HEALTHCARE TASK FORCE

Governor's Commission on Alcohol and other Drugs

Task Force Co-Chairs: Seddon Savage and Lindy Keller

Summary of Findings & Recommendations for Legislators and other Policy Maker to Consider *in* Development of Technology-Based Services for Care of Substance Use Disorders

Approved by the NH Governor's Commission on Alcohol and other Drugs as a work product the Healthcare Task Force of the Governor's Commission, June 26th, 2020.

Developed by members of the Healthcare Task Force, informed by diverse health systems experiences & observations, presentations by two technology-based MAT companies, academic health technology expert input, and discussion.

Background

- **Goals of technology-based care**
  - Make MAT more accessible/increase access to broader populations by reducing barriers
    - Across geography to areas of need
    - Across clinical settings
      - Community health settings
      - Primary care
      - Inpatient settings
      - Urgent care and emergency room
      - Under-served, addiction treatment settings
    - Across diverse lifestyles and resource levels
- **Potential benefits of technology-based care**
  - Increased work force capacity to provide
    - Behavioral health services
    - Medication prescriptions and management
  - Increased access by
    - Overcoming travel barriers
    - More flexible timing of services reducing interference with work and family
      - Some programs have groups and other services available on demand
      - Others require scheduling but with more options than many clinics
    - Permitting access to care outside of treatment settings in naturalistic environments
    - Technologic interactions preferred by many, especially younger patients
- **Potential risks of technology-based care**
  - Inadequate engagement in robust human interactions
  - Data management and confidentiality risks
  - Entrepreneurial development out-pacing evidence
  - One size fit's all, non-individualized care
  - Perpetuation of behavioral health carve-outs and stigma

Recommendations for policy makers

1. With the understanding that technology-based care is inevitable, it is important to be **proactive in guiding development.** Proceed using a **thoughtful, informed process**
   a. Caution re: making too rapid decisions out of perceived expediency

   b. Examine best practices in clinical practice, public policy, and reimbursement in other States. (Maine is noted as having balanced policies)
   c. American Telemedicine Association (ATA) https://www.americantelemed.org has extensive information and resources (industry driven).
   d. Consider contracting with academic experts who can help guide development, vet technology vendors, etc. (Dartmouth Center for Technology and Behavioral Health and University of New Hampshire Telepractice Center were mentioned as examples)
   e. Engage consumers in discussion and development of State processes
   f. Maintain **awareness that persons with SUD are a vulnerable population**, ripe for exploitation
2. **Develop best practice guidance** to inform services
   a. Team recalls a regulatory mandate passed within past few years for a technology-based care oversight committee
      i. Consider reactivating this or convening a new best practices committee to develop guidance and/or provide oversight
3. Adoption of technology to expand care should **support,** not undermine or replace, efforts to **integrate behavioral health care into general health care setting**
   a. Noted that some health systems seem to be poised to outsource MAT care to technology-based services rather than striving to integrate in person MAT into their clinical systems
   b. Technology should complement, not replace integrated in-person care
   c. Virtual BH/MAT systems must connect with primary care
   d. Avoid technology-based MAT perpetuating BH carve outs from other medical care
4. Technology-based care should **include individualized treatment plans**, not provide cookie cutter care
5. Virtual interactions should **not entirely supplant personal interactions and real community**. Find balance.
   a. Isolation is a hallmark of addiction: community, connections and support are important in recovery
   b. Periodic face to face groups and individual appointments are encouraged.
   c. Initial face to face medical and counseling evaluations are considered important by some providers and a barrier to care by others. Science and practice are evolving.
6. **Consider differences in treatment needs of individuals**. Some variables that may shape whether technology based or in person care is best may include:
   a. Patient preference and engagement styles
   b. Duration of the individual‘s recovery
   c. Presence or absence of serious co-occurring disorders
   d. Contextual issues such as home environment, transportation, childcare etc
   e. Robustness and specific features of the technology-based care system used.
7. **Protection of data** is critical
   a. What is being collected?
   b. What is being done with collected data?
   c. Assure that patient permissions are informed and done when patients are not cognitively impaired or unduly stressed
8. **Protection of confidentiality** is important, including
   a. Consideration of HIPAA
   b. Consideration of 42 CFR

9. **Support equitable access.** Many people do not have consistent access to technology; need to support access by those who do not have it.
    a. Should not become an option only for the well off.
10. **Avoid reinforcing stigma**
    a. Individuals may elect virtual technology-based care to avoid the labeling and stigma that may occur in face to face settings;
    b. Consider how/if technology may perpetuate stigma in healthcare settings. Balance this.
11. In electing/contracting to work with companies offering technology-based care systems, it is important to **understand and consider technology vendor's**
    a. Business practices
    b. Financial models
    c. Data management systems
    d. Security of technology platforms
    e. Partners and investors
    f. Clinical practices
        i. Vetting of clinical personnel
            1. Virtual counseling may be best facilitated by more experienced, rather than less experiences clinicians
            2. Staff should have training in optimal use of technology
        ii. Interfaces with co-care providers
        iii. Evidence base for
            1. Clinical data collection
            2. Treatment paradigms.
        iv. Clinical programming and quality/fidelity mechanisms
    g. Clarity and appropriateness of use of data for research vs clinical care
    h. Motivations: commitment, experience and mission driven work in SUD care vs entrepreneurial profit driven engagement that may lend to care omissions
12. Consider **whether and how to help shape insurer contracts** for these services,
    a. Should their options/decisions be guided by State adopted best practices/ oversight committee recommendations?
13. Need to **clarify existing regulations**
    a. Consensus that people are confused by current regulations, eg
        i. Face to face appt requirements for prescribing -when and how often?
        ii. How different controlled substance/CS classes are covered?
        iii. What providers qualify to provide tech-based services?
        iv. How to register to provide tech-based services if necessary?
        v. HIPAA and 42 CFR
        vi. Others