

CHERISH

Center for Health Economics of Treatment Interventions for Substance Use Disorder, HCV, and HIV



Newsletter - February 2021

CHERISH Tackles COVID-19

Healthcare utilization patterns among persons who use drugs during the COVID-19 pandemic

The COVID-19 pandemic has changed the way individuals access the healthcare system. For example, recent studies suggest high-risk populations may be foregoing necessary care out of fear of entering healthcare facilities and contracting the virus. A new study by **Sean Murphy, PhD**, associate professor of Population Health Sciences at Weill Cornell Medicine and director of the Methodology Core and of Consultation Services at the Center for Health Economics of Treatment Interventions for Substance Use Disorder, HCV, and HIV (CHERISH); Jyotishman Pathak, PhD, Frances and John L. Loeb Professor of Medical Informatics and chief of the Division of Health Informatics within Weill Cornell Medicine's Department of Population Health Sciences; and Weill Cornell Medicine colleagues, James Yoder, and Jonathan Avery, MD, explore the effect the pandemic has had on healthcare utilization of persons with drug use disorder.

Individuals with a drug use disorder tend to face an increased risk of severe COVID-19 complications, and thus may be avoiding healthcare facilities, which can serve as critical touchpoints with the system, offering providers the opportunity to connect these patients to evidence-based treatment. Research has established that no, or inadequate, treatment for drug use disorder is associated with higher risk of drug overdose and overdose deaths, HIV/HCV infections, and suicidal behavior, as well as increased utilization of high-cost healthcare resources, particularly those of an emergent nature, which often result in an inpatient stay. In fact, preliminary national estimates indicate that drug overdoses (fatal and nonfatal) increased by 18%, 29%, and 42% in March, April, and May 2020, respectively, relative to the same period last year.

Although pandemic responses from the Drug Enforcement Administration (DEA), Substance Abuse and Mental Health Services Administration (SAMHSA), and others have lowered access barriers to ensure individuals receiving evidence-based treatment for drug use disorders continue to do so, very few persons with a drug use disorder initiate treatment, and among those who do, the majority struggle to adhere to that treatment, due to the chronic, relapsing nature of substance use disorders.

After reviewing preliminary data from four large New York City hospitals, Drs. Murphy, Pathak, and colleagues found that addiction consults in the hospitals decreased by half during March, April, and May 2020 when new cases of COVID-19, and related hospitalizations and deaths, were peaking in New York City. New referrals to treatment also fell substantially in March, April, and May, compared to the period of October 2019 through February 2020. However, the hospitals made no changes to the staffing or operations of the addiction team during this time. The number of consults returned to baseline in June and July of 2020. *(Continued on Page 2)*

In This Newsletter

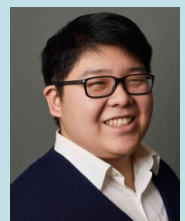
- ▶ CHERISH publications on COVID-19
- ▶ Featured publication and presentations by CHERISH Investigators and Research Affiliates
- ▶ Pilot grant cycle 7 call for proposals
- ▶ Information on our consultation services and resources for researchers
- ▶ Where to find us at upcoming virtual conferences

Congratulations Corner

- ▶ We welcome Communications Specialist **Bonnie Tse** to the CHERISH team at Weill Cornell Medicine



- ▶ Addiction Health Services Research Conference awarded top abstracts to pilot grant recipient **Ali Jalali, PhD** (Left) and Philip Jeng, MS of Weill Cornell Medicine (Right)



To avoid an increased severity of drug use disorders and the associated health complications from becoming more prevalent, the researchers suggest that identifying persons with drug use disorder who may be foregoing treatment, and connecting them to evidence-based addiction treatment using methods that minimize the risk of COVID-19 transmission, should be a top priority during the COVID-19 pandemic. For example, utilizing “real-world” data from electronic health records (EHRs) can aid in the recognition and phenotyping of persons with drug use disorders to allow providers to better identify both new and existing patients.

According to Dr. Murphy, “Persons with drug use disorders are an underserved and stigmatized population who face exacerbation of these issues due to COVID-19. Our preliminary evidence indicates it is likely that many individuals in this population have avoided potentially necessary care in healthcare facilities due to their increased risk of severe COVID-19 complications. If so, not only can this worsen the specific condition they would have sought care for, but it also eliminates an opportunity to for them to get linked to evidence-based care for their drug use disorder, and in-turn reduce their risk for associated adverse outcomes.”

Effects of COVID-19 on syringe service programs

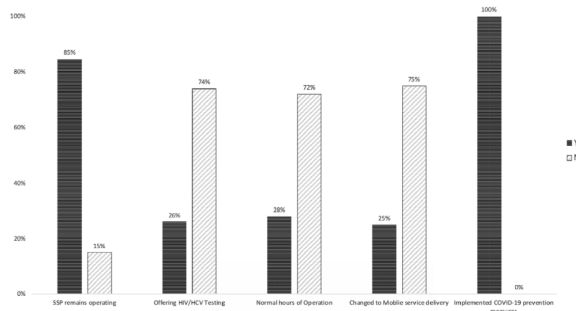


Fig. 1. Percentage of syringe services programs providing syringe services, offering HIV/HCV testing, normal hours of operation, changed to mobile service delivery and implemented COVID-19 prevention measures.



Tyler Bartholomew,
University of Miami



Sara Glick, PhD
University of Washington

People who use drugs (PWUD) are among the most vulnerable populations for COVID-19. They have increased prevalence of pre-existing co-morbidities that may increase their risk of a negative outcome following COVID-19 exposure, for example respiratory and cardiovascular diseases due to smoking cigarettes, marijuana, or other substances. Syringe service programs (SSPs) not only provide sterile injection equipment to PWUD, but also other health services such as HIV and hepatitis C (HCV) testing, referrals to substance use treatment, and overdose education and naloxone distribution. SSPs often serve as a primary point of healthcare access for PWUD. Recent publications by former CHERISH pilot grant recipient **Tyler Bartholomew** and by Sara Glick, PhD from the University of Washington Department of Medicine describe the effect of COVID-19 on services provided by SSPs in the United States.

Bartholomew and colleagues conducted a national telephone survey in March of 2020 with 65 SSPs from 33 states to collect information. In this survey, SSP staff were asked to describe operational changes, changes to HIV and HCV testing services, and precautions to protect staff. Ten of the surveyed SSPs (15.4%) located across 9 states discontinued all SSP operations, sixteen (24.6%) switched to mobile delivery exclusively, and only seventeen (26.1%) continued to provide HIV and HCV testing.

These findings were consistent with those reported from a mixed methods study conducted by Sara Glick and colleagues, including CDUHR Investigator Don Des Jarlais from New York University College of Global Public Health. They found in a short survey administered by the North American Syringe Exchange Network (NASEN) conducted in the first two weeks in April 2020 that 43% of the 173 SSPs responding decreased service provision due to COVID-19, including medication for opioid use disorder and HIV and HCV testing and treatment services. They also found that approximately one quarter of SSPs closed sites due to COVID-19 related concerns such as staff safety and staff shortage.

More than a quarter of the sites also surveyed by NASEN reported conducting COVID-19 testing onsite for PWUD. This highlights the opportunity for SSPs to become a source for COVID screening and surveillance of this vulnerable population. During qualitative interviews with SSP staff in five COVID-19 hotspots, Glick and colleagues found that SSPs were not included in emergency planning in many states, and were not considered essential businesses. Qualitative interviews also confirmed that HIV and HCV testing decreased or stopped, that syringe and naloxone distribution were prioritized, and that demand for services remained high.

Recent Publication

Inpatient care versus outpatient MOUD treatment for individuals with OUD

In a new study in *JAMA Network Open*, CHERISH Investigators **Jake Morgan, PhD**, **Sean Murphy, PhD**, **Alexander Walley, MD, MSc**, **Benjamin Linas, MD, MPH** and **Bruce Schackman, PhD** and colleagues, examined whether rates of opioid-related overdose and all-cause hospitalization differed after outpatient medication treatment or inpatient care for opioid use disorder. They studied individuals who had received one of three federally-approved medications for opioid use disorder (MOUDs) – buprenorphine, extended-release naltrexone, and oral naltrexone. The authors found that although individuals under 30 were less likely to experience a negative outcome than individuals 30 or older, those under 30 who were dependents (i.e. not primary holder of their insurance plan) had increased risk of negative outcomes.

Recent Presentations

The Addiction Health Services Research (ASHR) Conference was held virtually on October 14-16, 2020 with several CHERISH investigators, staff, and research affiliates presenting including:

The cost of providing extended-release naltrexone treatment for opioid use disorder to persons who are incarcerated, prior to reentry

Philip Jeng, MS of Weill Cornell Medicine presented a top-rated poster at the ASHR Conference where he and colleagues estimated the costs required to implement extended-release naltrexone (XR-NTX) programs for persons with OUD being released from incarceration. Data were from two multi-site randomized-controlled effectiveness trials at prisons: study A included XR-NTX before and after re-entry, and study B included enhanced XR-NTX (injection before re-entry and monthly via mobile medical treatment). Differences in cost between the two studies were largely driven by travel time during the

pre-entry portion of study B. The additional value associated with mobile delivery will depend on the relative outcomes associated with each delivery model. The results from this study will be used in a future cost-effectiveness analysis comparing XR-NTX delivery models.

CHERISH-affiliated authors included Consultation Service Director and Methodology Core Co-Director **Sean Murphy, PhD**; Advisory Board Member **Daniel Polsky, PhD**; and pilot grant recipient **Ali Jalali, PhD**.

Health-related quality of life and opioid use disorder pharmacotherapy: A secondary analysis of a clinical trial

Pilot grant recipient **Ali Jalali, PhD** presented a top-rated poster at the ASHR Conference where he and colleagues found targeted pharmacotherapy can improve health-related quality of life (HRQoL) for persons with OUD but a sub-population may require additional services to overcome socioeconomic and psychosocial barriers and sustain improved outcomes.

Other CHERISH-affiliated authors included Center Director **Bruce Schackman, PhD**; Consultation Service Director and Methodology Core Co-Director **Sean Murphy, PhD**; Methodology Core Director **Kathryn McCollister, PhD**; and Administrative Core Senior Research Manager **Jared Leff, MS**.

Health and economic outcomes of treatment with extended-release naltrexone among pre-release prisoners with opioid use disorder (HOPPER)

Danielle Ryan, MPH of Weill Cornell Medicine presented at the ASHR Conference where she and colleagues report on the study protocol to assess the cost-effectiveness of different strategies of extended-release naltrexone delivery to persons with OUD being released from incarceration.

Other CHERISH-affiliated authors included Consultation Service Director and Methodology Core Co-Director **Sean Murphy, PhD**; Advisory Board Member **Daniel Polsky, PhD**; and pilot grant recipient **Ali Jalali, PhD**.

Apply Now for Pilot Grant Cycle 7

This national call for proposals seeks to fund pilot grants, up to \$20,000 per proposal, to support investigators to conduct health economic research on substance use disorder, HCV, or HIV with a focus on health and/or health care disparities.

Priority will be given to:

- Research consistent with the CHERISH mission
- Investigators in the fields of HIV or substance use research from nationally underrepresented populations
- New or Early Stage Investigators
- Investigators new to the field of health economics or substance use research

We encourage you to share this funding opportunity with colleagues and include **Brandon Aden, MD, MPH**, Pilot Grant Director at bra2002@med.cornell.edu, on correspondence to talk through ideas or questions.

Letter of Intent Submission: **February 26, 2021**
Proposal Submission: **March 26, 2021**

View eligibility and application at
www.cherishresearch.org/pgt/apply/

Request a Consultation Today

The CHERISH Consultation Service provides guidance to researchers on the design and implementation of observational and interventional studies related to treatment interventions for substance use disorder, HCV, and HIV, to ensure that planned economic analyses are methodologically sound and feasible.

View details at
www.cherishresearch.org/consultation/

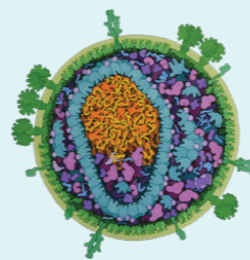
Find Us at Upcoming Virtual Conferences



ACCJH
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The ACCJH Conference will take place in 2021.

The 14th Academic & Health Policy Conference on Criminal Justice Health will be held virtually from Thursday, April 8th through Saturday, April 10th, 2021.



CROI
Conference on Retroviruses
and Opportunistic Infections
March 6-10, 2021