

Telehealth Visits, Case Studies and Updates

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When to Use Telehealth Visits

Telehealth can be a good way to:

Discuss the types of birth control that is available, and which one might be the best fit.

Supply a refill for the birth control prescription the patient is using.

Prescription can be called in to the pharmacy for some types of birth control.

NP can discuss changes that can or need to be made.

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What questions might you ask during the telehealth visit?

- Case Study One
- 30-year-old, G2P2. Currently taking COCs and is seeking a refill called to pharmacy for continued contraception.
- Healthy, Non-Smoker, Normal BMI and stable VS at last visit in clinic.

- *How are your OCs working for you? Are you current on your OCs? When was last pill taken? Have you missed any pills?*
- *When was you LMP? Describe your menstrual cycles?*
- *Any changes in your medical history? Medication changes?*
- *When was your last sexual encounter? How many partners have you had in the past 90 days? Have you been exposed to any STIs to your knowledge? Are you using condoms?*
- *Are you planning for pregnancy in the future and if so when?*
- *Would you be interested in discussing other contraception options that may better fit your needs?*

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Further discussion during the telehealth visit reveals:

- She likes the convenience of today's telehealth visit and does not have a feasible schedule to f/up at clinic every 3 months for supply visit.
- She has monthly cycles lasting 7 days with moderate flow and cramping.
- She has only had 1 partner in the past 2 years and does not desire any future pregnancies at this time.
- She misses on average about 1-2 pills monthly and does not use condoms.
- She has a negative medical history.
- She denies history of STIs or abnormal pap smears.
- She is interested in LARC due to convenience and safety and leaning toward IUD.

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Case Study 1 Has Questions

- *Right now, my period is moderate, will my bleeding stop?*
- *What if I want to have another baby before 7 years?*
- *I think that I am interested in an IUD. What do I need to do to get an IUD placed? I also need my pap smear done because I think it has been a while.*
- *Spotting and irregular bleeding may occur during the first 3-6 months. Periods often become shorter and lighter thereafter. However, cycles may remain irregular, become infrequent, or even cease.*
- *The IUD can be removed at any time. You may become pregnant as soon as it's removed. About 7 out of 10 women become pregnant within first year of removal.*
- *There are several IUD options. Let's further discuss these options and what to expect on your next visit....*

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Utilize Telehealth Visit to Educate and Discuss LARC Options, Procedures, and Consents.

- *Discuss IUD options, risks vs benefits and side effects of each to help her make informed contraception choice*
- *Let me read the ADPH IUD Consent today and I can answer any questions that you have. You will sign this consent prior to IUD insertion on your next visit.*
- *Discuss IUD procedure and what to expect and associated risks.*

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Explaining IUD Insertion and Providing Information

We will need to schedule you an appointment for an office visit with the NP on the next available date. At this visit, we should be able to complete your Annual Exam and IUD placement in one visit. Today we will supply you with contraception to continue until you return to the clinic for your Annual Exam and IUD Insertion. This is what you can expect at your next visit:

- *We will complete your annual gyn exam, STI screening and discuss your chosen method of contraception. All labs will be obtained at this visit and we will need to make sure that you are not pregnant and do not have any infections prior to IUD placement. Please continue use of contraception until your next visit.*

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ADPH IUD Training Link

- September 2018 Training Video Link
- <https://www.alabamapublichealth.gov/alphnt/featured/adph-clinician-iud-training.html>
- Resource: Beyond the Pill Contraceptive Training

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Provider Link:

<https://www.acog.org/programs/long-acting-reversible-contraception-larc/video-series/>

LARC Insertion LARC Removal Contraindications to IUD Contraception
 IUD Informed Consent and Pre-Insertion Counseling
 Contraception Counseling with Shared Decision-Making Framework
 LARC Counseling Scenarios

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Available Patient Information Links:

- <https://www.whyiud.com/>
- <https://www.mirena-us.com/>
- <https://www.kyleena-us.com/>
- <https://www.liletta.com/>
- <https://www.paragard.com/>
- <https://www.nexplanon.com/>

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Case Study 2

Melanie is a 40-year-old G 3 P3 and she does not want any more children and would like to discuss birth control options before coming into the clinic

She states her periods have always been heavy lasting 5-6 days a month and would be happy if her method would also decrease her bleeding

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Further discussion during today's telehealth visit reveals:

Melanie is currently using condoms but admits to episodes of unprotected sex in the past therefore she is interested in a more reliable long-term method

PMH includes IDDM dx at age 20 and she is under the care of a Physician; her last A1C 6.7 and she denies any neuropathy, retinopathy or nephropathy

She has limited time off from work and would like to get her exam and birth control at one time

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Case Study 2

Melanie states she has is not sure what options are available to her, but she can not come to multiple visits due to her work schedule


You discuss contraception options; the benefits, mechanism of action and the possible risk vs benefits

Discuss the follow up visits required for each method and then annual exam

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LARCs


- **Mirena**
 - Prevention of pregnancy for up to 7 years
 - Treatment of heavy menstrual bleeding for up to 5 years in women who choose to use IUD as their method of contraception
 - Replace after the end of the fifth year if continued treatment of heavy menstrual bleeding is needed
- **Liletta**
 - Prevention of pregnancy for up to 6 years
- **Kyleena**
 - Prevention of pregnancy for up to 5 years




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LARCs

Paragard-
Copper IUD- non hormonal
Approved for pregnancy prevention for up to 10 years
May be effective for longer
Can be used as emergency contraception



Implant-
Prevention of pregnancy for up to 3 years
On going studies may prove efficacy is longer



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**Case Study 2
What Happens
Next**

- The patient has chosen IUD as her method.
- Ready for appointment
- She will continue to use condoms until in office visit
- Counseling has been completed on mechanism of action
- Risk vs benefits
- Schedule for in office appointment for exam and IUD placement

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Safety Information

- Use of IUD is contraindicated in women with:
 - Known or suspected pregnancy
 - Uterine anomaly, including fibroids
 - Known or suspected breast cancer
 - Known or suspected uterine or cervical malignancy
 - Liver disease
 - Untreated cervicitis including BV
 - Unexplained uterine bleeding
 - Acute PID
 - Women > 55 years old

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Case Study 2

Melanie said there is no way I can take off again in 6-8 weeks for this follow up. Can I get my follow up visit done via telehealth like we are doing today? What should your response be?

- No that is not possible
- You must have a pelvic exam by the NP so if you can't come back, we should look at other options
- Talk through the importance of this visit and the possibility of telehealth if she is comfortable checking her string, she has no pelvic pain, no painful intercourse and no abnormal bleeding.

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Case Study 3

- Sara is a 24-year-old that is asking for telehealth visit due to COVID 19
- She had her annual exam and Depo 3 months ago
- In reviewing her exam and labs, you see that she has a positive TV and still needs treatment
- Do you:
 - A- tell her she is going to have to come in today because she needs treatment?
 - B- Counsel her on this positive test results and offer to treat with the current FP telehealth visit?

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Case Study 3

Sara can be treated today during her current Family Planning Telehealth visit

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Case Study 3

- Sara states she is happy she does not have to come into the clinic because she has an elderly parent at home, and she is very concerned about this pandemic.
- She is also due for her second HPV vaccine, and she would like to also get this today during her Telehealth visit.
 - Do you:
 - A- Tell her no she must come in and get the vaccine?
 - B- Tell her this can be given during the Family Planning Telehealth visit?

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Telehealth

Telehealth is only approved for Family Planning Visits

DCS treatment is not approved for Telehealth unless it is associated with a Family Planning Telehealth visit

Immunization is not approved for a Telehealth unless it is associated with a Family Planning Telehealth visit

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Case Study 4

- Martha is a 23-year-old G0 established on Depo without complaints. She request Depo as telehealth visit due to the pandemic. The NP is remote doing the telehealth visit with the RN in the clinic available to administer the Depo. The NP notes the patients last physical exam was 2/2020 and she had a deferred physical 8 months ago.
- Pt reports no changes in her medical history, and she is not taking any medication at home.
- The NP discusses the physical exam is overdue; the pt states she is aware she missed her appointment last week to get the exam and Depo, but she was out of town.
- This is the last day to get her Depo without it being late.

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Case Study 4

What is the management of this patient?

- A. Give Depo and schedule for annual and Depo in 12 weeks
- B. Give Depo and schedule for the next available NP appt
- C. Don't give Depo and schedule pt to RTC when NP is available

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Case Study 5

- Cindy is a 16-year-old G0. LMP 3 weeks ago. She is at the clinic today requesting an initial telehealth visit and pregnancy test. She states she would like to get the morning after pill along with birth control because she had unprotected sex over the weekend.

You explain that due to her need for pregnancy test we will need to bring her into the clinic for evaluation before we can provide her with this requested method.

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Case Study 5

- What is your contraception management of this 16-year-old requesting emergency contraception? You note she had unprotected sex 4 days ago, pregnancy test is negative, B/P 110/70 and her BMI is 34. You discuss all methods of EC including the Copper IUD, but she is only interested an oral method.
- Do you-
 - A. Supply with Plan B to take now and COC to quick start tomorrow?
 - B. Supply Ella to take now and COC to start in 5 days?

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Free At-Home Testing Kits For The Following:

- Chlamydia
- Gonorrhea
- HIV
- Syphilis

<https://adph.mybinxhealth.com/>

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Updated Treatment Guidelines

Trichomoniasis		Chlamydia	
Recommended Regimen/Dose/Route	Alternative Regimens	Recommended Regimen/Dose/Route	Alternative Regimens
Women-Not pregnant Metronidazole 500 mg PO BID X 7 Days	Both men and women Trichlorfon 2g PO as a single dose	Adults and Sex Partners within 60 days Doxycycline 100 mg PO BID X 7 days	Mithromycin 1g PO as a single dose OR Levofloxacin 500 mg orally once daily for 7 days
Women with HIV infection	If allergic to Metronidazole: Call for treatment guidance	Children aged 7-10 years Azithromycin 1g orally as a single dose	
Men		OR Doxycycline 100 mg PO BID X 7 Days	
Pregnant Women		Children weighing ≥45 lb/total weight ≥10 years Azithromycin 1g orally as a single dose	
		Pregnant Azithromycin 1g PO as a single dose <i>Note: Report test in 4-weeks after treatment.</i>	Azithromycin 500 mg PO TID X 7 days

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Contraception

Mirena Indications for 7 year contraception use.

phexxi new on demand non-hormonal method of contraception

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FINALLY! A NON-HORMONAL PRESCRIPTION CONTRACEPTIVE VAGINAL GEL THAT'S USED IN THE MOMENT

phexxi
lactic acid, citric acid, and potassium citrate vaginal gel
5.0%, 1%, 0.4%

PHANTASTIC! QUICK AND EASY TO USE


- After application, 1 dose of Phexxi®
- is effective immediately!
- will last up to 1 hour!
- provides protection for 1 act of vaginal intercourse!

1 DOSE / 1 HOUR / 1 ACT

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Telehealth

- **Telehealth is increasingly used in nearly every aspect of women's health.**
- **It is important that the patient-clinician relationship is upheld and valued in the treatment plan.**
- **Clinicians who provide telehealth must comply with the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules.**



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The Future Of Telehealth



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