

Access to Care and Treatment Utilization for MHSUD during COVID-19: Early Evidence



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COVID-19 Poses an Existential Threat to MHSUD Treatment

- Huge risk of spreading disease in many care settings such as methadone clinics, psychiatric hospitals, and mutual aid groups
- Population with elevated risk of contracting, and dying from, COVID-19
- Rapid closure of clinics provides fewer access points for patients and lost revenue for providers



Federal and State Policy Responses to COVID-19 for MHSUD Providers

- Telehealth provision
 - New regulatory flexibility and added billing codes in Medicare
- Changes to methadone and buprenorphine
 - Take home provisions and telehealth induction for buprenorphine
- CARES Act
 - Provider relief fund and one-time SAMHSA grants
- Caveat: Regulations are only suspended for PH emergency



What we know so far...

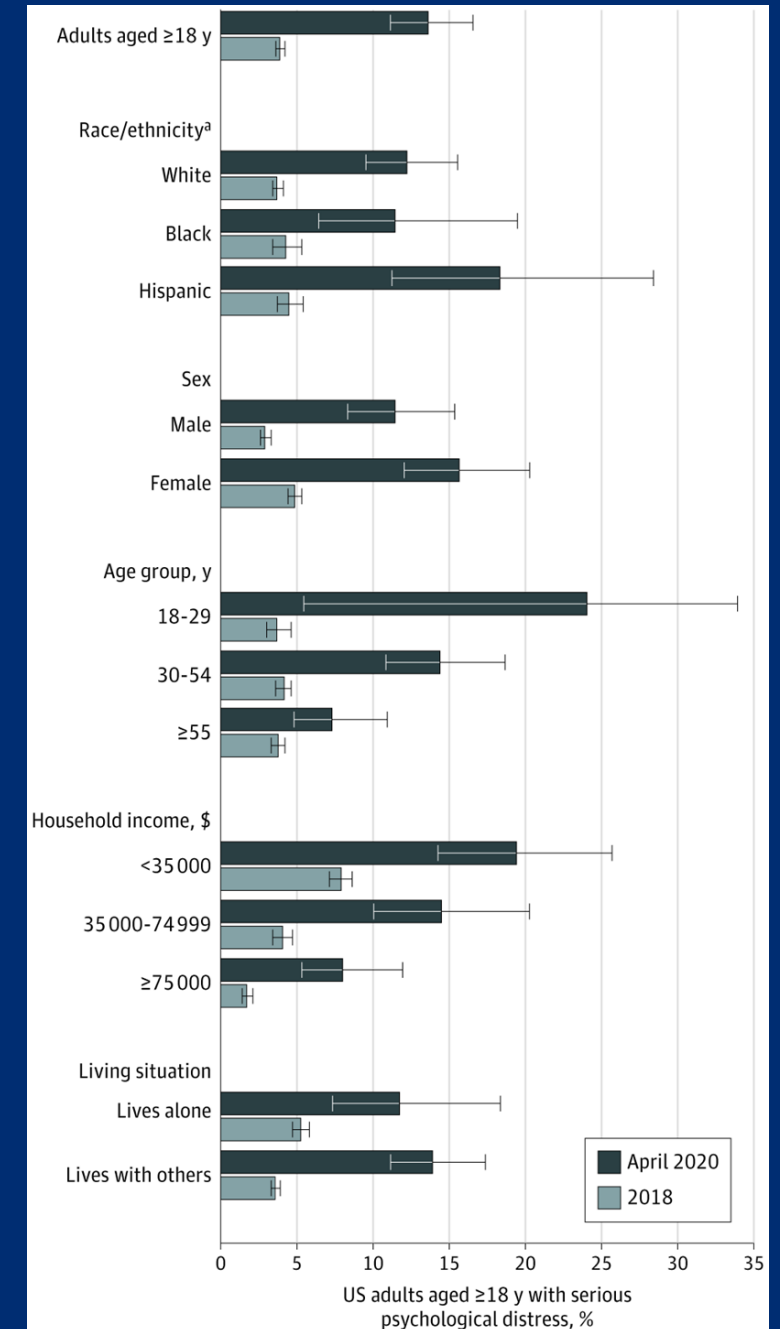
- MHSUD treatment need has skyrocketed with COVID-19 pandemic
- Unprecedented shift to telehealth has occurred for MHSUD treatment
- New models for providing OUD medications have emerged
- Overall, utilization of MHSUD treatment initially plummeted in the spring, but rebounded



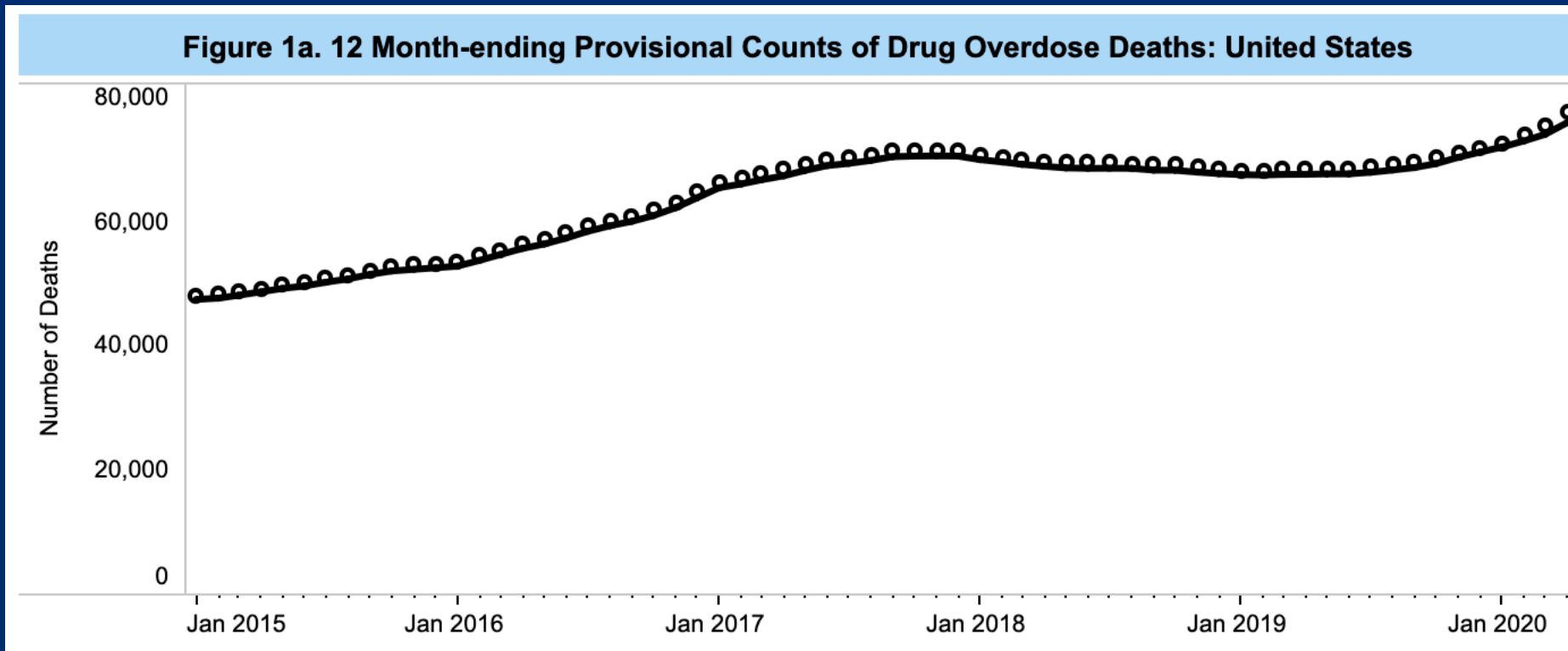
Rising Need for Treatment: Psychiatric Distress

- Several studies show a stunning rise in symptoms of depression, anxiety, and loneliness
- Increase in psychiatric distress has been persistent since start of the pandemic

McGinty, E. E., Presskreischer, R., Han, H., & Barry, C. L. (2020). Psychological Distress and Loneliness Reported by US Adults in 2018 and April 2020. *JAMA*.



Rising Need for Treatment: Drug Overdose



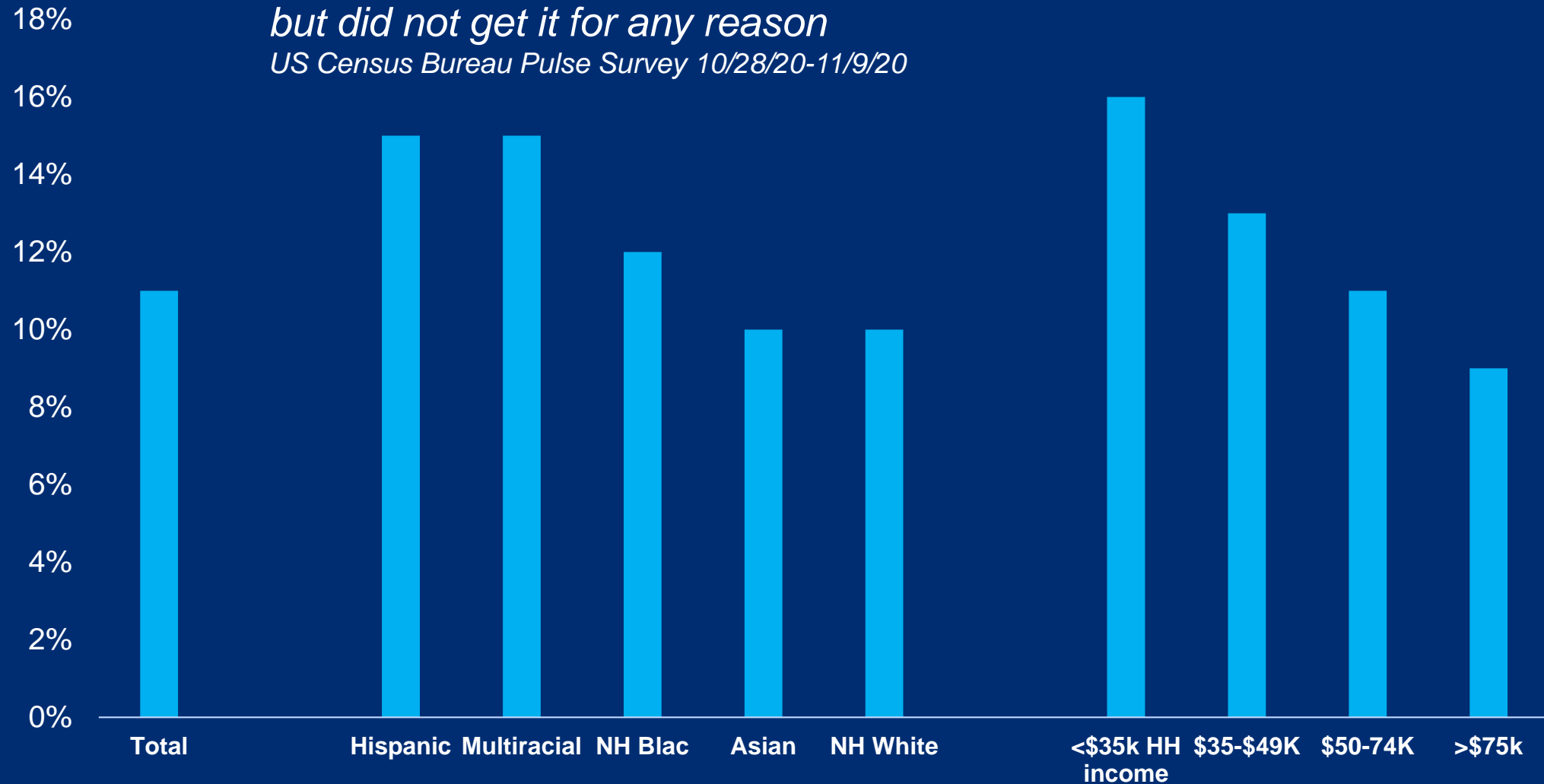
CDC Provisional Drug Overdose Death Counts: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>



Disparities in unmet need for mental health care

*Needed counseling or therapy from a mental health professional,
but did not get it for any reason*

US Census Bureau Pulse Survey 10/28/20-11/9/20



Rapid Shift to Telehealth

- Twelvefold increase in psychologists offering telehealth treatment since pandemic (Pierce et al 2020 American Psychologist)
- Patients shifting to telepsychiatry in NYC were similar to pre-pandemic counterparts, and showed up for care at higher rates (Avalone et al. 2020 Psychiatric Services)
- Telehealth has been relatively popular among providers (Guinart et al. 2020 Psychiatric Services)
- SUD treatment providers initially lost patient volume, but gradually regained patients using telehealth (Langabeer 2020 JSAT)

A.A. to Zoom, Substance Abuse Treatment Goes Online

It began as a stopgap way to get through the pandemic, but both participants and providers say virtual sessions have some clear advantages and will likely become a permanent part of recovery.



Jason Paris, right, a clinician at Ottagan Addictions Recovery in Grand Haven, Mich., led a combination in-person and telehealth intensive outpatient therapy group. Emily Rose Bennett for The New York Times



New Models for OUD Medications

Providers have taken advantage of new rules to increase take home privileges for methadone or telehealth induction for buprenorphine

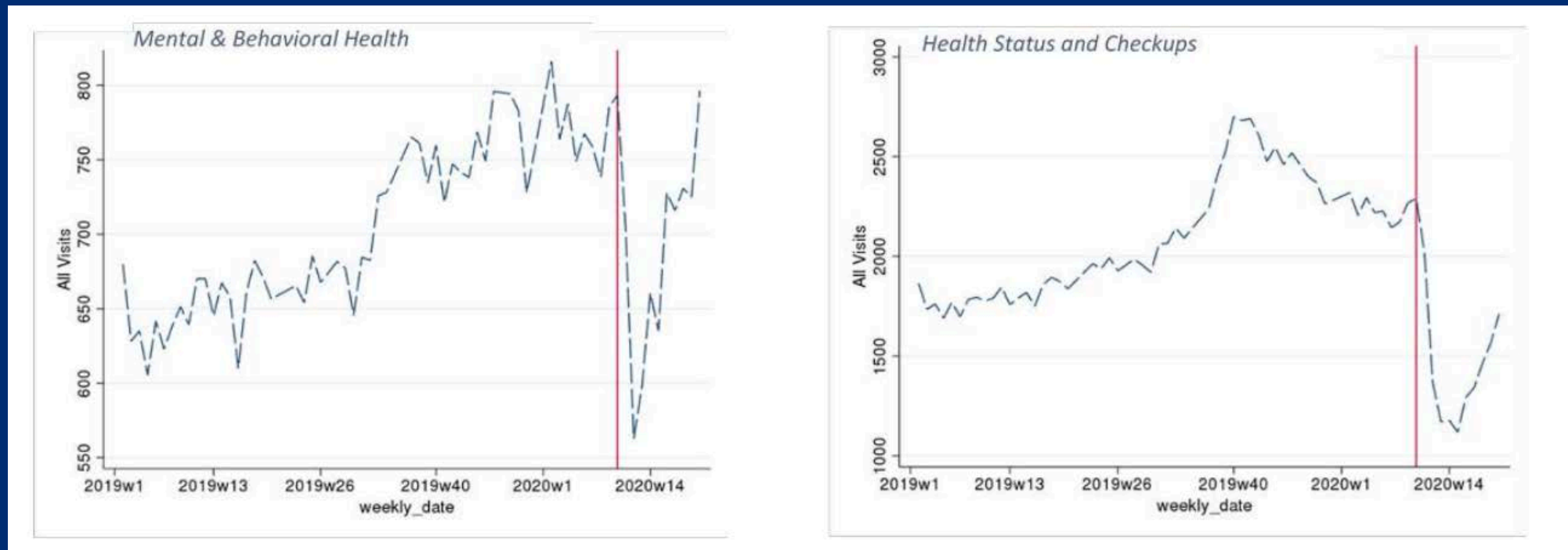
New innovations:

- Courier service to deliver methadone to patients with mobility restrictions in NY city
- Creation of a tele-bridge clinic hotline to initiate buprenorphine over the phone in Rhode Island
- Telephone booth for telehealth services in Los Angeles Skid Row



Mental Health Visits Rebounded After Initial Wave of Closures Due to Telehealth

Trends in Weekly Outpatient Visits Jan 1, 2019 – May 15, 2020



Ziedan, Engy, Kosali Ilayperuma Simon, and Coady Wing. "Effects of State COVID-19 Closure Policy on NON-COVID-19 Health Care Utilization." *NBER Working Paper w27621* (2020).



Gaps in the Research

How many patients using services prior to the pandemic will continue to stay in virtual care modes? How many have been disconnected from care?

How much new need for treatment has been caused by the pandemic? What resources are available to meet the demand?

Has quality of care changed under telehealth? How does quality vary based on patient characteristics?

What will be the long-term need for a continuum of services to support changing needs (e.g., acute psychiatric crisis, anxiety disorders, bereavement, addiction recovery)?





Thank you!

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