

Office Based Opioid Treatment COVID Response

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Goals:

- Bring Illinois OBOT providers together to
 - Discuss and share current plans for COVID response specific to office based opioid treatment (OBOT)
 - Share protocols, workflows and any educational materials

Current Situation in Illinois

- March 9- Governor Pritzker declared a disaster proclamation
- March 15- 93 cases of COVID in IL

<https://www.chicago.gov/city/en/sites/covid-19/home.html>

<https://www.chicagohan.org/COVID-19>

<http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus>

Risks for people who use drugs in the setting of COVID-19

- If quarantined or isolated, people who use drugs may:
 - Experience dangerous withdrawal
 - Reuse drug consumption supplies
 - Obtain drugs from new sources (which can increase risk of overdose)
 - Be more likely to use alone (no one to respond to overdose)
- People who use drugs may be more likely to live in communal environments (shelters, SROs, jails, residential programs) where they are likely to be exposed
- People who use drugs may have co-morbidities such as COPD, cirrhosis, or HIV which may increase risk of severe disease

Steps to keep patients and providers safe:

- **We must take immediate action to slow COVID-19 spread by implementing social distancing into all aspects of care.**
- Reduce clinic visits to protect patients from possible unnecessary exposure
 - Reduce mandatory in-person visits to a minimum.
 - Minimize any in-person visits for urine drug screens and counseling.
 - Use telehealth (text or phone, video if possible) to communicate with patients whenever possible.
 - For patients known to the clinic/already on buprenorphine, patients may be prescribed medications without a face-to-face visit.
 - Prescriptions can be called in (Schedule 3) or e-prescribed if your system has dual authentication.

Steps to keep patients and providers safe:

- Cancel groups.
- Help patients identify online meetings or groups if that is something they currently engage in/are interested in.
- Reduce the number of times patients have to go to the pharmacy:
 - Extend prescriptions to maximum length possible.
 - Move to month-long prescriptions when possible.
 - See if local pharmacies are able to deliver to patients' homes.
- Even when prescription duration is extended, you can still offer weekly phone (or telehealth if available) check-ins.

Caring for people on buprenorphine during COVID-19 Outbreak:

- A one month supply of sublingual buprenorphine may be appropriate for a patient in quarantine or at risk.
- If a patient will be due for subcutaneous buprenorphine during their quarantine, offer them an appointment for an injection as soon as they are allowed to move about the community. If a patient experiences withdrawal, consider prescribing sublingual buprenorphine until they can be re-injected.

Safer Drug Use During Covid-19

- Minimize the need to share supplies
- Minimize contact
- Prepare drugs yourself
- Plan & prepare for overdose
- Stock up on supplies
- Stock up on drugs
- Prepare for drug shortage

Higher Ground Harm Reduction | Reynolds Health Strategies | harm reduction COALITION | Vital Strategies

Safer Drug Use During the COVID-19 Outbreak

COVID-19, an illness caused by a newly identified type of coronavirus, can cause a respiratory infection and lead to health problems. It's usually mild and most people recover quickly if they have it, but it can be very serious for people with stressed immune systems or underlying conditions or older adults, so it's important to stay informed.

The most important thing is to be prepared and knowing what to do will help you. Even if you don't see a widespread COVID-19 outbreak in your area, the hand-washing and other prevention actions described here are good practices for fighting off bugs like the cold or the flu.

How do people get infected with COVID-19?

COVID-19 is spread from person-to-person by coughing or sneezing and getting exposed to droplets that have the virus in them. There are no known risk factors that appear to make a person more or less vulnerable to getting infected with the virus. The main risk is close contact with someone who has it.

What are the symptoms of COVID-19?

The main symptoms feel like the flu or a really bad cold:

- Fever
- Cough
- Shortness of breath/difficulty breathing
- Fatigue

These symptoms show up between 2 and 14 days after you've been exposed to the virus. People who are considered at increased risk include those with *underlying health conditions, including heart disease, lung disease such as asthma/COPD, diabetes, or HIV, or people who are immunocompromised, or over age 60.*

How can I prevent COVID-19?

- Wash your hands often with soap and water for at least 20 seconds. Using an alcohol-based hand sanitizer—it must have at least 60% alcohol in it—can also kill the virus.
- Avoid close contact with people who are sick.
- Cover your cough and sneezes with a tissue and throw it away in a lined trash can, or if you don't have a tissue, cough into the bend in your elbow. Wash hands with soap and water afterwards.
- Keep your hands away from your eyes, nose, and mouth.
- Get a flu shot. It won't prevent COVID-19 but it will prevent the flu and keep you out of clinics, pharmacies, or emergency departments and minimize your risk of contact with others who may be sick.
- When helping someone who is sick, wear gloves and a safe mask to minimize the risk of body fluids that may have COVID-19 from getting into you. Wash your hands before you put on gloves and after you take them off.

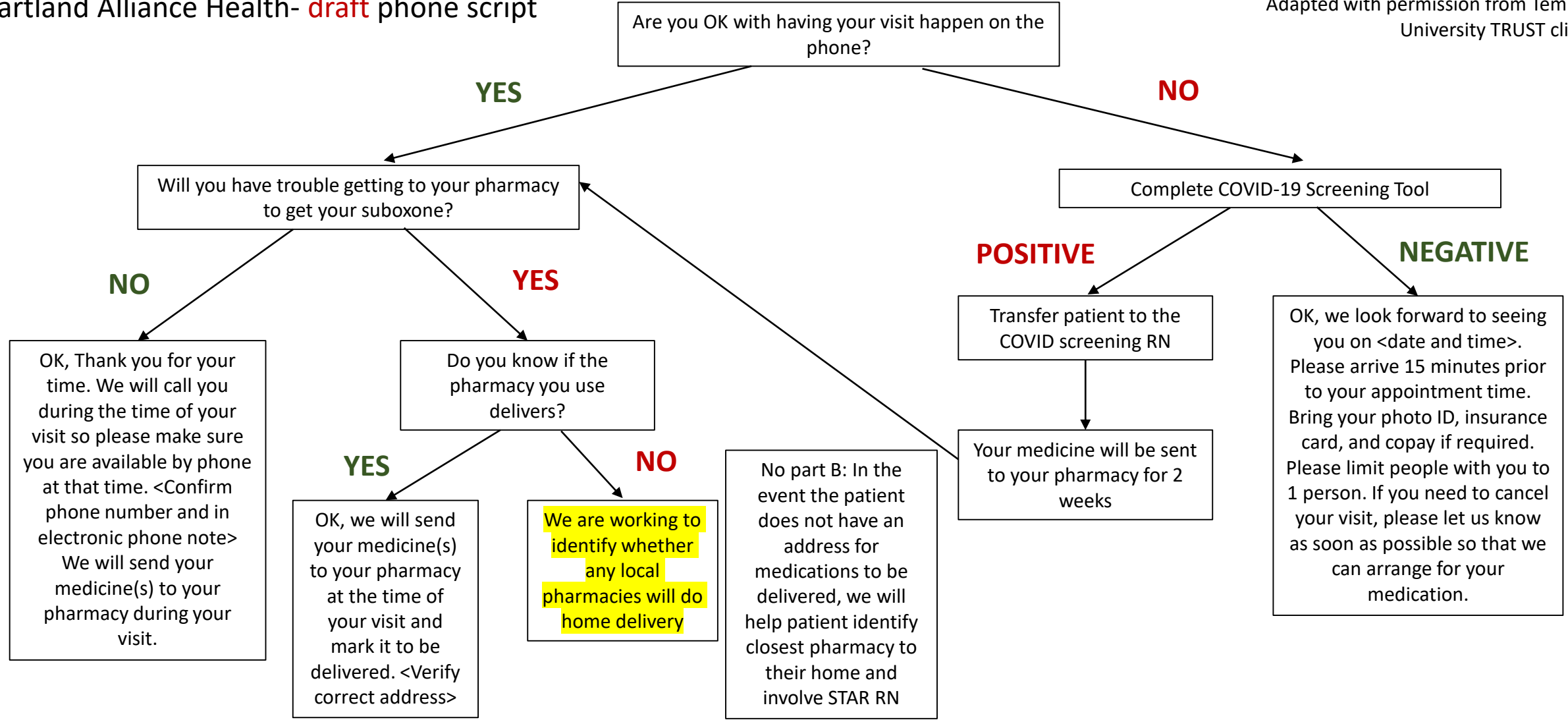
If I'm feeling sick, what should I do?

- Stay home if you are sick, and if you don't have a place to stay, try to minimize your close contact with other people. Monitor your fever at home and avoid others for at least 24 hours after the last fever and all other symptoms have subsided. If you have to be around other people, this is the time to wear a safe mask if you have one, so that you don't cough on them and transmit a virus. If you self-quarantine, attend to your mental health and ensure you have as much support as you can get (emotional support, food, hygiene, medications, finances).
- Call or contact a medical provider if you can to ask about your symptoms and see if you need to even come in. Tell them your symptoms and that you are concerned about COVID-19.
- If you feel like your symptoms have become severe call or contact a medical provider or go to urgent care or the emergency department.
- Right now, there is no vaccine to prevent COVID-19 and no specific medicine to treat it. There are still good things a medical provider can do for you and it's important to check you out if you're sick and not getting better.

Last Updated: 3/11/20 | 2pm EST

Proposed Heartland Protocol

- HAH behavioral health staff will call all established patients with scheduled visits to offer people the opportunity to have phone visit instead of in-person visit
 - During phone visits, provider will document phone visit
 - Provider will discuss with patient their comfort in having longer term prescription
 - Follow up phone visits can take place, even if prescription duration is longer
- For new patients, in-person visits will still occur, but will receive COVID screening per clinic protocol over the phone prior to visit
 - First prescriptions will be as long as possible- ideally up to one month



If you do begin to feel sick with fever, cough, or shortness of breath, please call the nurse triage line before coming in so we can appropriately arrange for your care

Cook County Health Response

- 3/13: guidance to outpatient teams:
 - virtual support, “telehealth” visits
 - extend all maintenance prescriptions to 1 month if at all possible
 - refill naloxone
 - all on-site groups cancelled
- 3/15: alert to CCH pharmacies of anticipated increase in demand of buprenorphine monthly Rx
- 3/16: coordination with CCH Department of Correctional Health, Stroger inpatient and emergency department:
 - Provide monthly prescriptions when leaving these referral sites whenever reasonable
 - Warm handoff to receiving recovery coach and medical provider to provide virtual support/”telehealth” visits
 - Verifying contact information and emergency contact information
- 3/16: Recovery coach teams received harm reduction coalition guidance

Other Clinics to Experiences?

Discussion Points

- How are clinics supporting patients who don't have consistent phones/phone numbers?
- Is anyone working with pharmacies that will deliver buprenorphine to patients' homes?
- How are clinics supporting particularly unstable patients during COVID-19?
- Is anyone successfully using telemedicine?

Resources

- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>
- NIDA: <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>
- National Health Care for the Homeless COVID-19 Resources: <https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/>
- IL DHS: <http://www.dhs.state.il.us/page.aspx?item=123026>
- IL Department of Public Health: <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus>
- Chicago Department of Public Health: <https://www.chicago.gov/city/en/sites/covid-19/home.html>
- California Bridge COVID 19 Emergency Response: <https://www.bridgetotreatment.org/covid-19>
- Harm Reduction Coalition: <https://harmreduction.org/miscellaneous/covid-19-guidance-for-people-who-use-drugs-and-harm-reduction-programs>

Sign up for the Chicago Coronavirus Newsletter!

- <https://lp.constantcontactpages.com/su/VwvbSW5/coronavirus>

For Rush Fellows in Cohorts 3 & 4

- Will you be able to come to the Monday, March 23 webinar?
- We are working on a plan/solution and will be in touch soon.