CEPOP-MAPDA Webinar Series

The event will begin shortly.

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CEPOP
COLLABORATIVE FOR EFFECTIVE PRESCRIPTION OPIOID POLICIES

MAPDA | MOTHERS AGAINST PRESCRIPTION DRUG ABUSE

Confluence of a National Epidemic and Global Pandemic

Confronting Pain and Opioid Use Disorders Amid COVID-19

Digital Health and Telemedicine

Monday, July 20, 2020

3:00pm – 4:00pm

CEPOP
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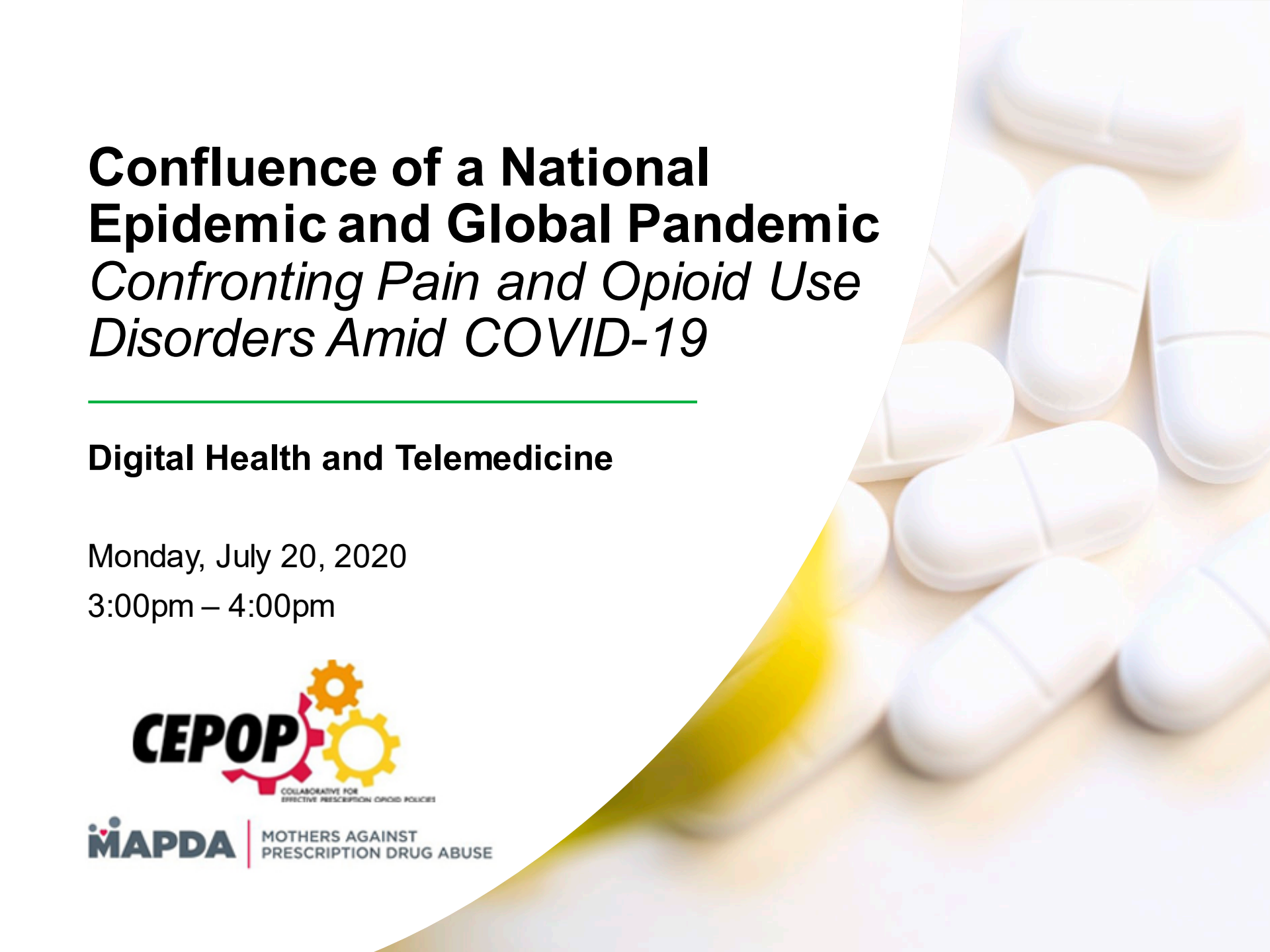

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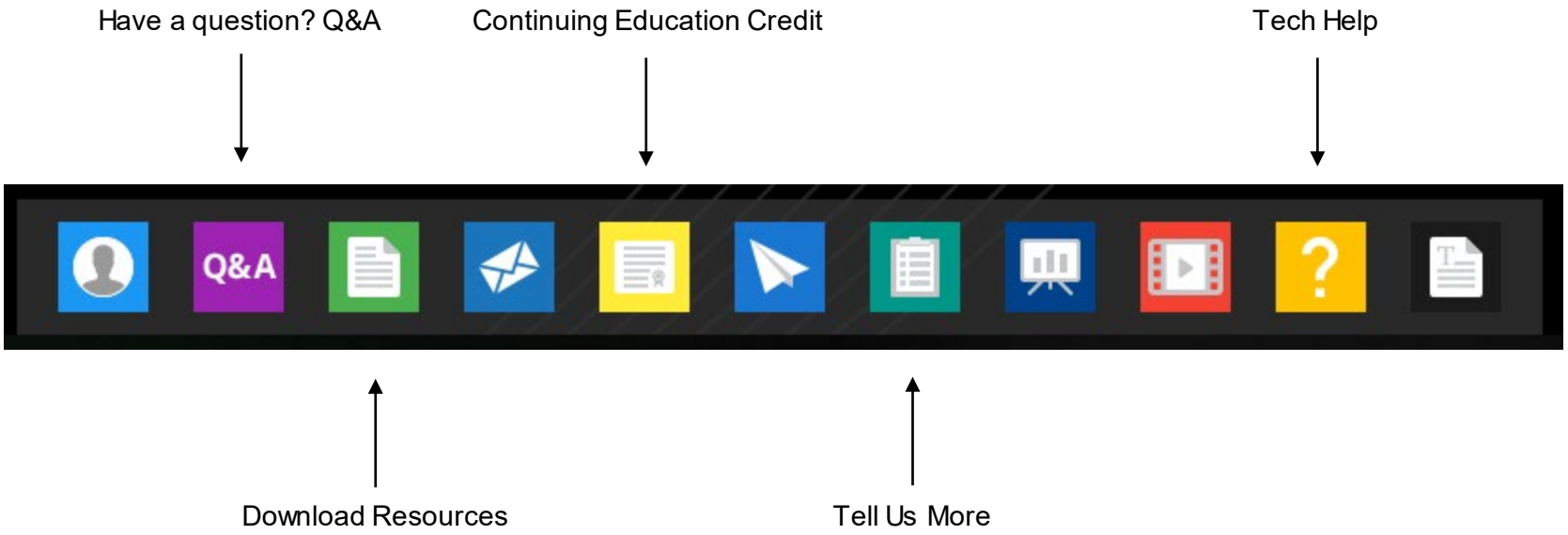

Today's Session Moderators

The Honorable Mary Bono

Chairman and CEO, MAPDA
CEPOP Co-Convener

Rich Hamburg, MPA

Executive Director, Safe States Alliance
CEPOP Steering Committee Member

Today's Agenda

1. **Welcome, Introduction and Opening Remarks**
2. **Leveraging Existing Programs to Ensure Care Continuity During COVID-19**
   Randy Pate, JD, MPH, *Deputy Administrator and Director, Center for Consumer Information & Insurance Oversight, Centers for Medicare & Medicaid Services*
3. **Leveraging Technology and Innovation to Drive Evidence-based Care:** *Cataloging the Impacts of COVID-19 on Treating Pain and Addiction*
   a. **Jeffrey Gudin, MD,** Co-Editor-at-Large, Practical Pain Management
   b. **Samantha Holcombe, MPH,** Senior Director, Practice Improvement and Consulting, National Council for Behavioral Health
   c. **Tania Malik, JD,** Immediate-Past Chair, Special Interest Group on Telemental Health, American Telemedicine Association
4. **Open Question & Answer Section**
5. **Concluding Remarks**

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Ensuring MH/SUD Care Continuity During COVID-19

Mr. Randy Pate, JD, MPH

Deputy Administrator and Director

Center for Consumer Information & Insurance Oversight (CCIIO)

Centers for Medicare & Medicaid Services (CMS)

Leveraging Technology and Innovation to Drive Evidence-based Care

Cataloging the Impacts of COVID-19 on Treating Pain, Mental Health and Substance Use Disorders

Meet Your Speakers

Jeffrey Gudin, M.D.

Co-Editor-at-Large, Practical Pain Management

Samantha Holcombe, MPH

Senior Director, Practice Improvement and Consulting, National Council for Behavioral Health

Tania S. Malik, J.D.

Immediate-Past Chair, Special Interest Group on Telemental Health, American Telemedicine Association

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Chronic Pain and the COVID-19 Pandemic:

Get ready for a spike in drug misuse and DEATHS!

Jeff Gudin, MD

Jeffrey Gudin, M.D.

- Associate Clinical Professor, Anesthesiology and Perioperative Medicine, Rutgers New Jersey School of Medicine
- Board Certified: Pain Management, Anesthesiology, Addiction Medicine and Palliative Care
- Previous Director of Pain Management and Palliative Care, Englewood Hospital and Medical Center, New Jersey
- Senior Medical Advisor, Drug Monitoring at Quest Diagnostics

COVID and controlled substances

- Clinicians who treat patients with pain and substance use disorders should recognize that during the pandemic, patients are at risk for increased misuse of alcohol (Katrina), prescription, and illicit drugs simply from stress, economic and social repercussions
- Uncertainty and fears of harm to those we love combined with disruptions to daily life are leading to increased anxiety
  - Probably worse for those with preexisting psychological issues, but certainly an issue even for those without
- The risk for substance abuse is likely to vary based on predisposing factors
  - Depression, anxiety, chronic pain, SUDs

Treatment Options

Multimodal and Interdisciplinary

Chronic Pain and Risk of Prescription Drug Misuse

Requires an Individualized Approach to Optimize Outcomes

1. Compliance is a major issue
2. Pathology and treatment are complex
3. Pain, opioid use disorder, and overdose deaths are significant public health issues

‘Cries for help’: Drug overdoses are soaring during the coronavirus pandemic

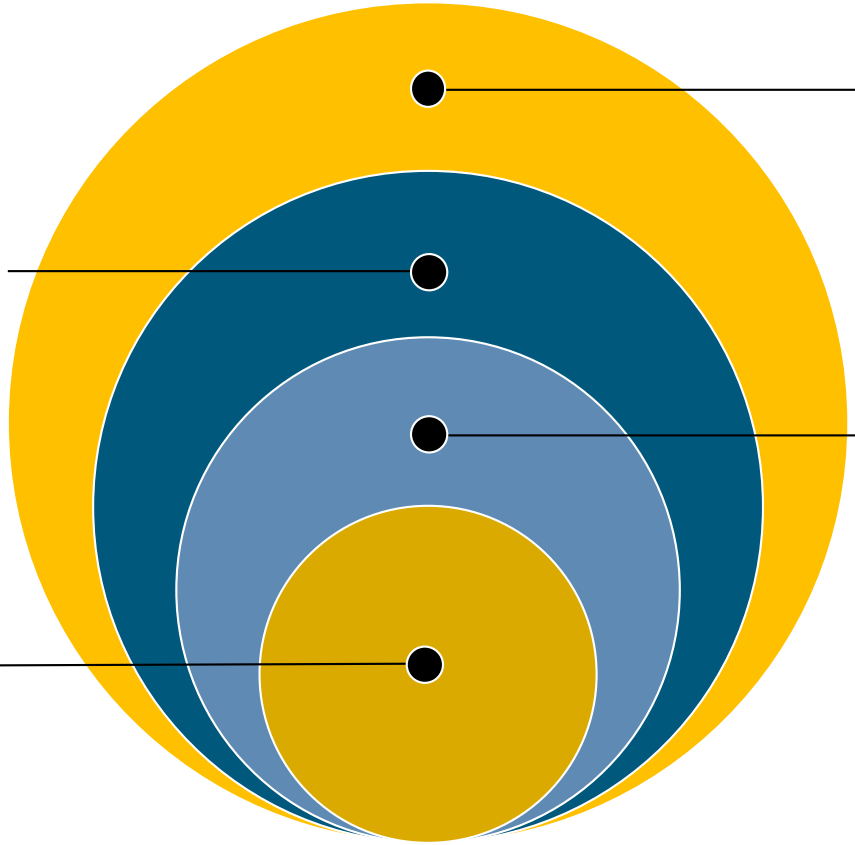
- “Nationwide, federal and local officials are reporting alarming spikes in drug overdoses — a hidden epidemic within the coronavirus pandemic. Emerging evidence suggests that the continued isolation, economic devastation and disruptions to the drug trade in recent months are fueling the surge”

  Washington Post

- Suspected overdoses nationally jumped 18% in March, 29% in April and 42% in May compared with last year,
  - according to the Overdose Detection Mapping Application Program, a federal initiative that collects data from ambulance teams, hospitals and police.
- Research has established strong links between stagnating economies and increases in suicides, drug use and overdoses.

Chronic Pain Population

Opioid Harm is not limited to non-medical users



Total Chronic Pain Population

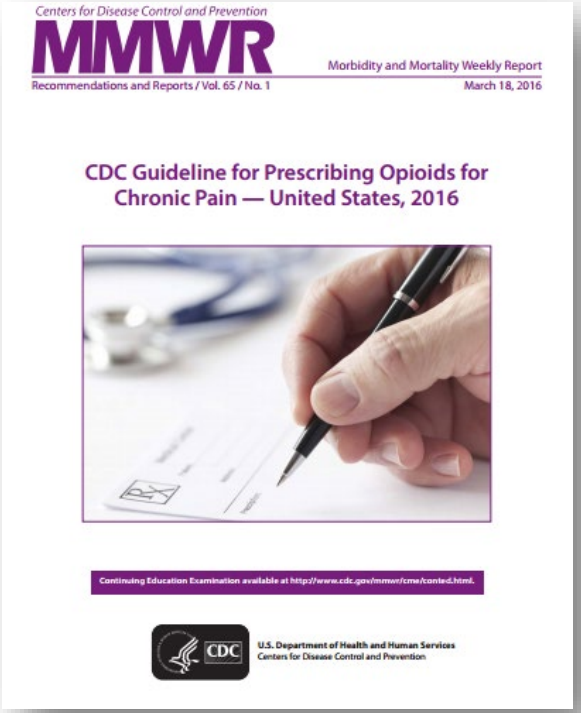
Aberrant Medication-Taking Behaviors (AMTBs)

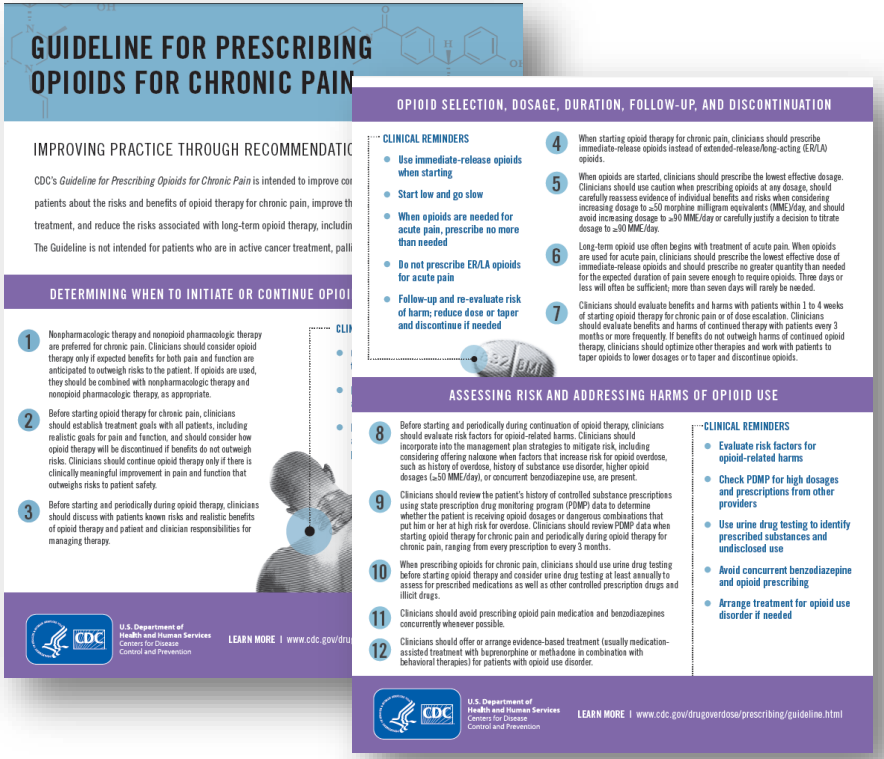
Prescription Drug Abuse

Opioid Use Disorder

Responsible Opioid Prescribing

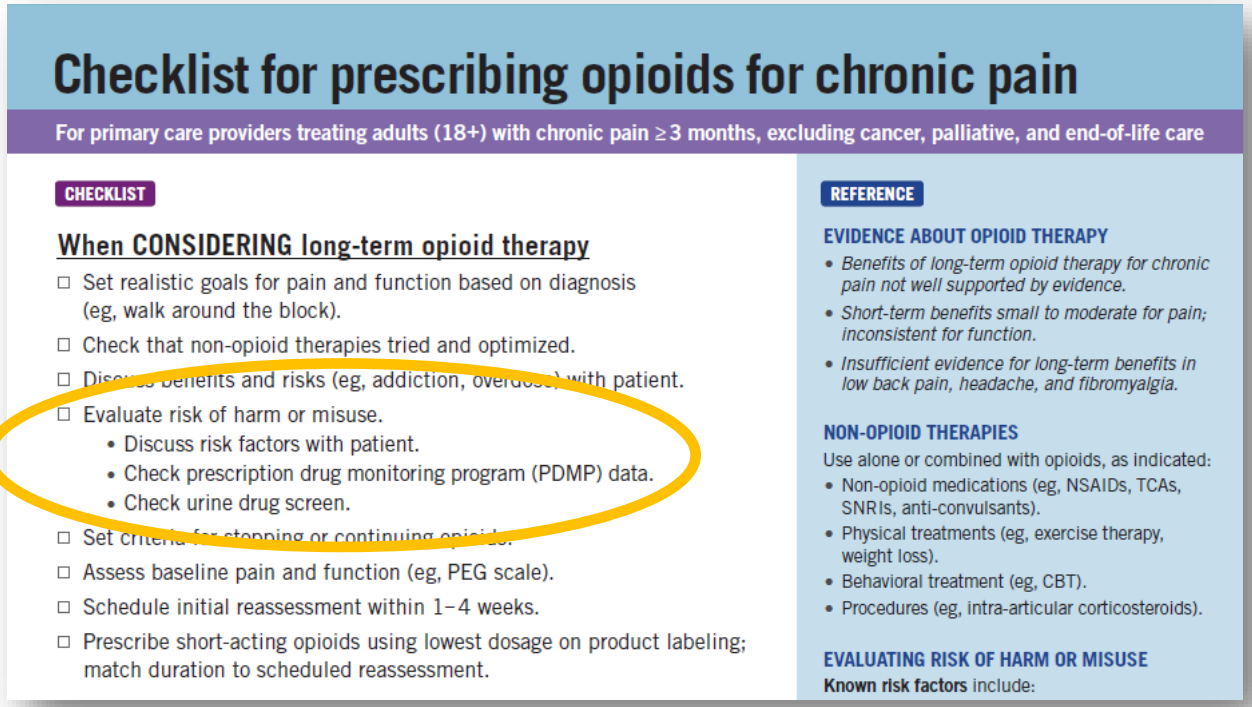
CDC Guidelines and Facts Sheet





Responsible Opioid Prescribing

CDC Guideline Checklist



Checklist for prescribing opioids for chronic pain

For primary care providers treating adults (18+) with chronic pain ≥ 3 months, excluding cancer, palliative, and end-of-life care

CHECKLIST

When CONSIDERING long-term opioid therapy

- ☐ Set realistic goals for pain and function based on diagnosis (eg, walk around the block).
- ☐ Check that non-opioid therapies tried and optimized.
- ☐ Discuss benefits and risks (eg, addiction, overdose) with patient.
- ☐ Evaluate risk of harm or misuse.
  - Discuss risk factors with patient.
  - Check prescription drug monitoring program (PDMP) data.
  - Check urine drug screen.
- ☐ Set criteria for stopping or continuing opioids.
- ☐ Assess baseline pain and function (eg, PEG scale).
- ☐ Schedule initial reassessment within 1–4 weeks.
- ☐ Prescribe short-acting opioids using lowest dosage on product labeling; match duration to scheduled reassessment.

REFERENCE

EVIDENCE ABOUT OPIOID THERAPY

- *Benefits of long-term opioid therapy for chronic pain not well supported by evidence.*
- *Short-term benefits small to moderate for pain; inconsistent for function.*
- *Insufficient evidence for long-term benefits in low back pain, headache, and fibromyalgia.*

NON-OPIOID THERAPIES

Use alone or combined with opioids, as indicated:

- Non-opioid medications (eg, NSAIDs, TCAs, SNRIs, anti-convulsants).
- Physical treatments (eg, exercise therapy, weight loss).
- Behavioral treatment (eg, CBT).
- Procedures (eg, intra-articular corticosteroids).

EVALUATING RISK OF HARM OR MISUSE

Known risk factors include:

When considering long-term opioid therapy

Evaluate risk of harm or misuse by:

- Discussing risk factors with patients
- Checking PDMP data
- Checking urine drug screens

To Continue or Discontinue Opioid Therapy

- Continue opioid therapy if there is
  - Effective pain relief
  - Improvement in physical and/or psychosocial functioning
  - Acceptable side effects and patient compliance
- Have an exit strategy prepared. Consider discontinuing if there is
  - Lack of pain reduction
  - Lack of functional and/or psychosocial improvement
  - Unacceptable side effects or patient compliance
- Distinguish between abandoning opioid therapy and abandoning the patient

Pain and SUD Patients and the COVID-19 Pandemic

https://www.asra.com/page/2903/recommendations-on-chronic-pain-practice-during-the-covid-19-pandemic
https://www.ama-assn.org/delivering-care/public-health/covid-19-policy-recommendations-oud-pain-harm-reduction

- For patients with chronic pain requiring opioids, the American Society of Regional Anesthesia recommends not changing patient regimens during this crisis.
- In addition
  - Clinicians can use telemedicine to closely monitor patient physical and mental status
  - Ensure existing Rx to avoid withdrawal
  - Provide naloxone education and Rx for high-risk patients
- For those patients with opioid use disorder, the AMA also recommends ensuring continued access to care
  - and also recommended that medications to treat addiction (buprenorphine, methadone, naltrexone) and medications to reverse opioid-related overdose (naloxone) be designated as "essential services" to reduce barriers to access during "shelter-in-place" orders

Pain and SUD Patients and the COVID-19 Pandemic

Recommendations for patients to cope with stress

- Reiterate the importance of using medications exactly as directed
  - Reinforce that analgesics, sedatives, and muscle relaxants are NOT stress or sleeping pills!
- Patients should avoid using ANY alcohol or illicit drugs
- Take breaks from watching, reading, or listening to repeated news stories, especially on social media
- Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep
- Take deep breaths, stretch, or meditate
- While using appropriate social distancing practices, connect with others. Talk with people you trust about how you are feeling

Digital Health and Telemedicine

- The way in which we are treating acute and chronic pain has changed!
- Need for prescription analgesics persist- but clinicians are flying blind when it comes to being able to adequately monitor patients prescribed controlled substances.
- All patients, but especially those with psychiatric or substance use disorders and chronic pain, are at risk for excessive alcohol consumption and medication overuse during times of stress
- Clinicians who prescribe opioid analgesics must develop skill sets in prescription drug monitoring, even if they don't want to!
- During this public health crisis, clinicians should be committed to monitoring not only patients' physical conditions, but their mental status as well
- Resources are available to help, and we need to help those in need to get back on track and reverse the trends in drug misuse in this country

National Council for Behavioral Health

The **National Council for Behavioral Health** is the unifying voice of America's health care organizations that deliver mental health and addictions treatment and services.

Represent over **3,300 community behavioral health organizations** across the country.

Policy Changes that Facilitate Access to Behavioral Health Services

Expanding telehealth

Suspended enforcement of HIPAA

Loosening restrictions on modalities

Provision of services across state lines

Waiving patient cost shares for services

Expanding the list of services eligible for telehealth

Allowing for telephonic care in some instances

1135 Medicaid waivers

Temporarily suspend Medicaid fee-for-service prior authorization requirements

Allowances to temporarily enroll providers who are enrolled with other State Medicaid Agencies or Medicare

Substance use disorders

Increased take-home dosing (up to 28 days in some cases)

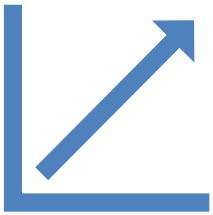
No physical evaluation needed for buprenorphine dosing

In some cases, allowing for services to be delivered via telehealth, including telephone where needed

42 CFR Part 2 suspended during emergencies

Policies can vary greatly by state, payer, etc.

The Shift to Telehealth

<20%  **>60%**

Proportion of care provided virtually pre- and post-PHE amongst surveyed BH providers

Expanded services and providers eligible for telehealth

Challenges Facing Behavioral Health Providers

Procuring telehealth equipment (financials and availability)

Rapidly training staff in telehealth delivery

Patient access to technology

Patient wariness of technology

Significant drops in revenue

Future Considerations/Implications

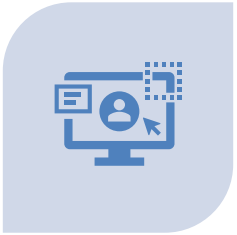
Increased need

Health equity

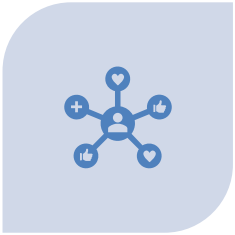
Parity in reimbursement

Maintaining quality of care

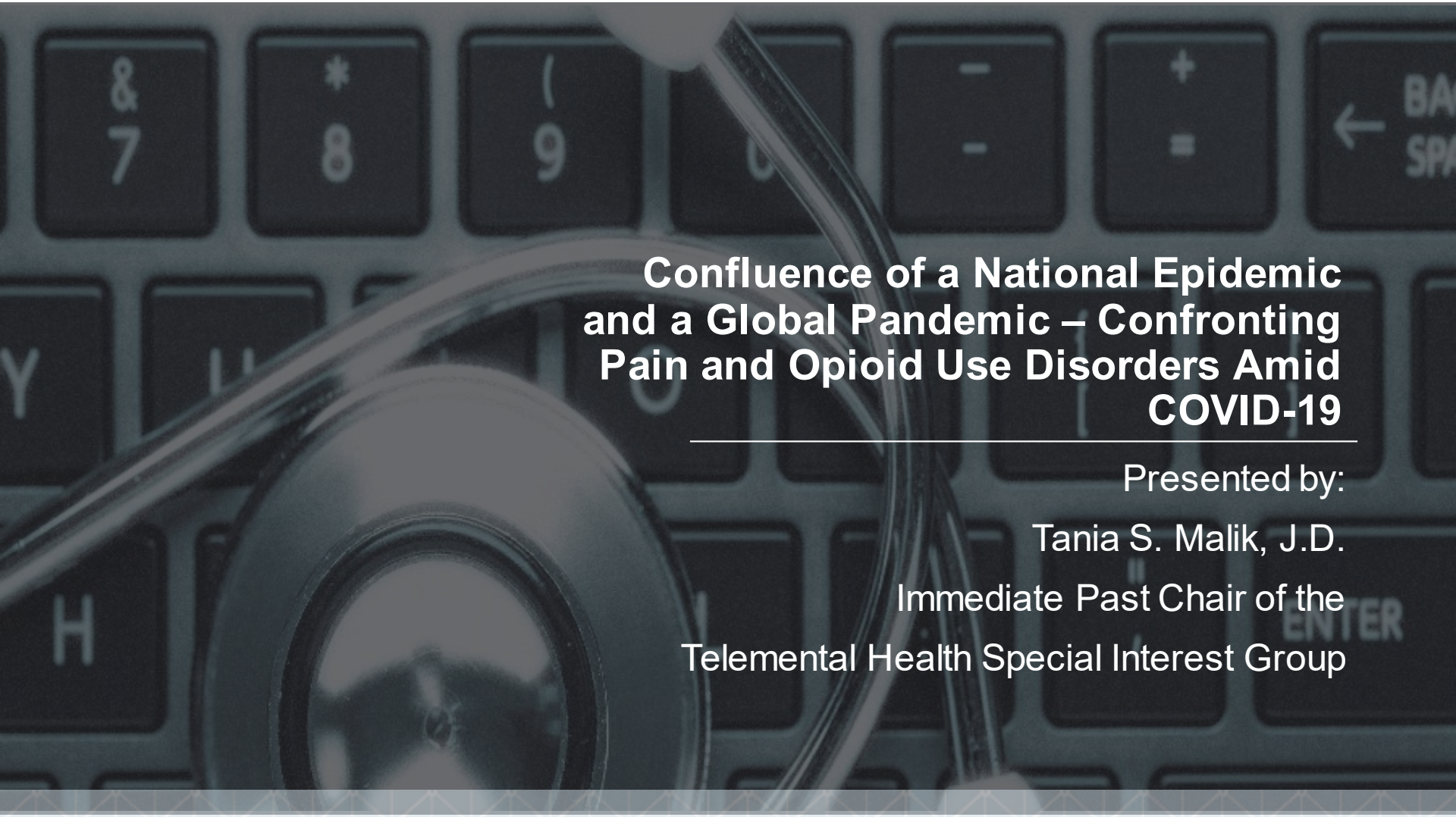
Population health management



Leveraging digital technologies



Mixed delivery methods



Confluence of a National Epidemic and a Global Pandemic – Confronting Pain and Opioid Use Disorders Amid COVID-19

Presented by:

Tania S. Malik, J.D.

Immediate Past Chair of the

Telemental Health Special Interest Group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Events
TELEHEALTH IS HEALTH
ATA is working to transform health and care through enhanced, efficient delivery.

Some BASIC DEFINITIONS

- Originating Site: Where the patient is
- Distant Site: Where the clinician is
- Asynchronous: Not at the same time
- Synchronous: At the same time
- Store and Forward: Basically asynchronous

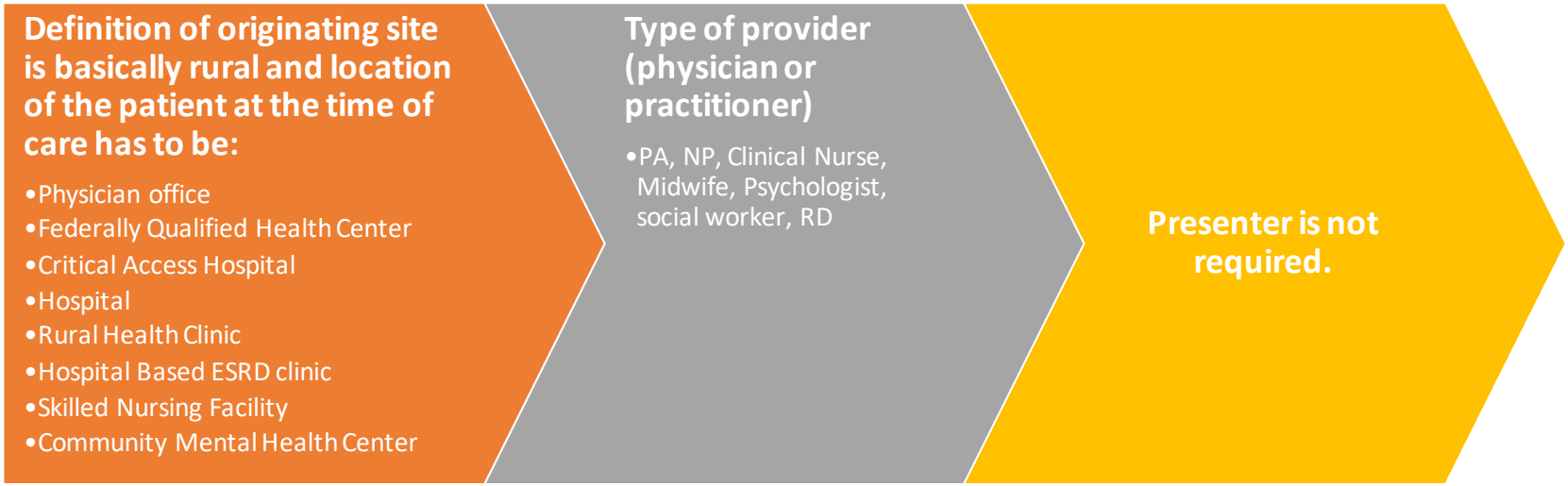
Best Practices in Videoconferencing-Based Telemental Health (April 2018)

The American Psychiatric Association

and

The American Telemedicine Association

1834(M) OF SSA REQUIREMENTS FOR REIMBURSEMENT FOR TELEHEALTH




Medicare Telehealth Services Benefit
Expanded on Temporary and Emergency Basis
- 1135 Waiver Authority
- Coronavirus Preparedness and Response Supplemental Appropriations Act
- Coronavirus Aid, Relief, and Economic Security Act (CARES Act)

Since COVID-19, significant changes Are:

- The patient's home can be an originating site.
- 49 States have waived license restrictions
- Waived the in-person requirement in Ryan Haight (is one of the 7 exceptions)
- Added coverage for about 80 additional services via telehealth (e.g., speech pathology, physical therapy)
- Need a good faith effort for HIPAA
- Waived certain types of technology that can be used

Ryan Haight act

Prohibits physicians from prescribing controlled substances without an in-person exam

In a PHE, that requirement can be waived

ATA has been working for years for a special registration

Likelihood of permanent change?

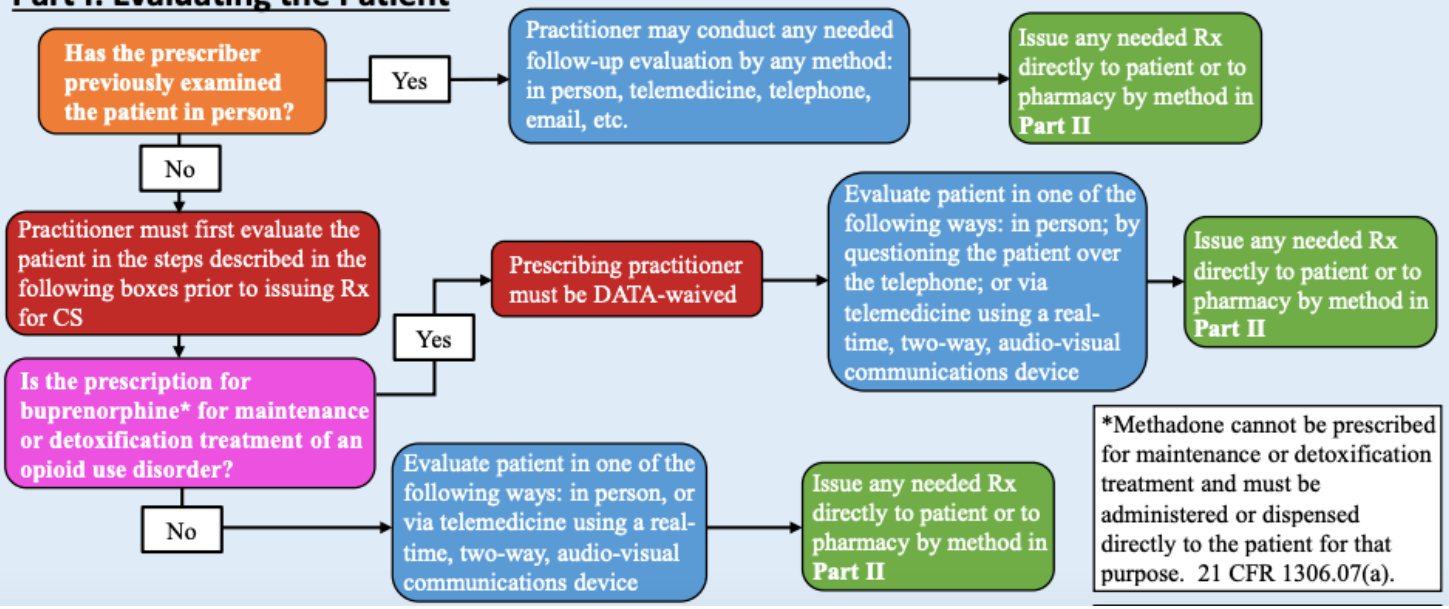
How to Prescribe Controlled Substances to Patients During the COVID-19 Public Health Emergency

In response to the COVID-19 public health emergency declared by the Secretary of Health and Human Services, the Drug Enforcement Administration (DEA) has adopted policies to allow DEA-registered practitioners to prescribe controlled substances without having to interact in-person with their patients. This chart only addresses prescribing controlled substances and does not address administering or direct dispensing of controlled substances, including by narcotic treatment programs (OTPs) or hospitals. **These policies are effective beginning March 31, 2020, and will remain in effect for the duration of the public health emergency, unless DEA specifies an earlier date.**

This decision tree merely summarizes the policies for quick reference and does not provide a complete description of all requirements. Full details are on DEA's COVID-19 website (https://www.deadiversion.usdoj.gov/coronavirus.html), and codified in relevant law and regulations.

Under federal law, all controlled substance prescriptions must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his/her professional practice. 21 CFR 1306.04(a). In all circumstances when prescribing a controlled substance, including those summarized below, the practitioner must use his/her sound judgment to determine that s/he has sufficient information to conclude that the issuance of the prescription is for a bona fide medical purpose. Practitioners must also comply with applicable state law.

Part I: Evaluating the Patient



State laws

Check your privacy laws

Medicaid rules and regulations

Commercial Payor Policies

Will these changes stay?

30 Senators ask to make the changes permanent

"Doing so would assure patients that their care will not be interrupted when the pandemic ends. It would also provide certainty to health care providers that the costs to prepare for and use telehealth would be a sound long-term investment," Schatz wrote in the letter, which was co-signed by a bipartisan group of senators including Commerce Chair Roger Wicker, R-Mississippi; Mark Warner, D-Virginia; Kyrsten Sinema, D-Arizona; Lisa Murkowski, R-Alaska; Lindsey Graham, R-South Carolina; and Amy Klobuchar, D-Minnesota.

The number of Medicare beneficiaries using telehealth services during the pandemic increased 11,718% in just a month-and-a-half, according to Schatz.

From Fierce Healthcare

Some states have already made the changes permanent

Massachusetts (June 26, 2020) Source: HIPAA Journal-July 10, 2020

Colorado (prohibits health insurance companies from requiring a patient to have a pre-established relationship with a virtual care provider, removes tech restrictions, and removes requirement of additional licensure for telehealth practice for Medicaid and state regulated plans). Source: HIPAA Journal-July 10, 2020

Idaho (allows out-of-state practitioners to practice via telehealth). Idaho went from 3,000 sessions during March through May last year to a staggering 117,000 sessions during the same time period this year – a 40-fold increase. Source: Governor's Press Release

Additional Source: https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf

Remember Ryan Haight is a federal law

FOR IMMEDIATE RELEASE

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Taskforce on Telehealth Invites Public Input

Website established, virtual town hall planned to solicit comments on future telehealth policy.

The multi-stakeholder Taskforce on Telehealth Policy is seeking input from the public as it develops policy recommendations to advance quality and patient experience while establishing a stable, long-term environment that fosters the growth and integration of remote services within the healthcare system.

The taskforce is being convened by the National Committee for Quality Assurance (NCQA), the Alliance for Connected Care, and the American Telemedicine Association (ATA). Members include a broad spectrum of quality experts, consumer advocates, providers and health plans. Most recently, former US Surgeon General Dr. Regina Benjamin joined the panel. Click here to see a full list of taskforce members.

"This taskforce seeks to represent healthcare providers, plans, consumer advocates and experts from the public, private and non-profit sectors, creating consensus recommendations for policymakers on the safe, effective, and efficient adoption of telehealth," added Ann Mond Johnson, CEO, the ATA. "We urge all telehealth stakeholders to share their insights."

Things to think about to #cement the gains

Effect on Telehealth and its Cost of Care

Patient Safety and Program Integrity

Data Flow, Care Integration and Quality Measurement

Policy

Thank you!

Tania S. Malik, J.D.
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Open Question & Answer Session

Please submit questions to our panelists using the chat function in the left-hand side of your screen.

If joining via mobile device, email questions to matthew.rubin@faegredrinker.com.

Upcoming CEPOP-MAPDA Webinars

Policy Changes to Medication-Assisted Treatment

Monday, July 27 at 3:30 p.m. ET

Access and Utilization of Overdose Reversal Medications

Monday, August 10 at 3:00 p.m. ET

Excess Medications in the Home

Monday, August 17 at 3:00 p.m. ET

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MAPDA | MOTHERS AGAINST PRESCRIPTION DRUG ABUSE

Thank you for joining us today!

Please refer any questions to:

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+1 202 312 7456