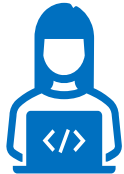


Concurrent Sessions

Sesiones simultáneas

Telegenetics Updates for Your Practice



Actualizaciones sobre telegenética para su práctica

Genetics in Primary Care: A Vision for the Future of Precision Medicine



Genética en los servicios primarios: Una visión para el futuro de la medicina de precisión



Lin Perry

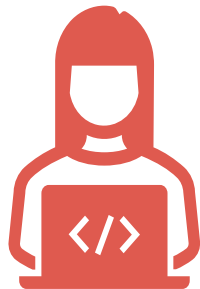
Parent and Telegenetics User
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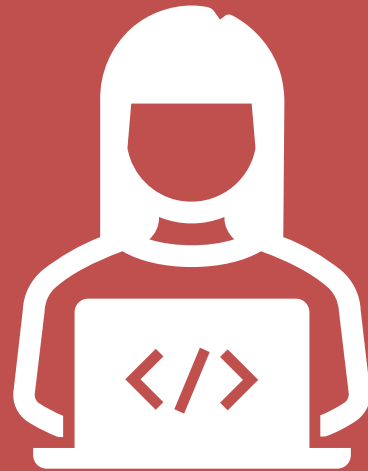
Dr. Elizabeth I. Kudron, MD, MPH, FAAP

Children's Hospital Colorado
Colorado Center for Personalized Medicine
University of Colorado Anschutz Medical
Campus
[Hospital de Niños de Colorado](#)
[Centro de Medicina Personalizada de Colorado](#)
[Campus Médico Anschutz de la Universidad de
Colorado](#)



Telegenetics Updates for Your Practice

April 27, 2023



Actualizaciones
sobre telegenética
para su práctica

Abril 27, 2023



NYMAC
regional genetics network

Financial Disclosure

Lin Perry
Kathy Wibberly, PhD;
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Alissa Terry

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Divulgación financiera

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Kathy Wibberly, PhD;
Lloyd Sirmons;
Elinor Langfelder Schwind, MS,CGC;
Danielle Louder;
Alissa Terry

No tienen ninguna divulgación relevante.

MEET THE PANEL

CONOZCA AL PANEL



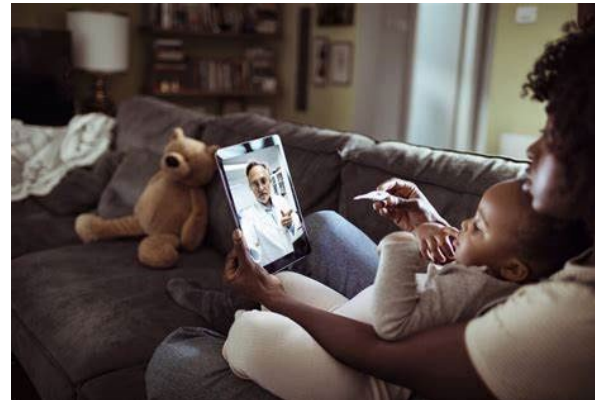
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THE FAMILY PERSPECTIVE:

Lin Perry
Parent and Telegenetics User



PERSPECTIVA FAMILIAR:

Lin Perry
Padre y usuario de telegenética

AGENDA

- Use of Telehealth
 - Polling
 - Telegenetics Barriers
 - Polling
 - NYMAC and RGN support for telegenetics
 - The Family Experience with Telehealth
 - Information and Support from the Telehealth Resource Centers
 - Group Discussion and Questions
-
- Uso de la telesalud
 - preguntas
 - Barreras telegenéticas
 - preguntas
 - Soporte NYMAC y RGN de telegenética
 - Experiencia familiar con la telesalud
 - Información y apoyo de los Centros de Recursos de Telesalud
 - Discusión grupal y preguntas

WHAT DOES NYMAC DO?



Improving the genetics delivery system through collaboration with diverse stakeholders



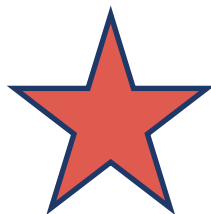
Telemedicine projects to make genetics appointments easier for families



Education about genetics to families and professionals

To achieve

ACCESS to quality genetics services for people with genetic conditions and their families



¿QUÉ HACE NYMAC?

Mejorar el sistema de administración genética a través de la colaboración con diversas partes interesadas



Proyectos de telemedicina para facilitar las citas genéticas a las familias



Educación sobre genética para familias y profesionales



Para lograr

ACCESO a servicios genéticos de calidad para personas con enfermedades genéticas y sus familias

Telehealth Use Poll: Over the Last Year...

Encuesta de uso
de telesalud
durante el último
año ...

- Approximately what percent of your family's healthcare did you receive by telehealth?
- Approximately what percent of the healthcare services you provide were done by telehealth?

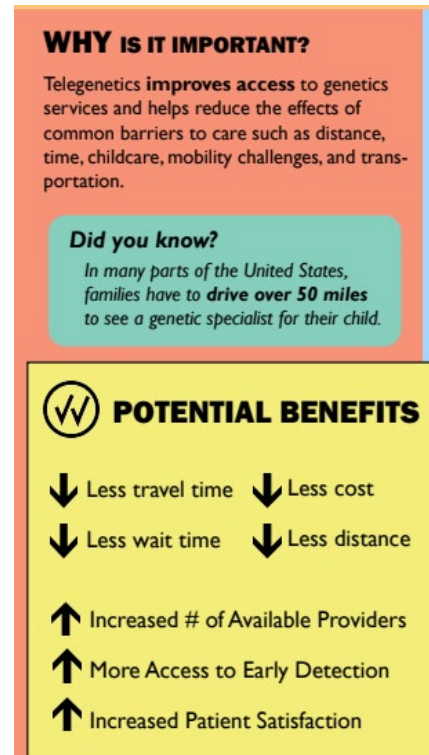


- ¿Aproximadamente qué porcentaje de los servicios médicos de su familia recibió por telesalud?
- ¿Aproximadamente qué porcentaje de los servicios de médicos que brinda fueron realizados por telesalud?

What and Why Telegenetics?



- VIDEO CONFERENCING**
Live, two-way interaction between a person and a provider using an electronic platform similar to Skype or Facetime.
- STORE AND FORWARD**
Receive an evaluation and treatment recommendations from a genetic specialist based on pre-recorded health history that you've prepared with your child's primary provider.
- REMOTE MONITORING**
A local provider monitors your child's health status and behaviors and transfers information to a genetic specialist to assist in providing care to your child.
- MOBILE HEALTH**
Exchange text messages or video conferencing with a genetic provider through a secure application on your mobile device.



WHY IS IT IMPORTANT?

Telegenetics **improves access** to genetics services and helps reduce the effects of common barriers to care such as distance, time, childcare, mobility challenges, and transportation.

Did you know?
In many parts of the United States, families have to **drive over 50 miles** to see a genetic specialist for their child.

POTENTIAL BENEFITS

- ↓ Less travel time
- ↓ Less cost
- ↓ Less wait time
- ↓ Less distance
- ↑ Increased # of Available Providers
- ↑ More Access to Early Detection
- ↑ Increased Patient Satisfaction

¿Qué y por qué la telegenética?

- NYMAC's goal= expand access to quality genetic services
- TG has been shown to improve patient access with high levels of patient and provider satisfaction, and reduce barriers such as cost, wait time, and travel
- In 2017, there was a diverse group of TG programs already in existence in the region, and a large number of providers with interest in implementing TG
- In 2020, TG proved critical to providing care during the pandemic and beyond

- El objetivo de NYMAC= **ampliar el acceso** a servicios genéticos de calidad
- Se ha demostrado que TG mejora el acceso del paciente con altos niveles de satisfacción del paciente y del proveedor, y reduce las barreras como **el costo, el tiempo de espera y los viajes.**
- En 2017, ya existía un grupo diverso de programas de TG en la región, y un gran número de proveedores con interés en implementar TG
- En 2020, TG demostró ser fundamental para brindar atención durante la **pandemia y más allá**

Poll: Changing Landscape

Encuesta: Paisaje cambiante

- In your experience, are there services that you used to provide OR receive by telehealth that you are no longer able to do by telehealth?



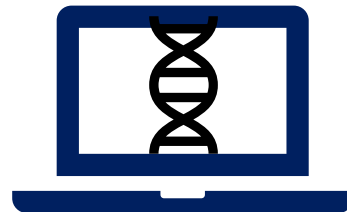
- En su experiencia, ¿hay servicios que solía proporcionar O recibir por telesalud que ya no puede hacer por telesalud?

Poll: What is currently the biggest barrier to the use of telehealth?

Encuesta: ¿Cuál es actualmente la mayor barrera para el uso de la telesalud?



- Lack of experience/training
- Licensure/legal issues
- Funding/billing/reimbursement
- Lack of appropriate technology
- Workflow/logistical issues
- Limitations to the psychosocial interaction with patients over TH
- Lack of patient interest
- Lack of provider interest
- Lack of provider time
- Lack of institutional support
- Lack of a physical exam when using TH
- Changes in telehealth rules over time



- Falta de experiencia/formación
- Licencias/cuestiones legales
- Financiación/facturación/reembolsos
- Falta de tecnología apropiada
- Problemas de flujo de trabajo/logística
- Limitaciones a la interacción psicosocial con pacientes sobre TH
- Falta de interés del paciente
- Falta de interés del proveedor
- Falta de tiempo del proveedor
- Falta de apoyo institucional
- Falta de un examen físico cuando se usa TH
- Cambios en las reglas de telesalud a lo largo del tiempo

NYMAC Mechanisms of Support for TG

Technical Assistance

- TG Navigation
- TG Program Planning



Education and Training

- TG Training online
- TG Education



Collaborative Funding

- Subcontracts and small projects



Mecanismos de apoyo de NYMAC para TG

Asistencia Técnica

- Navegación TG
- Planificación del Programa TG

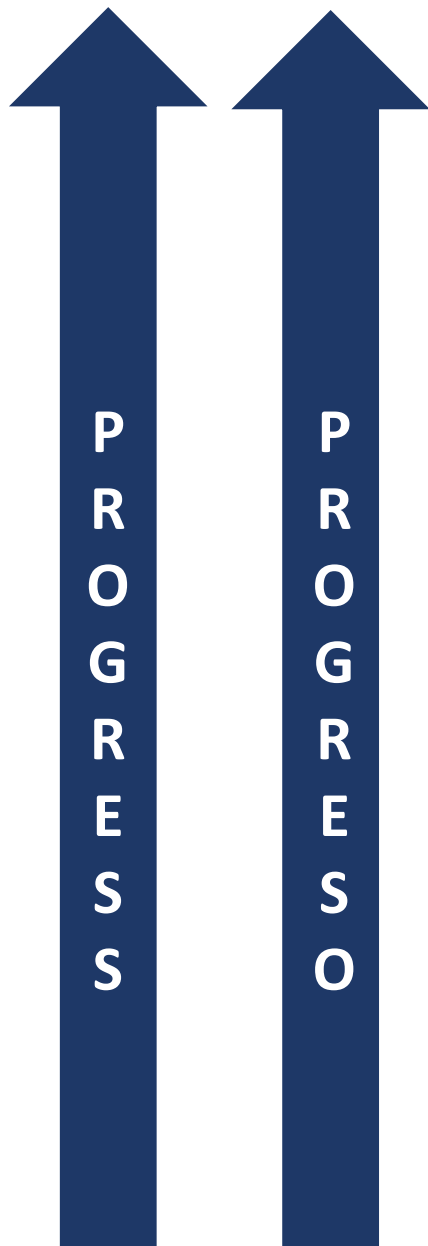
Educación y formación

- Formación TG online
- TG Educación

Financiación colaborativa

- Subcontratos y pequeños proyectos

NYMAC TG Success Stories



Historias de éxito de NYMAC TG

Telegenetics Navigation:

165+ providers

Navegación Telegenética:

165+ proveedores



Telegenetics Training:

108 people

Entrenamiento

en Telegenética:

108 personas

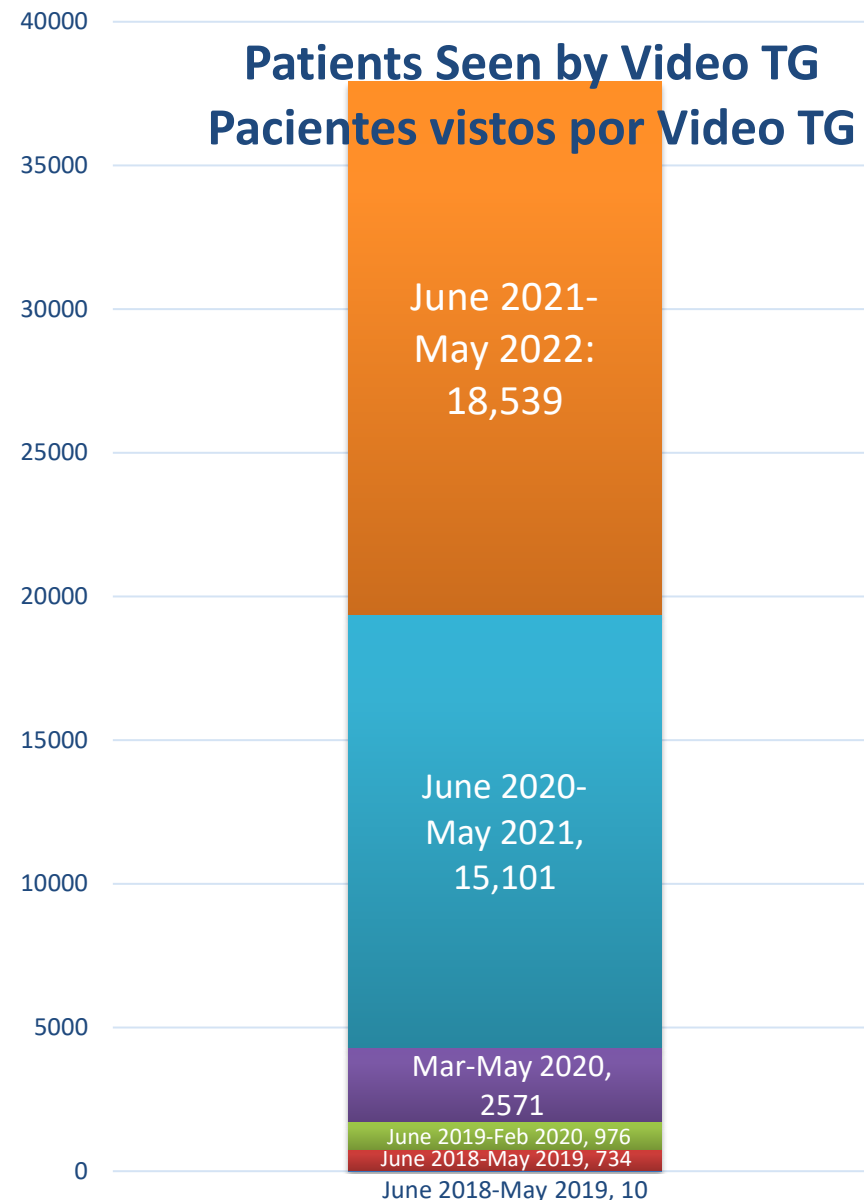


13 funded TG programs

- Large increases in program planning score
- ~30,000 pts seen by TG
- TG collaborations in PR and VI ongoing

13 programas de TG financiados

- Grandes aumentos en el puntaje de planificación del programa
- ~30,000 pts vistos por TG
- Colaboraciones de TG en PR y VI en curso



- SERN: TM Workgroup and Overview
- Midwest: Patient TM Videos
- Western States: Best Practices Video, What to Expect Video, Sample Consent, Tech Factsheet, Online Resources, TG Training
- Family Center: TG Infographic
- NCC: Resource Repository, TG Workgroup, TG Operating Procedures

- SERN: Grupo de trabajo de MT y visión general
- Medio Oeste: Videos de TM para pacientes
- Western States: Best Practices Video, What to Expect Video, Sample Consent, Tech Factsheet, Online Resources, TG Training
- Centro Familiar: TG Infografía
- NCC: Repositorio de recursos, Grupo de trabajo TG, Procedimientos operativos de TG

<https://southeastgenetics.org/starting-a-telegenetics-clinic/>



SERN SOUTHEAST REGIONAL GENETICS NETWORK

About For Families For Professionals State Resources News Events Contact

Starting a Telegenetics Clinic

Are you thinking about starting a telegenetics clinic? Have you started a telegenetics clinic and are looking for ways to sustain it? If so, there are several things to consider. Here you will find a general overview and steps to help you on the journey of starting a telegenetics clinics and ways to sustain your clinic. This is not an exhaustive list, these are just example and resources for you to use.

<https://nccrcg.org/telegenetic/>



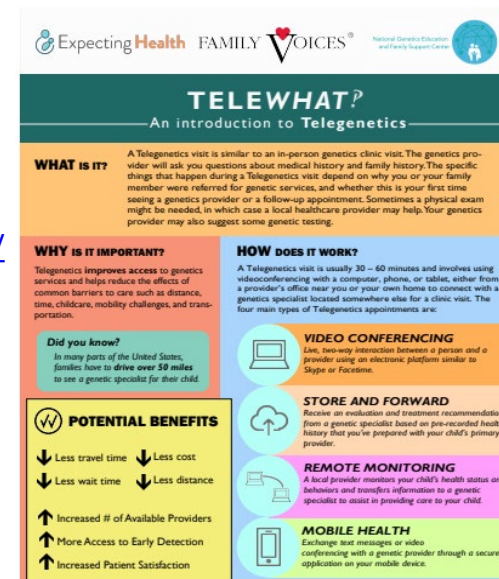
NCC

About Us
Resources
Genetics
Education
Genetics Policy
Telegenetics

Resources

Browse and explore resources developed by the NCC, RGNs, and Family Center to increase access to quality genetic services for medically underserved populations.

<https://nccrcg.org/wp-content/uploads/Telewhat-Infographic.pdf>



Expecting Health FAMILY VOICES[®] National Genetics Education and Family Support Center

TELEWHAT?

An introduction to Telegenetics

WHAT IS IT?
A telegenetics visit is similar to an in-person genetics clinic visit. The genetics provider will ask you questions about medical history and family history. The specific things that happen during a telegenetics visit depend on why you or your family member were referred for genetic services, and whether this is your first time seeing a genetics provider or a follow-up appointment. Sometimes a physical exam might be needed, in which case a local healthcare provider may help. Your genetics provider may also suggest some genetic testing.

WHY IS IT IMPORTANT?
Telegenetics improves access to genetics services and helps reduce the effects of common barriers to care such as distance, time, childcare, mobility challenges, and transportation.

Did you know?
In many parts of the United States, families have to drive over 50 miles to see a genetic specialist for their child.

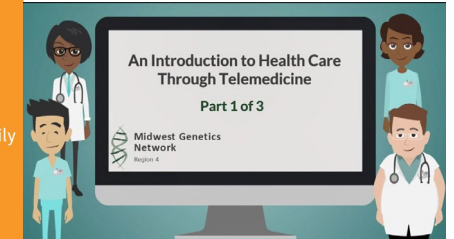
HOW DOES IT WORK?
A telegenetics visit is usually 30 – 60 minutes and involves using videoconferencing with a computer, phone, or tablet, either from a provider's office near you or your own home to connect with a genetics specialist located somewhere else for a clinic visit. The four main types of Telegenetics appointments are:

- VIDEO CONFERENCING**
Live, two-way interaction between a person and a provider using an electronic platform similar to Skype or Facetime.
- STORE AND FORWARD**
Receive an evaluation and treatment recommendations from a genetic specialist based on pre-recorded health history that you've prepared with your child's primary provider.
- REMOTE MONITORING**
A local provider monitors your child's health status and behaviors and transfers information to a genetic specialist to assist in providing care to your child.
- MOBILE HEALTH**
Exchange text messages or video conferencing with a genetic provider through a secure application on your mobile device.

POTENTIAL BENEFITS

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<https://midwestgenetics.org/resources/telemedicine-resources/>



An Introduction to Health Care Through Telemedicine
Part 1 of 3
Midwest Genetics Network
Region 4

<https://www.westernstatesgenetics.org/telegenetics/>



SRGN
Western States Regional Genetics Network

TELEHEALTH RESOURCES



Diagram illustrating telehealth resources, showing a central DNA helix icon surrounded by various telehealth icons (video call, mobile phone, laptop, etc.) and a central DNA helix icon.

Resources from the RGN system

- SERN: TM Workgroup and Overview
- Midwest: Patient TM Videos
- Western States: Best Practices Video, What to Expect Video, Sample Consent, Tech Factsheet, Online Resources, TG Training
- Family Center: TG Infographic
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Recursos del sistema RGN

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<https://nccrg.org/wp-content/uploads/Telewhat-Infographic.pdf>

<https://www.westernstatesgenetics.org/telegenetics/>

<https://nccrg.org/telegenetic/>

<https://midwestgenetics.org/resources/telegenetics/resources/>



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WHY IS IT IMPORTANT?
Telegenetics improves access to genetic services and helps reduce the financial, time, childcare, mobility, challenges, and transportation barriers to care such as distance.

Did you know?
In many parts of the United States, genetic tests are more than 50 miles to see a genetic specialist for your child.

HOW DOES IT WORK?
Telegenetics improves access to genetic services and helps reduce the financial, time, childcare, mobility, challenges, and transportation barriers to care such as distance. A genetics specialist located somewhere else for a clinic visit. The four main types of telegenetics appointments are:

- VIDEO CONFERENCING**
Live, two-way interaction between a parent and a genetics provider on a videoconferencing platform.
- STORE AND FORWARD**
Parent or genetic specialist based on pre-recorded health history that is sent to a genetics provider.
- REMOTE MONITORING**
A local provider monitors your child's health status and behavior and reports information to a genetics specialist to assess a pending case in your child.
- MOBILE HEALTH**
Telegenetics can be used in combination with a genetics provider through a secure application on your mobile device.

POTENTIAL BENEFITS

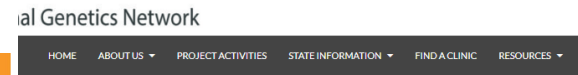
- ↓ Less travel time
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NCC Resources

Browse and explore resources developed by the NCC, RGNs, and Family Center to increase access to quality genetic services for medically underserved populations.

Western States Regional Genetics Network



al Genetics Network

HOME ABOUT US PROJECT ACTIVITIES STATE INFORMATION FIND A CLINIC RESOURCES



TELEHEALTH RESOURCES

Graphic showing various telehealth services and resources.

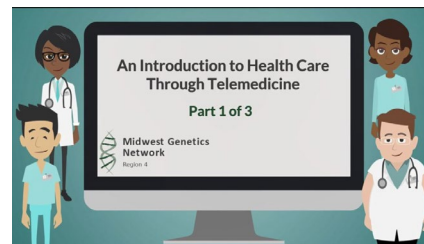
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SERN SOUTHEAST REGIONAL GENETICS NETWORK

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An Introduction to Health Care Through Telemedicine
Part 1 of 3

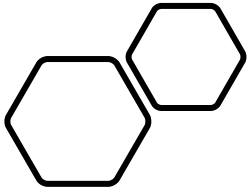
Midwest Genetics Network Region 4

Telehealth Resources from Other Organizations

- Telehealth Resource Centers: <https://telehealthresourcecenter.org/>
- NSGC: SIG, workgroup, guidelines, webinars, conference content
- ACMG: publications, conference content, webinars, education modules
- The Family Center:
<https://expectinghealth.org/sites/default/files/inline-files/Telehealth%20and%20Telegenetics%20Resources.pdf>
- Family Voices: <https://familyvoices.org/telehealth/>
- American Telemedicine Association (ATA):
<https://www.americantelemed.org/>
- State/Regional Telehealth Groups
- American Medical Association (AMA): <https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>
- American Academy of Pediatrics (AAP)
 - <https://www.aap.org/en-us/professional-resources/practice-transformation/telehealth/Pages/What-is-Telehealth.aspx>
 - <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/aap-guidance-telehealth-payer-policy-in-response-to-covid-19/>

Recursos de telesalud de otras organizaciones

- Centros de recursos de telesalud: <https://telehealthresourcecenter.org/>
- NSGC: SIG, grupo de trabajo, directrices, seminarios virtuales, contenido de la conferencia
- ACMG: publicaciones, contenido de conferencias, seminarios virtuales, módulos educativos
- El Centro de la Familia:
<https://expectinghealth.org/sites/default/files/inline-files/Telehealth%20and%20Telegenetics%20Resources.pdf>
- Family Voices: <https://familyvoices.org/telehealth/>
- Asociación Americana de Telemedicina (ATA):
<https://www.americantelemed.org/>
- Grupos de telesalud estatales/regionales
- Asociación Médica Americana (AMA): <https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>
- Academia Americana de Pediatría (AAP)
 - <https://www.aap.org/en-us/professional-resources/practice-transformation/telehealth/Pages/What-is-Telehealth.aspx>
 - <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/aap-guidance-telehealth-payer-policy-in-response-to-covid-19/>



The Family Experience

Experiencia Familiar

The Family Experience

- In your experience, what are the biggest advantages of telehealth?
- In your experience, what are the main limitations of telehealth?
- What resources do you think families need for telegenetics?
- What do you wish providers knew about families using telegenetics?
- Questions from the audience?

Experiencia Familiar

- En su experiencia, ¿Cuáles son las mayores ventajas de la tele salud?
- En su experiencia, ¿Cuáles son las principales limitaciones de la tele salud?
- ¿Qué recursos crees que necesitan las familias para la telegenética?
- ¿Qué le gustaría que los proveedores supieran sobre las familias que usan la telegenética?
- ¿Preguntas de la audiencia?



Telehealth Resource Centers

Centros de Recursos de Telesalud

NYMAC Annual Meeting
April 27, 2023

Reunión Anual de NYMAC
27 de abril del 2023



NATIONAL CONSORTIUM OF
TELEHEALTH
RESOURCE CENTERS

*The NCTRC is dedicated to building **sustainable telehealth programs** and improving health outcomes for rural and underserved communities.*



Lloyd Sirmons – Southeastern Telehealth Resource Center/ Centro de Recursos de Telesalud del Sureste
Kathy Wibberly, PhD – Mid-Atlantic Telehealth Resource Center/ Centro de Recursos de Telesalud del Atlántico Medio
Danielle Louder - Northeast Telehealth Resource Center/ Centro de Recursos de Telesalud del Noreste

Telehealth:
Key Updates and Changes
Beyond the PHE

Telesalud:
Actualizaciones y cambios
claves más allá del PHE

Disclaimers/Disclosures

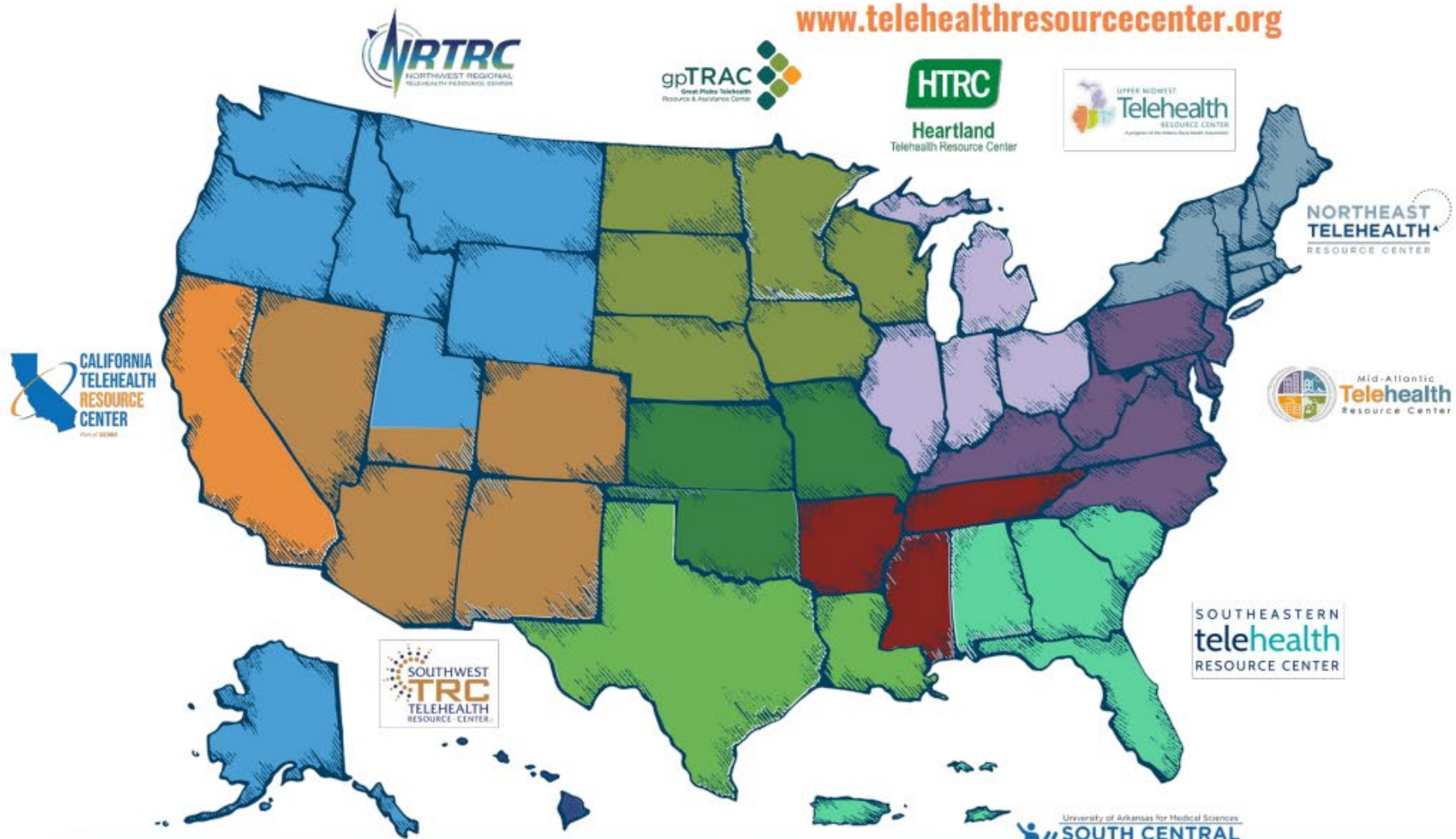
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- The speakers do not have any relevant financial interests, arrangements, or affiliations with any organizations related to commercial products or services discussed in this session.

Relevo de responsabilidad/ Divulgaciones

- Cualquier información proporcionada es solo para fines educativos y no debe considerarse como asesoramiento legal.
- Los presentadores no tienen ningún interés financiero relevante, arreglos o afiliaciones con ninguna organización relacionada con productos o servicios comerciales discutidos en esta sesión.

HRSA Funded Telehealth Resource Centers

www.telehealthresourcecenter.org



NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 REGIONAL RESOURCE CENTERS

TTAC **CCHP**

TelehealthTechnology.org

2 NATIONAL RESOURCE CENTERS



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End of PHE

Fin de PHE



Preparing For The End Of The PHE And The End Of HIPAA Enforcement Discretion

Preparación para el fin del PHE y el fin del cumplimiento de la discreción de HIPAA

“Hear No Evil, Speak No Evil, See No Evil” will come to an end!

“No escuches lo malo, No hables cosas malas, No ves el mal” El llegará a su final



On May 11, 2023 covered health care providers will once again be subject to penalties for violations of the HIPAA Privacy, Security and Breach Notification Rules that occur in the provision of telehealth!

¡El 11 de mayo de 2023, los proveedores de servicios médicos cubiertos estarán sujetos una vez más a sanciones por violaciones de las Reglas de Notificación de Privacidad, Seguridad e Incumplimiento de HIPAA que ocurran en la provisión de telesalud!

How to Prepare? / ¿Cómo prepararse?

The Top Ten "Evils" We Have Seen During the PHE

10		HAVING PHONE CONVERSATIONS WITH PATIENTS IN PUBLIC SPACES AND/OR USING A SPEAKERPHONE
9		INITIATING TELEHEALTH VISITS WITH PATIENTS USING SHARED / FAMILY DEVICES
8		COMMUNICATING HEALTH INFORMATION WITH PATIENTS USING UNENCRYPTED EMAIL
7		TEXTING WITH PATIENTS USING CONSUMER MESSAGING APPS
6		CONDUCTING TELEHEALTH VISITS ON MOBILE DEVICES OVER VOIP OR A PUBLIC WI-FI NETWORK
5		HAVING NO MECHANISM FOR VERIFYING PATIENT IDENTITY AND/OR PORTAL ACCOUNT LOG-IN
4		CONDUCTING TELEHEALTH VISITS USING UNENCRYPTED CONSUMER VIDEO PLATFORMS
3		CONDUCTING VISITS ON A TELEHEALTH PLATFORM WITHOUT A BUSINESS ASSOCIATES AGREEMENT
2		NOT ASKING/DOCUMENTING WHO IS IN THE ROOM WITH THE PATIENT DURING A TELEHEALTH VISIT
1		NOT DISCLOSING WHO IS IN THE ROOM WITH THE PROVIDER DURING A TELEHEALTH VISIT

<https://www.matrc.org/hipaa/>

Should I Be Concerned?



DOES HIPAA APPLY TO ME AND MY TELEHEALTH PRACTICE?
HIPAA applies to you if you are a healthcare provider that transmits personal health information (PHI) in electronic form. If you do, you ARE a covered entity (CE).



IS THE INFORMATION I AM TRANSMITTING CONSIDERED PHI?
Anything that can be used to identify an individual is potentially PHI. There are 18 types of identifiers considered PHI. Examples related to telehealth include names, phone numbers, birthdates, IP addresses, email addresses, device identifiers, and photos/images.



DO I HAVE BUSINESS ASSOCIATES? A business associate is anyone who creates, receives, maintains or transmits PHI on your behalf; or has the ability to come in contact with PHI in your practice. See PHI examples above.

Things to Keep In Mind WHEN (not IF) You Have a Breach...



“HIPAA-COMPLIANT”

WHICH ONE OF THESE IS THE REAL HIPAA COMPLIANCE LOGO?

¿Cuál de estos es el verdadero logo del Cumplimiento HIPAA?



IS THE VENDOR HIPAA-COMPLIANT?

- Vendors often say they are HIPAA compliant, when they really mean compliant with one small area. Others claim HIPAA doesn't apply because they are not CEs.
- But by allowing access to ePHI you are essentially "delegating" your HIPAA compliance to the vendor and they need to implement all the same protections as if they are you.
- For many reasons, a vendor's work with other CEs (even large ones) does not by itself, mean they are really compliant.

Pero al permitir el acceso a ePHI, esencialmente está "delegando" su cumplimiento de HIPAA al vendedor y necesita implementar las mismas protecciones que si fuera usted.

Los proveedores a menudo dicen que cumplen con HIPAA, cuando en realidad quieren decir que cumplen con un área pequeña. Otros afirman que HIPAA no se aplica porque no son CEs.

Por muchas razones, el trabajo de un proveedor con otros CE (incluso los grandes) no significa por sí mismo que realmente cumplan con las normas.



- Ningún software hará que su programa cumpla con HIPAA
- El software no es una entidad cubierta
- La automatización de Software no puede monitorear o hacer cumplir completamente las políticas de seguridad de HIPAA se necesita mucho más además del cifrado y un-BAA.

ACCESS POINT EXAMPLES

EJEMPLOS DE LOS PUNTOS DE ACCESO

Physical



Server or hosting company
Router,
Internet access,
Flash drives
Keyboard
Lost/stolen tech

Físico

Servidor o empresa Enrutadores
Acceso a Internet
Unidades de almacenamiento
Tecnología perdida/robada

Administrative



Permission access
Staff - vetted
Access controls
Update controls
Policies
Procedures

Administrativo

Empleados – investigados
Control de acceso
Actualización de los controles
Políticas
Procesos

Technical



Antivirus
Anti-malware
Backups
Software coding vulnerabilities
Updates to - all technologies
Password(s)
Bluetooth

Tecnológico

Antivirus
Antimalware
copias de seguridad
Vulnerabilidades de codificación de software
Actualizaciones a todas las tecnologías.
Contraseñas
Bluetooth

Understand Setting Differences

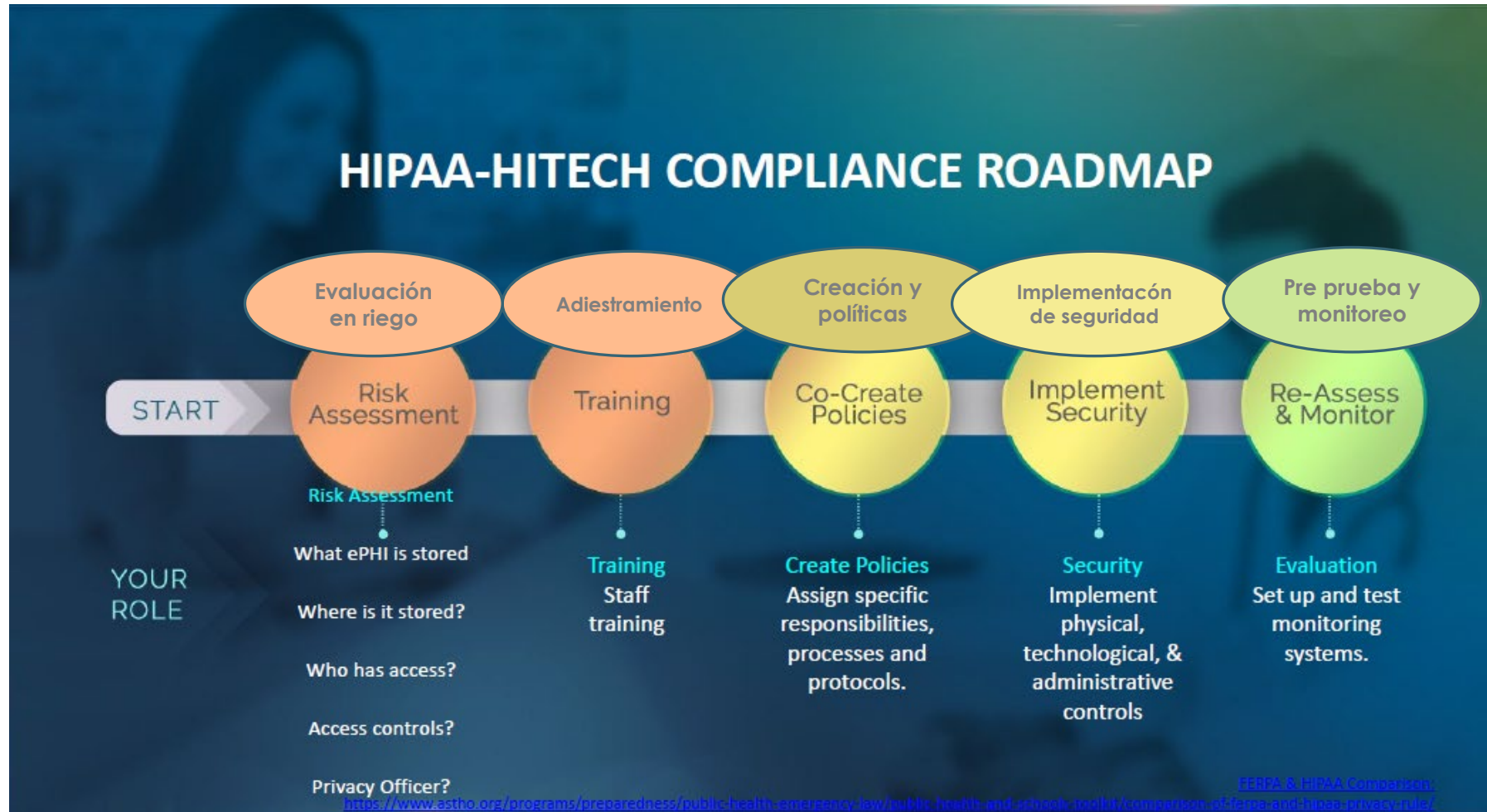
CTC AND DTC DIFFERENCES AND SIMILARITIES				<i>Clinic to Clinic</i>	<i>Direct-To-Consumer or Home-Based</i>
	<i>Clinic to Clinic</i>	<i>Direct-To-Consumer</i>			
ENVIRONMENT	2 secure environments, one at each end	1 or no secure/supervised environments	CONSENT FORMS, PAPERWORK	In-person or securely through Internet	Securely though Internet
ROOMS	Two clinical rooms needed	Provider clinical room needed	PAYMENT	In-person payment or online	Online payment system needed
TECHNOLOGY	Varies - dedicated system or HIPAA-secure cloud system	Typically HIPAA-secure cloud system	CHARGES	Medicare - originating site fee	No originating site fee
EMERGENCIES	Possibly staff nearby*	ID local services	STAFF	Site facilitator	No facilitator
PRIVACY	May not handle electronic PHI	PHI such as the client's IP, and user info needs to be secured	TECHNICAL STAFF	Technical support typically needed for dedicated systems	Tech-check likely needed
RELATIONSHIP	Satisfaction and therapeutic alliance comparable in both settings		CLIENT BEHAVIOR	Higher "no show" rate	Lower "no show" rate

Comprender las diferencias de configuración

*Replicate A
HIPAA-Secure
Workflow For
Each Task*

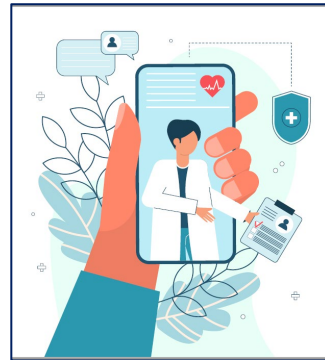
*Replique un flujo de
trabajo protegido por
HIPAA para cada tarea*





DEA Proposed Rules for Prescribing

- One rule specific to Schedule III-V Controlled Substances (non-narcotic) and one specific to Buprenorphine (Schedule III Narcotic)
- Opportunity for Public Comment – Closed March 31, 2023
 - As of 3/27/23 there were 16,894 comments submitted
- Anticipate having something finalized by May 11, 2023 – another key consideration for post-PHE



Reglas propuestas por la DEA para la prescripción

- Una regla específica para las sustancias controladas de la Lista III-V (no narcóticos) y otra específica para la buprenorfina (narcóticos de la Lista III)
- Oportunidad para comentarios públicos - Cerrado el 31 de marzo de 2023
 - Al 27/03/23 se presentaron 16.894 comentarios
- Anticipar tener algo finalizado para el 11 de mayo de 2023, otra consideración clave para post-PHE

DEA Proposed Rules for Prescribing

What are the Proposed Rules Looking to Achieve?

1) Ensure that patients do not experience lapses in care; 2) Ensure continuity of care under the current telehealth flexibilities in place as a result of the COVID-PHE

The two new options introduced in the proposed rule are:

- A virtual first process where a practitioner can issue an initial prescription for a controlled substance without having conducted an in-person exam of the patient, but only if: 1) the medication is a non-narcotic Schedule III, IV, or V controlled substance (or buprenorphine for treatment of OUD); and 2) the prescribed amount does not exceed 30 days. This is called a “telemedicine prescription.” Before any additional prescribing can occur, the patient must undergo an in-person exam.
- A “qualified telemedicine referral” process - patient has an initial in-person exam with a practitioner, who subsequently refers patient to a second practitioner. Second practitioner can have a telemedicine exam of the patient and prescribe a controlled substance without personally conducting an in-person exam of the patient. Under this referral process, the telemedicine practitioner can prescribe Schedule II-V and narcotic controlled substances.

Source: DEA Proposed Rules: Legal Guide for Practitioners, Policymakers and Telemed Companies
Nate Lacktman, Foley and Lardner

Reglas propuestas por la DEA para la prescripción

¿Qué buscan lograr las reglas propuestas?

1) Asegurar que los pacientes no experimenten lapsos en la atención; 2) Garantizar la continuidad de la atención bajo las flexibilidades actuales de telesalud vigentes como resultado del COVID-PHE

Las dos nuevas opciones introducidas en la regla propuesta son:

- El primer proceso virtual en el que un profesional puede emitir una receta inicial para una sustancia controlada sin haber realizado un examen en persona del paciente, pero solo si: 1) el medicamento es una sustancia controlada no narcótica de la Lista III, IV o V (o buprenorfina para el tratamiento del OUD); y 2) la cantidad prescrita no excede los 30 días. Esto se llama "receta de telemedicina". Antes de que pueda ocurrir cualquier prescripción adicional, el paciente debe someterse a un examen en persona.
- Un proceso de "referencia calificada de telemedicina": el paciente tiene un examen inicial en persona con un profesional, quien posteriormente remite al paciente a un segundo profesional. El segundo profesional puede tener un examen de telemedicina del paciente y prescribir una sustancia controlada sin realizar personalmente un examen en persona del paciente. Bajo este proceso de referencia, el profesional de la telemedicina puede prescribir sustancias controladas de narcóticos de la Lista II-V.

Fuente: DEA Proposed Rules: Legal Guide for Practitioners, Policymakers and Telemed Companies
Nate Lacktman, Foley and Lardner

Current Law vs. Proposed - Telemed

Proposed Rule for Telemedicine Prescribing of Controlled Substances (Schedule III-V;
non-narcotic)

Ley Actual vs Propuesta - Telemed

Propuesta de Norma para la Prescripción de Sustancias Controladas por Telemedicina
(Anexo III-V; no estupefacientes)

Leyes actuales

Seven exceptions under current federal law, which allow for use of telehealth to prescribe a controlled substance without in-person evaluation first:

1. Treatment in a DEA-registered hospital or clinic
2. Treatment in physical presence of a DEA registered practitioner
3. Treatment by Indian Health Services or Tribal practitioners
4. Treatment by a practitioner who is on a special registry (not yet created)
5. During a public health emergency
6. Treatment by a VA practitioner during a medical emergency
7. Other circumstances specified by HHS & DEA

Nothing in current law or regs stating what happens to relationship formed during a PHE and no in-person visit has taken place

Leyes actuales

Siete excepciones bajo la ley federal actual, que permiten el uso de telesalud para recetar una sustancia controlada sin una evaluación en persona primero:

1. Tratamiento con DEA en un hospital o clínica
 2. Tratamiento en presencia física de un practicante registrado con DEA
 3. Tratamiento por parte de Indian Health Services o profesionales tribales
 4. Tratamiento por un médico que está en un registro especial (aún no creado)
 5. Durante una emergencia de salud pública
 6. Tratamiento por parte de un médico de VA durante una emergencia médica
 7. Otras circunstancias especificadas por HHS y DEA
- More about this source textSource text required for additional translation informationSend feedbackSide panels

No hay nada en la ley o los reglamentos actuales que indique qué sucede con la relación formada durante un PHE y no se ha llevado a cabo una visita en persona.

Current Law vs. Proposed - Telemed

Proposed Rule for Telemedicine Prescribing of Controlled Substances (Schedule III-V;
non-narcotic)

Ley Actual vs Propuesta - Telemed

Propuesta de Norma para la Prescripción de Sustancias Controladas por Telemedicina
(Anexo III-V; no estupefacientes)

What Proposed Rules Will Do?

Relying on Exception #7, the DEA proposed to create other narrow exceptions which are:

- A DEA registered practitioner may prescribe a 30-day supply of non-narcotic Schedule III-V medication w/out an in-person evaluation OR meeting one of the other 6 exceptions in current law OR it was a VA practitioner prescribing
- In order to continue to prescribe to that patient, the telehealth provider must either have completed an in-person eval of the patient, meet one of the other six exceptions, OR have a qualified telemedicine referral
- Qualified telemed referral: where a DEA-registered provider has an in-person eval with the patient and sends in their referral and all necessary info regarding the patient to the telehealth provider

DEA proposes to address this by providing 180 day grace period to practitioners to meet this requirement by either completing an in-person eval, meeting one of the six exceptions in current law OR having a qualified telemed referral.

¿Qué reglas propuestas servirán?

Basándose en la Excepción #7, la DEA propuso crear otras excepciones limitadas que son:

- Un médico registrado de la DEA puede prescribir un suministro de 30 días de medicamentos no narcóticos de la Lista III-V sin una evaluación en persona O cumplir con una de las otras 6 excepciones en la ley actual O fue un médico de VA quien prescribió.
- Para continuar prescribiendo a ese paciente, el proveedor de telesalud debe haber completado una evaluación en persona del paciente, cumplir con una de las otras seis excepciones, O tener una referencia de telemedicina calificada.
- Referencia calificada por telemedicina: donde un proveedor registrado en la DEA tiene una evaluación en persona con el paciente y envía su referencia y toda la información necesaria sobre el paciente al proveedor de telesalud

La DEA propone abordar esto proporcionando un período de gracia de 180 días a los profesionales para cumplir con este requisito, ya sea completando una evaluación en persona, cumpliendo con una de las seis excepciones en la ley actual O teniendo una referencia telemática calificada.

Current Law vs. Proposed - Bupe

Ley Actual vs Propuesta - Bupe

Proposed Rule for Buprenorphine Induction Via Telemedicine (Schedule III; narcotic)

Current Law	Leyes Actuales
<p>An exception is created for buprenorphine being prescribed for treatment of Opioid Use Disorder (OUD) – Note that Buprenorphine is a Schedule III narcotic</p>	<ul style="list-style-type: none">• Se crea una excepción para la prescripción de buprenorfina para el tratamiento del trastorno por consumo de opioides (OUD). Tenga en cuenta que la buprenorfina es un narcótico de la Lista III.
<p>Current law doesn't contain specificity on documentation or additional conditions a prescribing telehealth provider needs to meet.</p>	<p>La ley actual no contiene especificidad sobre la documentación o condiciones adicionales que debe cumplir un proveedor de telesalud que prescribe.</p>

Current Law vs. Proposed - Bupe

Ley Actual vs Propuesta - Bupe

Proposed Rule for Buprenorphine Induction Via Telemedicine (Schedule III; narcotic)

What Proposed Rules Will Do?	¿Qué reglas propuestas servirán?
<ul style="list-style-type: none">• A DEA registered practitioner may prescribe a 30-day supply of non-narcotic Schedule III-V medication w/out an in-person evaluation OR meeting one of the other 6 exceptions in current law OR it was a VA practitioner prescribing• In order to continue to prescribe to that patient, the telehealth provider must either have completed an in-person eval of the patient, meet one of the other six exceptions, OR have a qualified telemedicine referral• Qualified telemed referral: where a DEA-registered provider has an in-person eval with the patient and sends in their referral and all necessary info regarding the patient to the telehealth provider	<ul style="list-style-type: none">• Un médico registrado de la DEA puede prescribir un suministro de 30 días de medicamentos no narcóticos de la Lista III-V sin una evaluación en persona O cumplir con una de las otras 6 excepciones en la ley actual O fue un médico de VA quien prescribió• Para continuar prescribiendo a ese paciente, el proveedor de telesalud debe haber completado una evaluación en persona del paciente, cumplir con una de las otras seis excepciones, O tener una referencia de telemedicina calificada.• Referencia calificada por telemedicina: donde un proveedor registrado en la DEA tiene una evaluación en persona con el paciente y envía su referencia y toda la información necesaria sobre el paciente al proveedor de telesalud
<p>DEA proposes to require:</p> <ul style="list-style-type: none">- Review of the Prescription Drug Monitoring Program Data- Certain record keeping requirements	<p>DEA propone exigir:</p> <ul style="list-style-type: none">• Revisión de los datos del Programa de Monitoreo de Medicamentos Recetados• Ciertos requisitos de mantenimiento de registros

A Few Resources – DEA Proposed Rules

Algunos recursos – Reglas propuestas por la DEA

For Patients/ Para Pacientes:

- [Controlled Substance Guidance for Patients](#) - DEA
- [Non-Controlled vs. Controlled Medication List](#) – DEA

For Providers/ Para Proveedores:

- [Telemedicine Proposed Rules Summary](#) – DEA
- [Proposed Rules Highlights for Medical Practitioners](#) – DEA
- Full Text: Proposed Rules – DEA/ Texto completo: Normas propuestas – DEA
 - [Expansion of Induction of Buprenorphine via Telemed](#)
 - [Telemed Prescribing of Controlled Substances](#)
- [DEA's Proposed Rules on Telemedicine Controlled Substances Prescribing after the PHE Ends](#) – A Legal Guide, prepared by Foley and Lardner/ Una guía legal, preparada por Foley y Lardner



Thank you!

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#s de subvención: U1UTH42521, U1UTH42524, U1UTH42523



NATIONAL CONSORTIUM OF
TELEHEALTH
RESOURCE CENTERS

QUESTIONS?

¿PREGUNTAS?



THANK YOU!!

¡¡GRACIAS!!

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Cross-Pollination

Polinización cruzada

