

Providers' Perspectives on the Use of Telehealth in an Outpatient Collaborative Care Clinic for Human Trafficking Survivors during the COVID-19 Pandemic

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Background

The University of Miami Trafficking Healthcare Resources and Intra-Disciplinary Victim Services and Education (THRIVE) clinic is a multi-disciplinary, trauma-informed, collaborative care clinic where persons with a history of being trafficked can access psychiatric, OB-GYN, and primary care services.

To minimize patient and physician exposure to COVID-19, the clinic transitioned to a hybrid telehealth care model in March 2020.

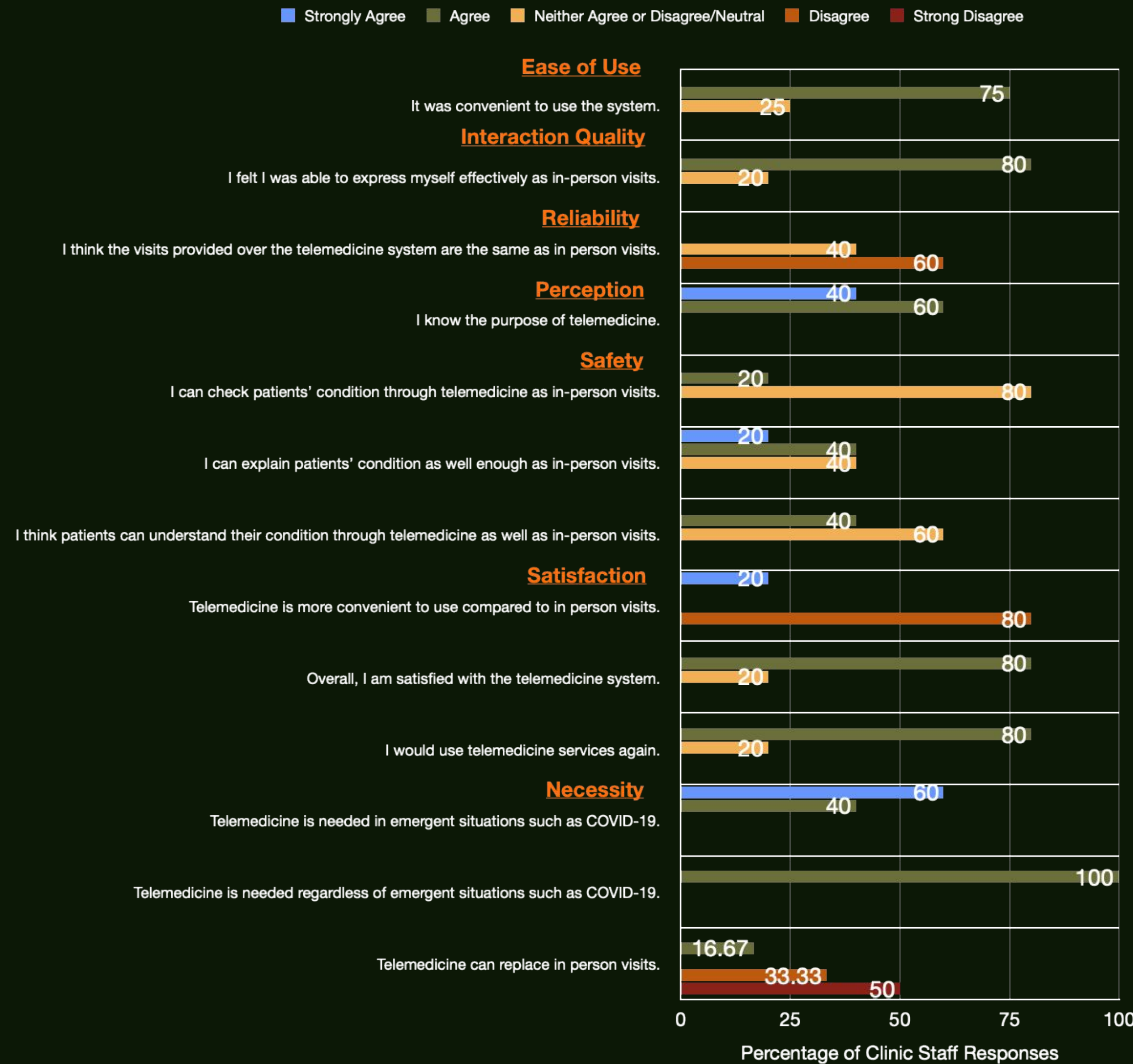
We aimed to assess how this transition may have affected our delivery of care to trafficking survivors by assessing THRIVE providers' experience and satisfaction with telehealth care visits during the COVID-19 pandemic.

Methods

A voluntary, anonymous survey adapted from the "Telehealth Usability Questionnaire" by Park et al. (2021) was distributed via Qualtrics to THRIVE clinic providers from February 2021 to April 2021, approximately 1 year after the implementation of telemedicine visits.

THRIVE providers include support staff, trainees, physician faculty, and advanced practice registered nurses in internal medicine, OB-GYN, and psychiatry.

Survey Results



55% of clinic providers responded (n=6)

"Convenient and effective way to provide care in a pandemic setting... will see some lasting effects regarding ongoing telehealth options in the future."

"It's difficult sometimes for patients to participate confidentially and privately. Internet availability and connectivity each are problematic for some people potentially too."



Discussion

A majority of THRIVE clinic providers agreed with telehealth's ease of use, interaction quality, and perception. However there were mixed results about safety, with clinic providers expressing privacy and confidentiality concerns with telehealth use.

While 100% of clinic providers endorsed telehealth's necessity during an emergent situation like the COVID-19 pandemic, 80% did not agree with telehealth replacing in-person visits.

Providers additionally identified patient challenges involving confidentiality, privacy, and internet availability, hindering access to telehealth.

One provider foresaw telehealth would have a more permanent role within the clinic.

Limitations and Future Directions

Survey responses reflected a limited sample, so findings are not generalizable and not without response bias.

Future investigations are needed to:

- Investigate human trafficking survivors' attitudes towards telehealth as policies change over time.
- Compare patient and provider perspectives amongst different clinic specialties.

Conclusion

While telehealth has been viewed by patients and health care staff as convenient and necessary during the COVID-19 pandemic, it can present challenges when caring for this vulnerable patient population.

References

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