

# Continuity of Care for Opiate Treatment Program Patients During Major Disasters

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## INTRODUCTION

- Opioid dependence is a growing problem & U.S Military Veterans are particularly at risk
- Treatment is highly specialized & includes significant risk if not maintained
- Opiate Treatment Programs (OTP) are governed by layers of regulation that remain in effect despite disasters
- Closure of OTPs due to a disaster can complicate continuity of care for patients
- In 2012, the Manhattan US Department of Veterans Affairs OTP program, part of the New York Harbor Healthcare VA System (NYHHS) had to close on short notice due to Hurricane Sandy & remained closed for an extended period

## OBJECTIVES

- To describe the efforts of the Manhattan VA OTP staff before & after clinic closure due to Hurricane Sandy
- Compare the experience of this VA OTP with the experiences of other OTPs following disaster to inform national OTP disaster preparedness planning

## METHODS

- 31 semi-structured interviews were conducted with executive managers, senior clinicians & administrators who participated in the NYHHS hospital evacuation
- Conducted literature review

## RESULTS AND RECOMMENDATIONS FROM RECENT DISASTERS

### Emergency Take-Home Dosing

- Requires permission from regulatory agencies
- Permission lasts several days

### Experiences During Disaster

- Sandy (NYHHS)
  - Provided valuable cushion of time to avoid withdrawal symptoms during storm
- 9/11
  - Was not an option for no-notice event

### Recommendations

- Sandy
  - Improved communication from regulatory agencies
  - Clarity on when permission starts and stops
  - Well defined emergency procedures

### Emergency Guest Dosing

- Requires permission from regulatory agencies
- Permission lasts several days

### Experiences During Disaster

- Sandy (NYHHS)
  - Provided coverage of care during immediate recovery period
  - Receiving OTPs made accommodations despite burden
- 9/11
  - No-notice event complicated verification process
- Katrina
  - Medical records may have been destroyed, staff may not have been present to collect records and lack of power and communication may have interfered with transmitting verification information

### Recommendations

- 9/11
  - Revise federal and state guidelines when verification not possible
  - Central repository of identifying information
- Sandy
  - Improved communication from regulatory agencies
  - Clarity on when permission starts and stops
  - Well defined emergency procedures
- Accreditation Council for Graduate Medical Education (ACGME) exemption for trainees working under emergency conditions
- Greater flexibility to accommodate disasters lasting longer than 3 days

### Continuity of Operations

#### Experiences During Disaster

- Sandy (NYHHS)
  - Extreme disaster damage was not resolved in several days
- Sandy
  - Expiration of emergency guest-dosing period before home OTPs could resume operations:
    - Forced providers to abandon the care of patients
    - Left no alternative for receiving care
    - Put patients at risk for withdrawal

#### Recommendations

- Katrina
  - Uniform funding streams for short & long term drug & alcohol treatment as for mental health
- Sandy
  - Policies on what to do under emergency circumstances
  - Provisions for emergently treating patients

## CONCLUSIONS

- This VA experienced a positive outcome & veterans were not harmed. The literature suggests that this is not the norm, compared to the experiences of other OTPs following disasters.
- The layers of regulation designed to make OTPs safe can make it difficult to maintain continuity of care following a major disaster.
- Despite policies to allow for several days of emergency take-home doses & guest dosing, major disasters can happen with little or no notice, last longer than several days & disrupt communication systems required to coordinate care.
- Clinicians from both guest & home programs can find themselves in the position of legally having to refuse care, without being able to provide alternative choices. The risk for OTP patients is relapse & potentially death, related to forced "patient abandonment".
- Lessons learned from this & past experiences can serve as corporate memory for OTPs as they consider disaster preparedness planning. Policy changes may be warranted.