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State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

September 7, 2021

Dear Provider,

Health care providers continue to be essential partners in addressing the opioid epidemic in California. Working together, we want to ensure that providers have access to resources and support to help improve patient pain management.

**Alert:** The abrupt closure of 29 California pain management centers in May 2021 resulted in over 20,000 patients without referrals, medical records, or treatment plans, and created potentially dangerous disruptions in care for patients receiving treatment with opioids therapy. This was a striking example of a common problem: many patients with long-term opioid use find themselves suddenly stranded, without a doctor, whether due to clinician retirement, state or federal action, or other cause.

**Action:** Given the national shortage in pain management providers, we anticipate many patients dependent on opioids may have difficulty finding a new pain management provider. Subsequently, primary care providers may inherit these patients.

On behalf of the [Statewide Overdose Safety \(SOS\) Workgroup](#) and partners, please consider these best practices:

- Continue opioid therapy for patients in transition.
- Develop a patient-centered, individualized care plan.
- Use caution when tapering opioid therapy.
- Document patient care decisions.
- Prescribe buprenorphine when appropriate.

**Continue Opioid Therapy for Patients in Transition:** Following clinical guidelines for safe opioid prescribing, providers are encouraged to consider providing opioids to patients during transitions to avoid dangerous disruptions in care. While many providers may not have chosen to start opioids for a given chronic pain condition, stopping opioid therapy is different due to the physiological changes brought on by long-term opioid therapy. Stopping opioid therapy has been

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shown to increase illicit opioid use, emergency medical care utilization, mental health crises, medically-attended overdose events, and death from overdose and suicide. It may be necessary and medically appropriate to continue opioid therapy, particularly if a patient will have a prolonged wait to see a pain management specialist. Whenever possible, discuss the patient's history with their former provider, complete baseline assessments of pain, review expectations for opioid prescribing, and start discussing treatment for opioid use disorder (OUD) if appropriate. If you are unable to treat the patient, provide a warm hand-off to another provider to avoid the experience or perception of abandonment.

**Develop a Patient-Centered, Individualized Care Plan:** Develop an individualized plan in collaboration with the patient for continuing opioid therapy, tapering down or off of opioid therapy, or transitioning to buprenorphine. Engage the patient and include discussions around social issues and support, mental health services, alternative pain management strategies, and overdose risk. Consider the patient's perceived risks and benefits of opioid therapy.

**Use Caution when Tapering Opioid Therapy:** Providers should not abruptly discontinue or rapidly taper opioids in a patient who is physically dependent on opioid therapies. Safe tapers may take months to years to accomplish. Ensure patients understand the risks and benefits of dose maintenance versus dose tapering. Work with the patient to identify which medications to taper and how fast.

**Document Patient Care Decisions:** The majority of investigations of providers around opioid prescribing that have resulted in a complaint or disciplinary action against a license contained violations of insufficient documentation. Document the rationale for continuing or modifying a patient's opioid therapy. Include descriptions of pain conditions, previous and current therapy, assessment of risk and evidence of OUD, and opioid stewardship measures. Comprehensive documentation benefits both the patient and the provider.

**Prescribe Buprenorphine when Appropriate:** Buprenorphine has been shown to be a highly safe and effective treatment for pain management and OUD, and is FDA-approved for both conditions. Buprenorphine reduces craving, withdrawal, and overdose risk, has low potential for misuse and diversion, and increases

retention in care. Buprenorphine for pain has proven to be an effective and safe alternative for patients dependent on long-term opioid agonists. Buprenorphine for OUD can be prescribed by any provider with an X number (X-waiver), in-person or via telehealth, to new and existing patients with OUD. As of April 28, 2021, providers may now request an X-waiver to treat up to 30 patients with buprenorphine without having to complete training or to certify that they can provide counseling or other ancillary services. To prescribe buprenorphine to more than 30 patients, however, training and meeting certain conditions are required. [Sign-up for an X-waiver](#). Note: Prescribing buprenorphine for pain does not require an X-waiver.

**Support and Resources:** The [Center for Innovation in Academic Detailing on Opioids](#) (CIAO) of the San Francisco Department of Public Health, in collaboration with the California Department of Public Health recorded a webinar in June 2021 to support providers inheriting patients on opioids. The presentation focuses on sharing information and clinical tools about inheriting patients on opioid therapy, ensuring continuity of care, and utilizing buprenorphine: [A Webinar for Providers: What Do I Do With Inherited Patients on Opioids?](#)

The National Clinician Consultation Center offers free guidance and support to providers treating patients with OUD through these telephone services:

1. [California Substance Use Line](#): **(844) 326-2626**. Clinically-supported advice on substance use management for health care providers, staffed 24/7 in collaboration with addiction experts at the University of California, San Francisco Clinicians Consultation Center and California Poison Control.
2. [Substance Use Warmline](#): **(855) 300-3595**. Confidential clinician-to-clinician telephone consultation from addiction medicine-certified physicians, clinical pharmacists, and nurses with special expertise in pharmacotherapy options for opioid use, available Monday through Friday, between 6 a.m. and 5 p.m. PST. Voicemail is available 24/7.

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Thank you for continuing to provide quality medical care to your patients.

Sincerely,



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California Department of Public Health



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# DELAWARE DRUG MONITORING INITIATIVE

## DMI Special Information Bulletin

March 2, 2021 • 01-2021

Captain Joshua A. Bushweller, Director • [DIAC@delaware.gov](mailto:DIAC@delaware.gov) • Phone: (302) 739-5996 • Fax: (302) 739-1609



*This bulletin is compiled by the Delaware Information & Analysis Center (DIAC) for designated personnel with a need and right to know. Information contained within the bulletin is "For Official Use Only"*

### **(U//FOUO) – Closure of Suboxone Practices in Philadelphia, PA**

(U//FOUO) DIAC is providing the following information for situational awareness. The Philadelphia Department of Public Health released a [Health Alert](#) regarding an abrupt closure of two buprenorphine-providing clinics in Philadelphia, PA leaving hundreds of patients without a care plan or handoff to a new provider. It is possible that the closure of these clinics could have implications for Delawareans who are addicted and used the clinics as their source of supply. Additionally, it is believed that this will have the unfortunate effect of causing patients to seek illegal sources of supply. A [resource sheet](#) is attached for agencies who may encounter any individuals referencing this information. Any agency seeking further guidance is asked to contact DIAC at (302) 739—5996, or by email at [DIAC@delaware.gov](mailto:DIAC@delaware.gov). (Source: Philadelphia DPH)



## ***Health Alert***

### **Closure of Suboxone Practices in Philadelphia March 1, 2021**

The Philadelphia Department of Public Health has been made aware that a large buprenorphine-providing practice abruptly closed its clinics, including two in Philadelphia, leaving hundreds of patients without a care plan or handoff to a new provider. PDPH is alerting hospitals, clinics, and drug treatment programs that they may encounter an influx of these patients. Providers are encouraged to connect these patients to long-term treatment, via a warm handoff if possible.

CBH's Member Services staff are available 24/7 at 1-888-545-2600 for Medicaid beneficiaries. Other patients can be referred to Pennsylvania's Patient Advocacy Program at 1-844-377-7367 or [bit.ly/patientadvocacyPA](http://bit.ly/patientadvocacyPA). Patients can also be given [this flyer](#) for more information.

While efforts are being made to contact individual patients, not all will be reached. The closed practices were known to have high rates of benzodiazepines co-prescribing, putting these patients at particularly high risk of withdrawal and/or purchasing pills on the street, where the possibility of purchasing a [counterfeit pill containing fentanyl](#) is high. EMS and Emergency Departments should be aware that they may encounter more overdoses if people do seek to buy such pills. All patients seen in Emergency Departments and other clinical settings should be encouraged to seek treatment, offered naloxone upon discharge, and made aware of fentanyl test strips.

#### **Resources:**

- Naloxone:
  - Learn how to use and get naloxone: <https://www.phillynaloxone.com>
- Substance Use Disorder Treatment:
  - Behavioral Health Services Initiative (uninsured): 1-215-546-1200
  - CBH Member Services (Medicaid): 1-888-545-2600
  - Pennsylvania Patient Advocacy Program: 1-844-377-7367 or [bit.ly/patientadvocacyPA](http://bit.ly/patientadvocacyPA)

**If you are a patient who is prescribed buprenorphine (suboxone) and have lost access to care, help is available.**

The **Patient Advocacy Program** can help you decide what to do next.

Monday through Friday 8:00 AM- 4:00 PM,  
email [ra-dh-advocacy@pa.gov](mailto:ra-dh-advocacy@pa.gov), or  
call **844.377.7367, option 3.**

Visit [bit.ly/patientadvocacyPA](https://bit.ly/patientadvocacyPA) for more information and resources.

## Avoid Opioid Overdose

Naloxone can reverse an opioid overdose and is available through a state-wide standing order, which means you do not need a prescription. Most pharmacies carry naloxone.

**For more information, visit:**  
[PA.gov/opioids](https://PA.gov/opioids)

## Find Drug Treatment

24/7 help is available for those battling substance use disorder.



**Call:**  
**1.800.662.4357**



**Or visit:**  
[ddap.pa.gov](https://ddap.pa.gov)



If somebody has taken drugs and becomes unresponsive, **call 911 immediately.**

## Considerations:

- Law enforcement action against a healthcare provider does not mean that the patients have done something wrong.
- When patients suddenly lose access to their healthcare provider, they may feel they have no other options but to turn to other sources to avoid withdrawal.
- Patients may not have access to their medical records; however, the [Pennsylvania Prescription Drug Monitoring Program \(PDMP\)](#) collects information on all filled prescriptions for controlled substances and is a useful tool for providers to view a patient's prescribing history to make informed clinical decisions.
- Physical dependence alone does not constitute a substance use disorder. [Learn more here.](#)

## Meeting With A New Patient:

- Determine if the patient's current treatment is still providing a clinical benefit. If not, consider an individualized tapering plan to reduce their symptoms of withdrawal.
- Providers should reference the following tapering education:
  - [Guide for Appropriate Tapering or Discontinuation of Long-Term Opioid Use](#), published by the U.S. Department of Health and Human Services (HHS), for advice on safe and effective tapering practice: As stated in the HHS Guide under Risks of Rapid Opioid Taper, *"Unless there are indications of a life-threatening issue, such as warning signs of impending overdose, HHS does not recommend abrupt opioid dose reduction or discontinuation."*
  - [Centers for Disease Control and Prevention \(CDC\) Tapering Opioids for Chronic Pain Pocket Guide](#)
- Providers may also reference benzodiazepine dose reduction plans, protocols for the treatment of benzodiazepine withdrawal, and learn about benzodiazepine withdrawal [here](#).
- If new patients do not have naloxone already, consider co-prescribing naloxone to reduce the risk of opioid overdose death. For more information on naloxone, visit: [pa.gov/opioids](http://pa.gov/opioids).

## If You Suspect A Patient Is At Risk For Opioid Use Disorder (OUD):

Screen for OUD and refer to treatment as needed. [Medication-assisted treatment \(MAT\)](#) in combination with counseling and behavioral therapies has been proven to treat OUD safely and effectively. The Substance Abuse and Mental Health Services Administration (SAMHSA) provides [information on MAT](#).

- Access [screening and assessment tools](#) for patients.
- Identify your [county drug and alcohol office](#) and refer patients who may need treatment services. Local treatment programs are administered through county drug and alcohol offices called Single County Authorities. These programs can help with treatment funding, assess the need for treatment or other services, and make referrals to match treatment and/or service needs.
- **Anyone can call the Pennsylvania Get Help Now line 24/7:** 1-800-662-HELP (4357).
- Refer your patients to a [Center of Excellence](#) for OUD. These centers coordinate care for **Medicaid**.
- Providers and patients can also directly contact a treatment provider. Patients who have a private health plan and/or Medicaid/Medicare health insurance may call the number on the back of their health insurance card to identify treatment providers. Or, search online for a [local treatment provider](#) in Pennsylvania.





The [Pennsylvania Department of Health Patient Advocacy Program](#) is coordinating and compiling state/local resources for impacted patients. If you are experiencing difficulties locating resources for you, your organization, or your patients, please contact the Patient Advocacy Program at [ra-dh-advocacy@pa.gov](mailto:ra-dh-advocacy@pa.gov) or 844-377-7367 (Monday – Friday, 8am – 4pm EST).

# WHERE TO SEEK CARE | You are not alone.



This resource provides an overview of options for patients who are prescribed a controlled substance medication and have lost access to their healthcare provider. Some resources promoted below may not be applicable to all patients.

## Patients Prescribed Opioids (e.g., oxycodone) or Benzodiazepines (e.g., alprazolam)

If you have a primary care provider, contact them to discuss next steps in care.

If you do not have a primary care provider or if they are unable to provide care, find a provider by calling the number on the back of your health insurance card or check your insurer's website for in-network providers.

If you do not have insurance, you may find a community healthcare provider at a health center near you. Visit [findahealthcenter.hrsa.gov](http://findahealthcenter.hrsa.gov).

Please note, a new provider may recommend a new treatment plan.

## Patient Advocacy Program

The Patient Advocacy Program is available to help patients decide on next steps and may make referrals.

Email [ra-dh-advocacy@pa.gov](mailto:ra-dh-advocacy@pa.gov) or call 844.377.7367 (option 3), Monday through Friday 8:00 AM- 4:00 PM.



Find more resources online. Scan the code to the left with your phone camera or visit [bit.ly/patientadvocacyPA](http://bit.ly/patientadvocacyPA).

## Patients Prescribed Buprenorphine (Suboxone or Subutex)

If you have health insurance, you may call the number on the back of your health insurance card or check your insurer's website for in-network providers.



Or, search online for providers who may prescribe buprenorphine.

Scan the code to the left with your phone camera or visit [findtreatment.gov/results](http://findtreatment.gov/results).

Patients who are prescribed buprenorphine as part of the treatment for opioid use disorder may also visit [ddap.pa.gov](http://ddap.pa.gov) for more resources and information.

## Get Help Now

24/7 help is always available for anyone who is battling a substance use disorder.



Call 1.800.662.4357.



Or, text 717.216.0905.

If you are feeling overwhelmed or are having trouble coping, call the National Suicide Prevention Lifeline at 1.800.273.8255.

If someone takes drugs and becomes unresponsive, call 911.



# Shelton Area Resource Guide



Crisis Support



*Husky members:*

*877-552-8247*

*DPH Investigations Unit:*

*860-509-7552*

## Find Support

Optimus Health Care Inc. 203-696-3260 [For Patients – OPTIMUS Health Care](#)

South-West Community Health Ctr. 203-330-6000 [Southwest Community Health Center :: Contact Us \(swchc.org\)](#)

The Hub for Southwestern CT (RBHAO) 475-282-3521 [www.thehubct.org](#)

CCAR Recovery Coach - Griffin, Bridgeport, St. Vincent's Hospital Emergency Department 860-244-2228

SMART recovery groups — CT Clearing-House – 860-232-4424

## We are here to help!

To get connected with substance use or mental health treatment :

Recovery Network of Programs (RNP)

203-929-1954

[www.recovery-programs.org](#)

Liberation: 855-542-7764

[Liberation Programs – helping families become free from the disease of addiction](#)

Southwest CT Mental Health System (SWCMHS)

203-551-7400 [GBCMHC \(ct.gov\)](#)

BH Care –Ansonia 203-736-2601 [BHcare](#)

## Additional CT Resources

24/7 Access Line: 800-563-4086

[www.ctaddictionservices.com](#)

[www.drugfreect.org](#)

CT MAT Resources Locator Map

<https://www.ctbhp.com/>