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
Introduction

Karen A. Scott, MD, MPH
President
Foundation for Opioid Response Efforts

Follow ongoing updates on our website:
https://www.ForeFdn.org
Agenda

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/OUD 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:
www.ForeFdn.org
Webinar Presenters

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

Tanya Lord, PhD, MPH
Director of Patient & Family Engagement
Foundation for Healthy Communities

Please share your stories:

tlord@healthynh.org
603-930-2632
Welcome to

NEW HAMPSHIRE
THE GRANITE STATE

“Live Free or Die”
Thinking about Terminology

- Telehealth
- Virtual visit
- Virtual Appointment
- Online visit
- Online Appointment
# Virtual Care

## Pros and Cons

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
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</thead>
<tbody>
<tr>
<td>• More accessible</td>
<td>• Technology problems</td>
</tr>
<tr>
<td>• More comfortable</td>
<td>• User familiarity with technology</td>
</tr>
<tr>
<td>• Increased engagement</td>
<td>• Lacking “personal touch”</td>
</tr>
<tr>
<td>• Potential for inclusion of family and caregivers</td>
<td>• Network is not built in rural areas</td>
</tr>
<tr>
<td></td>
<td>• Privacy concerns</td>
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</table>
Before the Appointment

Prepare and practice with a patient representative or Patient Family Advisor

• Was I making eye contact?
• How did this feel?
• How can we make it more comfortable?
Before the Appointment

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

How do you prefer to learn new information?
Education Material

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

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

• Ask patient for feedback
• Debrief with staff
• Continuously Improve
Post COVID-19
MOUD Telehealth During COVID-19 Pandemic

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 1\textsuperscript{st}
• Shorter more frequent phone appointments until video is available
• Discontinued wrapper count
• Each patient triaged upon entry to building
  • Temperature
  • O\textsubscript{2} 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
  • Hot to sign-in to Zoom
• Try a test run First
• Do telehealth groups with smaller groups until issues are worked out
COVID-19/OUD Syndemic: Report from the Field

Lara Weinstein, MD, MPH, DrPH  
Associate Professor  
Department of Family and Community Medicine  
Thomas Jefferson University

Contact Information:  
Lara.Weinstein@Jefferson.edu
Overview

- Epidemiology and Impact
- Experience on the Ground
- Creative Solutions to Telehealth
Epidemiology and Impact of COVID-19 on People with OUD

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

Project HOME/Stephen Klein Wellness Center population

Pathways to Housing/Housing First OUD population
Challenges for People Seeking Treatment

- 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

• 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

• 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

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Responsible Party</th>
<th>Last Call Made By / Referred By</th>
<th>Last Call Time</th>
<th>Follow-up Status</th>
<th>Comments / Action</th>
<th>COVID-19 Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs update on insurance; reports benefits counselor submitted an application for him</td>
<td>Benefits Counselor</td>
<td>Melissa L</td>
<td>12:15pm</td>
<td>Try again, Attempt #1</td>
<td>BC left a VM for the pt to return the call to follow up on applying for new MA. 4/8</td>
<td></td>
</tr>
<tr>
<td>Needs help obtaining cash assistance; unemployed due to COVID</td>
<td>Benefits Counselor</td>
<td>Melissa L</td>
<td>3:32pm</td>
<td>Try again, Attempt #1</td>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>
MAT New Patient Protocols for COVID-19 Clinic Operations

• 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

- 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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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
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

American Society of Addiction Medicine compilation of guidance and resources, including links to state-level policy actions and waiver requests

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

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.

General inquiries: info@ForeFdn.org

Follow ongoing updates on our website: www.ForeFdn.org

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