

Priorities and Strategies to Preserve the Health and Well-Being of Individuals with Substance Use Disorders and Chronic Pain during COVID-19

The COVID-19 pandemic has brought unprecedented challenges to our nation and the world. The pandemic is also exacerbating other ongoing public health emergencies, including the addiction crisis in the United States. During these challenging times, the National Academy of Medicine's Action Collaborative on Countering the U.S. Opioid Epidemic remains wholly committed to supporting the health and well-being of individuals with substance use disorders (SUDs), including opioid use disorder, and chronic pain. These individuals are among the most at risk and susceptible to COVID-19, and their care and treatment is among the most disrupted by physical distancing and other measures that have been put into place to prevent the spread of the virus. It is critical that steps be taken to ensure that their health, safety, and care are protected in the near and longer term. To this end, members of the Action Collaborative's Steering Committee have identified a series of priorities and strategies for providers, health systems, researchers, policymakers, regulators, and health leaders alike to preserve the health and well-being of individuals with SUDs and chronic pain.

Key Priorities

- 1. Plan for deliberate evaluations of implementation and response strategies and policies enacted during COVID-19
- 2. Utilize telehealth to support the needs of patient populations with SUDs or chronic pain during COVID-19 and beyond
- 3. Reinforce safety net programs that help protect certain high-risk populations
- 4. Maintain high-quality care for individuals with pain
- 5. Address immediate research, data, and surveillance needs and enhance reporting
- 6. Monitor and take steps to prevent a rise in SUDs and overdoses

To mitigate the impact of the pandemic, federal and state policies have been adapted and innovative response strategies have been rapidly deployed across the health system. Given this large-scale and rapid response, rigorously designed evaluations will be necessary to determine which strategies have been effective and if these policy changes should be sustained beyond the duration of the pandemic.

STRATEGIES

• Review and evaluate significant policy changes made during COVID-19 (e.g. relaxation of the Substance Abuse and Mental Health Services Administration's opioid treatment program regulations¹, revised Drug Enforcement Administration (DEA) prescribing guidelines², flexibility on DEA state registrations³, and expansion of Medicare coverage for telehealth services⁴).

• Review and evaluate novel implementation and response strategies executed during COVID-19, specifically for their potential to be to be executed more broadly.

For example, an experimental model out of the United Kingdom expanded the role and capacity of pharmacies to provide substance use treatment and medication supervision. As regulations for treatment and services are relaxed, and opioid-related prescriptions rise, integrating primary care with pharmacy-supervised medication-based treatment could mitigate prescription opioid-related deaths.⁵

Utilize telehealth to support the needs of patient populations with SUDs or chronic pain during COVID-19 and beyond

Telehealth provides a platform to address the essential needs of populations who experience SUDs and chronic pain. Telehealth services also provide an opportunity to increase access to care for high-risk, rural, elderly, or subpopulations experiencing homelessness, who have traditionally faced challenges when accessing in-person health care services.^{6,7} To address these challenges, legislative and regulatory changes have enhanced flexibility and coverage of telehealth services for SUDs to support widespread administration of remote health services. Evaluating telehealth data for value and safety is essential to assess whether these services should be continued, augmented, and/or expanded post-COVID-19. Further, special care needs to be taken to ensure that expansion of telehealth services does not exacerbate existing access inequities across disadvantaged and marginalized populations.

STRATEGIES

2

• Increase availability and accessibility of addiction care and recovery services by deploying telemedicine options and removing regulatory barriers to providing this care.

• Develop and roll out targeted education efforts for patients on the benefits and uses of telemedicine and for clinicians on how to safely and effectively administer telehealth services^{8,9} for patients with SUDs or who experience chronic pain.

• Expand telehealth services specifically to patients experiencing homelessness, who are in rural areas or geographically isolated, and to elderly patients by collaborating with community organizations and services.

• Monitor and evaluate the utilization and outcomes of telehealth services for SUD treatment, recovery support services, and pain management care.

Reinforce safety net programs that help protect certain high-risk populations

High-risk SUD populations are disproportionately affected by COVID-19, which is exacerbating issues related to housing instability, incarceration, and limited access to health care and recovery services.¹⁰ It is necessary to respond to the increased risk of morbidity and mortality that individuals who experience homelessness, justice-involved populations, and expectant mothers are facing by enhancing integrated addiction care and recovery services across the social safety net. People of color are overrepresented across all of these groups and face the most pervasive health disparities, including limited access to and continuity of SUD care, and a higher burden of illness overall, including COVID-19.

STRATEGIES

• Ensure that individuals with SUDs have access to stable housing by working with local hotels, motels, and shelters to ensure housing continuity.

• Deploy mobile medical clinics to expand access to care for individuals with all SUDs who are experiencing homelessness.¹¹

• Ensure that justice-involved populations have access to SUD-specific interventions which incorporate medication for opioid use disorder (MOUD) with social and behavioral health support and have continued access to established treatment plans and clear connections to recovery infrastructure upon release from prisons and jails.¹²

• Expand access to telehealth SUD treatment options for expectant mothers by integrating treatment early into remote obstetric care.¹³

Maintain high-quality care for individuals with pain

Access to high-quality telehealth services is imperative to meet the needs of those who experience pain, as face-to-face health services are limited during the pandemic, significantly disrupting the prevention, control, and management of chronic pain. Patients who experience chronic pain face a higher incidence of COVID-19, in addition to abrupt changes and limited access to health care services, including remote services, which may contribute to negative downstream health consequences.¹⁴ In addition to expanding access to telehealth, equipping patients with self-management tools and techniques to regulate pain is critical.

STRATEGIES

• Clinicians should employ effective virtual clinical assessment tools to provide interdisciplinary care, ensure access to necessary pain medications, and facilitate remote social support services for patients who experience chronic pain.¹⁵

• Health systems should widely disseminate self-management tools to patients to further facilitate the development of pain management skills,¹⁶ including through behavioral telehealth services.¹⁷

Address immediate research, data, and surveillance needs and enhance reporting

COVID-19 has altered the health care landscape, posing unprecedented challenges as well as potentially novel opportunities to improve care and patient outcomes in the future. However, in order to understand the impact of the pandemic and respond effectively, there is a need to elevate emerging research needs and evaluate strategies currently being deployed for SUDs and chronic pain treatment.

STRATEGIES

• Begin systematically collecting and disseminating data on telemedicine benefits, challenges, and best practices to address access issues and to improve administration of telehealth services.

• Monitor access to medications and other essential health services for patients with pain to ensure this population has access to quality care.

• Specifically target capturing data for especially high-risk populations with SUDs (i.e. people of color, rural, incarcerated, homeless, and expectant mothers) to gather insights on persisting issues, challenges to accessing treatment and recovery services, up-to-date mortality numbers, and other outcomes in the context of the pandemic.

• Expand and iterate on improving monitoring and surveillance to understand pre- and post-COVID-19 data for overdose, relapse, mortality, health care utilization and other outcomes in order to quantify the true impact of the pandemic across the nation.

Monitor and take steps to prevent a rise in SUDs and overdoses

Looking ahead, it is critical to prepare the health system to respond to the lasting impacts of the pandemic, as the physical, emotional, social, and financial stressors associated with COVID-19 may result in increases in anxiety, depression, social isolation, substance use, and limited access to health services.¹⁸ As health care delivery pivots to offer remote health services, it is necessary to prepare the health care workforce accordingly and broaden reimbursement and payment policies to support it.

STRATEGIES

• Extend reimbursement for all SUD telehealth services.

• Use promising teleclinic models designed around case-based learning and telementoring to help enhance access by improving knowledge and efficacy among current clinicians, address critical workforce shortages, and advance access to MOUD.¹⁹

• Prepare the health care workforce for a longer-term pivot towards providing virtual health services by integrating telemedicine into education and allowing clinicians in training to gain the skills necessary to meet the needs of all patients, especially those who are disadvantaged, marginalized, and/or geographically isolated.²⁰

The Action Collaborative on Countering the U.S. Opioid Epidemic has curated a list of available resources and tools to support the clinicians who treat substance use disorders and/or chronic pain, and their patients, during the COVID-19 pandemic. Learn more about the Action Collaborative on Countering the U.S. Opioid Epidemic and access available COVID-19 resources here: www.NAM.edu/OpioidCollaborative

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