Welcome

Webinar will start in a few minutes!

www.sbh4all.org

Here are a few
ANNOUNCEMENTS...

Upcoming Event

Join **Possibilities for Change** at **3:00pm ET on Thursday, May 19th** for a 20-minute Brief Opportunity Of Supportive Training (BOOST) webinar on how you can simply and effectively implement school-wide risk screening. Learn real-world best practices with our guest from the PATH program at Pender County Schools in North Carolina.

Register here:

https://us02web.zoom.us/webinar/register/WN_4riV3GJ4RU6sabr-d0zqIw

New Toolkit Coming Soon!

The National Coalition of STD Directors in collaboration with School-Based Health Alliance will be publishing a toolkit titled *"Adolescent Sexual Health Telehealth Services During the COVID-19 Pandemic."* This toolkit will continue the conversation around the use of telehealth for delivering adolescent sexual health services by exploring the possibilities, benefits, and challenges of its use, including as a way to increase adolescent access to these necessary services.

Upcoming webinar:

"Increasing Well-Child Visits And Vaccinations In School-Aged Youth"

Join us on May 12 at 3 pm EST. Hear from NASN and AASA presenters on best practices!

Visit our website to register or click the link in the chat.

SCHOOL·BASED
HEALTH ALLIANCE
The National Voice for School-Based Health Care

2022 CENSUS

- **of School-Based Health Centers has begun!**

We invite every school-based or school-linked health center, mobile health, and telemedicine program in the nation to participate!

All individuals who complete the survey (one per SBHC) will be eligible to win a gift card (valued at $10-$100).

To complete the survey today, go to: http://tiny.ucsf.edu/2022censusofsbhcs

The 2022 Census is being conducted in partnership with the School Health Services Research Team from the University of California, San Francisco (UCSF).

SCHOOL·BASED HEALTH ALLIANCE
The National Voice for School-Based Health Care

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Adolescent Sexual Health Care During COVID-19: Why use Telemedicine in the 'Post-Pandemic' World?

May 4, 2022

REMINDERS

☝ All attendees are in listen-only mode.

☝ To ask a question during the session, use the "Q&A" icon that appears on the bottom your Zoom control
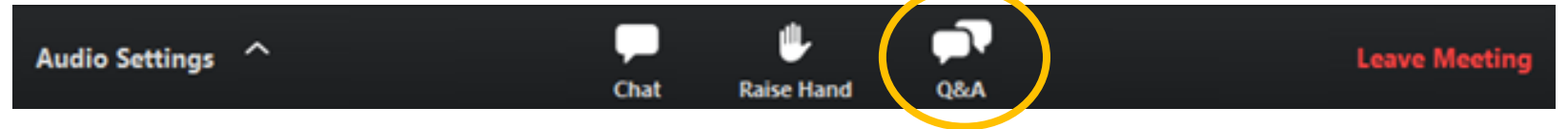
☝ When using the chat, please select "all panelists and attendees" before typing a message.
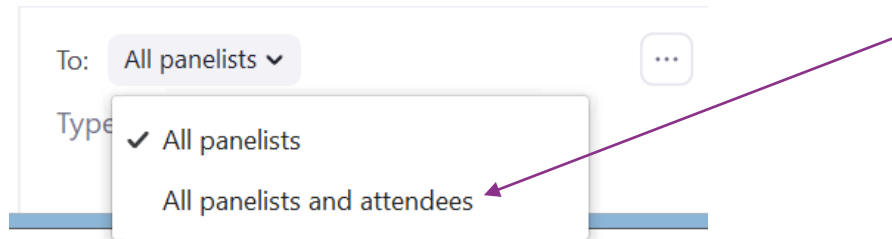
☝ Please complete evaluation poll questions at the end of the presentation.

Webbinar Objectives

This webinar will focus attention on:

- How the COVID-19 pandemic has affected the delivery of adolescent SHS.
- The continued use of telemedicine in providing adolescent SHS, including hybrid models of care.
- Strategies to ensure health equity when providing adolescent SHS

Meet Our Presenter

Sarah M. Wood MD, MSHP

Attending Physician, Division of Adolescent Medicine
Assistant Director of Adolescent HIV Services
Assistant Professor, Perelman School of Medicine, University of Pennsylvania
Children's Hospital of Philadelphia

DISCLOSURES

I have no conflicts of interest to disclose

Context: I will be discussing challenges and innovations today in the context of a single pediatric health care system

I will be discussing FDA-approved use of emerging STI testing technology

Funding sources: Penn Center for AIDS Research (P30 AI045008); NIMH (K23MH119976)

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LEARNING OBJECTIVES
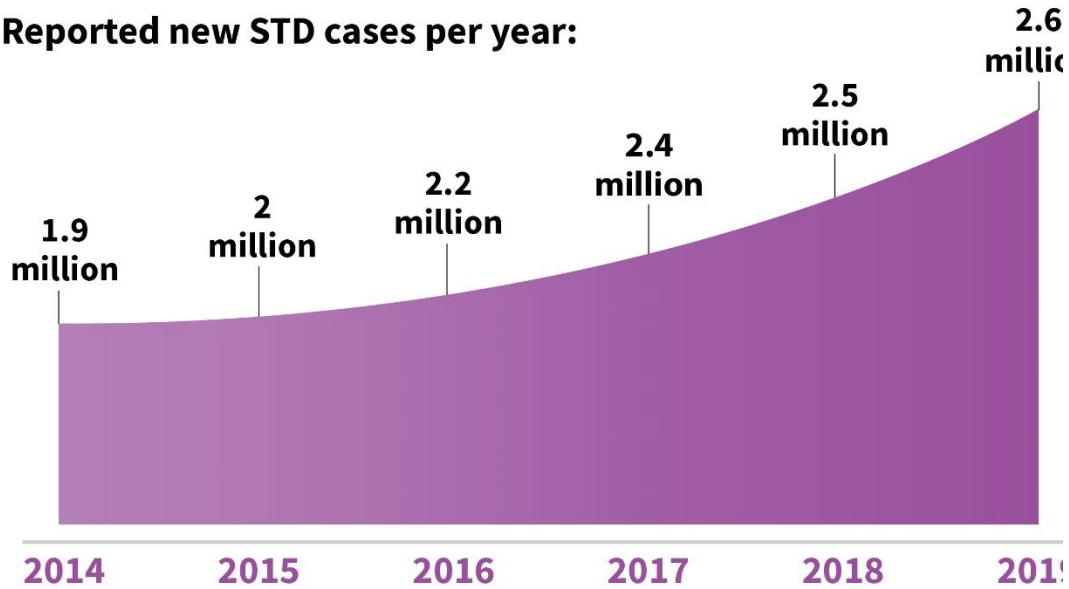
1. To identify the scope of STI care improvements needed pre-COVID 19 pandemic

2. To describe the challenges to adolescent STI care that emerged during the pandemic

3. To demonstrate innovations in STI care emerging through the COVID pandemic

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1. The Pre-COVID landscape

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CHALLENGES TO STI CARE PRE-COVID

6th consecutive year of RECORD-BREAKING STD cases

Reported new STD cases per year:

- 1.9 million — 2014
- 2 million — 2015
- 2.2 million — 2016
- 2.4 million — 2017
- 2.5 million — 2018
- 2.6 million — 2019

For more information visit www.cdc.gov/nchhstp/newsroom

Disparities in STDs persist among racial & ethnic minority groups

While STDs are increasing across many groups, 2019 STD RATES WERE:

1 to 2x THAT OF NON-HISPANIC WHITE PEOPLE for **Hispanic or Latino** people

3 to 5x THAT OF NON-HISPANIC WHITE PEOPLE for **American Indian or Alaska Native** people and **Native Hawaiian or Other Pacific Islander** people

5 to 8x THAT OF NON-HISPANIC WHITE PEOPLE for **African American or Black** people
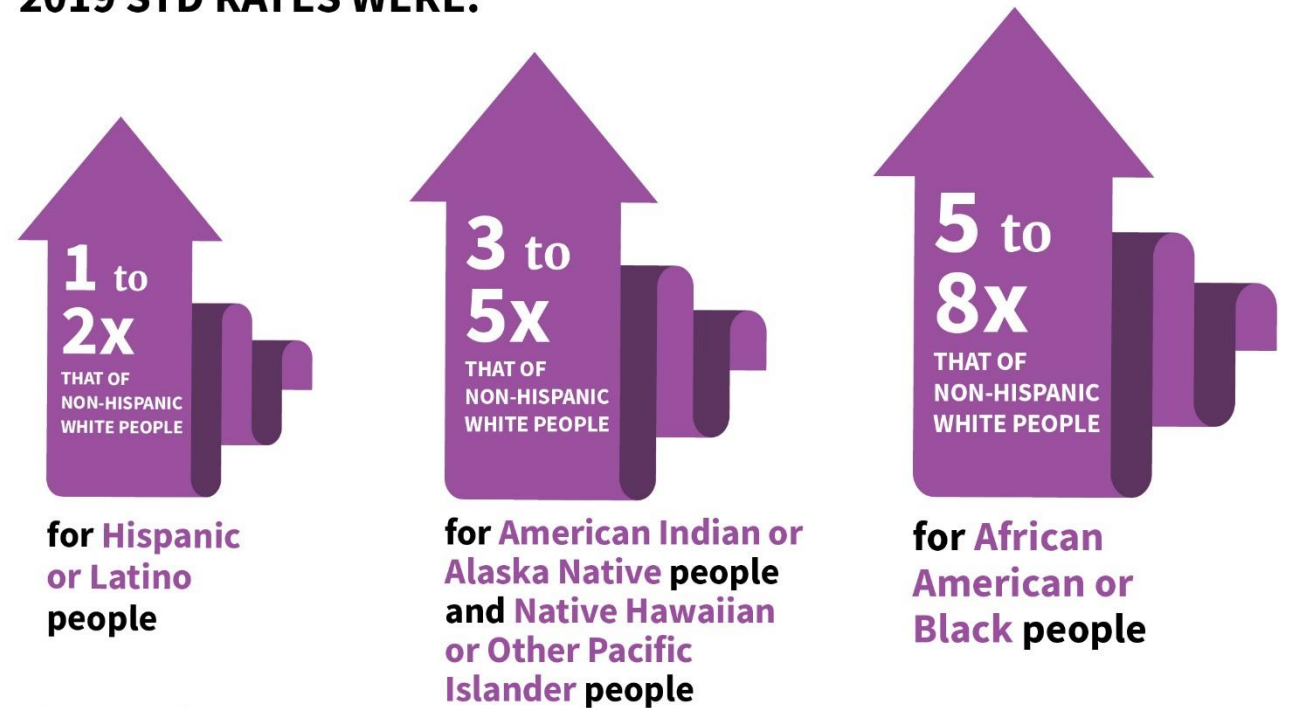
For more information visit www.cdc.gov/nchhstp/newsroom

SCREENING SHORTFALLS IN A 31-CLINIC PEDIATRIC PRIMARY CARE SYSTEM

RESULTS

From **July 2015** to **November 2019**

37,817 female 15-19-year-olds

were seen for **68,935** well visits

Across the **CHOP Primary Care** network
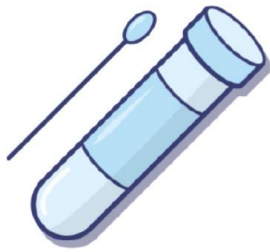
11.6% were screened for **Chlamydia** at these visits
n=7,820 tests

*Annual **Chlamydia** screening rate across the clinics was **5.5%** (0-39%)*

12.9% of tests were positive

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Screening inequities

37,817

adolescents seen in the study period

31,750

never got tested in a preventive visit year

6,067

got tested in a preventive visit year

29% of the patients were Black

57% of the patients were white

66% of the **Black** patients were screened

vs

24% of the **white** patients
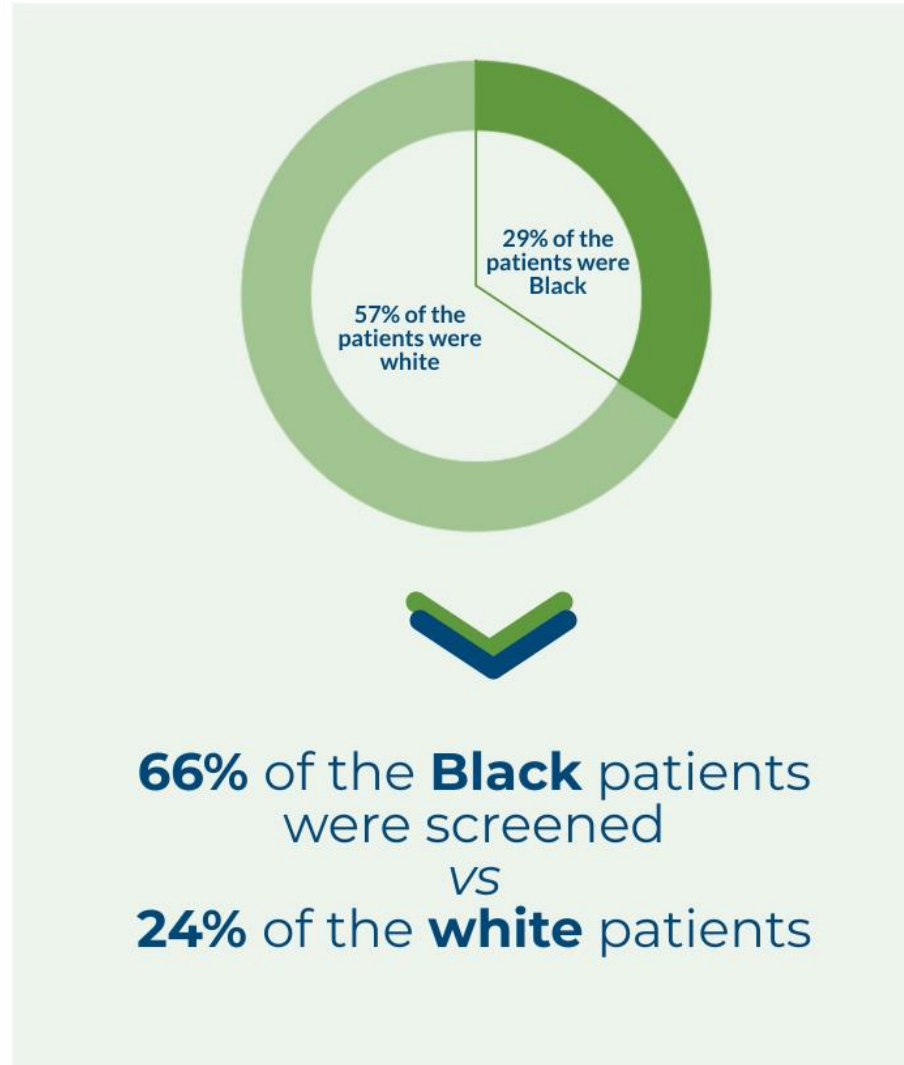
Providers were 88% more likely to screen their Black vs white patients (aOR 0.88, 95% CI: CI 1.65, 2.15)

2. The Bad: Challenges to STI testing programs under COVID

WHAT HAPPENED WHEN IT ALL SHUT DOWN?

- Loss of in person visits

- Limited testing opportunities

- Decreased testing = decreased treatment = increased transmission

- Impact of social isolation on sex and condom access

- Diversion of public health resources and funding to COVID-19 response

-

- Supply chain breakdown for aptima kits

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WHAT HAPPENED TO TESTING AND CASES?

Data from 31 pediatric primary care clinics
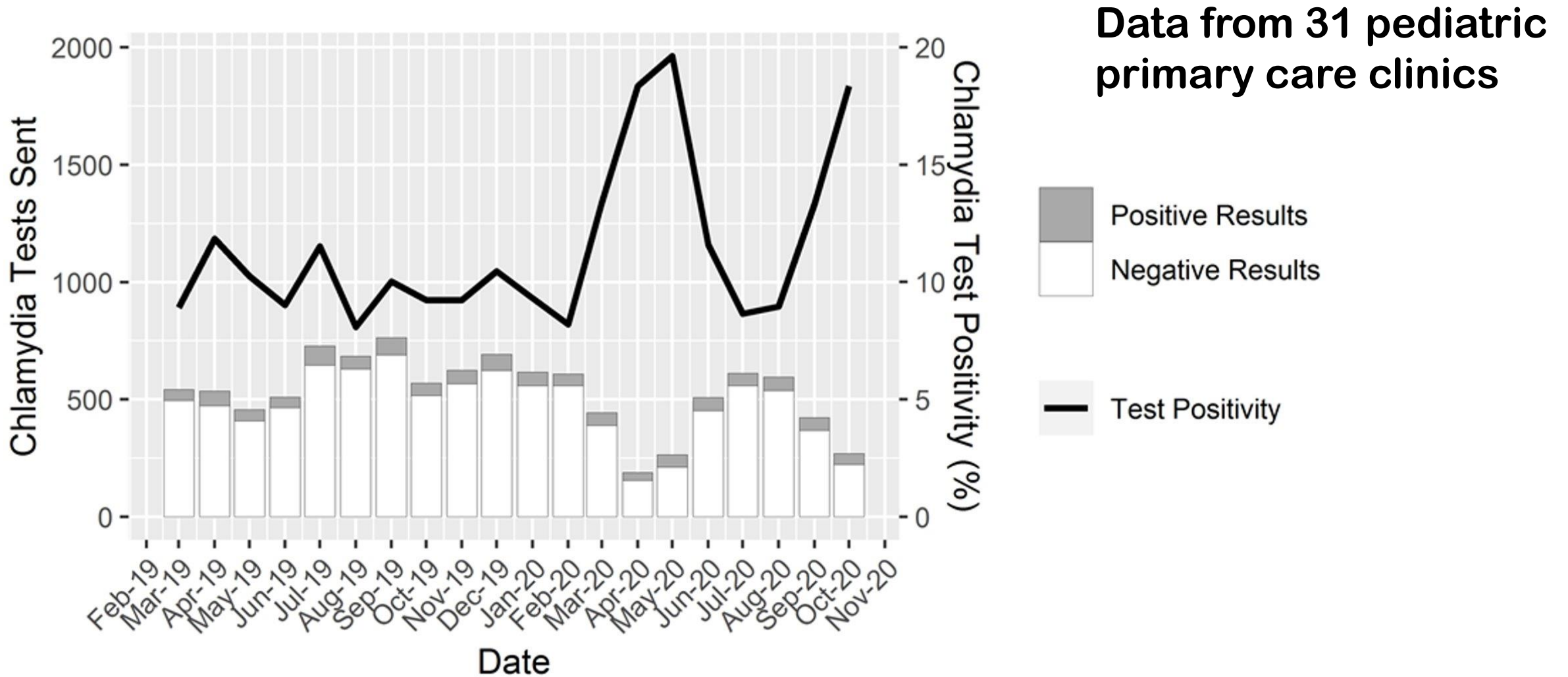
MASSIVE DISRUPTIONS TO ASYMPTOMATIC TESTING
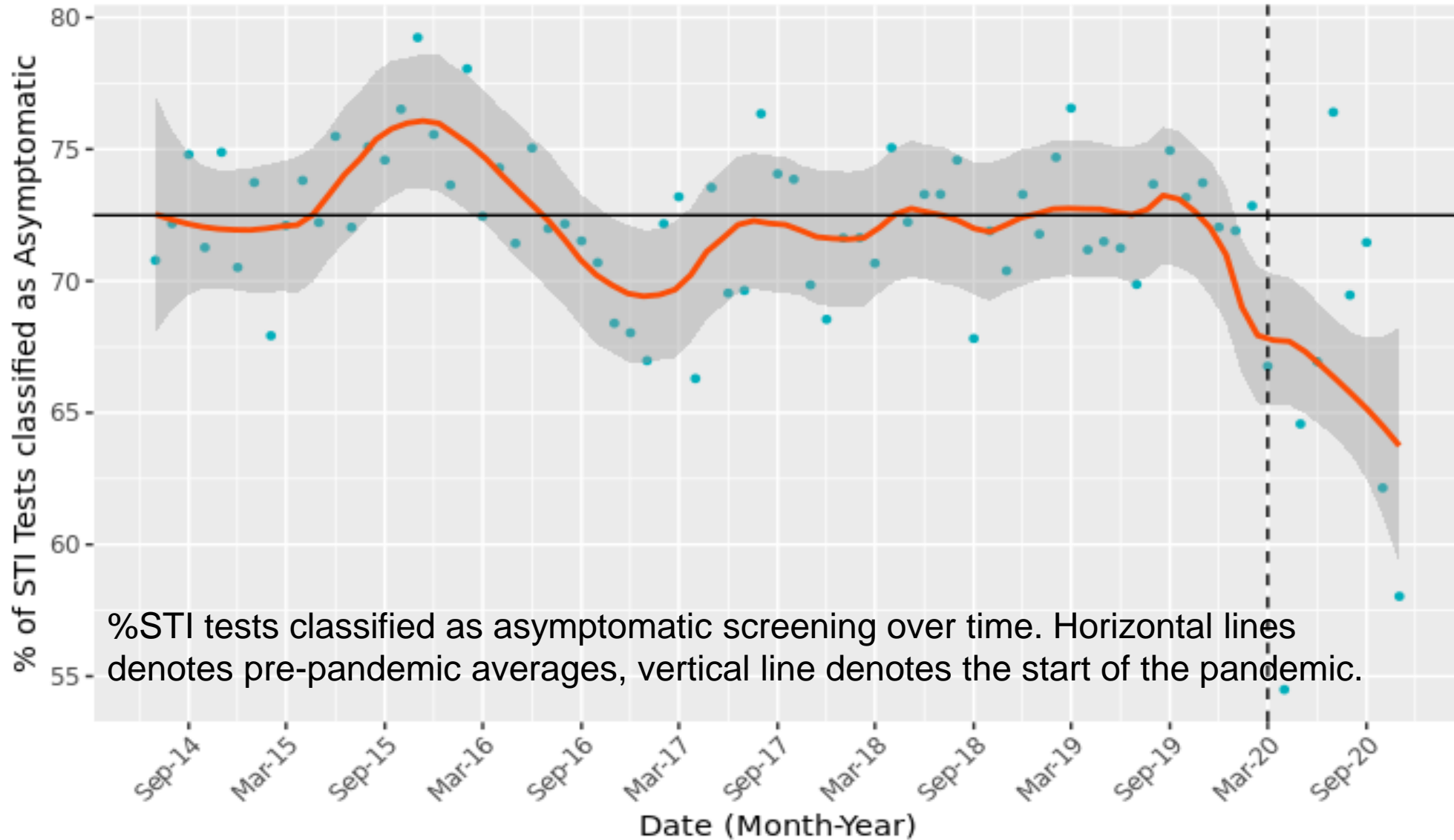
Result: Estimated 10-15% of STI cases were missed

%STI tests classified as asymptomatic screening over time. Horizontal lines denotes pre-pandemic averages, vertical line denotes the start of the pandemic.

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Bonett et al: Trends in STI Screening During COVID-19 and Missed Cases Among Adolescents. CROI 2022

3. The Good: Maintaining STI care during COVID

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POLL QUESTION 1: HOW MUCH OF YOUR PRACTICE FOR STI CARE IS TELEHEALTH

A. None

B. <25%

C. 25-50%

D. >50%

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Let's Video Chat!

Did you know you can get **free medical advice** AND **any of the prescriptions** below from your phone or computer?

Birth Control (pill, patch, ring)

Plan B

STD treatment for you and your partner

High quality care and privacy you're used to, without a visit to the clinic

Rapid scale up of adolescent telehealth within 1 month: 400 visits within 30 days!

Title X funded FP visits for patient and partner screening and treatment

85% of teens rated visits as highly acceptable

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TELEHEALTH AND CONFIDENTIALITY PROTECTIONS

Patient portal: After patient turns 12, parents no longer have access and need to set up a "proxy" account to access the app

No STI or HIV results or contraceptive information are available to the proxy

21st century cures act: Additional privacy protections added to prevent automatic release of confidential labs medications

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TELEHEALTH CHALLENGES

Equity, Equity, and Equity

- **Lower rates of utilization in BIPOC and rural individuals**

Privacy

- **It is about more than technology**

Lab collection

- **You can have the conversation, but can you get the specimen?**

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4. The Better: COVID as an innovation lab for STI care

POLL QUESTION 2: WHAT INNOVATIONS IS YOUR PROGRAM USING FOR GC/CHLAMYDIA TESTING?

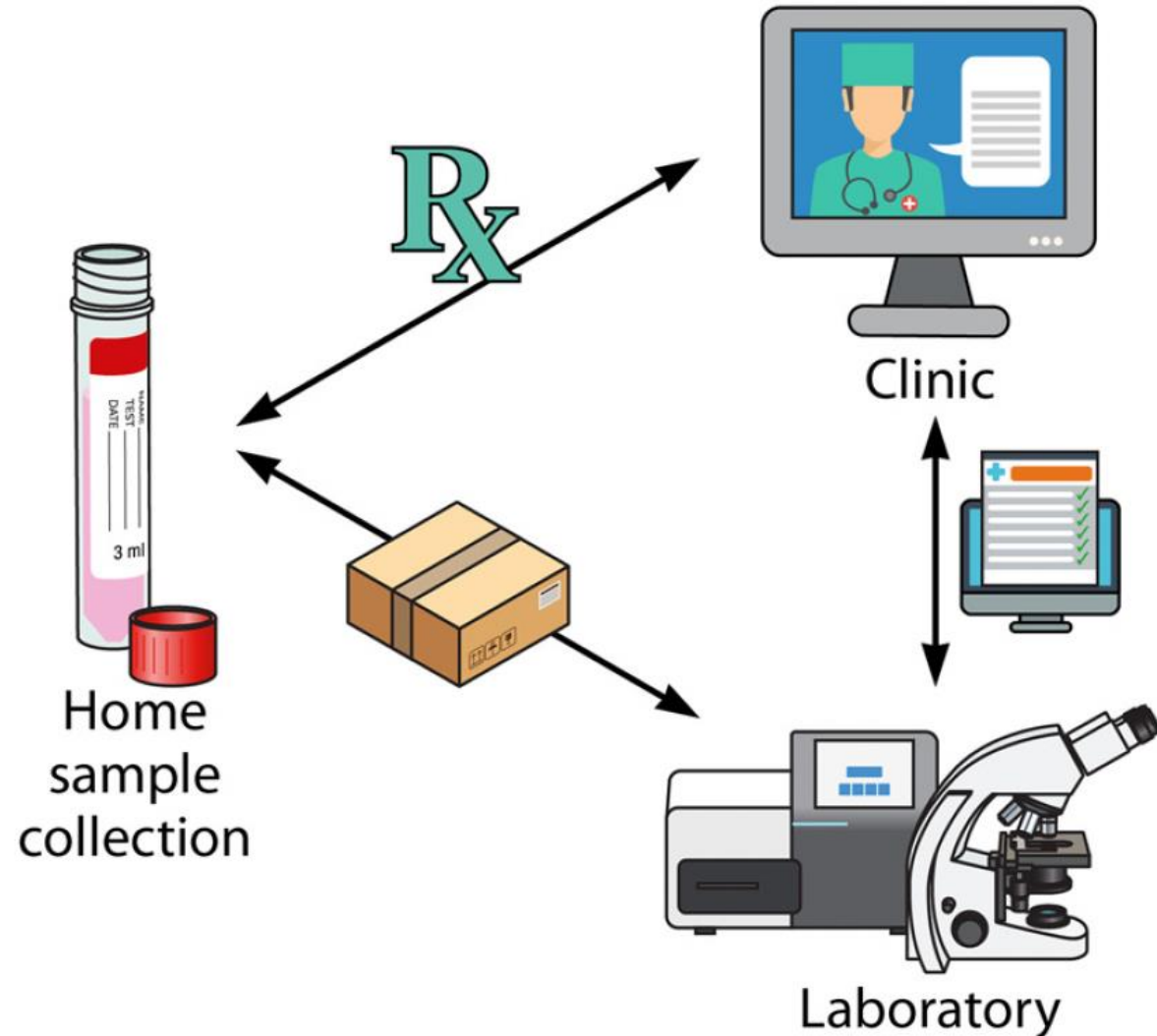A. Point of care testing

B. Home collected testing

C. Both

D. Neither

A. Self-testing model

Home test kit

Store

B. Telemedicine model

Rx

Clinic

Home sample collection

Laboratory

Kersh et al, J of Clinical Microbio

A NEWER PATH: FDA APPROVED CLIA WAIVED POINT OF CARE TESTING

Van Der Pol B, et al. Evaluation of the Performance of a Point-of-Care Test for Chlamydia and Gonorrhea. JAMA Network Open. 2020;3(5):e204819.

Morris, et al. Evaluation of the Performance of a single-use, rapid, point-of-care PCR device for the detection of Neisseria gonorrhoeae, Chlamydia trachomatis, and Trichomonas vaginalis: a cross-sectional study. Lancet ID.

CREATING SPACES FOR EQUITY AND CONFIDENTIALITY

- School based telemedicine
- Community based health kiosks
- Advocating for broadband as a public utility

MOBILE CLINICS TO GO BEYOND BROADBAND

USING THE PATIENT PORTAL TO SUPPORT UNIVERSAL SCREENING

The Adolescent welcome letter:

- "Your teen will have a physical exam and may have blood or urine tests. Our practice follows the American Academy of Pediatrics' recommendations regarding screening for high blood pressure, healthy weight, and sexually transmitted infection (STI) and HIV testing."

- 40,000 families reached through portal in January 2022

- Every Tuesday, the letter is sent through the app to each patient who turned 13 during the week prior and their adult proxy

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Improving Equity in Screening: The Primary Care Adolescent Health Electronic Questionnaire

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Possibilities Project

- Electronic self-screener filled out by teen before visit

- B.Y.O.D. Campaign: Bring yr own device!!!

- Captures sexual activity info, interest in PrEP, need for EC

- Next step: Building clinical decision support nudges in the EHR to reduce bias in screening

5. Future priorities

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WHERE DO WE GO FROM HERE?

- Lab validation procedures for alternate testing strategies

- Reimbursement!!!!!!

- Cross state licensure for telehealth

- Sustainability

- Equity equity equity

- Youth engagement

Clinical Infectious Diseases

IDSA FEATURES

Advancing Digital Health Equity: A Policy Paper of the Infectious Diseases Society of America and the HIV Medicine Association

Brian R. Wood,[1] Jeremy D. Young,[2] Rima C. Abdel-Massih,[3,4] Lewis McCurdy,[5] Todd J. Vento,[6] Shireesha Dhanireddy,[1] Kay J. Moyer,[7] Javeed Siddiqui,[8] and John D. Scott[1]

ACKNOWLEDGEMENTS

- Access Matters

- CHOP FP team: Lori Worthy, Krishna White, Andrea Bailer, Sarah Green

- The CHOP AI Mobile Health Team: Marne Castillo, Matty Lehman

- Our patients, who make us better at what we do

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QUESTIONS AND COMMENTS?

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THANK YOU

Meet Our Presenter

Patricia Wells, MD, FAAP

Medical Director of The Corner
Health Center

The Corner was founded in 1981 in response to disparities in teen pregnancy rates in 48197/8.

the corner
HEALTH CENTER

Serving **you**th since 1981

In the late 1980's,
the State of Michigan prohibited
the prescription or distribution
of contraception in the
public schools.

the
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HEALTH CENTER

The Corner Health Center

Founded in 1981. Expanded in 1991

Our Mission

To inspire 12 to 25-year-olds (and their children) to achieve and sustain healthy lives by providing judgment-free, affordable health and wellness care and education.

Services are provided regardless of insurance status or ability to pay

Services Provided

- **Reproductive Health, contraception and healthy pregnancy planning***
- **STI** prevention and treatment
- Physicals
- Vaccinations
- **Mental Health Programs and Counseling**
- **Psychiatry**
- **HIV PrEP**
- Obstetrics and Midwifery, Doula services
- **Lactation consulting**
- Pediatrics
- **Diet and Nutrition Support Services**
- **Gender Affirming Care**
- Educational Programs
- Wrap-around Services
- **Food bank and free store**
- **Allergy and Asthma**

the
corner
HEALTH CENTER

*Because we receive state funding, we do not perform or refer for termination services.

Our goal Provide judgement-free care.

Demographics

Patients Served

the Corner served 1,600 patients last fiscal year, with approximately *** total visits

15% of Corner patients were ages 0-11
15% 12-17
38% 18-21
32% 22-26.

Nearly 90% of the patients lived at or below the federal poverty level

Over half were Black, Indigenous, and People of Color (BIPOC)

Almost 60% of patients live in the 48197 and 48198 ZIP codes in Ypsilanti, MI.

The Corner and Corona

In February, 2020, it was evident who was dying from this illness, and they were our community. People in crowded living situations, people with certain chronic illnesses, and people who were BlPOC were much more likely to die of COVID.

Although we had not yet had a case of COVID diagnosed in our County, we mobilized to protect our staff and our patients.

Prepandemic, our waiting room was a busy, social place for patients, guests, and families.

The Corner

Pivoting Care Poll

How successful were you in **utilizing telehealth** to continue providing quality care during the pandemic:

We didn't provide telehealth services
Not very successful
Somewhat successful
Very successful

The Corner

Creating safety

Create teams: one team on site and one at home daily

Universal masking

HEPA filters

Limit in-person visits:

- Contraception/EC
- STI evaluation
- Specific pregnancy visits
- Well child visits with immunizations
- MA visits – shots, labs, Immunizations

→Telehealth

The Corner

The Corner

Founded in 1981

From: Patricia Wells
Sent: Thursday, February 27, 2020 11:35 AM
To: Leadership <leadership@cornerhealth.org>
Subject: Re: Coronovirus

Another reason to consider a telehealth. Letting people stay home if needed would be huge, both for staff and for patients.

Masking all patients is a better choice.

Every URI is potentially flu or COVID-19 or anything else. Our best protection is getting patients into rooms in a timely manner (currently frequently patients are out there for 20-30 minutes before being brought back) to prevent spread. Having masks available at the desk would help.

Platform Choice

We reviewed multiple options
Our basic requirements were:

- HIPAA compliance
- Ability to message text the patient/client within the visit
- Ability to convert to sound-only
- Ability to decrease image quality to decrease bandwidth
- Ability to invite either by text or email
- Affordability
- User friendly

The Corner

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HEALTH CENTER

PATIENT QUEUE

No one has checked in yet

ACCOUNT

- Your Dashboard
- Edit Waiting Room
- Account Settings
- Analytics
- Meeting History
- Help Center
- Logout

Pre-call Test

5 tips for a great call

Welcome, Corner Health!

To invite someone to your waiting room, share this link:

https://cornerhealth.doxy.me/cornerh... ⌄ | **Copy** | Invite via ⌃

| Text message |
| Email |
| Calendar |
| Prints |

Edit Waiting Room | Account Settings | User Community

Supplies

Private space
Laptops with HD camera functionality
Second screen for simultaneous charting
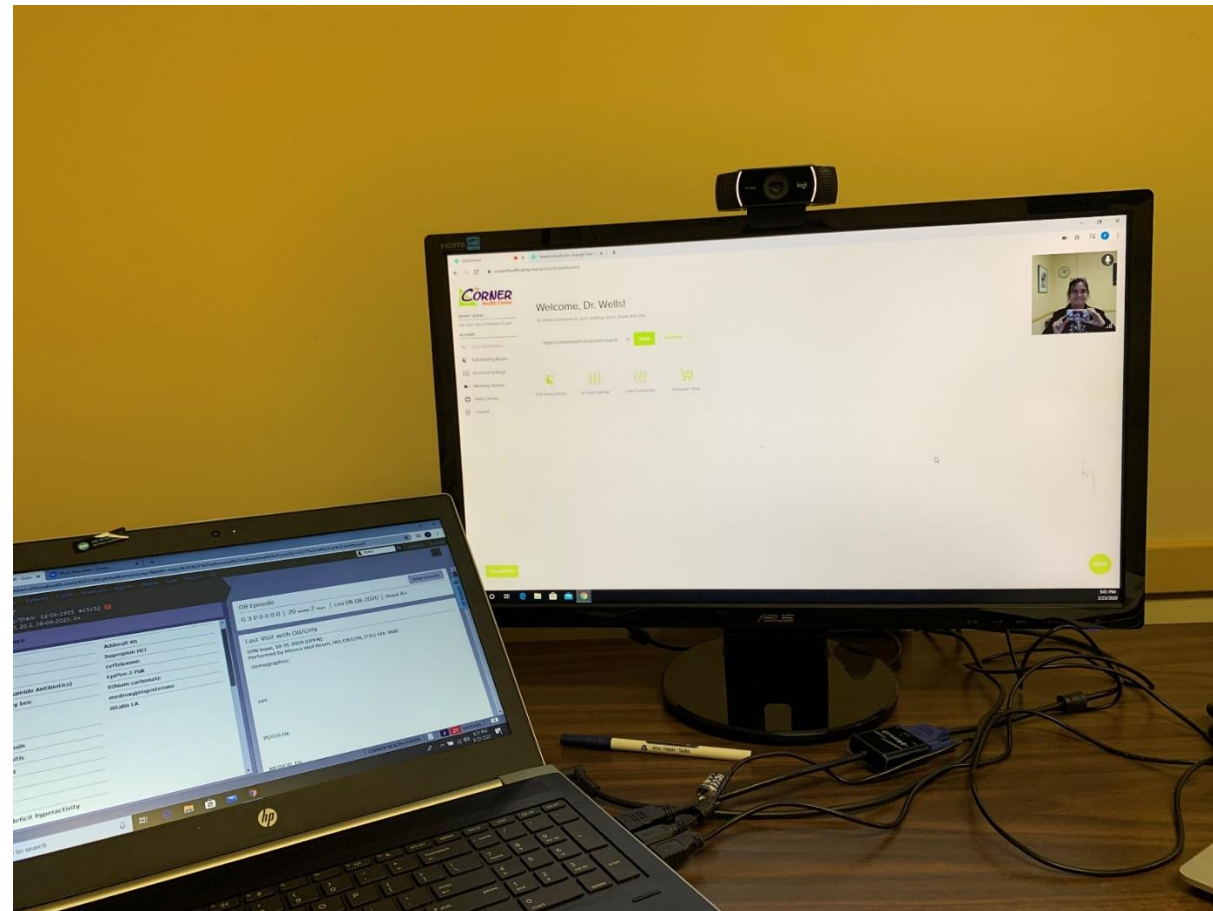Headphones with microphones
Lighting
Stand to position camera
Phone
Pants

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Supplies

By the end of 2 weeks, we had converted 70% of our visits to Telehealth

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HEALTH CENTER

PATIENT QUEUE

No one has checked in yet

ACCOUNT

- Your Dashboard
- Edit Waiting Room
- Account Settings
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Pre-call Test
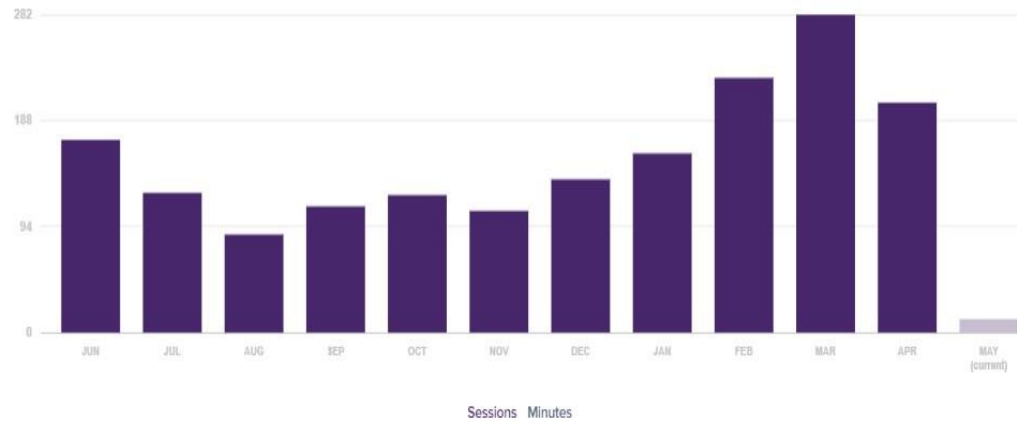
5 tips for a great call

Usage   Meeting History

All time ⌄

📋 **5,791** Total Sessions	🕐 **104,332** Session Minutes	⏳ **18:15** Avg Session Time

Past Year

Sessions Minutes

Usage Highlights

Your average sessions per month	222
May sessions (this month)	12
Most sessions in a month (April 2020)	488
Most minutes in a month (March 2022)	7,310
Total sessions (all time)	5,791
Total minutes (all time)	104,332

Platform Choices 2022

Is there value in a change or an upgrade?

- EMR Integration.
  - Easier for the provider.
  - Many patients elect not to have a portal, where those appointments are housed.
  - May add bandwidth

- Train staff to register, triage, and queue patients

- Upgrade and standardize devices across practice
  - Consistent lighting,
  - Backgrounds
  - Waiting room

The Corner

The Corner

Founded in 1981

Tips for Success

- Real-Time communication between staff to coordinate patients, schedules, add appointments, get needed assistance.
- Lighting
- Camera position
- Secure space that you can show to the patient to ensure privacy
- Set the expectation that the exam will not show parts of the body which would be covered by a bathing suit
- Registration should have backup contact information readily available, as well as consent to text
- Prompt opening of visit

- Create an new appointment type for in-office orders made during the Televisit (MA-TV, RN_TV)

Benefits of Telemedicine

Removal of barriers

The average in-person medical visit takes the patient 2-3 hours between travel, waiting room, and visit, in addition to the transition times at work.

Patients can take their appointment from work, returning to their job with minimal disruption;

Those with difficulty ambulating are able to call from the comfort of their home/bed;

Reduction in transportation needs and expense;

Ability to remain home with family members

Benefits of Telemedicine

- Joy in interaction

- We are truly happy to see one another, enhancing the therapeutic relationship.

- Gratitude

Benefits of Telemedicine

Personalization

- Insight into our patients' lives
- hearing families, seeing their spaces, understanding their limitations and chaos
- seeing vape supplies
- Seeing their room, office, pets, showing them our spaces.
- Providing care and therapy without masks
- Saving time charting while waiting for next patient to come online.
- **Face to Face results reporting.**
- **Followup visits**

Benefits of Telemedicine

Safety

With our early-instituted policies of masking, distancing, and adoption of Telehealth, our Center had zero staff cases of COVID despite being in the heart of the highest COVID zip in our county.

We had rapid adoption of vaccination, as top-down staff and patients took COVID seriously

Our first staff case of COVID was a week before 2022.

To date, zero in-house transmission.

Benefits of Telemedicine

The Corner

Evaluation

How confident are you that you will be able to apply some of the shared successes and lessons learned from this presentation in your health center/organization?

Extremely confident
Very confident
Moderately confident
Somewhat confident
Not at all confident

The Corner

Questions

Jerrica Davis
Senior Manager, Adolescent Health, NCSD
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Katherine Cushing
Senior Program Manager, Quality, Research, & Evaluation, School-Based Health Alliance
kcushing@sbh4all.org

Jennifer Salerno
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For more information on this webinar series, please visit NCSD's resource page (link in chat).

Please complete the webinar evaluation poll.

The webinar recording and presentation slides will be emailed to those that registered. These materials will also be placed on the NCSD and SBHA websites.