

Oneida Nation Behavioral  
Health Emergency COVID 19  
Telehealth Implementation  
9/23/20



# Ka?nikuhli'yo' Family Center— Behavioral Health Services

- Behavioral Health Services (BH) is state licensed to provide Mental Health and Substance Abuse Services.
- BH staff include:
  - Psychiatrist,
  - Psychiatric RN's,
  - Psychologists,
  - Mental Health Therapists
  - Substance Abuse Counselors,
  - Social Workers,
  - Triage Counselor's, and
  - Support staff of medical records and patient account representatives.

# Ka?nikuhli'yo' Family Center— Behavioral Health Services

- Oneida Nation has about 17,000 enrolled members with about 7,900 living on or near the reservation.
- We serve about 2,700 active patients with 30,727 visits per year
- No Show rate is about 14%
- Access to care

# Transition Development

Based on CDC, State and Tribe recommendations, and corresponding public health emergency orders, precautionary measures were developed and implemented to protect community members and providers.

## **Precautionary Measures included:**

### Social Distancing Protocol Development

- While maintaining State Licensing Requirements

### Telecommuting Process Development

- VPN Access
- Privacy Considerations
- Development of Agreements with all Telecommuting provider's

### Equipment Percurrent

- Laptops
- Webcams
- Headphones

# Emergency Transition to Telehealth

- EXECUTIVE ORDER #72-Relating to a Proclamation Declaring a Health Emergency in Response to the COVID-19 Coronavirus
- Oneida Nation Public Health State of Emergency and Stay at Home Declaration began March 12, 2020 and is currently in place.
- **EXPANSION OF TELEHEALTH WITH 1135 WAIVER:** Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients.

# HIPAA Rules are Temporarily Relaxed

- The U.S. Department of Health and Human Services (HHS) is exercising what it terms “enforcement discretion” and is waiving potential penalties for violations of the Health Insurance Portability and Accountability Act (HIPAA) for providers who use telehealth to treat patients during this time of crisis.
- The intent is to make it easier for providers to give necessary care at a time when office visits are generally not going to be possible, according to the HHS. In fact, they specifically referenced Skype, FaceTime and other noncompliant telehealth platforms as reasonable options to provide care for Medicare patients during this crisis.

# Substance Use, Written Consent, and 42 CFR Part 2 Guidance

March 19, 2020

<https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf>

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# Temporary Changes to Telehealth Technologies

- Beginning on March 12, 2020, and for the duration of the Wisconsin public health emergency for COVID-19, Wisconsin Medicaid will allow remote services utilizing interactive synchronous (real-time) technology, including audio-only phone communication, for services that can be delivered with functional equivalency to the face-to-face service.

# Benefits for Using Telehealth During COVID19 Outbreak

- **Promotes** the practice of social distancing to reduce spread – shifting visits that do not require in-person/face-to-face limits the physical contact between staff and patients and can reduce risk of spread in high-volume/traffic areas such as waiting rooms.
- **Enables** the exploration of options for continued engagement and reduces potential exposure for those who are considered most vulnerable to COVID-19.
- **Reduces** the likelihood of patients participating in activities/behaviors that could increase risk of exposure, such as use of public transportation to attend appointments.

# Initial Transition

## Initial Transition Steps:

- Phone contacts with patients on the providers schedules to do check in's/supportive counseling.
  - Utilizing Psychological First Aid and OBH ER BH services SOP, clinicians transitioned to phone contacts, including patient check-in's and supportive counseling
- COVID 19 codes were developed and used when canceling patients in EHR.
- Providers documented COVID-19 precaution statements in the patient's chart when contacting patients by phone
- Group therapy sessions were started using audio conferencing.
- Therapists were providing services working remotely from their homes.
- Triage Counselors were mailing consent forms for patients to sign to patient homes.
- Transitioned psychiatric medications management to phone contacts.
- All Department meetings, clinical staffing, and individual supervisions/consultations were completed virtually.
- MIS Support

# What Technology Do We Have?

- Telecommunication Platforms
  - Microsoft Teams accounts were created with video and audio-conferencing capabilities.
  - Oneida had capability but not all providers had access.
- Technology
  - VPN Access was given to providers to work from home.
  - Webcam enabled laptops and other items were purchased and distributed
  - Borrowed laptops were returned to other depts
  - Headsets for all providers were ordered and distributed
  - Docking stations for all providers were ordered and distributed

# Implementing Video Sessions

- Webcam enabled laptops are used to complete Microsoft Teams sessions with patients.
- Patients are helped in how to utilize the Microsoft Teams app and participate in video sessions.
- Initial Assessments/Evaluations are completed through video meetings, as are the following sessions.
- Due to complexity of scheduling, providers schedule patient appointments with the patient utilizing Microsoft Outlook calendars and Microsoft Teams

# Telehealth Considerations

- Considerations include:
  - Each provider is to test the Microsoft Teams video prior to sessions to ensure that the technology is working and to increase proficiency in using the platform for telehealth services
  - Each provider is to obtain patient verbal consent for video telehealth session, along with the patient's immediate location and contact information.
  - Providers conduct telehealth sessions in a private space, while also ensuring that patients are also in a secure location.
  - Providers are to be aware of their background setting during video sessions.

# Special Considerations

- Suicidal Clients
  - Ensuring providers have information on the patient's current location and current phone contact information
  - Ensuring providers have the patient's emergency contact information
- Elders
  - Providing telehealth services at OBH
- Children & Families
  - Ensuring parents are available during the session

# Documentation Needs

- Consents
  - Patients are mailed documents to their homes
  - Providers and patients review consents at the start of session
  - Providers document the consent review in each session note
- Providers document the current location of the patient and their emergency contact information at each session
- Session documentation is the same as if the patient is seen face-to-face.
- Billing codes remain the same as when patients are seen face-to-face. The Billing Specialist adds the necessary additional codes for tracking of COVID-19 services provided.

# Back Up Plans

Plans are in place in the event patients are unable to connect to Microsoft Teams and include:

- **Plan A**
  - If the video is not available, providers and patients use the audio feature via Microsoft Teams.
- **Plan B**
  - If Microsoft Teams does not work, providers contact the patient via telephone.
- **Plan C**
  - If patients do not have access to reliable technology, a telehealth session can be conducted on site.

# Re Open Planning

- OBH has not stop providing services.
- Initially, services were provided using phone sessions and then transitioned to video sessions using Microsoft Teams.
- Temporary Gaps in Care (restarted using COVID-19 precautions)
  - Psychological Evaluations
  - Urine Drug Screen
  - Telehealth Services to individuals who do not have the resources.

# Developing Onsite Services

- Create Onsite Telehealth Rooms
  - Patient Navigators", including PARS/RNs/Triage in helping the community improve access to care during the conversion to tele-behavioral health.
- Set up Protective barriers in Urine Drug Screen Rooms, PARS area and Onsite Telehealth Rooms.

# Services Currently Provided Through Telehealth

- Psychiatry
- Psychological Evaluations and Med Checks
- Substance Abuse Treatment
  - Assessments
  - Individuals
  - Therapy Groups- IOP and Aftercare
- Mental Health Therapy
  - Individual Sessions- Adult and Children
  - Brain spotting
  - DBT Group
- Staff wellness support (workforce protection), departmental meetings, and supervision

# Lesson's learned.....

- Patient participation
  - There has been an increase in patient attendance and use in telehealth services
  - Patients are being sent information via mail
  - Group participants are being sent information ahead of time
- Improvements in Teamwork & Communication
  - We all need each other for this to work
  - Timely and honest communication is key!
- Increased telehealth services can be done
  - We went from 2 providers providing Telehealth services to 37 providers in 10 days!
- Change management
  - Really getting to know your team.
  - Learning a different way of managing providers working remotely and some onsite.
- Technology Shifts
  - Switching from desktops to laptops made for an easier transition and increased flexibility for our providers to provide remote telehealth services.

# Next Steps

- Enhancing the use of the Patient Portal with secure messaging and patient's ability to sign informed consents and other admission documents.
- Continued education for all clinical staff on evidence based and culturally responsive best practices in tele-behavioral health services
- Continued monitoring of staff wellness
- The long-term goal of researching a more effective telehealth solution that could eliminate duplication of scheduling, ect.

# Contact Info

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# Questions?

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# Resources

## **Emergency Orders for Behavioral Health Services:** (From March 12, 2020 to May 10, 2020)

- 2020 Emergency Order #35- DHS 35 and DHS 75
- 2020 Emergency Order #21- DHS 75.15

## **Electronic Signatures:**

- WI Statute Chapter 137- Electronic Transactions and Records
- ForwardHealth Topic #16175 - Policy Requirements for Use of Electronic Signatures on Electronic Health Records

## **Waivers and Variances for Behavioral Health Programs:**

- [www.dhs.wisconsin.gov/regulations/waiver-variance-behavioral-health.htm](http://www.dhs.wisconsin.gov/regulations/waiver-variance-behavioral-health.htm)
- DCTS Memo regarding waivers and variances technical assistance
- [www.dhs.wisconsin.gov/dcts/memos/info/20205infomemo.pdf](http://www.dhs.wisconsin.gov/dcts/memos/info/20205infomemo.pdf)

# Resources

## Guidance and Updates for Healthcare Providers:

- [www.dhs.wisconsin.gov/covid-19/providers.htm](http://www.dhs.wisconsin.gov/covid-19/providers.htm)
- <https://www.dhs.wisconsin.gov/publications/p02669.pdf>
- <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- [www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html](http://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html)
- [www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html)

# Resources

## ForwardHealth Telehealth Updates and Information:

- [www.forwardhealth.wi.gov/kw/pdf/2020-15.pdf](http://www.forwardhealth.wi.gov/kw/pdf/2020-15.pdf)
- [www.forwardhealth.wi.gov/kw/pdf/2020-09.pdf](http://www.forwardhealth.wi.gov/kw/pdf/2020-09.pdf)
- ForwardHealth Topic #510 - Telehealth
- [www.forwardhealth.wi.gov/WIPortal/Subsystem/](http://www.forwardhealth.wi.gov/WIPortal/Subsystem/)
- Billing Clarifications for Telehealth Services
- [www.forwardhealth.wi.gov/WIPortal/](http://www.forwardhealth.wi.gov/WIPortal/)
- ForwardHealth COVID-19 Information Page  
[www.forwardhealth.wi.gov/WIPortal/content/html/news/covid19\\_resources](http://www.forwardhealth.wi.gov/WIPortal/content/html/news/covid19_resources).

# Additional Resources

## **SAMHSA Resources:**

- <https://www.samhsa.gov/coronavirus>
- [www.samhsa.gov/sites/default/files/training-and-technical-assistance-covid19.pdf](http://www.samhsa.gov/sites/default/files/training-and-technical-assistance-covid19.pdf)

## **Addiction Technology Transfer Center (ATTC) Pandemic Response Resources:**

- [attcnetwork.org/centers/global-attc/network-pandemic-resources](http://attcnetwork.org/centers/global-attc/network-pandemic-resources)

## **Telehealth Resources:**

- <https://www.telehealth.hhs.gov/>
- <https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>
- Federal Communications Commission (FCC) Lifeline program discounts on phone and broadband service to low-income consumers  
[www.lifelinesupport.org](http://www.lifelinesupport.org)

## **Resilient Wisconsin - Tools and Resources for Coping with Stress and Self-Care:**

- [www.dhs.wisconsin.gov/resilient/index.htm](http://www.dhs.wisconsin.gov/resilient/index.htm)