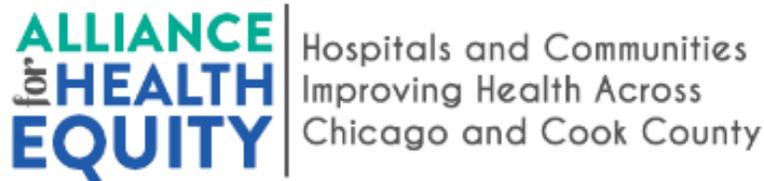




Updates and Innovations: Providing Opioid Use Disorder Care during COVID-19



Wednesday, April 29, 2020

12 – 1 pm

*The Chicago Department of Public Health and
Otho S.A. Sprague Memorial Institute have
provided funding for this project.*



Welcome Overview of AHE

Laurie Call

Director, Center for Community Capacity Development

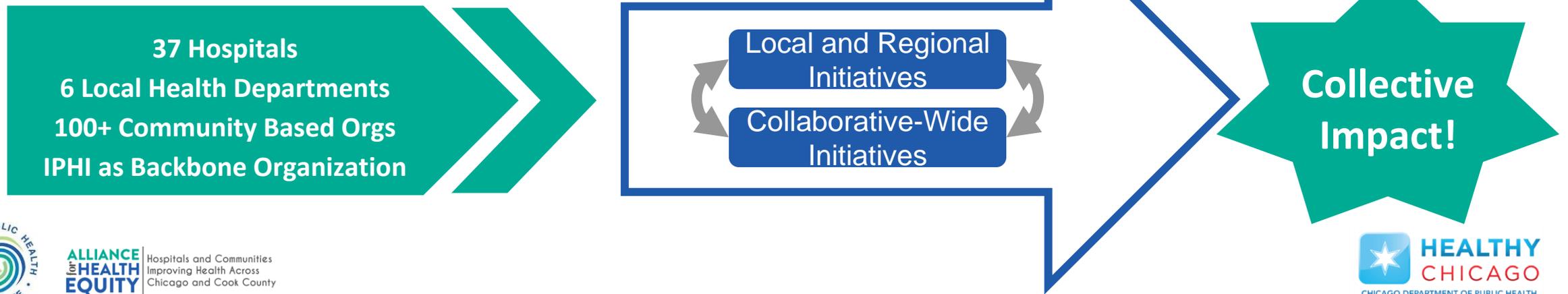
Illinois Public Health Institute



Alliance for Health Equity - Collective Purpose

Improve population and community health by:

- Advancing **health equity**
- **Capacity building, shared learning, and connecting** local initiatives
- Addressing **social and structural determinants of health**
- Developing broad city/county wide initiatives and **creating systems**
- Engaging **community partners** and working collaboratively with community leaders
- Developing **data** systems for population health to support shared impact measurement and community assessment
- Collaborating on **population health policy and advocacy**



Goals:

- Bring Cook County office based opioid treatment (OBOT) providers together to:
 - Describe regulatory changes due to public health
 - Share changes to OBOT service delivery during COVID
 - Describe protocols and workflows
 - Share resources

Note: webinar was created for a Cook County audience but is open to all Illinois providers.



Presenters

Wilnise Jasmin MD, MBA, MPH

Chicago Department of Public Health

Elizabeth Salisbury-Afshar MD, MPH

American Institutes for Research

Nicole Gastala, MD

UI Health/Mile Square Health Center

Juleigh Nowinski-Konchak, MD, MPH

Cook County Health



Welcome from the Chicago Department of Public Health

Wilnise Jasmin MD, MBA, MPH
Medical Director of Behavioral Health
Chicago Department of Public Health



Disclosures and Disclaimers

- None of the presenters have any conflicts of interest

Disclaimers:

- This is not legal advice
- Discuss any changes about telehealth and potential billing implications with your health center
- Monitor legal and regulatory changes- updates happening almost daily

Background and Updates

Elizabeth Salisbury-Afshar MD, MPH
Director, Center for Addiction Research and Effective Solutions
American Institutes for Research
esalisbury@air.org

Current Situation in Illinois

- March 9- Governor Pritzker declared a disaster proclamation
- March 13- President Trump declared COVID a National Emergency
- As of April 28:
 - 48,102 COVID-positive cases in IL
 - 2,125 COVID-related deaths in IL

<https://www.chicago.gov/city/en/sites/covid-19/home.html>

<https://www.chicagohan.org/COVID-19>

<https://www.dph.illinois.gov/covid19/covid19-statistics>



Risks for people who use drugs in the setting of COVID-19

- If quarantined or isolated, people who use drugs may:
 - Experience dangerous withdrawal
 - Reuse drug consumption supplies
 - Obtain drugs from new sources (which can increase risk of overdose)
 - Be more likely to use alone (no one to respond to overdose)
- People who use drugs may be more likely to live in communal environments (shelters, SROs, jails, residential programs) where they are likely to be exposed to COVID
- People who use drugs may have co-morbidities such as COPD, cirrhosis, or HIV which may increase risk of severe disease

Regulatory Updates

- Regulations around telehealth are changing **rapidly**- note many of these are for **duration of public health emergency only**
 - Buprenorphine can be initiated or maintained using telehealth (audio-visual) platforms^{1,2}
 - Expanded options for telehealth platforms including: Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype³
 - Subsequent guidance from SAMHSA and DEA clarified that as of March 31, 2020 telephone (landline or cellular) is also acceptable for treatment of new and existing patients on buprenorphine^{4,5,6}
 - March 19, 2020- Governor Pritzker announced that “all health insurance issuer regulated by the Department of Insurance are hereby required to cover the costs of all Telehealth Services rendered by in-network providers to deliver any clinically appropriate, medically necessary covered services...”⁷

Regulatory Updates:

Great overall resources, updated daily: <https://www.bridgetotreatment.org/covid-19>
<https://www.asam.org/Quality-Science/covid-19-coronavirus>

- 1- <https://www.deaiversion.usdoj.gov/coronavirus.html>
- 2- <https://www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf>
- 3- <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
- 4- <https://www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf>
- 5- [https://www.deaiversion.usdoj.gov/GDP/\(DEA-DC-023\)\(DEA075\)Decision_Tree_\(Final\)_33120_2007.pdf](https://www.deaiversion.usdoj.gov/GDP/(DEA-DC-023)(DEA075)Decision_Tree_(Final)_33120_2007.pdf)
- 6- <https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf>
- 7- <https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-09.pdf>



Waiver Limits and SUPPORT Act of 2018

- “Qualifying practitioners” can treat up to 100 patients in the first year of waiver if they satisfy one of the following two conditions:
 - Physician holds a board certification in addiction medicine or addiction psychiatryOR
 - The practitioner provides medication-assisted treatment (MAT) in a "qualified practice setting:"
 - provides professional coverage for patient medical emergencies during hours when the practitioner's practice is closed;
 - provides access to case-management services for patients including referral and follow-up services for programs that provide, or financially support, the provision of services such as medical, behavioral, social, housing, employment, educational, or other related services;
 - uses health information technology systems such as electronic health records;
 - is registered for their State prescription drug monitoring program (PDMP) where operational and in accordance with Federal and State law; and
 - accepts third-party payment for costs in providing health services, including written billing, credit, and collection policies and procedures, or Federal health benefits.
 - SAMHSA has reported that they are granting temporary increases to 275 patients for providers in “emergency situations”



Steps to keep patients and providers safe:

- **Goal should be to slow COVID-19 spread by implementing physical distancing into all aspects of care.**
- Reduce clinic visits to protect patients from possible unnecessary exposure:
 - Reduce in-person visits to a minimum.
 - Minimize any in-person visits for urine drug screens and counseling.
 - Use telehealth (text or phone, video if possible) to communicate with patients whenever possible.
 - Prescriptions can be called in (Schedule 3) or e-prescribed if your system has dual authentication.
 - Patients may be prescribed medications without a face-to-face visit.



Steps to keep patients and providers safe:

- Cancel groups.
- Help patients identify online meetings or groups if that is something they currently engage in/are interested in.
- Reduce the number of times patients have to go to the pharmacy:
 - Extend prescriptions to maximum length possible.
 - Move to month-long prescriptions when possible.
 - See if local pharmacies are able to deliver to patients' homes.
- Even when prescription duration is extended, you can still offer weekly phone (or telehealth if available) check-ins.



Caring for people on buprenorphine who have to quarantine or isolate:

- A one month supply of sublingual buprenorphine may be appropriate.
- If a patient will be due for injection (subcutaneous buprenorphine or injectable naltrexone) during their quarantine/isolation, offer them an appointment for an injection as soon as they are allowed to move about the community.
 - If a patient experiences withdrawal, consider prescribing sublingual buprenorphine until they can receive injection in-person.
 - This could be an appropriate time to use oral naltrexone until injection can be given.

Safer Drug Use During Covid-19

- Minimize the need to share supplies
- Minimize contact
- Prepare drugs yourself
- Plan & prepare for overdose
- Stock up on supplies
- Stock up on drugs
- Prepare for drug shortage

Higher Ground Harm Reduction | Reynolds Health Strategies | harm reduction COALITION | Vital Strategies

Safer Drug Use During the COVID-19 Outbreak

COVID-19, an illness caused by a newly identified type of coronavirus, can cause a respiratory infection and lead to health problems. It's usually mild and most people recover quickly if they have it, but it can be very serious for people with stressed immune systems or underlying conditions or older adults, so it's important to stay informed.

The most important thing is to be prepared and knowing what to do will help you. Even if you don't see a widespread COVID-19 outbreak in your area, the hand-washing and other prevention actions described here are good practices for fighting off bugs like the cold or the flu.

How do people get infected with COVID-19?

COVID-19 is spread from person-to-person by coughing or sneezing and getting exposed to droplets that have the virus in them. There are no known risk factors that appear to make a person more or less vulnerable to getting infected with the virus. The main risk is close contact with someone who has it.

What are the symptoms of COVID-19?

The main symptoms feel like the flu or a really bad cold:

- Fever
- Cough
- Shortness of breath/difficulty breathing
- Fatigue

These symptoms show up between 2 and 14 days after you've been exposed to the virus. People who are considered at increased risk include those with *underlying health conditions, including heart disease, lung disease such as asthma/COPD, diabetes, or HIV, or people who are immunocompromised, or over age 60.*

How can I prevent COVID-19?

- Wash your hands often with soap and water for at least 20 seconds. Using an alcohol-based hand sanitizer—it must have at least 60% alcohol in it—can also kill the virus.
- Avoid close contact with people who are sick.
- Cover your cough and sneeze with a tissue and throw it away in a lined trash can, or if you don't have a tissue, cough into the bend in your elbow. Wash hands with soap and water afterwards.
- Keep your hands away from your eyes, nose, and mouth.
- Get a flu shot. It won't prevent COVID-19 but it will prevent the flu and keep you out of clinics, pharmacies, or emergency departments and minimize your risk of contact with others who may be sick.
- When helping someone who is sick, wear gloves and a safe mask to minimize the risk of body fluids that may have COVID-19 from getting into you. Wash your hands before you put on gloves and after you take them off.

If I'm feeling sick, what should I do?

- Stay home if you are sick, and if you don't have a place to stay, try to minimize your close contact with other people. Monitor your fever at home and avoid others for at least 24 hours after the last fever and all other symptoms have subsided. If you have to be around other people, this is the time to wear a safe mask if you have one, so that you don't cough on them and transmit a virus. If you self-quarantine, attend to your mental health and ensure you have as much support as you can get (emotional support, food, hygiene, medications, finances).
- Call or contact a medical provider if you can to ask about your symptoms and see if you need to even come in. Tell them your symptoms and that you are concerned about COVID-19.
- If you feel like your symptoms have become severe call or contact a medical provider or go to urgent care or the emergency department.
- Right now, there is no vaccine to prevent COVID-19 and no specific medicine to treat it. There are still good things a medical provider can do for you and it's important to check you out if you're sick and not getting better.

Last Updated 3/11/20 | 2pm EST



Consider new partnerships or referral mechanisms

- People may have limited access to drugs because of:
 - Attempts to practice physical distancing
 - Not able to leave shelter/SRO due to requirements of facility
 - Limited ways to make money
 - Disruptions in local drug supply
- Possible partnerships:
 - Area emergency rooms
 - Community-based outreach agencies
 - Shelters/Single Room Occupancies

UI Health/Mile Square Health Center and Night Ministry Partnership

Nicole Gastala, MD

Stephan Koruba, NP

Paul Leo, MD

Phil Maes, CARN

Sarah Messmer, MD

Christine Neeb, MD

Jessica Richardson, MD

Nathan Stackhouse, MD

Night Ministry (NM)/Miles Square Health Center (MSHC) Partnership

- Overview
- Case Example
- Workflows
- Registration Details
- Handouts
- Lessons Learned
- Questions?

Overview

- 14 patients treated thus far
 - Insurance Status
 - 9 uninsured
 - 1 unknown insurance status
 - 4 insured
 - All homeless or housing insecure
 - 10 out of 14 have followed-up, some follow-ups are pending and 4 NM will contact

Case Example

- Patient is a 38yo F with 19-year hx IV opioid use, currently experiencing street homelessness
- OUD IV/SC c/b multiple medical sequelae – untreated HCV, hx of infective endocarditis, chronic L common femoral DVT requiring lifelong anticoagulation, recurrent injection site infections, OM left fifth digit
- Had previously achieved 5yr period without use while taking methadone, no hx long-term buprenorphine use
- On 4/8 NM clinician encountered pt who said she was interested in telehealth buprenorphine induction
- Pt started induction 4/9, has since had 3 f/u telehealth visits with complete cessation of use
- Has been approved for housing through social services organization, is working with MSHC clinicians during appts on getting access to anticoagulation, MSHC clinicians continue to form therapeutic relationship with pt through help from NM
- Future goals: continue to tie into care at MSHC for HCV treatment, continue to partner with patient in management of her OUD / buprenorphine prescriptions

Clinical Course from First Visit at UI Health

4/1/18:	ED visit +12 day hospital stay
6/30/18:	ED visit
8/7/18:	ED visit +3 day hospital stay
10/31/18:	ED visit + 6 day hospital stay
11/7/18	Failed appt at MSHC for MAT - referral from hospital - unable to reach pt.
12/5/18:	ED visit + 34 day hospital stay
1/11/19	Failed Anti-Throm clinic
1/16/19	Failed Anti-Throm clinic - 2 calls + 2 letters - pt d/c'ed from Anti-Throm clinic
8/2/19:	ED visit + 4 day hospital stay
10/11/19:	ED visit + 6 day hospital stay
4/8/20:	NM referral to MAT at MSHC - initial appt via video - induction dose provided
4/10/20:	MSHC phone MAT f/u appt completed
4/15/20:	MSHC phone MAT f/u appt completed
4/21/20:	MSHC phone MAT f/u appt completed
4/27/20:	Appt Scheduled

Work-Flow: During Business Hours

1. Night ministry clinician encounters a patient who states they are interested in buprenorphine/naloxone for OUD.
2. MOUD overview and Home Induction Handout Given to the patient (see 2 attachments).
3. Call CARN who will register patient, conduct intake with patient, and put on the virtual schedule with clinician.
4. CARN will reach out to the clinician assigned to the encounter and give a brief report (note to follow), the clinician will facetime/doximity or text a zoom/webex link to the NM clinician to conduct a telehealth visit with the patient.
5. Prescription will be called in to MSHC pharmacy or pharmacy of choice of the patient.
6. Follow-up will be conducted by NM clinician and scheduled with MSHC provider as well.
7. Prescription will be sent to match the follow-up time frame. Generally weekly, but it's important to be flexible (less or more) in concordance with NM.
8. Patient given direct work phone number for CARN to call if they have any challenges or questions during business hours

Work-Flow: Nights/Weekends

1. Night ministry clinician encounters a patient who states they are interested in buprenorphine/naloxone for OUD.
2. MOUD overview and Home Induction Handout Given to the patient (see 2 attachments).
 - If patient prefers methadone – give handout for family guidance
 - If patient prefers buprenorphine/naloxone – contact on-call physician
3. NM to notify clinician on call via text or phone.
4. Text the number you would like the clinician to call (must have video capabilities) - either NM's smart phone or the patient's smart phone. The clinician will then call that number via doximity video call, facetime, or text back a zoom/webex link to conduct the visit.
5. Clinician conducts visit and obtains the information for registration prior to ending the encounter.
6. Prescription will be called in to MSHC pharmacy or pharmacy of choice of the patient.
7. Follow-up will be conducted by NM clinician and scheduled with MSHC provider virtually as well (if possible).
8. Prescription will be sent to match that time frame. Generally weekly, but it's important to be flexible (less or more) in concordance with NM.
9. Patient given direct work phone number for CARN to call if they have any challenges or questions
10. Text volunteer to register the patient, he will text clinician as soon as patient is in the system
11. Complete note and forward to CARN who will then add the patient to the Cerner List and retroactively put the patient on your “schedule”

Registration – Standard Questions

Registration standard questions

- First Name, Last Name
- Date of Birth
- Sex
- Ethnicity
- Race
- Marital Status
- Street Address/ with apt number, city and state
- Preferred Language
- Guarantor (if under 18 it is either Mother or Father or Legal Guardian) IF over 18 it is usually (self)
- Emergency Contact Person (relationship needed. I.E. Friend, mother, brother, sister etc...
- Primary Insurance
- Secondary insurance-
- Reason for visit
- Service Provider
- Referring Physician



Which medication for opioid use disorder is right for me?

These medications are proven to lead to better recovery outcomes than other types of treatment.

	Methadone	Buprenorphine (Suboxone®)	Naltrexone (Vivitrol®)	
What you'll feel	 You will have less intense withdrawal symptoms and your cravings will improve.	 You will have less intense withdrawal symptoms and your cravings will improve.	 You will not feel the effects of opioids or feel high. You might also have reduced cravings for opioids.	
What you'll take	 Methadone is a liquid that you drink.	 Buprenorphine often comes in a film called Suboxone® that dissolves in your mouth. You can take home a 1–30 day supply. Pills, 30-day injections, and implants are less common.	 Vivitrol® is injectable naltrexone that lasts for 28 days.	
When you'll take it	 You can start methadone at any time after you are enrolled in services at a methadone clinic, if you are physically able.	 You need to feel withdrawal before starting, which depends on your personal opioid use.	 You have to be completely off of all opioids for 7–10 days before you can get this injection.	
Where you'll go to get it	 Go to a dedicated clinic every day for a dose until you are eligible for take-home doses.	 Bring your prescription to a pharmacy after visiting a certified clinician.	 Visit any clinician who will write a prescription and provide the injection.	
Steps you'll take	 1. You schedule an intake appointment at a methadone clinic.  2. During the appointment, you will be evaluated and agree on a treatment plan.  3. You are most likely started on methadone that day or the next if the clinician feels it is appropriate.	 1. You schedule an appointment at a clinic or health center.  2. You are evaluated and prescribed buprenorphine.  3. You may pick up your buprenorphine from a pharmacy as soon as your appointment is done.	 1. After you stop using opioids, wait 7–10 days.  2. You return to a clinician for the injection.  3. A health-care worker will follow up about symptoms and another injection every 28 days.	
More information	 74–80% of people stay in treatment after 1 year.* This medication has been shown to reduce risk of overdose and death. The daily commitment provides a high level of accountability. Risk of overdose is high if you use other opioids or depressants with methadone. Counseling is required.	 60–90% of people stay in treatment after 1 year.* This medication has been shown to reduce risk of overdose and death. Comes in different flavors, but choice might be limited by your insurance. Counseling is recommended.	 10–21% of people stay in treatment after 1 year.* This medication has <i>not</i> been shown to reduce risk of overdose or death. If you miss an injection, your risk of overdose increases greatly.	
Issues you should discuss with your provider	Your questions about outpatient detox, withdrawal symptoms, and discomfort.	Your prior experiences with medications for opioid use disorder treatment.	Possible interferences with treatment like employment, transportation, or child care.	Access to the medicine that reverses opioid overdose: naloxone/Narcan® You could use it to save someone else's life, or someone could use it to save yours.

*California Health Care Foundation. *Why health plans should go to the MAT in the fight against opioid addiction.*
Jarvis et al. *Addiction*. 2018;113(7):1188–1209

Guide to taking Suboxone®

(Sub-OX-own)

SUBOXONE® (BUPRENORPHINE-NALOXONE 8/2MG SL FILM)

Before

Check **at least 3** of the following feelings before taking your first dose of Suboxone®: →

The worse you feel when you begin the medication, the less chance of a worse withdrawal.

Drink water to moisten your mouth. Hold the film between two fingers by the outside edges.

Place Suboxone® Film under your tongue, close to the base, either to the left or right of the center.



- Runny nose
- Yawning
- Restlessness (anxiety)
- Enlarged pupils
- Stomach cramps, nausea, vomiting, or diarrhea.



Day 1:

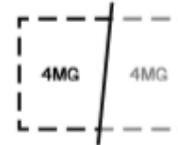
MAXIMUM DOSE OF 12 MG (1 ½ FILM) ON DAY 1.

1 film = 8mg



First dose = 4mg (½ film).

Take 4 mg (½ film) extra every 3 hours until feeling normal.



→Write in:

On Day 1, my total dose was:

Day 2:

MAXIMUM DOSE OF 16MG (2 FILMS) ON DAY 2 ONLY IF NEEDED.

Take the total dose you wrote from Day 1 as a first time dose in the morning.

If breakthrough withdrawal symptoms occur within 3 hours after the initial morning dose on Day 2, take 4mg (½ film shown above) every 3 hours until feeling normal.

→Write in:

On Day 2, my total dose was:

Day 3:

AND BEYOND.

Take the total dose you wrote from Day 2 as a first time dose in the morning.

DURING WEEK 1, THE MAXIMUM DAILY DOSE IS 16MG.

Important:

It takes about 4 days of using Suboxone® at the same dose to find the **right dose for you.**

After the first week, dosing adjustments **must be discussed with your healthcare provider.**



ALLIANCE for HEALTH EQUITY

Hospitals and Communities Improving Health Across Chicago and Cook County

Lessons Learned

- Need for better/specific telemedicine hardware to counteract the issues of noise, weather, and technical failure.
 - I.e. Poor signal for video visits on lower wacker drive
- Weekly meetings to discuss patient cases, barriers, facilitators with key members of the care team from both organizations including social work
- Coordination of prescriptions for pickup by organization (ie. Mondays and Fridays for all follow-up prescriptions) to decrease unnecessary transportation
- Assistance needed to help patients sign up for insurance and obtain ID's

Questions?

- Contact Info

- Dr. Gastala
- Dr. Messmer
- Phil Maes, CARN

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Cook County Health: Using telehealth to expand access to Substance Use Disorder (SUD) care

Juleigh Nowinski-Konchak, MD, MPH

Outline

- CCH at a glance
- Referral source changes during COVID-19
- Telehealth and partnership:
 - Chicago Recovery Alliance-CCH partnership
 - Bridge Clinic transitions
 - Southside YMCA Medical Respite Shelter
- Resources and opportunities

CCH at a Glance



2 Hospitals (John H. Stroger hospital, Provident Hospital)



15 community health centers



Correctional health services for adults and juveniles



Specialty care center for persons with infectious disease



Nationally-Certified public health department



CountyCare Medicaid Managed Care Plan



Community Triage Centers

Medications for Addiction Treatment (MAT) and Recovery Support Program Features



Warm Handoff
and Coordinated
Transitions

Recovery Coach
Model



CCH
MAT
Services

Pre-Implementation
Assistance and
“Elbow Support”

Standardized
Electronic Medical
Record Tools



No wrong door...but the doors have changed



EMERGENCY
DEPARTMENT

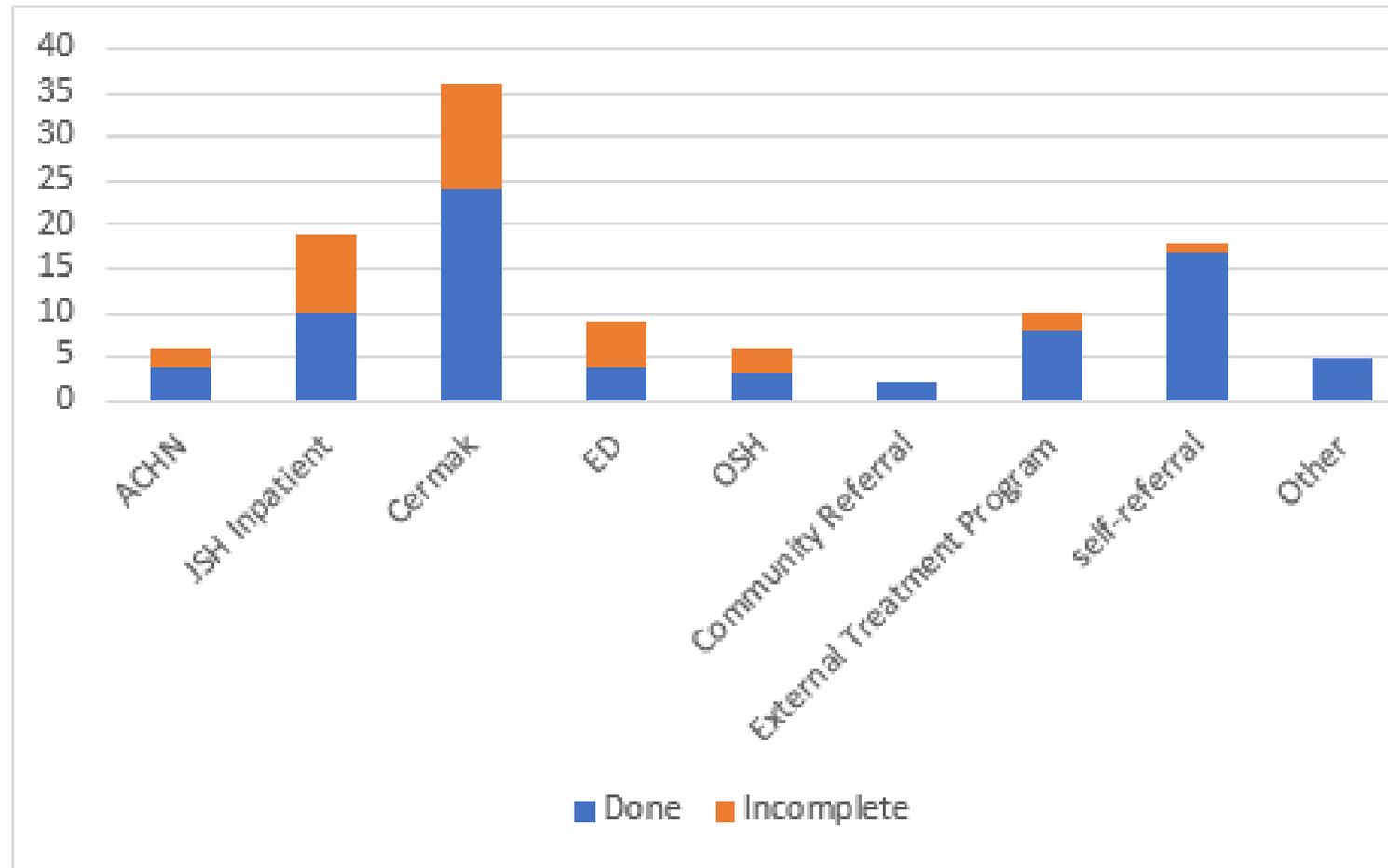


CORRECTIONAL HEALTH



COMMUNITY

Referrals (3/15/20-4/25/20)



Chicago Recovery Alliance-CCH Partnership

Image courtesy of
anypositivechange.org



Process & Outcomes

- Daytime and nighttime contacts
- Scheduling access for provider
- Streamlined and revised handouts
 - Initiation guide
 - Timing: avoiding ED visit
 - Naloxone (CRA covers)
 - Patient-team agreement
 - Medications to avoid
 - Bridge clinic
- 2 referrals, 2 follow ups

 **COOK COUNTY HEALTH**

A Guide to Starting your Medication for Opioid Use Disorder

To start buprenorphine safely, wait at least 18-24 hours since last heroin or pain pill use and wait until you are experiencing mild to moderate withdrawal.

Place the film (or tablet) under your tongue for 10 minutes and do not drink, talk, eat, smoke cigarettes or swallow during this time. Allow the film to dissolve and let the saliva build up under your tongue- do not swallow your saliva. After 10 minutes, you may spit out or swallow the saliva in your mouth.



Day 1: Starting your medication:

```
graph TD; A["Mild to moderate withdrawal + at least 12-18 hours since last use?  
Take 1/2 of a film. Wait 30 minutes. Still feel withdrawal symptoms?"] --> B["Yes. Take another 1/2 film.  
Wait 3-5 hours.  
Still feel withdrawal symptoms?"]; A --> C["No. Stop at this dose for today.  
Your team will call you today to check on you."]; B --> D["Yes. Take another 1/2 or whole film. Your team will call you today to check on you."]; B --> E["No. Stop at this dose for today.  
Your team call you today to check on you."];
```

Do not take more than two films daily or you will run out of medication.

National Suicide Prevention Hotline: 1-800-273-8255 –24 hours
If you are in need of shelter placement, contact 311
The Chicago Recovery Alliance 312-953-3797
Illinois State 24-Hour Domestic Violence Hotline 877-863-6338 (Spanish/English/text/call)

Prepared by Cook County Health for telehealth initiation of buprenorphine, 3/31/2020

SAVE A LIFE
GET **NALOXONE**



CHICAGO DEPARTMENT OF PUBLIC HEALTH

Evolution of the bridge clinic: Pre-COVID19



Need Help with Heroin or Pain Pills?

Come find out more about getting started with medications such as Buprenorphine (Suboxone TM) and recovery support to help.

CCH offers a rapid-engagement MAT clinic, with access to continuity clinics throughout Cook County.

Missed appointment? No appointment? That's okay. Come see us to take the first step:

Thursdays 7:30 AM-10 AM:

General Medicine Clinic (GMC)

1950 W. Polk Street

Chicago, IL 60612

Pink line: Polk stop then one block east on Polk, Blue Line: Medical District stop, then two blocks south on Damen

Let the front desk know you're here for MAT Bridge Clinic

Appointments preferred, but not required. Call Diane (312) 802-8572 Monday-Friday 8a-4p



Need Help with Heroin or Pain Pills?
Want to start buprenorphine (suboxone™)?
We can help.

If you have a phone: call Diane at 312-802-8572 Mon-Fri 8am-4pm.

We can start medication and provide recovery support over the phone from your home.

You do not need to come to clinic. This is the fastest and best option- same day care.

If you do NOT have no phone: come to either of these two locations Mon-Fri 8am-3pm:

Cook County Health
General Medicine Clinic (GMC)
1950 W. Polk Street, 3rd fl.
Chicago, IL 60612

Cook County Health
Woodlawn Health Center
6337 S. Woodlawn Ave.
Chicago, IL 60637

Let the front desk know you're here for MAT



South Side YMCA Medical Respite Shelter

- Launched today!
- COVID-19 +
- SUD care team:
 - On-site: assessments, buprenorphine, naloxone, 1:1 support, groups
 - Telehealth: all of the above
 - 24/7 addiction medicine coverage
 - Partner engagement: CRA, Esperanza
 - Methadone/family guidance
- Goal: patient-centered SUD care to support a safe and comfortable stay, linkage to ongoing care when desired.

Resources

Accessing Virtual NA resources (chatroom, phone, and video meetings)

- Go to NA website: <https://www.na.org/>

How to Set up Doxy.me for Providers

Just type doxy.me in the Browser And sign up for free. It is HIPPA compliant Platform

The simple, free, and secure telemedicine solution.®

How to start a meeting a with your patient

Once your account is set up. The page will look something like this.

In patient Queue , you just click on name and call will start.

Patient can come to your queue via invitation link you send them

NA Meeting Resources

Virtual Meetings
SL Resources

etings' in the drop-down menu can find links for phone and w

NA Meeting Resources

| Spanish

or by phone. If you have a locally low: worldboard@na.org

How to join an online SMART Recovery Meeting

Go to the SMART Recovery website homepage: <https://www.smartrecovery.org/>

- Click on 'Online Community'

In order to use SMART Recovery virtual resources, you will have to create a profile:

- Find the following toolbar at the top of the page
- Click on Register!
- From here, follow the instructions to create a profile:
 - Note:
 - You will need to enter your full name and date of birth
 - You will also need an email address
- Upon completion of your profile, you will receive a confirmation email with a link activates your account.
- Open this email, click on the link provided, and enter your login information (Username and password)

This is the Welcome to SMART Recovery Online Message you will receive. In order to participate in the online SMART Recovery community, you will be asked to write a welcome post as noted below.

Welcome to SMART Recovery® Online!

Welcome to SMART Recovery Online!

First and foremost, before you can fully participate in the online community (such as starting your own Journal, accessing the 24/7 Chat, daily meetings, discussions, and more), you will be required to post an introduction in the [Welcome Forum](#). You will get a lot of feedback and direction there.

For information on posting and other info - [This is a link to the fags page.](#)

Opportunities

HFS: community input re: improving SUD care for Medicaid beneficiaries

- Telehealth role?

HFS: learning collaborative opportunities for improving SUD care for Medicaid beneficiaries

- Telehealth and buprenorphine?

Email jkonchak@cookcountyhhs.org to sign up for an input session or re: learning collaborative

Thank you!

Juleigh Nowinski Konchak, MD MPH

Cook County Health

jkonchak@cookcountyhhs.org

Reach out with any questions or to access any resources mentioned



Questions and Discussion



Additional Resources

- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>
- NIDA: <https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders>
- National Health Care for the Homeless COVID-19 Resources: <https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/>
- IL DHS: <http://www.dhs.state.il.us/page.aspx?item=123026>
- IL Department of Public Health: <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus>
- Chicago Department of Public Health: <https://www.chicago.gov/city/en/sites/covid-19/home.html>
- California Bridge COVID 19 Emergency Response: <https://www.bridgetotreatment.org/covid-19>
- Harm Reduction Coalition: <https://harmreduction.org/miscellaneous/covid-19-guidance-for-people-who-use-drugs-and-harm-reduction-programs>
- ASAM: <https://www.asam.org/Quality-Science/covid-19-coronavirus>

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