

Expanding Access: Telehealth and Innovative Strategies for Person-Centered Care

Sasha Bianchi:

Thank you all for joining us here. Back in the main room, for a final presentation session, on expanding access, telehealth and innovative strategies for patient centered care. I am Sasha Bianchi, you've heard a lot for me today. And last week, but I'm the director of the OTP center, and you can go to next slide Lisa.

So today, we're really happy to have, wonderful, panel of presenters. We've got Danielle Louder from the northeast telehealth resource Center. She's the director, and she's going to be serving as a moderator for the panel. And then we've got three people from Spectrum Health Systems. Lisa Blanchard, the chief clinical officer there. Jonathan Miller, chief information officer, and Shannon Kohnke, who's the clinical director. And they're going to be offering a variety of different perspectives on integrating telehealth into their services. Next slide. So at the end of the session, we're hoping that you'll come away with at least two best practices for successful telehealth implementation, that you'll be able to identify at least one strategy for ensuring equitable access to telehealth services, and that you'll be able to identify at least one strategy for clinicians to use to enhance patient engagement with telehealth. With that, I'll pass back to you, Lisa.

Lisa Blanchard:

Great. Thank you so much, Sasha. So thank you, everybody, for being here. I see some familiar names and familiar faces. So, you know, as Sasha said, I'm Lisa Blanchard. I'm the chief clinical officer at spectrum, and I've been here now for 26 years, most all of that time directly connected to our opioid treatment programs.

So I've really watched this process go for some time and see that evolution of integration of telehealth. So I'm really excited to share how the challenges and ways that we've tried to overcome them as an organization. I am going to turn it over to Shannon to talk about some best practices for telehealth. And Shannon, want to introduce yourself and go over some of these options?

Shannon Kohnke:

Yeah, sure. Hi, everyone. My name is Shannon Kohnke. I am a clinical program director with Spectrum Health Systems. I play a big role on kind of the clinical side of telehealth and what that has looked like for our staff and our patients. I was a part of the movement from everything being in person to doing telehealth, especially when COVID happened. We kind of jumped right into it. Over the last few years, we've kind of learned to perfect it. So clinically, I've played a big role in that. So I'm kind of excited to talk more about how staff and patients can approach these sessions, how they can better support our patients. So what I'll start off talking here about is really just a systems and implementation of a telehealth platform or a system.

When getting ready to, you know, implement a telehealth platform it's really important to consider whether or not we can connect that system to our electronic medical record, especially the scheduling calendar. This really will allow us to easily transition to appointment to appointment, but also it allows for tracking purposes. We can see where we are meeting with patients virtually or in person, and what is working better for patients.

Something else that came up through our transition that proved to be really helpful was making sure that there were trainings, that office hours to support staff in navigating that telehealth system. This still was pretty new for a lot of staff. It's still new for a lot of patients. So having these trainings at office hours before telehealth gets implemented. But even afterwards, once it starts getting used and you are live in telehealth, a lot of questions, a lot of scenarios, a lot of what if start to come up. So it's helpful to have that support available while people are actually in it and using it.

A reminder system is super helpful as well. We want to make sure that there is an opportunity for appointment reminders to be sent automatically or manually to patients. That way they are aware of their appointments, they're reminded of it, and can communicate with staff if there's any issues or barriers to making those appointments. A lot of staff will have their hands on telehealth. Maybe not just clinical, but sometimes our administrative staff, our psychiatrist, a lot of like I said, a lot of those staff are going to be utilizing telehealth. So we want to make sure there's multiple ways for us to share that telehealth link and that multiple people have access to that.

And lastly, we want to integrate a telehealth consent, and we want to make sure that this consent can be signed electronically. And it's most helpful to utilize our clinical staff to review this consent, because through that review we're going to talk about expectations. We're going to talk about guidelines around participating in a telehealth appointment or group. So we want to make sure that we can address any questions, concerns or barriers that might come up before a patient is engaging in telehealth.

So I can talk about yep. Perfect. So pros and cons of telehealth. We like I said, we made the transition to telehealth during Covid. And since then we've really been able to identify what works and why this works. But also what are some of the cons that come along with that? So some pros to telehealth. It really allows for patients to engage while also managing other priorities. We know outside of treatment, patients have childcare childcare concerns, work concerns, other priorities. But telehealth allows them to integrate counseling groups into their day to day without interrupting too many of these priorities. We've noticed a huge reduction in barriers. A lot of times, patients could struggle to make it to an actual physical site because of transportation, because of timing, because of these other barriers that I mentioned. But having the ability to click on to an appointment, kind of from wherever they are, really has reduced a lot of that and allowed for an increase in engagement. When a patient is engaging in telehealth, they can kind of have control over where they want to engage from. They have control over their environment. Sometimes sitting in a group room or sitting in an office can feel, I don't know, it can be it can be challenging for patients, especially if there's a history of trauma or a history of mental health diagnoses.

So, you know, we were going to consider this to be really trauma informed care, to allow a patient to connect from wherever they are. And then with all that being said, this is going to promote low barrier treatment. This is really going to eliminate those barriers I mentioned before and give patients the opportunity to engage with minimal barriers. And we've seen an increase in engagement because we were moving a lot of these barriers.

On the flip side of this, we have been able to identify and observe some cons to telehealth. First one being technology challenges. Not everybody has been able to receive education on navigating a technical system or have the knowledge around, you know, technology. Some patients might not have access to technology or access to Wi-Fi or enough minutes on their phone to support an hour long clinical session or a group.

I mentioned before that patients had the opportunity or the option to engage from their own space, but they also might not have a safe space, or they may not be able to identify a private space. And this is really going to bring up some confidentiality concerns. When doing telehealth there is some administrative work that comes along with it, and sometimes our staff are having to support a patient and navigating telehealth, finding ways to troubleshoot in the moment. And this can create a little bit of fatigue. This could create a little bit of burnout for our staff. And then lastly, another con is these new unique ethical challenges kind of started to arrive or arise while we were doing telehealth that we had to learn to address, but can be really challenging when you're not in that same area as the patient. Lisa.

Lisa Blanchard:

So but really, even with all of the challenges, you know, that we've talked about, we're really able to meet people where they're at and this fits in perfectly with the evolving landscape of all addiction treatment, but particularly methadone treatment and OTPs. And so that we're really able to bring care to patients where they are, instead of having all of these requirements for how they can get to us on our time, on our schedule, in our space.

It really does provide more opportunity for connection in ways that are more supportive to the patient directly, right, and changes that landscape of I need you to be here to show up at this time, to be on time to, you know, handle all of these things, to jump through these hoops. Right. We really are starting to shift that narrative, and we are here to support you.

Right? So we want to support you in whatever way you want us to and let's us really center that with the goals, the needs and the preferences of those that we're supporting. Right. We get to ask that question, how would you like us to support you? You know, would you like to come in? And some patients still prefer to come in or they want the option to do telehealth if it's a busy week or they're having transportation issues or their ride hasn't come or there's some sick child, something happens. You know, we can still connect with you. We can still support you. We can just switch that to a telehealth session. Right? We can do this in more traditional ways. We do a lot of new models of care in the OTP now, with drop-in groups and drop-in sessions. And so somebody could decide, you know what, I think I'd like to try this group and I'm going to drop in today or you know, I really have this urgent need. Can I reach out to my clinician and I don't have to find an hour block of time where both of us are separated in office, that that clinician might have the opportunity to meet with me for 20 minutes in between something else, and we can do a telehealth session.

And when there are those psychosocial barriers, even if you intended to come in, you know, and you can't make it to that in-person meeting, that transportation plan does fall apart. You don't necessarily have to cancel, right? Why do that when you can shift to telehealth?

Shannon Kohnke:

So when you are implementing utilizing telehealth, there's a lot of workflows that come up that are really important to have in place because it's going to make the transition it's going to make the usage a lot easier, a lot more convenient when you have that telehealth within your program. Lisa created this toolkit, which includes some of these

workflows here. First and foremost, which you know, always proves to be so helpful, is doing some pilot testing, identifying a group of staff, a group of clinicians, super users who can test out the system before it goes live.

This allows our staff that are going to be using telehealth every day to identify any issues, identify any bugs, bring it back to the IT team, bring it back to the leadership team to make some adjustments, and then also answer any questions that might come up. And those can all be kind of fixed and resolved before it becomes a live system.

As I mentioned earlier, having that telehealth consent in place is going to be really important to set expectations, to identify guidelines for utilizing telehealth. So we want there to be a process to obtain these consents. Maybe it's something they sign on their first day of treatment. That way it's there in place because patients might shift back and forth between telehealth and in-person. We want it to be easy for them to do that, making sure that this is already signed in their chart.

System wide trainings will be really important, especially when this is something that's brand new to an organization. We want to make sure that staff are educated on how to navigate these systems, and then we want this training to be embedded in any orientation, any onboarding for a future staff. Having guides for staff and patients. Really these could be good quick resources, cheat sheets, something that a staff member a patient can reference in the moment during a session, during a group when they're experiencing maybe a tech issues issue to troubleshoot and resolve while it's happening.

As I said earlier, a lot of times questions are going to come up, scenarios, issues are going to come up after they're already utilizing telehealth, after it's already live. So you want there to be support in place for staff members to fix these and navigate these after the fact. Developing policies for safety, responding to crisis situations. When we do telehealth, we're kind of able to see a whole different side of our patients, we're able to see their background and where they are and what's going on in their environment. But at times we're going to observe patients doing things. We're going to observe things in the background that might need some immediate attention, that we might need to respond to at that moment. So really finding and identifying ways to how can we assess for safety, how can we respond to a crisis situation when it is happening in the moment and again, in a telehealth setting when we can't necessarily respond in person.

And with that being said, then we want to make sure that at the start of each system, at the start of each session or group, we want to be able to ensure safety and share location, ensure confidentiality. So that way if there is an emergency, we do have to respond to something. We have that information ready to go and we can give it to

whoever we need to give it to, to support us in responding. And that kind of brings me to my last point, responding to some of these boundary violations, these ethical issues. We want to make sure that there are staff available to support when these come up and arise.

Lisa Blanchard:

And so everybody's favorite topic, right, is billing. Everybody loves billing and compliance. But it is really helpful to just think about those things ahead of time, right?

As you're developing your workflows, as you're adjusting your progress notes that you'll be documenting when doing telehealth, it's really helpful to just build in the system ahead of time that automatically can track, that can automatically move to the back end to bill those telehealth add on codes, and make sure that we've got some compliance for that. So having workflows in electronic medical record forms that auto populate those add on codes, right. So in our record, for example, you know, we have kind of required questions about, is this in person? Is this telehealth. If it's telehealth is it video. Is it audio. And if it's audio why. Right. Is it because of lack of capacity on the part of the patient or some system issue. So that by just documenting your note, you're already documenting the compliance for requirements for telehealth. And it's just built into the workflow and making sure that that includes time in and time out. That's an easy thing to lose sight of in a telehealth session. And so making sure that if there's ways to kind of start the session and document the time in and document the timeout as you go, you don't end up having to go back and figure that out or track it separately and add it in later.

And making sure that we have, you know, access to support, you know, when there are technology issues. That you've had that conversation with the patient that, okay, we're in audio, you know, in video group or in audio, video, individual counseling, If something were to go wrong and one of us loses connection. Right. Because sometimes it's the clinician, it's not always the patient that has technology challenges. The laptop decided this is the second we're going to update, you know, these things happen. You know, we're going to, you know, can I call you at this number? You know, what's the best way for us to continue connecting if we get disconnected? Because technology's not perfect. That makes everybody a little more relaxed for when inevitably that does happen. And it allows for that seamless continuation that would support billing. Right? So, you know, making sure you have the number of minutes available for, you know, the payers that may require kind of a set number of minutes for sessions.

So just making sure that those systems are in place at first. And I'm going to let Shannon talk about a little more about groups.

Shannon Kohnke:

So similar to what Lisa was saying. You know, when we're doing groups, we want to make sure that we are supporting billing, we're supporting our compliance needs. And there's a few ways to do this to make sure that this happens. What I really try to hone in on my staff and my clinicians is anything you do on a telehealth group is should not be much different from what you did in an in-person group. We want those two groups to mimic pretty, pretty easily. We still should be using structure. That means talking at the start of each group about group rules, expectations. We still should be following our curriculum. Really having that structure allows for an easier flow to the group, just as it does in an in-person as an in-person group.

We want to be clear about those expectations and rules, and this is even more important, I think, when it comes to a virtual group, because patients have a little bit more control on their end. They have a little bit more flexibility and independence, and it's not always so easy for us to address certain, certain group rules that aren't being followed. So we want to make sure that we're really addressing and focusing and emphasizing boundaries and confidentiality, reminding patients that even though they're telehealth, they still should be in a private space. They still should make sure that nobody can hear what they are talking about, or that nobody else can see the other participants on the group, because we want to be really mindful of the other group members that are in in the room or in the in the telehealth space.

Lisa Blanchard:

And we also have the benefit of having on our panel here today, our, Chief information Officer. So, Jonathan, I'm going to let you introduce yourself and talk a little bit about the exciting back end technology.

Daniel Louder:

You're on mute, Jonathan.

Jonathan Miller:

All right. Let's try that again. I'm Jonathan Miller. I'm the chief information officer for Spectrum Health Systems. I have the unique perspective that I started at spectrum, just as the pandemic was kicking off. So everybody went home for two weeks to flatten the curve. I started on April 1st of that year. And so, you know, I just want to address some of the questions that, you know, I think are important as you evaluate which, solution is best for you.

And so I think the first thing is how big is your organization? And really by how big is your organization, I mean, how much support do you have to implement the system? You know, do you need a system that, requires minimal IT support and IT configuration, you know, that's the system that we implemented, just before I arrived where clinicians had all of the control. They created their own accounts, they brought their own schedules in. They managed patient data. And we realized that wasn't really working for us from a privacy standpoint. From a technology standpoint, my team really couldn't help, clinicians because we had no control. And so, we kind of changed over and, and changed actually systems twice, to allow us greater flexibility to provide support for, our clinicians.

You know, I think the next question is, is your intention to provide individual sessions, group sessions or both? You know, 15 years ago, Apple released FaceTime and one on one communications just work. You know, there's there's no real challenges there. One on one telehealth sessions work. It's really when you get into groups where, you know, kind of all the challenges hits, from from patients who drop off because their connections poor, you know, how big is the group? The bigger the group, the more bandwidth it typically takes. And so I think it's important for you to have that information, and ask those questions when you're choosing a vendor. You know, how does a patient connect in our experience that really, it's important for, the system to be as easy for the patient as possible. We've had systems where, it was app based, and you had to install an app on your on your system. There are new system right now. Just requires a link that can either be sent via text message or via email. We find that's the best solution because it requires no pre-work by the patient to to join the group.

What equipment does the provider need to connect? I think, you know, when we first started, our providers were all on desktop computers and cameras. And, that really didn't offer the flexibility that telehealth was meant to provide. You know, really, the idea is that it's any, any place, for any service. And we found that, that the best way to do that was to provide our clinicians with laptops, and give them the flexibility to work from home. You know, particularly not just for the pandemic, but now snow days, we don't miss, clinical services. Shannon touched on it a little bit. Integrating with your electronic

health record is vital. Really, you need one, place of data. Whether it's, appointments that need to be changed or canceled or adding patients to groups, cell phone numbers and email addresses to receive the links, having a single source, for that is, is hugely important.

Shannon also touched on the can patients sign documents to the system. We've had a system that allowed us to do that. We are rapidly moving towards, a patient portal that's going to allow those signatures, but you need to have a workflow that's going to capture some of those things that were kind of always challenging or challenging with, with remote sessions.

And the last question is how much control do providers have? You know, from an IT standpoint, we never really thought, you know, how much the clinicians needed to have control over how that session works. So whether patients can join the group late and if they can join late, how late can they join? How do you deal with a disruptive patient? Do you have that does a clinician have the ability to to kick somebody out of the session if it's going sideways?

You know, some of our clinicians like to share video and audio sessions. Can that be can that happen? You know, with your telehealth solution. I think the biggest thing to understand is that one size doesn't fit all and there are no perfect systems. There's going to be challenges, they're going to require work. And it's really finding that right balance, to to make it successful for your organization.

Lisa Blanchard:

Thanks, Jonathan. So with all of those conversations, you know, how do we respond to those technology barriers? Right. Just having telehealth and saying, well, we offer telehealth. So therefore that means we're accessible, we know is not true, right? We want to be sure that we're really supporting equitable access. And so Shannon touched a bit on this, but really making sure that our staff are very trained and very comfortable with the platform, because the more comfortable our staff are, the more they're able to help patients with it. Right. So that it becomes something that they can kind of be the conduit to support patients on how to access that.

You know, so you want clinicians to understand not just the lens that they see the telehealth session in, but what the patient sees so that they can problem solve and troubleshoot. Right. Clinicians have had to become kind of bit of tech support in some of these spaces. And that's, you know, not what any of us went to school for. But, you know, that's part of what we need to get comfortable with. And we need to learn how to do. And Shannon also mentioned this is really making sure that our administrative staff

are really trained. We really leveraged our admin staff to support patients in lots of innovative ways that I think we'll talk a little bit about, particularly in the conversation in the panel.

But I wanted to give one example of something that we did in one of our OTPs. So this was a QI project. We often use kind of a Niotech's process improvement model. So for those of you who know me, they will not be surprised by that. But we had an OTP, you know, in a more rural area in an area where we had a lot of technology challenges on the part of our patients, and we were noticing a real drop off of connection to care, which meant a lack of connection from us to our patients.

And so we recognized that that was comfortability with the technology, access to Wi-Fi. And as Shannon mentioned, maybe there just was no safe space in their home to complete the sessions, right? Multi-family homes, particularly thinking about the pandemic. Everybody's home. Right. We all had to, you know, do work in the same space as maybe our child was doing online school.

And so that added a lot of layers. It sounds really easy to say you have, you know, access, but if you don't have a room with a door that nobody is going to barge in on, it doesn't really feel safe. And so what we did was provide that that support to help people with that. So we had three onsite rooms and this OTP with, you know, tablets, laptops, things that would support telehealth services that could help patients become comfortable with the model. And so we'd allow patients to come to our site, which sounds a little counterintuitive, right? Telehealth is supposed to support remote access, but if you can't access it, it's not helpful. So maybe coming to the program a few times and having us walk you through this support will really help.

And that actually will help that patient, not just with access to clinical supports in the OTP, but access to medical supports. Right. We're not the only ones out there using telehealth. So the more comfortable we can get our patients with these systems, the more likely they are actually to connect to the broader health care system that often our patients are very disconnected from.

And we saw some really fantastic results, right? There was an increased understanding about the telehealth platform, reduced frustration because nobody likes to be frustrated. And that's not a good place to start. Clinical support. And then we were able to move many more patients to being able to do their own telehealth sessions at home. And it also doesn't mean that there's no kind of opportunity for us to look at how do we support patients that might be we might be a little bit concerned about maybe we're not connecting very well. Maybe it's only audio only visits because of some of these capacity challenges. And so we're not actually seeing you. So we really just want to

make sure inherent in our approach of the wide open access to telehealth supports, that we are making sure that folks have some safety, and have some risk reduction involved. Right. We know that isolation is dangerous in the context of substance use disorders.

And so, you know, when people are alone more and not around others, increasing the use of substances by themselves, there's an increased risk of overdose. So we really are making sure, particularly when somebody is being supported remotely, that our overdose prevention plans really have a lot of options for support. So within Massachusetts, we have the fantastic opportunity for our very own overdose prevention hotline, safe spot, you know, so that's wide open access to support individuals. And so making sure that's part of the clinical conversation, really for all of our patients.

And if we have some patients that might be at high risk for overdose or increased mental health or other concerns and are engaging well, we can still encourage some in-person connection, right? Telehealth does not mean we may never like to see you. It means that option is always going to be there. We want to reduce barriers. We want to meet you where you are at in your preferences. But it doesn't mean we won't say something like, you know, it's been a while since we've connected in person. Can I help set up a transportation, you know, for a couple of our sessions?

Right. So we don't want to increase barriers, make that wall higher. But there is still an opportunity to connect in person. Maybe for some of those sessions. And that might make those telehealth sessions in between that much more valuable. And then before we turn it over to the panel, I'll let Danielle talk a little bit about the, telehealth classroom.

Danielle Louder:

Awesome. Thank you, Lisa, and thanks. You can see this, an amazing, team that has been really, sort of strategic and innovative in developing telehealth and digital health strategies, particularly during Covid and beyond, well beyond how they've grown it, which is really exciting. So, our telehealth classroom is absolutely free to everyone. In fact, I originally met and started working with Lisa because I had asked her to help us develop a toolkit of sorts to help other, folks determine how operationally and clinically, how do we develop successful telehealth programs specifically for SUD and OUD services?

That was specifically for the state of Maine, at the time. And then we expanded upon that and generalized it for other states as well. The telehealth resource center is funded through HRSA and the Office for Advancement of Telehealth, and that's how we are able to create these free resources for folks. All you have to do is, create a free login so that we can track the number of folks who utilize it and, etc.

So this is one, training opportunity that's on the telehealth classroom. There are many more. If you see something that's a gap in training, which the team here, Lisa and Shannon have, sort of reiterated the importance of training. Technology is the easy part, right? It's really about making people feel comfortable, but whether that's clinicians, clients, etc. so that training is absolutely huge.

But if you see a gap, an area that we could help, provide some training, customize some training, please reach out to us. That's what we're here for. We provide technical assistance and training, for the six New England states and New York, through our funding. So please reach out. That's why we're here. So I think with that, we can go ahead and roll into the the panel part of the session. Excellent. And we'll try to kind of be creative. And you have some awesome questions in the chat guys. So I and I think some of it we will probably get to within our sort of planned panel questions. And yeah, we can fold them in.

So just diving in, you can see it takes a team. Right. And that's whether we're talking about telehealth or anything else. But I think that's why we wanted to pull this panel from spectrum, which has worked really hard, brings multiple perspectives of that kind of the key perspectives. We kind of think of it as a three legged stool. You need the clinical, the operational, the technology, all to work collaboratively together in order to make your digital health strategies successful. So we just have some questions that we thought would be helpful to dig a little bit deeper into some of this.

So first off, we've had significant policy policy expansions, which have created opportunities for more innovative and widespread adoption of digital health strategies over the past few years. Pandemic, made a big, dent in that. And however, complexities and uncertainties remain in some cases, and I think we had some questions about that in the chat. Starting with Lisa, can you share some of your practical strategies for making telehealth sustainable despite remaining ambiguity and or restrictions in state and federal policy?

Lisa Blanchard:

Which is always probably the biggest ambiguity we are all dealing with right now is what is now may not be in the future, but really our approach has been to you know, all of that work that we did to build the note and make sure that we can track what our telehealth sessions or what audio and what our video and all of the things that also support us for compliance, for billing, also support us for reporting, on how many patients are connecting via telehealth versus in person. And that supports us as an organization to really assess kind of how is this going, how many patients are

connecting? Are we meeting people where they're at? Are we connecting with them in the ways that we want to? You know, we're developing new reports and who hasn't been connected with, but that also could support if there were to be a time where, you know, the ongoing support for this is called into question, we have data that we could share to save the number of patients that we are supporting across the state with telehealth, and that those opportunities would really severely restrict or limit our ability to care for people. And so I think that's one of the ways that we internally can have some sustainability and look at the importance of telehealth and but also could share that out if there was a need to at the state and federal or payer level.

Danielle Louder:

Absolutely. And I know folks like you and many, many others have been building the evidence base toward telehealth since way before Covid. So much appreciated. Jonathan or Shannon, I don't want I don't know if you wanted to add anything to that, particularly Jonathan, I think of AI and how it's really flying on to the scene. But there's, you know, legal and regulatory and policy perspectives that go along with that

Jonathan Miller:

For sure. And, you know, I think that's where the changes are coming, is really in AI and in particular ambient listening, where we're seeing it more and more, you're looking at teams or you're looking at zoom where, they're transcribing everything you're saying, with the push of a button. I think the future of, of that is, and we've seen it starting to happen with our own electronic health record, and telehealth solution, where, clinicians can have real conversations with the patients, and have those answers populate directly into an assessment form, or, create a draft note for, for clinicians that they just need to to proofread. I mean, we're seeing in some cases where, you know, studies are showing that clinician documentation time can be reduced 40, 50%, in any given week. Which, which does two things. It saves clinician burnout, but also provides the opportunity for more time, with more patients.

Danielle Louder:

Excellent. Shannon, anything that you wanted to add to that?

Shannon Kohnke:

I think Lisa and Jonathan have done a really good job at kind of summarizing how this has been helpful. And, you know, I was just thinking about every telehealth process or system that we've implemented, there's also a tracking process and a reporting process that goes along with it. So we really have been able to identify a lot of evidence to support how and why this has been helpful to our patients and to our staff.

And not even just that data, but you hear it from patient's own mouths, right? Like this has made my life so much easier. I can engage so much more. Like, sure, I can hop on to a telehealth appointment at my lunch at my lunch break. So things like that. We've really been able to, there's a lot to support why this is helpful and why it should continue.

Danielle Louder:

Excellent. And just a quick question because we have a second here and it's relevant. Can you share what electronic system you use. We use smart for EHR and Microsoft Teams for AV groups.

Jonathan Miller:

Sure. We are using Netsmart's My Avatar. And they actually integrated their own telehealth platform about two years ago.

Danielle Louder:

Excellent. I can say. I mean, I've been doing telehealth since way before it was cool, guys. And between, you know, connectivity, affordable connectivity for folks, that and just vendors of these tools getting there's a lot more competition. So the tools are getting a lot better. The technologies are getting a lot better. So integration becomes more feasible, and more affordable, hopefully over time as well. So.

Okay. Great. And so maybe we could start with Shannon on this one. Telehealth is being leveraged in innovative ways to benefit both patients and providers. For example, everybody has kind of mentioned some of this already to improve health access and outcomes, assist with workforce shortages and burnout. Although if we if we don't do it correctly, it can contribute to burnout. Right. And address social determinants of health and health-related social needs. Can you share some of Spectrum's innovative use

cases, and also tell us how your team uses data to plan and implement digital health solutions that meet current and emerging needs of patients and communities?

Shannon Kohnke:

Sure. So there are there are a few specific ways that we've been able to kind of, I don't want to say take advantage of telehealth, but really leverage to support our staff and support our patients. The first one is with our psych psychiatric services. Prior to telehealth, we had pretty low show rates for psych for our psychiatry services. We've transitioned almost all of our psychiatrists to be virtual and over telehealth, and we've seen a huge increase in attendance since doing that. Our psychiatrists are able to, you know, to provide those services in a different location. And then that also allows our patients to engage in these psych psychiatric appointments in their own location, in their own home, or wherever works best for them in that moment.

Specifically at my program, you know, we have a pretty large program with a lot of patients, a lot of unhoused patients, a lot of patients that are lacking resources, including cell phones, including access to cameras, Wi-Fi. We installed cubicles in our front desk area, kind of like a phone booth. So if a patient has an appointment that is meant to be done over telehealth, but they don't have the resources to connect to that, they can arrive on site. We have a laptop that they can borrow. They can go into these cubicles or phone booths, so to speak, and they can engage and participate in a group and a session, meet with their psychiatrist, make a phone call to a provider if they need.

And then lastly, this has really supported our staff and has allowed for a lot of flexibility with staff. Previously, if a staff member had to, you know, take off or leave the state or leave the area, the session that had to be canceled, groups had to be canceled. But now we're able to give staff the opportunity to perform services from other states. We've even had other countries happen before. We've had staff that have moved away, but have wanted to stay with the organization, have wanted to continue to work with their specific patients, and we've been able to create the opportunity for them to do that with telehealth.

And that's really valuable for a few reasons. One, it's going to support the patient because they're going to have that ongoing therapeutic relationship. They're going to continue with that rapport, and it's going to help with retention as well. That's really attractive to staff to be able to have that flexibility. So those are some of the specific ways I think that spectrum has done such a great job at using telehealth, within, you know, throughout the organization.

Danielle Louder:

Fantastic. And I, I, I'm loving hearing that you all and actually some folks in the chat as well are, really setting up telehealth access points, as what we call them or TAPs, not only for your own services, but for other services that folks might not have access to.

Whether it's for transportation issues, stigma, you know, just being nervous about going to specific areas, etc.. So, that's really incredible. Lisa or Jonathan, any other maybe specific innovations that you want to talk about and or, common challenges that you have addressed? Specifically, I know we've had like urine testing conversations and we cover that in the toolkit a little bit like, but how do you address some of those, some of those unique nuances or challenges as well?

Lisa Blanchard:

I think just being flexible, right. Like there is not one way to do this work. And telehealth is and isn't always ideal. I see a lot of great comments in the chat about, you know, I don't love telehealth groups. They're not good. And yes, like sometimes that's less than ideal, but that's in some sometimes better than the group that they would not have presented to at all.

So just really responding with flexibility, I think is kind of the primary message. Right? We don't offer just telehealth, right? We offer in-person. We do have in-person groups happening in many programs at many times. But now you don't necessarily have to choose a group even in your program. Like we have the capacity now to say, oh, you're interested in this?

You know, we we've done a lot of curriculum development and have really made sure that it's modeled for both in-person and virtual groups, right, so that you could share links in person, or you could share it on a screen and giving the facilitator prompts for either or, you know, but if there is a specialty group that's happening on the other side of the state, like you could technically join that group.

And, really just looking at the the positives to that and balancing it with kind of what does this work for this person and should should we also make sure we're offering enough in-person support, to do that, that work. Because, you know, you do lose some of that, connectivity, that human connection. Right? There's no way to avoid it. Right? I, you know, I'm a therapist myself, right? And I prefer in-person therapy. That's just true. But I don't mind telehealth. Right. That's why I always suggest, like, if you could balance that with a couple of in-person connections, and then we can increase your access with telehealth because we now have that established connection.

And the same with groups. A lot of people have moved to zoom, you know, you know, mutual health groups and have found that to be invaluable. We offer family support groups on zoom, for our families. And if anyone related to our patient population or otherwise, and many of those families would not have gotten any support, if it weren't for those groups.

Danelle Louder:

Great. Jonathan, anything that you want to add to that?

Jonathan Miller:

One of the things that it's not necessarily at spectrum, but at previous organizations I work for, we really use telehealth to you know, expand and reduce workforce shortages. You know, we are a children and families organization, and we, went outside the state and found clinicians who can speak Spanish or other languages and weren't confined to Massachusetts, where we were having a real hard time recruiting. And so really, the ability to think outside the box a little bit and really expand, that was fantastic.

Danielle Louder:

Excellent. So I think we maybe have time for one more quick question, and then there are some great questions in the chat. And I want to make sure we have plenty of time to get to those. So with Covid pandemic seemingly in the rearview, there has been movement of some health systems and organizations back to all or mostly in-person care, despite critical health access and workforce challenges like Jonathan just mentioned, that may be addressed with effective telehealth and other digital health solutions. AI as well, artificial intelligence. How has your leadership team worked to promote buy-in and ensure that digital health solutions are a priority in your overall strategic plan moving forward? Maybe. Lisa, we can start with you.

Lisa Blanchard:

I think it's really about kind of recognizing that that's here to stay. And so that's going to require some infrastructure on our part, right. That's going to require some some budget line items in Jonathan's budget in IT because it means more equipment. Right. It means more connectivity. It might mean programs or enhancements that would really support that, like the patient portal.

And all of those things are not free. And so you know back to that earlier conversation about sustainability. The more we can share data about how this really does impact our programs and provide that support, that's how you balance some of the those hard conversations with leadership and and even program leadership. You know, as Shannon described, this is not without its challenges.

There is increased admin challenges. Right? There are there are like the 5 million calls that come through when that group couldn't connect or the group got disconnected or something happened. And so just continuing to balance that out with the real benefits and we really have, you know, shifted to this model that it's patient directed right across our services, regardless of what we're asking patients to do. It's patient directed. So how often they come to counseling, how often they come to a group. Of course, we share lots of suggestions for what we think might be supportive. But it's the patient's choice, right? For what what they can and are willing to do. And the same is true for telehealth. And so really, it's inherent in our clinical philosophy to be very patient-directed.

Danielle Louder:

Absolutely. And that I'd actually love to hear from your leadership as a CIO. The technology side of things.

Jonathan Miller:

Yeah. I mean, I'm fortunate enough spectrum spectrum leadership believes in moving the needle forward in terms of IT and technology. I think in terms of getting buy-in across the organization, I think being able to show, you know, operations and clinicians, administrative staff how their lives are made easier by what we're going to do.

We're not just pushing out technologies and saying, here's what we're doing in this. We're showing them and giving them a real value and why it's there. You know, I think in the next 6 to 8 months at spectrum, you know, we're going to roll out a patient portal, we're going to roll out some of the AI functionality in terms of making clinical notes better, really trying to to make everybody's life easier on our side while providing access, you know. All the things that we relied on patients to walk through the door from, you know, self-pay statements and signing consents and completing assessments, we're going to give that to them, you know, in their hands from their own homes, within the next probably 6 to 8 months.

Danielle Louder:

Fantastic. And, Shannon, anything that you want to add?

Shannon Kohnke:

Thinking, you know, about what Lisa said and this being really patient directed and that has proven to really allow for greater connections with patients as well. So we can say to a patient what works best for you? Can you come to a telehealth appointment? Can you come to an in-person point? What what do you want? That feels good to the patient because it's empowering. It gives them that choice, and it gives them that control. And then of course, we are going to be mindful, right? If we do notice that a patient is struggling to connect over a telehealth, or we do want to just get eyes on them, we might make a plan.

Why don't you meet with me next week? We'll meet in person. We can support you in getting here. We'll work around your schedule and then make a plan for further telehealth appointments. And when we are able to give that to the patients, really to give that choice. We're able to to support them and that that helps them in meeting their treatment needs and meeting their goals. And it kind of becomes a cyclical effect because they're going to keep showing up and they're going to keep engaged and they're going to keep reaching their goals. And we're going to see a lot of better outcomes.

Danielle Louder:

Fantastic. I can see why this this is such a great team and we love working with them. And we always to in fact, tap into them and their expertise when we have others around the region that are looking, to, to implement similar programs.

Sasha Bianchi:

Into our empowering patient choice, which is our opening session for today. Here at the OTP center, we really feel it's important to ground all of our technical assistance in improving patient experience. And definitely want to hear from the patients themselves about how their experience at OTPs has been. So today we are really thrilled to have Jelena Dansby joining us.

Jelena was born and raised in Brockton, Massachusetts. She's a mother of three beautiful girls. She has over ten years of experience, both personal and professional, in substance use. And she believes strongly in the benefits of harm reduction and

Jelena Dansby:

Hi everyone. My name is Jelena. I was born and raised in Brockton, Massachusetts. And thank you, Sasha, for the warm introduction. I greatly appreciate it. I'm just here today to tell you guys, a little bit about myself, about my experience, on maintenance medication and particularly in the methadone clinic.