Primary Care Practice Adaptations for Patients with Opioid Use Disorder during COVID-19: A Survey

With COVID-19, regulatory authorities such as DEA, SAMHSA/HRSA, CDC, CMS, HIPAA and the State of California have relaxed requirements to enable continued patient access to medications for opioid use disorder (MOUD). **We are doing this rapid survey to understand how organizations are making adaptations in the COVID-19 pandemic.** This survey will take approximately five minutes or less to complete.

Thank you for your participation!
1. Since the COVID-19 public health emergency began, have you made any adaptations to your MOUD practice?
   ○ Yes
   ○ No

Skip To: Q7 If Since the COVID-19 public health emergency began, have you made any adaptations to your MOUD practice = No

2. Please indicate changes that have been made to urine drug screens (UDS).
   [Check all that apply]
   ○ We have not made any changes to our UDS process
   ○ We have reduced the frequency for UDS for established patients
   ○ We do initial UDS on new patients only
   ○ We are no longer offering UDS

3. Please indicate changes that have been made to medication visit type (in person = in clinic; virtual = phone or video).
   [Check all that apply]
   ○ We have not made any changes to our in person initial MOUD visits or follow-up MOUD
   ○ We do not offer any virtual visits for patients starting MOUD
   ○ Some visits for patients starting MOUD are in person and some are virtual
   ○ All visits for patients starting MOUD are virtual
   ○ We do not do any virtual options for follow-up MOUD visits
   ○ Some follow-up MOUD visits are in person and some are virtual
   ○ All follow-up MOUD visits are virtual
   ○ In person follow-up MOUD visits are less frequent but no longer than one month apart
   ○ Follow-up MOUD visits are as frequent but a combination of in person and virtual
   ○ Follow-up MOUD visits are as frequent and all virtual
   ○ Follow-up MOUD visits are less frequent and all virtual
4. a) **Pre-COVID-19**: Please estimate % of all your clinic’s MOUD patient visits that are **virtual** (phone or video).

   [Enter a numerical value between 0 and 100.]

   

b) **As of April 2020**: Please estimate % of all your clinic’s MOUD patient visits that are **virtual** (phone or video).

   [Enter a numerical value between 0 and 100.]

5. Please indicate changes that have been made to **medication management changes**.

   [Check all that apply]

   - We are writing prescriptions for longer durations than pre-COVID-19
   - We are writing prescriptions for more refills than pre-COVID-19
   - We are writing prescriptions for shorter durations than pre-COVID-19
   - We are writing prescriptions for fewer refills than pre-COVID-19
   - Our prescription durations and refill practices are unchanged
   - We are administering more injectable buprenorphine or inserting more buprenorphine implants as compared with pre-COVID-19
   - We are administering more injectable naltrexone for OUD as compared with pre-COVID-19
6.  
   a) **Pre-COVID-19:** Please estimate % of all your clinic’s MOUD patients on **buprenorphine injectable or implants.**  
      [Enter a numerical value between 0 and 100.]
       
   b) **As of April 2020:** Please estimate % of all your clinic’s MOUD patients on **buprenorphine injectable or implants.**  
      [Enter a numerical value between 0 and 100.]
       
   c) **Pre-COVID-19:** Please estimate % of all your clinic’s MOUD patients on **injectable naltrexone** for OUD.  
      [Enter a numerical value between 0 and 100.]
       
   d) **As of April 2020:** Please estimate % of all your clinic’s MOUD patients on **injectable naltrexone** for OUD.  
      [Enter a numerical value between 0 and 100.]
7. Please indicate changes that have been made to **behavioral health and/or counseling visit type** (in person = in clinic; virtual = phone or video).

[Check all that apply]

- We have not made any changes to our in person initial evaluations or ongoing counseling sessions
- We do not do any virtual visits for initial evaluations
- Some initial evaluation visits are in person and some are virtual
- All initial evaluation visits are virtual
- We do not do any virtual visits for ongoing counseling sessions
- Some counseling sessions are in person and some are virtual
- All ongoing counseling sessions are virtual
- In person ongoing counseling visits are less frequent but no longer than one month apart
- Ongoing counseling visits are as frequent but a combination of in person and virtual
- Ongoing counseling visits are as frequent and all virtual
- Ongoing counseling visits are less frequent and all virtual
8. Please indicate changes that have been made to protocol or workflow adaptations. [Check all that apply]

- We have made it easier for patients to start and continue on MOUD (i.e., lower barrier)
- We spend more time in the community doing assertive outreach to patients directly
- We are more assertive in outreach to patients by phone, email or text
- We are more assertive in outreach to patients by contacting third parties such as shelters, family members or other service providers
- We are collaborating less with other medical and social service providers outside our clinic
- We are collaborating more with other medical and social service providers outside our clinic
- Made changes in CPT Codes to bill for virtual services

9. Please indicate changes to patient response. [Check all that apply]

- Demand for MOUD visits has gone up
- Demand for MOUD visits has been unchanged
- Demand for MOUD visits has gone down
- Demand for behavioral health and/or counseling services has gone up
- Demand for behavioral health and/or counseling services has been unchanged
- Demand for behavioral health and/or counseling services has gone down
- Our patients prefer virtual visits for MOUD appointments
- Our patients prefer virtual visits for behavioral health and/or counseling appointments
- Our patients prefer in-person visits for MOUD appointments
- Our patients prefer in-person visits for behavioral health and/or counseling appointments
- We are having an easier time engaging patients and keeping them participating in care
- Treatment retention in MOUD has been unchanged
- We are having a harder time engaging patients and keeping them in care
10. Please indicate changes to **staff wellness**.
    [Check all that apply]

○ We have not made any changes to the number of staff working at our clinic

○ We have had some layoffs at our clinic

○ We have reduced some staff hours but no layoff

○ All staff work onsite as usual

○ Staff work partly onsite and partly at home

○ Most staff work entirely at home

○ We have had staff members get sick with COVID-19

○ My anxiety level about COVID-19 has impacted my functioning at home and/or work

○ I am having a more difficult time than usual balancing work and home life

○ We meet as a group to check-in on staff wellness on a regular basis (e.g., weekly, bi-weekly or monthly)

○ We meet as a group to check-in on staff wellness ad hoc but not regularly

○ I feel supported by our organization during the COVID-19 pandemic

11. Additional comments or experiences to share:

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12. Please tell us more about your location by specifying your primary clinic below.

________________________________________________________________________

13. Please specify your role below.

________________________________________________________________________

14. Are you interested in participating in a follow-up survey in several months about practice adaptations made because of the COVID-19 pandemic?
   ○ Yes
   ○ No