Needs Assessment 2021- Telehealth & Remote Care

Introduction

- In January of 2022, the Community Engagement Committee elected to hold a Community Forum as part of the January Full Council Meeting, in place of the 2021 Needs Assessment. This was due to pandemic-related barriers to data collection in 2021.

- The Committee asked Council Staff to put together a pair of electronic surveys, one for consumers of service and one for service providers. The hope was to hear directly from people living with HIV about their experiences accessing Telehealth, as well as gather as much data as possible.

- The community forum was held on January 24th. It featured 7 members of the HIV community, largely drawn from the Council itself. The discussion was facilitated by David Jordan and Melina Clark, and detailed notes were taken by Kira Perez.

- Surveys were sent out to Council Members on January 24th. The consumer survey received a total of 7 responses by January 25th, and the Provider survey received 6 responses by February 1st.

- The Summary and Conclusions included here are based on the qualitative data from the community forum as well as the surveys.

Findings: Community Forum and Consumer Survey

- Challenges with technology
  - Both access to technology and the ability to utilize it have been extremely challenging in a time when nearly all resources are dependent upon new and emerging communication technology.
  - Severe Zoom fatigue, and the recognition of the many insufficiencies within our current remote meeting technology when used as a primary means of interpersonal connection, and group decision making.
  - The inherent inequity involved in demanding that vital services only be accessed via technology that continues to be segregated along lines of education and finance.

- Isolation
  - Loss of friends due to death or migration away from San Francisco.
  - Reduced social contact for those already facing issues of isolation.
  - Group interventions are less effective via zoom, having the effect that members are opting out leaving those still attending less supported.

Findings: Community Forum and Consumer Survey cont'd

- Challenges with bureaucracy or limited availability of medical or mental health services.
  - An already challenging bureaucratic experience made more difficult by the impersonal nature of remote access, and the scarcity of medical services during a period of high demand on a system not fully prepared for the additional burden.
  - Challenging to access the type of care needed or desired (service referrals, specialized services etc.)
  - Difficult to advocate for oneself or make needs clear, which can potentially cause service providers to act on false assumptions or decline to provide requested services.
  - There is an identified gap in services for those accessing services via private insurance, specifically in receiving effective mental health support.

- Witnessing the struggles of the community
  - Observed increase in the amount of unhoused as well as the perception of significantly increased hardship among the unhoused.
  - Significantly increased substance use and overdose, especially among those most vulnerable.

Quotes—Consumer Forum

o "Personal safety permitting, people crave human contact. The hotels and alleys are full of people wanting contact, to be heard, to be acknowledged. In person contact - if and when folks are ready to do this"

o "Staying connected to care is a full-time job"

o "Anxiety of knowing that you need a certain care of treatment, and just can't get it"

o "I've found it more difficult than I expected. I find that so much dependency is on computer skills…. I'm not that good at. I find the isolation, even though I have access through FaceTime, it's not quite the same."

o "Since the pandemic, there's not the ability to make new acquaintances, everything is long distance"

o "Folks rely on their relationship with their therapist or psychiatrist. A couple of guys who were quite frantic because they couldn't go in, they really relied on that connection."

Findings: Provider Survey

- Community/Isolation
  - Existing isolation in the HIV+ community exacerbated by lack of in-person services, as well as difficulty in accessing remote services. Virtual care and connection were not always an effective substitute for in-person interventions, and generally did less to mitigate issues of isolation.
  - Disparities in technology access/ability led to some folks not being able to access even Zoom, further decreasing connection.

- Challenges with Technology
  - Virtual services require reliable internet on both ends. Some providers were unable to provide services if they had technical issues, having to cancel on short notice. While many clients had limited internet access and were forced to use their phones for appointments, making distribution of information more difficult. Others don't have phones or tablets.
  - Lack of private spaces withing agencies made it difficult or impossible to hold Zoom sessions.
  - With outside agencies either closed or providing only remote services, linkage and referral service were less effective
  - For clients with mental health or substance use challenges, it was difficult to stay engaged for their Zoom appointments. There are also many distractions at home versus in the office.
  - I was noted that clients with mobility/transportation issues had easier time accessing services. Some agencies innovated by providing clients private Zoom specific spaces. Therapy, support groups and exercise classes are available virtually. Use of video support groups such as exercise, wellness options

Quotes—Provider Survey

- "Client with poor internet access and limited privacy have had more difficulty attending consistently or being fully present for sessions."

- "Mental health/substance use— It was difficult not only for clients to access technology and wifi, but also to stay engaged during telehealth appointments. "

- "Homeless and marginally houses appear to have more difficulty accessing services. Substance use and mental health problems also seem to create a Barrier / frustration when trying accessing services. Many do not seem to have the patience to start and finish the process needed to access services needed and due without them."

- "We have not been able to hold community events to support and build community. We also have not been able to provide onsite groups including self-care and harm reduction"

- "Even a handshake among group members would be better than Zoom… Zoom is a million times better than nothing, and face-to-face services are a million times better than Zoom (IMHO)."

- "If my internet went out, I was unable to provide services. This was usually not an issue, but occasionally I had to cancel or re-schedule because my internet was down, or my computer was acting up, etc."

Conclusions

- Psychosocial support services seem to have increased in importance in maintaining well-being, emotional health, and addressing the extensive sense of isolation reported by participants. Conversely, it was noted that many of the existing psychosocial interventions were less effective in a remote care format. Creative efforts to mitigate seem to be developing these efforts should be fostered and built upon.

- Challenges with technology associated with telehealth and remote services were reported by all participants. The most common concerns stemmed from lack of access to needed technology, a challenging learning curve involved with the use of the needed technology, and discomfort with its disconnecting aspects. Additionally, a greater reliance on technology seems to have increased issues with bureaucracy.

- Clients with mobility challenges or those who've had trouble maintaining engagement may be aided by the availability of virtual appointments. Agencies offering in-person services could potentially offer a private room with a tablet or computer for the client to have their appointment.

Recommendations

- Continue to foster creative responses to the ebb and flow of an endemic Covid, including providing technological support both materially and educationally, providing private spaces for clients to access technology, support further innovation around virtual/hybrid psychosocial support services etc. In this way we potentially capitalize on consumer and provider potentially increased familiarity, access and comfort with remote care services and telehealth.

- Utilize the Council's powers to determine standards of care to develop best practices for remote care services.

- Work to develop a greater coalition with other planning bodies whose interests intersect with the Council's purview, to increase resources addressing specific issues of access among those most in need.