Medication Assisted Treatment
Community of Practice

Medication Assisted Treatment (MAT) Community of Practice (CoP)
April 9, 2020

Navigating COVID-19 for NH MAT Practices

Questions & Answers

Q1: What are the presenter's thoughts on having patients go to outpatient labs?

A1: Presenters expressed that for the majority of patients, they are putting lab visits on hold for now. Collaboration with the patient's other providers can be helpful to determine what is urgent and what is not in terms of other health conditions that require monitoring. In general monitoring via lab testing for buprenorphine patients is not urgent. Some patients that may still need outpatient lab visits include those that have alcohol use disorder and are using medications that require monitoring using outpatient labs.

Q2: What platform does "Groups Recover Together" use for telehealth visits?

A2: RingCentral is the platform we use for telehealth visits.

Q3: Is Catholic Medical Center taking over the Doorway in Manchester? What is the status during COVID?

A3: All Doorways are still operating during the pandemic and can be accessed through calling 211. The Manchester and Nashua Doorways are not changing contractors until May 11 and will undergo a transition period during May/June. Presently, the Manchester and Nashua Doorways are still operating at its "previous" location under Granite Pathways. Go to thedoorway.nh.gov to check for the latest information.

Q4: How can oral fluid testing be used in place of urine drug testing?

A4: Some practices that use telemedicine choose to mail the patient oral fluid tests overnight and then watch the client take the test over video. This can be an option, but some tests are hybrid versions which require some confirmatory testing.

Q5: Has there been an increase in MAT since COVID? I've heard reports of decreased availability of Fentanyl and other opioids during Pandemic and social distancing.

A5: The presenting practices saw an initial spike in increased interest that has since flattened out. Overall, enrollment is higher than in pre-COVID times.

Q6: Are practitioners providing additional naloxone? How are they doing that? Is there adequate access to it?

A6: When working with patients it is always important to ask them if they have access to naloxone. Presenters have not heard of any decreased access or shortage; Doorways are always a good place to access naloxone.

Q7: As the acute care healthcare settings focus on COVID and there may be limited access to inpatient withdrawal management, any thoughts or considerations for patients who may be experiencing withdrawal from alcohol or benzodiazepines?

A7: While it is possible to assist someone in going through withdrawal at home, if you wouldn't be comfortable doing this pre-COVID, you should still be able to rely on the traditional healthcare system. The point of flattening the curve was to keep capacity for other issues like this in the healthcare system. If somebody is at severe risk for withdrawal, they need hospitalization.

There are some safer strategies for outpatient withdrawal, and not all patients will be willing to go to the hospital. Assessment and evaluation are very important and it is recommended to see the patient everyday (potentially via Zoom) if they are going through an outpatient withdrawal.

The American Society of Addiction Medicine has released guidelines on alcohol withdrawal.

Q8: Are there technical resources or best practices to help patients less familiar with telehealth technology or who do not have a computer or smartphone?

A8: Presenters have had success using user-friendly platforms such as Google Hangouts, RingCentral, as well as soliciting help from patient's family members. Some practices have begun sending cell phones to patients. In addition, some community partners have offered a safe, confidential space and phone line to patients to use for their visits.

Q9: Are panelists/participants aware of organizations in NH that are continuing or developing mobile, pop-up, or on-foot outreach for opioid use disorder med intake facilitation?

A9: Some programs are now offering phone intakes as a low barrier starting point. Other states do have programs that are doing more mobile outreach but this area needs to be explored more in New Hampshire. Dr. de Gijsel is working on a study of MAT receptivity during crisis conditions through mobile outreach. Any programs working on mobile outreach are encouraged to reach out to Dean LeMire.

A resource was shared for COVID-specific safety guidelines for organizations willing to continue or beginning outreach services: https://www.kingcounty.gov/depts/health/locations/homeless-health/healthcare-for-the-homeless/covid/street-outreach.aspx

Q10: What are people doing with patients on Vivitrol?

A10: Patients that receive Vivitrol will still need to make office visits in order to receive their injections.

Q11: I know that the Governor has an advisory board about SUD with the insurance companies. What has been happening with that at the state level?

A11: This has been continuing on a very fluid basis. If there are issues that come up related to insurance, please bring them to the attention of the NH Medical Society. There are a number of state agencies with whom they work to solve these. They try to aggressively vet those issues and forward them to the places where action can be taken.

Reimbursement Resources:

- COVID-19 Telehealth/Telemedicine Reimbursement Guide
- Telehealth/Telemedicine Vendor Options Guide

Additional Resources Shared:

- **Syringe Service Programs:**
  - Manchester's is mobile and can be accessed via phone.
  - The statewide listing of SSPs can be accessed from the NH Harm Reduction Coalition: http://nhhrc.org/
  - Ryan Fowler, CRSW can also assist practices with harm reduction questions or concerns; 603-276-9698
- **Family Support Groups:**
  - FASTER and other family support groups can be found at http://granitepathwaysnh.org/family-support-group/ and many are being held online via Zoom.