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Background



ImPrEP was a demonstration project offering HIV prevention services, including pre-exposure prophylaxis (PrEP), to key populations.

To provide continuity of care during the beginning of the COVID-19 pandemic, telemedicine strategies emerged in ImPrEP to reduce on-site attendance and risk of COVID-19 contagion.

PrEP users received counseling and medical consultations through telephone calls; HIV-testing and PrEP delivery still happened on-site.

This study's goal was to describe the experiences of Health Professionals (HP) in ImPrEP regarding the use of telemedicine during the first year of the COVID-19 contingency.

Methods

Research team

Six people with experience in public health research and qualitative methods

Study Design

In May 2021, using the GoToMeeting platform, we interviewed 15 HP from the four implementation sites of ImPrEP in Mexico. We used a semi-structured interview guide to explore their experience using telemedicine. The project was approved by the Research and Ethics Committee of the INSP (CI: 1515)

Analysis and findings

All interviews were audio recorded, prior informed consent and subsequently transcribed. We coded the interviews with ATLAS.ti Web software and after internal discussion tables and grouped the findings into two categories of analysis.

Results

We interviewed two female and 13 male HP: three coordinators, 5 medical doctors and 7 counselors. Their average age was 38 years. All had a bachelor's degree and seven had master studies.

a) Use of telemedicine in the context of a global health emergency:

- Helped to reduce COVID-19 exposure
- Facilitated access to PrEP services for users with access to and knowledge regarding online meeting platforms
- Provided conditions to follow-up on users; however, it implied extra hours, increased the workload and in some cases caused extra stress
- Increased the perception of time control during sessions, which reduced waiting times
- Brought up the lack of electronic files and structured communication among different areas within the ImPrEP sites

"The fact of not having the pressure of having the user in a physical way is a way of... freeing ourselves, right? [...] sometimes it can be a bit demanding [the user] or sometimes it can cause the agglomeration of users, right? There are users who arrive late and there are users who sometimes arrive early, right? [...] one of the advantages is that it [telemedicine] allows you to also manage your schedules [...] because practically I make the decision regarding the time I enter the call with that user." (p03)

b) Conditions to sustain telemedicine after the pandemic:

- Combine face-to-face and virtual services
- Ensure adequate infrastructure (for both the provider and the user)
- Guarantee the privacy and confidentiality of both the provider and the user
- Avoid extra stress among providers by offering training in the usage of online platforms and providing online services

"[...] speaking remotely [using a telephone], the truth is that it does give you certain advantages. I already mentioned before [...] I think that if it has to be [telemedicine], we have to offer both interventions, both face-to-face and remote, because [...] there will also be populations, we already said... diverse, let's say in disadvantaged situations, who do not have the ease of technology to do it remotely, but the space can be opened to face-to-face intervention" (P13)

Conclusions

The implementation of telemedicine in PrEP services revealed communication and organizational shortcomings and difficulties that were already present before the COVID-19 pandemic.

Protocols with clear guidelines are necessary to make decisions about institutional processes, roles and materials to be used in future telemedicine implementations. These guidelines should present:

- The use of telemedicine as part of a hybrid and flexible care alternative
- Criteria to decide who is eligible for telemedicine and for which types of specific services
- The minimum infrastructure needed to ensure private and confidential online meetings (e.g., high-speed internet)
- Plans for continuous training of professional skills in telemedicine

The use of telemedicine can complement traditional on-site services. However, it is important to consider potential limitations and inconveniences that may arise in order to tackle them and offer telehealth services in an ethical, inclusive, and organized manner.