# SUPPORTING PEOPLE WITH ADDICTION DURING COVID-19

**A Webinar Series** 

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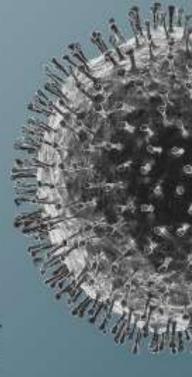
# Strengthening Coordination Across the Social Safety Net for Patients with Addiction

June 2, 2020 | 12:30 to 2 p.m. ET

nam.edu/TreatmentWebinars







## Webinar Agenda

12:30 – 12:40pm Welcome and opening remarks

**12:40 – 1:25pm** Panel presentations

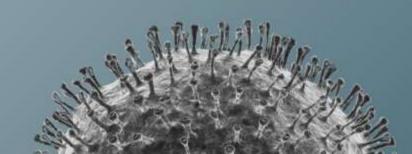
1:25 – 1:55pm Moderated discussion and audience Q&A

1:55 – 2:00pm Closing remarks

2:00pm Webinar concludes







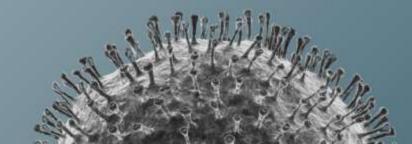
## **Questions from the Audience**

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.







### Join the Conversation

Tweet with us

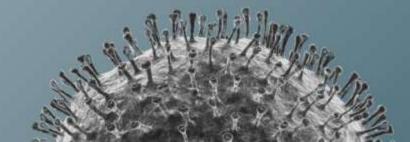


## @theNAMedicine @asamorg

#COVID19SUDTreatment #OpioidCollaborative







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

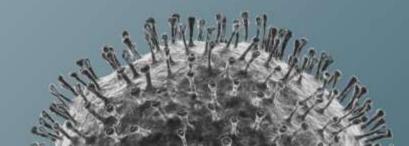
## Elizabeth Finkelman, MPP

Director, Action Collaborative on Countering the U.S.

Opioid Epidemic









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



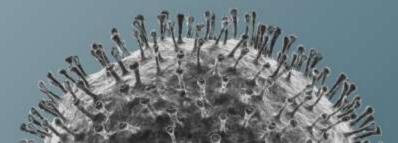


## **Action Collaborative COVID-19 Response**

- 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







## **Webinar Speakers**



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



Yngvild K. Olsen, MD, MPH Medical Director of the Institutes for Behavior Resources Inc/REACH Health Services



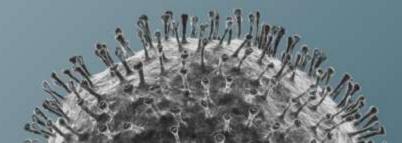
Elizabeth Salisbury-Afshar,
MD, MPH
Director, Center for Addiction
Research and Effective
Solutions, American Institutes
for Research



**Corey Waller, MD**Principal, Health
Management Associates





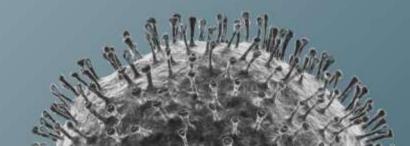


# Overview of the American Society of Addiction Medicine's COVID-19 Response and Today's Webinar

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







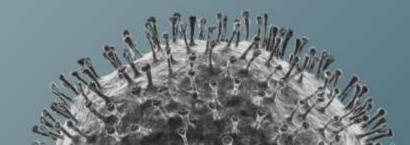
## **Learning Objectives**

### 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 the enhanced risks as well as patient-centered strategies for maintaining access to addiction treatment for Criminal Justice populations and populations experiencing homelessness.
- Describe strategies for infection mitigation and minimizing risks for patients and staff during the COVID-19 pandemic.
- Identify successful strategies learned from on-the-ground experience working with populations experiencing homelessness and criminal justice populations.







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

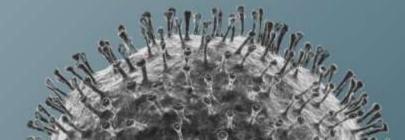
Guidance from federal agencies and national stakeholder groups

CPDC Task Force Guidance Coordination with members through state chapters to provide support in addressing state level issues

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





















**EDUCATION** 

**MEMBERSHIP** 

**QUALITY & SCIENCE** 

**CME EVENTS** 

HOME / QUALITY & SCIENCE / COVID-19 CORONAVIRUS







#### **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**

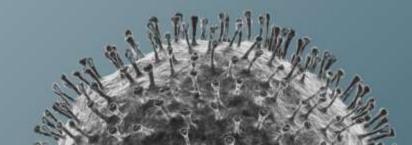
#### **Published Guidance:**

- 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
- Criminal Justice
- Guidance for General Hospitals
- Homeless Populations







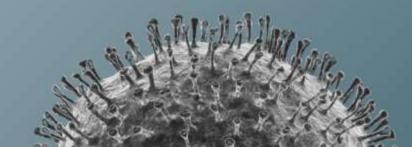
## **CPDC Task Force Guidance Topics**

#### **Guidance Coming Soon:**

- Clinician and Physician Well-being
- Access to Alcohol Use Disorder and Alcohol Withdrawal Management Services







## **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

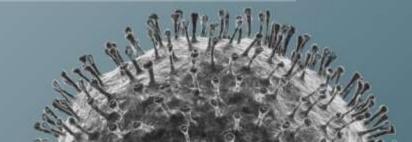
#### **Guidelines**

## 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.







## **Three Underlying Themes**

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







## **Three Underlying Themes**

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







## **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!



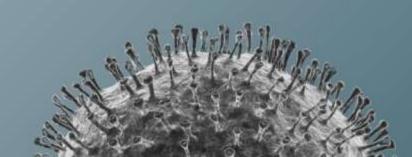
Middle Phase

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

ASAM American Society of Addiction Medicine

Post-Pandemic

 Updated best practices are implemented based upon lessons learned



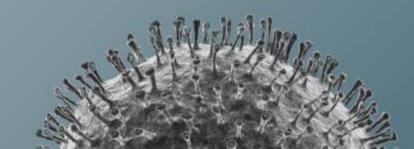
#### **COVID-19 Resources**

- 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







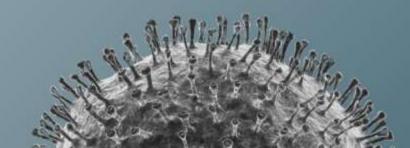


## Adapting Practices to Support Access to Treatment

Yngvild Olsen, MD, MPH, DFASAM







## Importance of Maintaining Access to Care

COVID-19 is associated with significant risks for people with addiction.

- Stress, anxiety, social isolation
- New financial and family stressors
- Increasing alcohol and drug consumption
- Changes to the drug supply and access

People with addiction often have multiple risk factors for transmission and severe illness.

- Criminal justice involvement
- Homelessness/housing instability
- Chronic illnesses (HIV, HCV, etc.)





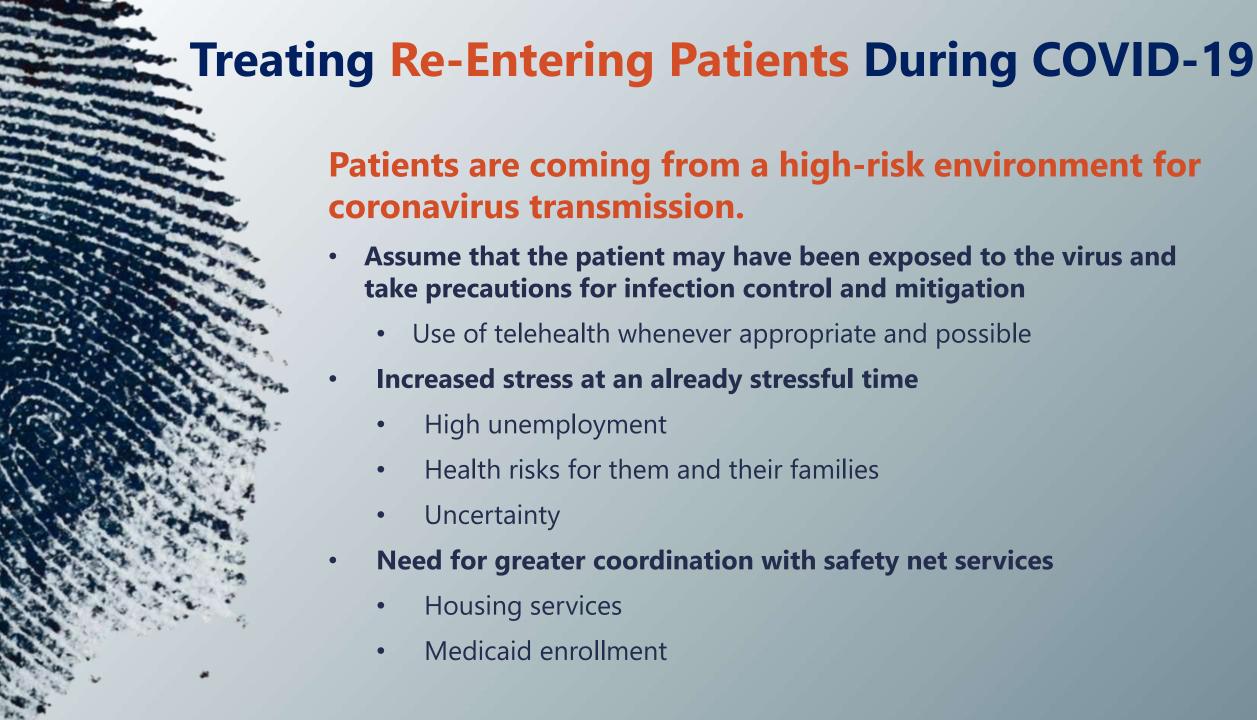


## Adapting Practices to Vulnerable Populations during COVID-19

Patients reentering the community after incarceration:

- Coordinated re-entry planning, particularly during this public health emergency when:
  - Addiction treatment services may be more difficult to access.
  - It may be more difficult to find safe and stable housing.
  - Disruption of opioid use disorder medications puts the patient at risk of overdose and overdose death.

https://www.asam.org/Quality-Science/covid-19-coronavirus/criminal-justice-system-guidance



## **Treating Unsheltered Patients**

Patients living in a high-risk environment for coronavirus transmission

 Assume that the patient may have been exposed to the virus and take precautions for infection control and mitigation

 Develop strategies for mitigating infection risk when telehealth and take-home medications are not an option

- Room to room telehealth to minimize staff exposure
- Mobile dispensing units
- Coordinating care with safety net systems
  - Can phones be provided
  - Finding shelter







## Re-Engineering Medication Delivery

- Strategies for getting medications to patients while minimizing the risk to patients, staff, and public health
- Working closely with community safety net providers to coordinate
- Alternative delivery systems



## Minimizing Staff Infection Risk

## 1. Minimizing in person encounters where possible

- Telehealth
  - Including within the same building for patients who do not have access to technology

https://www.asam.org/Quality-Science/covid-19-coronavirus/infection-mitigation-inresidential-treatment-facilities

https://www.asam.org/Quality-Science/covid-19coronavirus/infection-mitigation-in-residentialtreatment-facilities



## Minimizing Staff Infection Risk

- 2. Assuming patients coming from high-risk environments have been exposed
- 3. Providing sufficient personal protective equipment
- 4. Monitoring Staff for COVID-19 Symptoms

https://www.asam.org/Quality-Science/covid-19-coronavirus/infection-mitigation-inresidential-treatment-facilities

https://www.asam.org/Quality-Science/covid-19coronavirus/infection-mitigation-in-residentialtreatment-facilities



### **ASAM COVID-19 Guidance**

## ASAM has released several guidances relevant to treating vulnerable populations:

- Guidance for criminal justice involved and unsheltered patients
- Clinical considerations in different settings
- Modifying drug testing protocols
- Considerations for selecting medications and formulations
- Transitioning to telehealth
- Infection control and mitigation
- Treating pregnant women with OUD

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



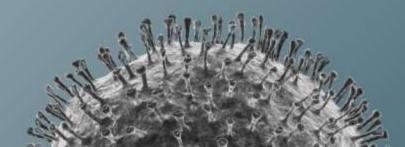


## Enhanced Risks for Unsheltered Populations with SUD during the COVID 19 Pandemic

Elizabeth Salisbury-Afshar, MD, MPH, FAAFP, FACPM, DFASAM







# Supporting People with Addiction Experiencing Homelessness

## **Key Points**

- Caring for Patients with Addiction Experiencing Homelessness
  - Telehealth may not be an option due to lack of phone/minutes/data
  - Infection Control and Mitigation when Telehealth is not an option
- Importance of Community Coordination for Supporting Individuals with Addiction Experiencing Homelessness
  - Treatment and harm reduction providers need to be part of community response
- Reducing Harms during COVID-19
- Potential Impacts of the COVID-19 Crisis on Drug Markets

# Supporting People with Addiction Experiencing Homelessness

## Considerations for isolation and quarantine

- Screening for SUD on entry to alternate care site
- Offering treatment services (through community partnership) when appropriate
- Training staff on how to work with people who are intoxicated or in withdrawal
- Ensure ongoing access to treatment through telehealth for individuals who were engaged prior to isolation/quarantine
- Re-Engineer Medication Delivery
- Support delivery of harm reduction services

# Enhanced Risks to Patients with SUD during the COVID-19 Pandemic

Disrupted drug supply chains

- More difficult to purchase drugs
  - Supply chain disruptions
  - Loss of employment
  - Increased risk of withdrawal

Reduced access to harm reduction services

Enhanced Risks to
Patients with SUD
during the COVID-19
Pandemic

4 Reduced access to treatment services

Increased fear of accessing emergency care services especially in areas with high COVID prevalence

# Additional Risks for People Experiencing Lack of Housing

#### Limited access to shelter

- Even harder now that shelters are limiting the number of clients
- Many cities have opened temporary alternate care sites (ACS)
- Often shelters/ACS are not allowing people to leave
  - Greater risk for withdrawal if individuals cannot access alcohol or other substances
  - Challenging for methadone and buprenorphine access
- Shelters/ACS are often not harmreduction oriented
  - May not understand risks of withdrawal, or challenges of not being able to continue use



## Working with Alternate Care Sites

## Important opportunity for care coordination:

- They need support to understand how to assess individuals' risks and needs associated with SUD
  - Screening for SUD, withdrawal, and overdose risk upon entry
  - Linkage to services in timely fashion

# Importance of Coordination with the Safety Net

- Experience in Chicago: Partnerships with alternative care sites
  - Federally qualified health centers (FQHCs) have partnered with Alternate Care Sites to support:
    - Initiation of buprenorphine via telehealth

- Coordination with opioid treatment providers
  - Methadone delivery
- FQHCs have also partnered with street outreach and harm reduction teams that are in contact with individuals experiencing homelessness
  - Initiation of buprenorphine via telehealth

# Importance of Coordination with the Safety Net

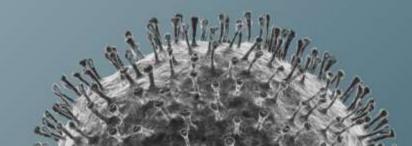
- In cases of quarantine and isolation, ensuring management of withdrawal symptoms is critical for care of the individual patient, but carries broader public health value
- Streamline processes to ensure rapid access to medication treatments

- Intake processes are often longidentify what is necessary (particularly during off-hours)
- Internet access can be challenging
- Privacy may be limited
- When working with alternative care sites, discuss medication delivery and storage in advance

# Enhanced Risks for Criminal Justice Populations with SUD during the COVID 19 Pandemic Corey Waller, MD, MS, DFASAM, FACEP







# Risks for Criminal Justice Populations with SUD during the Pandemic

- Up to 80% of inmates meet the need for SUD
- Decreased drugs in jails and prisons with decrease in visitation
- Rapid release without planning
- Lack of access to rapidly turn on Medicaid (for those that have access)
- Difficult to obtain an intake appointment

## **Experience on the Ground**

- Increase in requests for treatment while incarcerated
- More jails and prisons doing inductions

- Inmates are scared
- Housing is very risky for relapse

- 1. Treating Addiction in Jails and Prisons During the COVID-19 Crisis
- 2. Considerations for Reentry of Individuals with Addiction During the COVID-19 Crisis
  - Overdose prevention
  - Medication Continuity
  - Community Treatment Connection
  - Safe Housing in the Community

## Criminal Justice System Guidance: 5 Key Points

- 3. Considerations for Treatment Providers Caring for Recently Incarcerated Patients with Addiction
- 4. Role of FQHCs in Addiction Treatment During COVID
- 5. Considerations for Probation and Parole in the Supervision of People with Addiction

## Criminal Justice System Guidance: 5 Key Points



**Safety Net** 

## Panel Discussion and Audience Q&A

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



Kelly J. Clark, MD, MBA



Yngvild K. Olsen, MD, MPH



Elizabeth SalisburyAfshar, MD, MPH



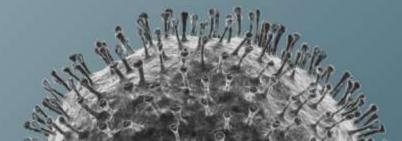
**Corey Waller, MD** 

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## Thank you for joining!

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