



Telehealth Collaboration for Opioid Treatment

Pioneering Telehealth to Save Lives through
Immediate Access to Opioid Treatment in
Rural Rhode Island

CARE TRANSFORMATION COLLABORATIVE: Sept 12, 2019

RI Telehealth Project Meeting Agenda

- Introductions
 - *CTC*
- Codac Overview
 - RI Medication Assisted Treatment (MAT) Telehealth Overview
 - *Dustin Alvanas, Susan Jacobsen & Gina Deluca*
- Lessons Learned:
 - Best Practices for Working Together
 - Process and Procedure Development
 - Technology Selection
 - *Christine Atkin*
- Setting up an Integrated Billing Approach
 - *Kim Viau*
- Questions



RI Telehealth Project Codac Overview



Substance Use Disorder Services



Mental Health



Health & Wellness

- CODAC is the oldest and largest provider of Medicated Assisted Treatment (MAT) for Opioid use Disorder in Rhode Island
 - 9 Locations
 - Treating 2500 patient at any given time in Rhode Island.
 - Providing all 3 FDA approved medications to treat Opioid Use Disorder
 - Access to care within 24 hours / 7 days per week.

RI Telehealth Project Thundermist Overview



RI Telehealth Project

Access to Treatment Challenges



- New patients eligible for MAT treatment at RI Health Centers cannot see a prescriber due to waitlists w/ a 2 to 4 week gap after the call for help.
- People transported to an ED in overdose need to have a “warm transfer” referral available for immediate treatment in order to ensure they don’t fall through the cracks.
- People in remote Rhode Island locations may not have access to opioid treatment at all.
- **Our Opportunity:** Engage the patient in Telehealth for immediate treatment at their originating site, effectively eliminating the gaps.



RI Telehealth Project Project Background



- Grant awarded to CODAC and Thundermist to address extending access to immediate opioid treatment in rural Rhode Island
 - 1. Partner with a community health provider needing immediate access to MAT without immediate access resources
 - 2. Partner with hospital emergency department(s) for care coordination w/ focus on patients who present overdosing
 - 3. Extend reach to Block Island for patients in a remote setting with no access to outpatient substance use treatment providers
 - 4. Train EMTs in coordination with EDs with focus on opioid emergency response

RI Telehealth Project

What is Telehealth?



The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services defines **Telehealth** as:

- 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 employed can include:**
 - Videoconferencing*
 - Internet*
 - Store-and-forward imaging
 - Streaming media*
 - Terrestrial* and wireless communications

*Technologies employed in RI Telehealth Project

RI Telehealth Project Treatment Network

**Vision for Integrating Rhode Island
Healthcare Resources
to Combat the Opioid Crisis
In Rural Communities**



RI Telehealth Project

Initial Telehealth Configuration



Originating Site

Thundermist

Remote Provider

CODAC

RI Telehealth Project

Project Team

Project Area	Team Members
Grant Administration	CODAC: Dustin Alvanas Rhode Island DOH: Gina DeLuca
Project Management	CODAC: Dustin Alvanas, Christine Atkin Thundermist: Susan Jacobsen
Integrated Care Coordination Process	CODAC: Mary Walton, PA-C, MHS; Barbara Trout, RN, MSN Thundermist: Mike Poshkus, MD; Mike Adamowicz, LICSW
Technology Acquisition & Deployment	CODAC IT: Maria Furtado Thundermist IT: Chris Antonellis CISCO: Matt Contardo Aqueduct Technologies: Anthony Kinney
Billing Coordination Process	CODAC: Kim Viau Thundermist: Tracey Ravello



*“When you hand
good people
possibility, they do
great things.”*

*Biz Stone,
Co-Founder of
Twitter*



RI Telehealth Project
Integrated Practice

BEST PROJECT MANAGEMENT PRACTICES FOR GETTING IT DONE

RI Telehealth Project Lessons Learned

Project Coordination

- Process
- Best practices for getting it done
- Process and procedure development
- Technology Selection
- Training





RI Telehealth Project Intake and Admission



Patient	Thundermist (THC)	Codac
New patient calls or walks into THC asking for help w/ SA	THC Screens patient for appropriate level of care.	
	If patient is qualified & consents to Telehealth, screener makes appt w/ THC Nurse Care Mgr (NCM) and Codac prescriber. Gives patient prep instructions for appt.	Work with THC & patient to schedule Codac prescriber appt. Codac NCM receives screening info from THC screener & sets up for Provider
Patient comes to THC for appt. Completes intake forms.	THC front office admissions administers intake. Alerts Codac of arrival & sends appropriate forms for permission to treat & ROI to Codac. Admits patient to THC.	Codac NCM receives forms and transmits them for Codac admission and for prescriber review as needed. Front office admits patient to Codac



RI Telehealth Project

THC NCM Assessment

Codac Provider Evaluation



Patient	Thundermist (THC)	Codac
	Thundermist screener / front office transfers patient to THC NCM	
Participates in assessment for treatment w/ Buprenorphine	<p>NCM performs initial assessment:</p> <ul style="list-style-type: none"> • Vital Signs • Appropriate Labs • COWS <p>Documents assessment and sends to Codac</p> <p>Sets up camera at THC</p> <p>Informs Codac NCM patient is ready for provider evaluation</p>	<p>NCM receives assessment and prepares it for the Codac provider</p> <p>Makes sure that camera is ready for provider engagement</p> <p>Alerts provider that the patient is ready for evaluation</p>
Participates in provider evaluation	<p>Summarizes NCM assessment for the provider w/ patient present</p> <p>Remains with patient through evaluation</p>	<p>Codac Prescriber performs the patient evaluation suitable for Buprenorphine</p> <p>If Bup is appropriate for patient, prescribes medication & sends to pharm.</p>



RI Telehealth Project

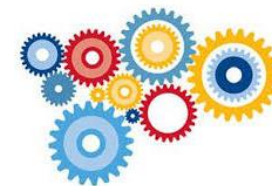
THC NCM Induction

Codac Provider Consultation

Patient	Thundermist (THC)	Codac
Patient picks up prescription at pharmacy & returns to THC for NCM Bup Induction Completes Day 1 Induction Goes home	NCM induces and observes patient for Bup administration Trains patient in how to take the medication Consults with provider as appropriate RE patient's reactions to induction If Day 1 induction is successful schedules patient for Day 2	Engages as appropriate with NCM and patient for induction
Patient returns to THC for Day 2 Induction	NCM induces and observes patient for Day 2 If needed, engages Codac prescriber Determines need for Day 3	Engages as appropriate with NCM and patient for induction



RI Telehealth Project Completion of TH Period



Patient	Thundermist (THC)	Codac
Patient returns to THC as appropriate throughout time until PCP appt	NCM monitors patient through waiting period for PCP appt Releases prescription w/ pharm in 1 wk intervals	Engages as appropriate with NCM and patient for induction
Successfully completes the Telehealth period and comes to PCP appointment	Transfer patient to PCP & Thundermist Bup treatment program for services <ul style="list-style-type: none"> • Primary Care • SA Counseling • MAT Informs Codac patient Telehealth period is completed	Inform Codac NCM & provider that patient TH treatment is completed Discharge patient



Integrated Team Process New THC Patient



Best Practices for Getting It Done

- Project Leaders meet in advance to discuss and outline a plan for the project.
- Identify the departments in your organization that will be involved.
- Recruit a lead person from each department to be on the development team.
- Hold a kickoff meeting that includes all identified key parties from both organizations.
 - Discuss and agree upon the problem to be solved and the solution approach.
 - Choose a process that integrates the capabilities of both organizations to the advantage of the patient.



Integrated Team Process New THC Patient



Best Practices for Getting It Done

- Segment the approach according to departments and set up sub-teams that can work in parallel to complete their tasks.
- Develop a project plan, follow it, review it, change it as needed....BUT have a plan.
- Set up weekly check in calls where sub-teams meet to discuss progress each team is making.
- Develop and deliver a training event that integrates the teams of both organizations.
- Use tools that make development easier: e.g. Visio, a Project Planner, Excel



Integrated Team Process New THC Patient



Best Practices for Getting It Done

- Talk to each other and keep each other informed.
- Make sure that key personnel from both organizations spend enough time in the development process to learn about each other and **DEVELOP MUTUAL TRUST.**
- Communicate, communicate, communicate
 - i.e. over-communicate for the sake of clarity and dispelling any misunderstanding
 - **Before Go Live complete a comprehensive Dry Run**
- When things go wrong, fix them.
- **BE KIND!**

RI Telehealth Project

Let's Look at this Again



Project Area	Team Members
Grant Administration	CODAC: Dustin Alvanas Rhode Island DOH: Gina DeLuca
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Billing Coordination Process	CODAC: Kim Viau Thundermist: Tracey Ravello

RI Telehealth Project

Create Tools People Can Use



A Clear & Simple Project Task Plan

Project: Telehealth Opioid Treatment Project - Project Plan v. 2.0

Dustin Alvanas, Christine Atkin

Create Date: 11/7/2018

Create Date: 11/7/2018

#	Task Name	Assignments	Start	Finish	Status	Notes
PHASE I: Telehealth Pilot with Thundermist						
I.	Further Define the Need		11/7/2018	12/15/2018	Done	
1	Review Scope of Work in Grant w/ Codac Team	Dustin	11/7/2018	11/14/2018	Done	
2	Identify Key Players /Stakeholders	Dustin, Diane, Barbara, Maria, Christine	11/7/2018	11/14/2018	Done	Codac; Partners; State; Insurance Carriers
3	Develop Key Players list and Share with Team	Dustine, Christine	11/9/2017	11/14/2018	Done	
4	Identify Core Tasks for Codac plan	Dustin, Diane, Barbara, Maria, Christine	11/7/2018	11/14/2018	Done	
5	Review Initial Project Plan	Dustin, Diane, Barbara, Maria, Christine	11/7/2018	11/14/2018	Done	
6	Determine Weekly Codac Project Team Meeting	Dustin, Diane, Barbara, Maria, Christine	11/7/2018	11/14/2018	Done	
7	Determine initial meetings w/ Key Stakeholders	Dustin, Diane, Barbara, Maria, Christine	11/7/2018	11/15/2018	Done	Thundermist; State
8	Develop Basic Need Statement to Define Need	Dustin, Christine, Sue Jacobson, Diane, Barbara	11/8/2018	11/21/2018	Done	
9	Engage Thundermist with Codac Team and Review Project	Dustin, Sue Jacobson, Diane, Barbara, Christine	11/10/2018	11/14/2018	Done	
10	Engage State BHDDH w/ Codac Team and Review Project	Dustin	11/14/2018	11/15/2018	In Progress	
11	Review Need Statement & Approve	Linda, Dustin, Thundermist, State	11/21/2018	11/21/2018	Not Started	Put in Presentation
12	Identify and Quantify Gap: Today & Desired Future State	Dustin, Codac Team, Thundermist; Hospitals; BIHS	11/8/2018	11/30/2018	Deleted	Thundermist only for Pilot? Or All Stakeholders for Project
13	Build Gap Analysis	Dustin, Codac Team, Thundermist; Hospitals; BIHS	12/1/2018	12/15/2018	Deleted	
14	Review & Approve Gap Analysis / Statement	Linda, Dustin, Codac Team, Thundermist	12/15/2018	12/15/2018	Deleted	Put in Presentation
II.	Develop Technology Requirements, Plan & Purchase		11/9/2018	8/31/2019	In Progress	
15	Research available technologies / vendors (vet with Thundermist)	Maria, Chis Antonellis	11/9/2018	11/30/2018	Done	Thundermist may have draft blue print
16	Draft Codac Technology Map for Telehealth	Maria, Chis Antonellis	11/14/2018	11/30/2018	Done	
17	Define vendors for interview / demonstrations	Chris Antonellis	11/14/2018	11/30/2018	Done	
18	Define any technology gaps	Maria, Chis Antonellis	11/14/2018	12/15/2018	Done	
19	Define Telehealth users	Maria, Chis Antonellis	11/14/2018	12/15/2018	Done	
20	Design the technology solution w/ estimated pricing	Chris Antonellis	11/14/2018	2/28/2019	Done	THC defined process as THC only; Codac to transfer assets from THC and develop Codac portion of network as a Codac owned environment.
21	Define maintenance requirements & strategy	Maria, Chris Antonellis, Aqueduct, Christine, Dustin	11/14/2018	9/30/2019	In Progress	Codac specific definition is underway

*Project KickStart to Excel

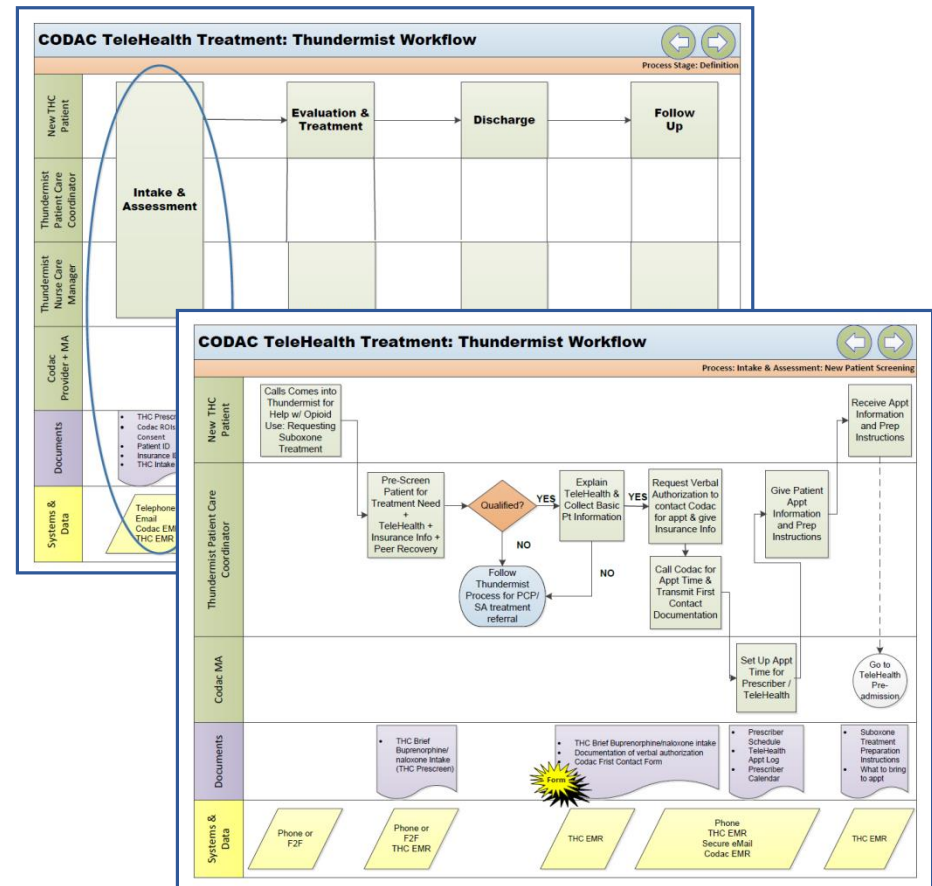
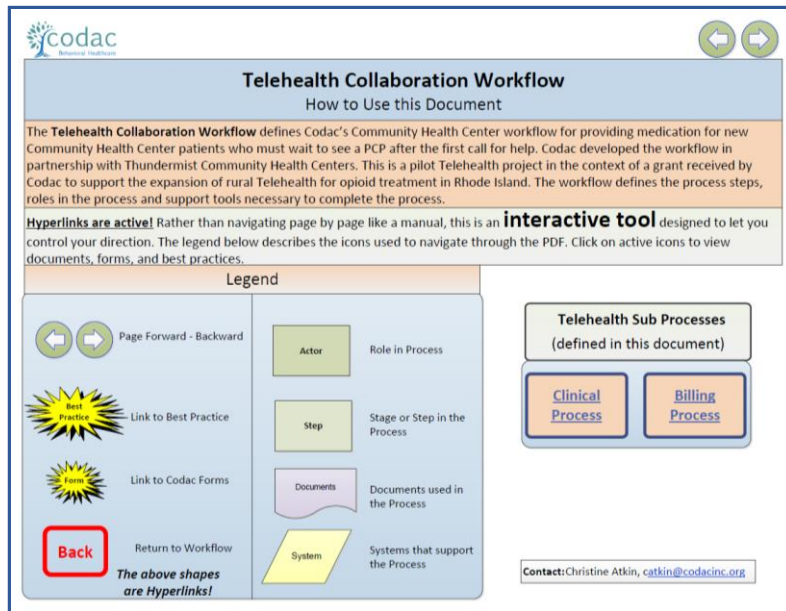
RI Telehealth Project

Create Tools People Can Use



Workflow Process and Procedure

Process Documentation Provides Clarity,
Meets Standards, Provides a Record






*Visio to Acrobat PDF

RI Telehealth Project

Create Tools People Can Use



Procedures & Artifacts Housed in Training

Codac Behavioral Healthcare Codac Telehealth Clinical Operations Procedure			
#	What To Do	Who Does It?	Supporting Docs & Tools
	Codac Thundermist Process and Procedure Workflow Document	Attach object for Workflow document	Sample patient record in SMART: Pt # XXXXX
PREADMISSION			
1	Receives a cell phone call that THC has a Telehealth patient for Codac.	Codac MA on point for the day	<ul style="list-style-type: none"> Cell phone: XXX-XXX-XXXX Voice Mail PW: XXXX Voice Mail No.: *XX Thundermist Team Contact Info 
2	Access Provider schedule and establish appointment time for patient intake / Provider assessment Document Provider appointment w/ Codac in SMART when patient admission is finalized and patient record is available in SMART	Codac MA on point for the day	<ul style="list-style-type: none"> Codac Telehealth Provider Schedule SMART Telehealth Program: TH Initial Contact 
3	Request appointment information for patient THC PCP appointment (expectation is 10 days to 3 weeks in the future) Document THC PCP appointment in SMART when patient admission is finalized and patient record is available in SMART	Codac MA on point for the day	<ul style="list-style-type: none"> SMART Telehealth Program SMART Telehealth Program: TH Initial Contact
4	Receive from THC in email a) "Codac First Contact Form," b) THC summary of patient prescreen w/ documentation of patient verbal consent to contact Codac and PCP appt. Place the documents in the TelehealthShare folder on the Codac share drive (Z Drive) in the New Patient Folder	Codac MA on point for the day	<ul style="list-style-type: none"> Encrypted email from THC to Codac email account: telehealth@codacinc.org email PW: XXXXXXXXXXXX CodacSharedDrive\TelehealthShare\PatientTracking\New Patient
5	Document that forms were received and placed in Share Folder when patient record is available in SMART. Notify Kim Yiau that patient is information is ready for pre-admitting a new THC patient in Telehealth Inform Kim of Codac Provider Name	<ul style="list-style-type: none"> Codac MA on point for the day Billing / Telehealth Admission Mgr. 	 <ul style="list-style-type: none"> Kim Yiau - 808-6538 kyiau@codacinc.org
6	Inform Codac Provider of pending appointment and that pre-admission documentation is available on the Codac Share Drive	<ul style="list-style-type: none"> Codac MA on point for the day Codac Provider 	<ul style="list-style-type: none"> email, phone or SMART IM (First provider will be Mary Walton)
7	Review received forms. Create patient record in SMART and pre-admit patient Upload forms to patient record Create Share Drive Folder with patient SMART #. Transfer the documents to this folder and delete them from the New Patient Folder. Notify Codac MA patient SMART ID (email)	<ul style="list-style-type: none"> Billing / Admission Manager 	<ul style="list-style-type: none"> email telehealth@codacinc.org CodacSharedDrive\TelehealthShare\PatientTracking\New Patient CodacSharedDrive\TelehealthShare\PatientTracking\##### Upload forms to patient record folder in SMART Internal email to MA
8	Receive pt SMART ID in email from Kim and note ID #. Check Patient ID folder on Share drive. <END PREADMISSION>	<ul style="list-style-type: none"> Codac MA on point for the day 	<ul style="list-style-type: none"> Internal email CodacSharedDrive\TelehealthShare\PatientTracking\#####
9	<NO SHOW FOR INDUCTION> Inform Billing Manager and Codac Provider of patient no show No Further Action Needed	<ul style="list-style-type: none"> Codac MA on point for the day Billing / Admission Manager 	<ul style="list-style-type: none"> Internal email, phone, IM, face-to-face as appropriate

- 1 -

6.17.2019

- 2 -

6.17.2019

*MS Word & Insert Artifacts as Objects

RI Telehealth Program

Training a Collaborative Services Team

Build “Sticky” Interactive Training to Promote Team Building

- High level of interaction
- Knowledge & experience sharing
- Facilitation
- Training segments that build on each other
- Teaming with everyone else in the room



RI Telehealth Program

Training a Collaborative Services Team

Codac Thundermist Training Agenda

- Getting Started.....Expectations, Ground Rules, Introductions
- Overview: What is RI MAT Telehealth?
- CISCO Telehealth Technology.....How do we use it?
- Integrated Codac Thundermist Team Process
- Working with the MAT Provider
 - Patient assessment (COWS, Vitals, Labs)
 - Practical Guide for Buprenorphine Administration
 - Provider requirements & expectations
- Final Exam: Grab Bag

RI Telehealth Project Lessons Learned



Technology Selection

- Choosing the Technology
- Choosing an Implementation Partner

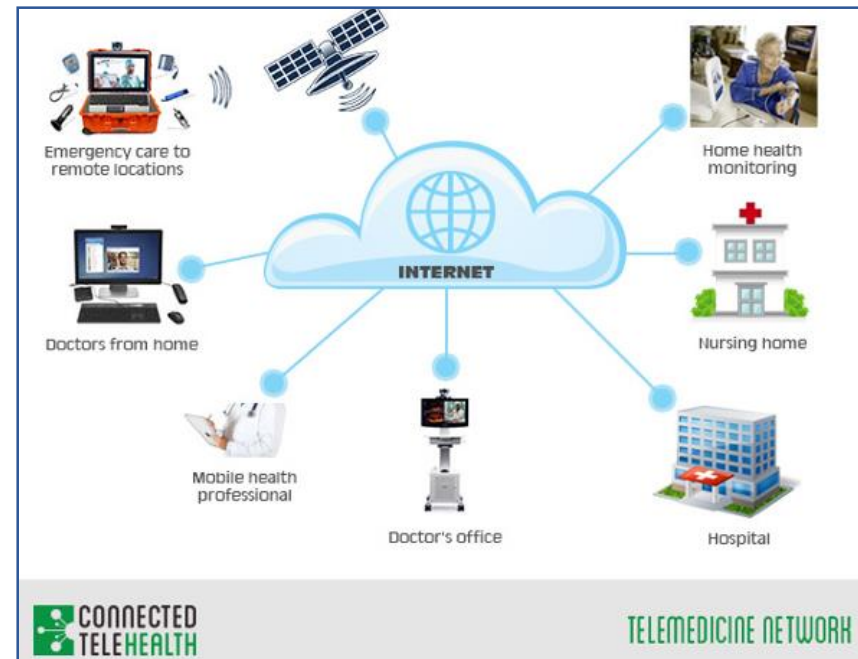


RI Telehealth Project Thundermist Technology Selection



Technology Requirements

- Encrypted video conferencing
- Secure internet
- Real time streaming video
- High definition interface
- Terrestrial communications
- Flexible network configuration
- Flexible growth & application
- HIPAA compliant file sharing
- 42 CFR, part 2 compliant video transmission



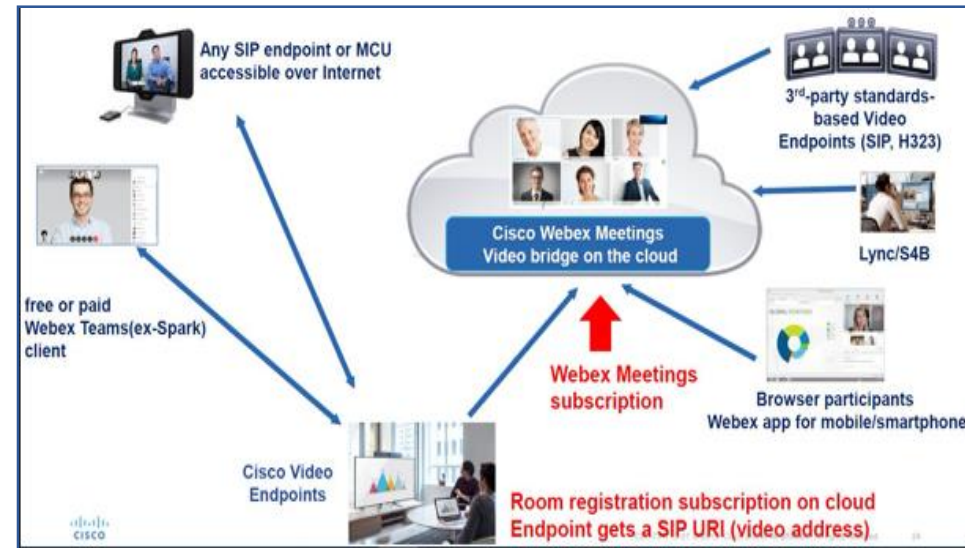


RI Telehealth Project Video Conference



Why CISCO Webex

- Secure conference bridge encryption
 - HIPAA compliance
 - 42 CFR, part 2 compliance
 - Secure bridge in the Cloud
- Flexible support for multiple end points
 - High end camera, laptop, tablet,
 - mobile device
 - Economic user pricing for 40 – 45 named users
 - High speed streaming video
 - High definition transmission
- Enables growth
 - Allows conferencing with multiple providers at remote endpoints
 - Can be used to provide home care allowing patients to join bridge from any device





RI Telehealth Project Camera Network



CISCO DX 80 Camera



- Designed for Virtual Collaboration
- All-in-one desktop featuring High-Definition video
- Dedicated “always-on” video communication system
- An IP phone that provides essential features
- A high-quality audio system speakerphone
- A 23-inch 16:9 screen for video calls
- Self-provisioning device with easy package removal and easy immediate use
- “One-Button-To-Push (OBTP) calling that integrates with calendaring
- Flexible for on-premise and in-cloud communications through Cisco Webex

RI Telehealth Project Choosing a Technology Partner



Competent Network Configuration & Network Support



aqueduct
technologies





RI Telehealth Project Integrated Practice

SETTING UP THE BILLING & REIMBURSEMENT PROCESS

RI Telehealth Project

A Mutual Billing Approach



Billing Integration

- Determine mutual integrated billing process
- Research billing guidelines
- Establish billing coordination between entities



RI Telehealth Project Integrated Billing Process



All Organizations in the Identified Telehealth Process

- Identify current carriers for patients affected by the process
 - Managed Care Organizations
 - Medicaid
 - Commercial Carriers
 - Options for Sliding Scale
- Map detailed treatment process
- Identify billable components



Achieving Billing Team Integration

-

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RI Telehealth Project Tips & Hints



RI Telehealth Billing Components

- Basics payment structure in Rhode Island for insurance carriers
 - Two components in the billing process
 - Originating site (THC Nurse Care Manager)
 - Distant site (Codac Prescriber)
- Medicaid
 - Put in your contract
- Dealing with one-off requirements such as sliding scale
 - Codac will accept THC's sliding scale for patients without insurance



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- Questions



Questions

RI Telehealth Project Contacts

Primary Contact Information

- **Dustin Alvanas, Codac**
 - 401-275-5039, dalvanas@codacinc.org
- **Susan Jacobsen, Thundermist**
 - 401-767-4100 (ext. 4303), susanj@thundermisthealth.org
- **Christine Atkin, Codac**
 - 401-451-5056, catkin@codacinc.org
- **CODAC 24/7 phone line**
 - 401-490-0716

When 'I' is
Replaced By 'we'

Even
'Illness'
Becomes
'Wellness'

Practical Guide



- How Buprenorphine works
- Why you don't get high on opioids while on Buprenorphine
- Buprenorphine is not sedating
- Proper way to take Buprenorphine
- Buprenorphine excess side effects
- Inform us prior to medical procedures
- Mixing opioids (including Buprenorphine) and Benzos: Bad Idea
- Organization expectation/rules
- Detoxing off Buprenorphine