

ASAM's COVID-19 Task Force

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

Guidance from
Federal agencies
and national
stakeholder groups

Caring for Patients
During the COVID-
19 (CPDC) Task
Force Guidance

Coordinating with
members through state
chapters to provide
support in addressing
state level issues

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

Important Differences between ASAM Guidance and Guidelines

Guidance

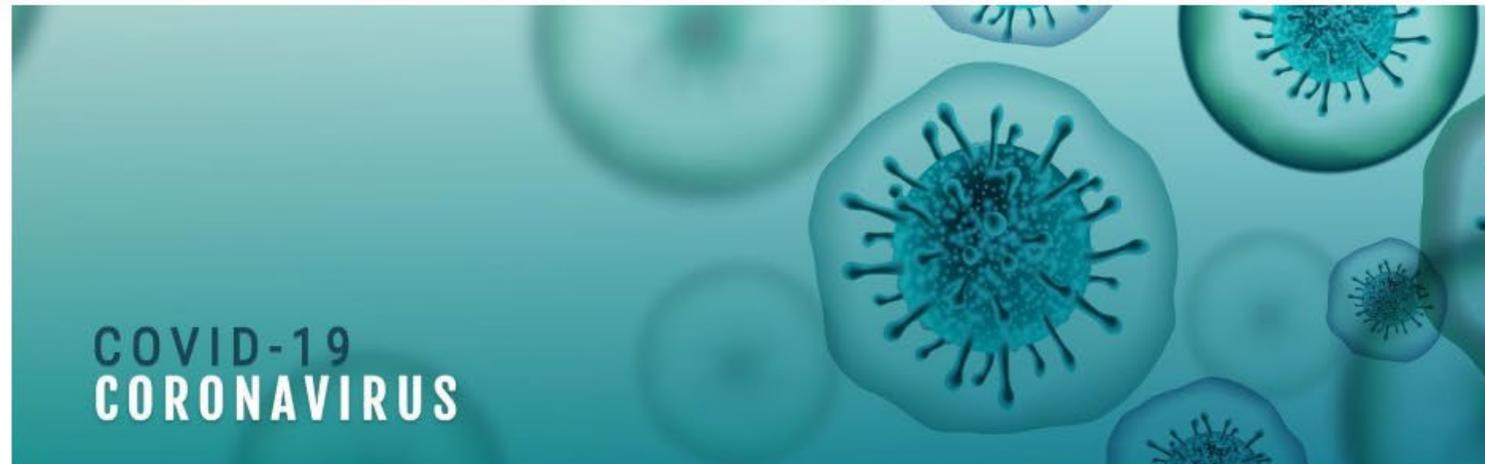
A relatively rapid process where content is developed by a few experts, is vetted by a review group and is quickly released to address this pressing crisis.

Guidelines

A slower process (a year or more) of development by a larger writing committee using a rigorous methodology. This process includes a thorough literature review, a formal recommendation rating process, a public comment period, and review and approval by the ASAM Board of Directors.



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

COVID-19 Coronavirus

Support Group

Access to Telehealth

Infection Mitigation in
Outpatient Settings

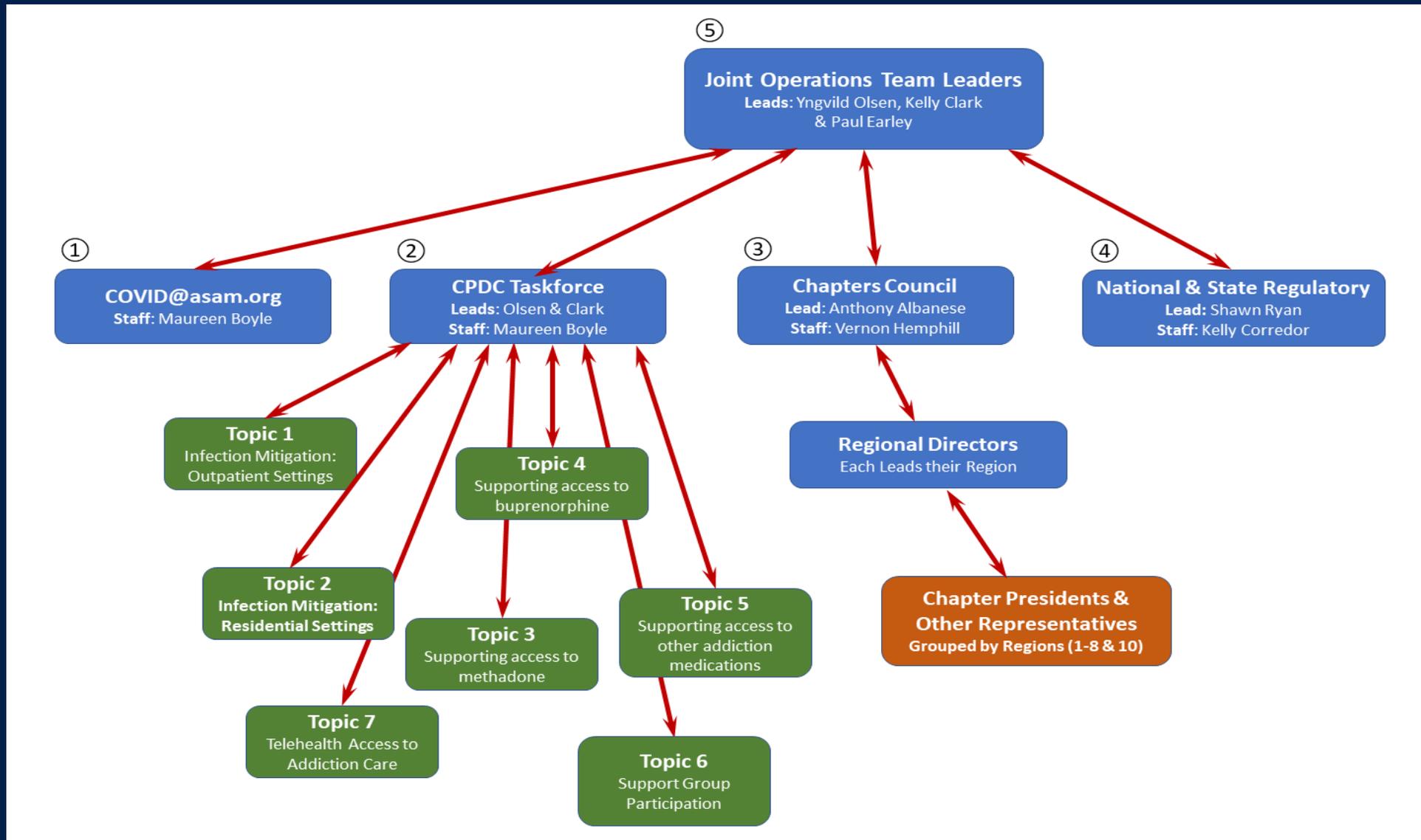
Adjusting Drug Testing
Protocols

National and State
Guidance

Taskforce

Content Disclaimer

CPDC Task Force Structure



CPDC Task Force

Guidance Topics

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

Anticipated phases of the COVID-19 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



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.
2. Rapid and deep federal guidance, regulatory changes, and payment changes must be implemented within state and local regulatory and payment structures.
3. There is an urgent/emergent need for clinicians, treatment programs, systems of care to break from silos and collaborate for new systems



Telehealth Access for Addiction Treatment

Key Points

- **Variable and Evolving Changes to State Policies and Regulations**
 - Medicaid
 - Licensing
- **General Guidance on What to Consider When Implementing Telehealth**
 - Technology considerations
 - Communicating with patients
 - Documentation
 - Workflow
- **Links to valuable resources from other organizations (AMA, APA, National Council) that are updated as new or revised policies/regulations are released**

Telehealth Access for 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)





Support and Group Participation

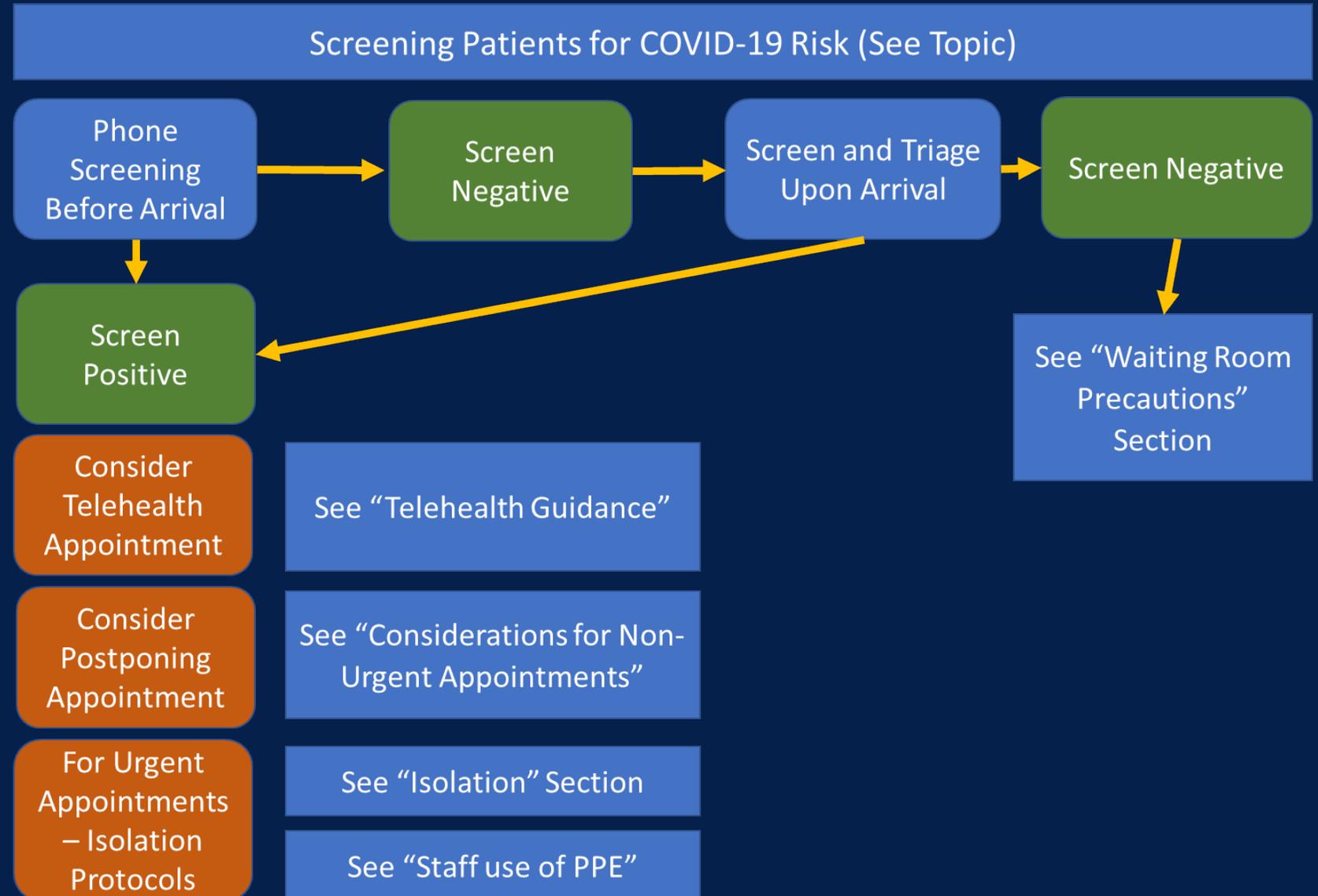
Key Points

- **Online Support Groups**
 - Variety of formats: discussion groups, chat and live meetings via teleconferencing technology
 - Considerations for etiquette for online-support groups
 - Guidance for maintaining confidentiality and anonymity
- **Considerations for in-person small group meetings with proper social distancing**

Infection Mitigation: Outpatient Settings

Key Topics

- Sample workflow
- Screening for COVID-19 Risk
 - Before arrival
 - At arrival
- Managing Patients who Screen Positive



Infection Mitigation: Outpatient Settings



Waiting Room
Precautions

Protecting and
Monitoring Staff

- Screening staff for symptoms of COVID-19
- Use of PPE

Considerations
for New Intake

Considerations
for Non-Urgent
Appointments



Infection Mitigation: Residential Treatment Facilities

Key Points

- **Triaging Patients Based on Need for Residential or Inpatient Care**
- **Screening for COVID-19 Symptoms and Risk**
 - New Patients
 - Current Patients
 - Returning Staff and Patients
 - Visitors
- **Managing Patients who Screen Positive**
- **Protecting and Monitoring Staff**
- **Facility Policies and Procedures**



Adjusting Drug Testing Protocols

Key Points

- **Consider pausing urine drug testing**
- **Explore options for drug testing at a distance**
 - Collecting specimens for drug testing outside the treatment facility
 - Drug testing from home
 - Considerations for oral fluid–based testing and related precautions



Access to Buprenorphine

Key Points

- **Leveraging Telehealth**
- **Prescriptions and Refills**
- **Psychosocial Treatment**
- **Ensuring Adequate Supply**
- **Harm Reduction, including Naloxone Distribution**
- **Considerations for High Risk Patients**



Access to Care in Opioid Treatment Programs

Key Points

- **Remaining Open and Available**
- **Policies and Procedures to Consider**
- **Federal Regulatory Changes**
- **Reimbursement Issues**
- **Considerations for Documentation**
- **Staffing Challenges**
- **Drug Supply Issues**
- **Waiting Room Precautions**



Medication, Dosages and Formulations

Key Points

- **Medication Selection**
- **Considerations for Formulations and Dosages of Buprenorphine**
- **Considerations for Dosages and Take-Home Doses of Methadone**
- **Considerations for Formulations and Dosages of Naltrexone**
- **Considerations for Alcohol Withdrawal Management**
- **Considerations for Dosages and Formulations of Nicotine Cessation Medications**

National and State Resources

Tracking National Developments

ASAM Advocacy Team

- is consolidating national and state resources on our website
- will continue to track changes in guidance from federal agencies and national stakeholders
- will update National and State Guidance Page as new information comes out
- continues to advocate for federal actions to address this crisis based on feedback from members



National and State Resources

Current State Level Issues

- Ensuring addiction related services are deemed essential in any “stay at home” orders
- Ensuring patients in diverse settings continue to provide appropriate care related to addiction
 - Naloxone distribution and medication initiation following overdose
 - Initiation of methadone
- Awareness of potential impact of closing all liquor stores
- Places to quarantine patients from residential treatment facilities who test positive for COVID-19

Dissemination of COVID-19 Resources

- ASAM's COVID-19 Webpage - www.asam.org/Quality-Science/covid-19-coronavirus
 - Over 75,000 page views, nearly 33,000 unique page views
 - Average time on page is over 1 minute for many of the resources
- Integration into ASAM's Fundamentals of Addiction Medicine ECHO series
- Planning a bi-weekly webinar series
- Advocacy Updates

Guidance Coming Soon



Guidance for Hospitals



Criminal Justice and Homeless Populations



Treating Pregnant Women with OUD



Harm Reduction

COVID-19 Resources

Current Issues

- We want to hear from the field.
- If you have questions or concerns related to the guidance or if you are experiencing other issues at the state level that ASAM can assist with, please:
 - Reach out to your ASAM State Chapter - <https://www.asam.org/membership/state-chapters>
 - Email COVID@asam.org



QUESTIONS



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Buprenorphine and Naltrexone for Opioid Use Disorder

COVID-19 relevant information

Session Date: April 24,2020





Treating OUD During the COVID-19 Pandemic

Guidance for:

- Infection mitigation
- OTPs
- OBOT
- Telehealth
- Virtual Support Groups

Overview of Federal and State Policy Changes related to COVID-19



Methadone Access Under National COVID-19 Emergency - Highlights

- Telehealth:
 - Waiver of regulations related to HIPPA compliant telehealth platforms (e.g., Apple FaceTime, Facebook Messenger video chat, Google Hangouts, Skype)
 - Expansion of Medicare Coverage for telehealth
 - Medicaid and private payer coverage varies by state and payer – check
 - Check state laws/regulations on licensing
- Existing patients:
 - Can treat and dispense medication via telehealth (also use of telephone)
- New patients:
 - Continued requirement for in-person physical exam for methadone initiation
 - Take steps to minimize any exposures to provider or patient



Methadone Access Under National COVID-19 Emergency - Highlights (cont'd)

- Take-home medications:
 - States may request exceptions for stable patients to receive 28 days of take-home medications and for less stable patients to receive up to 14 days
 - Providers should make decisions on an individual patient bases based on a risk-benefit analysis and considerations for risk related to both OUD and COVID-19
 - Educate patients about safe storage, use, and management
 - Ensure patients have access to naloxone
 - Use telehealth/telephone to monitor patients
 - Encourage patient participation in virtual support groups



Methadone Access Under National COVID-19 Emergency - Highlights (cont'd)

- Alternative home delivery for isolated/quarantined patients:
 - Allows designated staff members, law enforcement officers, or National Guard personnel to make deliveries of methadone, including “doorstep” delivery using an approved lockbox
- Drug testing:
 - OTPs still required to provide a minimum of 8 drug tests/yr for each patient
 - Consider pausing or exploring testing at a distance



Methadone Access Under National COVID-19 Emergency - Highlights (cont'd)

- ASAM COVID-19 Resources:
 - ASAM Methadone Access Guidance:
 - ASAM Telehealth Guidance: <https://www.asam.org/Quality-Science/covid-19-coronavirus/access-to-telehealth>
 - ASAM's Drug Testing Guidance: <https://www.asam.org/Quality-Science/covid-19-coronavirus/adjusting-drug-testing-protocols>
 - ASAM Support Group Guidance: <https://www.asam.org/Quality-Science/covid-19-coronavirus/support-group>



Buprenorphine Access Under National COVID-19 Emergency - Highlights

- Telehealth:
 - Waiver of regulations related to HIPPA compliant telehealth platforms (e.g., Apple FaceTime, Facebook Messenger video chat, Google Hangouts, Skype.)
 - Expansion of Medicare Coverage for telehealth
 - Medicaid and private payer coverage varies by state and payer – check
 - Check state laws/regulations on licensing
- New and existing patients:
 - New and existing patients can be evaluated and treated via telehealth including telephone; telehealth and phone for follow-up and monitoring
 - Home induction to start new patients
 - Do not require patients to participate in counseling – virtual or in-person – in order to access medication. (Generally recommended practice.)
 - Ensure patient access to naloxone



Buprenorphine Access Under National COVID-19 Emergency- Highlights (cont'd)

- Flexibility prescribing using telehealth:
 - DEA-registered practitioners may prescribe controlled substances to patients via telemedicine in states in which they are not registered with DEA.
- Use and Disclosure of Confidential Information (42CFR Part2):
 - Patient information may be disclosed to medical personnel, without patient consent, to the extent necessary to meet a medical emergency
 - Information disclosed to the medical personnel who are treating such a medical emergency may be re-disclosed for treatment purposes as needed



Buprenorphine Access Under National COVID-19 Emergency- Highlights (cont'd)

- Oral vs. injectable formulations
- Factors to weigh:
 - Is the patient experiencing any symptoms consistent with COVID or have they had any potential exposures
 - Any anticipated risk to the patient associated with switching formulations
 - Are they likely to be compliant with the oral medication
 - The risk to the patient associated with an in person visit
 - Are they at high risk for severe illness
 - Are they living with or caring for someone at high risk
 - Would they need to take mass transit to the visit
 - What is their level of anxiety around coming to an in person visit
 - Does your facility have sufficient staff and PPE to provide injections



Buprenorphine Access Under National COVID-19 Emergency – Highlights (cont'd)

- Drug testing:
 - Consider pausing or exploring testing at a distance
- ASAM COVID-19 Resources:
 - ASAM Buprenorphine Access: <https://www.asam.org/Quality-Science/covid-19-coronavirus/access-to-buprenorphine>
 - ASAM Telehealth guidance: <https://www.asam.org/Quality-Science/covid-19-coronavirus/access-to-telehealth>
 - ASAM's drug testing guidance: <https://www.asam.org/Quality-Science/covid-19-coronavirus/adjusting-drug-testing-protocols>



ER Naltrexone Access Under National COVID-19 Emergency - Highlights

- Continued need for in-person patient contact for injection
- Take steps to minimize any exposures to provider or patient
- Oral naltrexone has not been proven to be effective for the treatment of OUD due to low compliance. But could be considered under limited circumstances.
 - See ASAM's National Practice Guidelines for the Treatment of OUD
 - <https://www.asam.org/Quality-Science/quality/2020-national-practice-guideline>



Pregnant Women with OUD

COVID-19 relevant information

Session Date: May 2020



Pregnant women w/ OUD in the context of COVID-19: Buprenorphine

- Telehealth:
 - Waiver of regulations related to HIPPA compliant telehealth platforms (e.g., Apple FaceTime, Facebook Messenger video chat, Google Hangouts, Skype.)
 - Expansion of Medicare Coverage for telehealth
 - Medicaid and private payer coverage varies by state and payer – check
 - Check state laws/regulations on licensing

Pregnant women w/ OUD in the context of COVID-19: Buprenorphine

- Existing patients:
 - Existing patients can be evaluated and treated via telehealth including telephone; telehealth and phone for follow-up and monitoring
 - Do not require patients to participate in counseling – virtual or in-person – in order to access medication. (Generally recommended practice.)
 - Ensure patient access to naloxone to save the mother's life