



Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY



Buprenorphine Treatment During the COVID-19 Pandemic

April 1st, 2020

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Agenda

- Introductions – 5 mins
- Didactic and Q&A – 45 mins
- Case Discussions – 40 mins

Ground Rules of TeleECHO Clinic

- Introduce yourself before speaking (e.g. your name and location)
- Maintain confidentiality and HIPAA (no PHI)
- Limit environmental distractions
- Stay muted when not speaking
- Raise your hand or write in chat room if you want to speak
- Respect one another (and colleagues & patients who are not present)

CME information

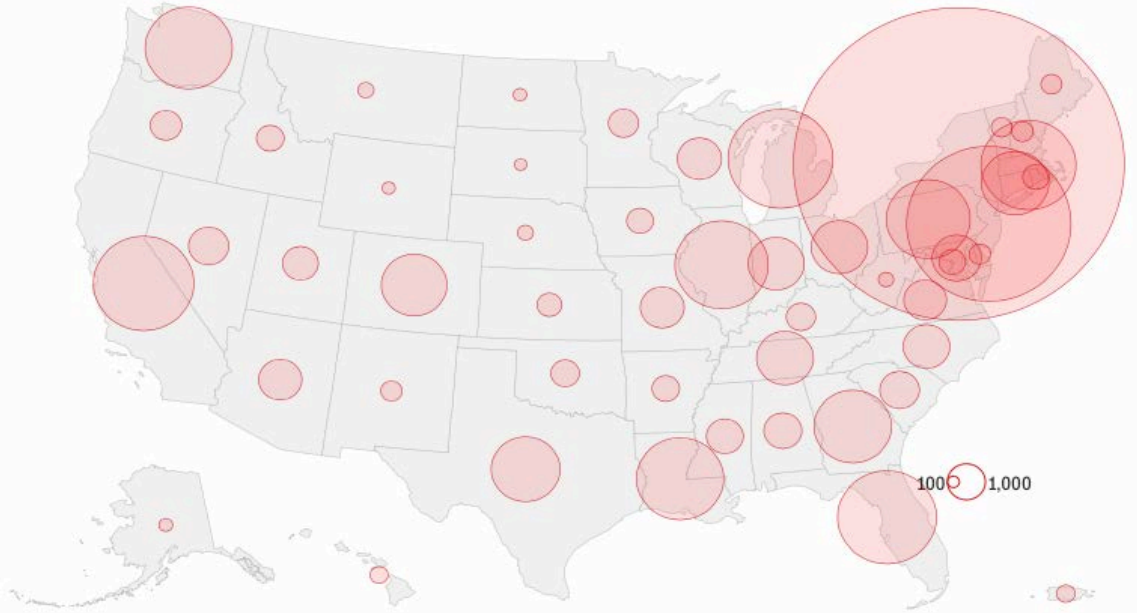
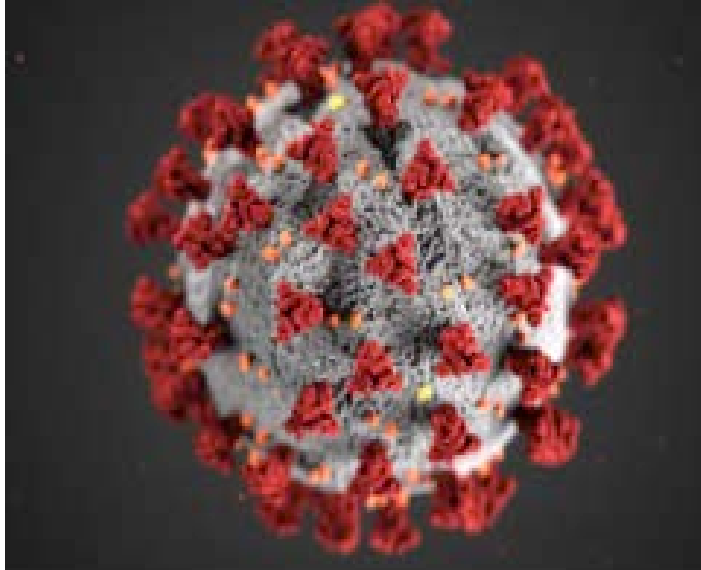
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Presenter's Disclosures

- Dr. Chinazo Cunningham
 - No disclosures
- Dr. Tiffany Lu
 - No disclosures
- Dr. Kristine Torres-Lockhart
 - No disclosures

Objectives

1. Review regulatory changes for buprenorphine treatment in response to COVID-19
2. Examine telemedicine best practices for buprenorphine treatment
3. Discuss approach to buprenorphine treatment for existing patients during COVID-19



COVID-19 and OUD

| Systems | Providers | Patients |
|---|--|--|
| <ul style="list-style-type: none">• Limited acute level care for OUD complications• Confidentiality regulations delay sharing of SUD treatment records | <ul style="list-style-type: none">• Limited in-person visit availability• Limited experience with telehealth visits | <ul style="list-style-type: none">• Co-occurring conditions can worsen prognosis if infected• Social distancing, quarantine, and isolation can worsen risks if using alone or using works |

DEA & SAMHSA Updates

- Effective March 31, 2020 thru duration of public health emergency:
 - OTPs and DATA waived practitioners can treat **new and existing** patients with **buprenorphine** via telemedicine, including **telephone calls**, without first requiring an in-person exam, while complying with all applicable standards of care
 - Not applicable to new patients treated with methadone

Methadone and OTPs

SAMHSA expanded blanket waivers

- 14 and 28 day take home privileges
- Delivery of medications
- Chain of custody for surrogates
- Decreased counseling and urine testing

HIPAA Updates

- Potential penalties for HIPAA violations waived against health care providers that serve patients through **everyday communications technologies** when used in good faith for any telehealth treatment or diagnostic purpose during COVID-19
 - Does not have to be related to COVID-19
 - Cannot be public facing (e.g. Facebook Live)
 - Includes FaceTime, Skype for Business, Doxy.me, Zoom

42 CFR Part 2 Updates

- Since 1975, protects confidentiality of SUD patient records by requiring use of specific written consent to disclose or re-disclose SUD identifying information
- Medical emergency/COVID-19 exception
 - “We emphasize that...providers make their own determinations whether a bona fide medical emergency exists for purposes of providing needed treatment to patients” (SAMHSA)

42 CFR Part 2 Amended

- CARES Act enacted March 27, 2020
 - Allows for SUD information to be disclosed under HIPAA regulations
 - Next 12 months will be telling as to how SAMHSA implements amendment



ASAM

American Society of
Addiction Medicine

COVID-19 - SUPPORTING ACCESS TO BUPRENORPHINE

Access to Buprenorphine in Office-Based Settings

Buprenorphine is a life-sustaining medication. Abrupt discontinuation can lead to relapse to substance use, overdose, and overdose death. The anxiety and stress associated with the COVID-19 pandemic, and the societal response to it, may exacerbate symptoms of opioid use disorder. In addition, the “stay-at-home” orders and the restrictions on border crossings may reduce the drug supply and increase the need for treatment. Every effort should be made to ensure that patients currently taking buprenorphine have timely access to refills of this medication, and that any new patients in need of treatment for opioid use disorder can initiate treatment in a timely manner.

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



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COVID-19 - SUPPORTING ACCESS TO BUPRENORPHINE

Topics

1. Leveraging Telehealth

2. Prescriptions and Refills

3. Psychosocial treatment

4. Ensuring adequate supply of buprenorphine

5. Harm reduction, including naloxone distribution

6. Considerations for High Risk Patients

Montefiore Buprenorphine Treatment Network COVID-19 Response Memo 3.23.20

General Guidance for Buprenorphine Treatment

- Because of changing policies occurring at Montefiore around COVID-19, in consultation with Montefiore Medical Group (MMG) leadership and in compliance with federal regulations, we will provide **ONLY telemedicine visits** for buprenorphine treatment (for new and established patients). No in-person visits will be conducted at our sites until further notice.
- **We will continue to evaluate new patients seeking buprenorphine treatment. Please direct ALL new patient referrals to bupe@montefiore.org or 718-405-8227.** Our staff are informed about which clinics are accepting new patients and will handle screening and scheduling telephonic visits for buprenorphine treatment.
- Patients receiving buprenorphine treatment at MMG clinics should be prescribed at least **one month's worth of buprenorphine medication** at each telemedicine visit (refills can be provided depending on clinical judgement). Providers should use their clinical judgment about how frequently follow-up telephonic visits should occur. In general, telemedicine visits for stable patients should occur less frequently than typically.
- **Urine drug testing should not be required to receive a buprenorphine prescription until we return to in-person visits.** Providers should use their clinical judgement to refer patients for urine drug testing and other laboratory tests when benefits of testing greatly outweigh the risks of COVID-19 exposure. Currently, urine and blood tests are offered at only a few MMG sites and require appointments.

Case 1

- 58M hx of HTN, OUD, tobacco use disorder
 - On bup/nlx 16/4mg daily
 - Unstably housed, staying on friend's couch
 - Due for visit and medication refill
 - Current housemate diagnosed with COVID-19
 - Calls concerned about his prescriptions and risk

Increased risk of COVID-19 for people who use drugs

Medical co-morbidities

- Increased risk of **complication** from COVID-19
- COPD, heart disease, diabetes, tobacco use

Living in communal environments

- Shelters, single occupancy rooms, residential programs, jails
- Increased **exposure** and **transmission**

Social distancing, isolation, quarantine

- Increased risk of **overdose** if using alone
- **Withdrawal**
- Increase **infection** risk if re-using supplies

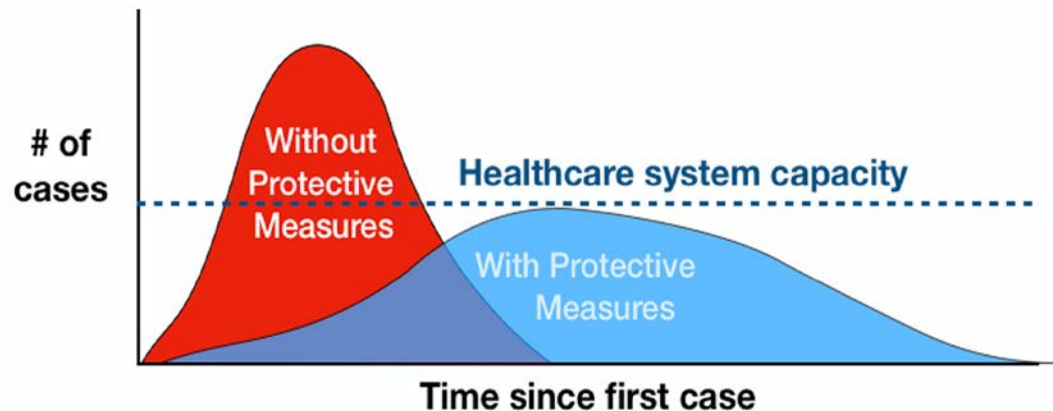
Goals of telemedicine for OUD during COVID-19

Provide support

- Continue **patient engagement** and treatment
- Provide ongoing **support**
- **Expand reach** of care using technology

Decrease risk / harms

- “Flattening the curve”
- Promote **social distancing**
- **Reduce exposure** to and **transmission**



General principles of telemedicine

Telemedicine is a continuum of technology to provide patient care

- Audio only (telephonic visits)
- Audio-visual real-time communication (telehealth)
- Patient portals, electronic messaging
- Remote monitoring tools

ASAM recommends **audio/visual, real-time, two-way interactive communication**

- “Notification of Enforcement Discretion” waives requirements for HIPAA compliant platforms

Telehealth and telephonic visits now **reimbursed**

- NYS Medicaid program and Medicare reimburse
- Variation with private insurers

Platforms for telemedicine

- There are **many**, this list is not exhaustive

| Platform | Capabilities | Considerations |
|--|---|--|
| Doximity Dialer | -Audio only -Able to call patients and caller-ID reads as clinic # -Personal fax line available | -HIPAA compliant -Free -Physicians, NP, PA, pharmacist, med students |
| FaceTime, Skype, Zoom, Facebook Messenger, Google Hangouts, etc | -Audio/visual -Widely used | -NON-HIPAA compliant -Patient must have same application -Free |
| Skype for Business, Zoom for Healthcare, Doxy.me, etc | -Audio/visual | -HIPAA compliant -Free trial - \$ |

ASAM Guidance: Supporting access to buprenorphine during COVID-19

Before the visit

Alert patients that practice is **converting to telemedicine**

Update patient **contact information**

Practice with the technology and develop a back up plan

During the visit

Check in on current use, triggers, etc.

Write prescription, opt for longer prescriptions (30d +/- refills)

Delivery options if isolated/quarantined or at high-risk

Schedule follow-up, if unstable (every 1-2 weeks)

Urine drug screening, consider pausing given risk/benefit

After the visit

Elicit **feedback**, provide clinic contact information

Documentation to support telemedicine billing

Bupe Televisit Template



Opioid use patterns



Complete substance history



Counseling, mental health care



Harm reduction, overdose prevention



Documentation to support billing

Prescriptions & refills

- **Ensure access** to medication
- Duration of prescription
 - CDC recommends 2-week supply of Rx medications
 - Consider longer prescriptions, **30 day**
 - Special considerations
 - “High-risk” for severe COVID illness
 - Isolated or quarantined
 - Stability of OUD and other SUDs
 - Ability to safely store medication
- For **stable** patients, consider **refills**
- For **unstable** patients
 - Balance access to treatment and patient safety

Psychosocial treatment

- **NOT required** for buprenorphine treatment
- Some patients may benefit
 - Offer continuation or initiation of **telemental health** services
 - Offer **virtual support groups**
 - Online support, discussion groups, live meetings

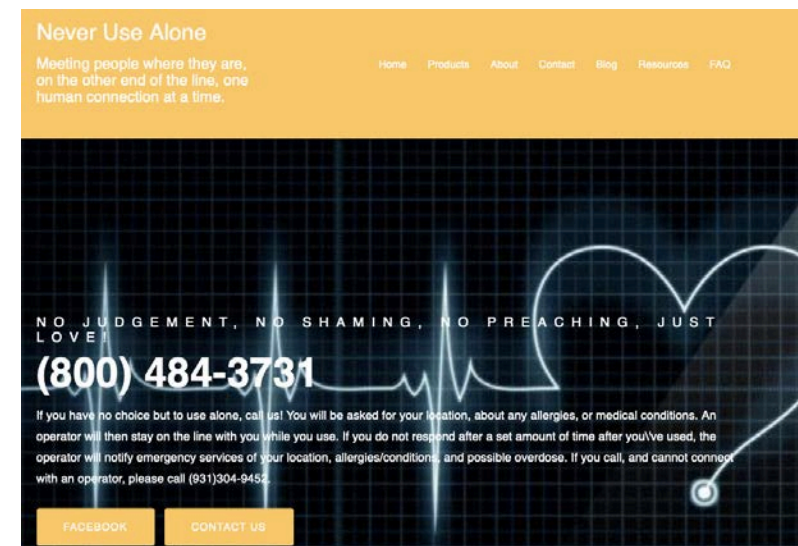
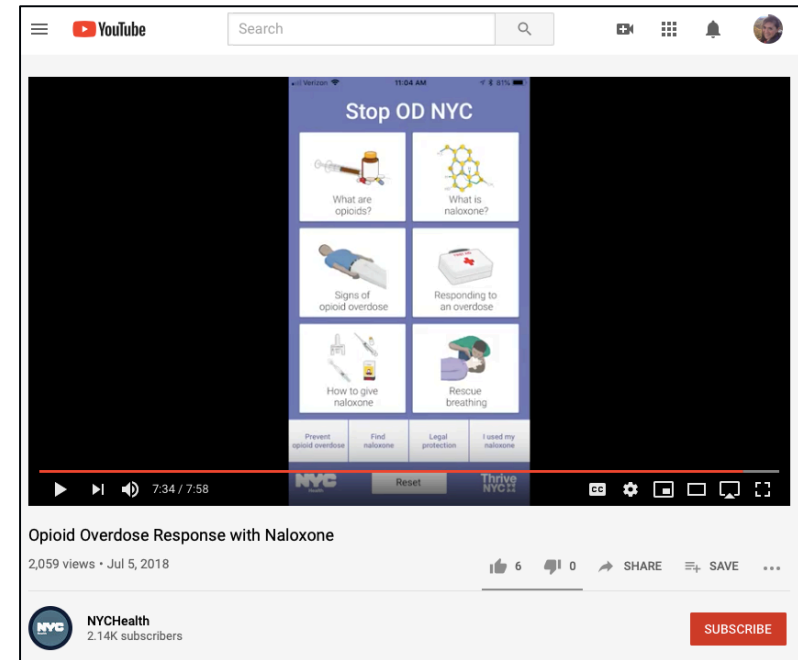


Urine drug testing

- Consider pausing urine drug testing and utilize other supporting information while providing ongoing OUD treatment
 - Self-report
 - Timing of refill requests
 - Prescription drug monitoring program
 - Clinical improvement
- Urine drug testing at home or outside treatment facility (in special circumstances)

Harm reduction

- Naloxone
 - Non-patient specific standing order at participating pharmacies
- Safer drug use
 - Sterile supplies
 - Avoid sharing
 - Self-prepare
 - Hand hygiene
 - Fentanyl test strips
- www.neverusealone.com
- Risk of decreased supply



Patient Resources

1. Outline telephonic bupe treatment model
2. Stress, relapse, and support resources
3. Opioid overdose prevention and harm reduction resources
4. COVID-19 general guidance

YOUR BUPE TREATMENT



We are **here for you** and are committed to continuing your treatment and supporting you during this stressful time.

Our visits will now be **telephone visits**, instead of in the clinic, in order to keep you safe.



Be sure to write down our contact information in a few places if you need to contact us.



Our visits will be **scheduled** and your provider will call you. Make sure we have your current telephone number and best way to reach you.



If you are interested in **treatment for alcohol use or cigarette smoking**, talk to your provider. We have effective medications to help you cut down and quit.

KEEPING YOURSELF SAFE



Talk with your provider to make sure you have an **adequate supply of your prescription medications**.

Make plans to ensure you can get your medications if you are sick or quarantined at home.

Make sure you have **naloxone/NARCAN** (opioid overdose medication) at home and everyone at home knows how to use it. Ask your provider if you do not have this already.

If you are using, **practice safe drug use**.



Use **sterile** supplies
Do NOT share supplies with others
Never use alone (800) 484-3731
Use **test doses**
Use **fentanyl test strips**
Always have **NARCAN**

STRESS, RELAPSE AND SUPPORT



This can be a stressful time for many people. Stress can also be a **trigger** and risk to return to drug and alcohol use. If you feel like you are at **risk of relapse**, **PLEASE REACH OUT**. We are here to help support you.



To deal with stress you can try reading, music, meditation, guided imagery, exercising, and calling the Montefiore relaxation hotline at **718-920-CALM**.



If you see a **mental health provider**, continue doing this with telephone visits. If you would like to start, talk to your provider to arrange.



For more support, check out some **online support groups**.

[intherooms.com](https://www.intherooms.com)
<https://www.smartrecovery.org/community/>
<http://aa-intergroup.org/directory.php>

CORONAVIRUS— STAYING HEALTHY



Anyone can get sick with coronavirus. Older people over the age of 60 and with certain medical conditions like heart and lung disease and diabetes are at a higher risk.



STAY HOME as much as possible, limit any travel



STAY 6 FEET AWAY FROM OTHER PEOPLE

WASH YOUR HANDS often and avoid touching your face

COUGH and SNEEZE into your **ELBOW**



IF YOU ARE SICK and think you have the coronavirus (fever, fatigue, cough, difficulty breathing), **CALL YOUR DOCTOR!**



Cutting back and **QUITTING SMOKING** can keep you healthy!

Case 1 continued

- 58M hx of HTN, OUD, tobacco use disorder
 - On bup/nlx 16/4mg daily
 - Unstably housed, staying on friend's couch
 - Due for visit and medication refill
 - Current housemate diagnosed with COVID-19
 - Calls concerned about his prescriptions and risk

Approach to patients who are sick, in isolation, or quarantined

- Arrange plan to ensure access to medication
 - Designated **family member** can pick up medication from pharmacy
 - Pharmacy **delivery** services
 - Individual local pharmacies
 - Capsule Pharmacy
 - Accept most major insurance (including Medicaid managed plans, no straight Medicaid)
 - Deliver to all 5 boroughs, usually same day
 - Deliver controlled substances, require ID
- Provide **30-day** prescription buprenorphine



Case 2

- 45F w OUD, depression, obesity
 - On bup/nlx 8/2mg daily
 - Feels well, no cravings, no use by self-report
 - Recently housed, previously in shelter
 - Working as PCA
 - Utox appropriately pos for bupe >6mo
 - Monthly visits usually

Approach to stable existing patient

- Provide 30-day supply with **refills**
- Arrange telephonic visits to occur **less frequently** than usual

Key points



Federal regulations allow for use of **telemedicine for NEW and EXISTING patients** in buprenorphine treatment



Transition to telemedicine, limit in-person visits, offer **virtual support**



Ensure access to medication, consider longer prescriptions, and refills as appropriate



Consider **pausing urine drug testing** during public health emergency



Engage in **harm reduction** and overdose prevention counseling

Not covered today but coming soon

- New patient evaluations
- Billing and coding specifics

Questions?

- Raise your hand/ Write on chat
- Unmute yourself
- Introduce yourself
- Discuss question / suggestion
- Mute yourself after asking the question

Montefiore



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Opioid Use Disorder Treatment: Case Presentation & Discussion

Next session:

- Date & Time: May 5, 2020
 - Topic: COVID-19 Updates & Case Discussions
- Reminder: Log into EEDS for CME credit
 - From computer: www.eeds.com
 - From smartphone: eeds mobile app
 - Passcode: 70bite
- Questions?
 - ProjectECHO@Montefiore.org