

**Title:** Family Planning and COVID-19: Interviews from the Field, Part One

**Speaker:** Heather Maisen, MPH, MSW

**Duration:** 00:13:58

**NCTCFP (00:04):**

Hello, and welcome to the Family Planning Files, a podcast from the National Clinical Training Center for Family Planning. The National Clinical Training Center for Family Planning is one of the training centers funded through the Office of Population Affairs to provide programming to enhance the knowledge of family planning staff. I'm your host Katherine Atcheson. In response to the recent global pandemic of COVID-19 or novel Corona virus, this episode will be part of a series of interviews from the field with frontline family planning staff, in order to learn how they and their organizations are adapting in these challenging times and to provide ideas and direction for listeners who are facing similar situations in their own clinical settings.

**NCTCFP (00:47):**

Today's guest is Heather Maisen, the family planning program manager at Seattle King County Public Health. Where she is responsible for the policy procedures budget, quality improvement, quality assurance and adherence to federal and state requirements for their four family planning clinics. Heather has both an MPH and MSW from the University of Washington, and has worked in the realm of family planning and public health for over 15 years. Welcome to the show Heather, we're excited to have you here.

**Heather Maisen (01:18):**

Thank you Katherine, I'm excited to be here.

**NCTCFP (01:21):**

So just to dive right in, what are the particular concerns around COVID-19 for patients in your area? Such as you're in a hotspot or you have an aging population, things like that.

**Heather Maisen (01:33):**

Yes. Here in King County, Seattle, Washington area, we were the initial hotspot for the United States of America where we were hit really early and with the initial COVID cases that we saw rapidly increase over a short period of time. So we were kind of in the onset of the spread in the United States and our staff and our clients have definitely responded to that.

**NCTCFP (01:56):**

And what policy or procedure or even physical changes have you and your coworkers made in your clinics to reduce the transmission risk for COVID-19?

**Heather Maisen (02:07):**

Yes. Well, first and foremost, Public Health Seattle King County is the local health department that is responsible for coordinating the epidemic response here in King County. So that's an overlay of additional responses and responsibilities that we are responding to as staff and employees, but specifically in our family planning clinics, the response is rapidly evolving as it is for everyone across the country when more information is coming out about COVID and new resources are becoming available. So we have a little rollout, it seems like, of the services we've been changing and the policies and procedures we've been changing. So well over a month ago, we added COVID exposure and symptom questions to our screening questions.

**Heather Maisen (02:45):**

So that happens at every phone contact with our patients, at scheduling, reminder calls and check in, our staff have what they would probably call a little too complicated algorithms and scripting related to the patient's answers. So if patients do express exposure or symptoms to COVID, we actually then refer them to their primary care provider or to our own internal public health Seattle King County COVID hotline that is staffed by nurses to better screen and triage to meet their COVID needs. We do not see them in family planning at this time. We then adjusted our practice to not taking walk in patients, which we've always had quite a bit of walk in patients. We've had carved out walk in teen clinics, so we've had to put signs on the doors telling folks to call us so we can initiate the COVID screening before they come into our clinics. We also have front door screeners, so these are staff who are asking the screening questions and or in some cases taking temperatures of our clients.

**Heather Maisen (03:41):**

We've now changed to about three weeks ago, to essential, nonessential services, so non-essential services such as HBV vaccines or breast and cervical cancer screening, non-symptomatic, non-exposure, STI services are being deferred. We basically divided up our visit types into four groups. We have the differ group, which are the non-essential I just spoke of, we have some that we transfer to our medical assistance for further screening to really discern whether or not they need to come in person or if they can do a phone visit. So then we have phone visits and in person as well. So a lot of that was some big changes for our staff, as you could imagine.

**NCTCFP (04:17):**

Going to the tiers of visits, how do your clinicians determine who needs an in person visit at this time? And what sort of factors or questions go into your triage, if you will, methods?

**Heather Maisen (04:30):**

We do have some set ones that we know are going to have to be in person. So those are already delineated for the most part, any combined hormonal methods that need blood pressure for example, is one that we see in person or our LARC procedures, which we're still doing at this time are in person. The ones that we screen for, there's a group of them like STD visits, where we need to further ask what their risks and known exposure are. So if there is a risk, we would see them in person, and if there's not, and it's more routine screening or just having some anxiety in general, but no risks, we would defer it to a phone counseling visit. So we have sexual reproductive health intake questions that go through in depth information that our medical assistants use to help determine with the provider what the next step is for the patient.

**NCTCFP (05:16):**

And you mentioned that you're doing telephone visits?

**Heather Maisen (05:20):**

Yes.

**NCTCFP (05:21):**

Is this your main distance or telehealth platform that you've been using?

**Heather Maisen (05:25):**

Yeah, so this is new to us, we have not moved into telehealth here in our program. So it's kind of an exciting new way of conducting business and out of necessity. So right now, we are solely doing phone visits and some in person. However, we are this week rolling out video telehealth visits, which we're really excited about and that is due to our electronic health vendor has created a video platform for us through Zoom but through our my chart patient web portal. So that is how we're able to provide that coming up here soon.

**NCTCFP (05:59):**

And in providing telephone consultations upcoming at telehealth visits, how are you addressing issues around privacy and confidentiality? I know that's been a huge question for all sorts of health providers.

**Heather Maisen (06:13):**

So we have guidance on making sure they're in a closed exam room or an office room with a door that our providers are in with headsets. So some of the onsite ability that we have control over, we also just inform patients to look around their surroundings to assure that people can overhear them so that they're in control of their own information being shared inadvertently. We're excited about the new video platform because it's already through our HIPAA compliant patient portal, so that gives us a sense of security on that end on the electronic side of things, but we are going to be new to it and probably need to learn a lot more about it.

**NCTCFP (06:50):**

Do you have any current ways perhaps through the patient portal to document consent around confidentiality?

**Heather Maisen (06:57):**

We're documenting verbal consent at this time with the phone visits, so we actually have a few consent questions we ask and some information and then they're documented in our EHR that verbal consent was provided. And then there will be forms that patients can access through the patient portal for our video, I believe it will be referencing those and then still obtaining verbal consent. We're not exchanging signed documents from patients at this point, I believe.

**NCTCFP (07:25):**

So you mentioned at the beginning of the podcast referring patients back to primary care providers if they're displaying COVID symptoms, but I know that you will often have to provide referrals to other outside services such as perhaps HIV care or intimate partner violence services. Have you had any trouble making those referrals at this time?

**Heather Maisen (07:45):**

We have not received any feedback from patients or referral sources for those at this time, but we do know our main colposcopy referral source is following the newly ASCCP guidance for abnormal pap management during COVID, and that is delaying out some of the colposcopies up to three months’ time. So we've just been informed of that. Interestingly, we are actually finding other agencies referring to us for syphilis treatment more than ever before as well. So it's kind of a different flow that we're experiencing.

**NCTCFP (08:18):**

Speaking of syphilis and needed medications, have your clinics had any issues with maintaining the supply chain and getting clinical supplies or stocking medications?

**Heather Maisen (08:28):**

We've also been fortunate thus far, which is good news since we've been doing this for several months, we are well supplied. The one area that we did have some hiccup, if you will, in kind of our supply chain is around our lab testing. Our lab vendor who normally would come into our building, into our lab to pick up specimens, just stopped showing up one day in one of our clinics, and so that was one thing we had to problem solve and recognize there might be some different practices by our vendors that we need to address.

**NCTCFP (08:56):**

And of course it's not just the patients who are affected at this time, but also clinicians and support staff. How do you assess staff health during this challenging time in that they're fitting well to work? And have you had to deal with any gaps in staffing due to Corona virus?

**Heather Maisen (09:13):**

So one of the things we've definitely implemented is we screen our staff every morning before the shift starts with five questions around COVID symptoms. We have sent staff home based on some of their answers, so there have been minimal gaps thus far, I would say. We also have staff who have identified in the high risk groups or who providers have said they cannot be in our clinical setting providing care. So we've had to adjust some of our work for them to be able to telecommute in a way that is new to us as well. I think one of the other unique challenges as being the local health department responsible for the epidemic services right now is we've had staff, clinical staff voluntarily redeploy to work at our isolation quarantine centers or works with directly on the COVID responses given they have the clinical skill set to do so. We've been able to maintain minimal staffing to provide phone and in person visits thus far.

**NCTCFP (10:06):**

And what are some of the ways you've done to reassure staff and clinicians of safety and just keep up morale in the clinics?

**Heather Maisen (10:14):**

Yes. That is also an ongoing process with all the changing news all the time and changing processes. All four clinics have daily huddles, we check in on daily huddles, how people are doing. We have now weekly Skype calls with all clinics. I think one thing that has been helpful is that they're directly involved in helping change how we're going to deliver these services. So they're feeling a little more in control of the risk and their work because they're helping come up with creative solutions about how we provide medication outside of our clinic for when clients drive up instead of coming in, for example.

**Heather Maisen (10:48):**

Our staff are deeply committed to our patients. It's unbelievable to see that they get the direct need, is still there for family planning services in the face of this epidemic and they are committed to doing that. So we have been working with them about moving their workstations six feet apart from each other. We're using extended use masking practices in clinics. So there's things we're doing clinically to give them more support and they just keep demonstrating their commitment every day to us.

**NCTCFP (11:15):**

It does sound like they're very involved in, and you mentioned some of these creative solutions. What are some of the other ones that they've been able to come up with?

**Heather Maisen (11:23):**

Yes, so definitely how to deliver medications to a car. So there's things like putting the medications on top of the hood of the car or using a rolling cart with a tray, kind of the no contact food delivery systems that have come into place. We're doing similar work with our medication, delivery systems. We're doing some visits that are mostly done by phone, but then the person is actually in the clinic in a different exam room and we're doing the bulk of it by phone calling into the exam rooms. So then only the physical part is a very brief face-to-face interaction for patients as well.

**NCTCFP (11:59):**

Well, our time is almost up today Heather and thank you so much for stopping by, but before we go, do you have any final thoughts you'd like to share with our listeners?

**Heather Maisen (12:07):**

Yes. I just want to say thank you to all the family planning providers out there. I want to recognize, our work is directly helping the response to COVID. We're addressing patients urgent needs like STD symptoms, which otherwise could add further burden to the healthcare system and that system's maxed out responding to COVID right now. So we want to reduce our patient's risk going to ERs by seeing them in our clinics. So thank you.

**NCTCFP (12:31):**

And once again, thank you, Heather, for taking time out of your very busy schedule to speak with us about this urgent issue and for sharing your expertise with us. For more content, search for the Family Planning Files or subscribe to our show on iTunes, Google podcasts, Spotify, Stitcher, or wherever you listen to podcasts. For a transcript of this podcast as well as other online learning activities and continuing education opportunities, please visit our website at www.ctcfp.org. This podcast was supported by award number five, FPTPA006029-02-00, from the US department of health and human services, Office of the Assistant Secretary of Health, OASH, Office of Population Affairs, OPA.

**NCTCFP (13:20):**

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