

Initiating Telehealth and COVID-19 Preparedness in Family Planning Clinics



Presenters:

Charlotte Hager, MPH, CHES
Family Planning Program Administrator
Baltimore City Health Department
charlotte.hager@baltimorecity.gov

Tanya Parker, MPH
Senior Director of Clinical Services
Planned Parenthood of Maryland
tanya.parker@ppm.care

Avi Seward, RN, MSN, CRNP, FNP-B
Clinician
Planned Parenthood of Maryland
avi.seward@ppm.care

AGENDA

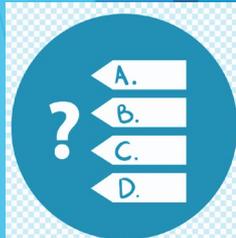
- Introduction + Welcome
- Direct-to-Consumer Telehealth
- PPMD Telehealth Clinical Guidelines
- Screening Patients and Visits
- COVID-19 Overview
- Family Planning Clinic Preparedness
- Coding and Billing
- Additional Resources

Slides and content adapted from Essential Access Health, NFPRHA, UCSF Bixby Program, ACOG, CDC, NYC Health Department

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.”



Direct-to-Consumer Telehealth for Family Planning during COVID-19

Planned Parenthood of Maryland

Timeline: Impact of COVID-19 at PPM

- 3/2: First meeting of PPM COVID-19 Response Task Force
- 3/9: Began screening patients for symptoms or exposure
- 3/17: Consolidated hours (M-F, 9-5) and limited services
- 3/23: Health Secretary order: urgent-only services
- 3/27: Trained designated staff and launched telehealth
- 3/30: Governor orders Stay at Home directive
- 4/1: Telehealth regulations expanded via executive order
- 4/4: Began asynchronous telehealth visits

PPM utilizes two telehealth platforms:

- **PP Direct:** nationwide federation platform for asynchronous birth control and UTI tx
 - 372 visits in the month of April
- **InTouch:** nationwide federation platform for synchronous video telehealth
 - 271 visits since March 27 launch

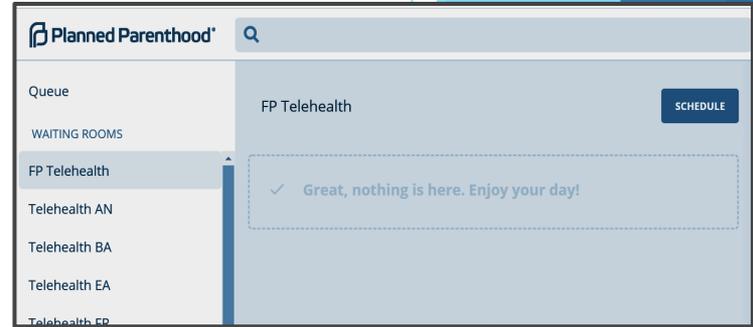
Types of Telehealth at PPM: PP Direct



- **Services provided:** birth control and UTI tx
- **Payment:** for self-pay patients only at this time; patients with insurance can pick up at pharmacy
- **How it works:** Patient requests services through PP Direct app and clinicians complete the request asynchronously. Birth control is mailed to patient or UTI meds dispensed at pharmacy. Consent is built in.
- **Hours of Services:** 24/7

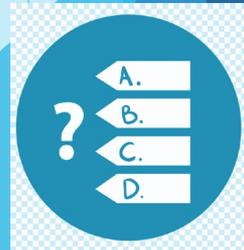
Types of Telehealth at PPM: In Touch

- **Services provided:** birth control, refills, UTI, STI, Gender Affirming Care
- **Payment:** Medicaid, Medicaid MCO, commercial insurance, Title X, self pay
- **How it works:**
 - Patient schedules appointment through Call Center or online
 - Staff send link via text to telehealth visit prior to the appointment
 - Patient visit conducted through InTouch platform
 - Hours of Services: M-F business hours



Visit Types For Telehealth:

- Contraceptive care
- Birth control start and prescription changes (including Depo self-injections)
- Gender affirming care initial and follow up visits
- Emergency contraception
- STI treatment for patients with known diagnosis or exposure (chlamydia and trich)
- Resupply visits
- Refill for antiviral meds for herpes
- UTI treatment with no symptoms of fever or pelvic pain (use screening questionnaire)
- PrEP/ PEP (patient sent to LabCorp)
- Vaginitis infection
- STI testing/HIV testing no symptoms (patient sent to LabCorp)
- Care coordination



Telehealth Requirements:

- Patient must have a device or laptop with camera
 - We can provide the visit over the phone if needed
- Patient must agree to have any lab work done at LabCorp service center
- Medication is scripted out to be dispensed at a pharmacy or mailed if patient is self-pay patient
 - Limited curbside pickup available
- Patient must live in Maryland to receive services

Telehealth Workflow:

1

Call Center screens patient to meet criteria for telehealth visit and makes appointment

2

Front office MA verifies insurance prior to patient's appointment and sends patient link to visit

3

Front office MA calls patient to check in, collects copay, and instructs patient to click on link at appointment time

MA checks patient out and collects any fees

6

Provider conducts telehealth visit, completes charting, and dispenses medicine

5

Back office MA starts InTouch visit, reviews consent, does intake

4



(1) Telehealth Visit: Call Center

- If patient qualifies for a telehealth visit, the Call Center will schedule in a telehealth appointment slot
- Patients are directed to our patient website to review consent forms ahead of time
- Patients are informed that they will receive a text link to click on for the appointment and they should be prepared to answer a call from our central number prior to the visit

(2) Telehealth Visit: Check In

- Front Office staff verifies insurance eligibility before the patient's appointment
- ***At least 15 minutes prior to visit***, Front Office staff calls the patient to perform check-in over the phone
 - Collects any copayments over the phone by credit card
 - Tells patient to click on link at appointment time
 - Reminds patient to review consent forms on website
- Front Office staff logs into the InTouch platform, creates patient account, schedules the visit, and sends patient the link by text

(3) Telehealth Visit: MA Intake

- Back Office MA logs into InTouch on a separate laptop and starts the visit with patient in the waiting room. This can be done with the provider as a turbo visit.
- MA provides the patient with our limits of confidentiality, with a new statement for telehealth visits:

“Before we get the visit started, to ensure privacy, please conduct this visit alone in a place that is secure and will keep your information private and confidential.”

- MA gets verbal consent

(3) Telehealth Visit: MA Intake

- MA launches EHR and performs intake as usual with the patient. Vital Signs do not need to be documented.
- Ensure “Telehealth” and “synchronous” are checked on the Homepage

The screenshot shows an EHR intake form for a Family Practice office visit. The 'Visit Type' is set to 'Office Visit'. The 'General' section is highlighted, showing the following options:

- Established patient
- New patient
- Historian:
- Telehealth encounter
- Synchronous (real-time)
- Asynchronous (delayed)
- Interpreter used
- Language:
- Interpreter's name:

A red circle highlights the 'New patient' radio button, the 'Telehealth encounter' checkbox, and the 'Synchronous (real-time)' radio button.

PATIENT: Hanna Test
DATE OF BIRTH: 03/14/1992
DATE: 02/08/2020 07:06 PM
VISIT TYPE: Office Visit

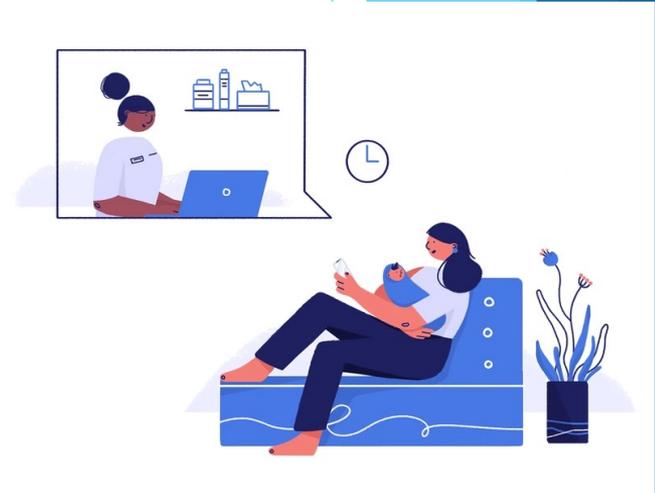
Telehealth encounter. Synchronous (real-time).

(4) Telehealth Visit: Provider

The Provider introduces themselves, verifies patient identity, confirms reason for visit

The provider documents the encounter as they would a traditional, in-person office visit

- History, to include CC, HPI, ROS, and PFSH should be included as these are all subjective, obtainable through the online interview process with the patient
- Exams will be limited, but providers are encouraged to consider what is appropriate and medically indicated
- Completes office visit code



(4) Telehealth Visit: Provider

- The Provider sends any meds via e-Rx to the pharmacy of choice or lets patient know medications will be mailed if self-pay, as well as whether they need to go to LabCorp for lab work
- The Provider ends the visit unless payment needs to be collected



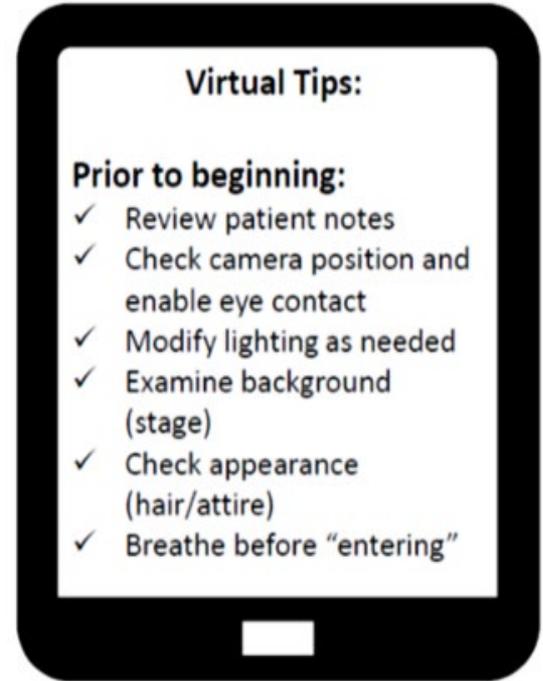
Telehealth Visit Tips:

Have 2 laptops available:

- 1 for documentation in EHR
- 1 for InTouch visual visit

If there are connectivity issues or the call is dropped, the MA and/or Provider should call the patient and can resume the visit over the phone

If necessary the entire visit can be completed over the phone



Other Ways to Use Telehealth:

Calling in-person patients ahead of time to conduct:



- Registration
- Collect Co-Payment
- Consenting
- Education
- Intake

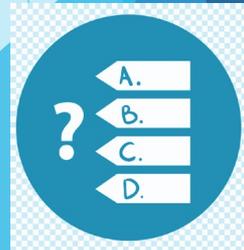
Patient Access to Medications/Supplies:

EXTENDED REFILLS FOR NON-URGENT SERVICES:

If patients cannot complete a telehealth visit, we provide 3 month extension on contraception refills.

We mail refills to patients who are requesting prescription refills to their home address.

For patients who are unable to get medications by mail, we offer **CURBSIDE PICKUP**.



Curbside Pickup:

Patients who are eligible to pick up medication and supplies from a PPM health center include patients who:

- Are not sick.
- Cannot have medications or supplies mailed to them due to confidentiality reasons or unsecure mail delivery.
- Use NuvaRing as birth control which cannot be mailed.
- Need urgent medications like UTI treatment that should not wait to be mailed.
- Require prescriptions for EPT who cannot have them mailed for confidentiality reasons.
- Wish to pick up condoms or Plan B over the counter.

Curbside Pickup:

If a patient calls the Call Center regarding the need to pick up medications, the staff:

- Identifies which health center is most convenient for pickup
- Lets patient know that a staff member from the health center will call them to arrange the pick-up
- Sends a task to the health center



Curbside Pickup:

The health center staff calls patient to:

- Confirm how many supplies the patient desires and the cost
- Advise to have payment ready if applicable
- Provide location and business hours for pickup
- Provide phone number to call upon arrival (front desk extension) but advises if they cannot reach anyone they should go to front door
- Identify who will be picking up the medication (if not the patient, the name of the designee)

Curbside Pickup: Patient Rx Pick Up

Upon patient arrival:

- Patient calls health center front desk extension
- Health center staff take credit card payment over the phone
- Staff collect information on description of car and parking location
- Health center staff retrieves prepackaged meds/supplies

Curbside Pickup: Patient Rx Pick Up

Staff put on appropriate PPE and proceed outside

- Wear a face mask
- Keep at least arm's length distance from the patient
- Minimize conversation to expedite curbside pick up

If patient is paying cash they must have exact change or agree that any credit will sit on their account or be given as a donation

**Upon final return to health center,
perform hand hygiene.**



Lessons Learned:

- Patient still no-show, or don't answer their phone
- Important to validate phone number and email on file
- Stress the need for confidential, quiet settings
- Remind clients that they need to go to Lab Corp to complete the visit and get their labwork done
- Accurate screening needs to be done to ensure patient is eligible for telehealth visit
- Plan for technology

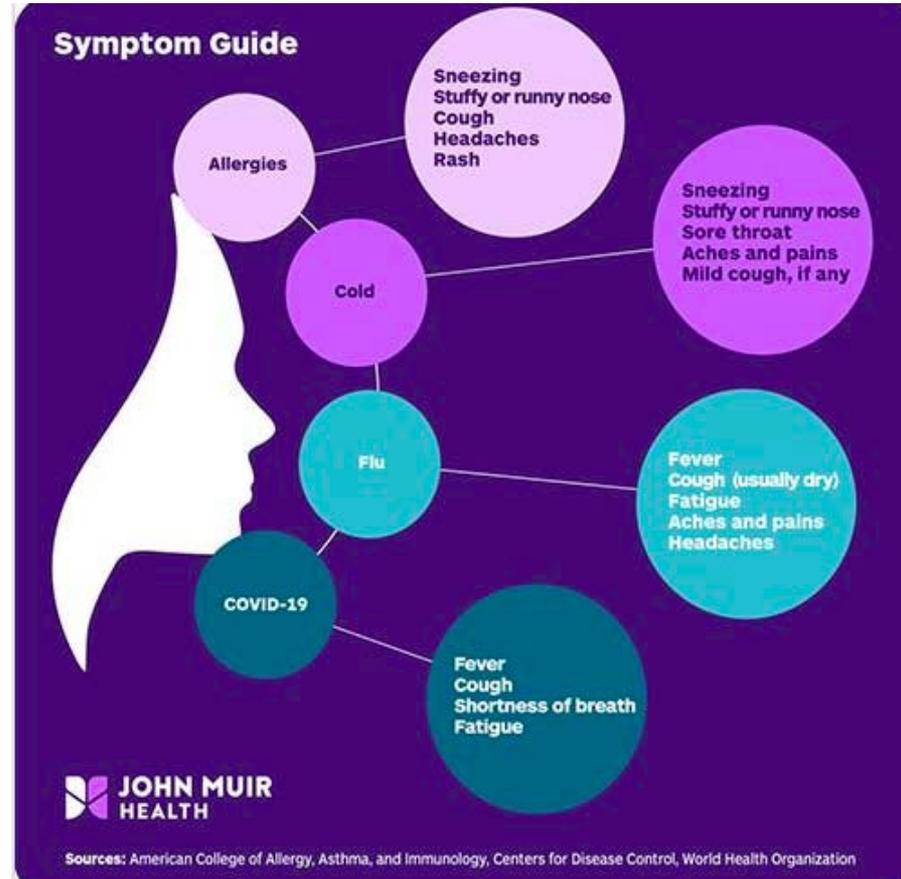
Preparing Family Planning Clinics to Serve in the Time of COVID-19

Baltimore City Health Department

Primary Symptoms

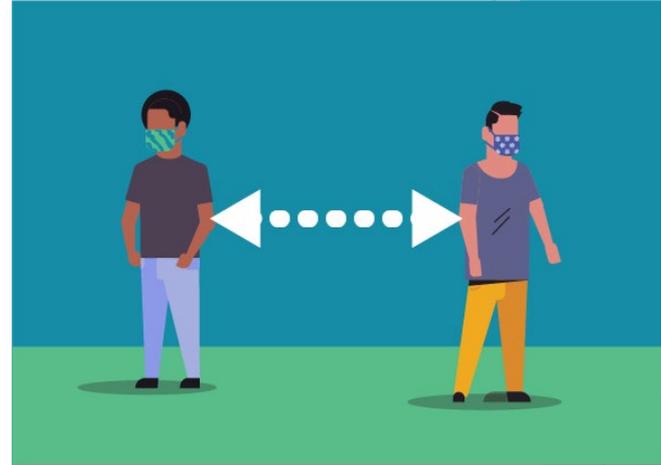
Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) (nearly 56,000 patients)

- **Fever (88%)**
- **Dry cough (68%)**
- Fatigue (38%)
- Mucus (33%)
- Shortness of Breath (19%)
- Body/ muscle ache (15%)
- Sore throat and/or headache (14%)
- Chills (11%)



How to Prevent Transmission in the Clinic:

- All staff and patients should wear masks at all times in the clinic
- Limited staff in exam room at one time (no trainees)
- **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 car; send text when ready to be seen
 - No visitors (except essential caretakers)



If suspect staff is exposed to COVID:

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 develop even mild symptoms, stop seeing patients and self-quarantine

UCSF Proposed Strategies: Taking Care of 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 and in-service resources/support frequently (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



Virtual vs. In-Person Appointment:

OVERALL: Defer appointments for 2-3 months until COVID-19 subsides, such as: preventive visits; routine screenings for average-risk patients

Have a set screening guide for staff who answer the phone



Virtual	In-Person (limited)
Pre-visit, collect medical history over the phone	Physical Exam
Counseling, plan, prescriptions and refills	Clinic-dispensed medication

Pre In-Person Visit Screening:

PRIOR TO IN-PERSON VISIT:

- Ask patients to call on or before the day of their in-person visit if they develop any COVID-like symptoms (eg. cough, sore throat, fever), and/or if they think they have been exposed to COVID-19
- Over the phone, confirm whether the patient is undergoing testing for COVID-19



Recommendations for No-Contact Contraception Access:

- Self-Administration of Depo-subQ - *established patients only*
- Drive-thru STI services
- Curbside pick-ups for hormonal contraception
- Mailing Contraception or STI testing kits (iwantthekit.org - *Maryland only*)
- Collaborating with other local family planning clinics



Telehealth Visit Claims and Billing:

Telehealth is how the service is provided to the patient - it is not the service itself.

- Most commercial payers are following the new Medicare guidelines for telehealth amid this emergency
- Covered for all traditional Medicare beneficiaries regardless of geographic location or originating site
- You are not required to have a pre-existing relationship with a patient to provide a telehealth visit

HIPAA: You can use FaceTime, Skype, and other everyday communication technologies to provide telehealth visits

Different Types of Virtual Encounters:

“Telehealth Visits”

- Based on rules before March 6, 2020

WHAT’S NEW: “Virtual Check-Ins:

- Short, *patient-initiated* communications with a clinician (established pt)
- Discussion over a telephone or through video or image to decide whether an office visit or other service is needed

WHAT’S NEW: “Digital E-Visits”

- Non-face-to-face, *patient-initiated* communications through an online patient portal

Documentation Tips:



Documentation requirements for a visit conducted via telehealth are the same as for a face-to-face visit

Visit notes also include a statement including the:

- Mode of telecommunication used
- Location of the patient
- Location of the provider
- Names and roles of other participating staff

Document patient consent
(state and federal requirements)

Telehealth Patient Verbal Consent:

Obtain verbal consent and document in client's medical record. Share a digital copy with client, if possible.

Obtain written consent when client returns to 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.”

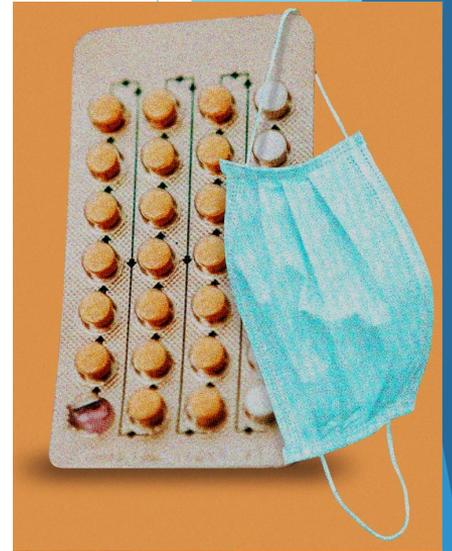
Intimate Partner Violence

- 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.



Maryland & Family Planning COVID-19 Resources:

- Maryland Department of Health COVID website
<https://coronavirus.maryland.gov/>
- Johns Hopkins University COVID website
<https://coronavirus.jhu.edu/map.html>
- Center for Disease Control and Prevention
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care.html>
- National Family Planning and Reproductive Health Association COVID Resources
<https://www.nationalfamilyplanning.org/covid-19-resource-hub>
- Essential Access Health Family Planning Preparedness for COVID Trainings
https://essentialaccesstraining.org/ets/pages/?p=covid-19_famplanning_slides



Additional Resources:



Family Planning Clinic Preparedness for COVID-19

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:



The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the right side of the frame, creating a modern, layered effect.

THANK YOU

and please stay safe!