



Crain's Health Pulse  
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## **Opioid treatment programs brace themselves as two health crises collide**

Plus:

- Hospital compensation reaches new heights
- State hard hit by Covid-19 drug shortages
- Regeneron donating 500K Covid-19 testing kits

Opioid treatment programs are now facing two health care crises.

Patients rely on treatment facilities for obtaining medication-assisted treatment. But providers are trying to reduce the number of in-person visits and the risk of patients being exposed to Covid-19.

"The reality is, the opioid crisis has not gone anywhere," said Allegra Schorr, president of the Coalition of Medication Assisted Treatment Providers and Advocates of New York State. "These two crises crashing into each other is the big fear."

To help ease some of the strain, opioid treatment programs have turned to telemedicine and take-home doses of drugs for medication-assisted treatment.

Dr. Jonathan Samuels, head of the addiction medicine program at SBH Health System, said SBH has more than 600 patients who are prescribed methadone, Suboxone or a Vivitrol injection. The program has upped the number of extended doses for patients, but the effort has been a balancing act of individually assessing the risk of overdose with that of contracting and having severe complications from Covid-19.

Now about 150 patients come in once a month, 100 once every three weeks, 120 once every two weeks and 150 three times a week, Samuels said. SBH is also staggering in-person visits to reduce patients in the waiting room from as many as 30 to just a handful. Telephone visits also are being used.

Dr. Joel Idowu, chairman of the Department of Psychiatry and Behavioral Health Sciences at Richmond University Medical Center, echoed the importance of telemedicine during the crisis. Some of the loosened regulations on initial visits for addiction treatment have been particularly helpful, he said. .

Dr. Harshal Kirane, medical director and assistant professor of psychiatry at the Zucker School of Medicine at Hofstra/Northwell, is navigating the Covid-19 outbreak as he readies to open Wellbridge Addiction Treatment and Research in Calverton, Long Island, in May.

"We, over the last two decades, have had an incredibly complex drug and alcohol crisis with tremendous implications for the mental health needs of Americans," Kirane said. "In so many ways, the Covid-19 outbreak is only going to intensify some of the underlying fractures in the framework of how people manage mental health issues."

Demand for opioid treatment programs may even rise during the pandemic as individuals struggling with addiction worry as the virus spreads.

As demand ticks up, the entire health care industry is facing workforce shortages.

Though telehealth has helped to ease some of the strain, providers at opioid treatment programs are facing their own health concerns and child care issues.

Schorr noted that some hospital-based programs have been asked to redeploy doctors, nurses and staff to other parts of the facility during the pandemic. She added that the association is working with the city and the state to try to come up with ways to fill some of the gaps in addiction treatment.

For patients who are stable, take-home doses of medication are essential, she said. The association recently [detailed the importance](#) of reimbursement reforms for take-home doses in presenting Medicaid redesign recommendations to the state.

However, during the pandemic, it's the patients who are earlier on in their treatment journey and have comorbidities that opioid treatment programs are most worried about, Schorr said. —Jennifer Henderson

## Hospital compensation reaches new heights

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Dr. Philip Ozuah's \$13.3 million windfall was the highest cash sum paid out to a medical professional in 2018, according to *Crain's* latest analysis of the metropolitan area's top-paid hospital executives and doctors.

Ozuah, who ascended to Montefiore's chief executive role in November following the retirement of Dr. Steven Safyer, was one of half a dozen leaders to pull in a compensation total exceeding \$5 million. Ozuah served as president of Montefiore Health System in 2018.

Executives and doctors earning spots on the lists needed to earn more than \$2.4 million and \$2.1 million, respectively, the fifth straight year the thresholds increased.

With the Covid-19 epidemic pushing the limits of hospitals' supplies and staff, the earnings stand out for their largesse. But they also reflect the enormity of the job held by administrators, whose work has grown ever more complicated. Gov. Andrew Cuomo has mandated that hospitals increase bed capacity by at least 50% and join forces to fight the disease cohesively.

"During this epidemic, I think we'll start to see how these leaders actually earn their pay," said Allen Miller, chief executive of Cope Health Solutions, a health care management consultancy. "They're running massive, complex, heavily regulated entities, with a set of rules that would confuse any professor. And then something like Covid comes along, and these people have to be ready."

The systems' preparedness isn't necessarily reflected in the doctor compensation list. The majority of the highest-paid physicians are surgeons and cardiologists, rather than the emergency-room and critical-care doctors now working around the clock to treat Covid-19 patients. But this narrow look at doctor payouts reflects the health care system currently in place, where hospitals need to chase lucrative specialties to ensure adequate overall funding.

"They'll do what they're incentivized to do by the federal government, state government and the payers," Miller said. "If they are going to make the most money by doing spine surgery, you'd better believe they're going to have a whole bunch of spine surgeons."

*This is a preview of Crain's annual list of the highest-paid hospital executives and physicians. Check out the April 6 issue of Crain's New York Business for the full list. —Gerald Schifman*

## State hard hit by Covid-19 drug shortages

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New York hospitals are reporting higher shortages in drugs to care for Covid-19 patients than facilities in other parts of the country, according to [new data](#) from Charlotte, N.C.-based Premier.

Nationwide, reported droughts were higher in Covid-19 hot spots such as New York, where 77% of hospitals with cases of the virus said they are facing shortages of antimalarials, 54% reported deficits of antivirals, and 39% reported running low on sedatives, Premier said.

The concern is that shortages of those drugs—as well as antibiotics to cure infections, bronchodilators to keep airways open and neuromuscular blockers to intubate patients—could spill over and become national issues, Premier said.

For instance, the sedative Midazolam saw a 4,100% order increase in New York in March, compared to a 70% order increase nationwide. And the bronchodilator Albuterol saw a 1,870% order increase in the state last month, compared with a 53% order bump nationwide.

Recommendations to address shortages include allowing health systems to temporarily transfer drugs between hospitals or pharmacies without having to obtain licensure to distribute products, Premier said, as well as issuing drug manufacturing incentives.

“As distributors and government agencies think about how supplies need to be allocated for the future, it’s important that a dynamic allocation process is developed that matches available supply to areas with greatest need,” said Premier President Michael Alkire in a statement. —J.H.

## Regeneron donating 500K Covid-19 testing kits

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Gov. Andrew Cuomo isn't giving up on testing as a way to prevent the transmission of Covid-19 as the state's response to the viral outbreak enters its second month.

After an initial shortage of kits, New York had tested about 221,000 people as of Wednesday and is routinely testing more than 10,000 people a day.

That effort will get a boost from Regeneron Pharmaceuticals, a Tarrytown-based biotech company, which is donating 500,000 test kits in batches of about 25,000 a day.

Cuomo said the state's ability to restart its economy will be dependent on knowing who has the respiratory illness and can return to work and who should remain isolated.

"My opinion is, the best way to do that is to come up with a rapid testing procedure where people can test," Cuomo said Wednesday. "They know who's positive, they know who's negative, and they know who can go back to work."

The state also received a donation of 100,000 tubes, which it can use to test samples, from the manufacturer Corning. The company is selling an additional 500,000 to the state at a reduced price.

The renewed call for testing follows the state's efforts to coordinate capacity at hospitals and transfer patients to facilities with fewer patients. Albany Medical Center accepted 14 patients with Covid-19 from New York City area hospitals, including cases from Jamaica Hospital and Flushing Hospital, [the Times-Union reported](#).

Separately, Mayor Bill de Blasio said former Police Commissioner James O'Neill would act as a senior adviser to the administration, coordinating the distribution of medical supplies and protective gear to city hospitals.

The state reported nearly 84,000 cases of Covid-19 statewide on Wednesday, with about 47,000 cases in New York City. There were about 12,000 people in hospitals across the state, and 3,000 of the patients needed intensive care.—J.L.

## AT A GLANCE

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**BUDGET:** The state Legislature had yet to pass the health-related portion of the budget as of Wednesday night as it weighs the recommendations of the Medicaid redesign team against the Covid-19 crisis. The governor convened the redesign team to find \$2.5 billion in Medicaid savings to address a \$6 billion budget deficit. The legislature is running out of alternatives to reducing Medicaid spending. The state's financial outlook has deteriorated, and lawmakers don't plan to include higher taxes on the wealthy as part of the budget, [The Wall Street Journal reported](#).

**ECONOMIC COSTS:** A [new study](#) by MIT Sloan School of Management Professor Emil Verner found that public health interventions—such as social distancing—have no adverse effect on local economic outcomes, the school said Wednesday. Verner analyzed the economic effects of the 1918 Flu Pandemic for the study. "In normal times, nonpharmaceutical interventions like social distancing and quarantines are bad for the economy," Verner said in a statement. However, data showed that cities that deployed NPIs earlier and more aggressively performed better economically the year following the flu pandemic.

**VIRTUAL VISITS:** As Planned Parenthood of Greater New York [continues to roll out](#) more telehealth services during Covid-19, the organization said Wednesday that its PP Direct app experienced a 60% increase in patient visits last month. The increased virtual offerings are aimed in part at alleviating hospital burden.

**FEDERAL AID:** Hospitals might be eligible for \$500 billion in corporate relief that was included in the federal stimulus package, but there are strings attached to the money, [Modern Healthcare reported](#). Businesses accepting the relief loans must halt pay increases for employees making more than \$425,000 and cut the salaries of individuals making \$3 million or more. The American Hospital Association and Federation of American Hospitals said they were waiting on guidance from the Treasury Department to see if their members would qualify.