Caitlin:

Good afternoon. Hi Sarah. So far we are a small bunch. So we're just going to give it another minute before we get started in hopes that others are able to join. So welcome and we invite you if you're able to turn on your camera. Great. Oh, great. More people are joining, that's great. Probably, bouncing from meeting to meeting or patient to patient. So we'll give it another minute and then we'll get started. Good afternoon. It's nice to see if you folks join and we invite you to turn on your camera if you're able to. Welcome to today's office hours, focused on family planning, team staffing models to support telehealth delivery. This topic came up from a prior office hours so we're trying to use these hours together to respond to your needs and how we can support you in implementing telehealth.

Caitlin:

So we look forward to this hour together with you. My name is Caitlin Hungate. My pronouns are she and her and I'm with the New York State Family Planning Training Center and we're really honored to be with you in this hour. So a couple housekeeping items before I turn it over to Emma and Danielle. So this event is being recorded and we will be posting the archived Office Hour within the next of couple days on our New York State website along with the slides. So you came into this meeting muted and this will be an interactive office hour. So we do invite you to unmute. Sarah, thank you for turning your video on, it's nice to see you. If you're able to feel free to turn your camera on and we just invite you to join the conversation as you're able today. So our Office Hour experts will provide a brief presentation and then the rest of the hour since we are a small bunch, it will be in conversation and just digging into some of these challenges and opportunities around staffing models.

Caitlin:

So please feel free to use the chat, to ask your questions or just jump in the audio, whatever is comfortable for you and as you're able to participate. I am joined by my colleagues, Becky, and Katie with the training center. If you have any technology challenges, Becky can support you so feel free to send her a direct message through the Zoom chat if you encounter any challenges. We do, like I said, encourage you to participate as you're able to do and we welcome your input questions, other Office Hour topics. Again, we want to use these hours to be responsive to your needs so in the course of our time today, if you think of other topics that would help you with implementing telehealth let us know. And we certainly, will try to incorporate them into future Office Hour events. And I will chat out the evaluation link momentarily but please do consider filling it out as we go together.

Caitlin:

And again, if there's comments or ideas for future office hours, feel free to use that as an opportunity to share your opinion and perspective. Our learning objectives are on that slide, I'm not going to read them out since you'll have them as an archive and they'll be posted. The next slide just shows you who is behind the training center. So Katie, Chanel, who is not here today, myself and Becky. We're really honored to support you and be in this space with you as you navigate and provide access to high quality family planning services. And I'm going to turn it over to Emma and Danielle to briefly introduce themselves.

Emma:

Hi. I'm Emma Ansara, I am a senior clinical consultant at JSI and my training is in Nursing and as an advanced practice nurse and then in Social Science.

Danielle:

Thanks all for joining. And [inaudible 00:04:34] this great team, my name's Danielle Louder and I think I've met some of you earlier on other webinars, et cetera. But I serve as the director of the Northeast Telehealth Resource Center. We are funded through HRSA's office for the advancement of telehealth to provide technical assistance, training et cetera. All the things in between, really just meeting folks where they're at with respect to planning, launching, evaluating telehealth programs. So I'm happy to be here with you today.

Caitlin:

Great. Thank you so much. So the next slide, before we get started and I turn it over to Emma, we'd love for you to feel free to unmute your line or use the chat, whatever is more helpful for you and your space and where you are today. What is your current staffing model for telehealth visits and what is working well with that? So feel free to unmute, jump in, we are a small group or feel free to use the chat.

Danielle:

Maybe they're all here today because they want to learn about what they might look at for staffing models, is that the case?

Caitlin:

Absolutely. And this is a space of learning and sharing so go ahead. Becky, I see you unmuted.

Becky:

Yes. I was going to say, so Christine actually, messaged me directly and I'm not sure if that was on purpose or not but I'm just going to share what she put out to the group. So thank you Christine and she let us know that right now they actually, do not have a telehealth model for family planning as of now. So I just want to share that out with group too, just in case.

Caitlin:

Great. Yeah.

Becky:

You all not get to see it.

Caitlin:

Well, that's great. And thank you for sharing and hopefully over the course of our hour together you'll learn about some options for how you could staff different family planning providers and support family planning services via telehealth and it'll give you some ideas. And Sarah talked about using Hilo which is great, another tool so thanks. We'll take this ad like a sign of maybe we're all in this space for learning and wanting to hear more and I'm going to turn it over to Emma. And again, we are a small group so please feel free to use the chat, jump in on audio. Ashley, I see you're on video. Great to see you, I don't know if you wanted to jump in or you're just wanting to join on video? So I want to give you space.

Ashley:

I'm brand new to my position so I don't have a whole lot to offer in terms of that. So I'm more here to learn but thank you.

Caitlin:

Well, great. Well, welcome to the space of sexual reproductive health and we can totally, appreciate being new and a lot to learn and a lot to process. So we are here to support you as a training center and through this office hours. So I'm going to turn it over to Emma.

Emma:

Great. So the last office hours that I got to participate was talking about scheduling and getting into the weeds about how to schedule and Danielle and I and Kate Litton and Becky had a great time. But in that conversation as a byproduct, people started to ask each other, how are community health workers, how are health educators being integrated into virtual encounters and virtual care? And so really that was the seed for this office hours. And so what I'm going to do a little bit is just start out with some conceptual ideas around teaming and then talk about translating that into the virtual environment. So I'm going to go from more abstract to more concrete.

Emma:

So if you're a concrete thinker just stick with me for a little bit here. So we'll go to the next slide, Becky. And I would just say like, what's working well now? I think what we, and Danielle, I'm sure you'll chime in as you see fit. But what happened was through the pandemic, people tried out a tremendous amount of new ways to deliver service and they were meeting patients in the parking lot and they were doing phone triage. And so now I'm not in any way going to suggest that we are in a normal but we're in a place where people are doing a couple of things. Some other people have very much pulled back and resumed care delivery in the way that they were doing prior to the pandemic.

Emma:

And then there's other folks who are saying, "Hey, we did these things that we really never in a million years anticipated that when you would do things this way, what of these things do we want to keep? What worked well, what didn't work well?" And so I think these spaces are as much about learning from each other as about creating space to reflect on what worked well or didn't work well. So I just want to go back to, because in my mind, when we ask about staffing models and community health workers or health educators or flow or all those things, it's grounding that in this orientation to team based care and this is a very common definition that we see lots of different professional organizations and influentation science and quality improvement folks bring up.

Emma:

Because there's lots of compelling evidence that says health outcomes for patients are improved within team based care environments. I go back to this definition and this definition specifically says, at least two health providers, in my mind I really think it's important to enlarge that definition to members of the healthcare team that are in addition to medical providers or behavioral health providers but really thinking about community health workers, health educators, case managers, patient service representatives, you name it. So I think the idea is there's multiple people that are involved in patient care and that really, we see the most benefit in team-based care when folks are working collaboratively, when they have shared goals and that can be transferred across settings and that there's ample coordination and then that can result in high quality care. And so when we're talking about staffing and

team models in the virtual environment, we're really talking about, how do you team with the addition of these new technologies? And so some of it is about being purposeful and deliberate but also realizing that virtual environments create both some opportunities and some new challenges for that work of teaming.

Emma:

Okay. Next slide. And so one of the things that I want to, because I think oftentimes we have this tendency to separate out telehealth and say, "This is this very different thing." I think that teaming in the virtual environment actually, very much began when we moved as clinicians and healthcare teams to providing care through using electronic health records. So I just don't want to make any assumptions but is everybody here using electronic health record to document patient care? Can you just give a reaction or something on your Zoom?

Emma:

Okay. I mean, it is very common within family planning but it's not everybody and so I don't want to skip over that. And so one of the things is, I am old enough or have practiced long enough that I worked in clinical environments before there were electronic health records. And I think a lot and thought a lot about how care changed when we made that transition and so just to paint that picture when I... So I worked for the most part in federally qualified health centers, also doing a lot of family planning within those settings and worked in Maine where Danielle is from. Anyway, when I started working we had paper chart, we would dictate and paper charts and I would spend the day and stood really outside what was called the nurses station or the pod for my floor and really spent most of that day if I wasn't seeing patients and I wasn't dictating in a room by myself, I was in communication with the medical assistants and nurses that were working as a part of the team.

Emma:

And it was very constant chatter all the time and there's things that we were documenting on paper that would go into the chart but there's a lot of just informal conversation. And when we went to electronic health records, that changed radically. And so we needed to think about how we were still communicating face to face even though we were doing that through the EHR which really at that point meant that we were in two separate rooms and we were sending messages to each other all the time and that changed the way that we provided care. And so I want to just ground this idea of virtual encounters or telehealth in a continuum that really started as technology became more a part of the everyday in health centers.

Emma:

And go back to that transition if you weren't working in a health center or working in a clinical environment at the point of that transition and think about how you had to be purposeful to ensure that there was different kinds of communication that were keeping patients at the center and that were needed both through the EHR but also around it so that you could continue to provide whole person care. And it was coordinated and it wasn't duplicative and it was reasonably efficient and so we came up with things like huddles, meeting at the beginning of a day to just make sure we were on the same page about what patients needed or didn't need as we anticipated their needs as we planned out the day.

Emma:

We were much more purposeful about case rounding so that would be times when we would come together and talk through difficult, or cases that were especially challenging for us. And then we also were very mindful about articulating some of the benefits of just what we would call sidewalk or informal consultations that would happen as we walked from place to place and saw our colleagues. And so sometimes we thought about reworking, how the health center, the clinical environment was laid out to really take advantage and maximize those opportunities for us to communicate. So again, these are concepts that I want to name because I also think they're important as we move and think about staffing around telehealth encounters.

Emma:

Next slide. So there's a really nice article and again, in the materials that you got and at the end there's resources, resources from the Northeast Telehealth Resource Center but also just some articles and some other things that hopefully, will be helpful as you're doing this work at your own sites. But there's a lovely article that talked about thinking about what is necessary for high levels of team functioning within the virtual environment and summarize the elements that are necessary into this concept of four Cs so that coordination and so partly this article is making the point about how do these things need to change as we move into the virtual environment. And so a lot of coordination that maybe was implicit that wasn't very clearly or stated may need to become explicit as you move into the virtual care delivery or working more as a virtual team cooperation.

Emma:

So thinking about how are we passing the Baton? And so making the point that because we're not seeing each other or in the same physical space necessarily when we're delivering virtual care that may necessitate more documentation to build up the trust that's necessary. Cognition which is a... I don't know, a somewhat funny way of saying, I think they're working in this four Cs model. But this idea that teams need to have a shared understanding of how they're actually, functioning to work within a virtual environment. And then communication and I was picking up on this and as I was talking about the transition to working in electronic health record but the idea that we need to think about making time and having specific strategies that will make sure that we're sharing information about patients and the care that we're giving. And so we need to think about how do those translate from when we were all in the same space together to when we're not necessarily in the same space or we're not in the same space with patients and their families.

Emma:

Next slide. And so I want to just stop and say... And it sounds like for folks right now, maybe you're not currently delivering care within the virtual environment but maybe you're thinking about it. And as you think about developing these systems, these new ways of delivering care to patients, there's the opportunity to intentionally make time and space for the way that teams need to work together. And so that can be how do you make a huddle work in a virtual environment? How do you make sure that teams have opportunities to build, this is the healthcare team opportunities to build relationships because that's where trust comes from. And then really thinking about training and whether that should happen even if people are going to be delivering care in a virtual way and working offsite, what opportunities are there for folks to come in person at set amount given times or for training to occur in person to help and solidify that orientation to team and the relationships that are necessary.

Emma:

I think we often see and again, we can talk about this as much or as little as you want, that if initially teams were bringing in technology to facilitate virtual encounters, they often needed to bring additional forms of technology in to layer on those platforms to facilitate team communication. And so we see very commonly that healthcare teams are using Microsoft Teams to communicate outside of the EHR or telehealth delivery platforms that they're using because they need HIPAA acceptable technology that also facilitates realtime communication that allows people to see across schedules and do those kinds of things so that's a... And there are different kinds of technologies, we also often see if programs are making really significant commitment to virtual care, they're also bringing on other tools for electronic patient engagement.

Emma:

And that's a little bit of a different conversation but just this idea that we're starting to see multiple platforms to facilitate communication and coordination both as a team and then with the patient and their family if that's appropriate. And then the other thing is just this very purposeful work around rethinking roles. And I'm going to get into that a little bit more, sort of the documentation of team norms. And the example that I bring is, if you're providing virtual care to a patient there are times when you were in the brick and mortar, when you were in your actual facility where sometimes where a patient visit needed to be interactive or you needed to reach out to another staff urgently, those things still happen in the virtual environment but you want to think about those exceptional cases and how you might mobilize urgent resources within your team.

Emma:

And so thinking about how to do that is that you're going through what I call the air traffic control person or there's an acceptable work around technology. There's a way to send a Slack message or a chat within your EHR or your scheduling software that allows you to say, "We need to talk right now," and making sure that everybody on the team knows that. I have this question out here which is, because I think I'm sort of speaking abstractly but if there are other suggestions that you all have about intentional teaming, I would love to hear from you about how to make communication happen in a virtual environment when you're providing virtual care or when your staff may not be physically in the same place.

Danielle:

Yeah. I'm really curious to hear from folks on this and what's been maybe successful even if you're not doing telehealth, there's still a lot of this cross communication going on. And as Emma had mentioned, there's a lot of layering of technologies and that can get complex. So I would just reiterate that the people are the most important part and if people aren't feeling comfortable with the technology, you've got to take the time to do the training and make sure... And even with teams, all of these options are HIPAA compliant but we found scenarios and we're not direct care providers but scenarios where you're on a chat with another group but then there's this other chat. And so information could easily get exchanged with people that even if it's internal so it's less of a risk but HIPAA means it doesn't get shared with anybody who doesn't need to see it even if they're within your organization.

Danielle:

So just setting up protocols around some of that, your communications and getting to that logistical side of things and making sure that everybody's comfortable with and has had demonstrations or time to test out whether it's Slack or Teams and then you're using that on top of a video conferencing platform.

It can get complex. So I'm just wanting to reiterate the importance of the people and them feeling confident and competent in using the technology that's there for them because it is really an amazing tool if they're feeling good about it.

Emma:

Nice. I appreciate that, Danielle. I think the point, oftentimes when folks are thinking through moving towards virtual care delivery, they really focus on what technology they need to bring up. They focus on the workflow and changing the workflow and we're going to talk a little bit more about that. But I think what you picked up on and probably, said more clearly than I did is the idea that if we're going to continue to value coordination and communication as a team, that we need to really intentionally think about how the team functions within this new setting and as you said, it's the people part. And so a lot of my experience comes from working with behavioral health and primary care integration. And so these, which had its own challenges and it continues to have its own challenges within a virtual environment but it's really about this intentionality around teaming.

Emma:

And I think sometimes by the way, you don't do this as effectively, at the beginning but you create structures as you're rolling out your new care delivery strategy that has times for you to reevaluate, rethink, tinker, adjust and incorporate. Wait, you know what? Well, really the reason that our communication is breaking down is that we don't have this real time communication. And we're realizing to really fill our schedule up we need to have visibility, "Okay, wait a minute. What can we do now?" So you're taking the information you're getting as you're doing something new and then adjusting. Is there any other things that folks want to, Danielle and I can chit or chat about this all day but we would really love for other people to give some input. S

Danielle:

Yeah. Any specific successes or challenges that you all have run into that you'd be willing to share?

Emma:

Well, I would just say feel free to chat them in or interrupt us. We would love to hear from you all about it. And we'll keep going on because this concept of communication and roles in the team we're going to continue to carry forward. So this next little section is, I'm just going to get the... As I warned you, I was going to start more conceptually and then move to thinking about operationalizing team based care. And then really getting to some of these questions that folks had at the previous office hour. So which is specifically, how do we imagine community health workers, health educators being involved in family planning care delivery? So hopefully, this'll be a little more concrete if that's your preference.

Emma:

Next slide. And so one of the things that, and this is a resource from... And again, it's included at the end from the resource page at the Northeast Regional Telehealth Resource Center. So I want to give Danielle and her team credit but I think this is a tool, there's a playbook about telehealth playbook. And under the section on clinical integration, there's a really lovely section that really walks through steps around thinking about how one of the things is redefining roles. So if in the face to face encounters, this was the role that community health workers or medical assistants had what would that look like in a virtual environment and how would that be similar and how would that be different?

Emma:

And so I think that is a really lovely place to start. And I think this question of rethinking roles is a meeting of multiple things. So it is a meeting of what staff and who do you have available to work on this to help deliver care within this potentially new modality, what are the strengths and resources that they're bringing? Then also thinking about process as we work through the flow and I'll give you an example of what are the constraints and opportunities that the process brings? And then what do we need to do given technology and how technology changes the flow of the visit? How do we need to integrate that? And I think if you think across those three domains then you can start to get into this specific listing of what people's roles are, would be when they're working in the virtual environment.

Emma:

Next slide. And then Caitlin did just chat out this resource but it's at the end of the slide deck too. I think when you're thinking about this question of new roles and how to conceive of team care within the virtual environment, it can be helpful to define what is the overall model of care. And so it was hard for me, as I was preparing this information to say, this is what community health workers would do in a virtual environment because... Or this is what a health educator would do or this is what a medical assistant would do. It's pretty site and context specific. But I think if you are able as a group to articulate what is the model of care that you're delivering? So this is another resources that's at the end of the slide deck. And this is actually, a resource that is more based on just talking about community health worker, clinical integration and it's a kit from MHP Salud.

Emma:

And again, it's a nice resource at the end. But they sort of, and I think this is about community health workers but I hope it's easy to translate this to thinking about working with health educators or anybody else. But I think this idea of, what is our model of care? And so oftentimes when we think about integrating community health workers or health educators into flow, we're thinking about community health workers functioning as a member of the care delivery team. But I think there are other models and so I wanted to be inclusive of that so that sometimes community health workers are functioning more within a health navigator or care coordinator role. And so you can appreciate that the responsibilities within virtual encounters would be different depending upon what their role might be. So you're thinking about virtual care delivery, you're thinking about model of care, you're thinking about roles and responsibilities. So again, these are just different examples and I will try to touch on some different workflows based on these different models of care.

Emma:

So next slide. So this is again, an article at the end of the website at the end of the slide deck. But this is thinking about where would we involve community health workers or medical assistants in that office visit encounter flow. And this is one of the things that I... So this is a model that is described in a paper about the experience that a group at Stanford went through, not too long after the beginning of the pandemic. And what they've done is hear the different moments in time, the red circles on the virtual visit. And they thought about what are the differing things that need to happen at these differing points within a visit encounter. And one of the things that I want to really point out and as I put an arrow towards the virtual waiting room and the virtual checkout... And one of the things that when we were talking about scheduling visits is the way that telehealth, there's different social norms about our tolerance for waiting in virtual spaces.

Emma:

And so if you think about it in contrast to when folks are coming in for a visit in the clinic or the health center they sit in the waiting room, there's other folks in the waiting room, we give them some paper, there's some boring pamphlets, there's toys in the corner, magazines that are out of date, posters on the wall. And I mean, it's not ideal. Nobody likes to wait, everybody's time is tremendously valuable but there's a way that we've been socialized around expecting that, that's okay. It's very different when you're sitting on hold on a telephone or when you're just sitting, waiting to have a virtual visit. But the reality is that there's still these ways that times take, visits take more and less time over the course of the day.

Emma:

And so I think having multiple staff members that can engage with patients at multiple points during this virtual visit flow can be helpful to think not only what is the work that we need to do and we want to be doing but how can we use the time that presents itself in these encounters? And so again, this is just one model of talking about at these different times in the encounter, what could happen. And again, this is a primary care setting not particular to family planning. But I hope it is easy for you to imagine how you might translate these moments and match them up with staff and the work that needs to get done. And then next slide.

Emma:

That example was about thinking about staffing and roles through the flow of a virtual encounter but there are lots of ways and lots of lovely examples and actually, the Rural Health Information Hub has numerous examples of how in this case, community health workers are connecting with patients that are separate from actual telehealth visits. So talking about education that maybe used to have been done in person but it can be done one on one, education in groups thinking about remote care coordination, care navigation and then also thinking about training. And so we appropriately, in this moment our mind goes to telehealth encounters. But I think there's lots of ways to be utilizing remote technology and I'm not even talking in this context about eConsults or remote patient monitoring. I mean, there's lots of potentials for technology but I think, I really encourage folks to think about a model of care and a match with technology that is best for your program, your setting and these hopefully is just getting the wheels turning a little bit.

Emma:

So let's move a little bit, hopefully to your questions and your concerns and your challenges. And Danielle is a tremendous resource as our Becky and Katie and Caitlin. And so I want that, certainly this office hours was directed at thinking about teaming and staffing within the virtual environment but if there's other related or tangential telehealth questions, I'm totally game to try and field those as well.

Caitlin:

Yeah. And we're going to stop the sharing of the slides so we can just be in conversation with each other. Please feel free to unmute, join on camera if you're able to. And this is the time and space for you so if you have some initial reflections based on what Emma shared or you have questions, just jump in, this is your time.

Emma:

Were folks able to do telehealth and when I say that I want to be inclusive of video visits or care over the telephone during the pandemic for folks who are here, that you know of?

Christine:

We did some very limited telehealth here in terms of medical family planning. We're much more successful doing telehealth with behavioral health visits, it's just easier that way. So we did some limited telehealth, primarily just triaging to see if patients were in need of treatment for STIs or something of that nature. But being a clinic that serves young people and does a lot of family planning and it's confidential, if you ePrescribe, it poses certain issues. And so we were limited to the kinds of patients we could do telehealth work with that would result in some sort of an order for treatment or something of that nature.

Christine:

And so it was helpful but not entirely because of the nature of what we do and then we stopped once things opened up. It just didn't feel like it was as applicable. And so we still do e-prescriptions and stuff but that initial triage visit, most of our telehealth is video. We're not so much doing that anymore so we haven't really put a whole lot of effort into the thought around how do we set ourselves up to do this? Because I think we're still struggling with under what circumstances do we do this?

Emma:

Yeah. And are there other folks that want to describe their experience and maybe during the pandemic and where you are now with it?

Ashley:

I mean, I can't speak for during the pandemic for our clinic because I just came on board a month ago with my clinic. But right now I know they're using them for birth control method checks and stuff like that. One of our biggest nohow appointments that we identified was STI follow ups. So we had posed like maybe doing some telehealth follow up with them but then we still have the need for the sample to recheck the infection. So we're just looking for more meaningful ways to use telehealth really, I guess.

Danielle:

Sarah makes a great point too there in the chat. And I was wondering, I was going to ask after Christine's comments whether patient demand or expectations during COVID, that they maybe switched over, transitioned to telehealth visits and they really liked it. And it's clearly not the right use case for everything in every scenario or even every person. We really have to assess that but it sounds like Sarah and her team were getting some demand or some expectations or just people are concerned as COVID numbers tick back up that they don't want to go into the office. And so how do you address that?

Christine:

I had a question about options visits. I know that there was a, because for options visits with our young people, we will often have the patient see an entitlement coordinator to get a pregnancy letter and get them set up with, I don't think it's called PCAP anymore but whatever that is now. And the reg was that interaction with the entitlement coordinator needed to be in person. And so during COVID, we just literally yesterday I think had asked about given the pandemic, has that requirement been lifted and are we able to do the work of the entitlement coordinator with the patient via telehealth? And the response

was, yes, you can do it over the phone. I don't know how long if it's like forever or if it's temporary. But we're still making our patients come in for in-person options visits. And this is one of those visits that we feel like could be a great candidate for telehealth. And so one of my questions was, do you have any guidance on specifically options, counseling visits via telehealth?

Emma:

So this is the way, are you Christine, asking about how in terms of, are other people scheduling option visits over the telephone and if so, how long? Is that what you're asking?

Christine:

No. Just more like, because part of the options visit is making sure that they're set up in terms of the work that the entitlement coordinator does. And also we help them get connected to whatever follow up care they need elsewhere whether it's prenatal or termination. And so those conversations happen, we walk the patient through on how to get those visits scheduled and there's a lot of handholding to make sure that they get connected to the care. And then they meet with the entitlement coordinator to get the necessary stuff done. And so all of this was being done in person and we're still doing it in person and it just feels like this could be done.

Christine:

So from just a regulatory standpoint, to be able to have those conversations, to be able to connect them with the care, to do the work that the entitlement coordinator does now that we got the blessing that we can do that over the phone because before it was required to do it in person. Have you guys adjusted the logistics of it? And we do video, we do primarily, we do very little phone. Most of what we do via telehealth is video.

Danielle:

I think might be good because it sounds like an awesome use case. And I'm glad that you got clarification and you have to be really careful. So there's like state laws in RAGs, there's federal of course, that public health emergency is still in place. And now we're being told that it's extended to July 16th technically but we're already hearing it's going to be October 16 and then there's 151 days after that. So a lot of those in person requirements including prescribing of controlled substances. There's a big conversation going on in New York state around that right now. I can tell you more about that later if you're interested but lots of peeps involved in that discussion. But in what's it going to look like after either states and specific flexibilities and or the feds do, we have seen a lot of activity with states permanently changing.

Danielle:

And this is a perfect example, Christine, of some of these RAGs were put in place at a time when technology wasn't what it is today or there are barriers that were not necessarily meant to be set up in regulation but they are. And so I'm hoping that this is something that they'll look at permanently changing if it's not been permanently changed already in New York. But just thinking through your process that you just described for options it sounds like they probably have, as part of that process there might be warm handoffs in the moment. How would you make sure that you incorporate that into your workflow whether it's to those other vital services that you mentioned during the conversation with the client? So how would you incorporate those into if you're not doing it in person, how would

you incorporate that into your virtual visit or your audio only visit? So, Caitlin, I don't know if you wanted to add to that based on some of our conversations with other-

Caitlin:

Yeah. And Christine, this is a great use question that I think maybe if you would be okay, we at the training center can follow up with you after the hour and get a little bit more information from you and get some clarification or at least put it on the radar of the state department of health. There's a lot of policy changing... Well, thank you, Christine, for putting it in the chat. We're going to save that and we'll reach out to you for more questions because I think this is a great use case as Danielle is saying and we can get that clarification and understanding for long term policy and what would make sense for you from a flow.

Caitlin:

And since you've identified that it would be a great type of visit that could be done virtually and making sure that it's permissible, that it's reimbursable or all of the layers of that. So thank you for following up in the chat, Christine. And we'll dig into this with you and hopefully look to getting some more clarification and support with you as you think about how you can utilize telehealth and where are the visit types within the family planning and sexual reproductive health services that make sense.

Emma:

And I think this, I'm going to punt on some of this and then lean into the part that I'm like, "Oh, I can get my hands in," that we have lots of examples of... And this is why it's a great question for this challenge of teaming. So we have lots of examples of providing coordinated care and unfortunately we don't have as many from the family planning setting but we have lots of cases that I think could be tweaked and adapted around, how do you make sure that there these warm handoffs happen? Are they a warm handoff in real time? Do parts of this become decoupled? There's a reason that in my mind, the options visit was running the way that it was but in a virtual environment, do we run it that same way where we really try to cram a lot of contact within one engagement or do we think about the ways that these could become separate pieces? But then that really requires very good contact information for patients and clarity about when and where we can follow up.

Emma:

And so we have examples, I think, of the operational piece of this. I think once we can clarify the regulatory and reimbursement concerns, I think this is about... I mean, I think, Christine, you just took us right to the heart of it which is how do we make sure that we have patient centered, coordinated, relatively efficient care that really helps people to get what they need in the moment that they need it. And I think that this question that is in a little bit in the background which is, but it's been purling up, which is what are visits that could really work well in the virtual environment? And what are visits that we need to do in person and patient preference is part of that. But oftentimes, so I was in conversation with another grantee in New York state and the medical director for that site pretty much was like, it's procedures or not.

Emma:

So she wasn't even engaging labs which is something that was brought up as well. She was like, "Does this require a procedure? It's got to be in person other than that, we can do it remotely." And in some ways that was a simple and very workable distinction. We're not going forward just with that but I

appreciated that dichotomy. But I think this question and I think it may be worthwhile for us just to turn some wheels and lean into this idea of what could we imagine doing as a virtual visit? So we've talked about options, counseling. We've talked about Ashley... I'm sorry, was it Ashley that mentions STI follow ups? Other examples of visits that we could say this could really work well... Or behavioral health options, STI follow up behavioral health, methods, just sort of, "Here's all the birth control, you haven't made a decision yet. What would you like? Here's everything you can consider."

Danielle:

... I would also hop in and just as a reminder. The more comfortable people get with utilizing the technology and whether it's not always having to be billable services per se but we've had a lot of folks utilize the technology to help address social determinants of health, for example. So helping and this could be a great role for a community health worker or a health educator to get folks signed up for WIC program, for many different potential use cases. And in looking at your data, depending on what you have readily available, we don't have to have people going into the EHR and combing through things that are difficult to find. But if certain things crop up with relation to social determinants of health, for example, this patient has indicated that they have transportation challenges. They could be a great, depending on the use case, of course, and the appropriateness of it, wonderful option for telehealth visits. So just looking at your data and having that help you make some decisions and do some outreach with your patient populations.

Emma:

Any other ideas that people have for... So Danielle sort of taking us outside of that clinical encounter to thinking about other ways of connecting virtually with patients. I mean, that's really what it's about. I think for me, there's another bucket which is there are patients for whom sort of time is of the essence. And so I think about emergency contraceptives, I think about folks who wouldn't be getting to us. And I think it's not always the best, most comprehensive care that we can provide virtually or over the phone but sometimes it's better than nothing. And so I think that there's also a space when we really think about the potential for access and timely access that sort of opens up some other possibilities. And so I always joke but I have done tons of telephone care for adolescents because that's the time that was the way that we were able to connect.

Emma:

And so did I do the follow up labs in an ideal situation I would've done? No. But did I get birth control in a timely manner? Did I get emergency contraceptive in a timely manner? I did and I would do it again. And so I think those are other specifically, I think within the family planning realm, there's this real potential, I think for preventing unintended pregnancies for just responding in a really timely fashion. So I think about STI follow up, I think about partner treatment. I think there's ways that sometimes we've lost those connections and we didn't respond as where we said, "Okay, you need to come in for a visit," and then they didn't come in for a visit. And I think thinking about who are we not connecting with, who's intending to connect with us and not intending to connect with them? And thinking about dad's virtual connection provide an additional just way of making sure that happens more regularly. So I think that's another bucket to consider virtual care.

Caitlin:

Christine, I know you went off mute for a second. I want to make sure if there was a comment or question that you had, we gave space to you as well.

Christine:

No, I just wanted to thank you guys. I think one of the struggles we've had with adolescence and telehealth, the struggle we... It's not really a struggle. What we've had is a lot of interest in it just because they're early adopters of technology, they're fine with it. This is just, it's like another video chat for them so they love it. But they don't always understand the nature of what's being discussed so they may be in places and around people that is not the most appropriate to be having a discussion around medical care and confidential medical care. And so, I mean, we have found that's also part of the challenges that it's not always, they're not always conscious of their surroundings and their environment. They also don't always have access to privacy in where they live.

Christine:

And so sometimes it's good for them to come here. We have school based health centers and they definitely prefer just being seen in person because they're at school every day now. But the folks that come to us at the clinic, we get a combination and a lot of it just has to do with access to privacy to be able to have those conversations. So between that and not being able to send an e-prescription to a pharmacy because we don't want to send on an EOB or something like that. That's when they have to come in to be able to get handed the plan B or the other stuff. So that's been our main challenge but definitely, the Health ed piece we're starting back up with Health Eds and as much as we can do virtually with their piece whether it's consenting to lock or the options or any of that stuff ahead of the visit, it's going to make the visit shorter. And so I think we're prioritizing to your point about what kinds of things can we do. What's a good use case for telehealth, we're focusing on those types of visits.

Emma:

The other thing I want to just, gosh... I don't know about you Danielle or Katie or Becky or Caitlin, but we just get to hear about so much creative work within this space. And so some of what we've seen is there's been shifts. Well, we know there's really significant numbers of openings. I mean, in many industries but especially, in healthcare. And so the other thing they encourage is that especially, within that use case for adolescents and school based health center, it may not be that you are able to staff with a medical provider that school based health center as much as you used to. You could have, and again, there's regulatory issues to work and wave through. But we have seen really lovely examples of adolescent patients coming in and being seen at that school based health center virtually.

Emma:

We also see this in mobile units a lot too... I don't know, Caitlin, we were talking about the New Mexico case. So they're having folks come into a mobile unit, a school based health center, there's not a medical provider there. They're having a virtual consult there and there's medication that's being given to patients in that setting. But you can see that the provider's offsite and so, the medical provider. And so again, I think as we're trying to creatively deploy having less people doing more maybe again, there may be these opportunities that say, "Okay, then we can have school based health services at the school more regularly for adolescents patients."

Emma:

And that might be your use case that you think about adopting and moving forward. Because I think this issue... I mean, we can talk about platforms that send reminders that include telehealth etiquette before visits. But the reality is with adolescents, it's very dynamic, it's going to be changing a lot and maybe

having physical spaces in which they can be seen. So I think there's opportunities as well as barriers but it's exciting.

Caitlin:

It is. Well, and I know we're just nearing the top of the hour. Thank you everyone. Sarah, Christine, Jennifer, Mary, Ashley for joining in conversation using chat, jumping in on audio. Please do, we're going to re share the slides in a second. So you'll see all of the references and resources and they will be linked in the archived webinar as well as in the email that you'll receive with all of these hyperlinks and resources. And please do fill out a brief evaluation, we'd love to hear from you. We'd love to hear your ideas of what's the next step. I mean, we're hearing a lot of use cases so maybe that's a potential office hour where we dig in on some of these ideas, we dig in on how could you do STD follow ups or how could you do some health education and how could you... Maybe we dig into that in conversation and think through the flow but please feel free to fill out the evaluation and share your ideas.

Caitlin:

What's helpful for you and how can we support you and your team in these office hours? Emma and Danielle, thank you. As always, it's such an honor to partner with you and bring in your expertise and experience. Excuse me, thank you all so much for joining in this hour together. We will post the recording in a couple days on our website. And like I said, throughout the hour, we have an open technical assistance engagement. So if you are wanting to dig in further, we share that throughout the chat and we'll make sure that's in the archive, the email that you received with the slides as well.

Caitlin:

So please do consider filling out a form. Christine, we will follow up with you about that particular regulatory issue. It may take some time but we'd love to dig in and try to help figure out some answers with you and get you connected to different people in a way to help your organization through that use case. Again, thank you all. Thank you for your participation and thank you for digging in with us and learning. Have a wonderful rest of your day and week and weekend. And we'll see you at our next office hours in the fall.

Danielle:

Thanks everybody. Take care.