

Strategies for Providing Family Planning Services during COVID 19 Pandemic

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Financial Disclosures

- None

Agenda

- Terminology
- Appointments
 - High priority
 - Low priority
- Providing contraceptive services

Terminology and Basics

- The Virus
 - Novel – not previously identified
 - Initially: 2019 novel coronavirus (2019-nCoV)
 - World Health Organization (on 2/11/20)
 - SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2)
- The Disease
 - COVID 19 - Coronavirus disease 2019

Terminology and Basics

- Exposure - Contact with a known COVID-19 positive (or other infectious disease) without appropriate personal protective equipment.
- Contact - Interaction with a known COVID-19 positive (or other infectious disease) while wearing appropriate personal protective equipment.

The CDC has more information on risk levels at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Symptoms of COVID 19

These symptoms may appear 2-14 days after exposure (based on the incubation period of MERS-CoV viruses).

- Fever
- Cough
- Shortness of breath

New Mexico COVID-19 Self-Screening: Should I be tested for COVID-19?

- <https://cv.nmhealth.org/>

Monitoring and Screening NM

- DOH is currently working to identify cases as early as possible and implement isolation procedures to prevent further spread of the virus.
- Due to increased statewide test capacity, all New Mexico residents can receive testing through their provider or the 50 screening and testing sites that are available throughout the state.

Monitoring and Screening NM

Testing prioritized for

- 1) Symptomatic people displaying cough, fever or shortness of breath
- 2) Asymptomatic people who are close contacts or household members of New Mexico residents who have already tested positive for COVID-19,
- 3) Asymptomatic residents in nursing homes and
- 4) Asymptomatic people in congregant settings such as homeless shelters, group homes, and detention centers.

FP Services in a Pandemic

- *“I understand it is an emergency if someone is out of family planning supplies, needs them, and is concerned about getting pregnant. That is a true emergency...The Office of Population Affairs (OPA) fully supports Title X Grantees to consider creative solutions that will work in [their] communities to ensure that clients continue to receive family planning services.” - Dr. Diane Foley, Deputy Assistant Secretary for Population Affairs (DASPA)*

**PUBLIC HEALTH ORDER
NEW MEXICO DEPARTMENT OF HEALTH
CABINET SECRETARY KATHYLEEN M. KUNKEL**

MARCH 24, 2020

Public Health Emergency Order Imposing Temporary Restrictions on Non-Essential Health Care Services, Procedures, and Surgeries; Providing Guidance on those Restrictions; and Requiring a Report from Certain Health Care Providers

3. This Order's prohibition on non-essential health care services, procedures, and surgeries is not meant to apply to: (a) the provision of emergency medical care or any actions necessary to provide treatment to patients with emergency or urgent medical needs; (b) any surgery or treatment that if not performed would result in a serious condition of a patient worsening (e.g., removing a cancerous tumor or a surgery intended to manage an infection); and (c) the full suite of family planning services.

Appointment Triage

- In person appointment – if delaying appointment by few months would be harmful to patient
 - Pain/bleeding with IUD
 - Positive pregnancy test with IUD in place
 - Vaginal infection
- Telehealth appointment – (virtual or telephone visit)
 - Contraceptive counseling

Pre-Visit Screening

- Consider screening patients for potential exposure to or symptoms of COVID-19 prior to in-person appointment
- Ask patient to call on or before the day of their scheduled appointment if they develop symptoms of a respiratory infection or if they have been exposed.
- Specifically ask if they have been tested or are waiting on tests

FP Service Considerations

- Postpone or reschedule non-essential visits (e.g., well-visits).
- Avoid visits that are not medically necessary (e.g., string checks, implant follow-up visits, satisfaction check.) Consider calling clients at home for a brief check-in.
- Consider the option of at home test kits for HIV, chlamydia, gonorrhea, and pregnancy (PENDING).

FP Service Considerations

- Offer fertility awareness-based methods as an option for clients desiring methods that do not require leaving home.
- Consider proactively reviewing charts to identify clients who will soon run out of contraceptive supplies, or are due for Depo.
- Invite clients using Depo to come in for their injection proactively.

FP Service Considerations

- Invite uninsured clients to come in for curbside pick-up or offer to mail supplies.
- For insured clients, call the pharmacy and provide refills proactively.
- Preemptively give prescriptions for or supplies of emergency contraception (EC) in case of method failure.

Tips & Tricks to reduce Face to Face

- Virtual
 - Pre-history history
- In-person – limited
 - Physical exam
 - Clinic dispensed medication
- Provide counseling, plan, prescriptions and refills by phone
 - Even when patient is still in the exam room!

Tips & Tricks to reduce Face to Face

- Waiting room
 - Clear it out!
 - Patients may wait in car, send text when ready to be seen
 - No visitors (except essential caretakers)
- Exam Room
 - As few staff in rooms as necessary

High Priority FP services during COVID-19 outbreak

Provide clear information about where and how to access available services.

- Emergency contraception (oral and if possible, copper intrauterine device - IUD)
- Quick start progestogen-only pills (POP), DMPA, OCPs with home/pharmacy blood pressure checks.
- Support existing, continued use of Long-Acting Reversible Contraception (LARC)

High Priority FP services during COVID-19 outbreak

- LARC insertion for patients who cannot use other methods
- Contraception for vulnerable groups (adolescents, homeless, sex workers, patients with disabilities, etc.)
- Pregnancy testing
- Pain & bleeding symptoms in contraceptive users

Providing Contraception in the time of COVID - 19

Emergency Contraception (EC)

Patient calls for a refill or new script for EC

1. Paragard is the most effective EC form, but prefer to have no visits in highly endemic areas
2. Ella is the next best option, decreasing effectiveness after BMI 35
 - i. Main contraindication is breastfeeding
3. Plan B (less effective)

Telehealth Quick Start POP/OCP

- Almost all risk factors precluding use of hormonal birth control can be assessed online
- Evaluations screen for age, smoking history, and conditions posing significant health risks including clotting disorders, heart disease, breast cancer, and migraines with aura.

Telehealth Quick Start POP/OCP

Examinations and Tests needed before initiation of Contraceptive Methods

Examination or test	Contraceptive method and class				
	Cu-IUD and LNG-IUD	Implant	Injectable	CHC	POP
Examination					
Blood pressure	C	C	C	A*	C

Telehealth Quick Start POP/OCP

- In instances in which blood pressure cannot be measured by a provider, blood pressure measured in other settings can be reported by the woman to her provider.

<https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/combined.html>

How will I know if they are pregnant?

- a. Ask about timing of LMP and unprotected intercourse
- b. Perhaps they did a home pregnancy test
- c. Remember OCPs and Emergency contraception will not disrupt an implanted pregnancy, nor will they harm a pregnancy

<https://www.reproductiveaccess.org/wp-content/uploads/2020/03/03-2020-Contraception-in-the-time-of-COVID-final.pdf>

How can you reasonably certain that a woman is not pregnant?

No signs/symptoms of pregnancy & meets any one of the following criteria:

- If she is ≤ 7 days after the start of the normal menses
- Has not had sexual intercourse since the start of last normal menses
- Has been correctly and consistently using a reliable method of contraception
- Is ≤ 7 days after spontaneous or induced abortion
- Is within 4 weeks postpartum
- Is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [$\geq 85\%$] of feeds are breastfeeds), amenorrheic, and < 6 months postpartum

Number of Pill Packs that Should Be Provided at Initial and Return Visits

- At the initial and return visits, provide or prescribe up to a 1-year supply of COCs (e.g., 13 28-day pill packs), depending on the woman's preferences and anticipated use.
- A woman should be able to obtain COCs easily in the amount and at the time she needs them.

Telehealth/Quick Start DMPA

- Among healthy women, no examinations or tests are needed before initiation of DMPA, although a baseline weight and BMI measurement might be useful for monitoring DMPA users over time

Telehealth/Quick Start DMPA

Reinjection Interval

- Provide repeat DMPA injections every 3 months (13 weeks).
- Special Considerations

Early Injection

- The repeat DMPA injection can be given early when necessary.

Telehealth/Quick Start DMPA

Late Injection upto 15 weeks

- The repeat DMPA injection can be given up to 2 weeks late (15 weeks from the last injection) without requiring additional contraceptive protection.

Telehealth/Quick Start DMPA

Late Injection > 15 weeks

- If the woman is >2 weeks late (>15 weeks from the last injection) for a repeat DMPA injection, she can have the injection if it is reasonably certain that she is not pregnant.
- Abstain from sexual intercourse or use additional contraceptive protection for the next 7 days.
- She might consider the use of emergency contraception (with the exception of UPA) if appropriate.

LARC

LARC Duration, for women who are worried that they need a new device

- a. Nexplanon: FDA approved for 3 yrs; evidence based for 5 yrs
- b. Liletta: FDA approved for 6 yrs; evidence based for 7 yrs
- c. Mirena (same dose of levonorgestrel as Liletta): FDA approved for 5 yrs; evidence based for 7 yrs

LARC

- a. Skyla: FDA approved, and evidence based for 3 years
- b. Kyleena: FDA and evidence based for 5 yrs
- c. Paragard: FDA approved for 10 yrs; evidence based for 12 (not a hard stop)

LARC

LARC truly has “expired” even by science

- a. Advise condoms
- b. If patient is over 35, the IUD likely still works – provide reassurance
- c. Consider prescribing CHC or POP

LARC desired but appointment unavailable

- a. Assess for interest in other methods by phone
- b. If OCPs, patch, ring are appropriate
 - Look at their medical conditions, refer to the CDC contraception app prn
 - Look to see if we have a non-hypertensive Blood pressure on file
 - Patch (Xulane) change weekly (estrogen and progesterone)
 - Vaginal ring (EluRyng is the new generic), change after 3 or 4 weeks, contains estrogen and progesterone

LARC Insertion

- Conduct the interview/counseling/consent process via telephone
- PPE for provider
- Client should wear a mask

Cervical Dysplasia during COVID-19 outbreak

- Individuals with LSIL may postpone diagnostic evaluations for 6 months
- Individuals with HSIL, ASC-H should have diagnostic evaluation within 3 months

Cervical Dysplasia during COVID - 19 outbreak

- Individuals with high-grade cervical disease without suspected invasive disease should have documented attempts to contact and procedures scheduled within 3 months
- Women with suspected invasive disease should have contact attempted within 2 weeks and evaluation within 2 of that contact (4 weeks from the initial report or referral)

Telemedicine in Sexual and Reproductive Health

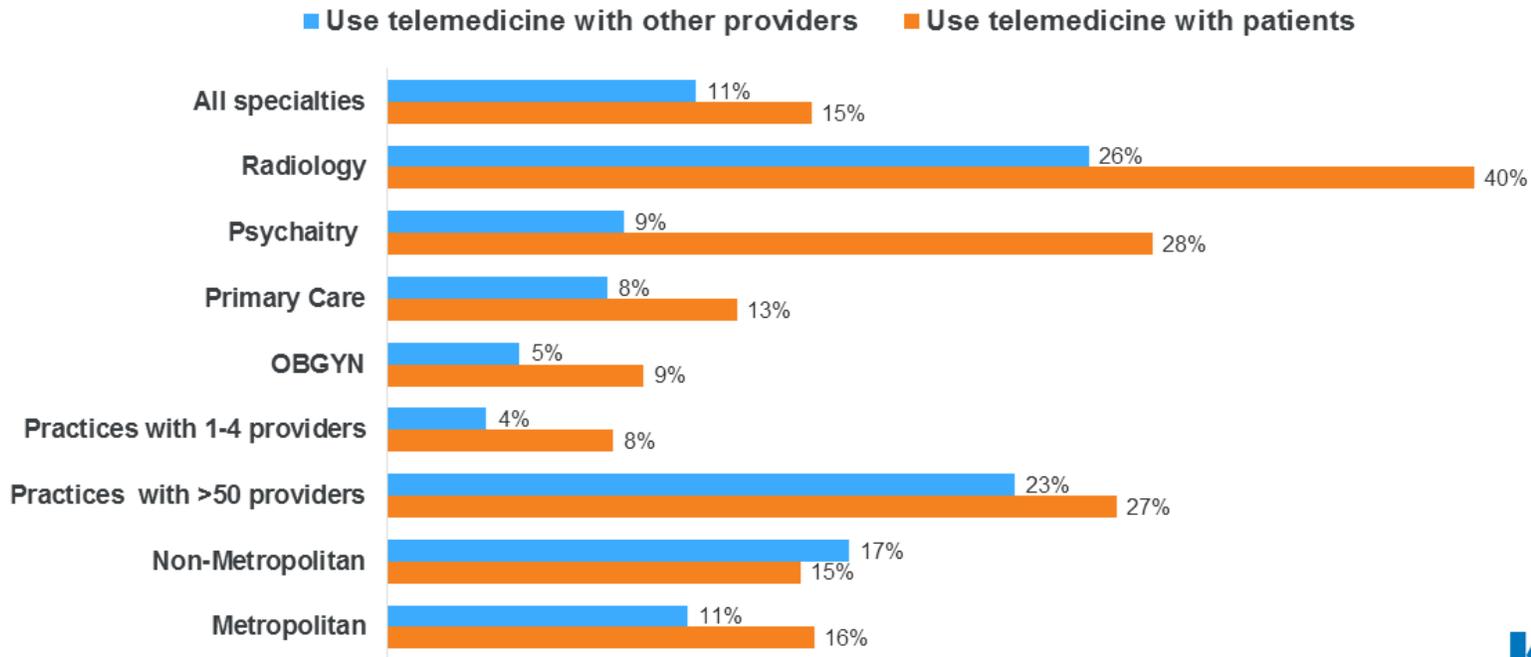
- *“As long as the state of emergency exists, any services that [Title X agencies are] able to provide under normal circumstances that you can provide through telehealth will be considered Title X services for which you can use Title X funds and report to FPAR. They will count as Title X visits.” – Dr. Diane Foley, Deputy Assistant Secretary for Population Affairs (DASPA)* (OPA)*

Telemedicine in Sexual and Reproductive Health

Health care providers who consult with patients via telephone or computer video must be paid the same rate as if they'd seen the patient in person, according to a Letter of Direction from Medicaid Director Nicole Comeaux to the state's managed care organizations, which cover about 680,000 New Mexicans in the state's Medicaid program.

Figure 2

Telemedicine Utilization Varies by Specialty and Practice Size/Location



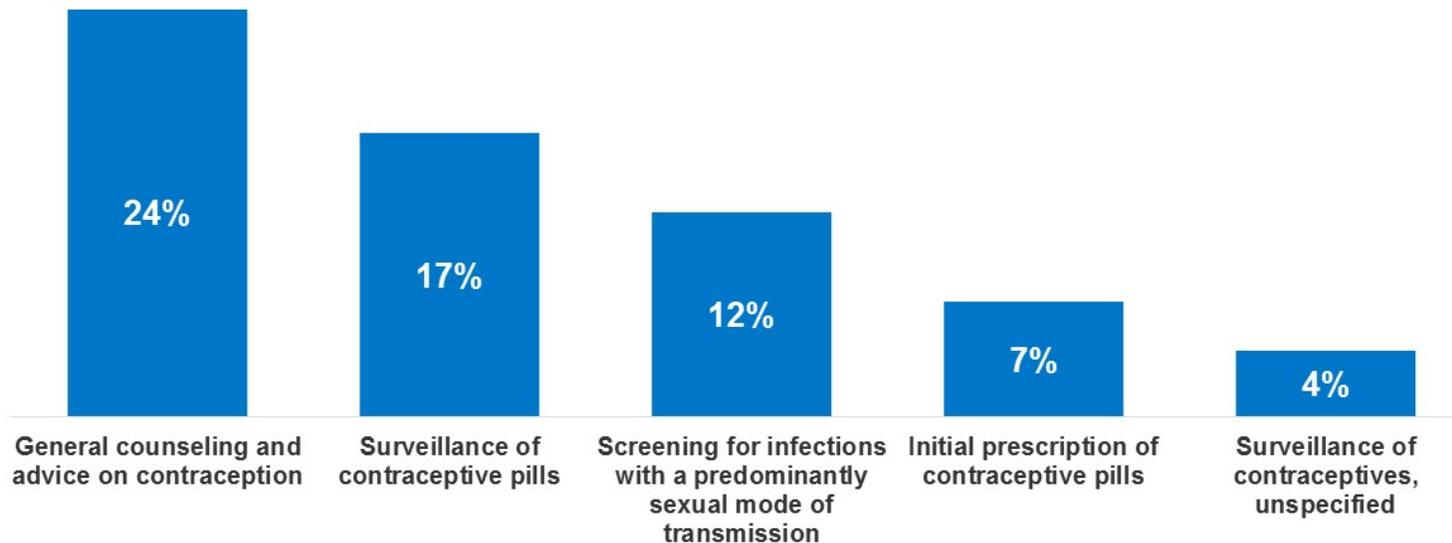
SOURCE: Kane & Gillis. [The use of telemedicine by physicians](#): still the exception rather than the rule. Health Affairs. Dec 2018; 37(12).



Top Telemedicine Visits in RH

Figure 4

Top Five Diagnoses for Telemedicine Visits within Reproductive Health



NOTES: Top five diagnosis codes in order were Z30.09, Z30.41, Z11.3, Z30.011 and Z30.40. Contraception, medication abortion, prenatal care and STI services were included in our analysis of reproductive health.

SOURCE: KFF analysis of 2017 IBM Health Analytics MarketScan Commercial Claims and Encounters Database, contains claims information provided by large employer plans.



Stress and Coping

- Thank you for all you are doing!!
- Please remember to take care of yourself
- [Mental Health and Coping During COVID-19](#)
- [Burnout](#)
- The Headspace app offers free meditation, sleep, and movement exercises, as well as [Headspace Plus accounts for providers who work in public health settings.](#)

Stress and Coping

DAILY QUARANTINE QUESTIONS:

1. What am I GRATEFUL for today?
2. Who am I CHECKING IN ON or CONNECTING WITH today?
3. What expectations of "normal" am I LETTING GO OF today?
4. How am I GETTING OUTSIDE today?
5. How am I MOVING MY BODY today?
6. What BEAUTY am I either creating, cultivating, or inviting in today?

Resources

- <https://cv.nmhealth.org>
- [CDC Guidance for Health Departments](#)
- [CDC Information for Healthcare professionals](#)
- [WHO: Coronavirus](#)
- [The National Telehealth Policy Resource Center](#)
- [CMS: General Provider Telemedicine Toolkit](#)
- [ACOG Managing Patients Remotely: Billing for Digital and Telehealth Services](#)

Resources

- [NM Telehealth Alliance](#)
- [NM telehealth guidance](#)
- [FPNTC COVID-19 Toolkit](#)
- [AAFP Checklist to Prepare Physician Offices for COVID-19](#)
- [Reproductive Health Access Project – COVID 19](#)

Family Planning and Telemedicine

Project ECHO

April 15, 2020



Standard Process

- Telemedicine available for FPP visits since November 2017
 - Protocols and training available at http://intranet/PHD/clinical_protocols.html

CLINICAL DOCUMENTS POLICIES AND PROCEDURES UPDATED JANUARY 2020

[PHD Policy for Verbal Telephone Standing Orders April 2016](#)

[Clinical Records Protocol 2013](#)

[Clinical Records Protocol Signature Page 2013](#)

[NMDOH PHD Imaging Plan BEHR Revised 01 03 18 Final](#)

[Document Destruction Protocol Addendum 1.2.2020 Signed](#)

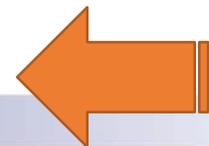
Access Clinical Records forms on [Clinical-Forms](#) page

[Notification To Clients ENG SPAN](#)

[NMDOH Telemedicine Protocol November 2017](#)

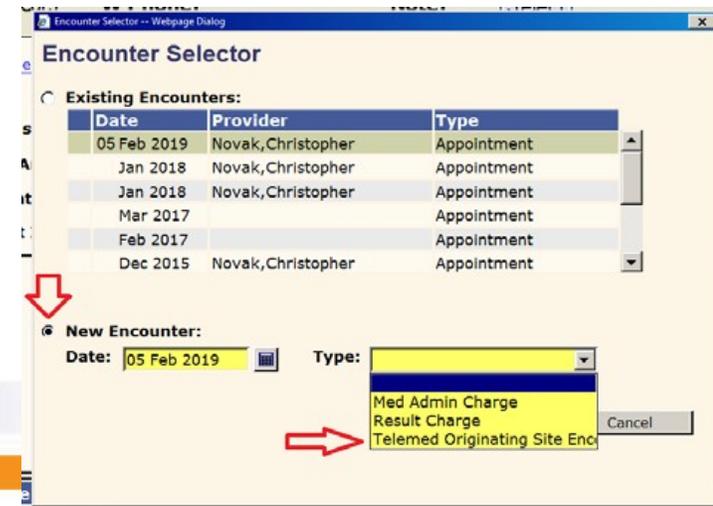
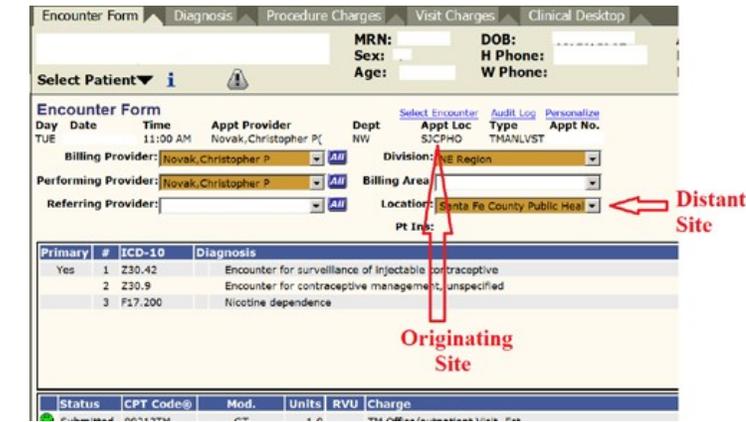
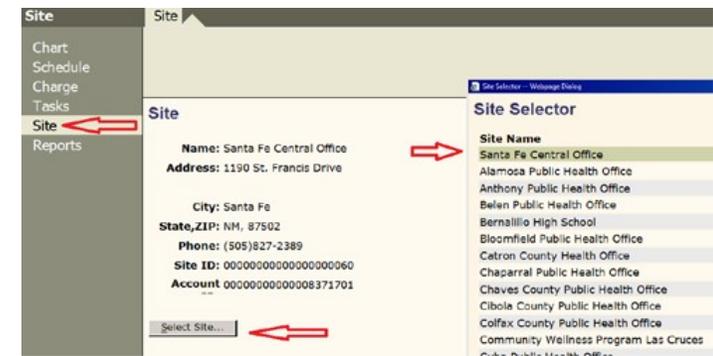
[PHD Telemedicine Training 02.2019](#) (Required for all employees doing Telemedicine)

[Telemedicine Completion Certificate](#)



Key Points (Standard)

- Client in one health office (Originating Site)
- Clinician in another health office (Distant Site)
 - Clinician changes site as if in Originating Site (labs)
 - Set Encounter form Location to Distant Site
- Client seen using Skype for Business (only)
- Document as usual
- Complete Encounter form
 - Use visit code with TM suffix (e.g., 99212TM)
- Use Select Encounter to create a second Encounter form for Originating site
 - Use Type = Telemed Originating Site
 - Use one ICD-10 code from visit
- Use Telemed Originating Site Fee Q3014 code



Recent Changes

- HSD (Medicaid) codes to support social distancing – Letter of Direct #31
 - www.hsd.state.nm.us/uploads/FileLinks/63e11e4bdee34c68b133c1607f22bc54/LOD_COVID19_%2330_replace_and_repeal.pdf
 - Effective March 1, 2020 and for the duration of the COVID-19 Public Health Emergency
 - Broadens use of telemed:
 - Other video conferencing (do NOT record visit):
 - Skype for Business to Skype for Business
 - Skype for Business to Skype Personal
 - WebEX
 - Zoom
 - Facetime
 - Telephone visits
- Can call from non-clinic location (e.g., home) and speak to a provider rather in office (could use in office...)
- Providers use standard FP codes during the visits (as if patient seen in clinic)
 - Do NOT need to create two encounter forms
- Some new telephonic CPT's are time based – can capture time spent.
 - 13 new codes
 - Modifiers:
 - -GT: Interactive Telecommunication
 - -95: Synchronous Telemedicine Service rendered via Real-Time Interactive Audio and Video Telecomm

Investing for tomorrow, delivering today.



Supplies/Testing

- Following telemedicine visit, options for:
 - Supplies:
 - Call/eRx to retail pharmacy (Medicaid clients)
 - Dispense or administer medication – in vehicle, or (briefer) office visit
 - Briefer visit for LARC
 - Testing:
 - Defer
 - Briefer visit to provide
 - Take home and return?

