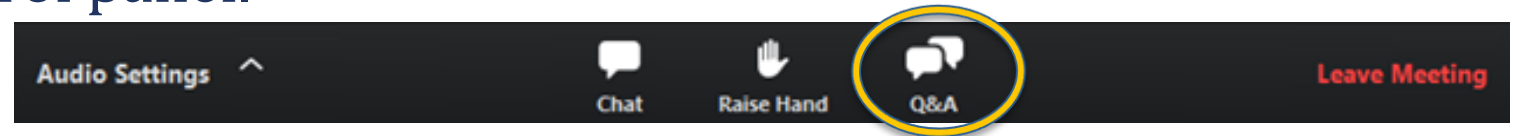




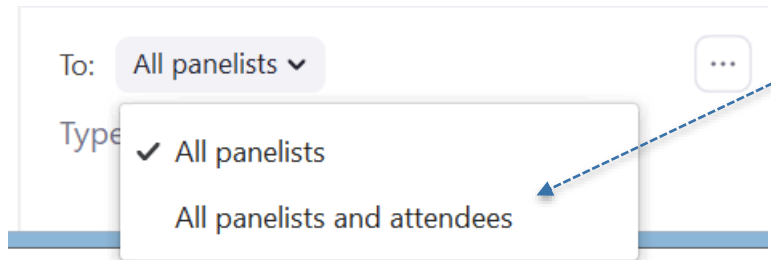
Reminders

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

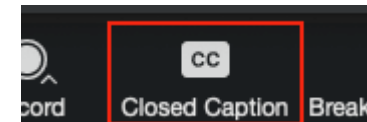
👉 To ask a question during the session, use the **“Q&A” icon** that appears on the bottom your Zoom control panel.



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



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



👉 Please complete evaluation poll questions at the end of the presentation.

Logistics



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 NCS D and SBHA websites.

Delivering Adolescent Sexual Health Services During COVID-19

April 20th, 2021



**SCHOOL-BASED
HEALTH ALLIANCE**

Redefining Health for Kids and Teens



NCSDD

National Coalition
of STD Directors

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



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Disclosures



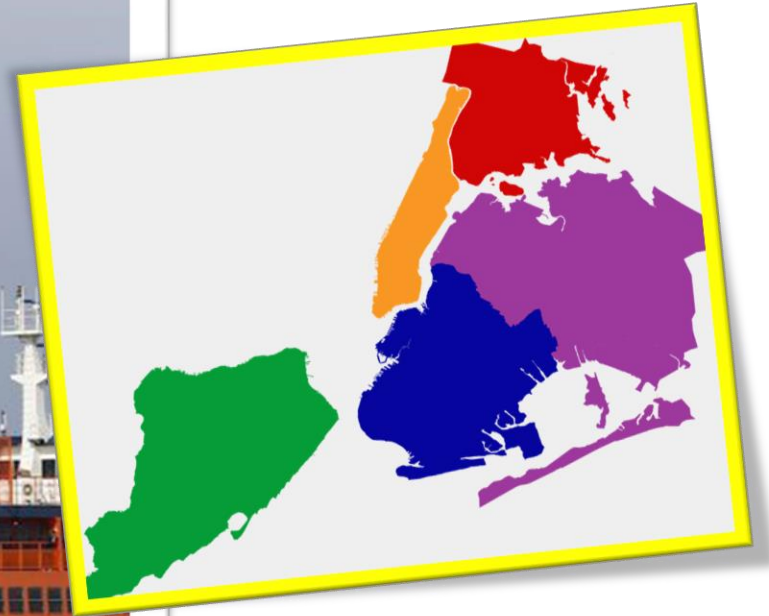
- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.
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Elements of a Sexual History



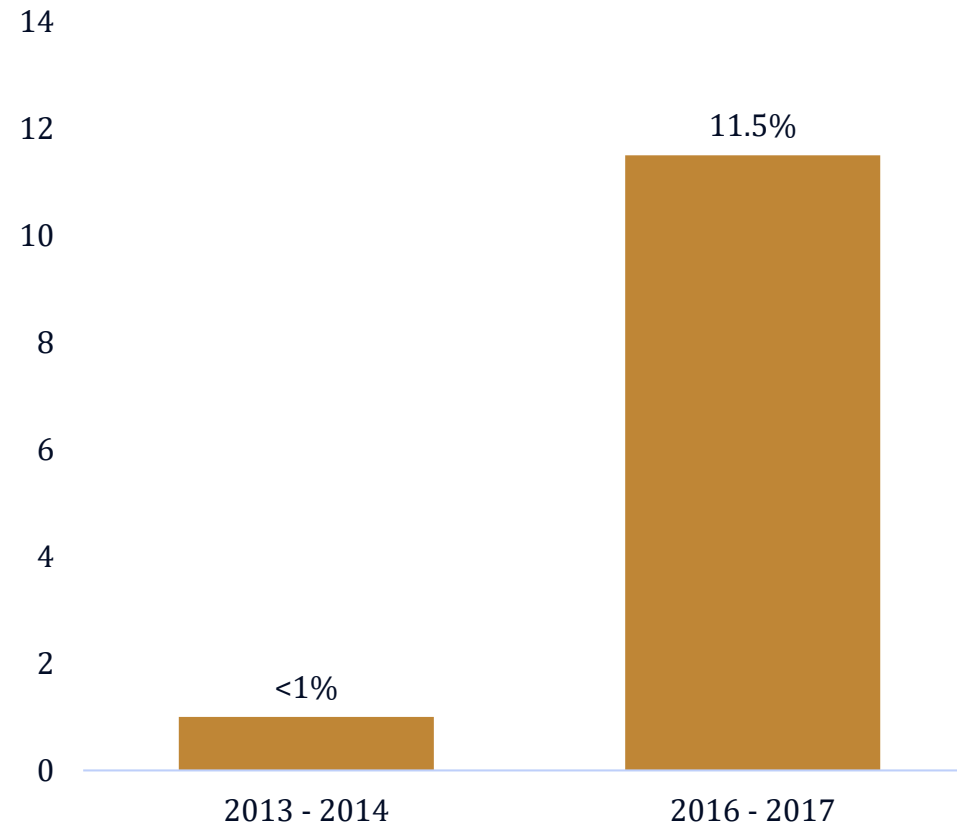
- Sexuality
- Sexual Health Assessment
- Reproductive Life Plan
- Sexual Assault & Abuse
- Sexual Problems
- Open-ended questions, gender-neutral questions

Marcell AV, Burstein GR, AAP COMMITTEE ON ADOLESCENCE. Sexual and Reproductive Health Care Services in the Pediatric Setting. *Pediatrics*. 2017; 140(5):e20172858

SBHC Telehealth Services



Growth of Telehealth Exclusive SBHCs



SBHA 2016-17 Census <https://www.sbh4all.org/wp-content/uploads/2019/05/2016-17-Census-Report-Final.pdf>

Sexual Health Services via Telehealth



- Contraceptive counseling and education translates well to telehealth
 - Barney A, Buckelew S, Mesheriakova V, Raymond-Flesch M. The COVID-19 Pandemic and Rapid Implementation of Adolescent and Young Adult Telemedicine: Challenges and Opportunities for Innovation. *J Adolesc Health*. 2020 Aug;67(2):164-171.
- 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



Providing Contraception for Young People During a Pandemic Is Essential Health Care

Figure Legend:

Algorithm for Providing Contraception for Young People During a Pandemic

AYA indicates adolescents and young adults;

BP, blood pressure;

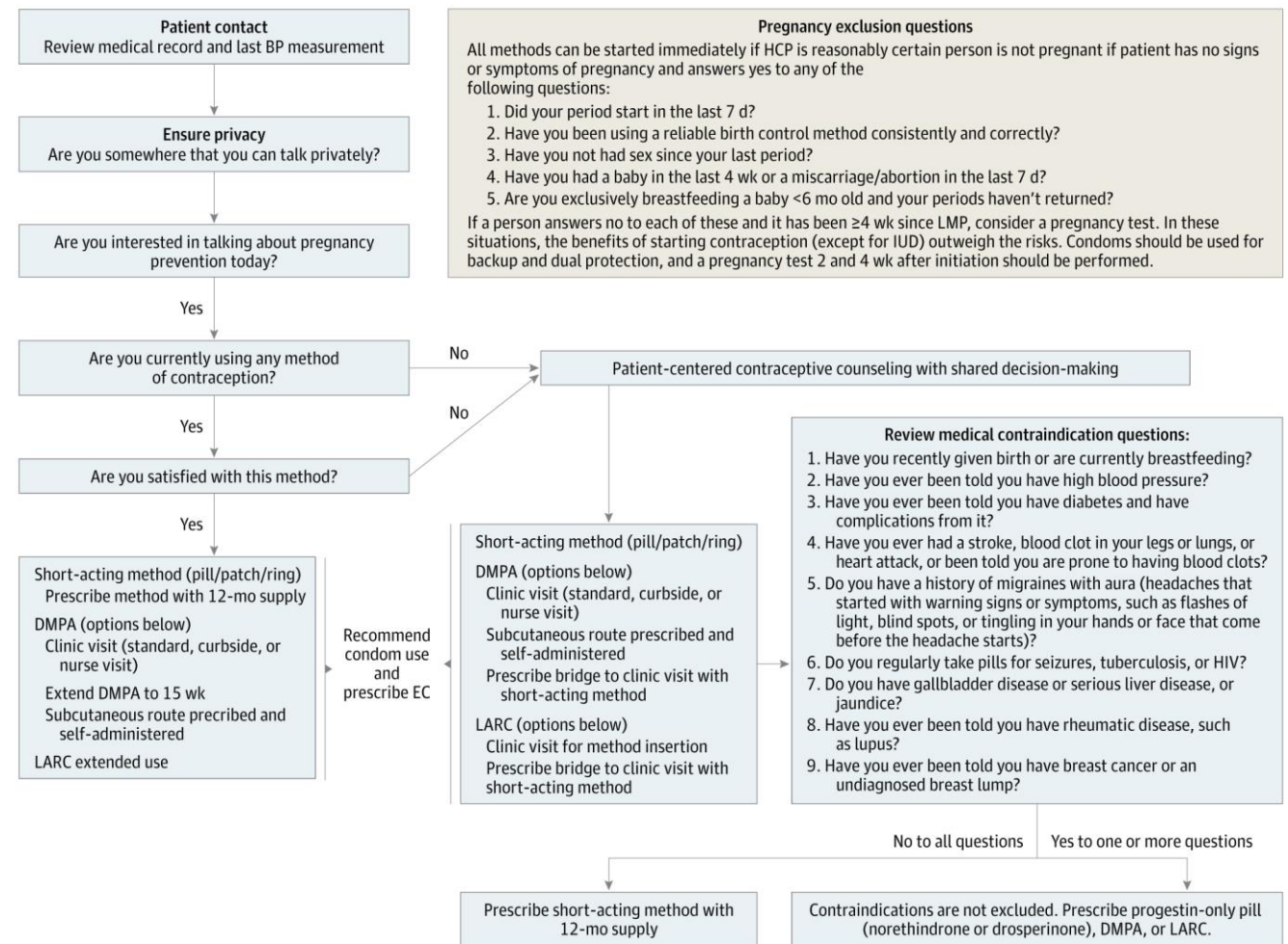
DMPA, depot medroxyprogesterone acetate;

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.



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

STI



Telephonic or telemedicine-based approaches, including management of:

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

CDC <https://www.cdc.gov/std/prevention/disruptionGuidance.htm>

STI

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



STI

- 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)



If you've been diagnosed with an STD, you may be able to get treatment for your partner, too.



If you've been diagnosed with chlamydia or gonorrhea, the first step is to **get treatment**.

But did you know that you may be able to get treatment for your partner, too?

Talk to your doctor. They may be able to give you medicine or a prescription for your partner – even without seeing them. This is called **expedited partner therapy (EPT)** or patient-delivered partner therapy (PDPT), and it's available in most states.

With EPT:

PRESCRIPTION

- Your partner can get treated quickly – without having to go to the doctor first
- You'll be protected from your partner passing the infection back to you
- Neither of you will pass the infection on in the future



Why does my partner need treatment?

Without treatment, your partner could pass the STD back to you. Keep in mind that many people with chlamydia and gonorrhea have no signs or symptoms, so your partner may have the STD and not know it. Left untreated, chlamydia and gonorrhea can cause serious health problems.

If you've been diagnosed with chlamydia or gonorrhea, **talk to your doctor** to find out if EPT is an option for you and your partner.

To learn more about how you can prevent STDs, visit cdc.gov/std/prevention.



Centers for Disease Control and Prevention
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention

- 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

CDC <https://www.cdc.gov/hiv/policies/dear-colleague/dcl/051520.html>

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

CDC: Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic: https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html?deliveryName=USCDC_2067-DM30432

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

*Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017

**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

<https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/#providing-telehealth-services-for-medicare-patients>

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

<https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/#providing-telehealth-services-for-medicare-patients>

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.

99441	Phone E/M phys/qhp 5-10 min
99442	Phone E/M phys/qhp 11-20 min
99443	Phone E/M phys/qhp 21-30 min

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Billing



- 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>

Billing



- 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

STI Prevention & Treatment During COVID19 Pandemic

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



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- 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



Pediatric Nurse Practitioner – Clinic Director
Henry Ford School-Based and Community Health Program
Pediatrics Department
Ruth Ellis Health & Wellness Center
77 Victor St, Highland Park, MI 48203
Phone: 313-365-3338
Email: jmille10@hfhs.org



Questions



Jerrica Davis
Senior Manager, Adolescent Health
jdavis@ncsddc.org

Suzanne Mackey
Director, Policy
smackey@sbh4all.org

Desiree Smith
Senior Manager, Health Equity
dsmith@ncsddc.org

Katherine Cushing
Senior Program Associate
kcushing@sbh4all.org

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