Buprenorphine Treatment During the COVID-19 Pandemic

April 1st, 2020
This project is supported by Funding Opportunity Number CMS 1G1CMS331402 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services.

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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

- From computer: www.eeds.com
- From smartphone: eeds mobile app
- Passcode: 70bite
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

<table>
<thead>
<tr>
<th>Systems</th>
<th>Providers</th>
<th>Patients</th>
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<tbody>
<tr>
<td>• Limited acute level care for OUD complications</td>
<td>• Limited in-person visit availability</td>
<td>• Co-occurring conditions can worsen prognosis if infected</td>
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<tr>
<td>• Confidentiality regulations delay sharing of SUD treatment records</td>
<td>• Limited experience with telehealth visits</td>
<td>• Social distancing, quarantine, and isolation can worsen risks if using alone or using works</td>
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DEA & SAMHSA Updates

• Effective March 31, 2020 thru duration of public health emergency:
  – OTPs and DATA waivered 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
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.

# 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
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

<table>
<thead>
<tr>
<th>Medical co-morbidities</th>
<th>Living in communal environments</th>
<th>Social distancing, isolation, quarantine</th>
</tr>
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<tbody>
<tr>
<td>Increased risk of <strong>complication</strong> from COVID-19</td>
<td>Shelters, single occupancy rooms, residential programs, jails</td>
<td>Increased risk of <strong>overdose</strong> if using alone</td>
</tr>
<tr>
<td>COPD, heart disease, diabetes, tobacco use</td>
<td>Increased <strong>exposure and transmission</strong></td>
<td><strong>Withdrawal</strong></td>
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<tr>
<td></td>
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<td>Increase <strong>infection</strong> risk if re-using supplies</td>
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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


Adapted from CDC / The Economist
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

<table>
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<tr>
<th>Platform</th>
<th>Capabilities</th>
<th>Considerations</th>
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<tr>
<td><strong>Doximity Dialer</strong></td>
<td>-Audio only</td>
<td>-HIPAA compliant</td>
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<tr>
<td></td>
<td>-Able to call patients and caller-ID reads as clinic #</td>
<td>-Free</td>
</tr>
<tr>
<td></td>
<td>-Personal fax line available</td>
<td>-Physicians, NP, PA, pharmacist, med students</td>
</tr>
<tr>
<td><strong>FaceTime, Skype, Zoom, Facebook Messenger, Google Hangouts, etc</strong></td>
<td>-Audio/visual</td>
<td>-NON-HIPAA compliant</td>
</tr>
<tr>
<td></td>
<td>-Widely used</td>
<td>-Patient must have same application</td>
</tr>
<tr>
<td><strong>Skype for Business, Zoom for Healthcare, Doxy.me, etc</strong></td>
<td>-Audio/visual</td>
<td>-HIPAA compliant</td>
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<tr>
<td></td>
<td></td>
<td>-Free trial - $</td>
</tr>
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ASAM Guidance: Supporting access to buprenorphone 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
Case 1 continued

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  - 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
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](http://www.eeds.com)
  - From smartphone: eeds mobile app
  - Passcode: 70bite

- **Questions?**
  - ProjectECHO@Montefiore.org