CENTER for APPLIED RESEARCH and EVALUATION in WOMEN'S HEALTH
EAST TENNESSEE STATE UNIVERSITY

Telehealth for Contraceptive Counseling During the COVID-19 Pandemic among Federally Qualified Health Centers

Background

During the COVID-19 pandemic, one in three women delayed contraceptive care or had difficulty obtaining contraception. To improve access, reimbursement and HIPAA policies were relaxed to facilitate implementation of telehealth services across the health care system nationally.

Federally Qualified Health Centers (FQHCs) are part of the nation's health care safety-net and provide contraceptive care services to underserved patient populations. As such, it is important to study access to services at these clinics, particularly at the onset of the COVID-19 pandemic.

This study aimed to examine telehealth service provision for contraceptive services at rural and urban FQHC clinics in South Carolina (SC) and Alabama (AL) before and during the initial months of the COVID-19 pandemic. Both SC and AL have large rural and low-income populations, which experience disproportionate barriers to contraceptive care, making telehealth particularly important for meeting their reproductive health needs.

Methods

A mixed-methods approach was applied. We conducted a statewide survey of FQHC clinics in both states (N=127) and interviewed FQHC staff (N=25) (in 2020). Surveys and interviews explored contraceptive care via telehealth in the early months of the pandemic (March – June 2020).

Differences between urban and rural clinics were analyzed using Chi-square tests for survey items. Interview respondents were asked for their perceptions of telehealth implementation. Interviews were audio-recorded with permission, transcribed, double-coded, and analyzed for policy/structural, organizational, provider-, and patient-level factors impacting telehealth implementation.

At the beginning of COVID-19, contraceptive counseling via Telehealth was offered at **39%** of FQHC clinics in South Carolina and Alabama. Fewer rural clinics implemented telehealth compared to urban clinics.

Results

CONTRACEPTIVE CARE CLINIC SURVEY

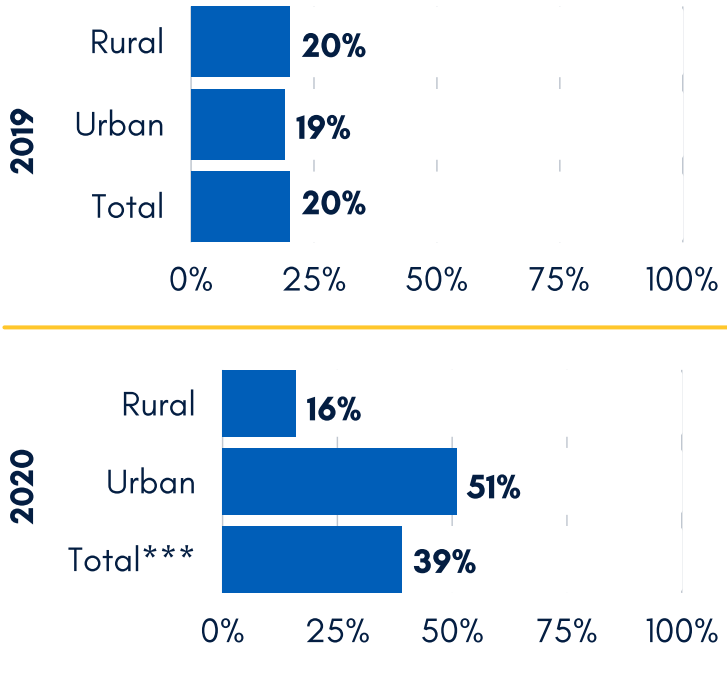
A total of **127** FQHC clinics responded to the survey and were included in the study; **45** rural clinics and **82** urban clinics. Only **39%** of responding clinics provided telehealth for contraceptive counseling at the beginning of the pandemic, with significantly more urban clinics (**50.6%**) than rural clinics (**16.3%**) (p=0.0002) providing this service.

We also examined telehealth for hormonal contraceptive prescriptions (refill and initial), emergency contraception provision, and sexually transmitted infection (STI) care. Fifty-five percent of all clinics reported providing any contraceptive care service via telehealth.

Significantly more urban clinics (**16.1%**) provided telehealth for emergency contraception, compared to rural clinics (**0.0%**) (p=.004), and STI care (**34.6%**) compared to rural clinics (**16.3%**) (p=.03). However, there was no difference between urban and rural clinics in the provision of telehealth for refill hormonal contraceptive prescriptions (**47.6%**).

Contraceptive Counseling via Telehealth

Rural N = 45, Urban N = 82



***p<.0001

KEY INFORMANT INTERVIEWS

Clinics reported several barriers to providing telehealth services. Limited electronic infrastructure and technology was noted by respondents from rural and urban clinics. As one respondent noted, *"One of the biggest factors was just the simplicity of getting a good software to do it was the good part. The challenge was just, how to incorporate this now into our electronic medical records?"* ***(Urban)*** and *"I would say probably lack of infrastructure."* ***(Rural)***

Additionally, challenges with funding were noted as a barrier: *"... primarily there was no funding."* ***(Rural)***

Inherent limitations to telehealth were also seen as a barrier: *"But there are still some patients that really want to come in. Telehealth, when you screen the patient there still could be some reasons why that patient needs to come in and have some tests done. Telehealth can't do every family planning visit."* ***(Urban)***

Some facilitators across policy/structural factors, organizational factors, and provider/staff factors were emphasized among respondents from rural and urban clinics, including: insurance reimbursement policies, embedding telehealth into workflow, and training for telehealth service provision.

"Also, our coder has played a huge role in ensuring that our providers are equipped with the amount of knowledge that they need as far as billing and coding goes so that we ensure that we get reimbursed at the rate that we need to be, to be able to be sustained during our services this way." ***(Rural)***

"Pre-organizing and looking at what we needed to do to better serve our patients, and taking the time to put in the system the telehealth capabilities, making sure that everyone knew how to conduct a visit, what's required for insurance and for billing, what coding needed to be completed..." ***(Urban)***

"They made it clear that the telehealth was the way to go and that you would get reimbursed for that." ***(Rural)***

Conclusion

Telehealth increases access to a range of contraceptive care services, particularly for underserved patient populations in the rural South. However, telehealth for contraceptive counseling was only provided at **39%** of all clinics offering contraceptive care in South Carolina and Alabama.

Additionally, telehealth for contraceptive counseling was provided at fewer rural clinics compared to urban clinics at the beginning of the pandemic, which may exacerbate healthcare disparities.

It is pertinent to investigate contraceptive care delivery in rural and urban communities given the wide reaching public health implications. Funding for technology and infrastructure is needed to expand telehealth services, and reimbursement policies are needed to continue the provision of services via telehealth.

CENTER *for* APPLIED RESEARCH *and* EVALUATION *in* WOMEN'S HEALTH
EAST TENNESSEE STATE UNIVERSITY

This issue brief was compiled by Liane Ventura, Dr. Kate Beatty, Dr. Mike Smith, Dr. Amal Khoury, Jordan de Jong, Kristen Surles, Dr. Katie Baker, and Molly Sharp. For more information on the effects of COVID-19 on contraceptive counseling across federally qualified health centers or to learn more about other research from CARE Women's Health visit www.etsu.edu/cph/care-womens-health or email carewomenshealth@etsu.edu.