Leverage Virtual Access

Leveraging virtual access includes innovations that provide opportunities to deliver clinical care, education, or support through virtual methods, such as video conferencing, phone calls, or text messages. Our participants reported that there was already great perceived need for virtual access (e.g. increasing access for people who are primary caregivers and face conflicts between their own caregiving responsibilities and their ability to access care for themselves), but social distancing during the COVID-19 pandemic made this need acute. Many payers agreed to at least temporarily reimburse virtual services at parity, and many health systems made investments in virtual care platforms. These shifts have future implications for both parity of payment and quality of services in obstetric healthcare.

Participants believed the need and desire for virtual access will be sustained due to heightened demand across the board, and may be particularly important for pregnant people who face transportation and other social and economic challenges, including many living in rural areas of the United States as well as those living in underserved urban areas. While telehealth and other virtual solutions cannot fully replace in-person care, it provides a valuable means of delivering essential services.

Participants highlighted that innovations that leverage virtual access can be particularly helpful for:
- Connecting with doulas, family, and support networks
- Screening, such as triaging in early labor or semi-urgent care
- Strengthening maternal mental health care
- Providing lactation counseling and other educational support, with sensitivity to the competing demands placed upon pregnant people (e.g. childcare, work, etc.)
- Connecting birthing people with more representative providers and supporters (e.g. people who look like them, speak their language)
- Promoting access to postpartum services, triaging for concerns, classes, and support groups

Strategies for Leveraging Virtual Access

Health system leaders interested in innovations that leverage virtual access should consider the following strategies for building demand among birthing people and health system stakeholders and augmenting the supply of enabling factors to support successful and sustainable implementation. These strategies summarize key action steps recommended by participants for building momentum, but they are not intended to be comprehensive or required for all settings depending on your local context.

Educate birthing people and clinicians on telehealth and virtual support considerations

❏ Build awareness and access among birthing people for how to use technology, privacy considerations, and out-of-pocket costs compared to in-person appointments

❏ Normalize that any settings birthing people or their support connect from are acceptable, while also being sensitive to ways in which work schedules, presence of roommates or family members may inhibit privacy

❏ Train clinicians on technology platforms, including privacy protection strategies and how to utilize flexible approaches when there are technology barriers

❏ Educate birthing people and clinicians on the risks and benefits of home monitoring (i.e. fetal monitoring)

Ensure virtual services can be accessible for all birthing people and support people

❏ Ensure telehealth resources are accessible across different languages and interpreters can be incorporated into virtual appointments

❏ Develop multi-modal systems to reach people with varying levels of technology access (e.g. no wifi access) and privacy concerns (e.g. not having access to a private/safe space to attend virtual visits)

❏ Support initiatives to address the digital divide and increase access to technology and high-speed internet for birthing people, especially in rural areas (e.g. supporting the costs of prepaid phones or data or supporting legislation related to the development of telecommunication infrastructure)

❏ Provide technology for virtual access to care and support within inpatient settings (e.g. tablets) and ensure technology systems have the bandwidth to support demand

❏ Ensure reimbursement and funding is available for both services and technology needed to provide those services (e.g. iPads)

❏ Leverage telehealth for people who are comfortable using virtual services to create capacity for those for whom it is not appropriate or preferred

Redesign care processes to be optimized for virtual delivery

❏ Solicit feedback from birthing people on how technology and virtual access can be most helpful in their care and support

- ❏ Develop system for appropriately identifying people for whom virtual access is appropriate and those for whom other methods are better to meet their needs (e.g. high risk) or meet them where they are (e.g. drive through appointments in their car)

- ❏ Bring "situational awareness" to virtual interactions acknowledging the context for the patient and any privacy concerns

- ❏ Promote patient satisfaction by addressing increased isolation and perceptions of receiving worse care through virtual appointments

- ❏ Provide tools for self-monitoring and risk-appropriate guidelines for in-person visits

- ❏ Provide a "warm hand off" and educational materials to assist people on how to use technology and other equipment

Integrate virtual access and adapt technologies within standard operating systems

- ❏ Incorporate or designate virtual appointments within the scheduling system and electronic health record

- ❏ Ensure virtual technologies and processes comply with all federal and state regulations, accrediting agencies, and policies, such as HIPAA (e.g. privacy protection for breastfeeding and lactation consulting)

- ❏ Leverage opportunities around telehealth and eConsults with maternal-fetal medicine or other specialists, especially in rural settings