

Buprenorphine Telehealth Accessibility and Efficacy for People Experiencing Homelessness

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Introduction

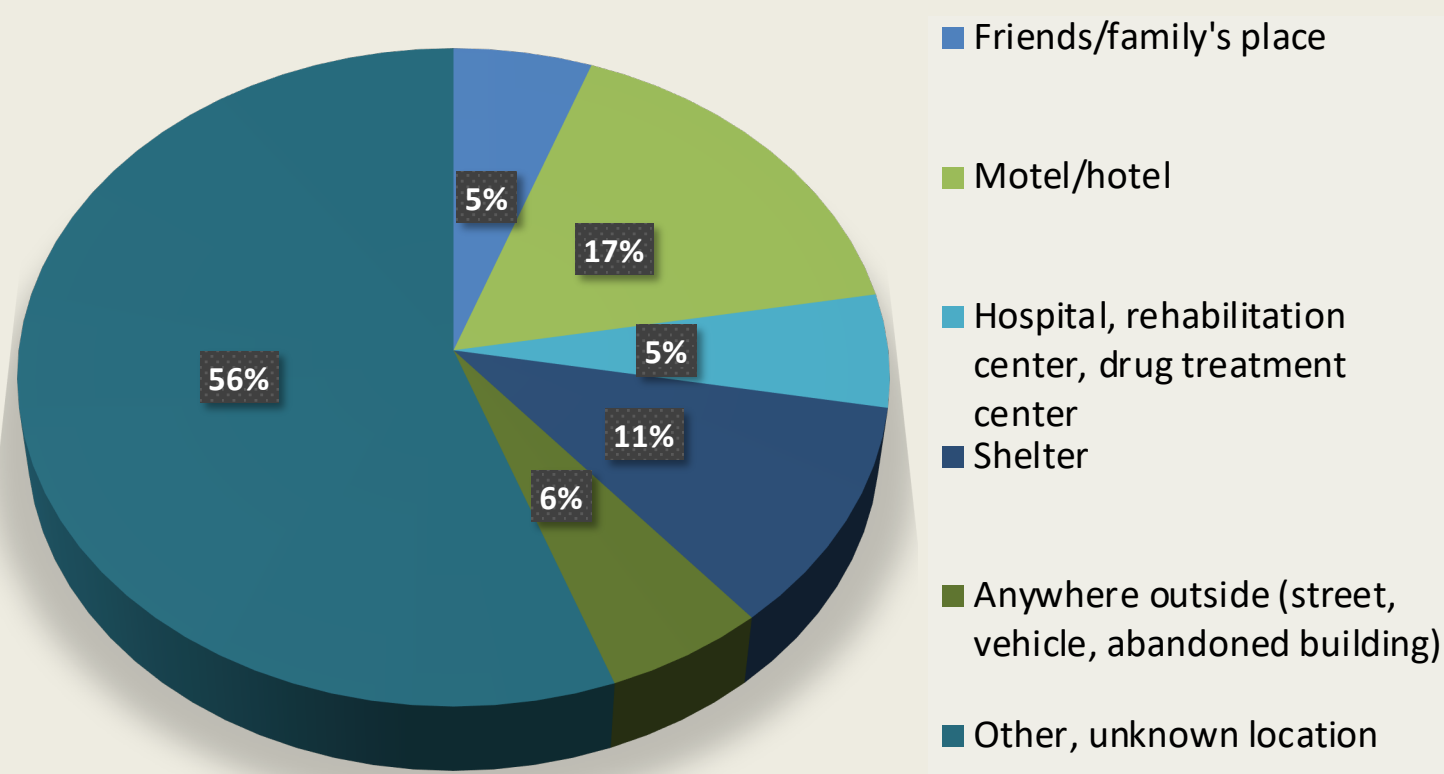
- Opioid overdose continues to be a public health crisis.
- Among people with OUD, people experiencing homelessness are disproportionately impacted and opioid overdose is the leading cause of death among people experiencing homelessness.
- In response to limited treatment access during the Sars-CoV-2 (COVID-19) pandemic, federal regulatory changes have enabled the use of telemedicine to initiate buprenorphine to treat OUD.
- Telemedicine, particularly audio-only telehealth programs, have the potential to improve treatment access.
- This project aims to look at patient characteristics and preliminary outcomes of patients utilizing a low-barrier, telehealth delivered buprenorphine program.

Methods

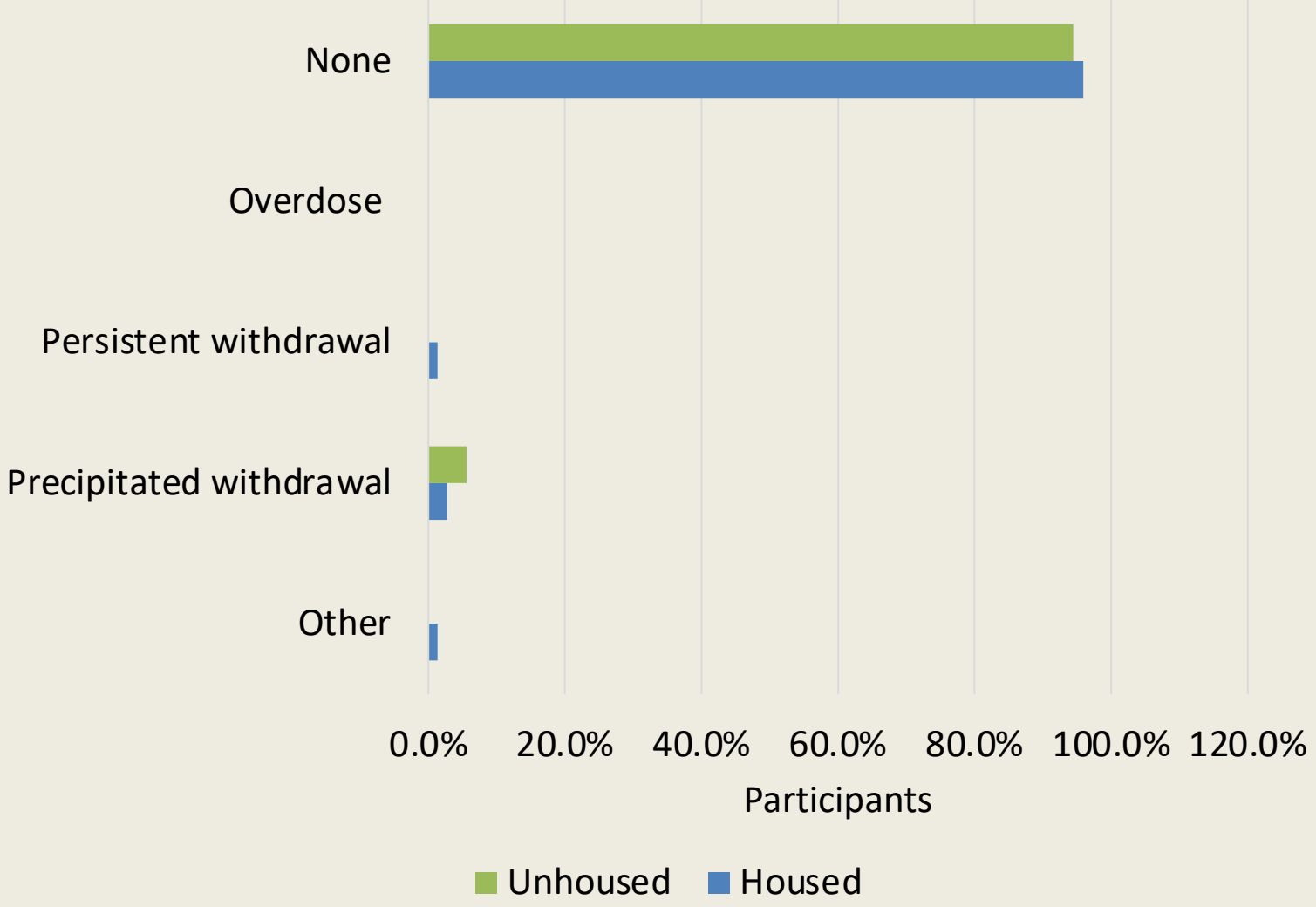
- Design:** Retrospective chart review of patients calling the Buprenorphine Hotline, April 2020 to February 2021
- Data source:** Electronic health record, prescription drug monitoring program
 - Housing status is determined by patients’ EHR or self-reported housing status during the initial hotline clinical encounter.
- Outcomes:**
 - Post-call complications (overdose, precipitated withdrawal, persistent withdrawal, reaction to medication, unable to get medication, other)
 - Post-hotline ED visit in 30 days
 - Post-call follow up visit in 30 days
 - Subsequent buprenorphine prescriptions in 30 days
- Analysis:** Data entered and stored in REDCap, analyzed in aggregate as proportions and means of total responses.

	Buprenorphine Hotline Treatment N=91 N(%)
Age, mean (SD), y	40.2 (12.8)
Sex	
Female	35 (38.5)
Male	56 (61.5)
Gender Identity	
Woman	35 (38.5)
Man	55 (60.4)
Trans, Gender non-binary	0 (0)
Race	
American Indian or Alaska Native	1 (1.0)
Asian	0 (0)
Black/African American	4 (4.4)
Hawaiian or Pacific Islander	0 (0)
White	65 (71.4)
Other	11 (12.1)
Unknown	11 (12.1)
Ethnicity	
Hispanic or Latinx	12 (13.2)
Non-Hispanic or Latinx	64 (70.3)
Unknown	15 (16.5)
Insurance	
Insured	88 (96.7)
Uninsured	3 (3.3)
Housing	
Securely Housed	73 (80.2)
Marginally Housed	18 (19.8)
ED Visit Post-Call	12.1 (15.7)
Follow up Visit with Provider at Lifespan	29.7 (32.6)
Subsequent Buprenorphine Prescription	64 (70.3)

People who were Unhoused: Places of Stay



Post-Hotline Call Complications



Results

- 91 participants were included in the analysis.
- Most participants were white, male, and housed (table 1). The majority of people did not have complications.
- For post-hotline call complications of people who were housed, 95.9% (n=70) had no complications, 2.7% (n=2) had precipitated withdrawal, 1.4% (n=1) had persistent withdrawal, and 1.4% (n=1) had other complications. One participant had both a precipitated withdrawal and an other complication (ED visit for placement of Butrans to avoid precipitated withdrawal).
- For post-hotline call complications of people who were unhoused, 94.4% (n=17) had no complications and 5.6% (n=1) had precipitated withdrawal.

Conclusion

- Buprenorphine treatment via telehealth is feasible with minimal post-call complications and post-call ED visits.
- This small sample suggests that people experiencing homelessness may have higher rates of ED utilization and lower rates of follow up visit attendance compared to people who are housed.

Next Steps

- Sub-analysis of people experiencing homelessness to be conducted.
- The remaining phases of this project include telephone administered surveys and qualitative interviews.

Acknowledgements

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