CommonSpirit®

As we enter into another month of the coronavirus pandemic, the disproportionate impact on our most vulnerable patients is becoming more evident and increasingly concerning. The constellation of clinical risk, social isolation, economic stress, and general uncertainty is particularly disruptive for our patients struggling to manage addiction and other chronic behavioral health conditions. As an enterprise of skilled and mission-driven clinicians across the country, we are particularly dedicated to walking with our most vulnerable patients through this unprecedented time. To help guide us along this path, please review the following key points and best practices, for yourself, for your staff and for your patients:

Social isolation is costly

The social distancing measures meant to save lives and mitigate the spread of COVID-19 come at a particularly high cost for individuals with mental illness and substance use disorder. Social isolation can disrupt critical social networks that support individuals towards and in recovery. Primary care practices should consider proactively reaching out to patients with substance use disorders, and remind them of the many ongoing social and peer support gatherings, such as AA and NA, that are taking place remotely across our communities.

Trauma is often a triggering event

The COVID-19 pandemic is an unprecedented public health and economic crisis. Living through this experience can be traumatizing, leaving people fearful, lonely and anxious. None of us are immune.

- **For physicians struggling through the crisis –** consider utilizing the National Physician Support Line 888-409-0141 to be confidentially connected to a psychiatrist for support.
- **For staff** Remember that CommonSpirit Health offers robust EAP services
- **For the community –** the National Suicide Prevention Lifeline is always there to help at 800-273-8255

For those with substance abuse or mental health disorders

Trauma can be a trigger for individuals with substance use disorder to return to substance use or can exacerbate an already existing mental health disorder. For addiction, we must remember that relapse is an expected part of the disease course of a substance use disorder, and that when our patients return to use it is an opportunity to offer our compassionate help and provide life-saving addiction treatment. This approach is needed now more than ever, given what our patients, colleagues and community members are experiencing daily with the COVID-19 crisis. For mental health disorders, know that the proactive outreach or the understanding ear of their regular physician/APP can work wonders.

Addiction doesn't stop

Substance use disorders, including alcohol-use disorder, continue to be prevalent during the COVID-19 public health emergency, and evidence suggests that rates of complications are increasing during this time, for a variety of reasons. Our primary care practices should find ways to continue to provide life-saving, evidence-based, compassionate care to individuals with a substance use disorder.

Telehealth is a critical resource

In order to mitigate the spread of COVID-19, many primary care practices are emphasizing telehealth as a means of providing ongoing care to patients. Telehealth can, and should, also be used in the care of patients with substance use disorder. HHS has temporarily relaxed requirements under its HIPAA rules for health care providers in connection with good faith provision of telehealth services during the COVID-19 public health emergency. This means that primary care providers "can use any non-public facing remote communication product that is available to communicate with patients, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype" *(ASAM, 2020)*.

Smoking cessation

Preliminary evidence suggests the use of smoking products, including both combustible cigarettes and electronic vaporizing devices, put individuals at an increased risk for serious complications from COVID-19. Primary care providers should consider speaking with their patients who smoke about smoking cessation, sharing these risks, and offering evidence-based smoking cessation aids and therapies.

Assuring access to medications for opioid use disorder

The DEA and SAMHSA have provided flexibility in prescribing controlled substances via telehealth during the COVID-19 public health emergency. This flexibility is especially critical for patients prescribed life-saving medications for opioid use disorder (MOUD), such as buprenorphine. Primary care providers can provide care to these patients remotely using telehealth and are encouraged to continue to prescribe MOUD. This includes initiating a new patient on buprenorphine. Providers should consider providing longer prescriptions for buprenorphine, for up to four weeks, to mitigate patients' physical interactions, and may adjust their drug testing protocols for the duration of the public health emergency. Providing consistency in MOUD access and care is critical to patients with opioid use disorder and will prevent avoidable deaths from drug overdose. Consider using the *American Society of Addiction Medicine (ASAM)* COVID-19 resources available freely on the web, and familiarize yourself with state-level guidance as it becomes available.

Attached is a one-page flyer for use in further communication and posting in your clinician workspaces as desired.

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