The Centers for Medicare and Medicaid Services: SUPPORT Act Section 1003 Grant

SUPPORT ACT GRANT
MONTHLY STAKEHOLDER MEETING
JULY 13, 2020

Department of Medical Assistance Services
Welcome and Meeting Information

- We have an ‘open’ meeting format to allow participation and questions

- Please make sure your line is muted if you are not speaking
  - We will mute all lines if there is a lot of background noise

- If you are having issues with audio, please type questions or comments in the chat box.
How to Mute and Unmute in WebEx

Everyone is muted at the beginning of the webinar – when you are ready to ask a question, please click the red microphone button to unmute. When you are finished, please click it again to mute your line.
<table>
<thead>
<tr>
<th>Item</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Webinar Set up</td>
<td>10:00 - 10:05</td>
</tr>
<tr>
<td>Welcome and SUPPORT Act Grant Overview</td>
<td>10:05 - 10:10</td>
</tr>
<tr>
<td>SUPPORT Act Grant Updates</td>
<td>10:10 - 10:20</td>
</tr>
<tr>
<td>Manatt and SUPPORT Act Grant</td>
<td>10:20 - 10:35</td>
</tr>
<tr>
<td>DMAS Behavioral Health Telehealth Survey</td>
<td>10:35 - 10:50</td>
</tr>
<tr>
<td>DMAS Behavioral Health Updates</td>
<td>10:50 – 11:00</td>
</tr>
<tr>
<td>Break</td>
<td>11:00- 11:05</td>
</tr>
<tr>
<td>Introduction of Dr. Carolyn Chu</td>
<td>11:05</td>
</tr>
<tr>
<td>University of California San Francisco National Clinician Consultation Center</td>
<td>11:05-11:25</td>
</tr>
<tr>
<td>Q&amp;A</td>
<td>11:25 - 11:35</td>
</tr>
<tr>
<td>Next Steps</td>
<td>11:35 – 11:50</td>
</tr>
</tbody>
</table>
Happy Summer!

Go to www.menti.com and use the code 22 07 96

What summer activities have you enjoyed so far or are looking forward to?
SUPPORT Act Grant Overview

Virginia Medicaid’s SUPPORT Act Grant Goals:

• Learn from Addiction and Recovery Treatment Services (ARTS) program
  ▪ Appreciate successes
  ▪ Learn from challenges

• Decrease barriers to enter workforce

• Focus on specific subpopulations
  ▪ Justice-involved
  ▪ Pregnant and parenting members

• Maintain our core values
  ▪ Person-centered, strengths-based, recovery-oriented
Overview of SUPPORT Grant Initiatives

Notice of Award: September 18, 2019

Period of Performance: September 30, 2019 to September 29, 2021 (18 months + 6 month no cost extension)

Approved Budget: $4.8 million

Components
1. Need assessment
2. Strengths-based assessment
3. Activities to increase provider capacity
Grant Team

• Alyssa Ward, Ph.D., LCP, Director, Division of Behavioral Health
• Ashley Harrell, LCSW, Project Lead & ARTS Senior Program Advisor
• Anna Scialli, MPH, MSW, Grant Manager
• Update! Jason Lowe, MSW, CPHQ, CPHRM, Grant Manager
• Paul Brasler, MA, MSW, LCSW, Behavioral Health Addiction Specialist
• John Palmieri, Data Analyst
• Tiarra Ross, Budget Analyst
• Update! Christine Bethune, MSW, Grant Coordinator
• Trenece Wilson, VCU MPH Intern
SUPPORT ACT GRANT UPDATES
JULY 2020
DMAS has received a no-cost extension which extends the period of performance to **September 29, 2021**.

Projects and contracts will be extended through this date.
Projects currently in progress

• Needs assessment: VCU Department of Health Behavior and Policy
  ▪ Member surveys and interviews – will include questions regarding provision of care during COVID-19
  ▪ Buprenorphine-waivered prescriber analysis
  ▪ VCU report: Diagnosis and Treatment of Substance Use Disorders among Pregnant Women Covered by Medicaid

• Brightspot assessment: VCU Wright Center
  ▪ Training pre/post-test in development
  ▪ Project ECHO opportunities
  ▪ Data visualization - HealthLandscape in development
SUPPORT Act Grant Updates: July 2020

- Medication Assisted Treatment in EDs pilot – Virginia Hospital and Healthcare Association Foundation
  - COVID-19 delays continue
  - Buprenorphine waiver trainings

- Policy Landscape Analysis – analyze policy options for Virginia in response to changes introduced by the SUPPORT Act
  § Began work with Manatt, Phelps, and Phillips, LLP
  § Deep dive into telehealth policies, post-discharge planning, treatment gaps
Projects currently in procurement

- Justice-involved environmental scan and pilot
  - In final stages of procurement
  - Goal: execute contract by end of July
Projects currently in development

• RFA/sub-awards for clinics/providers to expand access to telehealth, Peer Recovery Support Services
  ▪ Readjusting timeline and scope based on extended timeline

• https://www.eva.virginia.gov/
Mission Statement
Theses technical assistance and training webinars are designed to increase SUD knowledge and to provide support to anyone who serves Medicaid members with substance use disorders. The overall goal of the webinars, as well as other grant activities, is to increase addiction and recovery workforce capacity while also creating a culture of understanding, empathy, and support for individuals with substance use disorder in various workforce settings.

Webinar Presenters:

Paul Brasler, MA, MSW, LCSW
Behavioral Health Addiction Specialist, DMAS

Paul Brasler is the Behavioral Health Addictions Specialist with the SUPPORT Grant Team at DMAS. Prior to working for DMAS, Paul was the Head of Behavioral Health at Daily Planet Health Services, a Federally-Qualified Health Center in Richmond, Virginia. Paul has worked in Emergency Departments conducting Psychiatric and Substance Use Disorder assessments, in private practice, in community mental health and in residential treatment. He is a national presenter for PESI, specializing in training for clinicians working with high risk clients.

Dr. Mishka Terplan, MD, MPH, FACOG, DFASAM
Addiction Medicine Specialist

Dr. Mishka Terplan is board certified in both obstetrics and gynecology and in addiction medicine. He is Senior Physician Research Scientist at Friends Research Institute and adjunct faculty at the University of California, San Francisco where he is a Substance Use Warmline clinician for the Clinical Consultation Center. He is also the Addiction Medicine Consultant for Virginia Medicaid and a consultant for the National Center on Substance Abuse and Child Welfare.
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
<th>Webinar Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday, July 13, 2020</td>
<td>1:00 PM</td>
<td>Client Engagement-Repeated Topic</td>
<td>Paul Brasler</td>
<td><a href="https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e3518cb52bb25cae904785e4106a37b46">https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e3518cb52bb25cae904785e4106a37b46</a></td>
</tr>
<tr>
<td>Tuesday, July 14, 2020</td>
<td>9:00 AM</td>
<td>Addressing SUD Bias &amp; Building Provider Empathy</td>
<td>Paul Brasler</td>
<td><a href="https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e45ec84ecfff6a5a121533567faf29dbf">https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e45ec84ecfff6a5a121533567faf29dbf</a></td>
</tr>
<tr>
<td>Thursday, July 16, 2020</td>
<td>2:00 PM</td>
<td><em>Update: Individual Therapy for SUD: Repeated Topic</em></td>
<td>Paul Brasler</td>
<td><a href="https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e918c90d74efa3744220ff168bd12df7f">https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e918c90d74efa3744220ff168bd12df7f</a></td>
</tr>
<tr>
<td>Friday, July 17, 2020</td>
<td>11:00 AM</td>
<td><em>New</em> Weekly Case Study Review</td>
<td>Paul Brasler &amp; Dr. Mishka Terplan</td>
<td><a href="https://covaconf.webex.com/covaconf/j.php?MTID=mab0aec6846e298682399d24402952dad">https://covaconf.webex.com/covaconf/j.php?MTID=mab0aec6846e298682399d24402952dad</a></td>
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</table>
On-Going Projects

• Technical Assistance Webinars with Paul Brasler and Dr. Mishka Terplan

To view schedule go to the ARTS page (dmas.Virginia.gov/#/ARTS)

Scroll down to “SUPPORT Act Grant”
TA and Training Feedback

Go to www.menti.com and use the code 220796

What has been your favorite part of the SUD technical assistance and training webinar series?
Virginia Department of Medical Assistance Services: Substance Use Disorder Policy Landscape Review and Support

VA Medicaid SUPPORT Act Monthly Stakeholder Meeting

July 13, 2020
Understand and maximize the policy levers the Commonwealth has at its disposal to further improve access to the full continuum of treatment and recovery services for people with SUD.

Identify gaps and opportunities in the Commonwealth’s SUD delivery system, focusing on high-impact opportunities and those that, if implemented, will help the Commonwealth strengthen its SUD treatment capacity and secure the phase two demonstration from the federal government for capacity building (Section 1003 of the SUPPORT Act).

Identify new SUD provider and patient needs in the wake of recent and emerging issues (e.g., COVID-19, polysubstance use and imperative to address long-standing racial equity issues) and develop strategies to address these needs.
## Scope of Work

**SUPPORT Act Provisions**
- Inventory of SUPPORT Act requirements, state options for implementing SUPPORT Act, and other federal SUD requirements and opportunities
- Catalogue VA’s existing Medicaid SUD policies
- Stakeholder interviews around strengths, gaps, and opportunities within the current delivery system

**Use of Telehealth**
- Review of current Commonwealth laws, policies, and opportunities regarding telehealth and state options for
  - Leveraging telehealth to improve access to SUD treatment
  - Ensuring equitable access of telehealth for rural communities
  - Analyzing available telehealth data/resources for any barriers identified

**Benefits and Cost Sharing**
- Review of state plan covered benefits, 1115 waiver and SUD clinical policies to catalog the current array of SUD benefits and identify whether there are any gaps in potential SUD services that the Commonwealth could provide
- Post-COVID changes to benefits/cost-sharing
- Review opportunities for value-added services, in-lieu of services, and care coordination

**Prior Authorization and Utilization Management Strategies**
- Review of current prior authorization and utilization management policies and state options for modifying these policies to:
  - Improve access to critical SUD benefits, including for special populations
  - Ensure MCOs are appropriately applying ASAM criteria and monitoring the utilization and authorization of treatment (including buprenorphine, sublocade v. vivitrol, and Hep C treatment)
### Scope of Work

**Medicaid Managed Care Contracting Strategies**
- Review of managed care contracting priority areas to optimize Medicaid managed care strategies related to SUD and improve outcomes, such as directed payments, quality strategy, alternative payment models and defining outcomes, requirements for follow up post discharge/transitions of care

**Treatment of Special Populations**
- Deep-dive on policy options to strengthen access to SUD treatment and recovery services for special populations such as: pregnant/postpartum individuals, justice-involved individuals, seniors, individuals with developmental disabilities
- Explore racial disparities in treatment

**Related Privacy and Confidentiality Issues**
- Evaluate privacy and confidentiality issues related to:
  - Exchanging data and information for Medicaid beneficiaries with SUD that are implicated by recommendations developed under other policy objectives
  - Supporting providers readjusting to new or removed requirements as a result of the state of emergency ending
  - Impact of 42 CFR Part 2 on ongoing and future initiatives, including the Emergency Department Care Coordination Project
DMAS Behavioral Health Division:
Telehealth Survey - Part 2

Laura Reed, LCSW
Behavioral Health Manager
Survey Details

Respondent Information

Survey Opened: 06/16/2020

Survey Closed: 07/06/2020

Total Responses: 180

Total Complete Responses: 157
Respondent Locations
Telehealth Provider Resources
Telehealth Resources (1)

Q2: Do you have internet access?

Q3: Please indicate the quality of your internet connection.
Q4: What type of equipment or technology do you need to properly provide telehealth sessions to include simultaneous audio and video capabilities?

- Computer: 23%
- Webcam: 16%
- Smart Phone: 16%
- Internet Access/Wifi: 22%
- I have all resources: 88%
- Other (please specify): 4%
Client Telehealth Challenges
Client Telehealth Challenges (1)

Q5: Are your clients experiencing technology challenges?

No: 32%
Yes: 68%

Q6: What types of challenges are your clients experiencing?

- Client does not have a... 72%
- No Internet Access: 68%
- Weak or no cell phone... 74%
- Client is not available or... 34%
- Other (please specify): 24%
Q7: How have you assisted clients to overcome these challenges?

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explored options for obtaining a compatible device</td>
<td>64%</td>
</tr>
<tr>
<td>Explored options for obtaining internet access through a local provider or free access through local resources</td>
<td>60%</td>
</tr>
<tr>
<td>Provided compatible device for clients to use</td>
<td>20%</td>
</tr>
<tr>
<td>Provided broadband or cellular data plan</td>
<td>3%</td>
</tr>
<tr>
<td>Reached out to the members Managed Care Organization for assistance</td>
<td>24%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>29%</td>
</tr>
</tbody>
</table>

Total Respondents: 110
Q8: Are you providing telehealth services to children and adolescents?

- Yes: 74%
- No: 26%

Q9: What types of challenges, if any, are you experiencing when providing telehealth services to children and adolescents?

- Keeping child/adolescent engaged in sessions: 53%
- Lack of interest from child/adolescent: 31%
- Lack of interest from caregivers: 21%
- Scheduling issues with caregivers: 29%
- Not experiencing any challenges: 31%
- Other (please specify): 18%

Total Respondents: 120
Types of Services
Q10: Are you providing substance use disorder treatment services via telehealth?

- Yes: 31%
- No: 69%

Q11: Are you providing peer recovery support services via telehealth?

- Yes: 12%
- No: 88%
Q12: Are you providing emergency response or Crisis Intervention (H0036) to clients via telehealth?

- Yes: 32%
- No: 68%

Q13: Have you experienced any barriers when trying to collaborate with hospitals and/or emergency rooms?

- Yes: 25%
- No: 75%
Types of Services (3)

Q14: What barriers have you experienced when trying to collaborate with hospitals and/or emergency rooms?

![Bar chart showing response percentages]

**Answer Choices**

| Provider/Client does not have a compatible device | 42%  
| No Internet Access | 17%  
| Weak or no phone services | 33%  
| Unable to reach a person at the hospital/ER | 50%  
| Hospital Unable to receive telephonic or faxed clinical information | 0%  
| Other (please specify) | 58%  

Total Respondents: 12
Q21: Are there services that were not allowed to be delivered via telehealth prior to March 19, 2020, that you would recommend DMAS continue to allow those services be delivered via telehealth?

**ANSWER CHOICES**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Therapy Services (H2033)</td>
<td>55%</td>
</tr>
<tr>
<td>Case Management Services (H0023 &amp; H0024 &amp; H0006)</td>
<td>46%</td>
</tr>
<tr>
<td>Intensive Community Treatment (H0039)</td>
<td>19%</td>
</tr>
<tr>
<td>Intensive In-Home Services (H2012)</td>
<td>35%</td>
</tr>
<tr>
<td>Mental Health Skill Building (H0046)</td>
<td>41%</td>
</tr>
<tr>
<td>Peer Recovery Support Services (ARTS: T1012/S9445 and/or MH: H0024/H0025)</td>
<td>27%</td>
</tr>
<tr>
<td>Preferred OBOT/OTP Counseling (H0004 &amp; H0005)</td>
<td>35%</td>
</tr>
<tr>
<td>No</td>
<td>16%</td>
</tr>
<tr>
<td>Other (please specify billing code)</td>
<td>28%</td>
</tr>
</tbody>
</table>

Total Respondents: 158
Types of Sessions
Q15: What percentage of in-person face-to-face sessions are you providing on a weekly basis?

Q17: What percentage of simultaneous audio and video sessions are you providing on a weekly basis?
Q16: What percentage of audio only sessions are you providing on a weekly basis?

Q17: What percentage of simultaneous audio and video sessions are you providing on a weekly basis?
Q20: How long would it take you or your agency to set up your billing system to submit telehealth claims with Place of Service (POS) 02 and modifier GT?
Telehealth Vendor Information
Q18: Did you acquire a telehealth vendor or switch to a new vendor on or after March 1, 2020?

- Yes: 43%
- No: 29%
- Already secured a...: 28%

Q19: Are you currently utilizing a HIPAA compliant telehealth platform?

- Yes: 90%
- No: 2%
- I am uncertain: 8%
Behavioral Health: Updates
Reminder to Apply for Virginia Professional License

**Amended Executive Order 57 (effective June 10, 2020)**

A clinical psychologist, professional counselor, marriage and family therapist, and clinical social worker with an active license issued by another state may be issued a temporary license.

**Such temporary license shall expire September 8, 2020.**

During such time, the practitioner may seek a full Virginia license or transition patients to Virginia-licensed practitioners.

* Please contact the Virginia Department of Health Professions for more information.
• These changes affect members in fee-for-service and Managed Care Organization (MCO).

• Underlined text in the memo will include clarifications and changes from the text of the March 19, 2020, “Provider Flexibilities Related to COVID-19”, the March 27, 2020, “Clarifications and Changes: Behavioral Health and ARTS Provider Flexibilities Related to COVID-19”, and the June 11, 2020, “Behavior Therapy Provider Flexibility Update” memos, for Behavioral Health and ARTS services.

• The primary purpose of the memo outlines allowances for the delivery of face-to-face group-based services.
• Group Therapy
  ▪ DMAS will resume reimbursement for face-to-face delivery of group-based services.
  ▪ DMAS advises that providers carefully weigh the vulnerabilities and benefits of resuming face-to-face group services.
  ▪ Group-based providers are reminded that they retain, until further notice, the ability to offer services individually or through individual or group tele-health or telephonic contact.
  ▪ Providers are encouraged to prioritize the health and safety of members and their staff and to consider member preferences, engagement and optimal access to care.
  ▪ Providers who elect to provide face-to-face services should integrate guidance provided through the Centers for Disease Control and Prevention, the Virginia Department of Health, and any relevant licensing bodies.
Renewal of Determination That A Public Health Emergency Exists

- Effective April 26, 2020 – The U.S. Department of Health and Human Services renewed, the determination that a public health emergency exists due to COVID-19 and has existed since January 27, 2020, nationwide.

- DMAS will continue to monitor the renewal of the HHS (federal level) public health emergency, set to expire on July 25, 2020.

- On May 26, 2020, Virginia Governor amended Executive Order fifty-one declaring that a state of Emergency “continues” to exist in the Commonwealth of Virginia, and “shall remain in full force and effect until amended or rescinded by further executive order.”

The flexibilities afforded are approved through a combination of state and federal allowance and thus timelines for availability and continuation of the flexibilities are subject to changes from numerous sources.
BREAK TIME!

Please take a short – five minute – break
University Of California San Francisco National Clinician Consultation Center: Dr. Carolyn Chu
Increasing SUD, HIV, & HCV treatment access through provider support & capacity-building

July 13, 2020

Carolyn Chu, MD, MSc, FAAFP | Clinical Director

University of California – San Francisco
The NCCC Warmlines

(1) **Why** a “Warmline”?

(2) **Who** operates the national substance use, HIV, and HCV Warmlines, and **how** do they work?

(3) **NCCC call data** (regional, national)

(4) **Q&A**
Provider support/capacity-building is a cornerstone for improving treatment access and health outcomes.
KEY DRIVERS OF HIV WORKFORCE SHORTAGES

**Financial Disincentives**
The high cost of medical education coupled with relatively low pay discourages students from entering the primary care workforce.

**Insufficient Exposure to HIV During Medical Education**

**Reluctance to Work With HIV Patients**

**Geographic Factors**

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**Challenges in Addressing Viral Hepatitis**

The Action Plan also seeks to address a number of challenges that must be confronted as we work to improve our national response including:

- Limited data
- Low provider awareness and low public awareness and perceived risk
- Limited public health and health system response
- The perceived high costs of treatment and the large numbers of people chronically infected
- Stigma and discrimination
- Opioid epidemic
Why aren’t providers prescribing more buprenorphine?

<table>
<thead>
<tr>
<th>Reasons for not being waived</th>
<th>Nonwaivered respondents (N = 74)</th>
<th>Waivered and not prescribing to capacity (N = 272)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No time for more patients</td>
<td>12.2</td>
<td>36.0</td>
</tr>
<tr>
<td>Reimbursement insufficient</td>
<td>5.4</td>
<td>15.4</td>
</tr>
<tr>
<td>Concerned about diversion</td>
<td>25.7</td>
<td>10.3</td>
</tr>
<tr>
<td>Don’t want to be inundated with suboxone requests</td>
<td>29.7</td>
<td>8.8</td>
</tr>
<tr>
<td>Don’t believe in agonist treatment</td>
<td>13.5</td>
<td>2.9</td>
</tr>
<tr>
<td>Concerned about precipitating withdrawal</td>
<td>12.2</td>
<td>1.5</td>
</tr>
<tr>
<td>Not educated enough about Opioid Use Disorder</td>
<td>14.6</td>
<td>1.1</td>
</tr>
<tr>
<td>Don’t know how to get waiver</td>
<td>9.5</td>
<td>&lt;1</td>
</tr>
<tr>
<td>No problem in my community</td>
<td>2.7</td>
<td>&lt;1</td>
</tr>
</tbody>
</table>

“The results are consistent with previous studies which reported that physicians without access to support or training are likely to see [lack of information about local counseling resources, lack of individualized access to an experienced provider, and need for more CE courses on OUD] as barriers to prescribing buprenorphine.”

Huhn AS, Dunn KE. Why aren’t physicians prescribing more buprenorphine? J Subst Abuse Treat. 2017 July
“This service is amazing and so very helpful. I have used it several times and always come away feeling informed and ready to provide the best care to my patients.”

“I view this group as a lifeline when I have questions – it’s a fabulous resource for busy providers!”

“So thankful for this resource! Timely, helpful, and clear guidance from experienced experts – so easy to access and great response time!”

“The person I spoke to was so nice, supportive, and well-informed. I was nervous that my question was kind of a dumb one or something I should have known, but she didn’t make me feel like that at all. It was a great experience.”

“The consultant I spoke with saved my day. The care and concern I received was astounding, the consultant went above and beyond to help me and my patient.”
Our guiding principle: “low-threshold” support

- Same-day treatment entry
- Harm-reduction approach
- Flexibility
- Wide availability

- Same-day support, individualized discussions (often case-based)
- Practical strategies, respect for caller
- “Options, not answers” (agility to assist providers with differing resources and experiences, and from diverse practice contexts)
- Readily-accessible, multi-professional subject matter expertise

So— who operates the national HIV, HCV, and substance use Warmlines?
Founded in 1990s at San Francisco General Hospital; Department of Family & Community Medicine, University of California San Francisco

- One of the first free, nationally accessible provider-facing resources to address HIV-specific questions at the point of care
- Any clinician is welcome to call (all experience levels/backgrounds/settings)
Founded in 1990s at San Francisco General Hospital; Department of Family & Community Medicine, University of California San Francisco

- One of the first free, nationally accessible provider-facing resources to address HIV-specific questions at the point of care
- Any clinician is welcome to call (all experience levels/backgrounds/settings)

Clinical depth across multiple domains: 500+ years of collective experience

- HIV
- Viral hepatitis
- Substance use
- Primary care
- Behavioral health

Experience with safety net health centers, Ryan White-funded programs, local health departments, correctional settings, tribal communities/providers
Multi-disciplinary, multi-professional consultants

Principal consultants include highly experienced primary care & specialty-boarded physicians, specialty clinical pharmacists, advanced practice nurses
How can providers access our tele-consultation services?

**Dial** any of our toll-free numbers

Hours of operation: 9am-8pm ET | 6am-5pm PT, Mon-Fri

*Perinatal HIV Hotline is 24/7; PEPlne available weekends*

We ask callers for basic demographic and practice information for internal record-keeping purposes (all calls are confidential; no PHI obtained)

**-- OR --**

**Submit** cases/inquiries online: [nccc.ucsf.edu](http://nccc.ucsf.edu)
We provide peer-to-peer advice on HIV/AIDS Management

Expert advice on preventing and treating HIV, from initiating treatment to managing advanced disease.

- We consult on all topics pertaining to treatment and prevention
- Advice from national experts in HIV/AIDS care
- Peer-to-peer advice for all treatment experience and complexity levels

Submit a Case for Consultation
Send an NCCC clinician your case online
Submit

Call for a Phone Consultation
(800) 933-3413
Monday – Friday, 9 a.m. – 8 p.m. ET
Call
<table>
<thead>
<tr>
<th>Callers don’t need to:</th>
<th>What to expect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sign-up in advance</td>
<td>Professional, compassionate consultants</td>
</tr>
<tr>
<td>Clear their clinic/patient schedules</td>
<td>Evidence-informed, practical guidance</td>
</tr>
<tr>
<td>Memorize a patient’s chart/medical history</td>
<td>Individualized support to help develop tailored treatment plans</td>
</tr>
<tr>
<td>Limit inquiries to complex clinical scenarios or patient/case-specific questions <em>(general questions are welcome!)</em></td>
<td>We are happy to receive follow-up calls regarding same patient/case (NCCC maintains secure consultation notes)</td>
</tr>
<tr>
<td>Download any apps or utilize special technology/IT equipment</td>
<td>If helpful, consultants may send f/u information by email: resources, articles</td>
</tr>
<tr>
<td></td>
<td>With permission, caller survey sent <em>(ok to opt-out of our surveys)</em></td>
</tr>
</tbody>
</table>
Common consultation topics: SUD

- **Assessment and treatment** of opioid, alcohol, and other substance use disorders (including withdrawal management)
- **When and how to initiate medications** for various use disorders
- **Toxicology testing** (when to use, how to interpret, what to do)
- **Approaches** to adjust opioid-based pain regimens to reduce risk of misuse and harms; overdose prevention strategies
- **Special circumstances** (pregnancy, chronic kidney/liver disease, co-morbid pain, co-morbid psychiatric disorders, correctional health: pre- and post-release)
Common consultation topics: HIV

- **Lab test interpretation, ART decision making** (new diagnoses, treatment-experienced patients with multi-class resistance, etc.)
- **Perinatal HIV management** (including new diagnoses on labor and delivery), and **HIV-exposed infant care**
- **Drug interactions, comorbidity evaluation and management** (including diagnosis and treatment of opportunistic infections)
- **HIV pre- and post-exposure prophylaxis** evaluation, management
Common consultation topics: HCV

- Initial treatment, retreatment, reinfection (therapy options, timing/duration)
- Liver disease staging (non-invasive approaches, discordant testing results)
- Medication interaction assessment, management
- Missed doses (how to avoid, how to manage) and laboratory monitoring before/during/after HCV treatment
- HBV, HIV coinfection, perinatal HCV (delivery considerations, breastfeeding)
Use case scenarios/case vignettes

69yo with longstanding HIV, DM2, obesity now s/p gastric bypass. *Should I change ART due to malabsorption issues?*

55yo with severe CVD, no cirrhosis, prior peg-RBV. *Is this patient ok to re-treat in a primary care setting? Interactions between DAAs and cardiac meds?*

45yo with OUD previously on ER naltrexone, relapsed and incarcerated again. *What do I do next?*


Can your HCV Warmline consultants assist as specialists for our treatment requests?

32yo PWID w/ newly diagnosed acute HIV and 26 weeks pregnant: *How can I start ART?*
Incorporation into guidelines, hospital/center protocols

Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States

- Scheduled cesarean delivery performed solely for prevention or perinatal transmission in women receiving ART with HIV RNA ≤1,000 copies/mL is not routinely recommended given the low rate of perinatal transmission in this group (AII).
- In women with HIV RNA levels ≤1,000 copies/mL, if scheduled cesarean delivery or induction is indicated, it should be performed at the standard time for obstetrical indications (AII).
- In women with an HIV RNA >1,000 copies/mL or unknown HIV RNA level who present in spontaneous labor or with ruptured membranes, there is insufficient evidence to determine whether cesarean delivery reduces the risk of perinatal HIV transmission. Management of women originally scheduled for cesarean delivery because of HIV who present in labor must be individualized at the time of presentation (BII). In these circumstances, consultation with an expert in perinatal HIV (e.g., telephone consultation with the National Perinatal HIV/AIDS Clinical Consultation Center at 1-888-448-8765) may be helpful in rapidly developing an individualized delivery plan.
- In women on ART with HIV RNA ≤1,000 copies/mL, duration of ruptured membranes is not associated with an increased risk of perinatal transmission and is not an indication for cesarean delivery to prevent HIV transmission (BII).
Thank you for the case you submitted on our HCV Consultation web portal. Attached please find a letter of support for treating your patient who was recently diagnosed with HCV reinfection.

It was a pleasure speaking with you and feel free to reach out again (844 437 4638) if you have further questions or concerns.

Sincerely,
Cristina Grata, PharmD
Senior HIV/HCV Consultant
http://nccc.ucsf.edu/

NCCG provides evidence-based guidance to clinicians caring for people exposed to or infected with HIV and other bloodborne pathogens. NCCG consultations are based on information provided by the user without the benefit of a direct evaluation/examination of the patient, and as such, do not constitute medical advice, are intended to only be used as a guide, and are not to serve as a substitute for medical judgment. Healthcare professionals should exercise sound clinical judgment and individualize patient care based upon the patient’s condition.
PDMPs/EHR integration, local provider capacity-building initiatives/trainings
NCCC data: quick snapshots

Calls* from Virginia and surrounding states

*FY17-20 | Includes non-occupational (sexual exposure, IDU) PEPline calls; excludes occupational PEP calls
Calls (excluding all PEP) from Virginia and surrounding states, by consultation line:

**Late 2014:** PrEPline

**Winter 2015:** Substance Use Warmline

**Fall 2017:** Hepatitis C Warmline
NCCC calls*, by zip code, in Virginia

*Excludes occupational PEP calls
## Substance Use Warmline*: caller/practice profiles

<table>
<thead>
<tr>
<th>Caller profession</th>
<th>% calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD/DO</td>
<td>63.4%</td>
</tr>
<tr>
<td>NP/APN/PA</td>
<td>21.3%</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>5.5%</td>
</tr>
<tr>
<td>RN/LVN</td>
<td>3.0%</td>
</tr>
<tr>
<td>Other medical</td>
<td>6.1%</td>
</tr>
<tr>
<td>Other non-medical</td>
<td>0.6%</td>
</tr>
<tr>
<td>Unknown/other</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Holds DATA 2000 waiver</th>
<th>% calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>63.9%</td>
</tr>
<tr>
<td>No</td>
<td>18.1%</td>
</tr>
<tr>
<td>N/A (Not applicable)</td>
<td>5.0%</td>
</tr>
<tr>
<td>DNA (Did not ask)</td>
<td>13.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Caller facility type</th>
<th>% calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>14.8%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>78.3%</td>
</tr>
<tr>
<td>Other medical</td>
<td>6.3%</td>
</tr>
<tr>
<td>Other non-medical</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

*FY20 | National data

![eFigure 3. U.S. Counties With Low Buprenorphine-Waivered Clinician Availability and High Opioid Overdose Death Rates*](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2736933?utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=062819)
## Substance Use Warmline*: case topics

<table>
<thead>
<tr>
<th>Topics discussed</th>
<th>% calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening and diagnosis of SUD</td>
<td>24.0%</td>
</tr>
<tr>
<td>Medication for treatment of SUD</td>
<td>79.8%</td>
</tr>
<tr>
<td>Behavioral interventions</td>
<td>6.0%</td>
</tr>
<tr>
<td>Clinical complications of substance use</td>
<td>4.8%</td>
</tr>
<tr>
<td>Co-morbid conditions</td>
<td>22.8%</td>
</tr>
<tr>
<td>Harms/risk reduction</td>
<td>6.8%</td>
</tr>
<tr>
<td>Opioid safety and overdose prevention</td>
<td>24.0%</td>
</tr>
<tr>
<td>Opioid dosing/titration and tapering</td>
<td>40.6%</td>
</tr>
<tr>
<td>Patient monitoring incl. toxicology testing</td>
<td>23.8%</td>
</tr>
<tr>
<td>Withdrawal management</td>
<td>16.2%</td>
</tr>
<tr>
<td>Protocol/references/resources</td>
<td>5.8%</td>
</tr>
<tr>
<td>DATA 2000 waiver training</td>
<td>0.6%</td>
</tr>
<tr>
<td>Insurance coverage/billing, reimbursement</td>
<td>2.4%</td>
</tr>
<tr>
<td>Legal/regulatory</td>
<td>7.4%</td>
</tr>
<tr>
<td>Other topic(s)</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substances discussed</th>
<th>% calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription opioids</td>
<td>70.5%</td>
</tr>
<tr>
<td>Nonprescription opioids</td>
<td>39.2%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>12.7%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>4.6%</td>
</tr>
<tr>
<td>Amphetamine/ methamphetamine</td>
<td>11.0%</td>
</tr>
<tr>
<td>Hallucinogen(s)</td>
<td>0.8%</td>
</tr>
<tr>
<td>Sedatives/hypnotics/anxiolytics</td>
<td>7.6%</td>
</tr>
<tr>
<td>Other/unknown (incl. cannabis)</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comorbid conditions</th>
<th>% calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric</td>
<td>14.0%</td>
</tr>
<tr>
<td>HIV</td>
<td>0.8%</td>
</tr>
<tr>
<td>HCV</td>
<td>3.8%</td>
</tr>
<tr>
<td>Skin/soft tissue infection</td>
<td>3.0%</td>
</tr>
<tr>
<td>Endocarditis</td>
<td>0.5%</td>
</tr>
<tr>
<td>End stage liver disease</td>
<td>1.1%</td>
</tr>
<tr>
<td>Chronic kidney disease</td>
<td>0.8%</td>
</tr>
<tr>
<td>Chronic pain</td>
<td>33.1%</td>
</tr>
<tr>
<td>Other</td>
<td>22.0%</td>
</tr>
</tbody>
</table>

*FY20 | National data
Things we cannot do

- Provide direct assistance with patient referrals (except perinatal HIV) → happy to share provider locator resources

- Offer medico-legal counsel → may be able to share information on best practices, other references

- Speak with/advise patients → NCCC does not offer direct “consultant to patient” services (our consultants do not evaluate, diagnose, or treat callers’ patients // no access to patient records)

- Limited availability for formal individual/group trainings → happy to share information on local educational opportunities/resources
Questions?
Thank you!

GoldhammerB@ucsf.edu (Brenda Goldhammer, Project Director)
Carolyn.Chu@ucsf.edu (Carolyn Chu, Clinical Director/PI)
Call us/help spread the word!

To learn more, please visit nccc.ucsf.edu

**Substance Use Warmline** 855-300-3595
Substance use evaluation and management

**Perinatal HIV Hotline** 888-448-8765
Pregnant women with HIV or at-risk for HIV & their infants

**HIV/AIDS Warmline** 800-933-3413
HIV testing, ARV decisions, complications, and co-morbidities

**PrEPline** 855-HIV-PrEP
Pre-exposure prophylaxis for persons at risk for HIV

**Hepatitis C Warmline** 844-HEP-INFO 844-437-4636
HCV testing, staging, monitoring, treatment

**PEPline** 888-448-4911
Occupational & non-occupational exposure management
Questions and Answers

Please unmute yourself or use the chat feature in WebEx to submit your questions.
Buprenorphine Waiver Training Sessions:
July 29th or August 26th | 9:00am – 1:00pm

DMAS, VDH and the American Society of Addiction Medicine

TARGET AUDIENCE:
• This course is available for physicians, nurse practitioners, and physician assistants interested in seeking their waiver to prescribe buprenorphine in the treatment of opioid use disorders.
• This online session will deliver the required live portion of the total training hours.
• Following the training, participants who have successfully completed their course may apply to the Substance Abuse and Mental Health Services Administration (SAMHSA) to obtain their waiver.

Register in advance for this meeting:

July 29:
https://echo.zoom.us/j/93133904411?pwd=QnJGVmpDc3lhRTRONS9HVVFVsQ3J2UT09

August 26:
https://echo.zoom.us/j/98113548887?pwd=enhHUHNzMUJKMnIrM25UamF3OUI6dz09

You will receive an email confirmation once you have registered. The ZOOM link and a reminder email will be sent prior to the training.

THERE IS NO CHARGE FOR THESE TRAININGS!

More information on additional dates: www.magellanofvirginia.com/media/5692/05-18-20-project-echo-buprenorphine-waiver-training-sessions.pdf
General Resources

- DMAS COVID-19 website
  - [https://www.dmas.virginia.gov/#/emergencywaiver](https://www.dmas.virginia.gov/#/emergencywaiver)
  - Includes policy updates and other agency responses and information

- DMAS ARTS/SUPPORT Act website
  - [https://www.dmas.virginia.gov/#/arts](https://www.dmas.virginia.gov/#/arts)
  - SUPPORT 101 webinar series slide decks
  - Monthly Stakeholder Group slide decks

- SAMHSA COVID-19 Resource Page
  - [https://www.samhsa.gov/coronavirus](https://www.samhsa.gov/coronavirus)
  - Guidance for providers and OTPs
  - Policy updates and grant opportunities
Naloxone Resources

• Get trained now on naloxone distribution
  ▪ REVIVE! Online training provided by DBHDS every Wednesday
  ▪ [https://getnaloxonenow.org/](https://getnaloxonenow.org/)
    • Register and enter your zip code to access free online training

• Getting naloxone via mail
  ▪ Contact the Chris Atwood Foundation
  ▪ [https://thecaf.acemlnb.com/lt.php?s=e522cf8b34e867e626ba19d229bbb1b0&i=96A94A1A422](https://thecaf.acemlnb.com/lt.php?s=e522cf8b34e867e626ba19d229bbb1b0&i=96A94A1A422)
  ▪ Available only to Virginia residents, intramuscular administration

• Medicaid provides naloxone to members at no cost and without prior authorization!

• Call your pharmacy before you go to pick it up!
Peer and Member Resources

• Peers
  ▪ Virginia Peer Recovery Specialist Network
  ▪ https://virginiapeerspecialistnetwork.org/resources/

• Harm Reduction
  ▪ Virginia Department of Health - Comprehensive Harm Reduction
  ▪ https://www.vdh.virginia.gov/disease-prevention/chr/

• Advocacy
  ▪ Substance Abuse Addiction and Recovery Alliance (SAARA)
  ▪ https://www.saara.org/
  ▪ VOCAL Virginia
  ▪ https://vocalvirginia.org/

• DBHDS Office of Recovery Services
Telehealth Resources

• Virginia Public Wifi Hotspot Map
  ▪ [https://virginiatech.maps.arcgis.com/apps/webappviewer/index.html?id=825546b05bba47048470e1cfa7364de3](https://virginiatech.maps.arcgis.com/apps/webappviewer/index.html?id=825546b05bba47048470e1cfa7364de3) – updated regularly

• HHS Website – Delivering Care Safely during COVID-19
Discover the rewards of treating patients with Opioid Use Disorders

While PCSS provides trainings on a broad range of substance use disorder treatments, its primary focus is on treatment of opioid use disorders (OUD). Opioids include a class of drugs often prescribed for pain—morphine, fentanyl, oxycodone, and hydrocodone—as well as illicit drugs, such as heroin. The Federal Drug Administration (FDA) has approved three medications for the treatment of OUD: methadone, buprenorphine, and naltrexone.
Addiction and Recovery Treatment Services (ARTS)

Background

Visit the DMAS ARTS website to locate providers with Google Maps: http://www.dmas.virginia.gov/#/arts

New! Indicates if ARTS providers treat pregnant members.
Substance Use Warmline
9 am – 8 pm (ET), Monday – Friday

1.855.300.3595

Free and confidential clinician-to-clinician telephone advice focusing on substance use evaluation and management for primary care clinicians.

Consultants include addiction medicine-certified physicians, clinical pharmacists, and advanced practice nurses who are available to discuss options and approaches in clinical care, from the most common problems to particularly challenging and complex cases.

Learn more at http://nccc.ucsf.edu/clinical-resources/substance-use-management/

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1OHA30039-01-00 (AIDS Education and Training Centers National Clinician Consultation Center) in partnership with the HRSA Bureau of Primary Health Care (BPHC) awarded to the University of California, San Francisco.
ARTS Questions:
- ARTS Helpline number: 804-593-2453
- Email: SUD@dmas.Virginia.gov
- Website: http://www.dmas.virginia.gov/#/arts

ARTS Treatment Questions:
- SUD Behavioral Health: Paul Brasler
  - Paul.Brasler@dmas.Virginia.gov
  - 804.401.5241
- Addiction Medicine: Dr. Mishka Terplan
  - Mishka.Terplan@dmas.Virginia.gov
  - 804.638.0699
Contact Information

SUPPORT Act Grant Questions:

New! SUPPORTgrant@dmas.virginia.gov

ARTS Questions:

- ARTS Helpline number: 804-593-2453
- Email: SUD@dmas.Virginia.gov
- Website: http://www.dmas.virginia.gov/#/arts
Want a copy of today’s slides?

Stakeholder meeting slides along with previous SUPPORT 101 webinar slides will be uploaded to the DMAS ARTS webpage under the “SUPPORT Act Grant” Banner. https://www.dmas.virginia.gov/#/arts
Thank you for calling in!

Your participation in the Monthly Stakeholder meetings is vital to the success of the SUPPORT Act Grant in Virginia.

Please note our following meetings will be call-in ONLY!

Next Meeting
Monday, August 10, 2020
10:00 AM – 12:00 PM