

BARRIERS to adolescent-centered virtual care

Many aspects of care have remained virtual after a rapid transition to virtual care due to COVID-19. With some planning, workflows can be rearranged to ensure the best possible patient experience. Obviously, not all care can be done virtually (e.g., vaccinations); however, an abundance of follow-up care in primary and specialty clinics can be done remotely. Key elements of adolescent-centered care should still be followed when seeing adolescent patients remotely.

STRATEGIES for adolescent-centered virtual care

Prepare for virtual care

- Set up a text message reminder system for virtual care just as you would in-person care. If you do not have an established telemedicine system, check out [Doxy.ME](#) or [this list](#) of text-message reminder apps.
- When scheduling appointments, make sure that you have a direct phone number to reach the adolescent in case you are disconnected from the call.
 - If a provider gets disconnected from a call, you can use an app such as [doximity](#), which can make your personal cell phone number appear as a different number, like your health center's, in case you need to change technology during the visit.
- Make a how-to guide, like [this](#) one for Doxy.Me (also available in multiple languages) or [this example](#), for patients that explains the steps for a virtual visit, especially if any app downloads or technology are needed pre-visit. This can be available on your website or emailed through a patient portal prior to the appointment.
- Have a designated space to conduct virtual care, making sure that disruptions are minimized, and follow [these best practices](#) when on camera with patients. Just like in the office, adolescents will be able to tell if you are distracted or not paying attention to what they are sharing with you.
- Check out [this list](#) to plan for telemedicine visits, and [this](#) visit etiquette checklist.
- Watch AHI's webinar on providing [Adolescent-Centered Virtual Care](#).

Ensure privacy for adolescent patients

- Read through these [operating procedures](#) for best practices in pediatric telehealth recommended by the American Academy of Pediatrics.
- Privacy is even more critical during virtual care, as the provider often cannot tell who is within earshot of the young person. Reference the workflow example at the end of this guide to navigate alone time with a patient during a virtual visit.
- Be sure to ask the adolescent if they feel like they are in a private space in their home to participate in the virtual visit. If not, ask if the adolescent can move anywhere (hallway, outside, or even sit in a car, Wi-Fi-permitting) or provide a sound barrier (white noise machine, background noise from TV) to decrease the likelihood of being overheard.
 - If a caregiver is present with the adolescent, ask the caregiver to leave for a portion of the time and then ask the adolescent if they feel like they are in a private area after the caregiver leaves.

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- If privacy is still a concern and the adolescent is unable to find another accommodating space, consider changing from a video visit to a phone visit, if feasible. This will allow the adolescent to have a wider array of options than a video visit, as they do not need to be connected to a home Wi-Fi network.
- Trust your patients if they tell you they are in a private space in their home, even if you are unsure. Ultimately it is up to the teen's discretion of what feels comfortable for them.

Provide confidential care for adolescents

- Confidentiality is still a top priority for adolescents accessing care virtually. Discuss with the adolescent patient what limitations exist with virtual care (e.g., what services they can access virtually, what health services minors can consent to in your state, and how the Explanation of Benefits (EOB) will often display confidential services.) Consider [these approaches](#) for adolescent confidentiality in your practice.
- For an overall confidentiality refresher, check out AHI's [Spark mini-training on Confidentiality Best Practices](#), as well as confidentiality laws for a select number of states [here](#).
- Avoid confidentiality breaches in the [EHR system](#):
 - Some EHRs have temporarily allowed all caregivers to access their child's patient portal (known as a parent-proxy account) in order to ease scheduling appointments during COVID-19. Ensure that any confidential information in your electronic medical record system has a way to limit information (e.g., appointments, notes, test results) that would be accessible to caregivers, either by marking as confidential or using discreet coding for confidential services when possible.

Utilize technology to perform risk-screening

- Many EHR systems allow patients to fill out forms electronically prior to the appointment time.
 - If this is possible, ask adolescents to complete questionnaires such as risk-screening forms ahead of time.
 - If these forms do not already exist in an electronic format, most EHRs have an ability to create a template that will have to be entered manually, and then can be sent to patients for pre-visit questionnaires.
 - Review the answers to any risk screening with the adolescent in a private space, as outlined above.
- Establish a protocol for when risk screening results indicate a patient is planning to harm themselves or someone else. This would include notifying the caregiver, having updated caregiver contact information and address, and designating a crisis intervention support staff member or contact. You can refer to [this manual's](#) patient safety section for telemedicine.
 - Refer to this [telepsychiatry toolkit](#) for safety planning for child and adolescent telepsychiatric care.

Additional Resources – Telehealth Basics:

If you are in the beginning stages of ramping up virtual care in your clinic, review these resources to understand telehealth basics, from technology selection to billing for virtual services.

- [Telehealth and COVID-19](#): Webinar from the American Academy of Pediatrics that provides guidance on how to launch telemedicine services into practice for non-COVID-19 related care.
- [Getting Started](#): A collection of resources and technologies to start providing telehealth visits.
- [Telehealth Best Practices](#): This video highlights best practices for health care providers using telehealth.
- [Understanding Telehealth](#): A resource for patients to understand the definition of telehealth and types of care they can receive through telehealth.

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- [Coding during the COVID-19 Pandemic](#): Webinar from the American Academy of Pediatrics that explains ICD-10, CPT, and Modifiers coding related to COVID-19 care and non-COVID-19 care as well as special circumstances (including CPT codes to use when telemedicine visit technology cuts out).
- [Telehealth Coverage Policies in the Time of COVID-19](#): Updated information on Medicare and Medicaid coverage and policy changes for telehealth visits.
- [Child & Adolescent Telepsychiatry](#): A comprehensive toolkit specific to telepsychiatry for children and adolescents. Explore this page to learn more about the history and background, legal, regulatory and safety issues, setting up your practice, special populations, and special considerations.

Sample workflow: Virtual Visit with Adolescent

1. When scheduling the appointment, make sure the receptionist and/or online appointment system asks for a telephone number where the patient can be reached, in case video visit services cut out.
2. Assign any patient questionnaires (e.g., risk screening) through a patient portal, if possible, at least 24 hours prior to appointment. Instruct patient to complete on their own before the appointment.
 - a. For questionnaires that should be completed confidentially, make a note in the patient portal to remind adolescent to fill this out by themselves in a private space.
3. Provider reviews questionnaire answers prior to appointment and plans accordingly.
4. Once logged on to the virtual visit platform, provider greets patient and asks who is in the room with them.
5. Provider gives an overview of the visit and asks the adolescent and caregiver what their goals are for this appointment.
6. Provider asks to speak with the adolescent alone at the appropriate spot in the appointment, like you would in clinic.
 - a. Ask if the adolescent has access to a private space to conduct this confidential portion of the visit.
 - b. Suggest the use of headphones/earbuds with microphone for the adolescent so others can't hear the provider asking them questions.
 - c. Make sure to ask when it's okay to begin talking to ensure the adolescent is alone.
7. Provider conducts the confidential part of the appointment (including asking about the risk screening questionnaire), then ask the adolescent to bring their caregiver back to the room to end the appointment.
8. Provider follows any confidential coding procedures for the visit and close out the visit.

Limitations:

- Some patients do not have access to a private area for their visit.
- Some EHR systems do not allow you to assign questionnaires to a patient beforehand.
- Some caregivers are reluctant or unwilling to provide privacy to their teens.