

# COVID-19: Access and policy changes in Medications for Opioid Use Disorder

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*ASAM 2021: Opioid Overdose and the COVID-19 Pandemic*  
*Thursday 4/22/21*

 @YaleADM



# Pandemic Forces on Opioid Overdose Crisis

- COVID-19 pandemic resulted in:
  - Increased use
  - Changes in drug supply
  - More isolation
  - Changes in treatment access and delivery
  - Higher vulnerability due to prevalence of smoking, lung disease

**Annals of Internal Medicine**

IDEAS AND OPINIONS

When Epidemics Collide: Coronavirus Disease 2019 (COVID-19)  
and the Opioid Crisis

William C. Becker, MD, and David A. Fiellin, MD

**Annals of Internal Medicine**

IDEAS AND OPINIONS

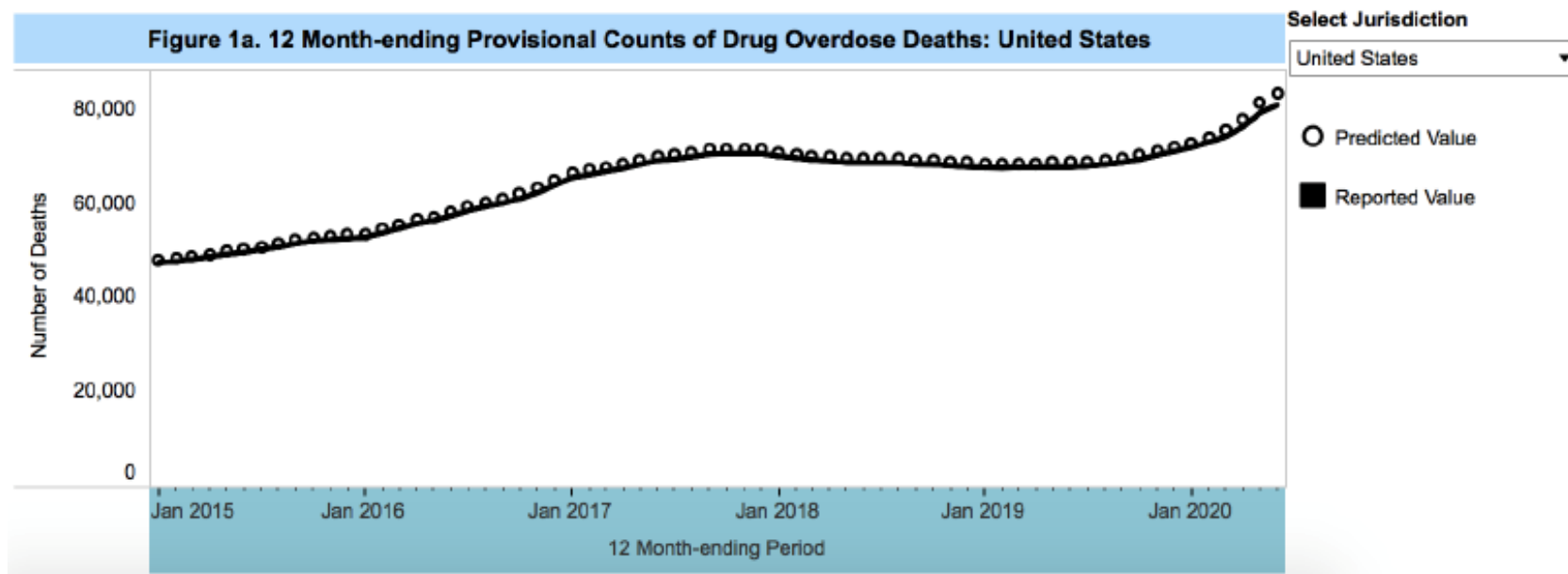
Collision of the COVID-19 and Addiction Epidemics

Nora D. Volkow, MD

# Opioid Overdoses Events during COVID-19

## 12 Month-ending Provisional Number of Drug Overdose Deaths

Based on data available for analysis on: 1/3/2021



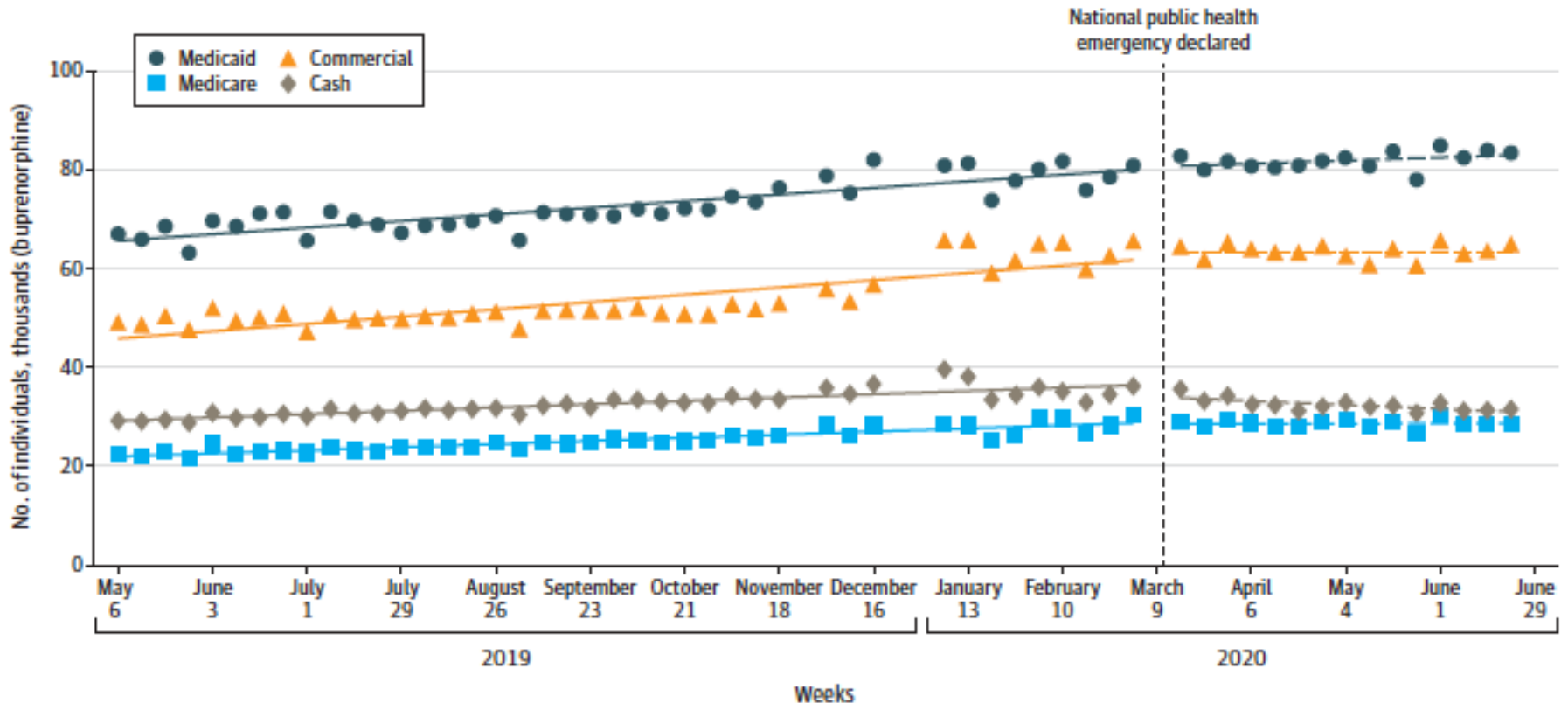
Centers for Disease Control and Prevention

# Regulatory/Policy Changes to Improve Access to Medications for OUD

- Increase duration of doses for home consumption for methadone from opioid treatment programs (daily to 14-28 days)
- Removed requirement for initial in-person visit to start buprenorphine treatment
- Relaxed telehealth requirements

# Rise in Buprenorphine Fills Plateaued

**B** Individuals filling buprenorphine prescription by payer



Nguyen, JAMA IM, 2020

# Clinical Practice Survey

## Design

⑩ Survey conducted in July and August 2020 via emailed questionnaire

## Population

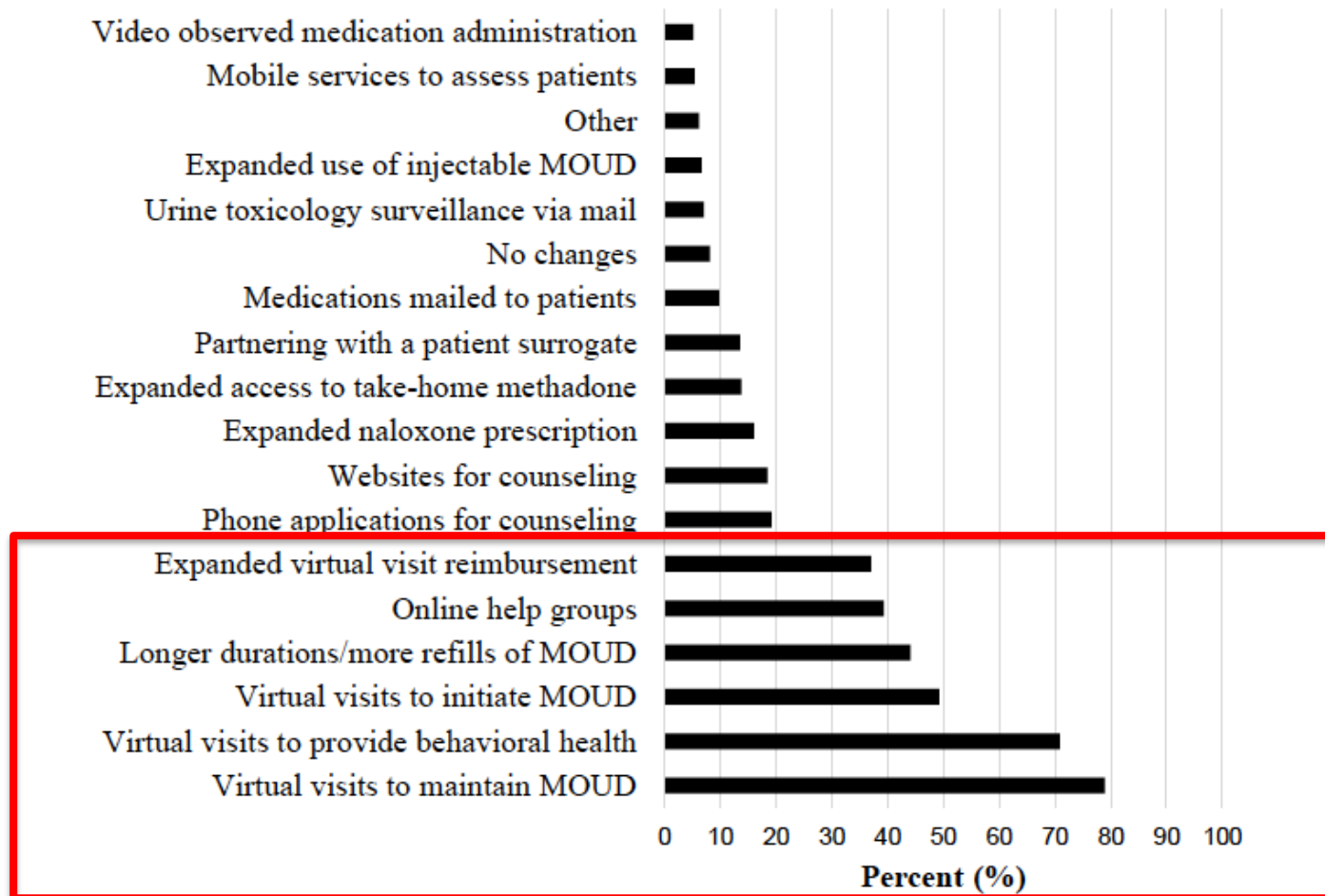
⑩ 1,081 addiction focused members, 7 societies

## Main Outcomes

⑩ Changes in practice  
⑩ Support for regulatory/policy changes

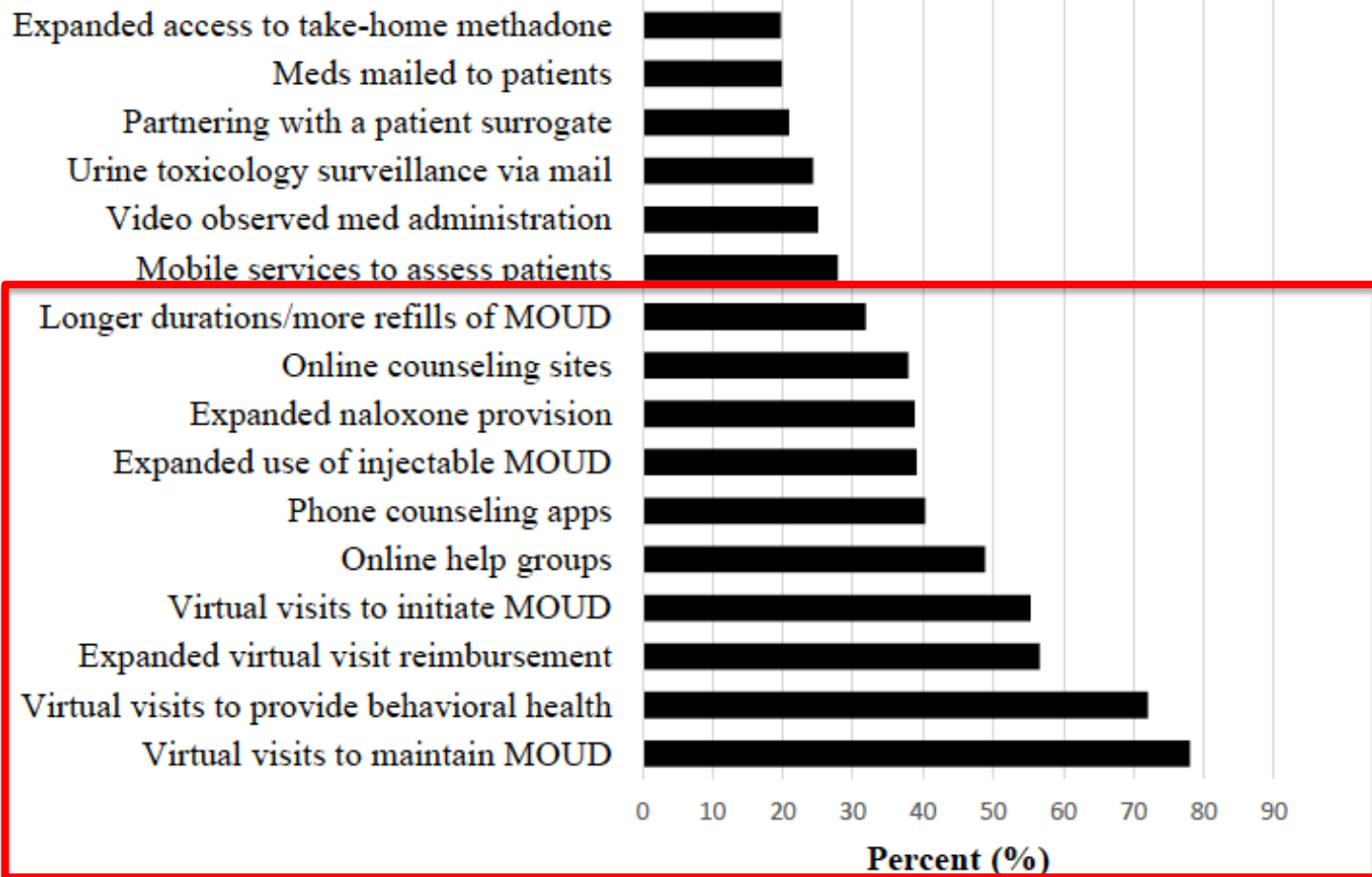
Beetham, under review

# Clinical Practice Changes



Sung, JAM, in press

# Clinical Practice Preferences



Sung, JAM, in press



# Telehealth Survey

## Design

⑩ Survey conducted in July 2020 via emailed questionnaire

## Population

⑩ 1,054 physicians that prescribed buprenorphine in 2018

## Main Outcomes

⑩ Whether telehealth was used  
⑩ Telehealth policy preferences

Beetham, under review

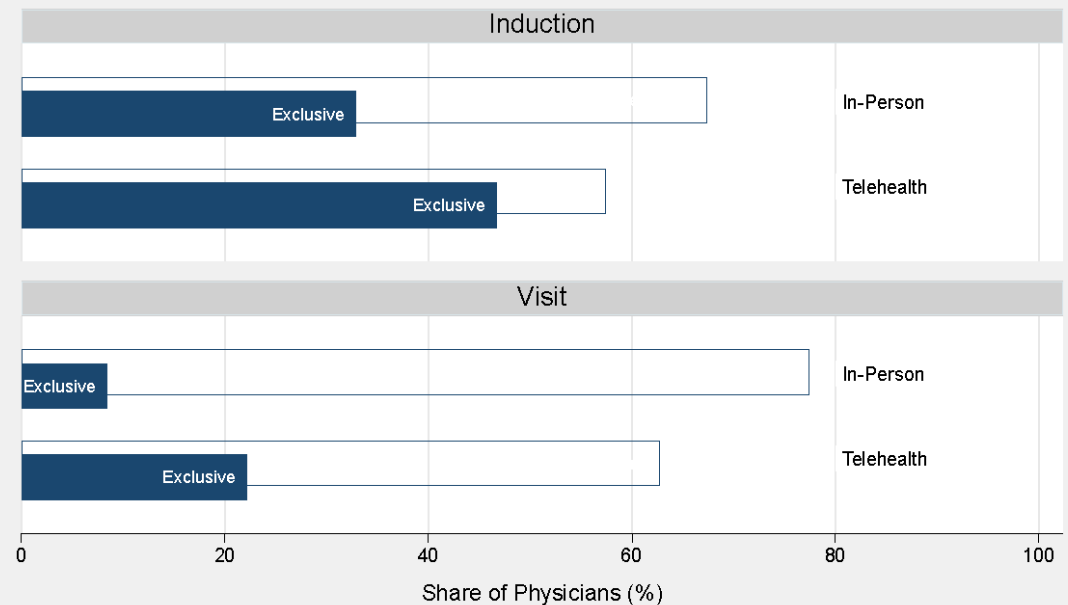
# Telehealth Use Prevalence

Substantial telehealth increase  
→ Pre-COVID 29% ever used  
→ Early COVID era 66% used

Majority of those who *ever*  
used telehealth for inductions  
used it *exclusively*

Most used a combination of  
modalities, but exclusively  
telehealth was used more than  
exclusively in-person

Buprenorphine Inductions and Visits During the Early COVID-19 Era  
Comparison of In-Person and Telehealth Use



Note: The early COVID-19 era is from May to July 2020. Exclusive is a subset of At least one. There are 898 physicians that conducted visits and 644 that conducted inductions.

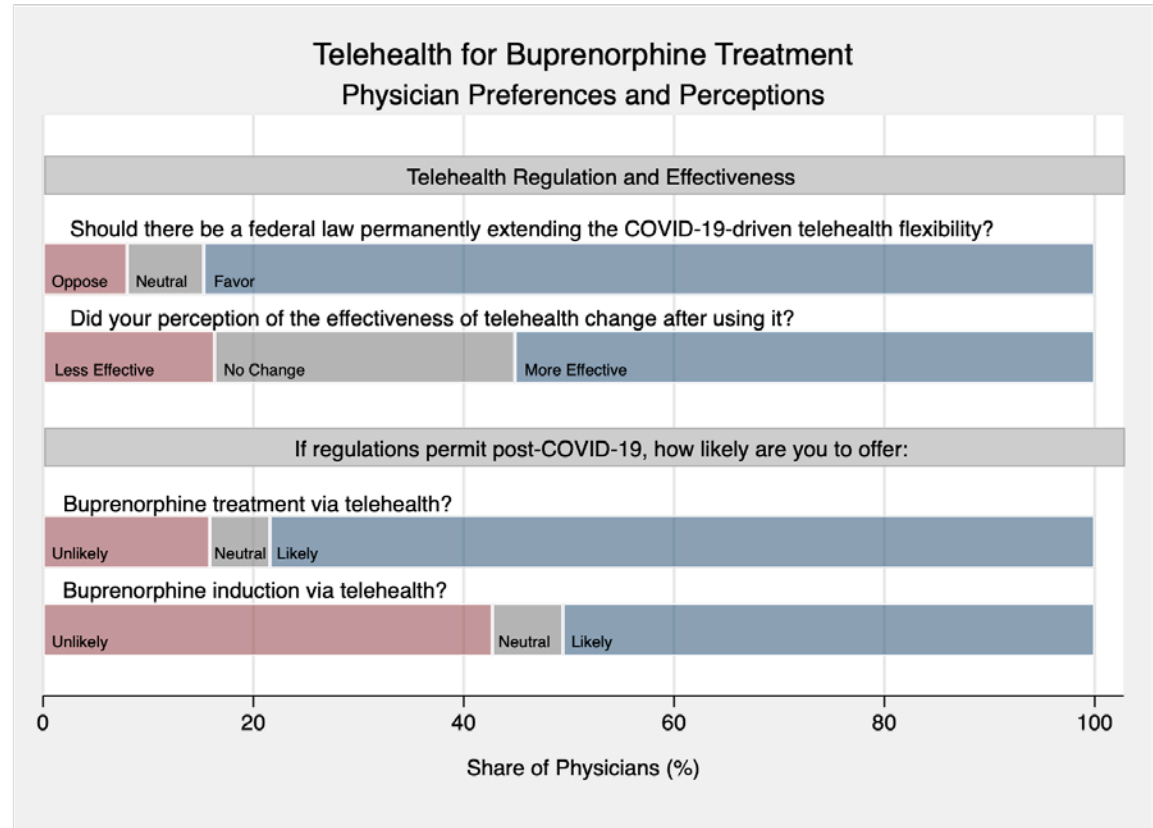
Beetham, under review

# Physician Preferences and Perceptions

Vast majority wants telehealth flexibility to be permanent

Majority found it more effective than expected

Majority would use it post-COVID, even for inductions



Beetham, under review

# Timeliness of Access to Methadone: US vs. Canada

- Methadone clinics within regions with the highest rates opioid overdose deaths
- United States – 14 states and territories; Canada – 3 provinces
- Standardized mock patient calls requesting earliest methadone appt

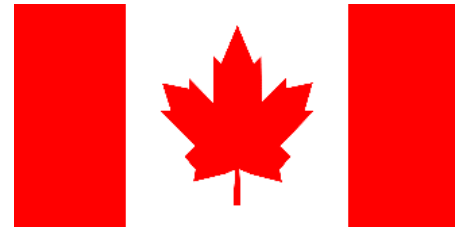
# Methadone Provision within US and Canada



Opioid Treatment Program

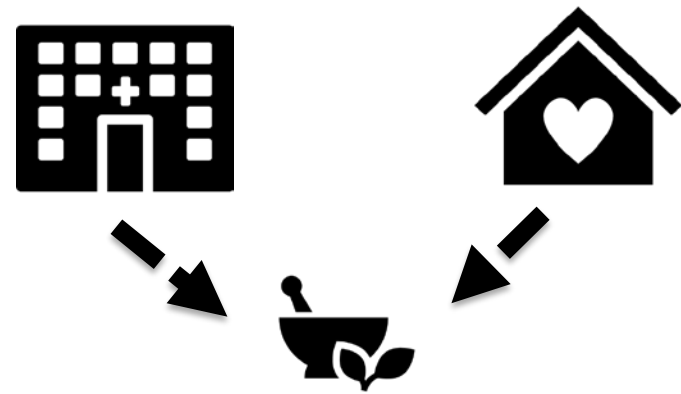


Federally  
Certified



Addiction specialist

Office-based

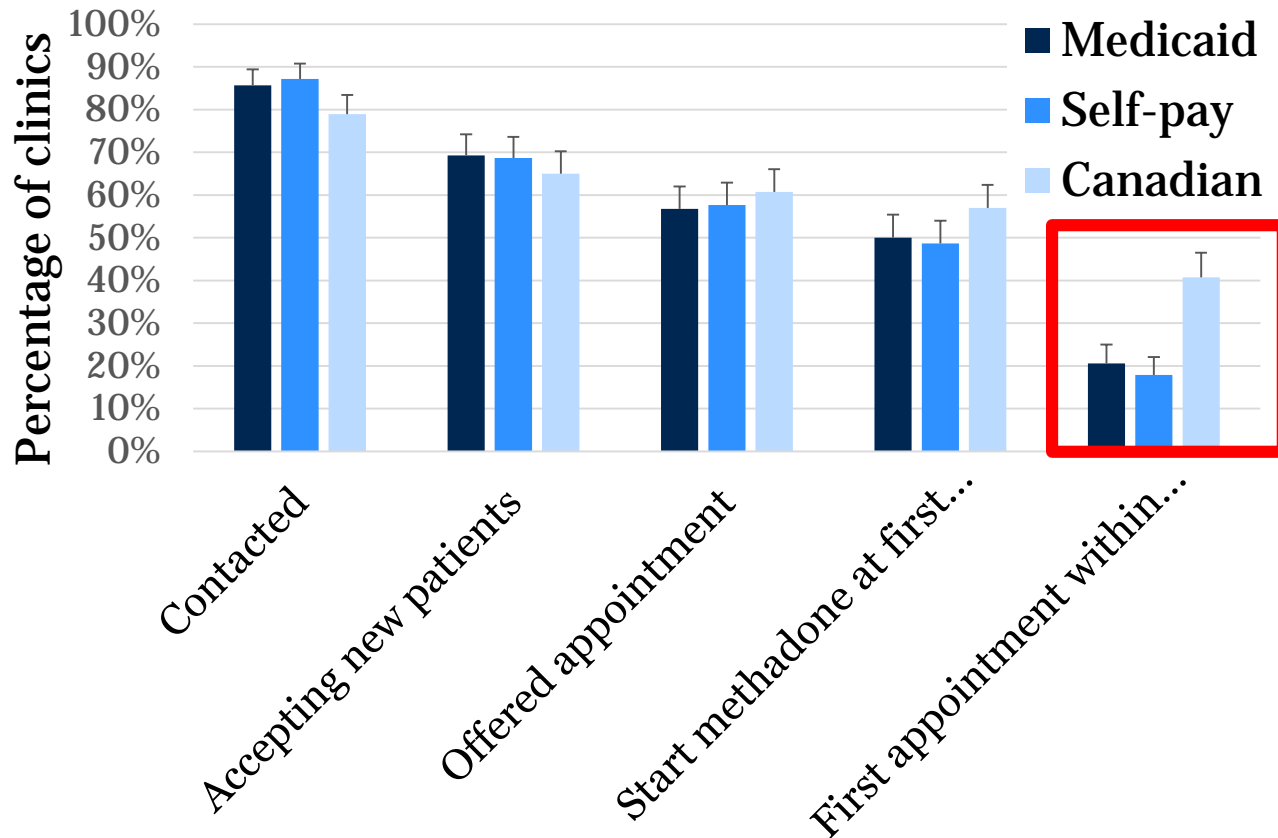


Community pharmacy

# Days to first appointment

	<b>US</b>		<b>Canada</b>
<b>Outcome</b>	Medicaid	Self-pay	Provincial insurance
<b>Offered appointment, n (%)</b>	190 (74)	193 (72)	196 (83)
<b>Days to first appointment</b>			
<b>Mean</b>	<b>3.5</b>	<b>4.1</b>	<b>1.9*</b>
<b>Open access model available, %</b>	30	30	59
<b>Start methadone at first appointment, %</b>	88	84	94
<b>* two sample t-test (p &lt; .001) relative to U.S clinics</b>			

# Timely Access Cascade



\* Canadian vs US comparison  $p < .001$

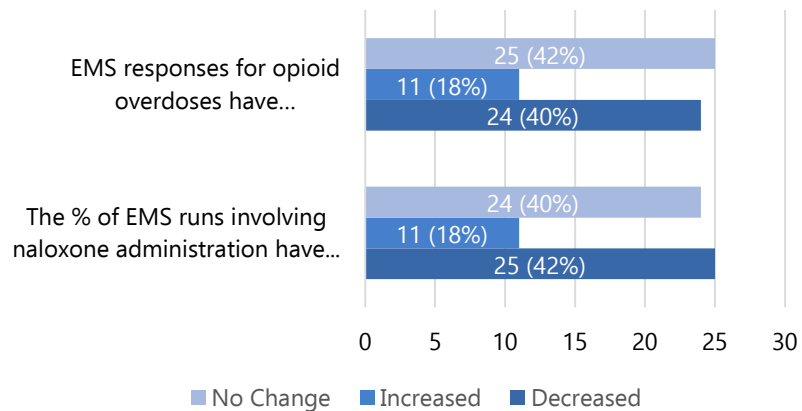
Joudrey, under review

# Naloxone Use by Emergency Medical Services During the COVID-19 Pandemic: A National Survey

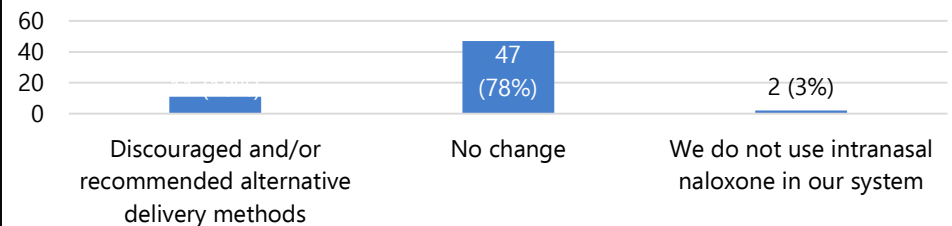
David C. Cone, MD, Sandy Bogucki, MD, PhD, Kevin Burns, MBA, EMT-P, PA-C, Gail D'Onofrio, MD, MS, Kathryn Hawk, MD, Daniel Joseph, MD, and David A. Fiellin, MD

Cone, JAM, 2020

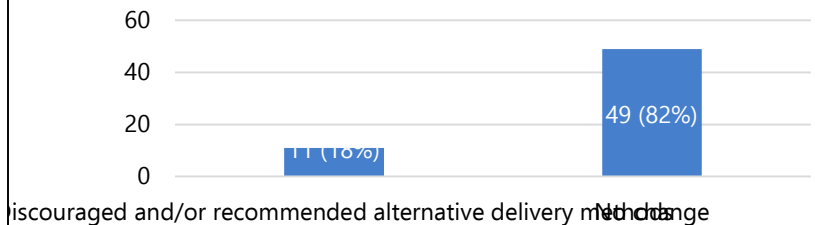
## Select EMS overdose response data



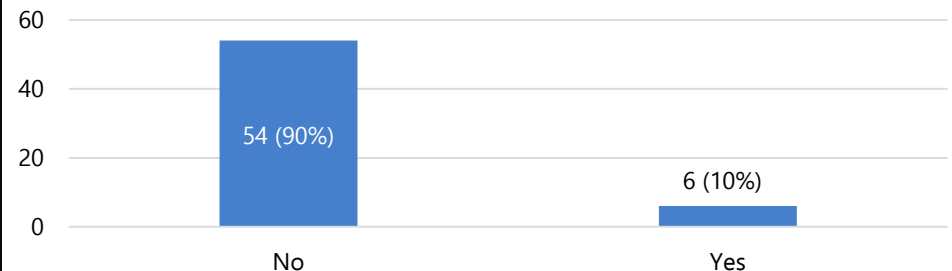
## Have you discouraged or prohibited the use of intranasal naloxone by the EMS agencies/system for which you and your colleagues at your institution provide medical oversight?



## Have other medical directors in your catchment area discouraged or prohibited the use of intranasal naloxone?



## Have any EMS agencies in your catchment area discontinued intranasal naloxone on their own initiative?





# Conclusions

- Pandemic forces have adverse impact on opioid crisis in the US
- Regulatory and policy changes during health emergency
- Clinicians report substantial changes to practice including new use of telehealth, increased duration of prescriptions, use of extended-release formulations
- Pandemic sheds light on the impact of methadone delivery system on access and potential changes in route of administration of naloxone

# Thank you!



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