



Virtual Partner Services Using a Video Application in Louisiana

Mohammad M. Rahman, MBBS, MPH, PhD

Epidemiologist

Behavioral Science and Epidemiology Branch

Division of STD Prevention, CDC

Louisiana Department of Health –STD/HIV/Hepatitis Program

Disclaimer

- The findings, opinions, and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention (CDC) or the authors' affiliated institutions.

Funding Source

- **Funding for this project was obtained from the National Association of County and City Health Officials (NACCHO) – Grant # 2021-100401**

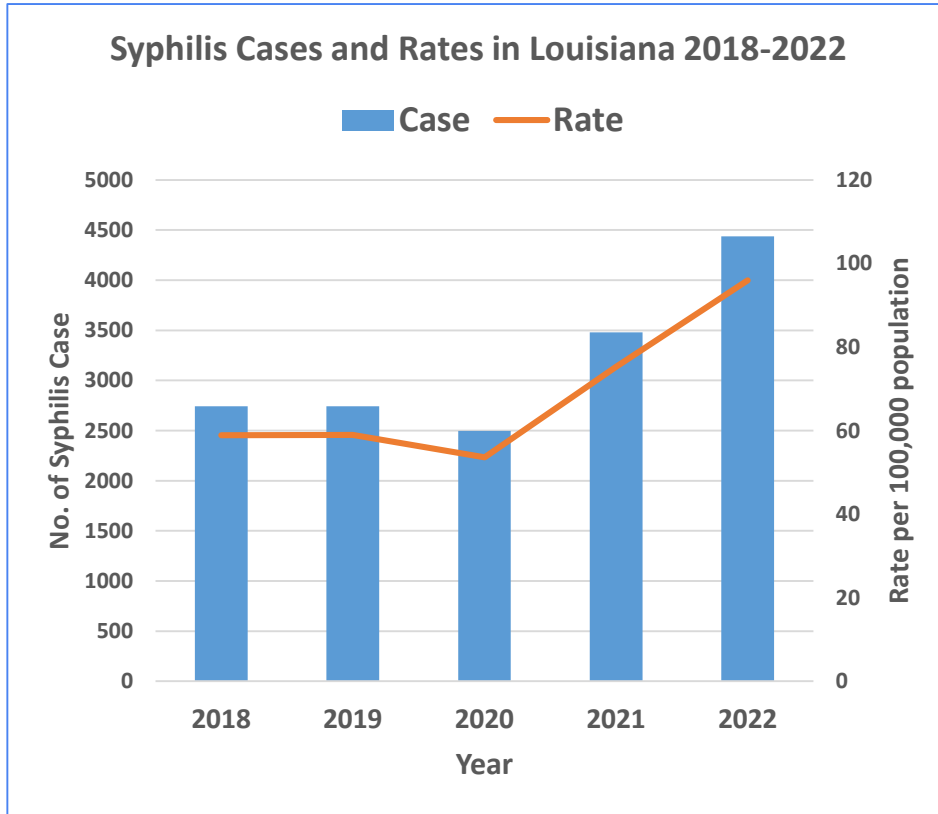
Background

- **Traditional Partner Notification (PN) involves interviewing an infected patient, eliciting partners through interviews, notifying the partners of their exposure, and recommending testing and treatment**
- **Patient interviews are mostly done in-person or by phone**
- **During in-person interviews, when the patients can see their interviewer, it is easier to build rapport and trust, making the patient feel more comfortable to disclose sensitive information which is difficult in telephone interviews**

Background (Contd.)

- **A US study looked at the effectiveness of in-person versus telephone interview and found that in-person syphilis partner services were associated with increased syphilis contact indices and increased HIV case finding**

Why was Louisiana Interested in Virtual Partner Service?




- ❖ Increase in Syphilis Cases
- ❖ Declining partner elicitation
- ❖ DIS turnover
- ❖ Difficulty in conducting in-person interviews
- ❖ Geographical area required to be covered by DIS

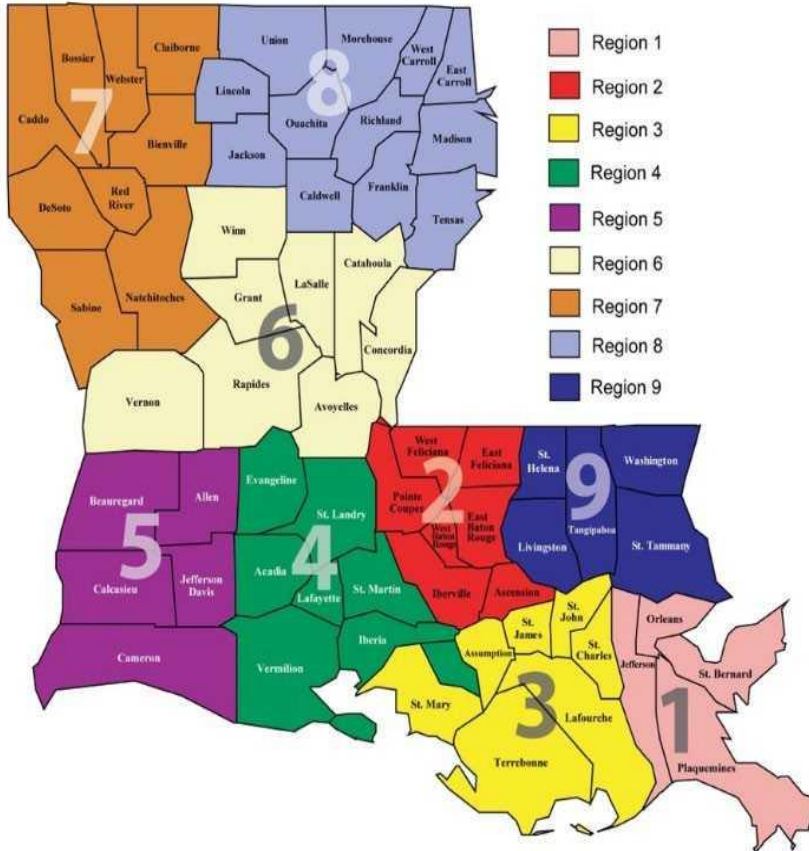
Project Goal

- **Improve syphilis patient interviews, partner elicitation, and partner notification through virtual partner services**

Objectives

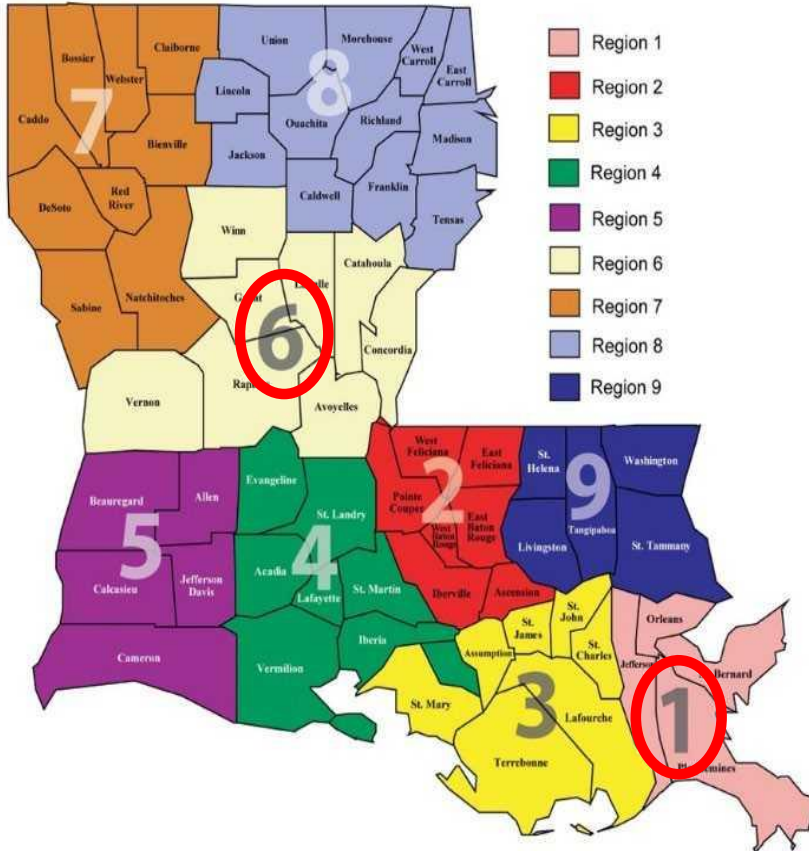
- **Increase the number of patients successfully interviewed**
 - **Increase the number of partners elicited and notified**
 - **Increase the number of infected, brought to treatment and preventively treated partners**
 - **Identify barriers to virtual partner services**
- 

Methods



- Louisiana is divided into 9 public health regions
- DIS operate from the regional offices
- All positive Syphilis test results are sent to the regional offices daily via PRISM for follow-up

Methods



- Implemented the Virtual Partner Service demonstration project in 2 public health regions – (New Orleans region # 1 and Alexandria region # 6)
- In regions where DIS numbers are limited require a significant amount of travel time to conduct field interviews
- Service was offered to all syphilis patients that required a field visit or telephone interview

Methods (contd.)

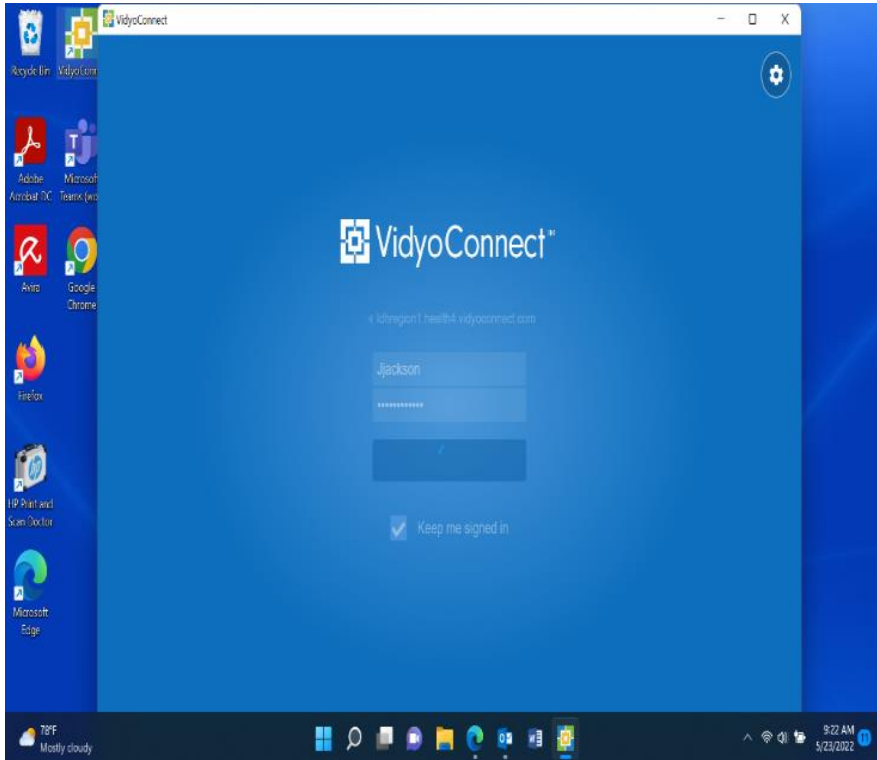
- **Approval of Vidyo Connect software** – thorough review of the management and security of the software including the Vidyo Connect White Paper
 - Enterprise security standards (TLS, SRTP, H.235, and AES 128-bit encryption)
 - LDAP, SAML, and Active Directory (AD) support for user account management
 - Personalized vanity URL
 - HIPAA-compliant business associate agreement (BAA)
 - Electronic protection for health information (ePHI)
 - Use accredited third-party security assessment companies to assess the software
 - SOC2 compliance and ISO27001 certification
- **Laptop and Smart phone for all DIS**
- **DIS Training** – using the software to send meeting invites, conduct virtual interviews, and documentation in PRISM
- **Interview Record update in PRISM**

Virtual Interview

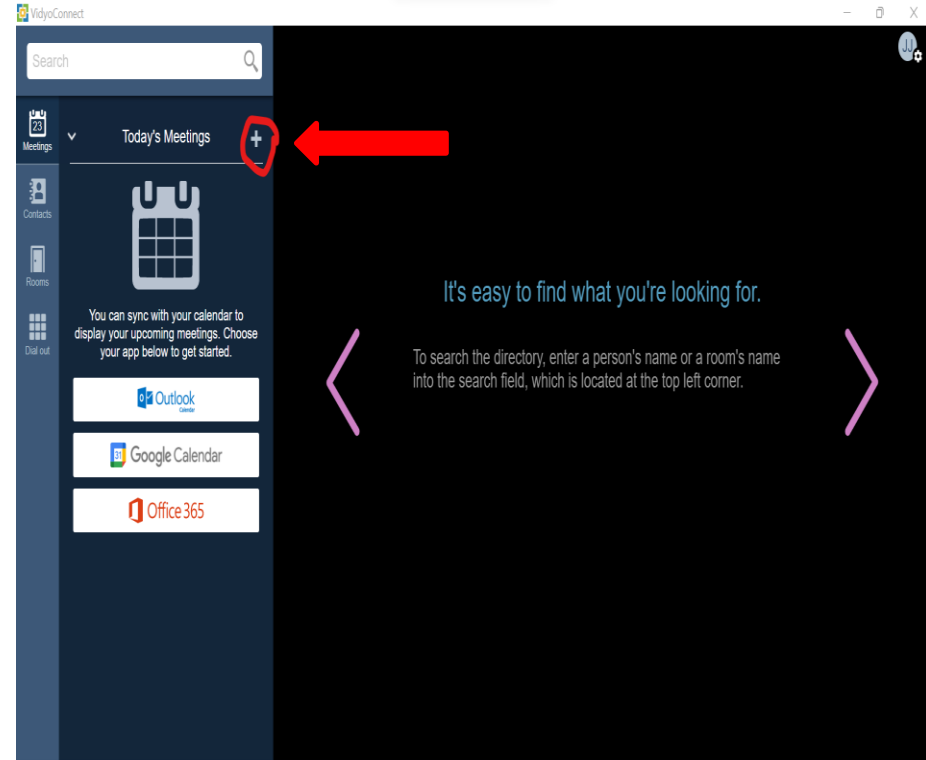
- When initial contact is made by the DIS, the patient will be offered to be interviewed via in-person or virtual face to face using Vidyo Connect
- If the patient chooses the Vidyo Connect option, then the DIS sends a secure link to log in to a virtual meeting room. Both DIS and the patient in the virtual meeting room will be able to see each other and complete the interview
- The patient can use the secure link to enter the meeting room from their smart phone or computer. **The patients do not need to download any software or app to be in the virtual meeting room**

Setting up Virtual Interview

1



2



Setting up Virtual Interview

3

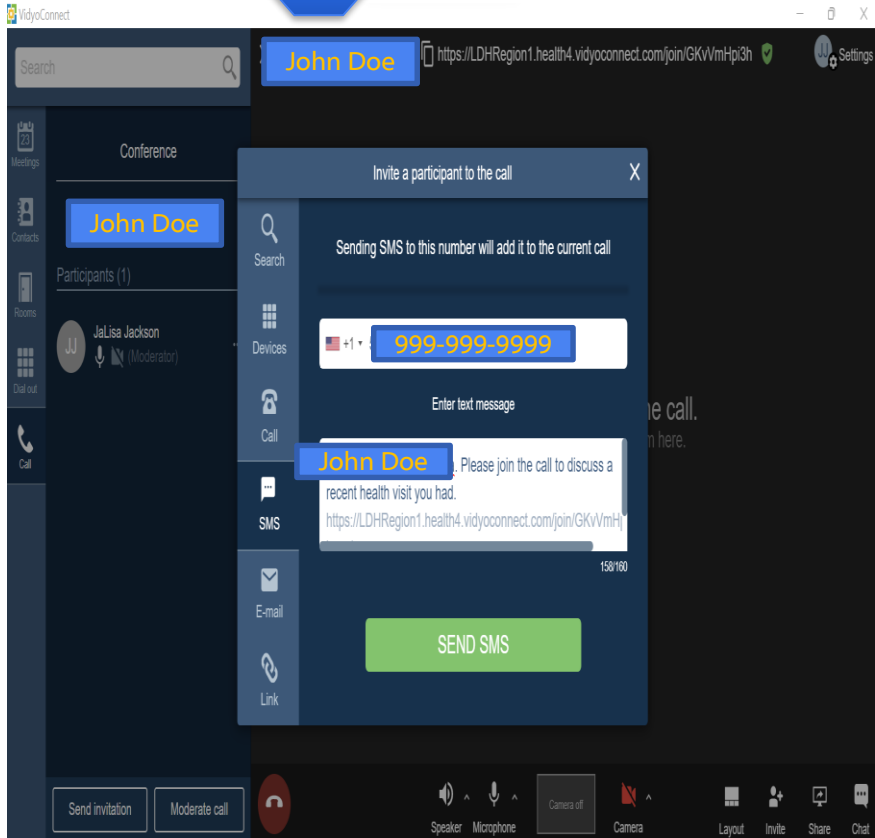
The screenshot shows the VidyoConnect interface during a virtual interview setup. At the top, a search bar and the name 'John Doe' are visible. The main area shows a conference with one participant, John Doe, and a message: "You're the only person in the call. As others join the call, you'll see them here." The bottom toolbar contains several icons, including a red circle around the 'Invite' button, with a red arrow pointing to it.

4

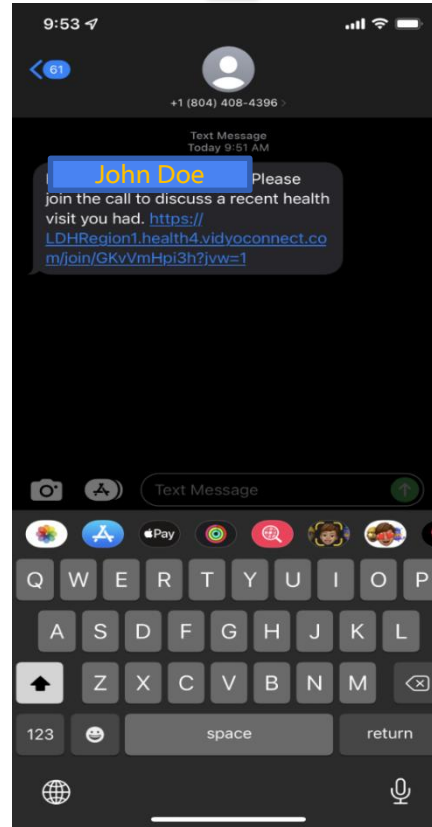
The screenshot shows the VidyoConnect interface with the 'Invite a participant to the call' dialog open. The dialog has a search bar and a list of devices: Call, SMS, E-mail, and Link. A red circle highlights the 'SMS' option, with a red arrow pointing to it. The background shows the same conference interface as in step 3.

Setting up Virtual Interview

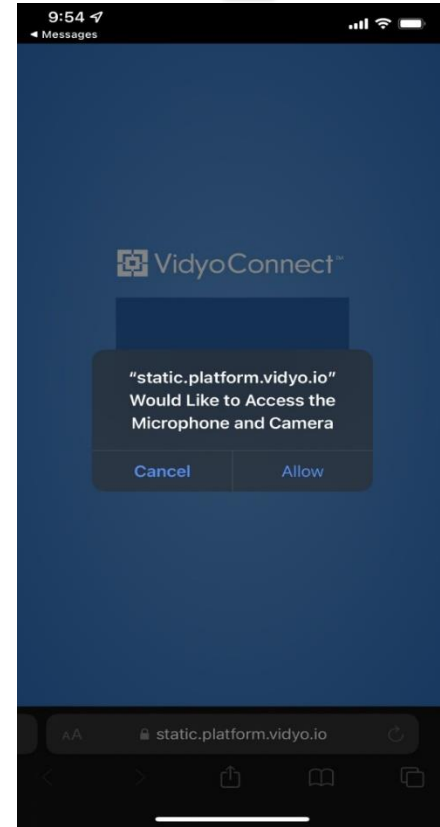
5



6

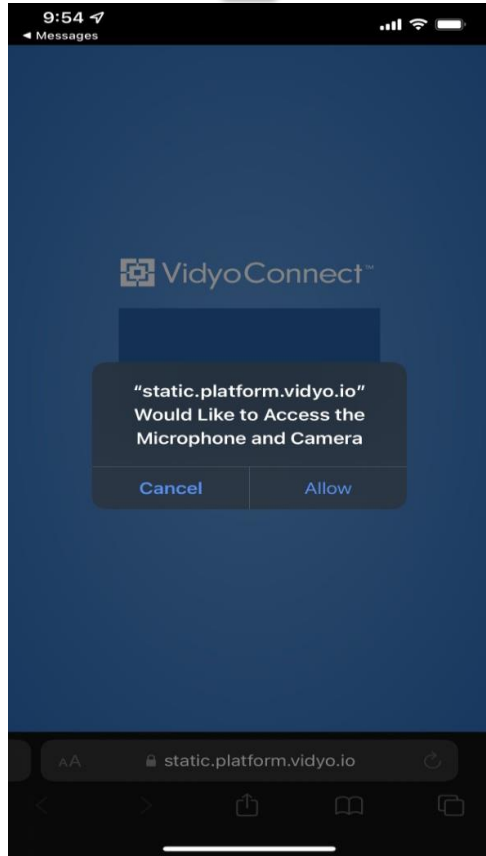


7

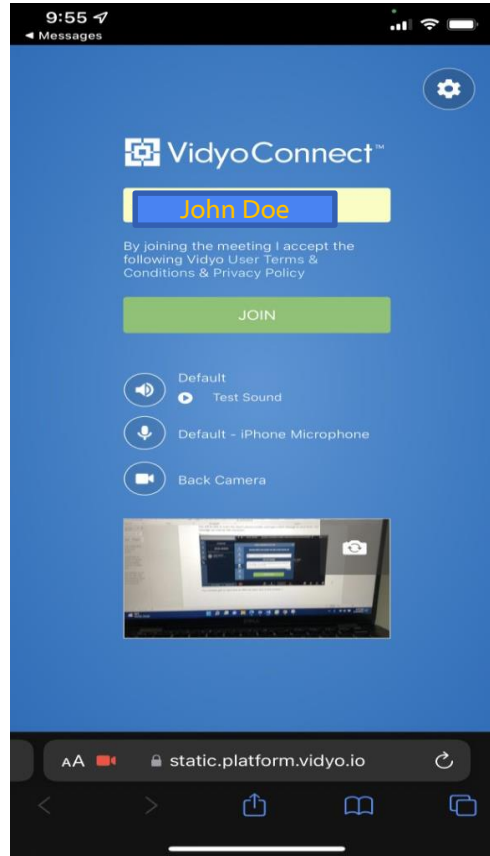


Setting up Virtual Interview

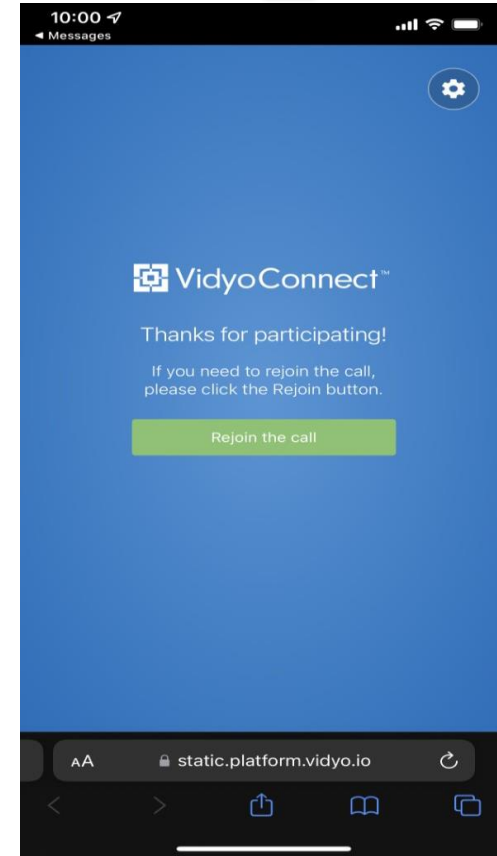
7



8



9



Cost of the Vidyo Connect Software

- 2 lines needed for 1 virtual meeting room with unlimited use
- Each line costs \$1,775 per year
- 1 virtual meeting room costs $\$1,775 \times 2 = \$3,550$ per year
- One time onboarding fee of \$1,500
- Total cost \$5,050 (first year) per site; \$3,550 per year thereafter

Limitations

- **Patients not having smart phone or access to computer**
- **Patients had smartphone but no headphone**
- **Trustworthiness**
- **Afraid of being recorded**
- **Unstable network connection**
- **Just wanted to have a short interview over phone**

Conclusions

- **Virtual partner services using Vidyo Connect software is an effective option to interview syphilis cases**
- **More partners per case including infected partners and partners at risk of infection were identified through virtual interview than telephone interview**
- **Additionally, it was a time saving option for the DIS as they did not have to travel to conduct interview**

Acknowledgement

CDC

- Joy Ewell
- JaLisa Jackson
- Tom Peterman
- Dan Newman
- Terri Gray
- Nicole Davis
- Bryce Furness

NACCHO

- Rebekah Horowitz

Louisiana Department of Health

- Franda Thomas
- Will Henderson
- Samantha Euraque
- Kenneth Nash
- Michael Carter
- Wanda Baker
- Arlette Armour
- Corey Boyd
- DIS in Region 1 & 6

Thank you!

Mohammad M. Rahman

Email: MNI4@CDC.gov

Mohammad.Rahman@la.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

