

# BACKGROUND

- The SC Department of Health and Environmental (DHEC) Control and the Medical University of South Carolina's (MUSC) Center of Telehealth conducted a pilot intervention to study the implementation of e-Consent within the Data-to-Care (DTC) program to assist with rapidly relinking persons living with HIVto-HIV medical care.
- We hypothesized that the implementation of e-Consent into the DTC program could increase access, improve efficiency, and advance equity across the HIV care continuum when strategically leveraged to relink persons with HIV to care.
- We report findings obtained from the program and qualitative interviews with those involved in the implementation of this program.

# **METHODS**

- We conducted focus groups and key informant interviews with 7 DTC staff and 3 clients to understand barriers to the DTC relinkage process and to explore how issues could be addressed using telehealth.
- Based on feedback, we implemented electronic consent (e-Consent) into the DTC workflow to provide an additional option for clients to provide consent to receive relinkage services, which previously required in-person interaction with a DTC coordinator.
- MUSC supported DHEC in implementing e-Consent in the summer of 2022 using the telehealth platform, Doxy.me. All 7 DTC program staff were trained on the platform and provided feedback to streamline the e-Consent process.
- Additional focus groups were conducted with DTC leadership and staff 2- at 12- months postimplementation. Themes from focus groups were collated and reviewed by program staff to ensure accuracy.



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From focus group and key informant interviews, multiple challenges were identified by DTC staff and clients regarding the relinkage process, including the need for: enhanced care navigation to reduce care disengagement

- improved data access via sharing between systems
- improved communication flow between DHEC, HIV service providers, and clients

• need to address and reduce known barriers to care such as stigma, social isolation, language barriers, and lack of clinic familiarity. e-Consent was identified as a telehealth solution that could address some of these challenges as it allows clients to consent to receive DTC services remotely rather than requiring an in-person encounter with DTC staff.

Fifteen e-Consent sessions were conducted during the pilot period. Based on post-intervention interviews, this limited uptake was partly attributed to pauses in DTC lab system changes, prioritization of lab and case entry processes, increases in labs for manual entry, and onboarding and training of new staff.

Post-implementation focus group discussions with DTC program staff and clients identified a varied sense of acceptability of the e-Consent initiative. While most DTC staff reported e-Consent was a valuable tool for the rapid relinkage process, some reported a preference for in-person contact conducted via fieldwork. Other staff reported certain clients, such as Latinx, older, or those living in rural settings, seemed overwhelmed by the consent forms when delivered via e-Consent.

# **CONCLUSIONS AND SUMMARY**

- The DTC e-Consent program provided illustrative lessons for implementation of telehealth to support HIV design and continuous improvement of e-Consent.
- allowing feedback to improve comfort with the e-Consent platform and facilitate regular use.
- Irregular use of the platform posed another challenge: many DTC staff preferred in-person relinkage for the less technology-savvy clients and those without access to the required devices.
- back into HIV medical care.

If client request a copy of signed forms, copies will be provided to client.

care, including the need to build strong partnerships between participating stakeholders to support the co-

Regular meetings and communication between DHEC and MUSC were instrumental in building trust and

When strategically leveraged in HIV prevention and treatment programs, the e-Consent initiative has the potential to increase access, improve efficiency, and advance equity in rapidly relinking persons with HIV

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