

Case Studies for Family Planning Telehealth Visits

September 20, 2022

Learning Objectives

By the end of the webinar, participants will be able to:

- Describe at least two examples of family planning services that can be provided via telehealth.
- Identify the family planning staff involved in virtual family planning services.
- Identify a strategy mentioned by a peer that can be applied to your family planning agency.

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Hear From You

- Are you providing telehealth services currently?
- How would you describe your current telehealth usage?
- What types of visits are you most often providing via telehealth?

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Case Review

Case Study #1: Contraception start

- Ms. C is a 21-year-old established client who wants to initiate contraception
- Had a telephonic visit with a clinician; lasted 25 minutes
 - Had used COCs for 3 years without problems
 - No new health conditions
 - Last seen 2 years ago; BP: 124/74
 - After counseling, she decided to re-start OCs
- Picked up 13 cycles of OCs curbside
- *Does she need a blood pressure check?*

When Is BP Measurement Necessary?



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- Hypertension is 1 of 5 risk factors for acute MI in people using estrogen-containing hormonal methods
 - Age >35, heavy smoking, diabetes, hyperlipidemia
- Severe hypertension (systolic >160 or diastolic >100 mm Hg) or HTN with vascular disease: MEC Category 4
- The US Selected Practice Recommendations for Contraceptive Use (SPR) states that BP should be measured before initiation of combined hormonal contraceptives

Timely BP Measurement

- For client with documented normal BP within the last 3-5 years and no other cardiovascular disease risk factors
 - Prescribe up to 1-year supply of OC, patch, or ring
- For clients with high BP
 - Initiate treatment for hypertension (referral to PCP)
 - Client can be prescribed non-hormonal methods or progestin-only methods

Timely BP Measurement



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- For clients without documented BP < 3-5 years
 - Reassure client that most reproductive aged people have normal BP; discuss risk of estrogen with untreated hypertension
 - BP check at pharmacy or “drive by” at the clinic
 - Consider a limited (3 month) prescription per clinician discretion and future appt for BP reading
- If it is not possible to get a BP reading, consider offering a non-estrogen-containing contraceptive method in interim

Case Study #2: Malodorous Vaginal Discharge



- Ms. L is a 35 year-old established client who states that she develops vaginal discharge and malodor “every 2-3 months”
- Diagnosed with BV 18 months ago; since then, has been treated four times, each with a different topical drug
 - Each treatment improved malodor “for a while”...has started douching to manage malodor
- Due to PHE, she would like to avoid an in-person visit
 - Had telehealth visit (A/V) that lasted 27 minutes
 - Prescribed metronidazole gel suppression; picked up 2 tubes of medication curbside

Syndromic Management of STIs

- Treatment based upon a “best guess” of diagnosis, using symptoms and a description of physical findings, but without the use of laboratory tests
- Studies show that this approach is:
 - Fairly sensitive for making a correct diagnosis (especially BV, candida vaginitis, +/- genital herpes)
 - Not very specific (i.e., many false positives possible, resulting in over-treatment)

Summary of Vaginitis Findings

		Malodor	Frothy	Color
Candida	I: Yes B: Sometimes	No	No	White
Trichomoniasis	I: Yes B: No	Yes	Yes	Yellow Sometimes white
Bacterial vaginosis	No	Yes	Yes	White “homogenize d milk
DIV	Yes	No	No	Profuse white or green
Physiologic	No	No	No	White

Vaginal Discharge: Remote Evaluation



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- Recurrence of BV or vaginal candidiasis, treat based on a telephonic or telemedicine visit
- For a new problem, obtain a thorough patient history via telehealth; consider empiric treatment
 - Malodorous discharge s/o BV or trichomoniasis, metronidazole 500 mg BID 7 days will treat either
 - Vulvar irritation/itching + white discharge, treat with fluconazole 150 mg PO or 3-day topical antifungal

Vaginal Discharge: What About GC/CT?



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- CDC guidelines do not recommend empiric treatment for GC/CT in patients w/vaginal discharge
- For patients with new vaginal discharge who need evaluation, testing for GC/CT is recommended prior to treatment
 - Exception is patients with known sexual contact to GC/CT

Screening and Testing for GC, CT at Home



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- Self-samples of vaginal fluid, urine collection, and in some cases, rectal or pharyngeal swabs (same collection technique used in clinic), are transported back to the clinic for curbside drop-off or to a contracted lab test-deposit site.
- Vaginal swab or urine for cis females/trans-males would be tested for GC/CT, +/- trichomonas.
- Urine for cis-males and trans-females would be tested for GC/CT.
 - Rectal and pharyngeal swabs in this population would typically be tested for GC/CT.

Self-Sampling of Vaginal Discharge

- Some clinics have used curbside for pick-up and drop-off of vaginal discharge sampling kits
 - Stoppered-plastic or glass tube with 1 cc fresh saline
 - Pack of sterile cotton tipped swabs
- At home, swab vaginal walls, place the swab into the tube and cap, then drop it off at the clinic asap
- Can be used to sample for gonorrhea/ chlamydia NAAT with (separate) appropriate collection container

Summary: Recognize the benefits for your practice



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- Consider patient and staff benefits
 - Most patients love the convenience
 - Clinicians can work from home
- Allow patients to access your practice instead of the ED or a commercial telemedicine service
- Enable continuity of care
- Utilize visual assessment and physical exam
- Generate visit-related revenue

Group discussion

What other virtual clinical scenarios do you have questions or reservations about?

Group discussion

What are 1-2 strategies you can imagine taking back with you to clinical practice?

Resources

- RHNTC's [Prioritization of In-Person and Virtual Visits](#)
- RHNTC's [Telehealth Services: Taking an Inclusive, Equity-Driven, and Trauma-Informed Approach](#)
- RHNTC's [Telehealth Etiquette for Family Planning Visits](#)
- RHNTC's [Coding for Telemedicine Visits](#)
- NFPRHA's [telehealth resource repository](#)
- National Telehealth Resource Center – [Northeast TRC](#)
- NTRC – [National Technology Center](#)
- NTRC – [National Policy Center](#)



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Thank you!

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