NEW YORK STATE | Office of Addiction Services and Supports

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COVID-19 and Telehealth Changes for SUD Treatment Presentation for the NYSAM Annual Meeting 2/5/21

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Disclosure Information

Kelly S. Ramsey, MD, MPH, MA, FACP
(Dr. Ramsey has no significant financial disclosures)

ASAM American Society of Addiction Medicine

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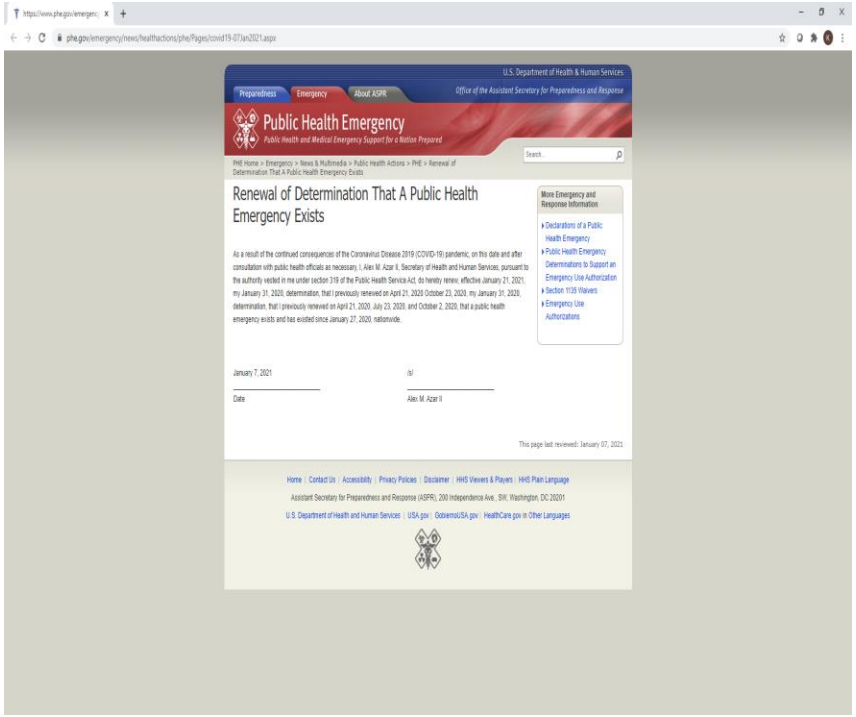
COVID-19: National Public Health Emergency



- On January 31, 2020, the Secretary of the Department of Health and Human Services issued a national public health emergency (PHE) (HHS Public Health Emergency Declaration).
- The PHE must be renewed in 90-day increments; the current PHE expires 4/21/21
- DHHS has issued a statement that they anticipate the PHE to be continued possibly through the end of 2022 and will advise the states 60 days before the expiration date if it will not be renewed

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COVID-19: NYS Executive Orders

- March 7, 2020: NYS Executive Order 202 emergency begins
- March 12, 2020-Present: must renew every 30 days
- 60 plus NYS Executive Orders provided statutory and regulatory relief:
    - covered all areas of government and public health
    - For OASAS providers: regarding expansion of telehealth; criminal background check requirements, criminal justice issues; medical practitioners expansion, insurance law waivers
    - OASAS internal: waived open meetings requirements; non-essential workers directed to stay home; in person workforce reductions; extended statute of limitations in court and administrative proceedings

What Is Telehealth?

- Telehealth is different from telemedicine because it refers to a broader scope of remote healthcare services than telemedicine. While telemedicine falls under telehealth, it refers specifically to remote clinical services whereas telehealth can refer to remote non-clinical services (i.e. training, meetings, medical education, and clinical services).
- Telemedicine (pre-COVID-19) has been the use of synchronous two–way electronic audio-visual communications to deliver clinical services (assessment, diagnosis, and treatment), while such patient is at the originating site and a telehealth provider is at a distant site.
- Telemedicine technology (pre-COVID-19) has been used frequently for follow-up visits, management of chronic conditions, medication management (including with buprenorphine), specialist consultation, and a host of other clinical services that can be provided remotely via secure audio-visual connections
- Telehealth (pre-COVID-19) has excluded audio–only, fax–only and email–only transmissions; and is limited to telemedicine, store-and-forward (asynchronous), and remote patient monitoring

Telehealth Stats from the Patient Perspective *Pre-COVID-19*

- 76% of patients prioritize access to care over their need for an in-person interaction
- Nearly 75% of patients are comfortable communicating with a provider via technology in place of an in-person visit
- 65% of patients surveyed are interested in seeing their PCP over video
- In a study of 8,000 patients who used telehealth services, patients found no difference between the virtual appointment and an in-person office visit

COVID-19: OASAS Outpatient Programs

- Vulnerabilities:
  - In-person services, including groups
  - Public transportation
- Response:
  - Rapid move to telehealth, including for medication for opioid use disorder (MOUD), for all but those individuals who could not be served appropriately remotely (eg. crisis services, no access to technology)
  - Infection control summary guidance (from NYS DOH, CDC, etc.)
  - Suspension of most toxicology testing

COVID-19: NYS Opioid Treatment Programs

- Vulnerabilities:
  - Lines/crowds for daily methadone dosing
  - In-person services, including groups
  - Public transportation
  - Staffing/PPE
- Response:
  - Blanket waiver for expanded take home flexibility
  - Expanded designated other flexibility
  - Rapid move to telehealth, including for MOUD, for all but those individuals who cannot be served appropriately remotely (eg. methadone induction visits, crisis services, no access to technology)
  - Infection control summary guidance (from NYS DOH, CDC, etc.)
  - Minimize toxicology testing and routine in-person medical services
  - Methadone delivery service (MDS) in NYC

COVID-19: Regulatory Changes Regarding Methadone

- **<u>Federal Emergency Waivers for OTPs</u>:**

- Weekend of 3/13/20-3/15/20: An emergency SAMHSA waiver was secured for NYS
- Week of 3/16/20: SAMHSA provides a regulatory blanket waiver for all states with declared states of emergency:
- The state may request blanket exceptions for all stable patients in an OTP to receive 28 days of Take-Home doses of the patient's medication for opioid use disorder
- The state may request up to 14 days of Take-Home medication for those patients who are less stable but who the OTP believes can safely handle this level of Take-Home medication

COVID-19: Prevention and Recovery Services

Prevention

- Schools closed or moved to remote learning
- Prevention services moved to telehealth

Recovery

- Providers polled to ask about ability to use telehealth
  - 66% reported able to deliver services via telehealth
  - Biggest challenges are technology and access to technology

Telehealth Changes

- Move to rapid approval of telehealth “applications” – review standards, sign and submit attestation, approved upon submission
  - Pre-COVID-19: 100 providers were approved for telehealth; during COVID-19: 500 rapid access applications were submitted and approved

- Services included those in current program regulations or state-issued guidance, as clinically appropriate, and were expanded to include Peer Support Services and MOUD (medication for opioid use disorder)
  - Telephonic (audio only) visits were allowed

- Cost sharing for commercial plans regulated by NYS DFS was waived
  - No co-pays, no deductibles
  - DFS issued a circular letter and emergency regulations

Pre-COVID-19: Telehealth Regulations Regarding MOUD

- For buprenorphine: because buprenorphine is a controlled medication, all INITIAL buprenorphine visits needed to be in person, not via telehealth; inductions via home induction (*preferred*)
- For buprenorphine: all follow-up (maintenance) visits for buprenorphine could be via telehealth (2-way audio-visual platform only)
- For naltrexone: initial and follow-up visits could be via telehealth (2-way audio-visual platform only); obviously, receiving injectable naltrexone requires the patient to be present in a clinic site where a clinical staff member could give the injection
- **For methadone (context: OTP): all initial and follow-up visits needed to be in person, not via telehealth**
- Telehealth needed to be delivered via a HIPAA-compliant, 2-way audio-visual platform (telephonic audio only visits were not permissible)

COVID-19: Regulatory Changes Regarding MOUD

- For buprenorphine, as of 3/31/20: SAMHSA and the DEA allowed all visits can be via telehealth (initial and maintenance); no in-person DEA licensed provider required; home induction; this flexibility allowed for continued/expanded access to low threshold buprenorphine during COVID-19

- For naltrexone: all visits can be via telehealth (initial and maintenance); however, receiving injectable naltrexone still necessitates a visit to a clinic site for administration of the injection

- For methadone (context: OTP); **INITIAL** visit must be in person (not via telehealth); follow-up visits can be via telehealth

- Telehealth does *NOT* need to be delivered via a HIPAA-compliant platform (including for 42 CFR Part 2 covered patients); it can be done by a variety of social media platforms, including FaceTime, Skype, WhatsApp, Facebook Messenger, Google Hangouts (public facing platforms are not permitted: Facebook Live, Twitch, TikTok, etc.)

- Telephonic (audio only) visits may be used for ALL MOUD appointments, including initial appointments for buprenorphine (as of 3/31/20: https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf)

OASAS Guidance Regarding Services During COVID-19

- **OASAS (Office of Addiction Services and Supports):**
- Guidance applies to OASAS-regulated programs (not private practitioners or other entities delivering MOUD)
- Telehealth for Medicaid-reimbursable services is expanded to include: two-way audio-visual communication, video (via Smartphones and other devices), and *telephonic* (audio only)
- Services to be delivered are those allowable under current program regulations or State-issued guidance as clinically appropriate and include assessment, individual, group, medication management (including MOUD) and collateral services (including peer services)
- Verbal consent only is allowable

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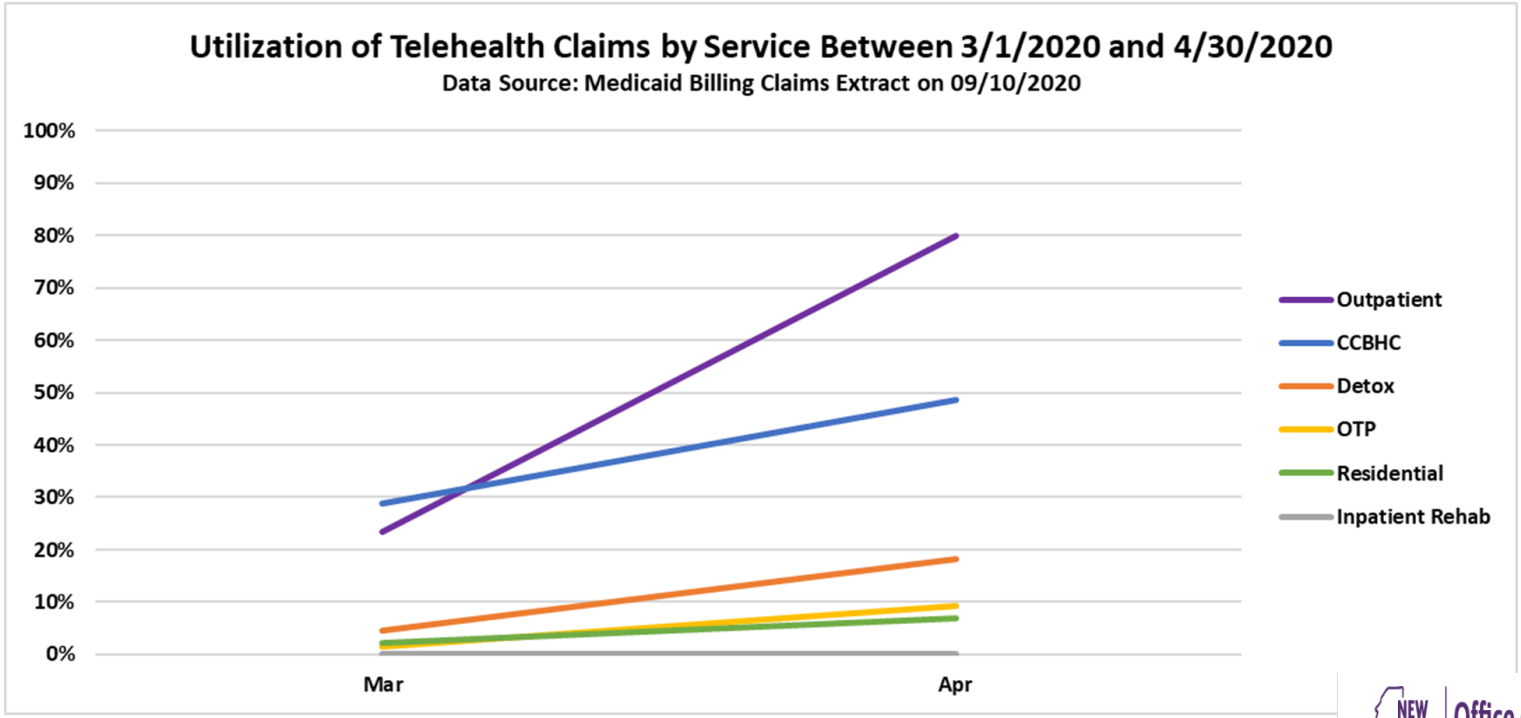
Telehealth Services Delivered During COVID-19

- **Increase in telehealth services for MOUD** (according to Medicaid claims data):
  - 56,411 unique members with E/M visits with an OUD diagnosis in March/April 2019 and 53,005 unique members in March/April 2020
  - **27,348 members had a telehealth visit in March/April 2020 compared to 244 in March/April 2019**
  - About *21,600 members in March/April 2019 received a buprenorphine prescription within 30 days of the E/M visit compared to 22,326 in March/April 2020
  - About *12,790 members in March/April 2020 had telehealth visits and a buprenorphine prescription within 30 days of the telehealth visit

*these numbers are not mutually exclusive

Utilization of Telehealth During Early COVID-19



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Post-COVID-19: Telehealth and MOUD Regulations?

- Most regulations regarding MOUD and the delivery of services are determined on the federal level (SAMHSA and the DEA)
- It is unclear whether the regulatory leniency regarding buprenorphine (particularly regarding remote initial visits) will continue
- It is unclear whether telephonic (audio only) MOUD visits will continue
- It is unclear whether leniency regarding methadone take home doses will continue

Questions?

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