



Medication Assisted Treatment Community of Practice

Medication Assisted Treatment (MAT) Community of Practice (CoP)
June 11, 2020

Taking Stock: Planning for Continued Recovery Questions & Answers

CASE ONE:

Q1: How do you address issues of privacy when offering telemedicine?

A1: Suggestions from participants included:

- When patients call for their appointment during a time when they cannot maintain confidentiality, use this time to educate about confidentiality and reschedule the appointment. CRSWs and care coordinators can also help with confidentiality education.
- Texting is a helpful way to confidentially screen for intimate partner violence.
- There have been multiple patients who engage in sessions from their car to help with confidentiality.
- Hand signals can be a safe way to communicate about safety and violence when the patient is on video. In person screenings with safe distancing and precautions can be helpful to set up these signals/systems.
- The practice may make the decision to assume that everybody is not alone, and removed certain screeners just in case.
 - At the same time, use of the SDOH screening is increasing.
- Work with compliance team to send out paperwork via secure email or mail in order to allow patient to provide information.

Q2: If someone indicates suicidality remotely and you are not able to respond immediately, what do you do?

A2. We have asked people to confirm their location and their phone number at the beginning of session so that if suicidality comes up, we know their contact information and location.

Q3: How do you assess for and link patients to needed services?

A3: At Amoskeag, we use Doxy for telehealth and we can securely send documents as well as resources and provide warm handoffs through the platform. We have found this to be helpful. Being able to include other providers or translators, etc. in the visit can be helpful.

Q4: Are people referring patients to PRSS and RCOs? Are you experiencing success?

A4: Many have been aware of recovery support services available online, but even patients who have access to internet and computers, etc. have not followed through on accessing these services. We also referred people back to the Doorway for services and linking them to

supports like housing, but even that can result in no follow through sometimes. Moms in Recovery groups are now all virtual, but we have moved into more of a hybrid model, where people come in when they need to.

Q5: How would you proceed with this patient?

A5:

- Motivational interviewing to determine where she wants to go from here.
- This patient would be very difficult to support remotely.
- If she is willing to involve natural supports via releases, you might be able to talk to her about someone who is trusted and sober being involved.
- Trying to have her come in-person might allow her to be more candid. Doing back work like arranging transportation, etc. and finding support for her financial situation might make this possible.
 - Applying for things via phone can be very difficult for patients, so many want to use the computers at the office. Doorways can also be a place to fill out applications via computer.
- Perhaps consider alternative housing options that also include services. Residential services may be appropriate for this patient.

CASE TWO:

Q1: How can we best support/assist patients in the coping process of a breakup while in the midst of a pandemic?

A1: There are online support groups for those grieving the end of a relationship.

- A handout used by a practice was provided: <https://inspiringtips.com/how-to-move-on-after-end-long-term-relationship/>
- Consider connecting her to a peer recovery support worker to identify recovery goals and formulate a recovery plan. The recovery coaches/support workers collaborate and support people by providing accountability and strategies to continue to work on recovery goals.

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Q2: She has not been connected much with PRSS yet. What has been everyone's experience with PRSS during COVID?

A2:

- All RCOs are offering recovery coaching virtually during regular hours, some are even offering it more frequently. Many of them have a live chat button.
- NHrecoveryhub.org has information on virtual recovery supports.
- RCOs also have great creativity and art programs for recovery support.
- Hope for NH Recovery has been doing outdoor, socially distant all recovery groups.

Q3: Are you allowing patients to come in at all right now for a urine screening?

A3: Only if we find it to be absolutely necessary. We could offer this if the patient wanted it, but we also want to focus on how to support them without the need for these.

Q4: What are some strategies to normalize taking responsibility without having the accountability of urine screening?

A4: It's great that she understands the benefits of a urine screening. Maybe explore her feelings around that accountability so that she can create internal accountability strategies. It may be helpful to focus on supportive thought/feelings and body sensations.

Q5: Is anyone using oral swabs at home?

A5: If using oral fluid testing, the iA or POCT is not CLIA waived. You could have them send the swab in for lab processing. I believe this would be considered CLIA approved.

- Many providers will watch their patients do the swab while on video.
- Generally ASAM recommends weighing the pros and cons about in office testing.

CASE THREE:

Q1: Are there effective pharmacological and therapeutic interventions for patients using stimulants?

A1. The use of Adderall is discouraged. [There has been a study on the use of mirtazapine.](#) Stimulant use is tough to treat pharmacologically but is not impossible to treat with psychosocial treatment. Use of the matrix model is basically 'the kitchen sink' ~ lots of therapy, connections with others in recovery, and finding other joyful activities. It is important to properly prepare patients for what recovery may be like and how reaching her goals can happen.

It is also important to provide education about the adulteration of Methamphetamine with Fentanyl and provide patients with Naloxone.

Q2: Are there ways to help clients develop sober supports with a Stay at Home Order in effect?

A2:

- North Country Serenity Center has naloxone and other supports available. They may also have some in person socially distant programs.
- Where this patient has had a change in stability, it may be helpful to reassess using the ASAM criteria to determine the current appropriate level of care.
 - There are significant challenges in the North Country. There is not a PHP level program available and transportation is an issue.
 - This patient would be appropriate for intensive residential care, but she is not interested in this.

Q3: What other programs are available when access is a problem?

A3: Transportation and communication may be aided by the Doorway. Since she has had an OUD before, she would qualify for flex funds from the Doorway to increase her communication access.

Q4: Are there imminent danger concerns for this patient?

A4: Yes, she is using regularly and likely more than she sharing. She is also very affected by her relationship that is controlling and abusive. A recovery house for women recently opened nearby and I have spoken to her about this and domestic violence supports, but at the time she is not interested in seeking them out.