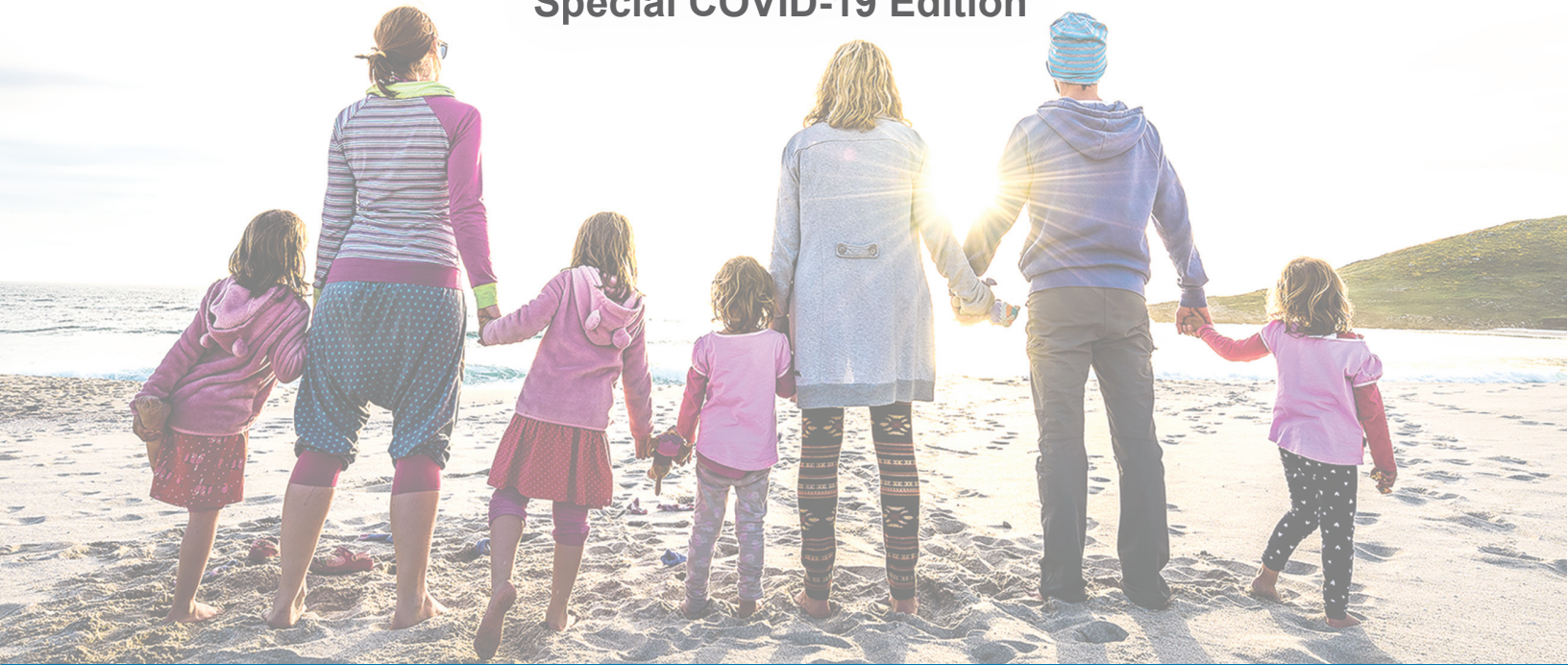


SUD Report

Special COVID-19 Edition



Kudos to our physician, clinician, and therapist community as you continue the battle in helping people overcome substance use disorders and behavioral health issues, all while the coronavirus crisis continues. Unfortunately, COVID-19's impact makes your efforts that much more challenging.



Reducing Obesity = Improving Behavioral Health

The reasons for obesity are well known, and include genetics, lack of physical activity, diet, and medication. According to the CDC, obesity can now be associated with **poorer mental health outcomes** and increased risks for **clinical depression**, anxiety, and other **mental disorders**.

Click [here](#) for CDC's article and related links.

COVID-19 may cause Addiction Relapses

As reported by WebMD, the coronavirus crisis, with its calls for social distancing and quarantining, may cause someone who's attempting to overcome their addiction issues, to **relapse**. That's completely understandable since feeling stressed and isolated - almost helpless - could have **detrimental emotional and physical effects** on people who **haven't** battled addiction, let alone those who have, and who are battling them.

A quote in the article states that people who've **lost connectivity** with their **established support links** may be inclined to **self-medicate** in order to help deal with their isolation and anxiety, and that's when relapses happen.

Telemedicine (tele-mental health) or other remote counseling protocols are suggested in order for keeping relapses to a minimum.

The full article appears [here](#).

Substance Use Disorders can Amplify Coronavirus Risks

It's a given that older people and/or those with underlying health conditions are high-risk coronavirus groups. A recent CNN article pointed out that **people with SUD** represents another, albeit perhaps lesser thought-of, COVID-19 high-risk group.

A quote in the article states that COVID-19 could hit those with SUD particularly hard since the virus **attacks the lungs** making those who smoke **tobacco, marijuana**, or who **vape** particularly vulnerable.

At the time of the article, the CDC had reported those under 44 years of age accounted for a large part of COVID-19 hospitalizations in the US, and how that same demographic is thought to be a **major part of the vaping epidemic**.



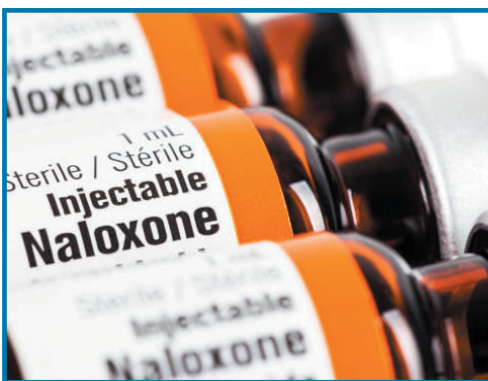
It states how the most severe COVID-19 cases, including those leading to death, are **14 times higher** for people who had a history of smoking. But smoking isn't the only culprit in making coronavirus cases even worse for people with SUD: **opioids and methamphetamines** also have a **debilitating effect** on respiratory and pulmonary functionality.

The article notes that those suffering from opioid and methamphetamine addiction are also more likely to be smokers making the COVID-19 picture that much more dangerous.

The full article appears [here](#).

More [details](#) have become available about cigarette smoking in particular: the Wall Street Journal reports Americans have more time to smoke, and more money for it since less is being spent on travel and entertainment.

Cigarette money is coming from another source that was no doubt, not hoped-for or anticipated: **increased unemployment payments and stimulus checks**. Adding to the problem is how e-cigarettes are under federal restrictions, giving more impetus to move to cigarettes.



Prescribing Opioids? Talk Naloxone

Naloxone is the opioid overdose antidote. The FDA is urging that prescribers discuss naloxone with patients who are prescribed opioids, and how naloxone can be obtained from pharmacists without a prescription.

Click [here](#) for the full FDA advisory.

Note: ideally, your electronic prescribing system is both **NCPDP-certified**, and has **PDMP** connectivity to your state's or US territory's registry.

Treatment Facilities and COVID-19

As reported recently in Forbes, it's not a surprise that treatment facilities need to implement, or presumably have implemented **intense cleaning and disinfecting practices** on a variety of surface types, and how people in treatment and staff must continually **wash hands, wear masks**, and maintain **social distancing** to the extent possible.

Group sessions have to be conducted especially carefully respecting these suggested precautions.

Facilities should continually take checks on everyone's **temperature** and take care to isolate any in treatment who display virus symptoms. Of course, any staff members who have symptoms should stay quarantined at home.

The full article appears [here](#).

SUD, Telemedicine, and Remote Patient Monitoring

As alluded to in the preceding articles, telemedicine (TM), or tele-mental health, is playing a huge role in providing care and treatment in an age of social distancing, especially since those battling SUD can be ultra-sensitive to COVID-19 for the reasons discussed.

TM supports virtual **face-to-face encounters**, ideally with your patients/clients using their **iOS or Android devices**, or with camera-enabled tablet, laptop, or desktop PCs. Presumably the TM feature is **embedded into the scheduler** making it easy for your provider to enter the session and the appointment time, with the patient/client doing the same.

The session itself has to be **automatically timestamped** since the **code used for billing** will depend on that. Speaking of codes, that's another benefit if TM: it provides a **revenue stream** at a time when in-office visits are dramatically reduced. TM also is excellent for keeping your patients/clients **engaged and connected**. It may well be the **ultimate engagement tool**.

A powerful adjunct to TM is **remote vitals monitoring**. If applicable to your setting, remote monitoring enables providers to get real-time readings on blood pressure, glucose, EKG, SPO2 with heart rate, temperature, and weight. TM and remote monitoring **can work in tandem**, or **separately** if only a TM session is needed, or if only vitals readings are needed.

Remote monitoring has its **own codes** and can be billed-for, creating a much needed **secondary revenue stream**.



Other mobility/engagement features that can be deployed are **portals** that ideally support secure online payments, interactive **texting**, and **kiosks** for greatly improved **intake efficiency**. These should all be iOS and Android-friendly. Each of these features supports **social distancing** and **minimized face-to-face interactions**.

The **MedicsCloud Suite** for SUD from **Advanced Data Systems** – excellent for **all levels of care** – supports **mobility features and options**, comprehensive **revenue cycle, clinical, outcomes, bed management, CRM, workflow** and more in a single, **unified** automation solution from **one vendor**. The Suite's **e-Rx** feature is **NCPDP** certified via Surescripts, and has **PDMP** connectivity via Appriss Health with 43 state registries and with all US territories.

Contact us at **800-899-4237, Ext. 2264** or email info@adsc.com for more information on our solutions and to schedule a personalized system overview.

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