Leveraging Telehealth to Address Tobacco Cessation

Kevin Lombardi MD, MPH
Manager of Health Research, Policy and Advocacy
The National Center for Health in Public Housing

Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email

National Center for Health in Public Housing

- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for $2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.

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Today's speakers

Fide Pineda Sandoval, CHES
Manager of Training and Technical Assistance

Kevin Lombardi MD, MPH
Manager of Policy, Research, and Health Promotion

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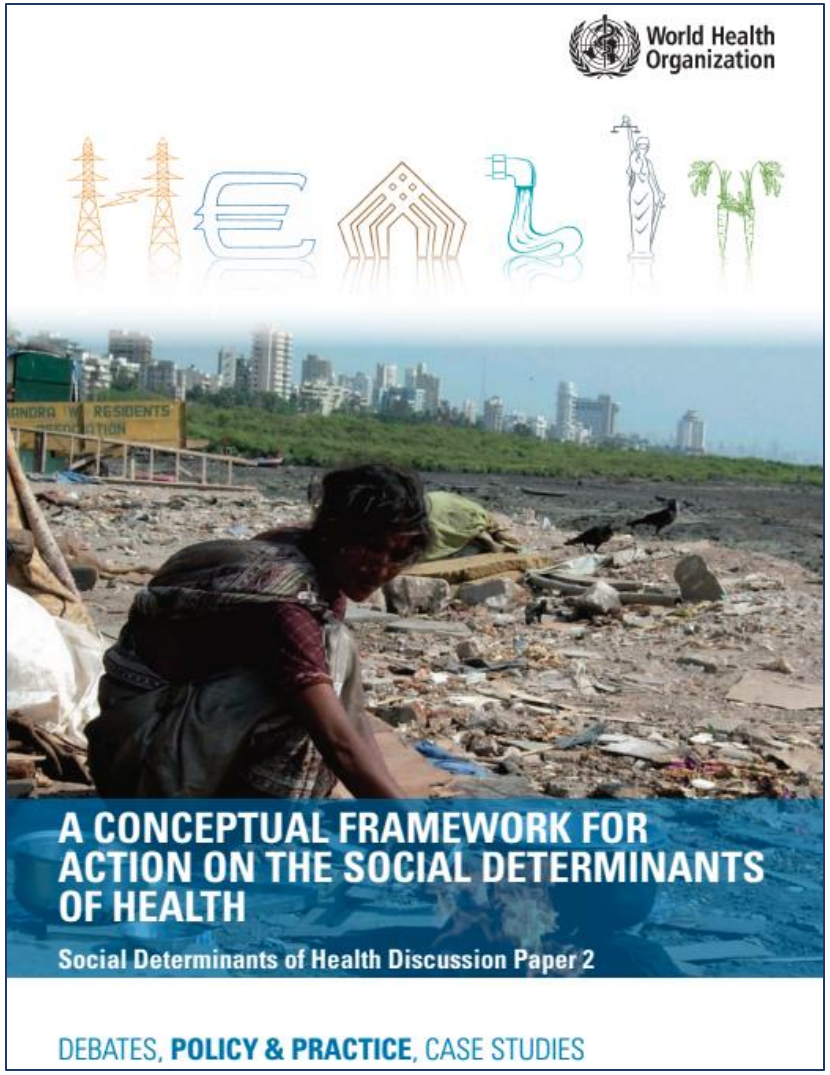
The SDOH: Conceptual Overview

Link to resource: [Healthy People 2030]

WHO Conceptual Framework



Human Rights → Policy Choices → More equitable outcomes

Link to Resource: [WHO Conceptual Framework]

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This session is designed to illicit discussion, process sharing and support between colleagues. The session framework will reflect these priorities. The – Discussion – Support – Assistance model describes NCHPHs approach to Training and Technical Assistance

Discussion

- Two discussion questions are integrated into the session material.
- Participants are asked to please write or type their response and to be open to share.

Support

- Participants include a range of clinical and non-clinical professionals from FQHC's, PHPCs and PHAs around the country.
- This interdisciplinary support can be an asset to better understanding the challenges your organization is facing.

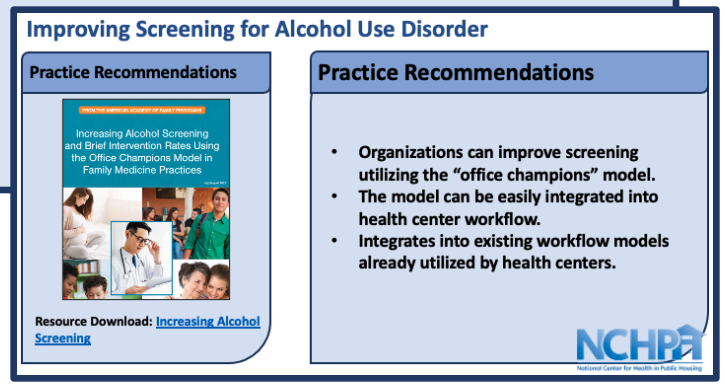
Assistance

- Discussion session format is designed to illicit the main themes in the learning objectives and are related to the resources and recommendations reviewed in this session

NCHPH presentations are designed to be utilized as external resources by FQHCs PHPCs and PHAs these can be freely circulated to partners and colleagues as needed.

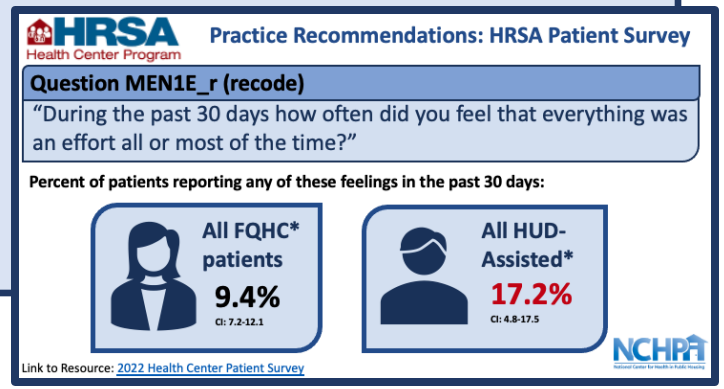
Research and Clinical Resources

- Cited resource links are located at the bottom right of the slides.
- Resources are publicly available and can shared internally or externally.
- Cited research is investigated and validated during a structured review process.



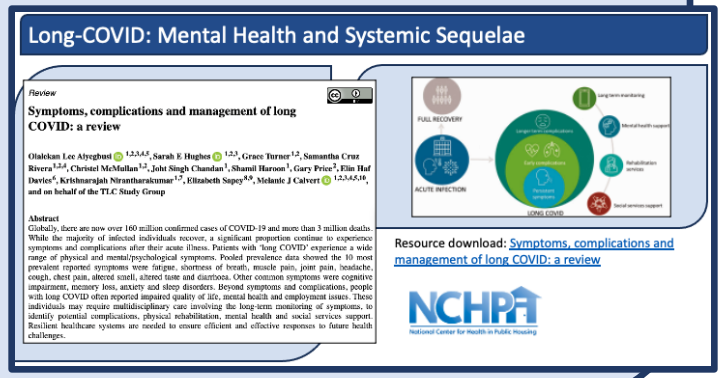
Guidance and Recommendations

- Recommendations are based on NCHPH internal research or validated external research.
- Practice recommendations presented are reviewed and validated by the NCHPH team.



Support and Consultation Resources

- NCHPH staff members and SMEs are available to FQHCs, PHPCs, PHAs and partner organization for consulting and advising services.



Link to Resource: NCHPH

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Leveraging Telehealth for TUD/NUD

This session will include the following material (overview):

To garner an understanding of how to bet utilize telehealth in TUD/NUD, we will accomplish the following Learning Objectives

1. Review recent data and analyses regarding NUD, TUD and telehealth utilization at Health Centers.
2. Analyze clinical cases outlining the use of telehealth in NUD and TUD patients.
3. Review of best practices regarding telehealth modality use.

Introduction Question

Please take a moment to enter the following into the chat:

1. What institution or organization are you joining us from?

2. What are your roles and/or professional responsibilities at your organization?

3. What is one way that you institution serves patients with NUD/TUD?

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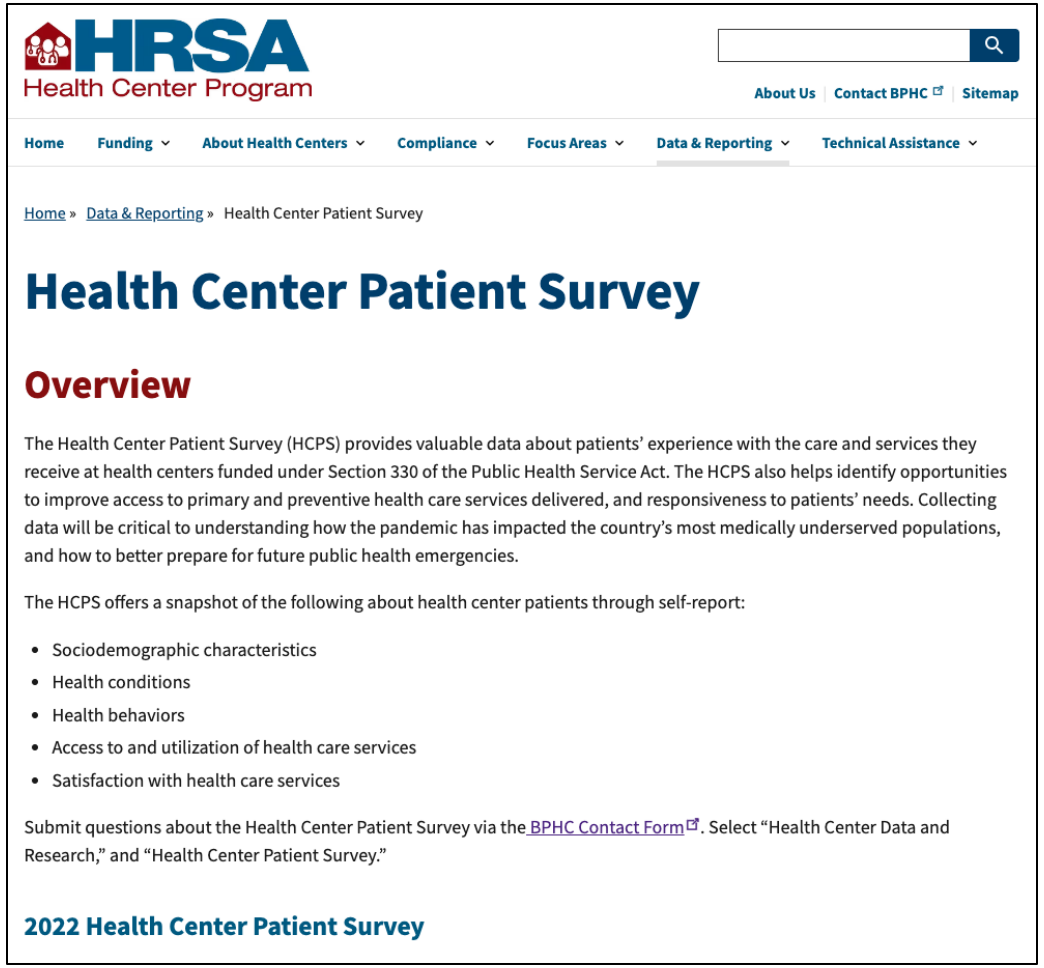

Link to Resource: [2022 Health Center Patient Survey]

HRSA 2022 Health Center Patient Survey

Key facts:

- 4,400 patients from a representative sample of FQHC's was sampled.
- Weighted to represent over 30 million patient visits.

Analysis:

- One of the best sources available for investigating the FQHC patient experience..
- Can be utilized to validate and inform program design, patient interventions and health center management.

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Tobacco and Vaping product use in FQHCs: 2022 Health Center Patient Survey

n (weighted) = 27,224,243	All other Housing	95% CI	All HUD-assisted*	95% CI	*p*	Public Housing	95% CI	*p*
Current smoker	20.3	16.6-24.6	31.4	22.3-42.2	0.0132	34.7	2.2-5.5	0.026
Smoked at least 100 cigarettes in lifetime	40.7	35.6-46.0	44.3	35.5-53.5	0.043	44.4	30.4-59.3	0.7
Plans in the future to quit smoking for good	77.1	70.6-82.5	88.5	73.5-95.5	0.11	88.5	72.3-95.8	0.023
Patient has a time frame in mind to quit smoking	45.8	38.6-53.2	52	34.9-68.6	0.6	44.6	24.8-66.3	0.53
Advised to stop smoking by provider within past 12 months	67.3	59.4-74.3	86.3	72.3-93.8	0.015	79.42	50.4-93.6	0.18
Ever used smokeless tobacco	12.8	9.3-17.4	8.2	4.6-14.1	0.11	5.5	2.6-11.0	0.04
Desire to stop smoking in last 12 months	75.9	68.7-81.8	90.6	75.7-96.7	0.07	92.7	76.2-98.0	0.057
Percent of smokers that smoke cigarettes every day	38.1	32.8-43.7	56.7	40.9-71.3	0.011	56.8	35.0-76.2	0.046
Ever used vaping products	26.1	22.0-30.6	28.6	19.6-39.7	0.65	26.3	15.0-41.9	0.91

** Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs*

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95% Confidence Interval (95% range of real possibility)

***P* – value (statistical significance)**

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All patients (reference group)

All HUD-assisted (comparison group 1)

Public housing only (comparison group 2)

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Practice Recommendations: HRSA Patient Survey

Question: Tobacco use

"Are you a current user of cigarettes, cigars or similar products?"

Percent of patients reporting current tobacco use:

All FQHC* patients

20.3%

CI: 16.6-24.6

All HUD-Assisted

31.4%

CI: 23.3-42.2%

Public Housing

34.7%

CI: 2.2.-55.5

Link to Resource: [2022 Health Center Patient Survey]

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Practice Recommendations: HRSA Patient Survey

Question: Tobacco cessation

"Do you currently have plans to quit tobacco use for good?"

Percent of patients reporting that the currently have the desire to quit:

All FQHC* patients

77.1%

CI: 70.6-82.5

Public Housing

88.5%

CI: 72.3-95.8

Link to Resource: [2022 Health Center Patient Survey]

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Practice Recommendations: HRSA Patient Survey

Question: Tobacco Cessation

"In the past 12 months, have you had the desire to quit using tobacco products?"

Percent of patients reporting these feelings in the past 12 months:

All FQHC* patients

75.9%

CI: 68.7-81.8

All HUD-Assisted*

92.7%

CI: 76.2-98.0

Link to Resource: [2022 Health Center Patient Survey]

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Tobacco use disorder (TUD) diagnosis and treatment at FQHC and PHPC facilities; UDS results (2021)

	All FQHC's	PHPC's
Number of visits with diagnosis of TUD	1,906,368	234,716
Total patients with diagnosis of TUD	972,020	120,259
Number of patients given TUD cessation counseling	1,404,510	188,884
Percentage of patients 18 or older screened for TUD	98%	95%
Patients assessed for and provided intervention for TUD	8,607,756	1,231,787

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Home visitation and telehealth services at FQHCs and PHPC Grantees

n (weighted) = 27,224,243	All other FQHCs (%)	95% CI	PHPC's (%)	95% CI	*p*
Patients who receive home visit in past 12 months	2.6	1.9-3.5	6.50	3.0-13.7	0.01
Patients who ever received home safety consult	9.3	0.83-10.1	13.8	6.7-26.2	0.72
Patients receive Telehealth appointment in past 12 months	38.3	31.5-45.6	38.3	28.5-49.2	0.9
Patients who receive more than 5 telehealth appointments in past 12 months	**7.4**	**4.8-11.2**	**14.7**	**7.6-26.5**	**0.05**

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a PHMC affiliate

Use of home telehealth services at FQHC and PHPC locations: UDS results (2021)		
	All FQHC's	PHPC's
Mental health	**93.2%**	**95.2%**
Substance use disorder	**66.4%**	**71.2%**
Chronic conditions	63.6%	58.7%
Nutrition and dietary counseling	20.4%	21.2%
Primary care	97.4%	98.1%
Provider-to-provider counseling	15.9%	13.5%
Dermatology	6.9%	6.7%
Oral health	27.1%	33.7%
Disaster management	4.3%	3.9%

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Case Study: Supporting TUD Cessation in Primary Care Patients

Mr. Jones is a 57 year-old man who presents for a wellness exam. He has a past medical history of T2DM, and hypertension. The patient has a behavioral health history of Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD) and Tobacco Use Disorder (remission for 1 years as of 2018). Mr. Jones is a combat veteran. Your health center has a large veteran population and is in the suburban area of a medium-sized city. Mr. Jones identifies as African-American.

The patient undergoes a standard intake, including vitals and an SDOH screener. The results are as follows:

BP: 178/98
HR: 92
RR: 18

A review of Mr. Jones' medical records indicates the following:

Vitals (2018):
BP: 138/98
HR: 60
RR: 18

HbA1c: 7.0
Drug Screen: Pan-negative

Prescribed Medications: Metformin, Chlorothiazide, Citalopram (Celexa)

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The results of Mr. Jones' SDOH screener reveal the following:

Appendix

WellRx Questionnaire

DOB_____ Male___ Female _____

WellRx Questions

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1. In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?

☑ Yes ☐ No

2. Are you homeless or worried that you might be in the future?

☑ Yes ☐ No

3. Do you have trouble paying for your utilities (gas, electricity, phone)?

☑ Yes ☐ No

4. Do you have trouble finding or paying for a ride?

☑ Yes ☐ No

5. Do you need daycare, or better daycare, for your kids?

☐ Yes ☑ No

Link: To Resource

National Center for Health in Public Housing

_____ Yes _____ No

6. Are you unemployed or without regular income?

☑ Yes _____ No

7. Do you need help finding a better job?

☑ Yes _____ No

8. Do you need help getting more education?

_____ Yes ☑ No

9. Are you concerned about someone in your home using drugs or alcohol?

☑ Yes _____ No

10. Do you feel unsafe in your daily life?

_____ Yes ☑ No

11. Is anyone in your home threatening or abusing you?

_____ Yes ☑ No

Link: To Resource

National Center for Health in Public Housing

Case Study: Supporting TUD Cessation in Primary Care Patients

Mr. Jones is treated by his provider, who is also a combat veteran. Upon physical examination Mr. Jones is noted to be withdrawn and to exhibit closed body language. His responses are terse, and he seems irritated. His physical examination is positive for 1+ pitting edema and darkened skin around his neck and groin area. New results are positive for an HbA1c of 8.2

When Questioned Regarding the Results of His SDOH Screener Mr. Jones Reveals the following:

1. Mr. Jones worked as a construction foreman until 6 months ago when he was laid off. His unemployment insurance ran out 3 months ago.
2. He is behind on his utilities and his car is not operable. He uses uber and walks for transportation.
3. Mr. Jones previously abstained from cigarette use, but now smokes approximately ½ pack per day.
4. Mr. Jones is single and does not have any family in the area.
5. Mr. Jones has been taking a half dose of his prescription medications because he can no longer afford the medication.

Mr. Jones is asked if he is interested in stopping tobacco use, but avoids the question. When questioned again he notes that he has tried several times lately, but always ends up smoking again. **He agrees to an initial trial of nicotine gum. He also notes that he prefers to deal with his private life by himself. When asked why he notes that in the past he has had difficulty connecting with his providers and that he felt judged.**

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Addressing Learning Objective 3

Case Study: Supporting Behavioral Health in Primary Care Patients

Please take a moment to write or type your response to the following:

What is your assessment of Mr. Jones's clinical condition? How is tobacco use impacting it?

How could a patient like Mr. Jones be encouraged to seek supportive services?

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WellRx Questions

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1. In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?

☑ Yes ☐ No

2. Are you homeless or worried that you might be in the future?

☑ Yes ☐ No

3. Do you have trouble paying for your utilities (gas, electricity, phone)?

☑ Yes ☐ No

4. Do you have trouble finding or paying for a ride?

☑ Yes ☐ No

5. Do you need daycare, or better daycare, for your kids?

☐ Yes ☑ No

Link: To Resource

National Center for Health in Public Housing

_____ Yes _____ No

6. Are you unemployed or without regular income?

☑ Yes _____ No

7. Do you need help finding a better job?

☑ Yes _____ No

8. Do you need help getting more education?

_____ Yes ☑ No

9. Are you concerned about someone in your home using drugs or alcohol?

☑ Yes _____ No

10. Do you feel unsafe in your daily life?

_____ Yes ☑ No

11. Is anyone in your home threatening or abusing you?

_____ Yes ☑ No

Link: To Resource

National Center for Health in Public Housing

Case Study: Supporting TUD Cessation in Primary Care Patients

Mr. Jones is treated by his provider, who is also a combat veteran. Upon physical examination Mr. Jones is noted to be withdrawn and to exhibit closed body language. His responses are terse, and he seems irritated. His physical examination is positive for 1+ pitting edema and darkened skin around his neck and groin area. New results are positive for an HbA1c of 8.2

When Questioned Regarding the Results of His SDOH Screener Mr. Jones Reveals the following:

1. Mr. Jones worked as a construction foreman until 6 months ago when he was laid off. His unemployment insurance ran out 3 months ago.
2. He is behind on his utilities and his car is not operable. He uses uber and walks for transportation.
3. Mr. Jones previously abstained from cigarette use, but now smokes approximately ½ pack per day.
4. Mr. Jones is single and does not have any family in the area.
5. Mr. Jones has been taking a half dose of his prescription medications because he can no longer afford the medication.

Mr. Jones is asked if he is interested in stopping tobacco use, but avoids the question. When questioned again he notes that he has tried several times lately, but always ends up smoking again. **He agrees to an initial trial of nicotine gum. He also notes that he prefers to deal with his private life by himself. When asked why he notes that in the past he has had difficulty connecting with his providers and that he felt judged.**

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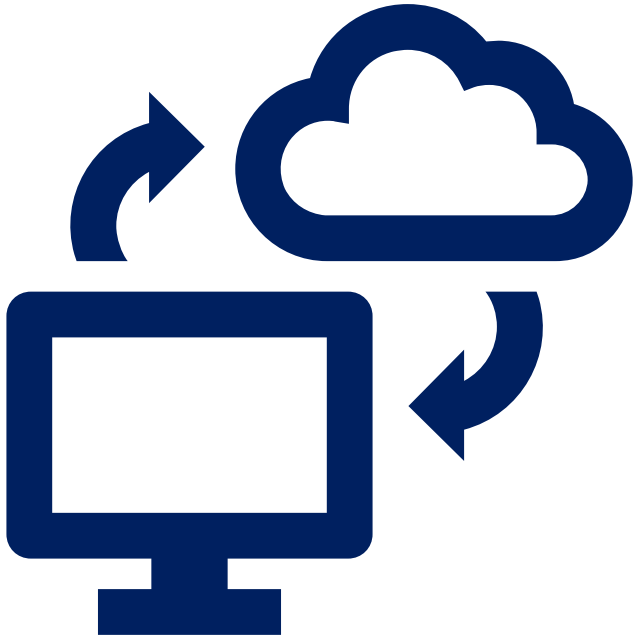
Impact of the COVID-19 Pandemic on Service Delivery

This session is designed to illicit discussion, process sharing and support between colleagues the session framework will reflect those priorities.

The share of adults reporting the onset of symptoms of GAD or MDD rose to 39.3% during the pandemic.

Lifting of restrictions led to 75% of behavioral health visits being via telehealth, this has increased to 87% post-pandemic

Service restraints in other areas of health center management puts added strain on behavioral health



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Telehealth Technology is Just One Tool in the Clinician's Toolbox – Telehealth is NOT a Separate Service

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OLIVER WYMAN

THE SHIFT TO HYBRID CARE

Amwell's survey findings suggest we are in the midst of an accelerating transition from virtual care to hybrid care. The evolution from early telehealth models to hybrid care has been years in the making and is characterized by increasing integration of telehealth technology into traditional in-person care.

Introducing telehealth

In its formative phase, telehealth was limited to certain use cases (such as urgent care and telepsychiatry) and tended to stand apart from in-person care, often with separate infrastructure, care pathways, and clinicians.

Virtual care

As telehealth technology has evolved and the awareness of its potential applications has grown, healthcare providers have incorporated virtual care into a broader range of care settings – though often still in silos and not altogether seamlessly.

Hybrid care

In the hybrid care model, the barriers between in-person and virtual care evaporate and telehealth becomes infused throughout the system, creating new care pathways and experiences that seamlessly blend the physical and the digital.

Telehealth In-person care

Source: Amwell

The Transition to Hybrid Care:

The use of telehealth is evolving from a stand-along modality to being integrated more deeply into the clinical continuum.

Telehealth is best used to TUD when it compliments existing clinical services utilized by the patient.

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Marketing Telehealth Services

Emphasize Convenience

Reduce Stigma

Increase Access to Care

Link to resource: [Marketing considerations]

Case Study: Continuity of Care to Support Behavioral Health

Mr. Jones is contacted by a staff member that works for your facility. He initially refuses assistance. The CHW offers the following resources, which lead to Mr. Jones agreeing to an initial consultation.

1. Consultation via Telehealth

2. A community-based, African-American veteran CHW

Mr. Jones meets his CHW via the facility telehealth mobile application. In the beginning of his appointment Mr. Jones has a short introductory session with his CHW, who uses the following techniques to make Mr. Jones more comfortable during his visit.

Link to resources: Health Assessment Interview Techniques

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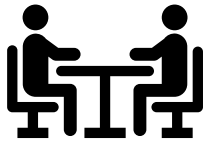
Case Study: Continuity of Care to Support Behavioral Health

Mr. Jones' CHW utilizes the following techniques to facilitate his interview.

Active listening: Fully comprehending the client response through verbal and nonverbal cues, including client emotional state. Complete concentration on the client

Adaptive questioning: Starting with general questions, then becoming more specific.



Nonverbal communication: Staying in-tune with client posture and body language.

Link to resources: Health Assessment Interview Techniques

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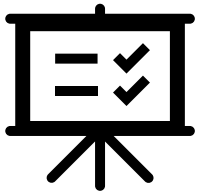
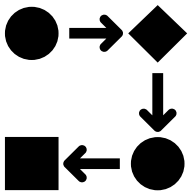
Case Study: Continuity of Care to Support Behavioral Health

Mr. Jones's CHW utilizes the following techniques to facilitate his interview (continued)



Empathy, validation, reassurance: Telling the client that their emotions are reasonable

Partnering and summarization: Playing a coach-like role with the patient, talking-back the patient responses to ensure they are and feel understood.



Transitions and empowerment: Letting the client know what steps are next can help to lower provider and client anxiety.

Link to resources: Health Assessment Interview Techniques

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The results of Mr. Jones; SDOH screener reveal the following:

Appendix

WellRx Questionnaire

DOB_____ Male___ Female _____

WellRx Questions

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1. In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?

☑ Yes ☐ No

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Link: To Resource

National Center for Health in Public Housing

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_____ Yes ☑ No

11. Is anyone in your home threatening or abusing you?

_____ Yes ☑ No

Link: To Resource

National Center for Health in Public Housing

Case Study: Supporting TUD Cessation in Primary Care Patients

During consultation Mr. Jones' CHW utilizes the Framework of the SDOH to determine facility resources to meet his needs:

Education Access and Quality:

- *No resources identified for this client.*

Health Care Access:

- *Free transportation to health center via facility van service. Appointment reminders via facility appointment mobile application and text/*

Neighborhood and Built Environment:

- *Utilities vouchers provided from a local community-based organization.*
- *Social worker contacts utilities for discontinuation support.*

Link to resources: Jobs Plus Initiative

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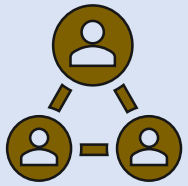
Case Study: Supporting TUD Cessation in Primary Care Patients

During consultation Mr. Jones' CHW utilizes the Framework of the SDOH to determine facility resources to meet his needs:

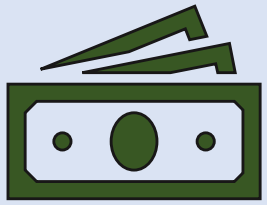
Social and Community Context:



- *Local veteran social group.*
- *Tobacco cessation literature and resource pamphlets.*
- *Regular (bi-monthly0 tobacco cessation check-ins*

Economic Stability:

- *Training and support services through facility Jobs Plus Site.*
- *Veterans peer-support group at local church.*



Link to resources: [Jobs Plus Initiative]

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Addressing Learning Objective 3

Case Study: Supporting TUD Cessation in Primary Care Patients

Please take a moment to write or type your response to the following:

How could telehealth via utilized at your institution to support Mr. Jones through his TUD recovery?

What is Medical-Legal Partnership?

Medical-legal partnerships embed lawyers on the health care team to help health centers treat patients' immediate social needs and also deploy upstream strategies to address the social determinants of health. Core MLP activities include:

Link to resource: [Health Center MLP Toolkit.]

The impact of the war on drugs on the SDOH

ANNALS OF MEDICINE
2022, VOL. 54, NO. 1, 2024–2038
https://doi.org/10.1080/07853890.2022.2100926

Taylor & Francis
Taylor & Francis Group

ORIGINAL ARTICLE

OPEN ACCESS Check for updates

How the war on drugs impacts social determinants of health beyond the criminal legal system

Aliza Cohen[a], Sheila P. Vakharia[a], Julie Netherland[a] and Kassandra Frederique[b]

[a]Department of Research and Academic Engagement, Drug Policy Alliance, New York, NY, USA; [b]Drug Policy Alliance, New York, NY, USA

ABSTRACT

There is a growing recognition in the fields of public health and medicine that social determinants of health (SDOH) play a key role in driving health inequities and disparities among various groups, such that a focus upon individual-level medical interventions will have limited effects without the consideration of the macro-level factors that dictate how effectively individuals can manage their health. While the health impacts of mass incarceration have been explored, less attention has been paid to how the "war on drugs" in the United States exacerbates many of the factors that negatively impact health and wellbeing, disproportionately impacting low-income communities and people of colour who already experience structural challenges including discrimination, disinvestment, and racism. The U.S. war on drugs has subjected millions to criminalisation, incarceration, and lifelong criminal records, disrupting or altogether eliminating their access to adequate resources and supports to live healthy lives. This paper examines the ways that "drug war logic" has become embedded in key SDOH and systems, such as employment, education, housing, public benefits, family regulation (commonly referred to as the child welfare system), the drug treatment system, and the healthcare system. Rather than supporting the health and wellbeing of individuals, families, and communities, the U.S. drug war has exacerbated harm in these systems through practices such as drug testing, mandatory reporting, zero-tolerance policies, and coerced treatment. We argue that, because the drug war has become embedded in these systems, medical practitioners can play a significant role in promoting individual and community health by reducing the impact of criminalisation upon healthcare service provision and by becoming engaged in policy reform efforts.

ARTICLE HISTORY
Received 7 January 2022
Revised 30 June 2022
Accepted 7 July 2022

KEYWORDS
Social determinants of health; war on drugs; criminalisation; surveillance; education; employment; substance use treatment; public benefits; child welfare; public policy; health policy

Link to resource: Cohen et al.

Key takeaways:

- Drug offenses remain the leading cause of arrest in the US: Over 1.1 million in 2020.
- Roughly 20% of people who are incarcerated are in jail for a drug charge.
- Drug-related criminal histories and employer drug tests are a major barrier to employment that disproportionately impacts disadvantaged communities.

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Changes in Buprenorphine Prescription Requirements

Clinicians no longer require a federal waiver to prescribe Buprenorphine for Opioid Use Disorder

Ongoing: Updates to Requirements for Buprenorphine Prescribing. As announced by the Substance Abuse and Mental Health Services Administration in January 2023, clinicians no longer need a federal waiver to prescribe buprenorphine for treatment of opioid use disorder. Clinicians are still required to *register* with the federal Drug Enforcement Agency (DEA) to prescribe controlled medications. On June 27, the DEA began to require that registration applicants – both new and renewing – affirm they have completed a new, one-time, eight-hour training. Exceptions for the new training requirement are practitioners who are board certified in addiction medicine or addiction psychiatry, and those who graduated from a medical, dental, physician assistant, or advanced practice nursing school in the U.S. within five years of June 27, 2023. Watch this 11-minute video that explains the changes. Rural Health Clinics (RHCs) still have the opportunity to apply for a $3,000 payment on behalf of each provider who trained between January 1, 2019 and December 29, 2022 (when Congress eliminated the waiver requirement). Approximately **$889,000 in program funding remains available for RHCs** and will be paid on a first-come, first-served basis until funds are exhausted. Send questions to DATA2000WaiverPayments@hrsa.gov.

Link: MAT Act

Funding opportunity: Rural Emergency Services Training

Rural health centers who serve communities with a need for expanded prehospital medical services should consider applying to this SAMSHA funding opportunity

New Funding Opportunity for Rural Emergency Services – Apply by March 20. The Substance Abuse and Mental Health Services Administration (SAMHSA) will award up to $200,000 per year for a two-year program to recruit and train Emergency Medical Services (EMS) personnel in rural areas with a focus on addressing substance use disorders (SUD) and co-occurring disorders (COD) of substance use and mental health. Recipients of the federal funding will be expected to train EMS personnel on SUD and COD, as well as trauma-informed, recovery-based care for people with such disorders. Eligible applicants are rural EMS agencies operated by a local or tribal government (fire-based and non-fire based) and rural non-profit EMS agencies. *See Resources of the Week below to learn more about rural emergency medical services.*

Link: to funding opportunity

The use of SDOH Screening tools: Application

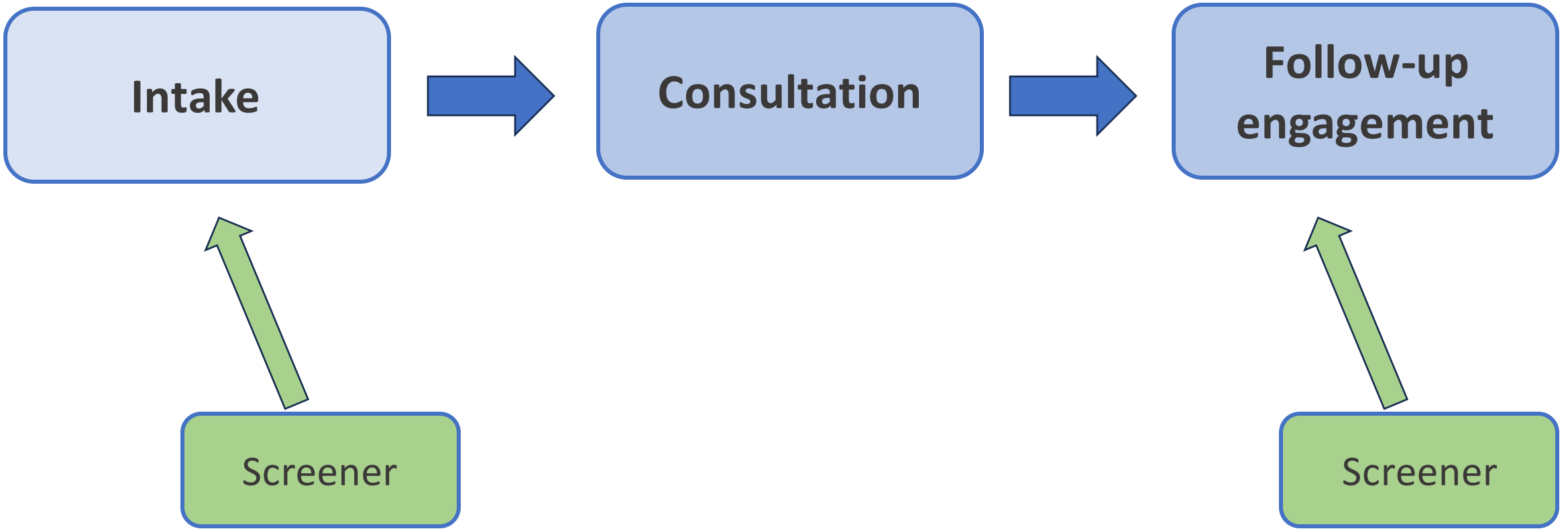
When planning implementation of a new screener:

1. Examine organization structure and workflow.
2. Identify key patient care interactions.
3. Consider data collection.
4. Consider workflow integration.
5. Consider screener design.

When planning revision of an existing screener:

1. Examine organization structure and workflow.
2. Examine locations where SDOH data is collected.
3. Examine impact of SDOH screener on workflow and patient care

The use of SDOH Screening tools: Application



Q&A Session

Complete our Post Evaluation Survey

National Center for Health in Public Housing

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Thank you!