



Pregnancy and Substance Use Disorder in the time of COVID-19: Home Initiation of Suboxone

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Home Initiation of Suboxone

- Goals: Balance safe initiation of Medication Assisted Treatment (MAT) for OUD (Opioid Use Disorder) with patient safety

Does your organization offer home induction of buprenorphine?

- A. Yes, we have been offering home induction for some time now
- B. Yes, we started offering home induction in the time of COVID
- C. No, but we may offer it in the future
- D. No, we will not offer home induction for MAT
- E. I don't know my hospital's stance on home induction

Case Study: Jane D

- 32yo G3P1011 at 11 wks 3d with pregnancy c/b OUD
 - Percocet 30s 2-4x a day
 - Reports last use as 2d prior; COWS=12
- Observed office induction with 4mg suboxone film
 - 20 minutes in → PRECIPITATED WITHDRAWAL!
 - Taken to ER. Given clonidine and additional 4mg suboxone
- D/c with plan for home unobserved induction with 8mg suboxone films & worksheet

Observed vs Unobserved Induction

Observed Office Based Induction	Unobserved Home Based Induction
Insurance prior authorization	Removes delay/barrier to recovery
Confirmation of use/abstinence	Patient comfort
Informed consent & options counseling	Patient dictates timing of induction
Quick treatment of precipitated withdrawal	Avoidance of precipitated withdrawal
Requires patient to tailor and time use	Possible patient attrition & diversion
Delay to treatment	Removes relationship building opportunity
Can create barrier to care (transportation, work)	Requires a home



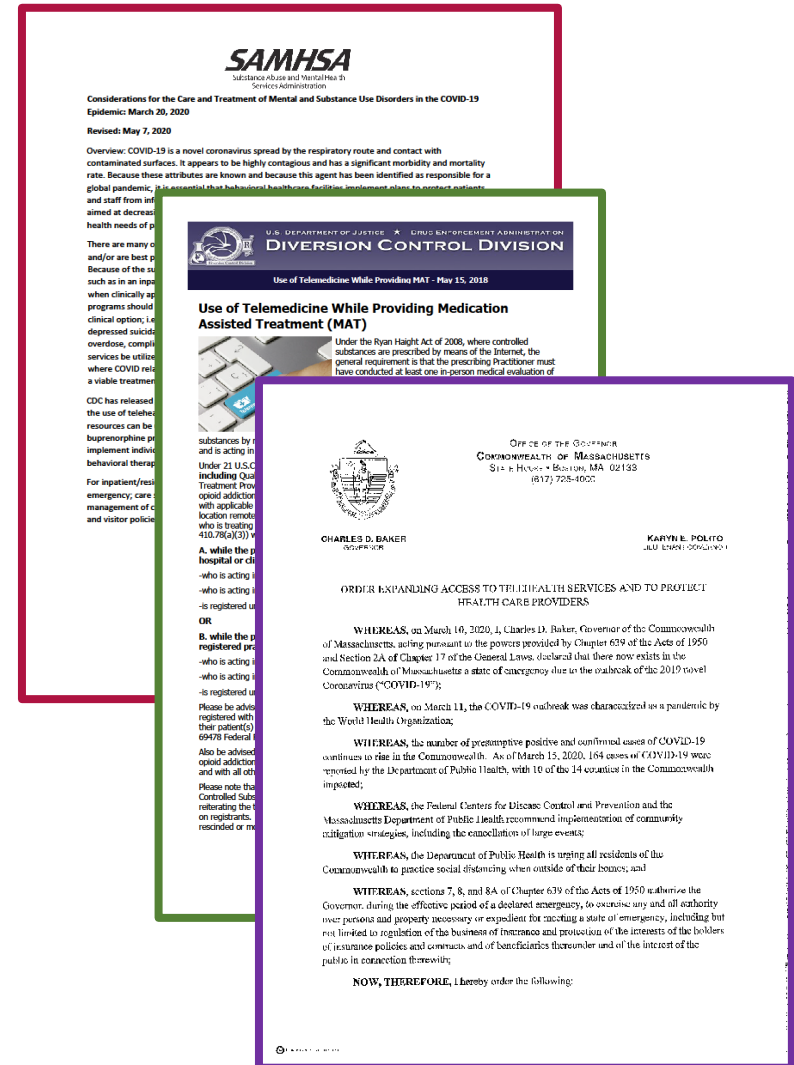
Challenges

- Provider comfort/training
- Telehealth infrastructure
- Consent & decision making (a script NOW versus a future appt with methadone clinic)

Systemic Changes in the Time of COVID

- SAMHSA statement recommending use of telehealth +
- DEA clarification around telehealth +
 - Interpretation of telehealth exemption to Ryan Act (actually from 2018) – allows prescribing w/o in-person exam
- MassHealth expansion for coverage of Telehealth +
 - Baker/Polito Order March 15

= Rise of Telemedicine for MAT!



Supports for Unobserved Home Dosing

- Consider a phone check-in(s)
- Use peer supports
- Use PRNs
 - Clonidine 0.1mg
 - Re-dose buprenorphine
 - Zofran, Tylenol, hydroxyzine
 - All can be used if withdrawal is precipitated
- The Goal is NOT Perfection!





**“Perfect is the
Enemy of
Good”
- Voltaire**

*Dans ses écrits, un sage Italien
Dit que le mieux est l'ennemi du bien.*

Resources

- Protocols – consider entry limitations, but be flexible and adapt to patient needs
 - GA<24 weeks – but what if patient refuses all else
 - Rx for PRNs
- Home Worksheet for patients
- Encourage Peer Supports or arrange for telephone follow-up at short interval



A Patient's Guide to Starting Buprenorphine at Home

PREPARATION

Receiving Medication Assisted Treatment (MAT) with Buprenorphine
Medication assisted treatment (MAT) with buprenorphine is a safe and effective method to help people with an opioid use disorder stop using prescription pain medications, heroin, and other opioids. There are three main phases of MAT: induction (first 1-2 days), stabilization (several weeks), and maintenance (as long as it takes). Before you start treatment, be sure to talk with your health care provider about your plans for treatment.

Your care team should schedule an MAT Procedure Review Appointment with you. This is a great time to discuss your decision to receive MAT, your goals and motivations, concerns, and receive important information. Before starting treatment, your health care team will also conduct a physical evaluation and some lab tests.

Home or Doctor's Office?
This process of getting started on buprenorphine is called Induction. You can be at your doctor's office to get started, or you can do this at home. Talk with your doctor and care team about which option is better for you. There are pros and cons for both options. Which option do you prefer?

Induction at the Doctor's Office		Induction at Home	
Pros	Cons	Pros	Cons
<ul style="list-style-type: none">• Your care team is there to check on you and answer questions.• You can build a connection and relationships with your care team.• In some practices, a peer counselor or a behavioral health provider might be there to talk with you.	<ul style="list-style-type: none">• You might not be as comfortable as home.• Someone should drive you there and home, ideally.	<ul style="list-style-type: none">• You might be more comfortable at home.• You do not need to drive anywhere.	<ul style="list-style-type: none">• Waiting to be in withdrawal before taking your first dose of buprenorphine can be difficult. If you take your first dose too soon, you increase the chance of an intense withdrawal that comes on very quickly (precipitated withdrawal).• Your health care team is not there to check on you and talk with you.

When to Stop Taking Opioids
Your treatment will more successful if you prepare for your first dose of buprenorphine (or induction). Before starting your medication, you will need to stop using opioids for a required period. This period of time when you are not using opioids protects you from undesirable side effects, which could delay you from feeling normal again. Be truthful with yourself and your health care team about when you last used opioids and what you used.

Type of Opioid	Examples	When to stop
Short-acting	Percocet, Vicodin (hydrocodone), Heroin	12-24 hours before first dose. <i>Example: Stop at Sunday at 12 noon for a Monday induction.</i>
Long-acting	Oxycontin, MS Contin/ Morphine, Methadone	• 36 hours before first dose for Oxycontin, Morphine • >48 hours for Methadone <i>Example: Stop at Saturday at 12 noon for a Monday induction</i>

https://www.asam.org/docs/default-source/education-docs/unobserved-home-induction-patient-guide.pdf?sfvrsn=16224bc2_0

And in Conclusion

Thank you PNQIN/MPQC
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