to Offer Telemedicine



From Most Visits In-Person to Most via TM

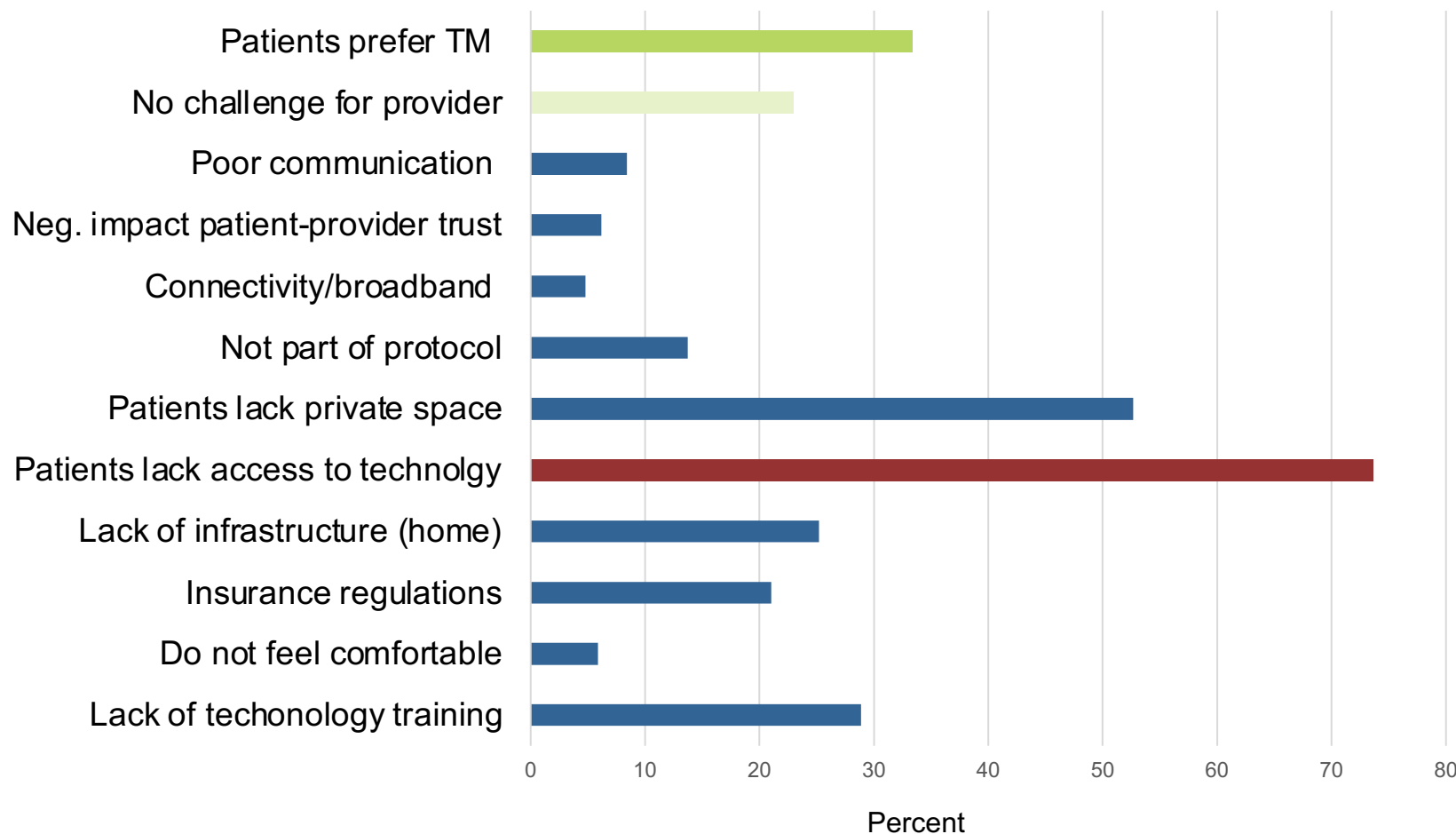


Most Sites showed Steep Shifts in Adopting Telemedicine

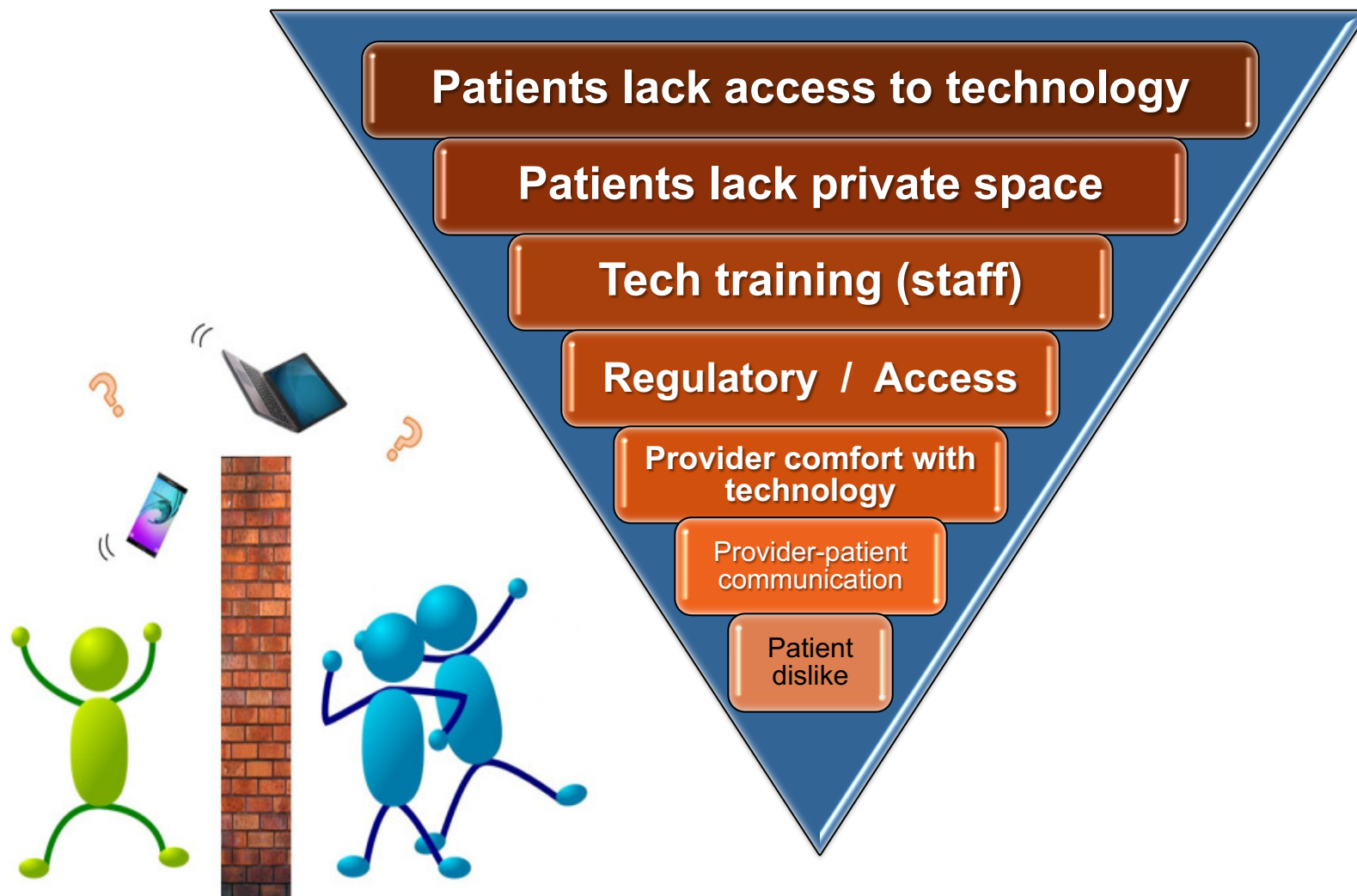


Challenges using Telemedicine

Challenges with Telemedicine

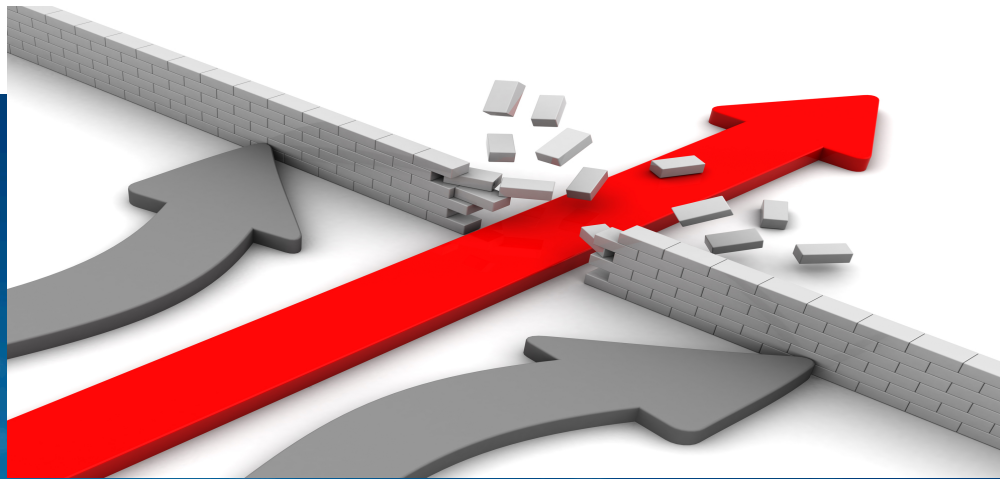


Challenges Offering Telemedicine

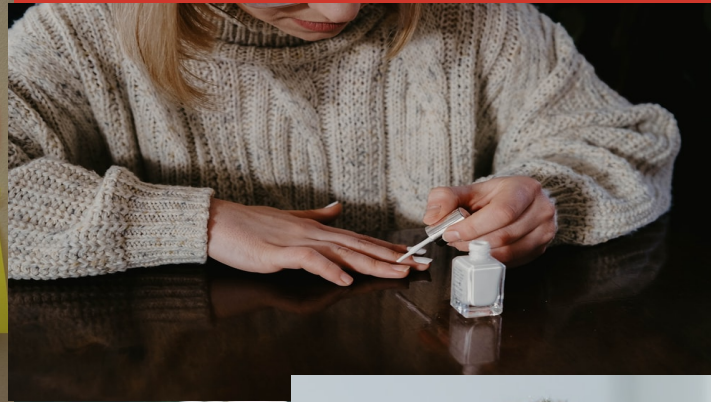


Needs and Interests

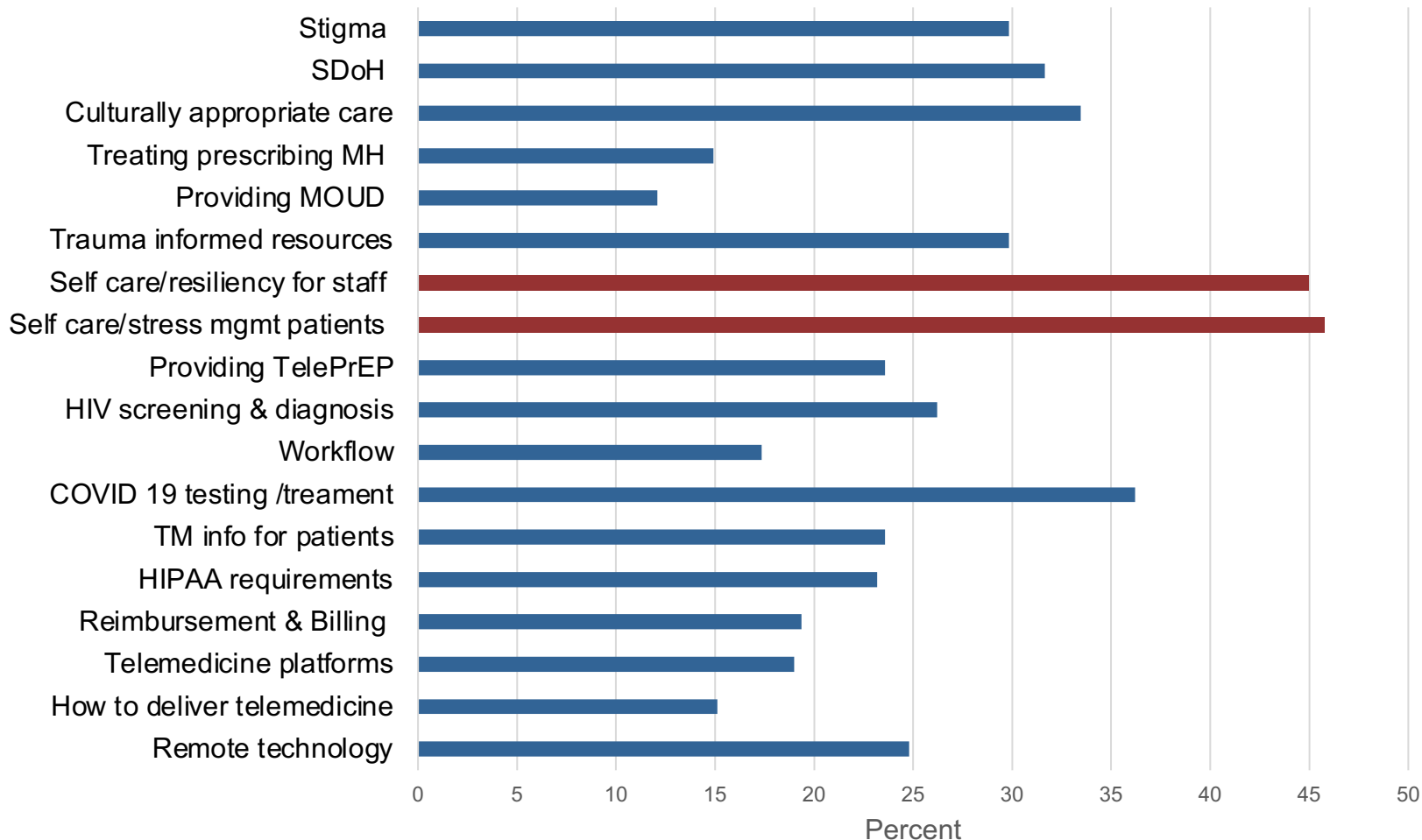
TRAINING



Resilience and Self-Care for Self and Patients Topped Training Interests



Training Needs: Self Care and Resiliency

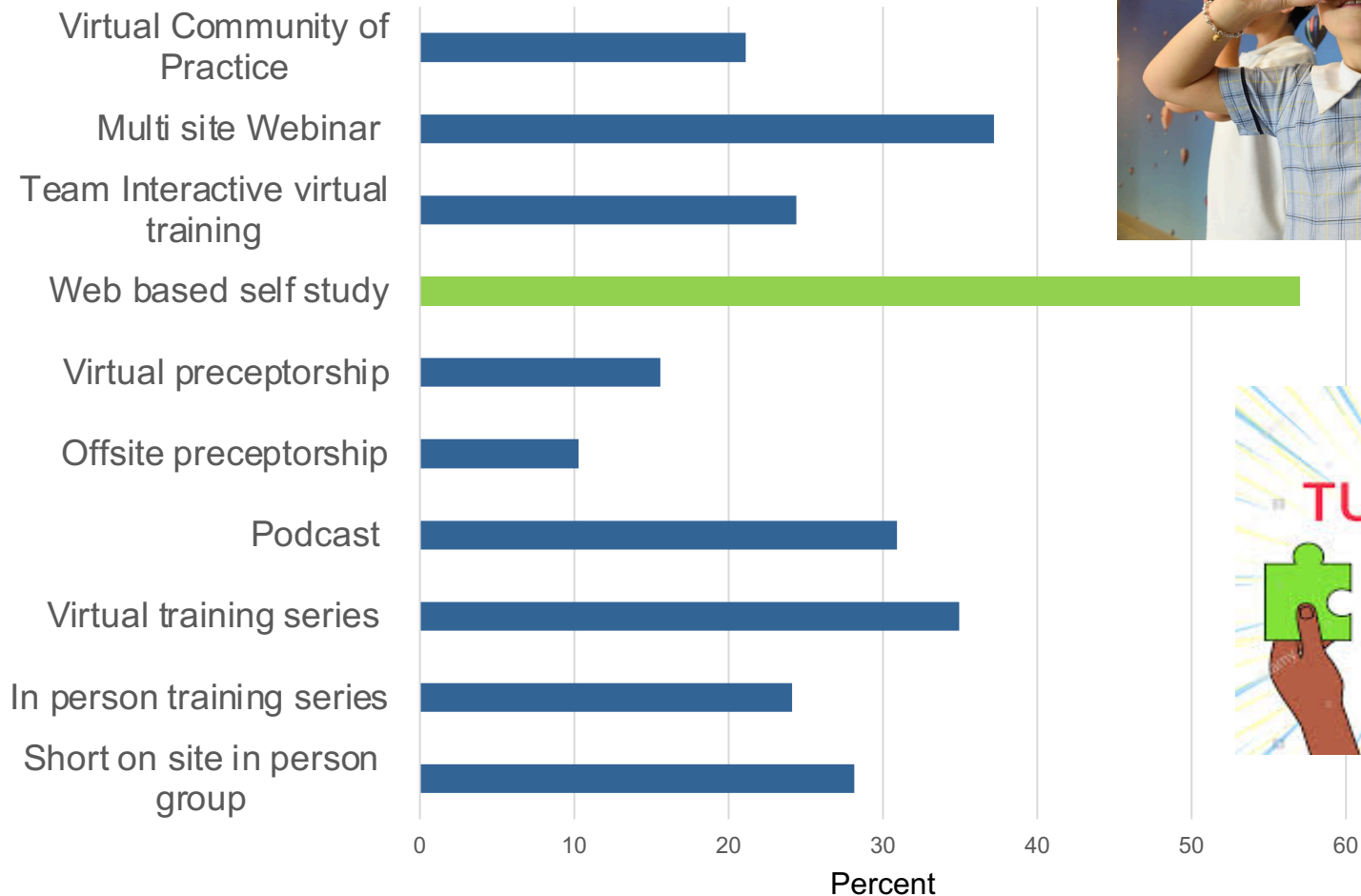


Different Training Needs across Provider Type



Technical Assistance and Training Preference

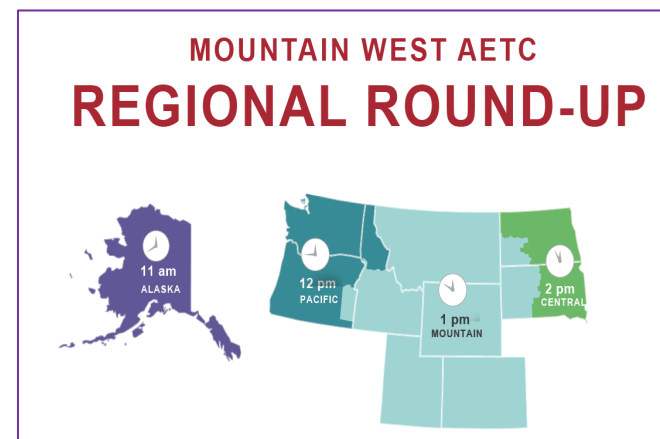
Web-based, Independent Study was Preferred Training Format



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

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 contact tracing acceptance among immigrants (COVID/HIV/STI)

<https://covid.idea.medicine.uw.edu/>



U.S.
Clinical Trials



COVID-19
Treatments >



Treatment
Guidance



Teaching
Resources



Master
Bibliography



COVID-19
Resources >

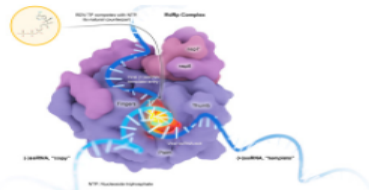
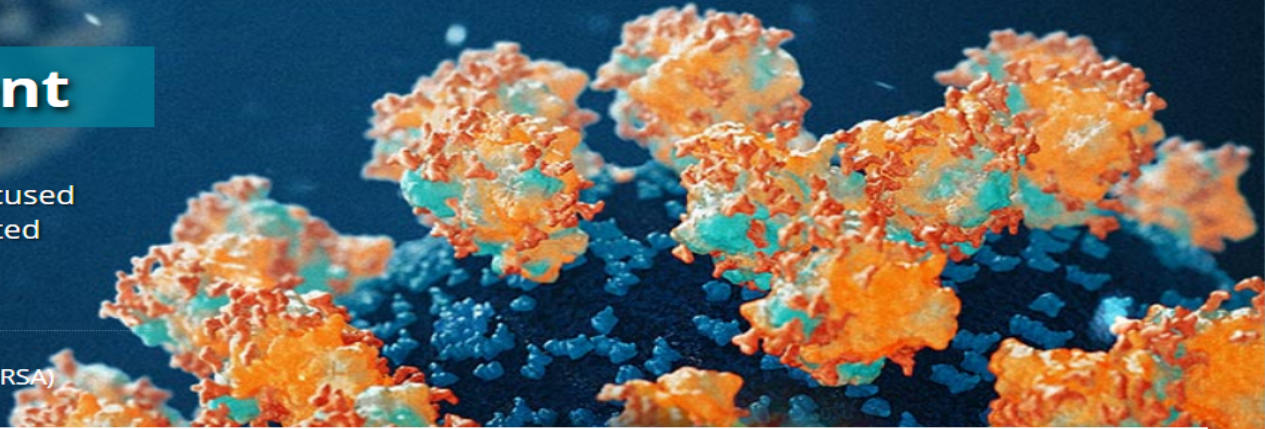


University of Washington / IDEA Program

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.

Funded by
Health Resources and Services Administration (HRSA)



Remdesivir Mechanism of Action Slide Set

The antiretroviral medication prodrug 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.

[Get slides in the Teaching Resources >](#)

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



COVID-10 Impact on Health Care System and Workforce

Organization changes

- Structure, protocols, procedures
- Safety and distancing
- Impact on services

Impact on providers

- Toll on providers
- Stress

Impact on patients

- Mental Health
- Substance use

Telehealth provision

- Rapid implementation
- No access to technology

Needs & Response

- Trainings
- Resources



Acknowledgments

Paul Cook, PhD



Lisa Krug Avery, MSW



Everyone who took the time to respond

Acknowledgments

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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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