



A Successful Tele- Infectious Disease Practice

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Objectives

- Explain why HIV is an ideal disease for Telemedicine
- A short summary of clinical HIV practice that lends itself to Telemedicine
- Describe our Arizona Department of Corrections HIV/Infectious Diseases Telemedicine Clinic Questions
- Questions




Bringing Telemedicine to your Practice


Telemedicine is a tool/modality with as many applications as there are people using it

If you are just beginning on Telemedicine I would suggest you think about some common patient problems you encounter in your practice and limit the scope to what you think can be handled successfully on Telemedicine

- Determine what ancillary data is needed and how to retrieve it before the Telemedicine visit
- Just get started! You will rapidly learn by trial and error what works



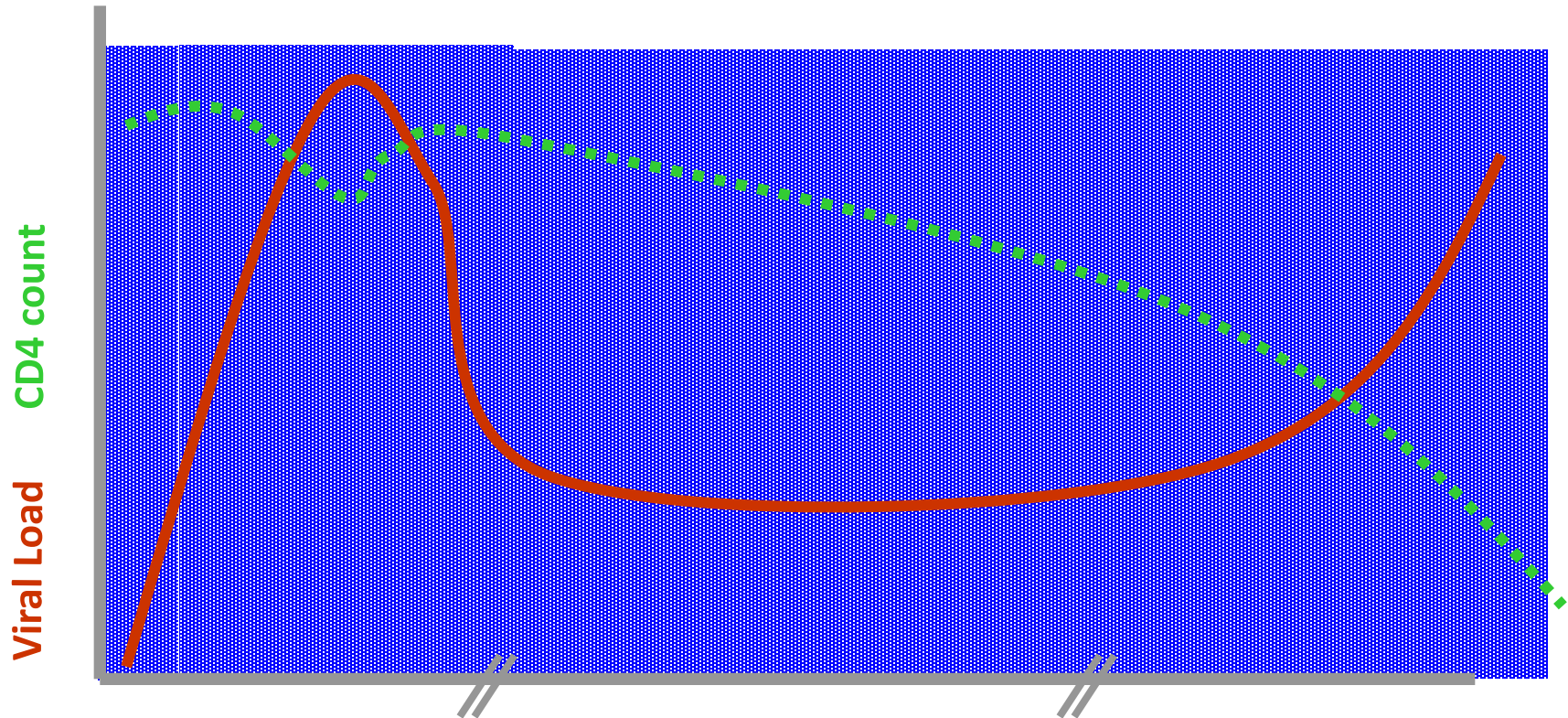
My Disease
Specialty is
HIV

- I saw my first patient in 1981
 - Director of first HIV Clinic in 1984, six others since; on 3 continents
 - For all of this work it was ***absolutely*** necessary to physically encounter and examine the patient
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Binh Thanh OPC: The First 200 Patients




Natural History of HIV-1 Infection



HIV Treatment Today

- Everyone with HIV is immediately placed on anti-retroviral drugs
- With new drugs every patient is generally undetectable for HIV RNA within 1 month– disease is controlled
- This preserves (or restores) immune cells and prevents transmission of HIV

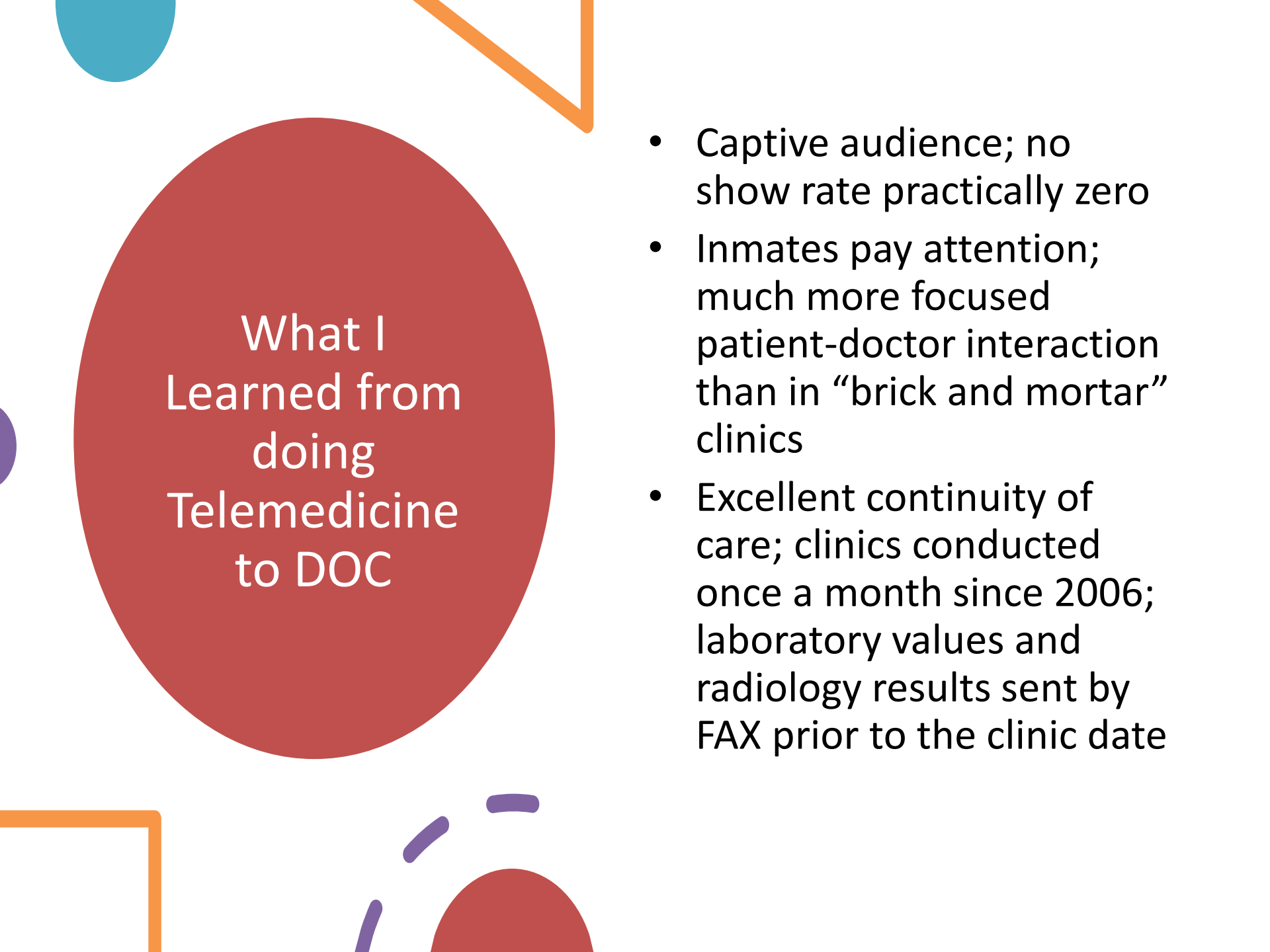
Current HIV Therapy

- Antiretroviral therapy (early and daily)
 - See HIV patient once a year
 - Laboratory tests twice a year
 - Having told you the above, you can perhaps envision how useful Telemedicine would be in taking care of these patients
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HIV-
Telemedicine
Clinic for DOC
started in
2006

- We have provided HIV Telemedicine to Pima County Jail and Arizona Department of Corrections since 2006.
- Monthly communication with DOC allows for following laboratory and radiology results.




What I
Learned from
doing
Telemedicine
to DOC

- Captive audience; no show rate practically zero
- Inmates pay attention; much more focused patient-doctor interaction than in “brick and mortar” clinics
- Excellent continuity of care; clinics conducted once a month since 2006; laboratory values and radiology results sent by FAX prior to the clinic date

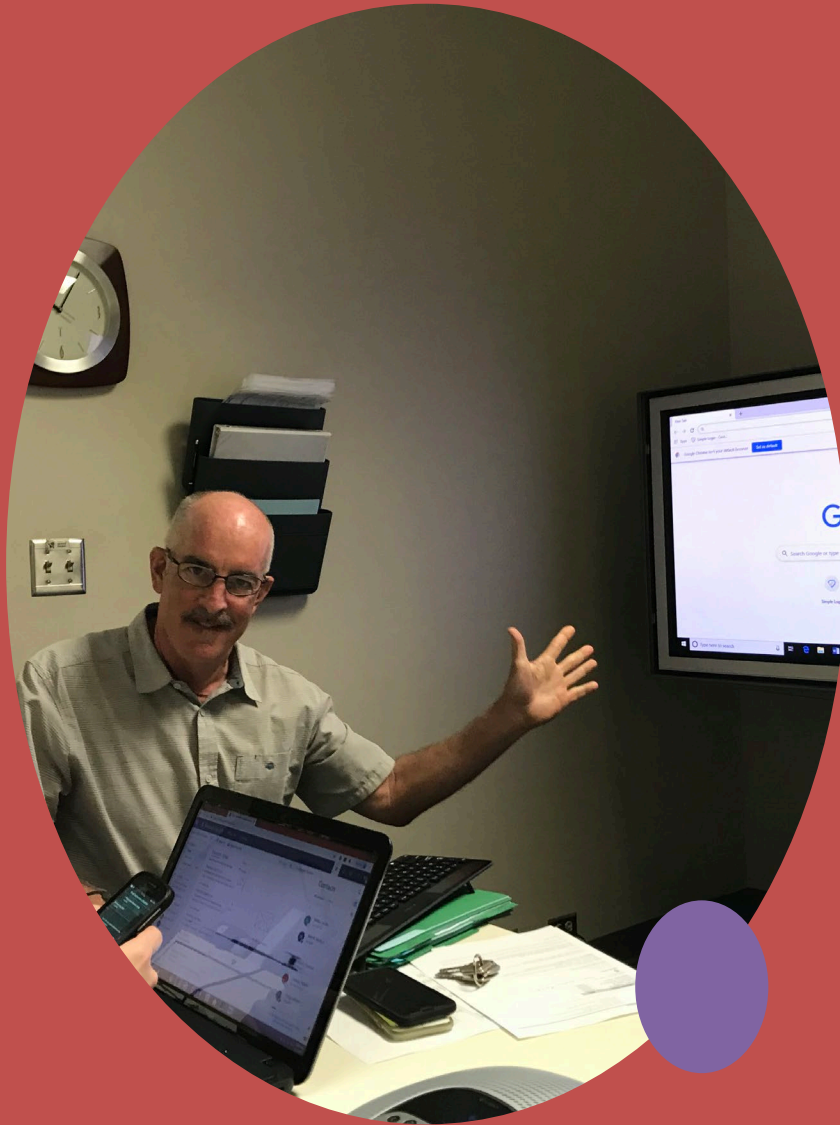


How We Do It: Day Before Clinic

- We use a DOC database to retrieve the names and records of the patients and enter clinic slots into a Cerner EMR
 - Krystal makes up the clinic list and enters the names and MRN into the database
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Clinic Day: Connecting to the DOC

Pete turns on all the
equipment and insures we
can reach all the DOC sites





The DOC database is accessed and list of clinic patients pulled up

- Krystal lets me know which patient is coming next onto the screen and provides me a patient folder with copies of all the lab results and notes of DOC physicians
- She also visits patients in jail to insure transitioning to civilian life

Our video room

- Pharmacist Larry specializes in HIV drugs and attends every clinic
- He enters separate notes in the computer which is sent to the DOC
- I use a clinic note specific to HIV; a copy is FAXED to the DOC. The note has orders for drugs and laboratory monitoring as well as a suggested time for the next clinic visit




Actual clinic visit

- There is a health care worker arranging the camera at the DOC site and patient flow
- Each clinic visit lasts from 10-15 minutes
- We can zoom in to some extent to visualize lesions

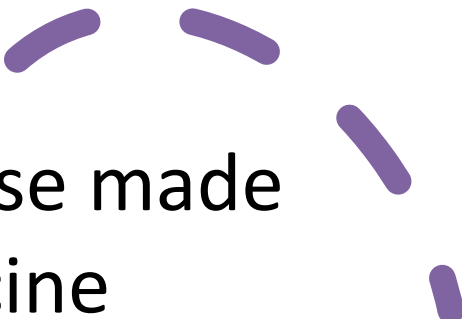


Plans for new Programs

- Our direct marketing of care to our HIV patients (~2000 patients) is already ongoing along with the DOC Telemedicine.
 - HIV TelePharmacy: twice per year
 - HIV TelePrEP statewide
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Conclusions

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- HIV is a disease made for Telemedicine
 - Telemedicine is the future of HIV care