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Hor less People With Substance Use Disorders Face Cha es With Access To Telemedicine During Pandemic

Organizations such as Boston Health Care for the Homeless' Addiction Treatment Program have encountered obstacles in supporting patients through telemedicene, as many do not have access to telephones.

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By **Joe Mathieu**

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Dr. Jo ' on Morning Edition | April 21, 2020

People strugg ch homelessness are at a higher risk of getting the coronavirus because of cr ued living conditions and any number of underlying health concerns, including substance use disorders. WGBH Morning Edition *host Joe Mathieu spoke*

with Dr. Joe Wright, the director of Boston Health Care for the Homeless' Addiction Treatment Program, about how he and his colleagues are helping patients during the pandemic. The transcript has been edited for clarity.

Joe Mathieu: This pandemic has forced you to change the way you handle patients.

Dr. Joe Wright: Yeah. Our patients are under a lot of stress right now. We want to support them, and we also want them to not have to come into the clinic more than they need to [and] to not have to see us more than they need to. So our organizing principle has been to try to have less physical contact and more emotional presence. And I think probably a number of mental health [and] behavioral health programs are sort of struggling with how to do that. We especially are trying to figure out how to do that in a population that doesn't necessarily have a place to be [and] has a hard time getting a hold of phones, but we are doing a lot to try to accomplish that, support people and get people the medication that they need.

Mathieu: I read that's your new mantra: "Less clinician contact, more emotional presence." So does that lead to more telemedicine?

Wright: It does. We've really shifted to telemedicine for almost everything we do. And the other challenge that we face is trying to make sure that our staff are safe, obviously, through all of this. So even if somebody comes into the clinic, we're often talking to them through a video connection, and it might be that somebody needs to set up that video connection in person. But the challenge for our patients — and this is probably an amplified version of something that a lot of health care settings are trying to deal with — is that our patients already feel isolated, already feel like people are turning away from them [and] maybe felt that way even before coronavirus. So we really want to try to make sure that they feel cared for in all of this, that it's not a version of pushing them away. And at the same time really making sure that we're rigorous about trying to make sure that people get medication when they need it, which for opioid use disorder in particular is something that's shown to make a big difference.

Mathieu: Talk to us about that a little bit more specifically. I understand you're capable of writing prescriptions that last longer in this environment.

Wright: We are. That's always been, to some extent, a matter of clinician discretion, and so we're using our clinician discretion to write longer scripts. The part where the system has allowed us to have a little more discretion is if people lost their medication. This is mainly, for us, a medication called buprenorphine, which is a controlled medication. If people lost their medication or it was stolen, which happens frequently, we had absolutely no ability to replace it. We still have a very limited ability to replace it, so we don't want to give people a long script for something that they're not going to be able to replace, but we have a little bit more flexibility at times. And so we're trying to work with people to accommodate that when it happens. Again, not complete discretion; it's still a controlled medication [and] if that were happening a lot, we would not be able to continue. But we have had some flexibility from people like Medicaid in Massachusetts, MassHealth and actually from the DEA, which has not had a lot of flexibility or discretion in the past, but has been able to allow us to do this by telemedicine when we were not able to do it before.

Mathieu: What if people don't have phones? Are you providing cell phones to patients?

Wright: We've had a limited number of donations of phones, and so we're trying to get phones to people. We think that telephones and other ways of trying to do video links or just audio phones is a really essential health care tool right now, so we're trying to find ways of doing that. That obviously is not something that the health care system has set up before and in some cases, there are very explicit prohibitions against purchasing phones for people through grants or things like that. But that's definitely a direction that we think we need to go. If you think about the project of resiliency from disaster in general, the more different kinds of resources you have, the more resiliency you have. So a friend of mine says if you have a problem and that problem can be solved by money and you have money, then it's not a problem anymore. Our patients obviously have a lot of problems and no money. Phones [are] certainly one of them. They have a hard time buying phones, they have a hard time purchasing calling time, whether it's minutes or a paying plan, and then they often get their phones lost or stolen because of the circumstances of their lives. So figuring out how to be able to get them phones and maybe get them phones again is one of our projects. Then I think what we have to start thinking about, as we look

ahead and see that this is not going to go away right away, is how do we do things like video link ups? How do we do things like meetings where there are multiple-people Zoom conference calls with folks who don't have homes? Is that something we can do so that people can support each other? These are all things we're still figuring out, experimenting with and trying to get the equipment and support to do.

Mathieu: What do you need, Dr. Wright? Are you getting the support that you need from the state and from other quarters?

Wright: Yeah, I think what we need is housing for our patients. Not to be too big picture, but being able to get safe places for people — whether that's hotel rooms or dorms. I think there's been a little bit of movement on that front, but that above all I think would be the biggest thing that people can do, not only people without homes in general, but people who are experiencing homelessness who are struggling with substance use disorders. Being able to get them out of the street and into a safe place where they can take a breath, make their own decisions and have some some independence is really, really important. Beyond that, I think we're still trying to figure out, How do we create a kind of telecommunications infrastructure for people without homes? And that, I think, people are just starting to think about and we don't have explicit support for that. I think that's something that we need to start thinking about.