Local Examples of Washington State Organizations Providing Medications for Opioid Use Disorder During COVID-19

Updated April 27, 2020

Programs providing medications for opioid use disorder (MOUD) in WA State are rapidly adapting their care models based on Governor Inslee's "stay home, stay healthy" order as well as guidance from State and Federal agencies (DEA and SAMHSA) in response to the COVID-19 pandemic. Guidance has informed decreasing visit/dosing frequency as well as increasing uses of tele-health during different phases of treatment.

As we have learned about innovative solutions in recent weeks we sought to collate this information. Adaptations to care provision were actively solicited by AIMS/ADAI from State Opioid Response grantees via email as well as King County MOUD providers via a virtual meeting which also included statewide participation. Below are a mix of notes taken during meetings and email responses that have been lightly edited for brevity. This information was collected the end of March/early April 2020 and is likely out of date for some sites. Programs described here are those that happened to participate in the above mentioned activities; many other providers are also adapting their care models. Inclusion here is not an endorsement of any particular model of care and is provided for information purposes only.

Common care modifications:

- Prescription duration increased- across settings and phases of care
- Urine drug testing- decreased frequency or ceased
- Telehealth- audio only or audio-video for buprenorphine inductions and ongoing care
- Indoor care- significant changes to workflow, decreased number of providers interacting with patient, providers in non-overlapping work shifts, fewer patients in facility concurrently
- Outdoor care- implemented in many sites, sometimes in concert with changes to other co-located care such as syringe services programs
- Appointment/drop-in – some changes to decrease client overlap/interactions

Care models are organized on the following pages by program type including:

- Behavioral Health Agencies/SUD Clinics/Specialty Behavioral Health
- Primary Care
- Meds first sites (UW ADAI Study)
- Emergency Departments
- Opioid Treatment Programs
- Jails

Behavioral Health Agencies/SUD Clinics/Specialty Behavioral Health

SOUND (King County)

- We are doing audiovisual inductions at the U District only. We may start that at Aurora Commons soon. Up until today we were seeing induction clients face to face at a safe distance. At HEP, we are having clients come by an outdoor tent in the parking lot.
- 3 different sites (University, Aurora Commons, HEP)
- Jumped into telemedicine with audio visual component almost immediately,
- Was using any known visual means
- University sites have had 12 inductions, skype, zoom, video chat, facetime etc,
- Aurora Commons site:
    - Serving people outside in a tent
    - Still providing face to face contact with social distancing
    - As today moving to all phone contact for inductions
    - Doing phone only follow-ups at Aurora and University District

Hepatitis Education Program (HEP) (Seattle)

- Seeing people under a tent at the syringe exchange
- Providers are meeting with patient care navigators and providers under the building
- Allowing up to 2 people inside the space based on social distancing
- Disinfecting between patients

SeaMar - Regional

- **Follow up visits for existing MAT patients for medication management**:
    - At provider discretion and in communication with Nurse Care Manager (NCM), in-person follow-up visits should be minimized, in favor of telemedicine encounters. Like in-person visits, nurse and provider telehealth visits should be scheduled and occur as close to their scheduled time as possible. If a telehealth encounter is not an option, it should be performed via phone. Telehealth visits should be prioritized for our more at-risk patients such as…
- **Admissions: T**hree general options for management of admissions depending on provider and nurse comfort level.
    - Screen patient via phone. If they appear appropriate, staff them with the provider via phone. If both are in agreement to take further steps (which do not guarantee admission) they should be registered via front desk (again by phone). NCM would do intake, consents, PMP, via telehealth. If appropriate to move forward, would be schedule to meet w/ provider for potential induction via telehealth/telephone.
    - Screen patient via phone. If they appear appropriate and are not symptomatic for COVID-19, have them come in for first visit with nurse to register, obtain UA, consents, intake. Follow up, induction visit would be done with provider via telehealth. …
    - Suspend admissions altogether for near future. Staff on a case by case basis and admit on only circumstances that both provider/nurse are comfortable with.

Blue Mountain Heart to Heart - Walla Walla [also a Meds first site]

- Appointment only for the clinic, no drop-in
- Temperature screening and ask how they are feeling
- Doing UA
- Increased refills – anyone on a week switched to two weeks etc.
- Prescriber is working from home and Zooms in
- Only have 1 employee in the clinic who is meeting with patients

Ideal Options (Statewide)

- Able to take patients and see them when they call
- Try to get them to be seen immediately- via video
- New prescription will telephone encounters

Olympia Bupe Clinic

- All visits outside
- Divided teams into three separate team so that teams can quarantine if need be
- Extended prescriptions to double the length, no prescriptions under a week
- Daily videoconferences to help teams stay in touch and share information

Compassionate Addiction Treatment (Spokane)

- OP, IOP, MOUD
- Continuing care- temperature and oxygen sat measurement as screen
- Limited number of clients allowed inside at a time
- Recovery circles happening outdoors, with physical distancing

King County Bupe Pathways

- Still maintaining patients giving longer scripts

Primary Care

MultiCare - Spokane

- Has a phone they give to patients to do phone visit in the lobby
- No UDT
- Video chat
- Working with other agencies
- Doing new patient inductions- doing all audio visual- trying to do a smart phone
- It is interesting to see how people live (with video component), get a whole different perspective on people when you see them in their home environment

- Dr. Lora Jasman from Multicare Spokane also responded to another program's question about whether bup/naloxone is thought to be reasonably safe in pregnancy
    - Ask the patient if there is any risk of pregnancy
    - Lora says if they think they might be or could be pregnant continue bup/naloxone
    - If know they are pregnant – typically switch to bup monotherapy– if confirmed by OB
    - Last trimester is more tricky, can have higher risk of early labor if they go into withdrawal, and therefore need to talk over with the patient develop a plan such as call 911 if symptoms of early labor
    - (reference https://www.ncbi.nlm.nih.gov/pubmed/23617867)

Harborview Medical Center - Adult Medicine (Seattle)

(Harborview Hall will be open for patients that are awaiting test results)

- Moved all outpatient visits to phone visits
- Have redeployed staff to COVID-19 sites
- Having screening at all doors
- If patients are symptomatic they go into testing sites
- Still accepting all new walk in unless symptomatic
- Extending scripts to 28-30 days if not more
- Volume has decreased especially in the emergency departments
- Social distancing for team
- Not extending scripts for patients that don't want extending scripts (treatment decision making with patients to see how they can best serve the patient during this time)* e.g. person may not be comfortable with a 2 week Rx for safety/theft reasons.
- Reached out to commonly used pharmacies to let them know that it is okay for the pharmacist to refill their patients' prescriptions

Carolyn Downs/Country Doc

- 80% telephone visits for primary care
- All follow-up visits by phone; exception is if the person cannot be available by phone, will offer in-person
- Extending prescriptions as patients are comfortable
- Question: BUPE waiver requirement and x waiver with DEA- Is there any indication the DEA will waive the waiver- Caleb has not hearing of anything to remove these requirements from DEA or SAMHSA.
- Telephone intakes will be super helpful

HealthPoint

- Inductions on walk-in basis in person
- Screening at the door
- Using PPE and isolating as needed
- Call patients in the room

- Using telemedicine for follow-ups
- Let everyone know they have a availability

Neighborcare Health

- Continuing to start patients with bupe across the organization at medical clinics and permanent supportive housing sites, both in-person and by phone, depending on the patient's situation. Conducting follow-up mostly by phone, and extending prescriptions as appropriate. In-person appointments are available, depending on the patient's situation.
- Meds First continues at Ballard and St. Vincent de Paul--Aurora (reduced hours), including inductions & follow-up. Mostly by phone, but in-person available depending on the person's situation.
- Continuing to partner with the Public Defender Association in helping patients with the LEAD and Co-LEAD programs to continue or start bupe. Our team previously based at the LEAD/REACH offices in Belltown are now operating out of the Neighborcare at Pike Place Market clinic.
- Patients seen in-person at clinics are screened for COVID-19 symptoms and given a mask if they don't already have one. If they have symptoms, they will be given info to make phone appointment. All care team members where masks and are practicing social distancing.
- Street Outreach team continues to talk with people living unsheltered, offer prescriptions for medication treatment for OUD if desired by clients, harm-reduction strategies and other health care services.
- Continuing primary care across the organization mostly by phone, and limited in-person appointments depending on patient's situation. New patients welcome. Reduced hours at many clinics - please call ahead.

Meds first sites (UW ADAI Statewide Study)

- One has discontinued inductions and now all telehealth for continuing clients.
- Others are continuing care in modified form.
- Minimal in-person visits.
- One site the prescriber is remote.
- Some clinical care provided outside.
- Adjacent, collaborating syringe exchanges have all modified services. Some entirely mobile/delivery, all pre-packaged supplies.
- Those who want to transfer maintenance care elsewhere are largely on hold as most primary care providers are not currently seeing new patients for non-urgent conditions. The transition model of care is temporarily extended beyond 6 months. Several new sites are coming onboard that continue to serve primarily people who are unhoused.

Emergency Departments

Valley Medical Center (Renton)

- Established patients are having extended prescriptions and switching to telehealth
- Similar to the other sites

Harborview Medical Center (Seattle)

- Continuing bup inductions in the ED and prescribing
- Trouble finding someone who will do an –in-person f/u appt.
- So initial script is longer and most follow up places are telehealth

Opioid Treatment Programs

Evergreen Treatment Services (Puget Sound region)

- Screening at the door
- Van at back with heater for symptomatic patients; and have telemed meeting with provider there
- Telemed with a provider
- Extending take home doses
- Still seeing new patients
- New patients who can come to clinic can start on methadone, those in quarantine/isolation cannot due to telehealth rules related to methadone/otp/oud- so offered bupe.
- Short visits with them in the clinic

We Care Daily (Auburn)

- Wing on the side for symptomatic dosing
- UV light and sanitizer for rooms
- Telemed
- Still doing ASAM assessments and intakes
- Half the staff is onsite and half the staff on telemed to prevent the entire team from contracting COVID-19 at once
- Counseling is done via video chat
- Providing phones to do follow up – not sure if this is the clinic phone
- Telephone intakes will be super helpful

Tacoma-Pierce County Health Department - Meds First

- Nurse meeting with person outside (it's been chilly), outside of prescriber's office, then goes inside and consults w/ prescriber and gets Rx

Jails

General

- At lowest census in a long time, lower booking rates and early releases
- No mingling in the jail
- People are screened and tested- only symptomatic people are tested

SCORE Jail (South King County)

- Still doing inductions
- Internal provider gets recommendation from community
- Increased the amount of tablets and computers
- Not as many inmates, everything is being done over video
- Working on releasing prisoners with meds when they walk out the door they have meds (bridging the client with 7+ days)

KITSAP

- The issue we are facing now is the decrease of arrests, and the quick releases from the courts. The MAT team is working hard to accommodate that, so for a while we may have to change the way we do business and be quicker with those that are booked, because we may not have the luxury of time.
- We have asked Peninsula Community Health Services (PCHS), our outside provider, for an hour a day to skype with patients that have been booked the night before, if they qualify. Normally we have PCHS come in on Tuesdays and Thursday to see patients, but because of COVID19, we are using Tele-Health.
- Other than that, it is business as usual. It is nice to have the dedicated staff from both NaphCare and PCHS to still focus on this program. Our jail population is really low, but every person incarcerated in our facility that has an OPIOID addiction is on our program!!