'COVID-19 National Emergency Response' Webinar Series

Creating an Effective Telehealth Patient Experience for MOUD During the COVID-19 Pandemic
April 9, 2020
Webinar Questions and Answers

Disclaimer: We have asked our webinar panelists to address questions from the webinar and are providing responses below, to the best of our current knowledge, given the rapidly evolving circumstances. These answers are informational in nature and are not intended as legal or medical advice.

QUESTIONS:

1. **How are you managing HIPAAs if client is completely new to the agency and hasn't been seen in person?**

   In Philadelphia, we document verbal assent and defer paperwork until the situation improves.

2. **This may be too early, but with the clinical changes for patients, are you seeing better, worse, or no difference in retention?**

   If anything, at Thomas Jefferson University (TJU), we have seen better retention with the option for phone visits and have had additional new patients. Our hypothesis is that this may in part stem from the uncertainty in the street drug market. In New Hampshire, there is no information regarding clinical changes but for some of the practices and recovery centers that are doing group meetings they are seeing higher attendance and more willingness for participants to share.

3. **Have you given any thought to how or if you will revise clinical treatment based on this experience?**

   At TJU we have started daily team rounding on our entire MAT populations, and we will keep some version of this. We have expanded the use of peers for telephonic support and will continue this and we will continue to make phone visits an option for current/new patients if this remains available.

4. **What have been some of the challenges related to group telehealth?**

   Sadly, at TJU, our patients do not have reliable access to phones, and few have access to audio-visual smart phones/computers.

5. **What happens after COVID-19? Are you planning to continue with these new services? Some of this will be "wait and see," but if you're asking patients to invest in learning new technologies, practices, and procedures, will they have the option to continue once physical restrictions are lifted if it works for them?**

Certainly, at TJU, we will continue to deliver services in ways that are effective for patients as long as the regulations do not go back. In New Hampshire, our hope is to increase use of Telemedicine and when restrictions are lifted, as long as regulations allow, we would like to see it expanded into rural areas and for people who may not have other access to technology or a private space to do a call or video appointment.

6. **Have you thought about doing witnessed drug screening using mouth swab/saliva testing?**

   Not on a routine basis, at TJU, it seems to be an unnecessary logistical burden on our already stressed system. If needed, we have patients come into the office briefly to drop off a urine specimen- we generally do urine drug screens once a month for stable patients. We are piloting some directly observed buprenorphine self-administration via video phone if available and needed.

7. **Are you sticking with Zoom despite the hacking/zoom bombing?**

   At TJU, we only use Zoom for staff meetings- we use whatever works for the patients, generally not Zoom and an encrypted format such as doxy.me if available.

8. **For Tanya, could you share some of the survey/feedback questions that you ask patients?**

   The following are some surveys that have been validated:
   1. https://bmjopen.bmj.com/content/bmjopen/7/8/e016242.full.pdf
   2.https://digital.ahrq.gov/sites/default/files/docs/survey/telehealthpatientsatisfactionsurvey_comp.pdf
   3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4457516/

   You can adapt these to your needs or develop the questions that are most appropriate for your patients. For a quick debrief with patients after the call it may be best to limit the questions to the top 2 or 3.

9. How are you engaging patients in behavioral health services who may not have phones?

   At TJU we engage patients through In person outreach with negative COIVD symptom screening and physical distancing. Supporting patients who can access a friends phone, having outreach staff use their phones when with patients.

10. **I work with a lot of homeless patients, and our state is going to be releasing more from prison as well soon for social distancing reason. How can addiction community support people transitioning from prison to the streets and help them have access to continuation of prescribing, and induct, and the other issue I see, is trying to get the technology for virtual care to get care. I am working with county and state coordination, but there are still trying to figure out ways to support everyone's basic needs, much less addiction needs met.**

    Continue to partner and work on creative solutions on the fly. Advocating for naloxone on release. Working with OTP to offer a seamless transfer without reinduction. At TJU, we are also offering ongoing waiver training to increase the number of prescribers.

11. **Do you find that you are identifying individuals with the virus and get them to treatment** sooner?

    Not totally sure about the question, but at TJU, we are screening all MAT patients for COVID symptoms and testing if needed, so in that sense yes, we are identifying patients and supporting them in accessing the care they need.

12. **What about federal funding opportunities to purchase what's needed for telehealth services?**

    SAMHSA discretionary grants have made this possible with increase budget flexibility. There is also this resource for federal grants: https://www.healthit.gov/sites/default/files/federal_telehealth_compendium_final_122316.pdf

COMMENTS/RESOURCES:

https://www.mara-international.org/ MARA meetings online Medication Assisted Recovery Anonymous

Karen- Josh (or Damara?) just mentioned the possibility using track phone minutes as an incentive— the effectiveness of this might be testable by partnering with a behavioral economics' healthcare company. One that comes to mind is a company called Wealth.