

Use of Telemedicine, Technology, and Teamwork to Optimize Delivery of MAT to Patients

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Disclosure

I have the following relevant financial relationship(s) with a commercial interest:
I am employed by Wellpath.

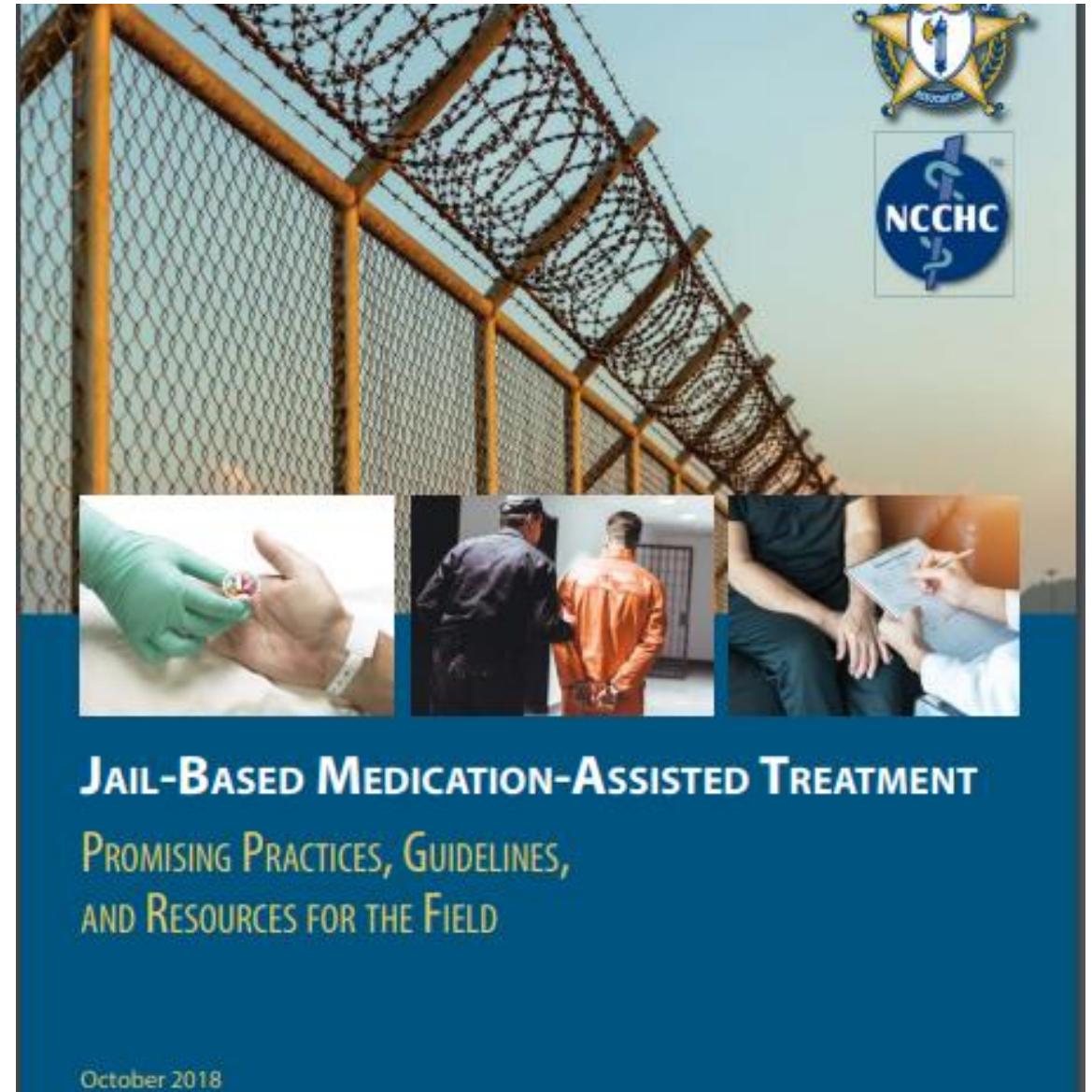
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Learning Objectives

- ❖ Learning Objective 1: Review how technology increases access and improves quality of care where MAT services are delivered
- ❖ Learning Objective 2: Describe how the dynamics of a regularly scheduled multidisciplinary team meeting improves patient care
- ❖ Learning Objective 3: State the reasons to champion telemedicine as an essential and permanent health care delivery modality

Background: MAT in the correctional setting



Cultural Shift

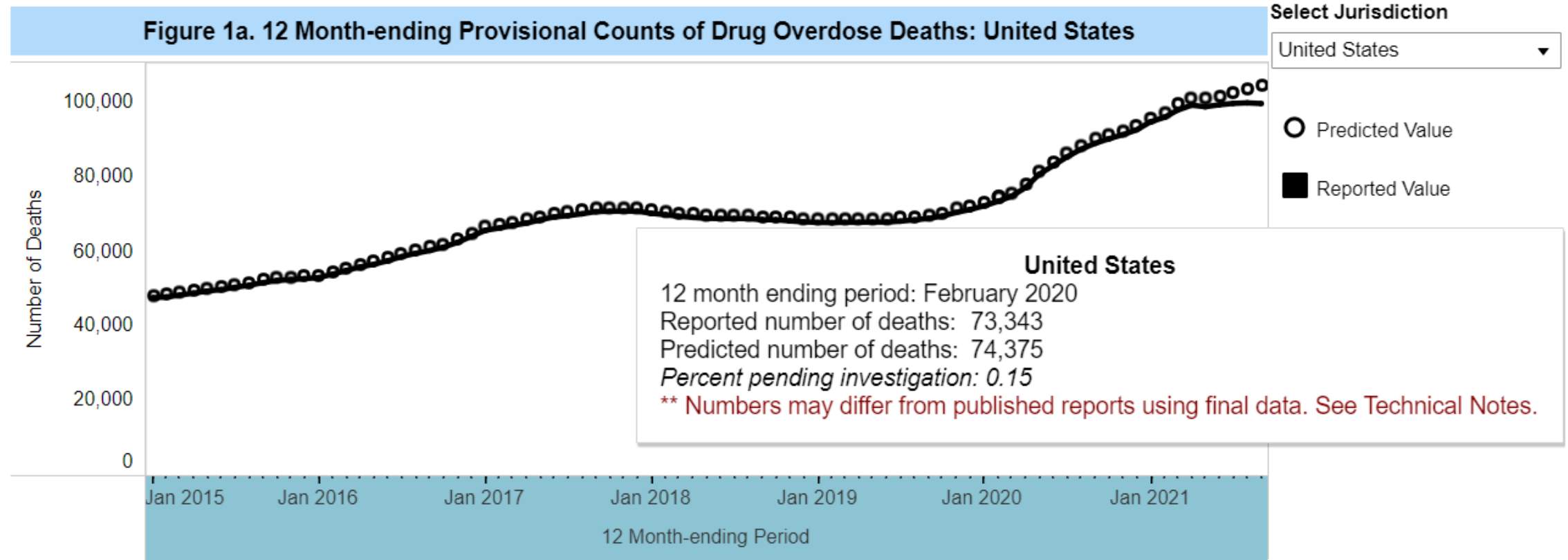
- MAT is becoming more accepted as a chronic treatable disease in the correctional setting
- Treatment is effective
- Court decisions favor MAT plaintiffs
 - 8th amendment rights
 - ADA accommodation
- **It's the right thing to do**

Opioid Epidemic Persists

CDC: 12 Month-ending number of Drug Overdose Deaths

Based on data available for analysis on:

2/6/2022



MAT for Incarcerated People is Effective

- “Across the criminal justice system, MAT has been found to reduce criminal activity, arrests, as well as probation revocations and reincarcerations.” (1)
- “When this MAT program [RI DOC] was introduced, the proportion of overdose deaths of formerly incarcerated individuals decreased from 14.5% to 5.7% of total overdose deaths.” (2)
- Anticipate Reduced suicide and violence in jails

Challenges to Providing MAT in the Correctional setting

- Physical layout
- Operational schedule
 - Groups
 - Medical visits
 - Medication pass
- Staffing
- Philosophic/expertise
- Diversion
- Aftercare arrangements

Multidisciplinary Team Approach to MAT

"Alone we can do so little; together we can do so much." – Helen Keller

Collaborative care model can lead to expansion of treatment

Multidisciplinary treatment of opioid use disorder in primary care using the collaborative care model

Charles D. Brackett , MD, MPH , Matthew Duncan , MD, Joanne Fadale Wagner , MSW, LICSW, Laura Fineberg , MPH & Sally Kraft , MD, MPH

Pages 240-244 | Published online: 04 Jun 2021

Collaboration Increases Access to MAT

- Treatment of opioid use disorder (OUD) is highly effective, but access is limited, and care is often fragmented. Treatment in primary care can improve access to treatment and address psychiatric and physical co-morbidities in a holistic, efficient, and non-stigmatizing way.
- We used a mixed-methods approach to examine the impact of implementing multidisciplinary treatment of OUD in our health system's five primary care clinics using the framework of the CCM, with care shared between the primary care clinician (PCP), behavioral health clinician, and medical assistant.
- *Conclusions:* In our experience, treatment of OUD in primary care utilizing the CCM effectively addresses OUD and commonly comorbid anxiety and depression and leads to an expansion of treatment. Successful implementation of OUD treatment requires addressing negative attitudes and perceptions.

Collaborative Care Model recommended
for Correctional Facilities

MAT Treatment Team in Correctional Facilities

- Diagnosis
- SUD history
 - *Pharmacy /PDMP*
 - *Outside providers*
 - *Patient report*
- Induction
 - *Medical and psychiatric co-morbidities*
 - *Security concerns*
 - *Aftercare considerations*
- Monitoring
 - *Med pass*
 - *Alertness on the unit or in class*
 - *Participation in groups or individual therapy*
 - *Conversations overheard on monitored phone lines*

Multidisciplinary Treatment Team

- Health Service Administrator
- MH provider
- Medical provider
- Psychiatric provider
- Nursing
- Administrative support
- Qualified Addiction specialist
- Security staff
- Discharge Planning
- Pharmacy

Interdisciplinary Team Meetings

- Weekly at first, then biweekly
- New patients
- High risk
- Clinical concerns/dosing/medication change
- Security concerns
- Aftercare planning
- Success Stories

Technology is an important tool for the team

- Prescription Drug Monitoring Programs (PDMP)
- Electronic Medical Record (EMR)
- E-prescribing

Technology- Prescription Drug Monitoring Program

- PDMP
 - Required by law in all 50 states (Missouri was the 50th in June 2021)
 - *Prescribers and in many cases pharmacies must utilize PDMP*
 - A response to the nation's prescription drug problem
 - New intakes; discharge planning
 - Blind spots
 - *OTP (42 CFR Part 2, Confidentiality) UNAVAILABLE*
 - *VAMC HR 1545 authorized VAMC to release rx data to PMP (11/21/17)*
 - *Indian Health services (linked in 2012)*

Technology – Electronic Medical Record

EMR

- Access to medical, nursing, mental health progress notes
 - *Intake assessments in jails are very important*
- Access to lab results, EKG
- Sick call slips
- Access to urine drug screens
- Discharge planning notes

Technology – electronic prescribing

Electronic Prescribing of Controlled Substances was mandated by Congress in 2018, to be fully implemented by 2021. E-prescribing is now required.

How does this help?

- * tracking of orders internally
- * monitoring bup prescriber limits (30-100-275)
- * meds to outside pharmacies for discharge planning
- * no paper prescriptions to be lost or misplaced by patient or pharmacy

Telemedicine

Telemedicine is an essential and permanent health care delivery modality.

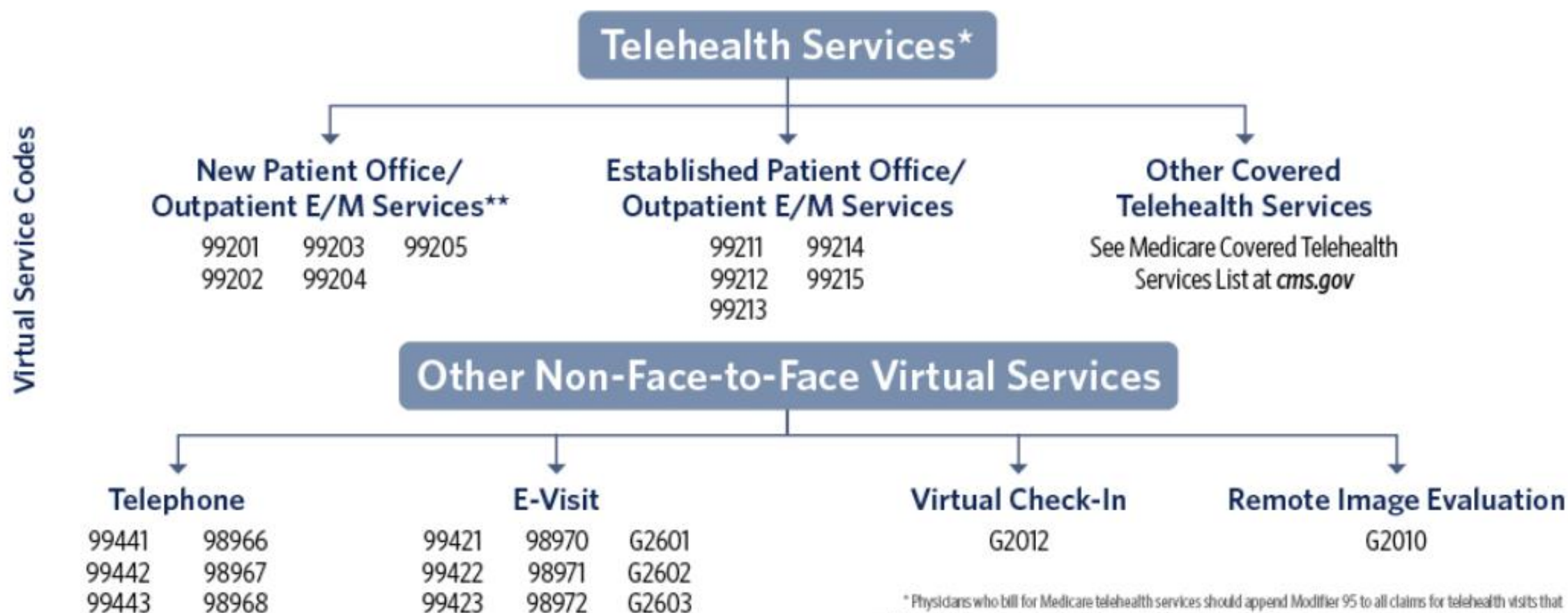
Telemedicine has enhanced delivery of MAT services to incarcerated people

- Treatment team
- Patient Experience
- Medical Provider experience

Telehealth has grown in popularity

- Prior to the pandemic, the utilization of telehealth among traditional Medicare beneficiaries was [extremely low](#), with only 0.3% of traditional Medicare beneficiaries enrolled in Part B using telehealth services in 2016, accounting for only 0.4% of traditional Medicare Part B spending. Similarly, [analysis of primary care visits](#) in traditional Medicare found that only 0.1% of these visits were provided via telehealth before the pandemic in February 2020.
- [Coronavirus Preparedness and Response Supplemental Appropriations Act](#) (and as amended by the [CARES Act](#)). The waiver, effective for services starting on March 6, 2020, significantly loosened coverage restrictions for telehealth under traditional Medicare during the public health emergency

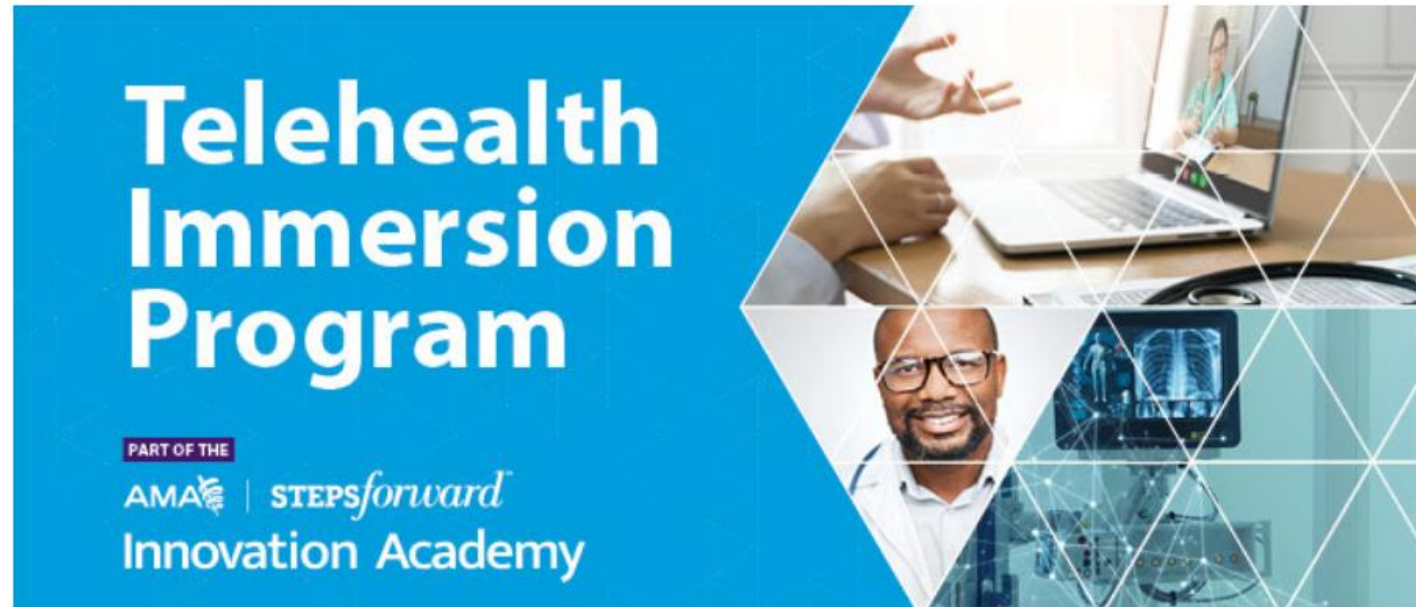
WHAT VIRTUAL SERVICES ARE COVERED BY MEDICARE?



* Physicians who bill for Medicare telehealth services should append Modifier 95 to all claims for telehealth visits that would normally be performed as face-to-face visits. This will allow CMS to make appropriate payment for services furnished via Medicare telehealth at the same rate they would have been paid if the services were furnished in person.

** CMS will not conduct audits to determine if the physician had a prior relationship with the patient.

Telemedicine
is Here to Stay



The American Medical Association Telehealth Immersion Program is helping to guide physicians, practices and health systems in optimizing and sustaining telehealth in their environments.

Private Insurers are Championing Telehealth



340%

increase in physician adoption of
telehealth from 2015-2018¹



61%

of U.S. hospitals have remote
patient monitoring capabilities²



70%

of patients are comfortable
communicating with a medical
professional via text, email or video³




96%

of the nation's largest employers
(500 or more employees) provide
coverage for telehealth⁴


Physical Exam using Telehealth


- VIDEO EXAM: (if completed, performed via video enabled technology)
- Vital signs: pulse may be reported by patient who measures their own heart rate
- GENERAL: alert and appropriate, in no distress, well-hydrated, well-nourished and happy, smiling, interactive
- SKIN: no rash cellulitis or abcess noted
- HEAD: normocephalic, no abnormality noted
- EYES: no injection or jaundice noted
- EARS: external ears normal, no mastoid tenderness
- NOSE: external nose normal without rhinorrhea
- OROPHARYNX: moist mucus membranes, uvula midline and pharynx non-erythematous, lips, teeth and gums are without obvious lesion
- NECK: full ROM, no gross abnormality seen
- RESPIRATORY: breathing non-labored and no grunting or stridor noted
- CHEST: equal chest rise with normal respiratory effort
- HEART: heart rate 74BPM from patient report
- BACK: back normal in appearance, spine with
- FROM EXTREMITIES: edema +1 bilateral LE
- NEUROLOGIC: gait observed to be normal, no seizure or involuntary movement noted


Physical exam using accessories





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Touch Screen Laptop



Stethoscope



Pulse Oximeter


12-Lead ECG


Ultrasound


All-in-one (AIO) Scope



Speakerphone


HD Webcam

Telemedicine Kit

Choose the easiest telemedicine kit for remote consultations. This telemedicine solution is found on board Shell's oil platforms off the coast of Nigeria and Alaska. Kits include :

- A windows tablet
- All-in-one scope (includes dermoscope and otoscope)
- Individual scopes from firefly
- Digital stethoscope
- Ultrasound (vascular or abdominal)
- USB pulse oximeter and blood pressure
- EKG (si

[Start a conversation](#)

Telehealth can assist with MAT delivery in Correctional facilities

1. Multidisciplinary Team Meetings

- Connect with people outside of the facility
 - *Psychiatrist may not be full time*
 - *Addiction specialist may not be on site*
- Include people from different parts of the facility
- Orderly meetings with greater efficiency and less cross talk

Telehealth can assist with MAT delivery

2. Improved patient/provider experience

- * no need to transport out of/into facility
- * less time spent in transit to appointment
- * privacy must be assured (visits not recorded)
- * providers may be able to see more patients

Telehealth can assist with MAT delivery

3. Security concerns can be addressed

- * inclusion in Multidisciplinary team meetings
- * fewer transports outside of facility

Summary

- Multidisciplinary team meetings help expand MAT coverage, and improve quality of care.
- Technological developments ensure better sharing of information, and enhance patient safety.
- Telemedicine is a reliable and increasingly accepted platform for providing patient care.

references

Slide 5: <https://www.sheriffs.org/nsa-and-ncchc-release-new-resource-for-jail-based-mat-programs>

Slide 7: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

Slide 9: (1) Traci C. Green, Jennifer Clarke, Lauren Brinkley-Rubinstein, Brandon D. L. Marshall, Nicole Alexander-Scott, Rebecca Boss & Josiah D. Rich, Research Letter, *Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System*, 75 JAMA Psychiatry 405, 406 (2018) (finding in preliminary study “a large and clinically meaningful reduction in postincarceration deaths from overdose among inmates released from incarceration after implementation of a comprehensive MAT program in a [Rhode Island] statewide correctional facility—a reduction contributing to overall population-level declines in overdose deaths”). When this MAT program was introduced, the proportion of overdose deaths of formerly incarcerated individuals decreased from 14.5% to 5.7% of total overdose deaths. *See id.*

References (continued)

Slide 9: “Across the criminal justice system, MAT has been found to reduce criminal activity, arrests, as well as probation revocations and reincarcerations.”
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Slide 23:
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Thank You