

Treating Addiction in Primary Care and Behavioral Health Settings During COVID-19

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Webinar Reminders

1. Everyone is muted.

 *7 to unmute

 *6 to re-mute

2. Use the chat box for questions and to share what you're working on.

3. **This webinar is being recorded.** The slides and webinar recording will be emailed and posted to the ATSH program page.

Introductions and Disclaimers

- Not legal advice
- Regulatory landscape is changing
- Local municipalities and organizations may have their own rules



Outline

- Brief review of public health emergency rules and regulatory guidance
- West County's telehealth approach
- Reducing risks by modifying medication management of opioid use disorder
- Harm reduction
- Team victories and challenges
- Questions and answers



Principles

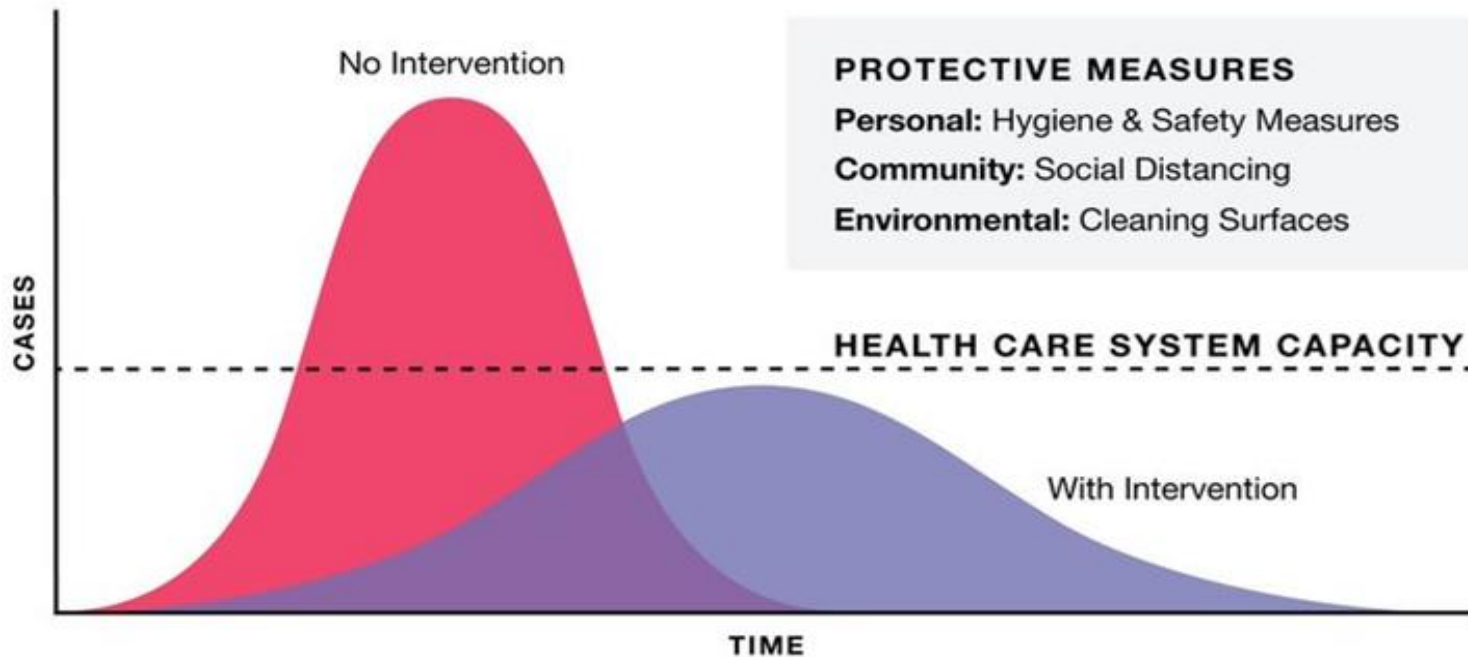
- Limiting spread of COVID-19
 - Patients, Clinicians, Staff, and Providers
- Treating the conditions that make patients vulnerable to acquiring COVID-19



Protective Measures

Flatten the Curve

Collective action can limit the rise of new COVID-19 infections and help hospitals manage increased demand for care.



UCSF

Source: CDC

General Risk Reduction

- General COVID-19 Policies for Healthcare Settings
- Providing Care Remotely
- Hygiene, PPE, Cleaning Surfaces



Federal Policy Guidance

- HHS Health Information Privacy (HIPAA)
- SAMHSA
 - 42 CFR Part 2
 - DATA-2000 Specific Guidance
- DEA's Telehealth Update



State Policy Guidance

- Medi-Cal Billing Guidance for remotely managed visits
- CA Office of Health Information Integrity re: MAT data sharing
- Behavioral Health Guidance
- CA Telehealth resource center



West County Health Centers

ATSH:PC Wave 1 Participant

- Gravenstein Community Health Center Site
- Telehealth expansion



West County
Health Centers

Caring for our Communities

Diane Rooney

Behavioral Health Case Manager

MAT Management During COVID-19

- Convert in-person visits to remote visits whenever possible
- Start and continue patients on MAT remotely
 - Pharmacy home delivery options
- Extended prescriptions for MAT
 - Consider XR buprenorphine subcutaneous injections in selected patients
- Lab testing considerations
 - Lab results are not categorically required to initiate or continue MAT
- CURES is available for collateral



Harm Reduction

- Co-prescribe and distribute naloxone
- Safe consumption supplies and hygiene in drug consumption
- Offer medications to patients who may continue to use
 - Opioid, alcohol, and nicotine withdrawal management medications



Team Victories and Challenges

- What are you doing in your clinics?
 - Telehealth
 - Other innovations
- Use the chat box to share what's working in your clinic!



Questions?



Additional Questions

- Email: Briana Harris-Mills
briana@careinnovations.org
- Briana will triage your questions and share with the appropriate ATSH coach or team member



Appendix

Federal Guidance and Resources

- SAMHSA [FAQ](#) on prescribing buprenorphine (see question 4, which indicates that new patients can be prescribed buprenorphine via telephone outside an OTP). FAQ released on March 19, 2020.
- SAMSHA [guidance on the application of 42 CFR Part 2](#) in a public health emergency (released March 19, 2020).
- SAMSHA [MAT resource page](#) including various guidance documents for OTPs. Also includes link to a [Virtual Recovery Resource](#) list.
- HHS [Health Information Privacy Page](#), including a [notice](#) allowing for enforcement discretion for remote communications (e.g., allowing use of non-HIPAA compliant devices for telehealth).
- DEA COVID-19 [Information Page](#)
- Changes to [EMTALA regulations](#), in light of the public health emergency (updated March 15, 2020).
- In a March 17, 2020 [news release](#), CMS indicates that Medicare can pay for office, hospital and other visits furnished via telehealth starting March 6, 2020 and for the duration of the COVID-19 public health emergency.

California Guidance and Resources

- DHCS [guidance around Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications](#). Released March 24, 2020.
- DHCS [Guidance to Medi-Cal Managed Care Plans](#) requiring plans to reimburse providers at the same rate regardless of whether a service is provided in person, via telehealth, or via telephone. Released March 18, 2020.
- CA Office of Health Information Integrity (CalOHII) [Disaster Response and Information Sharing during Emergencies](#), including specific references to SUD and MAT data sharing (March 18, 2020).
- DHCS [guidance for behavioral health programs](#) on providing behavioral health services via telephone and telehealth, adapting oversight requirements, and access to prescription medications. Released March 14, 2020.
- DHCS [FAQ on Behavioral Health Services](#) in light of COVID-19, updated on March 13, 2020.
- California's "[One-Stop Coronavirus Website](#)" (not MAT specific)

California Bridge Program Materials

- [Slides](#) and [recording](#) from 60-minute webinar which reviews key steps for keeping patients and providers safe while providing MAT. Webinar recorded on March 18, 2020.
- Link to [legal analysis of four hypothetical scenarios](#) for prescribing buprenorphine during COVID-19, prepared for the Foundation for Opioid Response Efforts (March 19, 2020).
- CA Bridge [Home Start Guide](#), [Buprenorphine After Overdose](#)
- CA Bridge [COVID-19 information page](#) and resources

Harm Reduction + Telehealth

- Harm Reduction
 - Yale Program in Addiction Medicine: [Guidance for People Who Use Substances on COVID-19](#), focusing on harm reduction strategies.
 - Harm Reduction Coalition's COVID-19 [Virtual Office Hours](#) (March 18, 2020).
 - Harm Reduction Coalition: [Syringe Services and Harm Reduction During COVID-19](#) (updated March 11, 2020) and [Safer Drug Use During the COVID-19 Outbreak](#) (updated March 11, 2020).
- Telehealth
 - The [California Telehealth Resource Center](#) provides [sample forms and guidelines](#) for implementing a telehealth program. It also recently updated its [Telehealth Reimbursement Guide](#), which includes telehealth reimbursement policies for Medicare, Medi-Cal Fee-For-Service, and Managed Care.