Title: Protocol for Telemedicine screening for SFCC during COVID-19 epidemic

Rationale: To minimize exposure to SARS-CoV-2 among patients, staff at SFCC, while continuing to provide STD/HIV services

How it works (overview):

1. Notice placed on website (https://www.sfcityclinic.org/) and front door: SFCC is only seeing patient with symptoms of STI, contact to STI/HIV, need PEP/PrEP/contraception/HIV care, or people whom we have contacted to come in for services, and ALL patients are asked to please call ahead (415-487-5500) for telephone screening. Some patient may be treated without a visit.
2. IMPORTANT: Persons who present to SFCC in-person without calling will still be allowed to enter and be triaged at registration, as per current COVID-19 SFCC protocol (no asymptomatic screens, we are only seeing contacts to an STI/HIV, persons with symptoms of an STI, need PEP/PrEP/contraception/HIV care, or persons we have asked to come in for services).
3. Phone procedure (applies to persons calling from home who saw website, or persons outside clinic door who didn't see website but saw sign on front door):
    - Patient will call registration area at 415-487-5500 for **Telephone Screen**
    - Registration team will ask caller reason for call, and complete top portion of **Telemedicine Note Template** and route caller to clinician line if it is a patient with a clinical concern/question (**415-487-5595**) (or a specific clinician's phone if requested)
    - Clinician picking up call (**#9595**) evaluates patient over the phone (see below), determines disposition as described below (phone in a prescription for syndromic treatment, recommends an in-person visit, or no action needed).

STEP 1: Telephone screen:

A. Registration:

Ask: How can I help you today?

- If it is a non-STD or non-clinical concern (hours, do we test for COVID, etc.), provide them with the info
- If they report COVID symptoms/want to know where to get COVID tested, do not register them but transfer them to a clinician for guidance (being developed)

- If they report STD symptoms, being a contact or needing PEP/PrEP/contraception/HIV care or having been called to come in for services, let them know you will route them to a clinician for a phone visit but that you need to collect additional information first. ***Use the SFCC Telemedicine Note Template template to start recording the following information***:

Ask for their phone number in case disconnected

Ask if they have ever been to SFCC before, if yes, write down their name, DOB and phone number

From the main menu click "registration menu" then "register patients" and then "phone counsel" (which is the new button).

You will be prompted to pick or create the patient; search by name and DOB before creating a new one. If you create a patient, you will be prompted to update the demographics for him or her; if you pick an existing patient you will be asked whether you want to do that.

If will show you any open field work and any study enrollment. For existing patients, it will show the last five visit report on the screen. That's it. There are no other questions (reason for visit, insurance, etc.).

Open field work will print, but that is all.

Transfer patient to clinician at 415-487-5595 (or a specific clinician's phone if requested) and ***bring clinician the SFCC Telemedicine Note with patient's name, DOB, and CC#.*** This is what the clinician will then use to record information from their phone call with the patient

B. Clinicians:

- Pick up the call by dialing **#9595**
- If the front desk phone is ringing and registration staff are occupied (i.e. it has not yet been transferred to 415-487-5595), clinicians can answer the call directly by dialing **#9440**.
    - If the call is from an established CC patient, **go to Step 2**.
    - If they are not an established CC patient but the clinician will be addressing their concern either over the phone or in person, complete a CC Telemedicine form with basic info, and transfer patient back to front desk so the caller can be given a CC#. If registration staff are unavailable, tell patient registration staff will call them shortly, and bring the form to registration staff.

STEP 2: Telephone Evaluation by Clinician (have notepad ready, CCEMR open):

- Look up caller in CCEMR and start a 'floating' progress note using the Progress Note tab.
- Record the following information on the ***SFCC Telemedicine Note*** you received from registration [*if patient does have to come in, recording this info now will shorten their face-to-face time w clinicians. No need to repeat these questions in the exam room*]:
    a. HPI/What's the problem/Reason for call: (Symptoms of STI, Contact to STI, PEP/PrEP/contraception/HIV care, Other [*this is where you'll gather the most important info that will guide your medical decision making*]

If it is clear from the conversation that the patient does NOT need to come in, you do not need to collect all the subsequent detailed history and risk assessment questions. You can just write a brief progress note in CCEMR explaining the reason for the call and your recommendations. However, if you decide that the patient should come-in, please ask the questions outlined below (med hx and risk assessment). This will minimize the face to face time during the in-person visit. You will not be able to enter all these structured data elements into CCEMR until the patient comes in and registers. Therefore, this paper should be saved (in filing system on Adam's desk by Oliver's office) for when the patient comes to clinic.

- In the last 7 days, have you had sore throat, cough, fever or difficulty breathing?
    - If yes – get add'l details, find out if they've talked to their doctor, consult with Stephanie or Oliver.

- Any important medical history including
    - Medication allergies
    - Meds in last 30 days
- Sex/gender of partners
- Were you recently exposed to a specific STI (GC, CT, MG, syphilis, HIV, Trich) that has not been treated [*this may have already been covered in (c)*]
- # and gender of sex partners in last 3 months
- Sexual risk assessment in last 3 months
    - # partners with whom they had condomless vaginal/receptive anal/insertive anal sex
    - Oral sex: Someone's mouth on your genitals, or your mouth on someone's genitals
- GYN, contraception assessment (if applicable)
    - LMP
    - Current birth control (if any)
    - Estrogen risk factors (age, migraines w aura, hypertension, smoker, personal hx of gyn or breast cancer, personal or family hx of blood clots, currently taking anti-seizure meds/griseofulvin/St John's Wort)

STEP 3: Whether patient can be treated over the phone, and if so, what antibiotics to use, will be determined by the clinician, using following guidelines (opportunities to treat over the phone are in red):

Additional steps to increase social distancing if patient needs to come in:

1. Use data from phone interview to populate CCEMR data entry after patient leaves, i.e., don't repeat interview in exam room.
2. Patient collects pharyngeal, rectal, vaginal swabs whenever possible (clinician labels tubes)
3. No anoscopy unless absolutely necessary: patient can self-collect an Aptima swab for GC, CT, and a viral swab for LGV and HSV PCR.

FOR PHONE IN PRESCRIPTIONS:

- REMEMBER TO ASK PATIENT FOR PHARMACY INFO: NAME, ADDRESS (APPROXIMATE) AND TELEPHONE NUMBER!!
- MAKE SURE WE HAVE PATIENT'S CONTACT INFO IN CASE SOMETHING GOES WRONG!!
- REMEMBER TO RECORD PRESCRIPTION IN CCEMR
- IF CEFIXIME NOT AVAILABLE (pharmacies may not stock):
    - Non-pharyngeal GC: cefpodoxime 400mg PO q12h x 2 doses plus azithromycin 1 gram
    - Pharyngeal GC: cefpodoxime 400mg PO q12h x 4 doses plus azithromycin 1 gram x 2 doses

Contact to disease (self-report):

- **ALL Contacts to HIV and requiring PEP:** come in for evaluation/testing/treatment.
- **ALL Contacts to syphilis:** come in for evaluation/testing/treatment**.**
- **ALL Contacts to unknown disease, regardless of sxs**: come in for eval/testing/possibly treatment.
- **Symptoms concerning for PID**: come in for evaluation/testing/treatment
- **Symptoms concerning for proctitis**: Preferable to come in for evaluation/testing/treatment

- **Contact to known GC:**

  - **For Men who have sex with Men (MSM)/Transgender persons who have sex with men (TGSM) regardless of site:** recommend they come in for evaluation and optimal treatment including IM ceftriaxone 250mg + PO azithromycin 1 gram. For MSM/TGSM contacts to GC who will not come in: cefixime 800mg BID x 2 doses plus azithromycin 1 gram BID x 2 doses
  - **For Cis Men who have sex with women (MSW):** cefixime 800mg x1 plus azithromycin 1 gram x1
  - **For Cis Females and Trans Men (TGM) with a vagina:**
    - NO symptoms of vaginitis or PID**:** cefixime 800mg x1 plus azithromycin 1 gram x1
    - Symptoms concerning for vaginitis or PID**:** come in for evaluation

- **Contact to known CT/NGU/Mgen/Trich:**

  - **MSM, MSW, Trans Women (TGW) with a penis:** Offer empiric treatment with phone in Rx to pharmacy
    - Contact to CT: azithromycin 1 gram or doxycycline 100mg BID x 7d (doxycycline preferred for rectal contact)
    - Contact to NGU: (MSW) doxycycline 100mg BID x 7d; (females) azithromycin 1 gram
    - Contact to Mgen: moxifloxacin 400mg daily x 10d
    - Contact to Trich: (MSW) 500mg 4 tabs x1
    - If urethral discharge: offer treatment for known exposure (see above) plus GC treatment: cefixime 800mg + azithromycin 1 gram

  - **Cis Females, TGM with a vagina:**
    - NO symptoms of vaginitis or PID: use regimens above.
    - Symptoms concerning for vaginitis or PID**:** come in for evaluation
  - **Anorectal symptoms: preferable for patient to come to SFCC for evaluation and treatment,** however if treating empirically:

- Discharge, itching, irritation: cefixime 800mg plus doxycycline 100mg BID x 7d
- If pain, bleeding, bloody discharge: cefixime 800mg plus doxycycline 100mg BID x21d plus acyclovir 400mg TID x 7-10d

ALL PATIENTS ASKED TO COME IN SHOULD TELL REGISTRATION THEY WERE PHONE SCREENED WHEN THEY ARRIVE

Symptoms of an STD (dysuria, urethral irritation, urethral discharge, vaginal discharge or odor, sores or rashes):

- **Cisgender women and TGM with a vagina:** should be evaluated in clinic EXCEPT for:
  - **UTI** symptoms that can be managed over the phone:
    - Symptoms classic for uncomplicated UTI (dysuria, frequency, urgency, hematuria, suprapubic discomfort/pressure) without fever, nausea, vomiting, chills, flank or pelvic pain, vaginal d/c, genital lesions, or itch
    - AND not treated for UTI within the past 2 months, <5 cases in past 12 months, and no significant chronic kidney disease
    - AND not pregnant.
  - **Yeast vaginitis** symptoms that can be treated over the phone**:**
    - Itch with d/c typical of yeast, no pelvic pain or genital lesions, and low risk for STDs, particularly if recent antibiotic use or history of frequent yeast vaginitis
    - If pregnant, consider using topical/suppository treatment
  - **Bacterial vaginosis** symptoms that can be treated over the phone:
    - Vaginal d/c with typical odor, minimal to no itch, no pelvic pain, no dysuria, no genital lesions, and low risk of STDs, particularly if history of frequent BV.
- **Sore or rash concerning for possibly syphilis or HSV (regardless or sex/gender)**: come in for evaluation/testing/treatment.

- **MSM/TGSM*:* preferable for patient to come to SFCC for evaluation and treatment, however, if treating empirically, follow guidelines below**

- **Penile Urethritis:** Offer treatment over the phone
  - If no urethral discharge: treat for NGU with doxycycline 100mg BID x7d
  - If persistent NGU after doxycycline: moxifloxacin 400mg daily x 10d; if MSW, consider adding metronidazole for Trich.
  - If urethral discharge: cefixime 800mg plus doxycycline 100mg BID x7d
  - Okay for patient to come in if they strongly prefer

- **Anorectal symptoms**: preferable for patient to come to SFCC for evaluation and treatment; however, if treating empirically:
    - Discharge, itching, irritation: cefixime 800mg plus doxycycline 100mg BID x 7d
    - If pain, bleeding, bloody discharge: cefixime 800mg plus doxycycline 100mg BID x21d plus acyclovir 400mg TID x 7-10d
- **If empirically treating MSM/TGSM for pharyngeal symptoms** and there was known pharyngeal exposure: cefixime to 800mg BID x2 doses and azithromycin to 1 gram BID x2 doses, and obtain TOC in 14d

Patients we call to come in (other than lapses)

- Come to SFCC and register per usual protocol.
- DIS to inform patient that they can come in without calling first

Lapses (GC/CT/Mgen/Trich):

- GC: preferable for patient to come in for optimal treatment (ceftriaxone IM plus Azithromycin), however if patient unwilling or unable to come in:
    - NON-PHARYNGEAL GC: cefixime 800mg + Azithromycin 1 gram
    - PHARYNGEAL GC: cefixime 800mg BID x 2 doses plus azithromycin 1g BID x 2 doses
- NON-RECTAL CT: azithromycin 1 gram or doxycycline 100mg BID x 7d
- RECTAL CT: doxycycline 100mg BID x 7d
- for Mgen: moxifloxacin 400mg daily x 10d
- for Trich: (vaginal) metronidazole 500mg BID x7d; (penile) 500mg 4 tabs x1

Patient requesting Birth Control, including emergency contraception ("morning after pill"):

- Known SFCC patient
    - check pt's CCEMR chart
    - if pt has been seen in the last year, no contraindications to method, and BP WNL, ok to refill for 1 year
    - if pt has been seen between 1-2 years ago, check chart for the above & give enough refills to reach the 2-year mark (i.e., if patient was seen 18 months ago, refill for 6 months)

        - if it has been > 2 years since last visit, OK to refill 3 months (maybe 6 months?) and make sure to call pt to let her know this is a one-time exception, when we are re-open for regular business, she will need to be seen for further refills
        - if pt has contraindication to estrogenic method, can call in Rx for progestin only pills, or ask pt to come in for depo
    - NOT known SFCC patient
        - Must come in for visit, unless they only need EC (MAP) in which case we can call it in to pharmacy

Patients needing PrEP starts: Come in for GC/CT NAATs, blood draw (HIV, RPR, sCr), PrEP basics, prescription, enrollment

PrEP Quarterly Visits

- Anyone asking by phone about a PrEP quarterly and whose due date is between Feb 23 - May 9 should be offered up to two 1-month extensions (each one written as "#30, 0 refill") as needed.
    - If no extension already given, the extension will be covered under standing order. Forward the call to x537 and tell pt to leave a voicemail with name, DOB, and pharmacy info if no one answers. However, if you are already calling in another medication to the pharmacy, please call the Truvada/Descovy in directly too.
    - If 2 extensions already given through May 9 or pt's next visit due date is NOT between Feb 23 – May 9, consult Oliver.

- If a pt presents to clinic for a PrEP quarterly visit, perform the visit.

- If a pt presents to clinic for another urgent sexual health need that qualifies them for an in-person visit, and they are also due for a PrEP visit in the next 3 weeks, perform a comprehensive visit that includes the PrEP quarterly visit procedures and PrEP Rx.

Patients needing PEP (evaluate level of risk/need over the phone):

- Come in for HIV testing, prescription, enrollment in assistance program(s) if needed

Patients needing HIV services (reengagement in care, recent arrivals needing ART refills, etc): Please screen patient:

1. Are you HIV+ and on or off meds **or about to run out of meds**?
2. Do you have a home clinic? **If so, which clinic is it?**
3. Are you insured?

- If on meds and in care, no need to see LINCS/Andy.
- If home clinic is W86 or Kaiser- can refer back to those clinics
  W86 PHAST contact: Lizzy Lynch, RN 628-206-2458; Sandra Torres: 628-206-2419; Miguel Ibarra: 415-206-2411
  Kaiser SF contact: Jesse White, RN 415-206-2411

- Get the Pt's name, DOB and phone number and ask if it is OK for us to call those clinics to alert them that the Pt needs support.

- If not insured, no meds**, or running out of ART**, should come in to see LINCS/Andy/ECC triage

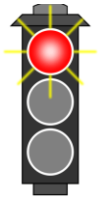
If patient needs meds, has no home clinic or insurance, have them come in for screening. Call LINCS managers Midori x520, Jason 415- 574-8817, Erin x506 to come down to do basic triage- can refer to ECC triage handout Andy created about ECC RAPID eligibility (see below). Andy would be able to then assist with pts who are ECC eligible for RAPID and ADAP, other insurance needs.

SF City Clinic, Early CARE Clinic (ECC)

RED

Not eligible for ECC

Worker should consult TinyURL.com/RapidOptionsInSF and take the necessary steps to link the client to care



Common Patient Factors

Patient is eligible for presumptive enrollment in Medi-Cal Expansion (send Pt to W86)

Patient can be linked to a clinic in SF or a Bay Area county and started on Tx w/i five days (*Alameda, Contra Costa, Marin, Napa, San Mateo, Santa Clara, Solano, or Sonoma)*

Patient can be linked to care because they are enrolled in…

→ Full-scope private insurance
e.g. Kaiser, Aetna, Blue Shield
→ Full-scope public insurance
Medicare (but not in Part C)
Medi-Cal based in SF City & County
→ Healthy San Francisco

YELLOW

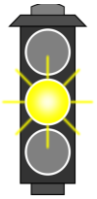
MAY BE ECC ELIGIBLE

Worker should contact Early CARE Clinic Social Worker to review the patient's eligibility

Common Patient Factors

Presumptive Medi-Cal enrollment eligibility unclear

Patient is not a SF resident but lives in a Bay Area county and likely cannot link to care in five (5) days



(*Alameda, Contra Costa, Marin, Napa, San Mateo, Santa Clara, Solano, or Sonoma)*

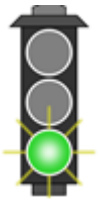
Patient is a visitor to SF who…
→ Lives in CA, but not in the Bay Area
→ Lives in states other than CA

Patient is a tourist from outside of the US
Likely not eligible for ECC

GREEN

LIKELY ECC ELIGIBLE

Worker should connect to the Early CARE Clinic Social Worker ASAP



Common Patient Factors

→ Ineligible for Medi-Cal
d/t earnings over $1,436/month; immigration status or another factor
→ Not enrolled in private insurance
via work, spouse, Covered CA or other method
→ Medi-Cal enrolled but in a county other than SF
→ Medicare enrolled but in Part C or **not** in Part B
→ Insured but cannot be seen by RAPID provider in five days or less

GoodRx for antibiotics/acyclovir

- Pts who are uninsured and are willing to pay a small OOP cost for the antibiotics/acyclovir to avoid coming to SFCC, should be routed to the GoodRx coupon associated with their medication. In addition, pts whose insurance requires a PA for any of these medications (most likely moxifloxacin) should be offered a GoodRx coupon to pay OOP preferentially before offering to help with the PA, as PAs can take several days and this risks delays to starting tx.
- Average prices for medication on 3/25/2020 were $10-30 for a full course of medication.
    - Azithromycin 500mg tablet, #2 https://www.goodrx.com/azithromycin?dosage=500mg&form=tablet&label_override=azithromycin&quantity=2
    - Doxycycline hyclate 100mg, #14: https://www.goodrx.com/doxycycline-hyclate?dosage=100mg&form=capsule&label_override=doxycycline+hyclate&quantity=14
    - Moxifloxacin 400mg, #10: https://www.goodrx.com/moxifloxacin?dosage=400mg&form=tablet&label_override=moxifloxacin&quantity=10
    - Cefixime 400mg, #1: https://www.goodrx.com/cefixime
    - Acyclovir 400mg, #15: https://www.goodrx.com/acyclovir?dosage=400mg&form=tablet&label_override=acyclovir&quantity=15