

Contraception During COVID-19: Best Practices and Resources

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Dear Beyond the Pill Partners,

We want to offer guidance, best practices and resources for continuing family planning services via telehealth in the time of COVID-19. We will update as more resources become available.

Best Practices and Resources

I. 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). Having staff available via telehealth helps:

- Empower patients regarding social distancing.
- Provide person-centered contraceptive counseling, method initiation and continuation, and method switching.
- Avoid unnecessary exposure to illness.
- Preserve staff availability and PPE to see high priority patients.
- CMS [toolkit](#)

II. Telehealth Contraception During the Time of COVID-19

As organizations move to telehealth visits, the following guidelines and resources can help you continue to provide high quality counseling and contraceptive methods.

Contraception Counseling:

- Provide telehealth patient-centered counseling on range of methods & patient priorities.

Contraception Initiation:

- Avoid delays by sending prescriptions to pharmacy, mailing, or pre-packing for pick up.
- Assess risk of pregnancy [CDC criteria](#)
- 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

Contraception Continuation:

- Use evidence-based extended use for all methods
 - Advise condoms, initiate bridging methods
 - [IUD and Implants using extended durations](#)
 - Review risks & benefits of ongoing effectiveness of IUD beyond evidence

Contraceptive Change or Discontinuation:

- IUD and implant removal is an essential reproductive health service. Assure removal on request will be facilitated. Discuss [self-removal](#) if appropriate.

Resources:

- [Contraception in the Time of COVID-19](#)
- [How Well Does Birth Control Work Chart](#)
- [Birth Control Choices Fact Sheet \(RHAP\)](#)
- [RHAP Birth Control Methods User Guides](#)
- [CDC Medical Eligibility Criteria for Contraceptive Use](#)

III. Telehealth Clinic Workflow Best Practices

Below are some best practices for telehealth workflow. [AAFP Virtual Visit Algorithm](#) provides guidance on virtual visits.

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 online in advance.

Scheduling / Triage

- Call in advance to inform 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 & sign electronically (i.e. DocuSign).

Protocols

- Consent patient verbally if electronic or written consent 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 question, rather than patient making another 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 up to 2 weeks.
- Allow staff to work from home if possible.
- Huddle with staff 1-2 times daily to update workflows.
- Streamline activities (i.e. complete advance lab orders so patient just leaves specimen).

Nurse / Provider

- Be available to assist staff in triage screening or troubleshoot workflows in real time.
- Use same documentation for telehealth visits as face to face visits; same requirements.
- Include documentation for verbal consent.

IV. Telehealth and Billing

Guides to facilitate implementing telemedicine capabilities and detailed billing guides.

- [AMA quick guide to telemedicine](#)
- [AAFP: Using Telehealth to Care for Patients During the COVID-19 Pandemic](#)
- [ACOG: Managing Patients Remotely: Billing for Digital and Telehealth Services](#)
- [AMA Coding Advice During COVID-19 Emergency](#)
- [Website](#) with latest links to federal guidelines, state legislation, and major insurer links.

V. Online Pharmacy and Telehealth Visit Resources

- Online telehealth contraceptive services for patients seeking short-acting methods, condoms, or emergency contraception:
 - Bedsider’s “Where To Get It” search engine includes online prescription and delivery services for birth control: https://www.bedsider.org/where_to_get_it
 - Several online services prescribe &/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):<https://www.pillpack.com/>
 - **PRJKT RUBY**: allows patients to order birth control online without a provider visit (available in most US states): <https://www.prjkruby.com/>
 - **Planned Parenthood Direct**: telehealth birth control visits through app (available in some US states): <https://www.plannedparenthooddirect.org/>
- Pharmacist-prescribed birth control:
 - Pharmacist-prescribed birth control in 7 states: CA, CO, HI, NM, OR, TN, WA.
 - For map of participating pharmacies: <https://birthcontrolpharmacist.com/>

VI. Screening for Family / Intimate Partner Violence with Telehealth

- 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, & give standard instruction to alert provider if unable to continue conversation (chat feature, safe word, hand gesture, etc.).
- Consider intake forms patients can complete privately.
- [Futures Without Violence COVID-19 resource list](#)

VII. COVID-19 and Pregnancy: See [ACOG](#) and [CDC](#) recommendations.

VIII. Medication Abortion Services: [Checklist for Medication Abortion with Minimal Contact](#)

IX. Financial Resources Available for Physicians and Practices ([ACOG](#))

Please share any resources you are developing or any questions at beyondthepill@ucsf.edu. Also look for our periodic updates and upcoming virtual training opportunities. Thank you for your work in this critical time.