First glance: COVID-19 Buprenorphine Provider Survey Report

October 15, 2020

With the onset of the COVID-19 public health crisis, new data from a survey launched by the American Academy of Addiction Psychiatry (AAAP) in collaboration with a wide cross-section of medical, academic and healthcare organizations found that more than 80 percent of surveyed X-waivered physicians, physician assistants and nurse practitioners who treat patients with opioid use disorder (OUD) want virtual visits and other telehealth options to continue after the COVID-19 public health emergency. This research comes at a time when the pandemic has created considerable new challenges for patients and providers, including how the nation's drug overdose epidemic has evolved from one largely driven by prescription opioids to one now increasingly fueled by illicitly manufactured fentanyl and fentanyl analogs, methamphetamine, cocaine and heroin.

The coalition is releasing this preliminary survey to help provide guidance and raise appropriate questions for policymakers to consider. The COVID-19 Buprenorphine Provider Survey results are being submitted for publication within the next several months. Note that results reported are from provider perspectives, not patient perspectives.

The survey was conducted July 15, 2020 – August 15, 2020 and included responses from more than 1,000 physicians, nurse practitioners, and physician assistants who prescribe buprenorphine and other medications that treat OUD.

Among the key findings for policymakers:

- 78 percent of respondents said that the COVID pandemic has caused them to put on hold or reduce in-person visits
- 75 percent of physicians and other healthcare professionals have used virtual visits to help maintain medication to treat OUD; 48 percent have used telehealth to initiate medication to help treat OUD
- 76 percent of providers perceived that their patients were satisfied with virtual visits to maintain medications for opioid use disorder; 58 percent of respondents perceived that their patients were satisfied with virtual visits for behavioral health and counseling services.

Some challenges that providers perceived were occurring:

- 70 percent of providers were concerned that patients were experiencing mental health distress
- 47 percent of providers perceived that their patients were lost to follow-up appointment
- Nearly half of the providers were concerned that the following challenged their capabilities to provide medications for opioid use disorder to their patients during the pandemic:
  - Barriers to using telephones e.g. lack of phones, limited cell phone minutes
  - Unstable housing
- Clinician stress and burnout was the most common challenge/negative experience cited by providers in trying to maintain access to care for their patients.

The organizations identified several areas for policymakers' focus:

- Based on our findings, there is clear support for continuing telehealth options for providers and their patients.
- During the pandemic, physicians and other health care professionals have adapted to quickly provide high-quality, evidence-based care, but this was only possible due to new flexibilities in telehealth rules.
- Future research should focus on how to continue to improve access and use of telemedicine. There is an urgent need to continue to research and monitor virtual visits including patient access and engagement, including review and consideration of innovative protocols for obtaining drug use biomarkers, automated home pill dispensing systems, and ways to improve quality and effectiveness of virtual visits.
- Despite these actions, patients clearly are in distress and social determinants of health play a major role in maintaining access to care.
    - Socioeconomic disparities are amplified by pivoting from clinic to telehealth visits.
    - Some clinics and health systems have been able to provide telehealth equipment to patients who need it, but other patients without access to smart phones or limited telephone minutes are being lost to follow-up.