



Access to HIV medical care providers for Ryan White Program clients during the COVID-19 Pandemic: Lessons learned

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BACKGROUND

During COVID-19 Pandemic, Miami-Dade County Ryan White Program modified HIV care delivery to maximize accessibility

- Part B (AIDS Drug Assistance Program [ADAP]) : suspended within 6 months viral load test results requirement and expanded use of drive-through, mail and home delivery of antiretroviral medications.
- Part A and Minority AIDS Initiative HIV care programs: waived re-enrollment lab tests, relaxed re-enrollment timelines, and expanded telehealth for clinical HIV medical and oral healthcare providers, and case managers

OBJECTIVE

Describe how clients accessed HIV medical providers during Pandemic, ease of access, and if access varied by demographic factors.

METHODS

- Descriptive, cross-sectional telephone survey of 298 adult clients who received medical case management through the RWP and who self-identified as being African American, Hispanic/Latinx, or Haitian
- Conducted October 2020- January 2021
- Survey administered in English, Spanish or Haitian Creole
- Descriptive analyses.
- Age group, race/ethnicity, and gender, as well as all factors associated with ease of accessing care with a *P*-value < 0.2, were included in a logistic regression model with somewhat or much easier vs. somewhat or much harder to access doctor compared with prior to Pandemic as dependent variable

RESULTS

Table 1. Access to HIV Medical Provider by Demographic and Other Characteristics

	Much Harder or Somewhat Harder, n (%)	Same, Somewhat Easier or Much Easier, n (%)	P-value
Total	64	227	
Gender			
Cis-Gender Women	28 (19.2)	118 (80.8)	
Cis-Gender Men	33 (23.9)	105 (76.1)	
Transgender/Non-binary	3 (42.9)	4 (57.1)	0.25
Race/Ethnicity			
Haitian	9 (18.0)	41 (82.0)	
Hispanic	33 (26.0)	94 (74.0)	
Non-Hispanic Black	22 (19.3)	92 (80.7)	0.35
Age Group (years)			
18-34	9 (24.3)	28 (75.7)	
35-44	13 (26.0)	37 (74.0)	
45-54	22 (24.2)	69 (75.8)	
≥55	20 (17.7)	93 (82.3)	0.56
Sexual Orientation			
Heterosexual	38 (19.6)	156 (80.4)	
Gay/Lesbian/Bisexual	24 (26.7)	66 (73.3)	0.18
Language of Interview			
English	31 (21.0)	117 (79.1)	
Not English	33 (23.1)	110 (76.9)	0.66
County of Birth			
United States	24 (19.8)	97 (80.2)	
Not in United States	40 (23.7)	129 (76.3)	0.44
Household Income as % Federal Poverty Level			
<100%	33 (26.4)	92 (73.6)	
100-199%	26 (23.2)	86 (76.8)	
200-399%	5 (9.6)	47 (90.4)	0.05
Worked prior to Pandemic			
Full time	31 (21.4)	114 (78.6)	
Part time	15 (21.4)	55 (78.6)	
Didn't work	17 (22.7)	58 (77.3)	0.97
Education			
< 12 years	11 (17.5)	52 (82.5)	
High school grade	21 (20.4)	82 (79.6)	
Some college	17 (25.8)	49 (74.2)	
College graduate	15 (25.4)	44 (74.6)	0.60
Number of Children in Household <18			
0	41 (19.2)	173 (80.8)	
≥1	23 (29.9)	54 (70.1)	0.05

RESULTS

- Of 298 participants, 291 (97.7%) contacted HIV medical provider between 3/2020 and time of interview (67.7% in person, 42.3% by phone, 39.2% using videocalls, 0.7% by e-mail, and 0.7% by text messaging, multiple answers possible).
- Cisgender women more likely to report seeing medical provider in-person (73.3%), than cisgender men (60.9%) (*P* = .03)
- Cisgender men (47.8%) were more likely to report using video calls than cisgender women (32.2%) (*P* < .01).
- Hispanics (49.6%) more likely to report using video calls than Non-Hispanic Blacks (37.7%) and Haitians (16.0%) (*P* < .01).
- 64 (22.0%) reported that access was harder compared to prior to the Pandemic, 75 (26%) reported that it was easier, and 152 (52%) reported that it was the same.
- No variables associated with finding it harder to access medical provider in logistic regression.
- Post-hoc analysis excluding those reporting access was same found that those reporting it harder were more likely to have a child in household (adjusted odds ratio [aOR] 2.61; 95% confidence interval [CI] 1.10-6.18).

CONCLUSIONS

For most participants, access to providers was same or better, possibly due to remote methods of communication such as telehealth. Retaining remote methods of communication may improve accessibility for some demographic groups even after Pandemic.

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