NFPRHA Member Telehealth Strategies

Many NFPRHA members have initiated or expanded the use of telehealth to deliver family planning care and sexual health services in the past several months. In September 2020, NFPRHA facilitated a series of small peer group discussions for members to share challenges and strategies with other members. This document outlines some common challenges described during the discussions as well as strategies that one or more members utilized to address those challenges.

Establishing Telehealth Services

CHALLENGE	MEMBER STRATEGY
Developing telehealth procedures with little experience or guidance	Once it is determined which services will be provided via telehealth, have staff work together to map out visit workflow from the beginning to the end of the visit, including what each staff person will say and do.
	Document these procedures and update them as changes are identified. Wherever possible, create staff scripts for the procedures established. For example, scripts might be developed for scheduling, providing informed consent, providing birth control counseling over the phone, etc.
Determining whether new clinical protocols are needed for telehealth services	Review existing clinical protocols to determine where clinical practice may differ when services are provided by telehealth. Add telehealth specific instructions to existing clinical protocols where it is determined to be needed, rather than developing separate telehealth protocols. Services that are new and delivered exclusively via telehealth, such as remote diagnosis and syndromic management of genital tract infections, may be appropriate for development of new clinical protocols.
Collecting and tracking data for telehealth visits	Create electronic health record (EHR) templates and/or smart phrases for common telehealth visits to improve data collection.
	Establish systems to report on telehealth visits. If visit data cannot be pulled directly from the EHR or practice management system, extrapolate an estimation. For example, use the appointment schedule to identify a percentage of visits delivered via telehealth and then use that percentage to calculate estimates.
Supporting service delivery sites as a funding organization and/or Title X grantee	Survey service delivery sites and/or subrecipients regarding telehealth needs and services. Provide funding opportunities to meet these needs specifically.

Scheduling Telehealth Visits

CHALLENGE	MEMBER STRATEGY
Determining at the time of scheduling whether to make a visit in-person or via telehealth	Have clinician(s) draft a list for schedulers of what types of visits should be scheduled for telehealth or in-person visits. Determine which visit type to use as default if the scheduler is unsure. Also establish a process for schedulers to regularly review those visit types about which they are uncertain with the clinician(s) and reschedule, if needed.
Minimizing no-shows for telehealth visits	Revise scheduling scripts to include messaging that reinforces the idea that appointment times are set and that, if the patient is not available when the provider calls, they will have to reschedule.

Delivering Telehealth Care

CHALLENGE	MEMBER STRATEGY
Providing interpreters or language line services during telehealth visits	Contact the language line vendor or provider of interpretation services for the health center(s) and ask for assigned interpreters for the languages encountered most often. Work with the assigned interpreter(s) to establish a workflow for having them join visits. When possible, provide scripts (such as for contraceptive counseling) in advance.
Maintaining confidentiality when providing telehealth	At the beginning of the visit, providers should describe their location to the patient and state that it is private and confidential. Ask the patient to describe their location, too, and to explain who else is with them, if anyone.
	Remind the patient that, as a standard part of the care provided, they will be asked sensitive questions that they may prefer to answer in private. Ask them if it is still a good time to talk and/or if they are somewhere they will be comfortable speaking freely.
	Be mindful of whether the patient is looking off camera during the visit, potentially at other people nearby.
	Remind parents or partners who are present that during visits in the health center, it is a policy to always ask others in the room to step out for a portion of the visit and that the same will happen during the telehealth visit.
	Particularly with adolescents or individuals who are not in a private space, it may be helpful to ask questions where patients' answers do not have to be specific enough for those around them to know what they are talking about. For example, ask yes or no questions or list options for them to select. • Instead of asking 'what are your symptoms?' list possible symptoms and ask them to indicate when something applies to them. • Instead of asking 'what was the reason for your visit today?' list reasons they may have called for, such as emergency contraception, experiencing symptoms of an STD, or birth control.
Differences in documenting telehealth visits	Document the location of provider and location of patient. Include as much information in documentation as possible for items such as height, weight, blood pressure, last menstrual period, temperature, and other routinely collected information. For any items that the patient cannot measure or provide, document that the clinician asked, and the information was unavailable.
	For patients who will come to the health center to pick up supplies curbside, obtain and document a blood pressure at that time.

To contribute additional challenges and strategies to this list, please contact Callie Wise at cwise@nfprha.org.

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