


Buprenorphine prescribing in a pandemic
Substance Use Disorders COVID-19 Response ECHO

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Disclosures

- **Speakers:** Jessica Gregg and Jennifer Hartley have nothing to disclose



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Learning Objectives

- Review ASAM best practices around buprenorphine prescribing during COVID-19 (with a few personal opinions, noted in italics, on the slides)
- Review changing regulations around prescribing
- Present one model for increasing access in our community

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A screenshot of the American Society of Addiction Medicine (ASAM) website. At the top, there is a banner for the ASAM Weekly newsletter with a "Subscribe Now" button. Below this is a navigation menu with links for "ABOUT US", "CONTACT US", "PRESS ROOM", "MEMBERSHIP", "DONATE", and "LOGIN", along with a search bar. The ASAM logo and name are prominently displayed. Social media icons for LinkedIn, Twitter, Facebook, Instagram, YouTube, and RSS are visible. A secondary navigation bar includes "ADVOCACY", "EDUCATION", "MEMBERSHIP", "QUALITY & SCIENCE", and "CME EVENTS". The main content area features a large teal banner with the text "COVID-19 CORONAVIRUS" and a white box containing the title "Caring for Patients During the COVID-19 Pandemic" and a "Learn more >" link. The background of the banner shows a microscopic view of coronavirus particles.

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ASAM: prescriptions and refills

Three primary goals:

- Ensure patient access to buprenorphine outside of EDs and hospitals
- Protect the safety of patients
 - Is their safety at risk if they have a large quantity of buprenorphine with them?
 - *Is their safety at risk if they don't? (i.e. do they have comorbidities, are they older, are there other reasons it is dangerous for them to leave their living area?)*
- Minimize unintended exposures to buprenorphine, especially of children and pets.
- *Decrease spread of COVID-19 to providers, families, communities*



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ASAM: ensure an adequate supply of buprenorphine

- Consider longer duration prescriptions, more frequent refills
- Consider mail-order pharmacies, as covered by insurance.
- *Consider microdosing if your patient is worried about induction*



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Microdose induction

- Day One: 1 mg (1/2 of a 2 mg tab) BID
- Day Two: 2 mg BID
- Day Three: 4 mg (1/2 of an 8 mg tab) BID
- Day Four: Plan to stop using and take 8 mg in the morning, followed by 4 mg + 4 mg as needed.



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ASAM: Psychosocial treatment

- **Do not require patients to participate in counseling – virtual or in-person – in order to access medication.** This is a generally recommended practice and particularly important during the COVID-19 pandemic.
- For patients requesting more psychosocial support, consider virtual groups, counseling, and fellowship



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ASAM : Harm Reduction

- Ensure that all patients have naloxone; call your pharmacy and make sure that they continue to keep it stocked
- Remind patients that if they have difficulty accessing opioids during quarantine or due to decreased drug supply, their tolerance may be decreased if/when they return to use.
- Remind patients that sharing supplies, including foils and straws, puts them at risk both for injection related infections and COVID-19
- *To consider: advise your clients/patients to have a back supply of buprenorphine on hand. Be willing to prescribe enough to make that possible.*



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ASAM : Telehealth

Virtual or telephone visits should be used whenever possible to provide buprenorphine treatment to patients, *with the understanding that some patients do not have access to the technology needed. What is your back up plan for them?*



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Evolving Regulations

The first visit no longer must be in person.
It can be by video or phone.



<https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf>.



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Evolving Regulations

Sanctions and penalties around HIPAA have been temporarily waived:

“Covered health care providers ... can use any non-public facing remote communication product that is available to communicate with patients including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype”

(may vary by institution)

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>



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One Model: HRBR (before)

Low barrier access bridge clinic providing same day, walk-in access to buprenorphine-naloxone and other medications for addiction treatment.

- Opened 10/28/19
- Physicians Pavilion, 3rd Floor, Suite 350
- Time: M-F, 4-7:30PM
- We accept any and NO insurance
- Patient financial services advisors are available to help apply for health insurance based on eligibility

Emphasis on medication management, harm reduction (reducing death, and decreasing new infections and transmission of infections), and connection to ongoing care



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One Model: HRBR (after)

Low barrier access bridge clinic providing same day, **virtual or telephonic** or walk-in access to buprenorphine-naloxone and other medications for addiction treatment.

- Opened 10/28/19
- Physicians Pavilion, 3rd Floor, Suite 350
- Time: M-F, **12:00 – 8:00PM**
- **In-person walk-ins between 4:00PM and 6:00PM only**
- We accept any and NO insurance
- Patient financial services advisors are available to help apply for health insurance based on eligibility

Emphasis on medication management, harm reduction (reducing death, and decreasing new infections and transmission of infections), and connection to ongoing care



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Is HRBR still open for new or returning patients?

Yes, HRBR is open but is trying to see patients via telehealth. Telehealth, also known as virtual visits, is like a FaceTime call with the HRBR team. We are open for virtual visits Monday through Friday 12:00 pm-8:00 pm

For virtual visits you will need:

- A smart phone or tablet with Wi-Fi or data
- A private space
- To be in the state of Oregon

How to access HRBR clinic:

Call registration at (503) 494-8505 and tell them you need to make or update your chart, **this takes just a few minutes**. They can also help connect you to Oregon Health Plan.


*Even if you have been seen at OHSU recently please call registration and let them know you want to verify your information.

How to be seen at HRBR clinic:

Call (503) 494-2100 to schedule your virtual visit and we will walk you through what the next steps are, including which Apps you can use for virtual visits. **Some community partners have access to phones,**

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Pt calls HRBR --> HRBR coordinator walks pt through technology → places on schedule and alerts provider → VV or telephone call



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Virtual Visits: elements

- History and minimal to no physical exam
- No UDS
- No labs
- Longer Rx or more frequent refills



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Virtual/Telephone visit tips:

- 1) Calling the patient and then calling back a minute later if they don't answer. They almost always answer on the second call.
- 2) Being willing to schedule more frequent appointments for phone check-in at the same time as writing much longer scripts. Many people are wanting the chance to talk on the phone for support. We have seen very few "no shows"
- 4) Having an extensive list of online meeting/fellowship resources right in front of you so you can offer options to people who may not have a laptop and are just accessing things on phone so extensive browsing is harder.
- 5) Talking about simple things like walking and sitting in sunshine



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What you can incorporate into your organization today

- Lengthen prescriptions and/or provide more refills
- Virtual or telephone visits when possible
- Let the UDS go

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Thank You

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