



TELEMEDICINE MODALITIES

- Telemedicine appointments may be conducted over the phone or video call.
- Patient portals in the EMR system may also be used for requests, monitoring, or follow up.
- To learn about other modes of telemedicine, see ACOG — [Implementing Telehealth in Practice](#).

TELEMEDICINE INSURANCE POLICY CHANGES DUE TO COVID-19

MEDICARE

- Telemedicine visits will be covered for all traditional Medicare beneficiaries regardless of geographic location or originating site.
- You are not required to have a pre-existing relationship with a patient to provide a visit virtually.
- You may use FaceTime, Skype, and other everyday communication technologies to provide virtual visits.
- For more information, see: Centers for Medicare and Medicaid Services — [Medicare Telemedicine Health Care Provider Fact Sheet](#).

MASSHEALTH

- During COVID-19, MassHealth will cover all clinically appropriate, medically necessary services to members via telemedicine.
- For more information, see: MassHealth All Provider Bulletin 289 — [MassHealth Coverage and Reimbursement Policy for Services Related to Coronavirus Disease 2019 \(COVID-19\)](#).

COMMERCIAL INSURANCE – MASSACHUSETTS

- All commercial insurers are now required to allow all in-network providers to deliver clinically appropriate, medically necessary covered services to members via telemedicine.
- This requirement applies to: the Group Insurance Commission, all Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc., and Health Maintenance Organizations.
- For more information, see: Commonwealth of Massachusetts, State House of Boston — [Order Expanding Access to Telehealth Services and to Protect Health Care Providers](#).

HIPAA CONSIDERATIONS

- Comply with HIPAA privacy and security rules. Be aware of the unique security risks posed by virtual healthcare technology.
- Telemedicine equipment must encrypt user data.
- Counsel patients about the limitations of HIPAA, especially if they are using a smartphone.
- For more information, see: U.S. Department of Health & Human Services — [Summary of HIPAA Security Rule](#).

PATIENT PRIVACY CONSIDERATIONS

- Adolescents may lack privacy when participating in telemedicine from their home. Unless the privacy of the call can be confirmed in their setting, do not ask for sexual history.
- Patients who are victims of domestic violence may have their abuser monitoring their telemedicine visit—be mindful of this when conducting screening questions or discussing method options.

PREPARATION FOR TELEMEDICINE VISIT

- Have the necessary hardware, software, and a reliable, secure internet connection.
- Conduct mock visit(s) before a live visit to get comfortable with the technology.
- Create a quiet, professional environment.
- Consider your background if using video conferences.
- Silence your phone to give the patient undivided attention as you would in the office setting.
- Charge your devices to ensure sufficient battery during a virtual visit.
- Consider using Doximity to change the displayed name and number to your hospital/practice and office phone.



COMMUNICATION DURING THE VISIT

- Explain to patients how telemedicine works, limits on confidentiality, prescribing policies, coordinating care with other health professionals, and the possibility of technology failure (in simple, clear language).
- Establish a plan for if technology fails (you will call them back).
- Audio and video conferencing can allow for immediate, clear, and accurate information in real time.
- Video conferencing can allow for exchange of both verbal and non-verbal cues.
- Stay engaged — set your camera at eye level and maintain eye contact, nod along to show you’re listening.
- Explain next steps before ending the virtual visit, including what the plan for follow-up is.
- Ask the patient what they thought of the virtual meeting process. Consider their feedback to make future meetings more successful.

CONTRACEPTION COUNSELING

- Obtain all pertinent health history from interview/patient’s chart.
- Ask about common contraindications to estrogen (hypertension, migraines with aura, tobacco use > 35 years, first 6 weeks postpartum). For more information, see CDC — [US Medical Eligibility Criteria \(US MEC\) for Contraceptive Use](#).
- You do not need a physical exam or lab work prior to provision of any non-IUD form of contraception.
- A recent normal blood pressure recording (prior 12 months) is sufficient for prescribing estrogen-containing methods. If no blood pressure recording is available, counsel on progestin-only methods or give them the option to take their BP at a pharmacy.
- Utilize a shared decision-making approach — see below for PICCK’s PICK ONE Framework, and watch [Shared Decision-Making Video](#) to see the framework in action. Learn more about the framework here: [Shared Decision-Making Infographic](#).
- Counsel on the full range of methods that they are medically eligible for.
- Consider use of a decision aid to guide your counseling. You can share your screen to show a decision aid, or email it to the patient prior to the encounter.
- If the patient selects a method you cannot provide them via telemedicine (e.g. IUD insertion) then offer them a bridge method and schedule them for a future date to have the procedure. See PICCK’s resource on [Bridge Methods](#) for more information.

