Maintaining Engagement In MAT During A Remote World
Learning Objectives

- Impact of the Pandemic on MAT
- Identifying and Overcoming Barriers using Telehealth: Developing a Plan
- Rapid Response w/ Virtual Care
- Web-side Manner
QUICK LOOK AT WHATS HAPPENING

**Increased Chance for Relapse and/or Decompensation**

*Increased chance for relapse and/or decompensation that contribute to the potential for an earlier or more severe relapse.*

- **Anxiety and Stress**
  - Fear of illness; sudden transitions to remote work, school; financial strain; medication/health; in general survival

- **Isolation or Boredom**
  - Social distancing leading to boredom; "day drinking or using"; depression; internet/gaming/all other addictions

- **Accessibility**
  - Liquor stores deemed as essential; drug dealers providing mobile/delivery services

- **Normalization**
  - Social media; "wine down" Zoom parties; "mom juice", micro-dosing, Zoom-Zoom (marj and PCP), etc.

- **Lack of Routine or Schedule**
  - ex. Not waking up at normal times

- **Lack of Awareness**
  - Not understanding the dangers of addiction/dependence
Concern related to accessing treatment, obtaining new or existing MAT Rx

Stress

Change in Routine

Schedules and routines are extremely important; interruptions can result in relapse

Isolation

Lack of support

Medications-
Buprenorphine, Injectable(s) (e.g. Vivitrol, Sublocade, Methadone)

Access

OUD

Fear to administer life saving interventions due to COVID-19 exposure; increase in relapses leading to increase in fatal overdoses

Overdose Risk
Risks for the OUD population

- Social and Environmental
  - Homelessness
  - Incarceration
- Biomedical
  - Respiratory Conditions
  - Immune Function
BASIC MATHEMATICS

PANDEMIC = REMOTE
STEP 1

ADAPT:

1) To bring one thing into correspondence with another;
2) to change in structure or behavior as a means to become better fitted to survive in an environment.
IDENTIFY PRIORITIES

- PRESERVE ACCESS TO CARE (continue providing support to all affected by the pandemic)
- KEEP STAFF SAFE
- MANAGE RESOURCES
- PROACTIVELY SERVE THE NEEDS OF THE MOST VULNERABLE
Success Hinges On Our Ability To Identify and Overcome Barriers

- Social Distancing
- Cost
- Success
- Time
- Technological Literacy
**BUILD ON WHAT YOU ALREADY KNOW**

<table>
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<tr>
<th><strong>SHIFT CARE DELIVERY</strong></th>
<th><strong>ASSESS PATIENT READINESS</strong></th>
<th><strong>REMOTE ACCESSIBILITY</strong></th>
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<tbody>
<tr>
<td>1) TELEHEALTH/VIRTUAL CARE</td>
<td>1) CREATE TELEHEALTH SURVEY 2) ASSESS ACCESS TO INTERNET, DEVICES, AND INTEREST IN VIRTUAL CARE</td>
<td>1) ACCESS AND COMPLETE FORMS (ADMISSION, CONSENTS, ETC.) 2) PAY BILLS 3) SCHEDULE APPOINTMENTS 4) COMMUNICATE WITH STAFF</td>
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ASSEMBLE A TEAM

- IT
- EHR
- CLINICAL LEADERSHIP
- TELEHEALTH STAFF
Virtual Care: RAPID RESPONSE

What is Rapid Response

• The Ability to Provide Services At The Onset Of A Crises

Requirements

• Quick Action
• “Fail Fast” Attitude

DOs

Focus on Implementation
Focus on Rapid Improvements
Capitalize on Existing Technology & Vendors

DONTs

Focus on Developing a Perfect Healthcare Solution
Reinvent the Wheel

***Collaborate As Much As Possible to Fill Any Gaps.
Collaborate To Fill the GAPS

What are GAPS
• Any Break in Continuity of Care

Examples Of GAPS During The Pandemic
• Policy
• Technology/Equipment
• Knowledge/Education
• Attitude
We engaged internal staff and external partners to translate frequent changes in federal and state-level telehealth policy into concrete guidance and action.

We ordered equipment such as computer cameras, laptops, microphones, routers, Wi-Fi extenders, etc.

Obtained necessary software such as; Video Conferencing Software, electronic form making software, electronic signature software, payment portals, etc.

The Process By Which You Obtain and Disseminate Information To The Team

“Fail Fast” attitude or position is one that seeks to take the stigma out of the word "failure" by emphasizing that the knowledge gained from a failed attempt actually increases the probability of an eventual success.
“Practice is Controlled Failure”
EXECUTING THE PLAN
Attacking The Pandemic Head On

<table>
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<th>Maintain Existing Operations</th>
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<tr>
<td>• Keeping Ambulatory Care Open</td>
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<td>• We turned to telehealth to maintain access to care for the nearly ALL our patients we serve in our outpatient setting</td>
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<th>Adapting To Our New Staffing Reality</th>
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<tr>
<td>• Redirecting of Staff/Playing Multiple Roles</td>
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<td>• Working From Home/Office/Hybrid</td>
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<th>Essential Patient Outreach and Support</th>
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<td>• Peer Supports/Care Coordinators/IT/Call Center Registrars and Financial Counselors/Etc.</td>
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Moreover, all parts of a visit were able to be conducted remotely and teams communicated needs from check-in to check-out, scheduling revisits and follow-ups in real-time by using a secure messaging system, ensuring safety for our staff while keeping the patient experience the priority.
EXECUTING THE PLAN
Continued

THE NOVEL VIRTUAL MAT CLINIC

- VIRTUAL APPOINTMENTS
- VIRTUAL WAITING ROOMS
- VIRTUAL ASSESSMENTS
- VIRTUAL COUNSELING
- VIRTUAL PEER SUPPORT
- VIRTUAL CASE MANAGEMENT
- VIRTUAL ADMISSIONS
- VIRTUAL DISCHARGES
- VIRTUAL MEDICATION MANAGEMENT INCLUDING BUPRENORPHINE

THE NOVEL VIRTUAL MAT CLINIC (IN-PERSON COMPONENTS)

- LABS OBTAINED WITH PATIENTS IN THEIR VEHICLES
- INJECTIONS PROVIDED IN DESIGNATED ROOMS WHICH MEET DEPT. OF HEALTH GUIDELINES OBTAINED THROUGH COLLABORATION
EXECUTING THE PLAN
Continued

INPATIENT PROGRAMS

• By collaborating with the Dept. of Health and diverting staff we were able to maintain open access for the community
  • Covid-19 Screening for all staff and patients.
  • Temperatures obtained from all staff and patients
  • Increased sanitization
  • Decreasing bed capacity
  • Requiring/Providing Masks for all staff and patients
  • Requiring Scrubs as all attire
  • Removing In-person Visitation
  • Utilize Virtual Conferencing to meet with patients (reducing physical contact/increasing social distancing)
ADDRESS NEW AND EMERGING COVID-19 DEMANDS

• Serving individuals beyond the brick and mortar
• Serving individuals beyond city lines
• Partnering with other entities to provide a “Safety Net” to help prevent and/or reroute individuals from the already overburdened emergency departments.
Follow-up and Aftercare

Managing Relapse and Decompensation Using Telehealth

- “Overcome space, and all we have left is Here. Overcome time, and all we have left is Now” ~ Richard Bach
- Virtual Care removes barriers to provide Aftercare Services and Follow-up after discharge.
- Virtual Care reduced relapse by providing a means for instant person centered connections during a time of crises.
- Texting-based post-discharge relapse monitoring program through which patients would self-report their cravings to their peer support specialists.

Appointments

- Telehealth technology reduced no-show rate.
- Increased productivity
PROMOTING TREATMENT EQUALITY DURING THE PANDEMIC

What We Learned

- The pandemic was a catalyst for finding new ways to continue treatment and recovery.
- Telehealth is the best strategy for not only treating new individuals, but for continuing to serve those who are most vulnerable during the pandemic.
- The pandemic cultivated the “fail fast” attitude, as well as the urgency and demand for Telehealth among both staff and patients while solidifying its role in the future.
- Discussions about the right combination of Virtual and In-Person care moving forward are currently going on.
- Technology has helped mitigate the emotional toll of COVID-19, particularly caused by the necessary restrictions on visitation rights to limit exposure.
- Providers were connected via phone and video to patients across different care settings, as well as to their patients’ families at home in a time of strict no-visitor policies.
- Telehealth mitigated staff shortages.
- DEA Policy Changes to Buprenorphine and the Ryan Haight Act.
What is the Federal Ryan Haight Act?

Enacted over a decade ago, the Ryan Haight Online Pharmacy Consumer Protection Act of 2008 amended the federal Controlled Substances Act, and imposed a federal prohibition on form-only online prescribing for controlled substances. Under the Ryan Haight Act, a practitioner cannot issue a “valid prescription” for a controlled substance by means of the Internet (which, for all practical purposes, includes telemedicine technologies) without having first conducted at least one in-person medical evaluation, except in certain specified circumstances.
What Are the Key Aspects of the Public Health Emergency Exception?

According to the DEA website, for as long as the Secretary’s designation of a public health emergency remains in effect, DEA-registered practitioners may issue prescriptions for all Schedule II-V controlled substances to patients without first conducting an in-person medical evaluation, provided all of the following conditions are met:

- 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 law.

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.
TIME OF THE WEB-SIDE MANNER

BED-SIDE MANNER

WEB-SIDE MANNER
KEY ELEMENTS OF WEBSITE MANNER

KEY INGREDIENTS

- SET UP
- ACQUAINING THE CLIENT
- MAINTAINING CONVERSATION RHYTHM
- RESPONDING TO EMOTION
- OTHER CONSIDERATIONS
- CLOSING VISIT
PROPER SET UP

Quiet environment with minimal potential for disruption

Professional backdrop

Test platform before first virtual visit

Body position

Neutral relaxed posture

Head and one-third of upper torso should be visualized

Similar to in-person visits, eye contact between clinician and patient or caregiver is essential to foster a feeling of connection.

Maintain eye contact

Camera at eye level

Situate patient’s onscreen image adjacent to the camera
Acquainting The Participant

Say hello at the start of the visit
- Waving can also put a participant at ease as hand gestures are a part of communication and can help establish human connection.

Name the dilemma with the participant
- Sometimes participants will not be entirely happy with the change, thus pointing out the dilemma between social distancing and meeting with a clinician can help rationalize the new format for those who are resistant.

New or awkward format
- At the start of the visit, it can be helpful to acknowledge the novelty of the format, however you should reassure the participant that your goal is to make the experience the best it can be.

Unexpected disruptions and ambient noise may occur
- You should expect more of this on the participants end.
- You should be patient and understanding when this occurs as clients are also learning the proper etiquette as well.

Check in: “How can I make this experience better?”
- Asking whether there is anything that you can do to make the experience better (e.g., to speak louder or softer, to adjust the positioning of the camera, etc.) can reduce participant anxiety about using telehealth, particularly when discussing serious matters.
Avoid prolonged silence. Thoughtful brief pauses are favored.

• Silence, often used as an effective communication tool by skilled clinicians, may cause the patient or caregiver to feel as if there is a delay in Internet connectivity.
• Conversely, in a video format, it can be easy for a clinician to inadvertently begin responding before the patient or caregiver is finished speaking.
• Therefore, we recommend pausing for one to two seconds after the patient has finished to prevent talking over the participant

Minimize over talking

Avoid saying “mm-hmm.” Gently nod instead

• In clinical practice, clinicians often say “mm-hmm” to convey that they are listening. In a video format, this can disrupt the flow of conversation.
• Instead, we recommend using nodding gestures, verbal reflections, or phrases like “I understand.”
RESPONDING TO EMOTION

In a virtual format, many common nonverbal empathic gestures, such as gently placing one’s hand on a patient’s shoulder or offering a box of tissues, are not possible. Therefore, verbal responses to emotion become even more important when conducting video visits. Simple “I am” statements can also be powerful and be used to verbalize the nonverbal response to emotion that a clinician would otherwise perform but cannot, due to physical separation.

For example, if a patient is crying, the clinician could say, “I am here for you. I’m sorry you’re going through this,” or “Take your time. I am listening.”

Nonverbal gestures can still be deployed through a video format, such as leaning in slightly to convey intentional, smiling, nodding, or even placing a hand over your chest as a sign of empathy and understanding.

Facial expression become much more important as they become more noticeable to the client.
OTHER CONSIDERATIONS

**Use phone when there are audio difficulties or persistent technical difficulties.**

**Use HD camera.**

**Use headset.**

**ENSURE PRIVACY**
- What direction your camera is facing.
- Hanging pictures or mirrors: both provide reflection and may reveal other things in the room the client was not meant to see.

**Lighting/Ambience**
- The features of the physical environment for both shall be adjusted so the physical space, to the degree possible, maximizes lighting, comfort and ambiance.

**Pets**
- Dogs barking, cats walking across key boards or knocking things over in the background.

**Internet Connection (speed)**

**Clients that are too ill to participate.**

**Food and Drink**

**Battery/power source if you are using a tablet or laptop.**
Consider geographic distance to the nearest emergency medical facility, efficacy of patient’s support system, and current medical status.

Care Coordination

- With consent from the patient and in accordance with privacy guidelines, telemental health providers should arrange for appropriate and regular communication with other professionals and organizations involved in the care of the patient.

Special Populations

- Child/Adolescent
- Forensic/Correctional
- Military/Veteran
- Geriatric
- Substance Abuse/Co-occurring
- Inpatient vs Outpatient
- Rural

Providers should adhere to usual in-person practices for including relevant adults with appropriate modifications for delivering service through videoconferencing in the context of resources at the patient site.
## CLOSING THE VISIT

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<tr>
<td>Summarize the visit</td>
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<td>Verify participant understanding</td>
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<tr>
<td>Provide opportunity for the participant to voice thoughts, questions, or concerns</td>
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<tr>
<td>Outline next steps based on goals of care conversation</td>
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<tr>
<td>Scheduling next visit instructions, homework instructions, etc.</td>
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References