COVID-19: Telehealth For Opioid Addiction Interventions

Presented by: Marlene M. Maheu, PhD.
COVID-19: Telehealth for Opioid Addiction Interventions

Marlene M. Maheu, PhD
Executive Director
Telebehavioral Health Institute

Contact@telehealth.org
619-255-2788

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- I only offer you the information that I have been able to find.

Disclosure

- YOUR PART: You are encouraged to seek practice-specific advice from your legal, regulatory, ethical and malpractice bodies before offering any online services or programs. Get all such opinions in writing. Ask your informed, local, legal counsel.
- CONFLICTS: I have no conflicts of interest with any groups identified in this training.

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Optimize Your Learning

You may want to turn off your cell phone’s text messaging and/or email.

New Era of 2020
Challenges / Opportunities

- How can we take care of ourselves as we focus on those whom we serve?
- How can we keep our own community balanced?
What can I possibly offer you?

- People are dying every day
- More to die next week and even more after that, and after that
- I distilled about 800 telehealth content slides to 50 for you today
- Primarily will be giving you legal and reimbursement changes
- Won’t do more than point to many slides today

What can I possibly offer you?

- No telehealth handouts
- Will give you handouts about opioids but not any formal discussion
- No exercises
- I will take questions but do not promise answers
- Our government officials repeatedly mention mental health and substance use now

Time to Nurture Our Community

- It is time to connect with NAADAC and its organized communities
- Get on their mailing lists
- Offer to do service work if you have time
Correction to: An Interprofessional Framework for Telebehavioral Health Competencies

Marlene M. Maheu1 & Kenneth P. Drude2 & Katherine M. Hertlein3 & Ruth Lipschutz4 & Karen Wall5 & Donald M. Hilty6

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Introduction

In 2001, the Institute of Medicine (IOM) released a report that highlighted the inadequacies of health care professional training and assessment of ongoing proficiency to enhance patient care and safety (IOM 2001). The IOM’s subsequent Health Professions Education Summit (HPES) then identified objectives for educational reform for the following health professionals in the United States: nurses, pharmacists, physician assistants, physicians, and allied health professionals, including, for example, psychologists, counselors, and social workers (IOM HPES 2003b). The IOM thereby identified a set of simple, core competencies that all health clinicians should possess, regardless of their discipline, to meet the needs of the twenty-first-century health care system (p. 45). These included the ability to:

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Use information technology (IOM 2003a, p. 45)

Since then, educational reform related to competencies has made significant advances. In fact, the above-mentioned competencies are now often considered a foundation for workforce development. They provide indicators...
Competencies

Laws
Regulations
Ethical Standards
Guidelines
Competencies
Training
Professional Service Delivery

CTiBS Interprofessional Framework for Telebehavioral Health Competencies

7 Domains
5 Subdomains
51 Telebehavioral Objectives
149 Telebehavioral Practices Across 3 Competency Levels
(Novice, Proficient & Authority)

CTiBS TBH Competency Domains

Clinical
Telepresence
Technical
Legal & Regulatory
Ethical & Evidence-Based
Practice Development
mHealth

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27 Terms Used in Behavioral Regulatory Code for Telehealth

- Behavioral Telehealth
- Telemental Health
- eHealth
- Internet Therapy
- Telehealth
- Telemedicine
- Telepsychology
- Telenursing

Terms for Telehealth

- Online Counseling
- Online Counselling
- Online Therapy
- Distance Counseling
- Teletherapy
- Telecounseling
- E-therapy
- Teletherapy

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Terms for Telehealth

- Electronic Health
- Electronic Service Delivery
- Connected Health
- Digital Health

- Telebehavioral Health – used by SAMHSA
- TELEHEALTH used during COVID-19

Licensed Behavioral Professionals in the US

- Addictions Professionals
- Behavior Analysts
- Behavioral Nurse Practitioners
- Psychologists
- Marriage and Family Therapists
- Counselors
- Psychiatric Nurses
- Psychiatrists
- Social workers

Distant vs. Originating Sites

- Distant Site → where you are located
- Originating Site → where your client/patient is located

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Summary: HR 6 makes several changes to state Medicaid programs to address opioid and substance use disorder, as well as alters Medicare requirements to address opioid use. Among the changes, it authorized Medicare to waive through rulemaking any of the geographic and originating site reimbursement restrictions for the treatment of an opioid use disorder or a mental health disorder that is co-occurring with an opioid use disorder under certain circumstances.
SAMHSA & Treatment of OUD

Issued a directive in March, 2020 changing protocols at-home treatment of opioid use disorder (OUD)

- Will allow some patients in opioid treatment programs (OTP) to take home their medication
- States may request "blanket exceptions" for all stable patients in an OTP to receive a 28-day supply of take-home doses of medications such as methadone and buprenorphine, for treatment of opioid use disorder (OUD).


Ryan Haight Act

- Limited the ability of prescribers to prescribe over state lines
- Drug Enforcement Administration (DEA) officially missed its deadline to submit its plans to Congress in late 2020
- New waiver as of March 2020 allows for the prescribing of controlled substances via telemedicine.
Telemedicine

On January 31, 2020, the Secretary of the Department of Health and Human Services issues a public health emergency (HHS Public Health Emergency Declaration).
Ryan Haight Waiver for COVID-19 (continued)

**Question**: Can telemedicine now be used under the conditions outlined in Title 21, United States Code (U.S.C.), Section 802(54)(D)?

**Answer**: Yes…

Answer: Yes. While a prescription for a controlled substance issued by means of the Internet (including telemedicine) must generally be predicated on an in-person medical evaluation (21 U.S.C. 829(e)), the Controlled Substances Act contains certain exceptions to this requirement. One such exception occurs when the Secretary of Health and Human Services has declared a public health emergency… (https://www.hhs.gov/about/news/2020/01/31/secretary-azar-declares-public-health-emergency-us-2020-novel-coronavirus.html).

Answer continued: On March 16, 2020, the Secretary, with the concurrence of the Acting DEA Administrator, designated that the telemedicine allowance under section 802(54)(D) applies to all schedule II-V controlled substances in all areas of the United States. Accordingly, as of March 16, 2020, and continuing for as long as the Secretary’s designation of a public health emergency remains in effect, DEA-registered practitioners in all areas of the United States may issue prescriptions for all schedule II-V controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:
Ryan Haight Waiver for COVID-19 (continued)

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice.
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.
- The practitioner is acting in accordance with applicable Federal and State laws.

Provided the practitioner satisfies the above requirements, the practitioner may issue the prescription using any of the methods of prescribing currently available and in the manner set forth in the DEA regulations.

Thus, the practitioner may issue a prescription either electronically (for schedules II-V) or by calling in an emergency schedule II prescription to the pharmacy, or by calling in a schedule III-V prescription to the pharmacy.

The term "practitioner" in this context includes a physician, dentist, veterinarian, or other person licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which s/he practices to prescribe controlled substances in the course of his/her professional practice (21 U.S.C. 802(21)).
Ryan Haight Waiver for COVID-19 (continued)

- Important note: If the prescribing practitioner has previously conducted an in-person medical evaluation of the patient, the practitioner may issue a prescription for a controlled substance after having communicated with the patient via telemedicine, or any other means, regardless of whether a public health emergency has been declared by the Secretary of Health and Human Services, so long as the prescription is issued for a legitimate medical purpose and the practitioner is acting in the usual course of his/her professional practice. In addition, for the prescription to be valid, the practitioner must comply with applicable Federal and State laws.

HB 6074, the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020

- Grants certain powers to the Secretary of Health and Human Services to waive some of the telehealth limitations in Medicare.
- HB 6074 only addresses the barriers in Medicare. Millions of Americans do not receive their health care through the Medicare program and restrictions on the use of telehealth still exist for them.

Practicing Over State & International Borders

Presented by:
Marlene M. Maheu, PhD.
Licensing Boards

Licensing laws are in flux
Usually, you have to be licensed where you client or patient is at the time of the contact

NOW - Check with your state board's website
Get on any mailing lists
Check the Center for Connected Health Policy

https://www.cchpca.org/
Inter-jurisdictional Practice

- Licensing Boards that may assert jurisdiction:
  - The one in the professional’s state(s) of licensure
  - The one in the client/patient’s state of location
  - Both

Duty to Report / Duty to Warn

- (v) Failing to comply with the child abuse reporting requirements of Section 11166 of the Penal Code.
- (w) Failing to comply with the elder and adult dependent abuse reporting requirements of Section 15630 of the Welfare and Institutions Code.

CA Business and Professions Code Sections 4989.54 (cont.)
HIPAA Privacy Rule
Data are "individually identifiable" if they include any of the 18 types of identifiers, listed on the next slide, for an individual or for the individual’s employer or family member, or if the provider or researcher is aware that the information could be used, either alone or in combination with other information, to identify an individual.

HIPAA Rules
- HIPAA rules are being relaxed by the Department of Health & Human Services
- Ok to speak with other professionals without explicit release form
- Traditional HIPAA discussions with clients/patients have included this basic permission for decades anyway.
HIPAA COVID-19 Update

Notify patients that these third-party applications potentially introduce privacy risks.

Use all available encryption and privacy modes when using such applications.

For added protections, these are some options of HIPAA-Compliant services:

- Skype for Business
- Updox, Vsee, Zoom for Healthcare
- Doxy.me, Google G Suite Hangouts Meet

Some public-facing video technologies should not be used:

- Facebook Live
- Twitch
- TikTok, and similar video communication applications are public facing, and should not be used.
HIPAA COVID-19 Update

Applies to telehealth provided for any reason – does not have to be COVID-related

Assess or treat any other medical condition, even if not related to COVID-19

Temporary Relaxing of HIPAA vs Privacy Requirements

Only release what you MUST release

Basic safety protections will return

What does COVID-19 mean for your work?

The clinical ramifications of giving increased access to you through technology must be weighed with a risk assessment of the person in question.

1. What is their diagnosis?
2. What does that diagnosis tell you about their ability to push any boundaries that you wish to put into place with technology after the current situation subsides?
3. Can you expect compliance?
What does COVID-19 mean for your work?

- Consider video conferencing
- You may also want to consider any communication channel that you determine to be necessary to keep people safe
- If you choose to proceed, advise your clients and patients that rules have been lifted temporarily, much as they would be in a flood zone or other natural disaster experiencing an emergency

Options Beyond Video Conferencing

- Send emails to keep everyone informed? If yes, email the message to yourself, and BCC your intended recipients so they won’t see each other on the TO: line of your email
- Communicate with your clients and patients in unsecured text messaging already built into your devices? If yes, think about what you write, how it might be mis-interpreted, and document your communications.

Options Beyond Video Conferencing

- Unencrypted text messages either reside on your SIM card or in the circuitry of the mobile phone. Messages then, can be discovered later and given from one party to another through the hardware of the phone.
- Point: be judicious about what you say
- Avoid LOL, emoticon, memes, etc.
- Maintain your professional boundary at all times.
What does COVID-19 mean for your work?

1. Consider diagnosis, risk analysis, history, living situation, physical health and make your determination for each person individually
2. Give your patients or client dynamic informed consent about risks and benefits
3. Document rationale and time/day of IC
4. Carry on
COVID-19 Funding

- Changes affect Medicare, Medicaid and in some states, the 3rd party payors.
- See handout by the Center for Medicare and Medicaid Services (CMS)
- So far, communication equipment must provide 2-way, live interactive video. Telephone is not yet covered, although many groups are advocating for telephone to be approved.

Coronavirus Preparedness and Response Supplemental Appropriations Act 1994-2020

- Medicare patients are no longer required to be in an originating site and can now receive telehealth services in their own homes as well as in any health-care facility.
- Telehealth is now available to Medicare beneficiaries in all parts of the country, not just in rural areas.
Telehealth services are reimbursed for the same dollar amount as in-person visits.

Providers may reduce or waive cost-sharing for telehealth visits during this emergency period. This does not apply to brief communication e-Visits (described below).

**Reimbursement**

Medicare

Bill Medicare for telehealth services using their-person CPT® code for the service provided.

**CALIFORNIA Department of Managed Health Care (DMHC) is requiring all [insurance health] plans to reimburse for telehealth at the same level they reimburse for face-to-face visits.**

In a victory for all providers, DMHC is requiring all plans to reimburse for telehealth at the same level they reimburse for face-to-face visits. This means if a health plan reimburses a mental health provider $100 for a 50-minute therapy session conducted in person, the health plan shall reimburse the provider $100 for a 50-minute therapy session done via telehealth. DMHC explicitly states that 'Health plans shall provide the same amount of reimbursement for a service rendered via telephone as they would if the service is rendered via video, provided the modality by which the service is rendered (telephone versus video) is medically appropriate for the encounter.'
Check for policy updates regarding Medicaid for your state(s) before billing.

CPT Codes (same codes as in-person care)

- Interactive complexity (90785)
- Psychiatric diagnostic interview (90791)
- Psychotherapy including individual (90832, -34, -37), family (90846, -47), and group (90853)
- Psychotherapy for crisis (90839, -40)
- Health behavior assessment and intervention services, individual and group (96158, -59, -64, -65, -67, -68, -70, -71)
- Neurobehavioral status examination (96116, 96121)

For calendar year 2020, CMS added HCPCS codes GYYY1, GYYY2 and GYYY3, which describe a bundled episode of care for treatment of opioid use disorders, to the list of telehealth services covered by Medicare.
2020 OUD CPT Codes

The new codes describe a monthly bundle of services for the treatment of OUD that includes overall management, care coordination, individual and group psychotherapy and substance use counseling.

E-visits

Brief communication, and can be furnished in any location or geographic area

Medicare co-insurance and deductible amounts cannot be waived for e-Visits.

Online Assessment and Management Services (e-Visits)

Qualified health care professionals (QHPs) — including psychologists — can receive remuneration for specific services. These services, conducted through electronic health-record (EHR) portal messages or other HIPAA-compliant, secure platforms, are: CPT codes with your [Contact] where you live business.

https://www.apaservices.org/practice/reimbursement/health-codes/online-assessment-management-services
HR 748, the Coronavirus Aid Relief, and Economic Security Act or "CARES Act"

Allows Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) in this emergency period to be a distant site provider for a telehealth service covered by Medicare.

telehealth resource centers
HR 748, the Coronavirus Aid Relief, and Economic Security Act or "CARES Act"

$2 trillion relief package not only provides economic relief but also funding for health care

CLINICAL EVALUATION AND CARE (TBH Domain I)
Evaluation & Treatment (Subdomain I.A)

Certified Community Behavioral Health Clinics

Fundamental Telehealth/Teledmedicine Considerations

All COVID-19 patients should consider the following items, regardless of their state:

1. What type of telehealth/telemedicine/telecommunications are reimbursable by the state (for example, interactive audio-visual, asynchronous, store and forward, remote patient monitoring)?
2. For what services does the state permit telehealth/telemedicine delivery?
3. Which providers does the state permit to deliver services via telehealth/telemedicine?
4. Does the state limit where the consumer must be physically located and where the distant provider must be physically located?
5. Are there state/county restrictions related to the distant provider?
6. Are there state or other medicaid restrictions related to the distant provider?
7. Does the state permit facility, transmission, and/or other fees to be reimbursed?
8. Does the state require someone to be in attendance at the originating site and, if so, if it is reimbursed?
9. Are there any prior authorization or other utilization controls that restrict telehealth/telemedicine use?
10. What security and confidentiality measures does the state place specifically on telehealth/telemedicine?
The fundamentals of responsible clinical practice do not change with telehealth. Good clinical practice remains the same regardless of delivery vehicle. Adoption is changing.

Right now, we are experiencing forced adoption. However, whether you use video, telephone, text, email, apps, artificial intelligence, remote patient monitoring or any other tech, you are responsible through your legal and ethical codes to maintain the same quality of care as in-person.

With integrity, you have nothing to fear, since you have nothing to hide.

― Zig Ziglar
Fundamentals of Telehealth

Telehealth is much like driving a car. It can take a few months of regular practice to learn and remember safe response sets, develop reflexes, etc.

3. Fundamentals of Telehealth

Telehealth is similar. However, right now, in the state of emergency, so many clinicians are untrained that the rules must be temporarily relaxed. Keeping clients/patients alive is more important than attending to other safety rules such as privacy right now.

Do No Harm

Safeguard First
What's the Evidence Base for Telebehavioral Health?

Evidence Base

01 Key Studies, Clinical Reviews
02 Clinical Judgment
03 Client/Patient Preferences and Values

Boundaries of Competence

- Technical
- Legal
- Ethical
- Clinical
Home-Based Ethical Issues

BOUNDARIES:
- You may inadvertently violate your own boundaries
- Noises / sounds (spouse yelling at children)
- Children / adults in background, seen through windows, doors
- Personal items visible in background

Home-Based Clinical Issues

Maintaining Consistency/Predictability
- Help clients/patients focus off your home to thinking of your office
- Post an image of your office waiting room
- Post images of your furniture (chair, sofa, desk)
- Include office décor in your background (picture, vase, etc.)
- Keep reins on your starting/ending times

Maintaining Your Therapeutic Frame
- Don’t deny someone’s reality by lying about:
  - what you just did
  - what they just saw
- Own it and deal with whatever comes next
- Be yourself
Procedures Are Also Key

- Start a session with an opening protocol
  - That protocol includes formal procedures to secure both ends of the meeting
  - Ask your client/patient to identify themselves if you don’t know them well
  - Ask them to scan room with camera if needed

Boundaries Are Key

- You may forget to notify family and friends of your professional appointment schedule – they may unknowingly interrupt your professional time
- You may be flustered when dealing with an emergency because you have not practiced coping with crisis when using technology. Best to “practice” with colleagues and not clients and patients

Procedures Are Also Key

- Develop a non-verbal, fail-proof system to notify family or friends when you are in session
  - Lock your home office door
  - “Do not disturb” note on door
  - Note on kitchen counter
  - Text message others
  - Turn your camera away from the door
Screening

- Study the evidence base for the population that you are serving
- People with almost all diagnostic symptoms have been treated with traditional telehealth
- Treatment to the home has not yet identified which groups are too risky
- Understand differences between treatment of individuals in 1 setting vs another (hospital vs. car, park, bed etc.)
- Consider compliance problems

Assessment

Systematically assess and identify clinical, diagnostic, setting, population, and other factors that would preempt, complicate or exclude use of a technology with a client/patient

Diagnosis: highly anxious, depressed, psychotic, chemically dependent, acting out clients are not good candidates when they are in unsupervised settings.
Screening

- Setting: Consider differences between treatment of individuals in one setting vs. another
  - Hospital
  - Park
  - Home
  - Homeless

Screening

- Consider compliance problems in different settings
  - Use of an app while living in a residential treatment facility vs use of the same app after returning home
  - Local outpatient facility
  - Local clinician
  - Self-help

Screening

Setting: For complex clients/patients, settings are crucial to consider.

Prisons, in-patient units, residential care facilities, schools, halfway houses all provide needed support.
Screening

Screen for client/patient needs and preferences:

- Language
- Physical Ability
- Cognitive Ability
- Access to the technology you have chosen?

Standalone Smartphone Apps for Mental Health: A Systematic Review and Meta-Analysis

Conclusion: In the words of the researchers, “Although some trials showed potential of apps targeting mental health symptoms, using smartphone apps as standalone psychological interventions cannot be recommended based on the current level of evidence.”
Standalone Smartphone Apps for Mental Health: A Systematic Review and Meta-Analysis

Where does that leave you if your client or patient insists that an app is helping them?


Think about using a local collaborator

Think about using a local collaborator

What to do if you have decided that telehealth is not adequate for someone?

What if you don’t offer telehealth?
Technology for Treatment of Opioid Use Disorder

- **Videoconferencing** platforms that enable addictions specialists and other behavioral health experts to deliver treatment, consultation and aftercare solutions nationwide

Technology for Treatment of Opioid Use Disorder

- **Digital messaging** platforms that allow care providers, family members, or peer support group members to deliver timely messages of support

Technology for Treatment of Opioid Use Disorder

- **mHealth apps** that give users access to coping skills and care resources, peer support and on-demand access to caregivers in times of crisis
Technology for Treatment of Opioid Use Disorder

- Telephone: Decide which types of issues to address with clients/patients served by telephone.
- Look up and follow the guidance of leading researchers.
- Look at the TBHI references/Google scholar.
- Make sure studies have been replicated, outcomes are valid and suggestions make sense, given your understanding of the issues.

Apps and wearables that measure medication adherence in medication assisted treatment (MAT) programs.

Blind CC Email

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CLINICAL EVALUATION AND CARE (TBH Domain I)

Cultural Competence & Diversity (Subdomain I.B)

Telebehavioral Objectives

8. Assesses for cultural factors influencing care
9. Ensures communication with a reasonable language option
10. Creates a climate that encourages reflection and discussion of cultural issues in an ongoing manner
Use Interpreters and Telehealth Consultants

Clinic Evaluation and Care (TBH Domain I)
Documentation and Administrative Procedures (Subdomain I.C)

Informed Consent
• Legal Issue
• Ethical Issue
• Static vs. Dynamic

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Informed Consent Discussion VS Document

- Represents a “meeting of the minds”
- Information is influenced by many factors, including:
  - Client/Patient’s capacity for absorbing information
  - Time Limits
  - Clinician’s schedule

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Opening Protocol & Documentation

- Identify yourself and your geographic location
- Ask your client/patient to do the same (as needed)
- Audio/video check (e.g., Do you hear & see me clearly?)
- Is there anyone in your room or within ear-shot today? (Agree on safety code words, signals or phrases)
- Is there anything else I might notice and find of interest if I were in the same room with you today?
Self Care

Your Eyes
- Use the Biggest Monitor Possible
- Close your eyes
  - Make circles
- Cupping
- Look out a window, then back at your desk to exercise your pupils
- Arrange your lighting
- Dim your screen
- Get glasses with blue lens
- Use software that reduces eye strain
- Position your monitor

Position Your Monitor
Self-Care

- Use the best chair possible
  - Ergonomic
  - Use cushions
- Wrist guard
- Consider standing desk
- Stagger appointments
- Do wrist & shoulder stretches
- Get up between appointments
- Run around if you can
If you can, climb a flight of stairs between every session or two.

Modeling?

LAUGH AT YOURSELF WHEN THINGS GO WRONG

STAY CALM & FOCUSED

REMEMBER THAT YOU ARE DOING SACRED WORK
What is Clocktree?

- HIPAA compliant communication platform
  - Use on any computer or mobile device with a camera
  - Video sessions include document sharing and text chat session
  - Included scheduler with appointment reminders
  - Secure client messaging

Why use Clocktree?

- Advantages of Clocktree
  - Ease of use
  - Designed for ongoing relationship with client, not single appointment
  - Priced per practice, based on usage, not number of providers
90 Day Free Trial

• Benefits of the 90 day free trial
  • Unlimited use for first 90 days
  • Affordable subscription plans after that, with no contract
  • Enter the promo code NAADAC to receive 15% lifetime discount on any subscription plan

How To Get Started with Clocktree

• Go to website and click Info For Providers
  • Register your practice
  • Invite Colleagues
  • Invite Clients

Set up can take as little as 15 minutes to get your practice up and running

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Executive Director
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50% Off All Training & Micro Certifications until May
Free COVID-19 Webinars Available!

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contact@telehealth.org
619-255-2788

Q&A