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**House Majority Policy Committee Hearing
Impact of the COVID-19 Related Regulatory Suspensions**

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Good morning/afternoon. I'm Charlotte Chew, Vice President of Operations for Outpatient Services for Pyramid Healthcare. I have worked in behavioral health care since 1992. Much of my career has been spent in Pennsylvania hospitals and outpatient facilities serving the Medicaid population. In addition, I was a Human Services Administrator for McKean County, and I was the Director of Provider Relations for Beacon Health Options, a Behavioral Health Managed Care Company in Western Pennsylvania.

Pyramid Healthcare has been a drug and alcohol provider for 21 years. Pyramid operates 14 drug and alcohol outpatient locations across the state of Pennsylvania and has served over 9,000 clients from March 2020 through March 2021 in our treatment programs and over 4,000 in our methadone programs. About 85% of our clients have PA Medicaid/HealthChoices. We provide a wide array of outpatient services including partial hospitalization, intensive outpatient, outpatient, medication assisted treatment, and methadone. I am also representing RCPA. RCPA, the Rehabilitation and Community Providers Association, represents more than 350 human services providers across Pennsylvania. Many of them provide drug and alcohol treatment services.

Drug addiction in and of itself could be called a pandemic. Prior to covid, there were 70,630 drug overdose deaths in 2019 in the United States. During the covid pandemic, that number rose to 81,003 deaths. In Pennsylvania, we are likely to have had nearly as many drug overdose deaths in 2020 as we had in 2017 when we had a record 5,377 overdose deaths. The pandemic ushered in stress, isolation, and economic upheaval; all known triggers for addiction and relapse. While the covid pandemic has had a devastating effect on our communities, there have been some silver linings. One silver lining in addiction treatment has been the suspension of certain regulatory requirements that impede access to services for those in need of them.

When COVID hit in March 2020, our immediate response was to figure out how we could continue to deliver care to our clients while keeping them and our staff safe. We immediately started telehealth. We supplied all of our staff with laptops and secure virtual platforms they could use from home. We ensured that our clients had access to a cell phone at the bare minimum so they could receive care and have access to their treatment team at any time. If they did not have a phone, we purchased Trac phones and minutes for them. Rural America isn't always open to the cellular waves and some people were not tech savvy. In response, we also gave the option to receive care in



person. Staff and clients followed all CDC recommended protocols. When there was not enough space in the office to maintain 6 foot distance, we did telehealth services in the office. Whatever needed to be done to meet client needs, we did.

Through the expansion of telehealth services over the past year we have been able to improve access to high quality care to clients across the Commonwealth. Governor Wolf's emergency disaster declaration on March 6, 2020, allowed for the use of telehealth services in drug and alcohol addiction treatment. The announcement gave providers permission to provide telehealth using real-time, two-way interactive audio-video transmission services in licensed drug and alcohol outpatient clinics. Soon after, the following suspensions for Narcotic Treatment Programs (methadone clinics) were announced:

- 28 Pa. Code 715.16, which prohibits Narcotic Treatment Programs from allowing more than a 2 week take home supply of medication.
- 28 Pa. Code 715.9(a)(4), which requires Narcotic Treatment Programs to make a face-to-face determination before admission to treatment, for those clients who will receive buprenorphine treatment, and
- 28 Pa. Code 715.6(d), which requires Narcotic treatment Programs to have narcotic treatment physician services on site.

These suspensions have remained a consistent benefit in appropriately managing the evolving issues surrounding covid and the emerging needs facing Narcotic Treatment Programs and the clients served. The flexibility permitted through the blanket exception allows the NTP physician to make sound, medical decisions based on the immediate need of the client. This high-risk population has been afforded a low risk experience in treatment based on the expansion of take home medication. These suspensions of regulations have permitted NTPs to make swift decisions regarding maintenance of medication despite covid symptoms and covid positive tests. Clients have continuous access to and benefits of medication without risking the spread of the virus. Clients in NTP programs have also benefited from receiving counseling via telehealth. This has improved engagement in the NTP services overall.

For those clients who receive other forms of medication assisted treatment like buprenorphine, the utilization of telehealth for MAT inductions has afforded clients continuous access to physician care, despite travel restrictions and transportation barriers. Traditionally, clients were waiting to be seen face-to-face by physicians and now can be seen virtually for inductions. Therefore, wait time for initiating medication can be significantly reduced for patients able to access a wider array of prescribers. For rural communities with limited physicians on site, the ability to connect them sooner with medical services is paramount in their recovery journey.

The changes in the regulations have improved access to treatment and the client experience and have resulted in increased engagement in treatment driving better outcomes for our clients. From March of 2020 through March 2021, Pyramid had over

130,000 client activities in our outpatient programs, 64% of them were delivered through telehealth.

Telehealth has positively impacted three challenges to addiction treatment: access, engagement, and retention.

Access: Telehealth has offered more access to care. As a provider, we are able to serve a client in rural Pennsylvania with a clinician who is in a metropolitan area. Expanded telehealth services have removed traditional barriers to treatment like lack of transportation or access to childcare. Additionally, the flexibility of telehealth services has provided the ability to offer enhanced specialty programming as well as increased family engagement. Covid added additional stressors to individuals in rural areas where there was already limited access to transportation. Telehealth removed that barrier. Getting traditional and specialized care became easier because it could be delivered by phone, computer, or tablet.

The addiction treatment field has struggled for years with a lack of available physician and psychiatric services. Expansion of telehealth services has improved this shortage by giving providers the flexibility to utilize physicians, nurse practitioners, and physician assistants in a more efficient manner. This results in improved care for our clients as well as a reduction in overall costs to provide these critical services.

Engagement: Engagement in treatment has also improved with the expansion of telehealth services. Several factors drive the improvement in engagement. Access to therapy services from home, increased specialty programming, increased family involvement and the reduction of traditional barriers result in a better client experience which extends a client's time in treatment. At first, the provision of care virtually was a bit of challenge for our clinicians. However, they report that they have really honed their clinical skills. They had to be more vigilant in looking for signs of decompensation and creative in looking for ways to keep treatment dynamic. This in turn has resulted in a 96.7% favorable client response to telehealth treatment.

Client retention: Telehealth gives us the opportunity to offer more times of services allowing clients to more easily schedule treatment into their activities of daily living. Many clients reported feeling more engaged in treatment on a telehealth platform because they were more comfortable sharing while in the comfort of their home via a secure HIPAA compliant platform. For those who intend to receive treatment in person but at times cannot because of child care, transportation, or health conditions and otherwise would receive no treatment, telehealth makes their treatment possible. We can quickly put these clients on the virtual platform. Additionally, the telehealth platform allowed us to be flexible with our work force. People can work from home or flex to work from home if it became necessary to quarantine.

The covid pandemic has presented everyone with new challenges. The covid crisis required providers to innovate and think differently about the provision of care. Our mission is to navigate these challenges and create solutions to improve the quality of life for the clients that we serve. The addiction treatment field has accepted this challenge,

and we have learned over the past year that we can better serve our clients with the continued utilization and expansion of telehealth services due to relaxation of regulations. We have continued to serve our 13,000 clients safely over the past year, and we can continue to do so moving forward as we work in collaboration with our licensing and regulatory partners.