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](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/](https://www.pillpack.com/)
    - **PRJKT RUBY**: allows patients to order birth control online without a provider visit (available in most US states): [https://www.prjktruby.com/](https://www.prjktruby.com/)
    - **Planned Parenthood Direct**: telehealth birth control visits through app (available in some US states): [https://www.plannedparenthooddirect.org/](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/](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](https://www.acog.org) and [CDC](https://www.cdc.gov) recommendations.

VIII. **Medication Abortion Services**: [Checklist for Medication Abortion with Minimal Contact](https://www.acog.org)

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.