Best Practices in Telehealth: MOUD: induction and Maintenance

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March 26, 2020
The Power of Social Distancing

Help us help you 😊

THE POWER OF SOCIAL DISTANCING

NOW 5 DAYS 30 DAYS
1 PERSON 2.5 PEOPLE INFECTED 406 PEOPLE INFECTED

50% LESS EXPOSURE
1 PERSON 1.25 PEOPLE INFECTED 15 PEOPLE INFECTED

75% LESS EXPOSURE
1 PERSON .625 PEOPLE INFECTED 2.5 PEOPLE INFECTED
Objectives

+ Overview of Telehealth
+ Telemedicine Then and Now for MOUD
+ Changes in Telemedicine Regulations for MOUD
+ Coding and Documentation
+ What Does Telehealth Look Like in Practice
+ Harm Reduction and Opioid Overdose Prevention in the Context of Telehealth Delivery
+ Resources
Telehealth is different from telemedicine because it refers to a broader scope of remote healthcare services than telemedicine. While telemedicine falls under telehealth, it refers specifically to remote clinical services whereas telehealth can refer to remote non-clinical services (i.e. training, meetings, medical education, and clinical services).

Telemedicine is the use of synchronous two–way electronic audio-visual communications to deliver clinical services (assessment, diagnosis, and treatment), while such patient is at the originating site and a telehealth provider is at a distant site.

Telemedicine technology is frequently used for follow-up visits, management of chronic conditions, medication management (including with buprenorphine), specialist consultation, and a host of other clinical services that can be provided remotely via secure video and audio connections.

Telehealth excludes audio–only, fax–only and email–only transmissions; and is limited to telemedicine, store-and-forward (asynchronous), and remote patient monitoring.
What Did Telemedicine for MOUD Look Like Before COVID-19?

+ For buprenorphine: because buprenorphine is a controlled medication, all INITIAL buprenorphine visits needed to be in person, not via telemedicine; inductions via home induction (preferred)
+ For buprenorphine: all follow-up (maintenance) visits for buprenorphine could be via telemedicine
+ For naltrexone: initial and follow-up visits could be via telemedicine; obviously, receiving injectable naltrexone requires the patient to be present in a clinic site where a clinical staff member could give the injection
+ For methadone (context: OTP): all initial and follow-up visits needed to be in person, not via telemedicine
+ For Medicaid patients: providers needed to be in a clinic site and patients needed to be in a clinic site (these could be different clinic sites) for telemedicine
+ Telemedicine needed to be delivered via a HIPAA-compliant, 2-way audiovisual platform (telephonic visits were not permissible)
What Does Telehealth for MOUD Look Like Now in the Context of COVID-19 (a public health emergency)?

- For buprenorphine: all visits can be via telemedicine (initial and maintenance); home induction
- For naltrexone: all visits can be via telemedicine (initial and maintenance); however, receiving injectable naltrexone still necessitates a visit to a clinic site for administration of the injection
- For methadone (context: OTP); INITIAL visit must be in person (not via telemedicine); follow-up visits can be via telemedicine
- For all telemedicine visits (regardless of insurance): both the provider and the patient can be at home (i.e. not at a clinic site)
- Telemedicine does NOT need to be delivered via a HIPAA-compliant platform (including for 42 CFR Part 2 covered patients); it can be done by a variety of social media platforms, including FaceTime, Skype, WhatsApp, Facebook Messenger, Google Hangouts (not permitted: Facebook Live, Twitch, TikTok, etc.)
- Telephonic (audio only) visits may be used for follow-up MOUD appointments, but not initial appointments for buprenorphine
What Are the Relevant Regulations Regarding Telemedicine Currently?

- HIPAA (Health Insurance Portability and Accountability Act, 1996), amended by the HITECH (Health Information Technology and Clinical Health) Act: overseen by the Office of Civil Rights (OCR) at DHHS (Department of Health and Human Services):
  - “During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.
  - OCR will exercise its enforcement discretion and 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. This notification is effective immediately.
  - A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.”

What Are the Relevant Regulations Regarding Telemedicine Currently?

+ DEA (Drug Enforcement Administrations), Diversion Control Division:
  + “On January 31, 2020, the Secretary of the Department of Health and Human Services issues a public health emergency (HHS Public Health Emergency Declaration).
  + 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. 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 under 42 U.S.C. 247d (section 319 of the Public Health Service Act), as set forth in 21 U.S.C. 802(54)(D). Secretary Azar declared such a public health emergency with regard to COVID-19 on January 31, 2020 (https://www.hhs.gov/about/news/2020/01/31/secretary-azar-declares-public-health-emergency-us-2019-novel-coronavirus.html). 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:
  + 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; and
  + The practitioner is acting in accordance with applicable Federal and State laws.”
  + https://www.deadiversion.usdoj.gov/coronavirus.html
What Are the Relevant Regulations Regarding Telemedicine Currently?

+ SAMHSA (Substance Abuse and Mental Health Services Administration):
  - SAMHSA has waived 42 CFR Part 2 written consent from the patient in the context of the current public health emergency to avoid disruption of SUD services

+ OTP Guidance:
  - FOR ALL STATES WITH DECLARED STATES OF EMERGENCY
  - The state 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
  - The state 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
**What Are the Relevant Regulations Regarding Telemedicine Currently?**

- OASAS (Office of Addiction Services and Supports):
  - Guidance applies to OASAS-regulated programs, not private practitioners delivering MOUD
- Telehealth for Medicaid-reimbursable services is expanded to include: two-way audio/visual communication, video (via Smartphones and other devices), and *telephonic* (audio only)
- Services to be delivered are those allowable under current program regulations or State-issued guidance as clinically appropriate and include assessment, individual, group, medication management and collateral services (peer services not yet included)
- Verbal consent only is allowable
What Are the Relevant Regulations Regarding Telemedicine Currently?

+ OMH (Office of Mental Health): what does telemental health look like?
+ Expands the definition of telemental health and the types of staff able to use telemental health during the duration of the declared disaster emergency
+ *Telemental health* for Medicaid-reimbursable services is temporarily expanded to include:
  + Telephonic; and/or
  + Video, including technology commonly available on Smart-phones and other devices
+ *Telemental health practitioner* includes any professional, paraprofessional, or unlicensed behavioral health staff who deliver a qualified service via telemental health
+ OMH licensed and designated programs can deliver services through telephone and/or video using any staff allowable under current program regulations or State-issued guidance as medically appropriate
+ Verbal consent only is allowable
What Are the Relevant Regulations Regarding Telemedicine Currently?

+ Medicaid:
  “Telehealth services will be reimbursed at parity with existing off-site visit payments (clinics) or face-to-face visits (i.e., 100% of Medicaid payment rates). This guidance relaxes rules on the types of clinicians, facilities, and services eligible for billing under telehealth rules.” (i.e. whether a patient is seen in person, via telemedicine, or via telephone, reimbursement rates will be the same; also allows patients providers to be at home for service delivery)

+ 90-Day Supplies & Medication Delivery:
  Medicaid covers a 90-day supply for most prescription and over the counter (OTC) maintenance medications. Where practicable, practitioners and pharmacists should utilize 90-day supplies of long-term maintenance medications for individuals in quarantine or those that have been identified by the CDC as being at a higher risk for developing serious illness from COVID-19. In the event of supply chain interruptions, medications for these populations should be prioritized for fulfillment.
  Pharmacies that choose to provide delivery to individuals quarantined may confirm receipt of the medications by the member through a phone call, text or email, in lieu of getting a signature. Such confirmation should be documented and retrievable upon audit.
A “GT” or “95” modifier code must be used for telemedicine (whether via video or telephonic).

It must be documented in the EMR that a telephonic (audio) or telemedicine (video) visit was done.
What Does Telemedicine Look Like in Practice?
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Welcome, Dr. Shah!

To invite someone to your waiting room, share this link:

https://doxy.me/vallane

Copy

Invite via

- Email
- Calendar
- Text message
- Website badge
- Prints

Welcome, Dr. Shah!

Patient phone number

Location

Hello, this is Dr. Shah - please join me for a secure video call:

https://doxy.me/vallane

Upgrade your account to invite by text message

- Cancel
- Upgrade to Professional or Clinic
What Does Telemedicine Look Like in Practice?
76% of patients prioritize access to care over their need for an in-person interaction

Nearly 75% of patients are comfortable communicating with a provider via technology in place of an in-person visit

65% of patients surveyed are interested in seeing their PCP over video

In a study of 8,000 patients who used telehealth services, patients found no difference between the virtual appointment and an in-person office visit
Harm Reduction and Opioid Overdose Prevention in the Context of COVID-19

- Services may be delivered via telemedicine (video) or telephonic (audio) services
- Naloxone kits and fentanyl test strips can be mailed to patients from an opioid overdose prevention program, naloxone can be prescribed by providers to a pharmacy, or naloxone, fentanyl strips, and works can be ordered from Next Distro (https://nextdistro.org/) and mailed to patients
- Services still need to happen regardless of COVID-19!
Resources

+ https://coronavirus.health.ny.gov/information-healthcare-providers
+ https://www.samhsa.gov/coronavirus
+ https://coronavirus.health.ny.gov/home
+ https://www1.nyc.gov/site/doh/covid/covid-19-providers.page
+ https://www.drugabuse.gov/related-topics/covid-19-resources
THANK YOU!

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