

Using of eDOT During the COVID-19 **Pandemic**

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Introduction

- Many TB programs nationally now use eDOT as part of their TB control strategy.
- Benefits of eDOT can include:
 - cost savings to programs and patients;
 - Increased/improved efficiency in service delivery;
 - Improvement in patient privacy
- NYC-BTBC implemented two eDOT options for patients in 2013:
 1. Live VDOT:
Real time interaction between patient and DOT observer.
 2. Recorded VDOT:
Delayed interaction between patient and observer.

DOT Providers in NYC

- Majority of DOT services in NYC is provide by DOHMH-BTBC
- Three State funded DOT programs provide some DOT services
 - Bellevue Hospital
 - Elmhurst Hospital
 - Kings County Hospital
- BTBC case managers work closely with providers and DOT programs:
 - Monthly adherence reviews;
 - Perform QA of recorded observations;
 - Discuss discrepancies and make corrections when needed

eDOT Options offered by NYC-BTBC

Two forms of eDOT are available in NYC

1. Live (Synchronous) eDOT: LVDOT

- Patients ingest medication remotely via smartphone, tablet or computer;
- Currently, “Skype” is the application platform used; other platforms are also available;
- DOT worker observes patient remotely using “Skype for Business”;
- Provides ability for doctors to be conferenced into a session if needed.

2. Recorded (Asynchronous) eDOT: RVDOT

- Patients record themselves ingesting medication in the comfort of their homes or anyplace of their choosing;
- Videos are then uploaded to a server which stores data for up to six months.
- Current platform used is “SureAdhere” application which is HIPAA compliant.

(continued)

eDOT Options offered by NYC-BTBC

Two forms of eDOT are available in NYC

2. Recorded (Asynchronous) eDOT (continued)

- DOT worker access “SureAdhere” CM application and reviews video uploaded by patients;
- Feedback is given to patients regarding quality of videos, lack of ingestion observed, etc.
- All observations seen or not seen are recorded in the BTBC EMR-DOT log.
- Doctors and supervisors are consulted by DOT workers as needed.

Planning for DOT Staff Reassignment: DOHMH Response (ICS) to COVID-19

Contingency plans were developed in late February-early March 2020:

- BTBC Identified staff who would be reassigned to ICS including their order of assignment.
- In person DOT staff were selected as the last group to be assigned to ICS.
- CM started were directed to increase efforts to enroll more patients on eDOT including new and current in person DOT patients.
- March 20th most of our plans went out the window with the Governor's "Stay at home order", so BTBC had to shift gears.

Shifting to Working from Home (WFH) due to COVID-19

Within a matter of days, BTBC had to get staff prepared to WFH, including:

- Getting staff Virtual Private Network (VPN) access.
- Getting staff equipment to work from home (laptops and cell phone).
- Providing technical support to staff during WFH hours
- Ensuring that staff had access to the TB registry and EMR to document work and receive assignments.
- Staff who do not have VPN access reported to work at their assigned work site as scheduled.

Shifting to Working from Home (WFH) due to COVID-19 (continued)

- Patients who refused eDOT or were ineligible received a reminder call from the observer at their scheduled observation time.
- eDOT (live and recorded) will continue as scheduled:
 - In the homes of staff with VPN access & BTBC central office.
- All new patients referred for DOT were enrolled on eDOT.

Just the Numbers: eDOT Enrollment

eDOT Enrollment: 2020				
	February	March	April	May
RVDOT	61	110	130	148
LVDOT	39	44	46	53
Total	100	154	176	201

NYC Experience During WFH

- Increased patients adherence
 - Observers are more flexible to adjust to the patients schedule
 - More patients are available due to the stay at home order
- Overall most eDOT staff love WFH
 - After resolving the connectivity issues
 - Flexibility
 - Convenience

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Thank You

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