

CLINICAL CARE TEAM

Did You Know? Engaging Community Partners can Improve Adolescent Access to Telehealth

OVERVIEW

Telehealth is an effective adjunct to in-person care and may increase access for adolescents to sexual and reproductive health (SRH) services. Health centers considering innovative ways to promote health equity and to increase access to SRH services for youth, especially those from groups experiencing disproportionately high rates of unintended pregnancies and sexually transmitted infections, may consider partnering with youth-serving organizations in the community to offer safe, secure, private, and technologically reliable telehealth sites. Considerations for new partnerships and expansion of current ones are outlined here.

● IDENTIFY ADOLESCENTS TO REACH VIA TELEHEALTH

Existing Patients:

Identify causes of discontinuity in care:

- Scheduling difficulties
- School and work conflicts
- Transportation access
- Privacy issues
- Device, technology, or internet access

New Patients:

Consider adolescents who face access barriers due to:

- Systems involvement (family services, juvenile justice, foster care)
- Housing situation (shelter, transitional housing)
- Rural location
- Education setting

When determining the target population consider panel size, provider/support staff needs, and the support needed by adolescents to fully engage in telehealth for SRH services.

FROM THE FIELD

El Rio Health, Tucson, Arizona

“One of the great things about working through community partners is being able to access communities that may intersect and overlap but each partner is serving a unique population of young people.”

To build a successful community-based telehealth model:

- Dedicate a staff member from the health center who is skilled in systems and capacity building to work with community partners.
- Engage youth from the health center and/or the partner organization in planning activities.

● CONSIDER KEY ASPECTS OF A PARTNERSHIP ARRANGEMENT

Answers to these questions can guide the selection of an existing community-based site frequented by adolescents and shape the terms of the arrangement.

Privacy and Confidentiality:

- Is the community-based setting proctored?
- Is the space private?
- Who schedules initial and follow-up telehealth appointments?
- Are parent/guardian permissions needed?
- Are billing and communication safeguards in place to protect confidentiality?

IT:

- Does community-based access include technology not owned by the adolescent?
- Who owns the equipment and Wi-Fi permission?
- What costs are involved?
- Who is contacted if something goes technically awry during or between appointments?

Practice Restrictions:

- Are there any restrictions on prescribing or counseling practices due to the community site location?
- How and where are prescriptions accessed?
- Does this arrangement change scope of care for purposes of liability, FTCA, 340B or Form 5B on FQHC grants?

Ease of Access:

- What are the hours of the community site?
- Is the site accessible by public transportation?
- Is the site accessible for people with disabilities?

Marketing:

- Who is responsible for publicizing the availability of ASRH services via telehealth at the community site?
- What is the messaging?
- What are the communication methods?