

SUPPORTING ADDICTION TREATMENT DURING COVID-19

A Webinar Series



ASAM American Society of
Addiction Medicine

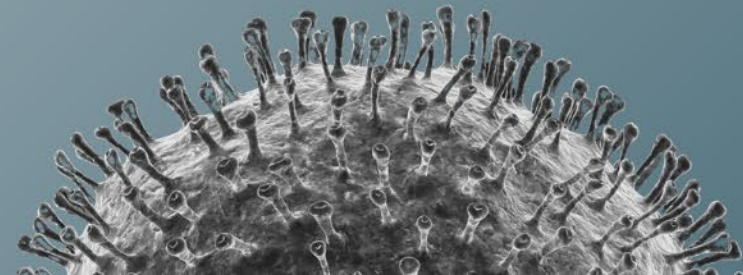
Helping Patients in Addiction Treatment Stay Connected During the COVID-19 Pandemic

May 7, 2020
11:00 - 12:30pm ET



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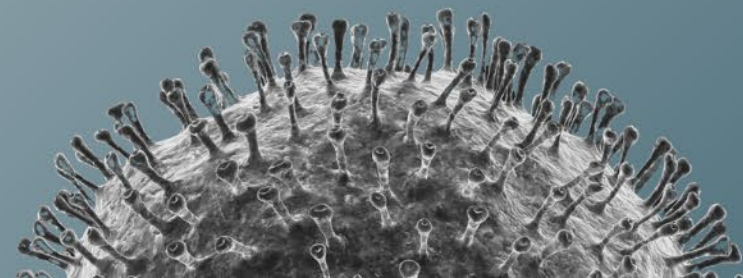


Webinar Agenda

- 11:00-11:10am** Welcome and opening remarks
- 11:10-11:55am** Panel presentations
- 11:55-12:25pm** Moderated discussion and audience Q&A
- 12:25-12:30pm** Closing remarks
- 12:30pm** Webinar concludes



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Questions from the Audience

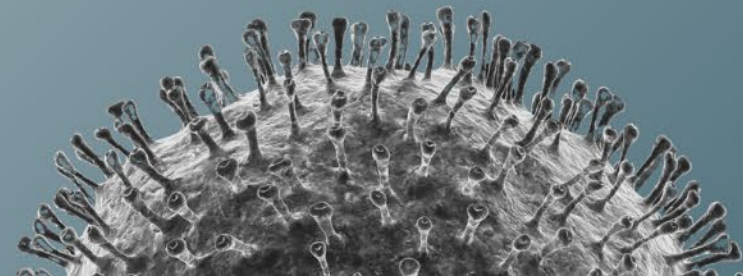
Questions are welcome throughout the webinar and will be addressed at the end of the presentation.

Please use the comment box on your screen to enter a question.



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Join the Conversation

Tweet with us

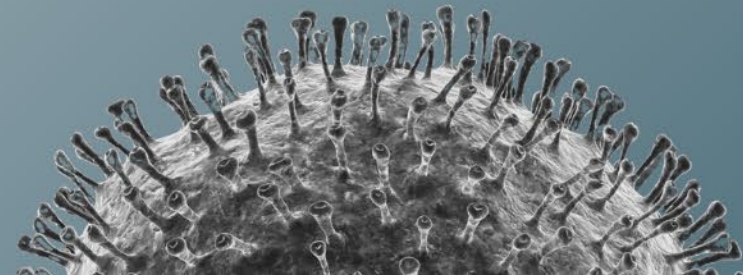


@theNAMedicine
@asamorg

#COVID19SUDTreatment
#OpioidCollaborative



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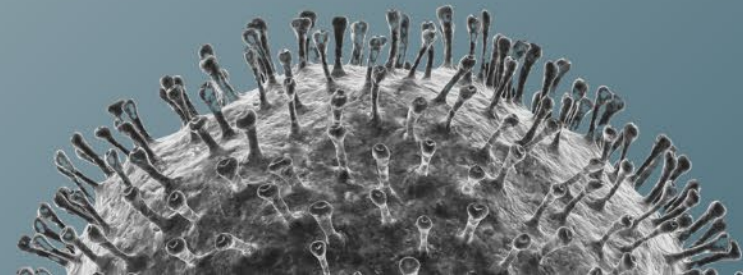
Overview of the NAM Action Collaborative on Countering the U.S. Opioid Epidemic

Elizabeth Finkelman, MPP

*Director, Action Collaborative on Countering the U.S.
Opioid Epidemic*



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The Action Collaborative is a public-private partnership of over 60 members from the public, private, and non-profit sectors.

Mission: To convene and catalyze public, private, and non-profit stakeholders to develop, curate, and disseminate multi-sector solutions designed to reduce opioid misuse, and improve outcomes for individuals, families, and communities affected by the opioid crisis.

Goals:

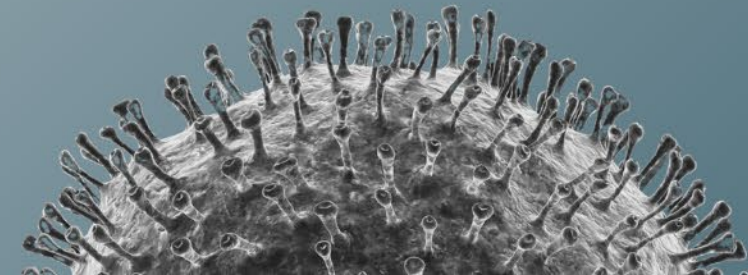
- Identify and raise the visibility of complex challenges, outstanding research gaps and needs of the opioid crisis that require a collective, multi-sectoral response.
- Elevate and accelerate evidence-based, multi-sectoral, and interprofessional solutions to improve outcomes for those affected by the opioid crisis.
- Catalyze action on shared priorities and solutions to help overcome the crisis and improve outcomes for all.

Leadership: Steering Committee co-chaired by NAM, Aspen Institute, HHS, HCA Healthcare

Four priority focus areas (working groups): Health professional education and training; Pain management guidelines and evidence standards; Prevention, treatment, and recovery services; and Research, data, and metrics needs



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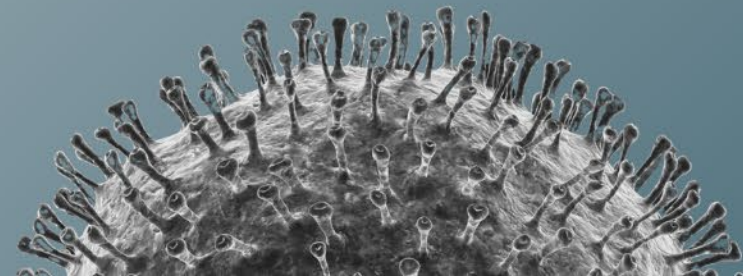


Action Collaborative COVID-19 Response

- [Resource page](#) on the Action Collaborative website to collate and share emerging COVID-19 resources across the Action Collaborative's membership
- **Virtual town hall(s)** for Action Collaborative members to share updates on ongoing efforts to address the impacts of COVID-19 on the OUD/SUD and pain populations. Also a platform to discuss challenges, opportunities, and lessons learned during this crisis.
- **Statement from the Action Collaborative Steering Committee** highlighting critical priorities and actions that need to be taken in the immediate or very near term to protect the health and well-being of individuals with SUDs and pain in the context of the COVID-19 pandemic
- **Rapid response research agenda** highlighting the most pressing and immediate research priorities and needs
- **Webinars** on high priority topics to be produced in collaboration with Action Collaborative members and their organizations
- **Op-eds, publications** covering priority topics and issues



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Webinar Speakers



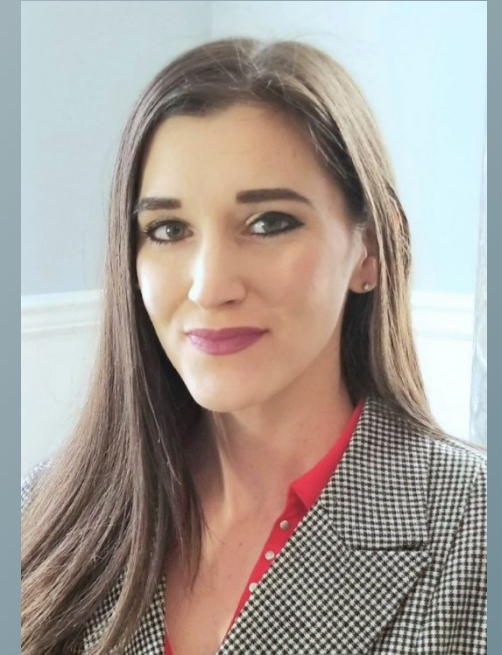
Kelly J. Clark, MD, MBA,
Immediate Past President,
American Society of
Addiction Medicine



Brian Hurley, MD, MBA,
Director of Addiction
Medicine for the Los
Angeles County
Department of Health
Services



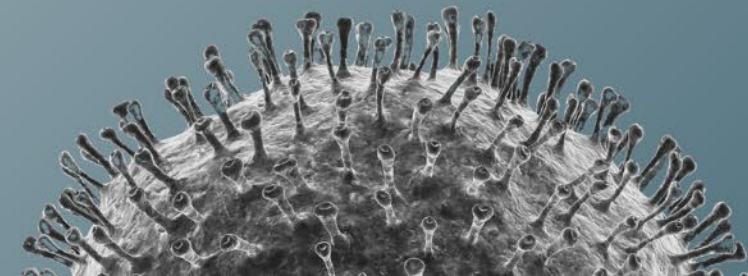
Chris Bundy, MD, MPH,
Executive Medical Director,
Washington Physicians
Health Program



**Cortney Lovell, CRPA,
CARC, RCP,**
Recovery Coach, and Co-
Founder, Our Wellness
Collective



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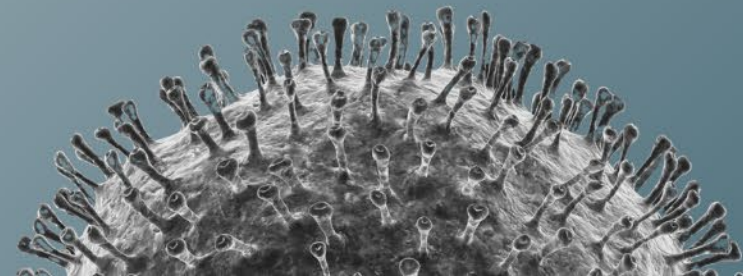


Overview of the American Society of Addiction Medicine's COVID-19 Response and Today's Webinar

**Kelly J. Clark, MD, MBA, DFAPA,
DFASAM**



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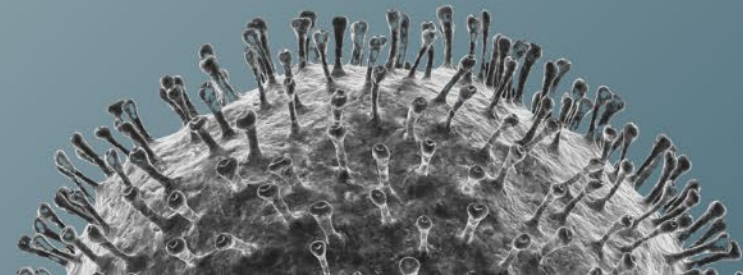
Learning Objectives

At the end of this webinar, you will be able to:

- Discuss unique challenges to substance use treatment providers and patients during the COVID-19 pandemic.
- Recognize patient-centered strategies for maintaining access to addiction treatment
- Identify recent changes to telehealth regulations, payment, and clinical guidance related to access to medications and support groups.
- Describe strategies to ensure patients remain connected with their providers, treatment and recovery plans during the COVID-19 pandemic.



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ASAM is working to rapidly develop consolidated resources to support addiction treatment providers in addressing the COVID-19 crisis:

**Guidance from
Federal agencies
and national
stakeholder groups**

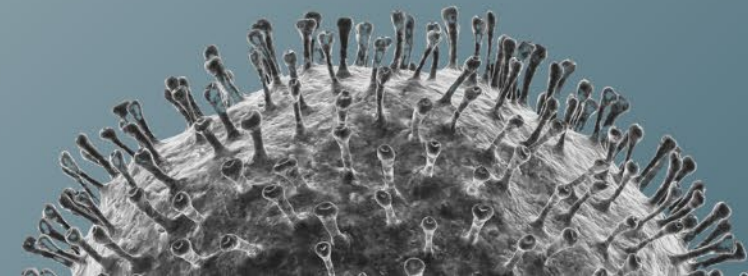
**CPDC Task Force
Guidance**

**Coordinating with
members
through state chapters
to provide support
in addressing state
level issues**

<https://www.asam.org/Quality-Science/covid-19-coronavirus>

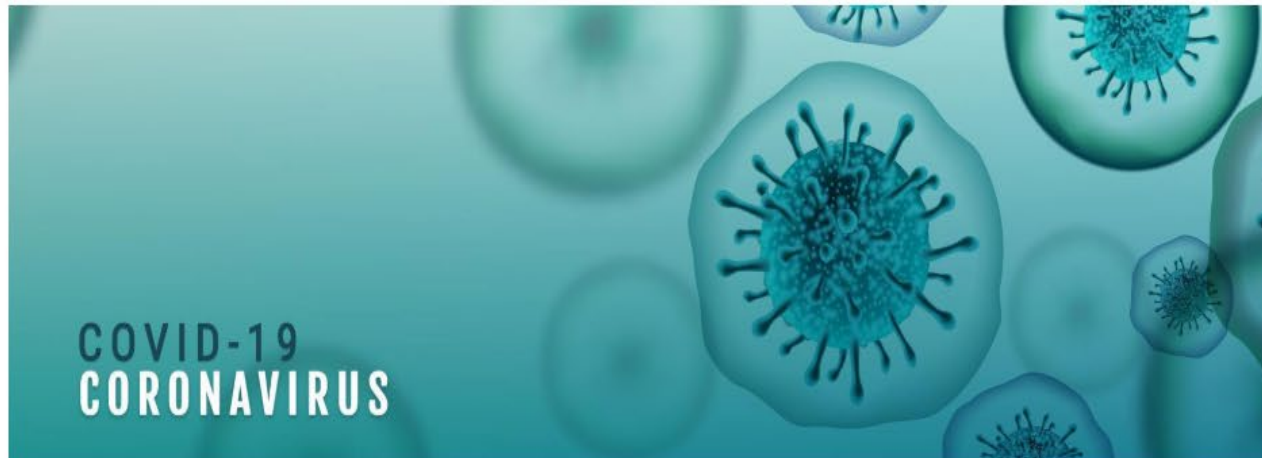


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COVID-19 - RESOURCES



As the leader in developing clinical guidelines and standards in addiction medicine, we take our responsibility very seriously. We realize that many providers and programs are trying to mitigate circumstances related to COVID-19. We have convened the ASAM Caring for Patients During the COVID-19 (CPDC) Task Force. The Task Force includes a national panel of experts that are recognized in the field of addiction medicine. They are rapidly producing comprehensive

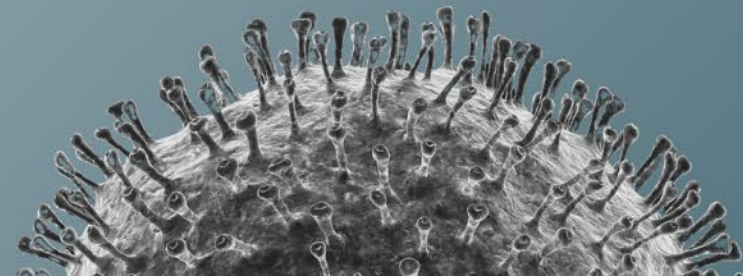
COVID-19 Coronavirus

[Access to Buprenorphine](#)[Access to Care in Opioid
Treatment Program](#)[Access to Telehealth](#)[Adjusting Drug Testing
Protocols](#)[Infection Mitigation in
Outpatient Settings](#)[Infection Mitigation in
Residential Treatment
Facilities](#)

CPDC Task Force Guidance Topics

Published Guidance:

- Infection Mitigation: Outpatient Settings
- Infection Mitigation: Residential Settings
- Telehealth Guidance
- Adjusting Drug Testing Protocols
- Access to Buprenorphine in Office-Based Settings
- Access to Care in Opioid Treatment Programs
- Support Group Guidance
- Guidance on Medications, Dosages and Formulations
- Treating Pregnant Women with OUD



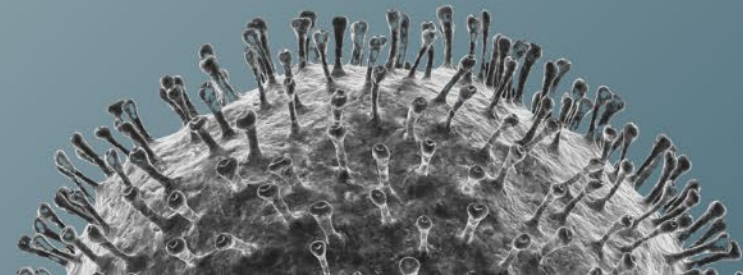
CPDC Task Force Guidance Topics

Guidance Coming Soon:

- Guidance for General Hospitals
- Criminal Justice
- Homeless Populations
- Clinician and Physician Well-being



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Important Differences

Guidance

A relatively rapid process where content is:

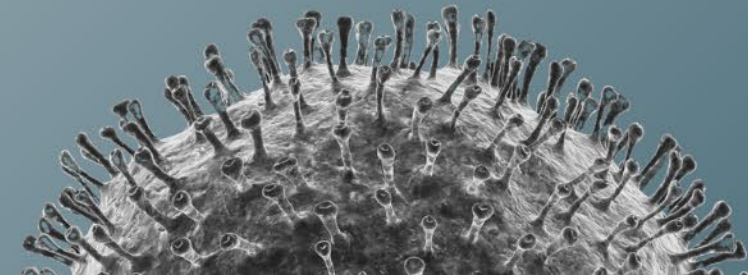
- developed by a few experts
- vetted by a review group
- quickly released to address a pressing crisis.

VS

Guidelines

A slower process (a year or more) that includes:

- the development of a rigorous methodology
- a final stage of public comments and the approval of the Board of Directors.



Three Underlying Themes

1. Clinicians, treatment programs, and systems of care must pivot during times of disaster from traditional 'best practices' which rely upon usual resource availability, while providing the best care possible under their circumstances for the patients in their community.



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Three Underlying Themes Cont'd

2. Rapid and deep federal guidance, regulatory changes, and payment changes must be implemented within state and local regulatory and payment structures.

3. There is an urgent/emergent need for clinicians, treatment programs, systems of care to break from silos and collaborate for new systems



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Anticipated Phases of the COVID-19 Pandemic

Early Phase

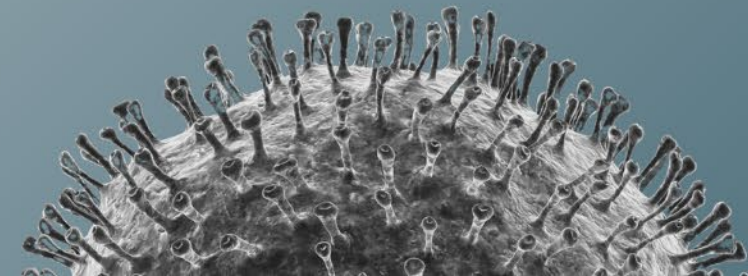
- Low population prevalence
- Preventing transmission of the virus using physical distancing
- Develop protocols for keeping infectious patients /staff in isolation or quarantine
- **PLAN FOR PHASE 2 !**

Middle Phase

- Higher population prevalence makes isolating of individuals impractical
- Designating entire areas/systems, including community housing, as available to either infectious or non-infectious persons.

Post-Pandemic

- Updated best practices are implemented based upon lessons learned

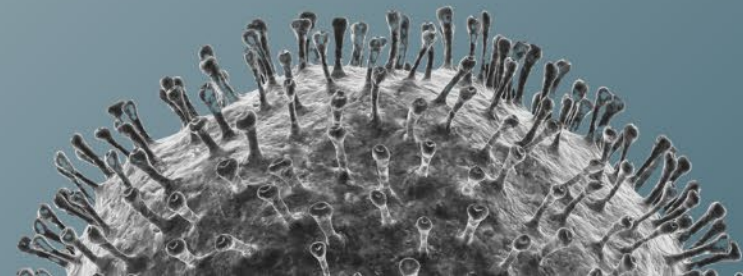


COVID-19 Resources

- We want to hear from the field.
- If you have protocols or approaches you would like to share widely, or
- If you have questions or concerns related to the guidance:
 - Email COVID@asam.org



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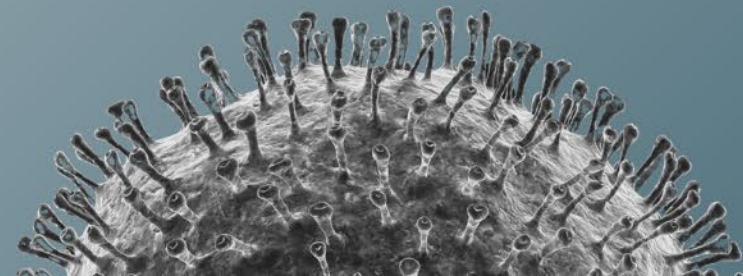


Supporting Patient Access to Treatment

Brian Hurley, MD, MBA, DFASAM



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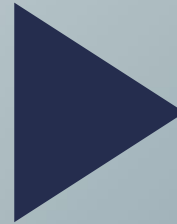


Addiction During COVID-19

The COVID-19 pandemic may increase the demand for addiction treatment:

COVID-19

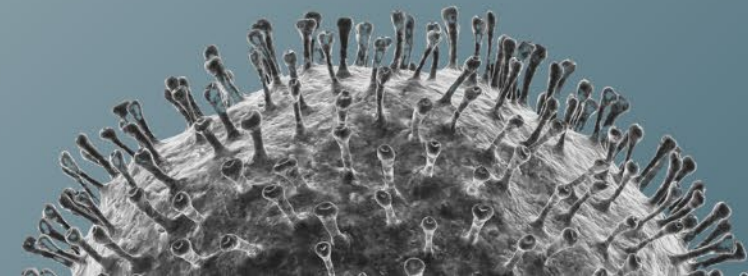
- Stress, anxiety and isolation
- "Stay-at-Home" orders and border restrictions
- Unemployment, loss of economic opportunity, and poverty



Negative Outcomes

- Increase symptoms of addiction and mental illness
- Reduce drug availability
- Increase symptoms of addiction and mental illness

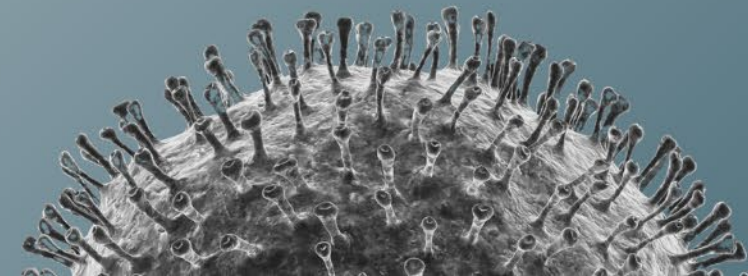
It is critical that patients have access to treatment during this public health emergency.



Bridging the Gap with Telehealth



- Continue patient engagement while minimizing in-person interactions
- Telemedicine or telephonic visits used whenever possible and clinically appropriate
 - Forgo routine in-person toxicology testing when clinically appropriate
 - Increase utilization of remote toxicology testing as feasible
- Assess whether the risk of conducting in-person examination is worth the benefit via a changed treatment plan



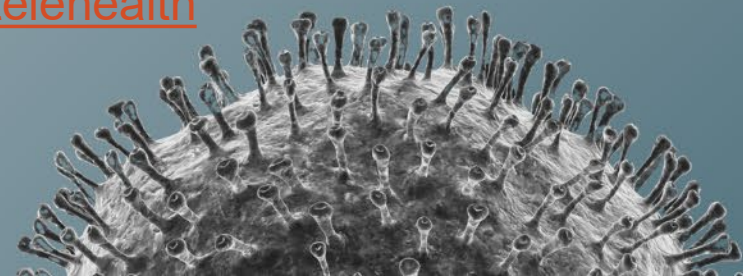
ASAM Telehealth Guidance: **Key Topics**

- **Changes to federal policies related to telehealth during this public health emergency**
- **Variable and Evolving Changes to State Policies and Regulations**
 - Medicaid
 - Licensing
- **What to Consider When Implementing Telehealth**
 - Technology considerations
 - Communicating with patients
 - Documentation
 - Workflow
- **Links to valuable resources from other organizations (AMA, APA, National Council) that are updated as new or revised policies/regulations are released**

www.asam.org/Quality-Science/covid-19-coronavirus/access-to-telehealth



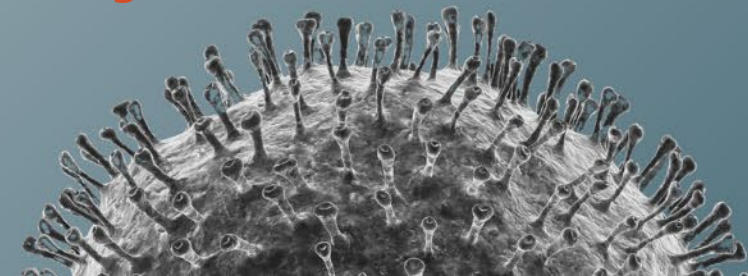
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Telehealth Platforms

| | Visit | Consult |
|--------------|---|--|
| Synchronous | Virtual Audio-Visual Visit between patient and provider | Virtual Audio-Visual Visit between provider and consultant |
| Asynchronous | eVisit – online exchange between patient and provider | eConsult – online exchange between provider and consultant |
| Telephone | Can be synchronous (live) or asynchronous (voicemail exchange) without a visual component; not traditionally considered to be 'Telehealth' and is instead referred in regs as 'telephone' or 'telephonic' | |

Advisable to update malpractice carrier to discuss telehealth coverage



COVID-19 Telehealth Rules

1135 Waiver authorizes providers to offer telehealth services in any healthcare facility

MediCare: <http://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

HHS Privacy Rules: <http://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>



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COVID-19 Telehealth Rules

- Can issue controlled substance Rx to patients for whom we have not previously conducted an in-person medical evaluation
 - Buprenorphine is specifically permitted to be initiated following synchronous telephone call (does not require visual telehealth component)

MediCare: <http://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

HHS Privacy Rules: <http://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>



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COVID-19 Telehealth Rules

Enforcement of HIPAA Rules have been relaxed to support telehealth services through remote communications technologies, including technologies not fully compliant with the requirements of the HIPAA Rules

MediCare: <http://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

HHS Privacy Rules: <http://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>



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Specific Telehealth Platforms

Not an exhaustive list nor an endorsement of any of the below:

HIPAA Compliant Options (often through BAA):

- Zoom
- Skype
- Microsoft Teams
- Cisco Webex Meetings
- GoToMeeting
- BlueJeans
- VSee
- doxy.me

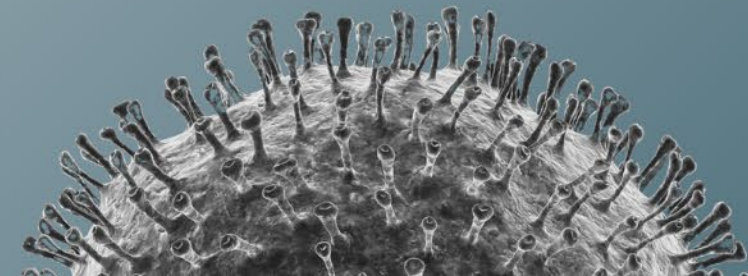
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Allowable, Non-HIPAA Compliant Options:

- Apple FaceTime
- Facebook Messenger video chat
- Google Hangouts video



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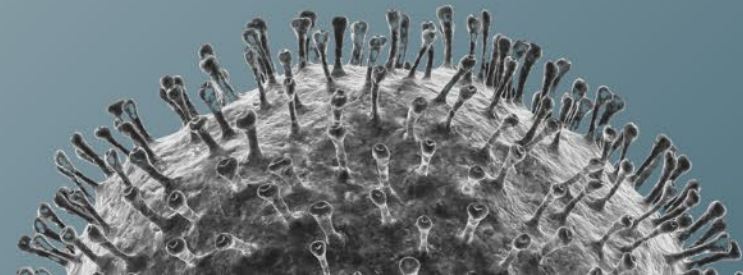


Specific Telehealth Platforms

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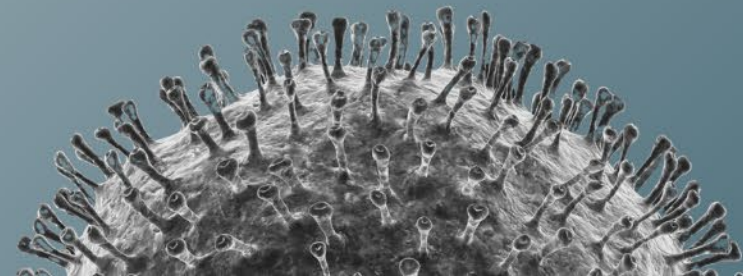
Not allowed:

- Instagram Live
- Facebook Live
- Twitch
- TikTok
- and their equivalents



Practical Tele-Session Approach

- Factor in the patient's ability and familiarity with technology platform
- Confirm patient's identity and location
- Obtain phone number to reach patient in case of technology/communication failure
- Obtain patient's consent to participate in telehealth
- Arrange for any medically necessary monitoring and follow-up
- *The standard of care is the same whether treatment is rendered in person or via telemedicine. Services are deemed rendered where the patient is located, not where the provider is.*



Access to Opioid Treatment Programs:

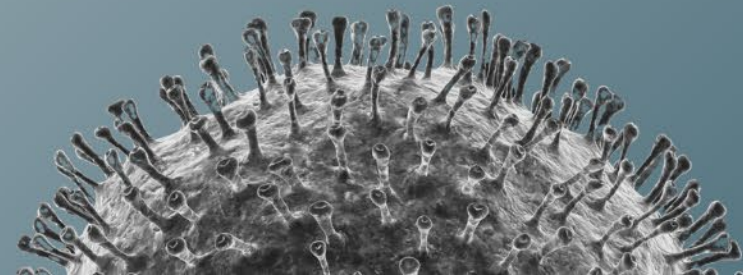
Key Points

- Importance of Remaining Open and Available
- Clinical considerations related to
 - Take home doses
 - Medication selection
 - In-person visits
- Managing telehealth visits
- Federal Regulatory Changes
- Reimbursement Issues
- Considerations for Documentation
- Staffing Challenges
- Medication Supply Issues
- Waiting Room Precautions

www.asam.org/Quality-Science/covid-19-coronavirus/access-to-care-in-opioid-treatment-program

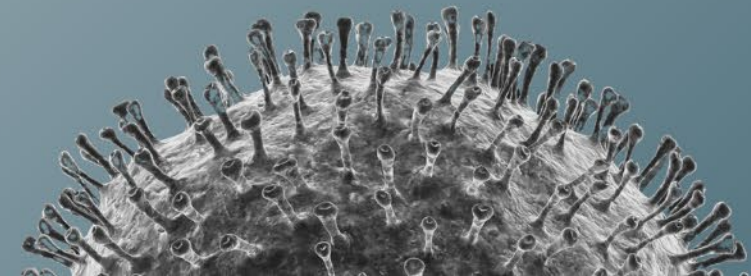


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Access to Buprenorphine: **Key Points**

- Leveraging Telehealth
- Prescriptions and Refills
- Psychosocial Treatment
- Ensuring Adequate Buprenorphine Supply
- Harm Reduction, including Naloxone Distribution
- Considerations for High Risk Patients



Medication, Dosage, and Formulation

Guidance: **Key Points**

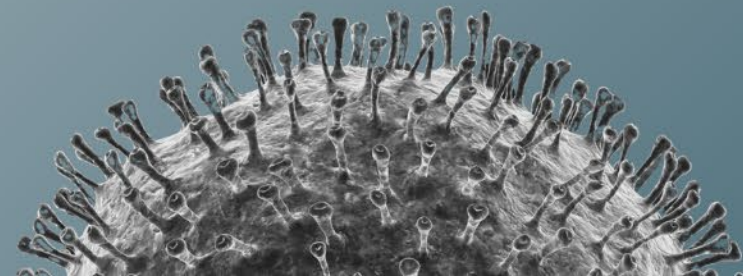
- Medication Selection
- Formulations and Dosages of Buprenorphine
- Dosages and Take-Home Doses of Methadone
- Formulations and Dosages of Naltrexone
- Alcohol Withdrawal Management
- Dosages and Formulations of Nicotine Cessation Medications

www.asam.org/Quality-Science/covid-19-coronavirus/medication-formulation-and-dosage-guidance



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Policy Changes on Access to Addiction Treatment

Federal Policy Changes to Date

- Waiver of regulatory requirements related to HIPPA compliant telehealth platforms (OCR)
- Expansion of Medicare Coverage for Providing Services through Telehealth (CMS)
- Flexibility for Take Home Medication for OTPs (SAMHSA)
- Flexibility for Prescribing Controlled Substances via Telehealth (SAMHSA/DEA)
- Exception to Separate Registration Requirements Across State Lines (DEA)
- Compliance with Addiction Treatment Confidentiality Regulations – 42 CFR Part 2 (SAMHSA)



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Weighing and Managing Risks

Implementing Guidance on the Ground

- Providers are dealing with situations they are not comfortable with, balancing difficult choices against each other with very little evidence to guide them
- Stability and Safety
- Prescribing and Dosing
- Testing
- Diversion



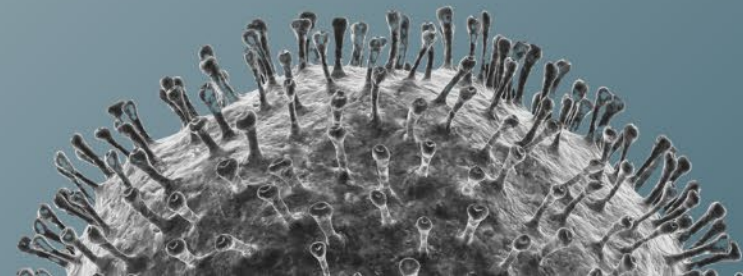
Implementing Telehealth Program

COVID-19 Adjustments in Los Angeles County Department of Health Services

- Rapid deployment of expected practice guidance
- On-Call telephone consultation
- Capacitize field and hotel quarantine / isolation sites for people experiencing homelessness
- Moving routine services to tele-visits, and installation of a telehealth platform



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Example of Expected Practice

MAT and Withdrawal Management

This 'lower acuity site' guidance was developed for emergency shelters for people experiencing homelessness (which have, sporadically, a nurse on site, but not reliably nor with reasonable patient to nurse ratios).

ALCOHOL USE DISORDER MANAGEMENT

For all patients with alcohol use disorder (including those who are actively drinking) and for those patients experiencing alcohol withdrawal:

1. Screen for any opioid use (ask if the patient is using any heroin, fentanyl, or narcotic pain medications from any source). If they are, *do not start naltrexone*. If they don't:
2. Screen for severe cirrhosis characterized by significant jaundice and/or ascites. If they have this, *do not start naltrexone*. If they don't:
3. Start oral naltrexone (25mg daily x3d, then increase to 50mg daily) since this can help patients reduce their alcohol consumption or sustain alcohol abstinence in QJ sites. Start naltrexone as soon as is feasible and concurrently with withdrawal management.
4. Do not give naltrexone to patients who are using or withdrawing from opioids and do not give naltrexone to patients with severe cirrhosis characterized by significant jaundice and/or ascites unless directed by the MAT consultation line or the addiction medicine consultation service.

ALCOHOL / BENZODIAZEPINE / BARBITURATE WITHDRAWAL MANAGEMENT

Provide the following for alcohol / sedative withdrawal management, if the patients reports experiencing alcohol / sedative withdrawal. Any clinicians, providers, or staff member unfamiliar with alcohol and sedative withdrawal can find the symptoms of this withdrawal [here](#), but a formal SAWS or CIWA does not need to be administered or completed prior to offering patients alcohol / sedative withdrawal management.

For mild-to-moderate¹ and low-risk² patients with alcohol /sedative withdrawal syndrome:

Gabapentin is first line; carbamazepine can be used in patients who do not tolerate gabapentin. Escalate from gabapentin to [chlordiazepoxide](#) or [lorazepam](#) if the patient exhibits severe withdrawal symptoms that are not addressed by the gabapentin protocol below.

In QJ sites, the patient can be furnished the entire taper of gabapentin (#30 of the 600mg tabs) or

Carbamazepine is dosed 200mg PO QID x 72^h followed by a 200mg reduction q72^h

Taper schedule:

| Days | Carbamazepine Monotherapy (fixed schedule dosing) |
|-------|--|
| 1-3 | 200mg QID |
| 4-6 | 200mg TID |
| 7-9 | 200mg BID |
| 10-11 | 200mg qHS |

How to write the prescription:

Rx Carbamazepine 200mg tabs, take 1 QID x3d, then 1 TIDx3d, then 1 BID x3d, then 1 qHS x3d, #30, NR

Verbalized or printed instructions for the patient:

Days 1-3: Take 1 four times throughout the day

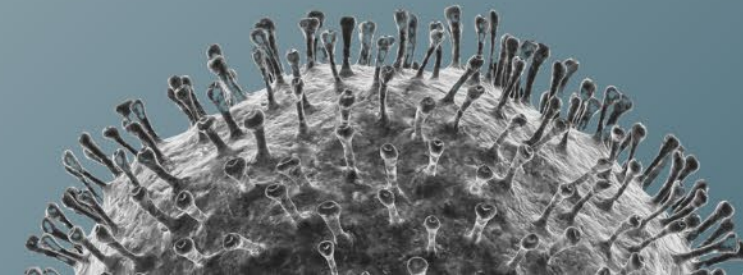
Days 4-6: Take 1 three times throughout the day

Days 7-9: Take 1 twice a day

Days 10-11: Take 1 at bedtime

For patients with a history of severe alcohol/sedative withdrawal and in patients that do not respond to gabapentin or carbamazepine, refer the patient to a higher

<https://www.asam.org/Quality-Science/covid-19-coronavirus/medication-formulation-and-dosage-guidance>

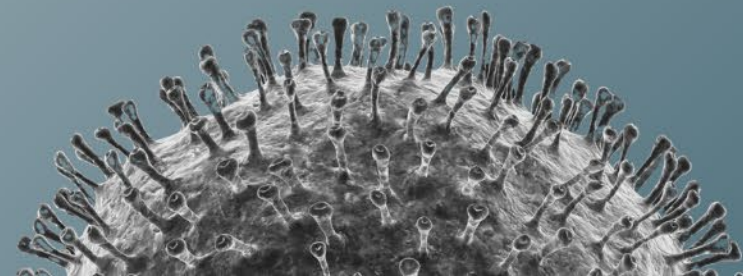


Supporting Patient Participation in Support Groups

Christopher Bundy, MD, MPH, FASAM



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Recovery During COVID-19

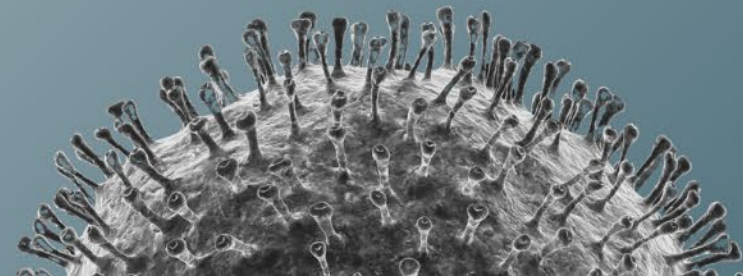
- Stress, anxiety and isolation related to the pandemic can compromise recovery
 - Normal support systems are disrupted
 - New unemployment and financial stress
 - New/changing responsibilities for children who are no longer in school
 - Uncertainty around how and when this will end

Social support and connectedness are critical for achieving and maintaining recovery.



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Virtual Support Groups

- In the absence of in-person recovery support groups providers should encourage participation in virtual groups
 - Consider proactive outreach
 - Online support groups are ubiquitous, most using Zoom
 - Convenient/accessible/acceptable
 - Varied: Not just 12-step
 - Privacy/security measures effective and improving
 - Enhances recovery support/engagement, decreasing isolation
 - Silver linings: Sustainable adjunct to traditional in-person meetings, will likely continue post-COVID19
- www.asam.org/Quality-Science/covid-19-coronavirus/support-group

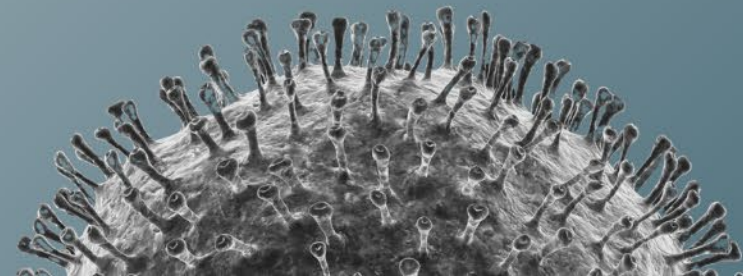


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Considerations for Small Group Meetings

- Consider virtual meetings if possible (e.g. IOP groups)
- Follow applicable public health recommendations and orders
 - Not advised during periods of community spread with some exceptions (tx groups)
 - Limit meeting size to 10 or fewer participants
 - Screen for symptoms prior to entry
 - Sick or high-risk individuals should not attend
 - Respiratory hygiene (cover cough, hand-washing sanitizer, dispose of tissues)
 - 6-foot rule, well-ventilated space, face-masks
 - Environmental sanitation
 - Avoid touching others
 - Avoid shared food/beverages
- Consider collecting contact information in case of need for contact tracing



ASAM Support Group Guidance

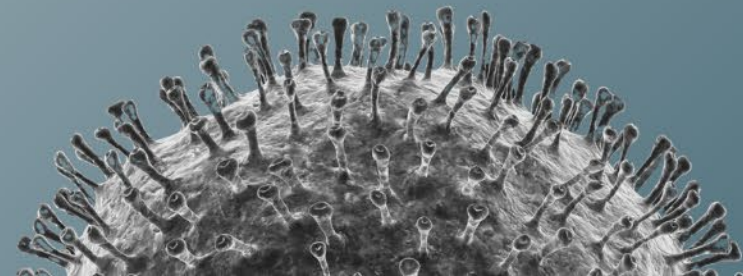
See the ASAM COVID site for more on:

- Etiquette for online support groups
- How to protect privacy and anonymity on Zoom meetings
- Considerations for maintaining confidentiality

<https://www.asam.org/Quality-Science/covid-19-coronavirus/support-group>



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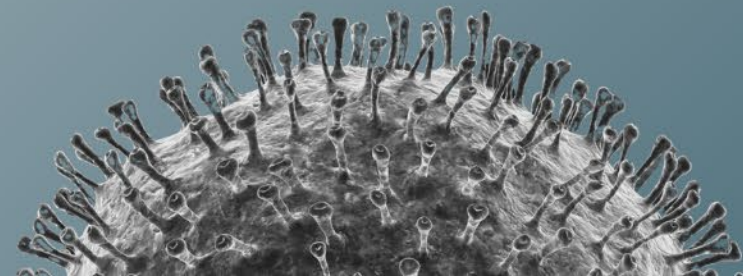


Accessing Recovery Supports During the COVID-19 Pandemic

Cortney Lovell, Recovery Coach



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Coronavirus Pandemic Poses Challenges for Those Suffering From Drug Addiction

Illinois' stay-at-home order has limited the amount and type of care substance recovery programs can provide addicts during the coronavirus pandemic

By Chris Hush • Published April 9, 2020 • Updated on April 9, 2020 at 5:47 pm



Ames Tribune

COVID-19 causes increased alcohol and drug use, officials worry about addiction

As the outbreak continues, officials worry those feelings will lead to increases in alcohol and drug use throughout the state and local community



ncpolicywatch.com

The pandemic and North Carolinians battling drug addiction

The pandemic and North Carolinians battling drug addiction ... C making community alternatives to incarceration more important t Carolina have reported increases in overdose incidents since the

'On top of everything': coronavirus is making Australia's drug crisis a whole lot worse

Coronavirus is increasing substance use – and decreasing treatment availability, providers say

Coronavirus pandemic 'threatens to make the opioid crisis substantially worse'



Adriana Belmonte

Associate Editor

Yahoo Finance May

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Coronavirus outbreak expected to increase drug and alcohol addiction in Missouri

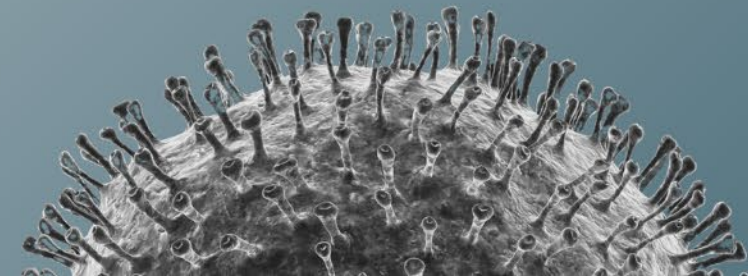
Coronavirus pandemic 'a disaster' for gambling addicts

Experts: Substance use up, available treatment down amid coronavirus crisis

By Gregory B. Hladky, CTMirror.org Updated 4:41 pm EDT, Wednesday, April 29, 2020



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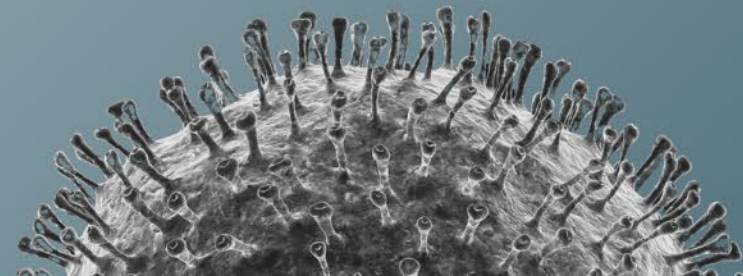
"We know very little right now about COVID-19 and *even less about its intersection with substance use disorders*. But we can make educated guesses based on past experience that people with compromised health due to smoking or vaping and people with opioid, methamphetamine, cannabis, and other substance use disorders could find themselves at increased risk of COVID-19 and its more serious complications—for multiple physiological and social/environmental reasons..."

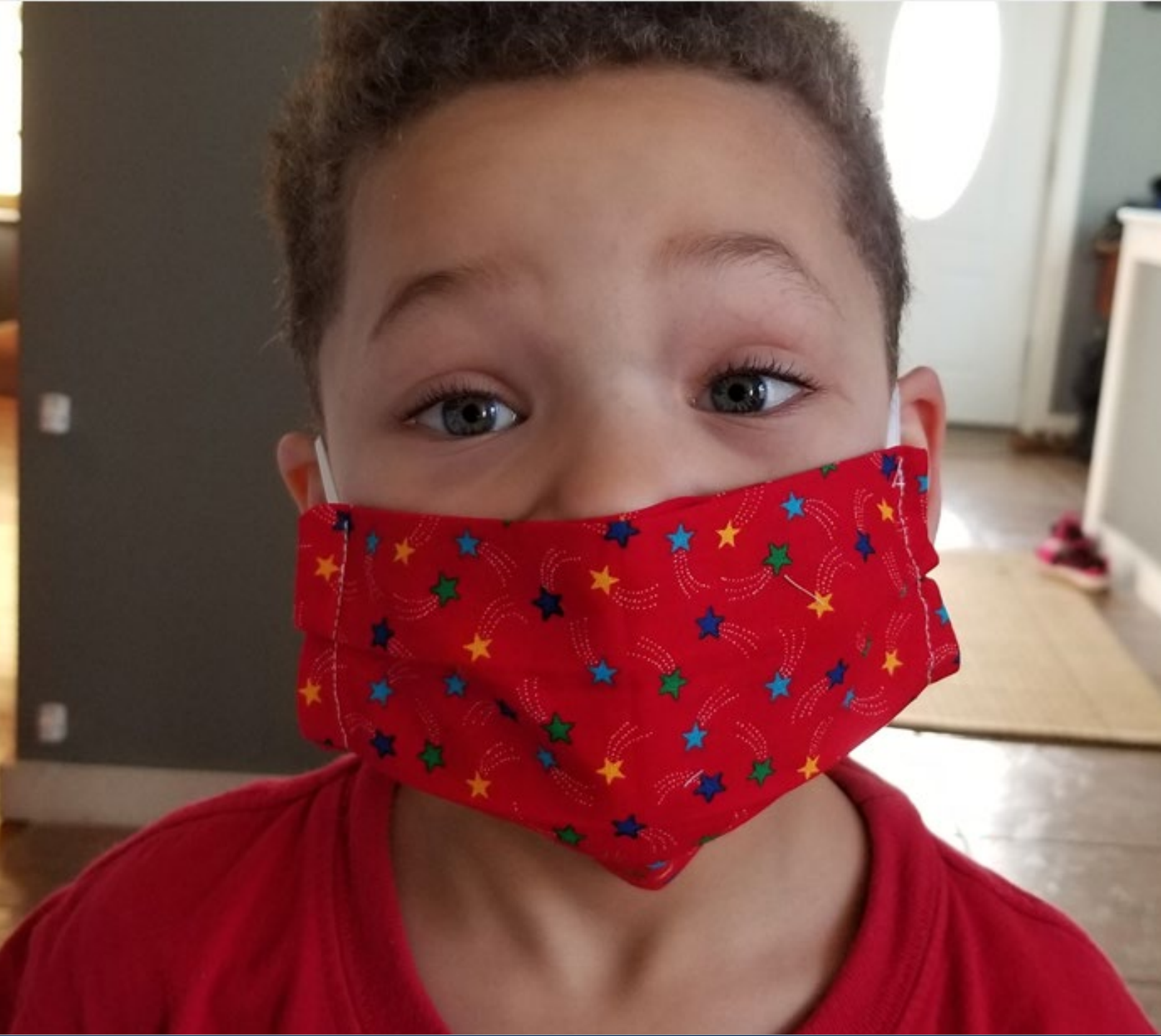
Dr. Nora Volkow
National Institute on Drug Abuse Blog 4/6/20

<https://www.drugabuse.gov/about-nida/noras-blog/2020/04/covid-19-potential-implications-individuals-substance-use-disorders>

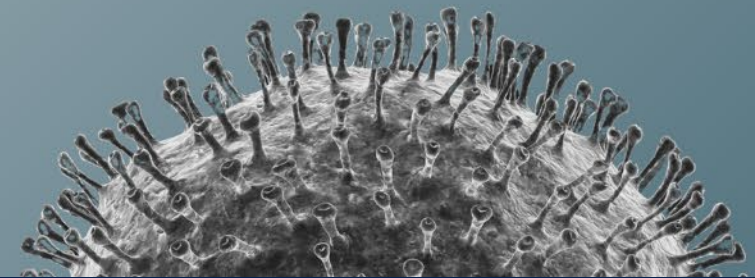


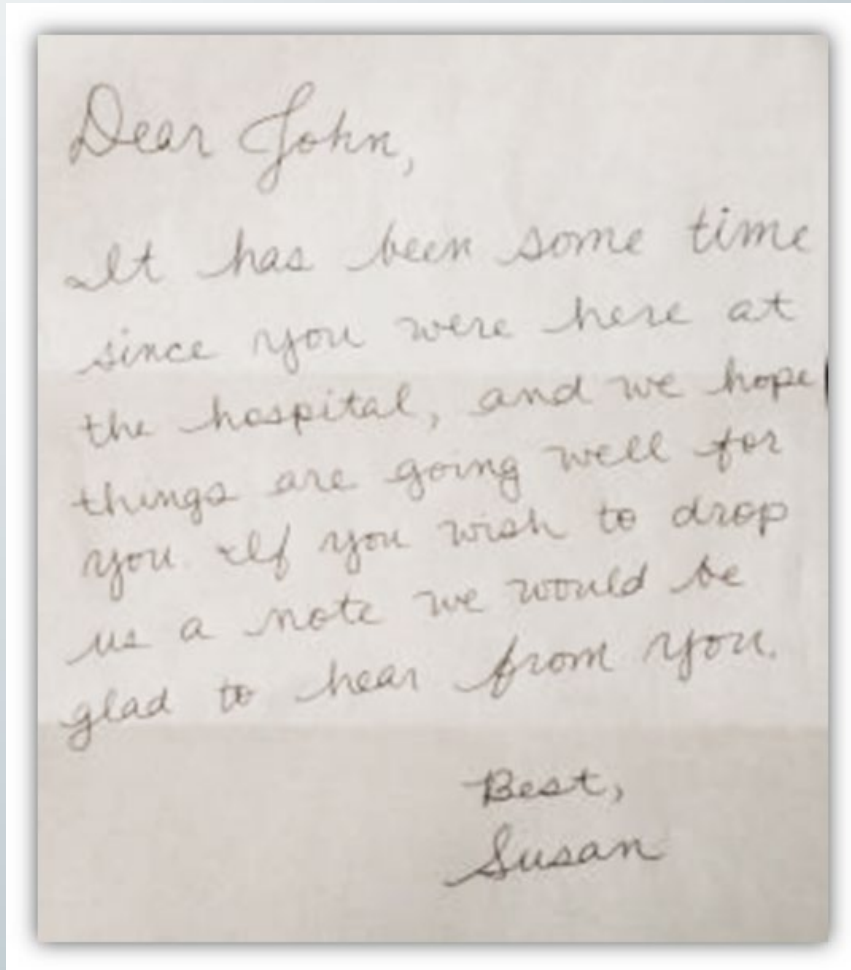
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This is the dawning of
the age of Aquar—
... Harm Reduction





"Dear John,

It has been some time since you were here at the hospital, and we hope things are going well for you. If you wish to drop us a note we would be glad to hear from you.

Best,

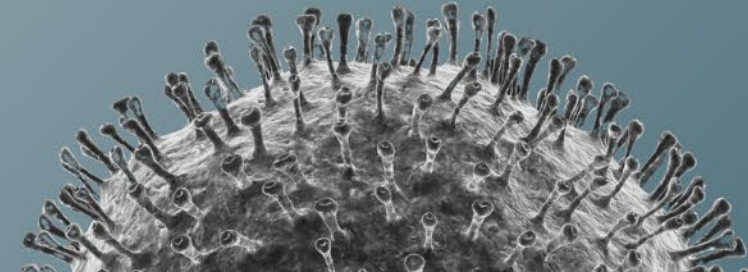
Susan"

Motto, J. A., & Bostrom, A. G. (2001). A randomized controlled trial of postcrisis suicide prevention. *Psychiatric Services*, 52(6), 828-833



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HRW

HARM REDUCTION WORKS.

Harm Reduction Works (HRW)

Mondays @ 12 Noon

Click the button below to join the meeting

we use Zoom for our online meetings so you may need to download their app/software the first time you attend

you can join from your computer, phone or tablet

Harm Reduction Works
Online Meeting



FAMILY MEMBER ADDICTION SUPPORT & EDUCATION GROUP

Gain support & empowerment
to help yourself and your loved
ones through the struggles of
substance use disorder.

The weekly meeting is free
and open to everyone!

Family Member Support & Education Group

Tuesdays @ 6:30pm

Click the button below to join the meeting

we use Zoom for our online meetings so you may need to download their app/software the first time you attend

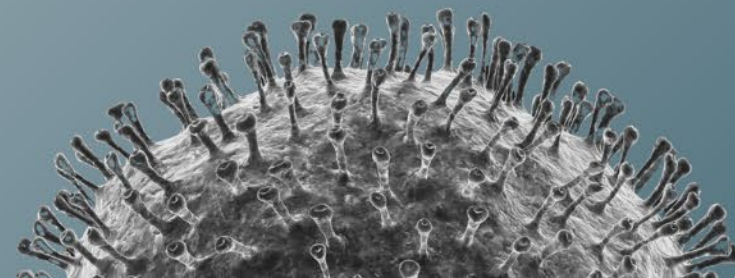
you can join from your computer, phone or tablet

Family Support & Education
Online Meeting

www.ourwellnesscollective.com



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RESOURCES

www.RecoveryTraining.Online

  https://recoverytraining.online

Meeting You Where You Are... That's Our Promise

Recovery Training Should Be As Valuable As You Are.

Join The Waitlist →





Cortney@ourwellnesscollective.com



@cortneylovel1



@lovel1cortney

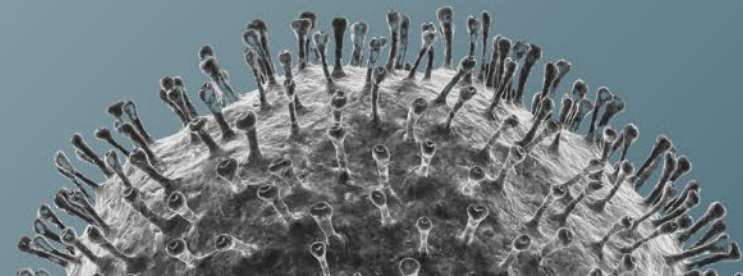


facebook.com/cortney.lovell

Thank you



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Panel Discussion



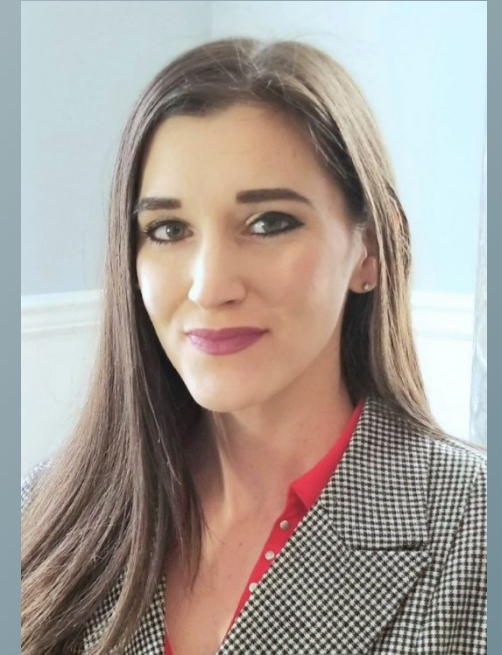
Kelly J. Clark, MD, MBA,
Immediate Past President,
American Society of
Addiction Medicine



Brian Hurley, MD, MBA,
Director of Addiction
Medicine for the Los
Angeles County
Department of Health
Services



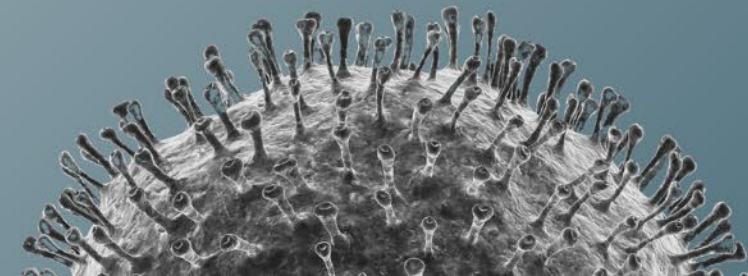
Chris Bundy, MD, MPH,
Executive Medical Director,
Washington Physicians
Health Program



**Cortney Lovell, CRPA,
CARC, RCP,**
Recovery Coach, and Co-
Founder, Our Wellness
Collective



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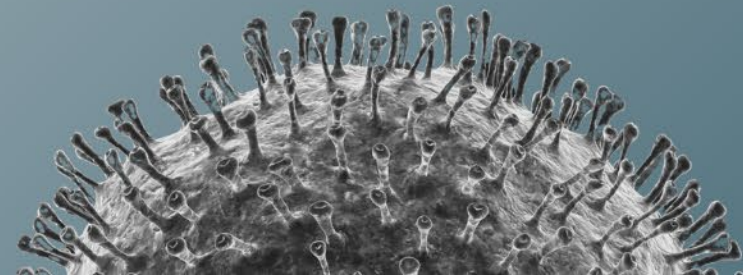


Audience Q&A

Please use the comment box on your screen to enter a question.



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Thank you for joining!

**Webinar recordings, information
on CE and more are available at:
nam.edu/TreatmentWebinars**



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