SUPPORTING PEOPLE WITH ADDICTION DURING COVID-19

A Webinar Series

nam.edu/TreatmentWebinars
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.
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#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

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 guidance for healthcare providers to ensure patients receive the highest quality care.
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

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<thead>
<tr>
<th><strong>Guidance</strong></th>
<th><strong>Guidelines</strong></th>
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<tr>
<td>A relatively rapid process where content is:</td>
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<tr>
<td>• developed by a few experts</td>
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<td>• vetted by a review group</td>
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<td>• quickly released to address a pressing crisis.</td>
<td>A slower process (a year or more) that includes:</td>
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<td>VS</td>
<td>• the development of a rigorous methodology</td>
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<td>• a final stage of public comments and the approval of the Board of Directors.</td>
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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 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
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.

Treating Re-Entering Patients During COVID-19

Patients are coming from 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
  - Use of telehealth whenever appropriate and possible
- Increased stress at an already stressful time
  - High unemployment
  - Health risks for them and their families
  - Uncertainty
- Need for greater coordination with safety net services
  - Housing services
  - Medicaid enrollment
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


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


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

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

1. Disrupted drug supply chains

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

3. Reduced access to harm reduction services
Enhanced Risks to Patients with SUD during the COVID-19 Pandemic

4. Reduced access to treatment services

5. 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 harm-reduction 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

- Intake processes are often long-identify 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

- 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
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

Importance of Coordination with the Safety Net

- Coordination with community treatment
- Coordination with housing services
- Experience in CA
Panel Discussion and Audience Q&A
Please use the comment box on your screen to enter a question.

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Corey Waller, MD

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Thank you for joining!

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