



April 19, 2021

## Guidance for Management in Opioid Treatment Programs

### During the COVID-19 Pandemic

During the COVID-19 pandemic, management of patients receiving medication assisted treatment (MAT) should focus on maintaining uninterrupted access to medication and treatment services for patients utilizing a thorough evaluation of **all** contributing factors that may compromise the health and safety of patients. This document was conceived and drafted by an OASAS convened clinical expert panel of NYS OTP Medical Directors, who have implemented successfully the federal blanket waiver for methadone take home doses and designated other flexibility during the COVID-19 public health emergency. The convened panel met and discussed best practices in an OTP during COVID-19 before drafting this document.

Our primary concern as health care providers must be patient health and safety, a concern amplified during a disaster, such as the COVID-19 pandemic. It is clear from a robust body of literature that the vast majority of patients are likely to be healthier, safer, and less likely to overdose if they maintain access to MAT.<sup>1</sup> This is true even for patients who may be diverting some of their medication, may continue to use substances, or may not always take their medications exactly as instructed.<sup>2</sup> At the same time, we know from early research that patients with substance use disorders (SUDs), including opioid use disorder (OUD), are more likely to have serious complications of COVID-19, including, but not limited to, hospitalization and death.<sup>3</sup> The risk of morbidity and mortality from COVID -19 infection exceeds the risk of imperfect use of medication for OUD for some patients.<sup>4,5</sup> Providers should maintain access to MAT while implementing all possible interventions to avoid COVID-19 infection, weighing risks versus benefits for the individual patient. Perceived medicolegal concerns can be mitigated by proper documentation of medical decision-making that emphasizes health and safety of the patient as the paramount concern.

### Interventions to consider implementing:

- **Expand take home doses of medication.** The provider should conduct an evaluation of each patient's take home schedule individually and implement the modified take home schedule, as applicable, rapidly weighing factors that influence patient health and safety during the COVID-19 pandemic against the risks of overdose and diversion.

**Example:** Considering the individual patient's medical conditions, which elevate risk during infectious disease outbreaks, including mobility issues, COVID-19 vaccination status, and the distance of the patient from clinic during possible disruptions of transportation affecting the patient's ability to travel to the clinic and the potential risk of infection by utilizing public transportation to/from the clinic.

- **Maintain expanded take home doses until the public health state of emergency has ended,** utilizing safe medication handling as the primary factor under consideration, not current substance use.

**Example:** Patients that handle medication well and do not pose risk to themselves or others should maintain an expanded take home schedule until the public health emergency is over. Schedules should not be increased solely due to active substance use during the state of emergency.

- **Aggressive distribution of naloxone and overdose prevention training to all** patients regardless of active substance use.
- **Robust implementation of telepractice** to provide services that do not require the patient to be on site.
- **Expand use of telepractice to observe** doses as an intervention to increase access safely to expanded take home doses.

**Example:** Patients who are receiving expanded take home medications can schedule regular audiovisual telepractice sessions with an OTP nurse who will observe virtually the patient taking their medication. During the telepractice visit, the nurse can verify visually that the patient has the medication in their possession and has the correct number of take home doses.

- **Proper management of clinical staff and utilization of scheduled appointments** for patient dosing to reduce likelihood of delays in receipt of medication, which could result in clinic overcrowding or lines.
- **Encourage COVID-19 vaccination among OTP staff and patients. Become a COVID-19 vaccinating entity. Engage COVID-19 vaccine hesitant staff and patients.**
- As possible, **medicate patients outdoors or in vehicles** to reduce risk of exposure to staff and other patients.
- Where applicable, **deliver medication to patients** who are unable to travel to the clinic to pick up their medication. Best practice is for two staff persons, who are accountable and considered reliable, to deliver medication and to ensure safeguarding of the medication.
- **Identify use of designated others**, and continuously evaluate possible designated other options, to facilitate uninterrupted access to medication and keep patients in a safe setting. Engage support persons to improve outcomes during times of emergency and expanded take home doses.

**Example:** A patient who resides in supportive housing is unable to manage take home medication safely but is at high risk for COVID-19 morbidity and mortality. OTP staff work with the nurse or other staff person at the residence to identify a staff member who can accompany the patient to the OTP twice per month, in lieu of daily visits, and assist with safeguarding the medication while in transit. The staff at the facility are engaged in facilitating daily self-administration of dosing and safeguarding of the methadone take home doses.

**Example:** An elderly patient at high risk of COVID-19 mortality identifies her son as a reliable support person who could pick up her medication monthly and deliver it to her during the COVID-19 emergency. OTP staff evaluate and determine that the son is fit to serve as her designated other. The son presents to clinic monthly to pick up the patient's medication and delivers it to her for the duration of the emergency, thereby reducing her risk of exposure to COVID-19 through avoidance of travel. All other OTP services are provided to the patient via telepractice.

- **Reach out to colleagues to collaborate on best practices**, to share guidance and regulatory information, and to secure collegial support during times of crisis.
- **Proactively pursue interventions to reduce barriers and safety risks.**

**Example:** COVID-19 vaccine access, public transportation access, COVID-19 testing access, reinforcement of mask wearing, and social (physical) distancing.

- **Identify and coordinate with a guest OTP** that can dose and provide take home medication to patients that may be closer in proximity to the patient, or to the designated other, to reduce travel risks. Provide telepractice services during this guest dosing arrangement.
- **Access the Lighthouse Central Registry for dose verification** of patients who come to a local OTP that is not their home OTP in need of *emergency* guest dosing and the OTP is unable to coordinate the guest dosing arrangement prior to or in the moment. If unable to access the Central Registry for dose verification, use clinical judgment in providing guest medication during an emergency. Patient self-report of their medication dose during an emergency event should be honored unless contraindicated.<sup>6</sup>
- **Communicate with regulatory bodies** for information on regulations that may be lifted or relaxed during states of emergency. Communicate changes with staff effectively to promote a sense of medicolegal security during emergencies.

#### **NYS OTP Leadership Panel Members:**

Dr. Ann Bordwine Beeder

Dr. Ann Boyer

Dr. Bangaru Raju Kolanuvada

Dr. Robert Rosenbaum

Dr. Sara Lorenz Taki

#### **Lead Author:**

Dr. Sara Lorenz Taki

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