



Best Practices for Telehealth in MAT Programs

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Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.

Overview

- ▶ New guidance during national emergency
- ▶ Billing issues
- ▶ Provider and patient preparation
- ▶ Other resources
- ▶ Case presentation



People with OUD are More Vulnerable during COVID-19



- Respiratory and pulmonary effects of opioids may increase risk and severity of COVID-19
 - Smoking and other substance use
- More likely to experience homelessness or incarceration
- Increased risk of overdose from using substances alone

<https://www.drugabuse.gov/related-topics/covid-19-resources>



1135 Waiver

- ▶ Authorizes providers to offer telehealth services in any healthcare facility
- ▶ Issue controlled substance treatment to new patients without a medical exam
 - ▶ NTPs still have to perform in person medical exam for intake
- ▶ Medicare: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
- ▶ Medi-Cal - <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx>



HIPAA Rules Relaxed

- **HIPAA Compliant Options (often through BAA):**

- Zoom
- Skype
- Microsoft Teams
- Cisco Webex Meetings
- GoToMeeting
- BlueJeans
- VSee
- doxy.me

- **Allowable, Non-HIPAA Compliant Options:**

- Apple FaceTime
- Facebook Messenger video chat
- Google Hangouts video
- **Not allowed:**
 - Instagram Live
 - Facebook Live
 - Twitch
 - TikTok
 - and their equivalents

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Slide credit: Hurley and Bell, April 2020, Addition Treatment Starts Here: MAT and COVID-19. <https://www.careinnovations.org/wp-content/uploads/CCI-ATSH-COVID-1-April-2020v2-.pdf>

Privacy

How do you ensure privacy and confidentiality when providing treatment in alternative settings?



Billing



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GAVIN NEWSOM
GOVERNOR

Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to the 2019-Novel Coronavirus (COVID-19)

March 24, 2020 (*Supersedes March 19, 2020 Guidance*)

Overview

In light of both the federal Health and Human Services Secretary's January 31, 2020, public health emergency declaration, as well as the President's March 13, 2020, national emergency declaration relative to COVID-19, the Department of Health Care Services (DHCS) is issuing additional guidance to enrolled Medi-Cal providers, including but not limited to physicians, nurses, mental health practitioners, substances use disorder practitioners, dentists – as well as Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Tribal 638 Clinics. This guidance is relative to all of the following:

[https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-](https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx)

[Response.aspx](https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth_Other_Virtual_Telephonic_Communications_V3.0.pdf)

https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth_Other_Virtual_Telephonic_Communications_V3.0.pdf

Tribal
MAT

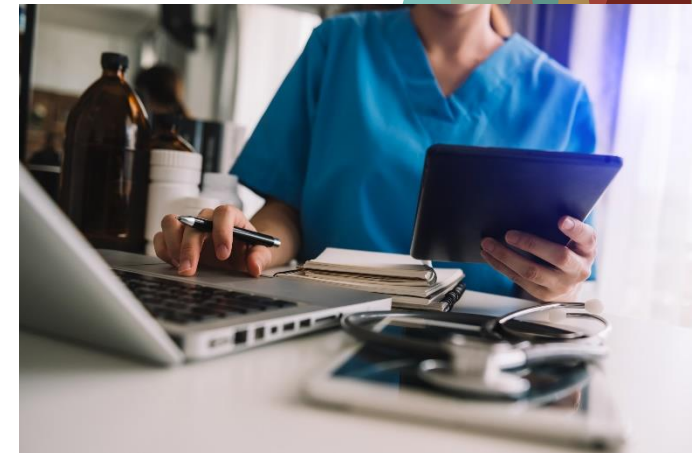
A unified response to
the opioid crisis in
California Indian Country





Clinician Preparation

- ▶ Prepare and practice
- ▶ Have an introductory phone call
- ▶ Provide materials and education - how do people like to learn?
 - ▶ Have all materials available at a site linked to a QR code
- ▶ Provide detailed tech instructions
- ▶ Include what platform, language and hearing/visual concerns
- ▶ Who to call if any difficulties





Informed Consent

- ▶ Informed consent
- ▶ Phone or webcam video
- ▶ Medical and behavioral health, group or individual telehealth



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215 West Beamer Street, Woodland, CA 95695 Phone (530) 405-2815
Fax (530) 204-5255

CONSENT FOR TELETHERAPY and TELEPSYCHIATRY SERVICES CommuniCare Health Services

(To be preferably completed in-person, if not reasonably possible, review on phone/video)

I, _____ (Name of patient/Legal Guardian/Conservator), hereby consent for myself/my child/Conservatee to engage in teletherapy as part of my treatment. I understand that teletherapy includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video or data communication. I understand that teletherapy also involves the communication of my medical/mental information, both orally and visually, to healthcare practitioners located in California.

I understand that I have the following rights with respect to teletherapy:

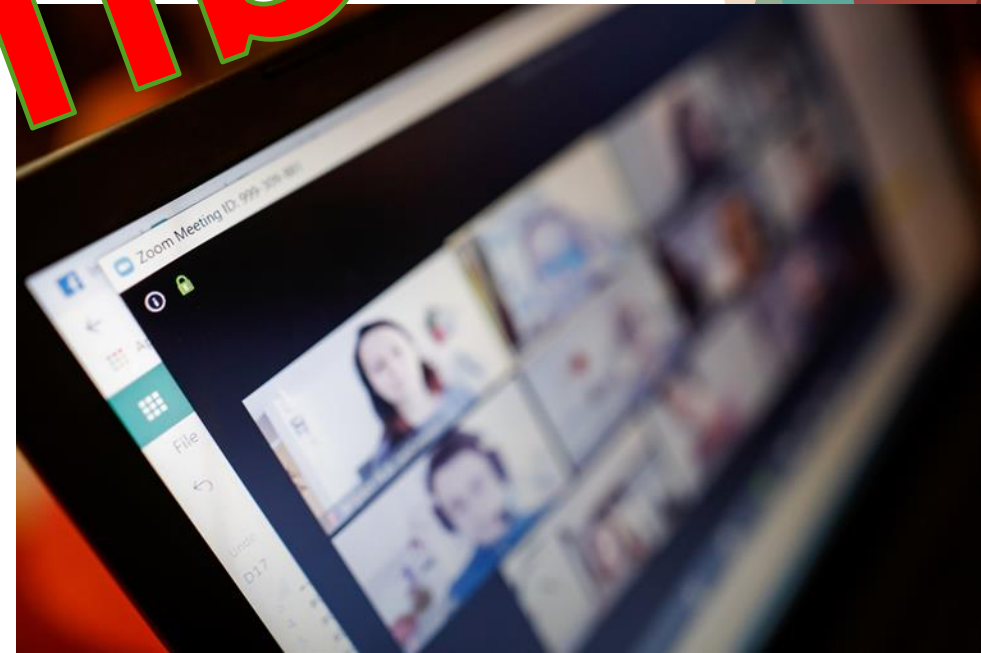
1. I have the right to withhold, withdraw, or refuse consent at any time without affecting my right to future care or treatment. I am aware the clinic will make every effort to arrange for me to see a psychiatrist in-person if I request, but that the visit will likely be at a later date due to availability.



Group Visits

- ▶ Consent and statement of group confidentiality
- ▶ Get a call back number in case
- ▶ Inquire about privacy
- ▶ Use Zoom waiting room feature
- ▶ Harassment not appropriate
- ▶ Check in on medications, days of use and non-use, current issues
- ▶ Keep groups small

Beware of Zoombombers





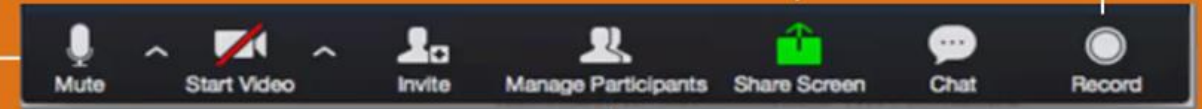
Other Best Practices

- ▶ Continue regular communications with staff and patients
- ▶ Be transparent about procedures, timeframes, treatment options
- ▶ Provide clear written directions for staff and patients

Orientation to Zoom

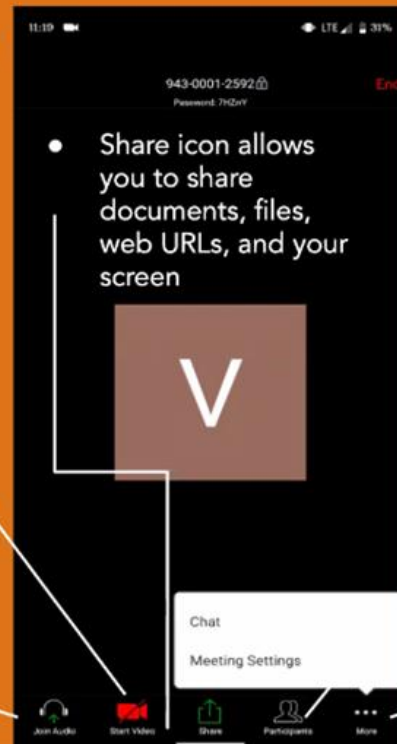
Using ZOOM on a desk or laptop

- Connect to your audio
- This is a connected audio icon
- Email or copy the meetings URL to invite others
- Allow others to view your screen
- Record ZOOM meetings using this icon (only available to the host)



- Connect your camera for participants to see you
- A red strike through an icon indicates it is not connected
- View all attendees
- Access the chat to read and send messages to meetings attendees (only available while you are in the meeting)

Mobile Device



- Share icon allows you to share documents, files, web URLs, and your screen
- Connect your camera for participants to see you
- A red strike through an icon indicates it is not connected
- Connect to your audio
- This is a connected audio icon
- View all attendees
- Access chat
- Manage settings

Hard to Reach Populations

- ▶ Field outreach
- ▶ Rotate staff
- ▶ Outreach workers carry technology for people to use
- ▶ Call for initial intake, registration, follow up appointments



TeleWell Indian Health Program MAT Project

<https://www.telewell.org/indian-health-program-mat-project>



TeleWell Behavioral Medicine

Home

About

Indian Health Program MAT Project

Other Services

Contact

TeleWell Indian Health Program Medication Assisted Treatment Project

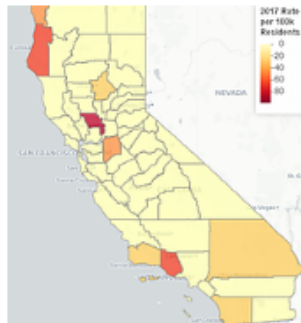


Image from California Opioid Surveillance Dashboard

In response to the opioid crisis in Indian country!

Our mission is to partner with California Indian health clinics and the Native communities they serve by integrating culturally sensitive healing modalities and best practices. We accomplish this by providing direct care, mentorships and supportive services. Our goal is to improve access to Medication Assisted Treatment (MAT) for opioid disorders and associated conditions.

Our vision is healthy, vibrant, productive Native American families and communities thriving with the ability to function free from the impact of addiction.

Identify the problem

Issue: Opioid overdoses are at an epidemic level in the United States. The problem epidemic is particularly acute in certain sectors of our society, including in tribal and urban Indian communities.

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New Guidelines, New Opportunities

Virtual Buprenorphine Clinic Taking New Patients



Starting **March 25th**, NYC Health + Hospitals will begin operating a virtual buprenorphine (Suboxone) clinic in response to the COVID-19 emergency.

The virtual buprenorphine clinic will serve all New Yorkers seeking opioid addiction treatment for **continuation or initiation** of buprenorphine.

Referrals from all NYC H+H staff are welcome!

Clinic hours (by phone or video conference):
Mon - Fri, 9 AM - 5 PM

For appointments and referrals, call:
212-562-2665

Bellevue Building A Room 235

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Telehealth Policy Updates



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CALIFORNIA TELEHEALTH POLICY – COVID-19 CHANGES (April 6, 2020)

Below are the changes implemented due to responses to COVID-19 that have impacted telehealth policy in California. DHCS may still be submitting another 1135 Waiver and possible 1115 Waiver to the federal government. Policy continues to develop.

MEDI-CAL FEE-FOR-SERVICE				
Modality Allowed	Services Covered	Telephone	Facility & Transmission Fee	Modifiers
Live Video Store-and-forward (including one code for eConsult)	<ul style="list-style-type: none"> Providers may bill for services provided via telehealth live video or asynchronous/store-and-forward provided they meet certain conditions: <ul style="list-style-type: none"> - The provider believes the services can be appropriately provided via telehealth; 	Telephone will be allowed to provide services and reimbursed at the	Originating site and transmission fee available.	POS 02 and modifiers 95 and GQ

CTRC COVID-19 & Telehealth Resources



To access the CTRC COVID-19 & Telehealth resources page, [CLICK HERE](#)

CMS Releases FQHC and RHC Billing Guidance

Today, CMS released [MLN SE20016](#), which covers new/expanded flexibilities and payment for FQHCs and RHCs during the COVID-19 Public Health Emergency. The MLN instructs FQHCs and RHCs on payment as a distant site, consent, home health/visiting nursing services, and accelerated/advanced payments.

