COVID-19: A Catalyst for Change in Telehealth Service Delivery for Opioid Use Disorder Management

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Roadmap

- San Francisco's response to COVID-19
- Impetus for expanding OUD Tx access during COVID-19 pandemic
- Design of the "Addiction Telehealth Program" (ATP)
- Data & Evaluation
- Conclusions, Challenges & Policy Implications

Response to COVID-19 in San Francisco

- **March 17th, 2020:** Stay at **Home!**

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Response to COVID-19 in San Francisco

- **March 17th, 2020:** Stay at **Home!** …what about people with **no home**?
- **April 2020:** Repeated outbreaks at **homeless shelters, congregate living sites**
  - SFDPH converts hotel rooms into temporary housing for PEH:
    - **"Isolation & Quarantine" (I&Q) Sites** □ PEH with confirmed or suspected COVID-19 (+) stay for 7-14 days
    - Goal of reducing risk of COVID-19 spread.

But what about non-COVID diseases associated with poverty and isolation?

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San Francisco Chronicle

San Francisco homeless deaths soar — and officials say it's not directly due to COVID-19

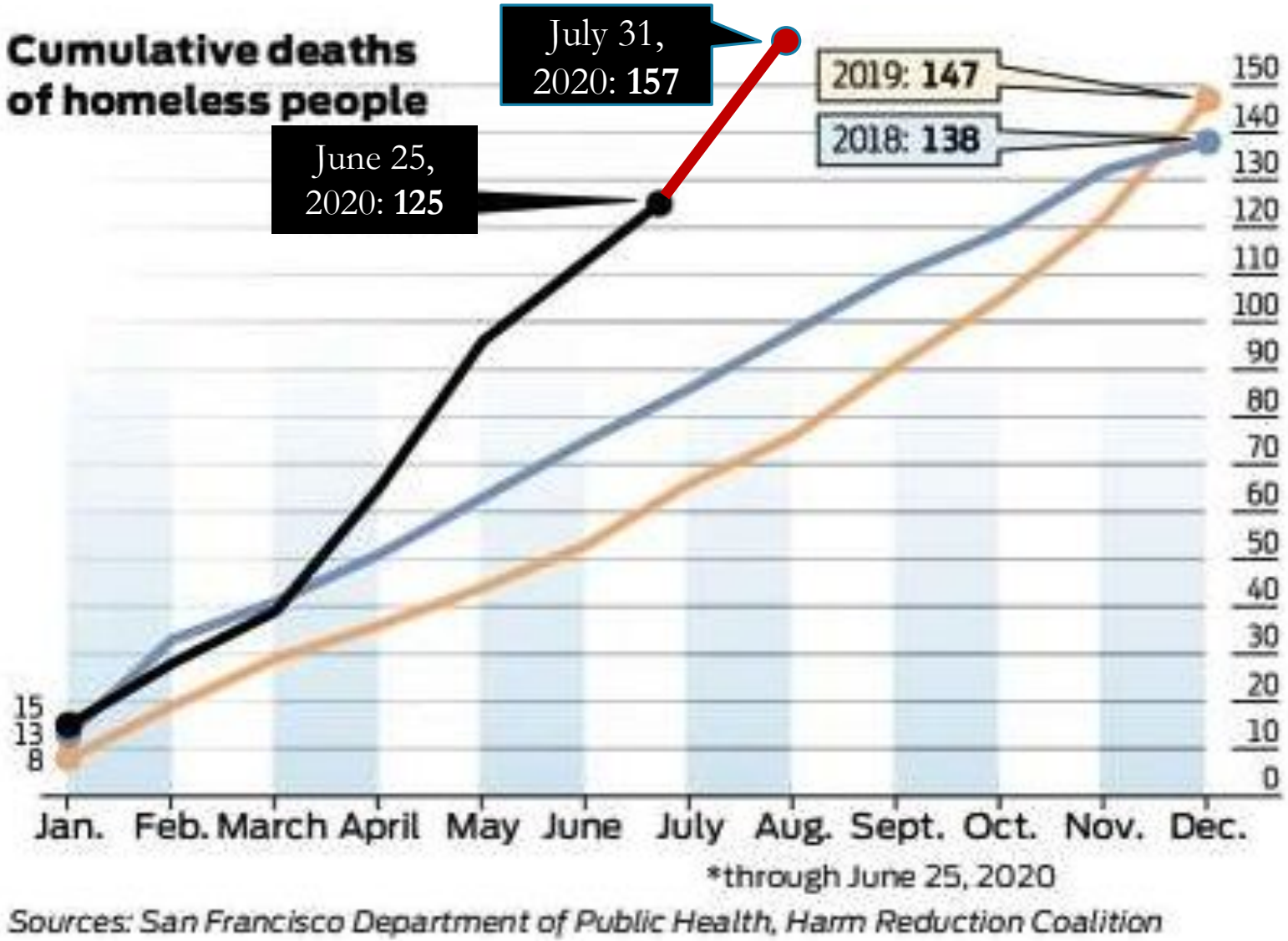
theguardian

San Francisco's homeless deaths have tripled. Advocates blame city neglect during pandemic

abc NEWS

COVID-19 is 'a crisis within a crisis' for homeless people

Homeless people are among the most vulnerable populations in the COVID-19 pandemic, yet they're largely invisible victims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2019: 147
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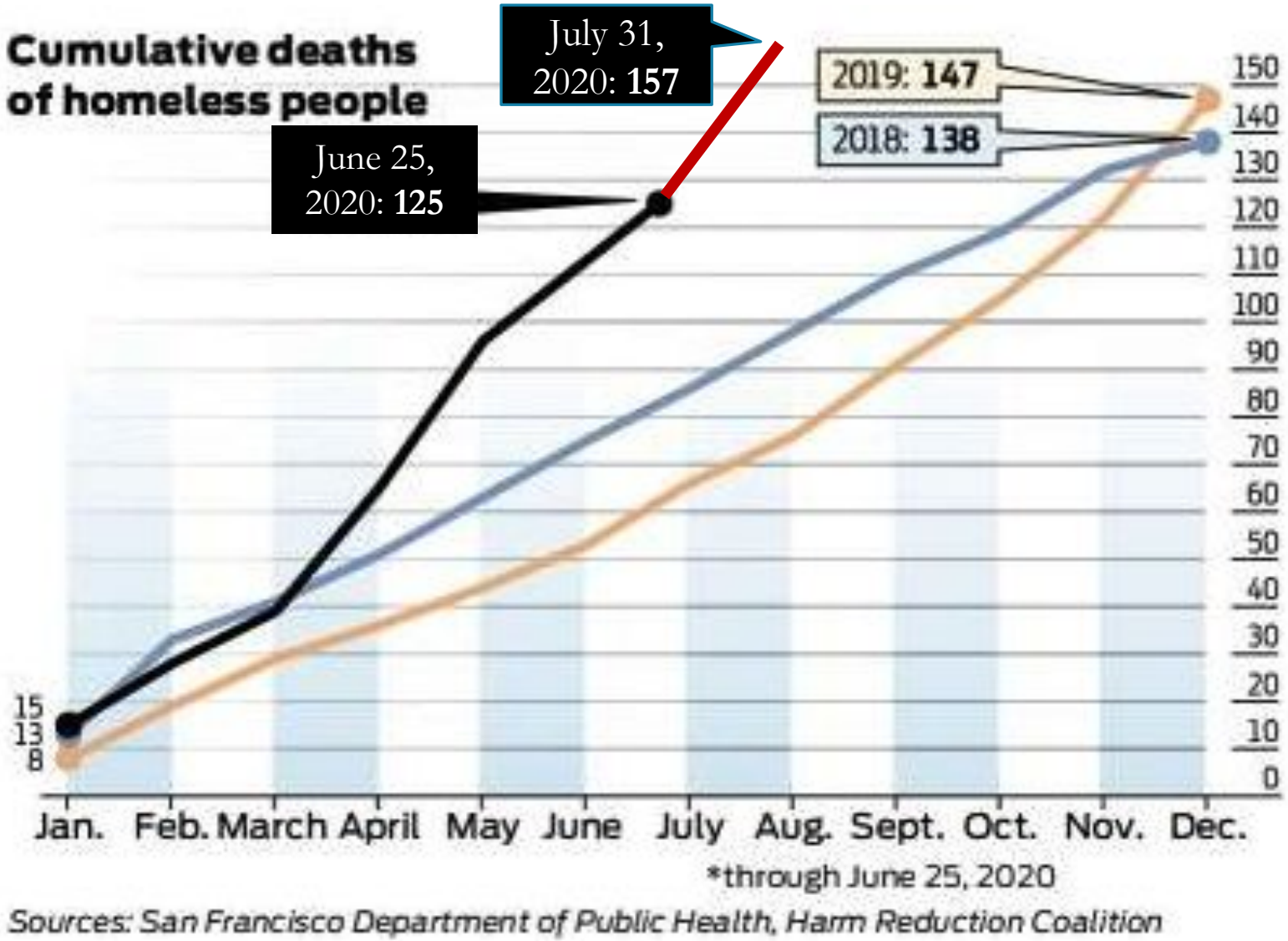
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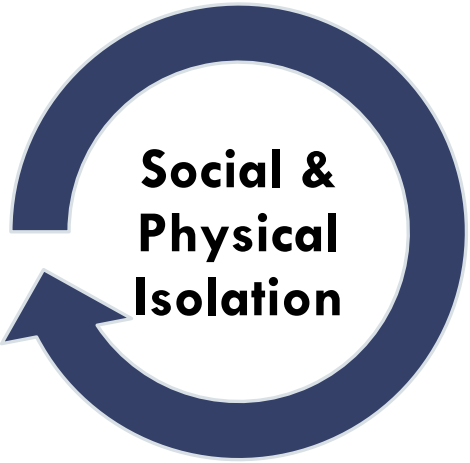
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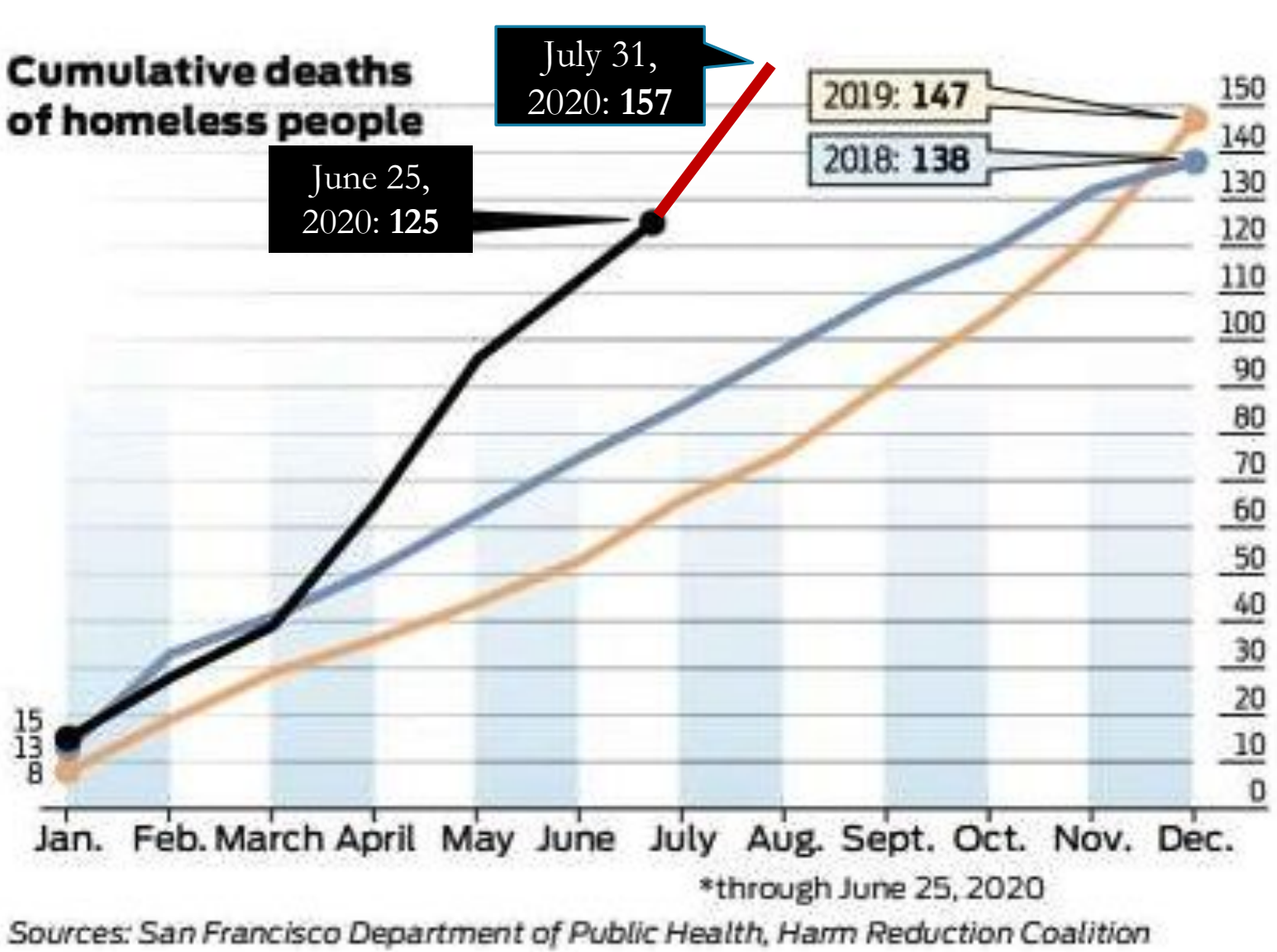
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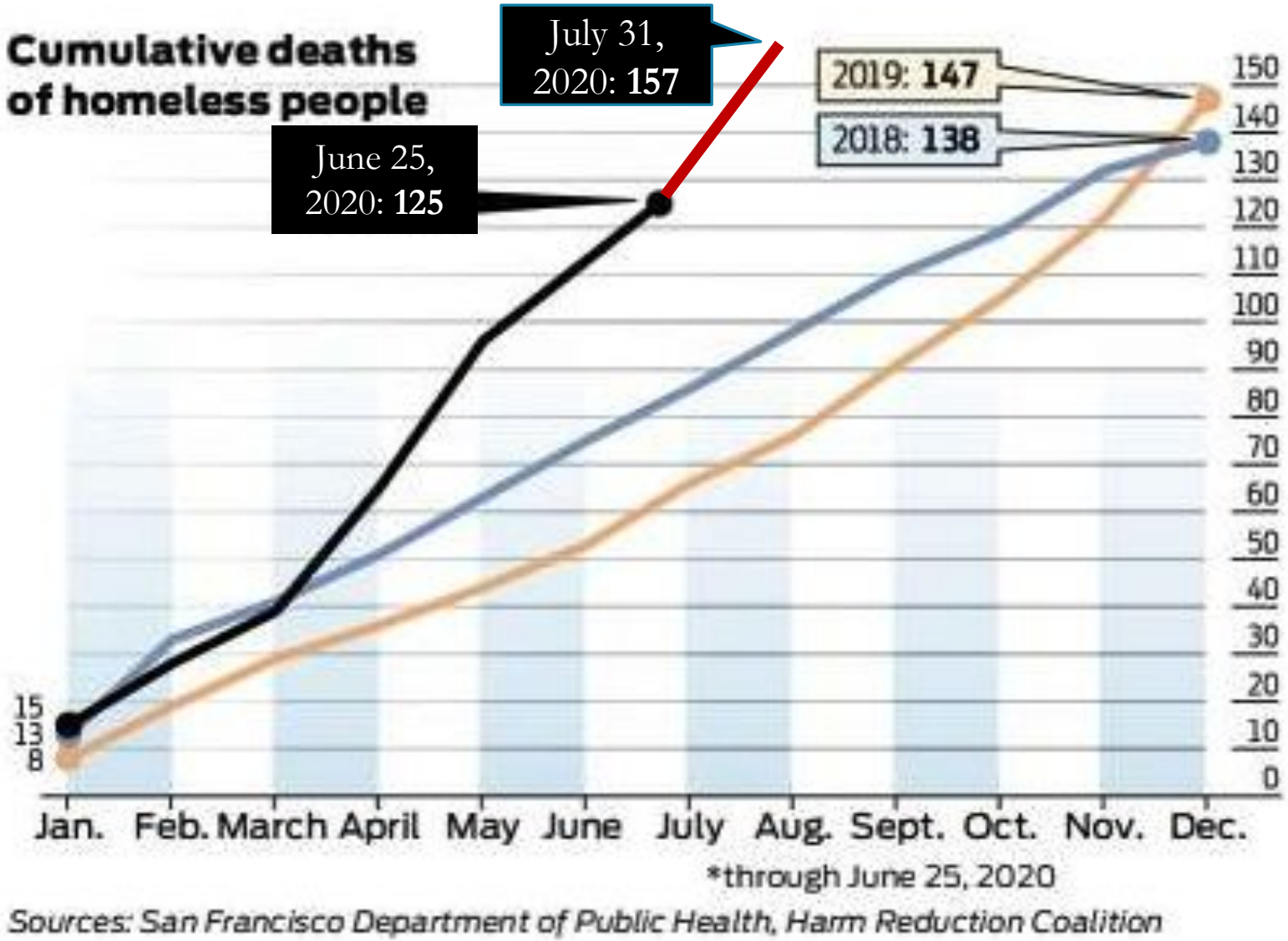
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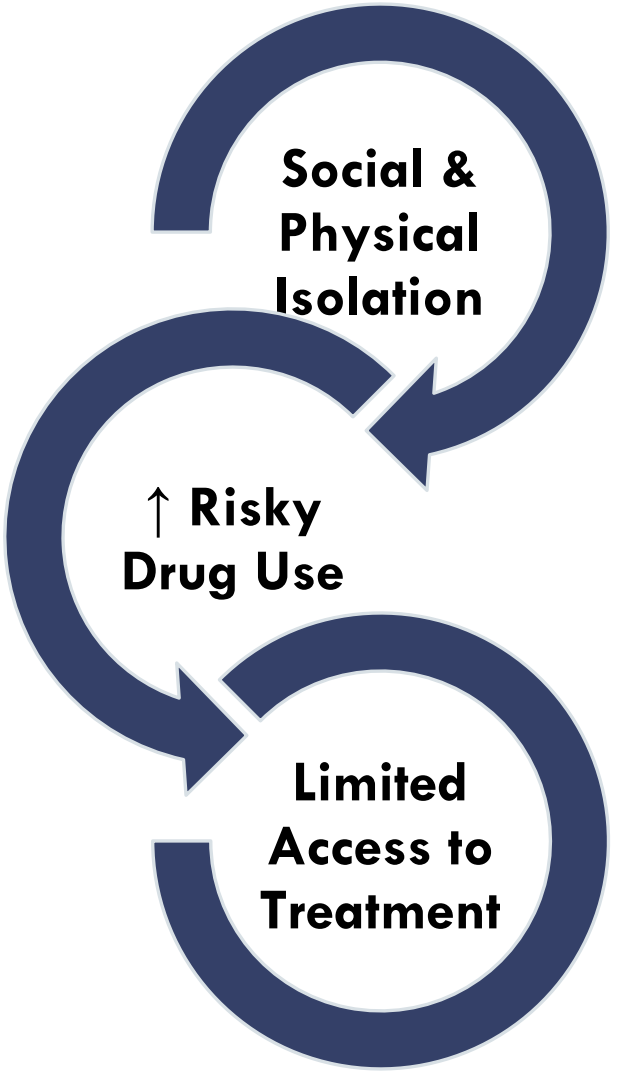
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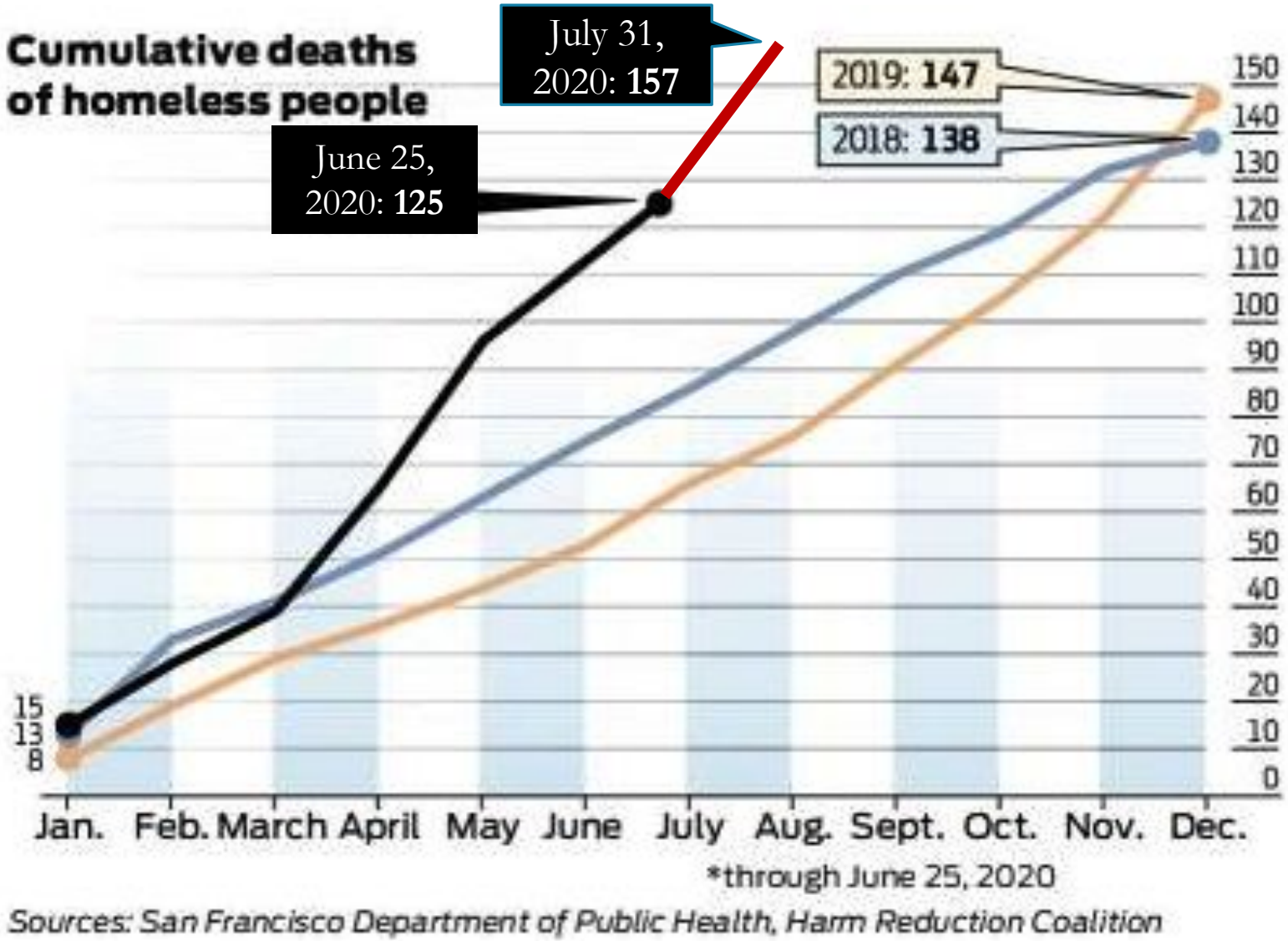
Limited Access to Treatment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Social & Physical Isolation
↑ Risky Drug Use
Limited Access to Treatment
↑ Risk of Overdose vs. Leave I&Q

ATP Goal: Help PWUD tolerate I&Q stay through improved access to treatment and/or harm reduction

For OUD **Low-threshold buprenorphine via telephone visits** to patients at I&Q sites

Design of Addiction Telehealth Program (ATP)

- Pager-based telehealth program for I&Q site guests created under framework of SUD Bridge Clinic at ZSFG
  - Appointments and drop-in addiction care

- Pager “staffed” by volunteer addiction-trained physicians at UCSF
  - Monday-Friday, 8am-5pm
  - Pager # served as single access point, forwarded to on-call provider

ATP Workflow

Prior to I&Q Admission

During Stay at I&Q Site

Post-I&Q Site Discharge

Key

- External Provider
- I&Q Intake Coordinator
- Patient
- ATP Provider
- On-Site I&Q RN
- Pharmacy

ATP Workflow

Prior to I&Q Admission

External Provider Refers Patient to I&Q Intake Coordinator for I&Q Admission (online form)

I&Q Intake Coordinator screens Patient for SUD (telephone)

During Stay at I&Q Site

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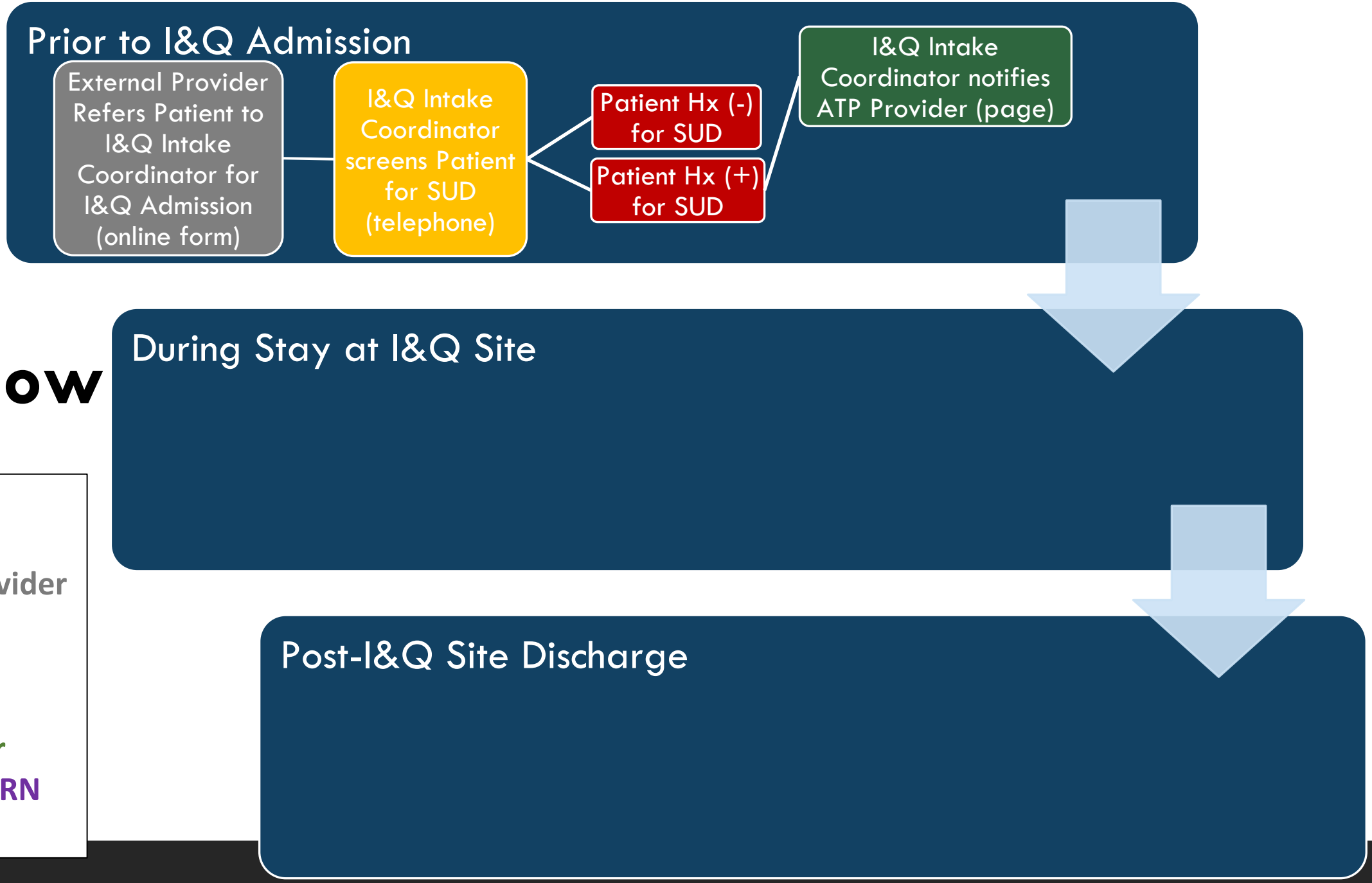

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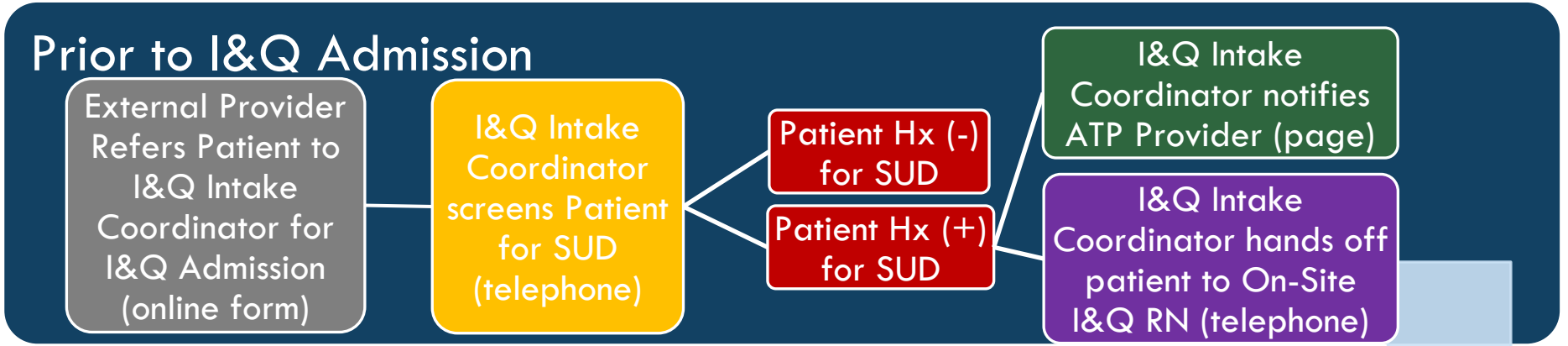

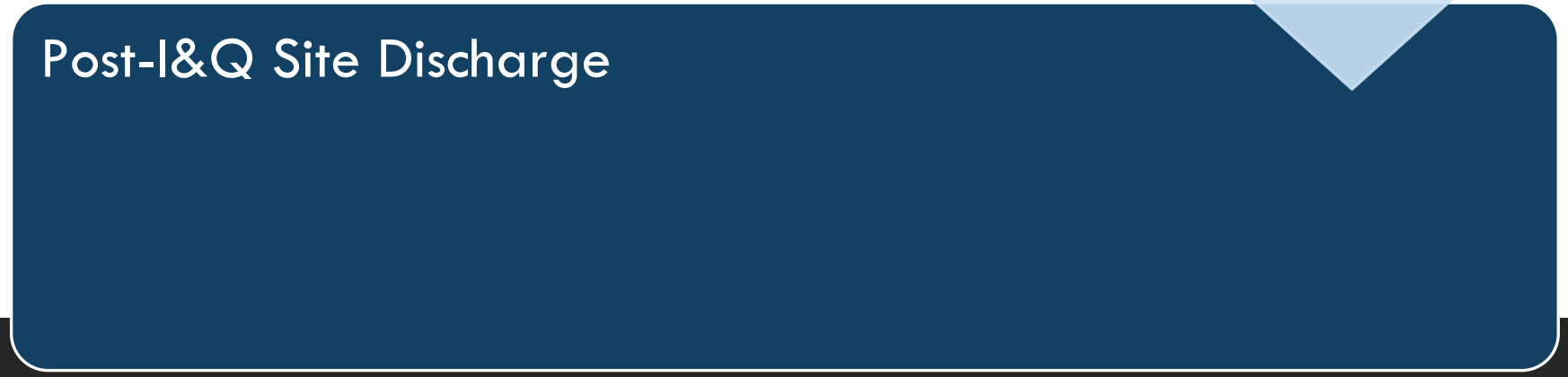

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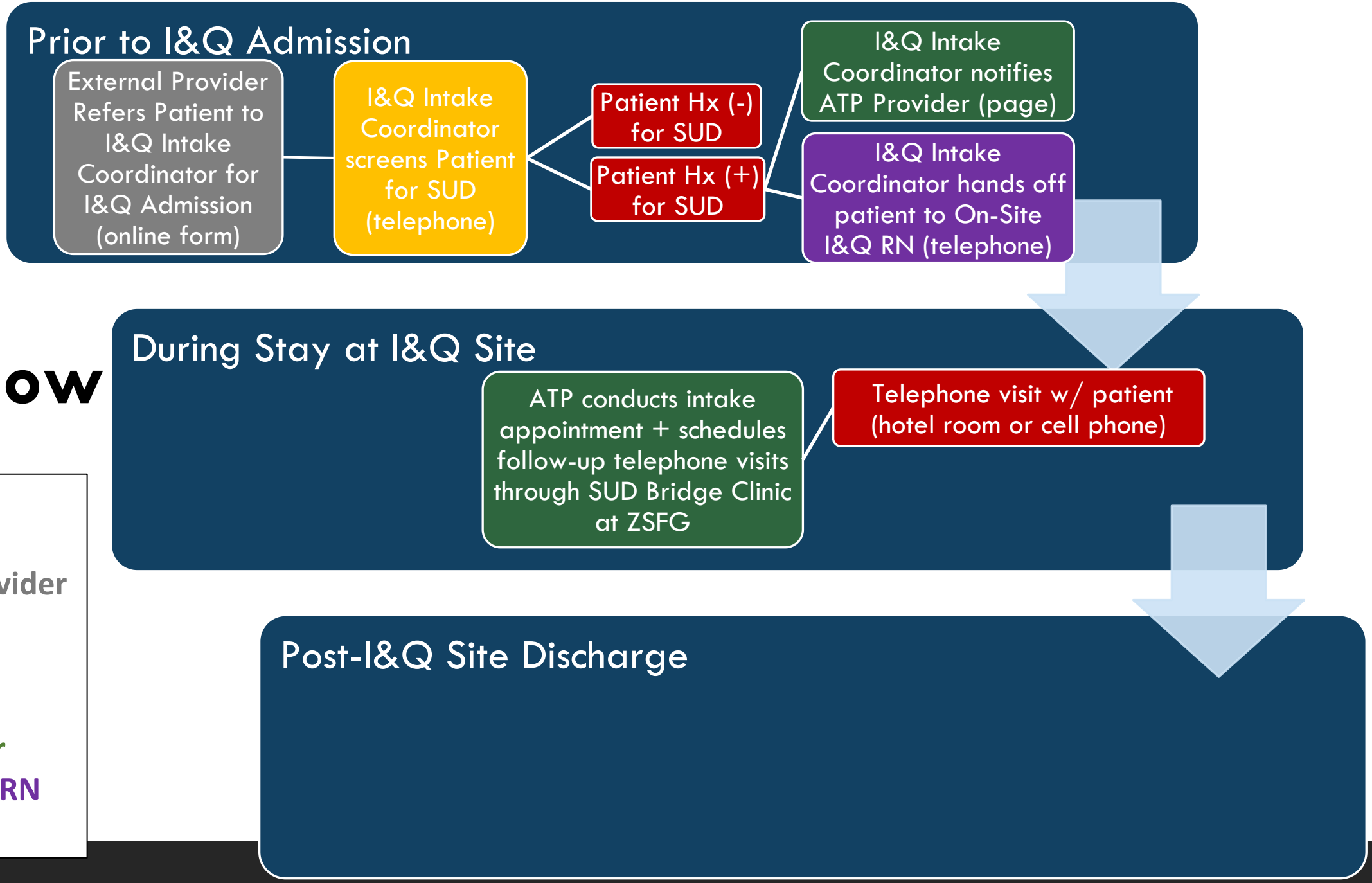

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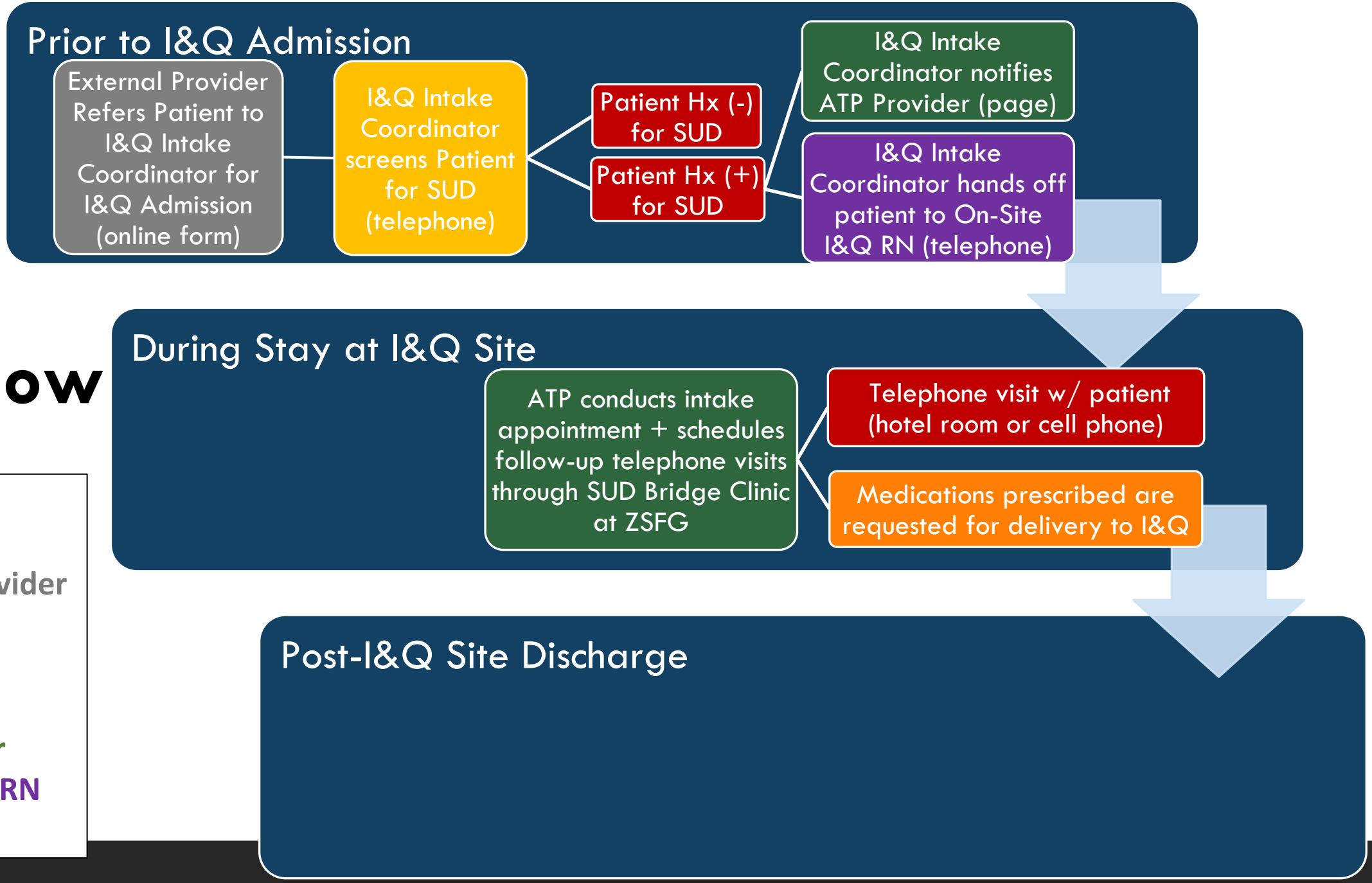

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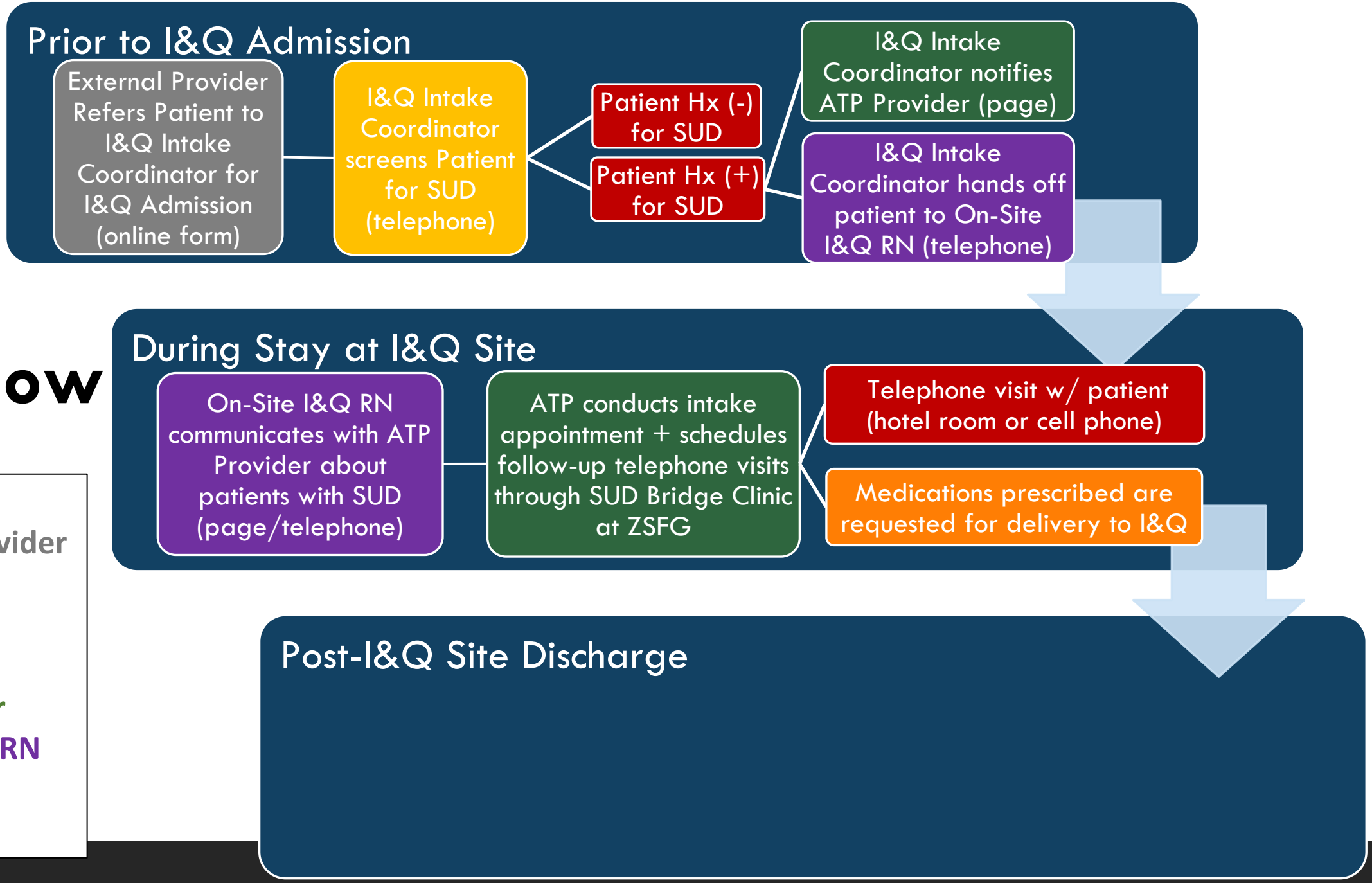

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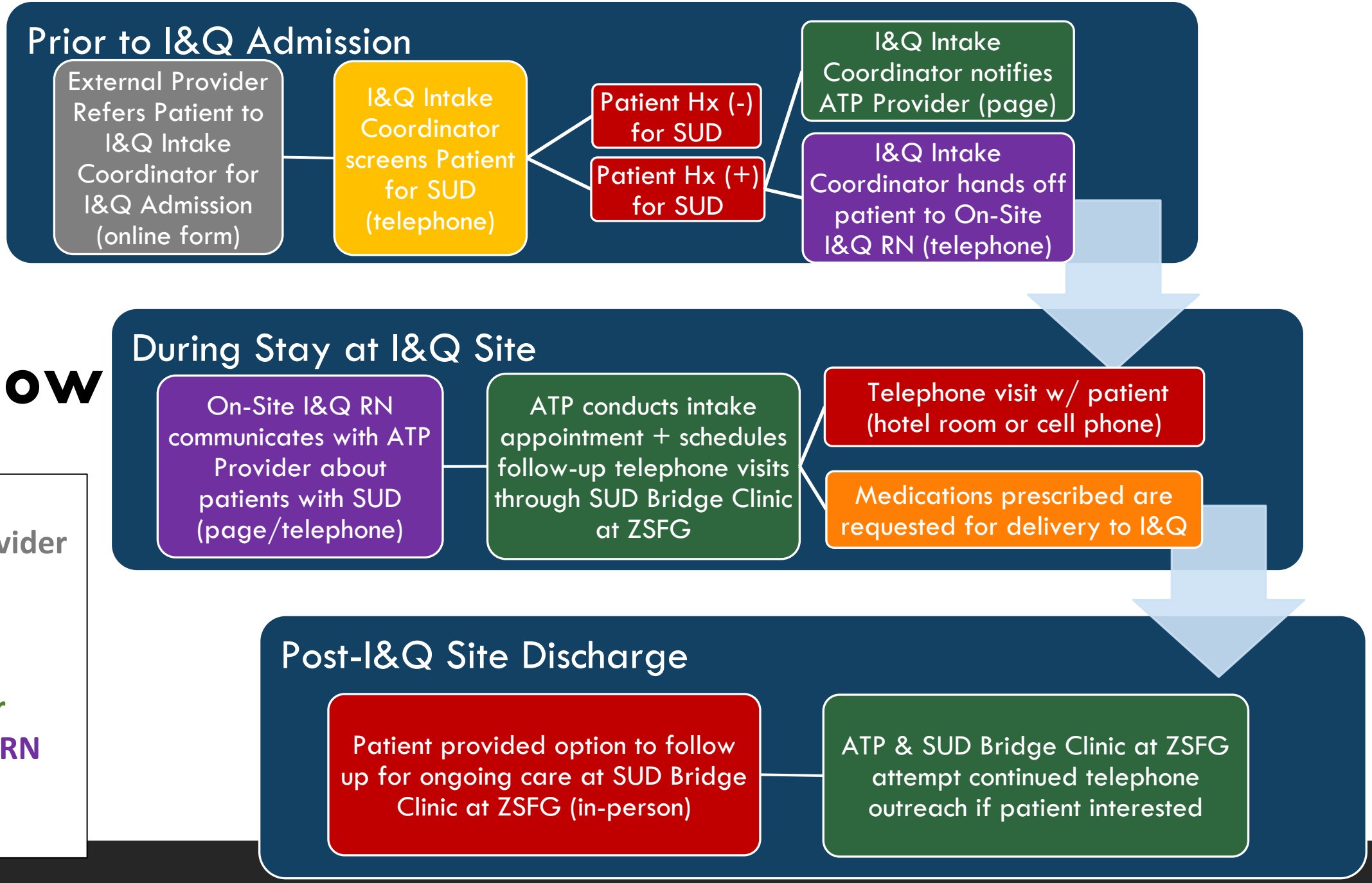

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Data & Evaluation

- Descriptive statistics collected on case series of I&Q guests newly initiated on buprenorphine for Tx of OUD through ATP
- Between April 10th – May 25th ATP consulted on **59 I&Q guests**
  - 19 patients w/ predominant opioid use **12 Dx with OUD + initiated on buprenorphine Tx**, 5 already on MOUD, 2 did not meet OUD criteria
  - Other ATP consults:
    - 25 patients primarily using alcohol
    - 10 patients primarily using stimulants
    - 4 patients primarily using cannabis, 1 primarily using GHB

Patient Characteristic	# Patients, n = 12 (%)
COVID-19 Status	
Confirmed Positive	2 (17%)
Close Contact; Asymptomatic	3 (25%)
PUI; Symptomatic	7 (58%)
Housing Status	
Homeless – Unsheltered	2 (17%)
Homeless – Sheltered	9 (75%)
Incarcerated	1 (8%)
Race/Ethnicity	
Black	8 (67%)
LatinX	1 (8%)
White	4 (33%)
Sex	
Female	4 (33%)
Male	8 (67%)

Patient Characteristics	# Patients, n = 12 (%)
Age	
30-50	10 (83%)
Over 50	2 (17%)
Prior History of MOUD	
Methadone	4 (33%)
Buprenorphine	2 (17%)
None	7 (58%)
Current Opioids Used	
Heroin	8 (67%)
Fentanyl	5 (42%)
Opioid Pain Pills	0 (0%)
Route of use	
Injection	5 (42%)
Intranasal	3 (25%)
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Patient Care Cascade

12

- Patients with new bupe Rx during I&Q stay

8 (73%)

- Patients complete planned duration of stay at I&Q

7 (64%)

- Patients complete stay & continue bupe on discharge

4 (33%)

- Patients follow up for 1+ appt. post I&Q discharge[1]

Additional Findings

- *Pilot Case Series Study (n = 12 guests w/ OUD started on buprenorphine):*
  - **No serious adverse events** such as OD, death, or need for urgent medical services among patients started on bupe while at I&Q
  - No mention in EMR of overt displays of precipitated withdrawal.

Additional Results

- *Pilot Case Series Study (n = 12 guests w/ OUD started on buprenorphine):*
  - **No serious adverse events** such as OD, death, or need for urgent medical services among patients started on bupe while at I&Q
  - No mention of clear signs of precipitated withdrawal.
- *To date at SF I&Q Sites (8/19/2020, n = 1898 guests total):*
  - **No deaths** (vs. 14 deaths at SIP sites)
  - **1 overdose**, successfully reversed by on-site RN – Pt. Rx-ed bupe at intake but decided not to start. His girlfriend did start bupe and did not experience OD after using same fentanyl
  - <1% of recent OD deaths in SF have had buprenorphine (+) on toxicology

Conclusions

- Implementation of ATP pilot **demonstrated feasibility** of low-threshold, direct telehealth services to treat OUD among people staying at COVID-19 I&Q sites
- Though many patients did not follow-up at clinic post-I&Q discharge, **program's harms were minimal**
- ATP able to **reach high-risk patient population** that faces barriers to treatment access, including **homelessness and structural racism**.
- Majority of patients had **no prior exposure to MOUD**.

Challenges

- Must **balance goals** of reducing SARS-CoV-2 spread with responsible prescribing of controlled substances
- In-person exams and routine UDS can be valuable, and these are **not easily attainable** under current ATP model
- Telephone-based communication and multiple staffing providers is **not ideal in establishing rapport** with PWUD
- Not all patients with OUD staying at I&Q interested in Tx or buprenorphine. Telehealth programs like ATP **must offer harm reduction options**

Policy Implications

- ATP's success supports implementation of telehealth services for SUD management in other cities and rural areas in the U.S.

- Expansion of telehealth capabilities for OUD management temporarily permitted by DEA (including initiating buprenorphine via telephonic visits) is an equity issue and should remain available in the post-COVID era.