The Webcast Will Begin Shortly

The presentations will begin at **1:00 pm** ET.

Don’t forget to join the audio broadcast!

Phone number: 1-855-749-4750

Access Code: 661 591 105

Leveraging Telehealth for Justice-Involved Individuals: Expanding Access to Mental and Substance Use Disorder Treatment

Lewei (Allison) Lin, MD, MS
David T. Moore, MD, PhD
William Morrone, DO, MPH, DABAM, FACOFP, DAAPM

December 11, 2019
1:00-2:30 pm ET

Hosted by SAMHSA's GAINS Center

SAMHSA
Substance Abuse and Mental Health Services Administration

Welcome and Housekeeping

Melissa Stein, DrPH
Senior Research Associate
Criminal Justice Division
Policy Research Associates, Inc.

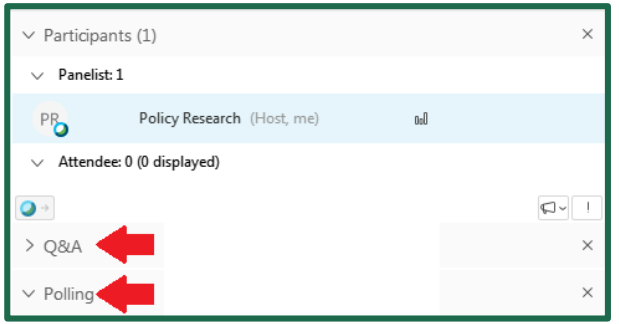
SAMHSA
Substance Abuse and Mental Health Services Administration

Disclaimer

The views, opinions, and content expressed in this presentation and discussion do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Center for Substance Abuse Treatment (CSAT), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (DHHS).

Reminders

- Questions
  - Please submit your questions to the presenters in the Q&A pod. The presenters will address as many questions as time permits at the end of the presentation.



- Polling
  - When prompted, please respond to open polls in the Polling tab. Results will be shared once the poll closes.

SAMHSA
Substance Abuse and Mental Health Services Administration

Reminders (cont.)

- Recording
  - This webinar is being recorded.
  - Slides will be disseminated **via GAINS listserv** in the days following the webinar.
- Attendance
  - A certificate of attendance will be available for download at the end of the webinar. Instructions for obtaining 1.5 CEH credits will be available at the end of the webinar as well.

Welcome	**Melissa Stein, DrPH** *Senior Research Associate, Policy Research Associates, Inc.*
Opening Remarks	**Jon Berg** *Senior Public Health Advisor, Center for Substance Abuse Treatment, SAMHSA*
Presentation	**Lewei (Allison) Lin, MD, MS** *Assistant Professor, Department of Psychiatry, University of Michigan Medical School* *Research Investigator, VA Ann Arbor Healthcare System* **David T. Moore, MD, PhD** *Assistant Professor of Psychiatry, Yale University School of Medicine* *Director, VISN 1 Clinical Resource Hub, VA Connecticut Healthcare System* **William Morrone, DO, MPH, DABAM, FACOFP, DAAPM** *Medical Director, Recovery Pathways, Michigan* *Medical Director, 35th Circuit Shiawassee County Drug Court, Michigan* *Associate Professor, Family and Community Medicine, Michigan State University*
Questions	**Melissa Stein, DrPH** *Senior Research Associate, Policy Research Associates, Inc.*

Opening Remarks

Jon Berg

Senior Public Health Advisor

Center for Substance Abuse Treatment

SAMHSA

SAMHSA
Substance Abuse and Mental Health Services Administration

Introducing Today's Presenters: Lewei (Allison) Lin, MD, MS

- Is an addiction psychiatrist and Assistant Professor in the Department of Psychiatry at University of Michigan Medical School.
- Is a research investigator at the VA Center for Clinical Management Research, Michigan.
- Specializes in telehealth interventions to improve access to evidence-based treatments for substance use disorders, improving access to opioid and other substance use disorder treatment, interventions to promote safer opioid prescribing, improving care for people with co-occurring disorders, and reducing drug overdose.

Introducing Today's Presenters: David T. Moore, MD, PhD

- Is a psychiatrist at VA Connecticut and directs the VISN 1 (VA New England Healthcare System) Clinical Resource Hub.
- Is Assistant Professor of Psychiatry at Yale University School of Medicine.
- Serves as multiple principle investigator (MPI) in the VA Quality Enhancement Research Initiative (QUERI) Consortium to Disseminate and Understand Implementation of Opioid Use Disorder Treatment.
- Attended University of Virginia for undergraduate training, earned MD and PhD degrees at the University of Pennsylvania, and completed residency training in psychiatry at Yale School of Medicine.

Introducing Today's Presenters:

- Is Medical Director at Recovery Pathways, Michigan, providing telehealth and face-to-face clinical services for people with substance use disorders in Isabella county, MI, including Saginaw Chippewa tribal members, drug court participants, and those residing in the jail.
- Is an Associate Professor of Family and Community Medicine at Michigan State University and former Program Director of Family Medicine at Synergy Medical Education Alliance with Central Michigan University.
- Serves as investigator in a naloxone distribution program in mid-Michigan.
- Serves as director of the Saginaw Chippewa Tribal Family Court and Commissioner on the Michigan governor's Impaired Driving Commission.

Disclosures

Dr. Allison Lin

- No financial disclosures
- I receive funding from NIH, SAMHSA, VHA, and CDC
- The views expressed in this presentation are solely my own and do not necessarily reflect the position or policy of the Department of Veterans Affairs or any other organization

Dr. David Moore

- No financial disclosures
- I receive funding from VHA
- The views expressed in this presentation are solely my own and do not necessarily reflect the position or policy of the Department of Veterans Affairs or any other organization

Dr. William Morrone

- No financial disclosures, stocks or options
- I receive funding from my own business, “Recovery Pathways”.
- The views expressed in this presentation are solely my own and do not necessarily reflect the position or policy of the Saginaw Chippewa, Michigan State Court System, SAMHSA, ONCDP, or any other organization

Telemedicine-delivered Treatment Interventions for Substance Use Disorders

Lewei (Allison) Lin, MD, MS
David T. Moore, MD, PhD

December 11, 2019

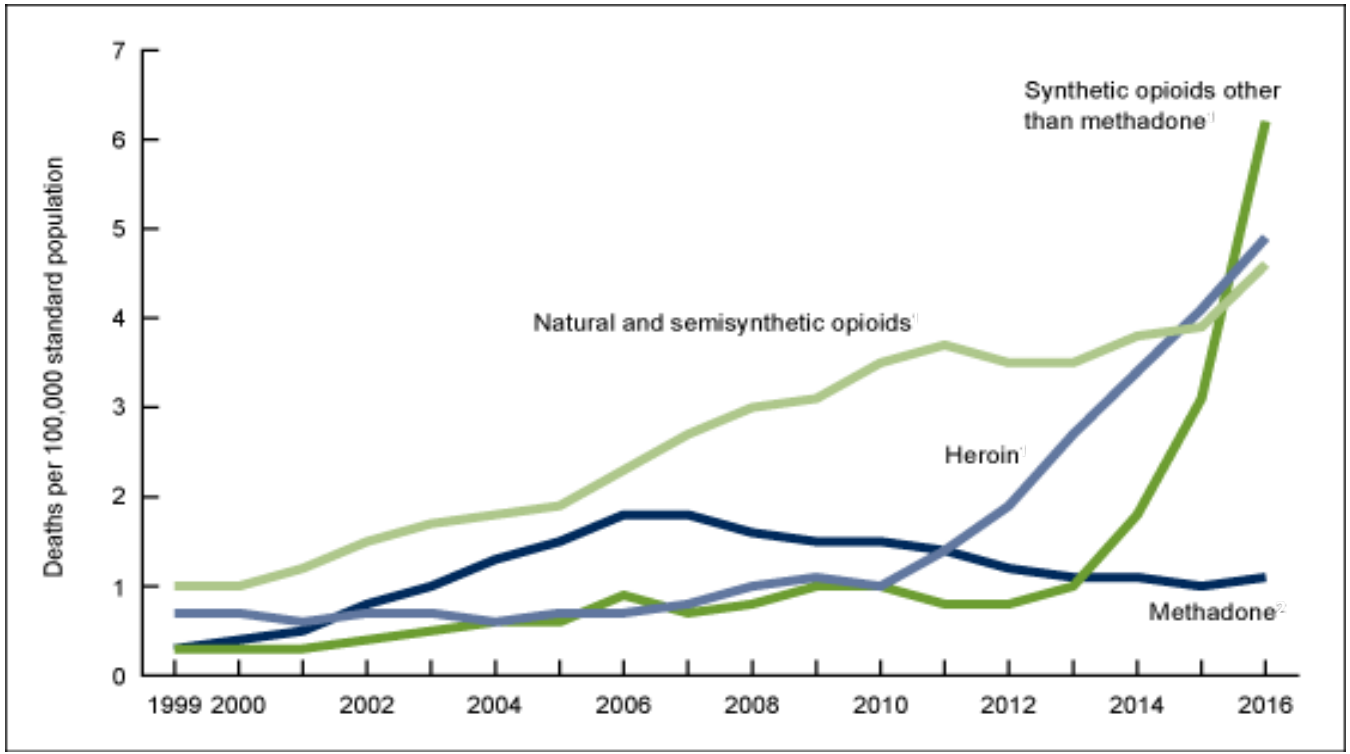
Hosted by SAMHSA's GAINS Center

SAMHSA
Substance Abuse and Mental Health Services Administration

In This Webinar We Will Discuss:

- Current challenges in substance use disorder (SUD) treatment access.
- Evidence for effectiveness of telemedicine for SUD treatment.
- Telemedicine for buprenorphine treatment of opioid use disorder (OUD).
- Telemedicine for OUD treatment in the Department of Veterans Affairs (VA) and specific patient scenarios.

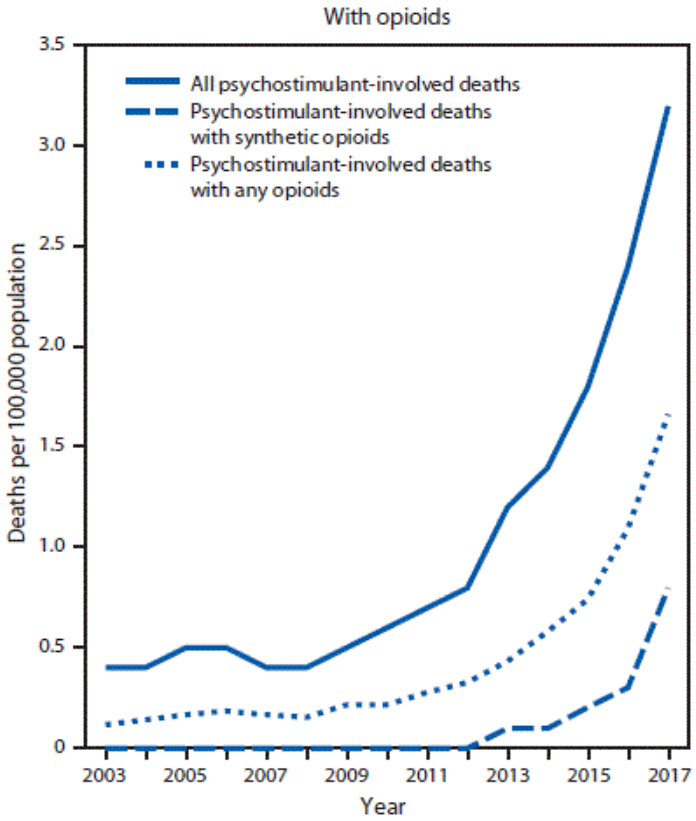
Opioid Overdose Deaths in United States

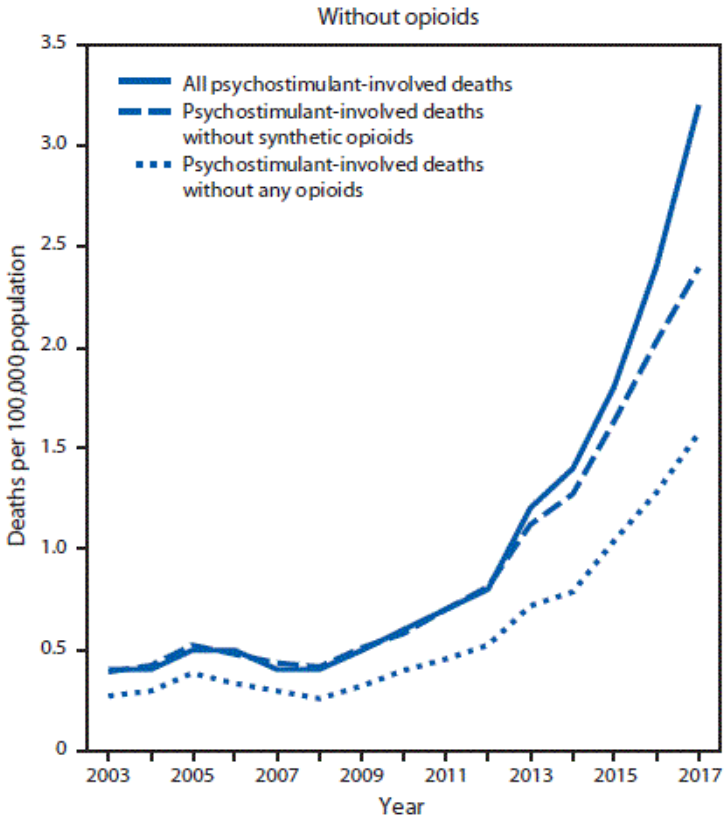


(Hedegaard, 2017)

SAMHSA
Substance Abuse and Mental Health Services Administration

Not Just Opioids….

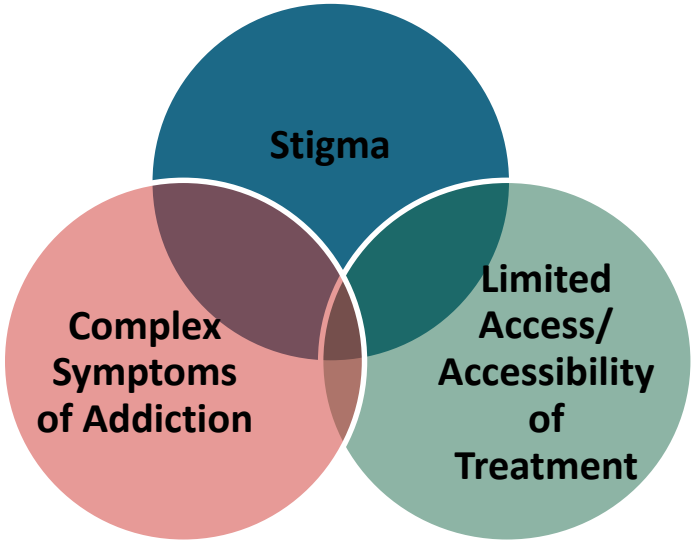


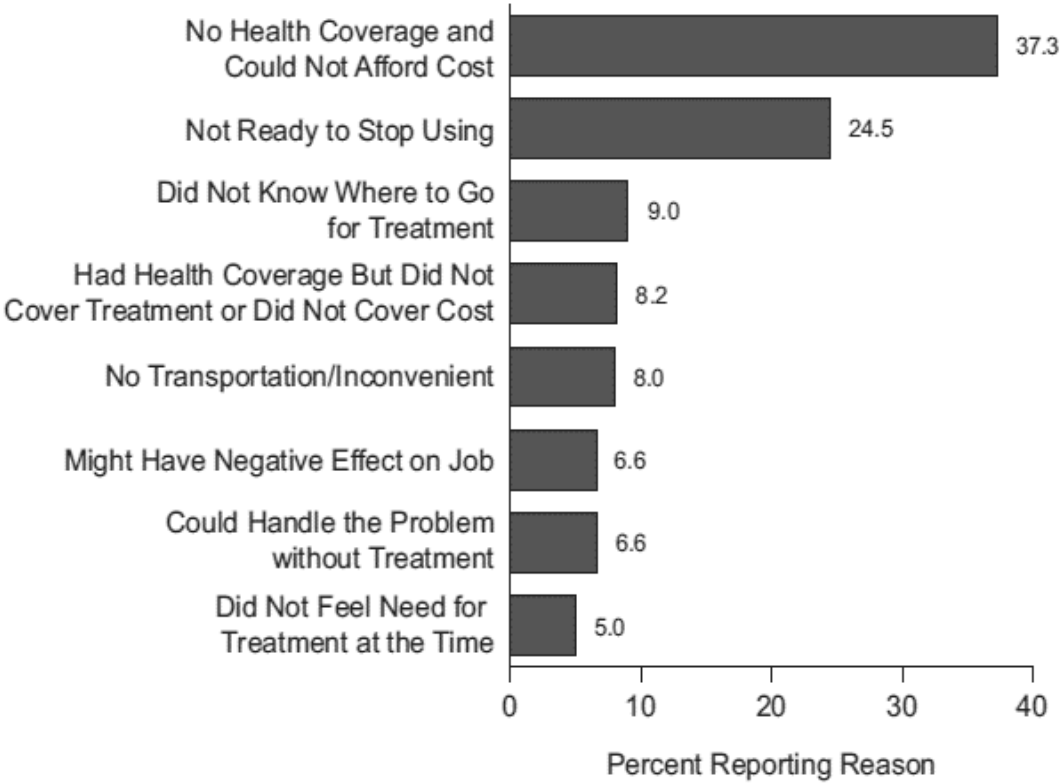


(Kariisa et al., 2019)

SAMHSA
Substance Abuse and Mental Health Services Administration

Barriers to SUD Treatment





(SAMHSA, 2015)

Challenges for the Incarcerated Population

- High prevalence of substance use.
  - Up to two-thirds of jail detainees have problems with alcohol or drugs.
- Few currently receive medication treatment in jails or prisons for opioid and other substance use disorders.
- Risk for overdose is high in first month after release.

(Karberg and James, 2005, Merrall et al., 2010)

Effects of Treatment

- Treatment initiated during incarceration.
  - Medication treatment reduces substance use and overdose.
  - Those initiated into treatment while incarcerated are more engaged in treatment long-term.

(Brinkley-Rubinstein et al., 2018)

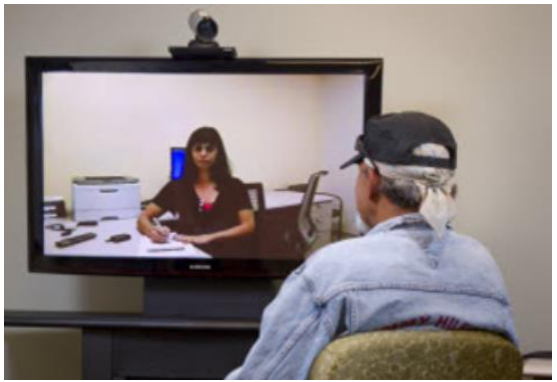
Increasing SUD Treatment Access in Jails and Prisons

- Hire more SUD providers in low treatment jails/prisons.
- Train non-SUD providers in existing jail/prison.
- Use telehealth to expand access and reach of treatment to facilities lacking providers.

Likely all of these are needed!

What is Telemedicine?

- Synchronous/live videoconferencing:
  - Connects providers and patients in real time for direct care delivery (most common modality reimbursed).
- Asynchronous/store and forward
  - Not ”real time,” allows for electronic transmission of medical information, such as digital images.
- Other modalities such as telephone, text or web-based interventions not included.



Telemedicine Models for Other Chronic Disease Management

- Random controlled trial of telehealth for depression with medical management and brief supportive counseling. (Ruskin et al 2004)
  - Depression outcomes improved with no difference between telehealth and in-person treatment.
  - There were no differences in drop-out or patient satisfaction, which was high in both conditions.
- Telehealth collaborative care management (CCM) for veterans with depression. (Fortney et. al 2012)
  - 3 VA Medical Centers and 11 of their affiliated community clinics were studied.
  - The telemedicine-based CCM model was tailored locally.
  - Over 90% of the community clinics maintained the program after the study.

Evidence: Systematic Review of Telemedicine Treatment for SUDs

- Literature search included:
  - Published manuscripts and conference abstracts.
    - In English
    - From January, 1998 through October, 2018
  - Examinations of real-time videoconference-delivered medication or psychotherapy to treat adults with SUDs.
  - Outcomes including substance use, treatment adherence, acceptability of the intervention, and satisfaction with treatment.
  - Studies that were randomized, experimental, quasi-experimental, or observational in design.

Summary of Studies

- For alcohol use disorder (n = 5)
  - All studies provided a psychotherapy intervention but no studies included any forms of medication treatment.
  - Mixed findings: Some found lower treatment dropout in telemedicine groups, generally high patient satisfaction; others found no difference with usual care.

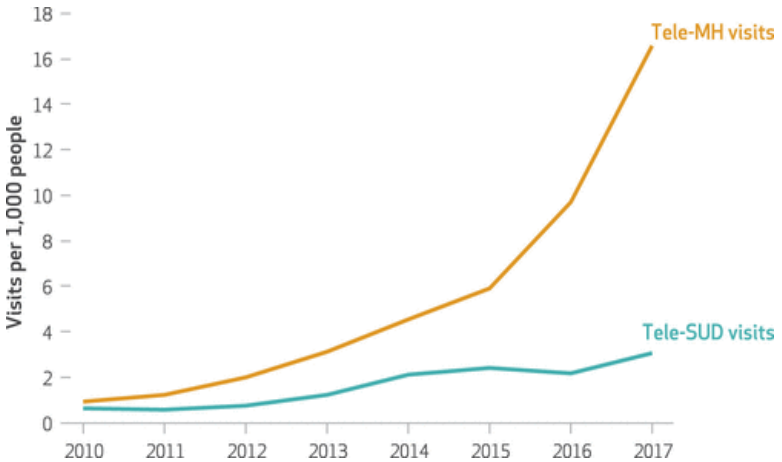
- For opioid use disorder (n = 5)
  - 2 studies delivered psychotherapy to patients at home. Similar outcomes were found on substance use and satisfaction compared to in-person care.
  - 3 non-randomized studies examined use of buprenorphine and methadone, delivered in outpatient treatment. Patients were located at a rural clinic and a physician at a distant site and included other components such as urine toxicology screens.

Summary (cont'd)

- Evidence for telemedicine effectiveness is robust for mental health and other conditions, but there are a limited number of studies for SUD.
- Therapeutic relationships and retention in care were comparable. But studies were small in size and no non-inferiority studies were conducted.
- Need to consider technology, personnel, and other logistics.
- Telemedicine may be particularly promising when in-person care is not available.

Use of telemedicine for SUD in the US

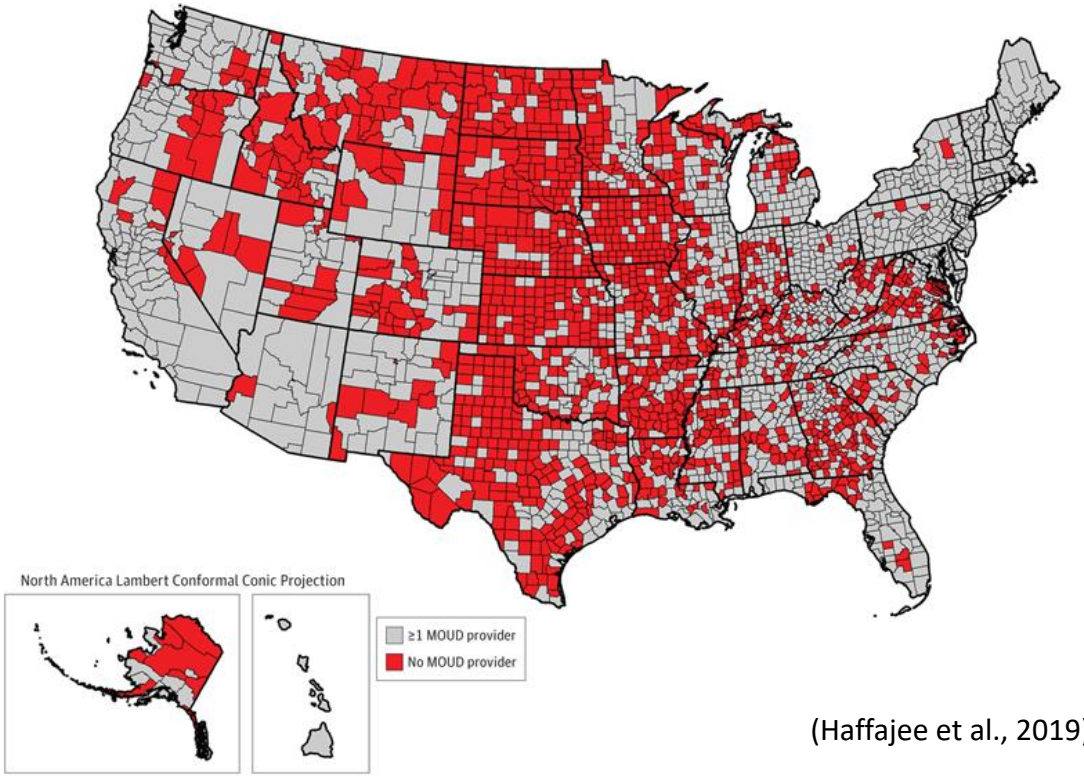
- Claims analysis of privately insured enrollees aged 12 and older in a large private health plan with SUD. (Huskamp, Haiden, et al, 2018)
- Findings
  - Tele-SUD accounted for 0.1% of all SUD visits.
  - Of the tele-SUD visits, 14.5% were psychotherapy visits, 41.7 % were initial evaluations, 32.9% were established patient visits.
  - Tele-SUD is primarily used to complement in-person care and is more often used by those with relatively severe SUD.



SAMHSA
Substance Abuse and Mental Health Services Administration

Counties with no OUD treatment providers in the US

- Need for providers who are X-waivered to dispense buprenorphine and trained to treat OUD



(Haffajee et al., 2019)

SAMHSA
Substance Abuse and Mental Health Services Administration

Effective Treatments for OUD: Medication-assisted Treatment (MAT)

- Opioid agonist medications
  - Methadone
    - Can only be used in DEA-approved opioid treatment programs.
  - Buprenorphine maintenance (Suboxone®, Subutex®, Sublocade®, etc.)
    - Since 2004, providers are allowed to prescribe in office based setting after obtaining training.

- Opioid antagonist
  - Long acting naltrexone (Vivitrol®)

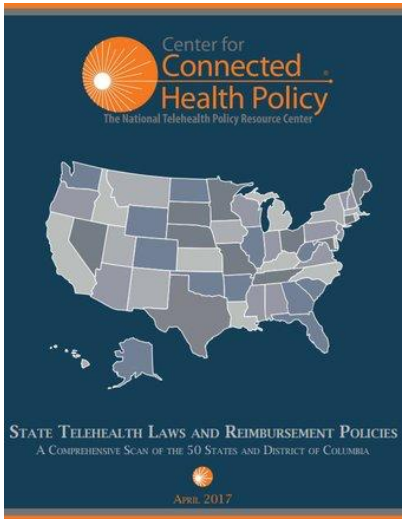
MAT Treatment Effectiveness

- Reductions in overdose and overall death rates.
- Reductions in opioid use.
- Improved HIV and Hepatitis C outcomes.
- Recent evidence suggests cost effectiveness and improved quality of life.
- **Medications are the most effective treatment for OUD. Without medication treatment, patients have much higher rates of substance use and overdose rates.**

(Norton et al 2017, Altice et al 1999, Kenworthy et al., 2017; Nosyk et al., 2015 Schwartz et al 2013, Sordo et al 2017)

Things to Consider in Telemedicine for OUD

- Induction (initiation) and maintenance stages of treatment.
- Logistics of urine drug screens, delivering and administering medications, etc.
- Providing therapy with medication.
- Staff interest and comfort with telemedicine at patient and provider sites.
- State laws on prescribing controlled medications.
- Federal and state regulations.
- Complex patients who may at times need higher level of care or in-person assessment.



https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies

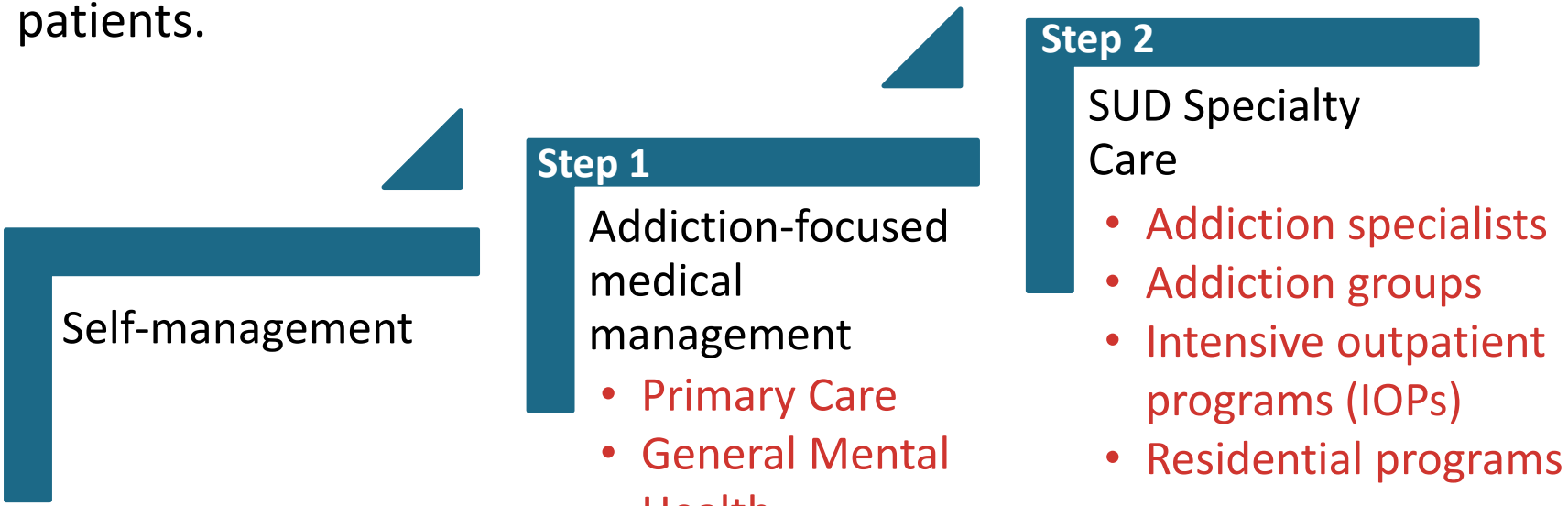
SAMHSA
Substance Abuse and Mental Health Services Administration

Ryan Haight Online Pharmacy Act of 2008

- Regulates prescribing of controlled medications when provider and patient are not in the same location.
- Prescription must be a “valid prescription” issued for legitimate medical purpose in the usual course of professional practice.
- Initial face-to-face evaluation must be conducted unless:
  - The facility where the patient is physically present has its own DEA license.
  - In the case of a covering provider or emergencies.
  - Other exceptions.

Making MAT Available Everywhere: Stepped Care for Opioid Use Disorder

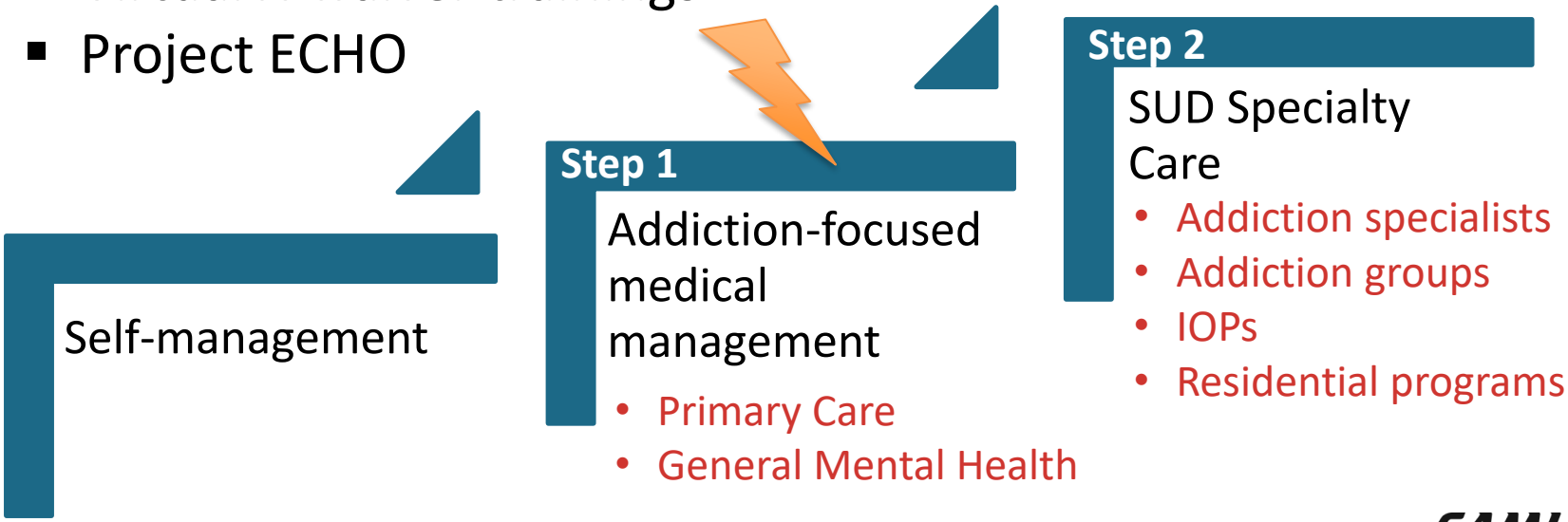
- Most patients do not need specialty care from addiction specialists.
- MAT accounts for the majority of the treatment effect.
- Reserve “rare” specialists for consultation and the most complicated patients.



SAMHSA
Substance Abuse and Mental Health Services Administration

Expanding Step 1 with MAT

- Remove barriers that aren't written in law or evidence-based.
- Provide incentives: Performance pay.
- Increase support:
  - Virtual X-waiver trainings
  - Project ECHO

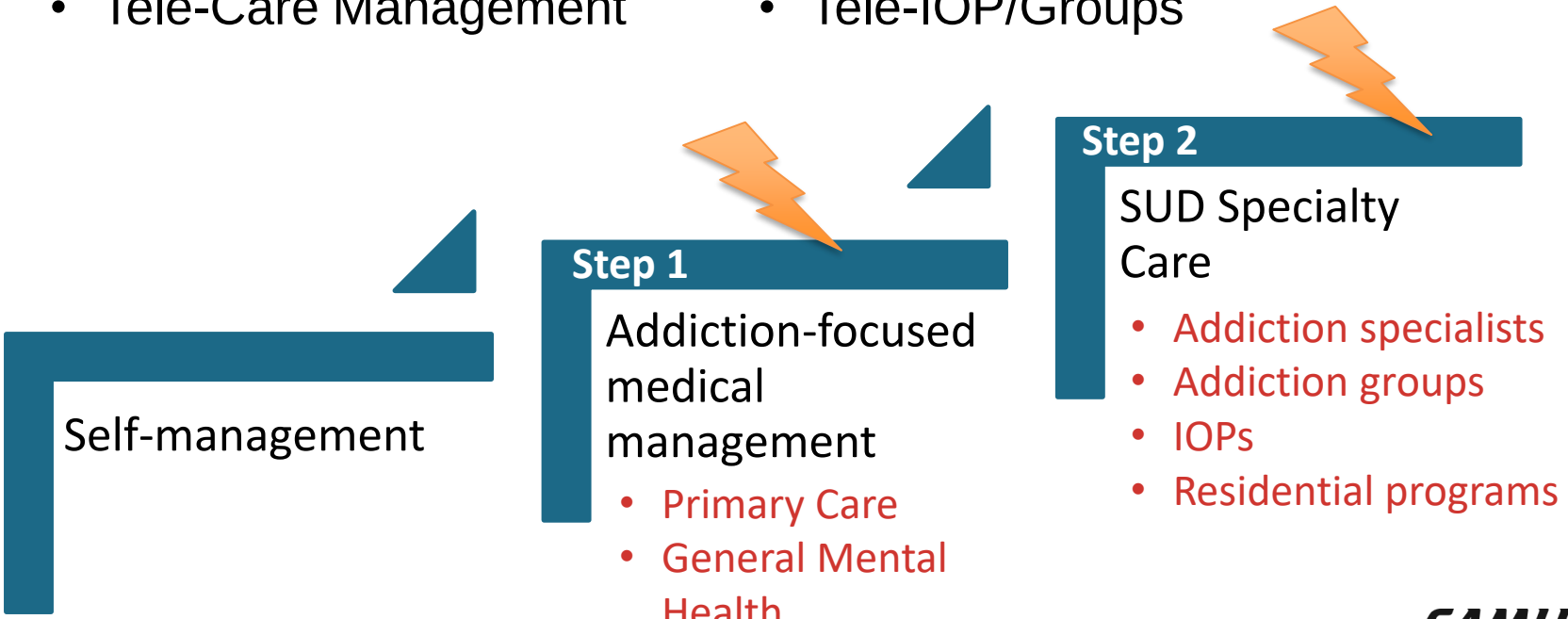


SAMHSA
Substance Abuse and Mental Health Services Administration

Augmenting Step 1 and Step 2 with Telemedicine

- Tele-PCP
- Tele-MH
- Tele-Care Management

- Tele-Specialty Prescribers
- Tele-SUD CBT
- Tele-IOP/Groups



SAMHSA
Substance Abuse and Mental Health Services Administration

What is Needed to Prescribe MAT by Telemedicine?

- DEA waivered provider
- Nursing/clinical staff
- PDMP monitoring
- Reliable pharmacy
- Laboratory testing
- Ability to refer to a higher level of care.
- **Compliance with Federal tele-prescribing laws (Ryan Haight Act)**
- **Compliance with state tele-prescribing laws**

Advantages: Filling in Buprenorphine Provider Gaps at Large Clinics

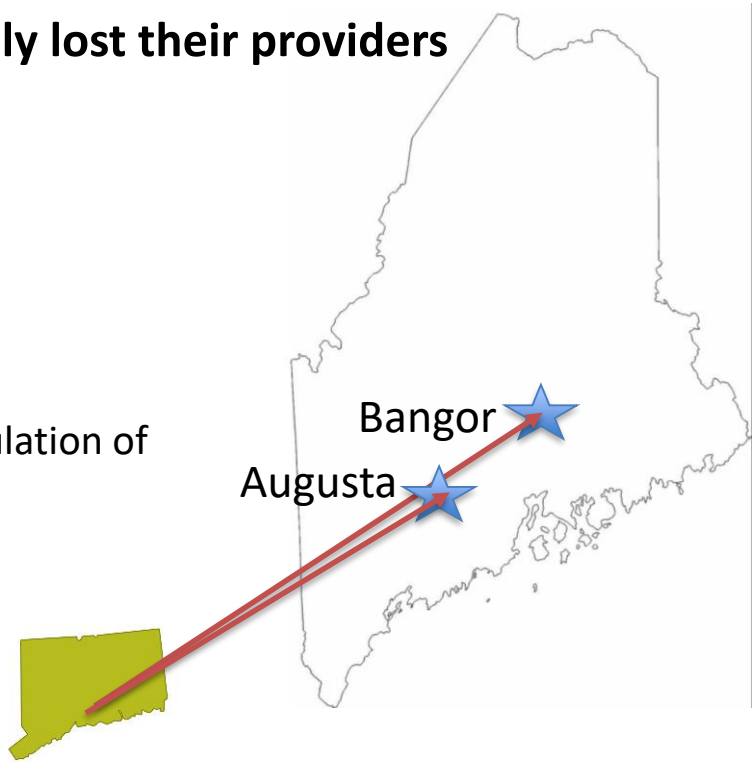
On two occasions, large MAT clinics temporarily lost their providers

Bangor CBOC

- On-site mental health nursing
- On-site SUD groups for aftercare
- Can perform *monitored inductions*:
  - Vital Signs, COWS, and medical backup
  - One CVT provider can cover a single large population of patients

Augusta VA Medical Center

- Ability to store buprenorphine on-site
- On-site inpatient services

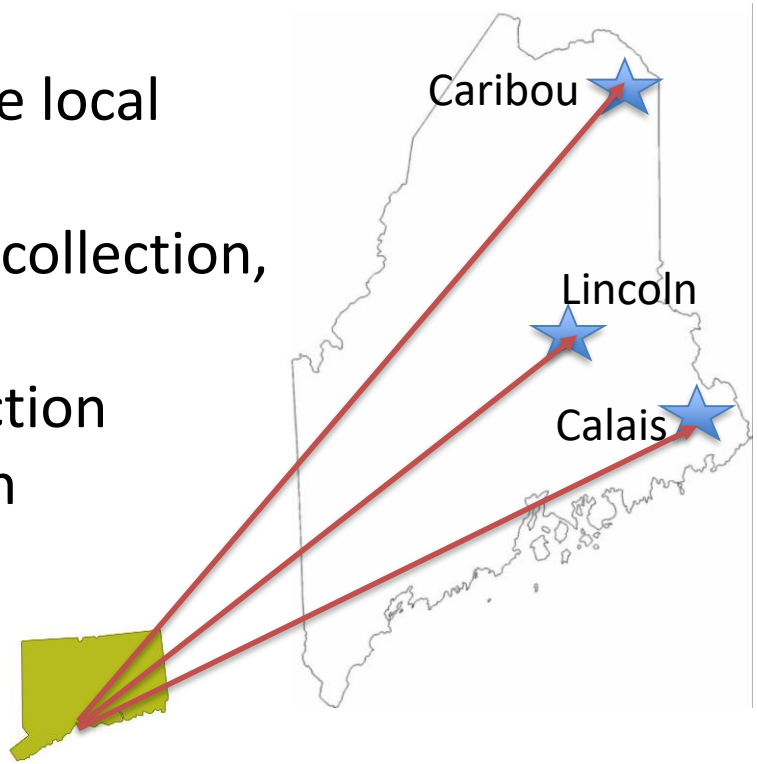


SAMHSA
Substance Abuse and Mental Health Services Administration

Advantages: Covering Three Small Rural Clinics With One MAT Prescriber

- Few buprenorphine providers in the local communities
- On-site primary care, nursing, UDS collection, and scheduling
- Unmonitored buprenorphine induction
- CBT for SUD provided via telehealth

Example: 30 year old patient presenting to PCP in opioid withdrawal.

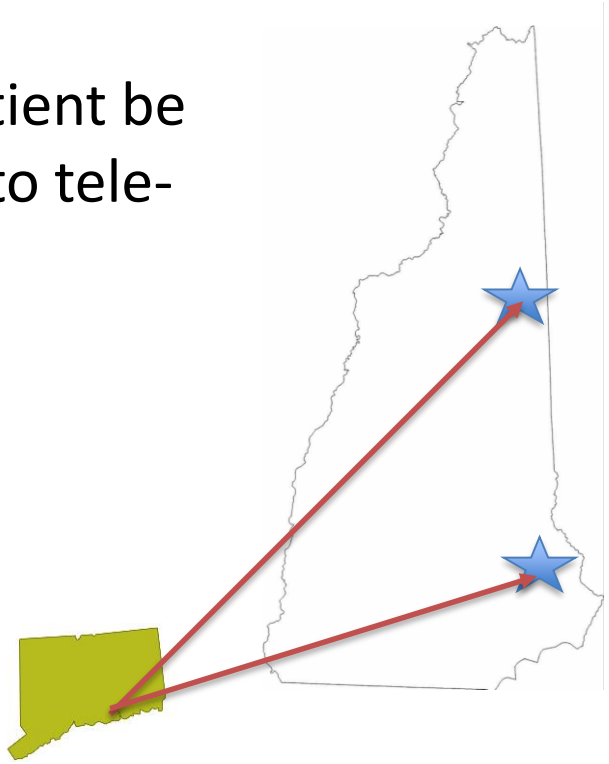


SAMHSA
Substance Abuse and Mental Health Services Administration

Disadvantages: Legal barriers

- New Hampshire law requires that a patient be treated first **in-person** at an OTP prior to tele-prescribing controlled substances.

- State laws can change quickly.

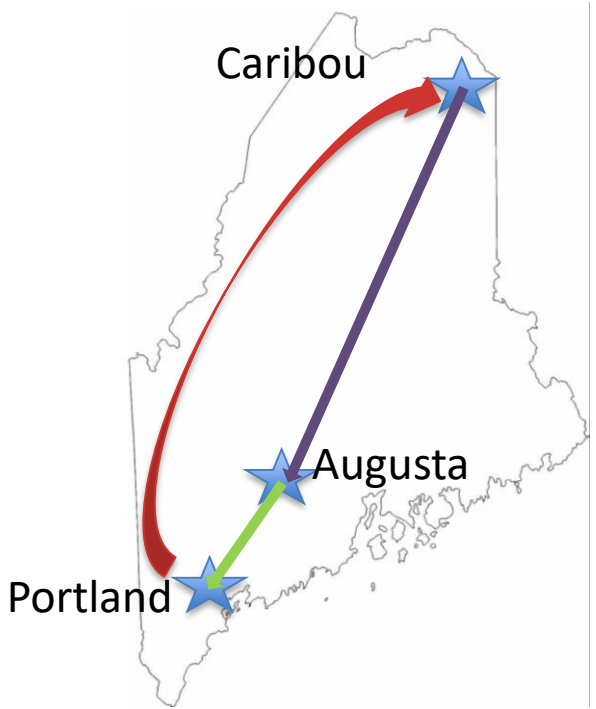


Advantages: Following Patients Where They Live and Work

- One provider can follow a patient as they move throughout the state.

Example: 50 year old patient started on MAT in Caribou.

- Moved to Augusta and then Portland for employment
- Returned to Caribou to be closer to family
- *300 miles*
- *Seen at 3 VA clinics in 2 months*
- *NO DELAYS IN TREATMENT*



SAMHSA
Substance Abuse and Mental Health Services Administration

Summary

- Most of the benefit from opioid treatments come from MAT.
- Tele-MAT is a great way to flexibly increase access to MAT.
- There can be some barriers.
- Providing MAT to remote sites can be rewarding for providers.

References

- Finlay, A.K., Harris, A.H.S., Rosenthal, J., Blue-Howells, J., Clark, S., McGuire, J., Timko, C., Frayne, S.M., Smelson, D., Oliva, E., Binswanger, I., 2016. Receipt of pharmacotherapy for opioid use disorder by justice-involved U.S. Veterans Health Administration patients. Drug Alcohol Depend. 160, 222–226. https://doi.org/10.1016/j.drugalcdep.2016.01.013
- Fortney, J., Enderle, M., McDougall, S., Clothier, J., Otero, J., Altman, L., Curran, G., 2012. Implementation outcomes of evidence-based quality improvement for depression in VA community based outpatient clinics. Implement. Sci. IS 7, 30. https://doi.org/10.1186/1748-5908-7-30
- Gryczynski, J., Mitchell, S.G., Jaffe, J.H., O'Grady, K.E., Olsen, Y.K., Schwartz, R.P., 2014. Leaving buprenorphine treatment: Patients' reasons for cessation of care. J. Subst. Abuse Treat. 46, 356–361. https://doi.org/10.1016/j.jsat.2013.10.004
- Haffajee, R.L., Lin, L.A., Bohnert, A.S.B., Goldstick, J.E., 2019. Characteristics of US Counties With High Opioid Overdose Mortality and Low Capacity to Deliver Medications for Opioid Use Disorder. JAMA Netw. Open 2, e196373. https://doi.org/10.1001/jamanetworkopen.2019.6373
- Hedegaard, H., 2017. Drug Overdose Deaths in the United States, 1999–2016 8.
- Huskamp, Haiden A., Busch, Alisa B., Souza, Jeffrey, Uscher-Pines, Lori, Rose, Sherri, Wilcock, Andrew, Landon, Bruce E., Mehrotra, Ateev, 2018. How Is Telemedicine Being Used In Opioid And Other Substance Use Disorder Treatment? | Health Affairs. Health Aff. (Millwood) 37.
- Kariisa, M., Scholl, L., Wilson, N., Seth, P., Hoots, B., 2019. Drug Overdose Deaths Involving Cocaine and Psychostimulants with Abuse Potential - United States, 2003-2017. MMWR Morb. Mortal. Wkly. Rep. 68, 388–395. https://doi.org/10.15585/mmwr.mm6817a3
- Lin, L.A., Peltzman, T., McCarthy, J.F., Oliva, E.M., Trafton, J.A., Bohnert, A.S.B., 2019. Changing Trends in Opioid Overdose Deaths and Prescription Opioid Receipt Among Veterans. Am. J. Prev. Med. 57, 106–110. https://doi.org/10.1016/j.amepre.2019.01.016
- Manhapra, A., Petrakis, I., Rosenheck, R., 2017. Three-year retention in buprenorphine treatment for opioid use disorder nationally in the Veterans Health Administration. Am. J. Addict. 26, 572–580. https://doi.org/10.1111/ajad.12553
- Oliva, E.M., Harris, A.H.S., Trafton, J.A., Gordon, A.J., 2012. Receipt of opioid agonist treatment in the Veterans Health Administration: facility and patient factors. Drug Alcohol Depend. 122, 241–246. https://doi.org/10.1016/j.drugalcdep.2011.10.004
- Powers, B.B., Homer, M.C., Morone, N., Edmonds, N., Rossi, M.I., 2017. Creation of an Interprofessional Teledementia Clinic for Rural Veterans: Preliminary Data. J. Am. Geriatr. Soc. 65, 1092–1099. https://doi.org/10.1111/jgs.14839
- Ruskin, P.E., Silver-Aylaian, M., Kling, M.A., Reed, S.A., Bradham, D.D., Hebel, J.R., Barrett, D., Knowles, F., Hauser, P., 2004. Treatment outcomes in depression: comparison of remote treatment through telepsychiatry to in-person treatment. Am. J. Psychiatry 161, 1471–1476. https://doi.org/10.1176/appi.ajp.161.8.1471
- SAMHSA, 2015. Receipt of Services for Behavioral Health Problems: Results from the 2014 National Survey on Drug Use and Health.

Telehealth For Criminal Justice & Drug Courts:
35th Circuit Shiawassee Drug Court, 66th District Probation Saginaw Chippewa Tribal Court, Family Court

William Morrone, DO, MPH

DABAM, FACOFP, DAAPM

December 11, 2019

Hosted by SAMHSA's GAINS Center

SAMHSA
Substance Abuse and Mental Health Services Administration

HHS 42 CFR Part 2: Rule Facts

- 42 CFR part 2 regulations serve to protect patient records created by federally funded programs for the treatment of substance use disorder (SUD).
- SAMHSA is currently proposing to revise part 2, to facilitate **better coordination of care** for substance use disorders which will also enhance care for opioid use disorder (OUD).
- These provisions will be an important part of the federal response to the opioid epidemic, **while maintaining part 2 confidentiality protections.**

What's Not Changing Under the New Part 2

- It will not alter the basic framework for confidentiality protection of SUD patient records created by federally funded programs.
- Part 2 will continue to prohibit law enforcement use of SUD patient records in criminal prosecution against the patient.
- Part 2 will also continue to restrict the disclosure of SUD treatment records without patient consent.

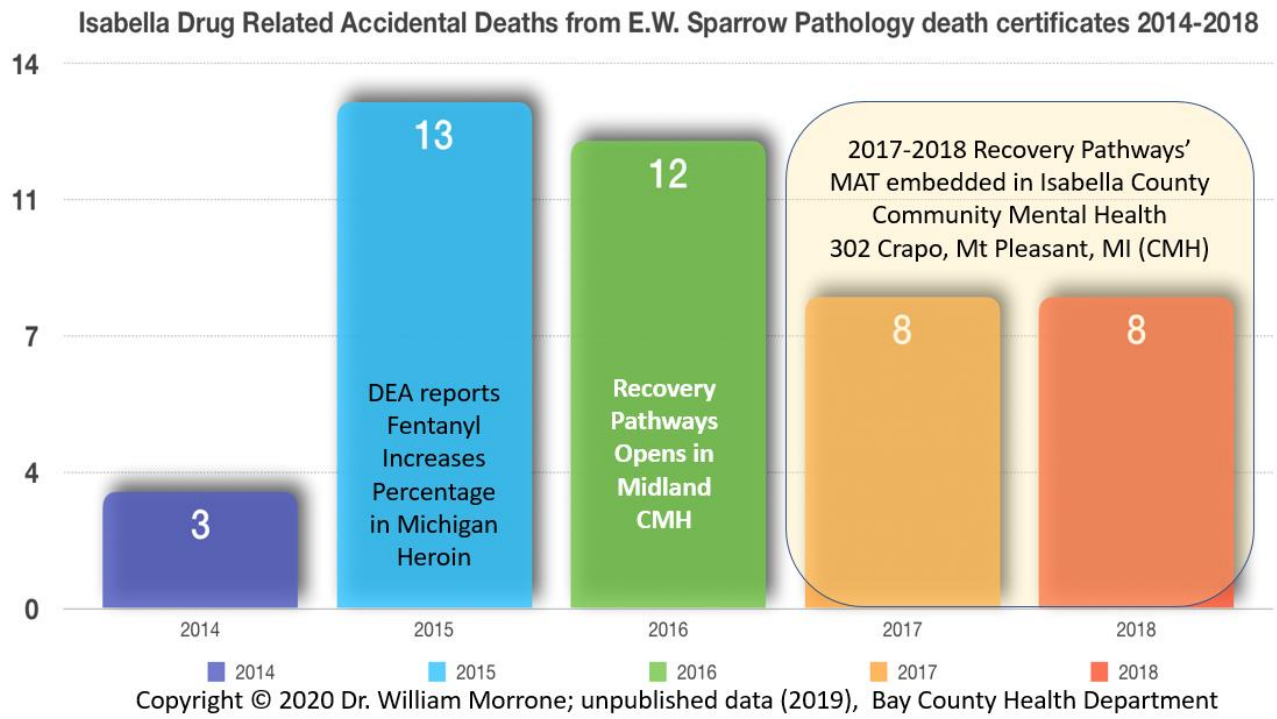
Service Area: Recovery Pathways, Michigan

SAMHSA
Substance Abuse and Mental Health Services Administration

Recovery Pathways in Isabella County, MI

- Face to Face Service in the Community Mental Health (CMH)
- Telemedicine Service in the CMH
- Naltrexone (Vivitrol) injections in the jail

Drug-related Deaths: 2014-2018



SAMHSA
Substance Abuse and Mental Health Services Administration

Telehealth Originating Site

- An originating site is the location where a beneficiary gets physician or practitioner medical services through a telecommunications system.
- The beneficiary must go to the originating site for the services located in either:
  - A county outside a Metropolitan Statistical Area (MSA).
  - A rural Health Professional Shortage Area (HPSA)* in a rural census.
- An originating site can be your jail or your Community Mental Health (CMH).

*Health Resources & Services Administration (HRSA) designates HPRA

Telehealth Originating Site (cont'd)

- Physician or Practitioner office
- Hospital
- Critical Access Hospital
- Rural Health Clinic (RHC)
- Federally Qualified Health Center (FQHC)
- Community Mental Health center (CMH)
- Home (support ACT; July 1, 2019)

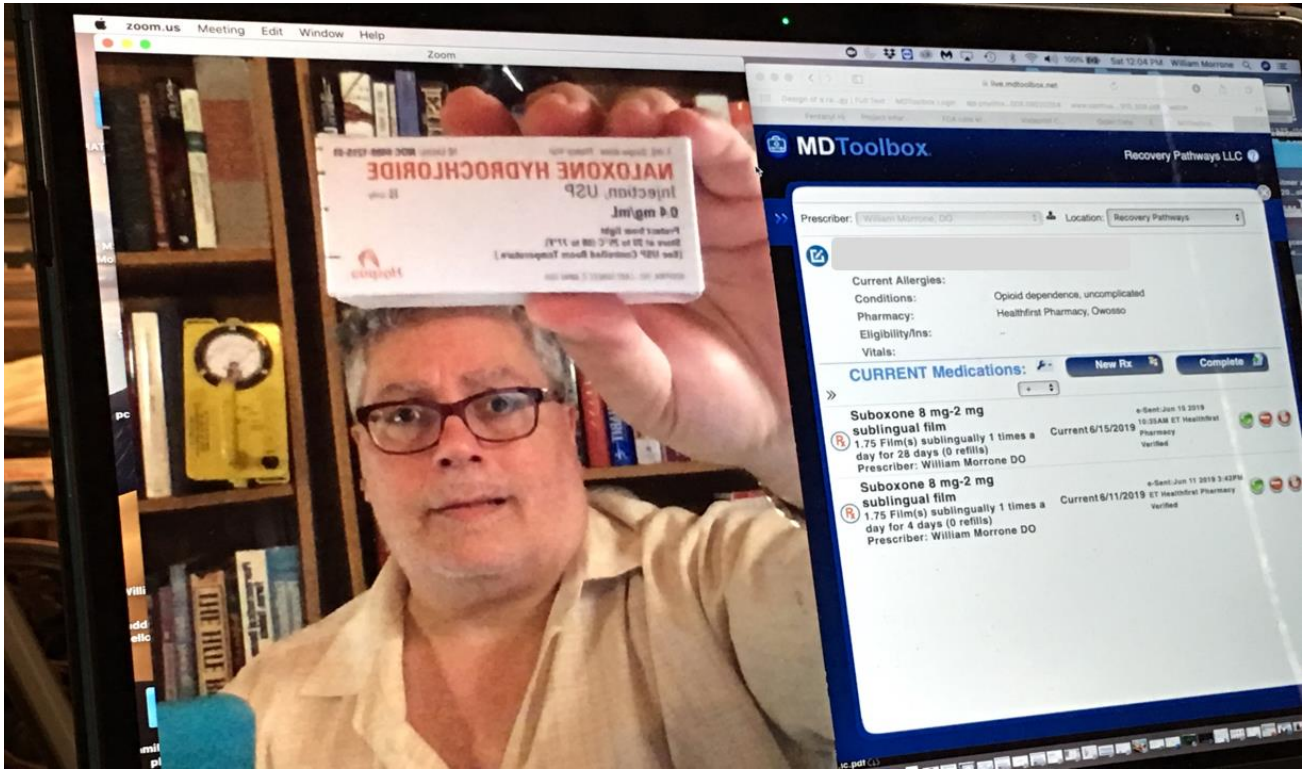
Distant Site: Physician/Practitioner

- Physician
- Nurse Practitioner and Physician's Assistant
- Nurse-midwife
- Clinical nurse specialist
- Certified registered nurse anesthetist
- Clinical psychologist (CP), clinical social worker (CSW)
- CP and CSW cannot bill medicare for psychiatric diagnosis, evaluation (E&M), and treatment.

Interactive Audio and Video

- You must use an interactive audio and video telecommunications system that permits **real-time communication between you at the distant site, and the beneficiary at the originating site.**
- Transmitting medical information to a physician or practitioner who reviews it later is permitted only in Alaska or Hawaii federal telemedicine demonstration programs.
- **WiFi** (rate limiting) **+ tablet + valid software.**

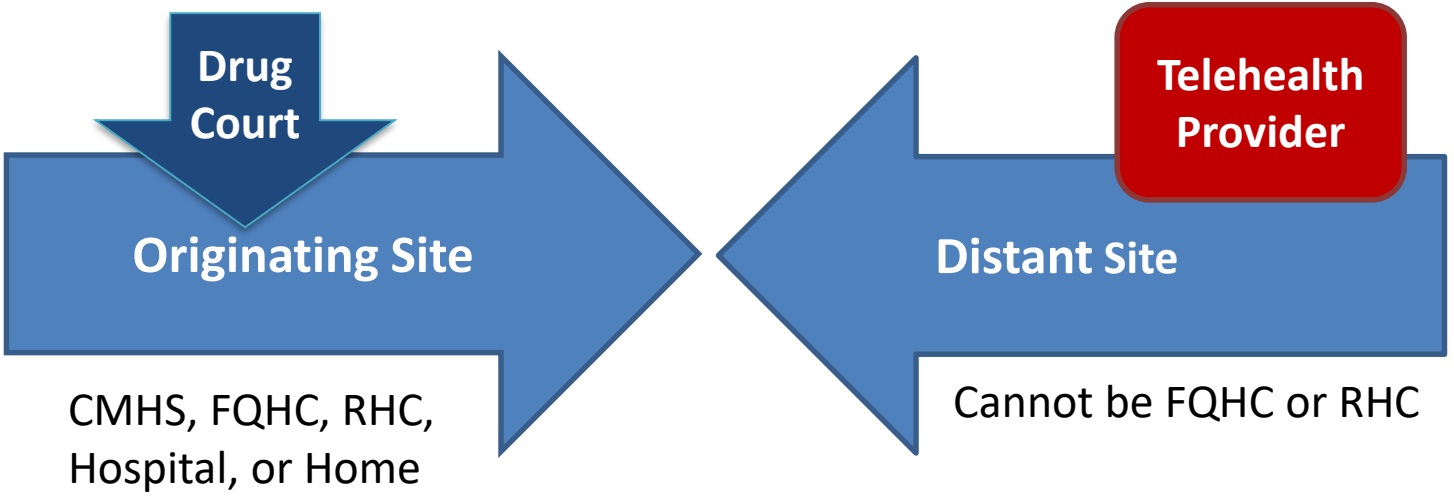
Interactive Audio and Video (cont'd)



SAMHSA
Substance Abuse and Mental Health Services Administration

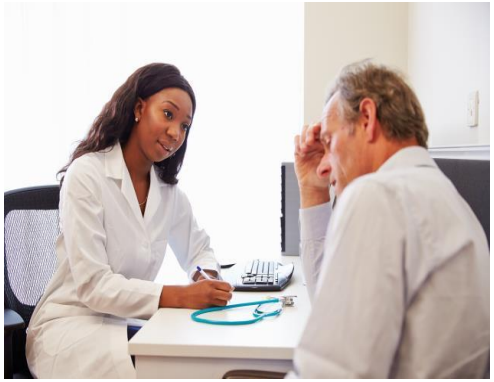
Drug Court Services

- Must be at a clinical site defined by Centers for Medicare and Medicaid (CMS) telehealth services.



Therapeutic Alliance

- **Attitude**: Non-judgmental, curious, empathetic
- **Respectful**
  - Recognize adversity.
  - Recognize strengths.
  - Use the non-stigmatizing language.
- **Honesty**



- **Shared goals**
  - Why is the patient seeking treatment?
  - Provider treatment team concerns
- **Reassurance**
  - Assure patient objective is concern for his or her health.
  - Confidentiality (with qualifiers)

    Safety of self, well-being of other (especially children)

Miller WR, Rollnick S. Motivational Interviewing, 2013.

DSM V

- Loss of Control
  - Larger amounts, longer time
  - Inability to cutback
  - More time spent, getting, using, recovering
  - Activities given up to use.
  - **Craving**
- Physiologic
  - **Tolerance and withdrawal**
- Consequences
  - **Hazardous use**
  - **Continued use after significant problems.**
  - Social or interpersonal problems related to use
  - Neglected major roles to use.

- A substance use disorder is defined as having 2 or more of these symptoms in the past year.
- Tolerance and withdrawal alone don't necessarily imply a disorder.
- Severity is related by the number of symptoms.

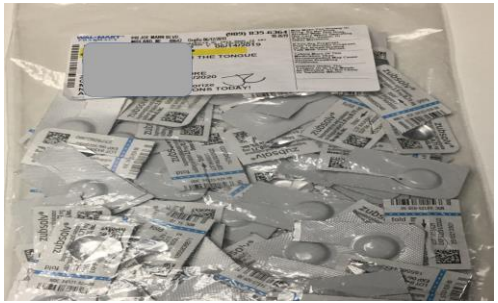
2-3 = mild
4-5 = moderate
6+ = severe

Telemedicine Billing

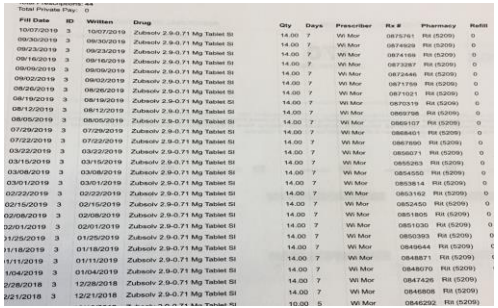
MAT - SERVICE	HCSPCS/CPT
Telehealth Pharmacological Management	**G0459**
Alcohol and SUD (not tobacco) structured assessment and intervention	G0396-97
Interactive complexity psychiatry service	90785
Psychotherapy for crisis	90839-40

Drug Tests Can Be Done Remotely

- Foil counts: A low tech diversion tool



- Prescription Drug Monitoring Program (PDMP)



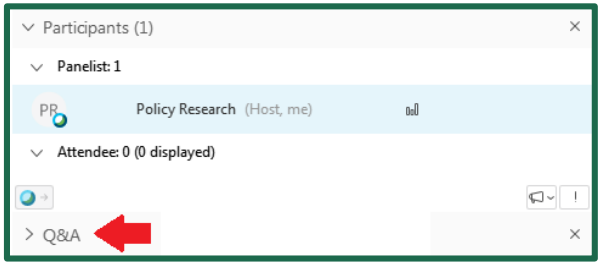
Fill Date	ID	Written	Drug	Qty	Days	Prescriber	Rx #	Pharmacy	Refill
10/07/2019	3	10/07/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0875761	Rit (5209)	0
09/30/2019	3	09/30/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0874929	Rit (5209)	0
09/23/2019	3	09/23/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0874168	Rit (5209)	0
09/16/2019	3	09/16/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0873287	Rit (5209)	0
09/09/2019	3	09/09/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0872446	Rit (5209)	0
09/02/2019	3	09/02/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0871759	Rit (5209)	0
08/26/2019	3	08/26/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0871021	Rit (5209)	0
08/19/2019	3	08/19/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0870319	Rit (5209)	0
08/12/2019	3	08/12/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0869798	Rit (5209)	0
08/05/2019	3	08/05/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0869107	Rit (5209)	0
07/29/2019	3	07/29/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0868401	Rit (5209)	0
07/22/2019	3	07/22/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0867690	Rit (5209)	0
03/22/2019	3	03/22/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0856071	Rit (5209)	0
03/15/2019	3	03/15/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0855263	Rit (5209)	0
03/08/2019	3	03/08/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0854550	Rit (5209)	0
03/01/2019	3	03/01/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0853814	Rit (5209)	0
02/22/2019	3	02/22/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0853162	Rit (5209)	0
02/15/2019	3	02/15/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0852450	Rit (5209)	0
02/08/2019	3	02/08/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0851805	Rit (5209)	0
02/01/2019	3	02/01/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0851030	Rit (5209)	0
01/25/2019	3	01/25/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0850393	Rit (5209)	0
01/18/2019	3	01/18/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0849644	Rit (5209)	0
01/11/2019	3	01/11/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0848871	Rit (5209)	0
01/04/2019	3	01/04/2019	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0848079	Rit (5209)	0
12/28/2018	3	12/28/2018	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0847426	Rit (5209)	0
12/21/2018	3	12/21/2018	Zubsolv 2.9-0.71 Mg Tablet Sl	14.00	7	Wi Mor	0846808	Rit (5209)	0
				10.00	5	Wi Mor	0846292	Rit (5209)	

Summary

- The initial evaluation is comprised of building a therapeutic alliance and obtaining data for treatment planning and initiation.
- Important components include history of medical, psychiatric, and substance use disorders.
- There is great variability in practice and providers and clinics may have their own policies, protocols, and preferences regarding evaluation and documentation.

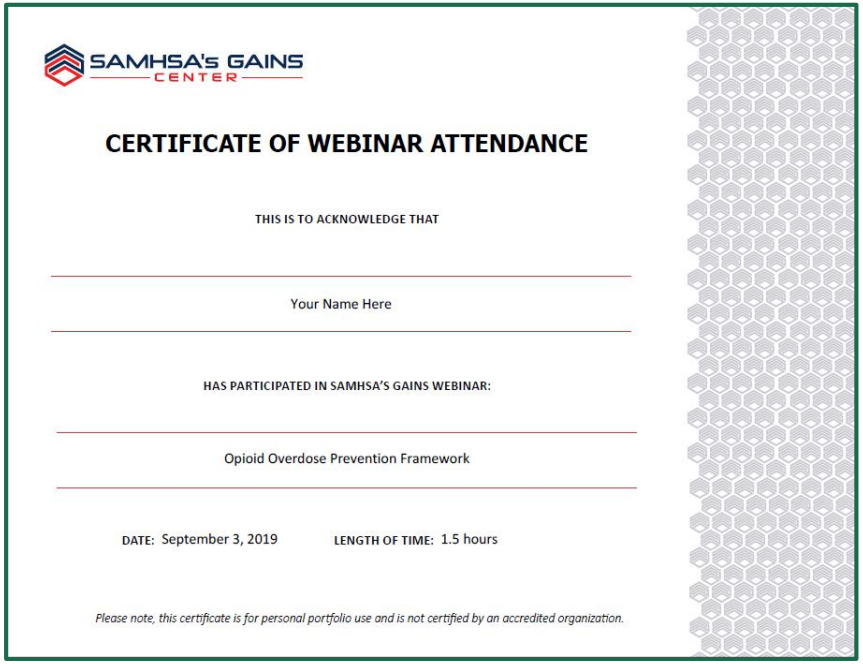
Q&A

Please submit your questions to the presenters in the Q&A pod. The presenters will address as many questions as time permits.



SAMHSA
Substance Abuse and Mental Health Services Administration

Certificate of Attendance



SAMHSA's GAINS CENTER

CERTIFICATE OF WEBINAR ATTENDANCE

THIS IS TO ACKNOWLEDGE THAT

Your Name Here

HAS PARTICIPATED IN SAMHSA'S GAINS WEBINAR:

Opioid Overdose Prevention Framework

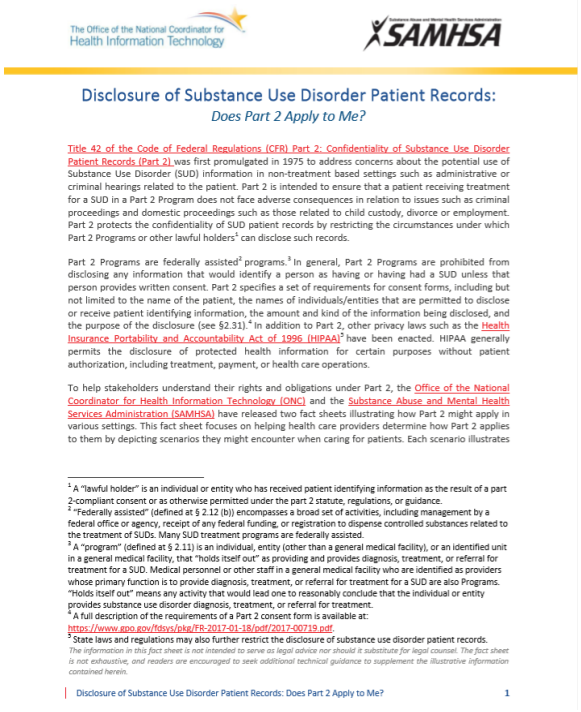
DATE: September 3, 2019 LENGTH OF TIME: 1.5 hours

Please note, this certificate is for personal portfolio use and is not certified by an accredited organization.

for personal portfolio use only, not a CEU or certified by an accredited organization.

SAMHSA
Substance Abuse and Mental Health Services Administration

Additional Resources



The Office of the National Coordinator for Health Information Technology

SAMHSA

Disclosure of Substance Use Disorder Patient Records:
Does Part 2 Apply to Me?

Title 42 of the Code of Federal Regulations (CFR) Part 2: Confidentiality of Substance Use Disorder Patient Records (Part 2) was first promulgated in 1975 to address concerns about the potential use of Substance Use Disorder (SUD) information in non-treatment based settings such as administrative or criminal hearings related to the patient. Part 2 is intended to ensure that a patient receiving treatment for a SUD in a Part 2 Program does not face adverse consequences in relation to issues such as criminal proceedings and domestic proceedings such as those related to child custody, divorce or employment. Part 2 protects the confidentiality of SUD patient records by restricting the circumstances under which Part 2 Programs or other lawful holders[1] can disclose such records.

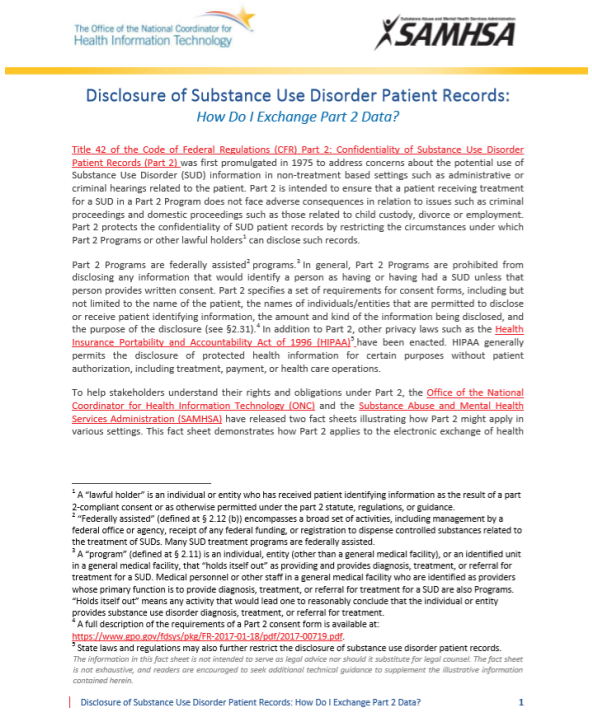
Part 2 Programs are federally assisted[2] programs.[3] In general, Part 2 Programs are prohibited from disclosing any information that would identify a person as having or having had a SUD unless that person provides written consent. Part 2 specifies a set of requirements for consent forms, including but not limited to the name of the patient, the names of individuals/entities that are permitted to disclose or receive patient identifying information, the amount and kind of the information being disclosed, and the purpose of the disclosure (see §2.31).[4] In addition to Part 2, other privacy laws such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA)[5] have been enacted. HIPAA generally permits the disclosure of protected health information for certain purposes without patient authorization, including treatment, payment, or health care operations.

To help stakeholders understand their rights and obligations under Part 2, the Office of the National Coordinator for Health Information Technology (ONC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have released two fact sheets illustrating how Part 2 might apply in various settings. This fact sheet focuses on helping health care providers determine how Part 2 applies to them by depicting scenarios they might encounter when caring for patients. Each scenario illustrates

[1] A "lawful holder" is an individual or entity who has received patient identifying information as the result of a part 2-compliant consent or as otherwise permitted under the part 2 statute, regulations, or guidance.
[2] "Federally assisted" (defined at § 2.12 (b)) encompasses a broad set of activities, including management by a federal office or agency, receipt of any federal funding, or registration to dispense controlled substances related to the treatment of SUDs. Many SUD treatment programs are federally assisted.
[3] A "program" (defined at § 2.11) is an individual, entity (other than a general medical facility), or an identified unit in a general medical facility, that "holds itself out" as providing and provides diagnosis, treatment, or referral for treatment for a SUD. Medical personnel or other staff in a general medical facility who are identified as providers whose primary function is to provide diagnosis, treatment, or referral for treatment for a SUD are also Programs. "Holds itself out" means any activity that would lead one to reasonably conclude that the individual or entity provides substance use disorder diagnosis, treatment, or referral for treatment.
[4] A full description of the requirements of a Part 2 consent form is available at: https://www.gpo.gov/fdsys/pkg/FR-2017-01-18/pdf/2017-00719.pdf.
[5] State laws and regulations may also further restrict the disclosure of substance use disorder patient records.
The information in this fact sheet is not intended to serve as legal advice nor should it substitute for legal counsel. The fact sheet is not exhaustive, and readers are encouraged to seek additional technical guidance to supplement the illustrative information contained herein.

Disclosure of Substance Use Disorder Patient Records: Does Part 2 Apply to Me? 1

healthit.gov



The Office of the National Coordinator for Health Information Technology

SAMHSA

Disclosure of Substance Use Disorder Patient Records:
How Do I Exchange Part 2 Data?

Title 42 of the Code of Federal Regulations (CFR) Part 2: Confidentiality of Substance Use Disorder Patient Records (Part 2) was first promulgated in 1975 to address concerns about the potential use of Substance Use Disorder (SUD) information in non-treatment based settings such as administrative or criminal hearings related to the patient. Part 2 is intended to ensure that a patient receiving treatment for a SUD in a Part 2 Program does not face adverse consequences in relation to issues such as criminal proceedings and domestic proceedings such as those related to child custody, divorce or employment. Part 2 protects the confidentiality of SUD patient records by restricting the circumstances under which Part 2 Programs or other lawful holders[1] can disclose such records.

Part 2 Programs are federally assisted[2] programs.[3] In general, Part 2 Programs are prohibited from disclosing any information that would identify a person as having or having had a SUD unless that person provides written consent. Part 2 specifies a set of requirements for consent forms, including but not limited to the name of the patient, the names of individuals/entities that are permitted to disclose or receive patient identifying information, the amount and kind of the information being disclosed, and the purpose of the disclosure (see §2.31).[4] In addition to Part 2, other privacy laws such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA)[5] have been enacted. HIPAA generally permits the disclosure of protected health information for certain purposes without patient authorization, including treatment, payment, or health care operations.

To help stakeholders understand their rights and obligations under Part 2, the Office of the National Coordinator for Health Information Technology (ONC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have released two fact sheets illustrating how Part 2 might apply in various settings. This fact sheet demonstrates how Part 2 applies to the electronic exchange of health

[1] A "lawful holder" is an individual or entity who has received patient identifying information as the result of a part 2-compliant consent or as otherwise permitted under the part 2 statute, regulations, or guidance.
[2] "Federally assisted" (defined at § 2.12 (b)) encompasses a broad set of activities, including management by a federal office or agency, receipt of any federal funding, or registration to dispense controlled substances related to the treatment of SUDs. Many SUD treatment programs are federally assisted.
[3] A "program" (defined at § 2.11) is an individual, entity (other than a general medical facility), or an identified unit in a general medical facility, that "holds itself out" as providing and provides diagnosis, treatment, or referral for treatment for a SUD. Medical personnel or other staff in a general medical facility who are identified as providers whose primary function is to provide diagnosis, treatment, or referral for treatment for a SUD are also Programs. "Holds itself out" means any activity that would lead one to reasonably conclude that the individual or entity provides substance use disorder diagnosis, treatment, or referral for treatment.
[4] A full description of the requirements of a Part 2 consent form is available at: https://www.gpo.gov/fdsys/pkg/FR-2017-01-18/pdf/2017-00719.pdf.
[5] State laws and regulations may also further restrict the disclosure of substance use disorder patient records.
The information in this fact sheet is not intended to serve as legal advice nor should it substitute for legal counsel. The fact sheet is not exhaustive, and readers are encouraged to seek additional technical guidance to supplement the illustrative information contained herein.

Disclosure of Substance Use Disorder Patient Records: How Do I Exchange Part 2 Data? 1

healthit.gov

SAMHSA
Substance Abuse and Mental Health Services Administration

Coming soon

- Announce upcoming Technology Virtual Learning Community

Join the GAINS Center's listserv and receive our eNews!

http://bit.do/GAINSenews

(Link is case sensitive)

Slides will be disseminated to our listserv in an upcoming newsflash.

Thank You

Substance Abuse and Mental Health Services Administration

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)

GAINS Center for Behavioral Health and Justice Transformation

The GAINS Center focuses on expanding access to services for people with mental and/or substance use disorders who come into contact with the justice system.

https://www.samhsa.gov/gains-center

1-800-311-4246

SAMHSA
Substance Abuse and Mental Health Services Administration