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# Telehealth in the Midst of the COVID-19 Crisis

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# No Disclosures

*The content of this webinar is provided in good faith solely for informational purposes and does not necessarily reflect the opinions of the Florida Alcohol and Drug Abuse Association, the Florida Department of Children and Families, or the State of Florida. This information is not intended nor implied to be a substitute for professional medical advice, diagnosis or treatment. This presentation is not to be considered legal advise.*



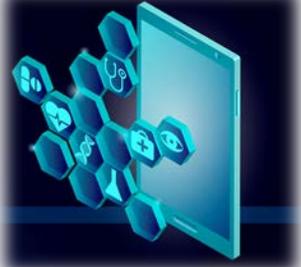
# Benefits of Telehealth

## Providers

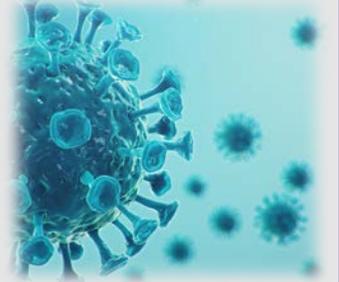
- **Allows remote monitoring**
- **Expands access to care**
- **Reaches more patients**
- **Improves clinical workflows**
- **Increases practice efficiency**
- **Reduces overhead**

## Patients

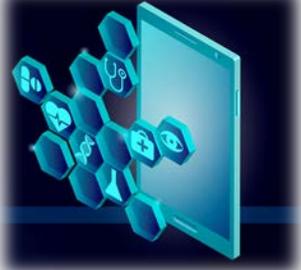
- **No transportation time & cost**
- **No need to take time off**
- **Eliminates need to extended child or elder care**
- **Less time in waiting room**
- **Improved access**



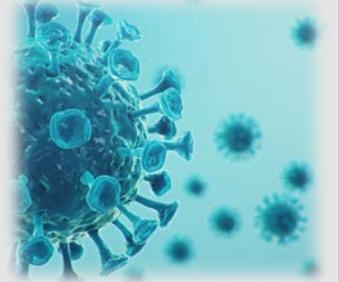
# **Benefits of Telehealth in light of COVID-19**



- **Promotes the practice of social distancing to reduce spread by:**
  - **shifting visits and initial patient evaluation to a modality that does not require in-person and face-to-face interaction, and**
  - **limiting the physical contact between staff and patients.**
- **Reduces the risk of spread in high-volume/traffic areas such as waiting rooms by reducing the number of patients requiring face-to-face visits.**
- **Reduces the likelihood of patients participating in activities/behaviors that could increase risk of exposure, such as use of public transportation to attend appointments or congregating in a waiting room.**



# **Benefits of Telehealth in light of COVID-19**



- **Enables clinicians to continue patient engagement while reducing potential for exposure for those who are considered most vulnerable to COVID19.**
- **Allows monitoring of patients to identify potential and confirmed cases without person-to-person contact.**
- **Enables quarantined clinicians to continue to safely treat patients remotely.**

# Federal Policy Changes

- **Waiver of regulatory requirements related to HIPAA compliant telehealth platforms**
  - HHS will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth services during the COVID-19 nationwide public health emergency.
  - "...can use any non-public facing remote communication product that is available to communicate with patients including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype."
  - Penalties won't be imposed on covered health care providers who have not entered into HIPAA business associate agreements (BAAs) with video communication vendors that relates to the good faith provision of telehealth services during the COVID-19 nationwide public health emergency.

# Federal Policy Changes (continued)

- **Medicare changes during COVID-19**

- Medicare beneficiaries will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings
  - These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.
- Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings.
- Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.
- HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.
- HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.

# Federal Policy Changes (continued)

- **DEA and SAMHSA Buprenorphine and Telemedicine Guidance**

- In light of the coronavirus pandemic, the Drug Enforcement Administration (DEA) has partnered with SAMHSA to ensure authorized practitioners may admit and treat new patients with opioid use disorder (OUD) during the public health emergency.

- **Patient Location**

- Rural and site limitations are removed. Telehealth services can now be provided regardless of where the enrollee is located geographically and type of site, which allows the home to be an eligible originating site.

- **Eligible Services**

- All services that are currently eligible under the Medicare telehealth reimbursement policies are included in this waiver.

<https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf>

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

# Federal Policy Changes (continued)

- **Eligible Providers**

- Physicians
- Nurse practitioners
- Certified registered nurse anesthetists
- Clinical social workers (CSWs)
- Registered dietitians or nutrition professional
- Physician assistants
- Clinical nurse specialists
- Nurse-midwives
- Clinical psychologists (CP)

- **Licensing**

- “requirements that physicians or other health care professionals hold licenses in the state in which they provide services if they have an equivalent license from another state.”

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

# Federal Policy Changes (continued)

- **SAMHSA/OTPs**

- States may request blanket exceptions for all stable patients in an OTP to receive 28 days of Take-Home doses of the patient's medication for opioid use disorder. That OTP guidance also notes that states may request up to 14 days of Take-Home medication for those patients who are less stable but who the OTP believes can safely handle this level of Take-Home medication.

## **ADDITIONAL GUIDANCE RESOURCE:**

### **Best Practices for Telehealth During COVID-19 Public Health Emergency**

Updated March 23, 2020

A resource from the National Council on Behavioral Health for Residential Facilities to begin or expand telehealth available at:

[https://www.thenationalcouncil.org/wp-content/uploads/2020/03/Telehealth\\_Best\\_Practices.pdf?daf=375ateTbd56](https://www.thenationalcouncil.org/wp-content/uploads/2020/03/Telehealth_Best_Practices.pdf?daf=375ateTbd56)

# Federal Policy Changes (continued)

- **SAMHSA/OTPs**

- New patients being admitted to an OTP for OUD must receive a physical face – to – face evaluation if they are going to be treated with methadone
- Exempted OTPs from the requirement to perform a physical face-to-face evaluation for any new OTP patient who will be treated with buprenorphine
- Practitioners working in OTPs can continue treating existing patients with methadone and buprenorphine via telehealth
- An OTP can dispense medication (either methadone or buprenorphine products) based on telehealth evaluation

*It is important to note, however, that similar guidance with respect to the permissibility of initiating a new patient with buprenorphine under a DATA 2000 waiver, by use of telephone, has not been posted on the DEA website, and ASAM is seeking clarification from the DEA about SAMHSA's FAQ in this regard.*

<https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf>

# Federal Policy Changes (continued)

- **Flexibility for Prescribing**

- DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted 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.
- 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.
- “if a practitioner, has a DATA 2000 waiver, the practitioner may prescribe buprenorphine under the practitioner’s DATA 2000 waiver while complying with all applicable standards of care. In such a case, the patient will count against the practitioner’s patient limit.”

[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/medication\\_assisted/dea-information-telemedicine.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/dea-information-telemedicine.pdf)

<https://www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf>

# Federal Policy Changes (continued)

- **42 CFR, Part 2**

- An increased need for telehealth services, and in some areas without adequate telehealth technology, providers are offering telephonic consultations to patients. In such instances, providers may not be able to obtain written patient consent for disclosure of substance use disorder records.
- Patient identifying information may be disclosed by a part 2 program or other lawful holder to medical personnel, without patient consent, to the extent necessary to meet a bona fide medical emergency in which the patient's prior informed consent cannot be obtained.

<https://www.law.cornell.edu/cfr/text/42/part-2>

[https://www.asam.org/advocacy/advocacy-principles/standardize-it/confidentiality-\(42-cfr-part-2\)-new](https://www.asam.org/advocacy/advocacy-principles/standardize-it/confidentiality-(42-cfr-part-2)-new)

# State of Florida

- **AHCA/Medicaid**

- Covers physician, physician extenders (advanced practice registered nurses and physician assistants), and clinic providers
- Covered medical services include evaluation, diagnostic, and treatment recommendations for services
- Covers behavioral health evaluation, diagnostic, and treatment recommendation services
- Reimburses services using telemedicine at the same rate detailed on the practitioner fee schedule. Providers must append the GT modifier (via interactive audio and video telecommunications systems) to the procedure code in the fee-for-service delivery system.

<https://ahca.myflorida.com/Medicaid/index.shtml>

# State of Florida Policy Changes

- **Telehealth Provider Requirements**

- Ensure treatment services are medically necessary and performed
- Comply with HIPAA regulations related to telehealth communications
  - Office of Civil Rights will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
- Supervision requirements within a provider's scope of practice continue to apply for services provided through telehealth.
- Documentation regarding the use of telehealth must be included in the medical record or progress notes for each encounter with a recipient.
- The patient and parent or guardian must be present for the duration of the service provided using telehealth
- Out-of-state practitioners who are not licensed in Florida may provide telemedicine services to Florida Medicaid recipients (must go through the provisional enrollment process, if they are not already enrolled in Florida Medicaid)

[https://ahca.myflorida.com/covid-19\\_alerts.shtml](https://ahca.myflorida.com/covid-19_alerts.shtml)

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

<http://www.flhealthsource.gov/telehealth/faqs>

# Implementing Telehealth

## General Considerations



- **Vendor evaluation and selection:**  
Check with your existing EHR vendor to see if there is telehealth functionality that can be turned on.
- **Practice using technology first:**  
Whatever application you decide to use, practice with other staff before you use with a patient.
- **Create a backup plan:**  
Establish protocols in case escalation of care is required or technology fails.
- **Check with your malpractice insurance carrier:**  
Ensure your policy covers providing care via telemedicine.

# Implementing Telehealth

## General Considerations



- **Communicate visit changes to your patients:**  
Let your patients know about your practice's telehealth policies during COVID19 outbreak. Post information to your website or call patients with upcoming appointments and offer telehealth visits.
- **Workflow:**  
Determine when telehealth visits will be available on the schedule (i.e., throughout the day intermixed with in-person visits or for a set block of time specifically devoted to virtual visits). Set up space in your practice and/or home to accommodate telehealth visits.
- **Documentation and record keeping:**  
Ensure you are still properly documenting these visits.
- **Check in with patients:**  
Determine where the trouble areas are for them and make changes where necessary. Did they struggle with this type of communication?

# Implementing Telehealth

## The Basics



- **Start with a quality webcam and telehealth platform**
  - Whatever you decide to use, practice and troubleshoot first
  - Always have a backup plan if one modality does not work
- **Set up the webcam at eye level**
- **Set up a professional space for your virtual visits**
  - The patient will see what is around and behind you
  - Proper lighting will help the patient see you better
- **Engage your patient**
  - Maintain eye contact by looking at the camera and not the screen
  - Communicate when you have to look away from the screen
  - Use head motions, like nodding, when the patient is talking
  - Keep lag time in mind
  - Avoid having interruptions

# OTPs

## Reminders



## Treating Quarantined Patients

- Identify a trustworthy, patient designated, uninfected 3<sup>rd</sup> party, i.e. family member, neighbor, to deliver the medications using the OTP's established chain of custody protocol for take home medication.
- If a trustworthy 3<sup>rd</sup> party is not available or unable to come to the OTP, then the OTP should prepare a “doorstep” delivery of take-home medications.
- Any medication taken out of the OTP must be in an approved lock box.
- Communicate with the patient prior to delivery to reduce risk of diversion.
- Distribute Naloxone Kits to family and friends.

The background features several colorful speech bubbles on a dark surface. The bubbles are in various colors including yellow, purple, orange, blue, and red. Some bubbles contain the word 'QUESTION' and others contain 'ANSWER'. A large, dark, semi-transparent speech bubble shape is overlaid on the left side of the image, containing the text for the Q&A session.

# Q&A Session

Please submit your  
questions in the chat box.



# RESOURCES

## **Substance Abuse and Mental Health Services Administration (SAMHSA)**

Medication-Assisted Treatment

<https://www.samhsa.gov/medication-assisted-treatment>

Coronavirus (COVID-19)

<https://www.samhsa.gov/coronavirus>

FAQs: Provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency (Has questions on the use of telemedicine)

<https://www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf>

## **American Society of Addiction Medicine (ASAM)**

Supporting Access to Telehealth for Addiction Services: Regulatory Overview and General Practice Considerations

<https://www.asam.org/Quality-Science/covid-19-coronavirus/access-to-telehealth>

The topics they cover:

- Benefits of Using Telehealth

- Federal Policy Changes

- State Policy Changes

- Private Payors

- General Considerations for Implementing Telehealth

- General Resources



# RESOURCES

## **US Dept. of Justice (DOJ)**

Use of Telemedicine While Providing Medication Assisted Treatment (MAT)

[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/medication\\_assisted/telemedicine-dea-guidance.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/telemedicine-dea-guidance.pdf)

## **US Dept of Health & Human Services (HHS)**

Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency

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

## **US Drug Enforcement Administration (DEA)**

DEA Information on Telemedicine

[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/medication\\_assisted/dea-information-telemedicine.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/dea-information-telemedicine.pdf)



# RESOURCES

## **State of Florida Agency for Healthcare Administration (AHCA)**

Provider Type(s): All Medicaid Telemedicine Guidance for Medical and Behavioral Health Providers

[https://ahca.myflorida.com/Medicaid/pdffiles/provider\\_alerts/2020\\_03/Medicaid\\_Telemedicine\\_Guidance\\_20200318.pdf](https://ahca.myflorida.com/Medicaid/pdffiles/provider_alerts/2020_03/Medicaid_Telemedicine_Guidance_20200318.pdf)

Telemedicine Guidance for Behavior Analysis Services

[https://ahca.myflorida.com/Medicaid/pdffiles/provider\\_alerts/2020\\_03/Telemedicine\\_Guidance\\_Behavior\\_Analysis\\_Services\\_20200318.pdf](https://ahca.myflorida.com/Medicaid/pdffiles/provider_alerts/2020_03/Telemedicine_Guidance_Behavior_Analysis_Services_20200318.pdf)

Telemedicine Guidance for Therapy Services and Early Intervention Services

[https://ahca.myflorida.com/Medicaid/pdffiles/provider\\_alerts/2020\\_03/Telemedicine\\_Guidance\\_Therapy\\_Services-EIS\\_20200320.pdf](https://ahca.myflorida.com/Medicaid/pdffiles/provider_alerts/2020_03/Telemedicine_Guidance_Therapy_Services-EIS_20200320.pdf)

# Thank you for participating!

*Please complete the training evaluation  
Your feedback is important*

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[MYFLFAMILIES.COM](http://MYFLFAMILIES.COM)