HEALTH MANAGEMENT ASSOCIATES

Treating ADDICTION in the Setting of COVID-19

April 2, 2020

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DISCLOSURE

Faculty	Nature of Commercial Interest
Treating Addiction in the Setting of COVID-19	
Shannon K. Robinson, M.D. FASAM	Dr. Robinson discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Scott Haga, MPAS, PA-C	Scott Haga discloses that he is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
James Cruz, MD (Curriculum Advisor)	Dr. Cruz discloses that he is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.

LEARNING OBJECTIVES: TO BE ABLE TO

- Identify at least three risk factors, exacerbated by and unique to the COVID-19 emergency, that are associated with relapse and overdose
- Discuss updated operational protocols, in light of COVID-19, for the delivery of SUDT, including MAT, consistent with recent regulatory changes
- Discuss home induction of buprenorphine

THIS PRESENTATION WILL COVER:

AGENDA

- Current Increased Risk of Relapse
- Telehealth Updates
- Key Changes to DEA Requirements for Prescribing Controlled Substances by Telehealth
- SAMHSA Changes for OTP/NTP's
- Changes to Telehealth Requirements for MAT Visits (including communication with patients about these changes)
- Logistics of Telehealth appointments
  - Patient Provider Agreements (Consents)
  - Home Inductions
  - Urine Testing
  - 42 CFR

INCREASED RISKS ASSOCIATED WITH COVID- 19 INFECTION & RELAPSE

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INDIVIDUALS WITH SUD AND CONTRACTING SEVERE COVID-19

BEFORE ADDRESSING THE RISK OF RELAPSE, WE NEED TO ACKNOWLEDGE THAT INDIVIDUALS WITH SUD MAY BE AT HIGHER RISK FOR CONTRACTING SEVERE CASES OF COVID-19

- Individuals who smoke/vape tobacco, marijuana, other drugs are at increased risk
- Individuals who do not currently smoke may still have pulmonary conditions increasing risk
  - Pulmonary hypertension is associated with stimulant use
  - Individuals consuming central nervous system depressants may get hypoxic
  - Case fatality rate in China for those with chronic respiratory disease was 6.3
  - Case fatality rate in China for those without chronic respiratory disease was 2.3*
- Individuals with SUD have comorbid medical conditions that increase risk

*China CDC

Source: NIDA: COVID 19 Potential Implications for Individuals with Substance Use Disorder 3-12-20

INDIVIDUALS WITH SUD AND CONTRACTING SEVERE COVID-19

BEFORE ADDRESSING THE RISK OF RELAPSE, WE NEED TO ACKNOWLEDGE THAT INDIVIDUALS WITH SUD MAY BE AT HIGHER RISK FOR CONTRACTING SEVERE CASES OF COVID-19

- Individuals with SUD are more likely to be:
  - Incarcerated
  - In a communal living setting like a hospital or a recovery home
  - In a shelter
  - Homeless
    - All of these locations make self quarantine more difficult, if not impossible
    - These locations and situations may decrease access to soap and water
- Individuals are likely to have their supply to clean needles disrupted

Source: NIDA: COVID 19 Potential Implications for Individuals with Substance Use Disorder 3-12-20

RISK OF RELAPSE
&
OVERDOSE

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TYPICAL REACTIONS TO AN ATYPICAL SITUATION:

Anxiety or fear	Concern	Frustration
Loneliness	Anger	Boredom
Uncertainty or ambivalence	A desire to use alcohol or drugs	Symptoms of depression or PTSD

Source: SAMHSA Taking Care of Your Behavioral Health

Triggers include:

- Emotions (remember normal reactions to an abnormal situation) include: anxiety, fear, concern, frustration, loneliness, anger, boredom
- Thoughts
- Cravings
- Behaviors & situations
  - Being around certain people
  - Being around certain places
  - Being around certain things
- Use creates a desire for more use

Source: MATRIX Model for Treatment of Stimulant Use Disorder

Support for Patients and Providers Alike

- Understand the risk- public perception of risk may not be accurate, avoid watching news 24/7, ensure news is from a credible source
- Be your own advocate- work with others to ensure you have groceries & toiletries
- Educate yourself
- Address financial stress where possible
- possible Family Medical Leave
- contact utility companies
- Connect with others
- Talk to your healthcare providers about medications, supplies, stress management…
- Use practical ways to cope and relax- talk to loved ones

Source: SAMHSA Taking Care of Your Behavioral Health

What puts people at risk of OD?

+ Loss of tolerance due to abstinence or from maintenance treatment
+ Mixing opioids and other CNS depressants
+ Variation in strength and content of drugs

If you choose to use:

+ Don’t use alone
  + During a shelter in place situation “do not use alone”, may be hard to follow.
+ Use a test dose
+ Don’t stack doses
+ Don’t mix opioids and other CNS depressants

Source: VA Opioid Overdose Education and Naloxone Distribution Program

CDC'S GUIDANCE ON PREVENTING OPIOID OD

- Treat opioid use disorder with:
  - FDA approved medication for opioid use disorder:
    - Buprenorphine
    - Methadone
    - Naltrexone
- Reversing overdoses (see next slide)
- Improving opioid prescribing will directly help prevent overdose by preventing development of opioid use disorder.

ACCESS TO NALOXONE (OPIOID OD REVERSAL AGENT)

Distribution through community based organization will likely decrease during COVID 19 pandemic

By standards are less likely to be available due to shelter in place rules

Access and use by law enforcement and emergency medical services should still be available

Distribution from pharmacies should still be available

Source: Center for Connected Health Policy; https://www.cchpca.org/

MAT OPERATIONS DURING COVID-19 PANDEMIC

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This is a rapidly evolving topic. Information is current at time of presentation but may continue to change.

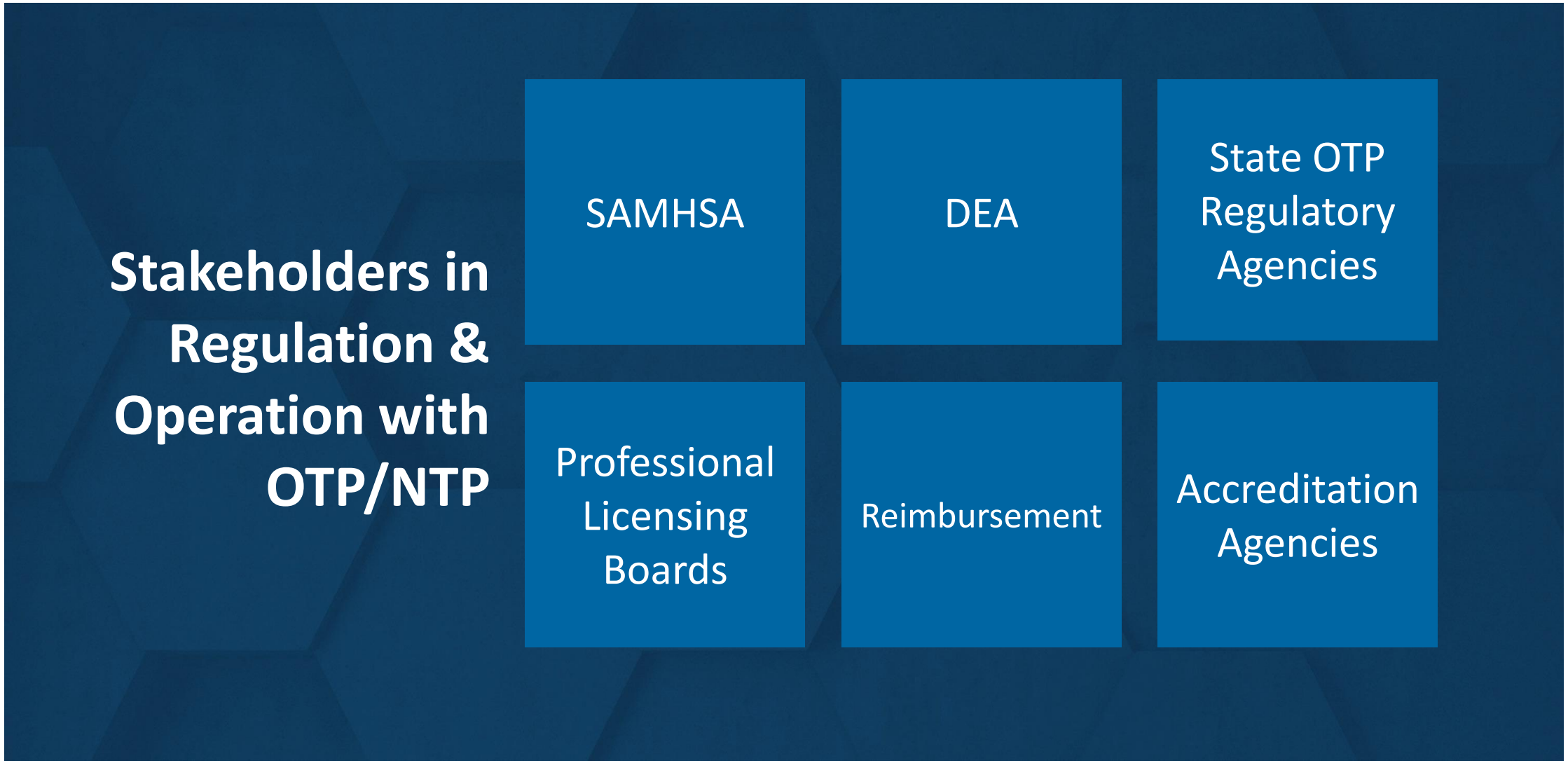
This is not legal advice but rather a collection of information from several resources including SAMHSA and the DEA.

OTP/NTP

+ "Methadone Clinic"
+ Can prescribe methadone, buprenorphine and naltrexone
+ Highly regulated
+ No limit on number of patients

OBOT

+ Prescriber completes 8-24 hours of training, obtains waiver
+ Can treat 30/100/275 patients with buprenorphine
+ Can also use naltrexone



Stakeholders in regulation and operation of OTP/NTP

SAMHSA

+ Federal Regulation of OTP/NTP
+ Regulation of Take Home dosing
+ Counseling
+ Toxicology Testing
+ Treatment Planning

DEA

+ Prescribing Controlled Substances (CS)
+ Storage of CS
+ Dispensing CS

State OTP Regulatory Agencies

+ Significant delegation regulated by SAMHSA

Professional Licensing Boards

+ Professional practice/scope of practice
+ Medical, nursing, BH, pharmacy, etc.

Reimbursement Accreditation Agencies

Changes from SAMHSA for OTP/NTP

+Guidance from SAMHSA, amended on 3/19/2020

Source: www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf

FOR ALL STATES:

The state may request blanket exceptions for all **stable** patients in an OTP to receive **28 days of Take-Home doses** of the patient's medication for opioid use disorder. The state may request up to **14 days of Take-Home medication** for those patients who are **less stable** but who the OTP believes can safely handle this level of Take-Home medication.

OTP OPERATIONS - INDIVIDUALS IN QUARANTINE

Verify and obtain documentation of quarantine status in record of OTP.

Identify a trustworthy person (3rd party) to pick up and transport dose to individual using established chain of custody procedure.

If no one available, then OTP should prepare “doorstop” delivery of medication for patient.

Source: www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf

Prior to COVID-19 Emergency

+ Restrictions on prescribing of controlled substances, most significantly with patients who had not previously been see in person by the prescriber.
+ These were commonly known as the Ryan Haight Act.

Current State

In light of the public health emergency the DEA has relaxed the requirements to prescribe controlled substances via Telehealth.

Changes with DEA

"…DEA-registered practitioners **may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation**, provided all of the following conditions are met:

1. The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice.
2. The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.*
3. The practitioner is acting in accordance with applicable Federal and State law."

Source: https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf

Effective March 31, 2020:

"Today, DEA notes that practitioners have further flexibility during the nationwide public health emergency to prescribe buprenorphine to new and existing patients with OUD via telephone by otherwise authorized practitioners without requiring such practitioners to first conduct an examination of the patient in person or via telemedicine."

Source: https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf

Changes with State Regulatory Agencies

- Each state will have individual changes
  - SAMHSA has a model FAQ they are suggesting for states to model their response on: www.samhsa.gov/sites/default/files/sample-otp-covid-19-faqs.pdf
  - American Society of Addiction Medicine (ASAM) is tracking state changes: www.asam.org/advocacy/practice-resources/coronavirus-resources

SAMHSA and state agencies all strongly suggest using telehealth or phone intervention to avoid additional face to face interaction and possible spread of COVID-19.

Federation of State Medical Boards (FSMB):

Restrictions on Telehealth services being provided across state lines has been removed in many states.

Check with your state and the state where the patient is to be sure.

http://www.fsmb.org/siteassets/advocacy/pdf/state-emergency-declarations-licensures-requirementscovid-19.pdf

Many of the required changes are the opposite of what we typically strive for as engaged, empathetic team members. Our typical emphasis on using proximity and avoiding distance needs to be changed.

Options to Provide Care

+ Video messaging
+ Telephone
+ Increase electronic messaging if available
+ Building glass barriers to reduce transmission
+ Making telephones available within clinic to talk with staff

Tips to Deal with Challenges

+ Openly acknowledge situation isn't ideal
+ Discuss patient's preferred method of communication
+ Offer reassurance care will continue
+ Patient might need more, not less, therapeutic interaction

TELEHEALTH TREATMENT – TELEHEALTH SOFTWARE

HIPAA COMPLIANT TELEHEALTH SOFTWARE			
Skype for Business	VSee	Google G Suite Hangouts Meet	Vidyo
	Updox	Zoom for Healthcare	Doxy.me

ENFORCEMENT DISCRETION FOR TELEHEALTH REMOTE COMMUNICATIONS

The Office of Civil Rights (OCR) has stated they will NOT enforce rules regarding HIPAA compliance of communication platforms during the public health emergency. Use of FaceTime, Facebook Messenger, Google Hangouts, and Skype are all called out as acceptable options during the emergency.

Source: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

CHALLENGES WITH ONLINE MEETINGS

- There have been reports of people joining online meetings to be disruptive. Some of this is boredom and some more malicious

- Highly recommend using security features of online meeting software
  - Require a password to join
  - Admit participants from waiting room
  - Group leader to remove members if needed

OUD TREATMENT DURING COVID-19 PANDEMIC – AVAILABLE SOURCES

SAMHSA Guidance

DEA Guidance

Center for Connected Health Policy

+ Non partisan, non profit agency working to maximize Telehealth
+ Excellent resource to looking up current state laws and policies pertaining to Telehealth
+ Easy-to-use, interactive map

Model FAQ for states as recommended by SAMHSA

ASAM Tracking of state changes

Centers for Medicare and Medicaid Services

Source: See References

TELEHEALTH TREATMENT – HELPFUL LINKS

Latest guidance on Telehealth from HHS

Booklet on Telehealth billing and coding information for both medical and behavioral health

CMS Telehealth Toolkits

+ Telehealth toolkit for general practitioners.

National Consortium of Telehealth Resource Centers

+ National Telehealth Resource Centers/Center
+ 12 Regional TRC

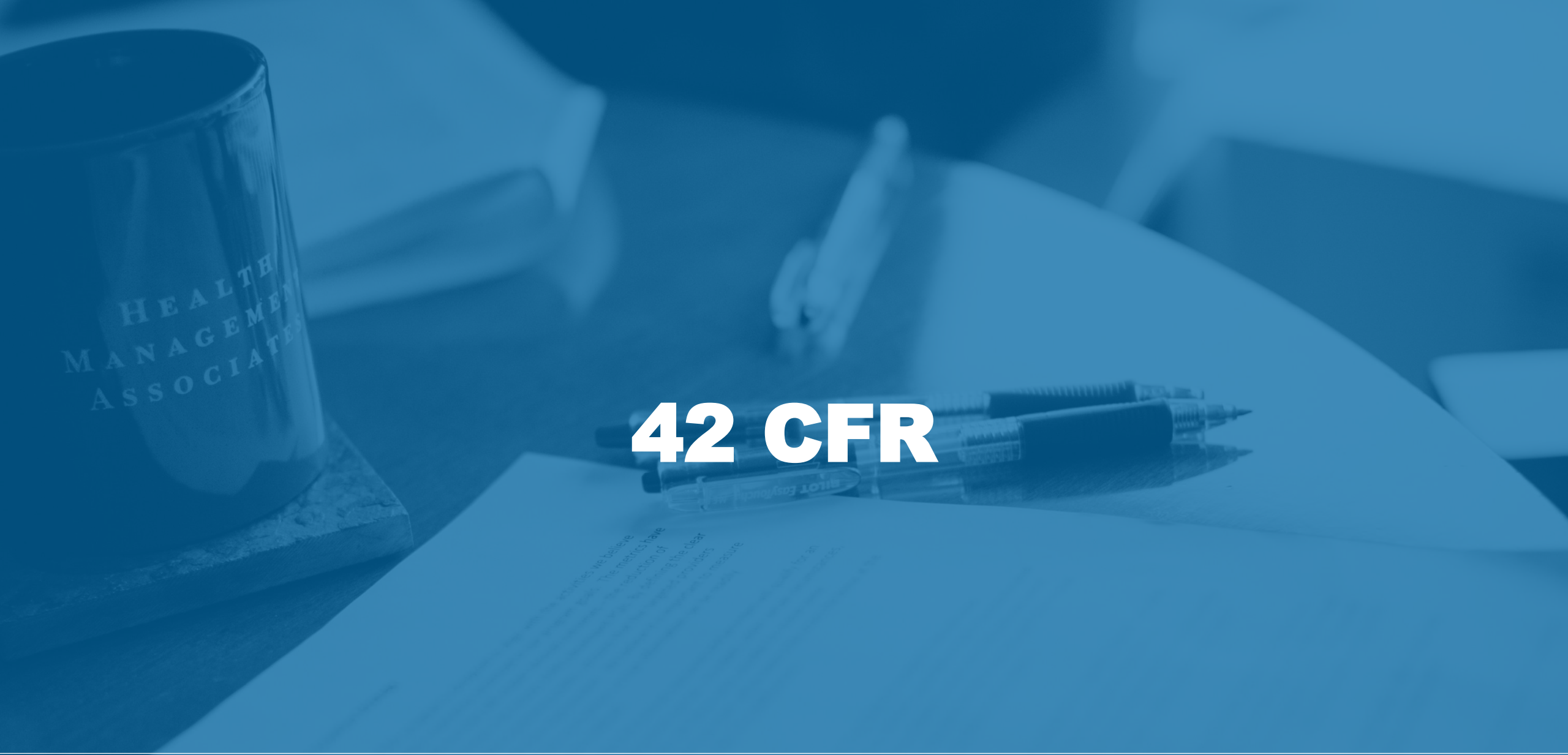
Physician Licensing Requirements - Practicing Across State Lines

+ Federation of State Medical Boards

Source: See References

DEFINITIONS

Type of Services	What is the Service?	HCPCS/CPT Code	Patient Relationship with Provider
Medicare Telehealth Visits	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients *to the extent the 1135 waiver requires an established relationship HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
Virtual Check In	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation or recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients
E Visits	A communication between a patient and their provider through an online patient portal.	• 99421 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients



42 CFR

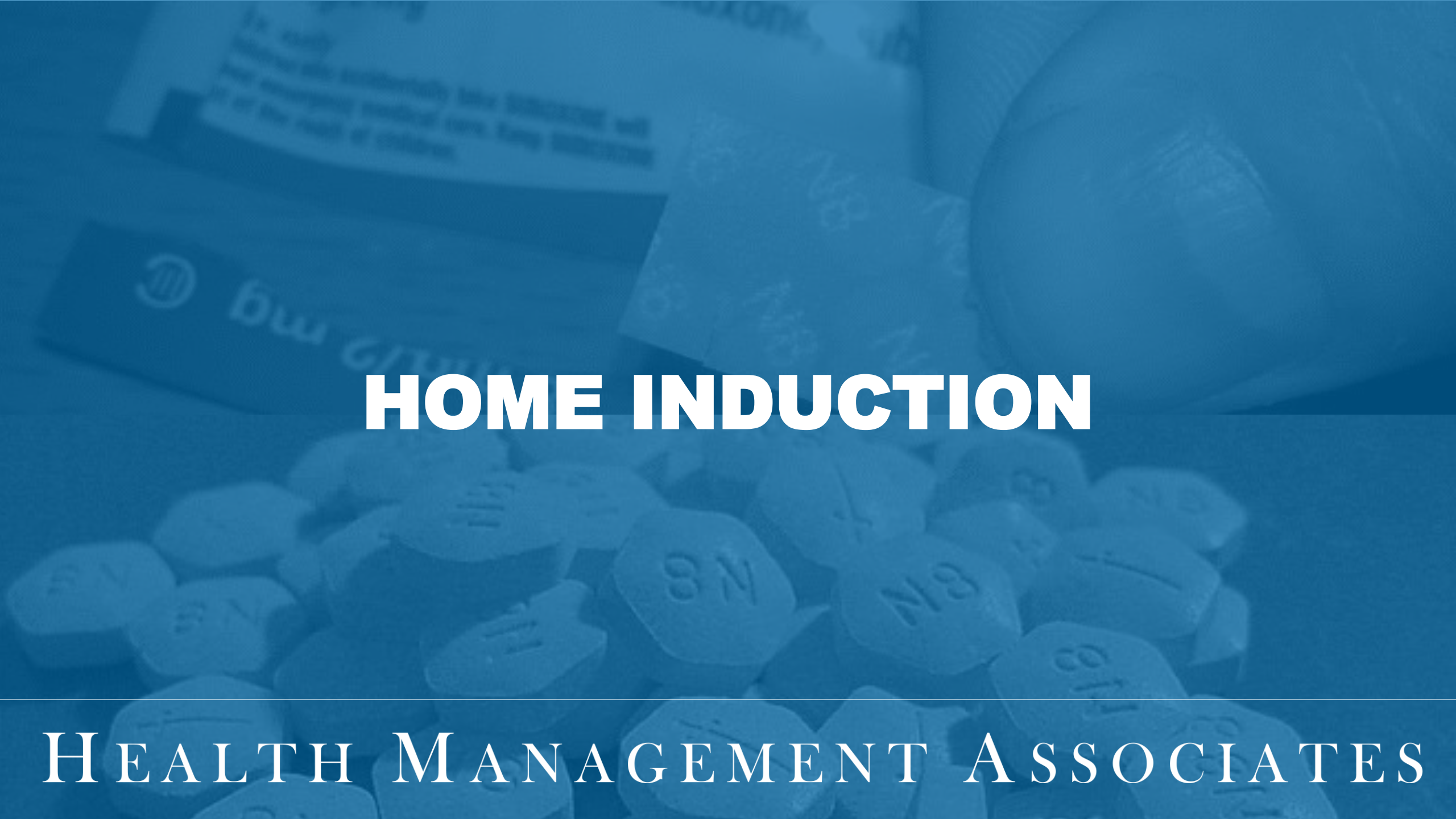
SAMHSA
Substance Abuse and Mental Health Services Administration

COVID-19 Public Health Emergency Response and 42 CFR Part 2 Guidance

In response to the Novel Coronavirus Disease (COVID-19) pandemic, the Substance Abuse and Mental Health Services Administration (SAMHSA) is providing this guidance to ensure that substance use disorder treatment services are uninterrupted during this public health emergency. SAMHSA understands that, in accordance with the Centers for Disease Control and Prevention guidelines on social distancing, as well as state or local government-issued bans or guidelines on gatherings of multiple people, many substance use disorder treatment provider offices are closed, or patients are not able to present for treatment services in person. **Therefore, there has been an increased need for telehealth services, and in some areas without adequate telehealth technology, providers are offering telephonic consultations to patients. In such instances, providers may not be able to obtain written patient consent for disclosure of substance use disorder records**.

The prohibitions on use and disclosure of patient identifying information under 42 C.F.R. Part 2 would not apply in these situations to the extent that, as determined by the provider(s), a medical emergency exists. Under 42 U.S.C. §290dd-2(b)(2)(A) and 42 C.F.R. §2.51, patient identifying information may be disclosed by a part 2 program or other lawful holder to medical personnel, without patient consent, to the extent necessary to meet a bona fide medical emergency in which the patient's prior informed consent cannot be obtained. Information disclosed to the medical personnel who are treating such a medical emergency may be re-disclosed by such personnel for treatment purposes as needed. We note that Part 2 requires programs to document certain information in their records after a disclosure is made pursuant to the medical emergency exception. **We emphasize that, under the medical emergency exception, providers make their own determinations whether a bona fide medical emergency exists for purposes of providing needed treatment to patients.**

Source: https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf



HOME INDUCTION

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+ Starting buprenorphine at home (home induction) is a safe and increasingly standard practice for MAT

+ Patient is given very clear instructions on starting buprenorphine when they are having symptoms of withdrawal

+ Many examples of protocols such as **ASAM's Patient's Guide to Starting Buprenorphine at Home**

8 Criteria

1. Recent Substance Use
2. Regular Clinic Attendance
3. Behavioral Issues at Clinic
4. Recent Criminal Activity
5. Stable Home & Social Setting
6. Length in Maintenance TX
7. Ability to Safely Store Med
8. Benefit > Risk

Infectious Disease Risk

+ Considerable Risk of Infection for Patient and Staff Onsite
+ Infection Risk During Transportation
+ Shelter in Place/ Stay Home and Safe
+ Drain of Limited Healthcare Resources

URINE TOXICOLOGY TEST

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TOXICOLOGY CONSIDERATIONS

- Most important consideration is balancing the benefit of medication, especially during time of increased stress with risks.
- OTP requirement is at least 8/year, which remains, but likely will be able to be met. Typically we seek to spread these out but may have a period without testing.
- During emergency need to modify expectations for toxicology
  - Likely not a part of routine care during pandemic
  - Reserve for greatest need and when it would change clinical management

ADDRESSING DISABILITIES

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MORE FROM THE OFFICE OF CIVIL RIGHTS ADDRESSING DISABILITIES

"… entities covered by civil rights authorities keep in mind their obligations under laws and regulations that **prohibit discrimination** on the basis of race, color, national origin, disability, age, sex, and exercise of conscience and religion in HHS-funded programs.

In this time of emergency, the laudable goal of providing care quickly and efficiently must be guided by the fundamental principles of fairness, **equality**, and compassion that animate our civil rights laws. This is particularly true with respect to the treatment of persons with disabilities during medical emergencies as they possess the same dignity and worth as everyone else.

The Office for Civil Rights enforces Section 1557 of the Affordable Care Act and Section 504 of the Rehabilitation Act which prohibit discrimination on the basis of disability in HHS funded health programs or activities. These laws, like other civil rights statutes OCR enforces, remain in effect. As such, persons with disabilities should not be denied medical care on the basis of **stereotypes, assessments of quality of life, or judgments about a person's relative "worth"** based on the presence or absence of disabilities. Decisions by covered entities concerning whether an individual is a candidate for treatment should be based on an individualized assessment of the patient based on the best available objective medical evidence."

Source: Office of Civil Rights: https://www.hhs.gov/sites/default/files/ocr-bulletin-3-28-20.pdf

MORE FROM THE OFFICE OF CIVIL RIGHTS ADDRESSING DISABILITIES

- Providing effective communication with individuals who are deaf, hard of hearing, blind, and visually impaired through the use of **qualified interpreters**, picture boards, and other means
- Providing meaningful access to programs and information to individuals with limited English proficiency through the use of **qualified interpreters** and through other means
- Making emergency **messaging available in plain language and in languages** prevalent in the affected area(s) and in multiple formats, such as audio, large print, and captioning, and ensuring that websites providing emergency-related information are accessible
- Addressing the needs of individuals with disabilities, including individuals with mobility impairments, individuals who use assistive devices or durable medical equipment, and individuals with immunosuppressed conditions including HIV/AIDS in emergency planning
- Respecting requests for religious accommodations in treatment and access to clergy or faith practices as
- **Although not specifically called out in the bulletin, please do not discriminate against anyone based on assumptions or a reality of limited access to technology**

Source: Office of Civil Rights: https://www.hhs.gov/sites/default/files/ocr-bulletin-3-28-20.pdf

This is a very stressful time for everyone, including our patients. We know increased stress can be a factor in relapse so it is imperative we work to be very clear with our patients.

+ Office/Clinic is not going to abandon you; communicate plan to continue services
+ You will be able to stay on your medication
+ Modifications to refills and take home dosing
+ Policy for receiving medication if on quarantine

LEARNING OBJECTIVES: TO BE ABLE TO

Identify at least three risk factors, exacerbated by and unique to the COVID-19 emergency, that are associated with relapse and overdose

- Social distancing leads to decreased support and increases risk of relapse
- Social distancing leads to inability to use with others, preventing rescues from overdose
- Social distancing may lead to decreased access to Naloxone distribution

Discuss updated operational protocols, in light of COVID-19, for the delivery of SUDT, including MAT, consistent with recent regulatory changes

- Changes to narcotic treatment program (up to 28 days)
- Telehealth allowed for new patients
- 42 CFR changes (prohibition of redisclosure)

Discuss home induction of buprenorphine

QUESTIONS...

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RESOURCES

Name	Link	Slide #
TA Request Forms:	addictionfreeca.org/California-MAT-Expansion-Project/Transitions-of-Care addictionfreeca.org/California-MAT-Expansion-Project/Mom-Baby-Substance-Exposure-Initiative	3
COVID 19 Resources	addictionfreeca.org/Resource-Library	3
SAMHSA has a Model FAQ	www.samhsa.gov/sites/default/files/sample-otp-covid-19-faqs.pdf	27
American Society of Addiction Medicine (ASAM) tracking state changes	www.asam.org/advocacy/practice-resources/coronavirus-resources	27
Federation o State Medical Boards changes	http://www.fsmb.org/siteassets/advocacy/pdf/state-emergency-declarations-licensures-requirementscovid-19.pdf	28
SAMHSA Guidance	www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines/covid-19-guidance-otp	34
DEA Guidance	www.deadiversion.usdoj.gov/coronavirus.html	34
Center for Connected Health Policy	www.cchpca.org/	34
Model FAQ for states as recommended by SAMHSA	www.samhsa.gov/sites/default/files/sample-otp-covid-19-faqs.pdf	34
ASAM Tracking of state changes	www.asam.org/advocacy/practice-resources/coronavirus-resources	34
Centers for Medicare and Medicaid Services	www.cms.gov/	34
List of frequently asked questions about Telehealth, CA Dept of Healthcare Services	www.dhcs.ca.gov/provgovpart/Pages/TelehealthFAQ.aspx	35
Latest guidance on Telehealth from HHS	www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html	35
Booklet that provides Telehealth billing and coding information for both medical and behavioral health	www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf?utm_campaign=2a178f351b-EMAIL_CAMPAIGN_2019_04_19_08_59&utm_term=0_ae00b0e89a-2a178f351b-353229765&utm_content=90024810&utm_medium=social&utm_source=facebook&hss_channel=fbp-372451882894317	35
CMS Telehealth Toolkit for general practitioners	www.cms.gov/files/document/general-telemedicine-toolkit.pdf	35
National Consortium of Telehealth Resource Centers	www.telehealthresourcecenter.org/	35
Physician Licensing Requirements - Practicing Across State Lines	www.fsmb.org/siteassets/advocacy/pdf/state-emergency-declarations-licensures-requirementscovid-19.pdf	35
CA State Opioid Authority	www.dhcs.ca.gov/individuals/Pages/NTP.aspx	35
ASAM Home Buprenorphine Induction	https://www.asam.org/docs/default-source/education-docs/unobserved-home-induction-patient-guide.pdf?sfvrsn=16224bc2_0	39