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BRIEF19

A daily review of covid-19 research and policy.

RESEARCH BRIEFING

Covid-19 may be an opportunity for telehealth and substance use disorder treatment.

The covid-19 pandemic represents an opportune time for an expansion of telehealth in the care of patients with a variety of needs. In a recent [Viewpoint](#) in *JAMA*, the unique challenges and opportunities presented for telehealth with regards to substance use disorders (SUD) were presented. The authors describe the large array of telehealth options, from synchronous videoconferencing between clinicians and patients to unguided mobile health applications including telephone/text/SMS or app-based interventions.

During the last six months, several historic regulatory changes have occurred rapidly, particularly at the federal level. Importantly, the Center for Medicare and Medicaid Services has temporarily loosened many previous restrictions, allowing Medicare to cover a variety of additional telehealth services for their participants. One category of change affects remote prescriptions for controlled substances and includes liberalizing of rules so that physicians in some cases can prescribe buprenorphine via telehealth. (Buprenorphine is the active ingredient in a medication called Suboxone, a common treatment for opioid use disorder, which reduces cravings and helps prevent overdoses).

Despite this updated flexibility, to date the adoption of telehealth for SUDs has been limited compared to other behavioral health or mental health conditions, due largely to the requirement of frequent provider-patient encounters, intensive monitoring (e.g. frequent urine drug screens). In addition, some clinicians have discomfort with the idea of evaluating such patients remotely. Ultimately, a combination of increased provider awareness, regulatory flexibility, and improved digital platforms present a unique opportunity to increase the footprint for care of SUD patients. But in order to improve the situation overall, uptake of these modern practices will need to expand and become the “standard of care,” and not just during an emergency pandemic period.

–Bernard P. Chang MD PhD

How long do symptoms last after recovering from covid-19 infection?

While a great deal of literature describes the clinical features of acute covid-19, little is known about whether recovered patients have persistent symptoms. A new [Research Letter](#) in *JAMA* describes the symptoms of 143 recovered patients in Italy. On average, patients were assessed two months after their initial covid-19 symptoms. Over 87 percent of patients reported at least one symptom deemed to be related to SARS-CoV-2. The most common complaints were fatigue and difficulty breathing. Other “classic” covid-19” symptoms such as cough, loss of smell, taste, and of appetite were reported in some patients at the time of follow-up, but far less. The study provides some indication that recovery from covid-19 may take longer than is commonly appreciated. It may be that some patients are left with chronic symptoms. A limitation of this study is that these findings are not unusual for patients with other forms of pneumonia (i.e. this may not be unique to covid-19). Also, it is unknown how many of these patients had any of these symptoms prior to their covid-19 illness. It is known that individuals with pre-existing medical conditions are more likely to have more severe cases of covid-19. Those same persons may have rougher roads to recovery.

–Jeremy Samuel Faust MD MS

POLICY BRIEFING

Coronavirus vaccine triage. Who will get it first?

As multiple vaccine candidates are being evaluated for efficacy against the novel coronavirus, with human trials [underway](#) in the United Kingdom and the United States advancing multiple candidates through [Operation Warp Speed](#), one lingering question is who will benefit from a finished product first. Many experts agree that a viable vaccine may be available as soon as winter, but that it will take many additional months before widespread distribution is an option. To address this, the US Centers for Disease Control and Prevention (CDC) and an outside advisory committee of health experts have [started developing](#) a ranking system to determine who the earliest recipients of a vaccine ought to be. Preliminary planning documents show that the first rounds will be designated to vital medical and national security officials, followed by essential workers and those considered high risk, including the elderly and persons with underlying medical conditions.

Complicating the discussions is the evidence that Black and Latino populations are disproportionately affected by the virus. Prioritizing treatment based on race, could be controversial, especially at a time in which the erosion of public trust in vaccines has led to lower rates of vaccinations in many communities across the political spectrum. *Various.*

—Joshua Lesko, MD

SBA resumes Paycheck Protection Program applications.

The Small Business Administration has [extended](#) the Paycheck Protection Program (PPP) application deadline after the original deadline passed with more than \$130 billion of the initial \$660 billion allocation still unclaimed. While initially drafted to address concerns in covering businesses' essential costs like payroll, the bill's sponsors now envision pivoting the program to meet challenges that have evolved over multiple months under pandemic restrictions, shifting the focus towards longer-term support. Further, there is emerging consent that smaller businesses should benefit, and that the ability of subsidiaries of large corporations to receive the funds should be limited. The new deadline for applications is August 8, 2020. *National Public Radio.*

—Joshua Lesko, MD

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Brief19 is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health policy, and public policy.