6. Opioid Preparedness Exercise | Notetaking Guide

**Directions:** This resource serves as a notetaking tool for states to track key discussion and action items that arise during the mock response scenario and action planning activities of the opioid preparedness exercise. The questions mirror those in the PowerPoint slides and can be adapted based on jurisdiction needs and time restrictions. This Notetaking Guide should be used in conjunction with the PowerPoint slides and the facilitator script during the scenario portion of the preparedness exercise found in the Opioid Preparedness Exercise in a Box. 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/), and the other template materials found in the Opioid Preparedness Exercise in a Box for additional steps.

Scenario Discussion Notetaking Guide

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| **Scenario Discussion** | **Discussion Questions and Notes** | **Next Steps** |
| Response Preparation | * State trusted contacts are lead coordinators.   + What other individuals should be a part of the response, both immediately and in the long-term? When and how will they be engaged?   + Who are the key partners and contacts that need to be engaged? 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 (e.g., 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 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 is need of care? |  |
| Inject #1 | **Note**: After reviewing the inject options document and adding the first situation to Slide 23, insert the discussion questions here. |  |
| Day-of and Immediate Response | * 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? * 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? |  |
| **Long-term Response** | * 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? |  |
| Inject #2 | **Note**: Please reference the Inject Options document and add the discussion questions to this resource |  |
| Monitoring and Evaluation | * What data can be leveraged to evaluate the response?   + 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 or organizations were mobilized during response efforts?   + What kinds of referral healthcare 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 response (e.g., Medicaid, FQHCs)? * What does the closeout of a response look like, such as when all patients impacted by the disruption are connected to a new provider, or one to six months after the disruption? * What are the state’s plans for quality improvement for the response? * What are some lessons learned that can inform the next response and protocol? |  |

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