

Telehealth Part 3: Gifts of the Pandemic

Shelia Weix, MSN, RN,
CARN

Great Lakes Addiction, Mental
Health and Prevention
Technology Transfer Center
February 15, 2021

Brought To You By:



The Great Lakes ATTC, MHTTC, and PTTC are funded by the Substance Abuse and Mental Health Services Administration (SAMHSA under the following cooperative agreements:

Great Lakes ATTC: 1H79TI080207-03

Great Lakes MHTTC: 1H79SM-081733-01

Great Lakes PTTC: 1H79SP081002-01

Disclaimer

This presentation was prepared for the Great Lakes ATTC, MHTTC and PTTC under our cooperative agreements from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Great Lakes PTTC.

At the time of this presentation, CAPT (USPHS) Meena Vythilinga, served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the speakers and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

January 2021

Language Matters

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

The MHTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf



Thank You for Joining Us!

A few housekeeping items:

- If you are having technical issues, please individually message Kristina Spannbauer or Stephanie Behlman in the **chat section at the bottom of your screen** and they will be happy to assist you.
- If you have questions, please put them in the Q&A section at the bottom of your screen.
- The recording and a pdf of the slides will be available on our websites in a week.

Thank You for Joining Us!

A few more housekeeping items:

- You will be sent link following the presentation to a very short survey – we would really appreciate it if you could fill it out. It takes about 3 minutes.
- Certificates of attendance will be sent out to all who attended the full session. They will be sent via email.

A close-up photograph of several social media icons on white keyboard keys. The icons include Pinterest (red), Snapchat (yellow), Instagram (purple/pink), Facebook (blue), and Twitter (blue). The keys are arranged in a grid pattern, and the background is a light gray surface.

Follow Us On Social Media!

Facebook and Twitter:

- @GreatLakesATTC
- @GMhttc
- @GLPTTC

Presenter



Shelia Weix, MSN, RN, CARN



Great Lakes (HHS Region 5)

ATTC

Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

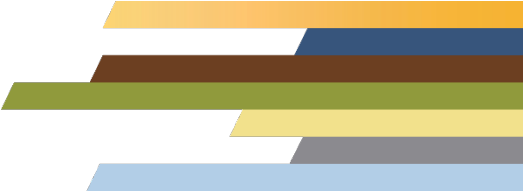
Gifts of the Pandemic: Opportunity in Chaos

Sheila Weix MSN, RN, CARN



Objectives

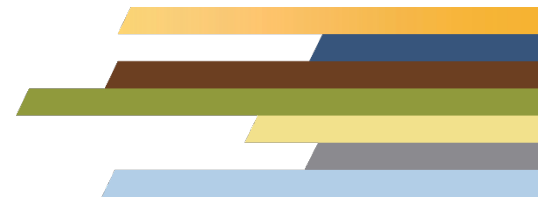


- Participants will recognize some of the opportunities that have resulted from the impact of the pandemic.
 - Participants will explore the role of resilience in provider responses to service needs during the pandemic as a path to opportunities.
- 

My Background

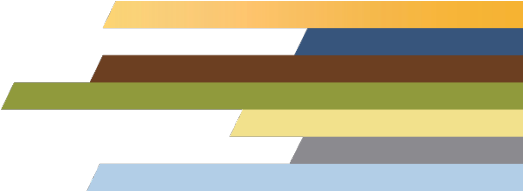


- Registered Nurse by education and practice
- SUD work since the mid-1980s
- Acute care, full continuum of SUD services including private and public
- Currently Director of SUD services for an FQHC

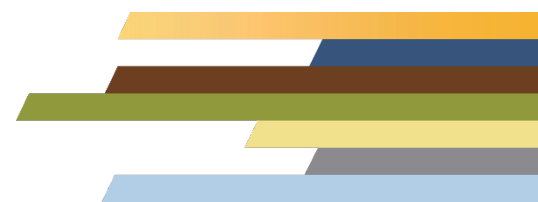


February 2020



- Business as usual (BAU)
 - Primarily in-person services
 - Groups, crowded waiting rooms
 - Telehealth between clinics
 - People could just stop in for paperwork, etc.
 - Staff offices busy with multiple contacts
- 

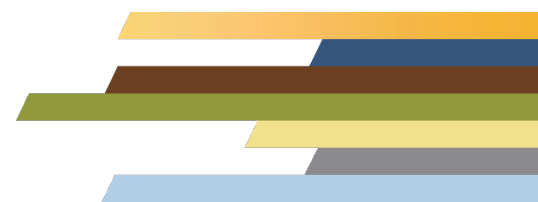
When the Pandemic Arrived



March 2020

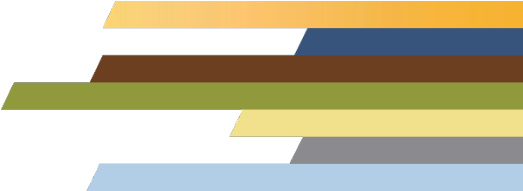


- Had been hearing about a new respiratory illness since January
- Initially it seemed far away across the world and then it began to cover the world with rapidly escalating infection rates, hospitalizations and deaths
- Safer-at-Home order and BAU screeched to a halt



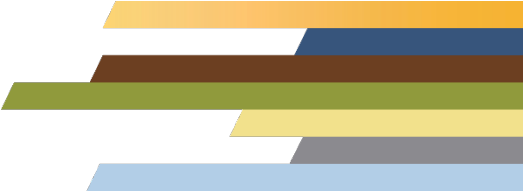
Immediate Challenges



- Pivot to full telehealth delivery
 - Multiple regulatory requirements placed on emergency hold
 - Payment allowed for services that were not covered before: telephone appointments
 - Staff & patients had to adjust to multiple changes & challenges
- 

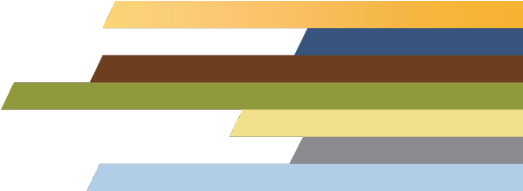
February 2021



- And, here we are...
 - Pandemic still active with variants developing
 - Vaccines available, but not to everyone, yet
 - Many deaths in the communities where we serve and live
 - Disruption in organic supports including jobs, schools, family contact and recovery meetings
- 

February 2021



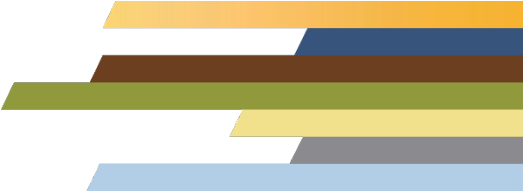
- Substance use is up
 - 500,000 UDTs during pandemic showed increases
 - Cocaine 10% Methamphetamine 20%
 - Heroin 13% Fentanyl 32% (*drugabuse.gov*)
 - Alcohol increases
 - 54% increase in sales 3/20; 262% online increase
 - Consumption: 3 of 4 adults +1 day/month
 - Women: 41% over baseline for heavy drinking (*Pollard, jamanetwork.com*)
- 

Treatment Impacts

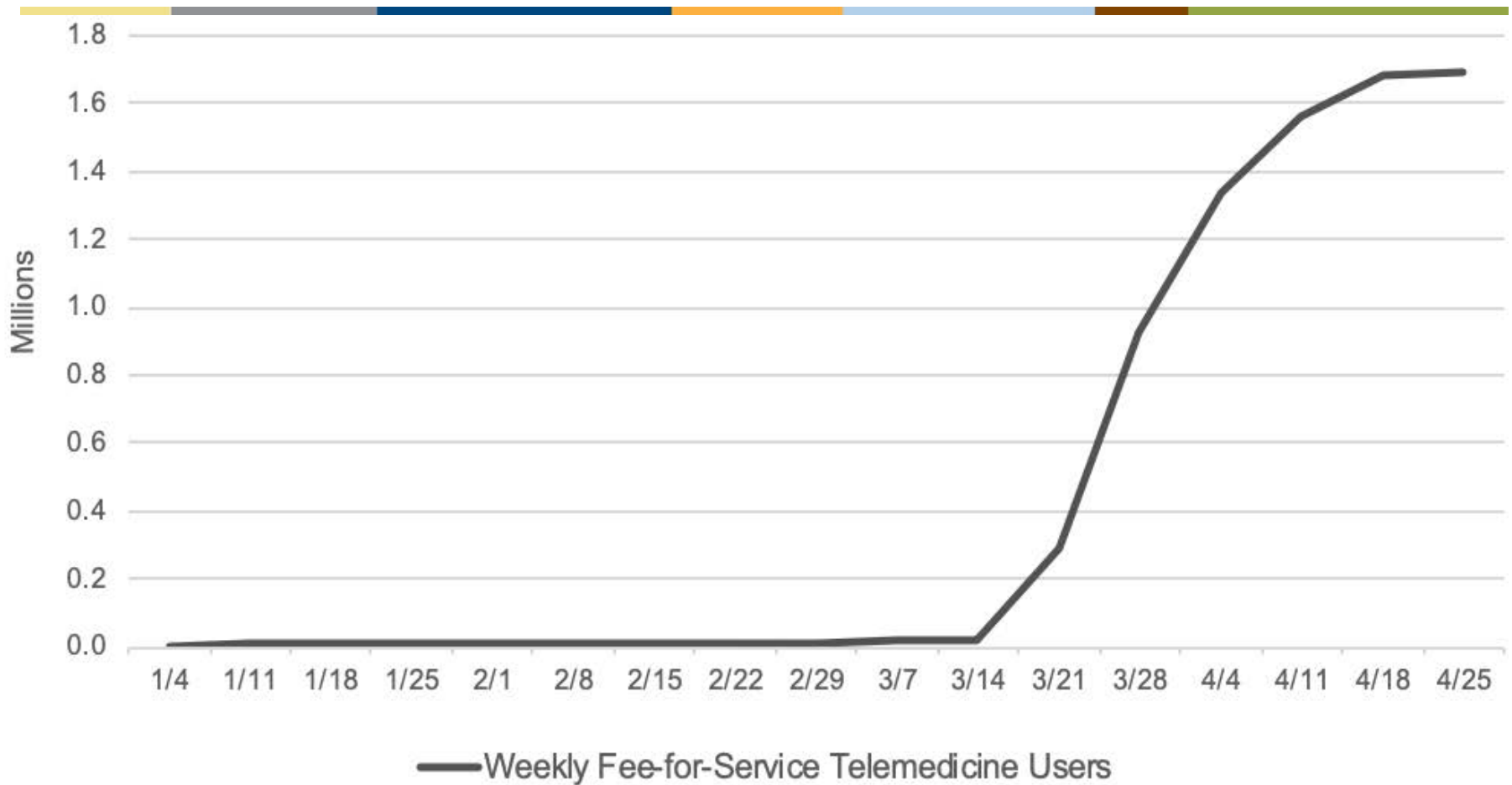
- Telehealth reasonable for outpatient but not higher levels of care
 - Residential: 75-80% occupancy to break even
 - 50% occupancy allowed
- Internet access extremely limited: telephone services may be the only access
- Staff are tired, isolated and experiencing all of the emotions present in the rest of the population
- 2020 was more than the pandemic!

About Those “Gifts”??



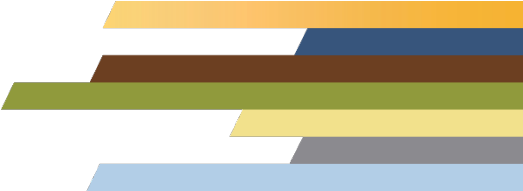
- Disruption
 - Rapid change to delivery systems
 - 1964 University of Nebraska video consultations to state hospital
 - 1996 study showing equivalent outcomes with e-group and in-person AND greater patient satisfaction with convenience, confidentiality of e-services (*King, et al*)
 - 50+ years and then in 1 month: BOOM!
- 

Impact: CMS (*Verma*)



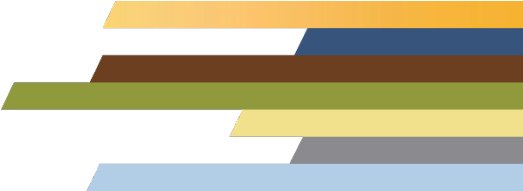
Why the Delay?



- Dinosaurs: we do what we do until we cannot
 - Payment
 - Regulatory barriers
 - Organizational barriers
- 

Current Status: Patients



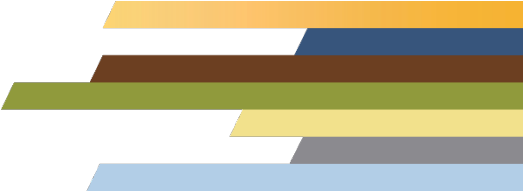
- Mixed bag
 - Some individuals will struggle to return to in-person due to childcare, jobs and transportation and weather
 - Others, absolutely need the in-person to connect, particularly during initiation
 - Groups: more technology support needed to allow access for many
 - Likely answer: hybrid model
- 

Current Status: Staff

- Again, mixed bag
- Some providers doing amazing work connecting via technology
- Removal of barriers including travel, bad roads, work hours and physical limitations
- May extend careers as tenured staff approach retirement
- Others really need the in-person contacts and there are time-boundary concerns

Current Status: Agencies

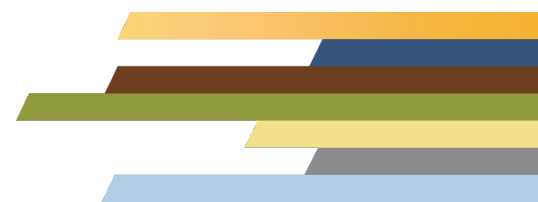


- Reimbursement: Emergency rules are time-limited
 - Major revision of regulations and requirements underway
 - Commercial insurances vary
 - Follow state updates closely
 - Staff education and CEUs: far more reasonable under the pandemic limitations with virtual conferences, no travel or hotel
 - Staff churning
- 

Opportunity

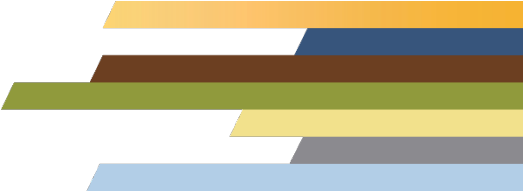


- Take a deep breath: You are going through a once-in-a lifetime (or more) experience, but you ARE here
- Look up from the day to day and do a critical assessment of what and how things are working
- We cannot recognize opportunity unless we are open to it
- Dandelions: noxious weeds or lunch, joy and pollinator support?



Moving Forward

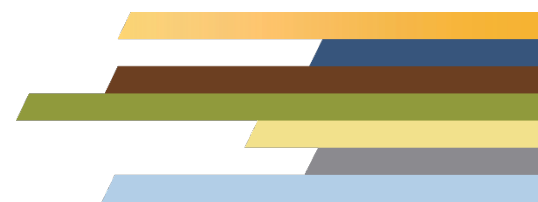


- Seek feedback from patients and staff:
 - What is working?
 - What would be even better if?
 - Determine what can continue regardless of regulatory changes: what you can actually control
 - Be prepared to respond to reimbursement and other changes that can support your service
- 

Make Conscious Decisions



- Much of the past year has been reactions to rapidly changing situations beyond our control
- Look at your data
- Plan for your practice post-Covid
- Be prepared for something that looks very different than the past decades: what about all of those forms???



Practice the Skills of Resilience

Seven Skills of Resilience

- 1: Cultivate a Belief in Your Ability to Cope.
- 2: Stay Connected With Sources of Support.
- 3: Talk About What You're Going Through.
- 4: Be Helpful to Others.
- 5: Activate Positive Emotion.
- 6: Cultivate an **Attitude** of Survivorship.
- 7: Seek Meaning.

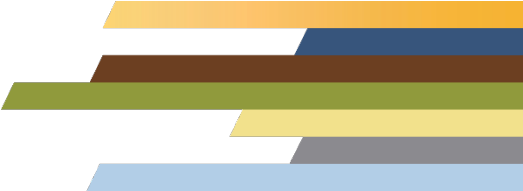
King, Seven Skills of Resilience: Psychology Today

March 31, 2020

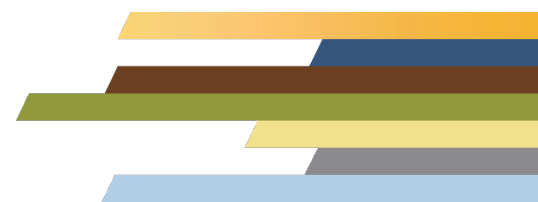


In Closing



- While chaos is challenging, opportunity does bring loss and giving up of the familiar
 - We have the opportunity to go forward with changes that can make a positive difference for the people we serve and how we provide that service...will we?
 - Remember: Life continued AFTER the dinosaurs!
- 

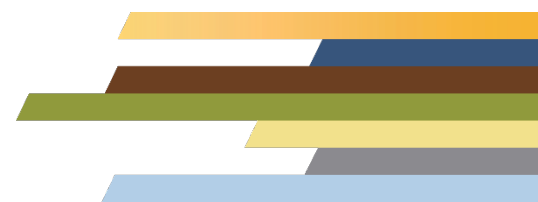
And Life Goes On...



Questions?

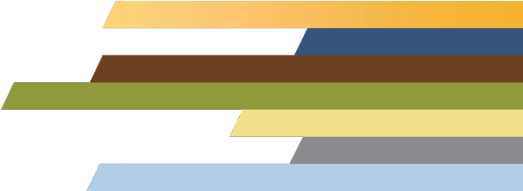


- Sheila Weix MSN, RN, CARN
Weix.Sheila @marshfieldclinic.org



References



- <https://www.drugabuse.gov/about-nida/noras-blog/2020/09/addressing-unique-challenges-covid-19-people-in-recovery>
 - King, K. Seven skills of resilience. <https://www.psychologytoday.com/us/blog/lifespan-perspectives/202003/seven-skills-resilience>
 - King, V.L., et al. Assessing the effectiveness of an internet-based videoconferencing platform for delivering intensified substance abuse counseling. <https://pubmed.ncbi.nlm.nih.gov/18775625/>
- 

References

- Pollard, M.S., et al. Changes in adult alcohol use and consequences during the covid-19 pandemic in the US.
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2770975>
- Verma, S. Early impact of CMS expansion of Medicare telehealth during covid-19.
<https://www.healthaffairs.org/doi/10.1377/hblog20200715.454789/full/>

References

