

Continuing an Addiction Practice In-Person During a Pandemic

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BACKGROUND

Addiction Medicine is an essential practice during the age of the Opioid Crisis.¹ The COVID 19 pandemic has brought additional challenges to treating addiction, including increasing mental health instability.² The rates of drug abuse and relapse have also increased.³ While telemedicine is a viable option for addiction medicine care, many legal, ethical and technological barriers currently prevent its broader use, underscoring the importance of maintaining in-person care.⁴ This article describes how to safely continue in-person care during a global pandemic.

METHODS

A retrospective study was conducted to analyze clinical utilization of in-person versus telemedicine visit during a pandemic. We also analyzed the safety outcome of pandemic mitigation strategies by measure of number of exposures and outbreaks. Mitigation strategies were:

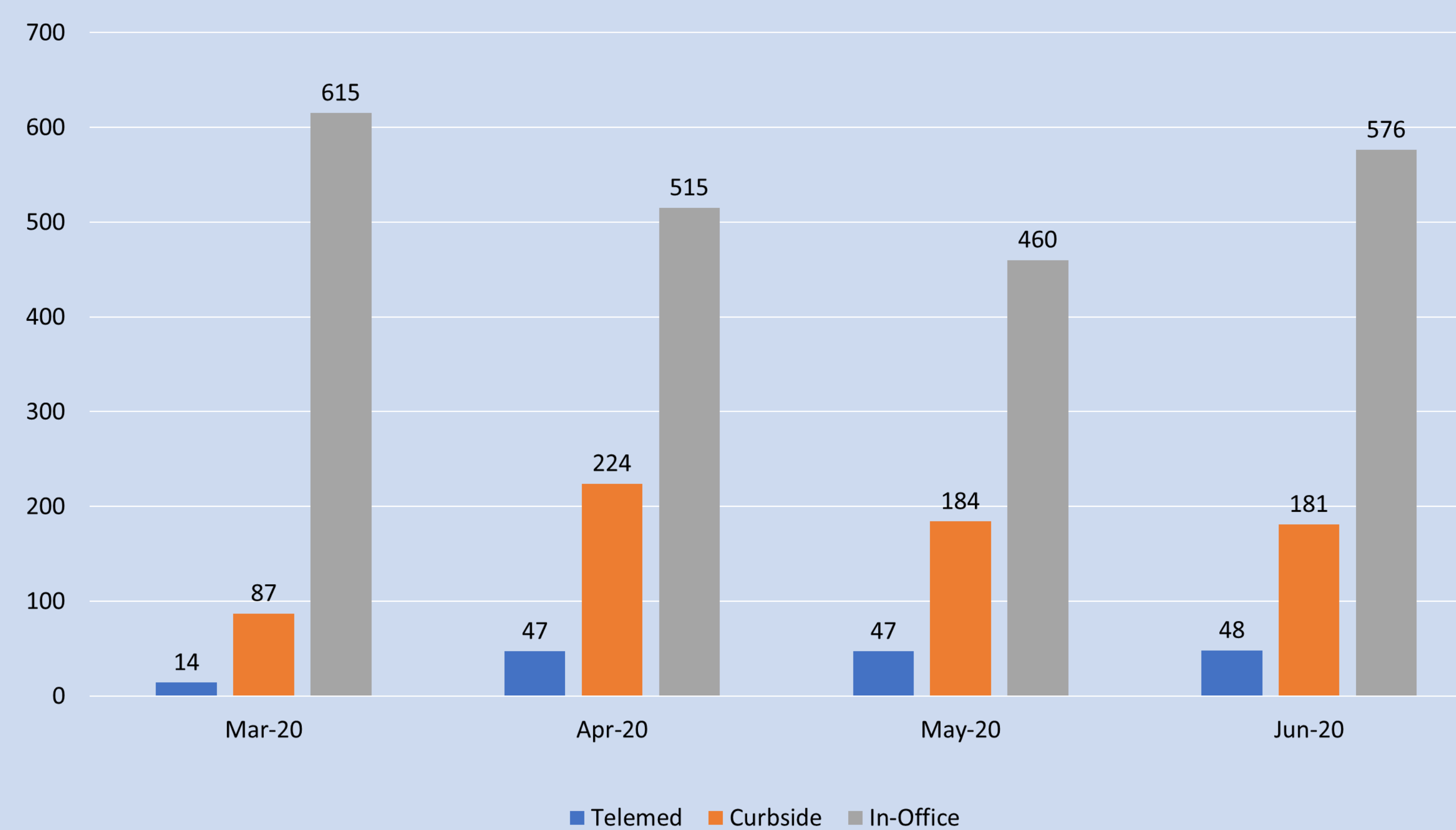
- Patients reported concerning symptoms prior to each appointment.
- Patient visitors were not allowed unless necessary for physical/mental safety.
- Patients/employees were required to wear a mask in the building.
- Patients deemed high risk for complications due to COVID19, or exhibiting any concerning symptoms, were transitioned to curbside visits conducted in their own vehicles.
- For patients homebound or quarantined within a SNF, telemedicine visits were performed.
- All space inside the clinic allowed for 6 feet social distancing.
- Employees were required to report daily any concerning symptoms, or lack of social distancing outside of work setting. If positive, they stayed home and completed rapid PCR nasopharyngeal testing.

RESULTS

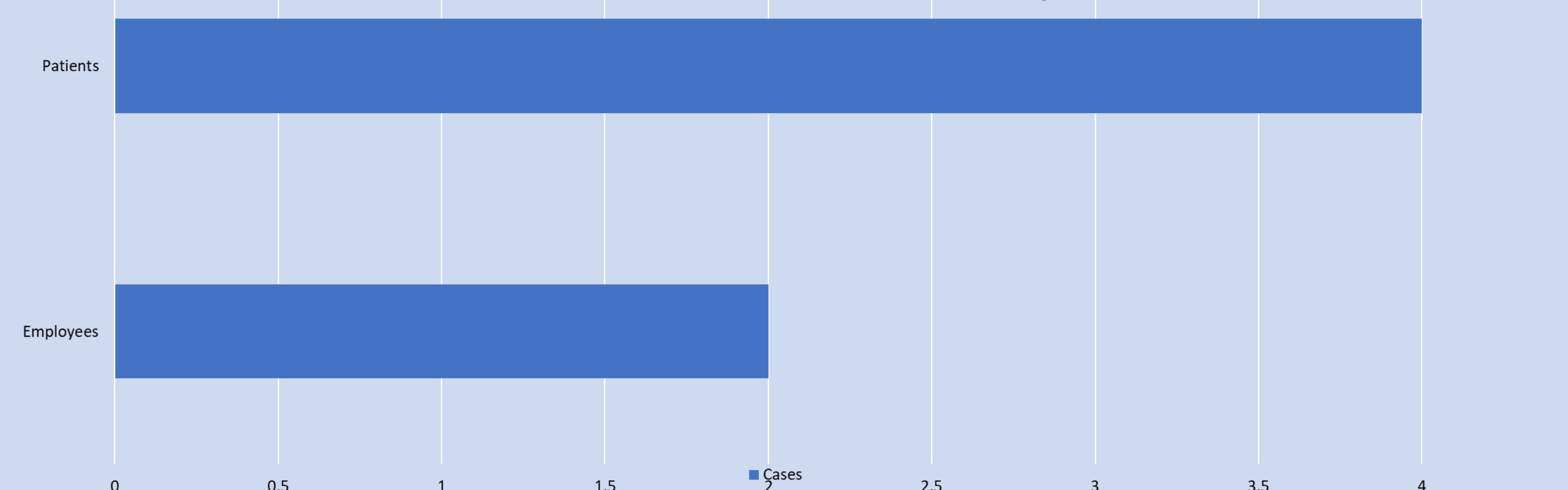
Prior to the pandemic outbreak in our community (March 15, 2020), our clinic was not utilizing telemedicine visits. Since implementing telemedicine protocol, utilization peaked at 10% for these visits⁵. Remaining visits were traditional in person visits or curbside visits.

With our COVID19 policies in place since March 2020, our clinic has had 2 employees test positive for COVID19. Contraction of COVID19 for these 2 employees occurred outside of the work setting. No outbreak occurred to other employees or patients secondary to these positive cases⁵. With regards to patients, we had 4 test positive for COVID19. Contraction of COVID19 was prior to their appointment date at our clinic. No outbreak occurred to employees or other patients secondary to these positive cases⁵.

Number of Visit Type per Month



Number of Cases of COVID 19 for employees & patients – no cases resulted in any outbreak



Author Disclosures: VMW laboratory performs rapid turnaround PCR nasopharyngeal testing for COVID19.

CONCLUSION

In order to keep an addiction treatment facility open during a pandemic, both patients and staff must be protected from the concerning virus. Our enhanced safety protocols combined with rapid turnaround testing allowed for this to happen. In-person visits decreased only minimally. Exposures did occur for both patients and employees, however the exposures did not result in any secondary outbreaks.

REFERENCES

1. Spagnolo, P., Montemitro, C. and Leggio, L., 2020. New Challenges in Addiction Medicine: COVID-19 Infection in Patients With Alcohol and Substance Use Disorders—The Perfect Storm. *American Journal of Psychiatry*, 177(9), pp.805-807.
2. Czeisler, M., Lane, R., Petrosky, E., Wiley, J., Christensen, A., Njai, R., Weaver, M., Robbins, R., Facer-Childs, E., Barger, L., Czeisler, C., Howard, M. and Rajaratnam, S., 2020. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR. Morbidity and Mortality Weekly Report*, 69(32), pp.1049-1057.
3. Volkow, N., 2020. Collision of the COVID-19 and Addiction Epidemics. *Annals of Internal Medicine*, 173(1), pp.61-62.
4. Nittari, G., Khuman, R., Baldoni, S., Pallotta, G., Battineni, G., Sirignano, A., Amenta, F. and Ricci, G., 2020. Telemedicine Practice: Review of the Current Ethical and Legal Challenges. *Telemedicine and e-Health*.
5. Data for reference: March: 992 total visits, 615 f/u, 87 curbside, 14 telemedicine (1.4% of total visits); April: 957 total visits, 515 in-person visits, 224 curbside, 47 telemedicine (5% of total visits); May: 854 total visits, 460 in-person visits, 184 curbside; 47 telemedicine (10% of total visits); June: 983 total visits, 576 in-person visits, 181 curbside; 48 telemedicine (8.3% of total visits). Positive COVID employees: 2 (June 2020 & July 2020); Positive COVID patients: 4 (August, October, and December 2020).