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Title

Telehealth to improve continuity for patients receiving buprenorphine treatment for opioid use disorder

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: Buprenorphine is medication-assisted treatment for opioid use disorder. It is a controlled substance and most states limit the dispensing to a 30-day supply. Patients with opioid use disorder often have social determinants of health barriers that make it difficult to engage with the health system to obtain a new supply of buprenorphine every month. Telehealth can be used to reduce barriers to accessing care and improve continuity of care for patients receiving buprenorphine treatment. Objective: To assess the rates of patient continuity for patients receiving buprenorphine treatment via telehealth versus in-person in a primary care outpatient setting. Study Design: Review of patients receiving buprenorphine treatment for opioid use disorder and rates of continuity by visit type during a 2-year time period May 2019-May 2021. Dataset: EPIC electronic medical records from an urban university-affiliated ambulatory primary care practice in New Jersey. Population Studied: Patients scheduled for a visit in the outpatient primary care clinic. Approximately 69% were African American, 22% Hispanic, and 9% other. The majority were enrolled in Medicaid. 80% of patients faced one or more barriers to social determinants of health including transportation, housing, and economic stability. Intervention: Establishment and implementation of HIPAA compliant telehealth following approved state guidelines for buprenorphine prescribing via telehealth. Appointments were scheduled in-person or telehealth by patients' preference. Outcome measures: Rates of continuity by visit type for patients receiving buprenorphine treatment during the study time period compared by chi-square. Results: Of the 487 patients seen via telehealth, 297 (61%) continued to receive follow up care. Of the 811 patients seen in-person, 400 (49.3%) continued to receive follow up care, $p < .0001$. The patients who did not continue to receive follow up care were lost to follow up despite attempts to reach patients to re-engage in care. Conclusions: Our study shows that rates of continuity of care are higher using telehealth for patients receiving medication assisted therapy for opioid use disorder. In an urban underserved population, telehealth can result in improved continuity of care for patients with opioid use disorder. Telehealth may reduce barriers to accessing care including transportation, work schedule, childcare, and other competing demands.