Medication-Assisted Treatment during a global pandemic: An agency’s response to COVID-10 during America’s opioid epidemic

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Learning Objectives

• Learn about the federal, state, and local responses to COVID-19 in relation to opioid treatment programs (OTPS) and how one OTP developed a tiered, multi-departmental response in order to continue treatment and to increase access to care for those seeking treatment.

• Attendees will learn about outcomes surrounding telephonic and telehealth behavioral health services during a pandemic with individuals on medication-assisted treatment.

• Learn about how stay-at-home orders did not compromise the quality of care given to clients and the operational processes that demonstrated the ability to adapt in the face of a global pandemic.
MISSION:
To help those who are suffering from substance use disorders. We consider these people our patients, and our singular aim is to help them heal. We’re proud that our clinics provide our patients an environment that is free of judgment and condescension and we’re steadfast in treating everyone with the utmost dignity and respect.

VISION:
Leading the change to eliminate the consequences of substance use disorder in our communities.

VALUES:
• We see challenges as opportunities to demonstrate initiative.
• We listen to and honor the reality of those we serve.
• We are evangelists for practices grounded in science and evidence.
• We value people who are passionate about making an impact.
# Federal & State Regulatory Developments

<table>
<thead>
<tr>
<th></th>
<th>Telemed Intake-Buprenorphine</th>
<th>Telemed Intake-Methadone</th>
<th>Tele-Counseling (group and individual)</th>
<th>Telephonic Counseling</th>
<th>Take-Home Exceptions</th>
<th>Modified Credentialing</th>
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COVID-19 Guiding Principles:

• Continue intakes and maintenance treatment
• Acknowledgement that our patients have a higher risk
• React quickly to implement all policy and regulatory changes
• Share our best practices and learned experiences
• Collaboration with cross-functional teams to align efforts and prevent duplication of services
• Leverage technology to promote innovation and ensure the scalability of operations
CMS Operational Response

LEVEL ONE
Preventative measures at all sites; if there have been no identified exposures to COVID-19 directly related to the clinic staff or patients.

Level 1 activated 3/13/2020
Level 1.1 activated 3/16/2020

LEVEL TWO
Preventative measures plus adjusted staff schedules

Level 2 activated 3/17/2020

LEVEL THREE
Preventative measures plus adjusted staff schedules and significant reduction of onsite staff; attempts to increase take-home levels if allowed by SAMHSA
Summary of Level One

- Increase frequency in cleaning our facilities
- Increase staff training and education
- Minimize client contact
- Contingency plans for continuation of all services for patients at high risk of complications:
  - Medication
  - Counseling
  - Case management
Summary of Level Two

- Adjusted staff schedules & work-at-home program
- Critical functions identified by location and modifications to existing schedules
- Exceptions for take-home medication as permitted
  - Policies reflect the most up-to-date state specific information
- Labs completed contingent on PPE availability for nursing staff
- Naloxone distribution
  - All intakes
  - High-risk patients
- Daily staff meetings
COVID-19 HR Policy Updates

Shift Differentials for Employees working in the clinic:
  • Physical presence and patient facing
  • Implemented April 1st

Cell Phone reimbursement:
  • For staff utilizing personal cell phones to communicate with clients
  • Implemented April 1st

Sick Time Considerations:
  • Up to 40 additional hours if staff or immediate family test positive
  • Up to 60 hours (previously 40) can be rolled over from 2020-2021 for all staff
  • Implemented March 1st
COVID Operational Snapshot

Percent change between in-person and tele BH

- March: Telehealth BH interactions 91.95%
- April: Telehealth BH interactions 90.45%
- May: Telehealth BH interactions 89.24%
- June: Telehealth BH interactions 88.03%
- July: Telehealth BH interactions 86.82%

In person BH interactions:
- March: 14.87%
- April: 14.87%
- May: 14.87%
- June: 14.87%
- July: 14.87%

Percent change between in-person and tele PH

- March: Telehealth PH interactions 46.01%
- April: Telehealth PH interactions 45.89%
- May: Telehealth PH interactions 45.77%
- June: Telehealth PH interactions 45.65%
- July: Telehealth PH interactions 45.53%

In person PH interactions:
- March: 53.99%
- April: 54.11%
- May: 54.22%
- June: 54.33%
- July: 54.44%
Trends in Intakes and Daily Traffic

• Intakes since COVID
  • March- April saw a 24% reduction in people seeking treatment
  • May started to stabilize with 95% of the average pre-COVID intake rate
  • Rates continued to stabilize throughout the summer months

• Daily Traffic
  • Feb- March: 9% decrease in daily census
  • Feb- April: 38% decrease in daily census
  • Daily census continues to increase, approaching February’s baseline
Internal Survey on Patient Preferences for Telehealth

I am able to meet my recovery goals by using telehealth/telephonic services

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<th>Preference</th>
<th>Count</th>
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<tr>
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<td>Agree</td>
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<tr>
<td>Strongly Agree</td>
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More Details
Internal Survey on Patient Preferences for Telehealth

It is more convenient for me to meet with my treatment team by telehealth/telephone.

More Details

- Strongly disagree: 137
- Disagree: 214
- Neutral: 780
- Agree: 1518
- Strongly agree: 2044
Internal Survey on Patient Preferences for Telehealth

My treatment team (counselor, doctor, etc) can meet my needs using telehealth/telephonic services.

More Details

- Strongly disagree: 123
- Disagree: 122
- Neutral: 303
- Agree: 1966
- Strongly agree: 2179
Internal Survey on Patient Preferences for Telehealth

I would continue to meet with my treatment team by telehealth/telephone in the future if I could.

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>Strongly disagree</td>
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<tr>
<td>Disagree</td>
<td>220</td>
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<tr>
<td>Neutral</td>
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<tr>
<td>Agree</td>
<td>1591</td>
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<tr>
<td>Strongly agree</td>
<td>2185</td>
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</table>
Patient Care

- Continued intakes
- Increased telemedicine
- Counseling, peer support services, case management, and medical services
- Increased naloxone distribution
Ongoing Efforts

• Telemedicine for methadone
• Transportation barriers
• Barriers for uninsured & underinsured
• Sense of community & overcoming minimal support systems
• Minimal peer engagement out in the community
• Initial challenges
New Patients

• Continue intakes for new patients

• Ensure those ready for treatment have access to care
  • Opioid crisis does not lessen as a result of the COVID-19 outbreak

CMS is adhering to the practice of social distancing. Please do your part:

• Follow the blue tape on the floor – it keeps everyone 6 feet apart
• Keep the chairs where they are – also keeps people 6 feet apart
• Only up to 10 people total are allowed in the lobby at a time – thanks for your understanding!

Let us know if you have any questions. Your health is our top priority.
Back Office Business Considerations

IT
- Identify the capacity of Information Systems needed to support Business Critical Applications and Critical Company Data
- Respond to Critical Business needs by identifying technology and resources that will allow the Business Critical Staff to work from home
- Provide Access to Critical Applications and Business Critical Data, this may include adding Cloud services such as Remote Desktop services to support Critical Staff virtually
- Recovery Time Objectives (RTO) need to align with the Maximum Tolerable Outage (MTO) set by the business stakeholders

HR
- Plan to mitigate risks for employees exhibiting symptoms
- Leave of absence and FMLA requests-answer, obtain the proper physician orders and tracking time out
- Workers’ comp claims as exposure occurs at work
- Timecard accuracy and ensuring staff are working the hours recorded for payroll purposes

Accounting
- Continuing changes in coding for reimbursement (may cause delays as carriers will not be able to react as quickly)
- Ability to accurately code services (as they are changing)
- Increased Expenditures due to COVID-19
- Cash forecast is difficult to determine & ability to order and pay for services (current remote is working)
Back Office Business Considerations

**Compliance**
- Ensure compliance with telemed requirements for documentation and other requirements as changes happen quickly during the emergency
- Ensure accurate and comprehensive communication to the field and clients
- Monitor incidents of confirmed COVID-19 cases reported in clinics

**Facilities**
- Sourcing and securing out of stock PPE and proper sanitizing/disinfecting supplies through multiple suppliers
- Creating “cross-walk” alternatives in the event that PPE and sanitizing/disinfecting supplies are not an option.
- Tracking daily inventory of critical PPE and dosing supplies to monitor and report burn rates to local city/county/state health agencies
- Creating and implementing clinic disinfecting protocols for level 1, 2, and 3, to minimize exposure
Questions?

For additional questions and dialogue, please reach out:

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