

# Leading change during the convergence of an epidemic and a pandemic

As the first wave of COVID-19 cases spread around the globe in early 2020, the healthcare community adopted a medical model that emphasized the use of resources to mitigate viral spread (Oerther & Watson, 2020). Schools, churches, and businesses shutdown, and healthcare facilities – from outpatient clinics to inpatient elective surgeries – were closed or cancelled. Even long-term care facilities, such as nursing homes, limited access of visitors to patients in an attempt at mitigation. And for six months, the healthcare community focused almost exclusively on a medical response to COVID-19, securing stockpiles of ventilators and fast-tracking vaccine development.

COVID-19 is not the only illness ravaging the globe, and health care is more than a medical model emphasizing viral containment. The response to the viral pandemic shifted our focus away from a holistic view of health care, and we lost sight of the urgent need to address the ongoing opioid epidemic (Oerther & Oerther, 2019). Globally, at the national level, and in local communities across the United States (U.S.), opioid use disorder (OUD) is a fire that continues to burn out of control (Jessup et al., 2019).

In 2017, there were 47,600 drug overdose deaths in the U.S. that involved any opioid (i.e., prescription opioids, heroin, and other synthetic narcotics). The total costs of the opioid epidemic in 2016 was \$95.8 billion. The U.S. Government declared the opioid epidemic a public health emergency, and in 2017 The President's Commission on Combating Drug Addiction and the Opioid Crisis released its final report (Christie et al., 2017). Two of the key recommendations contained in the report, included: (a) empowering nurses to prevent addiction through community education, screening for signs of addiction, and supporting recovery, and (b) empowering advanced nurse practitioners to prescribe treatments such as buprenorphine (Christie et al., 2017).

## 1 | EXPERIENCE AT THE LOCAL AND STATE LEVEL

In rural communities in the U.S., nurses can combat the opioid crisis through leadership in university-sponsored extension councils (Oerther, 2019a). Originally established in 1914 through the Smith-Lever Act, extension programs are a partnership among the Federal government (i.e., U.S. Department of Agriculture), universities (i.e.,

land grant institutions), and local communities, which bring the benefits of higher education to citizens through non-formal education programs (i.e., classes offered to non-matriculated citizen-students). For example, Phelps County, Missouri suffers from one of the highest per capita prevalence of OUD (Stoecker et al., 2020a; Stoecker et al., 2020b, 2020c). To help combat the opioid crisis locally, nurses oversaw a partnership with the Your Community Cares Rural Health Coalition and the Meramec Regional Planning Commission, who both received Federal funding to implement education for OUD. The Phelps County Extension partnered with these agencies to host the “Opioids in the Workforce: Re-writing policy for Sustainable Recovery” conference in 2019. This year, the Phelps County Extension again partnered with these agencies to focus on continued training and coalition building among maternal health and infant care health professionals across the East Central and Southeast Missouri regions. The original conference was scheduled for May 2020 but had to be rescheduled and switched to a virtual conference to adapt to the challenges of COVID-19.

Beyond local action, nurses can lead at the state-level through advocacy for policy (Hallowell et al., 2020; Oerther et al., 2018) and the creation of legislative liaison programs (Oerther, 2019b). For example, this year the Missouri state-chapter of the American Nurses Association (ANA) worked with the Office of the Governor of Missouri to achieve two wins for Advance Practice Nurses (APRN), namely: (a) eliminating barriers to chart review, and (b) securing a temporary waiver to the 1-month practice period. The Governor also suspended temporarily the 75-mile barrier for APRN's (20-CSR 2,150–5.100) in response to the emergency conditions created by widespread infections of COVID-19. At the state-level, these changes empowered APRN's towards full practice authority and demonstrated that APRN's in Missouri are capable of undertaking the responsibility for treatments of OUD such as prescription of buprenorphine.

## 2 | FEDERAL LEVEL

The global opioid epidemic is an ongoing public health crisis further complicated by the COVID-19 pandemic. For patients struggling with OUD, most resources and treatments previously offered have been interrupted since early 2020. Stay at home orders, mandatory masks, social distancing, and other disruptions to the “old normal” likely have contributed to increased suffering from OUD (American

Medical Association, 2020). While healthcare professionals have an obligation to respond to COVID-19, we cannot ignore a holistic view of health care, and we must look beyond an exclusive focus on the medical response to a viral pandemic.

Nurses have an opportunity to exercise global leadership because our profession recognizes the importance of innovations in evidence-based healthcare practice, education, and policy to advance outcomes. One place where nurses can look for guidance in “next steps” to lead change during the convergence of the opioid epidemic and the COVID-19 pandemic is materials released by the Drug Enforcement Agency (DEA) and Substance Abuse and Mental Health Services Administration (SAMHSA). These two agencies have recognized the emerging issues surrounding COVID-19 and have worked to find ways we can care for patients with OUD (DEA, 2020; SAMHSA, 2020). At the Federal level, both groups have worked to change regulations, including:

- Allowing authorized practitioners to prescribe controlled substances using telemedicine without first conducting an in-person evaluation (DEA, 2020; SAMHSA, 2020).
- Allowing authorized practitioners to prescribe buprenorphine to existing or new patients with OUD via telephone (DEA, 2020; SAMHSA, 2020).
- Allowing authorized practitioners to conduct telehealth visits and provide medication assisted treatment (MAT) (DEA, 2020; SAMHSA, 2020).
- Allowing requests for more take-home doses of the patient's medication for OUD.

Although this expansion of practice for authorized practitioners offers those with OUD some options for enhanced treatment, barriers to implementation continue to present challenges, especially at the state-level. Those who lack access to technology (i.e., those who lack broadband internet access in rural communities) are unable to take advantage of these policy changes that aim to increase harm reduction and support vulnerable populations.

Nurses have an opportunity to lead access to care in the “new normal” through our experience as coaches. For example, managed care and other care coordination programs provided by nurses could be increasingly used to not only manage costs of Medicare and Medicaid, but also to improve quality and access to treatment. For example, nurses managing cases of OUD patients can assist patients accessing technology for virtual visits with providers and assist patients in attending virtual peer-to-peer support groups. Nurses can also assist patients in finding transportation for treatment, especially since public transportation may be restricted. Nurses also play a vital role in educating patients about ways to reduce COVID infection risks, which may encourage patient to seek medical attention in the emergency department in the case of a relapse in opioid addiction. Finally, border restrictions that limit MAT drug supply, may put some OUD patients at risk for opioid withdrawal, and nurses can raise awareness of this issue and advocate for the medication needs of our patients.

Fortunately, nurses have a history of leadership as health and wellness coaches (Dossey et al., 2015; Hess et al., 2013). Nurses know how to help patients find access to the resources needed to treat OUD even while we anticipate a second-wave of COVID-19 in 2020. As nurses exercise leadership in the “new normal”, we should rely on our training to view health holistically and to advocate on behalf of our patients. The convergence of the COVID-19 pandemic and the opioid epidemic is placing a challenge on the delivery of holistic health care, and nurses have both an obligation as well as the capability to respond with leadership.

## AUTHOR CONTRIBUTIONS

All authors contributed equally to this article.

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