

Beyond the Pandemic: Exploring Sustainable Telehealth Practices in Family Planning

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Speakers



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Learning Objectives

- Identify one lesson learned from the pandemic in creating a sustainable telehealth practice in their agency
- Describe one resource available to support the implementation of telehealth services in family planning agencies
- Describe one strategy from a peer that is supportive of ensuring access to high-quality, equitable family planning services

Telehealth Terminology



- Telehealth includes not only real-time audio video visits, but also digital check-ins, eConsults, store-and-forward, electronic messaging between patient and health center, digital outreach, etc.
- Does NOT include audio-only visits

Telehealth Timeline



Pre-2020: Digital health fairly limited, telehealth visits were in clinic, using telemedicine carts and peripherals. Some portal use and digital outreach.



March 2020 through the End of the Year: Rapid adoption that opened new possibilities and exposed digital divide.

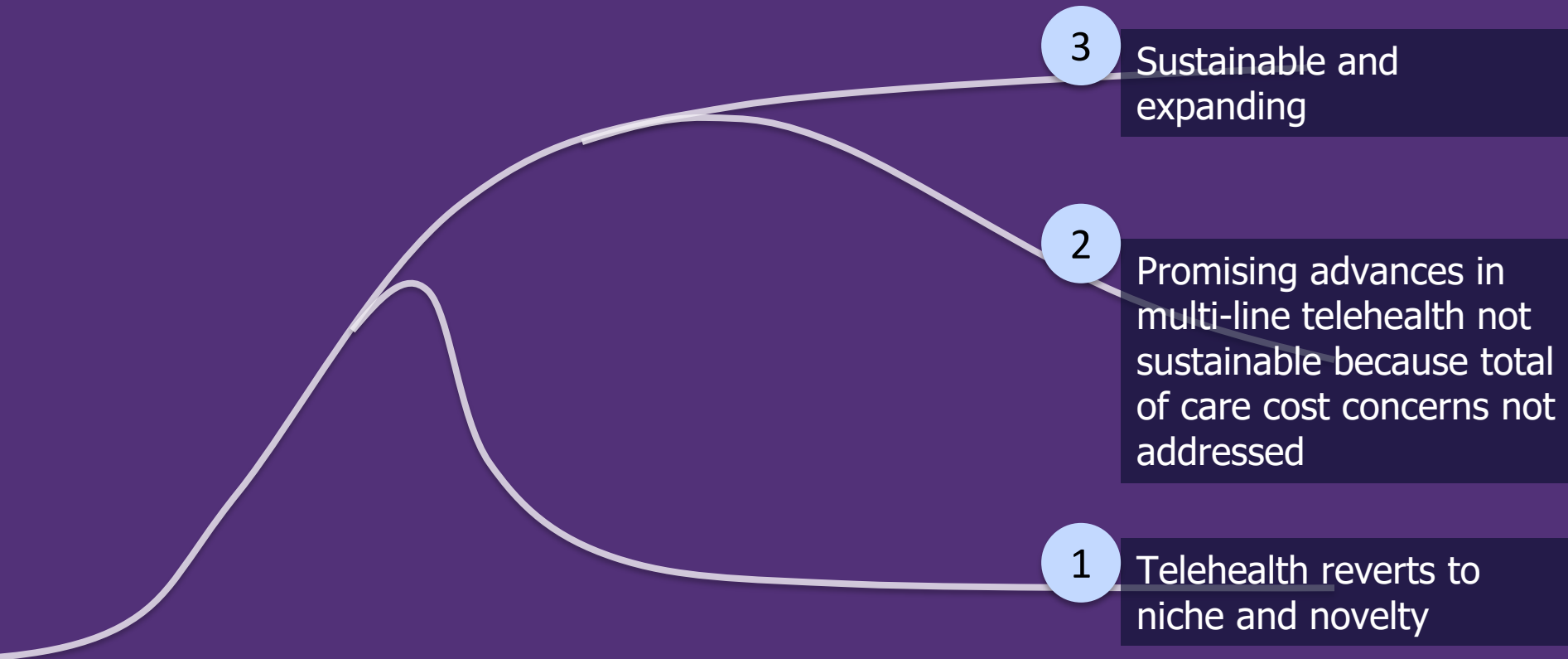


Around 2021: Return to in-person care, while trying to maintain digital access begun during pandemic.



2022 through Today: Moving to alignment with strategic goals, centering equity and value, with a focus on sustainability. Considering the role of new tools like AI, direct-to-consumer telehealth, and remote patient monitoring (e.g., mHealth).

Telehealth Maturity: Where are we now?



Source: [HITEQ Center - Assessing Telehealth Maturity in Health Centers: A report out on the progress of Massachusetts health centers in advancing telehealth during a pandemic](#)

Telehealth Maturity Model

Curve 1: COVID-19 Response

Curve 2: Care Integration

Curve 3: Sustainability & Expansion

Strategy & Leadership

All-consuming focus; critical to patient care and revenue needed to survive

CEO and entire C-suite champions the change; integrated in strategy, budget, and execution

Telehealth embedded in health center clinical models; drives financial, quality, and health equity goals

Clinical Integration

COVID and non COVID workflows; telehealth substitutes for some in-person visits to health center

Integrated into delivery of care across all health center disciplines and for all patients

On-site and virtual specialty care integration; optimization of community-based care with remote monitoring, in-home testing, and portal use

People

Rapid adoption of phone/video visits by health centers; variability in digital access for patients

Care teams competent in using telehealth for patient care and engaged in ongoing innovation; all patients able to access telehealth modalities

Providers routinely utilize access to specialty consults; patients engage in tech-enabled community-based care

Technology & Tools

Rapid deployment for phone visits; some video

EHR-integrated, HIPAA-compliant, video-enabled; patient devices, data plans, and remote monitoring deployed

Specialists integrated through eConsults and synchronous patient visits

Reimbursement & Policy

Liberal to support COVID-19 delivery of care

FFS reimbursement supports phone and video; partial patient enablement support; HRSA, FTCA, other regulatory flexibilities

Sustainable reimbursement
HRSA modernization

Source: HITEQ Center - *Assessing Telehealth Maturity in Health Centers: A report out on the progress of Massachusetts health centers in advancing telehealth during a pandemic* <https://fqhctelehealth.org/resources/>



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Reflections from the Pandemic

Telehealth bolstered access to family planning during

Concerns

- **Disparities in access to technology**
- **Telehealth was not offered evenly across clinics**
- **Gaps in telehealth training for providers**
- **Less personal connection with patients**
- **Challenges with confidentiality**
- **Inability to provide the full range of contraceptive methods**

Sources: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9110325/> and <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9436702/>



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Addressing Common Concerns: The Digital Divide

Concern: Our patients won't be able to use telehealth

The **digital divide is real**, and it's true that not ALL patients will be able to use telehealth. However, many clinics have been pleasantly surprised how they've been able to engage their patients. **Addressing the digital divide must be part of the broader digital health strategy!**

Some tips from peers include **teaching everyone in the clinic about telehealth** so that anyone who interacts with a patient is familiar and the patient doesn't just get passed around and then also having **specific staff who are able to provide more detailed assistance**. Some clinics have digital health navigators, some have CHWs who assist with this. Staff can also test tools out with patients prior to the moment when the patient needs it.

Addressing Common Concerns: Replacing In-Person Care

Concern: Telehealth will be a barrier to patients seeing their provider or otherwise “replace” in person care.

Digital health tools, like telehealth, sometimes bring up concerns about less “face time” with providers or the tool becoming a barrier to the patient seeing their provider. Be sure that your strategy does not do this! Telehealth is a way to keep patients and care teams connected. Planning, implementation, and messaging should be very clear on this.

Many clinics report that using electronic patient engagement **improves the relationship** between the patient and their care team-- giving the patient tools to better engage with their care.

Additional Strategies for Improvement

Considerations in 2024	What may be needed
<p>Across patients and providers there are likely to be different levels of interest and adoption in telehealth.</p>	<ul style="list-style-type: none"> • Early adopters or those who find it convenient will likely still use it. • Others may need clear guidance for when telehealth is optimal e.g., to save time/ resources (visits for refills, lab or test result follow ups, etc.)
<p>Turnover is high, so onboarding is a priority.</p>	<ul style="list-style-type: none"> • Include telehealth policies, protocols, modules in onboarding. • Remote supervision or mentoring can support onboarding to telehealth.
<p>There is increased competition in this space-- direct-to-consumer and commercial offerings.</p>	<ul style="list-style-type: none"> • Strategic and creative marketing by family planning organizations to differentiate services. • Concerns about divestment and duplication arise without it.
<p>Confidentiality and safety continue to be a concern</p>	<ul style="list-style-type: none"> • Protocols for safe words, asking if there are other people in the room, etc.
<p>Digital health more broadly supports telehealth and vice versa</p>	<p>When the team is doing more digitally-enabled care, some remote supervision, some eConsults, some secure messaging, then they are by definition, more comfortable with the different care modalities, including troubleshooting and coordinating virtually.</p>
<p>Role of others in healthcare who have responsibilities when services are provided remotely.</p>	<ul style="list-style-type: none"> • Labs and testing may need to be done locally, increasing the need for clients to be able to self managed that or the need for coordination with local resources. • If services are across state lines, what more is needed in terms of documentation and coordination.

Where to Start?



Identify a champion



Review recent utilization data



Revisit roles, workflows, policies, procedures, and outreach materials



Attend trainings

Hear From You

How are you using (if received) funds to support expanding telehealth services?

Telehealth Resources

- Follow the [Northeast Telehealth Resource Center](#) for free webinars, eLearning, etc.
- [National Consortium of Telehealth Resource Centers](#) have ongoing webinars and in-person conferences
- [American Telemed Association \(ATA\) National Conference](#), May 5-7, 2024 in Phoenix, AZ

Thank you!

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