

Funding Request for Delivery of Methadone to Isolated Patients in NYC during COVID19

Background:

As a result of the COVID emergency, federal regulations around Opioid Treatment Programs (OTPs), the only providers who can dispense methadone for the treatment of opioid use disorder (OUD), have been changed to allow an increased number of take-home doses during the emergency, through a blanket waiver process. Patients who are sick (whether tested or not) are required to isolate for seven days after the onset of symptoms and 3 days without fever, whichever is longer. These patients will need either to designate a surrogate to pick up their methadone or to have the methadone delivered to them. The designation of a surrogate is standard practice for patients who cannot come to the OTP to receive their methadone. However, the delivery of methadone is not standard practice. The DEA has issued an emergency waiver due to the COVID emergency to allow either Opioid Treatment Program (OTP) staff, police or the national guard to deliver methadone. Considering this population's history of interaction with law enforcement, OTP staff are, by far, the best option. Nevertheless, OTP staff are facing shortages and additional resources are needed.

There are roughly 28,000 OTP patients in NYC. Of those, an estimated 60-80% have been infected (DOHMH estimate 3.20.20). Using an average of 70% and subtracting the number likely to be hospitalized due to acute symptoms (20% of those infected) we estimate that roughly 15,000 people will be isolated and will need someone to bring them their methadone. Finally, participants could have their methadone picked up by a designated adult surrogate. It is as yet unclear what amount of the isolated patients might be able to take advantage of this option.

A program will be developed utilizing both designated surrogates and delivery of methadone. We are seeking additional federal waivers to authorize shared OTP staff and additional workforce to facilitate the ability to deliver methadone.

Goal: The goal is to develop a plan for methadone delivery in NYC, including: 1) identifying funding and resources to support delivery and 2) Identify potential workforce to supplement OTP staff in delivery

Key Issues

- 1) Potential scope of delivery mechanism needed
 - a. What is an accurate number of people who might need deliveries?
 - i. Given the option for pick up by surrogates, how to reduce the calculation of over 15k people needing delivery
 - b. Delivery is required by 2 people but only one has to be an OTP staff person.
 - i. Could a city emergency vehicle drive and an OTP staff person deliver the medication?
 - c. Re: delivery, could we help facilitate delivery of doses (or pick up of doses) from OTPs closer to where someone is isolated? Guest dosing?

- 2) Workforce:
 - a. Considerations: Designated others- must have no history of substance use disorder, must demonstrate strong integrity as they will be transporting a controlled-substance.