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Confluence of a National Epidemic and Global Pandemic
Confronting Pain and Opioid Use Disorders Amid COVID-19

Digital Health and Telemedicine

Monday, July 20, 2020
3:00pm – 4:00pm
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Today’s Session Moderators

The Honorable Mary Bono  
Chairman and CEO, MAPDA  
CEPOP Co-Convener

Rich Hamburg, MPA  
Executive Director, Safe States Alliance  
CEPOP Steering Committee Member
Today’s Agenda

1. Welcome, Introduction and Opening Remarks
2. Leveraging Existing Programs to Ensure Care Continuity During COVID-19
   Randy Pate, JD, MPH, Deputy Administrator and Director, Center for Consumer Information & Insurance Oversight, Centers for Medicare & Medicaid Services
3. Leveraging Technology and Innovation to Drive Evidence-based Care: Cataloging the Impacts of COVID-19 on Treating Pain and Addiction
   a. Jeffrey Gudin, MD, Co-Editor-at-Large, Practical Pain Management
   b. Samantha Holcombe, MPH, Senior Director, Practice Improvement and Consulting, National Council for Behavioral Health
   c. Tania Malik, JD, Immediate-Past Chair, Special Interest Group on Telemental Health, American Telemedicine Association
4. Open Question & Answer Section
5. Concluding Remarks
Ensuring MH/SUD Care Continuity During COVID-19

Mr. Randy Pate, JD, MPH
Deputy Administrator and Director
Center for Consumer Information & Insurance Oversight (CCIIIO)
Centers for Medicare & Medicaid Services (CMS)
Leveraging Technology and Innovation to Drive Evidence-based Care

Cataloging the Impacts of COVID-19 on Treating Pain, Mental Health and Substance Use Disorders
Meet Your Speakers

Jeffrey Gudin, M.D.
Co-Editor-at-Large, Practical Pain Management

Samantha Holcombe, MPH
Senior Director, Practice Improvement and Consulting, National Council for Behavioral Health

Tania S. Malik, J.D.
Immediate-Past Chair, Special Interest Group on Telemental Health, American Telemedicine Association
Chronic Pain and the COVID-19 Pandemic:
Get ready for a spike in drug misuse and DEATHS!

Jeff Gudin, MD
Jeffrey Gudin, M.D.

- Associate Clinical Professor, Anesthesiology and Perioperative Medicine, Rutgers New Jersey School of Medicine
- Board Certified: Pain Management, Anesthesiology, Addiction Medicine and Palliative Care
- Previous Director of Pain Management and Palliative Care, Englewood Hospital and Medical Center, New Jersey
- Senior Medical Advisor, Drug Monitoring at Quest Diagnostics
COVID and controlled substances

- Clinicians who treat patients with pain and substance use disorders should recognize that during the pandemic, patients are at risk for increased misuse of alcohol (Katrina), prescription, and illicit drugs simply from stress, economic and social repercussions
- Uncertainty and fears of harm to those we love combined with disruptions to daily life are leading to increased anxiety
  - Probably worse for those with preexisting psychological issues, but certainly an issue even for those without
- The risk for substance abuse is likely to vary based on predisposing factors
  - Depression, anxiety, chronic pain, SUDs
Treatment Options

Multimodal and Interdisciplinary

- Pharmacological
- Complementary
- Rehabilitative
- Interventional/Surgical
- Behavioral

COVID-19
Chronic Pain and Risk of Prescription Drug Misuse

Requires an Individualized Approach to Optimize Outcomes

1. Compliance is a major issue
2. Pathology and treatment are complex
3. Pain, opioid use disorder, and overdose deaths are significant public health issues
‘Cries for help’: Drug overdoses are soaring during the coronavirus pandemic

• “Nationwide, federal and local officials are reporting alarming spikes in drug overdoses — a hidden epidemic within the coronavirus pandemic. Emerging evidence suggests that the continued isolation, economic devastation and disruptions to the drug trade in recent months are fueling the surge”

  Washington Post

• Suspected overdoses nationally jumped 18% in March, 29% in April and 42% in May compared with last year,
  • according to the Overdose Detection Mapping Application Program, a federal initiative that collects data from ambulance teams, hospitals and police.

• Research has established strong links between stagnating economies and increases in suicides, drug use and overdoses.
Chronic Pain Population

Opioid Harm is not limited to non-medical users

Aberrant Medication-Taking Behaviors (AMTBs)

Prescription Drug Abuse

Opioid Use Disorder

Total Chronic Pain Population
Responsible Opioid Prescribing

CDC Guidelines and Facts Sheet
When considering long-term opioid therapy, evaluate risk of harm or misuse by:

- Discussing risk factors with patient
- Checking PDMP data
- Checking urine drug screens
To Continue or Discontinue Opioid Therapy

• Continue opioid therapy if there is
  • Effective pain relief
  • Improvement in physical and/or psychosocial functioning
  • Acceptable side effects and patient compliance
• Have an exit strategy prepared. Consider discontinuing if there is
  • Lack of pain reduction
  • Lack of functional and/or psychosocial improvement
  • Unacceptable side effects or patient compliance
• Distinguish between abandoning opioid therapy and abandoning the patient
For patients with chronic pain requiring opioids, the American Society of Regional Anesthesia recommends not changing patient regimens during this crisis. In addition:
- Clinicians can use telemedicine to closely monitor patient physical and mental status
- Ensure existing Rx to avoid withdrawal
- Provide naloxone education and Rx for high-risk patients

For those patients with opioid use disorder, the AMA also recommends ensuring continued access to care and also recommended that medications to treat addiction (buprenorphine, methadone, naltrexone) and medications to reverse opioid-related overdose (naloxone) be designated as “essential services” to reduce barriers to access during “shelter-in-place” orders.

Pain and SUD Patients and the COVID-19 Pandemic

Recommendations for patients to cope with stress

• Reiterate the importance of using medications exactly as directed
  • Reinforce that analgesics, sedatives, and muscle relaxants are NOT stress or sleeping pills!
• Patients should avoid using ANY alcohol or illicit drugs
• Take breaks from watching, reading, or listening to repeated news stories, especially on social media
• Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep
• Take deep breaths, stretch, or meditate
• While using appropriate social distancing practices, connect with others. Talk with people you trust about how you are feeling
Digital Health and Telemedicine

- The way in which we are treating acute and chronic pain has changed!
- Need for prescription analgesics persist- but clinicians are flying blind when it comes to being able to adequately monitor patients prescribed controlled substances.
- All patients, but especially those with psychiatric or substance use disorders and chronic pain, are at risk for excessive alcohol consumption and medication overuse during times of stress
- Clinicians who prescribe opioid analgesics must develop skill sets in prescription drug monitoring, even if they don’t want to!
- During this public health crisis, clinicians should be committed to monitoring not only patients’ physical conditions, but their mental status as well
- Resources are available to help, and we need to help those in need to get back on track and reverse the trends in drug misuse in this country
The National Council for Behavioral Health is the unifying voice of America’s health care organizations that deliver mental health and addictions treatment and services.

Represent over 3,300 community behavioral health organizations across the country.
Policy Changes that Facilitate Access to Behavioral Health Services

Expanding telehealth
- Suspended enforcement of HIPAA
- Loosening restrictions on modalities
- Provision of services across state lines
- Waiving patient cost shares for services
- Expanding the list of services eligible for telehealth
- Allowing for telephonic care in some instances

1135 Medicaid waivers
- Temporarily suspend Medicaid fee-for-service prior authorization requirements
- Allowances to temporarily enroll providers who are enrolled with other State Medicaid Agencies or Medicare

Substance use disorders
- Increased take-home dosing (up to 28 days in some cases)
- No physical evaluation needed for buprenorphine dosing
- In some cases, allowing for services to be delivered via telehealth, including telephone where needed
- 42 CFR Part 2 suspended during emergencies

Policies can vary greatly by state, payer, etc.
The Shift to Telehealth

<20%  >60%

Proportion of care provided virtually pre- and post-PHE amongst surveyed BH providers

Expanded services and providers eligible for telehealth
Challenges Facing Behavioral Health Providers

- Procuring telehealth equipment (financials and availability)
- Rapidly training staff in telehealth delivery
- Patient access to technology
- Patient wariness of technology
- Significant drops in revenue
Future Considerations/Implications

- Increased need
- Health equity
- Parity in reimbursement
- Maintaining quality of care

- Population health management
- Leveraging digital technologies
- Mixed delivery methods
Confluence of a National Epidemic and a Global Pandemic – Confronting Pain and Opioid Use Disorders Amid COVID-19

Presented by:
Tania S. Malik, J.D.
Immediate Past Chair of the Telemental Health Special Interest Group
TELEHEALTH IS HEALTH

ATA is working to transform health and care through enhanced, efficient delivery.
Some BASIC DEFINITIONS

- Originating Site: Where the patient is
- Distant Site: Where the clinician is
- Asynchronous: Not at the same time
- Synchronous: At the same time
- Store and Forward: Basically asynchronous
Best Practices in Videoconferencing-Based Telemental Health
(April 2018)

The American Psychiatric Association

and

The American Telemedicine Association
1834(M) OF SSA REQUIREMENTS FOR REIMBURSEMENT FOR TELEHEALTH

**Definition of originating site is basically rural and location of the patient at the time of care has to be:**
- Physician office
- Federally Qualified Health Center
- Critical Access Hospital
- Hospital
- Rural Health Clinic
- Hospital Based ESRD clinic
- Skilled Nursing Facility
- Community Mental Health Center

**Type of provider (physician or practitioner):**
- PA, NP, Clinical Nurse, Midwife, Psychologist, social worker, RD

**Presenter is not required.**
Medicare Telehealth Services Benefit
Expanded on Temporary and Emergency Basis
- 1135 Waiver Authority
- Coronavirus Preparedness and Response Supplemental Appropriations Act
- Coronavirus Aid, Relief, and Economic Security Act (CARES Act)
Since COVID-19, significant changes are:

• The patient’s home can be an originating site.
• 49 States have waived license restrictions
• Waived the in-person requirement in Ryan Haight (is one of the 7 exceptions)
• Added coverage for about 80 additional services via telehealth (e.g., speech pathology, physical therapy)
• Need a good faith effort for HIPAA
• Waived certain types of technology that can be used
Prohibits physicians from prescribing controlled substances without an in-person exam

In a PHE, that requirement can be waived
ATA has been working for years for a special registration
Likelihood of permanent change?
How to Prescribe Controlled Substances to Patients
During the COVID-19 Public Health Emergency

In response to the COVID-19 public health emergency declared by the Secretary of Health and Human Services, the Drug Enforcement Administration (DEA) has adopted policies to allow DEA-registered practitioners to prescribe controlled substances without having to interact in-person with their patients. This chart only addresses prescribing controlled substances and does not address administering or direct dispensing of controlled substances, including by narcotic treatment programs (OTPs) or hospitals. These policies are effective beginning March 31, 2020, and will remain in effect for the duration of the public health emergency, unless DEA specifies an earlier date.

This decision tree merely summarizes the policies for quick reference and does not provide a complete description of all requirements. Full details are on DEA's COVID-19 website (https://www.deadiversion.usdoj.gov/coronavirus.html), and codified in relevant law and regulations.

Under federal law, all controlled substance prescriptions must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his/her professional practice. 21 CFR 1306.04(a). In all circumstances when prescribing a controlled substance, including those summarized below, the practitioner must use his/her sound judgment to determine that s/he has sufficient information to conclude that the issuance of the prescription is for a bona fide medical purpose. Practitioners must also comply with applicable state law.

**Part I: Evaluating the Patient**

- Has the prescriber previously examined the patient in person?
  - Yes: Practitioner may conduct any needed follow-up evaluation by any method: in person, telemedicine, telephone, email, etc.
  - No: Practitioner must first evaluate the patient in the steps described in the following boxes prior to issuing Rx for CS

- Is the prescription for buprenorphine* for maintenance or detoxification treatment of an opioid use disorder?
  - Yes: Evaluate patient in one of the following ways: in person, by questioning the patient over the telephone, or via telemedicine using a real-time, two-way, audio-visual communications device.
  - No: Evaluate patient in one of the following ways: in person, or via telemedicine using a real-time, two-way, audio-visual communications device.

- Prescribing practitioner must be DATA-waived
  - Yes: Issue any needed Rx directly to patient or to pharmacy by method in Part II
  - No: Issue any needed Rx directly to patient or to pharmacy by method in Part II

* Methadone cannot be prescribed for maintenance or detoxification treatment and must be administered or dispensed directly to the patient for that purpose. 21 CFR 1306.07(a).
State laws

Check your privacy laws
Medicaid rules and regulations
Commercial Payor Policies
Will these changes stay?

“What if we don’t change at all ... and something magical just happens?”
30 Senators ask to make the changes permanent

"Doing so would assure patients that their care will not be interrupted when the pandemic ends. It would also provide certainty to health care providers that the costs to prepare for and use telehealth would be a sound long-term investment," Schatz wrote in the letter, which was co-signed by a bipartisan group of senators including Commerce Chair Roger Wicker, R-Mississippi; Mark Warner, D-Virginia; Kyrsten Sinema, D-Arizona; Lisa Murkowski, R-Alaska; Lindsey Graham, R-South Carolina; and Amy Klobuchar, D-Minnesota.

The number of Medicare beneficiaries using telehealth services during the pandemic increased 11,718% in just a month-and-a-half, according to Schatz.

From Fierce Healthcare
Some states have already made the changes permanent


*Colorado* (prohibits health insurance companies from requiring a patient to have a pre-established relationship with a virtual care provider, removes tech restrictions, and removes requirement of additional licensure for telehealth practice for Medicaid and state regulated plans).  Source: HIPAA Journal-July 10, 2020

*Idaho* (allows out-of-state practitioners to practice via telehealth). Idaho went from 3,000 sessions during March through May last year to a staggering 117,000 sessions during the same time period this year—a 40-fold increase.  Source: Governor’s Press Release

Remember Ryan Haight is a federal law
FOR IMMEDIATE RELEASE

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Krista_drobac@connectwithcare.org

Taskforce on Telehealth Invites Public Input
Website established, virtual town hall planned to solicit comments on future telehealth policy.

The multi-stakeholder Taskforce on Telehealth Policy is seeking input from the public as it develops policy recommendations to advance quality and patient experience while establishing a stable, long-term environment that fosters the growth and integration of remote services within the healthcare system.

The taskforce is being convened by the National Committee for Quality Assurance (NCQA), the Alliance for Connected Care, and the American Telemedicine Association (ATA). Members include a broad spectrum of quality experts, consumer advocates, providers and health plans. Most recently, former US Surgeon General Dr. Regina Benjamin joined the panel. Click here to see a full list of taskforce members.

“This taskforce seeks to represent healthcare providers, plans, consumer advocates and experts from the public, private and non-profit sectors, creating consensus recommendations for policymakers on the safe, effective, and efficient adoption of telehealth,” added Ann Mond Johnson, CEO, the ATA. “We urge all telehealth stakeholders to share their insights.”
Things to think about to #cement the gains

Effect on Telehealth and its Cost of Care
Patient Safety and Program Integrity
Data Flow, Care Integration and Quality Measurement
Policy
Thank you!

Tania S. Malik, J.D.

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Open Question & Answer Session

Please submit questions to our panelists using the chat function in the left-hand side of your screen.

If joining via mobile device, email questions to matthew.rubin@faegredrinker.com.
## Upcoming CEPOP-MAPDA Webinars

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<thead>
<tr>
<th>Title</th>
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<tr>
<td>Policy Changes to Medication-Assisted Treatment</td>
<td>Monday, July 27</td>
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<tr>
<td>Access and Utilization of Overdose Reversal Medications</td>
<td>Monday, August 10</td>
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<tr>
<td>Excess Medications in the Home</td>
<td>Monday, August 17</td>
<td>3:00 p.m. ET</td>
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Thank you for joining us today!

Please refer any questions to:
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+1 202 312 7456