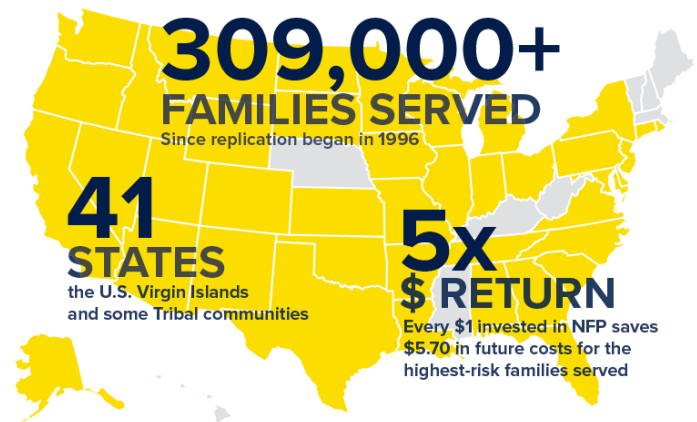




NURSE-FAMILY PARTNERSHIP AND TELEHEALTH

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The Nurse-Family Partnership model has effectively integrated telehealth and alternate visit schedules as part of implementation since 2017. Telehealth is increasingly being utilized as a method to provide health care to address chronic and/or minor illnesses, increase access to care for patients who face challenges due to geographic location or travel restrictions, and for obtaining health related and parenting information. Telehealth is also used to provide anticipatory guidance on a variety of topics and encouragement related to behavioral change.¹



Evidence from the Nurse-Family Partnership (NFP) Elmira and Memphis randomized controlled trials and NFP mom retention research demonstrated that NFP dosage related to client outcomes is variable. The NFP model recognizes that moms' needs change and adaptability is necessary over the course of the NFP program. For example, when in-person visits are either not feasible or not necessary based on the mother's current risk status, strengths, and global protective factors. In these situations, NFP recommends that the visit schedule be adjusted and that alternative visit approaches be considered. This methodology offers nurses the flexibility to increase visits when necessary for higher risk moms and offer visits through methods other than in-person when appropriate to meet the needs of individual moms, retain moms, and maintain a full caseload.

KEY BENEFITS TO USING TELEHEALTH IN NFP

Increase client retention due to flexibility in visit schedule and/or venue. Telehealth provides an alternative when visits in the home are either unsafe for the client/nurse or not possible for the client (i.e. has returned to work/school). This increases the likelihood that the client will remain in the program until the end, benefit from the full scope of the program, and maximize the possibility of achieving the program goals.

Allocate resources more efficiently and effectively. Low-risk clients may be offered the opportunity to receive some home visits via telehealth. Telehealth can also be used to augment the contact NFP nurses have with their most high-risk clients.

Acknowledge non-in-person client contacts as visits. NFP nurses often provide significant information, support, guidance, and referrals via telephone and other interactive technology. When these encounters

meet the requirements for NFP telehealth visits, they will be counted in the NFP data collection and reporting systems as completed visits.

ADVANTAGES OF TELEHEALTH

The advantage for NFP moms and nurses includes the ongoing connection throughout pregnancy and during the first two years of the child's life. When situations occur in the NFP mom's life that prevent in-person visits from taking place, the mom has increased self-efficacy by being able to communicate a change in the visit schedule and the way in which she receives information from her nurse.



Nurses may benefit from a decrease in travel time and increased efficiency by utilizing time gained from no-shows. Telehealth offers an option for connecting with the client when a home visit would involve a significantly dangerous environment or situation. Both the NFP mom and nurse benefit by having the option of non-in-person visits when either is ill.

INCORPORATING TELEHEALTH IN TO THE NFP MODEL

For the past 3 years, telehealth has been included in the NFP education curriculum. Treatment conditions differ by client trajectories which results in visit dosage and outcomes being different for each NFP mom's experience. Retaining clients for 2.5 years provides the opportunity for the client to maintain contact with her nurse for continued life course development guidance and support that contributes to positive outcomes for the family. Ongoing connection provides the client with access to a nurse at critical junctures in both her and her child's life. Flexibility in visit schedule, content, and location all contribute to client.ⁱⁱ

However, NFP nurses follow the below clinical practice and model fidelity requirements for telehealth:

- **Pregnancy Phase:** Telehealth visits are incorporated to provide support in addition to in-person visits. Telehealth visits do not replace in-person visits during the pregnancy phase unless no other option exists(e.g. Public health emergencies such as COVID-19 or if a pregnant NFP mom cancels and cannot reschedule the in-person visit, it would be better to have a phone visit than not connecting at all). Telehealth visits can be used in pregnancy in the case of inclement weather and for safety reasons.
- **Infant and Toddler Phases:** During the first four weeks post-partum, the NFP mom and her baby should be seen at least once in person. During the first eight weeks post-partum, they should be seen at least twice in-person. After three months post-partum, and through year two, the NFP mom and her child are seen in person and via telehealth on a schedule determined by both the mom and her NFP nurse with nurse supervisor input.

During the COVID-19 crisis, Nurse-Family Partnership continues to deliver services via telehealth and alternate visit schedules, including enrollment and pre-natal visits. The NFP National Service Office is providing enhanced guidance and tools for our nurses and agencies, particularly related to mental health, intimate partner violence (IPV), substance use disorder, among other assessments, services, and supports.

For questions or more information about Nurse-Family Partnership, please contact pga@nursefamilypartnership.org

ⁱ Hall, C.M., Beirman, K.L. (2015). Technology-assisted interventions for parents of young children: Emerging practices, current research, and future directions. *Early Childhood Research Quarterly*, 33, 2132.

ⁱⁱ Olds, D. L., Baca, P., McClatchey, M., Ingoldsby, E.M., Lucky, D. W., Knudtson, M. D., Loch, J. M., Ramsey, M. (May 22, 2015). Cluster Randomized Controlled Trial of Intervention to Increase Participant Retention and Completed Home Visits in the Nurse-Family Partnership. *Prevention Science*.