



**BOARD OF DIRECTORS
STATE CHAPTER RESPONSES REGARDING
COVID-19 (AUGUST 2020)
EXECUTIVE SUMMARY**

Patient/Staff COVID-19 Infection Rates –

As you know, I sent out three field advisories with regard to COVID-19 on March 20, 2020 April 9, 2020 and May 1, 2020. As the pandemic began to have a significant impact on our nation during mid-March 2020, many of my associates and I had serious concerns about patient and staff infection rates. Fortunately, infection rates have been comparatively low when compared with the general population. This is indicated in several of the state reports.

The Use of Telehealth/Telecommunication Services –

It appears that the emergency use of telehealth and telephonic services for wrap-around clinical care were generally well received but not for everyone.

California

Generally, the flexibilities have been extremely important for implementing social distancing protocols required during the state of emergency. The ability to conduct counseling via telephone has been critical in continuing to deliver much-needed supportive services to our patients during this emergency. While some providers report increased satisfaction and convenience of telephone counseling, some providers report decreased counseling time and engagement.

Colorado

The programs have reported that patients have benefitted from telephonic counseling and have become more compliant. A couple of programs also reported that counselors were actually performing better with telephonic counseling.

Kentucky

NTPs in Kentucky are reporting that overall medication no shows, AMAs, and non-compliance with treatment has remained very low. Patients report that they appreciate the tele-counseling offered, because it allows them more flexibility in attending their sessions, without the rush to “catch a ride” or “get to work”.

Massachusetts

The Massachusetts Department of Public Health Bureau of Substance Addiction Services has provided extensive messaging and support for the implementation of telehealth in licensed/contracted facilities, including counseling, group support services, and referral across the substance use disorder treatment spectrum.

North Carolina

OTPs have an overall good report on patients engaging in teletherapy, especially for the more stable portions of the patient populations,

Washington, DC

Our staff reports that telehealth was beneficial to themselves and the patients but it did not benefit everyone. Most felt that direct contact will continue to be the best way to engage the patients.

Benefits of Extended Take-Home Medication –

California

With respect to THs, we suggest SAMHSA continue to enforce the pre-COVID regulatory requirements, phasing them back in slowly over a period of months, to ensure providers adhere to evidence-based practices that result in the best outcomes.

Colorado

Several programs are decreasing numbers of take homes as patients are testing positive or showing other signs of instability.

Georgia

Many providers in Georgia have reported increased retention and attendance due to patients having the ability to receive take-home medication. There are anecdotal reports from patients at many clinics that they struggle to find transportation to the clinic daily, so increased take-home medication has allowed them to have a daily dose of medication.

Indiana

Generally, the results have been re-affirming for most patients who already had some level of take home phase. They have appreciated and benefited from the increased take home status.

Massachusetts

The relaxation of the federal OTP regulations have been crucial for allowing continued access to medication for opioid use disorder and implementing social distancing protocols required during the state of emergency in Massachusetts due to the pandemic. Massachusetts OTPs received the federal and state blanket waiver for increased take homes which empowered many patients to receive the benefits of take home medication and telehealth.

Missouri

We doubled up on take home doses but have had to bring unstable patients back to daily dosing. We have found an increase in illicit drug usage.

North Carolina

NC OTPs have a wide variety of experience and perspective from the blanket take home exceptions, with some reporting that patients are appreciating and using the take home medication to enhance safety measures, while others reporting that patients are not doing as well in terms of drug use, diversion of medication and overall recovery progress. NC has not seen an increase in OTP deaths as a result of the increases in take home medication during the Pandemic.

South Carolina

Many OTPs are of the judgment that the increased take-homes available to patients have resulted in improved retention. Many felt that the ability to engage with patients via tele-health and telephone have improved engagement and monitoring. Others expressed a notable rise in positive toxicology screens. None reported any significant issues of diversion.

Washington, DC

We have seen an increase in relapse over the past several months. Our patients continue to get take-homes granted through the exception process. They have been very thankful for the opportunity to receive the take-homes to help with social distancing. However, as a program we have noticed that patients that did not have take-homes have struggled with diversion.

Wisconsin

We doubled the take homes in the State. We had a “normal” rate of no-compliance and watched our patients carefully. I would like to see extended take homes explored. Minimal diversion, but yes it has occurred.

Issues of Toxicology Reports –

Oklahoma

We have resumed drug screening monthly in all of our states and have obtained very useful yet troubling data. We have doubled opioid positive drug screens in many of our states. The rates of opioid relapse are alarming.

Third Party Reimbursement –

Georgia

Medicaid reimbursement for medication received as a take-home is only being paid for if the patient is able to complete a video telehealth session with a nurse to ingest their medication under observation.

New Jersey

Despite the great challenges and barriers impacting OTPs throughout this pandemic, the invaluable, essential services have been available to the critical population in need of the

services. Yet, revenue and cost implications of the pandemic have impacted the sustainability of programs. A majority of respondents indicated moderate loss to Medicaid revenues as a result of the pandemic with increased direct and indirect costs having the greatest impact. Pandemic-related expenses such as technology costs (i.e. telehealth platforms, computers, cameras, microphones & speakers), PPE (i.e. masks, gowns, cleaning supplies & services), increased medical supplies & equipment (i.e. bottles and caps, labels), and increased payroll expenses (i.e. additional nursing staff) have driven up expenses that providers would not have otherwise experienced, if not for the pandemic.

CONCLUSION

The executive summary highlights what is contained in the attached report. AATOD has also been working with the Denver Health and Hospital Authority, collecting COVID-19 impact data among the 75 programs operating in the states that participate in our long-term study. We have also been working with researchers at Johns Hopkins in collecting data from member OTP programs. We will share this information with SAMHSA as the information is analyzed.

It is safe to conclude that the OTPs dealt with an initial shock to the system during March 2020 through May 2020 as was the case with other healthcare systems. OTPs were not able to purchase personal protective gear for staff for some time. This created significant obstacles. It is certainly recommended that the use of telehealth/telephonic communications be explored with improvements of how such services will be rendered to patients. It also appears that the provisions of take-home medication were beneficial as indicated above. SAMHSA should gather additional material as consideration is given to make take-home medication less restrictive. If SAMHSA does move in this direction, there needs to be an alignment with how third-party insurers reimburse OTPs. Medicare representatives provided early flexibility in allowing OTPs to provide up to 28-day supplies of take-home medication through reimbursement. For the most part, state Medicaid programs did not demonstrate such flexibility. While a number of states did provide flexibility, most did not. Accordingly, OTPs had major financial difficulties and the impact is still being assessed.