Foundation *for*
Opioid Response Efforts

9/10/20

OTP Clinician Perspectives on Methadone Service Delivery and the Use of Telemedicine During the COVID-19 Pandemic

Foundation for Opioid Response Efforts (FORE)

RAND Corporation

START Treatment & Recovery Centers

E-Psychiatriq LLC Telepsychiatry

American Association for the Treatment of Opioid Dependence

National Institute on Drug Abuse

RAND CORPORATION

START TREATMENT & RECOVERY CENTERS
The right way to treat people.

AATOD American Association for the Treatment of Opioid Dependence, Inc.

NIH National Institute on Drug Abuse

Introduction

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Karen A. Scott, MD, MPH

President

Foundation for Opioid Response Efforts

Follow ongoing updates on our website:

https://www.ForeFdn.org

Agenda

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3. Clinician Perspectives on Methadone Service Delivery and Telemedicine at Opioid Treatment Programs During the COVID-19 Pandemic: A Qualitative Study
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   Lori Uscher-Pines, PhD
4. COVID-19 Experiences of a NYC MAT Program
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   Lisa Brown, DNP, PMHNP-BC, FNP-NC
6. Commentary
   Mark Parrino, MPA
   Betty Tai, PhD
7. Question and Answer Session

FORE

Webinar Logistics

1. Webinar is being recorded and will be on www.ForeFdn.org shortly after the session ends.
2. Presentation slides will be made available for download on our website.
3. Please use the “Q&A” found at the bottom of your Zoom screen.
    - If you have a similar question, please upvote using the thumbs up button on the question.
    - We will read as many questions live as time permits.
4. An FAQ will be provided on our website based on the questions submitted during the Q&A session.
5. Any resources you would like to share with everyone please send to info@ForeFdn.org
6. There will be a brief survey immediately following the webinar. Please provide us with feedback!

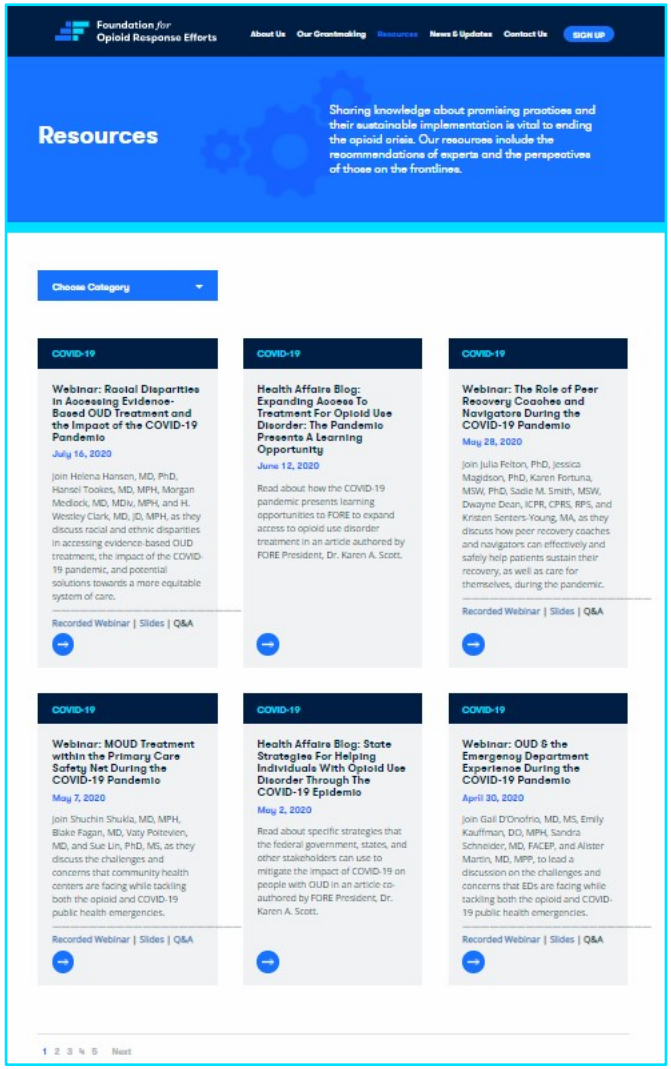
FORE

FORE's COVID-19 National Emergency Response

- FORE is responding to the pandemic through **convenings, resources, and grantmaking.**
- Webinars:
  - Thursdays @3pm ET
  - Prior sessions recorded
- Sign up for our newsletter

Follow updates on our website:

www.ForeFdn.org



FORE

Webinar Presenters

Sarah B. Hunter, PhD
Senior Behavioral/Social Scientist
RAND Corporation

Lori Uscher-Pines, PhD
Senior Policy Researcher
RAND Corporation

Lawrence Brown, MD, MPH, FACP, DFASAM
Chief Executive Officer
START Treatment & Recovery Centers

Lisa Brown, DNP, PMHNP-BC, FNP-NC
Managing Director
E-Psychiatriq LLC Telepsychiatry

Mark Parrino, MPA
President
American Association for the Treatment of Opioid Dependence (AATOD)

Betty Tai, PhD
Director, Center for Clinical Trials Network (CCTN)
National Institute on Drug Abuse (NIDA)

Clinician Perspectives on Methadone Service Delivery and Telemedicine at Opioid Treatment Programs During the COVID-19 Pandemic: A Qualitative Study

07

Sarah Hunter, PhD
Senior Behavioral/Social Scientist
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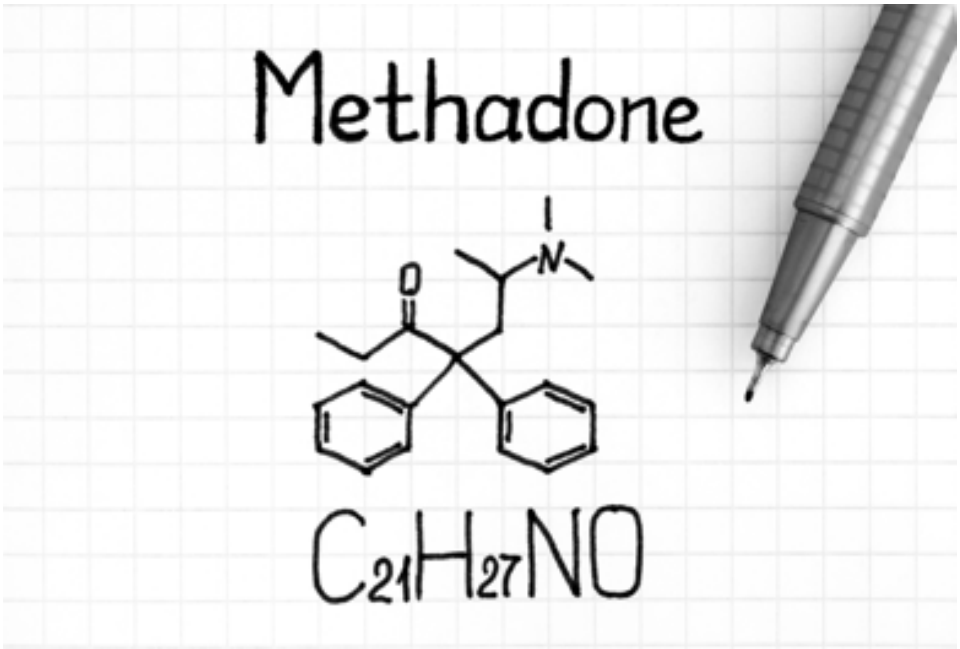
Funding and Disclosures

- This study was funded by the Foundation for Opioid Response Efforts, Grant No. 20200624.
- The research was conducted by Sarah B. Hunter, PhD, Alex R. Dopp, PhD, Allison J. Ober, PhD, Lori Uscher-Pines, PhD, within the RAND Drug Policy Research Center.
- The study methods were reviewed and approved by RAND's Institutional Review Board.

Thank you to the clinicians who shared their perspectives.



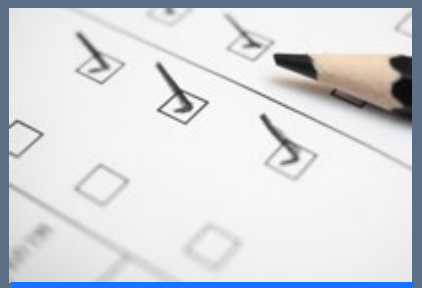
The COVID-19 pandemic has altered the opioid treatment model

Traditionally, methadone dispensing must be supervised by a clinician.

However, Opioid Treatment Programs (OTPs) have been granted **new flexibility** to provide telemedicine and dispense methadone.

Have clinicians seen changes in care patterns?

What were their experiences with telemedicine?



What are their perceptions of the impact of new practices on care access and quality?

Study Approach

Medscape

Recruited OTP clinicians (physicians, physician assistants, and nurse practitioners)

Semistructured telephone discussions with 20 eligible OTP clinicians

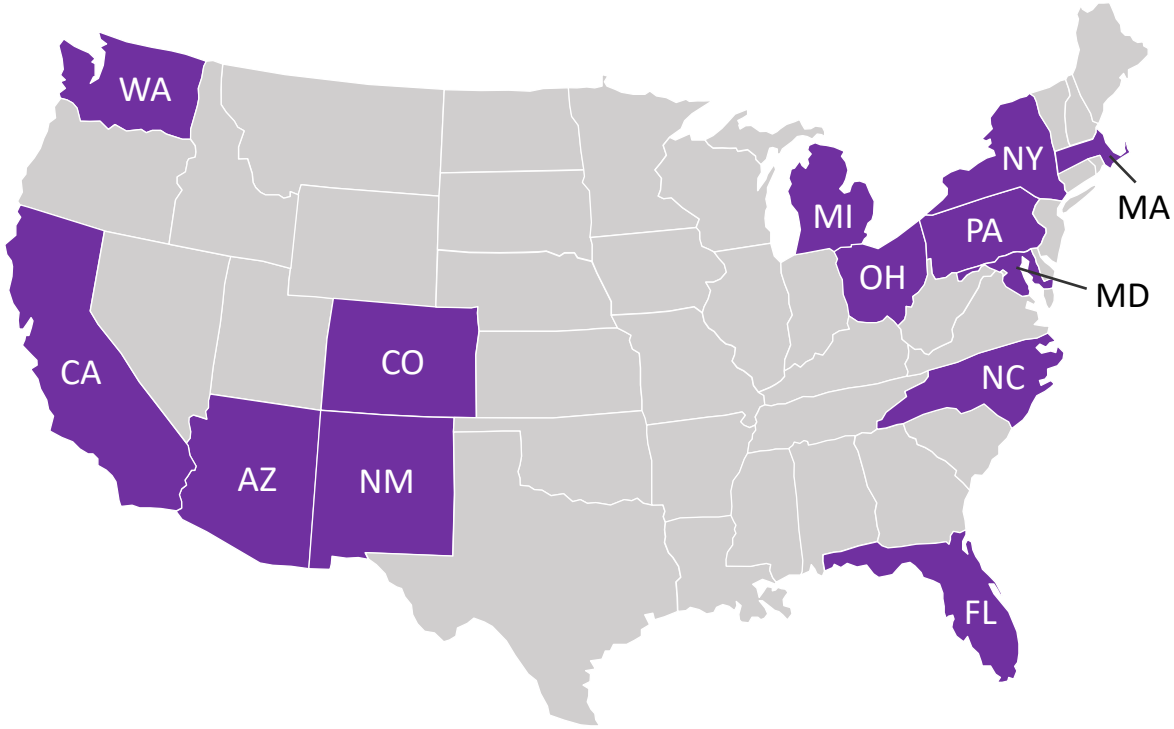
March 2020: DEA and DHHS announce temporary changes to methadone dispensing policies

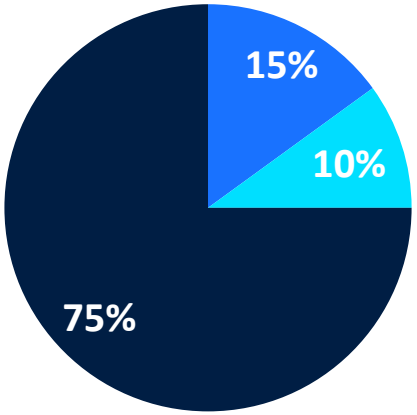
Study period: May–June 2020

Rapid thematic analysis:

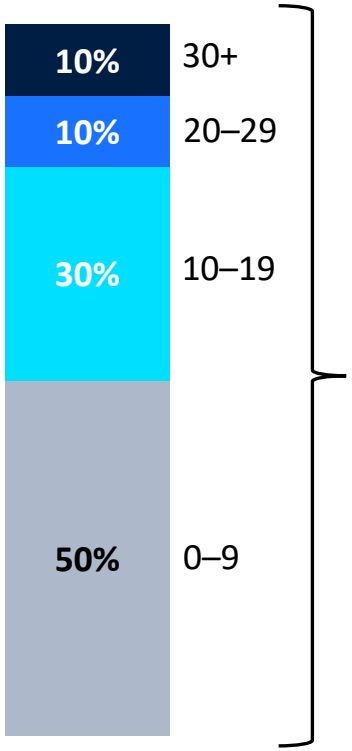
- Changes in clinical practice
- Experience with telemedicine
- Patient response to telemedicine
- Challenges to telemedicine
- Future service planning

Clinician Sample





- Nurse practitioner
- Physician assistant
- Physician:
  - Psychiatrist (40%)
  - Family medicine/primary care (25%)
  - MD with certification in addiction medicine (10%)



Key Findings
Changes in clinical care patterns

Methadone dispensing procedures changed at most OTPs.

- Increased “take-home” doses for lower-risk, stable patients
- Some clinicians encouraged switch from methadone to a monthly injectable to reduce risk (e.g., buprenorphine-naloxone or naltrexone)
- Telemedicine use increased

In some cases, the pandemic limited new admissions.

- New patients still required in-person visits
- Almost half the clinics stopped accepting new patients in the early weeks of the pandemic (to develop COVID-19 safety procedures)
- Most had resumed seeing new patients by late June 2020

Key Findings
Changes in clinical care patterns

Urine toxicology screening was often reduced.

- One-third did not change toxicology protocols
- One-quarter began screening less frequently but based decision on patient risk
- One-quarter temporarily stopped screening
- A few reported referring patients to outside laboratories for screening
- Concerns about increased risk to patients when frequency was reduced

Key Findings
Changes in clinical care patterns

EXAMPLE CLINICIAN PERSPECTIVES

Dosing and scheduling:

"We stratified [patients] into unstable, partially stable, and stable. If they're unstable, we would only give them take-home doses for the weekend. . . . If they were stable, we would accelerate them to a four-week supply."

Liability:

"Our clinic [tried to] switch as many people to Suboxone as possible."

Key Findings

Experiences with telemedicine

Most psychosocial services and some medication management appointments were transitioned to telemedicine, and the frequency of therapy changed.

- Prior to the pandemic, few OTPs used telemedicine, though some clinicians had experience with it
- Group therapy stopped or was provided less frequently to minimize contact (in-person groups) or because of technical challenges (for telemedicine groups)

Key Findings

Experiences with telemedicine

Telemedicine remained less common for methadone patients than for buprenorphine patients.

- Methadone treatment requires a more structured protocol and in-person observation
- Treatment initiation requires medical history and in-person physical

Telemedicine modality varied, depending on patient and clinician factors.

- Clinicians preferred video visits, but the proportion of telephone-only appointments ranged from 20% to 90% across OTPs
- Concerns about patient access to technology and ability to use it

Key Findings

Experiences with telemedicine

Many OTPs faced logistical challenges to implementing telemedicine, but most were mitigated over time.

- Clinical capacity challenges, including lack of infrastructure
- Concerns about patient privacy, HIPAA compliance, and security vulnerabilities (e.g., recent Zoom hacking)
- Concerns about technical reliability and clinical staff time to coordinate and troubleshoot

Key Findings

Experiences with telemedicine

EXAMPLE CLINICIAN PERSPECTIVES

Ensuring privacy and security:

After the Zoom security breaches, “we were concerned about using Zoom, so we went to another platform to do telehealth . . . [which] ended up increasing the costs, so there was a little bit of a lag to getting that done.”

Increased demands on staff to support telemedicine:

“[Telemedicine] requires extra staff time to coordinate visits and do tech support. . . . Normally we're done at least by 5:00. The other day, . . . we were still calling clients at 8:00 at night.”

Key Findings

Impact on care access and quality

Provider-reported patient experience

Providers reported that patients generally responded positively to telemedicine.

- Saves time, reduces infection risk, removes transportation barriers, offers more flexibility
- However, some patients found it impersonal, felt isolated, or experienced technical problems

Key Findings

Impact on care access and quality

Clinician-patient connections

Clinicians thought telemedicine had some negative impact on care quality and clinician-patient relationships.

- Difficulty assessing patients' physical status
- Difficulty building rapport with patients over phone/video

They also noted some benefits to telemedicine.

- Some saw benefits to learning about patients' environment
- Patients were more comfortable meeting in own space

Key Findings

Impact on care access and quality

EXAMPLE CLINICIAN PERSPECTIVES

Advantages to patients:

In addition to alleviating access barriers for patients, “they feel that it’s even more private, that it’s right from their homes.”

Challenges to clinician-patient connections:

“I think especially for the telephone visits, . . . not seeing the person, it makes it harder to build rapport with them. I think that's probably the biggest issue.”

Key Findings

Impact on care access and quality

Sustainability and risks

Clinicians agreed that telemedicine was a viable long-term solution but had concerns about cost and liability.

- The most stable patients could benefit the most from the flexibility
- Concerns about insurance compensation for telemedicine
- Concerns about increased liability
- Many clinicians planned to discontinue telemedicine services after the pandemic

Key Findings

Impact on care access and quality

EXAMPLE CLINICIAN PERSPECTIVES

Financial limitations:

"We just need insurances to treat it properly and to compensate providers."

Patient risk and liability:

"The chances of abuse of the medication itself is so much higher. . . . We just find it to be a huge liability on our part. "

Conclusions

- The pandemic dramatically altered delivery of methadone treatment in the U.S.
- Temporary policy changes have not prompted all clinicians to change treatment approaches

- Significant use of telehealth, particularly for buprenorphine patients and individual (vs. group) visits
- OTPs faced capacity, staffing, and infrastructure challenges

- Clinicians had mixed opinions on benefits of telemedicine
- Many planned to discontinue telemedicine after the pandemic

Policy Implications

Rapid transition to telemedicine would not have been possible without favorable reimbursement policies

Clinicians view shift to telemedicine as temporary; permanent policy changes (particularly reimbursement increases) may be required for sustainability

Flexibility to use telephone-only options may be necessary due to clinical capacity/staffing and technology barriers

Conclusions and Next Steps

Our study explored the perspectives of a small group of clinicians in a limited number of states early in the pandemic.

Increased flexibility will not necessarily result in practice change. What is needed:

- **More data on what reimbursement rate is necessary to support telemedicine use**
- **Clinical practice guidance and tools to help clinicians make decisions in virtual environment**

Directions for Future Research

- Has reduced methadone access led to increased overdose rates?
- Should telemedicine and increased take-home doses be more broadly implemented?
    - Consideration of other outlets, e.g., pharmacies
- Group therapy has been limited; how has this impacted outcomes?
- Perspectives from front-line staff and patients are needed

COVID-19 Experiences of a New York City Medication-Assisted Treatment Program

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Game Plan

START
TREATMENT & RECOVERY CENTERS
The right way to treat people.

- About START
- Pre-COVID-19
- COVID-19 Experiences
- Lessons Learned

FORE

Our History

START
TREATMENT & RECOVERY CENTERS
The right way to treat people.

Non-profit, community-based agency founded in 1969 as the Addiction Research and Treatment Corporation, re-branded in 2013 as START

The political and public health landscape

- Vietnam and the heroin epidemic
- The Civil Rights struggle

The co-founders: attorneys, physicians, public policymakers, academicians, and community activists

First clinic at 937 Fulton Street, Brooklyn is still in operation

Largest and oldest minority-run drug treatment program in the country

FORE

Mission and Vision

START
TREATMENT & RECOVERY CENTERS
The right way to treat people.

Mission: To provide the highest quality of compassionate, comprehensive, evidence-based healthcare and social services; to educate the public concerning maintenance of healthy lifestyles; and to conduct cutting-edge behavioral, biomedical and healthcare services research.

Vision: START is dedicated to transforming the perception of addiction and behavioral health disorders by bringing dignity and respect to the lives, families and communities we serve.

FORE

Our Programs

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- 7 Medication-Assisted Treatment Programs in Manhattan and Brooklyn:
- 2800 adults, mean age 54; range 18 to 83; 70% male; 46% Black; 37% Hispanic
- REACH: specialty outpatient drug free in Manhattan
- Teen START

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Pre-COVID-19

START TREATMENT & RECOVERY CENTERS
The right way to treat people.

- Two Major Patient Flows: 7 AM to 9 AM; 10 AM to 11:45 AM
- All Individual/Group Counseling in Person
- Patient Attended Average 3.5 days weekly
- High Behavioral Staff Vacancy and Turnover
- Shortage of Physician and Mid-level Provider Experience/Expertise in Addiction Medicine
- Utilization of Electronic Health Record

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COVID-19 Experiences
Part 1

START TREATMENT & RECOVERY CENTERS
The right way to treat people.

- Challenges with Patient Scheduling Implementation
- Reduction of Patient Weekly Attendance
- Changing Clinical Drug Testing Frequency and Specimen Collection (from oral to urine specimens)
- Initial Difficulty in Maintaining Social Distancing
- Heavy Reliance on Telephonic Teletherapy
- Limited Access to Personal Protective Equipment (PPE)
- Employee Call-outs Increased
- Revenue Reduction

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COVID-19 Experiences
Part 2

START TREATMENT & RECOVERY CENTERS
The right way to treat people.

- Rapid Regulatory Changes
- START Became An Essential Provider
- Establishment of an Isolation Room at Each Program
- Purchase of Laptops and PPE
- Improving Infrastructure
- Staff Training in the Use of Teletherapy
- Staff Assigned to Work Remotely
- Successful Application of SBA Loan re: PPP

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Lessons Learned

START TREATMENT & RECOVERY CENTERS
The right way to treat people.

- Need to Enhance Communications to Patients & Employees
- Need to Enhance Use of Technology in Operations
- Need to Periodically Update Financial Forecast
- Need to Update Policies
- Continuous Focus Upon Risk Assessments of Patients and Employees

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Maryland's Rapid Implementation of Methadone Delivery Changes During COVID-19

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Lisa Brown, DNP, PMHNP-BC, FNP-NC
Managing Director
E-Psychiatriq LLC Telepsychiatry

@e_psychiatriq

Outline

- Maryland's rapid change of methadone delivery to maintain access and mitigate COVID-19
- Provisions of methadone and buprenorphine during the COVID-19 emergency
- Integrating telemedicine for medication for opioid use disorder (MOUD): Changes to patterns and access to care
- Benefits of telemedicine
- Disadvantages of telemedicine

FORE

Epidemic During a Pandemic – Opioid Crisis in Maryland

- Estimated 20,000 people in Baltimore are addicted to opioids (BCHD, 2017)
- In March 2020, the Baltimore Sun reported 561 opioid-related deaths, a 2.6 increase from the previous quarter
- Minority behavioral health disparities

FORE

Maryland's Rapid Implementation of Methadone Delivery Changes to Maintain Access and Mitigate COVID-19

COVID-19	Methadone	Buprenorphine
Admitting a new patient with OUD to an OTP using telehealth	This exemption does not apply to new OTP patients treated with methadone	New patients with OUD via telephone by practitioners permitted
Medical evaluation for new patients with OUD	Required an in-person medical evaluation	Exempt from the requirements of an in-person medical physical examination
Treating existing OTP patient using methadone via telehealth	Existing patient of the OTP with methadone via telehealth	Existing OTP patient using buprenorphine via telehealth
Dispensing methadone or buprenorphine based on telehealth evaluation	14 days for less stable patients; 28 days for stable patients	14 days for less stable patients; 28 days for stable patients

Changes in Patterns of Care

Reduced the number of weekly and random drug screens

- New patients
- Less stable patients
- Stable patients

Informed Consent

- Initially, only verbal informed consent
- Verbal and written informed consent
- Regulations

Group Meetings and individuals therapy sessions

- Transitioned to 100% telehealth or telephonic sessions
- Decrease frequency in required attendance

FORE

Changes in Access to Care

Triaging Each Patient Upon Entry to the Building

- Temperature
- Symptoms Checklist
- Mandating Mask
- Staffing Considerations

Clinical Consideration

- Limit the number of patients that can enter at any given time
- Scheduling appointments to minimize interactions between patients
- Patients wait outside (6+ feet apart)
- Reimbursement issues

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Telemedicine Considerations

- Limited Infrastructure
- Informed Consents
- Patient Resources
- Secure Connections
- Patient knowledge on the use of technologies and tele-visit applications

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Benefits of Telemedicine

- Mitigate risk of COVID-19 infection
- Synchronous / Live Conferencing
- Increase access to care
- HIPAA “good faith” use of telehealth
- Link patients with providers in rural areas and areas with health disparities
- Flexibility for evaluation and prescribing requirements using telemedicine

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Disadvantages of Change

- Regulatory / Legal requirements
- Technology considerations
- X-waivered for buprenorphine and in-person visits for new methadone patients
- Ongoing state regulation and insurance reimbursement changes
- Lack of in-person peer support and case management
- Informed Consent
- Limited infrastructure
- Patients and providers' comfortability
- Diversion

FORE

Practice Guidance and Considerations

- Additional support for patients
- Defining the minimum essential personnel necessary to provide patient care safely
- Clearly defined roles and responsibilities within specific areas, including operations, communications, and any other essential function needed by the organization
- Maintaining the mental health needs of patients with OUD

Commentary

Mark Parrino, MPA
President
American Association for the Treatment of Opioid Dependence (AATOD)

Betty Tai, PhD
Director
Center for Clinical Trials Network (CCTN)
National Institute on Drug Abuse (NIDA)

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Take Care of Yourself!
Thank You For Your Work!

Additional Resources

SAMHSA COVID-19 guidance and resources
https://www.samhsa.gov/coronavirus

Centers for Medicare & Medicaid Services guidance, including a compilation of state 1135 waivers
https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

American Society of Addiction Medicine compilation of guidance and resources, including links to state-level policy actions and waiver requests
https://www.asam.org/Quality-Science/covid-19-coronavirus

State Health & Value Strategies resources on state policy options and responses
https://www.shvs.org/

Manatt Health resources on federal and state strategies to respond to COVID-19
https://www.manatt.com/COVID-19 and https://healthinsights.manatt.com/

National Academy for State Health Policy resources on state activity https://nashp.org/

FORE

About the Foundation for Opioid Response Efforts

The Foundation for Opioid Response Efforts (FORE) was founded in 2018 as a private 501(c)(3) national, grant-making foundation focused on addressing the nation's opioid crisis. FORE is committed to funding a diversity of projects contributing solutions to the crisis at national, state, and community levels. FORE's mission is to convene and support partners advancing patient-centered, innovative, evidence-based solutions impacting people experiencing opioid use disorder, their families, and their communities.

For more information on FORE, please visit www.ForeFdn.org.

About the RAND Corporation

The RAND Corporation is a nonprofit institution that helps improve policy and decisionmaking through research and analysis. For seven decades, RAND has used rigorous, fact-based research and analysis to help individuals, families, and communities throughout the world be safer and more secure, healthier and more prosperous. Their research spans the issues that matter most, such as energy, education, health care, justice, the environment, international affairs, and national security.

Since 1989, the RAND Drug Policy Research Center has provided decisionmakers with rigorous, nonpartisan research on substance use and drug policy. In doing so, the Center brings an objective and data-driven perspective to this often emotional and fractious policy area..

For more information, please visit www.rand.org/dprc.

About the START Treatment & Recovery Centers

START Treatment and Recovery Centers is a 501(c)3 nonprofit organization. Started in 1969 as the Addiction Research Treatment Corposation (ARTC), START's mission is to provide the highest quality of compassionate, comprehensive, evidence-based healthcare and social services; education of the public concerning maintenance of healthy lifestyles; and cutting-edge behavioral, biomedical and healthcare services research. START is dedicated to transforming the perception of addiction and behavioral health disorders by bringing dignity and respect to the lives, families and communities they serve.

For more information, please visit https://www.startny.org/.

About E-Psychiatriq LLC Telepsychiatry

Dr. Lisa Brown is board certified as a Family Nurse Practitioner and a Psychiatric Mental Health Nurse Practitioner with over 23 years of nursing experience. She is a native of Baltimore, Maryland, and for the past six years, she has been a passionate advocate for those living with a mental health diagnosis. Dr. Brown has training and experience working with persons diagnosed with psychiatric conditions across the lifespan, from hospitals to outpatient settings. She completed her Doctoral Degree in Nursing at Wilmington University and is an active member of the American Psychiatric Nurses Association (APNA), the American Association of Nurse Practitioners (AANP) and the American Nursing Association (ANA).

For more information, please visit https://www.epsyhiatriq.com/.

About the American Association for the Treatment of Opioid Dependence (AATOD)

The American Association for the Treatment of Opioid Dependence works with federal and state agency officials concerning opioid treatment policy throughout the United States. They also work with their partner, the World Federation for the Treatment of Opioid Dependence, with regard to international initiatives and working with designated agencies within the United Nations.

For more information, please visit http://www.aatod.org/.

About the National Institute on Drug Abuse (NIDA)

The mission of the National Institute on Drug Abuse is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.

The Center for Clinical Trials Network (CCTN) manages NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN), a multi-site research project of behavioral, pharmacological, and integrated treatment interventions to determine effectiveness across a broad range of community-based treatment settings and diversified patient populations. The CCTN is responsible for the scientific, administrative, budgetary, and operational management of the CTN. Together the CTN and the CCTN provide a foundation for conducting research with the primary goal of bridging the gap between the science of drug treatment and its practice through the study of scientifically based interventions in real world settings.

For more information, please visit https://www.drugabuse.gov/.

General inquiries: info@ForeFdn.org

Follow ongoing updates on our website:
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