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.

Partners in Contraceptive Choice and Knowledge (PICCK) is a five-year program funded by the Executive Office of Health and Human Services, Commonwealth of Massachusetts and housed at Boston Medical Center/Boston University School of Medicine.

For more resources on COVID-19, please visit our website at: https://picck.org/news/covid-19/