Expanding Delivery of Quality Sexual + Reproductive Health Care Through Telehealth

June 17, 2021

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shaping the future of sexual + reproductive health care™

Disclosure

- Speaker and planners have no financial conflicts to disclose.

Objectives

- Name specific services for contraceptive care; sexually transmitted infection prevention, testing and treatment; and other sexual and reproductive health care that can be provided via telehealth
- Understand options for care when vital signs or a physical exam have historically been recommended and describe alternate approaches to obtaining this information or working without it
- Discuss how telehealth can be leveraged to provide a wide range of high quality and patient-centered care that includes infection treatment, IUD removal, and HIV PrEP/PEP

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Telehealth Overview

- **Live conferencing (Synchronous):** Real-time, two-way, technology-enabled interaction between a patient and a provider
- **Store-and-Forward (Asynchronous):** Electronic transmission of recorded patient health history to a practitioner, who uses it to provide a service outside of real-time patient interaction
- **Remote Patient Monitoring (RPM):** Using electronically transmitted medical data to help patients track chronic conditions, learn about treatment options, and take a more active role in treatment
- **Mobile Health (mHealth):** Health care and public health education via mobile communication devices such as cell phones or tablets

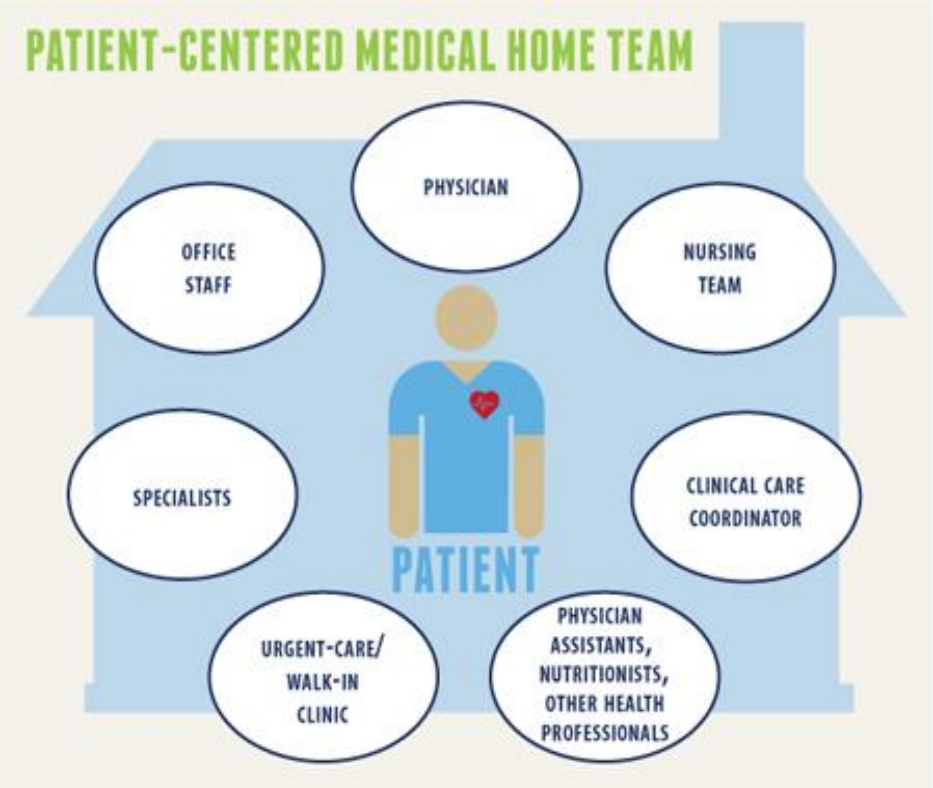
How do I know what to do?

Health care provider determines if a benefit or service is clinically appropriate to be provided via a telehealth modality

Medi-Cal's telehealth policy gives providers *flexibility* to determine if a particular service or benefit is clinically appropriate based upon evidence-based medicine and/or best practices to be delivered:

- audio-visual
- two-way, real time communication
- store and forward
- must meet the procedural definitions and components of the CPT or HCPCS code.

A telehealth program takes a team



- The Team
  - Patient
  - Nursing
  - Provider
  - Auxiliary staff
- Remember this is a paradigm shift for everyone.
  - ***including the patient***

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Engaging the patient

- Change from "opt in" to "opt out"
  - *We are decreasing the number of face to face visits, so I will sign you up for the patient portal*

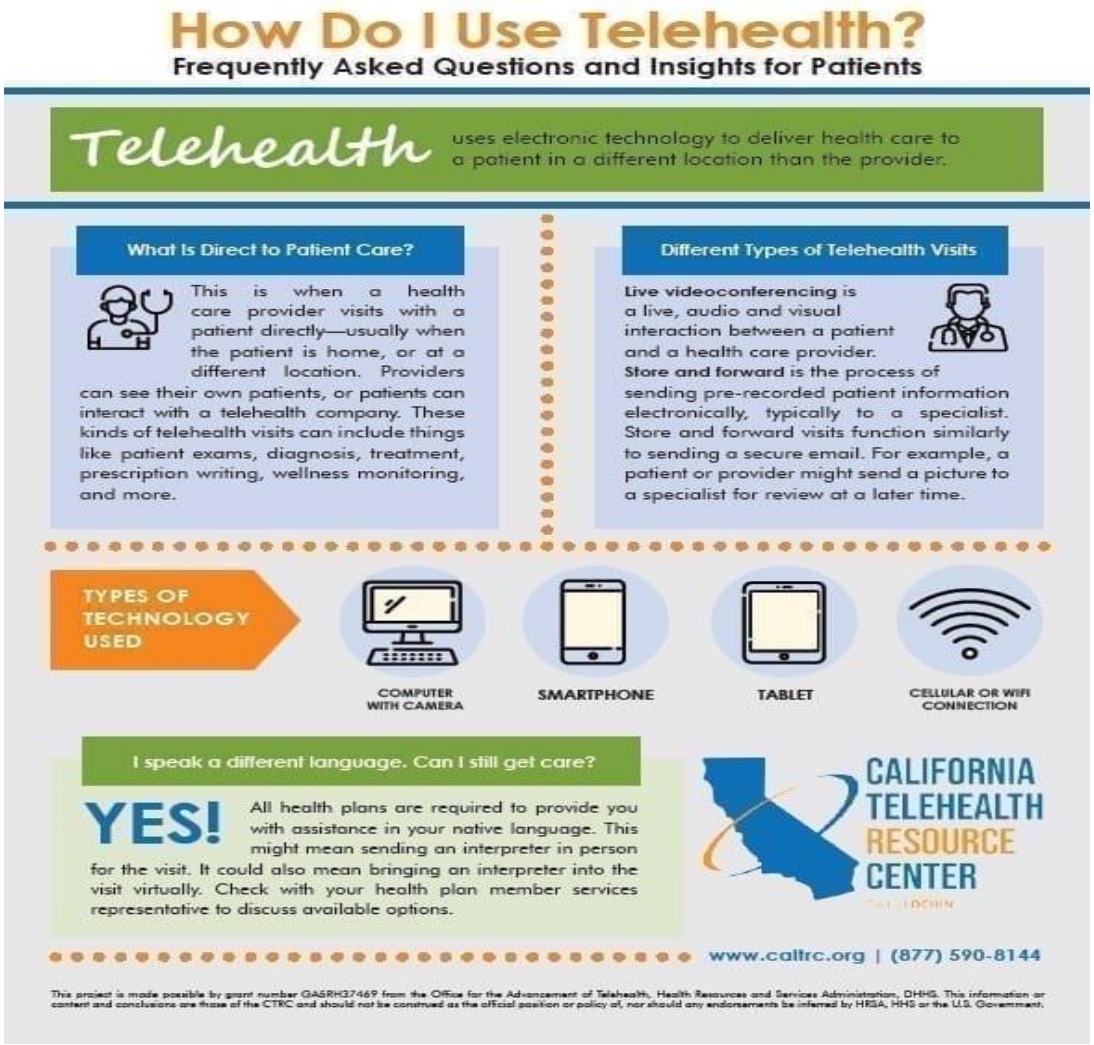
- The patient's help desk = their medical team
  - Consider using a combination of phone and video the first few attempts
  - Increase patient comfort with the technology

Consent

- State law requires the health care provider initiating the use of telehealth to inform the beneficiary, obtain consent, and maintain appropriate documentation.
- Providers at both the originating and distant site should maintain documentation in the beneficiary's medical record.
- General consent protocol that specifically references use of telehealth as a modality, would satisfy the consent requirement.

Lots of support

CALIFORNIA TELEHEALTH RESOURCE CENTER
Part of OCHIN



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And reminders

Default - Microphone

Notify Patient

PLEASE SELECT THE LANGUAGE YOU WANT THIS NOTIFICATION TO BE SENT IN

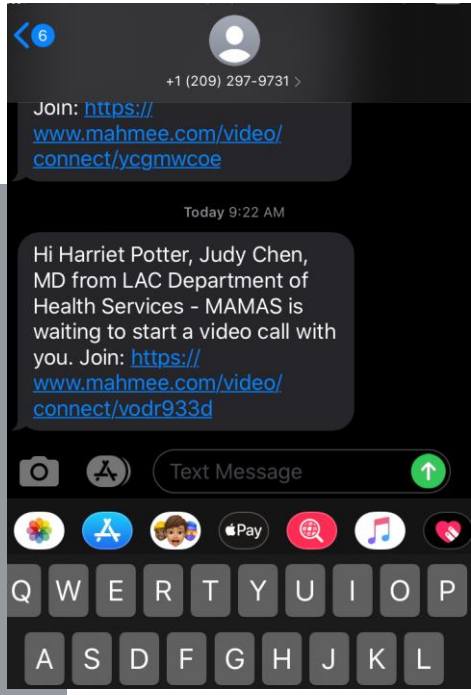
English

Email

SMS/Text

Cancel

Send Notification



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Optimize experience

OCHIN WEBSIDE MANNER GUIDE

Webside Manner is the telemedicine equivalent of clinician bedside manner.

- This interpersonal aspect of patient care has a proven impact on patient outcomes.
- Subtle facial expressions and verbal cues can influence the relationship.
- Standards of care, professionalism, and ethics are identical for virtual care and in-person visits.

SURROUNDINGS

- Use password-protected (encrypted) Wi-Fi access or a stable mobile data connection.
- Choose an uncluttered, neutral space such as a wall with a painting. Try to avoid including a door in the frame.
- Consider sources of ambient noise (e.g. fan, keyboard clatter, street noise coming from a window, or others in the room). Use a headset with microphone if needed.
- Silence your cellphone and *turn off vibrate*.

LIGHTING

- Face the brightest part of the room such as natural light from a window or indoor lighting.
- Create a diffusely bright space.
- Avoid backlighting.

CAMERA

- Place the camera at eye level.
- Sit close to the camera so that your head is centered and fills much of the frame. The appearance of closeness will feel more personable and help build rapport with the patient.
- Practice or preview your video to adjust your appearance and positioning.

PROVIDER APPEARANCE

- As in office, you should maintain a professional, clean, and polished appearance.
- Clothing with solid neutral tones or lighter shades of blue work best.
- Avoid wearing patterns with stripes, dots, and checkers.
- Some clinics encourage providers to wear an ID badge or lanyard so that it is visible.

NONVERBAL COMMUNICATION

- Be aware that facial expressions and eye movements are magnified on screen.
- Before starting the visit, look into the camera and smile. Initial impressions are important.
- Looks towards the camera as much as possible to maintain eye-contact.

VERBAL COMMUNICATION

- At beginning of visit, confirm the patient can see and hear you.
- Speak slowly and clearly. Gives pauses to listen.
- Use reflective listening, to make sure that the patient knows that you understand.
- Know how to mute your microphone. Prepare for unexpected interruptions.

PRIVACY & CONFIDENTIALITY

- Reassure the patient that the conversation is private. Verbally disclose if you share an office. Use a headset if possible. Close the door and post a "Do Not Disturb" sign to notify others.
- If there are other people in the patient's or provider's room, both parties should be made aware and agree to their presence.
- Do not use public unencrypted Wi-Fi. Use a password protected network.

HANDLING TECHNICAL PROBLEMS

- Give the patient instructions at the beginning of the visit for if the connection drops.
- Stay calm. Be patient. Do not express frustration.
- Be upfront about addressing technical issues with the patient. Remember that if the virtual visit fails, the rest of the visit can be conducted over the phone and MyChart.

HELPFUL PHRASES

- "Thank you for inviting me into your home today."
- "Thank you for giving this new visit style a try," or "I appreciate your willingness and patience to move our visit to a virtual platform"
- "If it's OK, I will be looking at your chart and typing as we talk to capture our visit accurately."
- "What worries you the most?" Or "Tell me about your concerns today."
- "I hear the concern in your voice. Tell me more."
- "What questions do you have before we disconnect the video/call?"

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the grant number HOFCC30280 "Health Center Controlled Networks", through the use of funds from the total annual award of $2,750,000.00. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

WE ARE OCHIN

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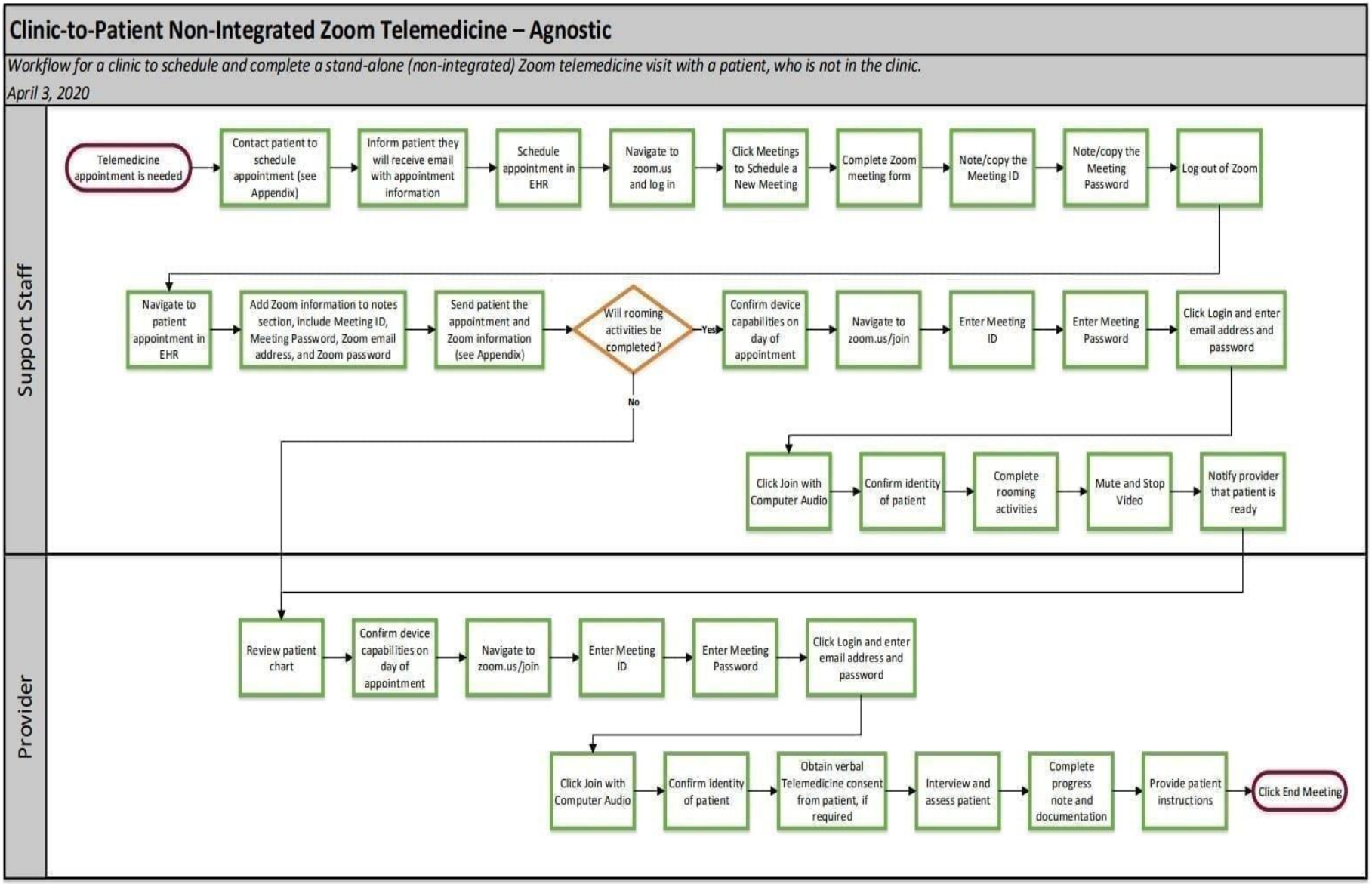
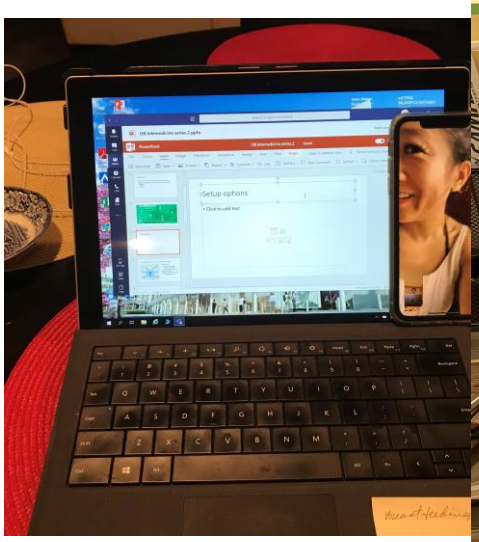
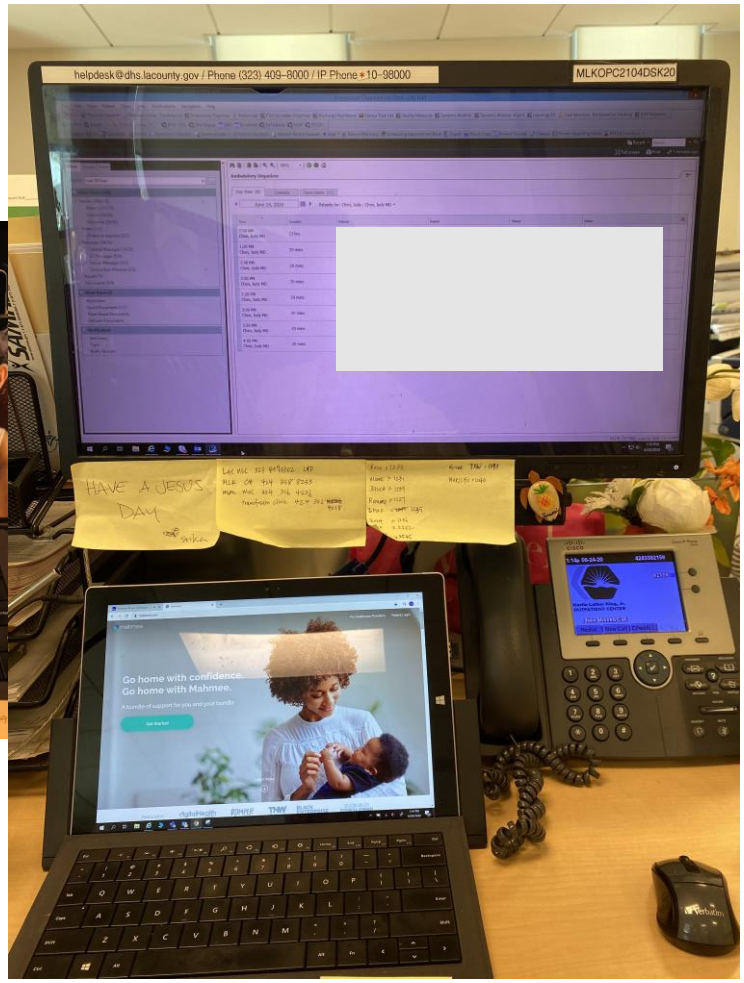
Workflows


Clinic-to-Patient Non-Integrated Zoom Telemedicine – Agnostic
Workflow for a clinic to schedule and complete a stand-alone (non-integrated) Zoom telemedicine visit with a patient, who is not in the clinic.
April 3, 2020
Support Staff
Telemedicine appointment is needed
Contact patient to schedule appointment (see Appendix)
Inform patient they will receive email with appointment information
Schedule appointment in EHR
Navigate to zoom.us and log in
Click Meetings to Schedule a New Meeting
Complete Zoom meeting form
Note/copy the Meeting ID
Note/copy the Meeting Password
Log out of Zoom
Navigate to patient appointment in EHR
Add Zoom information to notes section, include Meeting ID, Meeting Password, Zoom email address, and Zoom password
Send patient the appointment and Zoom information (see Appendix)
Will rooming activities be completed?
Yes
No
Confirm device capabilities on day of appointment
Navigate to zoom.us/join
Enter Meeting ID
Enter Meeting Password
Click Login and enter email address and password
Click Join with Computer Audio
Confirm identity of patient
Complete rooming activities
Mute and Stop Video
Notify provider that patient is ready
Provider
Review patient chart
Confirm device capabilities on day of appointment
Navigate to zoom.us/join
Enter Meeting ID
Enter Meeting Password
Click Login and enter email address and password
Click Join with Computer Audio
Confirm identity of patient
Obtain verbal Telemedicine consent from patient, if required
Interview and assess patient
Complete progress note and documentation
Provide patient instructions
Click End Meeting

Telemedicine setup options





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Original Research Article

Telemedicine for contraceptive counseling: An exploratory survey of US family planning providers following rapid adoption of services during the COVID-19 pandemic

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ARTICLE INFO

Article history:
Received 5 August 2020
Received in revised form 17 October 2020
Accepted 10 November 2020

ABSTRACT

Objective: During the COVID-19 pandemic, many clinicians started offering telemedicine services. The objective of this study is to describe the experience of US family planning providers with the rapid adoption of telemedicine for contraceptive counseling during this period.
Study design: This is a cross-sectional web-based survey of family planning providers practicing in the United States.

Contraception & Costs

CALIFORNIA

View data table for California

	PRE-COVID	DURING COVID
HOW IS IT DELIVERED?		
WHO CAN PROVIDE IT?	DR NP PA CNM	DR NP PA CNM
WHAT SERVICES ARE PROVIDED?	OP	SP OP

TELEPHONIC LIVE VIDEO STORE & FORWARD EMAIL

Table Key:

DR Doctor
PA Physician Assistant
NP Nurse Practitioner
CNM Certified Nurse Midwife
SP Service Parity
OP Online Prescribing

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Telehealth in action

Check lists

Case study

Recommendations

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Remote Contraception: check list

- ❑ Rule out pregnancy
  - ❑ Consider EC
- ❑ Screen for co-morbidities
- ❑ Document BP
- ❑ Elicit patient preferences
- ❑ Quick start algorithms
  - ❑ Bridge methods?
- ❑ Plan follow-up

Case

- 35 y/o has visit scheduled for ”well woman care”
- She had a normal vaginal delivery 4 months ago.
- She has been having unprotected intercourse with her partner
- She is not breastfeeding and has a history of obesity.

Contraception – pregnancy eval

A health-care provider can be reasonably certain that a woman is not pregnant if she has no symptoms or signs of pregnancy and meets any <u>one</u> of the following criteria:

- *Is ≤7 days after the start of normal menses*
- *Has not had sexual intercourse since the start of last normal menses*
- *Has been correctly and consistently using a reliable method of contraception*
- *Is ≤7 days after spontaneous or induced abortion*
- *Is within 4 weeks postpartum*
- *Is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [≥85%] of feeds are breastfeeds), amenorrheic, and <6 months postpartum*

Contraception – pregnancy eval

- If a woman does NOT meet these criteria, the provider should plan to start the desired hormonal contraception
- The woman should also be instructed to take a home pregnancy test in 2-3 weeks.
- If the test is positive, she should discontinue the method and be seen as soon as possible in person.
- There is no evidence that any hormonal method of contraception is teratogenic if taken during an ongoing pregnancy.

Contraception – Hypertension risk factors

Screening for contraindications to estrogen-containing methods

- Smoker & Age >35
- History of MI, Stroke, Heart Disease Diabetes
- Migraines with Aura (any age)
- History of DVT/PE

- Hypertension
  - Should have BP prior to prescribing estrogen-containing methods
  - Can be any time in last 3-12* months
  - Have they take it at home/community
  - Can they report BP from other provider/clinic
  - Document BP and counseling regarding CHCs with uncontrolled HTN

Contraception – co-morbidities

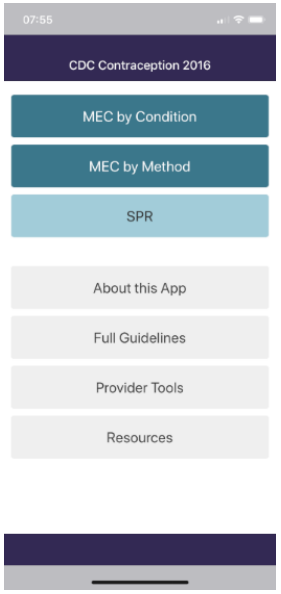
- Liver Disease
- Gallbladder Disease
- Breast Cancer
- Elevated Cholesterol
- Medications for seizure disorders, TB or HIV

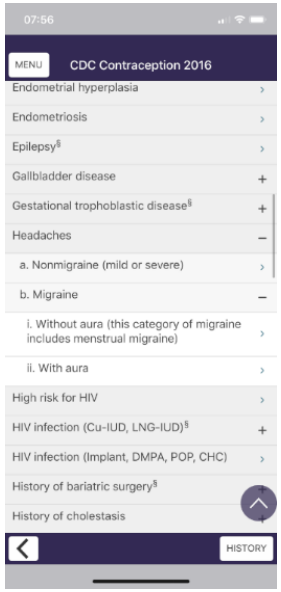
These disorders are NOT always contraindicated

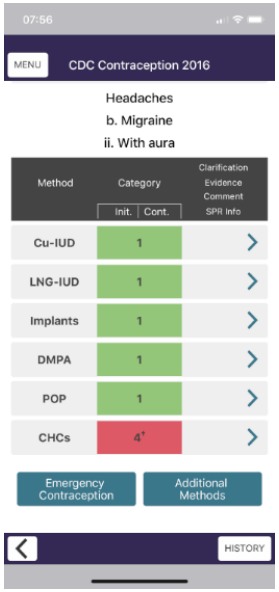
You MUST check with CDC Medical Eligibility Criteria

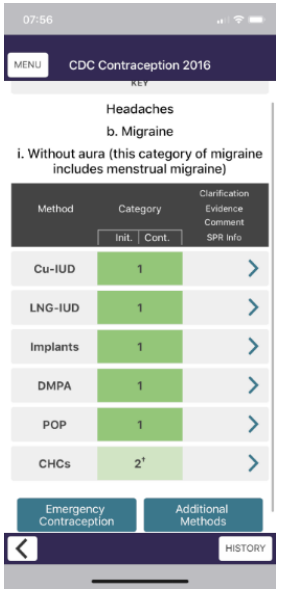
Contraception – quick reference

Free App – CDC Contraception MEC









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Back to our case…

- She is not breastfeeding and her LMP is 10 days ago. She has not had sex since her last menstrual period.
- She denies any history of HTN, cardiac disease, migraines or smoking.
- Upon review of her chart, her BPs were normal during her pregnancy.

Method Mix – there's an app for that!

COMPARE METHODS /

Side-by-side View | *Build Your Own*

effectiveness	★	★	●	●	●	●	◑	◑	◑	◑	◑	◑	◑	◑		
side effects	●	●	●	●	●	●	★	★	★	★	★	★	★	★		
do me now	★	★	★	★	★	★	●	◑	●	●	●	●	●	◑		
STI prevention	✕	✕	✕	✕	✕	✕	✕	★	★	✕	✕	✕	✕	✕		
hormone-free	◑	✕	✕	✕	✕	✕	★	★	★	★	★	★	★	★		
easy to hide	★	★	★	●	●	●	●	◑	◑	●	●	●	◑	◑		
easy to get	●	●	●	●	●	●	●	★	★	●	★	●	★	★		
mistake-proof	★	★	★	●	●	●	◑	◑	◑	◑	◑	◑	◑	◑		
cost	◑	◑	◑	◑	◑	◑	●	●	●	●	★	●	★	★		
effort	★	★	★	●	●	◑	●	◑	◑	◑	◑	●	◑	◑		
health benefits	★	★	★	★	★	★	●	●	●	◑	◑	◑	◑	◑		
reduces periods	●	★	★	★	★	★	✕	✕	✕	✕	✕	✕	✕	✕		
party-ready	★	★	★	★	★	●	◑	★	★	◑	◑	◑	◑	◑		

Your Birth Control Choices

Method	How to Use	Impact on Bleeding	Things to Know	How well does it work?
External Condom	• Use a new condom each time you have sex • Use a polyurethane condom if allergic to latex	None	• Can buy at many stores • Can put on as part of sex play/foreplay • Can help prevent early ejaculation • Can be used for oral, vaginal, and anal sex • Protects against HIV and other STIs • Can decrease penile sensation • Can cause loss of erection • Can break or slip off • Does not need a prescription	87%
Internal Condom	• Use a new condom each time you have sex • Use extra lubrication as needed	None	• Can put in as part of sex play/foreplay • Can be used for anal and vaginal sex • May increase vaginal/anal pleasure • Good for people with latex allergy • Protects against HIV and other STIs • Can decrease penile sensation • May be noisy • May be hard to insert • May slip out of place during sex • May require a prescription from your health care provider	79%
Diaphragm	• Put in vagina each time you have sex • Use with spermicide every time	None	• Can last several years • Costs very little to use • May protect against some infections, but not HIV • Using spermicide may raise the risk of getting HIV • Should not be used with vaginal bleeding or infection • Raises risk of bladder infection	83%
Emergency Contraception Pills	• Works best the sooner you take it after unprotected sex • You can take EC up to 5 days after unprotected sex • If pack contains 2 pills, take both at once	• Your next period may come early or late • May cause spotting	• Available at pharmacies, health centers, or health care providers: call ahead to see if they have it • People of any age can get progestin EC without a prescription • May cause stomach upset or nausea • Progestin EC does not interact with testosterone, but we don't know whether Ulipristal acetate EC does or not • Ulipristal acetate EC requires a prescription • May cost a lot • Ulipristal acetate EC works better than progestin EC if your body mass index (BMI) is over 26 • Ulipristal acetate EC works better than progestin EC 3-5 days after sex	58 - 96%

Reproductive Health Access Project / September 2020 www.reproductiveaccess.org

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COMPARE METHODS /

Side-by-side View | Build Your Own

	The Shot	The Ring Yearly (Annovera)	IUD Hormonal
effectiveness	The shot is super effective—as long as you get each shot on time.	The ring's pretty effective the way most people use it.	It's one of the most effective methods.
side effects	Most common shot side effects are irregular bleeding and increased appetite, leading to weight gain.	Most common—temporary—ring side effects are irregular bleeding, sore boobs, nausea.	May have spotting, especially during the first 3 to 6 months. Although rare, some experience headaches, moodiness, cramping, spotting, or acne.
do me now	Some women say the spontaneity allowed by the shot increases sexual pleasure.	Some women say the spontaneity allowed by the ring increases sexual pleasure.	Some women say the spontaneity allowed by the IUD increases sexual pleasure.
STI prevention	The shot doesn't protect against STIs.	The ring doesn't protect against STIs.	The IUD doesn't protect against STIs.
hormone-free	Yup, the shot has a type of progestin in it.	The ring has progestin and estrogen.	Mirena, Skyla, and Liletta IUDs all contain a type of progestin hormone.

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Case

- Feels “done” with childbearing
- But wants a reversible method
- She decides an IUD would be her first choice
- Used Depo in the past
- Doesn’t want to come to the office now with baby

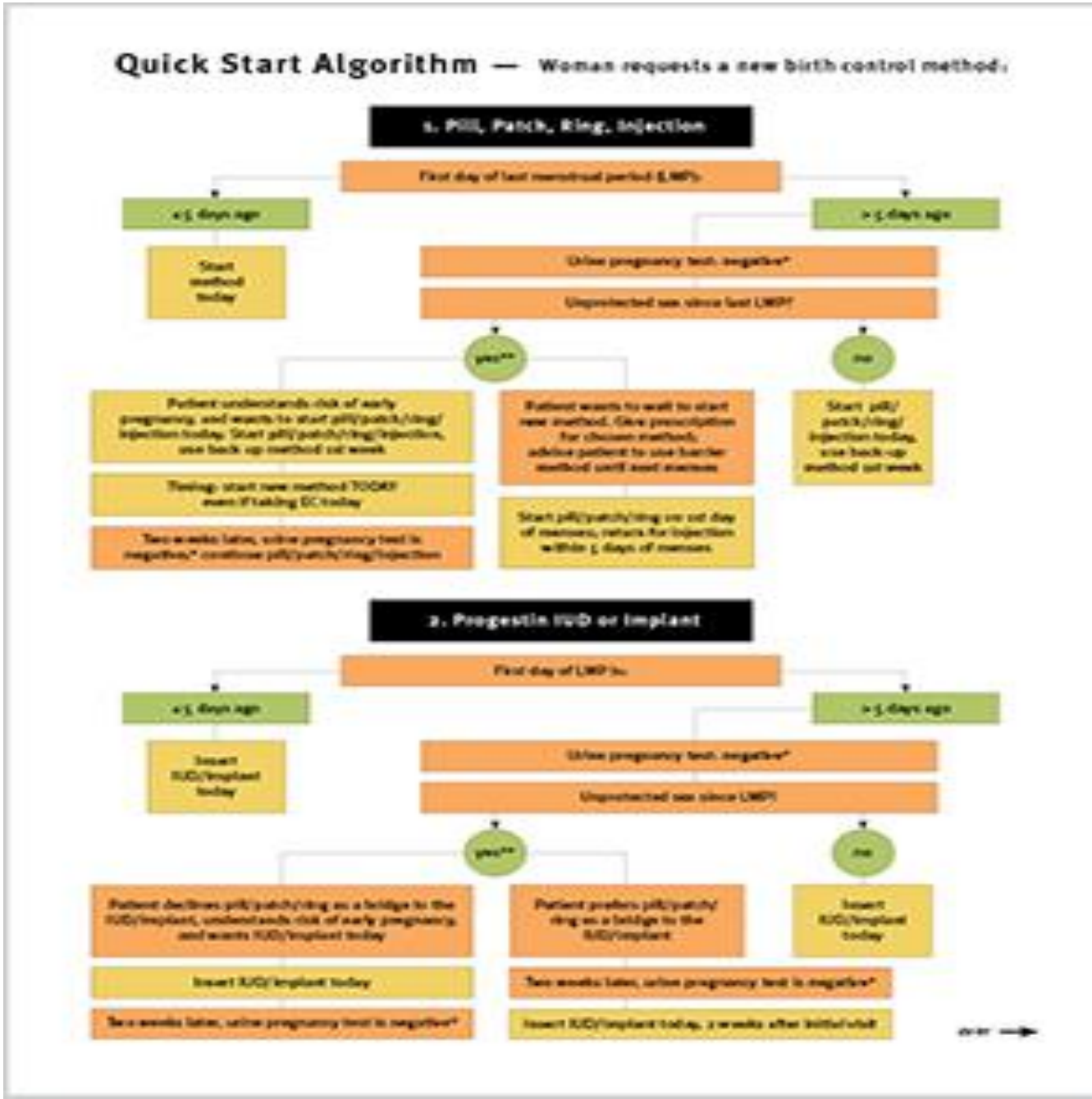
Bridge methods

- Initiate pharmacy accessible methods while waiting for LARC appointment
  - Remember extended DMPA window to 15 weeks, if current method
  - Consider Rx of EC at time of virtual visit
- Develop pathways for same day LARC if desired based on virtual visit or other telehealth portal

Bridging methods

- No time like the present to get protected
- Can delay the LARC method until after COVID

Quick Start



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Update to U.S. Selected Practice Recommendations for Contraceptive Use: Self-Administration of Subcutaneous Depot Medroxyprogesterone Acetate

Kathryn M. Curtis, PhD[1]; Antoinette Nguyen, MD[1]; Jennifer A. Reeves, MD[1]; Elizabeth A. Clark, MD[1]; Suzanne G. Folger, PhD[1]; Maura K. Whiteman, PhD[1]

FACT SHEET : HOME SHOT/DEPO-PROVERA SUB-Q

Remember, Depo does not protect you from Sexually Transmitted Infections or HIV. **Always use condoms to protect yourself!**

HOW DOES DEPO WORK?

- Depo contains a hormone like the ones your body makes. This hormone stops your ovaries from releasing eggs. Without an egg, you cannot get pregnant.
- No method of birth control works 100%. Depo is 94% effective.

HOW DO I USE DEPO?

- Give yourself a Depo shot in the belly or thigh.
- **Use condoms as back-up for 7 days** after your *first* shot of Depo.
- Get a shot every 3 months (every 13 weeks).
- You can store Depo at room temperature.

WHAT IF I AM LATE FOR THE NEXT SHOT?

- Depo works best if you get a new shot every 13 weeks.
- If your shot is more than 2 weeks late, take a pregnancy test. If the test is negative, take the next shot. Use condoms for the next 7 days. Repeat a pregnancy test in 2 weeks.

WHAT IF I AM LATE GETTING A SHOT AND HAD UNPROTECTED SEX?

- If your last shot was more than 15 weeks ago, take Emergency Contraception (EC) right after unprotected sex to prevent pregnancy. EC can prevent pregnancy up to 5 days after sex, and it works better the sooner you take it.
- Contact your clinician if you have questions.

HOW DOES DEPO HELP ME?

- Depo is safe and effective. It prevents pregnancy for 3 months.
- The shot lowers your risk of cancer of the uterus.
- You can breastfeed while on Depo.

HOW WILL I FEEL ON DEPO?

- You may have spotting between periods. You may have weight gain, bloating, headaches, and/or mood changes. Talk to your clinician about treating side effects.
- After the first 2-3 shots, you may have *no period at all*. This is normal.
- Your bones may become slightly weaker while you take Depo. This is not risky. Bone

HOW DO I INJECT DEPO?

Diagram 1

- Gather your supplies: alcohol pad, Depo, and sharps container or empty plastic laundry soap jug.
- Wash your hands.
- Pick the injection site: either upper thigh or belly. Avoid your belly button and bony areas.
- Open the needle package and place needle on the syringe keeping the cap on.
- Wipe your skin with an alcohol pad and wait for the area to dry.

Diagram 2

- Take the syringe out of the package and shake it for about one minute to mix it.
- Remove the cap from the tip of the syringe.

Diagram 3

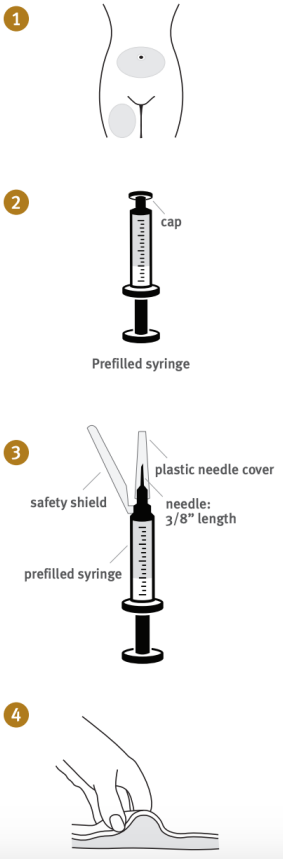
- Attach the needle to the syringe.
- Move the safety shield away from the needle.
- Remove the plastic needle cover from the needle. Pull it straight off. (Do not twist it.)
- Hold the needle pointing up. Gently push the plunger until the medicine reaches the top.

Diagram 4

- Grab the skin around the injection site with your other hand.

Diagram 5

- Push the small needle all the way into this



Background:

Randomized to clinic vs at home DMPA

- 69% self-administration group no gaps in use vs 54% clinic group at 1 year
- Satisfaction similar between the self-administration and clinic groups
- 97% reported self-administration was very or somewhat easy
- 87% would recommend to a friend
- 52% of clinic group would be interested in self-administration

Kohn JE, Simons HR, Della Badia L, Draper E, Morfesis J, Talmont E, Beasley A, McDonald M, Westhoff CL. Increased 1-year continuation of DMPA among women randomized to self-administration: results from a randomized controlled trial at Planned Parenthood. Contraception. 2018 Mar;97(3):198-204.

Polling question

Does your practice currently have “SubQ Depo” (DMPA – SC) available for telehealth or home administration?

IUC self-removal

STI screening and treatment

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CDC Screening Guidelines

Population	Screening Recommendation
Young women (<24)	• Annual screening for chlamydia • Annual screening for gonorrhea
Older women (25+) and Men	• Screening based on risk
Pregnant women	• Syphilis, HIV, chlamydia, gonorrhea and hepatitis B
Men who have sex with men	• Screening at least once year for syphilis, chlamydia, gonorrhea, and HIV

*All sexually active persons 13 and older should be screened at least once for HIV.

Screening Strategies

- Standardized RN Protocols
- Standing orders for lab
- Self-test kits by mail

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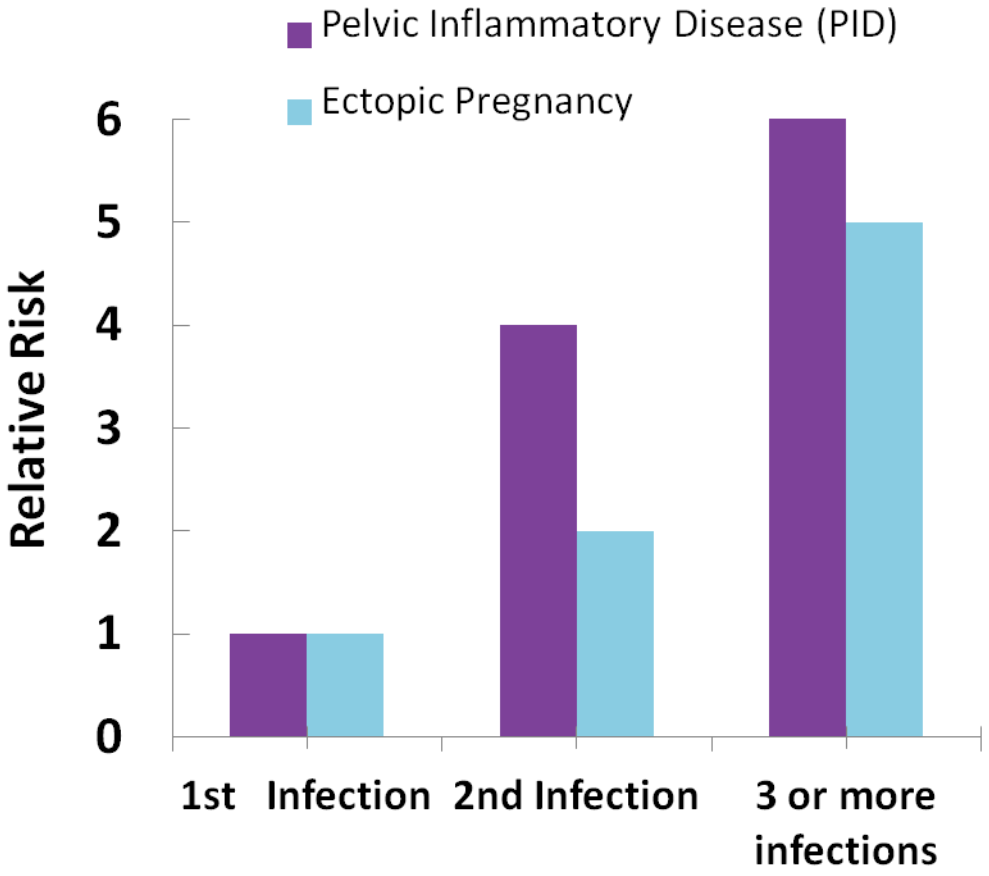
Dangerous: Complications become more likely with each repeat infection

- **2nd infection:**
  - 4x risk of PID
  - 2x risk of ectopic pregnancy
- **3+ infections:**
  - 6x risk of PID
  - 5x risk of ectopic pregnancy



Source: Hillis SD, et al. (1997). Am J Obstet Gynecol 176(1 Pt 1): 103-7.

PDPT

PDPT involves providing the index patient with the appropriate **medication/prescription** and **educational materials** for sex partners

Medical Provider

- Treats the patient
- Gives the patient medication or a prescription + educational materials for sex partners

Index Patient

- Delivers medication or prescription + educational materials to sex partners

Sex Partners

- Take the medication and completes treatment for chlamydia and/or gonorrhea

Patient Delivered Partner Therapy (PDPT) Distribution Program

- Program provides **free chlamydia + gonorrhea medication** to eligible clinic sites + local health jurisdictions (LHJs)
- Participating clinic sites and LHJs dispense the medication to patients diagnosed with chlamydia/gonorrhea who **give the medication to their sex partner(s) for treatment**
- Eligible clinics must:
  - Be located in California
  - Serve a population at risk for STIs
  - Serve an uninsured or underinsured population
  - Provide index patient treatment for chlamydia + gonorrhea

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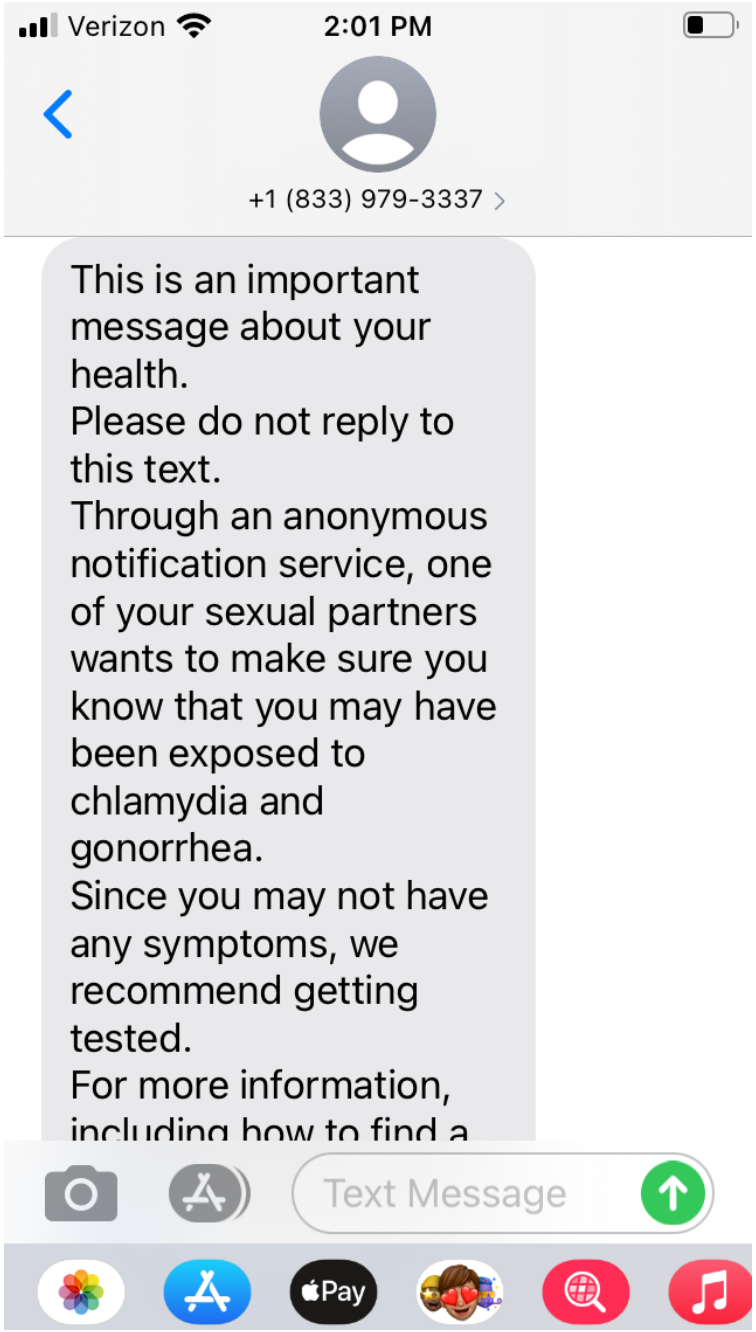
Patient Referral

- TellYourPartner.org
  - Sends an anonymous text message to partner(s)
  - Patient will need to verify their phone number but the message WILL be anonymous
- Self Notification
  - Patient notifies partner(s)
  - Opportunity for provider to coach patient



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STI prevention

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- **Hook Up** – Text-Based Messages Promoting Sexual Health
- **Condom Access Project (CAP)** – Condom Distribution
- **TeenSource.org** – Youth Friendly, Medically Accurate Information
- **Talkwithyourkids.org** – Parent/Guardian Information

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teensource.org

FIND A CLINIC | BIRTH CONTROL | STDS | RELATIONSHIPS | BLOGS | KNOW YOUR RIGHTS

WHAT'S HOT

Safer Sex for LGBTQ+ Teens!
3/24/21
As a bisexual, FTM (female-to-male) teen, I understand the struggle to find inclusive and applicable information on safer sex.

Why LGBTQ+ Representation is Almost Always Done Wrong
3/17/21
A blog by Youth Advisory Board member, Saul!

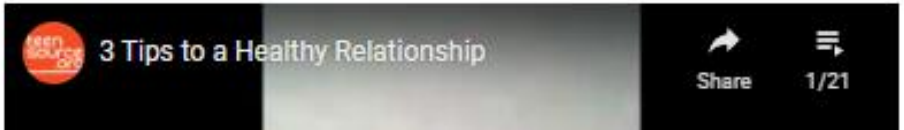
VISIT BLOG

SIGN UP FOR TEENSOURCE TIPS

Mobile Number | Birth Year | Zip Code | SUBSCRIBE

Get weekly health + relationship text tips and search for clinics near you. Message & data rates may apply. Text STOP to end.
Terms and Conditions Privacy Policy

YOUTUBE



INSTAGRAM

FOLLOW US ON INSTA!

Guidelines for PrEP

- Recommended for individuals who are HIV-negative and at risk for HIV infection
- Vulnerable populations: MSM and transgender patients
- Risk factors
  - HIV positive partner(s)
  - Bacterial STI in the previous 12 months, particularly rectal gonorrhea or early syphilis
  - Injection drug use
  - Transactional sex

PrEP Algorithm

PrEP Service Delivery Checklist

PrEP Initiation Visit

_____ Perform an HIV risk assessment to determine whether PrEP is indicated for patient.

_____ Provide basic education about PrEP

_____ Obtain past medical history. Query specifically about history of kidney and liver (e.g., hepatitis B) disease, bone disease, and fractures. For women of child bearing age, assess pregnancy desires.

_____ Review current and recent symptoms. Assess for symptoms of acute HIV infection.

_____ Order all laboratory results to assess for contraindications. If laboratory tests were already performed, review at this visit.

- ☐ HIV test: 4th generation Ag/Ab test (or HIV viral load) to rule out acute HIV
- ☐ STD (GC/CT urine, GC/CT rectum, GC pharynx, RPR)
- ☐ Serum Creatinine to calculate CrCl
- ☐ HBsAg and HBsAb and HCV Ab
- ☐ Check patient weight for CrCl
- ☐ Pregnancy test (if applicable)

_____ Provide prescription for Truvada (#30 tabs).

_____ PrEP education/counseling with patient; ask questions to elicit patient understanding. Ensure all questions answered regarding substance abuse and mental health needs and that referrals are made as appropriate.

_____ Review importance of regular clinic follow-up and ask patient about the best method of communication for reminders (call, email, text). Schedule follow-up visit for 1-month and provide appointment card PRN.

_____ Start Hepatitis B vaccine series, administer meningococcal vaccine and HPV vaccination, as indicated.

_____ Review, as needed, any lab results after the visit, and calculate CrCl. If patient is HIV positive or CrCl<60, call patient to tell him/her to stop the medication. Make arrangements for follow-up based on patient's needs.

1 Month Follow-Up Appointment

_____ Assess the following at this visit

- Patient's desire to continue on PrEP.
- Side effects
- Medication adherence
- Signs/symptoms of acute HIV.
- Possibility of pregnancy (if applicable)

_____ Provide prescription for two-month supply of Truvada (#60 tabs).

_____ Provide medication adherence counseling, If needed.

_____ Schedule f/u visits. Provide reminder card with appointment and contact information.

3, 6, 9, 12 Month Follow-Up Appointments

_____ Assess the following at each visit

- Patient's desire to continue on PrEP
- Side effects
- Medication adherence
- Signs/symptoms of acute HIV
- Possibility of pregnancy (if applicable)

_____ Order Laboratory tests at each visit

- ☐ HIV test: 4th generation Ag/Ab test is best; if not available, 3rd generation test is sufficient as long as concern for acute HIV or seroconversion is low
- ☐ STD (GC/CT urine, GC/CT rectum, GC pharynx, RPR)
- ☐ Serum Creatinine to calculate CrCl (every 3-6 months)
- ☐ Pregnancy test (if applicable)

_____ Provide prescription for Truvada (#90 tabs).

_____ Provide risk reduction counseling

_____ Provide medication adherence counseling, if needed.

_____ Assess for substance abuse and mental health needs and make referrals as needed.

_____ Schedule f/u visits. Provide reminder card with appointment and contact information.

_____ Administer Hepatitis B vaccine series, meningococcal vaccine and HPV vaccination, as indicated.

_____ Review, as needed, any lab results after the visit, and calculate CrCl. If patient is HIV positive or CrCl<60, call patient to tell him/her to stop the medication. Make arrangements for follow-up based on patient's needs.

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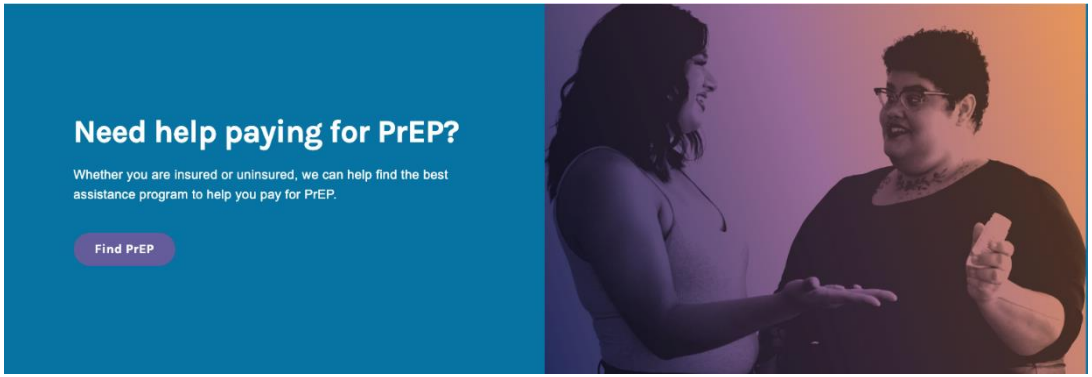
The PrEP Provider Guidelines

LA County Warm Line for PrEP: (213) 351-7699



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Telehealth Pearls

Considerations for Practices

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Telehealth pearls - Licensure

- In most states, physicians, nurses, and other health care providers must be licensed in the state where the patient is located and also may need to be credentialed at the facility where the patient is located.
- It is important that the patient–physician relationship is upheld and valued in the treatment plan, and physicians who provide telehealth should examine their state laws and medical board definitions closely to ensure that their practices are compliant.

Telehealth Pearls - Liability

- Insurance carriers should provide clear guidelines to clinicians who provide telehealth to ensure appropriate health insurance coverage for telehealth encounters.
- Before choosing a liability insurer, practices that provide telehealth should request proof in writing that the liability insurance policies cover telemedicine malpractice

Telehealth Pearls - Privacy

- Clinicians who provide telehealth should make certain that they have the necessary hardware, software, and a reliable, secure internet connection to ensure quality care and patient safety.
- Clinicians who provide telehealth must comply with the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules and also should be aware of the unique security risks posed by virtual health care technology, which can be vulnerable to outside threats.

Telehealth Pearls – TTA

- To implement a telehealth program effectively, participating sites should undergo resource assessments to evaluate equipment readiness.
- Practices should develop ”super-user” roles or other champions within the care team with time dedicated to implementation and support for providers and patients.

Telehealth Essentials

- Federal + State guidance around COVID-19 Policy
- Clinical Guidelines + Recommendations
- Billing + Reimbursement
- Clinic Operations + Telehealth Platforms

telehealth essentials
for Sexual + Reproductive Health Care

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Resources

ACOG

- https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/02/implementing-telehealth-in-practice

CDC

- https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html

FPNTC

- https://rhntc.org/resources/what-family-planning-providers-can-do-meet-client-needs-during-covid-19

Title X CA – Essential Access Health

- https://www.essentialaccess.org/programs-and-services/telehealth-essentials

QUESTIONS?

For continuing education credit, you must complete the post assessment evaluation and continuing education form. The survey will appear when you leave the webinar. Then follow the instructions to complete the CE form.

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Upcoming Events

Family Planning Health Worker Virtual Certification Training

Blends online modules and 4 instructor-led Zooms over a 4-week period for frontline birth control counselors in your site

Tuesdays in July 2021

Updated Sexual + Reproductive Health Care Online Courses - Now Available in our Learning Portal

Newest Course: Telehealth Tips for Providing Contraceptive Care

Online Course Length: 33 minutes
Continuing Education available

Register at essentialaccesstraining.org for these and other Online Courses and On-Demand Webinars via our Learning Portal

Questions? Contact us at learningexchange@essentialaccess.org