Updates and Innovations: Providing Opioid Use Disorder Care during COVID-19

Wednesday, April 29, 2020
12 – 1 pm

The Chicago Department of Public Health and Otho S.A. Sprague Memorial Institute have provided funding for this project.
Welcome
Overview of AHE

Laurie Call
Director, Center for Community Capacity Development
Illinois Public Health Institute
Improve population and community health by:
- Advancing health equity
- Capacity building, shared learning, and connecting local initiatives
- Addressing social and structural determinants of health
- Developing broad city/county wide initiatives and creating systems
- Engaging community partners and working collaboratively with community leaders
- Developing data systems for population health to support shared impact measurement and community assessment
- Collaborating on population health policy and advocacy
Goals:

• Bring Cook County office based opioid treatment (OBOT) providers together to:
  • Describe regulatory changes due to public health
  • Share changes to OBOT service delivery during COVID
  • Describe protocols and workflows
  • Share resources

Note: webinar was created for a Cook County audience but is open to all Illinois providers.
Wilnise Jasmin MD, MBA, MPH  
Chicago Department of Public Health

Elizabeth Salisbury-Afshar MD, MPH  
American Institutes for Research

Nicole Gastala, MD  
UI Health/Mile Square Health Center

Juleigh Nowinski-Konchak, MD, MPH  
Cook County Health
Welcome from the Chicago Department of Public Health

Wilnise Jasmin MD, MBA, MPH
Medical Director of Behavioral Health
Chicago Department of Public Health
Disclosures and Disclaimers

• None of the presenters have any conflicts of interest

Disclaimers:

• This is not legal advice
• Discuss any changes about telehealth and potential billing implications with your health center
• Monitor legal and regulatory changes- updates happening almost daily
Background and Updates

Elizabeth Salisbury-Afshar MD, MPH
Director, Center for Addiction Research and Effective Solutions
American Institutes for Research
esalisbury@air.org
Current Situation in Illinois

• March 9- Governor Pritzker declared a disaster proclamation
• March 13- President Trump declared COVID a National Emergency
• As of April 28:
  • 48,102 COVID-positive cases in IL
  • 2,125 COVID-related deaths in IL

https://www.chicagohan.org/COVID-19
https://www.dph.illinois.gov/covid19/covid19-statistics
Risks for people who use drugs in the setting of COVID-19

• If quarantined or isolated, people who use drugs may:
  • Experience dangerous withdrawal
  • Reuse drug consumption supplies
  • Obtain drugs from new sources (which can increase risk of overdose)
  • Be more likely to use alone (no one to respond to overdose)

• People who use drugs may be more likely to live in communal environments (shelters, SROs, jails, residential programs) where they are likely to be exposed to COVID

• People who use drugs may have co-morbidities such as COPD, cirrhosis, or HIV which may increase risk of severe disease

https://www.bridgetotreatment.org/covid-19
Regulatory Updates

• Regulations around telehealth are changing **rapidly**—note many of these are for **duration of public health emergency only**
  
  • Buprenorphine can be initiated or maintained using telehealth (audio-visual) platforms\(^1,2\)
  
  • Expanded options for telehealth platforms including: Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype\(^3\)
  
  • Subsequent guidance from SAMHSA and DEA clarified that as of March 31, 2020 telephone (landline or cellular) is also acceptable for treatment of new and existing patients on buprenorphine\(^4,5,6\)
  
  • March 19, 2020- Governor Pritzker announced that “all health insurance issuer regulated by the Department of Insurance are hereby required to cover the costs of all Telehealth Services rendered by in-network providers to deliver any clinically appropriate, medically necessary covered services...”\(^7\)
Regulatory Updates:

Great overall resources, updated daily: https://www.bridgetotreatment.org/covid-19

7- https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-09.pdf
Waiver Limits and SUPPORT Act of 2018

• “Qualifying practitioners” can treat up to 100 patients in the first year of waiver if they satisfy one of the following two conditions:
  • Physician holds a board certification in addiction medicine or addiction psychiatry OR
  • The practitioner provides medication-assisted treatment (MAT) in a "qualified practice setting:"
    o provides professional coverage for patient medical emergencies during hours when the practitioner's practice is closed;
    o provides access to case-management services for patients including referral and follow-up services for programs that provide, or financially support, the provision of services such as medical, behavioral, social, housing, employment, educational, or other related services;
    o uses health information technology systems such as electronic health records;
    o is registered for their State prescription drug monitoring program (PDMP) where operational and in accordance with Federal and State law; and
    o accepts third-party payment for costs in providing health services, including written billing, credit, and collection policies and procedures, or Federal health benefits.

  o SAMHSA has reported that they are granting temporary increases to 275 patients for providers in “emergency situations”

https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines

Dr. Neeraj Gandotra. National Academy of Medicine Opioid Collaborative Town Hall. April 24, 2020
Steps to keep patients and providers safe:

• Goal should be to slow COVID-19 spread by implementing physical distancing into all aspects of care.

• Reduce clinic visits to protect patients from possible unnecessary exposure:
  • Reduce in-person visits to a minimum.
  • Minimize any in-person visits for urine drug screens and counseling.
  • Use telehealth (text or phone, video if possible) to communicate with patients whenever possible.
  • Prescriptions can be called in (Schedule 3) or e-prescribed if your system has dual authentication.
  • Patients may be prescribed medications without a face-to-face visit.

https://www.bridgetotreatment.org/covid-19
Steps to keep patients and providers safe:

- Cancel groups.
- Help patients identify online meetings or groups if that is something they currently engage in/are interested in.
- Reduce the number of times patients have to go to the pharmacy:
  - Extend prescriptions to maximum length possible.
  - Move to month-long prescriptions when possible.
  - See if local pharmacies are able to deliver to patients’ homes.
- Even when prescription duration is extended, you can still offer weekly phone (or telehealth if available) check-ins.

https://www.bridgetotreatment.org/covid-19
Caring for people on buprenorphine who have to quarantine or isolate:

• A one month supply of sublingual buprenorphine may be appropriate.

• If a patient will be due for injection (subcutaneous buprenorphine or injectable naltrexone) during their quarantine/isolation, offer them an appointment for an injection as soon as they are allowed to move about the community.
  • If a patient experiences withdrawal, consider prescribing sublingual buprenorphine until they can receive injection in-person.
  • This could be an appropriate time to use oral naltrexone until injection can be given.

https://www.bridgetotreatment.org/covid-19
Safer Drug Use During Covid-19

- Minimize the need to share supplies
- Minimize contact
- Prepare drugs yourself
- Plan & prepare for overdose
- Stock up on supplies
- Stock up on drugs
- Prepare for drug shortage

Consider new partnerships or referral mechanisms

- People may have limited access to drugs because of:
  - Attempts to practice physical distancing
  - Not able to leave shelter/SRO due to requirements of facility
  - Limited ways to make money
  - Disruptions in local drug supply

- Possible partnerships:
  - Area emergency rooms
  - Community-based outreach agencies
  - Shelters/Single Room Occupancies
UI Health/Mile Square Health Center and Night Ministry Partnership

Nicole Gastala, MD
Stephan Koruba, NP
Paul Leo, MD
Phil Maes, CARN
Sarah Messmer, MD
Christine Neeb, MD
Jessica Richardson, MD
Nathan Stackhouse, MD
Night Ministry (NM)/Miles Square Health Center (MSHC) Partnership

• Overview
• Case Example
• Workflows
• Registration Details
• Handouts
• Lessons Learned
• Questions?
Overview

• 14 patients treated thus far
  • Insurance Status
    • 9 uninsured
    • 1 unknown insurance status
    • 4 insured
  • All homeless or housing insecure
  • 10 out of 14 have followed-up, some follow-ups are pending and 4 NM will contact
Case Example

• Patient is a 38yo F with 19-year hx IV opioid use, currently experiencing street homelessness
• OUD IV/SC c/b multiple medical sequelae – untreated HCV, hx of infective endocarditis, chronic L common femoral DVT requiring lifelong anticoagulation, recurrent injection site infections, OM left fifth digit
• Had previously achieved 5yr period without use while taking methadone, no hx long-term buprenorphine use
• On 4/8 NM clinician encountered pt who said she was interested in telehealth buprenorphine induction
• Pt started induction 4/9, has since had 3 f/u telehealth visits with complete cessation of use
• Has been approved for housing through social services organization, is working with MSHC clinicians during appts on getting access to anticoagulation, MSHC clinicians continue to form therapeutic relationship with pt through help from NM
• Future goals: continue to tie into care at MSHC for HCV treatment, continue to partner with patient in management of her OUD / buprenorphine prescriptions
Clinical Course from First Visit at UI Health

4/1/18: ED visit +12 day hospital stay
6/30/18: ED visit
8/7/18: ED visit +3 day hospital stay
10/31/18: ED visit + 6 day hospital stay
11/7/18: Failed appt at MSHC for MAT - referral from hospital - unable to reach pt.
12/5/18: ED visit + 34 day hospital stay
1/11/19: Failed Anti-Throm clinic
1/16/19: Failed Anti-Throm clinic - 2 calls + 2 letters - pt d/c'ed from Anti-Throm clinic
8/2/19: ED visit + 4 day hospital stay
10/11/19: ED visit + 6 day hospital stay
4/8/20: NM referral to MAT at MSHC - initial appt via video - induction dose provided
4/10/20: MSHC phone MAT f/u appt completed
4/15/20: MSHC phone MAT f/u appt completed
4/21/20: MSHC phone MAT f/u appt completed
4/27/20: Appt Scheduled
Work-Flow: During Business Hours

1. Night ministry clinician encounters a patient who states they are interested in buprenorphine/naloxone for OUD.
2. MOUD overview and Home Induction Handout Given to the patient (see 2 attachments).
3. Call CARN who will register patient, conduct intake with patient, and put on the virtual schedule with clinician.
4. CARN will reach out to the clinician assigned to the encounter and give a brief report (note to follow), the clinician will facetime/doximity or text a zoom/webex link to the NM clinician to conduct a telehealth visit with the patient.
5. Prescription will be called in to MSHC pharmacy or pharmacy of choice of the patient.
6. Follow-up will be conducted by NM clinician and scheduled with MSHC provider as well.
7. Prescription will be sent to match the follow-up time frame. Generally weekly, but it's important to be flexible (less or more) in concordance with NM.
8. Patient given direct work phone number for CARN to call if they have any challenges or questions during business hours.
Work-Flow: Nights/Weekends

1. Night ministry clinician encounters a patient who states they are interested in buprenorphine/naloxone for OUD.
2. MOUD overview and Home Induction Handout Given to the patient (see 2 attachments).
   • If patient prefers methadone – give handout for family guidance
   • If patient prefers buprenorphine/naloxone – contact on-call physician
3. NM to notify clinician on call via text or phone.
4. Text the number you would like the clinician to call (must have video capabilities) - either NM's smart phone or the patient's smart phone. The clinician will then call that number via doximity video call, facetime, or text back a zoom/webex link to conduct the visit.
5. Clinician conducts visit and obtains the information for registration prior to ending the encounter.
6. Prescription will be called in to MSHC pharmacy or pharmacy of choice of the patient.
7. Follow-up will be conducted by NM clinician and scheduled with MSHC provider virtually as well (if possible).
8. Prescription will be sent to match that time frame. Generally weekly, but it's important to be flexible (less or more) in concordance with NM.
9. Patient given direct work phone number for CARN to call if they have any challenges or questions
10. Text volunteer to register the patient, he will text clinician as soon as patient is in the system
11. Complete note and forward to CARN who will then add the patient to the Cerner List and retroactively put the patient on your “schedule”
Registration – Standard Questions

Registration standard questions

• First Name, Last Name
• Date of Birth
• Sex
• Ethnicity
• Race
• Marital Status
• Street Address/ with apt number, city and state
• Preferred Language
• Guarantor (if under 18 it is either Mother or Father or Legal Guardian) IF over 18 it is usually (self)
• Emergency Contact Person (relationship needed. I.E. Friend, mother, brother, sister etc...)
• Primary Insurance
• Secondary insurance-
• Reason for visit
• Service Provider
• Referring Physician
Which medication for opioid use disorder is right for me?

These medications are proven to lead to better recovery outcomes than other types of treatment.

<table>
<thead>
<tr>
<th>Methadone</th>
<th>Buprenorphine (Suboxone®)</th>
<th>Naltrexone (Vivitrol®)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What you’ll feel</strong></td>
<td>You will have less intense withdrawal symptoms and your cravings will improve.</td>
<td>You will have less intense withdrawal symptoms and your cravings will improve.</td>
</tr>
<tr>
<td><strong>What you’ll take</strong></td>
<td>Methadone is a liquid that you drink.</td>
<td>Buprenorphine often comes in a film called Suboxone® that dissolves in your mouth. You can take home a 1-30 day supply. Pills, 30-day injections, and implants are less common.</td>
</tr>
<tr>
<td><strong>When you’ll take it</strong></td>
<td>You can start methadone at any time after you are enrolled in services at a methadone clinic, if you are physically able.</td>
<td>You need to feel withdrawal before starting, which depends on your personal opioid use.</td>
</tr>
<tr>
<td><strong>Where you’ll go to get it</strong></td>
<td>Go to a dedicated clinic every day for a dose until you are eligible for take-home doses.</td>
<td>Bring your prescription to a pharmacy after visiting a certified clinician.</td>
</tr>
<tr>
<td><strong>Steps you’ll take</strong></td>
<td>1. You schedule an intake appointment at a methadone clinic. 2. During the appointment, you will be evaluated and agree on a treatment plan. 3. You are most likely started on methadone that day or the next if the clinician feels it is appropriate.</td>
<td>1. You schedule an appointment at a clinic or health center. 2. You are evaluated and prescribed buprenorphine. 3. You may pick up your buprenorphine from a pharmacy as soon as your appointment is done.</td>
</tr>
</tbody>
</table>

**More information**

- 74–80% of people stay in treatment after 1 year.
- This medication has been shown to reduce risk of overdose and death. The daily commitment provides a high level of accountability. Risk of overdose is high if you use other opioids or depressants with methadone. Counseling is required.
- 60–90% of people stay in treatment after 1 year.
- This medication has been shown to reduce risk of overdose and death. Comes in different flavors, but choice might be limited by your insurance. Counseling is recommended.
- 10–20% of people stay in treatment after 1 year.
- This medication has not been shown to reduce risk of overdose or death. If you miss an injection, your risk of overdose increases greatly.

**Issues you should discuss with your provider**

- Your questions about outpatient detox, withdrawal symptoms, and discomfort.
- Your prior experiences with medications for opioid use disorder treatment.
- Possible interferences with treatment like employment, transportation, or child care.
- Access to the medication that reverses opioid overdose: naloxone/Narcan®. You could use it to save someone else’s life, or someone could use it to save yours.
Guide to taking Suboxone®

SUBOXONE® BURPEEN/THINE-NALOXONE 8/2MG SL FILM

Before

Check at least 3 of the following feelings before taking your first dose of Suboxone®:

- Runny nose
- Yawning
- Restlessness (anxiety)
- Enlarged pupils
- Stomach cramps, nausea, vomiting, or diarrhea.

The worse you feel when you begin the medication, the less chance of a worse withdrawal.

Drink water to moisten your mouth. Hold the film between two fingers by the outside edges.

Place Suboxone® Film under your tongue, close to the base, either to the left or right of the center.

Day 1:

MAXIMUM DOSE OF 12 MG 1 FILM ON DAY 1

1 film = 8mg

First dose = 4mg (¼ film).

Take 4 mg (¼ film) extra every 3 hours until feeling normal.

On Day 1, my total dose was:

Day 2:

MAXIMUM DOSE OF 16MG 2 FILMS ON DAY 2 ONLY IF NEEDED.

Take the total dose you wrote from Day 1 as a first time dose in the morning.

If breakthrough withdrawal symptoms occur within 3 hours after the initial morning dose on Day 2, take 4mg (¼ film shown above) every 3 hours until feeling normal.

On Day 2, my total dose was:

Day 3:

AND BEYOND.

Take the total dose you wrote from Day 2 as a first time dose in the morning.

During Week 1, the maximum daily dose is 16mg.

Important:

It takes about 4 days of using Suboxone® at the same dose to find the right dose for you.

After the first week, dosing adjustments must be discussed with your healthcare provider.
Lessons Learned

• Need for better/specific telemedicine hardware to counteract the issues of noise, weather, and technical failure.
  • I.e. Poor signal for video visits on lower wacker drive

• Weekly meetings to discuss patient cases, barriers, facilitators with key members of the care team from both organizations including social work

• Coordination of prescriptions for pickup by organization (i.e. Mondays and Fridays for all follow-up prescriptions) to decrease unnecessary transportation

• Assistance needed to help patients sign up for insurance and obtain ID’s
Questions?

• Contact Info
  • Dr. Gastala  reizinee@uic.edu
  • Dr. Messmer  messmer2@uic.edu
  • Phil Maes, CARN  pmaes2@uic.edu
Cook County Health: Using telehealth to expand access to Substance Use Disorder (SUD) care

Juleigh Nowinski-Konchak, MD, MPH
Outline

• CCH at a glance
• Referral source changes during COVID-19
• Telehealth and partnership:
  • Chicago Recovery Alliance-CCH partnership
  • Bridge Clinic transitions
  • Southside YMCA Medical Respite Shelter
• Resources and opportunities
CCH at a Glance

- 2 Hospitals (John H. Stroger hospital, Provident Hospital)
- 15 community health centers
- Correctional health services for adults and juveniles
- Specialty care center for persons with infectious disease
- Nationally-Certified public health department
- Community Triage Centers
- CountyCare Medicaid Managed Care Plan
Medications for Addiction Treatment (MAT) and Recovery Support Program Features

- Warm Handoff and Coordinated Transitions
- Recovery Coach Model
- Pre-Implementation Assistance and “Elbow Support”
- Standardized Electronic Medical Record Tools

CCH MAT Services
No wrong door…but the doors have changed

EMERGENCY DEPARTMENT

CORRECTIONAL HEALTH

COMMUNITY
Referrals (3/15/20-4/25/20)
Chicago Recovery Alliance-CCH Partnership

Image courtesy of anypositivechange.org
Process & Outcomes

- Daytime and nighttime contacts
- Scheduling access for provider
- Streamlined and revised handouts
  - Initiation guide
  - Timing: avoiding ED visit
  - Naloxone (CRA covers)
  - Patient-team agreement
  - Medications to avoid
  - Bridge clinic
- 2 referrals, 2 follow ups
Evolution of the bridge clinic: Pre-COVID19

Need Help with Heroin or Pain Pills?
Come find out more about getting started with medications such as Buprenorphine (Suboxone TM) and recovery support to help.

CCH offers a rapid-engagement MAT clinic, with access to continuity clinics throughout Cook County.

Missed appointment? No appointment? That’s okay. Come see us to take the first step:

**Thursdays 7:30 AM-10 AM:**
General Medicine Clinic (GMC)
1950 W. Polk Street
Chicago, IL 60612

*Pink line:* Polk stop then one block east on Polk, *Blue Line:* Medical District stop, then two blocks south on Damen

Let the front desk know you’re here for MAT Bridge Clinic

Appointments preferred, but not required. Call Diane (312) 802-8572 Monday-Friday 8a-4p

39
Need Help with Heroin or Pain Pills?  
Want to start buprenorphine (suboxone™)?  
We can help.

**If you have a phone:** call Diane at 312-802-8572 Mon-Fri 8am-4pm.
We can start medication and provide recovery support over the phone from your home.
You do not need to come to clinic. This is the fastest and best option- same day care.

**If you do NOT have no phone:** come to either of these two locations Mon-Fri 8am-3pm:

- Cook County Health  
- General Medicine Clinic (GMC)  
- 1950 W. Polk Street, 3rd fl.  
- Chicago, IL 60612

- Cook County Health  
- Woodlawn Health Center  
- 6337 S. Woodlawn Ave.  
- Chicago, IL 60637

Let the front desk know you’re here for MAT
South Side YMCA Medical Respite Shelter

• Launched today!
• COVID-19 +
• SUD care team:
  • On-site: assessments, buprenorphine, naloxone, 1:1 support, groups
  • Telehealth: all of the above
    • 24/7 addiction medicine coverage
    • Partner engagement: CRA, Esperanza
  • Methadone/family guidance
• Goal: patient-centered SUD care to support a safe and comfortable stay, linkage to ongoing care when desired.
Resources

How to Set up Doxy.me for Providers

The simple, free, and secure telemedicine solution. Just type doxy.me in the Browser. And sign up for free. It is HIPPA compliant platform.

How to start a meeting with your patient

Welcome, Dr. Weeks!
To create someone to your meeting room, share this link:
https://doxy.me/Dr Weeks

Once your account is set up. The page will look something like this.

In patient Queue, you just click on name and call will start. Patient can come to your queue via invitation link you send them.

How to join an online SMART Recovery Meeting

Go to the SMART Recovery website homepage: https://www.smartrecovery.org/

- Click on ‘Online Community’

In order to use SMART Recovery virtual resources, you will have to create a profile:

- Find the following toolbar at the top of the page
- Click on Register!
- From here, follow the instructions to create a profile:
  - Note: You will need to enter your full name and date of birth
  - You will also need an email address
  - Upon completion of your profile, you will receive a confirmation email with a link activates your account
  - Open this email, click on the link provided, and enter your login information (Username and password)

This is the Welcome to SMART Recovery Online Message you will receive. In order to participate in the online SMART Recovery Community, you will be asked to write a welcome post as noted below.

Welcome to SMART Recovery Online!
Welcome to SMART Recovery Online!
First and foremost, before you can fully participate in the online community (such as alerting your own Journal, accessing the 24/7 Chat, daily meetings, discussions, and more), you will be required to post an introduction in the Welcome Forum. You will get a lot of feedback and direction there.
For information on posting and other info - This is a link to the FAQ page.
Opportunities

HFS: community input re: improving SUD care for Medicaid beneficiaries
  • Telehealth role?

HFS: learning collaborative opportunities for improving SUD care for Medicaid beneficiaries
  • Telehealth and buprenorphine?

Email jkonchak@cookcountyhhs.org to sign up for an input session or re: learning collaborative
Thank you!

Juleigh Nowinski Konchak, MD MPH  
Cook County Health  
jkonchak@cookcountyhhs.org

Reach out with any questions or to access any resources mentioned
Questions and Discussion
Additional Resources

• NIDA: https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders
• IL DHS: http://www.dhs.state.il.us/page.aspx?item=123026
• IL Department of Public Health: http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus
• Chicago Department of Public Health: https://www.chicago.gov/city/en/sites/covid-19/home.html
• California Bridge COVID 19 Emergency Response: https://www.bridgetotreatment.org/covid-19
• ASAM: https://www.asam.org/Quality-Science/covid-19-coronavirus
Contact Information

Laurie Call
Illinois Public Health Institute
Laurie.Call@iphionline.org
312-786-5363

Jess Lynch
Illinois Public Health Institute
Jessica.Lynch@iphionline.org
312-786-5358

Leah Barth
Illinois Public Health Institute
Leah.Barth@iphionline.org
312-786-5359

Andi Goodall
Illinois Public Health Institute
Andi.Goodall@iphionline.org
312-786-5352