



# **Leveraging Existing Resources to Meet the Challenges Faced by People Who Use Drugs or Who Have Substance Use Disorders During the COVID-19 Pandemic**

**Clinician Outreach and Communication Activity (COCA) Webinar**

**Thursday, October 22, 2020**

# Continuing Education

All continuing education for COCA Calls is issued online through the CDC Training & Continuing Education Online system at <https://tceols.cdc.gov/>.

Those who participate in today's COCA Call and wish to receive continuing education please complete the online evaluation by **November 23, 2020**, with the course code **WC2922-102220**. The access code is **COCA102220**. Those who will participate in the on-demand activity and wish to receive continuing education should complete the online evaluation between **November 24, 2020**, and **November 24, 2022**, and use course code **WD2922-102220**. The access code is **COCA102220**.

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# Continuing Education Disclaimer

- In compliance with continuing education requirements, CDC, our planners, our presenters, and their spouses/partners wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters.
- Planners have reviewed content to ensure there is no bias.
- The presentation will not include any discussion of the unlabeled use of a product or a product under investigational use.
- CDC did not accept commercial support for this continuing education activity.

# Objectives

- At the conclusion of the session, the participant will be able to accomplish the following—
  1. Cite several flexible resources available to providers to ensure continuity of care during the COVID-19 pandemic.
  2. Explain CDC strategies and activities to prevent opioid overdoses and related harms, including CDC overdose prevention resources.
  3. Discuss the impact of COVID-19 Pandemic on the opioid crisis and CDC's implemented solutions.

# To Ask a Question

- All participants joining us today are in listen-only mode.
- Using the Webinar System
  - Click the “Q&A” button.
  - Type your question in the “Q&A” box.
  - Submit your question.
- The video recording of this COCA Call will be posted at [https://emergency.cdc.gov/coca/calls/2020/callinfo\\_102220.asp](https://emergency.cdc.gov/coca/calls/2020/callinfo_102220.asp) and available to view on-demand a few hours after the call ends.
- If you are a patient, please refer your questions to your healthcare provider.
- For media questions, please contact CDC Media Relations at 404-639-3286, or send an email to [media@cdc.gov](mailto:media@cdc.gov).

# Today's Presenters

- **Neeraj Gandotra, MD**  
Chief Medical Officer  
Substance Abuse and Mental Health Services Administration
  
- **Cherie Rooks-Peck, PhD**  
Lead, Applied Prevention Science Team  
Prevention Programs and Evaluation Branch  
Division of Overdose Prevention  
Centers for Disease Control and Prevention
  
- **Shawn Ryan, MD, MBA**  
President & Chief Medical Officer, BrightView Health  
Emergency & Addiction Medicine  
Committee Chair, American Society for Addiction Medicine Legislation

# COVID-19 updates

Neeraj Gandotra MD  
Chief Medical Officer

Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services

*"This content and conclusions are those of the author and presenter and do not necessarily represent the views of, nor should any endorsements be inferred by, the Centers for Disease Control and Prevention."*



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# COVID-19: Resources and Response Efforts

- **Considerations for Outpatient Mental and Substance Use Disorder Treatment Settings**
- **TAP 34: Disaster Planning Handbook for Behavioral Health Treatment Programs**
- **Opioid Treatment Program (OTP) Guidance (SOTA)**
- **OTP Guidance for Patients Quarantined at Home with the SARS-CoV-2**
- **Use of Telemedicine While Providing Medication Assisted Treatment (MAT)**
- **FAQs: Provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency**
- **Training and Technical Assistance Related to COVID-19**
- **Emergency Grants to Address Mental and Substance Use Disorders During COVID-19**
- **COVID-19 Public Health Emergency Response and 42 CFR Part 2 Guidance**

# Capacity Expansion Division of Pharmacologic DPT

The Division of Pharmacologic Therapies (DPT) manages the day-to-day oversight activities necessary to implement federal regulations on the use of medications for opioid use disorder such as methadone and buprenorphine.

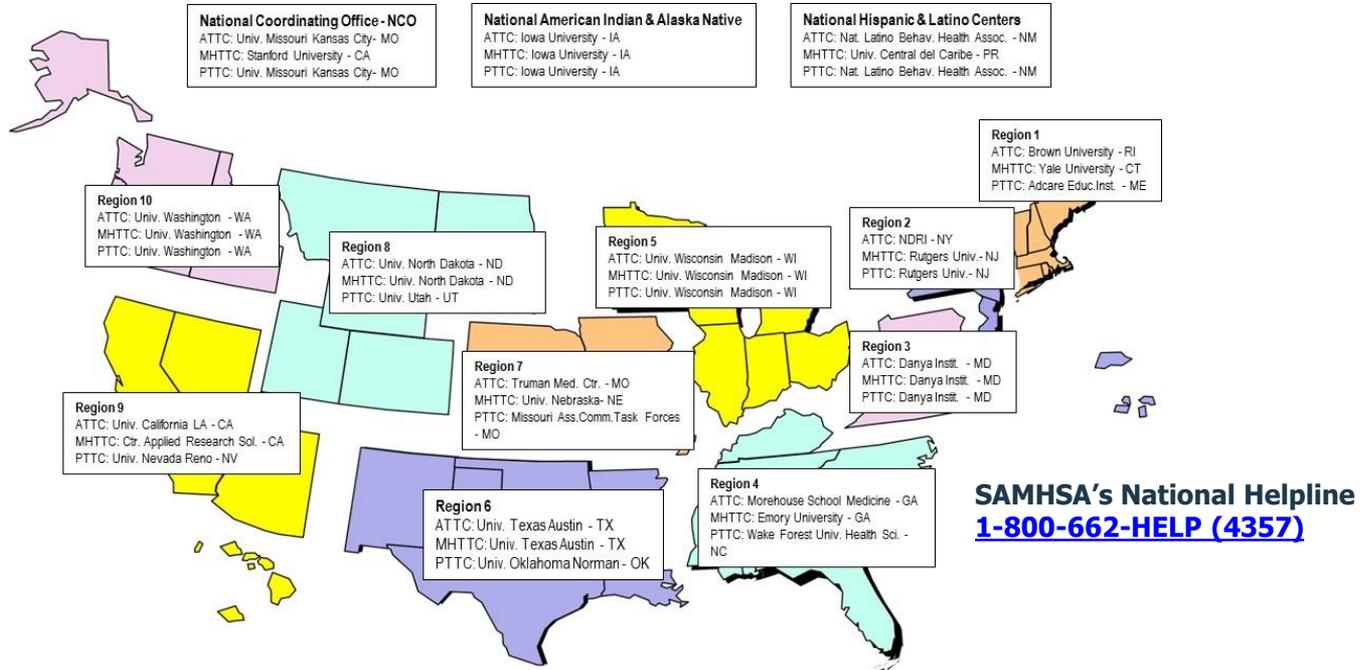
- Supports the accreditation and certification of more than 1,700 opioid treatment programs (OTPs) that collectively treat more than 450,000 patients each year under 42 CFR Part 8.
- Implements DATA 2000 Waiver Program
- Manages Providers' Clinical Support System (PCSS) and PCSS Universities Program

DPT has processed over 4000 OTP exception requests during the crisis  
SAMHSA has approved 6000 newly waived providers and increased the patient limits of 1548 providers in the past 10 weeks

Since February 2, 2020, an additional 163 practitioners have also exercised a temporary increase to treat up to 275 patient to address emergency situations.

Regular contact with State Opioid Treatment Authorities

# Technology Transfer Centers



**SAMHSA's National Helpline**  
**[1-800-662-HELP \(4357\)](tel:1-800-662-HELP(4357))**

# The Addiction Technology Transfer Centers (ATTC) help providers to improve service capability

- ATTC Pandemic Response Resources - <https://attcnetwork.org/centers/global-attc/pandemic-response-resources>
- Substance Use Disorder Services in the Days of a Pandemic: You Need A Bigger Boat! Providing SUD services during a pandemic requires a mix of disaster preparedness, safety precautions, telehealth, and ethics.
- Telehealth Learning Series for SUD Treatment and Recovery Support Providers
- Online Telephone and Support Groups Treatment providers and peer support specialists looking for online and telephone support groups for their patients/peers should review the list compiled by the Mountain Plains ATTC.
- Healing the Healer: Employing Principles of Neuroscience, CBT, and MI to Understand and Treat Compassion Fatigue Among Human Services
- A Guide to Using Text Messages to Improve Substance Use Treatment Outcomes Helping individuals remain in treatment or continue to participate in recovery support services can be difficult

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

[www.samhsa.gov](http://www.samhsa.gov)

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)



# The Opioid Overdose Epidemic and Evidence-Based Practices for Opioid Overdose Prevention

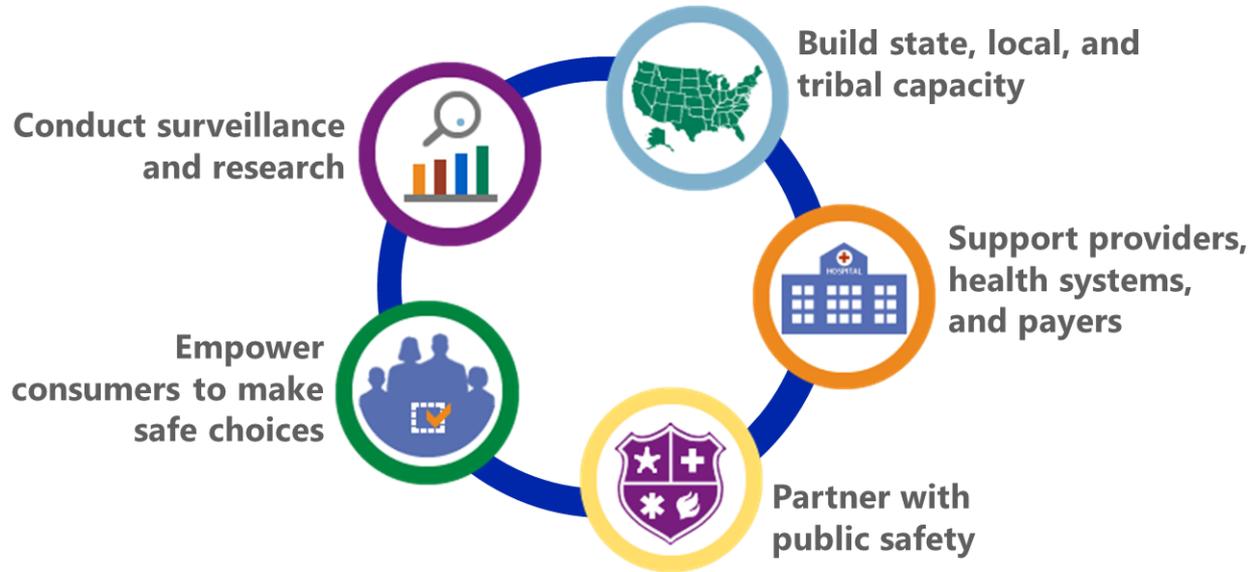
## CDC's Clinician Outreach and Communication Activity (COCA) Call on People Who Use Drugs (PWUD) and People with Substance Use Disorders (SUD)

**Cherie Rooks-Peck, PhD**

**Team Lead, Applied Prevention Science Team**

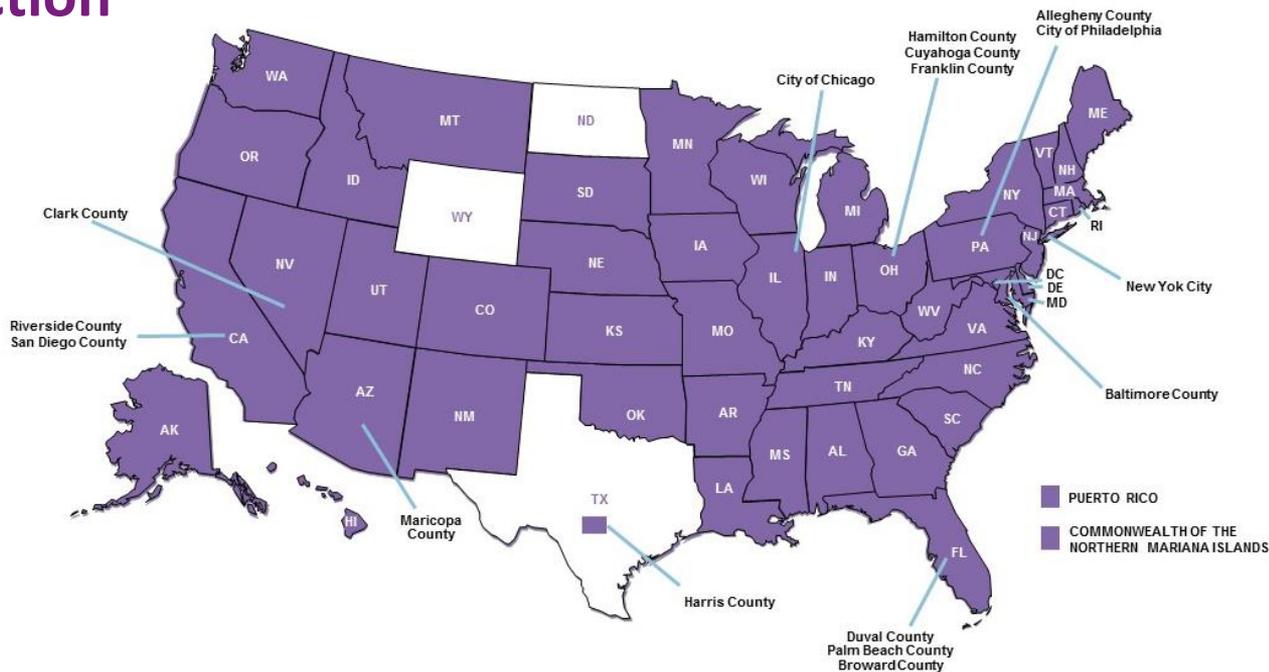
**October 22, 2020**

# CDC's Strategy to Prevent Opioid Overdoses and Opioid-Related Harms



# Overdose Data to Action OD2A

- Integrates previous funding into one announcement
- \$300M per year from 2019-2022
- Seamless integration of data and prevention programs
- 66 jurisdictions funded including 47 states and 16 hard hit cities and counties



Surveillance



PDMPs



Health System



Public Safety



Linkage to Care



Empower Consumers



Local Response

## **OD2A – Reaching Those Hit Hardest: Integrating State and Community Action**

**20 percent of funds must go to the  
local level to spur innovation and  
ensure support reaches hardest hit  
communities**

# CDC Opioid Prescribing Guideline Implementation and Other Resources



Quality Improvement and  
Care Coordination:  
**Implementing CDC's  
Opioid Prescribing  
Guideline**



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control



**Evidence-Based Strategies  
for Preventing Opioid Overdose:  
*What's Working in the United States***  
An introduction for public health, law enforcement,  
local organizations, and others striving to serve their community

Authors:  
Jennifer J. Carroll, PhD, MPH; Traci C. Green, PhD, MSc;  
and Rita K. Noonan, PhD



2018



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

PUBLIC SAFETY-LED LINKAGE TO CARE PROGRAMS IN 23 STATES:

**The 2018 Overdose  
Response Strategy  
Cornerstone Project**



# CDC COVID Resources on People Who Use Drugs or Have Substance Use Disorder

The screenshot shows the CDC website's COVID-19 resources page. At the top left is the CDC logo and the text "Centers for Disease Control and Prevention CDC 24/7: Saving Lives, Protecting People™". To the right is a search bar with "COVID-19" selected and a magnifying glass icon, and a link for "Advanced Search". Below this is a teal banner with the text "Coronavirus Disease 2019 (COVID-19)" and a row of six diverse people wearing face masks. A black banner below the masks reads "WEAR A MASK. PROTECT OTHERS." Below the banner is a navigation menu with dropdown arrows for "Your Health", "Community, Work & School", "Healthcare Workers & Labs", "Health Depts", "Cases & Data", and "More". The "Your Health" section is expanded, showing a sidebar with "Your Health" (with a house icon), "Symptoms", "Testing", and "Prevent Getting Sick", each with a plus sign. The main content area under "YOUR HEALTH" features the heading "COVID-19 Questions and Answers: For People Who Use Drugs or Have Substance Use Disorder".

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/other-at-risk-populations/people-who-use-drugs/QA.html#medical-professionals>



**[Patient-focused, evidence-based, addiction treatment]**

**Shawn A. Ryan MD, MBA**  
President & Chief Medical Officer  
Board Certified, Emergency & Addiction  
Medicine  
Committee Chair, ASAM Legislation

# Agenda



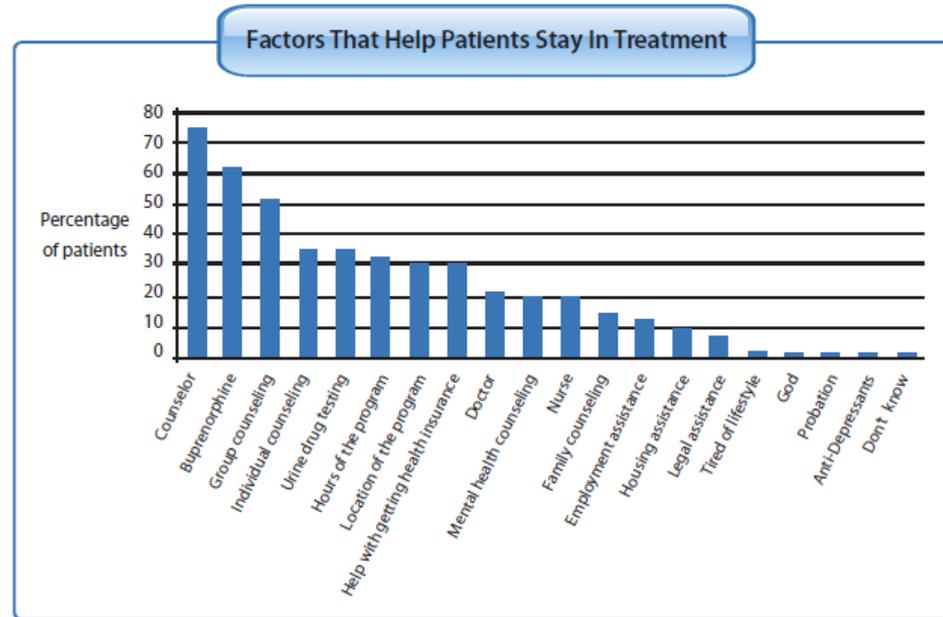
- The Issue
  - State of the Opioid Crisis
  - COVID-19 Impact
- Our Organization
- Implemented Solutions to the Crisis



# THE ISSUE

# THE ISSUE – COVID-19 Impact

- Network for the Improvement of Addiction Treatment (NIATx)



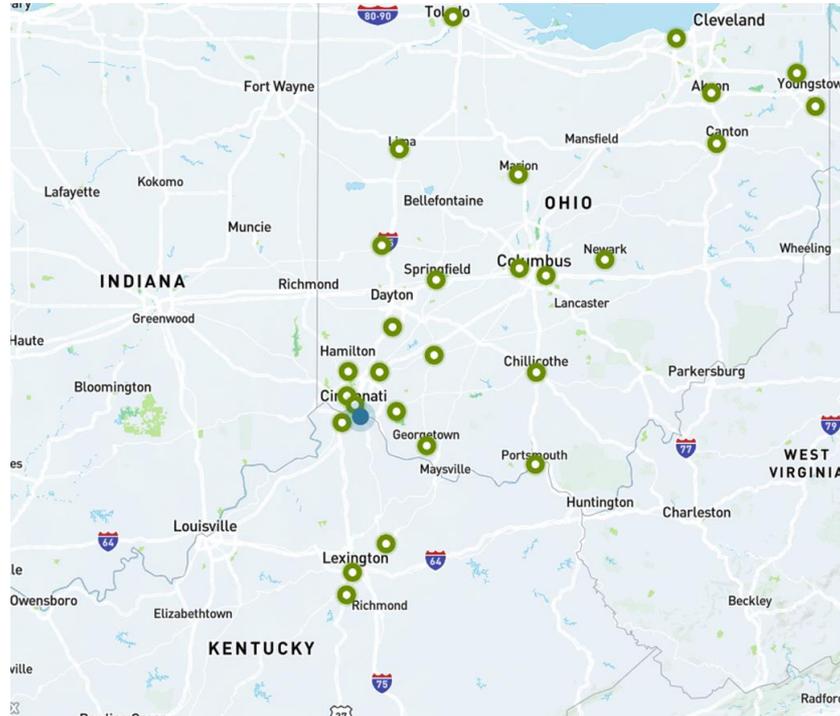
Almost every factor that helps patients stay in treatment was negatively affected by COVID

# OUR ORGANIZATION



# OUR ORGANIZATION

A network of 24+ comprehensive outpatient addiction treatment centers across Ohio and Kentucky focused on evidence-based interventions



## Our Leaders



### Dr. Shawn Ryan, Founder & Chief Medical Officer

One of BrightView's founders, Dr. Ryan is responsible for strategic development, alignment of operations and medical practice, clinical and outcomes research, and maintaining focus on the mission and vision of the company. Prior to co-founding BrightView, he functioned as a hospital administrator for Mercy Health. There, he saw how heroin/opioid abuse affected communities and for the past 10 years, has worked tirelessly to help resolve it. Dr. Ryan trained in emergency medicine at the University of Cincinnati and simultaneously obtained his MBA while completing his residency.



### Dr. Nav Kang, Chief Clinical Officer

Dr. Kang is a psychologist and the Chief Clinical Officer for BrightView. After leading all behavioral health services for Mercy Health, Dr. Kang joined BrightView to develop, implement, and research best-practices in addiction treatment and to add to the growing national conversation about quality service delivery and positive outcomes in addiction medicine. In 2017, the Mercy Health Foundation selected him for its system-level Clinician of the Year Award. And in 2018, the Obama Foundation selected him for its inaugural two-year Fellowship class.



### Chad Smith, Founder & Chief Executive Officer

Mr. Smith leads daily operations, corporate compliance, legal representation, corporate strategy, and infrastructure. He is also an attorney and certified HIPAA security professional who has focused his career on healthcare operations, technology and compliance. Mr. Smith obtained his undergraduate degree from the University of Akron, Master of Science in Health Informatics from Northern Kentucky University, and his Juris Doctor from Northern Kentucky University's Chase College of Law.

# SOLUTIONS



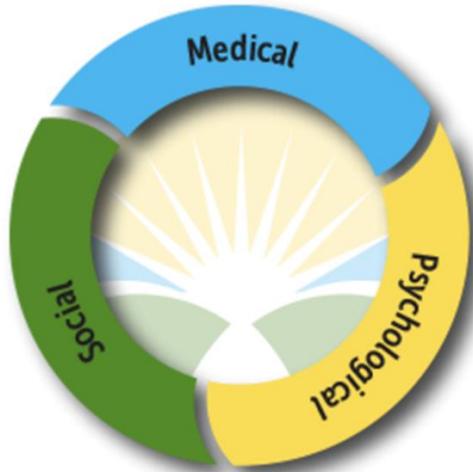
- At BrightView, we are proud to share that we have been nimbly navigating the relentless challenges posed by the COVID-19 pandemic since the beginning.
- We instituted our own universal mask mandate. PPE was supplied for all staff and patients by BrightView. “Every patient, every time” temperature checks and screening questions were instituted for the thousands of patients who access our services in-person daily. We vastly scaled up our existing telehealth capability. We have worked twice as hard as ever to continue providing services while keeping staff and patients safe at the same time.
- So we have **increased telehealth ten-fold** and organized ourselves around the science of the pandemic to evolve our practice model and expand access to treatment.
- We now offer an expanded suite of telehealth services than ever alongside our physically-distanced and masked in-person services, which have continued uninterrupted. We are proud that we furloughed precisely zero staff and have continued hiring and growing despite the pandemic.
- We have been fortunate to lead amidst this crisis and our patients have responded well - we are seeing more engagement now than ever thanks to the rapid and scientifically-informed adaptations we have made.

# CONTINUED EXPANSION OF NALOXONE AND TREATMENT



- Harm reduction efforts including Naloxone have continued to expand and be directed towards the highest impact areas
  - Emergency Departments
  - Syringe Exchanges
  - Criminal Justice Settings
  - Treatment Environments
- Evidence-Based Treatment has also continued to expand
  - Depending on the report and definition – most data shows approximately 20% of patients with opioid use disorder (OUD) getting evidence-based treatment (EBT) including medications for opioid use disorder (MOUD)
  - Discrepancy between number of people getting MAT therapy and number of people getting treatment for most other well-defined chronic diseases

# EVIDENCE-BASED TREATMENT



## Medical (addiction treatment)

- **Comprehensive assessment & intake – SAME DAY or NEXT DAY**
- **Outpatient withdrawal management (and ongoing pharmacological management)**
- **Medical stabilization services (general condition treatment until seen by or referred to PCP)**
- **Care coordination and monitoring (ex: referrals to other physicians and monitoring of PMPs – prescription monitoring programs)**

## Psychological

- **Clinical assessment (ASAM PLACEMENT CRITERIA)**
- **Therapy (individual, group, and family, etc.)**

## Social

- **Case management**
  - Can include all of the following: crisis support, family services, legal services, vocational services, transportation, housing, etc.
- **Involving social support networks – AA, NA, Peer Support, etc**

# Patient experiences during COVID-19



- Long standing patient (44 year old African-American female) who drove about an hour to see me approximately once/month
  - Husband had a head injury requiring round the clock care and then they both had to be quarantined for COVID-19
  - Using a telehealth platform we were able to provide her both medical (Rx) and psychological services through this tough time without having her physically travel to our clinic
  
- Immunosuppressed patient in our OTP (Opioid Treatment Program) was able to receive their services in a similar fashion
  - They were able to have their medications for opioid use disorder delivered (DEA approved process) without exposure to staff or other patients

# Summary

- COVID-19 has negatively affected many of the factors that worsen or complicate OUD
- Rapid action by federal and state government officials allowed for latitudes necessary to continue to deliver essential services to high-risk patients
- Providers took immediate action to operationalize those new rules to serve patients
- Rule changes associated with reimbursement may help in combatting the opioid crisis
- It is very possible that addiction care (MOUD) may improve given the recent rules related to reimbursement

# To Ask a Question

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# Today's COCA Call Will Be Available On-Demand

- **When:** A few hours after the live call
- **What:** Video recording
- **Where:** On the COCA Call webpage at [https://emergency.cdc.gov/coca/calls/2020/callinfo\\_102220.asp](https://emergency.cdc.gov/coca/calls/2020/callinfo_102220.asp)

# Upcoming COCA Calls

- Visit our COCA Call page at [emergency.cdc.gov/coca](https://emergency.cdc.gov/coca).
- Subscribe to receive notifications about upcoming COCA calls at [emergency.cdc.gov/coca/subscribe.asp](https://emergency.cdc.gov/coca/subscribe.asp).
- Share call announcements with colleagues.

# COCA Products & Services



COCA Call Announcements contain all information subscribers need to participate in COCA Calls. COCA Calls are held as needed.



Monthly newsletter that provides information on CDC training opportunities, conference and training resources, the COCA Partner Spotlight, and the Clinician Corner.



As-needed messages that provide specific, immediate action clinicians should take. Contains comprehensive CDC guidance so clinicians can easily follow recommended actions.

# COCA Products & Services



Monthly newsletter providing updates on emergency preparedness and response topics, emerging public health threat literature, resources for health professionals, and additional information important during public health emergencies and disasters.



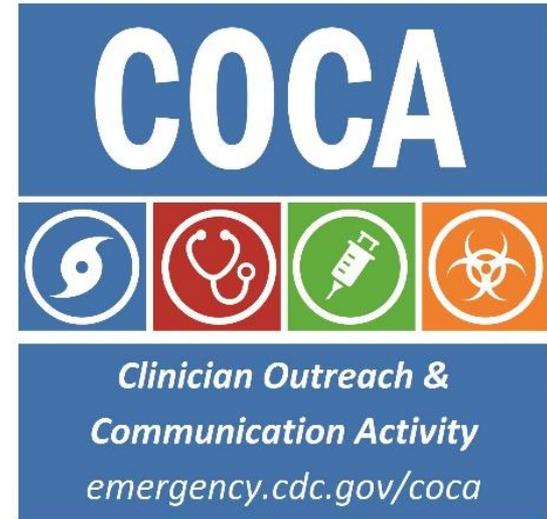
Informs clinicians of new CDC resources and guidance related to emergency preparedness and response. This email is sent as soon as possible after CDC publishes new content.



CDC's primary method of sharing information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories.

# Join COCA's Mailing List

- **Receive information about:**
  - Upcoming COCA Calls
  - Health Alert Network (HAN) messages
  - CDC emergency response activations
  - Emerging public health threats
  - Emergency preparedness and response conferences
  - Training opportunities



[emergency.cdc.gov/coca/subscribe.asp](https://emergency.cdc.gov/coca/subscribe.asp)

# Join Us On Facebook!



The screenshot shows the Facebook profile for COCA (CDC Clinician Outreach and Communication Activity). The profile picture features a group of six diverse healthcare professionals. The cover photo shows a group of healthcare workers, including a woman in a white lab coat holding a clipboard. The page name is "CDC Clinician Outreach and Communication Activity - COCA" with a verified badge and the handle "@CDCClinicianOutreachAndCommunicationActivity". The page is categorized as a "Government Organization in Atlanta, Georgia" and has 21,420 likes and 21,217 followers. A recent post from October 31, 2017, at 1:18pm, announces a free CE event for a COCA Call on November 7, 2017, at 2:00PM. The page also includes navigation tabs for Home, About, Posts, Photos, Events, and Community, and a "Create a Page" button.

**COCA**

CDC Clinician Outreach and Communication Activity - COCA ✓  
@CDCClinicianOutreachAndCommunicationActivity

Home  
About  
Posts  
Photos  
Events  
Community

Create a Page

Liked Following Share ... Sign Up

Status  
Write something on this Page...

Posts  
CDC Clinician Outreach and Communication Activity - COCA shared their event.  
October 31 at 1:18pm · 🌐

Clinicians, you can earn FREE CE with this COCA Call! Join us for this COCA Call November 7, 2017 at 2:00PM.

Government Organization in Atlanta, Georgia  
Community See All  
21,420 people like this  
21,217 people follow this  
About See All

**Thank you for joining us today!**



[emergency.cdc.gov/coca](https://emergency.cdc.gov/coca)