COVID-19 and the patient with Addiction

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Objectives

- The Learner will be able to Identify key issues with COVID-19 and addiction treatment

- The learner will be able to discuss the new telehealth rules associated with COVID-19

- The learner will be able to implement safe systems of care during the COVID-19 pandemic

Disclosures

- None

Anticipated Phases of the COVID-19 Pandemic

**Early Phase**

Middle Phase

Post-Pandemic
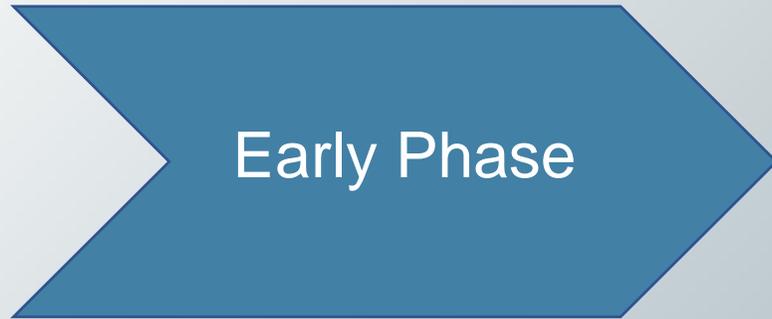
- Low population prevalence
- Preventing transmission of the virus using physical distancing

- Develop protocols for keeping infectious patients /staff in isolation or quarantine

- PLAN FOR PHASE 2 !

- Higher population prevalence makes isolating of individuals impractical

- Designating entire areas/systems, including community housing, as available to either infectious or non-infectious persons.

- Updated best practices are implemented based upon lessons learned

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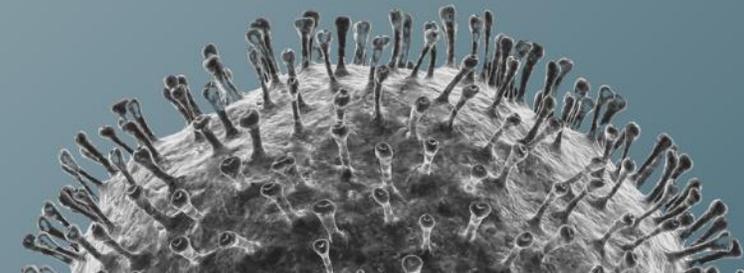
Addiction During COVID-19

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.
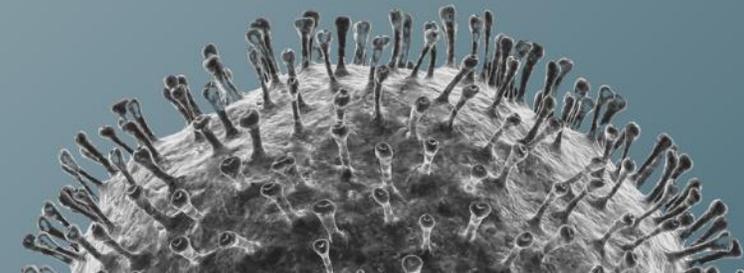
Bridging the Gap with Telehealth

- 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
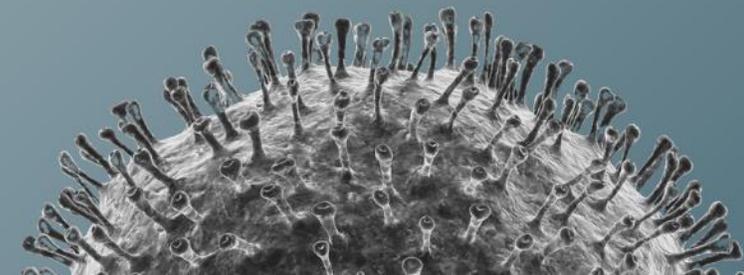
COVID-19 Telehealth Rules

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
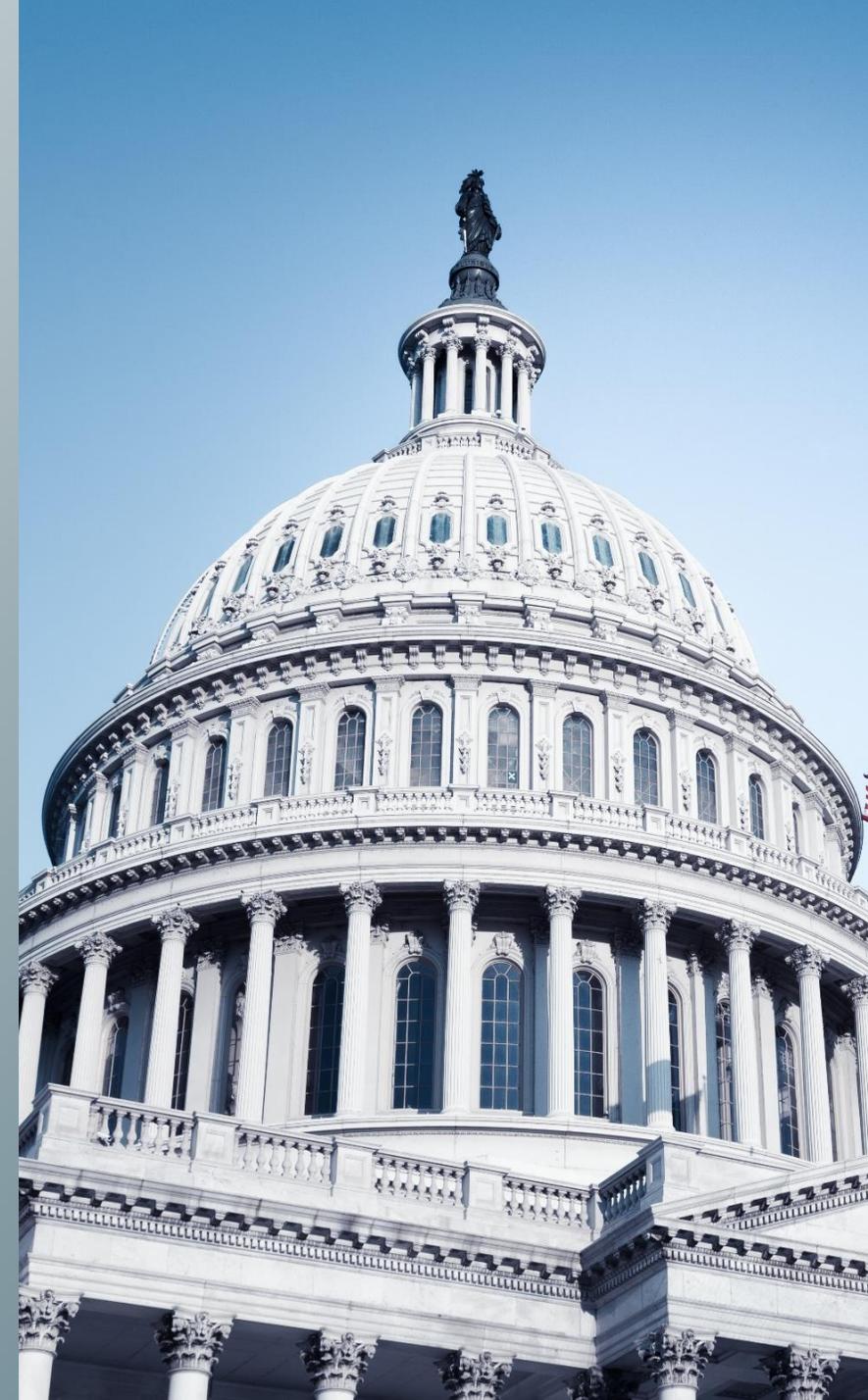
COVID-19 Telehealth Rules

- 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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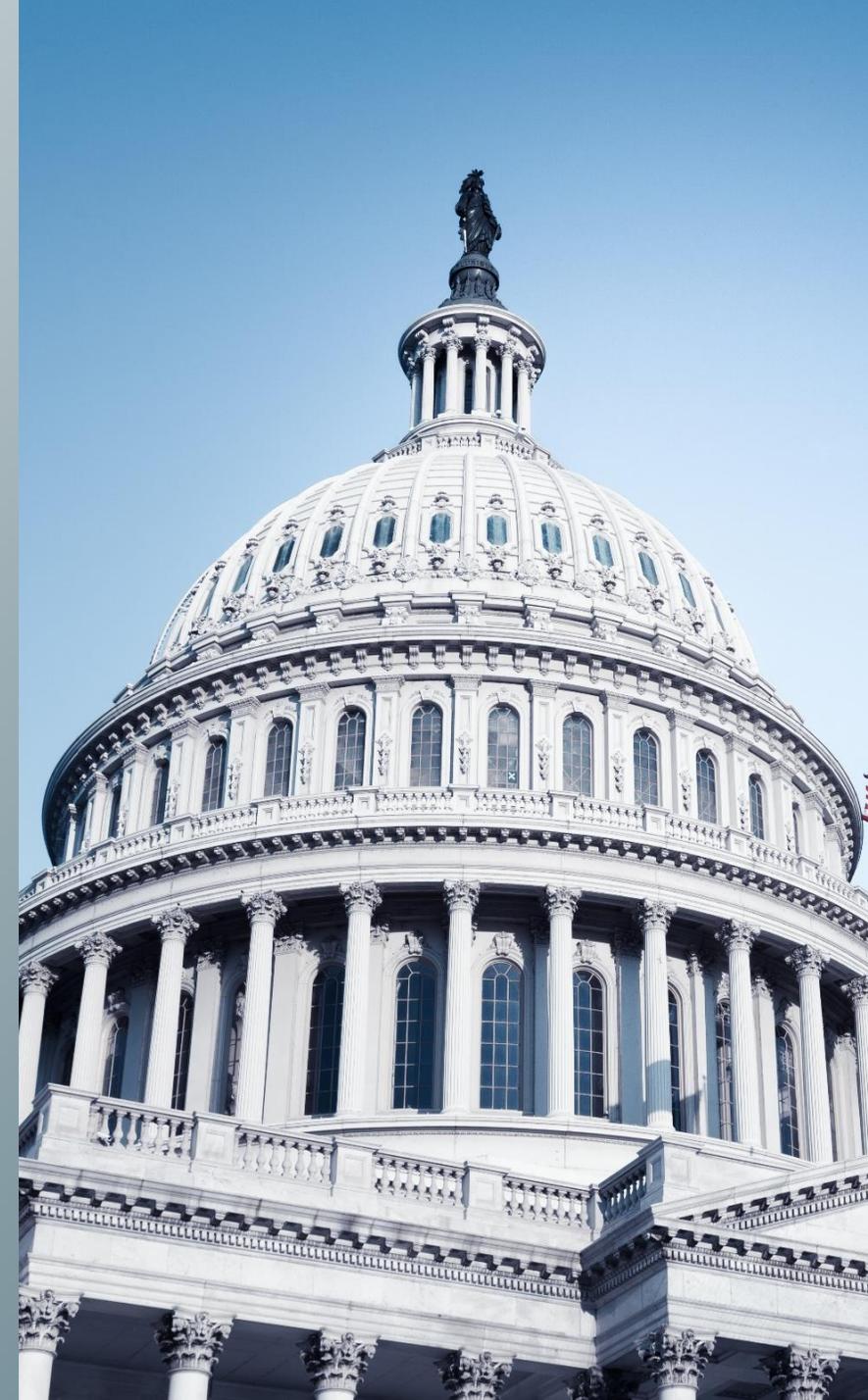
COVID-19 Telehealth Rules

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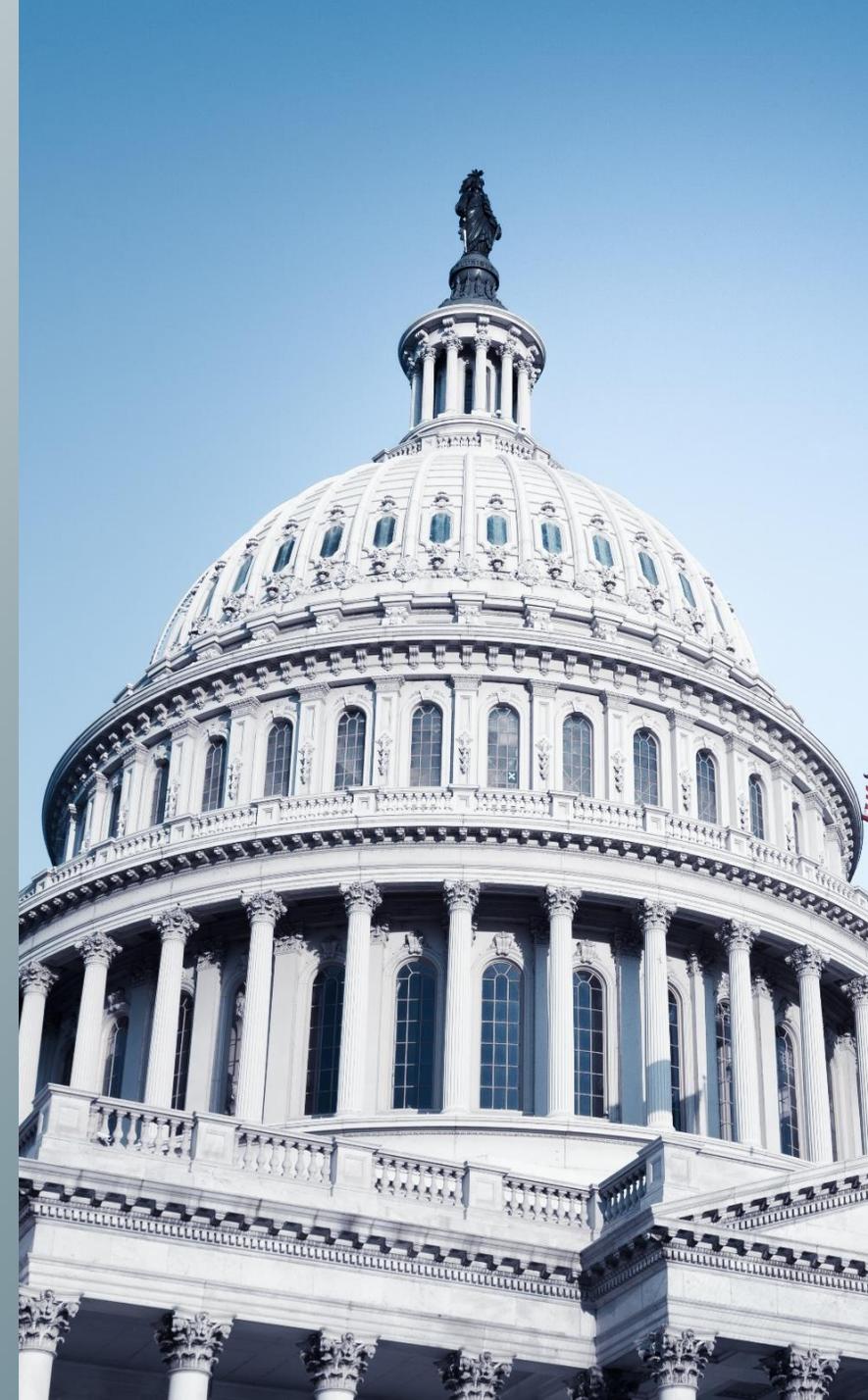
HHS Privacy Rules: http://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

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

VS

**Allowable, Non-HIPAA Compliant Options:**
- Apple FaceTime
- Facebook Messenger video chat
- Google Hangouts video
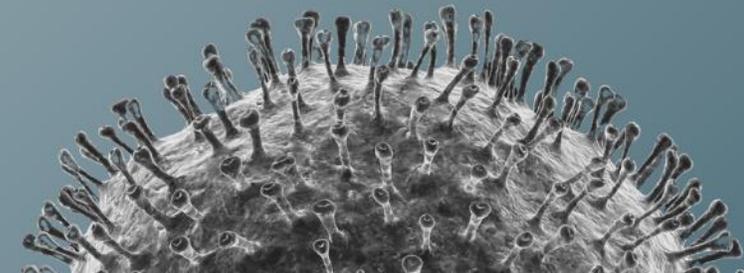
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Specific Telehealth Platforms

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

Not allowed:
- Instagram Live
- Facebook Live
- Twitch
- TikTok
- and their equivalents
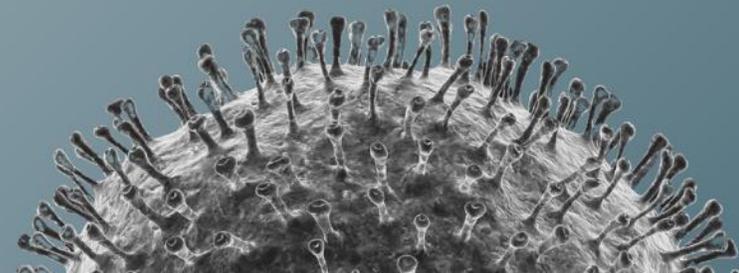
Policy Changes on Access to Addiction Treatment

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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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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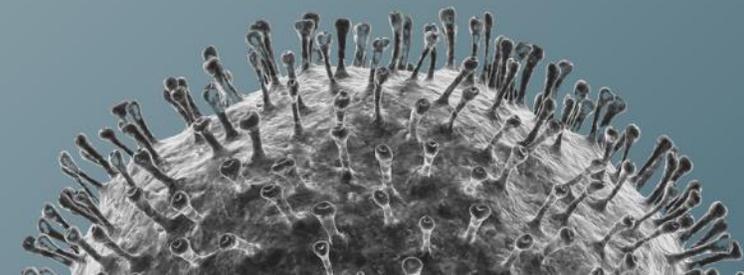
Virtual Support Groups

- 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

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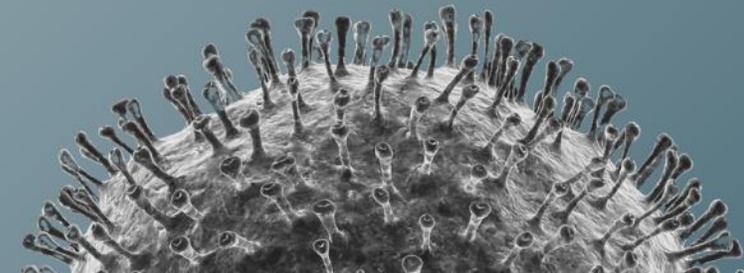
Access to Opioid Treatment Programs:

8 Key Points

1. **Importance of Remaining Open and Available**

2. **Clinical considerations related to**
   - Take home doses
   - Medication selection
   - In-person visits
   - Managing telehealth visits

3. **Federal Regulatory Changes**

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

**Access to
Opioid Treatment Programs:**

8 Key Points

4. **Reimbursement Issues**

5. **Considerations for
   Documentation**

6. **Staffing Challenges**

7. **Medication Supply Issues**

8. **Waiting Room Precautions**

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

Unique Challenges Faced by Residential Facilities

- **Admission of New Patients**
  - Balancing the risk of untreated SUD and the risk of potential COVID-19 exposure
  - Maintaining staff and resident safety
  - Triaging patients based on need for residential care
  - Limitations on testing
  - Risk of admitting asymptomatic patients with COVID-19
  - How to provide access to care to patients who are COVID-19 positive

Unique Challenges Faced by Residential Facilities

- **Maintaining Patient and Staff Safety**
  - Reducing census to maintain proper distancing
    - Financial implications
  - Enforcing infection mitigation policies
  - Restricting visitors
  - What happens if a critical number of staff are sick or quarantined?

Considerations for Transitions in Care

1 Widespread use of telemedicine and relaxed regulations allow a safer transition from residential to outpatient care

2 Individual patient risk associated with COVID-19

3 Access to safe and stable housing

4 **Capacity for isolating or quarantining patients**

5 **May require coordination with local public health authorities regarding transition options**

Considerations for Transitions in Care