



Foundation *for*
Opioid Response Efforts

4/9/20

Creating an Effective Telehealth Patient Experience for MOUD During the COVID-19 Pandemic

Foundation for Opioid Response Efforts (FORE)

Foundation for Healthy Communities

Cabin Creek Health Systems

Thomas Jefferson University



Foundation *for*
Healthy Communities



Introduction



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Karen A. Scott, MD, MPH

President

Foundation for Opioid Response Efforts



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<https://www.ForeFdn.org>

Agenda

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1. **Welcome and Webinar Logistics**
2. **Foundation for Opioid Response Efforts**
 - FORE COVID-19 National Emergency Response
 - Introductions
3. **Engaging Patients in Telehealth**
Tanya Lord, PhD, MPH
4. **MOUD Telehealth During the COVID-19 Pandemic**
Joshua Carter, PsyD
5. **COVID-19/ODU Syndemic: Report from the Field**
Lara Weinstein, MD, MPH, DrPH
6. **Question and Answer Session** with: **Tanya Lord, PhD, MPH**
Joshua Carter, PsyD
Lara Weinstein, MD, MPH, DrPH

Webinar Logistics

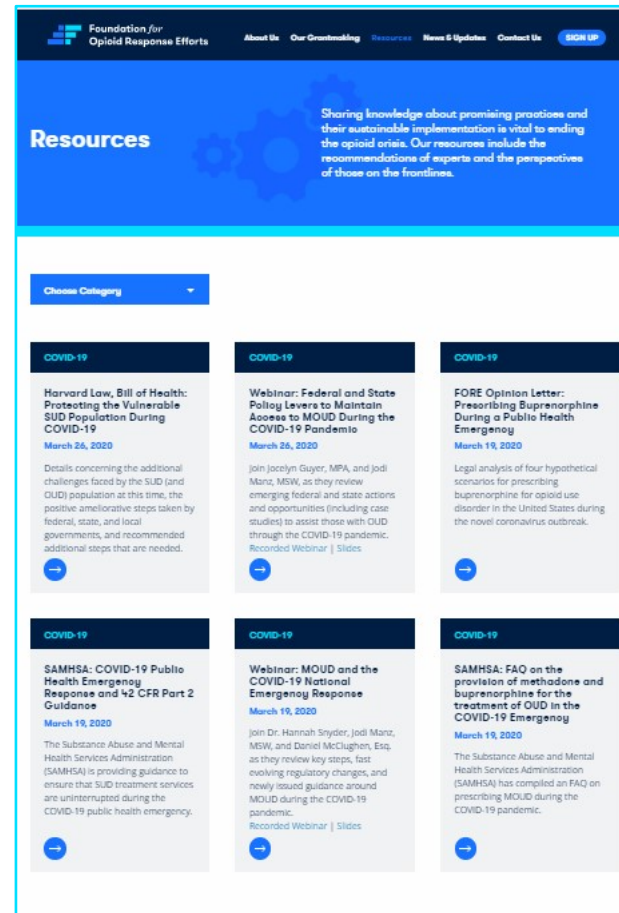
1. Webinar is being recorded and will be on www.ForeFdn.org shortly after the session ends.
2. Presentation slides will be made available for download on our website.
3. Please use the “Q&A” found at the bottom of your Zoom screen.
 - If you have a similar question, please upvote using the thumbs up button on the question.
 - We will read as many questions live as time permits.
4. An FAQ will be provided on our website based on the questions submitted during the Q&A session.
5. Any resources you would like to share with everyone please send to info@ForeFdn.org
6. There will be a brief survey immediately following the webinar. Please provide us with feedback!

FORE's COVID-19 National Emergency Response

- FORE is looking for ways to provide broad assistance during this time of uncertainty
- Up-to-date Resources
- Webinars:
 - Weekly series
 - Thursdays @3pm ET
- Facilitating connections with experts and technical assistance
- Submit your ideas

Follow updates on our website:

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Webinar Presenters



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Tanya Lord, PhD, MPH

Director of Patient & Family Engagement
Foundation for Healthy Communities



Joshua Carter, PsyD

Director of MAT and Addiction Services
Cabin Creek Health Systems



Lara Weinstein, MD, MPH, DrPH

Associate Professor of Family and Community Medicine
Thomas Jefferson University

Engaging Patients in Telehealth



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Tanya Lord, PhD, MPH

Director of Patient & Family Engagement
Foundation for Healthy Communities



Please share your stories:

tlord@healthynh.org

603-930-2632



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Thinking about Terminology



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- Telehealth
- Virtual visit
- Virtual Appointment
- Online visit
- Online Appointment



Virtual Care



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Pros	Cons
<ul style="list-style-type: none">• More accessible• More comfortable• Increased engagement• Potential for inclusion of family and caregivers	<ul style="list-style-type: none">• Technology problems• User familiarity with technology• Lacking “personal touch”• Network is not built in rural areas• Privacy concerns



Before the Appointment



Prepare and practice with a patient representative or Patient Family Advisor

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Before the Appointment



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- Introductory Phone Call
- Confirm who will be participating in the appointment
- Provide Materials and Education
 - Print
 - Phone call
 - Video
 - Website
 - Practice session



Education Material



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Include:

- What platform is being used
 - Phone: iPhone vs. Android
 - Zoom or WebEx
 - New software, app
- Identify language, visual, or hearing concerns
- Definitions of new terminology
- What to have available during the appointment
- Detailed technical instructions
- Number to call if any difficulties
- Addressing privacy
- Consider developing FAQ



During the Appointment



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- Introductions
- Comfort assessment
- Engage in a virtual space
 - Especially when using a camera



After the Appointment



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- Ask patient for feedback
- Debrief with staff
- Continuously Improve



Post COVID-19



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MOUD Telehealth During COVID-19 Pandemic



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Joshua Carter, PsyD

Director, MAT and Addiction Services
Cabin Creek Health Systems



Initial Steps

Extended suboxone scripts

- Smaller groups
- Spaced-out groups

Time to develop a telehealth plan

- Policies
- Procedures

Changes to Standard Treatment

Discontinued 12-Step meeting requirements

- Encourage online meetings

Reduce the number of random drug screens

- Once per month – Phase 1
- Every two months – Phase 2
- Every three months – Phase 3

Changes to Standard Treatment

- Behavioral health state requirements suspended until May 1st
- Shorter more frequent phone appointments until video is available
- Discontinued wrapper count
- Each patient triaged upon entry to building
 - Temperature
 - O₂ Stats
 - Symptom
 - Provided with mask

Telehealth Considerations

- Informed consent of risks and benefits
- Group confidentiality
- Offer options to patients
- Limited infrastructure
- Patient resources
- Internet limitations
- Secure connections
- Telehealth appointment types for billing

Individual Telehealth Treatment

- Video or voice via Zoom
- Voice via telephone
- 30-minute appointments – weekly to bi-weekly
- Scheduled by Care Managers
- Behavioral health provider coordinates telehealth
- Medical provider can use for individual or witnessed dosing

Group Telehealth Treatment

- Zoom information emailed or given to patient via phone.
- Patients sign into Zoom by 9:30 am or 1:30 pm
- Check-in completed by Care Managers – 30 minutes
- Group medical appointment – 60 Minutes
- Group therapy appointment – 60 Minutes
- Scripts sent to patient's pharmacy via phone or E-prescribing
- Possibility of using Zoom to assist patients with running 12-Step meetings

Group Therapy-Check-Ins

- Patient attendance
 - Mute and unmute
- Rename patients on Zoom for accuracy and privacy
- Days of sobriety
- Recent relapses
- Current issues
- Needs
- Current location
- Current location privacy
- Callback number
- Closest emergency services
- Reminder of confidentiality

Induction of New Patients

- Two-way video conference call
- Time limited face-to-face with appropriate PPE
- Provided or mailed consent form
 - Completed over telephone or Zoom
- Behavioral health intake completed via telehealth
- Patient engagement in weekly telehealth groups

Tips for Making it Work

- Regular communication with staff and patients
- Transparency with staff and patients
- Clear, written directions for staff and patients
 - How to schedule Zoom meetings
 - How to communicate information to patients
 - How to navigate Zoom
 - How to sign-in to Zoom
- Try a test run First
- Do telehealth groups with smaller groups until issues are worked out

COVID-19/OUN Syndemic: Report from the Field



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Lara Weinstein, MD, MPH, DrPH

Associate Professor

Department of Family and Community Medicine

Thomas Jefferson University



Contact Information:

Lara.Weinstein@Jefferson.edu

Overview



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Epidemiology and Impact



Experience on the Ground



Creative Solutions to Telehealth



Epidemiology and Impact of COVID-19 on People with OUD



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COVID-19 Epidemiology

- Race
- Socio-economic status

Impact

- Increased risk of severe illness
- Increased risk of overdose
- Increased risk of transmission
- Disruption in services

Experience on the Ground



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**Project HOME/Stephen Klein Wellness Center
population**

Pathways to Housing/Housing First OUD population



Challenges for People Seeking Treatment



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- Lack of phone access – usually due to phones getting cut off
- Lack of MOUD support groups
- Lack of in-depth assessment, lack of human connection
- Additional systemic and social stress that both exacerbates substance use and can trigger it – due to an increased need to self-medicate to cope

Creative on the Ground Solutions



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- Rapid interdisciplinary contingency planning and work-flow modification to adapt to CDC recommendations and precautions
- Dedicated PCP to manage MAT medication concerns daily with regular UDS screens when Pts come to collect medication
- Loosened restraints on pantry referrals on-site so there is more access to food
- No phone? Use a friend's phone; staff in the field can use FaceTime

Advantages of Telehealth



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- Expansion of insurance reimbursement for telehealth appointments, so they are now billable.
 - “I can do a reimbursable telephonic BH consult with harm-reductive recovery planning.”
- Staff rotate who is on-site and who is remote to reduce staff exposure and risk
 - Can actually increase continuity of care
- Time for population health management approaches

Simple Population Health: Spreadsheet + Daily Rounds



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When Due	Plan
Due back 4/22	Kara saw for wound care 4/6
due 4/17	cx r to clinda, changed to bactrim 14 days
due 4/22	may come in tomorrow, add NG alert
due 4/26, Lara telehealth next week	Lara to discuss TID brand vs QID generics
MMT	daily dosing, low medical risk for COVID
due 4/16	new- need to mark on NG Lara
may call in or come in tomorrow	sublocade- approved!!
Due 4/16	Kara and Andrea did a FT visit
due 4/17	Sublocade delivered 4/9, needs next 2 weeks of Mav dropped off on 4/3
Due 4/21	severe LE B PE-needs to come in
may come in 4/9	NEEDS TO GO straight to R/O COVID ROOM
due 4/23	Kara HV 4/8, VNA?
due 4/15	COVID testing 4/8



Sophisticated Population Health: Real-time Spreadsheet



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Reason	Responsible Party	Last Call Made By / Referred By	Last Call Time	Follow-up Status	Comments / Action	COVID-19 Screen
Needs update on insurance; reports benefits counselor submitted an application for him	Benefits Counselor	Melissa L	12:15pm	Try again, Attempt #1	BC left a VM for the pt to return the call to follow up on applying for new MA. 4/8	
Needs help obtaining cash assistance; unemployed due to COVID	Benefits Counselor	Melissa L	3:32pm	Try again, Attempt #1	BC spoke with pt and informed him that for CA the application needs to be completed f2f at the county office and he could do that once they opened back up	

MAT New Patient Protocols for COVID-19 Clinic Operations



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- Patient calls requesting New Patient MAT appointment
- Front desk puts information on the CV spreadsheet for MAT with MAT as Responsible Party
- MAT staff calls patient and does initial intake including MAT intake, Front Desk Demographic Sheet, and New Pt History – confirming patient insurance and obtaining ID number, if possible
- MAT staff screens for coronavirus (MAT team needs instructions)
- MAT staff gives paperwork to front desk to register and schedule telehealth appointment
 - Need to determine what to do if screens positive for COVID-19 – assuming would go in A-side Provider schedule

MAT New Patient Protocols for COVID-19 Clinic Operations



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- Front Desk registers patient and verifies eligibility to make sure they have an insurance provider we accept or are uninsured
- Front Desk will call patient to schedule Telehealth/A Provider appointment (must arrive 20 minutes prior to appointment to fill out paperwork – only for in-person appointments)
- Initial paperwork is put in MAT- NEW PATIENT FOLDER at FRONT DESK
- Pt has telehealth/in-person appointment with provider
- Pt provides UDS and signs all intake documents
- Pt picks up 1st week of medications from pharmacy
- Pt should expect to have a phone call 2x over first week to check on induction status
- Pt will enter MAT COVID protocol after first successful week

Questions?



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Take Care of Yourself!
Thank You For Your Work!

Additional Resources



SAMHSA COVID-19 guidance and resources
<https://www.samhsa.gov/coronavirus>



Centers for Medicare & Medicaid Services guidance, including a compilation of state 1135 waivers
<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>



American Society of Addiction Medicine compilation of guidance and resources, including links to state-level policy actions and waiver requests
<https://www.asam.org/Quality-Science/covid-19-coronavirus>



State Health & Value Strategies resources on state policy options and responses
<https://www.shvs.org/>



Manatt Health resources on federal and state strategies to respond to COVID-19
<https://www.manatt.com/COVID-19> and <https://healthinsights.manatt.com/>



National Academy for State Health Policy resources on state activity <https://nashp.org/>



About the Foundation for Opioid Response Efforts

The Foundation for Opioid Response Efforts (FORE) was founded in 2018 as a private 501(c)(3) national, grant-making foundation focused on addressing the nation's opioid crisis. FORE is committed to funding a diversity of projects contributing solutions to the crisis at national, state, and community levels. FORE's mission is to convene and support partners advancing patient-centered, innovative, evidence-based solutions impacting people experiencing opioid use disorder, their families, and their communities.

For more information on FORE, please visit www.ForeFdn.org.



About the Foundation for Healthy Communities

The Foundation for Healthy Communities is a non-profit organization that engages in innovative partnerships to improve health and health care in New Hampshire. Their work addresses quality of care, access to care and community prevention. The Foundation for Healthy Communities is an affiliated organization of the New Hampshire Hospital Association.

For more information on the Foundation for Healthy Communities, please visit www.healthynh.org.



About the Cabin Creek Health Systems

Cabin Creek Health Systems is a federally qualified health center with 5 primary care centers in Kanawha County, West Virginia, all located within a 20-minute drive from Charleston. Their mission is to promote the health and well-being of all people in our communities, especially the most vulnerable, through health care that is guided by science, compassion and respect and to contribute to the education of skilled and caring health professionals.

For more information on Cabin Creek Health Systems, please visit www.cabincreekhealth.com.



About Thomas Jefferson University

Founded in 1824, Jefferson was the first medical school in the U.S. to open a clinic, transforming how physicians are trained everywhere.

Today, Jefferson is 30,000 people strong, all dedicated to providing high-quality, compassionate clinical care for patients; preparing tomorrow's professional leaders for 21st century careers; and finding new discoveries that improve lives. Jefferson (Philadelphia University + Thomas Jefferson University), home of the Sidney Kimmel Medical College, comprises 10 colleges and three schools offering 160 undergraduate programs to more than 8,400 students. Jefferson Health serves patients through millions of encounters each year at 14 hospitals and over 40 outpatient and urgent care locations throughout the region.

For more information on Thomas Jefferson University, please visit www.Jefferson.edu and www.JeffersonHealth.org.

General inquiries: info@ForeFdn.org



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