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NC Department of Health and Human Services
Reproductive Health Services in the Age of Telehealth for N.C. Local Health Departments

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October 6, 2020

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Objectives

- Define the different modalities of telehealth.
- Determine which reproductive health visits can be provided through telehealth.
- Examine and detail your organization's readiness and capacity to provide telehealth.
- Explain how telehealth may affect patient access to healthcare services.

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Telehealth Definition

Per NC DHHS Medicaid, “telehealth is the use of two-way real-time interactive audio and video to provide care and services when participants are in different physical locations.”

Source: <https://medicaid.ncdhhs.gov/blog/2020/04/07/special-bulletin-covid-19-34-telehealth-clinical-policy-modifications--definitions#definitions>

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Telehealth and Virtual Patient Communication (VPC) Definitions

Telehealth

- Telemedicine (audio and video)
- Telepsychiatry (audio and video)
- Teletherapy (audio and video)

Virtual Patient Communication (audio-only, secure messaging or transfer of data)

Source: <https://medicaid.ncdhhs.gov/blog/2020/04/07/special-bulletin-covid-19-34-telehealth-clinical-policy-modifications--definitions#definitions>

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Options for Reproductive Health

- Telemedicine (audio and video)
- Virtual Patient Communication (audio-only, secure messaging or transfer of data)

Source: <https://medicaid.ncdhhs.gov/blog/2020/04/07/special-bulletin-covid-19-34-telehealth-clinical-policy-modifications--definitions#definitions>

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Modalities of Visit Types

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Optimal Services For Telehealth

- Use the Family Planning National Training Center's *Prioritization of In-Person and Virtual Visits During COVID-19* for guidance.

Prioritization of In-Person and Virtual Visits During COVID-19:
A DECISION-MAKING GUIDE FOR STAFF

As a result of the COVID-19 public health emergency (PHE), family planning clinics have converted many client interactions from in-person visits to telehealth visits using audio and/or video. Family planning providers should develop written policies that prioritize which client visits will be done in-person or remotely, in accordance with interim CDC guidance on handling non-COVID-19 public health activities that require face-to-face interaction with clients in the clinic and field in the current COVID-19 pandemic. This policy should be revised frequently based on current local or state physical distancing laws, availability of clinician and non-clinician staff, and availability of personal protective equipment. This guidance supports the development of such a policy.

These guidelines complement—and do not replace—existing guidelines that include the Centers for Disease Control and Prevention (CDC) Medical Eligibility Criteria (MEC), CDC Selected Practice Recommendations for Contraception; Use (SPR), CDC and Office of Population Affairs (OPA) Providing Quality Family Planning Services (QFP), and CDC Sexually Transmitted Disease (STD) Treatment Guidelines. In developing this guidance, the following was taken into consideration:

Source: https://www.fpntc.org/sites/default/files/resources/fpntc_priority_decision_guide_2020-04-29.pdf

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5 Modalities of Visits

- In-person, same day visits
- In-person, as available
- Telemedicine (audio and video (A/V))
- Virtual Patient (audio only)
- Postpone

Source: https://www.fpntc.org/sites/default/files/resources/fpntc_priority_decision_guide_2020-04-29.pdf

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In-Person, Same Day Visits

- IUD and implant placement—same day access
- Clinically urgent visits
 - Vaginal bleeding
 - Acute pelvic pain suggestive of intrauterine device (IUD) expulsion
 - Pelvic inflammatory disease
 - Ectopic pregnancy
 - Calf pain
 - Chest pain
 - Post-operative wound infections

Source: https://www.fonic.org/sites/default/files/resources/fonic_priority_decision_guide_2020-04-29.pdf

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In-Person, As Available Visits

- IUD and implant placement
- IUD and implant replacement
- IUD and implant removal
- Depot medroxyprogesterone acetate (DMPA) injection (refill or initiation)
- Colposcopy for suspected invasive cervical cancer

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Telemedicine Visits

- Initiation of a new method of contraception
- Pregnancy testing and diagnosis
- Requests sexually transmitted infections (STI) testing and/or has non-urgent symptoms suggestive of STI
- Uncomplicated lower urinary tract infection (UTI) symptoms
- Vaginal discharge
- Post-operative wound checks
- Postpartum visits

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Virtual Patient (audio only) Visits

- **Refills:**
 - Combined Oral Contraceptives
 - Progestin Only Pills
 - Ring/Patch
 - Self-administered DMPA-SQ
- **Emergency Contraception**
- **Counseling**
- **Contraceptive method problem solving**
- **Preconception Health**
- **Basic infertility counseling**

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Postponed In-Person Visits

- Colposcopy
- Cervical cytology screening (alone)
- Well-woman visit
 - Breast exam
 - Pap smear

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Implementation Process

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Telehealth Visit

- Scheduling and check-in process
- Clinician onsite or remote?
- Use of interpreters
- Technology
- Technology assistance
- Patient/staff/clinician interaction
- Documentation
- Encounter completion and routing

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Implementation Teams

- Clinical staff
- Administrative team
- Business office
- IT Services
- Public Information Office
- State consultants
- Community partners
- Patient representatives

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Telehealth Platforms or Vendors

- Integrated with your system
- Stand alone system
- Hybrid system
- HIPAA compliance requirements are not strict at this time but prepare for telehealth in the post national health emergency timeline.

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Question

If you are currently implementing Telehealth, what platform(s) are you using, or have you found to be effective?

Please respond in the Chat Box.

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Resource Assessment Survey

- Laptop/tablets/smart phone with camera, microphone and speakers
- Internet access/hotspot
 - Will you reimburse employees if they need to increase their data plan to work remotely?
 - Will you need to purchase cell phones for patient use?
- Office computer system
- Electronic medical record system capabilities and budget

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Clinical Staff Assessment

- Computer/tablet/smart phones
- Internet access
- Data plans
- Computer literacy
- Hotspots
- Childcare
- Home office

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Patient Needs Assessment

- Access to technology
- Internet access
- Data plans
- Computer Literacy
- Hotspots
- Childcare
- Virtual setting (home versus work)

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Communication of Telehealth Services

- **Advertising to community**
 - Website
 - Billboards
 - Social media
 - Mailers
- **Education within clinic**
 - Signage
 - Scripts for clinic staff members

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Policy and Procedure Modifications

- **Policies and Procedures**
 - Review them to include telehealth components
- **Clinician APP protocols**
 - Must update their protocols to perform this work
- **Standing Orders**
- **Develop clear written protocols**
- **Notify malpractice insurance carrier**

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Clinic Processes

- Telephone etiquette training
- Scheduling process and template
- Registration process
- Consent process
- Nursing interview
- Clinician component
- Chart documentation
- Follow-up needs

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Telephone etiquette

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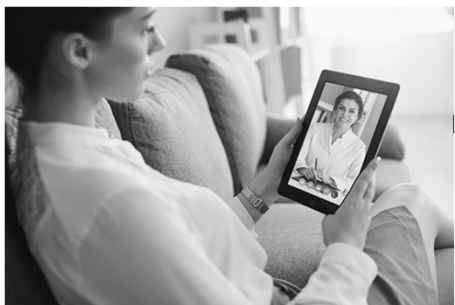
Telehealth Etiquette Checklist

- Personal grooming
- Usual work attire
- Proper background
- Proper lighting
- Private setting
- Quiet setting

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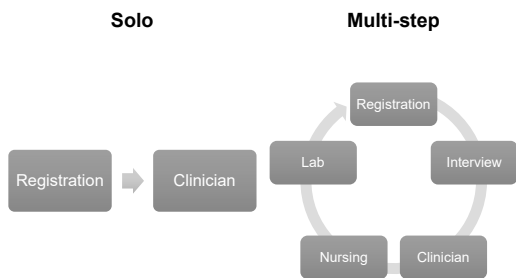
Telephone etiquette



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Workflow Mapping



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Scheduling

- In person
- Call center triage
- Record prep
- Follow-up appointments

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Registration Process

- In person or telephonic
- Will you need translation services available?
- Discuss the following
 - Discuss limitations of visual exam or testing
 - What to do if disconnected
 - May not have access to full records
 - Payment expectations
 - Continuity of care
 - Prepare to have privacy during the visit
- Identity verification

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Consent Process

- In person during the registration process
- In person during an office visit
- Electronic signature
- Virtually during the remote visit
 - Beginning of the visit
 - Method change

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Appointment Reminder Process

- Email
- Mail
- Patient portal
- Text message
- Telephone call

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Nursing Interview

- Identity verification
- Document location of visit and participants
- May ask patient to pan the room with the camera
- Review all questionnaires with the patient and obtain vital signs if indicated
- Return patient to the 'waiting room'

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Patient Engagement During the Visit

- Height
- Weight—they may use their own scale and can show you the reading
- Blood Pressure
 - Can use a normal reading from the last 3-5 years per the USPSTF
 - Can use a reading from a pharmacy
 - Can use a reading from another clinician
- Can use their camera feature to show you their incision

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Clinician Visit

- Identity verification
- Document location of visit and participants
- May ask patient to pan the room with the camera
- Review all information and complete clinician assessment.
- Document start and stop time.
- Document visit findings, complete billing and route action items to nursing staff

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Follow-up Work

- Education
- Labs
- Nursing actions
- Prescriptions
 - Mail
 - Curbside pick-up
 - E-prescribing
- Referrals

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Lessons Learned from the Field

- Has been well received by patients
- Clinicians have embraced it
- Can be frustrating playing phone tag
- Reduces clinician productivity initially
- Technology support is very important
- Agency needs to work with patient prior to appointment to walk them through the remote check-in process

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Patient Feedback

- *'I liked doing this on my phone 'cause I didn't have to miss work. I did it on my break. I had to use the break room but no one else was there so it was cool.'*
- *'I liked it since I didn't have to take my kids to the clinic.'*
- *'It was good. It was much faster than waiting all day in the clinic.'*
- *'It was a waste of my time because the video kept cutting out. I just hung up.'*

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Telehealth is Here To Stay

- Cost-effective
- Patient centered
- Can assist with employee retention
- Increases access to reproductive health services as it is not limited to county lines
- Continue to use resources to stay abreast of regulatory updates

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Bite the Bullet

- Train, train and retrain
- Pilot the process
- Get started and adjust as you progress

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Resources

- **Women’s Health COVID19 FAQs April 2020**
Available from your Women’s Health Regional Nurse Consultant
- **Medicaid Special Bulletin**
<https://medicaid.ncdhhs.gov/blog/2020/04/07/special-bulletin-covid-19-34-telehealth-clinical-policy-modifications---definitions#definitions>
- **FP National Training Center: *Prioritization of In-Person and Virtual Visits During COVID-19***
https://www.fpntc.org/sites/default/files/resources/fpntc_priority_decision_guide_2020-04-29.pdf

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Resources (continued)

- **DPH COVID 19 Quick Guide**
<https://publichealth.nc.gov/lhd/docs/COVID-19-Billing-Quick-Guide-07172020.pdf>
- **ACOG Guidance**
<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/02/implementing-telehealth-in-practice>

Questions?

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Please Note: This will be your only option to receive evidence of the professional development contact hours and/or CPH Recertification Credits. You will need to save this certificate.

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