



Supporting WA State Behavioral Health Providers to Optimize Telehealth in Response to COVID-19

Q&A from BHI Telehealth Training Session #6 May 8, 2020: *Telehealth in SUD Treatment*

Presenter: Mark Duncan, MD, Assistant Professor, University of Washington

Q: Do you think we would move towards mail order pharmacy given pros?

A: I think there is a role for both in-person and mail order pharmacies for SUD medications. In the case of Buprenorphine-Naloxone, the patient is often ready to start as soon as possible, so a mail order pharmacy would not be the best option. However, once a person is stable on Buprenorphine, I would like to make it as convenient as possible for people to keep taking Buprenorphine-Naloxone and a mail order prescription would work. Receiving Buprenorphine-Naloxone through the mail is doable and being done already through some retail pharmacies in the context of the Pandemic and the stay-at-home order. Check with your local pharmacy for details.

Q: 42 CFR, part 2 has not been mentioned as a consideration for telehealth service delivery. Specifically, how to ensure that telehealth group services are delivered in a manner consistent with these federal guidelines

A: There are a few different accommodations that will need to be made to use keep telehealth in compliance with CFR 24, Part 2. Having a HIPAA-compliant telehealth platform, like Zoom for Healthcare (<https://zoom.us/healthcare>) is needed, but a "Good Faith" provision exists in the context of the Pandemic (see link below). (I have no commercial connection to Zoom, it is only the one I am most familiar with.) In addition, you will need to confirm with everyone that no one else is in the visit besides the person in the group. In addition, another issue to navigate in telehealth and CFR 42 Part 2 is the need for written consent to then be able to bill insurance, although e-signatures and photocopied signatures are ok.

Here is a nice overview of some of the implications around telehealth and CFR 42 Part 2:

https://www.thenationalcouncil.org/wp-content/uploads/2020/04/Understanding_the_New_SAMHSA_and_OCR_Guidance_for_Telehealth.pdf?dof=375ateTbd56

Q: Thank you for the info. Any SUD agencies out there doing IOP groups virtually? If so what platforms do you use? And how are you ensuring confidentiality of ALL group members when offering group services?

A: Yes. Many are offering IOP groups virtually already and finding good results. Anecdotaly, the option to attend groups over telehealth has allowed some of my patients to participate in their preferred SUD treatment program that would have been too far to drive to if in-person. Many are using Zoom for Healthcare. Confidentiality is addressed at the beginning of the group with each patient attesting to it at the start.

Q: How do detox services work during this time?

A: In-person medically supervised withdrawal services are being offered at sites across the state. In some sites, COVID-19 testing is occurring upon admission and the patients are being sequestered until the test results return. This service may vary from site to site, so it is important to call your local medically supervised withdrawal site to determine what they are offering.

For more information, please see:

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Behavioral Health Providers across Washington State are on the front lines providing critical mental health and substance use treatment during an unprecedented public health emergency. State and federal guidelines continue to evolve so that more providers may use telehealth during the COVID-19 pandemic. Organizations from across the state have responded in amazing fashion to assure that providers across the continuum and age spectrum have access to information and resources necessary to help you begin or expand your use of telehealth.

<https://bhi-telehealthresource.uwmedicine.org/Pages/About-Us.aspx>



Northwest (HHS Region 10)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

We provide training and technical assistance (TA) in evidence-based practices (EBPs) in SAMHSA's Region 10 (Alaska, Idaho, Oregon, and Washington). Our target workforce includes behavioral health and primary care providers, school and social service staff, and others whose work has the potential to improve behavioral health outcomes for individuals with or at risk of developing serious mental illnesses.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office. This work is supported by grant SM 081721 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

<https://mhttcnetwork.org/centers/northwest-mhttc/home>