MGPS Telehealth and In Office Visit Guidance

Care of OB-GYN Patients

Trinity Health

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Purpose

To provide guidance on the most appropriate setting for patient visits, be it by digital telehealth or in the medical office. Digital telehealth services are part of the Trinity Health and MGPS growth strategy moving forward.

Audience

This document is intended for operational and clinical individuals who work with OB-GYN patients in MGPS OB-GYN and family practice clinics.

- MGPS OB-GYN and family practice providers: guidance to assist in evaluating types of encounters that are most appropriate for digital telehealth.
- MGPS OB-GYN and family practice front desk/registration colleagues: guidance regarding the types of patient requests, based on patient symptoms, that are most appropriate for digital telehealth.

General Guidance

The provider should use their clinical judgement to determine if the patient requires a digital Video Visit or an in-office visit. An in-office visit should be considered, if possible and prudent, when a complaint addressed by telehealth is not resolving as it should or when in-office assessment, examination, or administration of a treatment is needed.

- Providers should work with patients to establish an appropriate cadence of digital telehealth and in-office visits with consideration of patient preferences
    - Patients new to the practice who are seen via digital telehealth for their first encounter should be encouraged to have a subsequent in-office visit within 6 months to perform a baseline in-office exam and establish a relationship with the provider.
    - If a patient has not been seen in the office within the last 12 months, please encourage an in-office visit. Trinity Health wishes to be the patient's medical home
    - When a provider sees a patient in the office, he or she should consider whether the subsequent visit can be conducted via digital telehealth. If so, the provider is encouraged to spend a few minutes educating the patient on this option. Provider should indicate if the subsequent visit should occur via telehealth or in the office within the encounter.
- Injections require the patient's in-office presence
- Patients with COVID-19 symptoms should not be seen in the office. Please consider a telehealth visit, referral to a testing site, or an urgent care visit
- Front desk staff should assist patients in preparing for potential future digital telehealth visits by:
    - Ensuring the correct phone number and email address for the patient is captured
    - Ensuring patient is registered to utilize the EHR portal
    - Providing Patient Communication - Patient Communication - How to Prepare for Your Televisit

Guideline for OB/GYN and Prenatal Care

- **Purpose:** To provide OB/GYN and maternal-fetal medicine (MFM) providers with a suggested alteration to routine gynecological and prenatal care processes para-COVID-19 to limit exposure to patients and mitigate the spread of the virus. This document includes guidance on the following:
  - **Gynecologic visits appropriate for telehealth visits**
  - **An altered scheduled for prenatal care that includes the use of telehealth, telephone and in office visits for:**
    - **Low Risk Pregnancy**
    - **High Risk Pregnancy**

- **Guideline:** OB/GYN and MFM providers should continue with gynecological care and prenatal care visits at a safe distance and use telehealth as appropriate per the CDC COVID-19 guidance. As a public health action to preserve staff, personal protective equipment and patient care supplies, and to ensure safety for patients and health care teams, facilities should encourage the appropriate transition of elective ambulatory provider visits to the implementation of alternative service delivery models such as Telehealth.
- A recent publication by the American Journal of Obstetrics & Gynecology MFM (as cited here) addresses the COVID-19 global pandemic and provides guidance for maternal-fetal medicine providers with two goals:
  - Reduce patient risk through healthcare exposure, understanding that asymptomatic health systems/healthcare providers may become the most common vector for transmission
  - Reduce the public health burden of COVID-19 transmission throughout the general population.
- Boelig RC, Saccone G, Bellussi F, Berghella V, MFM Guidance for COVID-19, *American Journal of Obstetrics & Gynecology MFM* (2020), doi: https://doi.org/10.1016/j.ajogmf.2020.100106.
- The altered schedule for prenatal visits during the COVID-19 pandemic is designed to reduce the frequency of in-office visits and optimize tele-visits for a low risk pregnancy. **This is a guideline; it is for the clinician to determine appropriate frequency and type of visit for each patient.**
- **Additional Notes:**
  - A provider should use clinical judgement regarding who would fall into low-risk and high-risk categories
  - Patient spacing guidelines refer to recommendations for waiting rooms and rooming patients

Clinical Guidance

Recommended Cadence for **Telehealth** and In-Office Visits for OB

These are some of the most frequent condition requests for video and in-office visits. This guidance is meant to provide parameters around when a video or in-office visit would be appropriate to schedule. Each condition will require a standard 15-minute appointment unless the provider requests additional time.

Gestational Age	Visit type	Ultrasound	Comments
Pregnancy Confirmation 8-10 weeks	In Office		Confirmation that pregnancy is in the uterus. *Note: Consideration can be given to foregoing this visit*
10-12wks	Telephone (RN)		Encourage patient to complete labs on the day of her next visit for genetic screening discussion.
New OB Visit 12-14 weeks	In Office		Discuss genetic screening further if needed

16 weeks	Tele-Video		Visit with home doppler. Home BP monitoring, as available
19-20 weeks	In Office	RHM to designate location	BP is not assessed at this visit. This is only for the screening ultrasound.
24 weeks	Tele-Video		Discuss 3rd trimester lab orders and review reasons to call the office. Home doppler. Home BP monitoring, as available
28 weeks	In Office	RHM to designate location	Visit includes 3rd trimester labs and administration of Rhogam & Tdap *Note: If patient has low lying placenta will need to schedule a follow up ultrasound*
32 weeks	In Office		Recommend in-office visit ***Note**: Could be a video visit if patient has home doppler and BP cuff*
36 weeks	In Office		Group B Streptococcus (GBS) screening
37 weeks to delivery	In Office		Consideration for weekly visits starting at either 37 or 38 weeks
1-2 week post-partum mood check **1-2 week blood pressure check**	Tele-Video RN visits or In Office		Perform GAD 7 and PHQ 9 screening Home BP monitoring, as available *Note: If patient does not have a home BP cuff, the visit will need to be in office.*
6-8wk final post-partum visit	Video		Visit includes GAD-7/PHQ 9, contraceptive counseling, closure of pregnancy episode in HER and updating of HER problem list. Home BP monitoring, as available *Note: Order labs (THS/ppGDM testing) as needed*

Considerations:

- The discussion in the alteration of the patient's scheduling will occur at their next in-office visit with a provider. This may not align perfectly with the grid above. Use clinical judgement when determining when it will be best to see the patient back in the office.
- Consider the patient's willingness to undergo an altered scheduled. Please use shared decision making. If the patient is highly anxious and does not want to undergo an altered schedule, work to accommodate something that will minimize the patient's anxiety
- This guideline refers to "low risk pregnancies". However, spacing may also be appropriate for patients with a history of high-risk conditions or with high risk conditions that are well controlled, and these should be assessed on a case by case basis.
- Encourage the patient to obtain a home BP cuff. This will allow the ability to assess BP at the time of a virtual visit. This will also allow the patient to monitor during times of "spaced" visits.
    - Please see the AMA Home BP Monitoring Infographic for use as a patient education tool:


How-to-measure-you r-blood-pressure_pati


SMBP-Infographic-Sp anish.pdf

- Ensure that you have documented your discussion with the patient in your note and the rationale for altering their prenatal visit schedule
- We recognize that many RHMs use the Edinburgh Postpartum Depression scale instead of the PHQ9 and GAD 7. We recommend use of PHQ9 and GAD 7 because you can continue to follow patients with these, whereas the Edinburgh is only meant for the post-partum period.
    - Please note: The PHQ9 asks about sleep or being tired. Lack of sleep and fatigue is normal for postpartum women, especially nursing mothers. Providers may opt to use the GAD 7 for this reason

Symptoms for OB-GYN Visits that **can be** conducted via telehealth (scheduling guidance for front-desk staff)

This list is **not** all-inclusive and there are other symptoms that a provider would find appropriate for telehealth visits. Each condition will require a standard 15-minute appointment unless the provider requests additional time. Almost any gynecologic visit that does not involve a patient examination can be considered for Telehealth.

Abnormal uterine bleeding in adolescent (initial evaluation where pelvic exam is not planned)	Mood checks (postpartum or otherwise), PMDD	STD concerns are acceptable via telehealth only when the office can order a urine test. Otherwise, STD visits should be conducted in the office
Counseling visits (follow up of labs/ discussion of management options, etc.)	Preconception counseling or infertility counseling	Urinary Tract Infection (UTI)
Contraceptive management, counseling or refills *Note: may include home BP monitoring for women taking contraceptive with estrogen*	Preop Instructions	Vaginitis
Menopausal symptoms / HRT management *Note: Offer in-person options for sensitive discussions such as adolescence care*	Postpartum visits (if no pelvic exam required)	

Symptoms for OB-GYN Visits that **cannot be** conducted via telehealth (scheduling guidance for front-desk staff)

Each condition will require a standard 15-minute in-person appointment unless the provider requests additional time.

Abnormal bleeding (initial evaluation other than adolescents)	OB patients (including pregnancy confirmation)	Prolapse/ pessary check
Annual exam* *30-minute appointment	Pelvic pain (initial evaluation)	Reoccurring UTI
IUD string check	Procedures or ultrasounds	Reoccurring Vaginitis

Appendix

This data represents top ambulatory clinic diagnosis codes for OB-GYN services. The data pulled from January 2019 – January 2020 (NON-COVID) and July 2019 – June 2020 (during and para-COVID) shows the same prevalence by volume. This data was used to inform the guidance above. The July 2019 – June 2020 data is listed below.

Top Diagnosis Codes

(July 1, 2019 – June 1, 2020)

Code	Code Description	Initial Visit	Follow-Up Care/ Condition Controlled	Condition Uncontrolled
Z30.42	Encounter for surveillance for injectable contraceptive	In Office	In Office	n/a
Z01.419	Encounter for GYN Exam (general) (routine) without abnormal findings	In Office	In Office	n/a
R68.82	Decreased libido	Telehealth	Telehealth	Telehealth
Z34.83	Encounter for supervision of normal pregnancy, third trimester	Telehealth	Telehealth	In Office
Z39.2	Encounter for routine post-partum follow up	Telehealth	Telehealth	In Office
Z30.9	Encounter for contraceptive management, unspecified	Telehealth	Telehealth	n/a
Z34.82	Encounter for supervision of normal pregnancy, second trimester	Telehealth	Telehealth	In Office
Z30.40	Encounter for surveillance of contraceptives, unspecified	Telehealth	Telehealth	n/a
N92.0	Excessive and frequent menstruation with regular cycle	Telehealth	Telehealth	In Office
Z32.02	Encounter for pregnancy test, negative	Telehealth	n/a	n/a
Z23	Encounter for immunization	In Office	n/a	n/a
N93.9	Abnormal uterine and vaginal bleeding, unspecified	In Office	Telehealth	In Office
R10.2	Pelvic and perineal pain	Telehealth	Telehealth	In Office
N94.6	Dysmenorrhea unspecified	Telehealth	Telehealth	In Office
Z34.93	Encounter for supervision of normal pregnancy, unspecified, third trimester	Telehealth	Telehealth	In Office
Z34.03	Encounter for supervision of normal first pregnancy, third trimester	Telehealth	Telehealth	In Office
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester	Telehealth	Telehealth	In Office
N30.10	Interstitial Cystitis, chronic, without hematuria	Telehealth	Telehealth	In Office
Z01.411	Encounter for GYN Exam (general) (routine) with abnormal findings	In Office	In Office	In Office
N89.8	Other specified, non-inflammatory, disorders of the vagina	In Office	Telehealth	Telehealth
N92.6	Irregular menstruation, unspecified	Telehealth	Telehealth	In Office
N76.0	Acute vaginitis	Telehealth	Telehealth	In Office

Z30.430	Encounter for insertion of IUD	In Office	Telehealth	n/a