



**UW PACC**

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

# PROVIDING MOUD DURING COVID19

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# GENERAL DISCLOSURES

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

# GENERAL DISCLOSURES

UW PACC is also supported by Coordinated Care  
of Washington

# SPEAKER DISCLOSURES

- ✓ No conflicts of interest

# PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose:

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# UW PACC REGISTRATION

Please be sure that you have completed the full UW PACC series registration.

If you have not yet registered, please email [uwpacc@uw.edu](mailto:uwpacc@uw.edu) so we can send you a link.

# PROVIDING MOUD DURING COVID19

# LEARNING OBJECTIVES

By the end of this session, participants should be able to:

- Identify steps healthcare settings can take to continue MOUD during COVID-19
- Identify impact on patients and alternative resources

# NOT COVERING TODAY

- COVID-19 Epidemiology
- PPE
- CDC & WA State DOH Resources:
  - <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>
  - <https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020>



# COVID UNKNOWNNS

- Many unknowns
  - How many people?
  - How long?
  - Long term impacts?
  - Unknown unknowns

# WE ARE ANTICIPATING...

- Many people in WA with symptoms of acute respiratory illness
- Healthcare settings overwhelmed
- A reduced workforce
- Increase in people seeking MOUD as supply chain of illicit substances is interrupted
- Increase use of substances to cope- similar to other times of natural disaster

# UNCHARTED TERRITORY

- We are managing an epidemic inside a pandemic
- There is no rulebook for this
- Priorities are:
  - Maintaining MOUD with decreased in person contact both for current and new patients
  - Harm reduction
  - Following on-going recommendations of public health and infectious disease experts

# OPIOID TREATMENT PROGRAMS IN WA STATE

- OTPs are making changes to their protocols
  - Every-other-day dosing to allow social distancing
  - Take home doses up to 28 days for stable patients with symptoms
  - Take home doses up to 14 days for patients who are less stable w/ symptoms OR vulnerable population
  - Recommendation from SAMSHA and HCA start new patients on buprenorphine
  - OTPs are also anticipating reduced workforce
  - <https://www.hca.wa.gov/assets/program/opioid-treatment-program-faq.pdf>

# WA HCA GUIDANCE FOR MOUD PROGRAMS & PROVIDERS

- Bookmark these links:
  - <https://www.hca.wa.gov/information-about-novel-corona-virus-covid-19>
  - <https://www.hca.wa.gov/assets/billers-and-providers/office-based-opioid-treatment-covid-19-faq.pdf>

# OUTPATIENT MOUD- APPOINTMENTS

- Consider phone visit or telemedicine visits
  - Especially vulnerable populations or anyone with respiratory symptoms
  - If in person visit is essential, screen for respiratory symptoms before patient arrives
- Patients may need more frequent contact
- For help with healthcare facilities procedures, visit CDC website

# TELEMEDICINE APPOINTMENTS

- Telemedicine visits are allowed for MOUD first visit
  - Prescription must be for legitimate medical purpose by practitioner acting in the course of usual practice
  - Telemedicine must be conducted using audio-visual, real-time, two way interactive communication system
  - Practitioner is acting in accordance with applicable federal and state law
- For billing help, WA Healthcare Authority COVID-19 site
  - <https://www.hca.wa.gov/information-about-novel-corona-virus-covid-19>

# INTAKE APPOINTMENTS

- Continue to treat new patients
- Consider possible changes to your workflow
  - Weekly in-person follow up may not be possible
  - Consider longer script initially and on-going during pandemic
  - UDT in the first month may not be possible
  - Set expectations about how program typically operates



# URINE DRUG TESTING

- Will not be able to collect as usual
- Prioritize maintenance of MOUD, even in the absence of urine drug testing
- May have ability to ask patient to leave a sample at the lab
  - Use sparingly
  - May become unavailable in the future
- Weigh the relative risks before asking a patient to come to a healthcare setting to leave a UA

# OUTPATIENT MOUD - PRESCRIPTION LENGTH

- Longest prescription duration that is safe
  - Clinical judgment + shared decision making with the patient
  - Send script with refills - anticipate that you or your team may be less available coming weeks
  - Discuss pick up by a trusted 3<sup>rd</sup> party with patient and pharmacy
  - Investigate pharmacy home delivery in your area
  - Prescribe naloxone

# WA EMERGENCY REFILL RULE IN EFFECT

- WAC 246-869-105
- Allows pharmacists to provide emergency prescriptions if refills are not available
  - Up to 30 days for non-controlled medications
  - 7 day supply for Schedule III, IV, V
  - Additional provisions must be met

# LONG-ACTING MOUD

- SQ Buprenorphine or LA Naltrexone
  - If patient is in isolation when their injection is due, consider changing to SL buprenorphine or oral naltrexone temporarily
  - Discuss this possibility ahead of time

# OUTPATIENT MOUD - HEALTHCARE WORKERS

- Stay home if you have symptoms of respiratory illness
- Follow the procedures of your agency or program
- Self-Care
  - Sleep, nutrition, hydration, movement, connection
  - Consider impact of news and social media
  - UW PACC: Modeling Anxiety and Distress Management
  - <https://vimeo.com/398314964>

# ASAM GUIDELINES DURING COVID19

- [https://www.asam.org/Quality-Science/covid-19-coronavirus?utm\\_source=Covid19&utm\\_medium=Email&utm\\_campaign=COVID19-Email](https://www.asam.org/Quality-Science/covid-19-coronavirus?utm_source=Covid19&utm_medium=Email&utm_campaign=COVID19-Email)

# PATIENTS WITH OPIOID USE DISORDER

- Our patients may already have
  - History of trauma
  - Low distress tolerance
  - High degree of social isolation with few supports

# ADDED VULNERABILITIES

- Stigma from healthcare providers/systems
- Mistrust of healthcare providers
- Substance use impacting their respiratory health
- Co-occurring physical health issues
- Spending time in congregant settings



# IMPACT OF COVID19 ON OUR PATIENTS

- Recovery groups/mutual support groups are canceled
  - Now is time to use the phone for friends, family members, sponsors, online meetings
- Job loss or lay off
- Loss of healthcare coverage
- Housing and food insecurity
- Appointments with providers they typically see may be changed, canceled, or shortened

# WHAT CAN WE DO?

- Maintain contact
- Be aware of resources for financial, housing and food assistance for our patients nationally and in our local areas
- Learn about alternative recovery support options for our patients
- Anticipate need for more support when acute COVID-19 phase is over

# ALTERNATIVE RECOVERY SUPPORT

- <https://www.asam.org/Quality-Science/covid-19-coronavirus/support-group>
  - Virtual meetings
  - Smartphone apps
  - Podcasts
  - Readings

# HEALTHCARE COVERAGE

- WA Healthplan Finder opened a special enrollment period until April 8<sup>th</sup>
- [Wahealthplanfinder.org](http://Wahealthplanfinder.org)

# HARM REDUCTION

- Prescribe naloxone
- <http://neverusealone.com/>
- <https://yale.app.box.com/v/COVID19HarmReductionGuidance>

# OPIOID USE DISORDER TREATMENT FINDER

- [www.warecoveryhelpline.org](http://www.warecoveryhelpline.org)

# QUESTIONS



# THANK YOU!

Contact Addy or Mark with questions or concerns

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