



## Transcript:

### **Substance Use Disorder Treatment in Days of a Pandemic: You Need A Bigger Boat Part 2**

Presenter: Shelia Weix  
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ANN SCHENSKY: Hello, everyone. And thank you for joining us for the webinar "Substance Use Disorder Treatment Services in Days of a Pandemic- - You Need a Bigger Boat! Part 2." This webinar is brought to you by the Great Lakes ATTC, the Great Lakes PTTC, the Great Lakes MHTTC, all of whom are funded by SAMHSA.

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We want to thank you all for joining us. A few housekeeping-- today's webinar is recorded and will be available on the Great Lakes ATTC web page and the Great Lakes TTC YouTube channel. No CEUs or attendance certificates are available for this webinar. We will post a survey so that you can ask questions when we post the links to both of these webinars. Please follow us on social media.

And our presenter today is Sheila Weix, MSN, RN, CARN. Sheila is a tenured professional in the field of substance use disorder treatment. She has just entered her fifth decade of practice, with experience in private and public services across the entire continuum of care.

During that practice, there has been an opportunity to learn a great deal, experience some major challenges, and participate in innovative problem solving. This presentation is based on that background and what we know and can do about the current situation. Thank you very much, Sheila, for joining us.

SHEILA WEIX: Thank you. This is Sheila, of course. And thanks for asking me to come back with a little more information from the front lines and some thoughts. As identified, the opinions expressed are mine, indeed. And I have a lot of them. But I do base them on evidence and what we're actually living. So, again, thank you for asking me back.

So the objectives today, basically, are updates. Part one had the same objective. But we're going to talk about, obviously, continued safety precautions, which are moving, but how to move all services to telehealth or



something similar. I had some questions after the first presentation about telehealth in residential settings or how to do some other things.

What I would say to you is really take a look at what is required to be delivered, what you are comfortable delivering, and then what applicable standards there are. Things have really been opened up. So it may be very different than you're used to. And I'll talk about how we put that into place a little bit later on. But keep in mind this is a time that you can innovate. It's one of the gifts of this sort of circumstance.

Reimbursement contingencies-- no promises, but we'll talk about that a little bit. And then leadership actions underway to adjust this rapidly-changing situation. It's the concept that I'm here giving you an update 12 days after talking to the first time-- that is amazing. As you were talking just before we started, there are some things that are happening so rapidly, yet we are not getting through the pandemic rapidly.

As we've talked about before, everything has a beginning, a middle, and an end. And in this country, and depending on which state you're in, I don't know where you are in the middle. It certainly has started. But we've not yet seen the peak, from everything that I see from CDC and other solid sources.

So keep that in mind. This will end. We will make it through it in one way or another. But we're just not there yet. So this is a 12-day update.

So where to start? Again, take a deep breath. Stop to think, and repeat PRN, which means repeat as needed. This is something you really need to do. When you don't, you get into reactive decisions. You may also miss really important aspects of the situation. And you may also be overcome and burn out. So continue to take a deep breath and stop to think.

And also remember that whatever your feeling, whether you're feeling it yourself or within your family, that is magnified for everyone else. Certainly, the clients that we serve-- remembering that substance use disorders are diseases of isolation. And we've just moved into a situation where isolation is what people need to do for their well-being. So that is huge. And they may not have many resources.

Certainly, the population that our services provide care to, when you look at social determinants of health, have multiple challenges before you ever have a pandemic. So we have all of that going on.

And then staff-- we just furloughed our first person. We've been moving resources around all over the place. And yesterday, we furloughed somebody. And it's like, when you don't have enough work, and you're looking at long term financials, you may have to furlough. Well, the person may be frightened about being there but just as frightened about not being there. So there's all of that happening-- and then everyone else you have contact with.

So it is a time to be kind. It is a time to take that thought. And it's a time to help one another, because we're going to get through this. But it's going to be getting through it together. Nobody is going to do this all alone.



To figure out where you are-- again, pre-pandemic-- so far away, back in February-- all of these things used to happen. Primarily we had face-to-face, groups and individuals. We had all kinds of service boundaries, strict limits and regulations around telehealth. That used to be a separate certification, although, in our state, that had dropped off last November. But there were still many, many requirements around billing for it. And then, we hired staff who could connect in person.

The other thing-- this is an update part, as we are developing new processes. Many practices are based on long-held beliefs. I suspect that when we come out of this, there are a number of things that will be different about our practice-- and not in a bad way. I'll give you one example, and we'll talk a little bit more about it later.

But we have really-- we've stopped doing urine drug testing. And the reason we've stopped doing it is, I can't justify the use of personal protective equipment, to pull it from those people providing care to COVID-19 positive patients for the sake of doing a urine test. So we're really working with, how is the person doing, frequent phone contact, and then we of course have control of the medication.

Are we going to have some people that are using during this time? You bet. I have no doubt. Our goal is to keep them connected. And when we're through this pandemic, then we can take a look at what's going on.

But, again, there's some long-held beliefs. Will we do urine drug tests in the future? Absolutely. But maybe not with the frequency and rate that we were doing them before this. So again, there's many learnings. It's going to be important to take a look at those critically in the future.

So now-- we said 12 days ago everybody should stay home. What we are hearing now is, you're looking at the next month plus. I'm hearing as high as in into June. I did tell my own staff this morning that I suspect around Memorial Day we're going to have a conversation about what's happening next.

Partners are wherever you find them. We have some people we weren't aware of before that are donating homemade masks to us. I'll talk to you about how we're going to use those. But there are partners wherever you find them. And we just have to be wide open to who's out there that can help with what's needed, whether it's support for staff, whether it's what you can do to help other health care staff, whatever it is. We have to partner to get through this.

Nearly all limits are removed. But that also requires thoughtful choices and planning to prevent unintended consequences. So one of the challenges that I identified in the first presentation is that because we serve in rural areas, we have almost no internet connectivity. I can tell you that when you look at by-county breakdown of connectivity, we find that some of our counties are like less than 40%.



Well, keep in mind that the 40% that have it in a given county generally is not the population we serve-- again, back to those social determinants of health. So someone said, well, they've got good internet if they come to our parking lot by our clinic. How about if we have everybody drive to the parking lot, and then we can do telehealth with them in their cars?

Well, OK, if we back up to safer at home-- so everybody should stay home and not drive unless they absolutely have to-- that's the first thing. The second thing is, if I have a patient in my parking lot making a telehealth visit and that's the only place they have internet, when they need to use the bathroom, of course we're going to let them use the bathroom.

Well, now we've just brought patients to our clinic, which is the opposite of what we're trying to do. And, oh, by the way, they would be telehealthing with a provider who is safely in their home. This just didn't fit. So, again, what seems like it might be a good idea-- take the time to walk it through and say, does this make sense?

The other thing is that we're finding a lot of the-- I mentioned earlier, we hired people, staff, in order to-- because of their ability to connect with people. It wasn't always for technology skills. Well, now they're needing to navigate technology. But it's also with limited support, because everybody's needing to get through the technology.

And the other part of that is, oftentimes, previously it kind of came across that it was assumed to be operator error on many things. We're finding that that may not be the case. And there's a lot of technology failures happening. And so it's really important to support one another in this.

We have a couple of people who are more techie. Plus, we do have our help line. Getting word out to folks that, gee, there is a problem with a particular application. Be aware of this. Helping one another through it, we find that some people do well with having printed sheets of how to do something. Other people, we put some on the phone with them and walk them through. But just remember, it may not be the person. It may actually be the technology, the access, the connectivity, or the app itself.

So safety precautions-- again, everybody should stay home. This has continued to be a challenge for some people. But, of interest, there are more and more direct stories out there of groups who have gotten together-- well intended, but extremely negative consequences.

I think probably one of the ones that sticks out for me is the choir that got together, I believe, in Washington state. It was like 60 people. And 40 plus-- 45 or so-- are now positive. And two have passed related to COVID-19. They were doing what they knew at the time. But clearly, this is highly, highly contagious-- more so than what we've seen before.

And then do remember, because this is a brand new virus to the human species, we do not have any sort of immunity to it. Even with influenza, which does kill many people every year, you have some level of immunity, in general, to some level of influenza. Our bodies haven't seen this one.



So until people have been infected and survive it or get a vaccine, those people who did not have any sort of infection with it-- and remember, a number of people will be asymptomatic but they can still shed it. But for those people who are completely naive to it, that have not been exposed, they are at high risk of any exposure. And it's very, very transmissible. So keep that in mind.

Do continue to work with the Centers for Disease Control and Prevention resources. I'm going to encourage you-- if that's not a spot you go to often, now is the time to go to it often, because things are changing rapidly.

One example I would give you is the discussion around, should everybody be masked? There is some information that was put through out of Asia by an infectious disease specialist. It was of his opinion, and he had data to support some of this.

But the reason some other countries were having less of a spike than what the US and the UK seem to be headed for was the fact that, in some of those countries, everybody masks. And this person's take on it-- it wasn't the infectious disease specialist-- was not that the mask prevents you from getting infected. But the mask prevents the person who may be asymptomatic but infected from spewing virus particles. It's about a 50% protection.

So we'll talk a little bit more about what you might be able to do with that information. But I do know, as of this morning, there was like, well, we could take a look at it. The big concern in this country right now is they do not want people going out and buying up the supplies of medical masks, which will then increase the shortages even more for the health care providers that are caring for COVID-19. That's the risk/benefit on that. And it's like, you know, we can't head down that path. But I'll give you a way to do that.

We may need to have everyone stay home. But within that, there is the challenge-- I kind of touched on it earlier. I've had two staff members who were absolutely terrified about being at work, referring to themselves as being on the front lines. I did clarify that for them. Again, remember, I'm a tenured nurse. It means an old nurse.

So I have worked on the front lines when we have had other diseases. Nothing's ever risen to this level. But I was around for HIV and some other things. When the first HIV positive, full blown AIDS patients were arriving in our hospital, I did work with those patients-- and some others-- SARS, some other things.

And what I clarified for them-- in this particular pandemic, the front-line people are the EMS folks going to the houses with the people with the COVID or assumed to have COVID. It's urgent care. It's ER. It's ICUs. It's the long-term care facilities with known cases. That's the true front line.

The rest of us in health care-- you bet, we have some risk of exposure. But I can tell you in our environment we are not seeing many people at all. We're only seeing patients for induction. And that's a one-day visit. We have



everything else around that. And our people who need Vivitrol. Everything else is on the phone.

So for those few patients that are coming in-- I think we had six last week. For those few patients who are coming in, we are doing the CDC screening on the phone before they ever come to the clinic. Then, when they arrive at the clinic, they get the temperature taken and, again, the screening. And they get masked.

If they do not pass the screening after they arrive to the clinic, they are sent away to return another day. They're sent to other health care. But when you think about that, that is more screening for that exposure. And, oh, by the way, my staff who are meeting with that patient are wearing-- not the N95, but a medical mask and gloves, which is appropriate.

But there is more screening going on for that person than there is where you're going to the grocery store. And you're either running into other people in the aisles or when you go past the checkout person. So if you don't have the self-checkout, you're closer interaction with someone who has not been screened than you ever are at our clinic. So it helps to give people that perspective.

But when I shared about people being so terrified, one we moved home to work. The other one we were able to furlough because of job position. In both cases, they're like, well, no, I can't be home. I want to be here. It's like, you really have to pick your position. And I realize it has to do with changing feelings. But trying to end with anxiety. But trying to sort out a path forward when you're flipping back and forth that rapidly, it's a really good time for that person to take a breath.

And in both cases, we've made sure-- we're making sure that all of our staff have access to support resources and counseling and things. But for those folks in particular, we really wanted to make sure. It was clear that they were struggling. So that's the challenge with that.

Do determine what your service will do. But then communicate. We're at the point-- we do a huddle every single morning-- a COVID huddle. Sometimes it's 10 minutes. Sometimes it's a solid half hour.

That has been a very positive thing. We introduce things there. We sort out if there is a problem with something, if questions come up we didn't think about. That has been good. You cannot over-communicate in this time.

And what I'll tell you with that is that if you don't communicate, assumptions will be made. When I mentioned the things that come up-- rumors come up. So we have a fairly large clinic at one of our sites. And because the counselors are on one side and medical are on the other and I've now moved all of the counseling staff home, because they can work from home, I have one half of it that we've closed. And the way it's set up, that works. It's not a problem. So it's completely closed off.



The rumor that got out among our staff-- the conjecture was that we were going to open that other part to take care of COVID-19 patients. Now, unless you've seen the spot, which none of you have, you would not realize how much of a leap that is.

It is truly set up for counseling. There's two bathrooms on the whole half. So its roof rooms and offices. There is nothing that would work particularly well for treating COVID-19 patients. Yet, that's what folks had moved to. So that communication, that opportunity for people to raise their concerns in a safe environment is really important.

We do have the self-screening before coming in for staff. And that 100.4 may have changed to 100.0. Things have changed a bit. Ours is built in. But you can do it on paper as well. This is a requirement that anybody who's going to come to the site, to the clinic site, has to self-screen within the two hours prior to coming in.

So how this works out-- it's pretty clear for the person, because we have a few people at each site that are still actively there. But the rest of the folks, this comes down to, oh, I need to swing by the office and pick up some forms. They have to do the self-screening before they come in, because it does us no good to have all of these other precautions in place, and then we have somebody pass through who did not screen. So no one enters our clinics who has not had the screening.

I mentioned the patients would be seen on-- we do the pre-screening and then when we arrive. The HM is the homemade masks. What that's about-- I touched a little bit on some of the changes coming out of CDC.

We have some people that wanted to donate homemade masks. So they're just a hand-sewn. You can get the directions online-- the pattern. And I have a couple myself now. They are not approved to use in health care. But they can be used for the patients coming in that are not ill, which is the only ones we see.

So what we do with them-- and they are pretty fun different designs. One of my staff refers to herself as two generations of hoarder, so we have lots of different designs. But with that, they are given to the patient. They do wear them. While the staff member is wearing the medical mask and the gloves, all the while they're there, they do need to have it on.

And then, in order to not have to work with laundering or anything else or collect them, we send them home with the patients. And if they want to take a few more along for their family, they are welcome to it. We have pretty much an unlimited supply just donated.

So that's one of those things that, A, we have another partner, the patients appreciate it, and it does help with managing infection risk. So those kinds of things can be put in place. And that one didn't cost us anything. It's been very positive.



So partners versus strict service boundaries-- and we're back to the same question. Why not just shut down, everybody stays home? Well, when you look at the ethics and the public health emergencies-- we talked about this last time-- there is three Rs of that-- rationing, restrictions, and responsibilities.

When you look at the rationing of supplies, if we do not provide our services-- substance use disorder services and the support that goes with it-- when people are in crisis, they will call for other services if they don't have their regular ones available. They have the increased relapse risk, identified under responsibility. And if they relapse, they're at greater risk of being in the ED, overdosing, whatever else is going on.

So that ultimately, if we don't do the parts that we can do, we may put even greater risk on or greater load on the health care system, which is very, very stretched right now. Because supplies would be used. Our patients won't be doing well. And it won't make things better. We really need to do whatever we can to help with that.

So that's the part where our decisions have greater impact for more people than under normal conditions. Because I have to tell you, the majority of the time, what happens in substance use disorder services, most of the rest of health care, unless they're attuned to it, just go on about their practice. And it doesn't make a lot of difference.

It really makes a difference now. And we knew it made a difference before. But it isn't always as evident. So if we can maintain some level of service, we help our clients and we assist in not using other resources if not truly needed.

But one additional piece with this is, in support of all of this, much of our contact with patients is education and support for what can they do in the face of the pandemic. So we're helping people understand. I can't tell you how many times I've sent over the picture explaining the flattening the curve, because people are very upset about the concept of, what do you mean I can't just go where I want to go? So explaining those things.

We also screen patients on the phone that we're not going to see. If they-- we ask, how are they feeling? Is there anything going on? So we've had a number of people we've screened and gotten the health care that needed to go to it. So, again, it's thinking, what can we do that helps everyone, particularly our patients, but has a positive for everyone else in the system as well?

Moving to telehealth, there's nothing new here other than the fact that resources continue to come out. This tool kit is an excellent tool kit. You have that URL to get to that.

Where things have changed-- and the top point there is just the URL for that tool kit. But what has changed-- and I would ask each of you, depending on what state you're on, really check into what your state department of health services or the equivalent agency has done. Wisconsin, where I practice, has been tremendously responsive.





MA changes here in Wisconsin have come out effective for 312, which in our case predates by five days when we went to telephone. They will accept telephone appointments as telehealth under the pandemic and reimburse under MA. That is huge for us.

There are a number of other changes that are happening to support things. I can tell you that one of them is for the transportation under Medicaid, because we needed a patient to-- we had to close one of our three sites during the pandemic. And so we had to have a patient brought down from one of those sites for a Vivitrol shot. It's 104 miles one way.

And the transportation under MA has a very specific process that you have to go through. And it takes a couple of weeks to get it authorized to go outside of what's viewed as a service area, which is 100 miles or less. I was asked by a state agency employee if I was having any difficulty or anything. I said, this is the problem I have today. They said, let me see what I can do with it.

In two hours, I had communication back from the external vendor that has the contract for transportation. All we needed to do is provide the name, the identifying number, and where the patient needed to go. We got to bypass all of these other steps, which would have stopped the process. So that is huge.

The number of people in various agencies and the emergency planning and all of these other places that are doing everything they can to help us-- it's really amazing. And I would encourage you-- again, check in your state. There's updates all of the time. Also, the emergency planning people.

Much of the emergency management information is what I really depend on a daily basis. That's how I know how many cases there are in my county. We know we have community spread in one of the counties that we work in. These sorts of things are going on. That's your most active source of really good information. And do remember to thank them. These folks are working really hard too.

So telehealth-- assess your reality. Well, we talked about last time-- you no longer need to have a HIPAA or HITECH platform. You can use anything. But please note the "with caution."

And the reason I say, "with caution," I think most of you have heard about the Zoom bombing going on, where they're using Zoom for some classwork or conferences or for meeting and things. And people were hacking in and putting porn images up and a number of other things.

Now, what I'm understanding with Zoom, within the app, there's security that you can employ. And just let people in and all of these sorts of things. You can prevent that. But people didn't know that. I certainly didn't know that prior to this information coming out.

So when I say, "with caution," make sure you understand the application. Make sure that you understand what the limitations are and that you know how to use security with it. There are also multiple vendors available. I think the number of emails I get about things you can turn on. I have no opinion on



any of those. I would just say please, if you decide to go down that path, take a look at what's out there.

The biggest thing that we're hitting, though, when I say assess your reality, are the environmental challenges. And I alluded to this earlier. Rural areas-- there's like 40% that have internet. And the internet, when they do have it, we've had instances with staff, because the staff are having to use internet who are home doing services.

We've had instances where, if they have a couple of their children go on to do schoolwork, they lose their internet. Well, we've got a way that we can work around that with our hot spots. But the actual internet dependability and how much bandwidth there is-- very, very limited in these rural areas.

Again, this will be one of those opportunities following this to say, and here's why we need broadband in rural areas and what the difference could be. But do remember that. We've reached the point that-- even with the telephones because I've had calls drop in the middle of meetings, because just simply the system is overwhelmed-- what we've gone to is, there's no longer any such thing as a "no show" for our patients, because it may simply be that the technology is not working well enough to get to them. So we do not do "no shows" anymore.

The reality of rural service delivery-- again, if you watched the first one, you've seen this one before. But it is truly that isolated. And that's about what the other services look like too. So it's very challenging in a rural environment.

So I mentioned the rural environment. We only have access for those who stay home to home internet and devices. The additional piece is, remember, that with the schools closed, I now have people who all of their children are home. So if they were going to go someplace for an appointment, they also don't have any child care. And of course, we had closed to any children or anybody other than the primary patient coming in. Even for these few appointments we're doing, they just can't come. So we had to have a way to deliver at home.

As noted, we are part of a large entity. So decisions can be very involved. And there has to be that-- when you're looking at rationing of resources, including who's helping set up telehealth, it has to go to the first priority of the primary care and those other areas. And that's perfectly understandable.

I mentioned the low levels of connectivity with increased demand. That is huge. Again, with some of the folks that are working from their homes, they can do audio or they can do video. But they can't do both. So that has been an issue.

The telehealth was set up for clinic to clinic. We had good resources that way. But again, that was simply clinic to clinic. So back 12 days ago was telephone. And that is ongoing. I don't see any end in that until there is more infrastructure. I don't see infrastructure happening during the pandemic. I think the fact that MA has said that telephone counts as a telehealth delivery indicates how widespread the issue is and what the need is.



So what do our patients need? Well, again, we went through most of this last time. But the contact is important. And the contact will change as time goes on, because there's kind of that, on the part of many of us, are we there yet? We're not. So that ongoing support is tougher than if you have, say, a tornado. It comes, it hits, it does horrendous destruction. Then everybody comes out of their homes. We all get together. We fix it, and we move on.

Well, that's a much faster process. This is slower. It's like we're in the train tunnel and we can see the light off a long way. And it's coming. And we can't get out of the way, necessarily. It's harder than just having a momentary horrendous thing.

Talked about alternative care delivery. They've got to have services somewhere. Other resources-- at this point, we're getting a lot of unemployment needs, Medicaid needs. The copay has been stopped. There's things like that.

We do have a patient financial navigator who is doing a lot of work. If anything, her workload has really gone up during this time, because that's exactly what she does. And many of these people who did have jobs and are now on unemployment become eligible very quickly for Medicaid. So that has been huge.

Ongoing support in dealing with the anxiety and fear of the situation. Remember that it's a high-risk time for relapse. So if we're not getting that support, it increases the risk of relapse very, very much.

They need something to count on. I've got the phone appointments listed in red, because what I found with my providers was they were a little bit-- what shall we say-- less than right on the dot, because they're like, well, I've got the hour, and then I'll call them. And what I needed to explain is that if you are set for an 11 o'clock appointment, you need to be calling at 11 o'clock.

If the patient doesn't answer, you've got a couple of times you can call in that hour. But the challenge is, the problem is, if you do that a couple of times, why should the patient be ready for your call? We say to them they need to be on time. At this point, we need to be on time as well.

Because I had a couple that, initially, when we were starting out, the counselors, I wasn't able to reach them. The front desk staff said, well, they had called here. You were late calling them. And then they had to go. And so it's like, no, be on time for those appointments. They're just as important as if they were in your office.

I talked about the isolation, fear of going out and being exposed. That's one thing-- we're sending home those masks with explanations. It doesn't protect you from the virus. But if you decide to use them, they're a bit of protection. People can feel better with that.

CDC information and screening is important. As I mentioned, at every contact, we're screening people to try and get them to health care earlier if they need it. And then the grounding exercises and reassurance-- that needs to be done



over and over. This isn't the time to say, here's the name of the app. Go try it. Or, yeah, I gave him that information before. So you've got it.

It's like, no, this is the time for practicing during those phone calls with people. It does two things. One, it helps the person learn the skill if it hasn't been part of their normal. And when we're very, very stressed we do better with direction than just trying to come up with it ourselves. And finally, the provider who's taking the time to do that will feel much better after they do the grounding exercise. So this one is a win-win, and it doesn't take any extra time.

What do our staff need? Some of the same things, but a little bit different. Contact daily-- I mentioned we're doing a daily huddle. That's really important. Again, people will fill in any gaps with information that they get somewhere else or just in their head. So you really want to keep contact daily.

We want to have support for alternative care delivery. This is brand new ground for people who may have been used to doing things a certain way for a long time. So what may seem evident to some people isn't really clear to someone else. We really have to work through and be sure that it's understood by everybody involved.

Support in dealing with the anxiety and fear of the situation-- so what are we going to do? Having a plan, being clear about it is helpful, but also recognizing and creating space for the anxiety to be there. People have to stop and face what's going on, what they're feeling, before they can deal with it.

So that doesn't mean we're going to go deep into the panic. That just means taking that deep breath and saying, here's what I'm actually feeling and doing some grounding or whatever you need to relieve it at that point and being ready to move on, versus just denying it's there.

Staff also needs something to count on. So that daily contact is an important thing. Structure is important. I'm finding we're having to really lay out some tasks that I would have had the impression that people knew about. But in our particular practice, there was a lot of sharing of duties. Well, right now, with skinning down on ours to a skeletal crew, we're having to reassign some. And I've got to do some workload balancing.

Our patient financial navigator had become one of these people who just kind of covered a whole batch of territory. She has way too much workload right now. So we're going to do some pretty direct, pretty clear swim lanes. Who's doing what, and how does it all fit together? That's also helpful for people.

Because most of our staff are at home, they're feeling very isolated. Our morning huddle is that opportunity to have contact with your team. That's been really important. If you're going out, that continues. For those who are on furlough-- it may not be your employee, it may be their partner-- but unemployment sign-up, food resources. Be aware-- that is a need among our staff.



And then grounding exercises and reassurance. And be sure that we are making it clear to our staff what's available to them for resources for their own support. Sometimes people who do this work have trouble with the concept of needing help themselves. We all need help with this, folks. It's just what kind of help do you need and where you get it.

So we're back to the panic stuff. Again, remember, panic spreads more easily than calm. And the updates to that is that the response-- the problem with the panic is that, in addition to the fight, flight, or freeze, the whole response, that whole continued adrenaline creates exhaustion. And people are becoming far more afraid.

So the feeling of the panic-- again, own it when you're feeling it. That's the only way you can work through it. But if you don't own it, you just react. Then things happen like the toilet paper. And I added food, because we went through a bit of a period of time when, in our local stores-- not too much the little ones where I shop but the big ones-- they were out of all kinds of things.

In fact, some of those cans of food, I'd be hard pressed to believe that people are really going to eat all of that. It was more of a hoarding thing. That doesn't help anything. If you take what you actually need, then there's enough for other people as well.

In order to have the calm-- again, frequent maintenance, feedback, communication, all of that has to happen. Hard wire whatever is possible. That's what I was talking about with the job tasks. If there's been a change in things, get it in writing so everybody knows what's supposed to happen.

This is not a time, when people are under this much stress, that they're going to do really good problem solving, necessarily. So the more we have things clearly laid out, they know what's expected of them, and they know what to expect, the better they're going to do.

Allow for multiple changes, but maintain anything that can be. Don't blow up anything that can continue or should continue. Be thoughtful in this. And look at unintended consequences.

I was going to just write humor in it. It's important it isn't just humor. Gentle humor is important. So if it's humor at your own expense, in a general way, fine. But in times like this, people misinterpret very readily. So if you're going to use any humor, be cautious with it, because it can be misinterpreted. Again, people need something to count on, even if it's just the fact that if they call you, you'll answer. But that's important.

So reimbursement contingencies-- this has changed. This is where you've got the most red. We talked about tracking things before. You want to track now for planning, what's actually worked, and what furlough is. Again, depending on your agency and what you're a part of and if you're a small business, there may be opportunities for recovery of some expense in this. I don't know.

You want to have your plans with dates. So as you do different things, get your dates on them so you can show your process. What we just went to this



week, because it seems important, and generally that's a spidey sense that I touch, is that we go with listing of all significant government announcements with start dates.

So we have a grid going-- for instance, with the changes in MA-- so we know what fits, what doesn't. What are the needed codes in order to do it, building codes, that sort of thing. So the disaster declaration will make a difference. I know that here in Wisconsin, Governor Evers has just requested that.

We know what day we went with safer at home. So those are just important things. I'm not sure what it'll all be good for yet, but my gut says to do it. So we are doing it.

With your documentation-- I'm talking now on your chart note-- your notes have to reflect the care. Use your standards with clear identification of how the service was delivered and why. The example I'll give you is, we are putting a heading at the top of all of our telephone notes. It indicates this is happening and related to the pandemic situation. And then we go on from there. And the patient is aware that we cannot assure the same level of security. You just put that disclaimer on there.

But then, the rest of the note has what it needs as far as to actually be a billable note, no different than if they were seeing them in person. Reference to their treatment plans or figuring out how to get treatment plans out to people-- those kinds of things.

You want to monitor. We talked a little bit before about updates from the government, DHS, emergency management, ATTC. Any of those good solid resources, do monitor them. And if you're not a person that likes to look at all that stuff, have somebody on your team do it. You need somebody who can skim through and give you what's important. Some of these things will have deadlines and things that you have to do.

And then client and staff concerns-- be sure you're hearing that, including rumors. That's how I discovered that somebody on my staff was thinking we were going to turn into a COVID-19 clinic, which, of course, we're not.

The other thing that reimbursement contingencies-- as I said earlier, there's no promises what will work and what won't. But this is rapidly evolving. So you want to make sure you have what you need. We talked about the treatment notes and responding quickly.

So leadership actions-- connect with solid resources. Do make sure you're staying with that. It's a matter of social media is not your friend. And you really want to minimize it at this time. You want to check your news feeds. For instance, I tend to stay with-- CNN does an updated map with the cases. I think it's updated every so many minutes. I happen to like that, because I have family in several different states. And because of checking that, I've been able to stay out ahead of some recommendations, which has been a positive thing.



You want to stay connected with staff. Do not let the fact that people are at home interrupt connection. Again, they're feeling very alone. Make sure you're reaching out to them.

Do self care, including a work-at-home routine. That's one of the things that people are running into. We share some amusing things with that. Apparently, for many people, pants have become optional. And just what you can see in the camera is important. So we do some joking about that. But it's really important.

I mean, I've said things to people like, here's the work hours that I need you to be available. I do want you to take your breaks. If something comes up, please notify your team. Those are really important things, because without the routine, there's even more feeling lost than if you have the routine. It's also good for your general mental well-being. Getting up, getting fully dressed to your shoes kind of puts you in a different position than being in your pajamas all day, regardless of what you're doing.

We talked about minimizing social media. We do want to involve staff in decisions and updates wherever you can. Teams for whatever you can. Again, it's a good positive interaction. But it's also an opportunity to have some agency, to have some decision-making in the process. That is important, because when people feel totally powerless, it adds more to the panic, because they can't act. We need them to be able to.

Continue to prepare for rapid change and track gaps. Things are happening so quickly. HR in our very large organization had come out with something in the morning. And then they got feedback about it. And by afternoon, they had changed the direction in response to that.

Again, in this rapid change time, decisions may be made that need to be walked back a little bit. It's not a problem. Own it. Change it to what it should be, and explain. It's fine.

And then encourage self-care for staff. It's important to model it. But also encourage it. It needs to be OK to do that self-care. And then celebrate the win. I mentioned about the rapid turnover we had with the agency being able to transport our patient. That's a win. That is a huge, huge thing. But it's important to have that. Have something positive every day-- not just doom and gloom.

The other thing I would add-- in closing, it's really important to be present in your day. It's so easy to get lost in, here's the projection, here's when the surge may hit, here's all the things we don't have, et cetera. Take the time to be present in your day. Otherwise, you're going to miss your life.

And if it goes like the last 12 days, today may be the good old days a week from now. So don't miss that. And I'll give you a way to stay in touch with it.

It can be very, very helpful to do the old gratitude journal. Many of you are familiar with that. Now is a really good time to take the time and sit down and



write down three things you're grateful at the end of each day. When you can get in touch with gratitude, it helps with everything else.

So I'm going to share one that I have from yesterday. My five-year-old granddaughter learned to ride her two-wheel bike yesterday by herself-- obviously, with her parents helping. The reason that happened is because she wasn't at daycare. She was with her parents. And it was a sunny day.

And I got to see it, because it was videoed, because everybody had time to do it. And so that's one of those in-the-moment things that's wonderful-- a positive of the pandemic, if you would, because they wouldn't have been home if it wasn't time to be safer at home. So look for those positives. Celebrate them. Hang on to them. And be present for your life. Thank you.

ANN SCHENSKY: Thank you so much, Sheila. This has really been so much practical and thoughtful information for not only implementing telehealth but also addressing a lot of people's concerns in the current situation. So we really appreciate your time, because I know you're very busy right now, and hope that things continue to look up for you and all of your patients.

And we will look to you for any questions that we may have. And again, really, really appreciate your time. Thank you.

SHEILA WEIX: You are welcome. And as you said, if you have any questions that come forward, I'm more than willing to answer those. Thank you for all--