[STATE] Opioid Preparedness Exercise

5. Facilitator Script

 **Directions:** This document serves as a modifiable script for the facilitator of the opioid preparedness exercise to determine ahead, in the event of a disruption, what needs to happen, who is responsible for which tasks, and what additional resources may be needed. The discussion questions mirror those in the PowerPoint slides and Notetaking Template and are suggestions that may be adapted based on jurisdiction needs and time restrictions.

Before using this document, please review ASTHO’s guidebook, [Responding to Disruptions in Access to Opioid Prescriptions](https://www.astho.org/topic/report/responding-to-disruptions-in-access-to-opioid-prescriptions/). Then use this written facilitator script along with the PowerPoint slides materials found in the Opioid Preparedness Exercise in a Box. This is the written version of what you could say during the PowerPoint slide presentation.

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| Time and Slides | Facilitator Script |
| 5 minutes | **Introduction** |
| 60 minutes | Welcome! Thank you all for joining Session One of [STATE] opioid preparedness exercise, which focuses on responding to disruptions in access to opioid prescriptions. If you haven’t done so already, we ask everyone to change their Zoom name to include their full name and organization. My colleague will drop instructions for how to do so in the chat, and if at any point today you need any support with [INSERT PLATFORM (e.g., Zoom, Microsoft Teams, Google Meet, WebEx, etc.)], please feel free to chat for assistance. We hope that today’s exercise helps to familiarize everyone with the importance of preparing for and having a state response protocol for opioid prescription disruptions.Opioid prescription disruptions occur for several reasons, including the death of a prescriber, retirement, or a law-enforcement action against a prescriber, which may or may not result in the immediate closure of a medical practice. For our exercise, we will focus largely on disruptions due to law enforcement actions taken against a prescriber. However, please note that the information provided during today’s exercise can be applied to other events that cause disruptions and displacement of patients from services.(Next Slide)Here are the objectives for this session. Today we will discuss the necessity and urgency of preparing for disruptions in access to opioid prescriptions; better understand the fundamentals of creating a response protocol, including identifying partners, roles, and responsibilities; enhance and develop cross-sectoral partnerships to respond to opioid prescription disruptions; and practice response scenarios to test, strengthen, and develop states’ opioid prescription disruption protocol.(Next Slide)Before we begin, I just wanted to give a quick overview of what you can expect in today’s two-hour session. We will begin with an overview of the [STATE] landscape on the impact of opioid disruptions in the state. We will then have an icebreaker activity on the call before watching a short video from CDC’s Opioid Rapid Response Program about their work with states to respond to these disruptions. Next, we will review the phases of a disruption response before taking a quick break and then coming back together to walk through a mock response scenario. Finally, we’ll end the day with an action-planning workshop before wrapping up with the next steps.(Next Slide) |
| 10 minutes | **Impromptu Networking** |
| 1:05-1:15pm ET | For the next 10 minutes, we are going to do an icebreaker introduce yourself to a few people on the call today. We will send each of you into random breakout rooms. To begin, please introduce yourself with your name, position, and organization. Then describe how long you have been there and what you like most about being there. After four minutes in the first breakout room, we will return to the main room before doing another round of breakouts.Does anyone have any questions before we begin?  I’ll give you all a few seconds to think about what you like most about your job before we hop into breakouts.* **First networking question**: Describe your ideal vacation.

We hope everyone enjoyed the first round of breakouts. Now we are going to send you into your second breakout room. To begin, you will have about 30 seconds to reflect on the second question that is shown on the screen.* **Second networking question:** What are you most looking forward to in today’s discussion and what have you done regarding opioid preparedness in the past?

(Next Slide) |
| 5 minutes | **Introduction to CDC’s Opioid Rapid Response Program** |
|  | Next, I am going to play a quick video that provides an overview of the CDC’s Opioid Rapid Response Program (ORRP). The Opioid Rapid Response Program (ORRP) is an interagency, coordinated federal effort to help mitigate overdose risks among patients who lose access to a prescriber of opioids, MOUD, or other controlled substances (e.g., benzodiazepines). The Opioid Rapid Response Program in the Overdose Preparedness and Response Team within the Division of Overdose Prevention in the National Center for Injury Prevention and Control in the CDC. ORRP is overseen by the Office of the Assistant Secretary for Health (OASH) and is managed by CDC in partnership with HHS’s Office of the Inspector General.(Next Slide) |
| 10 minutes | **State Landscape** |
|  | We are going to jump right into today’s session with a quick presentation from [NAME OF PRESENTER], who is going to give an overview of what disruptions look like in [STATE]. [NAME OF PRESENTER], over to you. |
| 5 minutes | **Building a Response Plan** |
|  | Thank you, [NAME OF PRESENTER]. As we’ve heard from [STATE] and the ORRP video, opioid prescription disruptions are urgent events that require shared planning and coordination among many individuals and entities. I hope that context provides some grounding as we move into the preparedness exercise and discuss how we can build the foundation for response planning.(Next Slide)Today’s exercise is a resource to assist with pre-incident planning and is intended to help you develop and enhance [STATE]’s protocol for responding to such disruptions using a mock scenario. We’ll hold space for discussion, brainstorming, and collaboration on today’s and next week’s calls, and we hope to hear from all of you to ensure the solutions that are brainstormed serve the whole community and utilize available resources most efficiently.(Next Slide)Before we take a break and dive into the discussion, this slide provides some background on the way we think about disruptions in access to opioid prescriptions, which may lend itself to building the foundation of your protocol and help determine who needs to be involved in the development and execution of [STATE]’s plan. Every state and every response is a little different, so this flow chart is our best effort in organizing our thinking around how these events usually proceed and highlights some of the common steps that states will need to take.Opioid prescription-disruption responses can be broken down into 5 key stages or elements.**1.** The first stage is Notification... during which the state’s trusted contacts receive notification of an event and some information that allows the trusted contacts to begin assessing risks to patients. During this stage, the trusted contacts would also need to be mindful of how and what information can be shared at this stage without compromising the integrity of the investigation.**2.** The next stage is Response Preparation...during which additional response partners would be assembled. The group would continue to assess and communicate risks by reviewing available dataand information. During this stage, the response partnerswould also identify and coordinate resources that can supportthe response effort.**3.** The next stage, and possibly the most important, is Risk Mitigation. This stage involves communicating the risks to patients, providers, and others in the community and coordinating resources amongst partners to assist patients, address their needs, and establish continuity of care.**4.** The next stage is Monitoring and Evaluation...during which the response team should monitor the threat and enhance surveillance as needed. Finally, evaluate linkages to care for all impacted patients when the response has closed out.Communication and coordination takes place at every stage of response. Whom you are communicating/coordinating with may change depending on what stage of the response you’re in, but it is critical at every step. We will be digging deeper into this when we get into the mock response scenario shortly, which we will do after a quick five-minute break. |
| 5 minutes | **Break** |
|  | Before discussion and debriefing, let’s take a quick stretch break to let the information marinate and then reconvene in five minutes.**Note:** The facilitator will prompt a 5 minute break.Okay, welcome back! That was a lot of information to digest all at once, so I hope you were able to stretch or grab some coffee during the break. We are now going to move into our mock response scenario activity. |
| Recommended time 25 minutes | **Response Scenario Exercise: Notification** |
|  | For the mock scenario, we will provide each of you with the opportunity to work through a realistic scenario and determine where each of you can assist and discover any gaps in the planning for a disruption of prescribing.(Next Slide)So, let’s start with the notification.CDC’s Opioid Rapid Response program (ORRP) receives a call from the Health and Human Services Office of Inspector General (HHS-OIG) who advises that they will be conducting a search warrant on a pain management clinic in [County A]. DEA will also be involved in the search, and there may be a voluntary surrender of a DEA registration from a healthcare provider at the location.ORRP has determined that there are patients receiving opioids and other controlled substances from the healthcare provider, and therefore they notify the state’s trusted contacts.(Next Slide)**Here is the information they provide:** A sole healthcare provider, who commonly prescribes opioids and benzodiazepines (sometimes together), may have a disruption occurring in [COUNTY A] in the next one to two weeks. ORRP believes the healthcare provider has about 150-200 patients receiving controlled substances, according to DEA. They are not sure if the clinician will surrender their DEA registration, so the disruption may only be for the day of the search. Some patients are traveling from out of state to see the provider, who also provides telemedicine.**[INSERT NEW PROPOSED PROVIDER INFORMATION HERE]**ORRP cannot disclose the name of the provider or the exact location at this time, but law enforcement is open to the possibility of having someone onsite the day of the action, if possible, which they would like to discuss. After the search warrant is served, ORRP coordinators can disclose the name and location of the provider.  Because this is a search warrant and an active investigation, confidentiality is critical. What can the state do?  |
| Recommended time 25 minutes | **Response Scenario Exercise: Response Preparation** |
|  | Next, we will begin the response preparation stage and we have a set of questions that we would like to pose to the group as you all think about what resources and supports should be coordinated ahead of the day of the search warrant. (Next Slide) [SPEAKER] will walk the group through each discussion prompt and pause for input:* State trusted contacts are lead coordinators.
	+ What other individuals (immediate vs. long-term)should be a part of the response? When and how willthey be engaged?
	+ Who are the key partners and contacts that need to be aware? Who will reach out to them?
* Will the team host regular huddles to discuss updates? If so, when/how?
	+ What key partners and contacts could assist with the response? Who will reach out to them?
* In the event of a disruption, should healthcare personnel be positioned at or near clinic locations? If so, which locations and who can be deployed? What is the protocol for deploying personnel onsite?
* What does this team look like? (i.e., clinical support staff) What resources can be developed for impacted patients prior to the search warrant and potential DEA registration surrender (e.g., flyers, template notifications, notification lists)?
	+ What phone numbers can be provided on these resources (e.g., hotlines)?
	+ **Note**: When developing resources or connecting with hotlines, ensure that the resources provided account for people with substance use disorder and/or people who need a new pain-management provider.
* What, if any, public statement can be shared regarding resources to assist patients in need of care?
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| Recommended time 10 minutes | **Response Scenario Exercise: Inject 1** |
|  | Now on to our first inject. Injects are scripted “what if” events that build off of the current scenario.***Note:*** *Please select an inject from the Opioid Preparedness Exercise in a Box Inject Inventory and insert the facilitation language here.* |
| Recommended time 25 minutes | **Response Scenario Exercise: Day of/Immediate Response (Risk Mitigation)** |
|  | Now, we’ll move into risk mitigation. This stage involves communicating the risks to patients, providers, and others in the community and coordinating resources amongst partners to assist patients, address their needs, and establish continuity of care.(Next Slide)Part two of our scenario takes place during the day of the search warrant. Here, at 10 am in [**COUNTY A**]. CDC’s ORRP notifies the state trusted contact(s) that DEA has secured the location and they would like the state to send a health professional to assist patients arriving for appointments. They also share that the healthcare provider has voluntarily surrendered their DEA registration. Two patients have arrived at the provider’s place of practice, and several are exhibiting signs of emotional stress, asking where they can go for care. An office manager is also onsite but is distraught and is not sure where to refer patients. The scene requires a coordinated set of actions to be executed related both to the investigation and to patient assistance. The response team is engaged to provide resources to patients at the site.(Next Slide)On the day of a response, it is essential that patient resourcesand support are deployed onsite to mitigate risk and ensurecare continuity.* What resources and risk mitigation strategies can be implemented on the day of the action?
* What services will be needed for patients (e.g., where to get naloxone, SUD treatment locator/hotline, Lifeline/988, HRSA healthcare facility locator, peer support, instructions
* to contact their health insurance provider)?
* What does a bridge care/clinical support team look like? Will they be available?
* How will they reach patients?
* What personnel are available to assist patients (i.e., peer navigators, social workers, etc.)?
* Who and where are qualified clinicians willing to accept displaced patients?
* What outreach and support are available to clinicians taking over care for patients?

(Next Slide)***Continuing our discussion on immediate response efforts:**** What does telehealth availability look like? ***Note:*** *Consider barriers with initial intake/screening appointments.*
* How will information be communicated to patients?
* How will communication and referrals be coordinated with the affected clinics’ staff (i.e., office manager, receptionist)?
* What roles can other partners (e.g., federally qualified health centers [FQHCs], payers, pharmacists,
* and health systems) play in facilitating care continuity and risk mitigation for affected patients?
* What additional partners need to be notified to help mitigate risks (e.g., hotlines)? What additional response activities are needed?
* What, if any, action can the state take if the provider does not surrender the DEA registration?

(Next Slide) |
|  Recommended time 20 minutes | **Response Scenario Exercise: Long-term Response(Risk Mitigation)** |
|  | While the immediate response is crucial, disruptions do not enda couple of weeks following the closure. Forced tapering is not advised, and in some cases, it will take months to transition patients on to new care plans and support the providers and communities impacted by this event. (Next Slide)With that, let’s consider some long-term response efforts that the state can do.* If the state identifies qualified healthcare providers who are able and willing to absorb patients, what can be done to support clinicians?
* What resources are available for clinician education on accepting at risk/displaced patients?
* What mental health support resources are available to prevent provider fatigue?
* What risk mitigation strategies can be implemented 30+ days after the surrender of DEA registration?
* Who will notify patients’ payers of the disruption? What talking points should be included?
* Are payers able to refer patients to a new healthcare provider? If so, who are the new healthcare providers?
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| Recommended time 10 minutes | **Response Scenario Exercise: Inject 2** |
|  | Okay, here is our second inject.**Note:** Please select an inject from the Opioid Preparedness Exercise in a Box Inject Inventory and insert the facilitation language here. |
| Recommended time 20 minutes | **Response Scenario Exercise: Monitoring and Evaluation** |
|  | We’ll now move on to the last phase of the response, monitoring and evaluation. In this phase, the threat should be monitored and rates of success in linkages to care should be evaluated.(Next Slide)Ten weeks following the disruption in [COUNTY A], CDC’s ORRP follows up with the state trusted contact(s) about the status of the disruption. The state trusted contact(s) work with partners to pull together relevant resources to provide this update. (Next Slide)Here are some considerations as we think Here are some considerations as we think through closeout of the response.* What data can be leveraged to evaluate the continuity ofcare amongst displaced patients and utilized (e.g., treatment, primary care providers, specialists)?
	+ If possible, consider documenting the number of flyers, Narcan kits, fentanyl test strips, etc. that were distributed; the number of emergency room visits; fatal and non-fatal overdoses, etc.
	+ How many hospitals and/or healthcare providers were alerted about the disruption?
	+ How many and what types of partner agencies/organizations were mobilized during response efforts?
	+ What kinds of referral health care systems were identified?
* What data can be used to evaluate continuity of care amongst displaced patients (e.g., treatment, primary care providers, specialists)?
* What partnerships, if any, can be leveraged to evaluate the continuity of care among patients (e.g., Medicaid, FQHCs)?
* What does the closeout of a response look like (i.e., when all patients impacted by the disruption are connected to a new provider or 1-6 months after the disruption, etc.)
* What are the state’s plans for quality improvement for the response?
* What are some lessons learned that can inform the next response/protocol?
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| 15 minutes | **Action Planning** |
|  | Thank you all again for your participation and discussion in the mock scenario. Welcome to the last activity of the day! We will now move into a quick 15-minute action planning activity to discuss action steps regarding today’s session.**Note:** Please review the Opioid Preparedness Exercise in a Box Action Planning Activity document for more information and suggested prompts for discussion. |
| 15 minutes | **Wrap-up and Next Steps** |
|  | We are at the end of the first opioid preparedness exercise session. We hope you found this exercise informative. Before we go, I wanted to highlight some resources that ASTHO and ORRP have produced related to preparing for opioid prescription disruptions. We are sharing links to those resources now in the chat. Are there any other questions or concerns before we wrap up for today?Okay, that concludes our exercise for today! Many thanks to each of you for joining us and participating in such a robust discussion. Have a great day! |

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