

## Virtual Intensive Outpatient Outcomes: Preliminary Findings

Hazelden Betty Ford had piloted a telehealth addiction treatment prior to the novel coronavirus pandemic with a one year timeline for implementation. As a result of the pandemic, our timeline was accelerated, and we pivoted the majority of our intensive outpatient (IOP) services from in-person to virtual at the beginning of the pandemic. In order to better understand what works in virtual services and for whom, we undertook an evaluation of virtual IOP services.

Three groups of individuals attending IOP were followed: an **in-person** comparison group, a **transition** group (started in-person and switched to virtual) and a **virtual** group. Overall, there were no differences in sex, race, employment, or education between the IOP groups that were followed. Age differences were found such that older patients may have had more difficulty making the transition to virtual care; however, those who started in virtual care were significantly older than those in the in-person and transition group, suggesting that it was the transition that was the barrier and not the actual treatment modality itself. This difference will be further explored in analyses for the subsequent rounds of data pulls.

Patients in the transition group had the longest length of stay, likely due to the processes required for the transition and the instability created by the pandemic. Individuals in the virtual group attended more IOP sessions than those in the in-person group. Moreover, our virtual IOP patients and those who transitioned from in-person to virtual care discharged at a significantly lower rate against medical advice (AMA) than did the in-person IOP patients. Finally, there were no significant differences across formats in the proportion of patients who stepped down to IOP from Hazelden Betty Ford residential or partial hospitalization program (PHP) in the previous 14 days, suggesting that virtual IOP is an acceptable alternative to in-person IOP for many patients.

Patients who transitioned to the virtual platform did not report the platform to be any more difficult to use than those who started and finished treatment in virtual.

**One month and three month outcomes:** There were no significant differences between formats across a variety of outcomes at one-month follow-up. Patients in the virtual and transition groups were just as likely to report abstinence at one-month as patients who attended in-person IOP treatment. Similarly, no differences between formats were detected in regards to Alcoholics Anonymous (AA) attendance, quality of life (mental or physical health), and in reported psychological well-being or self-efficacy to stay sober.

At three-month follow-up, patients in the virtual and transition groups were just as likely to report abstinence and AA attendance as patients who attended in-person IOP treatment. Patients who transitioned to the virtual platform from in-person IOP were more likely to report higher quality of life at three-month follow-up compared to those who participated in in-person IOP. This suggests there may have been a longer-term benefit to one's perceived overall quality of life for those who continued to receive IOP care during a difficult period of adjustment (e.g., the initial stages of the pandemic).

**Overall, our preliminary findings indicate that virtual IOP services have been as effective as in-person IOP treatment has been.**

Type of IOP	Sample size (n)	Percent
In-person	1,009	33.7%
Mixed (in-person -> virtual)	507	16.9%
Virtual	1,446	48.3%
<b>Total</b>	<b>2,996</b>	

Note: 34 (1.1%) are currently categorized as unknown due to CRG needing to be updated

	In-person (N = 1,009)	Virtual (n = 1,446)	Mixed (n = 507)	Overall (n = 2,996)
Gender (% male)	62.3	60.7	65.1	62.0
Age (M, SD)	38.97** (13.70)	40.13** (13.19)	37.58** (13.19)	39.29 (13.41)
Race (% White)	90.7	90.8	89.9	90.7
Ethnicity (% not Hispanic)	92.2	89.6	92.9	91.0
Employment status (%)				
Full-time, part-time, or self-employed	58.8	62.3	60.6	60.5
Unemployed	26.9	23.8	24.5	25.1
Education level (%)				
Did not complete high school	2.7	2.1	2.8	2.4
High school graduate/G.E.D.	9.8	9.2	9.9	9.6
Some college or more	59.7	54.7	55.8	56.7

\*\*p ≤ .01

Type of IOP - 1 mo. survey	Sample size (n)	Percent
In-person	38	9.2%
Mixed	160	38.6%
Virtual	217	52.2%
<b>Total</b>	<b>415</b>	
Type of IOP - 3 mo. survey	Sample size (n)	Percent
In-person	243	59.7%
Mixed	124	30.5%
Virtual	40	9.8%
<b>Total</b>	<b>407</b>	