Federal Government Releases Telehealth Guidelines for HIV Care

The guide lays out best practices for HIV prevention, diagnosis, treatment and monitoring.

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The Department of Health and Human Services recently released new guidelines for the use of telehealth for HIV care. While the guide is primarily aimed at providers, it's also a good resource for helping people with HIV know what to expect when receiving remote care.

Telehealth, also known as telemedicine, refers to care delivered virtually, via phone or online, rather than in person. While the COVID-19 pandemic turned virtual health from a niche service into a mainstay of modern medicine, there are still glitches to be worked out, access is uneven and it's not the best option for everyone.

During the height of the pandemic, telehealth was introduced to reduce exposure to the coronavirus in health care facilities while conserving resources for COVID-19 care. Still today, many people living with HIV are taking steps to limit their exposure. But telehealth can help overcome challenges around scheduling and transportation even as people return to normal life. And for some people, not having to go to a clinic in person can lessen stigma and concerns about confidentiality.

The National HIV/AIDS Strategy calls for leveraging technology innovations, including telehealth, to improve HIV prevention and treatment. It calls for refining and sustaining telehealth services implemented during the pandemic to allow providers to continue using these tools to expand and improve access to HIV care.

Telehealth is well suited to certain services, such as consultations. Some tests can be done at home, with results relayed to a provider. But remote care doesn't work for everyone. For example, not everyone has access to a modern smartphone, tablet or computer along with a fast and affordable WiFi or internet connection.

What's more, some people don't fare as well without in person-care. One study found that the use of telemedicine could help keep people with HIV engaged in care. But another study saw a decline in viral suppression when the Ward 86 HIV clinic at San Francisco General Hospital pivoted to telehealth and a reversal of the decline when in-person services resumed.

The new guide, produced by the Health Resources and Services Administration, covers all aspects of setting up and running a telehealth practice. The Ryan White HIV/AIDS Program provides funding to expand capacity for HIV telehealth services.

This includes information about reimbursement, as rules about Medicaid, Medicare and commercial insurance coverage of telehealth has evolved over the past two years. The COVID-19 public health emergency led the Centers for Medicare & Medicaid Services to expand its coverage of telehealth care, and some states and private insurers followed suit.

The guide advises that everyone ages 15 to 65 should be screened for HIV risk during telehealth appointments, to help identify people who could benefit from prevention or treatment. HIV self-testing can be done at home. Providers should be prepared to counsel people who test positive, as this can be a traumatic experience.

The guide includes a section on HIV prevention and how to provide post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP) remotely. PrEP pills are supposed to be free, but a recent analysis found that many providers are still charging for tele-PrEP services.

People who test positive for HIV need additional tests, such as viral load and CD4 cell measurements. Current guidelines recommend that most people should receive these tests every six months. While testing cannot be completed virtually, providers can use telehealth to order tests and coordinate appointments.

Providers may be able to partner with local laboratories to perform tests and with pharmacies to dispense medications. Some now offer home pickup and delivery. Prescribing several months worth of pills at once can help people maintain an adequate supply with fewer visits. But more frequent counseling is important when starting a new treatment regimen to discuss concerns around adherence and side effects.

Finally, it's important to implement a system for tracking outcomes, such as retention in care, which groups are being served, medication adherence and rates of viral suppression. Providers should ask patients what is or isn't working for them, and people with HIV can offer such feedback even if they're not asked. This can help ensure that problems, such as those encountered at Ward 86, can be identified and addressed early.

Click here for the full Telehealth for HIV Care guide.
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