

## Colorado Consortium for Prescription Drug Abuse Prevention

### Treatment Work Group Meeting Minutes

May 28, 2020 via Zoom

#### **PRESENT**

Steve Young, MD, (Co-Chair), UC School of Medicine

Angela Bonaguidi, (Co-chair), ARTS

Jay Shore, MD

Kaylin Klie, MD

Tyler Coyle, MD

J.K. Costello, MD, The Steadman Group

Mary Weber, PhD, UC Denver School of Nursing

Samuel Parmenter, ARTS

Terri Hurst, Colorado Criminal Justice Reform Coalition

Carly Larson, Rocky Mountain Crisis Partners

Stephanie Salkin, OBH

Heather Ihrig, North Colorado Health Alliance.

Michele Ryan, Behavioral Health Group

Perla Ramirez

Kacy Behrend, OBH

Consortium: Jose Esquibel, Gina Olberding, Susanna Cooper, Jen Place, Jessica Eaddy, Jamie Feld, Lindsey Simbeye, Rosemarie MacDowell

#### **ABSENT**

John Battisti, PhD, Pear Therapeutics; Nancy Steinfurth, Liver Health Connection; Haley Foster, Tri-County Health; Kim Bechthold, Sundance Diagnostics; Tina Schwingler, SCL Health Caritas Clinic; P.J. Higgins, CePAR; Tanya Sorrell, RN, UC Denver School of Nursing; Stephen Axelrod, MD; Joanna Martinson, RN, North Colorado Health Alliance; Ellen Price, DO, Mesa County Medical Society; Emily Cheshire, Sheridan Health Services; Jennifer Ziouras, MD, Regional Chief of Internal Medicine, Kaiser Permanente of Colorado; Sania Celio, King Soopers; Lisa Clements, Office of Behavioral Health; Connie Valdez, PharmD, University of Colorado School of Pharmacy; Joseph Sakai, MD, University of Colorado School of Medicine, ARTS Program; Clark Lyda, PharmD, University of Colorado Hospital; Patrick Fox, MD, Interim Director, Office of Behavioral Health; Frank Cornelia, Colorado Behavioral Healthcare Council (CBHC); Stephanie Menke, University of Colorado School of Medicine, ARTS Program; Judith Miller, PhD, Addiction Recovery Treatment Provider; Mary Ciambelli President, Colorado Nurses Association; Bev Marquez, Rocky Mountain Crisis Partners; Cyndee Lutz, Community Member; Matthew Ponder, MD; Stephanie Faren, RN, Boulder Valley School District; Mark Costello, Licensed Acupuncturist; Candi Ader, Millennium Health; Brandon Utter, HCPF; Amanda Bent, Drug Policy Alliance; Alia Al-Tayyib, PhD, Denver Health; Joe Frank, MD; Tom Denberg, MD, Pinnacol; Mancia Ko, UC Denver; Kiley Floren, Health District of Northern Larimer County; Daniel Bebo, MD; Josh Blum, MD, Denver Health; Roland Flores, MD, UC School of Medicine; Jose Tomas Prieto, Denver Health; Brian Ferrans, Health District of Northern Larimer County; Mary Reeves, MD, National Faculty for Transforming Clinical Practice Initiative; Elizabeth Pace, Peer Assistance Services; Bethany Pace-Danley, Peer Assistance

Services; Denise Vincioni, Denver Recovery Group; Steven Wright, MD, Porter Primary Care; Kristina Green, CDPHE; Rachel Wendt, DC, Colorado Chiropractic Association; Tina Beckley, Behavioral Health Group; Joel Miller, OBH; Soraya Jallad, Peer Assistance Services; Katie Wells, Office of Behavioral Health; Marc Condojani, Office of Behavioral Health; Rachael McLaughlin, Rocky Mountain Crisis Partners; Krystal Hart, RN; Dayna DeHerrera-Smith, Front Range Clinic; Amy Wachholtz, PhD, UC Denver; Daniel Pacheco, UC Denver; Steve Holloway, CDPHE; Kristy Jordan, Signal Behavioral Health; Moses Gur, Colorado Behavioral Healthcare Council; Amanda Wroblewski, Boulder Community Health; Marie Archambault, Creative Treatment Options; Bryan Standley, Creative Treatment Options; Heather Dolan, Signal Behavioral Health; Seth Forwood, Denver Rescue Mission, Harvest Farm; Jess Fear, SummitStone Partners; Cassy Westmoreland, CO Department of Local Affairs; Amy McCord, Homeward Pikes Peak; Diane Sanders, Acadia Healthcare; Elizabeth Mooney, Colorado Access; Qing Li, Epidemiologist; Emily Schrader, Dimensions Counseling & Consulting; Carl Anderson, Arapahoe County; Brooke Lee, Summit Stone Health; Tiffany Gunnells, North Range Behavioral Health; Carmen Iacino, West Slope Casa; Elsa Inman, Centura Health; Mike Nerenberg, MD; Terri Schreiber, The Schreiber Research Group; Meredith Davis, Office of Behavioral Health; Alice Casey, Pickens Technical College; Sarah Prager, AllHealth Network; Sarah LaRue, CCHN; Kim McConnell, HCPF; Scott Philibin, Alkermes, Inc.; Jeremy Make, JSI (John Snow, Inc.); Tamara McCoy, North Range Behavioral Health; Kelly McDermott, Signal Behavioral Health; Shannon Miller, Crossroads Turning Point; Kristina Daniel, Valley Wide Health Systems; Duke Rumley, Sober AF Entertainment; Jean Howard, Crossroads Turning Points; Pamela Vaughn, North Range Clinic; Tiffany Tuetken, Cordant Health Solutions; Christian Shotts; Yolanda Chavez; Consortium: Rob Valuck, Tyler Payne, Judy Solano, Michael Davidson

Co-chair Steve Young called the meeting to order at 12:05 p.m.

### **Approval of Minutes:**

A motion was made to approve the March 2020 meeting minutes. Motion passed.

### **Telehealth in the Age of COVID-19**

Dr. Jay Shore, MD, Director of Telemedicine at the University of Colorado, presented a brief history of the evolution and development of telepsychiatry. The remainder of his presentation addressed telepsychiatry specific to COVID-19 and the future of telepsychiatry in a post-COVID environment. A copy of the presentation is attached to the minutes.

### **Presentation Highlights/Comments:**

- Health systems have not kept up with advances in technology.
- Telepsychiatry began in the late 1950s, but was limited to large government grants due to the expense. The technology became more affordable beginning in the 1990s.
- Thirty years of outcomes research has demonstrated that telepsychiatry is as effective as in-person care.
- Videoconferencing replicates in-person encounters, with support from phone and email contact.

- COVID-19 brought about a wave of change due to necessity, which included the rapid deployment of telehealth and telepsychiatry and virtualization of all operations.
- COVID-19 brought about regulatory changes to state licensure, federal regulations related to the prescribing of controlled substances (some exceptions such as methadone and buprenorphine), billing/reimbursement, and HIPPA technology compliance.
- Many regulations (including insurance requirements) are on a case-by-case and state-by-state basis.
- The rapid adaptation has been challenging.
- Best practices include training, a comfortable space, team interactions, breaks, and diversity in scheduling.
- The future environment of COVID-19 will determine re-establishment of in-person care.
- Future challenges involve expiration of regulatory changes, Zoom fatigue/pushback, research funding, and methodology adaptations.
- Telepsychiatry offers solutions for patient access to care that might not otherwise be available (geographically distant services, integration with primary care).
- The Department of Family Medicine and Psychiatry is organizing an integrated care addiction service for outpatients.

Dr. Klie reported that most of her clinics are functioning as virtual/in-person hybrids. She said she does not see a return to the traditional in-person setting as telehealth offers many benefits for both the patient and the provider. For instance, the provider can now view patients in their personal environments, which can give the provider another perspective. There are now fewer opportunities for things like urine samples, which can tend to be “probationary.” She suggested that additional training for providers would be helpful.

Carly Larson brought up the issue of equitable access to the internet for patients and the costs involved. Dr. Shore said federal technology grants are available and that some of the rural communities are looking into creative solutions such as patient access to Wi-Fi from their cars in parking lots located near oil and gas rigs with internet monitoring facilities.

Dr. Young said that Colorado Treatment Services does a lot of phone counseling and asked about the video component. Dr. Shor said that outcomes of video conferencing are as effective as in-person counseling; however, the literature has not looked into full assessments and treatments (with the exception of crisis management literature). He indicated that new patient intakes and assessments should be done by video, as the visual component provides a greater understanding the patient’s circumstances.

Other questions/comments:

The need for advocacy. Dr. Shor is the Chair of the American Psychiatric Association Telepsychiatry Committee. He believes that any change will most likely need to occur at the legislative level and, given all of the other current issues, advocacy will require prioritizing.

Training requirements. The APA developed a toolkit, which is currently being updated. In the past, Dr. Shor trained clinics by writing a protocol and conducting clinic staff training.

**Expanding Addiction Medicine Opportunities for CU School of Medicine Residents:**

Dr. Tyler Coyle explained the current difficulty involved in clinician waiver training to provide medication assisted treatment such as buprenorphine. Another issue is that many clinicians

with waivers to provide buprenorphine are actually not using them. Between 2016 and 2017, there were 702 waived providers in the State of Colorado; however, only 34% were listed in a federally-published list of prescribers, 33 of 64 Colorado counties lacked a waived prescriber, and 56% of waived providers did not prescribe buprenorphine. 12,600 patients were treated with buprenorphine during this same period. If all providers had fully reached patient caps, 40,000 patients could have been treated. Colorado needs more providers to obtain their waiver to prescribe buprenorphine and to actually prescribe it.

SAMHSA recently awarded a grant to include waiver training in the pre-graduate curriculum at the CU School of Medicine rather than requiring physicians to take eight hours of post-graduate training. The CU Interprofessional Clinical Opioid Use Disorder (ICLOUD) Curriculum was developed and includes faculty members from the School of Medicine, College of Nursing, and Physicians Assistants Program. The curriculum includes campus-wide experiential and didactic learning, eight hours of data training, and expanded addiction medicine electives. Experiential learning involves advocacy, Narcan training, and site visits to the state capitol and to county drug courts. 100 students were recently trained. Dr. Coyle asked work group members to let him know if they are interested in assisting with student training in the Denver metro area. Dr. Coyle can be contacted at the following email address: [tyler.coyle@CUAnschutz.edu](mailto:tyler.coyle@CUAnschutz.edu)

### **Announcements:**

The Provider Education Work Group is offering weekly online lunch and learn CME approved educational sessions at no charge. A listing is attached to the minutes.

### **Adjournment and Next Meeting:**

The meeting adjourned at 1:20 p.m. The next work group meeting will be held on July 23, 2020 from 12–1:15 p.m.

Attachments:

Telepsychiatry in the Age of COVID  
List of Provider Education Lunch & Learn Sessions