Policy & Practice Lessons in Opioid Use Disorder Treatment from COVID-19 Pandemic 'Natural Experiments'

Ken Shatzkes, PhD

Program Director

Foundation *for* Opioid Response Efforts

ASAM Annual Conference 2023

April 14, 2023

Disclosure Information

Policy & Practice Lessons in Opioid Use Disorder Treatment from COVID-19 Pandemic 'Natural Experiments'

April 14, 2023, 10:15 AM

Ken Shatzkes, PhD
FORE Program Director

- No Disclosures

Grantmaking Programs

Access to Treatment

$10.1 Million in Grants to Improve Access to Opioid Use Disorder Treatment

March 12, 2020

Innovation Challenge

FORE Announces $4.8 Million in Grants That Support Innovative Solutions to Ending the Opioid Crisis

February 01, 2022

COVID-19 Response

FORE Announces Second Wave of COVID-19 Response Grants – Bringing Total Emergency Funding to Nearly $1 Million

October 21, 2020

Prevention

FORE Announces $10.9 Million in Grants to Prevent Opioid and Substance Use Disorder in Children and Families

March 22, 2022

For ongoing updates, please visit:
https://www.ForeFdn.org
@FOREfdn

FORE

Learning from COVID-19

HEALTH AFFAIRS FOREFRONT GRANTWATCH

RELATED TOPICS:
OPIOID USE DISORDER | SUBSTANCE USE DISORDER | ACCESS TO CARE | PANDEMICS | HEALTH PHILANTHROPY | COVID-19 | TELEHEALTH | EVIDENCE-BASED PUBLIC HEALTH

Expanding Access To Treatment For Opioid Use Disorder: The Pandemic Presents A Learning Opportunity

Karen A. Scott

JUNE 12, 2020 10.1377/forefront.20200610.768204

THE UNIVERSITY OF ARIZONA

RUTGERS BIOMEDICAL AND HEALTH SCIENCES

NYU

"Expanding Access To Treatment For Opioid Use Disorder: The Pandemic Presents A Learning Opportunity", Health Affairs Blog, June 12, 2020.
DOI: 10.1377/hblog20200610.768204

ASAM

FORE

Insufficient Impact: Arizona outcomes from federal regulatory change to increase MOUD access during COVID-19

Beth Meyerson, PhD

THE UNIVERSITY OF ARIZONA
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Benjamin Brady, DrPH

Comprehensive Pain & Addiction Center

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

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Insufficient Impact: Arizona outcomes from federal regulatory change to increase MOUD access during COVID-19

April 14, 2023, 10:15 AM

Beth Meyerson PhD

- No Disclosures

Benjamin Brady, DrPH

- No Disclosures

Learning Objectives

- Consider Arizona's policy implementation experience
- Compare patient policy experience with provider reported accommodations
- Identify opportunities for MOUD practice change

MAPI (MOUD Access Policy Impact)

Examining the impact of policy change on MOUD access (Arizona)

Policy Experience

(Interviews by & with people with lived MOUD treatment experience)

- Experience of accommodations
- COVID risk
- Recommendations for improved access

Accommodation Implementation & Attitudes

(Provider survey)

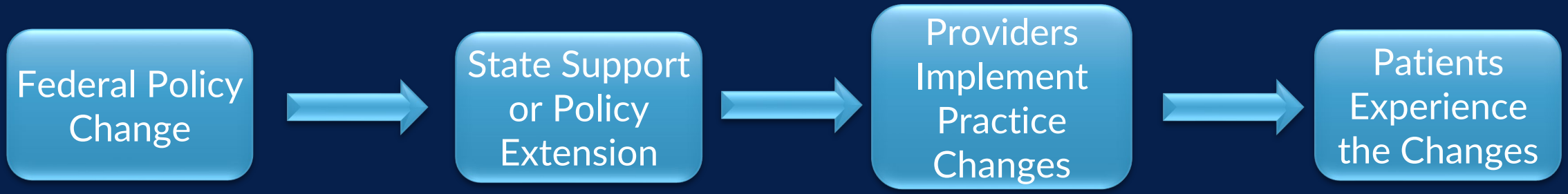
- Implementation of 6 federally allowed accommodations
- Attitudes about them
- Practice characteristics

Foundation for Opioid Response Efforts (FORE) &
Vitalyst Health Foundation

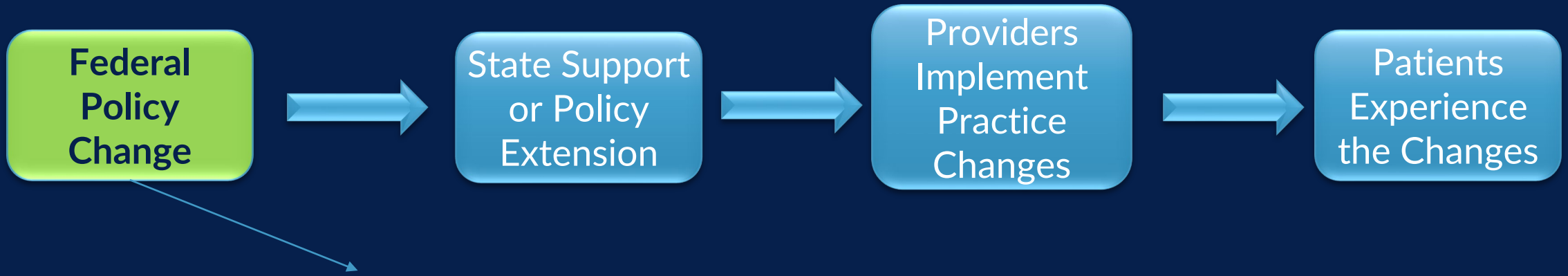
American Society of Addiction Medicine
Founded 1954
ASAM

The University of Arizona

Anticipated Path



Actual Path

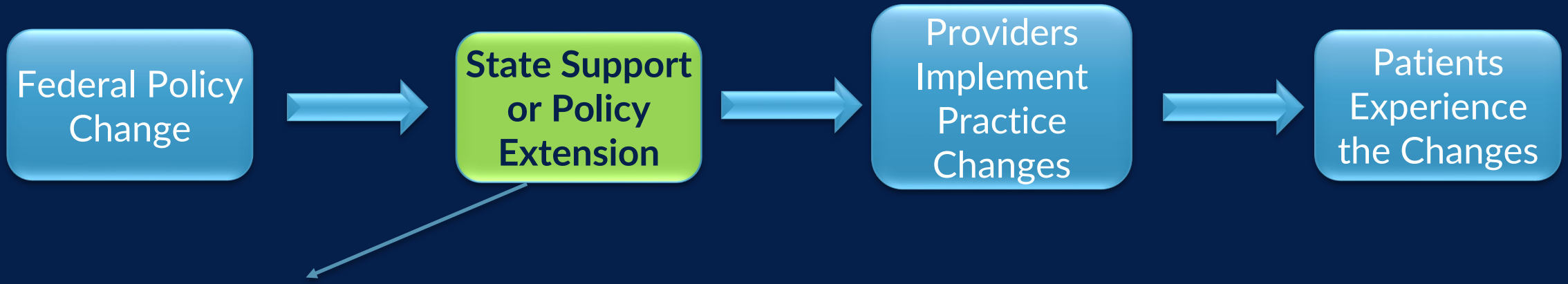


Prioritize access & Reduce COVID exposure, March 2020

Allowed Treatment Accommodations

- Telehealth
- Telehealth induction for buprenorphine
- Increased multiday dosing (-14 and -28 days)
- License reciprocity
- Home medications delivery
- Offsite dispensing

Actual Path



Executive Order 2020-15

Required all health insurance companies to expand telemedicine coverage for all services that would normally be covered for an in-person visit.

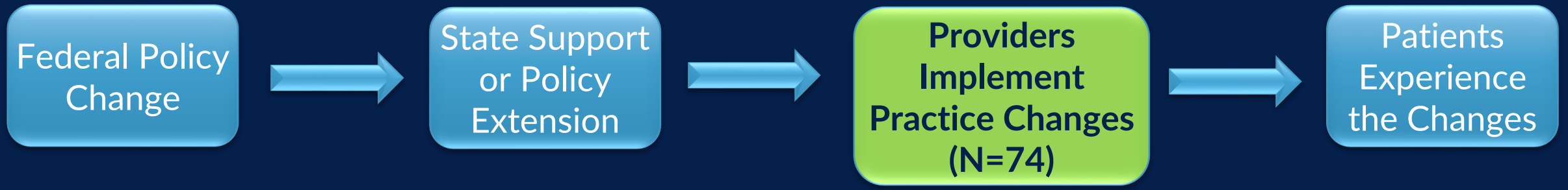
H.B. 2454, 2021

Arizona's legislative action to assure payment parity for telehealth across healthcare settings.

AZ State Agencies

- Waived requirement for prior in person contact for telehealth
- Confirmed reimbursement parity for telehealth (all coverage)
- Did not seek waiver to explicitly address SUD treatment or suspend limits for SUD treatment services.

Actual Path



- **Telehealth** (most frequently reported). ↑ from 30% pre COVID to 80% at survey
- Home delivery ↑ from 28% pre COVID to 38% at survey
- **Multiday dosing** (most frequently RETRACTED). ↑ from 3% pre COVID to 41% at shut down then ↓ 23% at survey
  - Methadone providers offered 12% more accommodations during shut down but were more likely to reduce them by the time of survey (17%-point gap)

43%

Unaware of fed policy changes

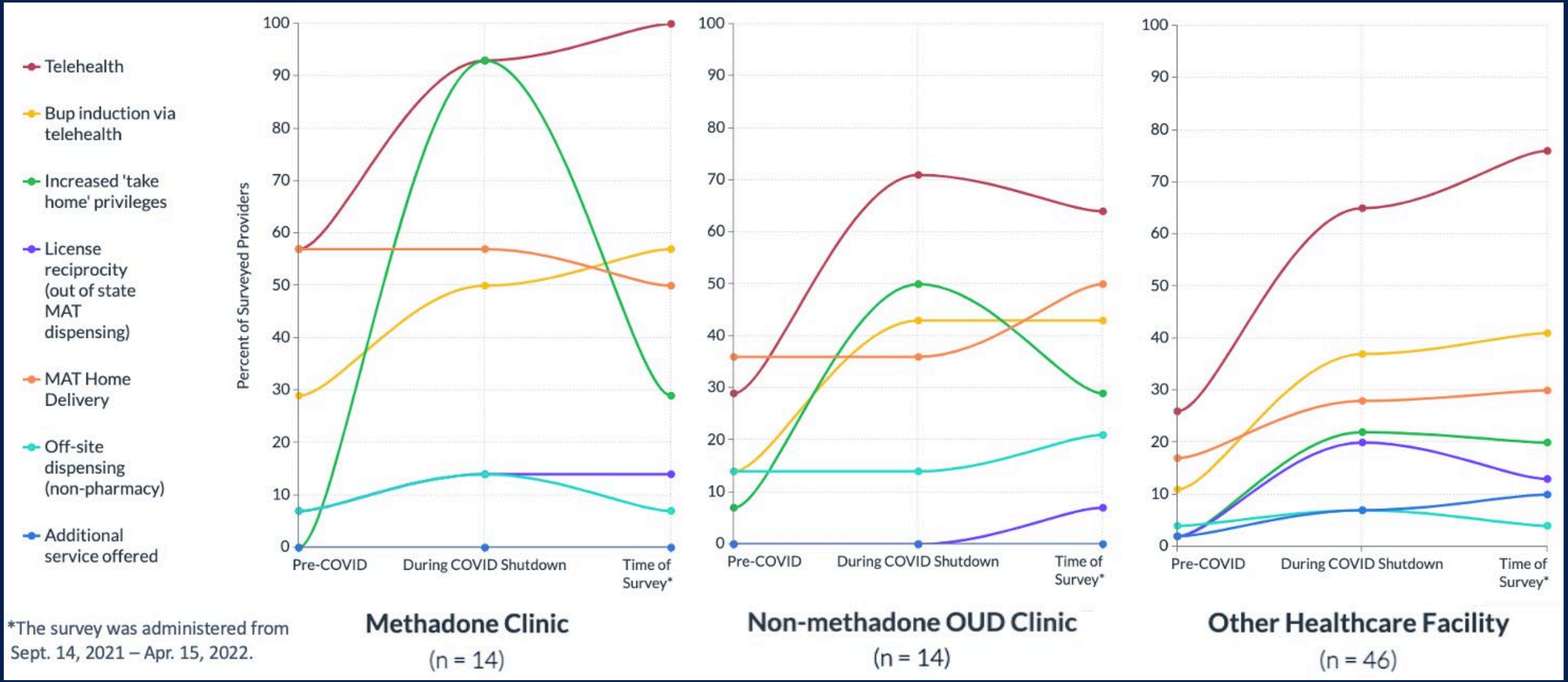
Methadone

Need for regulatory and practice change models

3 periods

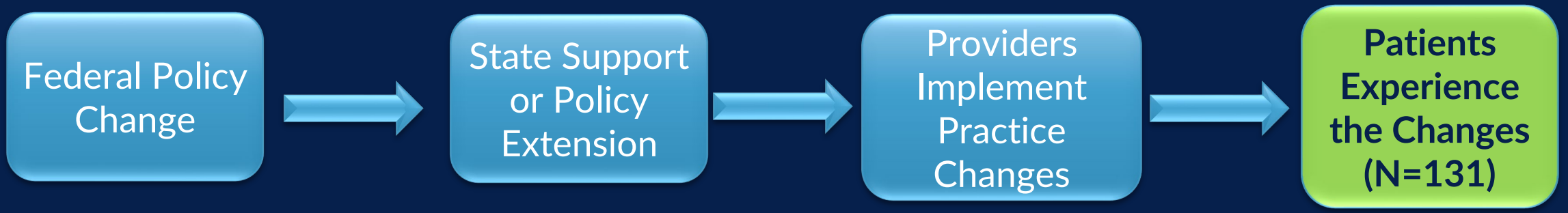
Pre COVID
Shut down (3/15/20-5/15/20)
Survey time (9/14/20-4/15/21)

Federally Allowed Methadone and Buprenorphine Accommodations Implemented by Arizona Providers Before and During COVID-19 Shutdown and at Time of Survey by Practice Setting, Arizona 2022 (N=74)



*The survey was administered from Sept. 14, 2021 – Apr. 15, 2022.

Actual Path



- **Telehealth** services were most frequently reported (71%) as happening during COVID
  - BUT: the structure required patients to come to the clinic while their provider was off site
- **>50% of methadone patients** who were at high risk for COVID were required to come to the clinic daily
- Half of all patients reported hearing about multiday doses at their clinic
  - But none were offered the 14 and 28-day doses for unstable and stable patients respectively and 16% reported the service being retracted during COVID

Provider Decisions

Need to explore belief system that prevents practice changes

Methadone

Need for regulatory and practice change models

Patient Risk

40% were at risk for severe COVID outcomes (per CDC)
68% if adding MH Dx (Vai et al)

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1. Meyerson BE, Bentele KG, Russell DM, Brady BR, Downer M, Garcia RC, et al. Nothing really changed: Arizona patient experience of methadone and buprenorphine access during COVID. PLoS One. 2022;17(10):e0274094.
2. Meyerson BE, Russell DM, Downer M, Alfar A, Garnett I, Lowther J, et al., Opportunities and Challenges*:* Hepatitis C testing and treatment access experiences among people in methadone and buprenorphine treatment during COVID, Arizona, 2021. *AJPM FOCUS* 2023; 2(1).
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4. Meyerson BE, Brady BR, Bentele KG. Flying blind: Survey research among methadone and buprenorphine providers in Arizona (in review).

Impact of COVID-19 Policy Innovations on MOUD Use and Prison Release Outcomes: NJ and National Perspectives

Stephen Crystal and Peter Treitler

Presenter: Stephen Crystal

RUTGERS
BIOMEDICAL AND HEALTH SCIENCES

Presented at ASAM 54th Annual Conference on April 14, 2023

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Impact of COVID-19 Policy Innovations on MOUD Use and Prison Release Outcomes: NJ and National Perspectives

April 14, 2023, 10:15 AM

Stephen Crystal, PhD

- No Disclosures

Rutgers Presentation Overview

1. MOUD provider perspectives on regulatory flexibilities and service delivery adaptations during COVID-19
2. MMT utilization and outcomes in NJ before and during COVID-19
3. Impact of NJ's COVID-19 early prison release legislation on re-entry and health care outcomes
4. Racial and ethnic disparities in buprenorphine and extended-release naltrexone filled prescriptions during COVID-19

National COVID-19 Flexibilities, Strongly Supported by NJ Policies

- Greater use of telehealth
- Reduced drug testing
- Remote buprenorphine induction
- In OTPs, increased take-home methadone doses

Treitler, P. C., Bowden, C. F., Lloyd, J., Enich, M., Nyaku, A. N., & Crystal, S. (2022). Perspectives of opioid use disorder treatment providers during COVID-19: Adapting to flexibilities and sustaining reforms. *Journal of Substance Abuse Treatment*, 132:108514. https://doi.org/10.1016/j.jsat.2021.108514

Provider Perspectives

- Telehealth reduced barriers for most but created challenges for some

"I think telehealth is just another tool. It's just another option. Do I think it should replace face to face? No. Do I think it should not be used at all? No. I think it definitely has a place."

- All providers expressed desire for temporary flexibilities to become permanent

"I think the relative freedom that we have to do what we're doing now is a huge advantage and I would like to see that carried through, because I think given the time and given the data, we're going to be able to self-regulate and do what's best for our patients."

- Providers differed in their implementation of the flexibilities and the extent to which they planned to modify their own practices long-term

"You had to do the face-to-face induction before, and now you don't. And I think, even though I still do the face to face, knowing that I don't have to is nice."

Treitler, P. C., Bowden, C. F., Lloyd, J., Enich, M., Nyaku, A. N., & Crystal, S. (2022). Perspectives of opioid use disorder treatment providers during COVID-19: Adapting to flexibilities and sustaining reforms. *Journal of Substance Abuse Treatment*, 132:108514. https://doi.org/10.1016/j.jsat.2021.108514

OTP Provider Perspectives

- OTP providers expected a crisis, but it did not come

  "We didn't see a whole bunch of people just die. That was certainly our fear… That didn't happen."

  "Our initial thinking that it was just going to be a complete mess… and it ended up not turning out that way at all."

- Some providers thought that increased take-home doses may have increased patient adherence to treatment

  "The most surprising thing [was patients] getting the take-home medications that they have not earned actually motivated them to change [such] that they are now meeting the criteria."

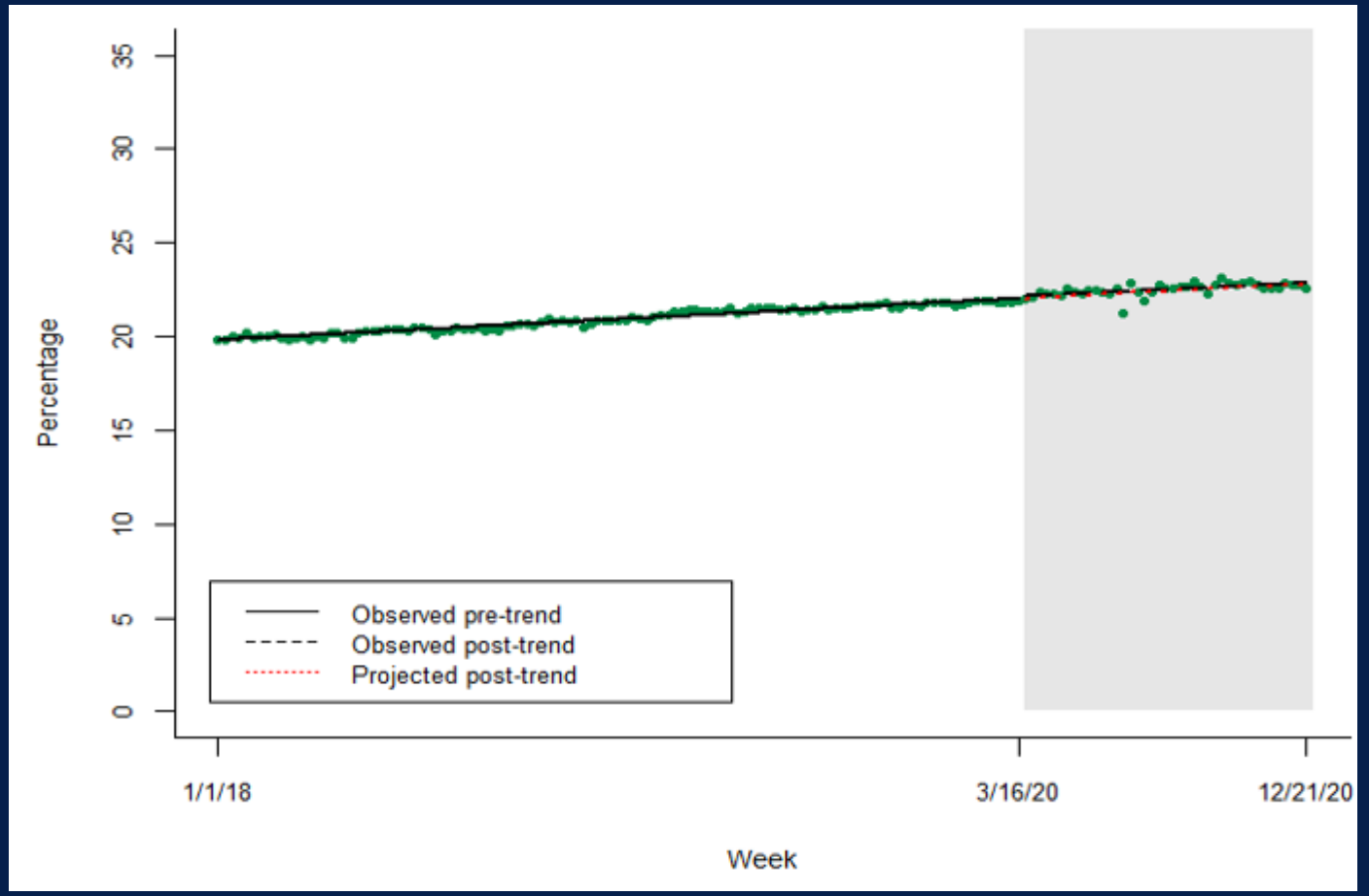
- Others expressed concerns:

  "I think it [the flexibilities] was too lax. After doing this for years and years, I didn't agree with it… so as the weeks went by, we just kind of went back to our old process."

Treitler, P. C., Bowden, C. F., Lloyd, J., Enich, M., Nyaku, A. N., & Crystal, S. (2022). Perspectives of opioid use disorder treatment providers during COVID-19: Adapting to flexibilities and sustaining reforms. *Journal of Substance Abuse Treatment*, 132:108514. https://doi.org/10.1016/j.jsat.2021.108514

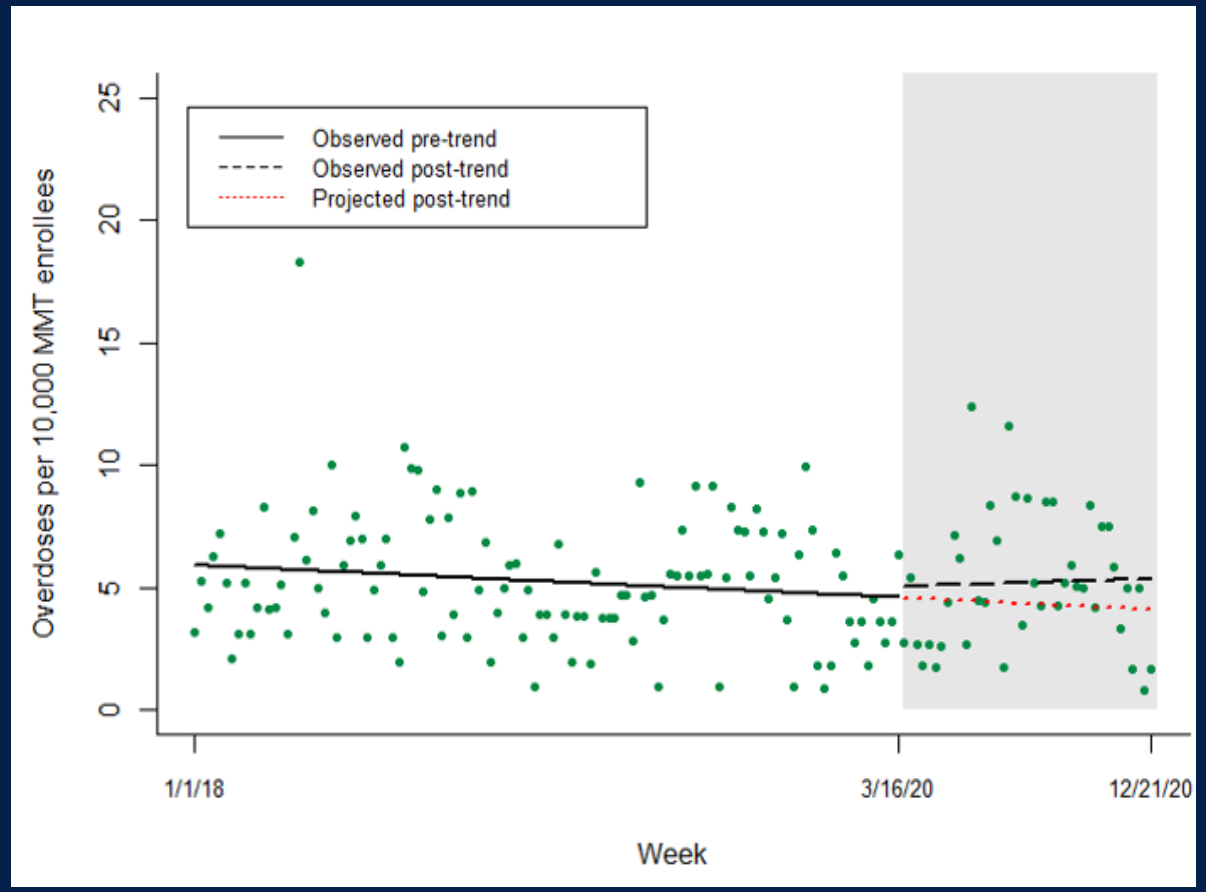
No change in rate of MMT utilization before and after the COVID-19 PHE among NJ Medicaid enrollees

- The percentage of NJ Medicaid enrollees with OUD who used MMT did not substantially change pre- and post-PHE
- Regulatory flexibilities may have prevented disruptions



Lloyd, J., Treitler, P., Lister, J. J., Nowels, M., & Crystal, S. (2023). Methadone treatment utilization and overdose trends among Medicaid beneficiaries in New Jersey before and during the COVID-19 pandemic. Under review.

Stability of medically-treated overdoses among MMT enrollees before and during the COVID-19 PHE among NJ Medicaid enrollees



- The numbers of overdoses among NJ Medicaid enrollees participating in MMT was very small throughout the study period
- The difference in the projected and observed post-trends is not statistically significant

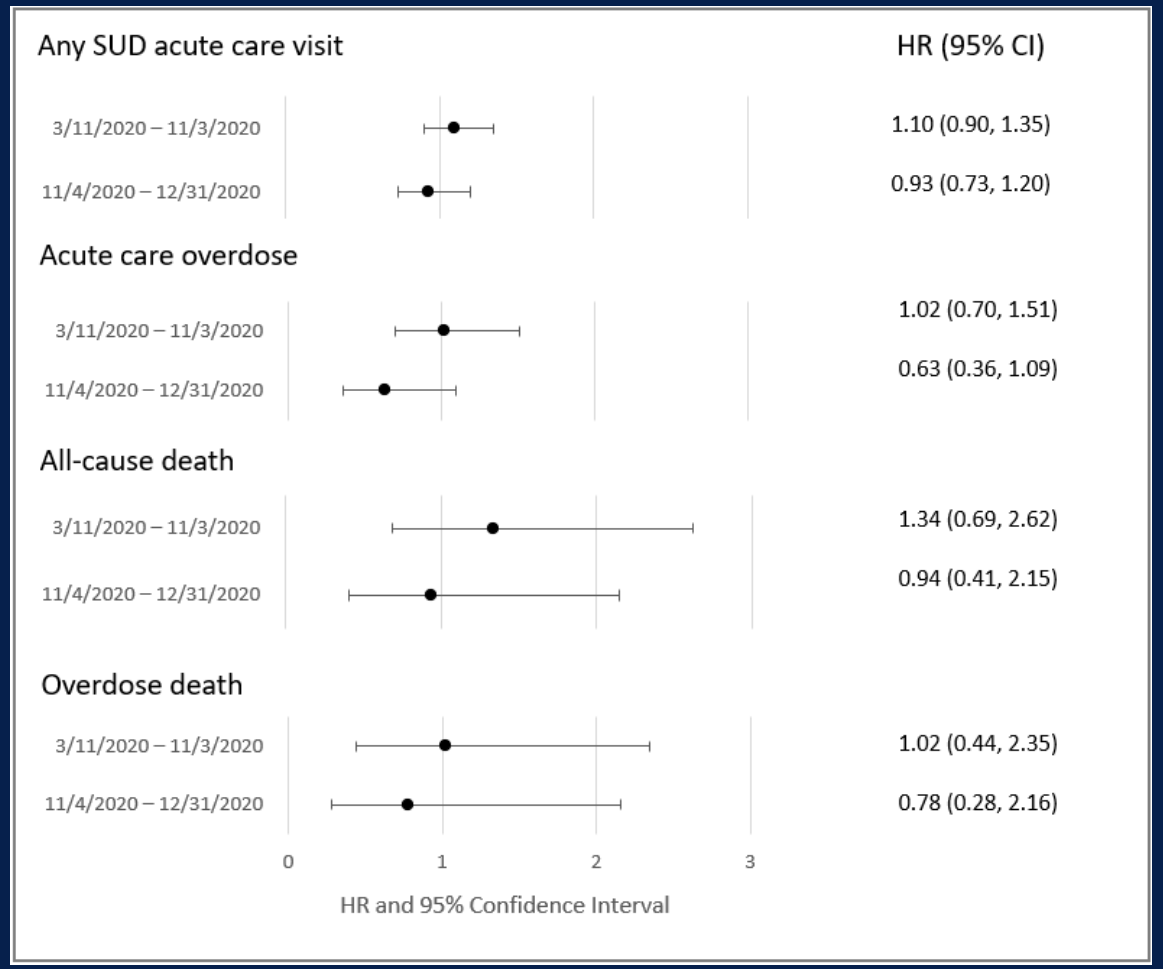
Lloyd, J., Treitler, P., Lister, J. J., Nowels, M., & Crystal, S. (2023). Methadone treatment utilization and overdose trends among Medicaid beneficiaries in New Jersey before and during the COVID-19 pandemic. Under review.

Early Prison Release During COVID-19

- The Public Health Emergency Credit Act (PHECA) reduced prison sentences by up to eight months for residents of New Jersey state prisons during the COVID-19 PHE
- Resulted in a larger drop in the prison population in NJ during the pandemic than any other US state, including more than 2,000 releases on November 4, 2020 alone
- Concerns this rapid release may have overwhelmed reentry services, especially for vulnerable people like those with SUD

Treitler, P., Nowels, M., Feder, K., Saloner, B., Reeves, D., DeBilio, L., & Crystal, S. (2023). Hospital use and mortality among individuals with substance use disorder following a large-scale COVID-19 emergency prison release program. Under review.

No Increased Risk of Mortality or Acute Care Utilization During Early Release Period



Adjusted Hazards of Acute Care Utilization and Mortality in 45 Days Following Release Among 11,177 Individuals Released from NJ Prisons by Date of Release

Note. Reference period for each outcome is pre-pandemic (1/1/2019 – 3/10/2020). Hazard ratios and confidence intervals (CIs) are from Cox regression models adjusted for age, sex, race/ethnicity, education, marital status, index offense type, index offense severity, parole release, and participation in each of 11 pre-release programs.

Treitler, P., Nowels, M., Feder, K., Saloner, B., Reeves, D., DeBilio, L., & Crystal, S. (2023). Hospital use and mortality among individuals with substance use disorder following a large-scale COVID-19 emergency prison release program. Under review.

Perspectives from Released Persons

- Qualitative interviews conducted with individuals released early during COVID-19 (N = 21) and 6 senior staff representatives involved with NJ reentry organizations
- Study explored how large scale decarceration during the pandemic impacted the reentry process for released individuals with SUDs, including access to MOUD

Bono, M. H., Treitler, P., Saloner, B., & Crystal, S. (In press). Returning home during the pandemic: A thematic analysis describing experiences of people with substance use disorders released early from New Jersey prisons during COVID-19. *Health and Justice*.

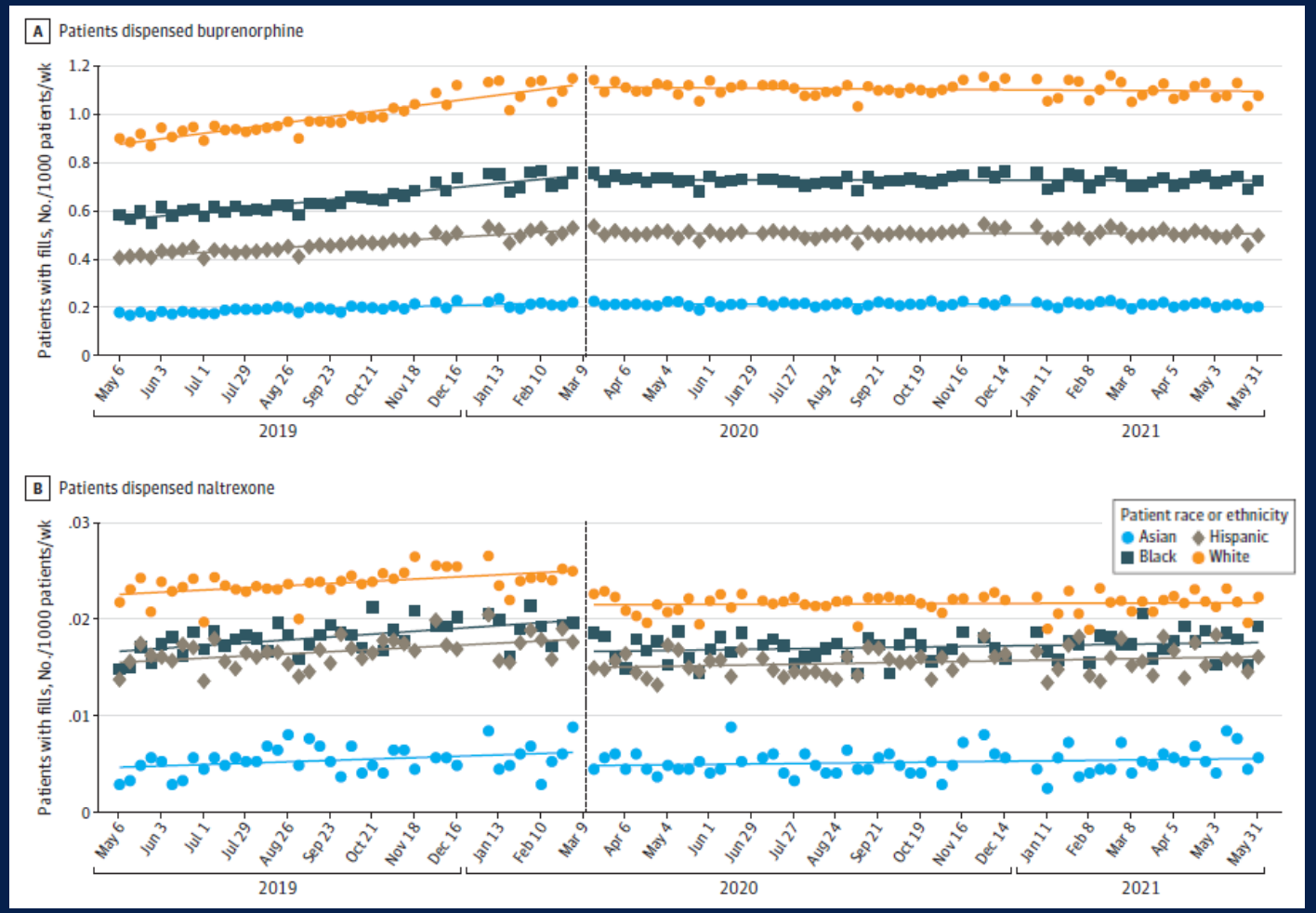
Perspectives from Released Persons

- Participants reported barriers that were largely consistent with long-standing re-entry barriers
- Having an acceptable form of ID was critical for benefit enrollment and service engagement
- Participants felt that for the most part, the re-entry system was able to absorb the large number of releases
- NJ's robust pre-release MOUD and peer navigation programs may have aided in re-entry efforts

Bono, M. H., Treitler, P., Saloner, B., & Crystal, S. (In press). Returning home during the pandemic: A thematic analysis describing experiences of people with substance use disorders released early from New Jersey prisons during COVID-19. *Health and Justice*.

Racial and Ethnic Disparities in Buprenorphine and Extended-Release Naltrexone Filled Prescriptions During the COVID-19 Pandemic

The COVID-19 pandemic was associated with immediate decreases in filled buprenorphine prescriptions by members of racial and ethnic minority groups but not White individuals



Nguyen, T., Ziedan, E., Simon, K., Miles, J., Crystal, S., Samples, H., & Gupta, S. (2022). Racial and ethnic disparities in buprenorphine and extended-release naltrexone filled prescriptions during the COVID-19 pandemic. *JAMA Network Open*, *5*(6):e2214765. https://doi.org/10.1001/jamanetworkopen.2022.14765

Policy and Practice Implications

- Findings from these mixed methods data highlight that greater MMT flexibility did not promote patient harms (e.g., overdose), and has the potential to expand access to care.
- More flexible methadone delivery models used during the COVID-19 PHE align with pre-COVID models used in Canada, Australia, and the United Kingdom (Lister & Lister, 2021).
- While our studies didn't examine methadone diversion, ample pandemic-related research and studies from pre-COVID MMT models in other countries suggest the positive impact on treatment access outweighs the risk for diversion (which can also be mitigated).
- Maintaining more flexible models long-term will require advocacy and organized pressure from varied stakeholders to enact policies in process and/or create new policies.

Lister, J.J., & Lister, H. H. (2021). Improving methadone access for rural communities in the USA: Lessons learned from COVID-19 adaptations and international models of care. *Rural Remote Health*, *21*(4):6770. https://doi.org/10.22605/RRH6770; Lloyd, J., Treitler, P., Lister, J. J., Nowels, M., & Crystal, S. (2023). Methadone treatment utilization and overdose trends among Medicaid beneficiaries in New Jersey before and during the COVID-19 pandemic. Under review.

Policy and Practice Implications

- Hybrid model for use of tele-health in OBOT, consistently endorsed by NJ providers' experiences, appears to be settling in as a national model, and is supported by draft SAMHSA regs. Reforming the outdated methadone model will be more difficult despite new regs and will require accountability for reasonable use of take-homes, restructuring financial incentives and creating pharmacy-based models.
- To reduce opioid harms, we need to set national and state goals to move closer to *universal MOUD access*—a no-wrong-door system where immediate MOUD access is available at every touchpoint where clinicians encounter at-risk persons.
- Uneven take-up of MOUD among primary care providers remains a key constraint to this goal.

Treitler, P. C., Bowden, C. F., Lloyd, J., Enich, M., Nyaku, A. N., & Crystal, S. (2022). Perspectives of opioid use disorder treatment providers during COVID-19: Adapting to flexibilities and sustaining reforms. *Journal of Substance Abuse Treatment*, 132:108514. https://doi.org/10.1016/j.jsat.2021.108514

Policy and Practice Implications

- Given the immense scale of the MOUD treatment need, the specialty treatment sector lacks the number of specialty clinicians necessary to meet the need. New forms of partnership with primary care are needed, such as collaborative care models.
- X-ing the X-waiver creates new opportunities for universal access, but most primary care clinicians do not feel prepared to undertake MOUD and uptake may be limited. New investments are needed in support for primary care MOUD including reimbursement for specialty consultation, state-paid navigators, improved reimbursement, and more. Primary care may be especially helpful in continuing specialty-initiated treatment, a common primary care role in France.
- CMS, states, health plans and health systems need to implement publicly reported cascade of care measures and enforce adequate reimbursement, network adequacy, parity, and standards for prompt appointments for MOUD.
- **CMS, Congress, and states should ban prior authorization for all forms of MOUD by Medicaid (FFS and MCOs), state-regulated private insurance and federally regulated (self-funded) health plans.**

Policy and Practice Implications

- Improving retention and treatment of comorbid mental health, medical, and social (including housing) remain key challenges for improving outcomes.
- Payers need to embrace, at large scale, OUD/SUD health home models that reimburse qualified providers with bundled rates covering a mandated bundle of services including MOUD, voluntary counseling, peer navigation, mental health, primary medical care, housing support, and assertive case management adapted from SMI models.
- For those treated in other settings, hybrid models integrating in-person and tele-health services in an individualized, person-centered model should be the standard. Strong counseling components should be available and encouraged. but not required as a condition of treatment.

Policy and Practice Implications

- Access to MOUD in prisons and jails is a medically necessary service (both upon admission, to avoid dangerous cold-turkey withdrawal, and before release to support re-entry) and should be legally mandated for correctional authorities. These services should be reimbursed via Medicaid waivers.
- Peer navigator programs enhanced by professional mental health, social work services, medical consultation, and housing support should be a standard component of prison re-entry services.

Policy and Practice Implications

- A shifting harm reduction landscape was recently detailed by the Office of National Drug Control Policy (ONDCP) in their National Drug Control Strategy, with expanding MOUD access listed as first priority.
- Advancing racial equity was second priority. Considering racial inequities in MMT vs. buprenorphine treatment utilization, making methadone delivery more flexible is a key ingredient to achieve equity for racial minority groups.
- With changes in buprenorphine provision and progress on the Mainstreaming Addiction Treatment (MAT) Act, numerous policies are in process to expand MOUD access.
- However, an unacceptable, inequitable level of variation exists across the nation, calling for national action to establish accountability for access and eliminate barriers including prior auth, inadequate reimbursement, inadequate provider networks, unduly rigid treatment models, and other obstacles.

Lloyd, J., Treitler, P., Lister, J. J., Nowels, M., & Crystal, S. (2023). Methadone treatment utilization and overdose trends among Medicaid beneficiaries in New Jersey before and during the COVID-19 pandemic. Under review.

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4. Nguyen, T., Ziedan, E., Simon, K., Miles, J., Crystal, S., Samples, H., & Gupta, S. (2022). Racial and ethnic disparities in buprenorphine and extended-release naltrexone filled prescriptions during the COVID-19 pandemic. *JAMA Network Open*, *5*(6):e2214765. https://doi.org/10.1001/jamanetworkopen.2022.14765
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Responses of Specialty Care Substance Use Disorder Clinics to COVID-19

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NYU Grossman School of Medicine

ASAM Annual Conference April 14, 2023

Disclosure Information

Responses of Specialty Care Substance Use Disorder Clinics to COVID-19

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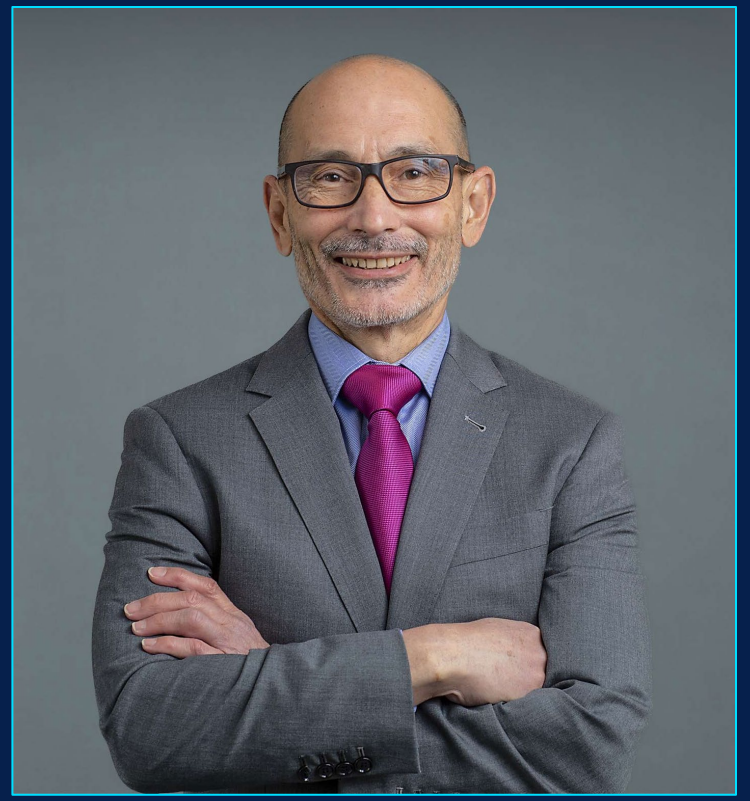
Charles Neighbors, PhD, MBA

- No disclosures



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- RC Fletcher
- Abby Katz

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- Megan O'Grady

Aims

1. To identify variation in clinical care practices—e.g., telehealth use —across 506 outpatient clinics that serve patients with opioid use disorder (OUD) throughout New York during the COVID-19 pandemic
2. To identify organizational factors that allow for rapid and effective clinical care adaptation during the pandemic
3. To identify variation in treatment practices and retention associated with organizational factors affecting clinics that serve higher percentages of Black and Latinx patients with OUD

Racial and Gender Disparities in Telehealth Use

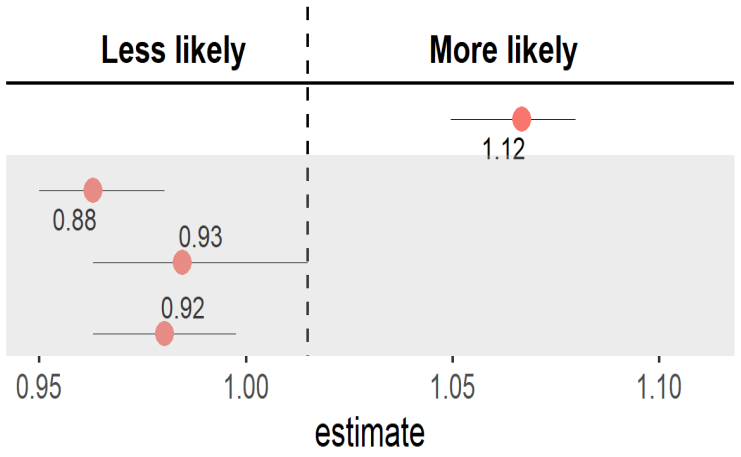
- **Methods**
  - **Study Design and Data.** A retrospective cross-sectional observational study of new admissions to 405 outpatient (OP) clinics in New York State; used SUD treatment registry data and Medicaid claims from March to August 2020
  - **Main Outcome.** Telehealth counseling use (counts of individual and/or group counseling sessions) during the initial 3 months of an admission for SUD treatment
  - **Statistical Analysis.** We used a mixed effect, negative binomial model to examine predictors of counts of telehealth visits in the first 90 days of treatment. Clinic level predictors were characteristics of the patient population drawn from the treatment registry

Racial and Gender Disparities in Telehealth Use

Frequency of Tele-counseling visits in 90 days	Counts	95% Confidence Interval	
Individual counseling	6.71	6.61	6.80
Group counseling	4.00	3.89	4.11

Gender, Race, Ethnicity Association with Total Telehealth Visits

	Rate Ratio (95% CI)
Female	1.12 (1.08-1.15)
NL Black (vs White)	0.88 (0.85-0.92)
NL Other (vs White)	0.93 (0.88-1.00)
Latinx (vs White)	0.92 (0.88-0.96)



*In multivariable models estimating counts of telehealth counseling visits, we controlled for: individual-level factors, age, criminal justice involvement, educational attainment, type(s) of substance used, mental illness, and clinic-level factors, including the aggregate characteristics of clients, region, and length of operation.

Gender and Racial Disparities in Take-Home Doses (THD) of Methadone

- **Methods**
  - **Study Design and Data.** We conducted a retrospective observational study of all 101 opioid treatment programs (OTPs) in New York State, drawing on SUD treatment registry data and THD monitoring database from March 2020 to February 2021
  - **Main Outcome.** Average take-home dosing schedule (0: no THD; 1: 7-day; 2: 14-day supply; 3: 28-day supply)
  - **Statistical Analysis.** We used multinomial regression models to estimate the association between racial and ethnic composition of OTPs with increased flexibility in THD

Gender and Racial Disparities in Take-Home Doses (THD) of Methadone

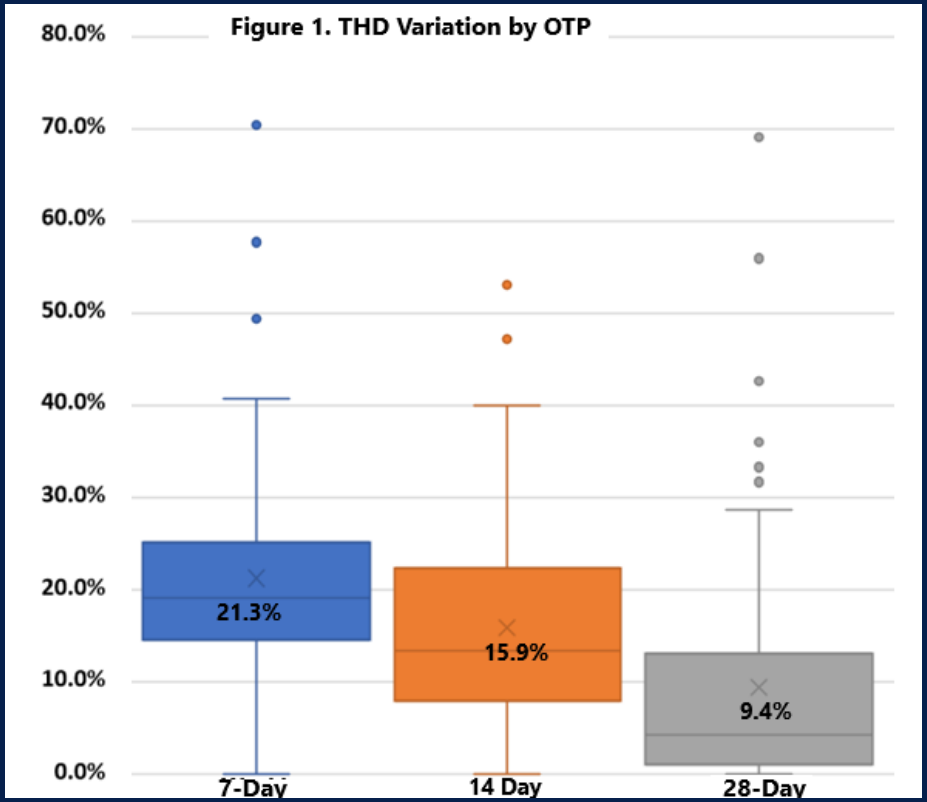
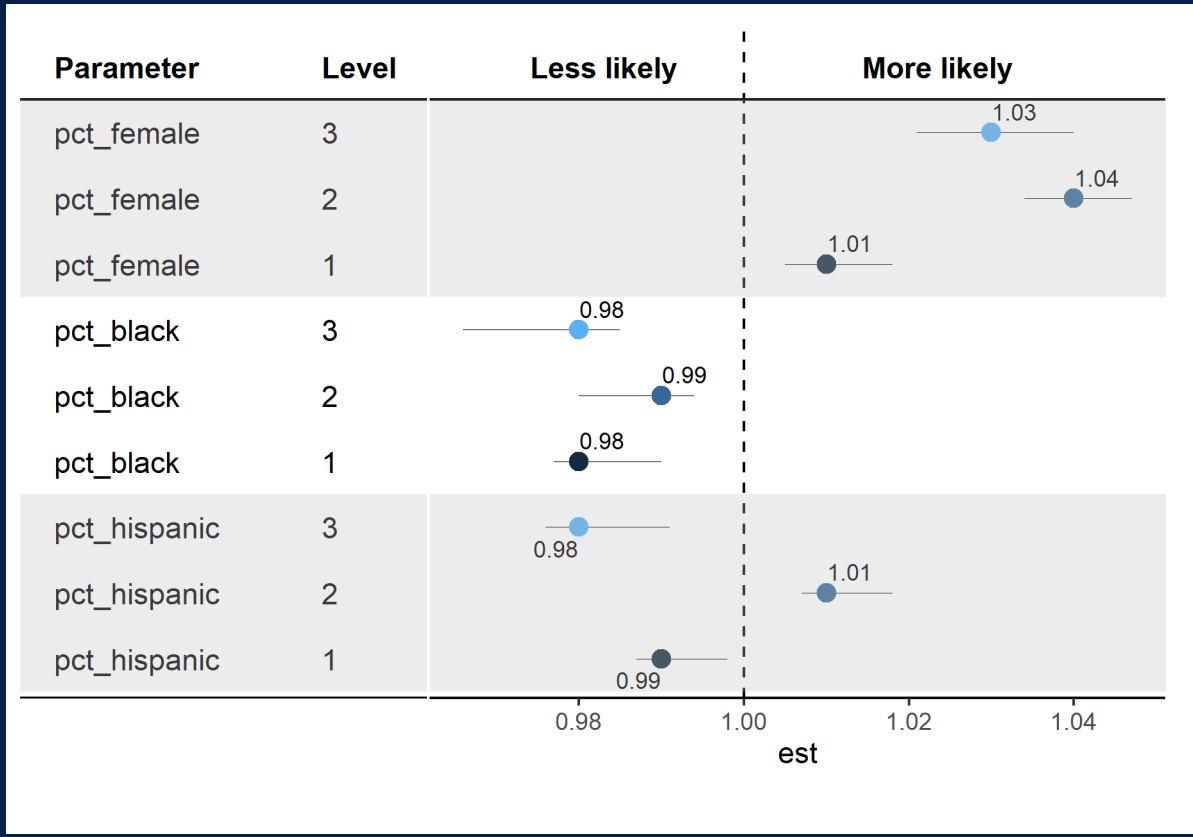


Figure 2. Multinomial Model Examining Four Levels of THD: 0= < 7-day (referent); 1= 7day; 2= 14-day; 3= 28-day*



*We controlled for: individual-level factors, including age, criminal justice involvement, educational attainment, type(s) of substance used, mental illness, and clinic-level factors, including the aggregate characteristics of clients, region, size of the program, and length of operation.

SEMI-STRUCTURED INTERVIEWS WITH HIGH AND LOW RETENTION CLINICS

Ranking High- and Low-Retention Clinics

- **Apply Centers for Medicaid and Medicare Services (CMS) empirical Bayes approach for risk-adjusted hospital rankings**
  - Mixed effects models
    - Random effect for clinics
    - Fixed effects client characteristics
    - Risk ratio of adjusted 'observed' (fixed + random effects) over 'expected' (fixed effects) length of stay
- **Client characteristics in model**
  - Demographic: Gender, age, race/ethnicity, education, employment
  - Substance use: Alcohol, stimulants, injection, frequency
  - Other case factors: Children with client, court-referred, criminal justice involved (e.g., parole), Mental health condition
- **Risk Ratio indicates clinic performance relative to expectation for client characteristics**

Recruitment Strategy for Qualitative Study of High and Low Retention Clinics

- **Clinic inclusion criteria**
  - Greater than 40 patients with OUD at outpatient clinics
  - In service for at least 1 calendar year prior to March 1, 2020
  - Risk ratio (RR): at least 1.8 and less than .7 at outpatient clinics
  - RR: at least 1.2 and less than .9 at OTPs
- **Participating Clinics**
  - 36 clinics (19 OTPs, 17 OPs)

Interview Participants

- A total of 90 interviewees across 36 clinics

	OTPs	Outpatient Clinics
Program Directors	18	20
Medical Directors	5	6
Clinical Supervisors	6	9
Counselors	15	11
Total (N)	44	46

- 58% from low-ranking clinics
- 87% are non-profit

Theme 1. Remarkable Capacity to Quickly Adopt Telehealth & Take-Home Dosing

"And it was scary times. That's the only thing I can say. It was so spur of the moment. Like I said, we just went home that day. A lot of us didn't have time to take stuff home with us. And you went with the clothes on your back, so to speak. And we figured it out. **We figured it out. We're all resourceful. We're all smart people. And if things worked, it worked. If it didn't, we changed it.**"

- OP6, Counselor Staff

"They actually adapted quite quickly and pretty easily. I think they felt safer knowing that they had the reduced contact with patients. Especially during those early days when you don't really know what this is or what's going on. I mean, the initial information coming out during the first wave of COVID was quite scary. So, they adapted very quickly to all the changes and there wasn't really any pushback from anybody. **Everybody was just like, what do we have to do and let's do it.**"

- OTP32, Clinical Supervisor

Theme 2. Clinic Mission Matters: Narrow Focus on Substance Use Disorder vs. General Well-Being of Person

"I would say our staff and their willingness and openness to make sure that our clients' needs are met. I'm 100 percent biased, but I can tell you that all of my staff are in this field because they genuinely care and they want to help people. **This isn't just a job. This is my purpose**."

- OP2, Program Director

"And, I think because we offer the services like medical services, and we do offer psychiatry when we have psychiatric services. We offer groups upstairs with the XXXXXX Program and stuff like that. There was I guess in some way it was moving towards more integrative, but instead of saying the XXXXX Methadone Program, it's easier for patients to say, "I'm going to the XXXX Wellness Center." So, sort of to destigmatize the sense that it's in."

- OTP18, Counselor

Theme 3. Connections to Other Health and Social Service Providers Matter

"**I think we were very lucky that we're part of our hospital system. It gave us, I mean even though our resources were limited, they made sure we were protected.** Within days of all the news coming out and things being shut down, we had different departments that came and walked through our buildings to see what they could do to help us…

… It's just the little things that they had access to pretty quickly, from being a hospital system, that they were then able to give to us. So, yeah. I think it was very helpful."

- OTP32, Clinical Supervisor

Theme 4. Active Debate about Person-Centered Care and Harm Reduction Approaches

"**But I know that from a counseling standpoint, I've had staff leave because the mindset of the staff member was abstinence-based and now we've moved the model to harm reduction.**

At this point, it's more or less that patients leave because they move or because they just stop coming. They stop coming on their choice. So, that's gotten good. But I know that a lot of OASAS has put a lot of patient-centered and harm reduction trainings out and I think they're great and I've participated in a lot of them and I encourage a lot of my staff, but it's some of the staff – that old school mindset – of harm reduction is not the way to go kind of thing.

And it's hard. Like I said, I've had some staff leave the field in general – not just the county or this job or whatever – because they don't agree with it personally."

- OTP8, Program Director

Theme 5. Reverting to Old Practices and Routines

"So, right now, we've really functioned as if COVID doesn't exist, and we've been that way for over a year now. So, our toxicology is normal, our patient visits are normal."

- OTP8 & OTP22 Medical Director

"They [OASAS] push take-outs, take-outs, take-outs, and another thing we hear all the time is it's safe, it's safe, it's safe. You hear there are studies that are being put out now that show that overdose deaths did not increase with all these extra take-outs, and that's the talking point to doing this. And I'm not the one to argue with literature or research. I mean, we based on our decisions based on that, but we don't see it that way. That's not our experience, and talking to these other OTPs, they have the same feedback we do, same mindset."

- OTP24, Program Director

Theme 6. The Tension between Being Person-Centered and Staff-Centered

"We have people all over the map. We have a very early career social worker and she's definitely on more of the harm reduction end of the spectrum, and then we have a counselor and she's been doing this for 20 years and she really expects or wants or hopes that her patients have abstinence in mind as their goal. So, yeah, it's all over the map."

- OP26, Counseling Supervisor

"Not only are you dealing with all of your patients' personalities, you're dealing with the whole staff and administration personalities."

- OTP8, Counselor

"But I know that from a counseling standpoint, I've had staff leave because the mindset of the staff member was abstinence-based and now we've moved the model to harm reduction."

- OTP8, Program Director

Discussion

- Outpatient SUD treatment clinics made unprecedented and enormous changes to clinical practices – e.g., telehealth and take-home dosing – in a very brief period
- Black and Latinx individuals were afforded these clinical practice changes less than non-Latinx White individuals
- Clinics are grappling with redefining their clinical care models to become more person-centered and embrace harm reduction principles
- Clinics are facing challenges:
  - Workforce leaving for many reasons
  - Criminal justice referrals down, lower census
- Defining mission as whole-person care rather than narrowly SUD focused treatment and being connected to other healthcare entities may be associated with adopting person-centered and harm reduction principles
- Institutional forces–values, beliefs and longstanding practices–are associated with reversions to pre-pandemic practices

Changes in Provision of Methadone during the COVID-19 Pandemic: Implications for Policy Making

Ayana Jordan, MD, PhD

NYU Grossman School of Medicine

Presentation for American Society for Addiction Medicine
April 14, 2023

Disclosure Information

Changes in Provision of Methadone during the COVID-19 Pandemic: Implications for Policy Making

April 14, 2023

Ayana Jordan, MD, PhD

- We have no conflicts of interest to disclose.

Background

- Methadone is an effective medication to treat opioid use disorder (OUD)
- In the US access to methadone take-home doses (THDs) is restricted by federal and state guidelines
- Prior to the COVID-19 pandemic, eligibility requirements for THDs required daily visits over 1-2 years, respectively
- In March 2020, federal regulations for THDs changed, allowing OTPs to initiate or extend THDs

National Academies of Sciences, Engineering, and Medicine, 2019; Substance Abuse and Mental Health Services Administration. Opioid Treatment Program (OTP) Guidance, 2020.

SAMHSA Exemption March 2020

- Changes in THDs federal regulations made to avoid spread of coronavirus from patient congregation in OTP settings
- Exemption only applies to OTPs whose states concur with the exercise of this exemption
- Provider discretion applies

Blanket exception: 28 days of Take-Home doses for all stable patients (60+ days in treatment)

By request: up to 14 days of Take-Home medication for less stable patients that OTP believes can safely handle

Research Aims

This study aims to:

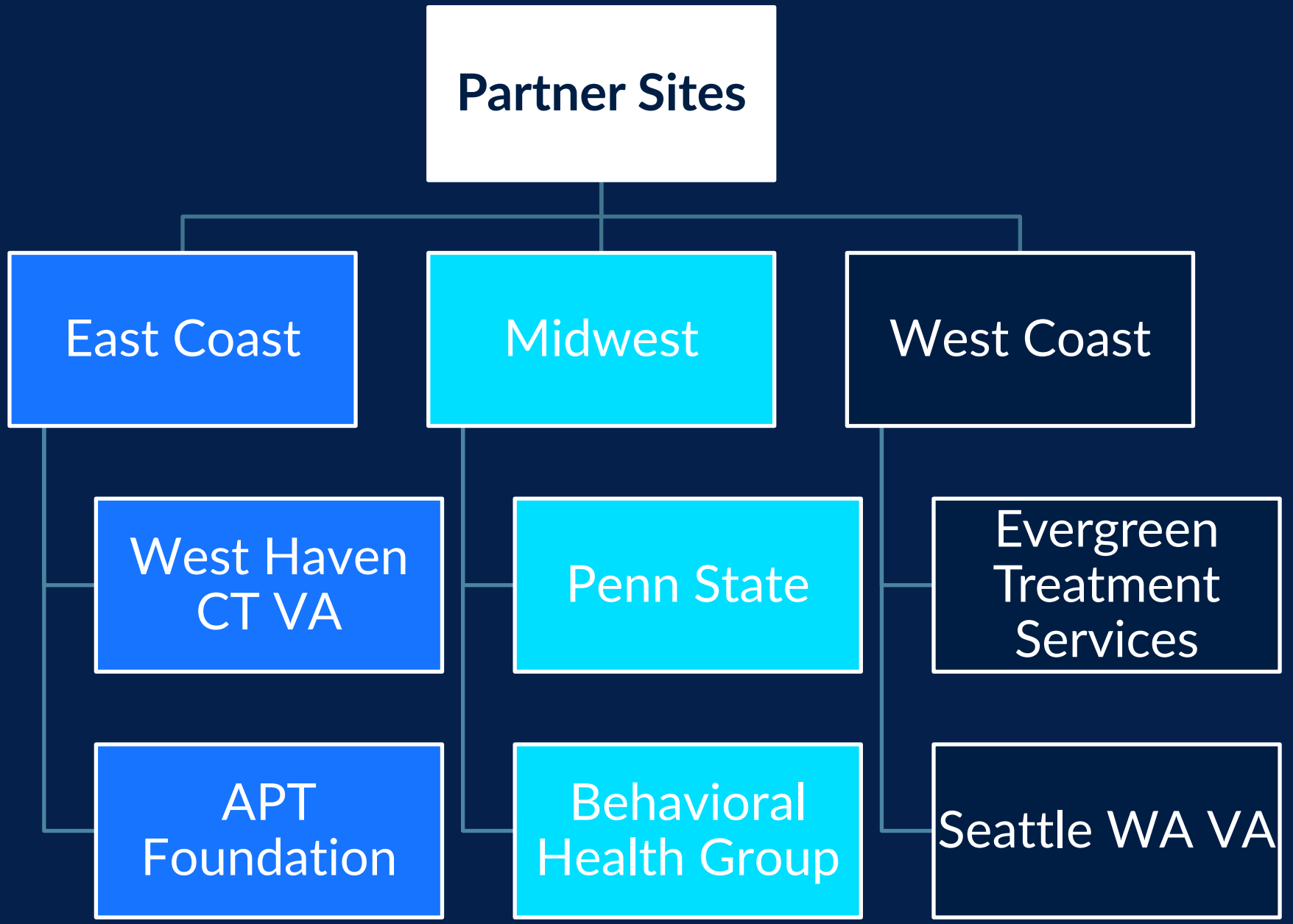
1. Better understand the **experiences and preferences** of patients with opioid use disorder (OUD) who received a 14-28- day increase in methadone take home doses (THDs) as a result of the COVID-19 pandemic;

2. Assess whether an **increase in THDs are associated** with changes in the incidence of **accidental opioid overdose**, co-ingestion of harmful substances, and **medication diversion**, or misuse;

3. Investigate how **increased THD patterns might differ among various subpopulations**, with an emphasis on racial and ethnic minoritized populations.

Study Survey

- **Domain 1: *Safety***
  - Participants are asked where they store their methadone THDs and if it is kept in a locked location. Additionally, participants are asked if they have missed any doses or taken more than prescribed since the increase in THDs. Participants are also asked if they have overdosed from opioids since the increase in THDs.
- **Domain 2: *Diversion***
  - Participants are asked if they have shared, given away, or sold their methadone, or had any methadone stolen since the increase in THDs. Participants are offered the opportunity to provide a narrative to describe the circumstance under which diversion may have occurred.
- **Domain 3: *Treatment Delay***
  - Participants are asked about access to additional addiction treatment services.
- **Domain 4: *Substance Use***
  - Participants are asked to report substance use since receiving an increase in THDs. Participants are asked about all illicit substance use, alcohol use, and tobacco use frequency, and how each substance has changed since receiving an increase in THDs.
- **Domain 5: *Preference***
  - Participants are asked about their preferences for methadone THDs and asked to describe how their recent increase in THDs has impacted their quality of life (if any).
- ***Demographic Data***
  - gender
  - racial/ethnic identity
- ***Qualitative Data***
  - Lastly, we allow participants to provide narrative/free text responses for all survey items related to their experiences of having an increase in THD due to COVID-19.


Partner Sites
East Coast
Midwest
West Coast
West Haven CT VA
Penn State
Evergreen Treatment Services
APT Foundation
Behavioral Health Group
Seattle WA VA

Study Demographics n=358

Racial/Ethnic Identity	%
American Indian or Alaska Native	2%
Black, African, or African American	10%
Caucasian	71%
Asian or Asian American	2%
Hawaiian Native or Pacific Islander	1%
Non-Caucasian Hispanic or Latinx	8%
Other	6%
Prefer not to answer	0%
Total	**100%**

Gender Identity	%
Man	56%
Woman	41%
Non-Binary	2%
Other	1%
Prefer not to answer	0%
Total	**100%**

Preliminary Results

- *Safety*
  - 63% report storing THDs in a lockbox
- *Diversion*
  - *96% denied taking more THDs than prescribed*
- *Treatment Delay*
  - *79% reported access to remote addiction services at the time of THD increase*
  - *28% reported addiction services were postpended or discontinued due to COVID-19*
- *Substance Use*
  - *99% denied opioid OD since increase in THDs*
- *Preference*
  - *69% reported preference for THDs*

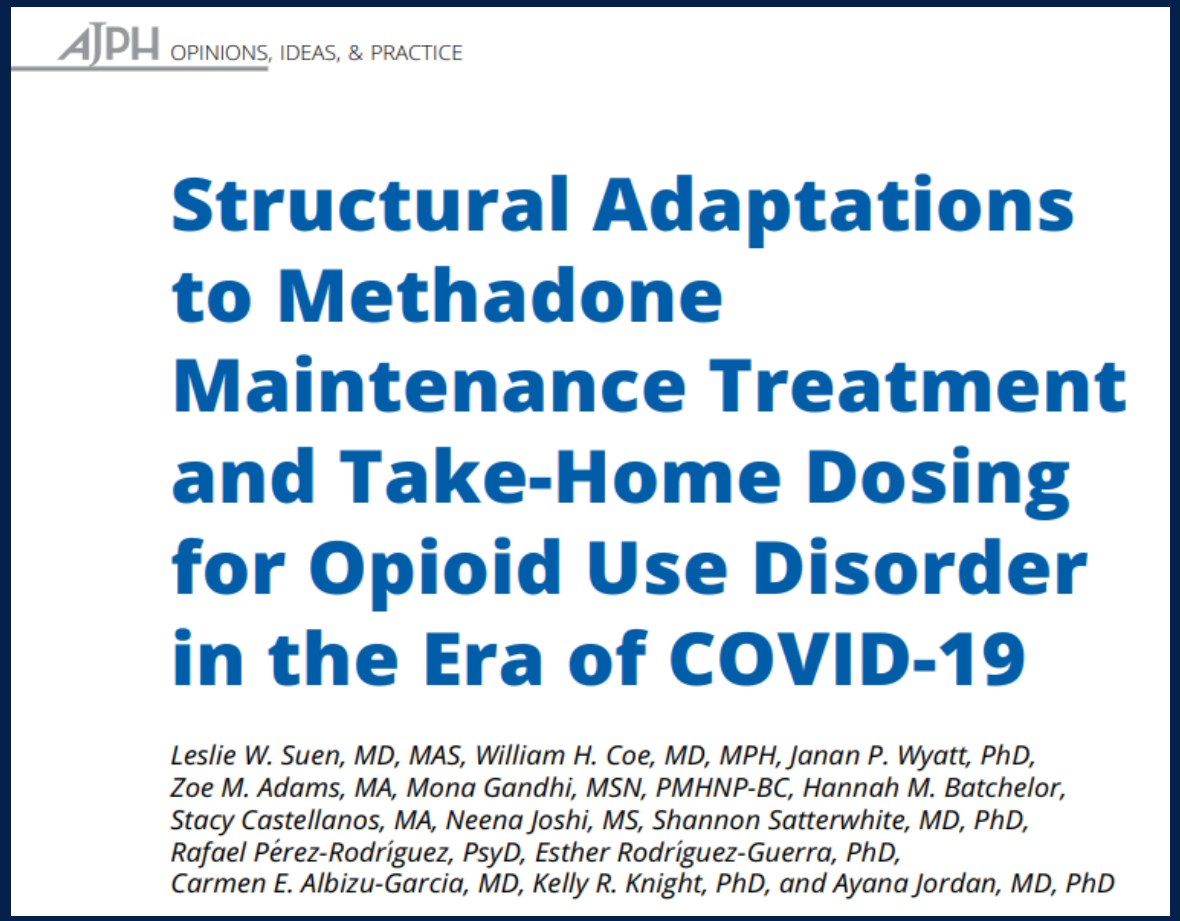
Participant Comments

- "This has given me an overall better life... I really don't want to get knocked back down to less because other people messed up or whatever, but I guess we'll have to see.“
- "It's definitely been a convenience, especially living in New England in the wintertime... It should just be prescribed! Either you have a prescription or not... it doesn't have to be so institutionalized."
- "I'm grateful for the opportunity to be able to show myself, and show that I can take care of myself this way. I would not be living if it wasn't for [my OTP]. "

Final Takeaways/Summary

- Reported increased QOL among participants
- Emerging data about safety, diversion, and OD among those with increased THDs
- Without daily dosing, some for-profit OTPs faced financial loss from decreased overall reimbursements, influencing the implementation of regulations
- Under the current billing and reimbursement model, OTPs are incentivized to not prioritize THDs
- The need for reform of financial models across for-profit OTPs, which comprise nearly **one-half** of OTPs nationwide

Academic Scholarship



AJPH OPINIONS, IDEAS, & PRACTICE

Structural Adaptations to Methadone Maintenance Treatment and Take-Home Dosing for Opioid Use Disorder in the Era of COVID-19

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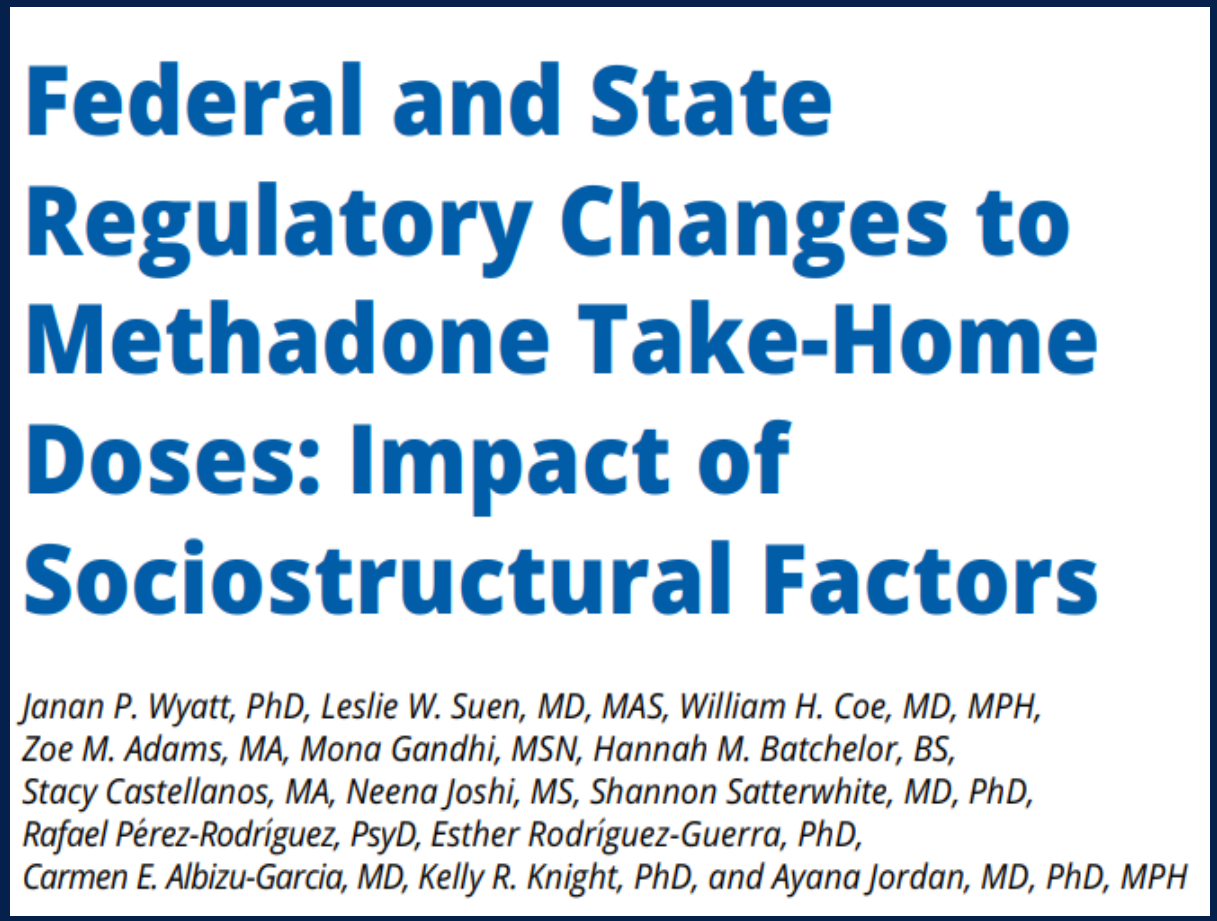

Federal and State Regulatory Changes to Methadone Take-Home Doses: Impact of Sociostructural Factors

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