A Checklist for Evaluating HIV Telehealth Care

This checklist was created through collaboration between the NYC DOHMH Clinical Operations and Technical Assistance (COTA) Program, the NYS DOH AIDS Institute Quality of Care Program, and the HIV Quality of Care Consumer and Clinical Advisory Committees. The purpose of this checklist is to help organizations assess the quality of their telehealth services. If you answer "No" to any of the prompts below, these may point to potential areas for consideration. We encourage you to consult with your team and reference the resources included in the **HIV Telehealth Care Resource Document** to strengthen your telehealth care delivery and/or assist in improving your telehealth care. For additional questions please contact Nicole.Fera@health.ny.gov or Daniel.Belanger@health.ny.gov for support.

Provider Readiness	Vos	Na
	Yes	No
1. Is telehealth training offered for all staff members utilizing telehealth?	Ш	
2. Do you measure the number/percentage of staff members trained in using telehealth?		
3. Are staff available to make telehealth appointments (follow-up appointments included) for consumers?		
4. Do all staff members have access to appropriate equipment needed to conduct telehealth visits?		
5. Do all staff members have access to appropriate space needed to conduct telehealth visits?		
6. Can you provide the same HIV services* via telehealth that you provide in-person?		
7. Do you offer ART initiation via telehealth?		
8. Do you offer medication adherence support via telehealth?		
9. Do you offer care management support via telehealth?		
10. Are social work services available via telehealth?		
11. Are visits with a psychiatrist or psychologist available via telehealth?		
12. Are you able to order and receive lab draws from off-site testing centers through your EHR system?		
13. Does your program have a standardized method that assesses consumer readiness and treatment to determine if a telehealth or in-person visit should be offered to the consumer? (Example: initial visits are always in person, while follow-up visits can be offered via telehealth)		
*for example, housing assistance, behavioral health services, adherence counseling		
Consumer Readiness		
	Yes	No
1. Is training on how to use telehealth offered for consumers?		

	Do you measure the number/percentage of consumers trained in using telehealth?	шь	
3.	Is a consumer barrier assessment offered before the telehealth visit to assess consumers' preparedness for and ability to use telehealth?		
4.	Do you have a process in place to measure the number/percentage of consumers who complete the consumer barrier assessment?		
5.	Are changes made based on the results of the consumer barrier assessment?		
6.	Do you assess the availability of internet access for your consumers?		
7.	Do you assess the accessibility of telehealth hardware (e.g., phone, tablet, etc.) for your consumers?		
8.	Are you able to provide interpreters and/or accommodations for consumers who are deaf, hard of hearing, or visually impaired?		
9.	Are you able to provide translation services or interpreters in multiple languages during telehealth visits?		
10	. Do consumers have access to a private space to have telehealth visits?		
Tech	nnical Assistance for Providers/Staff	Yes I	No
		Yes I	No
1.	Is technical support available for staff to overcome any technical difficulties before or		
	during a telehealth visit?		
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	during a telehealth visit? Do you have a process in place to measure the number/percentage of staff who need technical assistance?		
2.	during a telehealth visit? Do you have a process in place to measure the number/percentage of staff who need technical assistance? Do you have a process in place to measure the number/percentage of staff who		
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Effectiveness

		Yes	No
1.	Are your outcome metrics* equally measurable for HIV telehealth services?		
2.	Are your metrics for quality of interaction** equally measurable for HIV telehealth services?		
3.	Do you measure and compare outcomes between HIV telehealth and in-person services on a regular basis?		
4.	Do you measure and compare quality of interactions between HIV telehealth and in- person services on a regular basis?		
5.	Do you measure the number of HIV care appointments made via telehealth (video conferencing and phone calls) versus in-person?		
6.	Do you measure retention rates for consumers accessing HIV care through telehealth visits and compare this to in-person visits?		
7.	Are VLS rates compared between consumers who use only telehealth, consumers who use only in-person care, and consumers who use a mix of both?		
8.	Do you assess the number/percentage of lab appointments kept after telehealth visits in comparison to in-person visits?		
9.	Do you assess the number/percentage of referral appointments kept when the referral was made through a telehealth visit, in comparison with those made in an inperson visit?		
10	Do you use QI activities and tools to make improvements to telehealth services?		
**Qua	ome metrics may include medication adherence, viral load suppression rates, A1C levels, et lity of interaction metrics may include frequency of connectivity issues experienced during alth visit, length of telehealth visits, re-engagement, etc.		
	Provider Experience		
		Yes	No
1.	Are provider satisfaction tools used to assess provider experience?		
2.	Were staff involved in developing the provider surveys?		
3.	Are changes made based on staff survey results?		
4.	Are guidelines for respectful virtual engagement and/or boundaries established between providers and consumers?		

Consumer Experience

	Yes No
 Are guidelines established for creating a safe, secure, and welcoming virtual environment? 	
2. Are consumer satisfaction tools used to assess consumer experience?	
3. Were consumers involved in developing the consumer satisfaction tools?	
4. Do you have a process in place to measure the number/percentage of consumers who provide feedback?	
5. Are changes made based on consumer feedback?	
6. Are peer support staff involved in consumer HIV care and support via telehealth?	
7. Can consumers choose between a virtual and an in-person visit?	
8. Are appointment scheduling times flexible for consumers?	
9. Do you assess for violence in the consumer's life (e.g. intimate partner violence, elder abuse) and mitigate risk in the virtual healthcare environment?	