Telehealth Best Practices

Sharing practical ideas during the COVID-19 pandemic



Attention <u>All</u> Participants
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NC Department of Health and Human Services

Telehealth Best Practices

Sharing practical ideas during the COVID-19 pandemic



RCC (Relay Conference Captioning)

Participants can access real-time captioning for this webinar here:

https://www.captionedtext.com/client/event.aspx?EventID=444 5564&CustomerID=324



Lakeisha Moore
Office of Rural Health

Dr. John E. Jenkins Greensboro AHEC Mei Wa Kwong, JD
Executive Director
Center for Connected
Health Policy

Amanda Martin,
Executive Director
Center for Rural Health
Innovation

May 18, 2020

Logistics for Telehealth Best Practices

Questions during the live webinar

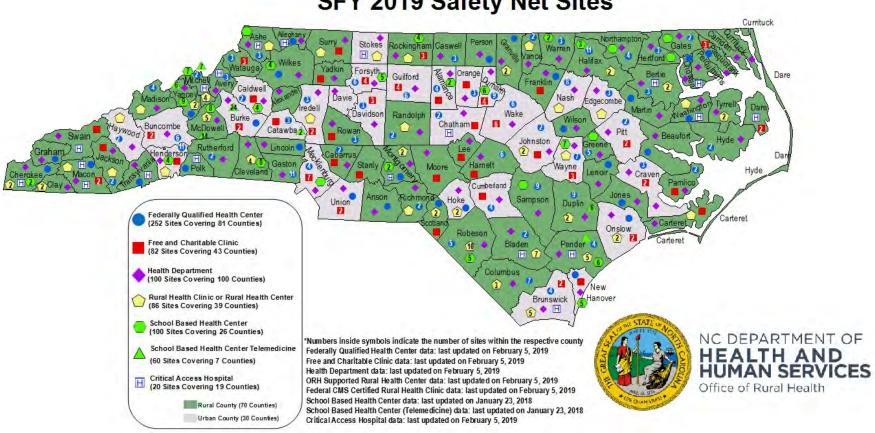


Technical assistance

technicalassistanceCOVID19@gmail.com

Welcome safety net sites

North Carolina Office of Rural Health SFY 2019 Safety Net Sites



Agenda and Housekeeping

Agenda

- CME is available (Lisa Renfrow)
- Presentation of Telehealth Best Practices in Creating a Digital Health Strategy (The past 7 weeks in review)
- Telehealth Policy Center for Connected Health Policy (Mei Wa Kwong, JD, Executive Director, CCHP)
- Telehealth Best Practices Center for Rural Health Innovation (Amanda Martin, Executive Director, CRHI)
- Question and Answer (Robyn McArdle)
 - Please submit your questions through Q&A



Housekeeping

- This Webinar is being recorded and will be available on the ORH and AHEC websites with slides
- If we are unable to ask the presenters your question during the session, we will consider the question for future webinar topics. You can also e-mail questions after the session to questionsCOVID19telehealth@gmail.com
- Please include your name and e-mail address if you submit a question through the webinar Q&A function, especially Telehealth Billing and Coding Questions.
- The goal of today's webinar is to highlight telehealth best practices and other telehealth resources specific to COVID-19.
- There are additional webinars and resources on COVID-19 clinical care, NC Medicaid updates, and more listed here for reference.

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ACCREDITATION

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the North Carolina Medical Society (NCMS) through the joint providership of Area L AHEC, Office of Rural Health, NC AHEC Program Office, Northwest AHEC, and Greensboro AHEC. Area L AHEC is accredited by the NCMS to provide continuing medical education for physicians.

CREDIT

The Health Education Foundation/Area L AHEC designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credits(s) ™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. All non-physicians will receive 0.1 hour of Continuing Education Units (CEUs), which is the equivalent of 1.0 contact hours.

DISCLOSURE

The Health Education Foundation/Area L AHEC adheres to ACCME Essential Areas and Policies regarding industry support of continuing medical education. Commercial support for the program and faculty relationships within the industry will be disclosed at the activity. Speakers and planners will also state when off-label or experimental use of drugs or devices is incorporated in their presentations. Presenters and planners for this activity have signed disclosures confirming they do not have commercial relationships and that they will not be discussing any off-label or investigational drugs. No commercial support has been received for this activity.

DEFINITION OF A COMMERCIAL INTEREST

A <u>commercial interest</u> is any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. Within the context of this definition and limitation, the ACCME considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

Government organizations, Non-health care related companies, Liability insurance providers, Health insurance providers, Group medical practices, For-profit hospitals, For-profit rehabilitation centers, For-profit nursing homes, Blood banks, and 501-C Non-profit organizations (Note, ACCME screens 501c organizations for eligibility. Those that advocate for commercial interests as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint sponsor, but they can be a commercial supporter.)

Continuing education credit is available for participants who attend the live May 18, 2020 session only. Continuing education credit is <u>not</u> available for those who view the archived webinar.

Telehealth Implementation Best Practices Episode 8

Effective leaders help others to understand the necessity of change and to accept a common vision of the desired outcome." ~ John Kotter

Eight Weeks of Learning Together

A quick review



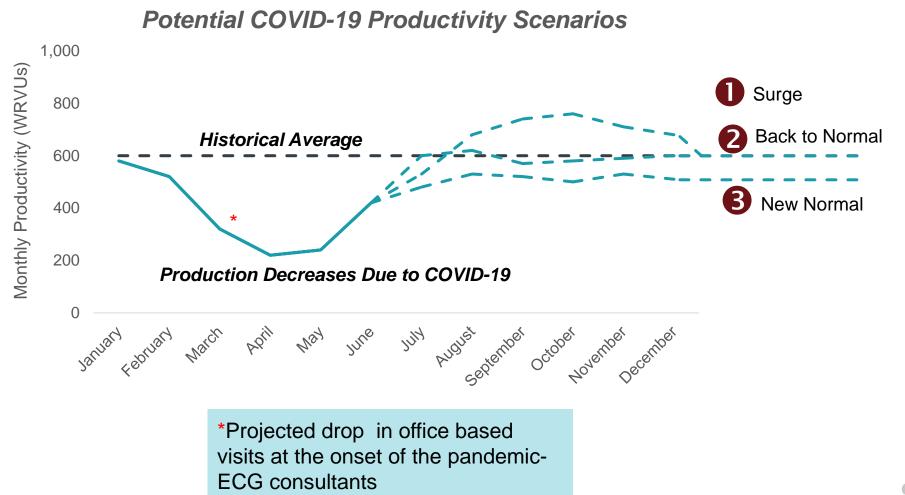
THE WHY:

Telehealth, for many of us started in a crisis, but it will remain a part of our care delivery system

COVID-19 Productivity Impact

Many practices saw significant declines despite efforts to quickly deploy virtual care

This graph illustrates a potential future production scenario for practices during and after COVID-19.





Best Practices from Best Practices

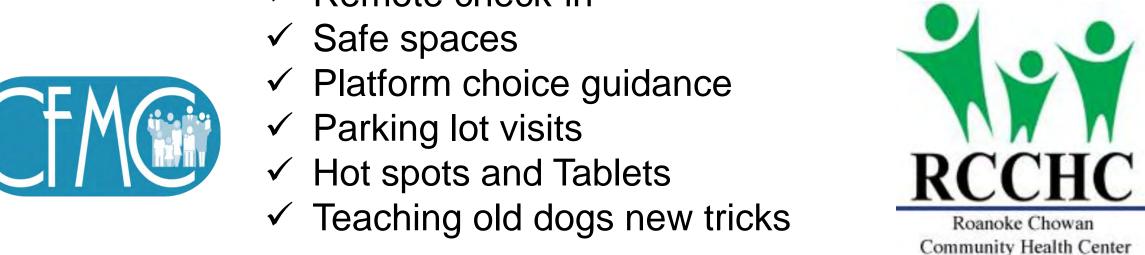






- ✓ Great on-line information
- ✓ Remote check-in





Help from AHEC Practice Support

https://www.ncahec.net/covid-19/practice-support-resources/telehealth-resources/

https://www.ama-assn.org/practicemanagement/medicare/cms-payment-policiesregulatory-flexibilities-during-covid-19

Learning from Coding Experts

There is confusion over the terms telephonic and telephoalth. Can you clear up how Medicare uses these terms?

- Telehealth generally refers to a "virtual visit" using an audio/visual platform where medical information is communicated face-to-face between providers and patients.
- Telephonic refers to audio communication where medical information is shared between a provider and a patient in a non-face-to-face visit. Telephonic visits are generally patient initiated.
- in limited cases, a telehealth visit can be completed via telephonic means when the connection fails.

Blue Gross Blue Shield has issues some new guidelines for covered visits. Can you give us a brief look at the changes?

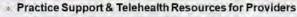
- Telehealth visits use audio/visual platforms. During the pandemic many patients may not have access to devices or internet service; therefore BCBSNC is allowing an audio only visit to be considered a "virtual visit" and treated as a face-to-face visit. Comment: most MA plans also follow this policy as well.
- This audio only visit would be billed with Office outpatient Evaluation & Management codes for established/new patient visits and require the POS 02 and —CR modifier.
- Last Session there was confusion over the service codes for RHC's and FQAC's.
- » The correct place of service for a Rural Health Center is 72
- The correct place of service for a Federally Qualified Health Center is 50

My nurse had a triage call prior to an office visit (or virtual visit). Can bill for both?

- No, you may not bill a separate nurse triage call that promoted an office visit within 24 hours of the patient call. If the provider documents a review of the triage notes in the office visit they may use the time/complexity factors to influence the level of the CPT charge.
- Comment: This scenario does not support the timed E-visit codes. Virtual check-ins are with providers and are intended to prevent the need for an office visit. Example. "The blood pressures you provided are near where we expected. You don't need to be seen sconer. Let's keep next weeks visit as planned:

Learning with Chris Weathington Practice Support

Practice Support Resources & Lessons Learned from the Field



Education on virtual health platform options, billing & coding, clinical workflow redesign

- » Telehealth Success Examples
- Strong practice manager and medical director collaboration & leadership
- Implement new standardized workflows with checklists, staff assignments, scripts, visit types
- While practice may have a preferred virtual health solution, be flexible with patient
- Well implemented pre-visit planning and coordination with patient
- Parking lot wi-fi hot spots, use of tablets for patients
- Focus on high risk patients with data from EHR (diabetes, hypertension, asthma, TCM)
- Practice on staff members to work out implementation bugs

https://files.nc.gov/ncdma/covid-19/NCMedicaid-Telehealth-Billing-Code-Summary.pdf

Telehealth Resource Centers

Provide FREE RESOURCES for Telehealth program development and sustainability







NC HIEA Home

For Patients V

For Providers >

Services

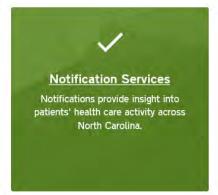
FAQs

About Us Y

News & Events

NC HealthConnex Suite of Services





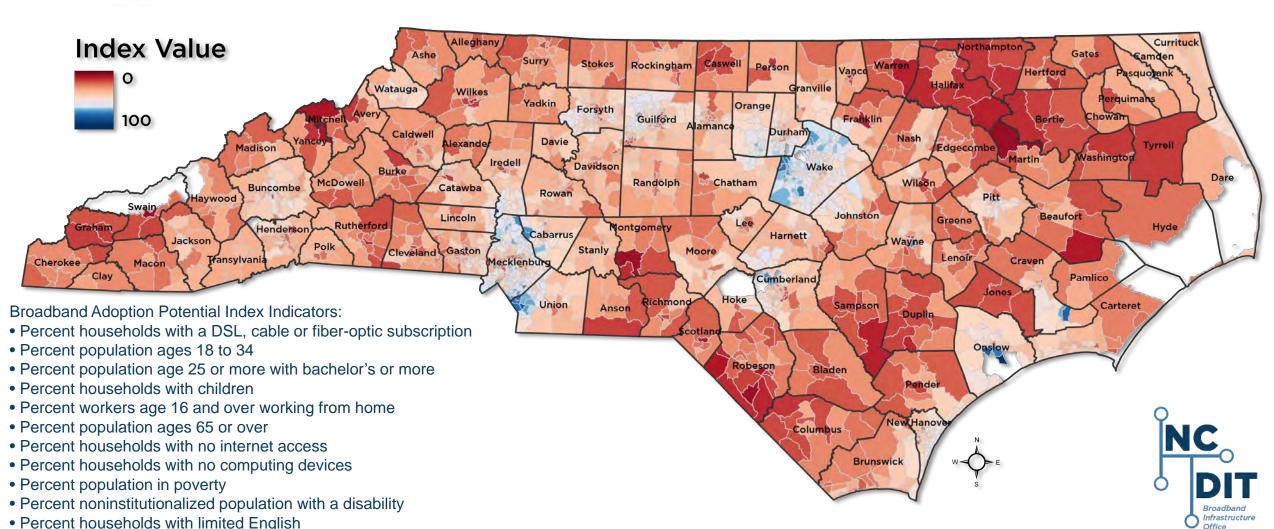


- Clinical Portal/ EHR Integration
- Direct Secure Messaging
 - Provider Directory
- Notification Service
 - NC*Notify
- Registries/Integrations
 - NCIR
 - ELR
 - Diabetes
 - CSRS



NC Broadband Adoption Potential Index By Census Tract

'The Broadband Adoption Potential Index' is a compilation of eleven indicators (see below for list) combined to create a holistic measure of county's broadband adoption potential. For more information about the methodology, purpose, and how to understand your county's score visit: www.ncbroadband.gov





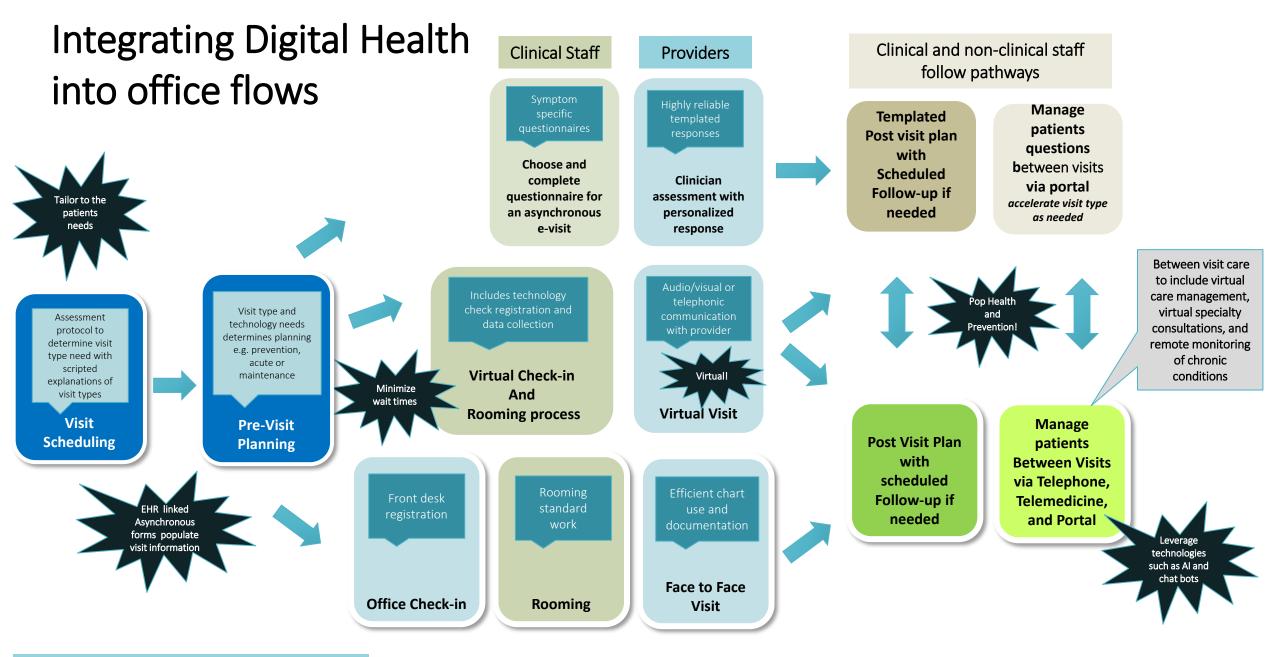




The Future of Digital Health







Front door staff creates standard work

"Rebalancing Care Delivery"

TELEHEALTH POLICY CHANGES IN COVID-19

May 18, 2020
The Role of Virtual Visits in Responding to COVID-19
NC AHEC & Office of Rural Health Telehealth Webinar Series



Mei Wa Kwong, JD, Executive Director, CCHP



is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

DISCLAIMERS

- Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.
- Always consult with legal counsel.
- CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.



ABOUT CCHP

- Established in 2009
- Program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012
- Work with a variety of funders and partners







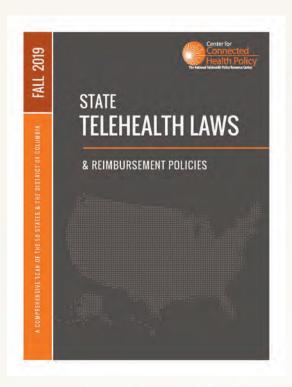






CCHP PROJECTS

- 50 State Telehealth Policy Report
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition









NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org



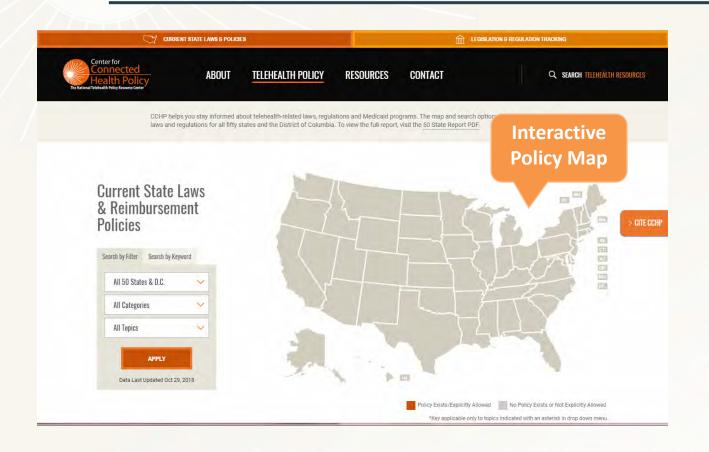


NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRO
5WTRC	SCTRC	MATRO
PBTRC	TexLa	SETRO





TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS



Search by Category & Topic

Medicaid Reimbursement

- Live Video
- Store & Forward
- Remote Patient Monitoring Reimbursement

Private Payer Reimbursement

- Private Payer Laws
- Parity Requirements

Professional Regulation/Health & Safety

- Cross-State Licensing
- Consent
- Prescribing
- Misc (Listing of Practice Standards)



EXISTING TELEHEALTH POLICY

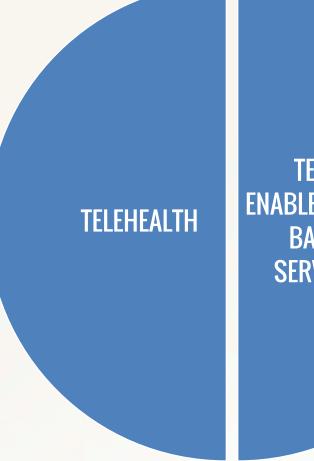
Much of the telehealth policy that exists revolves around reimbursement, what gets paid. The policy is further broken down into four general categories where there may be limitations.





MEDICARE POLICY

The Medicare policy on the use of technology to provide services is in two buckets



TECH-ENABLE/COMM-BASED SERVICES



SUBJECT AREA	POLICY DURING COVID-19	POLICY FQHC/RHC
Geographic/Site location for patient	No geographic restrictions, patient allowed to be in home during telehealth interaction	No geographic restrictions, patient allowed to be in home during telehealth interaction
Location of provider	Provider able to provide services when at home, need not put home address on claim	Provider able to provide services when at home
Modality	Live Video. Phone will be allowed for codes audio-only telephone E/M services and behavioral health counseling and educational services. Other modalities allowed for Communications Based Services	Live Video. Phone will be allowed for codes that are audio-only telephone E/M services and behavioral health counseling and educational services. Other modalities allowed for Communications Based Services
Type of provider	All health care professionals to bill Medicare for their professional services.	Temporarily added to list of eligible providers by CARES Act



SUBJECT AREA	POLICY DURING COVID-19	POLICY FQHC/RHC
Services	Approximately 180 different codes available for reimbursement if provided via telehealth. List available HERE.	Can only provide the services on THIS list via telehealth and be reimbursed by Medicare.
Amount of reimbursement	Same as would received if it had been provided in-person (Fee-for-service rate). Some rates for telephone visits have been increased.	\$92.03
Modifiers	Per the final interim rule, providers are allowed to report POS code that would have been reported had the service been furnished in person so that providers can receive the appropriate facility or non-facility rate and use the modifier "95" to indicate the service took place through telehealth. If providers wish to continue to use POS code O2, they may and it pays the facility rate	For services delivered January 27, 2020 - June 30, 2020 RHCs: Use G2025 with CG modifier. 95 modifier can be appended, but is not required. FQHCs: Must report 3 HCPCS/CPT codes: (1) the PPS specific payment code; (2) the HCPCS/CPT code that describes the service with the 95 modifier; (3) G2025 with modifier 95 Beginning July 1, 2020 FQHCs/RHCs: Only submit G2025. RHCs should no longer use CG modifier.



OTHER ISSUES	POLICY DURING COVID-19
Dialysis Patients	Secretary has power to waive requirements that home dialysis patients receiving services via telehealth must have a monthly face-to-face, non-telehealth encounter in the first three months of home dialysis and at least once every three consecutive months.
Hospice	During an emergency period, the Secretary may allow telehealth to be used to meet the requirement that a hospice physician or nurse practitioner must conduct a face-to-face encounter to determine continued eligibility for hospice
Providers needing to put their home addresses	Allow physicians and other practitioners to render telehealth services from their home without reporting their home address on their Medicare enrollment while continuing to bill from their currently enrolled location.
Hospitals & Originating Site Fee	Hospitals can bill an originating site fee when the patient is at home. <u>Guidance</u> .
Hospital-Only Remote Outpatient Therapy & Education Services	Hospitals may provide through telecommunication technology behavioral health and education services furnished by hospital-employed counselors or other health professionals who cannot bill Medicare directly. Includes partial hospitalization services and can be furnished when the beneficiary is the home. Guidance.



OTHER ISSUES	CMS
Removal of frequency limits	Subsequent inpatient visit limit of once every three days (CPT codes 99231-99233); Subsequent SNF visit limit of once every 30 days (CPT codes 99307-99310) • Critical care consult of once per day (CPT codes G0508-G0509).
Stark Laws	Some waivers allowed for Stark including hospitals and other health care providers can pay above or below fair market value to rent equipment or receive services from physicians; health care providers can support each other financially to ensure continuity of health care operations
Supervision/Practice Top of Licensure	Some supervision changes including allowing live video for physician supervision.

CMS Telehealth Manual: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

CMS FAQ - https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf CMS Emergency Declarations - https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf CMS Guidance - https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf



CARES ACT

Pre-COVID-19, FQHCs & RHCs were not allowed to act as distant site providers in the Medicare program. The CARES Act changed that and during a public health emergency, they can provide services as a distant site provider using telehealth. UPDATED APRIL 30, 2020. https://www.cms.gov/files/document/se20016



New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE)

MLN Matters Number: SE20016

Related Change Request (CR) Number: N/A

Article Release Date: April 17, 2020

Effective Date: N/A

Related CR Transmittal Number: N/A

Implementation Date: N/A

PROVIDER TYPES AFFECTED

This MLN Matters® Special Edition Article is for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) during the COVID-19 Public Health Emergency (PHE) for services provided to Medicare beneficiaries.

WHAT YOU NEED TO KNOW

To provide as much support as possible to RHCs and FQHCs and their patients during the COVID-19 PHE, both Congress and the Centers for Medicare & Medicaid Services (CMS) have made several changes to the RHC and FQHC requirements and payments. These changes are for the duration of the COVID-19 PHE, and we will make additional discretionary changes as necessary to assure that RHC and FQHC patients have access to the services they need during the pandemic. For additional information, please see the RHC/FQHC COVID-19 FAQs at https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf.

BACKGROUND

New Payment for Telehealth Services

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law. Section 3704 of the CARES Act authorizes RHCs and FQHCs to furnish distant site telehealth services to Medicare beneficiaries during the COVID-19 PHE. Medicare telehealth services generally require an interactive audio and video telecommunications system that permits real-time communication between the practitioner and the patient. RHCs and



THE QUESTION	CMS INSTRUCTION
What modality may be used?	For telehealth, FQHCs and RHCs may furnish services through
	an interactive audio and video telecommunications system and
	certain services via audio-only. Some services not considered
	"telehealth" but use telehealth technologies also available.
	See "Virtual Communications Services" below.
What provider in my FQHC/RHC	Any health care practitioner working at an FQHC/RHC as long
can provide services?	as its within his/her scope of practice.
Can my practitioners furnish	Yes, the health care practitioner does not need to be located at
services when they are at home?	the FQHC/RHC during the telehealth interaction.
What services can be provided?	Only the services that are approved for coverage when
	delivered via telehealth. The list of services can be found HERE .



THE QUESTION	CMS INSTRUCTION
Will an FQHC get their PPS	No. The CARES Act required a methodology based upon the fee-for-
rate/RHC their AIR rate?	service rates be used to calculate an amount to be paid for
	telehealth services provided by FQHC/RHCs. This amount is
	\$92.03.
If the FQHC and RHC don't get	No. Wrap-around payment for distant site telehealth services will
their PPS/AIR rate, does the	be adjusted by the MA plans.
Medicare Advantage (MA)	
wrap-around payment apply	
to these services?	
Co-pays?	For services related to COVID-19 testing including those done
	through telehealth, RHCs/FQHCs must waive the collection of co-
	insurance from beneficiaries. Use the "CS" modifier on the service
	line.
their PPS/AIR rate, does the Medicare Advantage (MA) wrap-around payment apply to these services?	\$92.03. No. Wrap-around payment for distant site telehealth services will be adjusted by the MA plans. For services related to COVID-19 testing including those done through telehealth, RHCs/FQHCs must waive the collection of coinsurance from beneficiaries. Use the "CS" modifier on the services.

THE QUESTION CMS INSTRUCTION Will the costs for No, but the cost still must be reported on the appropriate cost providing telehealth form. For RHCs - Form CMS-222-17 on line 79 of Worksheet A in be used to determine the "Cost Other Than RHC Services." FQHCs use CMS-224-14, the PPS/AIR? on line 66 of Worksheet A, "Other FQHC Services." Not for telehealth, but you do for Care Management and Do I need to get informed consent? Virtual Communication Services. The consent can be obtained at the same time the services are being furnished and can be obtained by someone working under the general supervision of the RHC/FQHC practitioner and direct supervision of obtaining the consent is not required.



BILLING - RHCs

For RHCs, services provided January 27, 2020 to June 30, 2020, use G2025 with modifier "CG." The AIR rate will be paid, but these claims will automatically be reprocessed in July with the new payment rate. The RHC will not need to resubmit these claims. Beginning July 1, 2020, CG modifier no longer needed.



BILLING - FQHC

- For FQHCs, services provided between January 27, 2020 to June 30, 2020 that are also FQHC qualifying visits, three HPCS/CPT codes for distant site telehealth services must be used: 1) PPS specific payment system code: G0466, G0467, G0468, G0469 or G0470; 2) The HCPCS/CPT code that describes the services furnished via telehealth with modifier 95; and G2025 with modifier 95.
- These claims will be paid at the FQHC PPS rate until June 30, 2020, and automatically reprocessed beginning on July 1, 2020, at the \$92.03 rate. FQHCs do not need to resubmit these claims for the payment adjustment. When furnishing services via telehealth that are not FQHC qualifying visits, FQHCs should hold these claims until July 1, 2020, and then bill them with HCPCS code G2025. Beginning July 1, 2020, FQHCs will only be required to submit G2025 where modifier 95 may be appended but it is not required.



TECHNOLOGY ENABLED/COMMUNICATIONS-BASED SERVICES

SERVICE	MODALITY
Virtual Check-In Codes G2010, G2012	Live Video, Store-and-Forward or Phone
Interprofessional Telephone/Internet/EHR Consultations (eConsult) 99446, 99447, 99448, 99449, 99451, 99452	Can be over phone, live video or store- and-forward
Remote monitoring services: Chronic Care Management (CCM); Complex Chronic Care Management (Complex CCM); Transitional Care Management (TCM); Remote Physiologic Monitoring (Remote PM); Principle Care Management (PCM)	RPM
Online Digital Evaluation (E-*Visit) - G2061-2063 Online Medical Evaluations - 99421-99423	Online portal

Interim Final Rule - https://www.cms.gov/files/document/covid-final-ifc.pdf No CMS guidance document issued yet



MEDICARE GUIDANCE TO FQHCS/RHCS

VIRTUAL COMMUNICATION SERVICES

- ➤ Virtual Communication Services are NOT considered telehealth services by Medicare. These service use telehealth technologies like live video as well as the telephone.
- ➤ May provide virtual check-in services which can be done via live video, phone or asynchronously. G2010 or G2012.
- ➤ May use online digital evaluation and management services. These are non-face-to-face, patient initiated, digital communications on a secure patient portal. CPT Codes 99421-99423
- TO BILL FOR THE ABOVE SERVICES, FQHCs/RHCs use code G0071 and it can be either alone or with other payable services. For G0071 claims submitted on or after March 1, 2020 to end of the PHE, the rate paid is \$24.76.

MEDICARE & TELEHEALTH

ADDITIONAL SERVICES

- > Temporarily altered process in how new services are approved for reimbursement if delivered via telehealth.
- During the PHE, will use a subregulatory process to modify services included on the Medicare telehealth list.
- When CMS receives a request to add or identifies by internal review a service that can be furnished in full (as described by the relevant code) in a manner similar to in-person, it will post on the listing of eligible services delivered via telehealth.



MEDICAID REIMBURSEMENT BY SERVICE MODALITY (Fee-for-Service)



Live Video

50 states and DC



Store and Forward

Only in 14 states



As of October 2019



REIMBURSEMENT REQUIREMENTS FOR PRIVATE PAYERS



40 states and DC

have telehealth private payer laws

Some go into effect at a later date.

Parity is difficult to determine:

Parity in services covered vs. parity in payment

Many states make their telehealth private payer laws "subject to the terms and conditions of the contract"

As of October 2019



COVID-19 WORLD STATES

- Common telehealth policy changes
 - > Allowing home to be an eligible originating site
 - Allowing telephone to be used to provide services
 - Note: May only allow G2012/G2010
 - Requiring health plans, managed care and private to cover telehealth services and offer parity



COVID-19 WORLD STATES

- > Less common telehealth policy changes
 - Expanding use of other modalities besides phone
 - Expanding the list of eligible providers to include others such as allied health professionals
 - Waiving consent requirements, usual an adjustment made such as allowing it to be verbal consent



NORTH CAROLINA POLICY DURING COVID-19

- > Allowed telephone E&M codes (99441-99443)
- Online Digital E/M Codes (99421-99423)
- eConsult/Interprofessional Consultations (99446-99449)
- Allowing allied health professionals to bill for telehealth delivered services.
- https://medicaid.ncdhhs.gov/blog/2020/04/07/special-bulletin-covid-19-34-telehealth-clinical-policy-modifications-



POST-COVID-19 WORLD

What does the telehealth landscape look like in a post-COVID-19 world?



POST-COVID-19 WORLD

- Some policy changes will remain
- But questions/issues will need to be resolved
 - Connectivity/Broadband
 - Digital Divide
 - > Licensure
 - Where else can it be deployed?



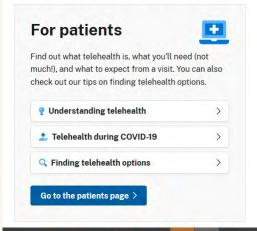
HHS TELEHEALTH WEBSITE



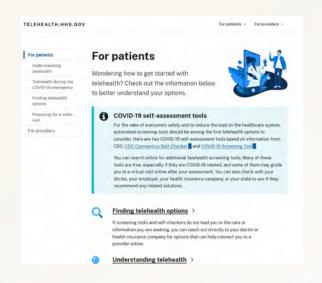
During the COVID-19 Public Health Emergency, we don't have to choose between medical care and social distancing. When patients can get health care through telehealth — and doctors can provide it — we protect ourselves, our families, and our communities.

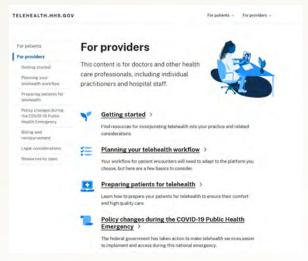


Learn more about telehealth









https://telehealth.hhs.go



CCHP

- CCHP Website cchpca.org
 - Telehealth Federal Policies https://www.cchpca.org/resources/covid-19-telehealthcoverage-policies
 - State Emergency Waivers/Guidances https://www.cchpca.org/resources/covid-19-related-stateactions
- Subscribe to the CCHP newsletter at cchpca.org/contact/subscribe





Thank You!

www.cchpca.org

info@cchpca.org



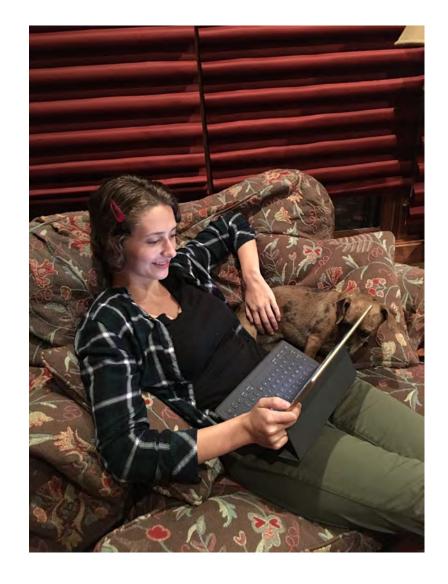
Effective & Successful Telehealth Practices

Amanda K. Martin, MHA May 18, 2020



health

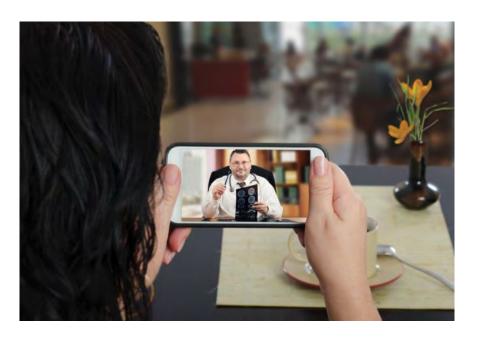




eleanor health

COMPREHENSIVE VIRTUAL CARE

Eleanor Health offers a **comprehensive set of services** to meet your needs - from those who want to **reduce substance use risk** to those who have a **SUD diagnosis**. Every component of our care model can be delivered **virtually**, **in the clinic or in the community**.



- RecoverySupport: Community Recovery Partners (CRP) provide support and coaching needed to remove barriers to mental and physical health goals.
- Therapy: Virtual individual, group, and family therapy session with a licensed therapist or counselor.
- MAT (Medication-Assisted Treatment): Same day virtual visits with a licensed medical professional to receive a prescription medication to help reduce alcohol, cigarette or opioid use.
- Psychiatry: Comprehensive psychiatric evaluation and ongoing medication management for mental health conditions such as depression, anxiety and trauma.
- Nursing: Nurse care management to address new or ongoing physical health needs through virtual visits with one of our nurses.





In-Office Care



Telehealth



Services

164 providers 200,000+
patient visits
per year



Mid-Atlantic Telehealth Resource Center

https://www.matrc.org/matrc-telehealth-resources-for-covid-19/



Telehealth Best Practices

Sharing practical ideas during the COVID-19 pandemic



Attention <u>All</u> Participants
To Receive CME Credit

Text Code: A73DC

To: **336-793-9317**

*MyAHEC account is required for credit

For more instructions visit:

www.nwahec.org/textreg







Telehealth Technical Assistance is Available

Contact Us

Safety Net Health Care Providers

NC ORH Website - https://www.ncdhhs.gov/divisions/orh
Email - ORH_Telehealth@dhhs.nc.gov

Health Care Providers

NC AHEC - https://www.ncahec.net/practice-support/what-we-do/
Email - practicesupport@ncahec.net
facebook.com/ncahec twitter.com/ncahec

CCNC Website - https://www.communitycarenc.org/newsroom/coronavirus-covid-19-
information

E-mail - ccncsupport@communitycarenc.org

State COVID-19 website: www.ncdhhs.gov/COVID19