

## TELEHEALTH LEARNING AND CONSULTATION (TLC) TUESDAYS

### Telehealth Tools: April 14, 2020

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### Participant Question & Presenter Response

<b>Q1</b>	<i>What kinds of precautions are taken to ensure only group participants join the Zoom treatment session?</i>
<b>A1</b>	Zoom is a HIPAA compliant software. The best functionality for this is to require a password when scheduling the Zoom meeting and to set up a waiting room so that participants have to be approved by the host before jumping on the meeting. The Zoom invite link will have the password embedded (so there is a meeting ID to join plus a password required). Individuals can go to the Zoom site to join the meeting, and they would have to enter the meeting ID and password. This keeps someone from potentially typing in random numbers as a meeting ID and accidentally joining a treatment session (which is still not likely to occur even without the password). The waiting room function (when they sign in it says they are in the waiting room and have to wait to be approved by the host) also keeps individuals from forwarding their Zoom invite to a random person. This will ensure only scheduled participants are in the group session. If someone is causing issues during group and will not redirect, they can also be moved back to the waiting room indefinitely. Zoom sessions are not automatically recorded and we are not recording the sessions.
<b>Q2</b>	<i>How are your outpatient Zoom treatment sessions structured?</i>
<b>A2</b>	Our Zoom group sessions are structured similar to our in-person groups. The counselor has each patient complete a check-in which results in feedback, processing, and discussion among the group members. The problem solving group format is utilized to address areas of difficulty that patients are having (i.e. patient describes the problem, all other patients get an opportunity to ask clarifying questions without offering solutions, at the end the patient with the problem talks about what they heard that they can incorporate into their decision making process and why). The counselor will then review and homework/assignments with patients from the last session. The group curriculum readings, videos, worksheets are shared on the screen for all participants. Participants take turns reading sections out loud and feedback is solicited from the group. Activities and worksheets are done together as a group. Homework is assigned for the next session.

<b>Q3</b>	<b><i>Could you share some tips for keeping patients engaged in a virtual group session?</i></b>
<b>A3</b>	There are so many visual aides at your fingertips when you are facilitating via your computer. Use the platform to your advantage by sharing current articles and videos on the screen. It is good to sidestep the usual curriculum and process at times. Ensure that all patients are paying attention by reviewing who is signed in and asking each patient for their thoughts. This will illicit further discussion among the group. As you would do during in-person sessions, continue to check-in with everyone intermittently throughout the session.
<b>Q4</b>	<b><i>How is 42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records) different from HIPAA's privacy rule?</i></b>
<b>A4</b>	HIPAA's privacy rule is similar to 42 CFR, but there are differences. For example: HIPAA regulations apply to all health insurance plans and providers who fall into the "covered entity" definition in the rule, whereas 42 CFR is limited to entities providing substance use disorder (SUD) services only. As a result, many SUD providers must follow both sets of regulations. HIPAA's standards are more relaxed when it comes to affording law enforcement access to treatment records. 42 CFR, Part 2 requires a special court order that depends on the satisfaction of higher standards before disclosure can be made to law enforcement.

Disclaimer

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