ADOLESCENT SEXUAL HEALTH TELEHEALTH SERVICES DURING THE COVID-19 PANDEMIC

National Coalition of STD Directors

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Adolescent Sexual Health Telehealth Services During the COVID-19 Pandemic

The purpose of this toolkit is for users to:

- Explore how telehealth can be used to reach the sexual health needs of adolescents during COVID-19
- Identify barriers and potential solutions to implementing telehealth services
- Consider how to support the continued use of telehealth services through meaningful policy and regulatory changes

Telehealth policies are specific to each states' telehealth-related laws and regulations. For more information about state-specific policies, check out the Center for Connect Policy's Telehealth Policy Finder Tool. This free Policy Finder database is updated consistently throughout the year. Also, take a look at HIPAA Flexibility for Telehealth Technology from the Department of Health and Human Services.

A special thank you to School-Based Health Alliance for their partnership in producing this toolkit.

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SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

Introduction

As of April 2022, the COVID-19 pandemic has resulted in over 80 million cases in the United States, with almost one million of those ending in death. According to the Centers for Disease Control and Prevention (CDC), trends in COVID-19 incidence for children and adolescents age 0-17 run parallel to trends of adults. Since the summer of 2020, the number of new adolescent COVID-19 cases has risen with every consecutively increasing age group.

As the nation focused on preventing the spread of COVID-19, adolescents adjusted many aspects of their life including how and where they learn and access sexual health services (SHS). The importance of ensuring these services are available to adolescents is exemplified by the percentage of this population who report having currently or previously been sexually active, experienced STDs/STIs, or been pregnant.

- Before the COVID-19 pandemic, 38.4% of adolescents in grades 9-12 reported ever having sexual intercourse, while 27.4% reported currently being sexually active.

- Adolescents ages 15-24 years account for about half of newly reported STD cases but are only about 13% of the total population. Despite these numbers, STD screening rates among adolescents are low. Before the pandemic, only 17% of females and 7% of males, aged 15-25 years old, reported receiving STD screening in the past 12 months.

- Despite recent declines, the rate of teen pregnancy in the U.S. also remains significantly higher than that of other industrialized Western nations. In 2017, the birth rate for adolescents aged 15-19 years was 18.8 per 1000 women.

Access to adolescent SHS is essential to preventing unintended pregnancy, slowing the spread of STDs/STIs in this population, and ensuring that pregnant teens receive needed prenatal care. When considering disparities among historically marginalized groups, access to adolescent health services is critical.

- In Black females and males aged 15-19 years, the rate of reported cases of chlamydia was 4.5 and 9.1 times higher, respectively, than their white counterparts.

- In 2017, the birth rates for non-Hispanic Black female adolescents and Hispanic female adolescents aged 15-19 were 27.5 per 1,000 and 28.9 per 1000, respectively. Both are more than double the birth rate for non-Hispanic White female adolescents in the same year (13.2 per 1,000).

- LGBTQIA+ adolescents report a higher prevalence of risky sexual behaviors and are at a higher risk for adverse health outcomes such as pregnancy, STDs, and HIV than heterosexual adolescents. These risks are even higher for adolescents who report having sexual contact with both sexes than adolescents who report having sexual contact with only the same sex.

While these populations have an accentuated need for services, they often face more barriers to care, including stigma, time, transportation, and confidentiality concerns making it particularly important to ensure that their access to health care is supported.

The nation's schools can play a critical role in addressing adolescent health by developing and implementing sustainable referral systems. Schools can help increase access to SHS by partnering with providers to enhance awareness of and connect students to adolescent-friendly school-based and community-based health services. School-based providers can ask about sexual health during other routine appointments such as sports physicals and annual check-ups, and from there make the appropriate referral to outside SHS.

COVID and Adolescent SHS

In addition to adjusting how and where they learn, many adolescents experienced changes in the services they often relied on schools and school-community partnerships to provide, including connections to SHS creating new challenges to care. Stay-at-home orders and other efforts to mitigate the spread of COVID-19 compounded the difficulties teens experience accessing SHS. COVID-added barriers contribute to adolescents delaying care or not seeking it at all, which could have long-term impacts. Increases in pregnancy could result from an inability to access birth control. Delayed STD testing could lead to a rise in STD incidence and long-lasting health impacts if STDs are left untreated.

Increasing adolescent access to SHS is imperative during the COVID-19 pandemic. Telehealth and telemedicine are relatively new practices that have seen more frequent use as a result of the COVID-19 emergency and restrictions. These practices have served as great solutions for increasing access to care not only during the pandemic, but also in a "post-pandemic" era, adding an extra layer of care when things begin to return to normal.

This toolkit addresses telehealth specifically and focuses on the broad scope of care, not just clinical care. It is designed for all those involved in delivering sexual health care to adolescents, particularly community and school-based providers, nurses, social workers, and staff. It may also be useful for policy makers, as the continued use of telehealth as a tool to increase access to sexual health services for adolescents will require a number of policy changes.

What is telehealth?

Telehealth refers to using electronic and telecommunications software to deliver a broad scope of healthcare services. **Telemedicine** is the practice of medicine using technology to provide care remotely. Telemedicine refers to remote clinical services, while telehealth can also refer to non-clinical remote services.

SHS Possibilities with Telehealth

With in-person visits unavailable or limited during the pandemic, telehealth has proven to be a valid and reasonable form of care. In some instances, providers have been able to remain connected with patients and continue providing SHS by deploying innovative telehealth strategies.

Telehealth appointments offer increased access to sexual and reproductive health services for adolescents through shorter visits, elimination of the need for transportation, and access to contraception and some treatments and testing by mail. These appointments are convenient, taking place anywhere the teen chooses as long as there is an internet connection and adequate device. This convenience also allows telehealth appointments to offer greater privacy, as virtual appointments can take place in a private space where the adolescent can be alone. Some adolescents may find greater comfort in speaking with a provider and sharing sensitive information if they are in a space that is familiar and comfortable to them.

Due to the nature of sexual health appointments, providers should consider what services they can offer entirely through telehealth and what services require a hybrid model with in-person visits such as at SBHC or through referrals to a community clinic or other provider.

Telehealth-only SHS

Education, counseling, and prescription of oral medications are common reasons for telehealth-only SHS visits. Patients can provide a health history, discuss symptoms, complete screeners or questionnaires, and ask questions through consultation by video or phone. Based on the findings, providers can ensure that adolescents receive combined hormonal contraception and STI testing and treatment options without a preliminary office visit.

- Combined hormonal contraception can use telehealth for the entire process, with adolescents picking up prescriptions at a pharmacy or having them mailed to a trusted and convenient location.

- At-home testing kits for STIs can be shipped to the adolescent or picked up and sent to the lab after the test is self-administered. Treatments requiring an injection, including expedited partner therapy, can be replaced with oral medications when possible.

- Counseling and visits for HIV care services can take place virtually, as can the prescription of PrEP. If the clinic or lab is not open due to COVID-19 or otherwise, the CDC recommends home testing and prescribing PrEP if test results are negative. Providers may require in-office follow-up based on appointments initiated as telehealth-only.

Hybrid SHS

While providers can examine and diagnose some conditions through telehealth visits, they must take special considerations for these appointments. Many of them will require an in-person visit. Hybrid telehealth models are needed to meet the need for in-person encounters for LARCs, pap smears, and acute pelvic complaints among other services. Hybrid models may also be necessary when symptoms persist after treatment, requiring an in-person examination for follow-up.

Linking Telemental Health and SHS

It is also worth noting the benefit of telehealth on adolescents' access to mental health services, as research has shown an association between poor mental health and adverse sexual health outcomes in adolescents. CDC researchers have identified that routine changes due to COVID-19 negatively impact adolescents' mental health. Zoom fatigue, disruptions in learning methods, restricted access to healthcare, loss of important milestones such as prom and graduation, and the security typically provided in school have led to an increase in mental health needs for adolescents.

Before the pandemic, the Youth Risk Behavior Surveillance System (YRBSS) 2019 data showed that 36.7% of all youth reported feeling sad or hopeless almost every day for two or more weeks in a row and stopped participating in

usual activities during the 12 months before the survey. For many adolescents, school closures, social isolation, loss of family members, and lack of access to health care contributed to poor mental health during the pandemic. In the first ever Adolescent Behaviors and Experiences Survey (ABES) recently released by the CDC, findings highlighted the fact that 37.1% of adolescents experienced poor mental health during the pandemic, while 44.2% experienced persistent feelings of sadness or hopelessness in the 12 months before the survey.

Adolescents in abusive or unsupportive homes no longer had school hours and activities to get out of the house and were more limited in their contact with other trusted individuals. Traumatic or abusive experiences, low self-esteem, and lack of a supportive environment are all factors that can influence the relationship between mental health and sexual health. Telehealth offers an easy way to remain connected with a provider they already feel comfortable with and trust and can talk to about what they are experiencing. These conversations can be included during a virtual visit for other SHS and can mimic a conversation the provider might have with them in the exam room.

Telehealth Considerations for SHS

Challenges

Although beneficial for allowing adolescents to continue accessing necessary care during a time when traditional methods of access were limited, increased use of telehealth has both exacerbated as well as added new domains to long-existing concerns with delivering SHS to adolescents.

Service Delivery

Two of the biggest concerns with providing adolescent SHS have always been privacy and confidentiality. Although telehealth helps to mitigate privacy concerns by allowing patients to access an appointment anywhere, providers cannot always ensure there is a quiet and private space available. Attending virtual SHS appointments at home presents challenges to young people who may live in a household with other family members where privacy is limited or nonexistent. They may be especially reluctant to speak candidly or at all with a provider about their sexual health if they don't feel accepted or supported by others in the household and cannot find a private space to attend the appointment.

Certain concerns around confidentiality have also continued with telehealth use, particularly around billing and insurance procedures. These procedures may involve sending documents like an Explanation of Benefits or bill to the adolescents home, alerting parents or guardians that they sought SHS. Even without specifics of services received, these documents can prompt questions about which services were sought and why, which can be troubling for an adolescent living in a home where they don't feel supported by others.

Other challenges for the use of telehealth include implementation barriers related to a provider's comfort with clinical decision-making in the absence of a complete physical exam or laboratory data. Providers report feeling uncomfortable asking patients to provide on-camera views of their body as part of their SHS physical examination because of limitations in patient

privacy and provider-perceived impropriety. Some providers also feel uncomfortable making diagnoses or other clinical decisions without an in-person physical exam.

Technology, Equity, and Access

Equity concerns are also prevalent for adolescents seeking telehealth SHS. The Children's Hospital of Philadelphia (CHOP) Division of Adolescent Medicine studied the outcomes of rapidly modifying their telehealth services and found disparities in usage and access. The majority of telehealth patients were white female minors with private insurance. Patients coded as non-white in the electronic health record had lower visit completion rates than white patients.

Patients with limited socioeconomic means face additional barriers to accessing care, including limited access to adequate internet service or proper, working electronic devices such as smartphones, tablets, or computers. These barriers around equity and limited socioeconomic means lead to decreased access to necessary care for those adolescents who may need SHS the most.

Billing and Payment

With increased usage of telehealth services, a relatively new challenge that has come up is cost and coverage of these services. This can be another barrier for adolescents seeking SHS but may not have the means to pay for these services, or do not want documentation sent to their home for confidentiality reasons as discussed earlier. Those with private insurance may be required to pay a co-pay, or even a portion of the service, while others who are uninsured may get stuck with the entire bill. While policies were put in place before and during the COVID-19 national emergency to both mitigate and, in some cases, eliminate costs of related to telehealth services to make care more accessible, uninsured adolescents may still be left to pay retail prices for some prescriptions, including birth control or some treatment medications.

Solutions

The increased use of telehealth to provide SHS to adolescents requires unique solutions to the challenges presented. As we have seen throughout the pandemic, these challenges are constantly evolving, so solutions must be sustainable and adaptable, particularly with the adolescent population.

Service Delivery, Privacy, and Confidentiality

Providers can address privacy concerns by taking measures both before and during the appointment to ensure privacy for the adolescent. These can include:

- Ensuring the adolescent has a comfortable, private, quiet space to meet when scheduling the appointment and choosing an ideal time for these conditions
- Asking if anyone else is in the room at the start of the visit
- Limiting disclosure to those nearby by encouraging the use of headphones, asking yes or no questions, and leveraging the video platform chat function to allow adolescents to type responses, and
- Rescheduling if the patient is not sure they will have privacy for the entire appointment.
- Panning the provider's camera so the adolescent can see that there is no one else in the room with them and ensure that no one enters the space for the duration of the appointment.

Similarly, confidentiality should be considered and ensured before and throughout the appointment, much like a provider would want to ensure confidentiality in an in-person exam room setting. Explaining the confidentiality policy at the beginning of the visit is good practice. It allows

the adolescent to express any questions or concerns to be more comfortable sharing information during the visit. Alternative methods of billing and payment should also be explored in order to prevent insurance documents from being mailed to the adolescent's home.

Secure electronic health record patient portals add another layer of confidentiality, provided they limit access to the adolescent. They allow adolescents to communicate privately with providers and enable services, such as viewing test results, without requiring the adolescent to disclose their information to anyone else. Adolescents may be more encouraged to seek SHS and communicate with their provider knowing they can do it through a secure portal and can do so without needing to schedule an appointment or attend an in-office visit.

Some states allow minors to access and manage their own electronic health records without the involvement of parents or guardians. In states or jurisdictions where parents are not restricted from accessing their child's patient portal, care should be taken to ensure confidential information is not posted there. A referral can also be made to another community-based clinic where more confidential practices are used.

Laws and policies around consent for minors seeking SHS, including STI screening and treatment, can vary by state and jurisdiction. Providers should be knowledgeable of the laws in their state and be explicit with adolescents regarding these laws and how it will affect the virtual appointment and services provided.

Field Example: Michigan

In Michigan, state law mandates that parents have limited access to health records for minors over the age 11. While not blocked from viewing all information, they are unable to access appointment information and visit notes related to adolescent sexual health, STI testing, substance use, and mental health. See this blog post from Michigan Health for more information.

To mitigate specific challenges to providing sexual healthcare via telehealth and not performing a physical exam, patients can take still photos of visible lesions and submit them via a secure electronic medical record (EMR) patient portal. Providers can then refer to these photos during the visit with the adolescent. It is important to note that providers and adolescents may be uncomfortable with this option, especially in dealing with minors. Other options such as hybrid models may be necessary for physical examinations in addition to services such as certain contraceptives or follow-up for symptom management. There is a need for providers, healthcare organizations, and national organizations to continue developing best practices and guidance related to sensitive examinations in telemedicine.

Technology, Equity, and Access

Schools have been instrumental in helping to overcome disparities in access to appropriate technology. As adolescents shifted to virtual learning, many schools provided laptops, tablets, and even hotspots to ensure students had the technology needed to complete schoolwork. Providing these devices allows adolescents who previously had limited access to adequate resources to now be able to access SHS and attend virtual appointments with providers. Individual school and district policies differ, and some may have restrictions on accessing outside websites or software on school-issued devices.

Policy Considerations for Billing and Payment

Federal laws such as the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) play an essential role in protecting the confidentiality of students' educational records and health information. During the COVID-19 Public Health National Emergency, the Office of Civil Rights (OCR) has issued guidance to offer HIPAA flexibility to providers and make it easier to utilize telehealth services. See HIPAA Flexibility for Telehealth Technology for a summary of this guidance.

The federal government has eased certain restrictions for the duration of the COVID-19 public health national emergency. These include HIPAA flexibility, Centers for Medicare and Medicaid Services (CMS) waivers, and temporary expansion of telehealth services. Billing and reimbursement remain important

considerations and vary across private insurances, while Medicare and Medicaid coverage varies by state. Policy considerations for telehealth also vary by state and should be assessed within individual jurisdictions. The Center for Connected Health Policy's Telehealth Policy Finder Tool includes more information on individual policies by jurisdiction.

Billing and cost solutions have also been a priority throughout the COVID-19 pandemic as the push to make telehealth services more accessible has continued. Referring adolescents to free SHS eliminates the cost barrier while also eliminating the risk of a bill or EOB alerting parents. Parity requirements require private payors to either reimburse telehealth services at the same rate as in-person services or cover the same services with telehealth that would be covered with in-person visits. These have become more prevalent during the pandemic, passing in 29 states and Washington, DC. It is important to note that services covered, and reimbursement policies vary by jurisdiction and individual payor and should be assessed case-by-case. See The Center for Connected Health Policy for more information on parity requirements by state.

Moving Forward

The benefits of telehealth are evident: adolescents have greater access to services when they do not face transportation barriers and can have common SHS needs addressed virtually. These visits offer convenience as they can occur anywhere that provides privacy and a stable internet connection and can allow adolescents to speak with a trusted provider through a secure portal.

Many physicians using telehealth expect to continue to use it significantly more than before the pandemic, and we likely will also see an increase in the number of adolescents needing SHS as the COVID-19 emergency has prevented them from accessing necessary care. As adolescents return to school buildings and in-office visits are expanded, the field should explore the continued use of telehealth as a supplement to in-person care. Hybrid models can allow providers to administer care that requires hands-on interactions in-person and use telehealth for SHS they can complete virtually.

How clinicians can connect adolescents to the necessary care should also be explored. Those in need of SHS may initially access care for a different reason (i.e., sports physicals, mental health appointments, routine vaccinations, etc.). Providers can evaluate if telehealth services would be appropriate. Providers must be comfortable recognizing and screening for SHS needs of adolescents, regardless of stated visit type.

Telehealth offers a unique opportunity for expanded care through SBHCs as adolescents already spend much of their time in schools and may have greater access to SHS in that setting or through a referral system. Community clinics can partner with school health providers to increase adolescent access to services. This can look like creating a private space in the school with the appropriate devices that allows adolescents to have virtual appointments right in the school setting. School health providers will need to plan school-wide outreach efforts as adolescents return to school buildings and can work with outside providers in these efforts. Well-planned outreach will allow staff to reconnect with returning adolescents while getting to know new students and introduce them to the SHS available to them.

To support continued access to telehealth, providers will need continued guidance around payment, privacy and confidentiality, and regulatory changes. These policies should consider telehealth as an essential path to increasing access to SHS for adolescents in marginalized groups, universal reimbursement and coverage of telehealth services, and preventative technology, including vaccines. These policies will likely vary by jurisdiction, so state or local level policymakers can take the lead on implementing changes to make SHS access easier for adolescents.

Continued development of best practice strategies and additional research are necessary to guide the continued use of telehealth services. Using lessons learned from the COVID-19 pandemic will be valuable in informing SBHC and community clinics on how best to take advantage of telehealth in continuing to meet the sexual health needs of adolescents and ensure their overall wellbeing.

Technical Assistance is Available

NCSD's Adolescent Sexual Health initiative provides technical assistance to STD Programs and SBHCs throughout the nation. If you have adolescent SHS technical assistance requests, questions, or responses, please contact NCSD's, Jerrica Davis.

As part of NCSD's Clinic+ initiative, technical assistance is available to clinics around the nation. If you have clinic-related requests, questions, or responses, please contact NCSD's, Jennifer Mahn.

The American Academy of Pediatrics (AAP) published a resource on coding for telehealth services. In response to the COVID-19 pandemic, some states, such as Mississippi, extended school-based emergency telehealth coverage which made it possible for schools without school nurses or school-based clinics to access telehealth services. Medicaid Reimbursement for telemedicine services for children are made at the state level. A summary of states' reimbursement policies can be found here.

Special thanks to School-Based Health Alliance for their collaboration on this project. Learn more about their work at www.sbh4all.org.

Resources

The **Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents** outlines considerations for adolescent health visits, including confidentiality, that providers can translate to the virtual space. Many of these considerations can apply to visits for SHS. See a preview of this resource here.

In August 2020, the Northeast Telehealth Resource Center published a roadmap and toolkit for implementing primary care and behavioral health services during the COVID-19 pandemic. This comprehensive tool begins with steps to evaluate the needs and feasibility of telehealth implementation. It takes users through implementing a care services plan, risk analysis, and cost and billing considerations. Access the roadmap here. Also in 2020, the American Medical Association (AMA) published a comprehensive Telehealth Implementation Playbook, which includes 12 detailed steps from identifying a need for telehealth and forming a team to evaluation and scaling of telehealth programs.

Voices for Georgia's Children published an April 2020 report on school-based telehealth implementation with a specific focus on navigating common challenges to increase access to care. The report identified the main obstacles to school-based telehealth implementation: a lack of stakeholder understanding of telehealth and buy-in, difficulty engaging and sustaining relationships with health care providers or specialists, low program enrollment, and lack of adequate personnel to implement and manage the program. The report further explores identified challenges and offers solutions, workarounds, and best practices.

In April 2020, CDC published a Dear Colleague Letter outlining specific clinical recommendations and guidance on providing effective STD care and prevention when facility-based services and in-person patient-clinician contact is limited. In December 2020, CDC published an updated Treatment Guidelines for Gonococcal Infection, recommending a single 500 mg intramuscular dose of ceftriaxone for uncomplicated gonorrhea. Providers should administer treatment for coinfection with chlamydia with oral doxycycline (100 mg twice daily for seven days) when they cannot exclude a chlamydial infection. A May 2020 Dear Colleague Letter clarified Expedited Partner Therapy (EPT) vis-a-vis limited patient-clinician contact.

In response to the COVID-19 pandemic, some states, such as Mississippi, extended school-based emergency telehealth coverage which made it possible for schools without school nurses or school-based clinics to access telehealth services. Read about the extension here. Medicaid Reimbursement for telemedicine services for children are made at the state level. A summary of states' reimbursement policies can be found here.

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