Sustaining Access to MAT and Recovery Amid COVID-19

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NO FINANCIAL DISCLOSURES
Goals for this webinar

• Reorient Medication for opioid use disorder (MOUD) to meet the aims of social distancing
• Maximize use of telemedicine/telephone to initiate and continue treatment
• Promote flexible access to buprenorphine and methadone
• Recognize and address the importance of peer supports and counseling
• Maintain and adapt harm reduction efforts
• Support frontline providers
• Communicate clearly with OUD providers and patients throughout COVID-19
• Review policy options for supporting these objectives, focusing on MOUD and related counseling

Patient Issues in COVID-19

• Financial: income loss, loss of employer insurance following job loss

• Housing: living with triggers, less community support, risk of incarceration, higher risk of contracting the virus

• Drugs: Disrupted supply, withdrawal, using alone increased risk for fatal overdose (OD)

• Healthcare Access: worse in some ways, better in others.

Patient Issues in COVID-19

• Additional systemic and social stress that both exacerbates substance use and can trigger it
  • increased need to self-medicate to cope
• Decreased access to harm reduction
• Comorbid factors:
  • respiratory and pulmonary issues
  • smoking, marijuana use, and vaping
  • HIV, Hepatitis C

We don’t have an opioid problem; we have an addiction problem...

And the COVID-19 pandemic only sets our patients up for more addiction

- **DISEASES/DEATHS OF DESPAIR:** drug dependence (mostly opioids), alcohol dependency, and suicide

- *Why so prominent now?* Negative Adverse Social Determinants: the conditions in which people are born, grow, live, work, and age

  - Long-term declines in education, employment, wages, childhood trauma, marriage, concurrent mental illness... *a loss of connection with others* leads to hopelessness and a cumulative disadvantage or deterioration

  - Individuals feel helpless, more likely to engage in risky behaviors, such as excessive alcohol and substance use, violence and *forgoing necessary health care*

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Root Causes of Addiction Compounded with COVID-19

• Recent research shows that Millennials—people born from roughly 1981 to 1996—are more likely to die prematurely from suicide and drug overdoses than previous generations were.

• Drug related deaths among 18-24 more than doubled from 2007-2017, alcohol related deaths rose by 69% and suicides by 35%.

• Millennials have almost doubled the rate of anxiety disorders compared to Baby Boomers.

Root Causes of Addiction Compounded with COVID-19

• More financial strain than previous generations
  • good jobs available to people without college degrees have evaporated

• Rising health-care costs

• Decline in manufacturing jobs and the rise of the gig economy (independent contractors and freelancers)

• Life satisfaction often comes from the meaning and purpose a job provides

• With Facebook and Twitter—compelled to compare themselves with others
  • “We have our blooper reel in our head, and everyone else’s highlight reel in the palm of our hands.”

COVID-19 Pandemic & Opioid Epidemic Collide

• Already difficult to obtain for people with OUD
• Buprenorphine and Methadone
• Only about one in five individuals with OUD obtain any addiction treatment*
  • Only a subset of these individuals get MOUD Highly regulated
  • Worry if misused, sold, or otherwise diverted

• Practitioners must obtain X (Data) waiver to prescribe or dispense.
• May only treat up to 30 patients first year, 100 patients in second year and must apply to expand that cap to 275 patients per year.
• Can initiate medication only after conducting an in-person visit.
• Only provided by credentialed opioid treatment programs (OTPs).
• Many clients of OTPs must show up in person at the clinic each day.
  • Take-home doses are strictly limited
• These regulations conflict with social distancing practices, pose a threat to the health and safety of anyone with OUD.
What has changed and what is helping so far following COVID-19?

• Relaxed telehealth regulations
  • Maximized the use of telemedicine/telephone to allow treatment to begin and continue

• Relaxed prescribing regulations
  • Promoted flexible access to buprenorphine and methadone, including home delivery

• Recognized and addressed the importance of counseling and peer supports
## Key Federal Agencies Involved in Regulating MOUD

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<th>Agency</th>
<th>Oversight Responsibility</th>
<th>Select Flexibilities for COVID-19</th>
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| Substance Abuse and Mental Health Services Administration | • Oversees accreditation and certification for opioid treatment programs (OTPs)  
• Works with DEA to regulate certain MOUD | • Extending take home doses for methadone  
• Part 2 medical emergency exception clarification |
| Drug Enforcement Administration (DEA) | • Oversees controlled substances | • Exception for OTP deliveries*  
• Telehealth exception for in-person visit for controlled substances prescription* |
| Office of Civil Rights, (OCR) Department of Health and Human Services | • Oversees aspects of data privacy | • Enforcement discretion on the Health Insurance Portability and Accountability Act (HIPAA) |
| Centers for Medicare and Medicaid Services (CMS) | • Oversees Medicare and Medicaid programs, including coverage and reimbursement of MOUD | • Expansion of telehealth services for Medicare beneficiaries  
• New flexibility to waive prior authorization and cost sharing requirements via simplified means* |

### What’s needed for successful delivery of MOUD via Telehealth

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<th>Requirement</th>
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<tr>
<td>Sufficient capacity of eligible providers</td>
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<td>Telehealth technology infrastructure</td>
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<td>Financial and/or technical support</td>
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<td>Clear privacy and security guidance for providers</td>
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<td>Medicaid service codes and payment rates</td>
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<td>Updated MAT workflows and protocols</td>
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Virtual Care

• Pros:
  • More accessible
  • More comfortable, at their own home
  • Increased engagement
  • Potential for inclusion of family and caregivers
  • Less potential for viral transmission

• Cons:
  • Technology problems, ask for patience from the patient
  • User familiarity with the technology
  • Lacking “personal touch”
  • Network is not built for rural areas
  • Privacy concerns
Privacy and Security Flexibility

• New OCR bulletin, certain non-HIPAA compliant communications
  • May use FaceTime, Facebook Messenger video chat, Google Hangouts, or Skype
  • Not Facebook Live, Twitch, TikTok

Sources:
Privacy and Security Flexibility

- 42 CFR Part 2 Guidance
  - Because of telehealth, providers may not be able to obtain written consent for disclosure of substance use disorder records.
  - SAMHSA states that under 42 CFR this prohibition does not apply, if the provider determines that a medical emergency exists.
    - Defer to providers on determining whether a medical emergency exists
    - Policy remains in effect beyond the emergency declaration

Sources:
Increased MOUD-Specific Flexibility

• According to the DEA, schedule II-V controlled substances can be prescribed via telehealth visits without an initial in-person evaluation during the public health emergency.
  • Two-way interactive communication system (not telephone) for controlled substances besides Buprenorphine.
  • For Buprenorphine, a telephone visit will suffice if you are X waivered.

Buprenorphine-Specific Flexibility

• Per SAMHSA, new and existing OTP patients treated with buprenorphine can be treated via telehealth (and even telephone.)
  • Applies only during the public health emergency
• Still must be X Waivered, (only 7 percent of clinicians are permitted to prescribe the drug.)
• Clinicians with DATA 2000 Waiver may prescribe NEW and Existing patients via telehealth (including use of telephone, if needed) outside of the context of an OTP.

**Buprenorphine**

Please remember, Bupe is SAFE IN PREGNANCY:

Neonates exposed to buprenorphine needed 89% less morphine to treat neonatal abstinence syndrome (NAS), 43% shorter hospital stay, and 58% shorter duration of medical treatment for NAS compared with those receiving methadone.

Lower risk of overdose for mother

Fewer drug–drug interactions

Option of receiving treatment in an outpatient setting

-Lori W. 2016
COVID-19 and Pregnancy

• Are pregnant patients at greater risk than non-pregnant?
  • No, do not have more severe symptoms

• Can COVID-19 pass through breast milk?
  • No, it appears there is no transmission

• Does COVID-19 affect a fetus?
  • Not likely that it passes to a fetus during pregnancy, labor, or delivery...

What The Women Shared

- COVID-19 and the **sheltering in place is triggering** – the ways I acted in addiction I now see coming back - but I have coping skills now to deal with the feelings
- **Isolation is a huge trigger**
- Helps to be able to go out and walk, to **have a routine**
- Having tools to **work on education from home** helps
- Having tools to **find employment** helps
- Want providers to know **how hard it is to have the same day every day**
- **Be patient** with us and **have empathy** for us because sometimes we need a break from our kids
- Glad to have PPE for self and kids
- **Stop the discrimination against us** - last week a non-UNC nurse taking a drug test from me said “if an addict’s lips are moving, then she is lying.” “My test was negative, but I felt judged and like I was less than dirt.”
Increased Methadone-Specific Flexibility

• Per SAMHSA, existing OTP patients treated with methadone can be treated via telehealth:
  • Patients must have already received an in-person medical evaluation but may receive ongoing treatment via telehealth.
  • For new OTP patients that are treated with methadone, the requirements of an in-person medical evaluation will remain in force.

More on Methadone Flexibility

• Induction: Must be completed during an *in-person visit*

• Maintenance: can be provided via telehealth

• Take Home Doses:
  • Stable Patients: may receive 28 days of take-home doses
  • Less Stable Patients: exceptions for take home doses of 14 days
  • Home Delivery: Per the DEA, authorized OTP staff member or even National Guard may make a “doorstep” delivery of take-home medication in an approved lock-box.

Opportunities for Counseling

• COVID-19 has hastened state movement to ease linkages of counseling and MOUD:
  • Authorize MOUD prescriptions to patients without requiring counseling visits;
  • Allow and encourage counseling to be provided to patients, as necessary, via telehealth and telephone;
  • States still can encourage use of counseling and peer support;
    • Flexible delivery of peer support services—which help promote recovery via telehealth, online group platforms, and hotlines.

Benefits of Digital Peer Support

• No geographical limitations
• No time limitations
• Engages service users in digital mental health outside of clinical environments
• Expands the reach of peer support services
• Increases the impact of peer support without additional in-person sessions
• Can access hard-to-reach groups—rural residents, home-bound adults, older adults, people experiencing homelessness

Is Digital Peer Support Effective?

• Digital peer support studies have established support for the feasibility, acceptability, and preliminary effectiveness with regard to...
  • Reductions in risky substance use
  • High levels of satisfaction and perceived benefit
  • Enhancing functioning
  • Engagement in services

Don’t Forget Naloxone Co-Prescribing

- Any provider in Florida may prescribe take-home naloxone to anyone at risk for having or **witnessing** an overdose.

- Naloxone is also available via a pharmacy’s standing order from the State Surgeon General

- I Save Florida Naloxone Locator, Resources and Toolkit: [https://www.isavefl.com](https://www.isavefl.com)

Naloxone Kits – Resource for EDs

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Issue brief: Reports of increases in opioid-related overdose and other concerns during COVID pandemic

*Updated June 18, 2020

As the COVID-19 global pandemic continues, so does the nation’s opioid epidemic. The AMA is greatly concerned by an increasing number of reports from national, state and local media suggesting increases in opioid-related mortality—particularly from illicitly manufactured fentanyl and fentanyl analogs. More than 30 states have reported increases in opioid-related mortality as well as ongoing concerns for those with a mental illness or substance use disorder in counties and other areas within the state. This also includes new reports about the need for evidence-based harm reduction services, including sterile needle and syringe services and naloxone.
Free Naloxone Request Form

Free naloxone kits will be provided to those most at-risk of overdosing on opioids or witnessing an opioid overdose. If you do not frequently come in contact with an individual using opioids, please consider purchasing naloxone from your pharmacy. It is covered by most insurance plans at a discounted rate.

Please fill out the form below accurately and truthfully to the best of your ability. If determined to be eligible, you will get a confirmation email and your free naloxone kit will be mailed to the address provided.

If you end up using your emergency naloxone, please return to our website to self-report. Self-reporting naloxone use will provide crucial data that will help ensure recovery and rehabilitation services in your area, as well as the availability of lifesaving medicines like naloxone in your region.

Administering Naloxone in COVID-19

• There must be no delay in administering naloxone for suspected overdoses
• Administration of naloxone will entail a brief period of being less than 6 feet from another person.
• This can be done safely, so long as care is taken in avoiding unnecessary contact.
• Facial protection (gloves if available) should still be considered for the first responder
• If there is no response to naloxone in 2-3 mins, a second dose should be administered.


https://www.projectopioid.org/stepfour
• Two-way video conference call
• Time limited face-to-face with appropriate PPE
• Provided or mailed consent form
• Completed over telephone or Zoom
• Behavioral health intake completed via telehealth
• Patient engagement in weekly telehealth groups
• Regular communication with staff and patients
• Transparency with staff and patients
• Clear, written directions for staff and patients
  • How to schedule Zoom meetings
  • How to communicate information to patients
  • How to navigate Zoom
  • Hot to sign-into Zoom
  • Try a test run first
  • Number to call if any difficulties
• Do telehealth groups with smaller groups until issues are worked out
During the Appointment

• Introductions
• Comfort assessment
• Engage in a virtual space
  • Especially when using a camera, explain to patient if you’ve lost your Airpod and are looking for it on the floor
• Eye Contact
• Ask patient for feedback
• Debrief with staff
• Continuously improve
Opportunities for States

- Since the outbreak, 36 states have amended, or are in the process of amending, Medicaid policies and submitting waivers to:
  - Mandate coverage and payment parity for telehealth
  - Expand the definition of “eligible originating site” to allow visits to be conducted at home
  - Expand the definition of allowable modalities of telehealth (i.e., video, phone, secure messaging)
  - Establish temporary Medicaid telehealth service codes
  - Amend state licensing requirements to expand the pool of providers allowed to deliver telehealth services, including out-of-state providers
  - Marshal resources to allow providers to implement telehealth capabilities in their practices
First Lady Casey DeSantis Highlights State Agencies’ Mental Health Response During COVID-19 Public Health Emergency

On June 17, 2020, in News Releases, by Staff

Agency for Health Care Administration (AHCA): Waiving Service Limits and Expanding Coverage for Medicaid Recipients

- Expanding coverage of behavioral health services provided via telemedicine to services including, but not limited to, mental health or substance abuse psychotherapy services, individual or family therapy services and medication-assisted treatment services.
  - Within AHCA we have seen a surge in telemedicine claims, indicating these services are reaching more individuals and families than ever before.

- Waiving prior authorization requirements for all behavioral health services (including targeted case management services) covered under the Medicaid program.
  - In Medicaid managed care, plans have up to 7 days to render a decision if the service is not urgent and even in urgent situations, plans must respond within 2 calendar days. Eliminating prior authorization also allows providers to quickly provide care without waiting for approval.

- Lifting limits on prior authorization allows practitioners to more quickly provide long-acting injectable medications for individuals or for substance use treatment like Suboxone and Methadone.
Recent Federal Action and State Options: New Flexibility in Medicare

• “Eligible originating site” requirements have been waived by CMS, allowing telehealth services to be provided outside of rural settings and a patient’s home
  – Medicare will also now provide more flexibility to reimburse providers for telehealth services provided via telephone

• Per CMS, providers also no longer need to have an established relationship with a patient to deliver telehealth services in Medicare

• Per CMS, providers licensed in one state may provide services to Medicare patients in other states via telehealth
  – This flexibility allows providers to leverage out of state telehealth networks to meet surging demand for services

• Congress is currently considering a third COVID-19 bill that includes new flexibility for FQHCs and Rural Health Clinics to provide telehealth services under Medicare to patients at home

Note: New flexibilities apply nationwide for purposes of Medicare reimbursement until the emergency declaration is lifted. State-level policies may need to be reviewed/amended to take advantage of new flexibility (e.g., state licensure restrictions).

Sources:
Additional Resources

**SAMHSA COVID-19 guidance and resources**
https://www.samhsa.gov/coronavirus

**Centers for Medicare & Medicaid Services** guidance, including a compilation of state 1135 waivers

**American Society of Addiction Medicine** compilation of guidance and resources, including links to state-level policy actions and waiver requests

**State Health & Value Strategies** resources on state policy options and responses
https://www.shvs.org/

**Manatt Health** resources on federal and state strategies to respond to COVID-19

**National Academy for State Health Policy** resources on state activity
https://nashp.org/
About the Foundation for Opioid Response Efforts
The Foundation for Opioid Response Efforts (FORE) was founded in 2018 as a private 501(c)(3) national, grant-making foundation focused on addressing the nation’s opioid crisis. FORE is committed to funding a diversity of projects contributing solutions to the crisis at national, state, and community levels. FORE’s mission is to convene and support partners advancing patient-centered, innovative, evidence-based solutions impacting people experiencing opioid use disorder, their families, and their communities.

For more information on FORE, please visit www.ForeFdn.org.
References

References


