

New HHS Guidelines Now Allow Providers to Treat Opioid Use Disorder with Buprenorphine for Up to 30 Patients Without the 8-Hour or 24-Hour Training



On Tuesday, April 27th, the HHS released new guidelines that removed some of the requirements of the DATA-2000 waiver in response to the record number of overdose deaths occurring during the COVID-19 pandemic. As access to MOUD is paramount in reducing mortality related to opioid overdose deaths, the biggest change is that all providers eligible for a DATA-2000 waiver will no longer need to undergo the 8-hour (physicians) or 24-hour training (all other disciplines) **if treating 30 or fewer patients, but all will still need to apply for the waiver.** A notice-of-intent can be submitted. At this time, you can follow the below steps to submit for a waiver with this above condition as suggested by an addiction medicine provider, Dr. Sarah Wakeman. For more information, click the link below to the HHS statement and FAQ from SAMHSA on the new HHS guidelines.

- 1) Go to <https://buprenorphine.samhsa.gov/forms/select-practitioner-type.php>
- 2) Choose 30-patient limit
- 3) Select “other” qualifying criteria & under city put “practice guidelines”

[Click for the HHS Release](#)

[Click for the SAMHSA FAQ](#)

REVISED Changes to Policy and Billing Procedures Related to Presumptive Drug Screening and Definitive Drug Testing



Please see the updated and revised Newsletter of changes in Medicaid/NJ FamilyCare policy and related billing procedures for presumptive drug screening and definitive drug testing. Some highlights include:

- 1) **Presumptive drug testing is not limited by the number of drug classes performed per date of encounter.**
- 2) **Claims billed by independent labs for a definitive drug test shall be denied payment when a previously paid claim for a presumptive drug test is not found for the same date of service or within 7 days prior to the date of service.**
- 3) **Definitive drug testing should NOT be routinely performed as a reflex test to confirm positive presumptive tests with exceptions.**

For more information, please click below for the newsletter. If there are any additional revisions, we will be sure to provide it here in a future newsletter.

[Click for the Revised Newsletter](#)



FDA Approves Higher Dosage of Naloxone Nasal Spray to Treat Opioid Overdose

Please see the below FDA News Release that details the rationale for the FDA approving a higher dose of naloxone nasal spray at 8mg vs the previously approved 2mg and 4mg naloxone nasal spray products.

[Click for the FDA Release](#)

NJ Dept. of Health Quality Improvement Program (QIP-NJ) Behavioral Health Learning Collaborative Information Session Webinar



The Dept. of Health will be hosting a QIP-NJ Behavioral Health Learning Collaborative Information Session Webinar for hospital quality leadership, quality analysts, emergency department (ED) leadership, and ED frontline care team members. QIP-NJ is a pay-for-performance Medicaid program that is intended to improve behavioral and maternal health in acute care hospitals in the state. Behavioral health includes improving the health outcomes of those with substance use disorders. The primary focus of this webinar is to describe how the collaborative can support your team, identify the benefits of participation, and understand the program design and expectations. To register for this introductory webinar and to learn more about this initiative, click below to register. The event will be held within the Microsoft Teams platform.

Event Date: **Friday, May 14th** from 11am - 12pm

[Register Here](#)

ECHO: Case-Based Application - Injectable MOUD in a Complex Patient

If you missed any of the previous MAT or continuous quality improvement ECHO sessions, they are posted on our [Northern COE Website webinar archive](#). Please note that you are only able to receive CE credits by attending LIVE ECHO sessions.

**The next ECHO session is on Friday, May 14th
12 - 1pm**

**Topic: Case-Based Application - Injectable MOUD in a
Complex Patient**



This ECHO program will provide you a case-based application of using injectable MOUD in a complex patient. You will learn about using injectable MOUD in a specific patient.

Do you have a patient or client you would like to present to the panel to receive recommendations and suggestions for management? Please click [here](#) to email your question(s) or scenario(s).

[Register Here](#)



MAT Lunch Hour: Peer Navigation and Leadership Models

Join us for the next MAT Lunch Hour to network, collaborate, and discuss, which are now occurring monthly!

The next forum will feature **Heather Ogden** from the National Center for Advocacy and Recovery for Behavioral Health, who will be speaking about the role of peer navigation and related models of care to help patients with SUD on the road to recovery.

Next Forum: Wednesday, May 26th, 12 - 1pm

[Register Here](#)

Next Navigator Support Event: June 4th from 12 - 1pm



Similar to MAT Lunch hours, Navigator Support Events are ongoing opportunities that occur every two months for OBAT navigators to continue learning through de-identified patient cases, discussion of patient engagement strategies, and sharing of updated resources about relevant topics.

[Register Here](#)

Buprenorphine Use and Disparities in Access Among Emergency Department patients with Opioid Use Disorder: A Cross-Sectional Study

This is a cross-sectional study (with co-authors from the Southern COE MAT Center of Excellence, Drs. Rachel Haroz and Matt Salzman) conducted at a large inner-city university hospital looking to describe patient experiences with both prescribed and non-prescribed buprenorphine and identify potential strategies to address disparities in access to buprenorphine with a high-risk population of patients who



present to the ED. The study enrolled 423 patients, and nearly 73% of respondents reported having used buprenorphine before. 16% had treated, shared, or sold their buprenorphine in the past, and amongst those who bought it, they purchased it from a dealer at 8mg, and paid \$10 per dose. Less than 3% reported using buprenorphine to get the euphoric effects. From a disparities perspective, white vs. non-white patients were more likely to have both used and been prescribed buprenorphine, both statistically significant differences. Therefore, the article states that a major barrier is present for patients to obtain access to buprenorphine legally, especially for those who are marginalized. Addressing these issues can also have a profound effect in helping patients access buprenorphine formally.

[Click for the Abstract](#)

Bridge Clinic Buprenorphine Program Decreases Emergency Department Visits



As a means to lower the threshold to OUD treatment in the emergency department, the Bridge Clinic was established in 2017 at the Upstate Medical University Hospital in New York State. This Clinic receives referrals from the emergency department where patients are started on an initial dose of buprenorphine as part of the ED management of their withdrawal and given a referral to follow-up care at the clinic. A retrospective chart review of patients from 1/2017 to 12/2018 was conducted looking at ED utilization in the 6 months before and after consultation at the Bridge Clinic and adherence to buprenorphine after 2 years of follow-up. It finds that out of 269 patients included in the study, there were 654 total visits to the ED 6 months before referral and 381 visits in the 6 months after the initial appointment (a statistically significant reduction), along with high adherence to buprenorphine at 2-year follow-up. This study emphasizes the importance of lowering the barrier to care for OUD with a bridge clinic by significantly reduces ED utilization and better connecting patients to community resources to reduce further recidivism and improve adherence.

[Click for the Article](#)

Unlocking Federal Funding for Fentanyl Test Strips Will Save Lives

This is an article written by the acting director of the Office of National Drug Control Policy, acting assistant secretary for mental health and substance use at SAMHSA, and the director of the CDC that highlights how federal funding for fentanyl test strips will assist with harm reduction and save lives. It cites the restrictions removed by the current administration to allow federal grantees the flexibility to grant dollars to be used for funding these test strips. For additional information, please view the article below.

[Click for the Article](#)



Addiction Should be Treated, Not Penalized



This is an article written in the Health Affairs Blog by Dr. Nora Volkow, the director of the National Institute on Drug Abuse (NIDA) that justifies that people with substance use disorders should be treated, not punished. Dr. Volkow mentions that "...drug use disorders should be approached with a demand for quality care and with compassion for those affected. With a will to achieve racial equity in delivering compassionate treatment and the ability to use science to guide us toward more equitable models of addressing addiction, I believe such a goal is achievable."

[Click for the Article](#)

Homelessness, Unstable Housing, and Risk of HIV and Hepatitis C Virus Acquisition Among People Who Inject Drugs (PWID): A Systematic Review and Meta-Analysis



This is a systematic review and meta-analysis that looked at HIV and HCV incidence studies published between 1/1/2000 and 6/13/2017 to see whether homelessness or unstable housing is associated with the increased risk of HIV and HCV amongst PWID. It finds that even when the data for the 37 studies were adjusted, positive associations for both HIV and HCV persisted amongst those with PWID who were homeless or unstably housed compared to those with stable housing. These findings support more interventions that address social determinants of health related to homelessness and unstable housing in PWID.

[Click for the Article](#)

Changes in Methadone Program Practices

and Fatal Methadone Overdose Rates in Connecticut During COVID-19



This is a comprehensive state-wide survey of all eight opioid treatment programs in Connecticut that dispense methadone, looking to see whether changes in methadone treatment have changed the fatal methadone-involved overdose rates. In addition to the % of patients receiving more 28-day and 14-day take home doses, it finds that methadone-involved fatalities relative to other opioid-involved fatalities did NOT increase as a result of these relaxed regulations. The article therefore concludes that these interventions made during COVID-19 should be continued beyond the pandemic.

[Click for the Abstract](#)

24/7 MAT Provider Hotline: 844-HELP OUD (844-435-7683)

Northern COE Website and Email: bit.ly/mat-coe; coe@njms.rutgers.edu
Southern COE Website and Email: snjmatcoe.org; southernnjcoe@rowan.edu



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