



Medication Assisted Treatment Community of Practice

Case #1: Mary*

Mary is a 28 yo pregnant patient who was in the mid second trimester of pregnancy- around 20 weeks, when New Hampshire instituted Stay at Home orders, causing her to be laid off from her job at Subway. She lives in a predominantly rural northwestern part of the state. After being laid off, Mary attempted to apply for unemployment insurance, but received a recording every time she called. The on-line enrollment form was difficult to navigate on the very small screen on her phone, and she needs to conserve minutes by not using data, so she eventually gave up trying. She and her partner have been living on their stimulus checks and have not paid rent for the past two months.

Mary has been in treatment for OUD for the past year, but relapsed just before she got pregnant. Since discovering that she is expecting her first child, she has been highly motivated to be abstinent. Prior to Covid-19 restrictions she attended group weekly which she looked forward to as time for herself and to see people with whom she felt connected. The program required an observed urine for toxicology each week and she saw a provider who prescribed buprenorphine/naloxone every two weeks. Mary has been regular with her prenatal care, which she receives from a different practice. She has not signed a consent for them to communicate because she wishes to maintain privacy about her treatment.

After the Stay at Home order, everything has changed. Groups are now “virtual,” but she can’t attend due to data limitations and unstable internet. She speaks with her prescriber and counsellor by phone on alternating weeks. She is scheduled come into the treatment program once a month to provide a urine sample. Her prenatal care provider has also decreased frequency of in-person visits, with phone calls in between.

Her partner is in treatment at the same program, and also recently lost his job. This has made him increasingly irritable and they have been fighting more since they have been home all the time together. They live in a two room apartment, but if she goes in the other room to get away or to speak with her healthcare providers, he follows her and asks her if she is hiding something from him.

Last week, she found a syringe on top of the bathroom cabinet last week and suspects that her partner is actively using again. When she confronted him about this yesterday, he called her names and told her she better leave him alone about it “or else.” He also told her she was “alot nicer to be around” when she was using and not pregnant.

Questions for the group:

- (1) How are you screening your patients with regards to technology access?
- (2) How do you address issues of privacy when offering telemedicine?
- (3) How do you assess for and link patients to needed services?

**This case is fictitious and is a composite of real experiences of multiple patient*