In three online sessions conducted March 24-26, 2020, the CA Hub and Spoke System Learning Collaborative topic was Low Barrier Care for Patients with OUD. Discussions focused on ways programs are implementing low barrier methods during the COVID-19 public health crisis. Federal and state guidelines have changed to allow greater flexibility in providing Medications for Addiction Treatment (MAT) services at this time. The following is a summary of practices CA Hub and Spoke participants reported implementing in their programs.

- **Most programs have moved to telehealth**
  - Medication management, behavioral health, primary care
  - Virtual check-ins (10 minutes by phone)
  - Take into account learning curve for patients and staff
  - Lots of follow up calls and texts
  - Note Medi-Cal and Medicare requirements differ

- **Medications**
  - Opioid Treatment Programs (OTPs) are requesting blanket waivers for 14-28 day methadone take home doses based on patient stability
  - Programs are extending buprenorphine refills to 30-day and 90-day prescriptions, and doing home deliveries of medications.
  - More use of Sublocade™
  - Some have tabled new injectable naltrexone inductions, because they are unable to bring clients into the office.
  - Some programs are reviewing records, identifying patients who have received MAT prescriptions in past 1-2 months, and proactively approving 1-2 refills
  - For patients at higher risk of meds being lost or stolen, dispense smaller quantities for pick up at pharmacy
  - Safe storage guidance essential
  - In person visit to start buprenorphine is now optional – no labs/UDS; OTPs still require in-person physical exam

- **Other considerations/innovative practices**
  - In person visits take place in separate rooms on the phone
  - Drive through meds – people getting Sublocade™ injections in their cars
  - Protect privacy in flexible treatment settings
  - Medication pickups at pharmacy – reach out to local pharmacies to request sufficient supplies of buprenorphine are on hand, let them know about changes in prescribing
  - Co-locate an iPad at the pharmacy to facilitate connection to clinic staff (if patient does not have a cell phone). Another idea was to make “burner” phones available to folks who do not have a phone.
  - Attend to staff self-care – frequent check-ins for staff who have high caseloads – many providers are out sick. Plan for days off in advance for reasonable coverage.

- Some seeing increased patient alcohol use, patient anxiety around getting meds (fear pharmacy will "run out.")
- Ensure patients have access to naloxone
- More coordinated care with other providers can enable more support and structure
- Utilize mobile health units for unhoused people

Find updated guidance on state and federal regulations related to treatment during the COVID-19 public health emergency at the following:

DHCS – https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx

SAMHSA – http://samhsa.gov/coronavirus

CDC – https://www.cdc.gov/coronavirus/2019-ncov/index.html