Family Planning Clinic Preparedness for COVID-19

RESOURCES

Updated 04/30/20

Information adapted from leading agencies, including:
American Academy of Family Physicians (AAFP)
American College of Obstetricians and Gynecologists (ACOG)
American Medical Association (AMA)
Centers for Disease Control and prevention (CDC)
Centers for Medicare and Medicaid Services (CMS)
Family Planning National Training Center (FPNTC)
Futures Without Violence (FWV)
National Family Planning and Reproductive Health Association (NFPRHA)
National Consortium of Telehealth Resource Centers (NCTRC)
Reproductive Health Access Project (RHAP)
UCSF Bixby "Beyond the Pill" Program (Bixby)

Statement of Principles

To maintain contraceptive access, most providers are shifting to telehealth visits. Patient-centered counseling is key to ensuring access to methods that fit each patient's priorities. The most effective method is one a patient knows they can use. Prioritizing one method over others can undermine patient autonomy, satisfaction, and continuation. It is critical we listen to the patient and counsel on the family planning approach that will best meet their needs and priorities at this time. All methods, including IUDs and implants, should be made available during the pandemic. IUD and implant access is challenging, but essential, during the COVID-19 response. Telehealth visits can be used to screen and offer patient-centered counseling.

According to the World Health Organization:

"Contraception and family planning information and services are life-saving and important at all times."

"Sexual activity does not cease with the COVID-19 pandemic, it is therefore crucial to ensure that people are able to access rights-based services and information to initiate and/or continue use of contraception. "

- Increase use of telehealth for counselling and sharing of messages related to safe and effective use of contraception and for selection and initiation of contraceptives.
- Ensure adequate inventory to avoid potential stock outs at all levels of the health system.
- Prepare advisories for users on how they can access contraceptive information, services and supplies.
- Monitor contraceptive consumption in your area to identify any potential pitfall and shortage.
- Increase availability and access to the contraceptives which can be used by the client without service provider support.

Initiating Telehealth Practice in Family Planning Clinic

Telehealth and HIPAA:

Telehealth reproductive health visits are important to improve social distancing and help reduce COVID-19 exposures. Federal privacy regulations have been relaxed and payment policies expanded by DHHS, Office for Civil Rights (OCR) and Centers for Medicare & Medicaid Services (CMS).

- You can use FaceTime, Skype, and other everyday communication technologies to provide telehealth visits.
- Having staff available via telehealth helps:
  - Empower patients regarding social distancing.
  - Provide patient-centered contraceptive counseling and method initiation and continuation, as well as ability to switch methods.
  - Avoid unnecessary exposure to illness.
  - Preserve staff availability and PPE to see high priority patients.

Checklist of Initial Telehealth Considerations:

- Review current state laws & reimbursement policies for telehealth including waivers and changes in the context of COVID-19 public health emergency
- Identify options of sites eligible for telehealth as originating and/or distant sites
- Determine mode(s) of delivery to deploy
- Select strategies for dispensing medications following a telehealth visit
- Evaluate options for telehealth platform and/or vendor
- Determine provider licensing requirements for telehealth provision in the state(s) where provider(s) and patients are located
- Review requirements and process for patient consent for telehealth services
- Verify coverage for telehealth service provision with malpractice insurance provider

Intimate Partner Violence Screening:

Given shelter in place orders and quarantine restrictions, it's critical for staff and providers to be mindful of/ be trained on the risk of intimate partner violence and how to detect signs of it during screening and telehealth appointments.

- When initiating a telehealth visit, scan your room and introduce any other staff that are in the room and then ask the patient who else may be in the room with them.
- Include a standard screening question on IPV, and give standard instruction to alert providers if they cannot safely continue the conversation (chat feature, safe word, hand gesture, etc.)
- Consider intake forms patients can complete privately.

Telehealth Clinic Workflow Best Practices

Registration / Billing
- Call patients to verify insurance and obtain any documentation in advance.
- Allow patients to show ID and insurance card over video chat or electronically.
- Allow payment and online in advance.

Scheduling / Triage
- Call in advance to inform scheduled patients of changes (i.e. hour changes, cancellations, screening protocol, accompanying individuals, telemedicine visits, and COVID-19 precautions).
- Post signs regarding walk-in appointments and triage.
- Have masks available for anyone with symptoms.

Counselor / Medical Assistant/Intake
- Maintain roles allowing staff to complete intakes, screening, medical history in advance.
- Use online tools to allow patients to complete forms and sign them electronically

Protocols
- Consent patient verbally if electronic or written content can't be obtained.
- Print protocols so that staff can easily provide the correct information.
- Use teleconference feature to bring provider / other staff into visit in real time (i.e. billing person for coverage questions, rather than patient making an additional call.)

Manager / Staffing / Flow
- Monitor staffing, sick leave, child care needs and the ability of staff to come to work.
- Minimize staff traveling between sites to reduce risk of transmission.
- Prepare back-up staffing for absences of two weeks.
- Allow staff to work from home, if possible.
- Huddle with staff 1-2 times daily to update workflows.
- Streamline activities (i.e. complete lab orders in advance, patient just leaves specimen)
- Print protocols so that staff can easily provide the correct information.
- Use teleconference feature to bring provider / other staff into visit in real time (i.e. billing person for coverage questions, rather than patient making an additional call)

Nurse / Provider
- Be available to assist staff with triage screening process and troubleshoot workflows.
- Documentation requirements are the same for telehealth visits as face to face visits.
- Include documentation for verbal consent.

Telehealth Contraception During the Time of COVID-19

Contraception Counseling:
- Patient-centered counseling is key to ensuring access to methods that fit each patient's priorities. ***The most effective method is one a patient knows they can use.* Listen to the patient and what their family planning priorities are right now.**
- Prioritizing one method over others can undermine patient autonomy, satisfaction, and continuation.
- ***Resource*:** BEDSIDER.org: Link patients to online birth control education and "Where to Get It" clinic search feature on the website Bedsider.org

Contraception Initiation:
- Avoid delays by sending prescriptions to pharmacies, mailing them out, or pre-packing for curbside pick up.
- Several **online services prescribe and/or deliver birth control to patients**, including:
    - **PillPack:** a full-service online pharmacy that delivers medication separated into daily packets (available in most US states).
    - **PRJKT RUBY:** allows patients to order birth control online without a provider visit (available in most US states).
    - **Planned Parenthood Direct:** telehealth birth control visits through app (available in some US states).
    - **I Want The Kit:** (Maryland only) FREE at-home, confidential chlamydia and gonorrhea testing. HIV testing for male residents of Maryland.

Contraception Continuation:
- Use evidence-based extended use for all methods
- Advise condoms, initiate bridging methods
- Self-administration of injectable contraception" (Depo SubQ) (link)

Contraceptive Change or Discontinuation:
- Need in-person visit for IUD, implant, sterilization, +/- DMPA (consider SQ home admin).
- Delay visit if COVID-19 symptoms, PUI, pending test results, or asymptomatic contact.
- Initiate a bridging method as needed

LARC Initiation, Continuation, and Removal Inquiries:
- IUDs and implants are safe for patients with estrogen contraindications (e.g. migraines).
- In-person visits are still needed for IUD and implant insertion and most removals.
- LARC methods may offer more safety and privacy for some patients.
- IUD and Implants can be used for extended durations, review risks and use evidence-based durations.
- IUD and implant removal is essential and assure removal on request will be facilitated.
- Provide IUD self-removal instruction if needed (video: https://vimeo.com/211761364)

How to Prevent COVID-19 Transmission in the Clinic

Screening and Support Staff:
- Appoint a (trusted) COVID-19 team leader
- Maintain staff hotline to team leader
- Have medical and non-medical staff check temperature daily
- Report temperature and any symptoms prior to arriving to work
- Staff check-in with frequent support (remote preferred; avoid contact)
- Enforce your policies, especially for PPE (ie. masks and cleaning the clinic and exam rooms all the time)
- Share sick days/PTO days with your colleagues

Screening Patients:
- Screen patients prior to and at office arrival for fever, cough, and shortness of breath.
- Delay any procedures if patients are symptomatic.
- Complete registration, billing, counseling, and consents via phone or telehealth.
- Offer patients a mask, or have them bring their own.
- Have patients wait in their car, performing the intake prior to entering the facility.
- Upon entry, direct immediately into an exam room (minimizing moving between rooms).

In The Waiting Room:
- Clear it out!
- Space out seats 6 feet apart.
- Make masks available for all patients to wear.
- Wipe down surfaces often.
- Make hand sanitizer available.
- Patients may wait in the car; send text when ready to be seen.
- No visitors (except essential caretakers)

In The Exam Room:
- Minimize staff and support people in rooms. Staff can call into the room as needed.
- Monitor PPE supply and adjust use according to CDC guidance.
- Routine surgical masks for patient interactions may reduce asymptomatic transmission.
- Prepare all equipment trays and materials ahead of time to reduce time in the room.

If Staff is Exposed to COVID-19:
If non-medical staff is exposed, have them leave work immediately to self quarantine for 14 days, monitoring symptoms; consult health department

If medical staff is exposed, allow asymptomatic staff to continue to work after consultation with local health department
- Report temp and absence of symptoms daily prior to work.
- Wear personal protective equipment (face mask, gloves, gown, goggles)
- If they develop even mild symptoms, stop seeing patients and self-quarantine.

Telehealth Coding and Billing

- Most commercial payers are following the new Medicare guidelines for telehealth.
- Medicare beneficiaries are covered regardless of geographic location or originating site.
- Pre-existing relationship with a patient is not required to provide a telehealth visit.
- **Clinicians covered: MD/DO, NP, PA, CNM, CRNA, clinical psychologists, clinical social workers, RDs, and nutrition professionals. (not nurses/ RN)**

Figure below: AAFP Virtual Visit Algorithm provides guidance on virtual visits (link and below)
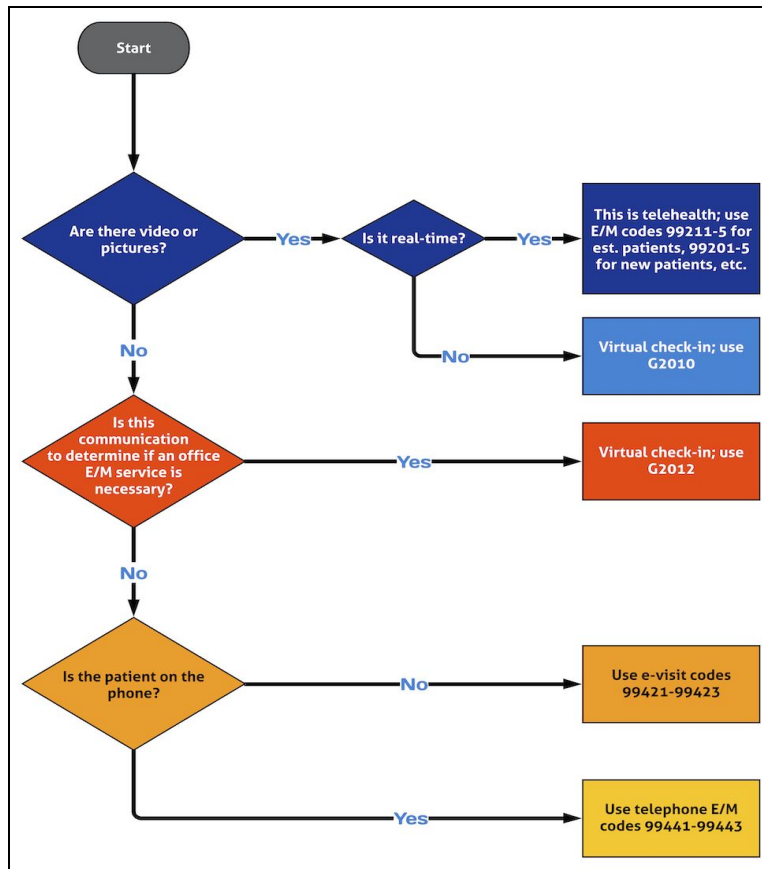
Telehealth Patient Verbal Consent

- Obtain verbal consent and document in client's medical record. Share a digital copy with the client, if possible.
- Obtain written consent when the client returns to the clinic.
- Include language that explains what telehealth or phone consult is, expected benefits and possible risks associated with it, and security measures

Example of documentation:
"Verbal consent to treat obtained via phone, and written consent will be obtained when client comes to clinic. Consent reviewed in detail with client, digital copy shared, and client verbalized understanding."

Telehealth Coding and Billing:

Type	Description	Codes
New: *COVID-19 Diagnosis*	ICD-10 diagnosis	U07.1: COVID-19 diagnosis
"Telehealth Visit"	Telephone evaluation and management services for an established patient, cannot originate from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.	● 99441: 5-10 min ● 99442: 11-20 min ● 99443: 21-30 min
New: *"Virtual Check-In*	Patient-initiated, over the telephone or through video with an established patient to decide whether an office visit or other service is needed. Not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available). Patient verbally consents to receive virtual check-in	HCPCS code G2012: 5-10 min of medical discussion ● 99201-99205: Office/outpatient E/M visit, new ● 99210-99215: Office/outpatient E/M visit, established
New: *"Digital E-Visit"*	Patient must generate initial inquiry (patient portal, e-mail) - *Physician healthcare professional online digital E/M service for an established patient, MD or APP, for up to 7 days, cumulative time)*	● 99421: 5-10 min ● 99422: 11-20 min ● 99423: 21 min or more
	Patient must generate initial inquiry (patient portal, e-mail) *- Non-physician healthcare professional online E/M, for an established patient, for up to 7 days, cumulative time)*	1. G2061: 5-10 min 2. G2062: 11-20 min 3. G2063 21 min or more

02   **Place of Service:** The location where health services and health related services are provided or received, through a telecommunication system (ie. telehealth)

95   **Modifiers**: Synchronous telemedicine service rendered via a real time interactive audio and video telecommunications

NOTE: Modifier 95 + POS 02: Required by most commercial payers, use on an interim basis for Medicare telehealth billing. Medicare typically requires the Place of Service code "02" for telehealth services, however, practitioners billing Medicare telehealth services should use the same place of service code they typically use when billing for in-person services during the COVID-19 public health emergency.

FAQs about Sexual Health and COVID-19
Adapted from New York City Health Department

1. Know How COVID-19 Spreads
- You can get COVID-19 from a person who has it
- The virus can spread to people who are within about 6 feet of a person with COVID-19 if a cough or sneeze; spread through direct contact with saliva or mucus
- We still have a lot to learn about COVID-19 and sex
  - Found in feces of people infected with the virus (anal)
  - Not yet been found in semen or vaginal fluid
  - We know that other coronaviruses do not efficiently transmit through sex

2. Have Sex with People Close to You
- You are your safest sex partner
  - Masturbation with not spread the virus
  - Wash your hands and sex toys with soap and water for at least 20 seconds before and after use
- The next safest partner is someone you live with. Having close contact - including sex - with only a small circle of people helps prevent spreading COVID-19
- You should avod close contact - including sex - with anyone outside your household. If you have sex, have as few partners as possible
- If you meet sex partners online of make a living by having sex, consider taking a break from in-person dates (if possible). Video dates, sexting, or chat rooms may be an option.

3. Take Care During Sex
- Avoid kissing anyone not part of small circle of contacts
- Rimming (mouth on anus) might spread COVID-19
- Condoms and dental dams can reduce contact with saliva or feces, especially during oral or anal sex
- Washing before and after sex is more important than ever
  - Wash hands often with soap for at least 20 seconds
  - Wash sex toys with soap and warm water
  - Disinfect keyboards and touch screens that you share with others

4. Skip Sex If You or Your Partner Is Not Feeling Well
- If you or a partner may have COVID-19, avoid sex and especially kissing
- If you start to feel unwell, you may be about to develop symptoms of COVID-19, which include fever, cough, sore throat or shortness of breath
- If you or your partner has a medical condition that can lead to more severe COVID-19, you may also want to skip sex - such as: Lung disease, heart disease, diabetes, cancer or a weakened immune system (ie. having unsuppressed HIV and a low CD4 count)

5. Prevent HIV, Other STDs + Unplanned Pregnancy
- HIV: Condoms, pre-exposure prophylaxis (PrEP) and having an undetectable viral load all help prevent HIV
- Other STIs: Condoms help prevent other STIs
- Pregnancy: Make sure you have an effective form of birth control for the coming weeks.

Additional Resources

Telehealth Practice in Family Planning Clinic:

- **American Medical Association "Quick Guide to Telemedicine in Practice"** (link) AMA designed resources to support physicians and practices in expediting the implementation of telemedicine.

- **Centers for Medicare and Medicaid Services "General Provider Telehealth and Telemedicine Tool Kit"** (link) Information regarding telehealth and telemedicine. Most of the information is directed towards providers who may want to establish a permanent telemedicine program.

- **National Consortium of Telehealth Resource Centers "COVID-19 Telehealth Toolkit"** (link) Overview of how telehealth can be used in response to COVID-19.

- **Agency for Healthcare Research and Quality "Intimate Partner Violence Screening"** (link) Provider facts sheets about IPV and best screening practices.

- **Futures Without Violence "Intimate Partner Violence COVID-19 Resources List"** (link) Resources for survivors as well as safety plans and self-care.

- **National Family Planning and Reproductive Health Association** "**Initiating Telehealth in Response to COVID-19: Initial Considerations and Resources"** (link) Resource overview to assist with the implementation of telehealth to ensure access to essential contraceptive services and limit exposure to COVID-19 for both health care workers and patients.

- **Virtual patient registration "REDCap survey"** (link) Recommended resource to have patients register online, prior to appointment. Develop it to mirror the content that is covered in patient registration on EMR.

Telehealth Coding and Billing:

- **American College of Obstetricians and Gynecologists "Managing Patients Remotely: Billing for Digital and Telehealth Services"** (link) Major Medicare Telehealth Policy Changes Due to COVID-19 and Coding for Telehealth.

- **National Family Planning and Reproductive Health Association "Coding for Coronavirus Disease (COVID-19)"** (link) Extensive overview of sexual and reproductive health coding for COVID-19 and telehealth.

- **National Family Planning and Reproductive Health Association "Operational Responses to COVID-19: 340B and Pharmacy Considerations and Resources"** (link) 340B and Pharmacy Considerations and Resources for Family Planning.

- **American Medical Association "Quick Guide to Telemedicine in Practice: Policy, coding, and Payment"** (link) Designed resources to support physicians and practices in expediting the implementation of telemedicine,

- **Center for Connected Health Policy "Medicare Fee For Service Telehealth Coverage"** (link) Information regarding current policies and the changes made due to passage of HR 6074 and HR 748 as well as recently released CMS guidance.

- **Centers for Medicare and Medicaid Services** "**Physicians and Other Clinicians: Flexibilities to Fight COVID-19**" (link) Clinicians can now provide more services to beneficiaries via telehealth so that clinicians can take care of their patients while mitigating the risk of the spread of the virus.

Contraception During the Time of COVID-19

- **Family Planning National Training Center "What Family Planning Providers Can Do to Meet Client Needs During COVID-19"** (link) Toolkit that covers various resources and guidelines for providing contraception care, switching to telemedicine, and ensuring staff safety during COVID-19.

- **American College of Obstetricians and Gynecologists "COVID-19 FAQs for Obstetrician-Gynecologists, Telehealth**" (link) ACOG expert opinion on how to optimize patient care in the context of COVID-19.

- **Center for Disease Control and Prevention "Medical Eligibility Criteria"** (link to online or use the app) Assess risk of pregnancy and other contraindications using CDC.

- **Reproductive Health Access Project "Birth control counseling and use during COVID-19"** (link) Guiding principles for family planning telehealth visits.

How to Prevent COVID-19 Transmission in the Clinic

- **Center for Disease Control and Prevention "COVID-19 Information for Health Care Professionals"** (link) The CDC's landing page for all information for health care professionals, including current interim guidance on evaluation and reporting, clinical care, infection control, personal protective equipment (PPE), and home care.

- **American Academy of Family Practitioners "Checklist to Prepare Physician Offices for COVID-19"** (link) Recommendations educate staff and patients about COVID-19 and precautions in the clinic and services.