ASTHOCNoctes: Telehealth Approaches for Treating SUD in Maternal and Child Populations

Tuesday, January 21\textsuperscript{st}, 2020
Funding Notice

The development of this document is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant numbers UD3OA22890, National Organizations for State and Local Officials, and U1XMC31657.

Disclaimer

The information, content, and conclusions are those of the presenters and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.
## Today’s Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mins</td>
<td>Welcome and Introductions</td>
<td></td>
</tr>
<tr>
<td>12 mins</td>
<td><strong>Telehealth 101</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Speakers:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Alex Kearly, Director, Medicaid and Value Based Payment, ASTHO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Janet Oputa, Senior Analyst, Clinical to Community Connections, ASTHO</td>
<td></td>
</tr>
<tr>
<td>12 mins</td>
<td><strong>Project ECHO Perinatal Substance Use Disorder Program</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Speaker:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Marcy Doyle DNP, MS, MHS, RN, CNL, Quality and Clinical Improvement Director, New Hampshire Citizens Health Initiative</td>
<td></td>
</tr>
<tr>
<td>12 mins</td>
<td><strong>Improving Treatment for Pregnant Women with Substance Use Disorders via Telehealth</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Speaker:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Constance Guille, M.D., Associate Professor, Psychiatry and Behavioral Sciences, Medical University of South Carolina</td>
<td></td>
</tr>
<tr>
<td>10 mins</td>
<td>Q&amp;A</td>
<td></td>
</tr>
<tr>
<td>5 mins</td>
<td>Wrap Up</td>
<td></td>
</tr>
</tbody>
</table>
The Promoting Innovation in State and Territorial MCH Policymaking (PRISM) Learning Community

CNMI
Objectives

• Describe the telehealth continuity of care, focusing on the four modalities of telehealth and how they can be leveraged to improve care.

• Share information on how states have used telehealth for provider workforce development and to improve behavioral health outcomes for maternal and child health populations.

• Demonstrate potential ways that state and territorial health agencies can leverage telehealth to improve behavioral health outcomes for maternal and child health populations.
Janet Oputa, MPH
• Senior Analyst, Clinical to Community Connections
• ASTHO

Alex Kearly, MPH
• Director, Medicaid and Value Based Payment
• ASTHO
Telehealth 101

Alex Kearly, Director, Medicaid and Value Based Payment
Janet Oputa, Senior Analyst, Clinical to Community Connections

Tuesday, January 21, 2020
What is Telehealth?

“The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.”
Telehealth Modalities

- Live videoconference
- Store and forward (asynchronous communication)
- Mobile health
- Remote patient monitoring
Telehealth Examples

- Live Video
- Remote Patient Monitoring
- Mobile Health
Store-and-Forward: E-Consults

• Provider-to-provider consults conducted via store-and-forward telehealth

• Transmitted via a shared electronic health record or other secure web-based platform

• Improve access to specialty expertise for patients/providers without need for a face-to-face visit

• Examples:
  • Providers at rural hospitals/remote locations can forward patient data (such as x-rays, photos/videos/other) to specialists for review and consultation
Project ECHO Model

• Links primary and specialty care

• **Hub-and-spoke model**: Academic *hub* (specialists) links with primary care provider *spokes* in local communities via live video telehealth

• For more information: [https://echo.unm.edu/about-echo/model/](https://echo.unm.edu/about-echo/model/)
Telehealth: Coverage and Payment

Medicaid Reimbursement by Modality
• Live Video: 50 states and DC
• Store and Forward: 14 states
• Remote Patient Monitoring: 22 states

Reimbursement Requirements for Private Payers
• 40 states and DC have “private payer” laws
• Telehealth coverage and payment parity varies across states and by individual health plan contracts
Telehealth: SUD Coverage and Payment

Medicare

• **Before 2019:** Mostly only live video telehealth

• **After 2019:** “Communication Technology-Based Services”
  • Added codes for remote monitoring, synchronous virtual check-in, asynchronous remote evaluation, interprofessional internet communication, chronic care management

• **2019 Medicare Advantage** regulations expand telehealth-delivered SUD services and eligible locations
  • SUD counseling
  • Individual therapy
  • Group therapy

MOMS Program
Montana Obstetrics and Maternal Support (MOMS) Program [HRSA-Funded]
Montana DPHHS/Family & Community Health Bureau

- **Project ECHO**
  - Year 1
  - OB/GYN Expert
  - Scheduled didactic education and maternal health grand rounds for rural clinic providers

- **Provider Consultation Access Line**
  - Year 1
  - OB/GYN Expert
  - Dedicated time for rural clinic providers to receive consultation on cases

- **Simulation in Motion-MT Trucks**
  - Year 1
  - Simulation education via mobile SIM lab trucks
  - Rural Hospital
  - Rural Clinic

- **Telemedicine**
  - To be deployed in Summer 2020
  - Billings Clinic OB/GYN Experts (Further medical expert hubs to be added)
  - Integrated primary care; behavioral health; care coordination; and peer teams
  - Delivery Hospitals
  - Perinatal care Providers
  - Perinatal Behavioral Health Initiative (PNBHI) MHCF and HRSA-Funded

- **Billings Clinic Eastern Montana Telemedicine Network**
  - Rural clinics/hospitals in communities across MT
  - High-risk pregnant and postpartum women

Title V Maternal Child Health Block Grant Program HRSA-Funded
Maternal Mortality Review (MMR) Teams HRSA-Funded

Patient-Centered Outcomes Research Institute (PCORI)/Yale University School of Medicine Study

• Study on the effectiveness of telehealth to help treat pregnant women dealing with substance abuse.

• Compares telehealth model to collaborative care model.

Factors Influencing Telehealth Adoption

- Coverage & Payment
- Clinical Practice & Licensure Portability
- Provider & Care Networks
- Technology Implementation
- Patient and Provider Education and Outreach
ASTHO’s Telehealth Portfolio

- Learning Community
- Resource Development
- Telehealth Capacity Survey
ASTHO Telehealth Survey

Assess the current landscape of telehealth activities, priorities, and technical assistance needs within state and territorial health agencies (S/THAs) and in partnership with other agencies or stakeholders.
## Survey Findings – State/Territorial Health Agency Telehealth Programs

<table>
<thead>
<tr>
<th>Priority populations</th>
<th>Telehealth services</th>
<th>Challenges</th>
<th>Achievements</th>
</tr>
</thead>
</table>
| • Healthcare providers and public health professionals  
• Maternal and child health  
• Behavioral health/SUD  
• Rural populations  | • Patient/professional health education  
• **Behavioral health**  
• Specialty care, chronic disease, primary care  | • Funding  
• Patient/provider engagement and training  
• Capacity and infrastructure  | • Increased access to care  
• Partnerships  
• Expanded range of service  
• Increased efficiency of care  |
Telehealth Resources

• **ASTHO**
  - *Telehealth: An Opportunity for State and Territorial Health Agencies to Improve Access to Needed Health Services (JPHMP column)*
  - *ASTHOBrief: A Guide for Implementing a Telehealth Program*
  - *ASTHOBrief: How to Choose Telehealth Technologies*

• **Center for Connected Health Policy**
  - Tracks Current State Laws & Reimbursement Policies

• **National Consortium of Telehealth Resource Centers**
Thank you!

Contact us:

Alex Kearly, Director, Medicaid and Value Based Payment, ASTHO (akearly@astho.org)

Janet Oputa, Senior Analyst, Clinical to Community Connections, ASTHO (joputa@astho.org)
Marcy Doyle, DNP, MS, MHS, RN, CNL
• Quality and Clinical Improvement Director
• New Hampshire Citizens Health Initiative
Organizational Structure

- Health Analytics & Informatics
- Health Law & Policy
- Delivery System & Payment Reform
- Long Term Care & Aging
- Public Health & Health Promotion
The Initiative serves to...

- Apply research
- Convene multi-stakeholder learning collaboratives
- Educate clinicians, policy makers, leaders throughout the health care system
- Promulgate evidence-based best practices
WHO WE ARE...

22 staff members

Informed stakeholders:
- 256 providers
- 24 payers
- 18 public/patient advocates
- 16 policy/government
- 55 academia

401 providers in network of New Hampshire patients served

WHAT WE DID...

14 learning sessions presented

More than 30 CEU hours provided

4 Project ECHO learning communities launched

141 site self-assessments reported

29 projects & grants (12 newly awarded)

23 conference presentations
NH Citizens Health Initiative:

A partner in the Northern New England Project ECHO® Network since 2016

Assisted in activities to develop several ECHOs across Northern New England

UNH is working to grow Project ECHO® in New Hampshire and the region through collaboration!
Tele-Health

Advanced Nursing Education Workforce
Funder: HRSA

Expanding formal academic practice partnerships in rural, underserved, and OUD affected regions by immersing UNH nurse practitioner students in high need areas with MAT waiver training and case study learning (ECHO®).

Project ECHO® (Planning, NNE ECHO®, AMPLIFI)
Funders: Private Foundation, HRSA, Northeast Node of the National Drug Abuse Treatment Clinical Trials Network

Project ECHO® creates access to high-quality specialty care through technology-enabled collaborative learning, using proven case-based learning and a knowledge-sharing network with an all-teach, all learn model. Current Project ECHO® communities include: Medications for Addition Treatment, Pediatric Mental Health Care Access, Chronic Care Quality Improvement, and Older Adult Care.

Partnership for Academic and Clinical Telepractice Medications for Addiction Treatment (PACT MAT)
Funder: SAMHSA

PACT-MAT integrated the UNH Nurse Practitioner curriculum and MAT education to train more than 150 Family and Psychiatric Nurse Practitioner students over 3 years. The project is increasing provider prescribing knowledge and confidence by utilizing Project ECHO® for community practices along with students, in case-based learning.

Telepractice
Funder: CHHS and Supported By Initiative Grants (SAMHSA, HRSA)

The UNH Telehealth Practice Center is an interdisciplinary Center that aims to connect education, research, and service across health-related disciplines within and beyond the University. The Center addresses New Hampshire health care challenges using telehealth technologies.
The Project ECHO® Northern New England (NNE) Network conducted its inaugural ECHO program in 2018.

Support from HRSA's Rural Health Network Development Program with partners in Maine, New Hampshire and Vermont.

The NNE Network members are Quality Improvement Organizations and Area Health Education Centers (AHECs) in each state, as well as the Northeast Regional Telehealth Resource Center.

Sessions have included:
- Perinatal SUD Continuum of Care
- Medications for Addiction Treatment
- Dementia Care
Perinatal SUD Program Overview

Focused on Continuity of Care for Substance Use and Exposure during the Perinatal Period.

The NNE Network used the Project ECHO® medical education model, with the following primary program objectives:

- Increase understanding of the extent of substance use during pregnancy throughout Northern New England;
- Outline how to identify potential substance use problems using screening protocols during pregnancy;
- Help support and facilitate the continuity of care for pregnant women with substance use disorders and their newborns throughout the perinatal period.
Eight 1-hour sessions conducted monthly between February and September 2018.

Multi-disciplinary faculty included: Family Medicine, Obstetrics/Gynecology, Perinatal Education, Clinical and Psychological Support.

Program and Evaluation teams reviewed participant feedback after each session, and at program conclusion to measure overall satisfaction and changes in knowledge and/or practice.
Participation

Participants included providers and stakeholders throughout Northern New England, consisting of:

- 37 unique participants primary care, ob/gyn, public health, clinical social work, child and family services, mental health and legal

- 19 sites

Average: 17 participants per session
Evaluation Results: ECHO Sessions

99% reported that the technology was effective for didactic and cases

88% rated session facilitation as good/excellent

93% found the quality of materials to be good/excellent

77% of participants took advantage of CME credits offered
94% reported faculty presentation skills good/excellent

90% reported faculty knowledge of topics good/excellent

94% had a good/excellent overall impression of faculty

92% rated contributions from faculty members as good/excellent
Evaluation Results: Participant Satisfaction

88% Usefulness and Value of the Didactic Good/Excellent
99% Didactic Appropriate for Educational Needs Good/Excellent
87% Value of Discussion Section Good/Excellent
Evaluation Results: Knowledge Change

Participant Response to Didactic

- 96% reported the didactic enhanced their competence
- 88% reported the didactic influenced their practice
- 75% reported it impacted patient outcomes

Participant Response to Case Presentations

- 81% reported the case presentation enhanced their competence
- 71% reported the case presentation influenced their practice
- 58% reported it impacted patient outcomes
Evaluation Results:
Participant Key Takeaways

- Feeling more confident to speak publicly about the needs of SUD patients, especially mothers and infants.
- It was useful to meet other providers engaged in this work and understand some of the barriers they face.
- Hoping to offer more support to new mothers, screen for PPD, offer support group, etc.
- Nice to see faculty input that aligns with what we [receive] in similar case consultancy process.
- We plan to check in monthly with the MAT prescribers for all our pregnant patients. For our specific case presentation patient, we plan to re-test for HIV and Hep C and reassess for depression.
- (We will) consistently advocate for comprehensive supports for this population.
- Encourage more complex cases and engagement of additional partners, like DHHS, law enforcement, etc.
Lessons Learned

Successes

• First REGIONAL Project ECHO session across our 3 states; Many Cross-State learnings. Created a regional community.

• National best-practice leaders on faculty.

• Promoted interdisciplinary team practice.

• Raised knowledge, awareness, confidence in provider teams.

Challenges

• Cross-cutting design over multiple specialties and targeting curriculum and didactics to varied levels and multiple specialties.

• Scheduling.

• Promoting best practices into local practice cultures.
Constance Guille, M.D., MSCR

• Associate Professor, Department of Psychiatry and Behavioral Sciences
• Director, Women’s Reproductive Behavioral Health Program
• The Medical University of South Carolina
Improving Treatment for Pregnant Women with Substance Use Disorders via Telehealth

Connie Guille, MD, MSCR
Associate Professor
Dept. of Psychiatry & Behavioral Sciences & Ob/Gyn
Medical University of South Carolina
Overview

SUD Pregnant and Postpartum Women

- Telemedicine: Treatment Available
- Project ECHO: Increase Workforce
- Mobile Technology: Screening & Care Coordination
Disclosures

Peripartum Opioid Use Disorder

- **Telemedicine**
  - MUSC Center of Telemedicine
  - Duke Endowment: 8868-SP
  - HRSA: U66 RH31458

- **Project ECHO**
  - STR/SOR
  - Anthem

- **Mobile-Phone**
  - NIDA: R34 DA046730
  - Duke Endowment: 8563-SP
Perinatal Treatment of Opioid Use Disorder

• OUD Treatment Mother-Infant Dyad
  • Therapy and pharmacotherapy
  • Mental health & trauma
  • Social

• Integrated Prenatal and OUD Treatment
  • Retention in treatment
  • Maternal and newborn outcomes
  • Cost-effective

• Dearth of perinatal SUD treatment programs

Ecker et al, 2019 Substance Use Disorders in Pregnancy: Clinical, Ethical and Research Imperatives. AJOG
From: Rural and Urban Differences in Neonatal Abstinence Syndrome and Maternal Opioid Use, 2004 to 2013

Figure Legend:
Changes in Opioid-Related Diagnoses Among Infants and Mothers by Urban/Rural Status
Frequency of neonatal abstinence syndrome (A) and maternal opioid use (B) per 1000 hospital births by rural vs urban status, displayed as 2-year combined estimates.
Treatment of Perinatal OUD in SC
Telemedicine to Obstetric Practices
Federal Law


Intention:
- Target Rogue “Form Only” Online Pharmacies
- Prevent illegal distribution and dispensing of controlled substances via the internet

Practice:
- Can not prescribe a controlled substance to a patient via Telemedicine unless the pt is seen in person first; Or
  - Exceptions to in-person requirement
    - Physical Presence of Practitioner DEA Lic.
    - Indian Health Service or Tribal Organization
    - Veteran Affairs
    - Public health emergency declared by the Secretary of Health and Human Services
    - DEA-Registered Hospital or Clinic
    - Special Registration
Federal Law- Revised Ryan Haight

Federal Law
- Proposed Changes to Ryan Haight (2018)
- Special Registration for Telemedicine Clarification Act
  - Deadline October, 2019
    - Still pending

State Law
- SC Telemedicine Act- Requires in-person visit
  - SC Board of Medical Examiners Exemption
  - Provided a protocol
    - Describes service
    - How are in delivered via tele
    - Names of providers
TeleMAT Implementation

**Basic Telemedicine Requirements**
- Tele Ready Checklist
  - Bandwidth
  - Equipment
  - Tele Providers/ Receiving Site Partner
  - Service Agreement
  - Credentialing of Providers
  - Work Flow

**Site Flexibility & Standardization**
- Site Variability
  - Patient Characteristics
  - Clinician Practice
  - Work Flow

**Site Training & Ongoing Support**
- Site training at time of start of service
- Mock patients
- IT support
Telemedicine for the Treatment of Perinatal OUD in SC
Sustainability

SUD Pregnant and Postpartum Women

- Telemedicine- Short-Term
  - MUSC Center of Telemedicine
  - Duke Endowment 8868-SP (PI)
    - Clinical Revenue (MDs/APRNs)

- Telemedicine- Long-Term
  - Partnerships Needed
    - Insurers
      - Therapy, care coordination, case management
      - PhDs, LISWs, LMSW
    - Foundations
    - Health and Human Services
Treatment of Perinatal OUD
In-person Vs. Telemedicine

Methods

• Nonrandomized controlled trial [2017-2018]
• Integrated Prenatal & OUD care in Ob practices
  • In-person Vs. Telemedicine
  • Maternal & Newborn Outcomes
    • Retention in treatment
    • NAS

Guille et al JAMA Open Network, under embargo
Project ECHO (Extension for Community Healthcare Outcomes)

Right knowledge, at the right place, at the right time

- Tele-mentoring to increase access to evidence-based for patients with Opioid Use Disorder

- 2018: Lead by Dr. Kelly Barth, now Dr. Karen Hartwell

- Originally funded with SOR funds through SC DADOAS

- Additional funding from Anthem began Dec. 2018

- Maintains website (http://scmataccess.org) for information, access, recordings of didactics & additional practice resources
ECHO’s REACH

Over 70,000 learners and 650 ECHO Programs in 37+ countries

44 peer-reviewed publications in the past 2 years alone
**ECHO OUD:** meets twice a month over noon hour

<table>
<thead>
<tr>
<th>1&lt;sup&gt;st&lt;/sup&gt; 30 minutes</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; 30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Case presentation from one of our participating learners</td>
<td>• Relevant didactic presentation from expert within the hub or one of our colleagues (posted on website)</td>
</tr>
<tr>
<td>• Followed by Q &amp; A and discussion</td>
<td>• Recent series include: Treating Comorbid SUDs with OUDs, Opioids and Pain, Common Comorbidities (e.g. Depression, Anxiety, PTSD)</td>
</tr>
<tr>
<td>• Recommendations</td>
<td>• Full list can be found on website <a href="http://scmataccess.org">http://scmataccess.org</a></td>
</tr>
</tbody>
</table>

All teach, All learn
Participation in MUSC Opioid Use Disorder ECHO

- Participants from 8 states
- 85% of SC counties
Participation in MUSC Opioid Use Disorder ECHO in SC

# of ECHO participants by county in SC
Participation in MUSC Opioid Use Disorder ECHO in SC

ECHO Paired with:

Buprenorphine Waiver Training
- Trained over 350 providers

Academic Detailing
- PharmDs meeting with PCP throughout the state providing education

Educational Activities/Conferences

# of ECHO participants by county in SC
Sustainability...To be determined

- Partnership with
  - Anthem and other insurers
  - Foundations
  - Health and Human Services
Acknowledgements

• Mentors and Collaborators
  • Rubin Aujla, MD
  • Kelly Barth, DO
  • Lisa Boyars, MD
  • Kathleen Brady, MD, PhD
  • Katie Cristaldi, MD
  • Edie Douglas, MPH
  • Dee Ford, MD
  • Karen Hartwell, MD
  • Donna Johnson, MD
  • Hendree Jones, PhD
  • Savanna Lee, BA
  • Roger Newman, MD
  • Lauren Shipley, BA
  • Thomas Uhde, MD

Funding
MUSC Center of Telemedicine
Duke Endowment 8868-SP
HRSA U66 RH31458 (Co-I)
SOR/ SC DAODAS
Anthem
Thank you!

Connie Guille
Email: guille@musc.edu
Your Input Matters

• Please help us evaluate this ASTHOCconnects by visiting http://bit.ly/prismvls4 on your device now.

• Thank you!