

Social Innovation Fund, AIDS United improve access to HIV treatment in rural Alabama

Accessing quality medical care in rural Alabama is not easy. For people who live far from the larger cities like Montgomery or Birmingham, public transportation is often nonexistent. The high levels of poverty in rural areas across the state means that most people have no disposable income to spend on medical care, no health insurance, and no car. Getting primary care treatment in these areas is a challenge — receiving care for a condition like HIV is even more difficult.

Medical AIDS Outreach is a nonprofit organization located in Montgomery, Ala. that works to bring quality HIV treatment to patients living in 26 counties in Alabama. “When people talk about HIV in this country, they talk about it like it’s under control,” explained Dr. Laurie Dill, medical director of MAO. “And that’s not accurate for us because high rates of HIV clearly track with poor and vulnerable populations. Our patients are about 70 percent African American, 30 percent female, and many of them live in what are literally the poorest counties in the United States that have over four times the HIV infection rates of the rest of the U.S.”

MAO’s home-base primary care clinic is in Montgomery, and in the past they would travel to clinics located in rural areas to see patients about once a week. This involved loading a doctor, nurse and paper copies of patient medical records into a van, and driving for over an hour to the rural clinic. There, they would see patients for the afternoon before loading everything back into the van, and driving back to Montgomery. This was a perfectly inefficient use of a physician’s time, since instead of seeing patients the doctor would be sitting in a van, or helping to unload boxes. But there wasn’t another option if they wanted to reach this population in need of treatment.

AIDS United, a national organization working on issues of health for people living with HIV, has focused heavily on the issue of access to HIV care. In 2009 the organization launched its Access to Care (A2C) program with the goal of connecting economically and socially marginalized people living with HIV to high-quality medical treatment. In 2010, AIDS United received a grant from the Social Innovation Fund to expand A2C to 13 community organizations working in 13 U.S. cities. MAO was

AIDS United and Social Innovation Fund work to expand HIV care to under-served areas across the United States

The U.S. Centers for Disease Control and Prevention estimates that more than 1 million people in the United States are living with HIV. According to AIDS United, roughly two-thirds of them (640,000) are not receiving appropriate care due to issues such as HIV-denial, stigma, poverty and limited access to services.

To improve health care for these individuals, AIDS United is using a \$2.2-million annual grant from the Social Innovation Fund to expand its Access to Care initiative. Launched on World AIDS Day 2009, A2C is designed to connect economically and socially marginalized individuals living with HIV to quality health care and related services. The goal is to allow people living with HIV to live healthier, more productive lives.

Through participation in the Social Innovation Fund program, AIDS United supports 13 community organizations in 13 U.S. cities with a high incidence of HIV.

East Coast

- **Boston, Mass.** – AIDS Action Committee of Massachusetts
- **New York, N.Y.** – Amida Care
- **Philadelphia, Pa.** – Action AIDS
- **Washington, D.C.** – Washington AIDS Partnership

Midwest

- **Chicago, Ill.** – AIDS Foundation of Chicago
- **Indianapolis, Ind.** – Damien Center
- **St. Louis, Mo.** – St. Louis Effort for AIDS

South

- **Birmingham, Ala.** – Birmingham AIDS Outreach
- **Montgomery, Ala.** – Medical AIDS Outreach of Alabama
- **New Orleans, La.** – Louisiana Public Health Institute

West Coast

- **Alhambra, Calif.** – Pacific AIDS Education and Training Center
- **Los Angeles, Calif.** – AIDS Project Los Angeles
- **San Diego, Calif.** – Christie's Place

one of those 13 sites, and received a grant that allowed the organization to change the way it brings HIV treatment to patients.

With funding from AIDS United and the Social Innovation Fund, MAO purchased telemedicine equipment that allows physicians to work from their hub site in Montgomery, and at the same time to hold clinic hours during the week in rural areas like Selma. The physicians are able to interact with patients at the rural clinics through the use of an HD camera and screen that transmits interactive, real-time video between the patient and the physician, and a Bluetooth stethoscope that a nurse can use to provide real-time heart and lung sounds to the physician at the hub site. This means that a physician can be at the clinic in Montgomery and see patients in the morning, and then go into the telemedicine room in Montgomery and “see” a patient in Selma, and then step back into the office and see other patients in Montgomery, all without the lost time of travel.

The telemedicine equipment has also opened the door for patients in rural areas to have access to a pharmacist who is specially trained in HIV medications and interactions. The pharmacist is located in Auburn, about an hour east of Montgomery. Formerly, she was simply too far away to work with patients at the Selma location. But now, she is able to use the telemedicine equipment located in Montgomery and hold office hours for the patients in Selma to work with them to review their medications, and provide adherence training — an extremely important component for treating HIV.

Dr. Dill believes that telemedicine equipment has the potential to do more than just maximize a physician’s time. She also sees it as a way to help overcome the issues of stigma around HIV that are very prevalent in many areas of Alabama in which MAO works, which can make it even more difficult to effectively treat patients. Dill recalls patients whose families would drop them off blocks away from the HIV clinic for fear of catching the virus, and patients who refused to be hospitalized because they were afraid they would be fired if their employer found out that they were HIV positive. Some patients have been kicked out of their homes after their relatives discovered their status, or have families who will no longer touch them for fear of contracting HIV. The heavy stigma associated with HIV means that patients don’t want to ask their friends to drive them to the clinic for their appointments or to pick up their medication, or that they will not seek treatment at all for fear of being ostracized. Dill hopes to use the telemedicine equipment to provide other kinds of specialty care, such as mental health care and other specialists that are in short supply in these areas. By bundling different types of medical care together and providing them at a telemedicine treatment area, patients can go to the clinics and still maintain privacy around their HIV status since the clinic will not be solely for HIV treatment, but for a variety of medical care.

The new technology has not come without its challenges. MAO had to transfer all of its paper copies of patient medical records into Web-based electronic medical records, a time consuming and expensive process, particularly for a nonprofit. MAO has also had to overcome hurdles to get the Alabama Medicaid system to pay for treatment given through the telemedicine equipment. While Medicare has offered coverage for telemedicine treatment for some time, Alabama’s Medicaid did not, which meant that many patients were unable to pay for their treatments. Alabama’s major private insurance company also does not cover telemedicine treatment.

But other challenges that they anticipated upfront did not come to pass, Dill said. Originally, MAO was concerned that patients would not react well to the idea of seeing their doctor over a TV screen instead of in person. Although MAO tries to always do the first visit with a new patient in

person so doctor and patient can form a good connection, after that point most visits will be over the HD screen. However, MAO found that patients responded very well to the use of the equipment. As Will Rutland, former project director of MAO's Telemedicine Program pointed out, "Folks in rural Alabama want good healthcare just as much as folks in San Francisco do — and if this is a tool that offers them good healthcare, they are thrilled to participate in it."

MAO hopes to enroll 200 unique patients into HIV treatment over the course of their grant from AIDS United and the Social Innovation Fund. Given that there are about 12,000 individuals living with HIV in Alabama, this is just the beginning, and Dill hopes to find ways to reach many more of those in need through this technology. Her vision is that this new technology will change rural healthcare delivery as a whole, not just HIV care, and make it possible for more people, regardless of where they are located, to live healthy and productive lives.