

A Community Partnership to Improve Access to Buprenorphine in a Homeless Population

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THE INNOVATION

Across the United States, the novel coronavirus pandemic has made it more difficult for individuals with opioid use disorders to access illicit opioids, leading to an increased demand for medications to treat opioid use disorder.¹ Here, we highlight how a community partnership has improved access to buprenorphine for individuals experiencing homelessness through a novel mobile health service made possible due to temporarily relaxed federal regulations on the prescription of buprenorphine.

WHO & WHERE

Our partnership is between the mobile health branch of The Night Ministry, a Chicago-based social services organization, and University of Illinois Mile Square Health Center, a multi-site federally qualified health center serving the West and South Sides of Chicago.

HOW

On March 31, 2020, the Drug Enforcement Administration announced temporarily relaxed restrictions on the prescription of buprenorphine, one of the mainstay medications for treating opioid use disorder. The Drug Enforcement Administration granted practitioners flexibility during the pandemic to prescribe via telemedicine (video) or telephone without first conducting an in-person examination.² Although community agencies had long recognized the need for mobile health-based buprenorphine therapy for individuals experiencing homelessness, few of these organizations have on-site access to a clinician who is waived to prescribe buprenorphine. These regulatory changes thus opened the door for mobile health

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organizations to prescribe buprenorphine if video or telephone access to a waived prescriber could be obtained.

Soon after this announcement, a member of The Night Ministry's mobile health team contacted a buprenorphine-waivered family physician at Mile Square Health Center regarding the clinic's recently built telemedicine program in response to the coronavirus pandemic. The two organizations partnered to create a protocol that adapts this telemedicine program to include van-based buprenorphine inductions (Supplemental Figure 1). Through this protocol, our partnership has granted low-barrier buprenorphine access to dozens of individuals experiencing street homelessness.

LEARNING

For patients who are uninsured, we offer the prescription benefits of a federally qualified health center with subsequent medication delivery by the mobile health van, resulting in access to buprenorphine with little to no cost. We hold a weekly multidisciplinary review meeting to review each patient case to ensure members of our transient patient population are not lost to follow-up. To mitigate the generational distrust of health care systems many members of marginalized communities have, we ensure the most forward-facing members of our team are those who have developed longitudinally therapeutic relationships with our patients through The Night Ministry's mobile health van. To replicate in other communities, we recommend that buprenorphine-prescribing clinicians seek out and partner with community agencies that are already working the front lines of street homelessness.

In the months since our partnership began, outside organizations ranging from community agencies to academic hospitals have referred patients to our partnership for initiation of buprenorphine therapy. We plan to continue this community partnership as long as the relaxed restrictions on the prescription of buprenorphine remain in place. Our hope is to use this odd moment in history to better inform how we can best care for our most vulnerable patients in the future.

Author affiliations, supplemental figure, funding support statement, acknowledgments, and references are online-only at <https://www.annfammed.org/content/19/1/85/suppl/DC1/>.

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