

“A photo is not enough”. Limitations of telemedicine: qualitative analysis of interviews with people living with HIV using this strategy in the public health system of Buenos Aires city.

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Background

- In 2020, telemedicine (TM) became available to be offered as a healthcare strategy to mitigate the effects of the COVID-19 epidemic in the follow up of chronic diseases in **Buenos Aires, Argentina**.
- The local Ministry of Health promoted telemedicine through virtual platforms of video-consultation.
- From **October 2020 to September 2022**, a research consortium by four HIV and infectious diseases units of general acute public hospitals of Buenos Aires city began an implementation study aimed to analyze obstacles and facilitators of telemedicine in the care of people living with HIV (PLHIV).
- The study started during the COVID-19 outbreak and continued until complete flexibilization of risk mitigation measures came through.



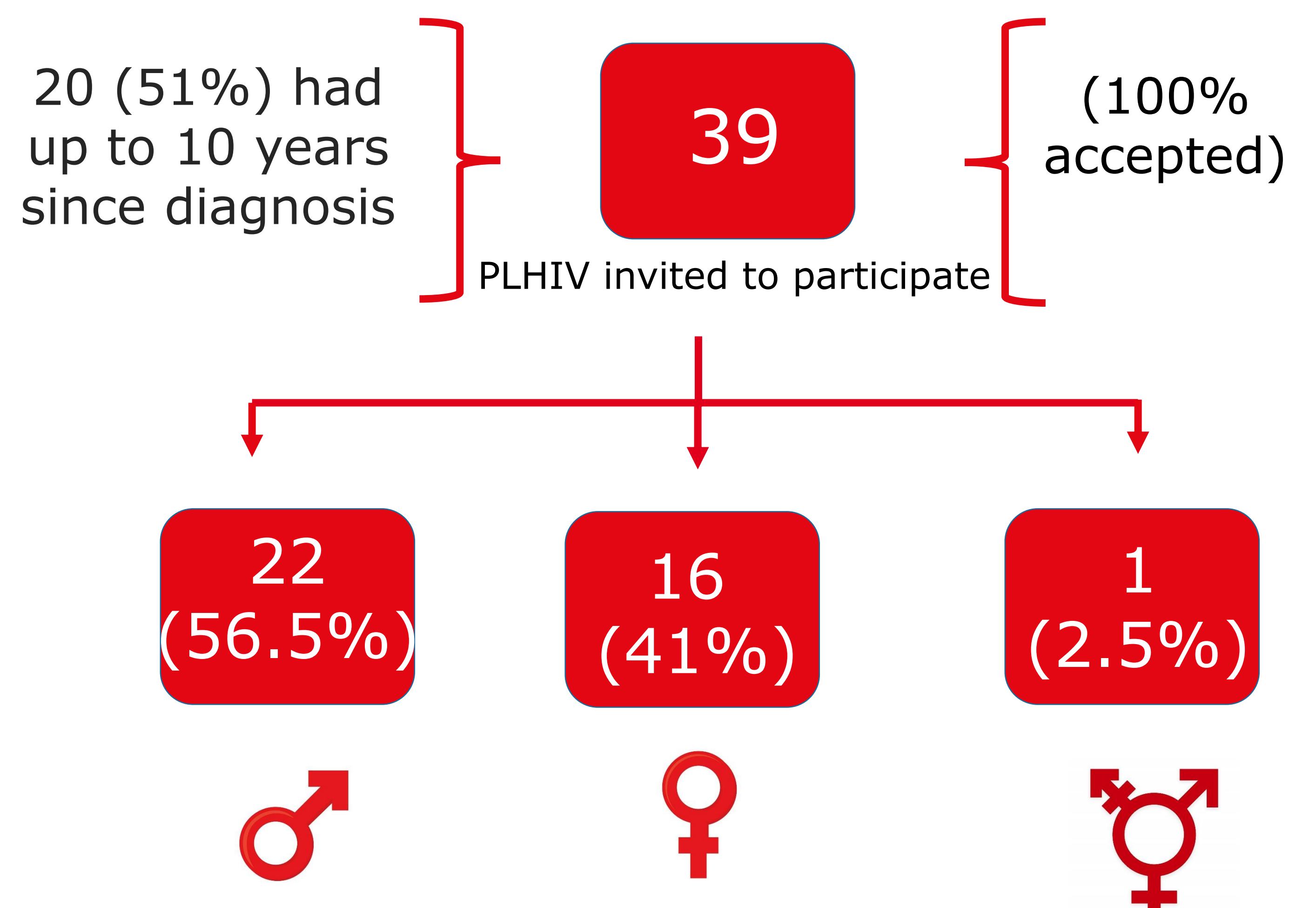
Fig 1: Sites location in Buenos Aires City. Population: 3.120.612

Methods

Objective: This work analyzes PLHIV’s perceptions to understand the limitations of TM for HIV care.

- We collected qualitative data prospectively through open-ended virtual interviews with PLVHIV who used telemedicine.
- Interviewees were identified considering their gender, age, hospital unit, and years from diagnosis.
- **Sample size** was determined by theoretical saturation according to the objective.
- Analysis was done using Atlas.ti®.
- Rather than a statistical analysis, this research favored an approach focused on both the diversity and the common experiences of PLHIV.

Description of the interviewees



Results

1. Telemedicine was positively valued by 100% of interviewees. However it was related to the purpose of the teleconsultation.

“How did the telemedicine medical consultations work for you?”
 (interviewer)

“Very good. I felt comfortable. Maybe it seemed good to me because the teleconsultation was just for check my laboratory results and listen to the doctor” (PLHIV)

2. However, for some patients, face-to-face consultation was considered irreplaceable in the future due to the willingness to receive physical examinations

I: “Did you have any health issue during the COVID-19 lockdown?” (interviewer)

“Yes, I had a red spot on my head that suddenly appeared. I wanted an in-person appointment because it is very complicated to explain this with words, but there was no in-person attention. For me, sharing a photo is not enough. No one could give me an explanation” (PLHIV)

Discussion

- In a national setting with accessible ART and acceptable rates of viral load suppression, PLHIV still underline **the daily uncertainties of living with the virus**.
- Limitations of telemedicine for HIV care shed light on how **certain concerns of PLHIV remain unreachable by strategies** focused exclusively on delivering ART and the replacement of in-person consultations.