

Updates on Buprenorphine Prescribing during COVID

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Disclaimers

- This is not legal advice.
- Discuss any changes about telehealth and potential billing implications with your employer.
- Monitor legal and regulatory changes- many changes described in this presentation are currently only allowed for the duration of the national emergency.
- Monitor state and local public health guidance around delivery of in-person services when determining when to bring patients in, restart groups, etc.

Risks for people who use drugs in the setting of COVID-19

- During COVID, people who use drugs may be at increased risk because of:
 - Living in communal environments (shelters, SROs, jails, residential programs) where they are likely to be exposed to COVID
 - Having co-morbidities such as COPD, cirrhosis, or HIV which may increase risk of severe disease
 - Being more likely to use alone during social distancing (no one there to reverse and overdose)
- If quarantined or isolated, people who use drugs may:
 - Experience dangerous withdrawal
 - Reuse drug consumption supplies
 - Obtain drugs from new sources (which can increase risk of overdose)
 - Be more likely to use alone (no one to respond to overdose)

Regulatory Updates

- Regulations around telehealth are changing **rapidly**- note many of these are for **duration of public health emergency only**
 - Buprenorphine can be initiated or maintained using telehealth (audio-visual) platforms^{1,2}
 - Expanded options for telehealth platforms including: Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype³
 - Subsequent guidance from SAMHSA and DEA clarified that as of March 31, 2020 telephone (landline or cellular) is also acceptable for treatment of new and existing patients on buprenorphine^{4,5,6}
 - March 19, 2020- Governor Pritzker announced that “all health insurance issuer regulated by the Department of Insurance are hereby required to cover the costs of all Telehealth Services rendered by in-network providers to deliver any clinically appropriate, medically necessary covered services...”⁷

Regulatory Updates:

Great overall resources, updated daily: <https://www.bridgetotreatment.org/covid-19>
<https://www.asam.org/Quality-Science/covid-19-coronavirus>

- 1- <https://www.deaiversion.usdoj.gov/coronavirus.html>
- 2- <https://www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf>
- 3- <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
- 4- <https://www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf>
- 5- [https://www.deaiversion.usdoj.gov/GDP/\(DEA-DC-023\)\(DEA075\)Decision Tree \(Final\) 33120 2007.pdf](https://www.deaiversion.usdoj.gov/GDP/(DEA-DC-023)(DEA075)Decision%20Tree%20(Final)%2033120%202007.pdf)
- 6- <https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf>
- 7- <https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-09.pdf>

Waiver Limits and SUPPORT Act of 2018

- “Qualifying practitioners” can treat up to 100 patients in the first year of waiver if they satisfy one of the following two conditions:
 - Physician holds a board certification in addiction medicine or addiction psychiatry
 - OR
 - The practitioner provides medication-assisted treatment (MAT) in a "qualified practice setting:"
 - provides professional coverage for patient medical emergencies during hours when the practitioner's practice is closed;
 - provides access to case-management services for patients including referral and follow-up services for programs that provide, or financially support, the provision of services such as medical, behavioral, social, housing, employment, educational, or other related services;
 - uses health information technology systems such as electronic health records;
 - is registered for their State prescription drug monitoring program (PDMP) where operational and in accordance with Federal and State law; and
 - accepts third-party payment for costs in providing health services, including written billing, credit, and collection policies and procedures, or Federal health benefits.
- SAMHSA has reported that they are granting temporary increases to 275 patients for providers in “emergency situations”

Steps to keep patients and providers safe:

- **Goal should be to slow COVID-19 spread by supporting physical distancing in all aspects of care.**
- Reduce clinic visits to protect patients from possible unnecessary exposure:
 - Reduce in-person visits to a minimum.
 - Minimize in-person visits for urine drug screens and counseling.
 - Use telehealth (text, phone, or video) to communicate with patients whenever possible.
 - Prescriptions can be called in (Schedule 3) or e-prescribed if your state and electronic prescribing systems allow.
 - Patients may be prescribed medications without a face-to-face visit.

Steps to keep patients and providers safe:

- Cancel in-person groups.
- Help patients identify online meetings or groups if that is something they currently engage in/are interested in.
- Reduce the number of times patients have to go to the pharmacy:
 - Extend prescriptions to maximum length that is clinically appropriate.
 - Move to month-long prescriptions when possible.
 - Work with pharmacies are able to deliver to patients' homes/residence.
- Even when prescription duration is extended, you can still offer weekly phone or telehealth check-ins.

Caring for people on buprenorphine who have to quarantine or isolate:

- A 2 to 4 week supply of sublingual buprenorphine may be appropriate.
- If a patient will be due for injection (subcutaneous buprenorphine or injectable naltrexone) during their quarantine/isolation, offer them an appointment for an injection as soon as they are allowed to move about the community.
 - If a patient experiences withdrawal, consider prescribing sublingual buprenorphine until they can receive injection in-person.
 - This could be an appropriate time to use oral naltrexone until injection can be given.

Deciding when to see patients in-person


- Balance risks and benefits of bringing patients for in-person visit
 - Consider if an in-person visit will change management.
 - For stable patients, the risk of in-person visits likely to outweigh the benefit.
 - For patients who are unstable or who don't have reliable access to a phone, the benefit of an in-person visit may outweigh risks.
- If offering in-person visits deploy infection mitigation strategies:
 - Implement symptom screening protocols.
 - Reduce frequency of visits to limit number of people in waiting area.
 - Implement waiting room precautions.


Safer Drug Use During Covid-19

- Minimize the need to share supplies
- Minimize contact
- Prepare drugs yourself
- Plan & prepare for overdose
- Stock up on supplies
- Stock up on drugs
- Prepare for drug shortage

Higher Ground
Harm Reduction

Reynolds
Health Strategies

harm reduction
COALITION

Vital
Strategies

Safer Drug Use During the COVID-19 Outbreak

COVID-19, an illness caused by a newly identified type of coronavirus, can cause a respiratory infection and lead to health problems. It's usually mild and most people recover quickly if they have it, but it can be very serious for people with stressed immune systems or underlying conditions or older adults, so it's important to stay informed.

The most important thing is to be prepared and knowing what to do will help you. Even if you don't see a widespread COVID-19 outbreak in your area, the hand-washing and other prevention actions described here are good practices for fighting off bugs like the cold or the flu.

How do people get infected with COVID-19?

COVID-19 is spread from person-to-person by coughing or sneezing and getting exposed to droplets that have the virus in them. There are no known risk factors that appear to make a person more or less vulnerable to getting infected with the virus. The main risk is close contact with someone who has it.

What are the symptoms of COVID-19?

The main symptoms feel like the flu or a really bad cold:

- Fever
- Cough
- Shortness of breath/difficulty breathing
- Fatigue

These symptoms show up between 2 and 14 days after you've been exposed to the virus. People who are considered at increased risk include those with underlying health conditions, including heart disease, lung disease such as asthma/COPD, diabetes, or HIV, or people who are immunocompromised, or over age 60.

How can I prevent COVID-19?

- Wash your hands often with soap and water for at least 20 seconds. Using an alcohol-based hand sanitizer—it must have at least 60% alcohol in it—can also kill the virus.
- Avoid close contact with people who are sick.
- Cover your cough and sneeze with a tissue and throw it away in a lined trash can, or if you don't have a tissue, cough into the bend in your elbow. Wash hands with soap and water afterwards.
- Keep your hands away from your eyes, nose, and mouth.
- Get a flu shot. It won't prevent COVID-19 but it will prevent the flu and keep you out of clinics, pharmacies, or emergency departments and minimize your risk of contact with others who may be sick.
- When helping someone who is sick, wear gloves and a safe mask to minimize the risk of body fluids that may have COVID-19 from getting into you. Wash your hands before you put on gloves and after you take them off.

If I'm feeling sick, what should I do?

- Stay home if you are sick, and if you don't have a place to stay, try to minimize your close contact with other people. Monitor your fever at home and avoid others for at least 24 hours after the last fever and all other symptoms have subsided. If you have to be around other people, this is the time to wear a safe mask if you have one, so that you don't cough on them and transmit a virus. If you self-quarantine, attend to your mental health and ensure you have as much support as you can get (emotional support, food, hygiene, medications, finances).
- Call or contact a medical provider if you can to ask about your symptoms and see if you need to even come in. Tell them your symptoms and that you are concerned about COVID-19.
- If you feel like your symptoms have become severe call or contact a medical provider or go to urgent care or the emergency department.
- Right now, there is no vaccine to prevent COVID-19 and no specific medicine to treat it. There are still good things a medical provider can do for you and it's important to check you out if you're sick and not getting better.

1 and 2 Updated: 5/11/20 | Source: EBT

Consider new partnerships or referral mechanisms

- People may have limited access to drugs because of:
 - Attempts to practice physical distancing
 - Not able to leave shelter/SRO due to requirements of facility
 - Limited ways to make money
 - Disruptions in local drug supply
- Possible partnerships:
 - Area emergency rooms
 - Community-based outreach agencies
 - Shelters/Single Room Occupancies



COVID and Opioid Use:

A Street Medicine Perspective



Introduction: The Night Ministry

- An outreach organization with over 40 years experience bringing human connection and case management to the homeless of Chicago.
- Operate 5 youth shelters in Chicago
- Started a Street Medicine Program 5 years ago that currently conducts 60+ hours/week of outreach with medical, case management and harm reduction services.

Our Team



Stay at Home Order = Game Changer



Daily routines completely disrupted



No foot traffic: no hassle: no money



Instant detox



Real desperation and hunger



Consider process in context: spring weather in the Midwest and closure/capped shelter numbers

Decreased Access to Treatment: Fear of Accessing Resources





Client stories

- Common to hear of users going from 12 bags/day, or \$100/day habit, to 2 bags/day.
- Former shelter clients sleeping on the streets and on public transport
- 'Boosting' or stealing commercial property to supplement income
- Changing/inconsistent opioid supply
- Increased Need for Narcan

Analysis of Dime Bag Residue: Chicago Recovery Alliance

Staff	LK
Part. ID	ML0125D
Date Collected	4/29/20
Site	48
Sold As	Heroin
Description	White powder, clear bag
Infrared Results	Lactose, Diphenhydramine
HPMS Results	Diphenhydramine Diphenhydramine Diphenhydramine Diphenhydramine
BTNX Results	Negative
Notes	This sample has lactose and diphenhydramine. Fentanyl was not present on the FTIR, and the strip did not test positive. It could still be one of the analogs that the strip does not identify, but given the participant report of feeling sick and dizzy after, I would hypothesize that no opioids are present, and instead there may be something else small cut in, like a pharmaceutical or benzodiazepene.

Staff	LK
Part. ID	ML0125D
Date Collected	4/20/20
Site	48
Sold As	Heroin
Description	White powder, clear bag
Infrared Results	Lactose, Heroin, Diphenhydramine
HPMS Results	Diphenhydramine Diphenhydramine Diphenhydramine Diphenhydramine
BTNX Results	Positive
Notes	This sample has lactose, heroin, diphenyydramine, and likely fentanyl - the fentanyl is below 5% since it did not show on the FTIR, but the test strip was positive, and there's not very much heroin present so a small amount of fentanyl would explain the patient experience report of "good."

Silver Lining: Clients and the System...readiness to change

Telemedicine and Suboxone regulations loosen in response to COVID, while communication/cooperation among healthcare providers increase

Result is the relationship between The Night Ministry and University of Illinois/Miles Square to bring mobile suboxone induction and follow up to homeless clients in Chicago



Lessons Learned

- Need to run the client list weekly to plan and address concerns
- Van has designated Monday AM and Thurs PM runs for MAT follow ups. Also, we can split team to accomplish more on those days.
- Gear upgrades needed: COVID considerations
- Providers have been open to discussing options for decreasing travel time for van

UI Health/Mile Square Health Center and Night Ministry Partnership

Nicole Gastala, MD

Stephan Koruba, NP

Paul Leo, MD

Phil Maes, CARN

Sarah Messmer, MD

Christine Neeb, MD

Jessica Richardson, MD

Nathan Stackhouse, MD

NM/MSHC Partnership

- Background
- Overview
- Case Example
- Workflows
- Registration Details
- Handouts
- Lessons Learned
- Questions?

Mile Square Health Center

- Founded in 1967
- FQHC system within the University of Illinois Chicago
 - Humboldt Park
 - Englewood
 - Back of the Yards
 - Illinois Medical District (Main)
 - Cicero
 - South Shore
 - Rockford
 - And School Based Clinics

Overview

- 14 patients treated thus far
 - Insurance Status
 - 9 uninsured
 - 1 unknown insurance status
 - 4 insured
 - All homeless or housing insecure
 - 10 out of 14 have followed-up, some follow-ups are pending and 4 NM will contact

Case Example

- Patient is a 38yo F with 19-year hx IV opioid use, currently experiencing street homelessness
- OUD IV/SC c/b multiple medical sequelae – untreated HCV, hx of infective endocarditis, chronic L common femoral DVT requiring lifelong anticoagulation, recurrent injection site infections, OM left fifth digit
- Had previously achieved 5yr period without use while taking methadone, no hx long-term buprenorphine use
- On 4/8 NM clinician encountered pt who said she was interested in telehealth buprenorphine induction
- Pt started induction 4/9, has since had 3 f/u telehealth visits with complete cessation of use
- Has been approved for housing through social services organization, is working with MSHC clinicians during appts on getting access to anticoagulation, MSHC clinicians continue to form therapeutic relationship with pt through help from NM
- Future goals: continue to tie into care at MSHC for HCV treatment, continue to partner with patient in management of her OUD / buprenorphine prescriptions

Clinical Course from First Visit at UI Health

4/1/18:	ED visit +12 day hospital stay
6/30/18:	ED visit
8/7/18:	ED visit +3 day hospital stay
10/31/18:	ED visit + 6 day hospital stay
11/7/18	Failed appt at MSHC for MAT - referral from hospital - unable to reach pt.
12/5/18:	ED visit + 34 day hospital stay
1/11/19	Failed Anti-Throm clinic
1/16/19	Failed Anti-Throm clinic - 2 calls + 2 letters - pt d/c'ed from Anti-Throm clinic
8/2/19:	ED visit + 4 day hospital stay
10/11/19:	ED visit + 6 day hospital stay
4/8/20:	NM referral to MAT at MSHC - initial appt via video - induction dose provided
4/10/20:	MSHC phone MAT f/u appt completed
4/15/20:	MSHC phone MAT f/u appt completed
4/21/20:	MSHC phone MAT f/u appt completed
4/27/20:	Appt Scheduled

Work-Flow: During Business Hours

1. Night ministry clinician encounters a patient who states they are interested in buprenorphine/naloxone for OUD.
2. MOUD overview and Home Induction Handout Given to the patient (see 2 attachments).
3. Call CARN who will register patient, conduct intake with patient, and put on the virtual schedule with clinician.
4. CARN will reach out to the clinician assigned to the encounter and give a brief report (note to follow), the clinician will facetime/doximity or text a zoom/webex link to the NM clinician to conduct a telehealth visit with the patient.
5. Prescription will be called in to MSHC pharmacy or pharmacy of choice of the patient.
6. Follow-up will be conducted by NM clinician and scheduled with MSHC provider as well.
7. Prescription will be sent to match the follow-up time frame. Generally weekly, but it's important to be flexible (less or more) in concordance with NM.
8. Patient given direct work phone number for CARN to call if they have any challenges or questions during business hours

Work-Flow: Nights/Weekends

1. Night ministry clinician encounters a patient who states they are interested in buprenorphine/naloxone for OUD.
2. MOUD overview and Home Induction Handout Given to the patient (see 2 attachments).
 - If patient prefers methadone – give handout for family guidance
 - If patient prefers buprenorphine/naloxone – contact on-call physician
3. NM to notify clinician on call via text or phone.
4. Text the number you would like the clinician to call (must have video capabilities) - either NM's smart phone or the patient's smart phone. The clinician will then call that number via doximity video call, facetime, or text back a zoom/webex link to conduct the visit.
5. Clinician conducts visit and obtains the information for registration prior to ending the encounter.
6. Prescription will be called in to MSHC pharmacy or pharmacy of choice of the patient.
7. Follow-up will be conducted by NM clinician and scheduled with MSHC provider virtually as well (if possible).
8. Prescription will be sent to match that time frame. Generally weekly, but it's important to be flexible (less or more) in concordance with NM.
9. Patient given direct work phone number for CARN to call if they have any challenges or questions
10. Text volunteer to register the patient, he will text clinician as soon as patient is in the system
11. Complete note and forward to CARN who will then add the patient to the Cerner List and retroactively put the patient on your “schedule”

























Registration – Standard Questions

Registration standard questions

- First Name, Last Name
- Date of Birth
- Sex
- Ethnicity
- Race
- Marital Status
- Street Address/ with apt number, city and state
- Preferred Language
- Guarantor (if under 18 it is either Mother or Father or Legal Guardian) IF over 18 it is usually (self)
- Emergency Contact Person (relationship needed. I.E. Friend, mother, brother, sister etc...
- Primary Insurance
- Secondary insurance-
- Reason for visit
- Service Provider
- Referring Physician

Which medication for opioid use disorder is right for me?

These medications are proven to lead to better recovery outcomes than other types of treatment.

	Methadone	Buprenorphine (Suboxone®)	Naltrexone (Vivitrol®)	
What you'll feel	 You will have less intense withdrawal symptoms and your cravings will improve.	 You will have less intense withdrawal symptoms and your cravings will improve.	 You will not feel the effects of opioids or feel high. You might also have reduced cravings for opioids.	
What you'll take	 Methadone is a liquid that you drink.	 Buprenorphine often comes in a film called Suboxone® that dissolves in your mouth. You can take home a 1–30 day supply. Pills, 30-day injections, and implants are less common.	 Vivitrol® is injectable naltrexone that lasts for 28 days.	
When you'll take it	 You can start methadone at any time after you are enrolled in services at a methadone clinic, if you are physically able.	 You need to feel withdrawal before starting, which depends on your personal opioid use.	 You have to be completely off of all opioids for 7–10 days before you can get this injection.	
Where you'll go to get it	 Go to a dedicated clinic every day for a dose until you are eligible for take-home doses.	 Bring your prescription to a pharmacy after visiting a certified clinician.	 Visit any clinician who will write a prescription and provide the injection.	
Steps you'll take	 1. You schedule an intake appointment at a methadone clinic.  2. During the appointment, you will be evaluated and agree on a treatment plan.  3. You are most likely started on methadone that day or the next if the clinician feels it is appropriate.	 1. You schedule an appointment at a clinic or health center.  2. You are evaluated and prescribed buprenorphine.  3. You may pick up your buprenorphine from a pharmacy as soon as your appointment is done.	 1. After you stop using opioids, wait 7–10 days.  2. You return to a clinician for the injection.  3. A health-care worker will follow up about symptoms and another injection every 28 days.	
More information	 74–80% of people stay in treatment after 1 year.* This medication has been shown to reduce risk of overdose and death. The daily commitment provides a high level of accountability. Risk of overdose is high if you use other opioids or depressants with methadone. Counseling is required.	 60–90% of people stay in treatment after 1 year.* This medication has been shown to reduce risk of overdose and death. Comes in different flavors, but choice might be limited by your insurance. Counseling is recommended.	 10–21% of people stay in treatment after 1 year.* This medication has <i>not</i> been shown to reduce risk of overdose or death. If you miss an injection, your risk of overdose increases greatly.	
Issues you should discuss with your provider	Your questions about outpatient detox, withdrawal symptoms, and discomfort.	Your prior experiences with medications for opioid use disorder treatment.	Possible interferences with treatment like employment, transportation, or child care.	Access to the medicine that reverses opioid overdose: naloxone/Narcan®. You could use it to save someone else's life, or someone could use it to save yours.

*California Health Care Foundation. *Why health plans should go to the MAT in the fight against opioid addiction.*

Jarvis et al. *Addiction*. 2018;113(7):1188–1209

Guide to taking Suboxone®

(Sub-OX-own)

SUBOXONE® (BUPRENORPHINE-NALOXONE 8/2MG SL FILM)

Before

Check **at least 3** of the following feelings before taking your first dose of Suboxone®: →

The worse you feel when you begin the medication, the less chance of a worse withdrawal.

Drink water to moisten your mouth. Hold the film between two fingers by the outside edges.

Place Suboxone® Film under your tongue, close to the base, either to the left or right of the center.



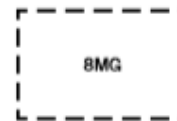
- ☐ Runny nose
- ☐ Yawning
- ☐ Restlessness (anxiety)
- ☐ Enlarged pupils
- ☐ Stomach cramps, nausea, vomiting, or diarrhea.



Day 1:

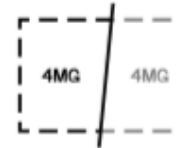
MAXIMUM DOSE OF 12 MG (1 ½ FILM) ON DAY 1.


1 film = 8mg



First dose = 4mg (½ film).

Take 4 mg (½ film) extra every 3 hours until feeling normal.




→Write in: 
On Day 1, my total dose was: _____

Day 2:

MAXIMUM DOSE OF 16MG (2 FILMS) ON DAY 2 ONLY IF NEEDED.

Take the total dose you wrote from Day 1 as a first time dose in the morning.

If breakthrough withdrawal symptoms occur within 3 hours after the initial morning dose on Day 2, take 4mg (½ film shown above) every 3 hours until feeling normal.

→Write in: 
On Day 2, my total dose was: _____

Day 3:

AND BEYOND.

Take the total dose you wrote from Day 2 as a first time dose in the morning.

DURING WEEK 1, THE MAXIMUM DAILY DOSE IS 16MG.

Important:

It takes about 4 days of using Suboxone® at the same dose to find the **right dose for you.**

After the first week, dosing adjustments **must be discussed with your healthcare provider.**

Billing - Example

- We care for nearly 40,000 people a year - whether or not they can pay for it.
- If possible, we bill insurance:
 - Telephone based care – now paid at equal rates to 992XX for Medicare, Medicaid, and most private insurances.
 - There is NO tech/facility fee for telephone based care.
 - Telehealth based care (audio & video) – continues to be paid at equal rates to 992XX for Medicare, Medicaid, and most private insurances.
 - There IS tech/facility fee for telehealth based care – CMS values around \$25 per visit.
 - Billing providers should choose appropriate 992XX CPT codes and **add a 95 modifier (adding the 95 modifier allows coders to know that a tech fee should be billed)**. Providers can either bill based on time or based on complexity of care. Time can include time spent on the date of service reviewing notes/labs/imaging, can include time spent counseling the patient or coordinating care)

General Billing Guidelines – when there is minimal physical exam documentation

Patient Type	CPT	Time	History	Complexity Medical Decision Making		
				Number and Complexity of Problems Addressed	Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality
New Patient	99202	20-29 min	1 HPI 1 ROS	1 minor problem	None	Minimal risk of morbidity from additional diagnostic testing or treatment
New Patient	99203	30-44 min	1 HPI 1ROS	2 minor problem 1 stable chronic illness 1 acute illness	Any combination of 2 from the following: -review of prior external note(s) from each unique source -review of the result(s) of each unique test -ordering of each unique test	Low risk of morbidity from additional diagnostic testing or treatment
New Patient	99204	45-59 min	4 HPI 2 ROS 1 Past M/S/F/S	1 chronic illness exacerbation/progression 2 stable chronic illness 1 undiagnosed problem with uncertain prognosis 1 acute illness with systemic symptoms 1 acute complicated injury	Any combination of 3 from the following: -review of prior external note(s) from each unique source -review of the result(s) of each unique test -ordering of each unique test -assessment requiring an independent historian(s)	Moderate risk of morbidity from additional diagnostic testing or treatment
Established	99212	10-14 min	1 HPI	1 minor problem	None	Minimal risk of morbidity from additional diagnostic testing or treatment
Established	99213	15-24 min	1 HPI 1 ROS	2 minor problem 1 stable chronic illness 1 acute illness	Any combination of 2 from the following: -review of prior external note(s) from each unique source -review of the result(s) of each unique test -ordering of each unique test	Low risk of morbidity from additional diagnostic testing or treatment
Established	99214	25-39 min	4 HPI 2 ROS 1 past M/S/F/S	1 chronic illness exacerbation/progression 2 stable chronic illness 1 undiagnosed problem with uncertain prognosis 1 acute illness with systemic symptoms 1 acute complicated injury	Any combination of 3 from the following: -review of prior external note(s) from each unique source -review of the result(s) of each unique test -ordering of each unique test	Moderate risk of morbidity from additional diagnostic testing or treatment

M/S/F/S = Past Medical, Past Surgical, Family History, Social History



Lessons Learned

- Need for better/specific telemedicine hardware to counteract the issues of noise, weather, and technical failure.
 - Ie. Poor signal for video visits on lower wacker drive
- Weekly meetings to discuss patient cases, barriers, facilitators with key members of the care team from both organizations including social work
- Coordination of prescriptions for pickup by organization (ie. Mondays and Fridays for all follow-up prescriptions) to decrease unnecessary transportation
- Assistance needed to help patients sign up for insurance and obtain ID's

Questions?

- Contact Info

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