Response Protocol for Disruptions in Access to Opioid Prescriptions

Directions:

This modifiable tool serves as a template for states to adapt and reference when developing a protocol for planning for and responding to disruptions in access to opioid and other controlled substance prescriptions due to a law enforcement action against a healthcare provider. The first part of this document includes a mock scenario that states can review to understand what a service disruption may look like. After review of the full mock scenario, states should download and complete the **event checklist** at the end of the document, outlining steps to follow to develop their own protocol. Please note that a service disruption can occur for other reasons as well, including the retirement or death of a healthcare provider. In these cases, similar considerations may apply.

Circumstances surrounding service disruptions can differ by state or locality. Therefore, specific response characteristics will also differ. Not all steps outlined in this template protocol will be taken for every action by every state, and some states will have additional steps to take. This tool is meant to serve as a starting point for states to draft their own response protocol. Where indicated, trusted contacts and key response stakeholders should supply contact information and response details specific to their jurisdictions.

This document template was created by ASTHO™

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Scenario

A law enforcement or regulatory action is taken against a healthcare provider of controlled substances. At the time of the action, the healthcare provider will be asked to voluntarily surrender their Drug Enforcement Administration Certificate of Registration, a certificate required for all qualified healthcare providers who write prescriptions for controlled substances. If there is a surrender, the healthcare provider will no longer be able to prescribe controlled substances, effective immediately, and states can follow protocol steps for Phases 1 **Notification**, 2 **Response Preparation**, 3 **Risk Mitigation**, and 4 **Monitoring and Evaluation** outlined below, for a *definitive*, long-term disruption. If a surrender does not occur, the disruption might be temporary. However, states will want to plan and prepare for a potential, long-term disruption and follow protocol through Phase 2 (**Response Preparation**) of this template protocol.

Start Here

Confidentiality Phases

1. Trusted Contacts: ORRP shares information with only the established trusted contacts.
2. Response Coordinators: Will be informed by the trusted contacts when it is safe to share information with them.
3. **Response Partners:** Trusted contacts and response coordinators can share specified information with the response partners when it is safe to do so.
4. **Public:** Once the information is made public, then everyone has access to the information.

Phase 1. Notification

EVENT STATUS: Temporary service disruption with potential to turn into permanent disruption.

Notifying agency (CDC's Opioid Rapid Response Program [ORRP]) alerts state trusted contact(s) in advance of a potential permanent service disruption. Trusted contacts are defined as individuals, typically from the public health department and/or behavioral health agency, who serve as the point of contact for ORRP and are entrusted with confidential law enforcement information prior to an action being taken against a prescriber.

Summary of Response

Directions: Document the following information (if provided) below.

Notification Details

Expected Date of Action	
Confirmed Date of Action	
Anticipated Type of Action (Immediate suspension order, surrender, license revocation)	Immediate suspension order
Confirmed Type of Action (Immediate suspension order, Surrender, License revocation)	Immediate suspension order
Location of Action	
Clinic Status (Open vs. Closed)	Open
Provider Name	
National Provider Identification Number	
Provider Type	
Solo Provider (Yes, No)	Yes
Counties Affected	
Number of Patients Affected	
Commonly Prescribed Controlled Substances/ Medications	
Additional Information	

Day of Action: Disruption Details

Was there a voluntary surrender that resulted in a permanent disruption?

☐ Yes ☐ No

Fill in details below if onsite support is still requested. This is typically shared by notifying agency after site is secured.

Provider name (include when known; maintain confidentiality as needed)	
National Provider Identifier (NPI)	
Office Address	
Office Staff Contact Information	
Additional Notes	

Event Checklist

Directions: Indicate completion of checklist actions below, corresponding with each phase of the response.

State Actions (Modify for each event, as needed)	Indicate Completion	Program Staff Responsible	Date Completed	Response Phase
Notify trusted contacts.	☐			**Phase 1: Notification**
Document key characteristics of the notification: date of action, type of action, healthcare provider type, estimated number of patients, jurisdictions impacted, co-prescribing (Y/N), diversion (Y/N), commonly prescribed medications, availability of other providers within the same practice (see **Notification Details**).	☐			**Phase 1: Notification**

Phase 2. Response Preparation

State trusted contact(s) work internally to prepare for potential upcoming action (with assistance from ORRP, as needed).

WHO? State trusted contacts may determine, based on anticipated patient risks, needs, and location, which partners will be included as key response coordinators for this event (immediate and long-term).

***Maintain confidentiality at all levels; prescriber details should be limited to trusted contacts.**

(See **Response Coordinators** and **Response Partners Tables**.) Information of event details to remain confidential among response coordinators until day of event (see **Summary of Response**).

WHAT? Coordinators determine which response protocol elements to implement and roles and responsibilities.

Key questions:

- Day of possible disruption: Should team be on standby? Should team be deployed even if disruption is temporary or minimal?
- What additional information about the action is needed to prepare? Can it be obtained without compromising the investigation and personnel safety?

EVENT STATUS: PERMANENT SERVICE DISRUPTION (Provider voluntarily surrenders their DEA registration. A permanent disruption has occurred). All partners and public may be notified of the service disruption once permission is given by notifying agency:

- Notifying agency alerts state trusted contact(s) if there was a voluntary surrender of DEA registration on day of event. Name of healthcare provider, NPI, and address are now known by response coordinators.
- For requested onsite support, patient resources and supports are deployed onsite on the day of the disruption to facilitate risk mitigation.
- State trusted contact(s) alert response partners and work together to document key characteristics of the long-term disruption (see Summary of Response).

Event Checklist

State Actions (Modify for each event, as needed)	Indicate Completion	Program Staff Responsible	Date Completed	Response Phase
Notify response partners (specify disruption details as appropriate/ allowed): public health, behavioral health, PDMP administrator, local health departments, health systems, healthcare associations, emergency medical services, pharmacy board, Medicaid, payers/insurers, professional licensing authority, state bureau of workers' compensation, FQHC, community-based organizations, peer recovery staff, pain management and SUD clinical champions, healthcare provider educators, health commissioner, etc.	☐			**Phase 2: Response Preparation**
Develop or update resource flyer for patients and provide to ORRP. Include signs of withdrawal, where to get naloxone, SUD treatment locator/hotline, 988, 211, healthcare facility locator, peer support, and instructions to contact their health insurance provider.	☐			**Phase 2: Response Preparation**

Event Checklist (Continued)

State Actions (Modify for each event, as needed)	Indicate Completion	Program Staff Responsible	Date Completed	Response Phase
Conduct state capacity assessment and patient needs assessment and discuss the following: • Need and ability to provide support at the clinic at the time of the initial disruption and on an ongoing basis. • Low-barrier care continuity for medications and other healthcare needs. • Telehealth. • Mobile units. • Partner communications. • Workforce support/Employee Assistance Programs. • Patient outreach. • Harm reduction services/providers.	☐			**Phase 2: Response Preparation**
Conduct local capacity assessment and discuss the following: Who will triage patients? • Capacity for local health department to support patients with rapid referrals. • Naloxone availability in the community. • Local partner communications.	☐			**Phase 2: Response Preparation**
Contact other healthcare providers in the affected area to determine if they are taking new patients; consider primary care providers in addition to pain management specialists and behavioral health providers.	☐			**Phase 2: Response Preparation**
Designate local triage team or patient navigators to be "on standby" the day of the disruption to connect patients to resources and services; consider deploying crisis response entities onsite.	☐			**Phase 2: Response Preparation**
Generate general media statement (if appropriate); details to be specified, once known, as appropriate.	☐			**Phase 2: Response Preparation**
Compile care continuity resources; include education resources for healthcare providers absorbing new patients.	☐			**Phase 2: Response Preparation**

Response Coordinators (Event Specific)

Directions: Fill in the contact information below for primary response team members. These are individuals that will be coordinating the response and can include: notifying agency contacts, state trusted contacts, department staff, etc.

Name	Title	Organization	Email	Response Role
Ex: First name Last name	*Ex: CDC Opioid Rapid Response Program (ORRP) Coordinator*	*Ex: CDC ORRP*	*Ex: orrp@cdc.gov*	*Ex: Notifying agency; responsible for alerting state trusted contacts of law enforcement-related disruptions in access to opioid prescriptions; liaises with DEA and state response team to implement response activities.*

Response Partners Table (Health Partners)

Directions: Fill in the contact information below for additional health partners to notify and leverage in the response when/if there is a permanent disruption, including: public health, behavioral **health, Prescription Drug Monitoring Program (PDMP/PMP) administrator, health systems, healthcare associations, emergency medical services, Medicaid, payers/insurers, medical licensing board, pharmacy board, Federally Qualified Health Centers (FQHCs), community-** based organizations, peer recovery staff, health commissioners, and healthcare providers willing and able to absorb displaced patients.

Name	Title	Organization	Email	Response Role
Ex: Dr. Last Name	*Ex: Family Medicine Physician*	*Ex: Clinic X*	*EX: firstnamelastname @clinix.org*	*Ex: - healthcare provider willing to absorb displaced patients*

Phase 3. Risk Mitigation

The state response team implements the immediate and long-term response elements, gathered in Phase 2 (Response Preparation) to mitigate risk and to ensure care continuity for impacted patients.

Phase 3: Protocol Response Elements:

Immediate Risk Mitigation Considerations for **Supporting P**atients with Chronic **Pain Care Needs:**

- Identify response personnel trained in trauma-informed care.
- Identify available pain management and healthcare providers able to care for patients taking long term opioid therapy (LTOT) for chronic pain (triage, short-term, long-term).
- Provide referrals to new healthcare providers, if identified.
- Provide bridge prescriptions or same-day appointments with healthcare providers trained in chronic pain management.
    - o Consider transportation issues for individuals using public transportation.

Immediate Risk Mitigation Considerations for **Supporting Patients with Chronic Pain Care Needs** (Continued):

- Provide patient-facing resources for suicide prevention/behavioral health services.
- Notify local emergency departments of service disruption and provide guidance on intake and take-home medications.
- Notify #988/Lifeline or other local call-center personnel of service disruption and provide talking points.
- Identify potential healthcare facilities, healthcare providers, and clinical champions to support care continuity.
- Notify insurance providers (e.g., Medicaid, private), bureau of worker's compensation.

Long-term Risk Mitigation Considerations for **Supporting Patients with Chronic Pain Care Needs:**

- Provide prescriber education and support (e.g., chronic pain management and substance use disorder [SUD], opioid tapering, benzodiazepine tapering, differences between opioid dependency and opioid use disorder [OUD], patient-centered communication and care, shared decision-making and motivational interviewing, mental health support and self-care for healthcare providers).

Long-term Risk Mitigation Considerations for **Supporting Patients with Chronic Pain Care Needs**: (continued)

- Ensure bi-directional communication with state and federal regulatory agencies for situational awareness of licensing actions.
- Provide wraparound services and integrated behavioral healthcare.

Immediate Risk Mitigation Considerations for **Supporting Patients with a Substance Use Disorder:**

- Facilitate bridge prescriptions or same-day appointments with qualified healthcare providers (e.g., opioid treatment programs [OTP] or buprenorphine providers).
- Disseminate harm reduction resources (e.g., overdose education, naloxone, fentanyl test strips).
- Deploy peer recovery specialists to provide navigation and peer support.
- Notify all overdose prevention partners and first responders.

Long-term Risk Mitigation Considerations for **Supporting Patients with a Substance Use Disorder:**

- Continue ongoing surveillance.
- Educate healthcare providers inheriting patients taking medication for opioid use disorder (MOUD) as well as benzodiazepines or other medications (if relevant).

Event Checklist

State Actions (Modify for each event, as needed)	**Indicate Completion**	**Program Staff Responsible**	**Date Completed**	**Response Phase**
Notify local pharmacies and harm reduction/community-based organizations to ensure naloxone availability.	☐			**Phase 3: Risk Mitigation**
Notify crisis hotlines (e.g., 211, 988); consider preparing a generic call script to be filled in once details are known.	☐			**Phase 3: Risk Mitigation**
Notify local health departments (when allowable).	☐			**Phase 3: Risk Mitigation**
Notify local emergency departments and provide guidance on intake, take-home medications, etc.	☐			**Phase 3: Risk Mitigation**
Notify local healthcare providers.	☐			**Phase 3: Risk Mitigation**
Deploy local triage team or patient navigators onsite the day of the disruption to make appropriate referrals to healthcare providers and resources, as needed.	☐			**Phase 3: Risk Mitigation**

State Actions (Modify for each event, as needed)	Indicate Completion	Program Staff Responsible	Date Completed	Response Phase
Provide naloxone, fentanyl test strips, and other harm reduction services onsite, as needed.	☐			**Phase 3: Risk Mitigation**
Document the number of patients needing certain services and conduct further needs assessment.	☐			**Phase 3: Risk Mitigation**
Engage healthcare providers who have absorbed impacted patients and support clinical or educational needs (e.g., academic detailing).	☐			**Phase 3: Risk Mitigation**

Phase 4. Monitoring and Evaluation

Response team continues to communicate the threat as appropriate, conducts follow-ups with response partners, and performs an after-action review of response efforts.

Event Checklist

State Actions (Modify for each event, as needed)	Indicate Completion	Program Staff Responsible	Date Completed	Response Phase
Follow up with state licensing authority to determine licensing status/ long-term status of disruption and notify partners, as appropriate.	☐			**Phase 4: Monitoring and Evaluation**
Follow up with Medicaid, payers, and someone who has access to the PDMP.	☐			**Phase 4: Monitoring and Evaluation**
Convene regular briefings with state response partners for situational updates and discussion of ongoing response needs.	☐			**Phase 4: Monitoring and Evaluation**
Continue to review data in case of a delayed effect, including PDMP, Medicaid, and other payer data, medical examiner/coroner, ED/syndromic surveillance.	☐			**Phase 4: Monitoring and Evaluation**
Release public information and follow up communications with partners, as necessary.	☐			**Phase 4: Monitoring and Evaluation**
Gradually wind down response efforts as requests from patients and response partners cease.	☐			**Phase 4: Monitoring and Evaluation**
Closeout the response with a hotwash/after-action review to evaluate the state's response efforts and improve existing protocol.	☐			**Phase 4: Monitoring and Evaluation**

Completed!

For additional information and resources visit:

Opioid Preparedness: Disruptions in Access to Prescription Opioids

CDC Opioid Rapid Response Program

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Develop or update resource flyer for patients and provide to ORRP. Include signs of withdrawal, where to get naloxone, SUD treatment locator/ hotline, 988, 211, healthcare facility locator, peer support, and instructions to contact their health insurance provider.	☐			Phase 2: Response Preparation
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Event Checklist (Continued)

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