

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

McGovern MP, Hurley B, Fisher T, Caton L. (2020).

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:

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