We demonstrate feasibility and initial outcomes of a pilot telemedicine buprenorphine program developed in a rural Maryland detention center during the COVID-19 pandemic.

METHODS

Setting: Talbot County Detention Center, Maryland, a 148-person-rated facility, mean LoS = 6 mths
Population: Eligible incarcerated individuals consenting to telemedicine buprenorphine treatment
Time frame: August 15, 2020—February 15, 2021
Telemedicine Encounters: Intake encounter is conducted via telemedicine with physicians located over 60 miles away in downtown Baltimore. Weekly or bi-weekly follow-ups conducted as needed. A correctional officer is present during all encounters.
Telemedicine has provided a viable solution to fill OUD treatment gaps in community settings, but its implementation in correctional settings has received little research.

Here we describe implementation of a de novo telemedicine program to provide buprenorphine treatment in a rural Maryland detention center and report initial outcomes on the first seven patients treated.

RESULTS

We demonstrate feasibility and initial outcomes of a pilot telemedicine buprenorphine program developed in a rural Maryland detention center during the COVID-19 pandemic.

METHODS

Setting: Talbot County Detention Center, Maryland, a 148-person-rated facility, mean LoS = 6 mths
Population: Eligible incarcerated individuals consenting to telemedicine buprenorphine treatment
Time frame: August 15, 2020—February 15, 2021
Telemedicine Encounters: Intake encounter is conducted via telemedicine with physicians located over 60 miles away in downtown Baltimore. Weekly or bi-weekly follow-ups conducted as needed. A correctional officer is present during all encounters.
Telemedicine has provided a viable solution to fill OUD treatment gaps in community settings, but its implementation in correctional settings has received little research.

Here we describe implementation of a de novo telemedicine program to provide buprenorphine treatment in a rural Maryland detention center and report initial outcomes on the first seven patients treated.

RESULTS

We demonstrate feasibility and initial outcomes of a pilot telemedicine buprenorphine program developed in a rural Maryland detention center during the COVID-19 pandemic.

METHODS

Setting: Talbot County Detention Center, Maryland, a 148-person-rated facility, mean LoS = 6 mths
Population: Eligible incarcerated individuals consenting to telemedicine buprenorphine treatment
Time frame: August 15, 2020—February 15, 2021
Telemedicine Encounters: Intake encounter is conducted via telemedicine with physicians located over 60 miles away in downtown Baltimore. Weekly or bi-weekly follow-ups conducted as needed. A correctional officer is present during all encounters.
Telemedicine has provided a viable solution to fill OUD treatment gaps in community settings, but its implementation in correctional settings has received little research.

Here we describe implementation of a de novo telemedicine program to provide buprenorphine treatment in a rural Maryland detention center and report initial outcomes on the first seven patients treated.

RESULTS

We demonstrate feasibility and initial outcomes of a pilot telemedicine buprenorphine program developed in a rural Maryland detention center during the COVID-19 pandemic.

METHODS

Setting: Talbot County Detention Center, Maryland, a 148-person-rated facility, mean LoS = 6 mths
Population: Eligible incarcerated individuals consenting to telemedicine buprenorphine treatment
Time frame: August 15, 2020—February 15, 2021
Telemedicine Encounters: Intake encounter is conducted via telemedicine with physicians located over 60 miles away in downtown Baltimore. Weekly or bi-weekly follow-ups conducted as needed. A correctional officer is present during all encounters.
Telemedicine has provided a viable solution to fill OUD treatment gaps in community settings, but its implementation in correctional settings has received little research.

Here we describe implementation of a de novo telemedicine program to provide buprenorphine treatment in a rural Maryland detention center and report initial outcomes on the first seven patients treated.

RESULTS

We demonstrate feasibility and initial outcomes of a pilot telemedicine buprenorphine program developed in a rural Maryland detention center during the COVID-19 pandemic.

METHODS

Setting: Talbot County Detention Center, Maryland, a 148-person-rated facility, mean LoS = 6 mths
Population: Eligible incarcerated individuals consenting to telemedicine buprenorphine treatment
Time frame: August 15, 2020—February 15, 2021
Telemedicine Encounters: Intake encounter is conducted via telemedicine with physicians located over 60 miles away in downtown Baltimore. Weekly or bi-weekly follow-ups conducted as needed. A correctional officer is present during all encounters.
Telemedicine has provided a viable solution to fill OUD treatment gaps in community settings, but its implementation in correctional settings has received little research.

Here we describe implementation of a de novo telemedicine program to provide buprenorphine treatment in a rural Maryland detention center and report initial outcomes on the first seven patients treated.

RESULTS

We demonstrate feasibility and initial outcomes of a pilot telemedicine buprenorphine program developed in a rural Maryland detention center during the COVID-19 pandemic.