

Impact of Telehealth on Visit Attendance for Women with Opioid Use Disorder

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Introduction

- Rate of Opioid use disorder (OUD) is rising in reproductive age people who identify as women (hereon: "women")
- Women face unique barriers to OUD care
- Telehealth may improve retention to treatment, decrease overdose
- Telehealth is noninferior in prenatal care and psychiatric care
- Risks of reliance on telehealth include less accountability, more technologic barriers

Methods

Quantitative

- Perinatal addiction clinic in Honolulu, HI
- Retrospective cohort chart review of OUD visits 3/2019 -12/2021
- Generalized Estimating Equations Model for analysis

Qualitative

- Semi-structured interviews
- Select patients with in-person and telehealth visits
- Benefits and limitations of telehealth visits

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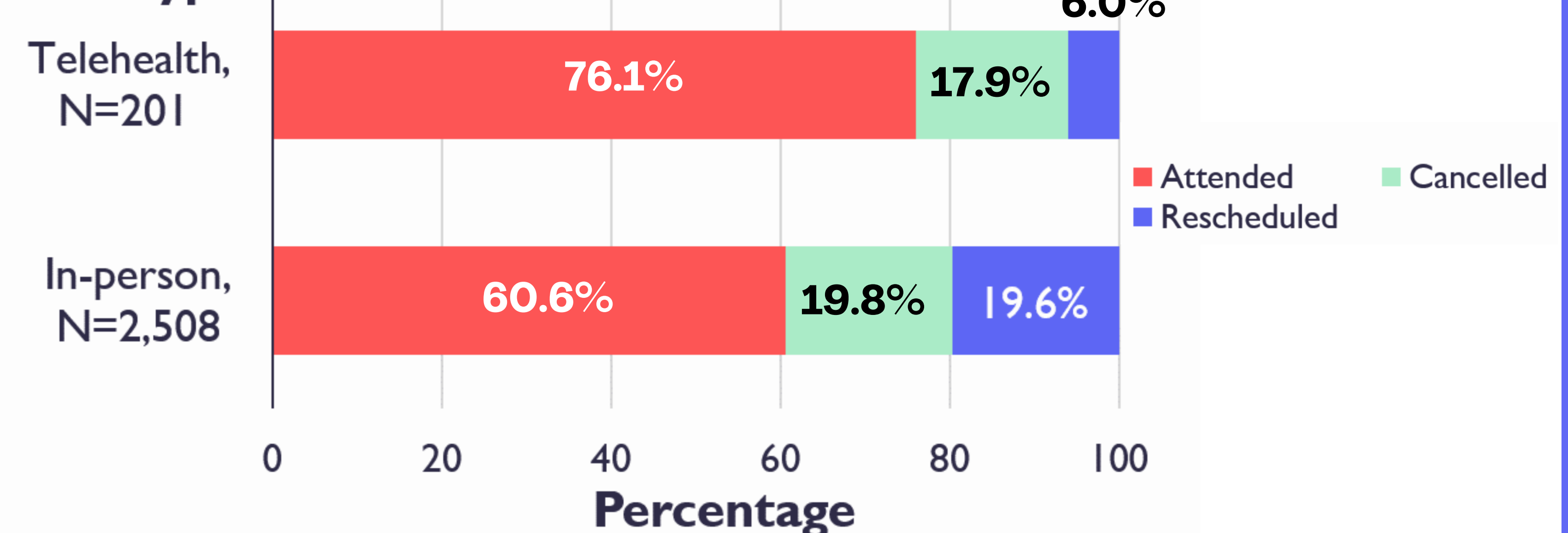
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Results

Telehealth vs In-person Attendance		
Variable	OR	95% CI
	2.14	1.35-3.36
Age (per 10yr range)	1.63	1.34-2.16

Visit type



- Perinatal Addiction Clinic
- ★ Participant residences: Honolulu, Hawai'i Kai, Kaneohe, Wai'anae, Kapolei



<https://www.hawaii-guide.com/oahu/oahu-maps>

Patient Quotes

"That's just the addict in me. Because I'm terrified, worst case scenario, what if I run out and I can't get a hold of [PATH clinic], because you know I definitely depend on [suboxone], it helps me live my life..."

– K, participant

"Telehealth wouldn't have worked if that relationship hadn't already been there... If I were still using [opioids] I would use telehealth as an excuse to not go to appointments... I would have had temptation to do other things"

– T, participant

Conclusion

- Women with OUD were twice as likely to attend, less likely to cancel telehealth visits vs. in-person visits
- Telehealth overcomes transportation and time barriers, minimizes gaps in care preventing risk of relapse
- Randomized and controlled trials are needed