Reminders

ι All attendees are in **listen-only mode**.

ι To ask a question during the session, use the “**Q&A**” icon that appears on the bottom your Zoom control panel.

ι When using the chat, please select “all panelists and attendees” before typing a message.

ι To turn on closed captioning, click on the “**CC**” button.

ι Please complete evaluation poll questions at the end of the presentation.
This webinar is being recorded. The recording and presentation slides will be emailed to those that registered. These materials will also be placed on the NCSD and SBHA websites.
Delivering Adolescent Sexual Health Services During COVID-19
April 20th, 2021
Presenters

April Lee, MD, FAAP, FSAHM
*Director, Division of Adolescent Medicine*
Staten Island University Hospital/ Northwell Health

Jennifer Miller-Allgeier, RN, MSN, CPNP
*Pediatric Nurse Practitioner – Health Center Coordinator*
Ruth Ellis Health & Wellness Center
Webinar Objectives

1. Recognize adolescent sexual health services and medical conditions that clinicians can manage through telehealth.

2. Recognize inclusive, safe and supportive practices and protocols for providing adolescent sexual health services during COVID-19, both via in-person and through telehealth.

3. Consider strategies for meeting the health needs of students as they return to in-person learning.
April Lee, MD, FAAP, FSAHM

Director, Division of Adolescent Medicine
Staten Island University Hospital/Northwell Health
Taking Sexual Health Services from In-Person To Virtual
Lessons Learned from the Field
Disclosures

• I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

• I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.
Elements of a Sexual History

- Sexuality
- Sexual Health Assessment
- Reproductive Life Plan
- Sexual Assault & Abuse
- Sexual Problems
- Open-ended questions, gender-neutral questions

Growth of Telehealth Exclusive SBHCs

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tr>
<td>2013 - 2014</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>2016 - 2017</td>
<td>11.5%</td>
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• Contraceptive counseling and education translates well to telehealth

• Virtual environment needs to recreate the SBHC setting
Sexual Health Services via SBHC Telehealth

- Provider: Be mindful of the non-verbal cues
  - Voice needs to be warm and comforting, especially if telephonic
  - Good eye contact, lean into screen, nod, smile => good body language
  - Avoid distractions & fidgeting, refrain from typing
- Patient:
  - Be aware of patient’s tone, facial expression, body language
  - Respect the silences
  - Allow for a delay in responses; audio & video delays
Greeting

**In Person**
- Hello my name is XX.
- I am the (role).
- How can I help you?

**Virtual**
- Hello my name is XX.
- I am the (role) from the SBHC.
- How can I help you?
Contraception

- Combined Hormonal Contraception
  - Pills, Patch, Vaginal Ring
  - Prescriptions, refills for 1 year
  - Renewal vs Initial (traditional vs quick start)
  - Pregnancy test

- Progestin Injection
  - Intramuscular vs subcutaneous

Algorithm for Providing Contraception for Young People During a Pandemic

AYA indicates adolescents and young adults;
BP, blood pressure;
DMPA, depot medroxyprogesterone acetate;
EC, emergency contraception;
HCP, health care professional;
IUD, intrauterine contraceptive device; LARC, long-acting reversible contraception;
US MEC, US medical eligibility criteria for contraceptive use.

Figure Legend:

Pregnancy exclusion questions
All methods can be started immediately if ACP is reasonably certain person is not pregnant if patient has no signs or symptoms of pregnancy and answers yes to any of the following questions:
1. Did your period start in the last 7 days?
2. Have you been using a reliable birth control method consistently and correctly?
3. Have you not had sex since your last period?
4. Have you had a baby in the last 4 weeks or a miscarriage/abortion in the last 7 days?
5. Are you exclusively breastfeeding a baby <6 mo old and your periods haven’t returned?
If a person answers no to each of these and it has been >4 weeks since LMP, consider a pregnancy test. In these situations, the benefits of starting contraception except for IUD outweigh the risks. Condoms should be used for backup and dual protection, and a pregnancy test 2 and 4 wk after initiation should be performed.

Review medical contraindication questions:
1. Have you recently given birth or are currently breastfeeding?
2. Have you ever been told you have high blood pressure?
3. Have you ever been told you have diabetes and have complications from it?
4. Have you ever had a stroke, blood clot in your legs or arms, or heart attack, or been told you are prone to having blood clots?
5. Do you have a history of migraines with aura (headaches that started with warning signs or symptoms, such as flashes of light, blurred spots, or tingling in your hands or face that come before the headache starts)?
6. Do you regularly take pills for seizures, tuberculosis, or HIV?
7. Do you have gallbladder disease or serious liver disease, or jaundice?
8. Have you ever been told you have rheumatic disease, such as lupus?
9. Have you ever been told you have breast cancer or an undiagnosed breast lump?

Prescribe short-acting method with 12-mo supply
Contraindications are not excluded. Prescribe progesterone-only pill (norethindrone or desogestrel), DMPA, or LARC.
Contraception

• Long Acting Reversible Contraception (LARC)
  – Implant
  – IUD
    • Copper IUD
    • LNG IUD

• Emergency Contraception
Contraception

• Patient centered contraceptive counseling
  – patient’s contraceptive choice ultimately must be tailored to the individual’s needs

• Understand the barriers
  – payment, ability to leave house

• Follow up is essential
  – schedule to discuss further, especially if undecided
Telephonic or telemedicine-based approaches, including management of:

- Male urethritis
- Suspected primary or secondary syphilis
- Vaginal discharge
- Proctitis

• Male urethritis
  – Cefixime + Azithromycin or Doxycycline
  – Or Cefpodoxime + Azithromycin or Doxycycline
• Suspected primary or secondary syphilis
  – Doxycycline (for males & non-pregnant females)

CDC https://www.cdc.gov/std/prevention/disruptionGuidance.htm
• Vaginal discharge
  – Metronidazole

• Proctitis
  – Cefixime + Doxycycline
  – Or Cefpodoxime + Azithromycin or Doxycycline

• Follow-up:
  – If symptoms do not resolve, seek in-person treatment in 5-7 days
  – Testing recommended once clinics re-open

Expedited Partner Therapy (EPT)

- Legal restrictions vary by state
- Chlamydia
- Gonorrhea
  - Cefixime + Azithromycin or Doxycycline
- Not recommended for syphilis

https://npin.cdc.gov/publication/expedited-partner-therapy-ept-important-std-prevention-tool
HIV/PrEP

• HIV counseling can occur virtually
• Preferable quarterly HIV testing and testing prior to starting PrEP
• If clinic or lab not open, CDC recommends
  – Home testing
  – If negative, consider prescribing PrEP

Challenges

Potential Limitations include:

• Limited access to internet or technology device
• Level of comfort with technology (provider & patient)
• Situations in which in-person visits are more appropriate due to inability to perform an adequate physical exam or testing
• Scheduled appointments preferred

Confidential Environment

- Confidentiality policy should be explained at the onset of the visit, as outlined in Bright Futures*
- Consent & Confidentiality laws vary from state to state**
- Assure patient of confidentiality as if in your SBHC setting
  — Everything shared stays between us in this “room”
- Explain what to expect in this telehealth visit
- Allow patient time to express concerns


**Guttmacher Institute https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law#
Confidential Environment

- Privacy – meet in a comfortable space and at an agreeable time
- Ask if anyone else is in the room
- Good internet connection
- Reschedule if cannot ensure privacy
Confidential Environment

• Identify & confirm contact information
• How can I contact you confidentially if I need to?
  – Who has access to voice mail on cell phone?
  – Who has portal access?
  – Who has access to email?
Telehealth Services

• The federal government has taken steps to make telehealth services easier to implement and access during this national emergency
• For the duration of the COVID-19 Public Health Emergency (PHE), the Centers for Medicare & Medicaid Services will reimburse telehealth visits in lieu of many in-person appointments

Coding for Telehealth Visit

When billing telehealth claims for services delivered on or after March 1, 2020, and for the duration of the COVID-19 PHE:

• Include Place of Service (POS) equal to what it would have been had the service been furnished in person
• Append modifier 95 to indicate the service took place via telehealth
• Office or other outpatient visits CPT code 99201–99215

Coding for Telephonic Visit

- Telephonic visit codes were added 4/30/2020 for the PHE
- Telephonic visit must be patient-initiated
- Cannot be separately billed:
  - When the call is related to a face-to-face or telehealth visit that the patient has had within the past seven days
  - The call results in the patient being scheduled for an upcoming in-person appointment within 24 hours from the call or the next available slot.

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99441</td>
<td>Phone E/M phys/qhp 5-10 min</td>
</tr>
<tr>
<td>99442</td>
<td>Phone E/M phys/qhp 11-20 min</td>
</tr>
<tr>
<td>99443</td>
<td>Phone E/M phys/qhp 21-30 min</td>
</tr>
</tbody>
</table>

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
• Medicare
  – Telehealth video are paid at the same Fee-for-Service rate as an in-person visit during the COVID-19 Public Health Emergency
  – Payments for audio-only telephone evaluation and management services have increased

HHS Telehealth
https://telehealth.hhs.gov/providers/billing-and-reimbursement/?section=1,2#medicare-expansion-of-telehealth-coverage
• Medicaid
  – Varies from state to state
  – National Policy Telehealth Resource Center lists state specific billing and reimbursement policies

HHS Telehealth
https://telehealth.hhs.gov/providers/billing-and-reimbursement/?section=1,2#medicare-expansion-of-telehealth-coverage

National Policy Telehealth Resource Center
https://www.cchpca.org/resources/covid-19-related-state-actions
Next Steps

As more students return to in-person learning:

- Provision of Sexual Health Services – catching up in past year
- Role of telehealth
- Incorporation of behavioral health screening
- HPV vaccination
- Meeting new students from 2019-2020 and 2020-2021 academic years
THANK YOU
Jennifer Miller-Allgeier, RN, MSN, CPNP

*Pediatric Nurse Practitioner – Health Center Coordinator*

Henry Ford Health System School Based and Community Health Program – Department of Pediatrics

Ruth Ellis Health & Wellness Center
A case presentation of care at the Ruth Ellis Center in Highland Park, Michigan

STI Prevention & Treatment During COVID19 Pandemic
Ruth Ellis Health & Wellness Center

• Highland Park, MI
  – Small city surrounded by Detroit, MI

• Adolescent Health Center
  – REC Organization Mission to serve LGBTQ+ adolescents and young adults
  – School-linked health center providing services to people 10-21yo via MDHHS grant & Henry Ford Health System
  – Additional HRSA & Ryan White grants support care of people up to 30yo who are at risk for acquiring or are currently living with HIV
Sexual Health Visits Using Telehealth

• Early in pandemic
  – Health center closed for 2 weeks
  – Reopened for limited in person care, all other by phone & later by video
    • STI treatment
    • Contraceptive injections
  – Extensive efforts to enroll all current active and new patients in MyChart portal

• Summer 2020
  – In-person care expanded with longer appointment times and safety measures
    • Prioritizing those without access to virtual care platform & with risk factors that warranted additional screening/testing
STI testing & treatment w/ Telehealth

• Testing new clients
  – Virtual/phone history & education
  – In-person nurse visit to collect specimens
  – Portal/Phone notification of results and treatment appt scheduling
• Testing existing clients
  – In-person nurse visit to collect specimens (can be walk-in if available)
  – Virtual/phone history & education, results given, follow up for treatment scheduled if needed
• Treatment
  – Oral meds – in-person, sent to local pharmacy, or mailed from hospital pharmacy
  – Injection – in-person
• EPT challenging if not treated in person d/t EMR
  – Required phone case management for partners
Confidentiality

• Program measures in place
  – No mail home letters or system contacts
  – MyChart private for youth 14+ d/t MI state confidentiality laws
    • Can use MyChart to have private discussions with provider
  – Progress notes can be marked sensitive to flag other providers

• Michigan State Lab for GC/CT/Trich testing
  – MDHHS program provides payment waivers for CAHC program health centers
  – No EOBs or bills
Other Services & Access

• Integrated Mental Health Services
  – Medicaid & Wayne County Mental Health Authority
  – Private insurance – limited plans
  – Current focus Wayne County
    • Insurance limitations
    • Provider availability
    • Organizational mission to serve this community

• Housing Program
• Rural Health Care using telehealth
Current Practices & Future Plans

• Mix of in-person and virtual care
• Use of virtual care has allowed increase in access for distant communities
• Increased flexibility and closing the transportation gap
• Will use lessons learned to help guide telehealth program at Ruth Ellis Permanent Supportive Housing Project in Summer 2022
Jenn Miller-Allgeier CPNP-PC

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