

Implementation of telemedicine for HIV care in the public health system of Buenos Aires, Argentina: A qualitative study based on surveys among health workers to assess acceptability of this strategy

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Background

In 2020, telemedicine (TM) became available to be offered as a healthcare strategy to mitigate the effects of the COVID-19 epidemic in the follow up of chronic diseases in Buenos Aires, Argentina.

The local Ministry of Health promoted telemedicine through virtual platforms of video-consultation.

In October 2020, a research consortium by four HIV and infectious diseases units of general acute public hospitals of Buenos Aires city began an implementation study aimed to analyze obstacles and facilitators of telemedicine in the care of people living with HIV (PLHIV).

Methods

This research aims to analyze changes and continuities in the perceptions of physicians on telemedicine when caring for PLHIV after 6 months of implementation of this strategy.

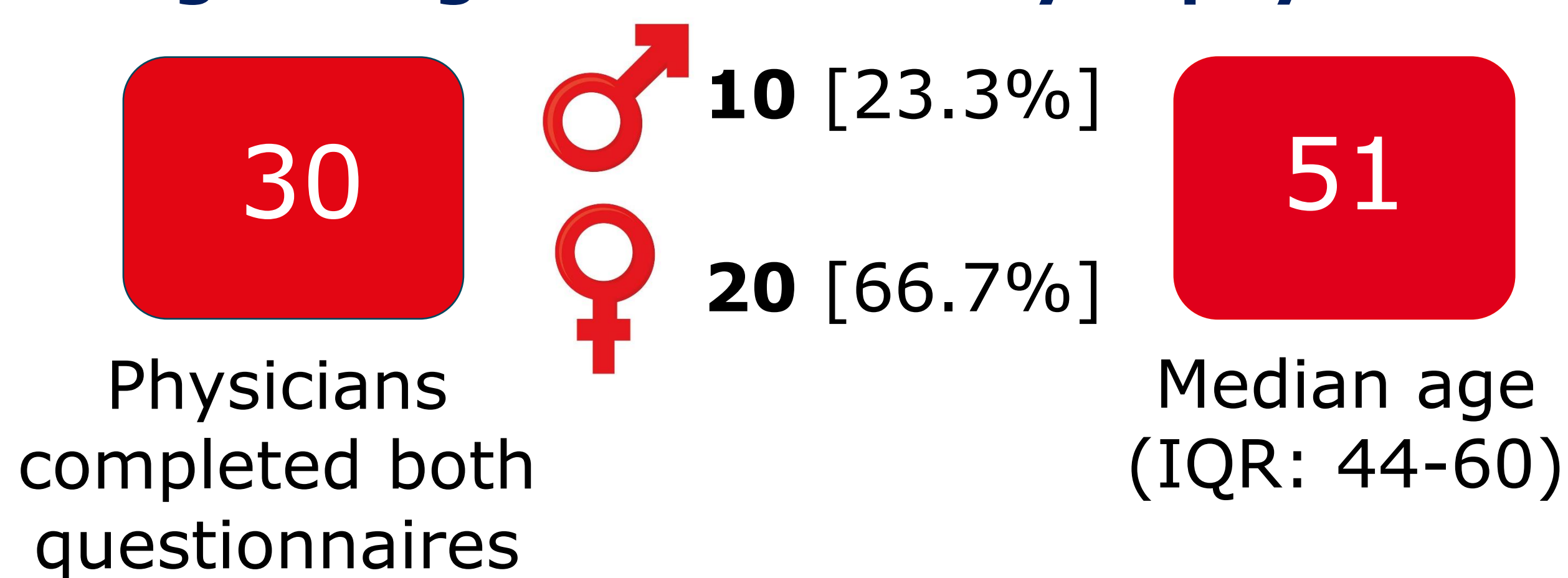
We prospectively collected quantitative and qualitative data through an electronic semi-structured survey delivered at and 6 months after the implementation of telemedicine. The surveys were anonymous and self-administered. The data was stored on Redcap® platform.

The population studied consisted of medical doctors from four public hospitals in the city of Buenos Aires involved in telemedicine care for PLHIV.

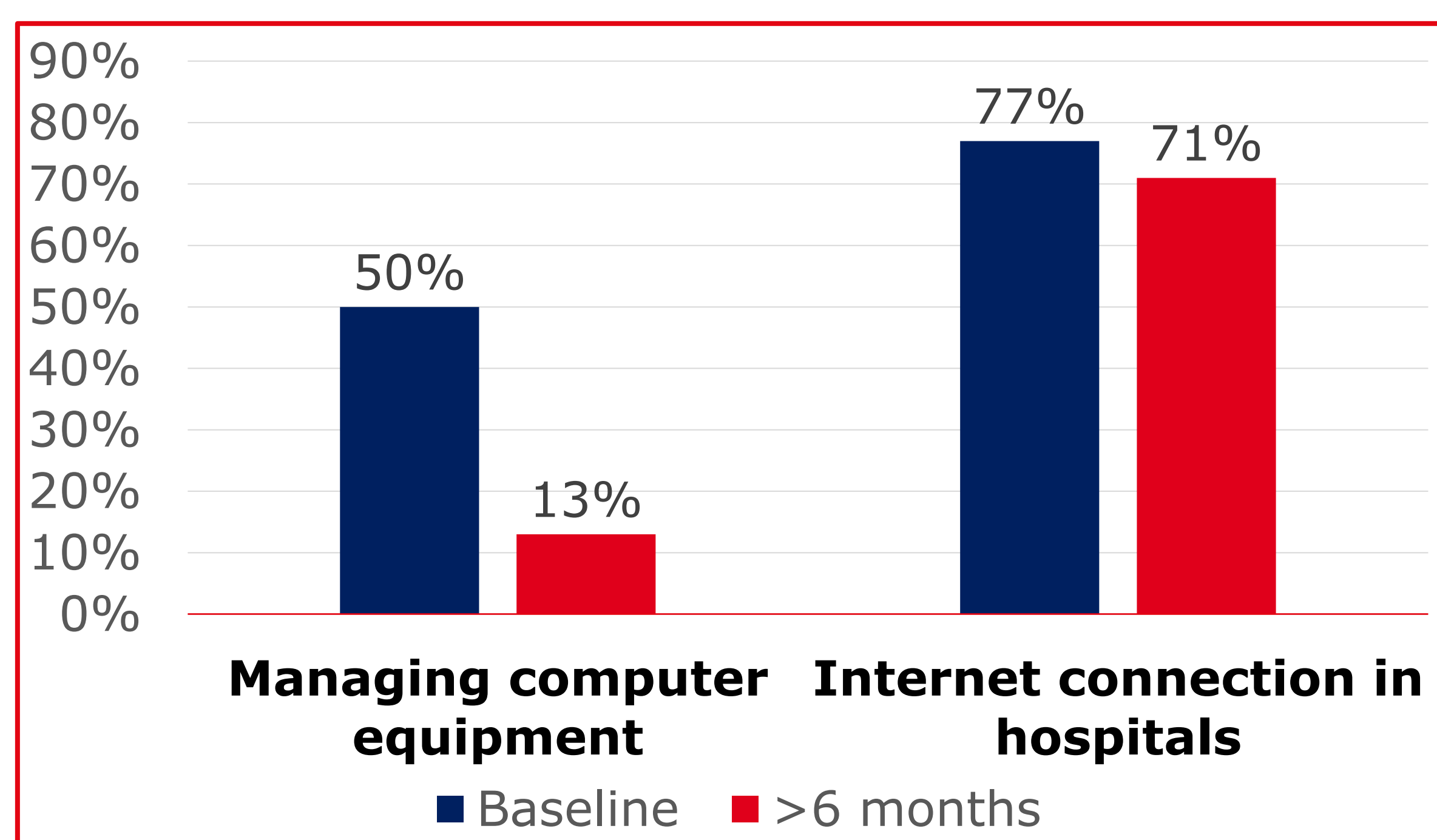


Results

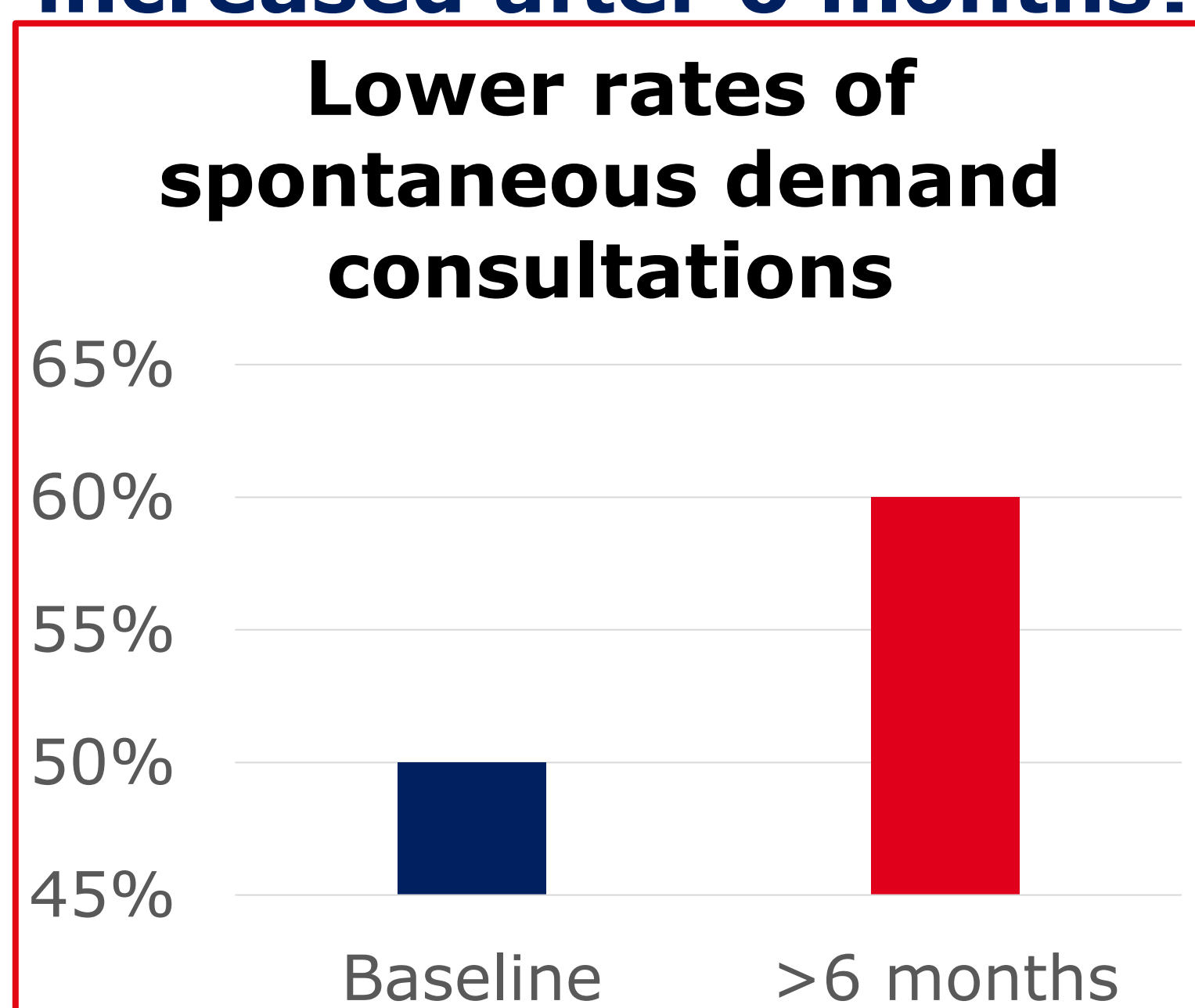
Age and genders of surveyed physicians



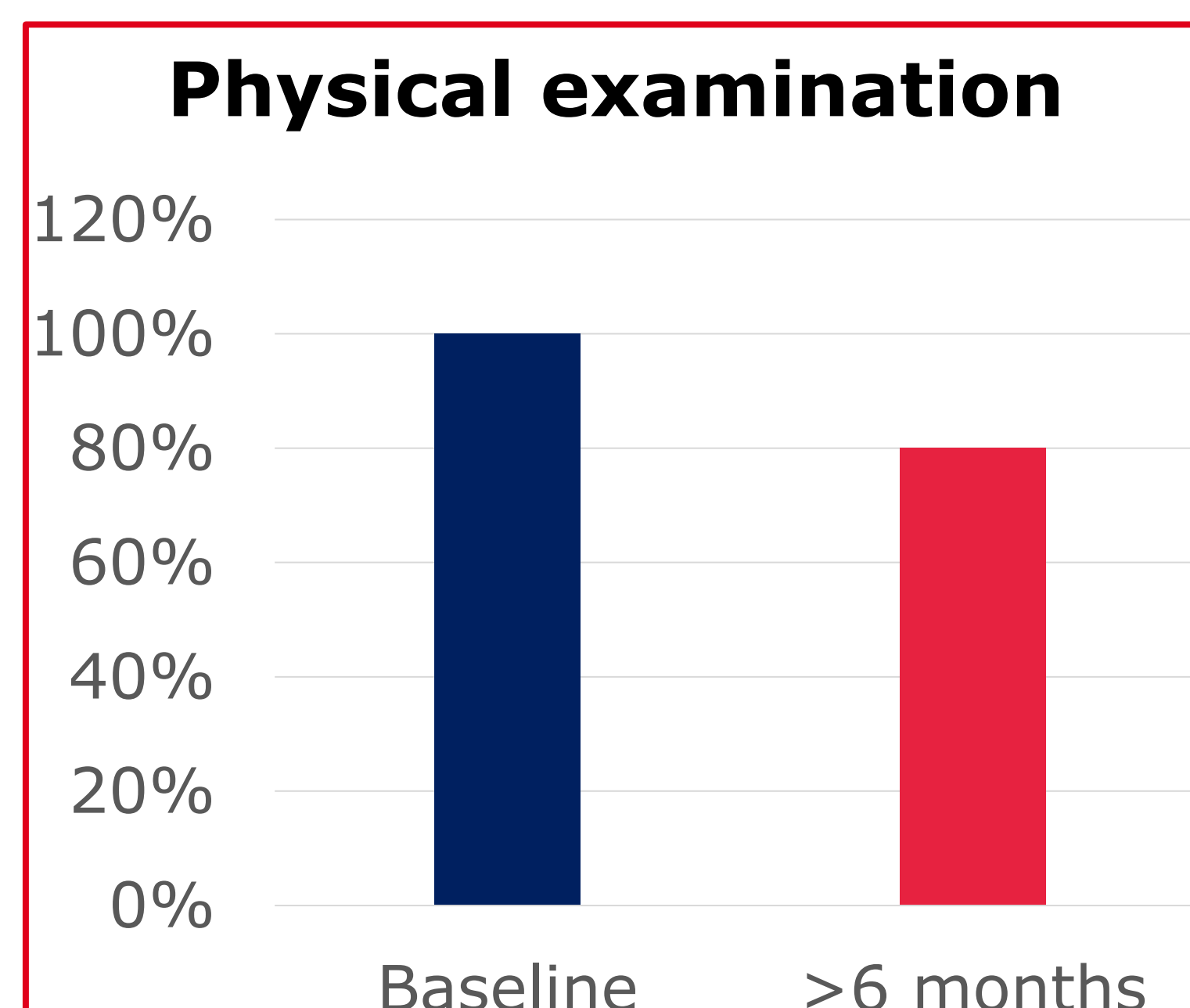
What perceptions of obstacles changed after 6 months?



Which was the unique perceived benefit that increased after 6 months?



Which was the most affected medical practice by tele-care?



What will be the role of telemedicine in the future?

100% Stated that telemedicine would remain in the future as a parallel strategy to face-to-face consultations

50% Supported that it should be offered to specific groups of patients

Which patients?

- Asymptomatics.
- No acute symptoms.
- Capable of managing digital tools.
- No need for physical exams.

Conclusions



The use of computer equipment and connectivity were the main challenges for TM implementation.



By the end of the 6 months:

- TM still perceived as a valuable tool for physician-patient interaction.
- All practitioners believed that TM would continue to be provided in the future.
- Its offer to specific groups of patients could be associated with the acceptability of this strategy.