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This presentation is part of the Community Rounds Workshop Series

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Disclosures

There is nothing to disclose for this UVM CORA Community Rounds session.

Potential Conflict of Interest (*if applicable*):

All Potential Conflicts of Interest have been resolved prior to the start of this program.

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Community Rounds
WORKSHOP SERIES

September 8, 2021

Peer Recovery as an Evidence-Based Practice: From Science to Impact

John Kelly, PhD, ABPP
Mark Depman, MD
Liza Ryan, Peer Recovery Specialist

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Telehealth for Substance Use Disorders and Considerations for Rural Regions

Allison Lin, MD, MSc

Assistant Professor, Department of Psychiatry, University of Michigan Addiction Center

Research Scientist, VA Ann Arbor

Session Objectives

- Discuss evidence and methods on telehealth for SUD care
- Describe how treatment has evolved during the COVID-19 pandemic
- Identify regulatory and prescribing considerations for telehealth in rural communities
- Identify methods/alternatives to monitoring for substance use from remote rural patients
- Consider challenges and opportunities for SUD telehealth services in rural regions with a focus on practical challenges to address (stigma, technology, etc)

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Outline

- Brief review of impacts and treatment for SUDs (focus on alcohol and opioid)
- Background and context on telehealth for SUD
- Summarize evidence on telemedicine for SUD
- Describe key changes with telehealth for SUD populations since COVID-19
- Discuss special topics (stigma, technology challenges, urine tox)

Acknowledgements & Disclosures

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- Work supported by:
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  - NCCIH (R01 AT010797)
  - CDC UM Injury Prevention Center (R49 CE003085)
  - State Opioid Response SAMHSA(21-PAF02088: MI-teleCONNECT)

US SUD-related deaths

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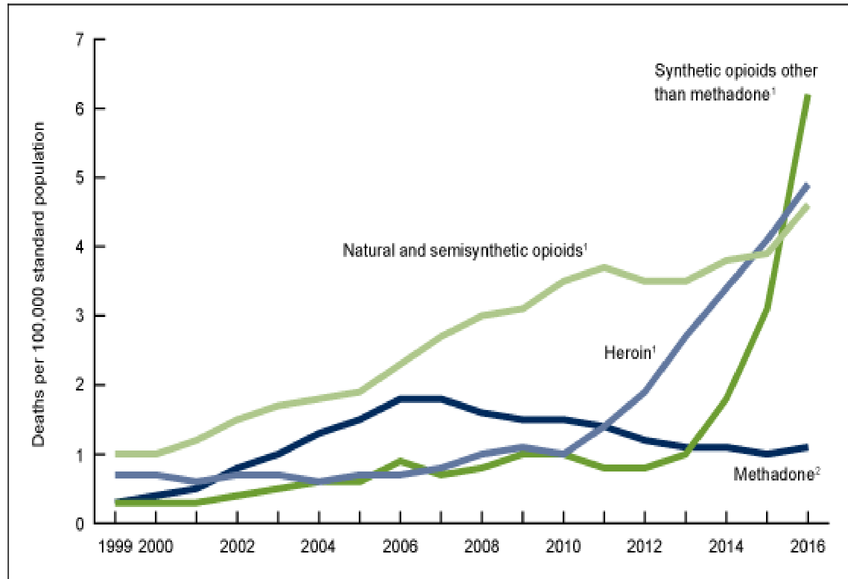
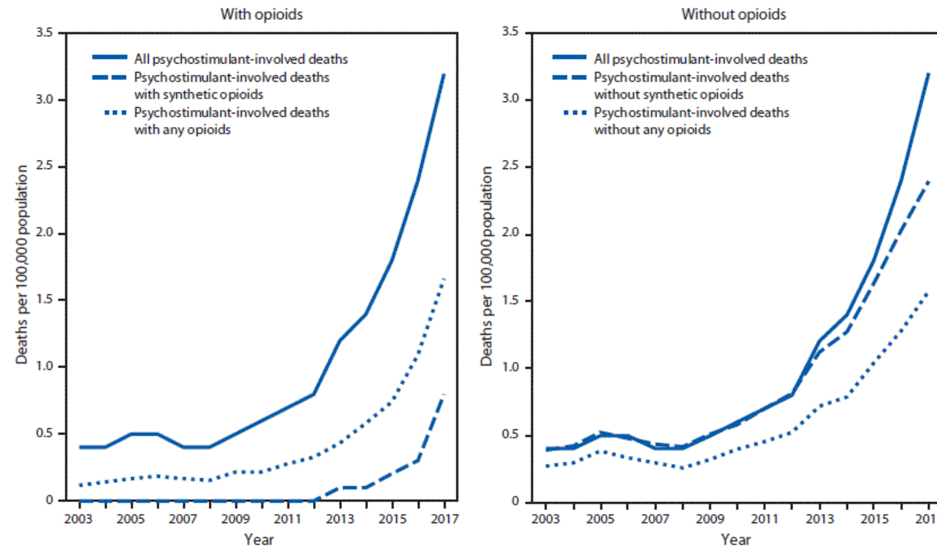
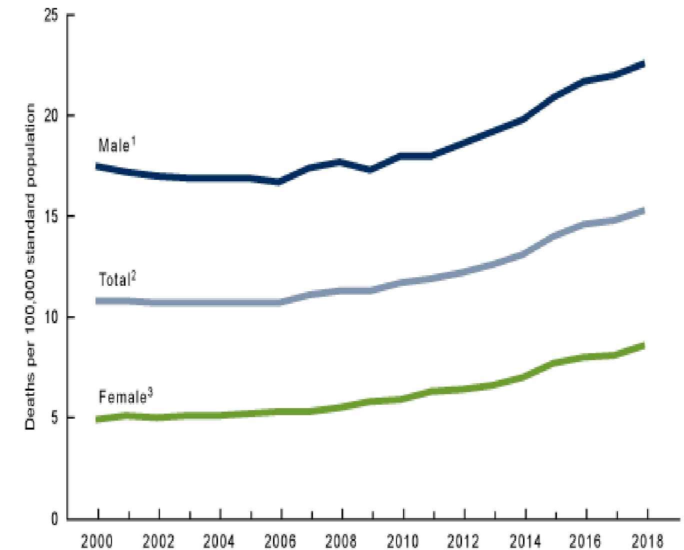
Opioids



Stimulants



Alcohol



(Hedegaard, 2017; Kariisa 2019; Spencer 2020;)

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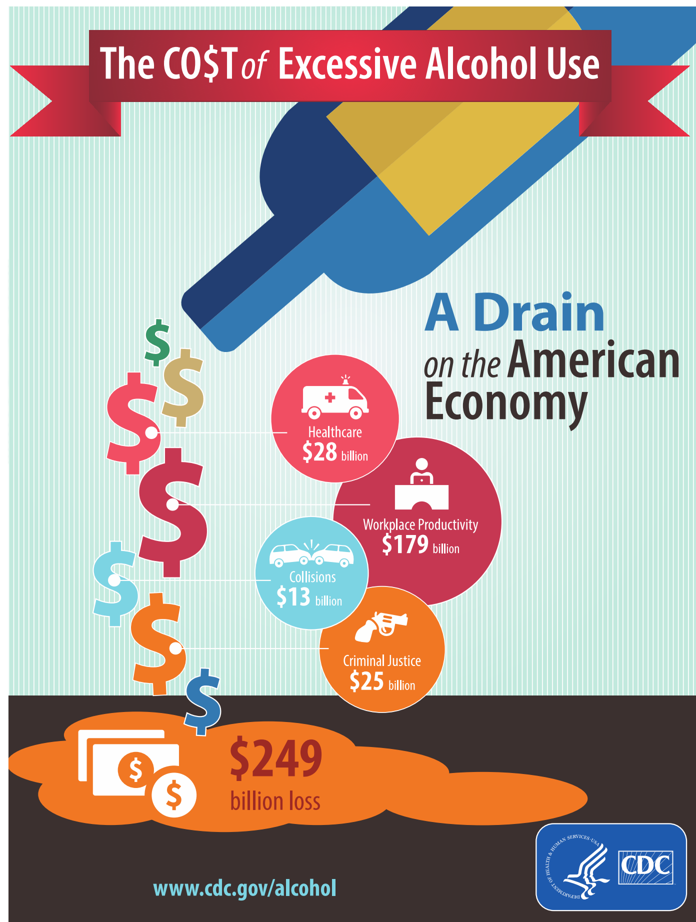
Extensive impacts from alcohol



95,000 people die from alcohol related causes annually

Alcohol is the 3rd leading preventable underlying cause of death in US after tobacco and poor diet/exercise

Unhealthy alcohol use cost the US $249.0 billion annually

(Centers for Disease Control and Prevention (CDC); Mokdad et al., 2004; Sacks et al., 2015)

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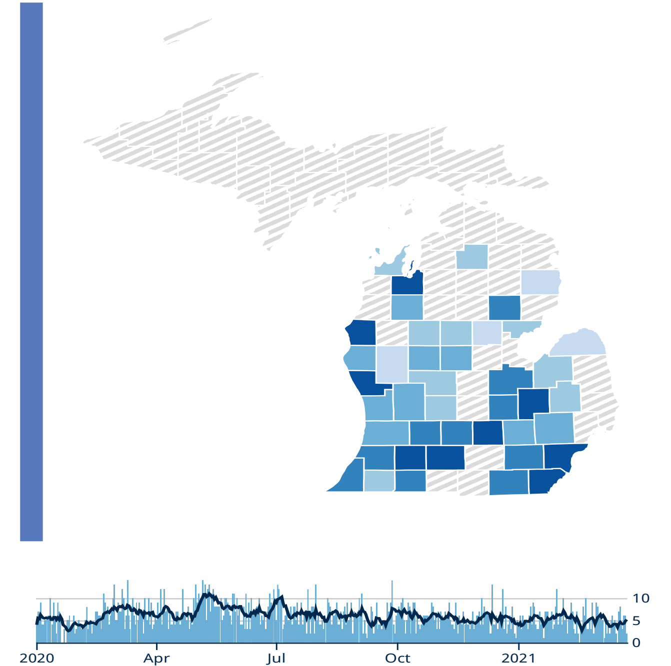
COVID-19 increased substance use problems

- Increased stressors for many including parents, older adults, unemployed or insecurely employed, and under-served groups
- Increased use of alcohol and drugs to cope

2,707

Suspected fatal overdoses*
Jan 1, 2020 - Mar 24, 2021



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Few people with substance use disorders receive treatment

- 21 Million Americans have a substance use disorder, but only 10% receive treatment
- Treatment rates much lower than other mental health disorders
- Only ~ **3000** addiction trained psychiatrists in US

Figure 4. Map of Addiction Psychiatrists per 100,000 Population by U.S. County

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Effective Treatments for alcohol use disorder

FDA-approved Medications

- Disulfiram: 1949
- Naltrexone: 1994
- Acamprosate: 2004

Effective Psychotherapies

- Cognitive Behavioral Therapy
- Motivational Interviewing
- Contingency Management

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Effective treatments for opioid use disorder

1. Methadone:

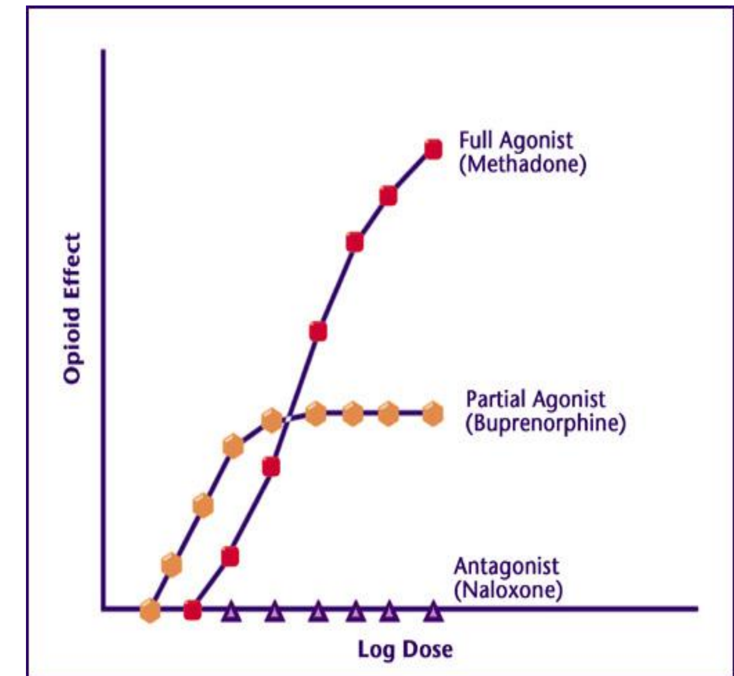
- Often dosed daily.
- Can only be used in DEA approved opioid treatment programs
- Full opioid agonist.

2. Buprenorphine/naloxone (Suboxone®, Sublocade®, etc)

- Since 2004, providers allowed to prescribe in office based setting after obtaining training and X-waiver
- Partial opioid agonist.

3. Long-acting naltrexone (Vivitrol®)

- Monthly injection
- Opioid antagonist



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OUD treatment effectiveness

- Reductions in opioid use
- Improved HIV and Hep C outcomes
- Recent evidence suggesting cost effective and improved quality of life

Medications are the most effective treatment for OUD. Without medication treatment, patients have much higher rates of substance use and overdose.

(Norton et al 2017, Altice et al 1999, Kenworthy et al., 2017; Nosyk et al., 2015 Schwartz et al 2013, Sordo et al 2017)

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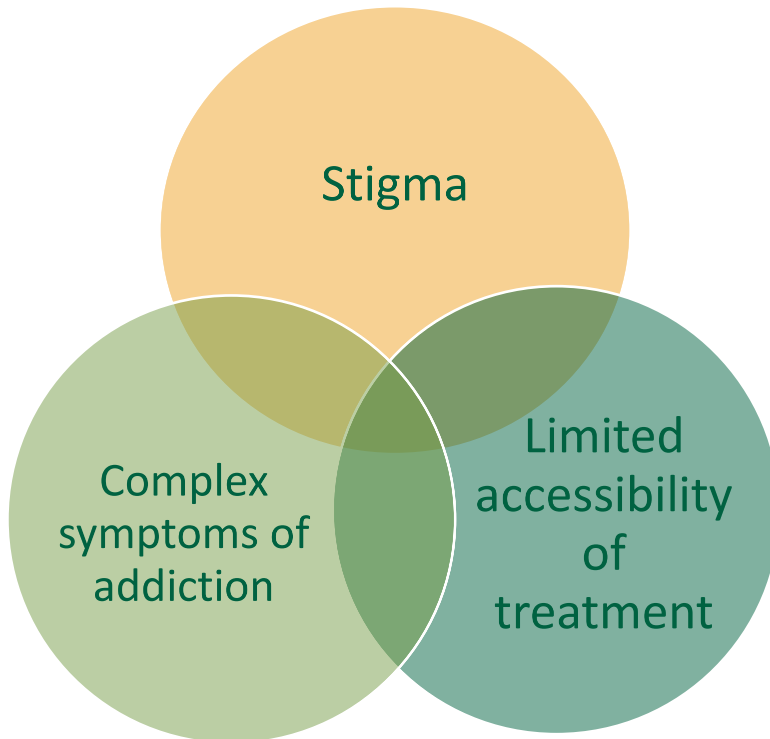
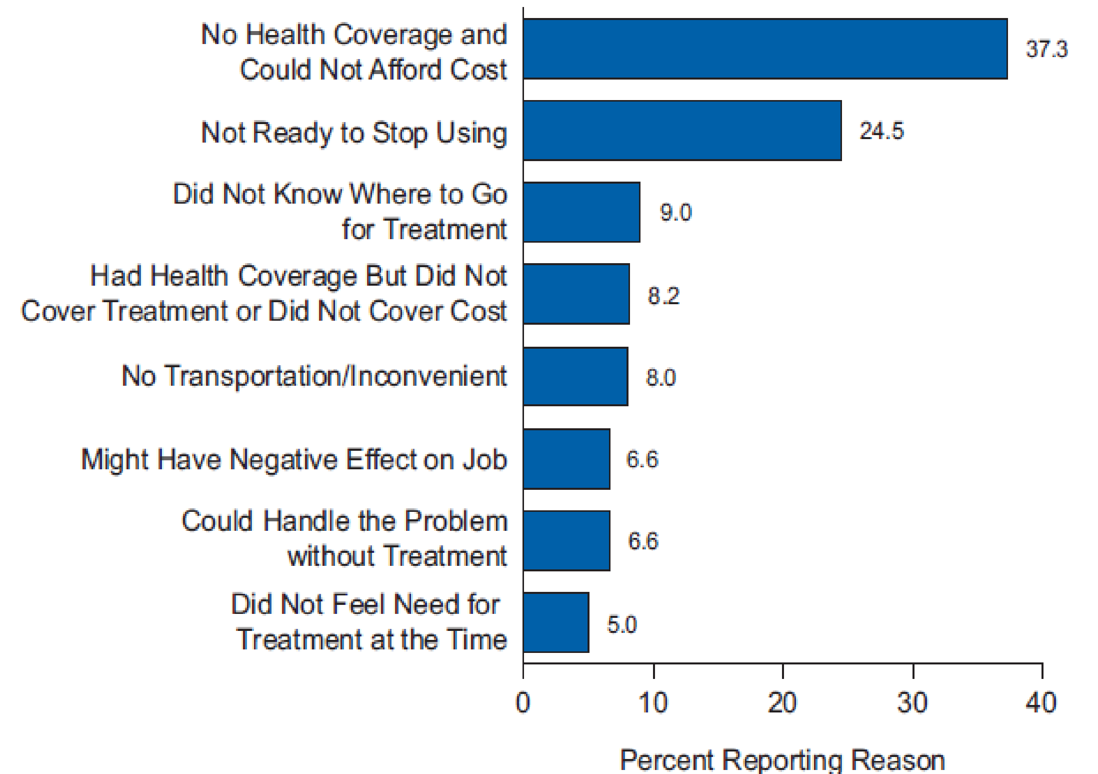
Barriers to SUD Treatment

Despite such extensive negative impacts from SUDs, treatment rates have long remained low and are much lower than other mental health conditions.

The question is why?





(SAMHSA, 2015; Lembke 2016;Morgan 2017;)

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Distance is a particular barrier for SUD treatment in rural communities

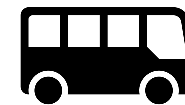
- Distance has been described by patients as a major reason for discontinuing SUD treatment and associated with lower follow up for SUD treatment

- Particularly challenging for SUD treatment that often requires frequent (weekly) visits over time and many SUD clinics have practice where they discharge patients if they miss appointments

- Particular barrier for this patient population –

"What's the one thing that could help you engage in treatment?..."

"That's easy, a car!"



(Gryczynski et al., 2014; Schmitt et al., 2003)

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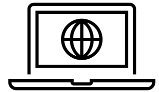
What is telemedicine?

Synchronous/live videoconferencing: connects providers and patients in real time for direct care delivery (most common modality reimbursed)



Asynchronous/store and forward: not "real time," allow for electronic transmission of medical information, such as digital images

Other modalities such as telephone, text or web-based interventions not included

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Effectiveness of telemedicine-delivered treatments for chronic diseases

- Across numerous large systematic reviews, telemedicine-delivered treatment has been shown to be non-inferior to in-person treatment.
- In particular for mental health conditions (e.g. Depression, PTSD, etc).
- Studies highlight that telemedicine can reduce barriers including stigma and improve accessibility, especially in rural communities
- However, need to consider logistics including patient and clinician-side technology challenges and rapport-building

(Flodgren et al., 2015; Hill et al., 2010; Hilty et al., 2013; Jenkins-Guarnieri et al., 2015)

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What we know currently about telehealth for SUDs

- Evidence for telehealth is robust for mental health and other conditions, but limited number and quality of studies for addiction motivated our systematic review
- Some indicators of comparable therapeutic alliance and retention in care compared to in-person treatment though no fully powered studies

Key future questions include:

ELSEVIER

Contents lists available at ScienceDirect

Journal of Substance Abuse Treatment

journal homepage: www.elsevier.com/locate/jsat

Telemedicine-delivered treatment interventions for substance use disorders: A systematic review

Lewei (Allison) Lin[a,b,*], Danielle Casteel[c], Erin Shigekawa[d], Meghan Soulsby Weyrich[e], Dylan H. Roby[f], Sara B. McMenamin[g]

1) If telehealth can actually increase treatment and for which patients

2) Effectiveness of different models of telehealth with an emphasis on linkage to care

3) Examining patient and clinician experiences/preferences

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And then came COVID-19

- Ryan Haight Online Pharmacy Act Exemption during Public Health Emergency

- New guidance and changes from SAMHSA, DEA, payers and others decreasing barriers in :
  - Use of phone visits
  - Take home methadone
  - CFR42 part 2
  - HIPAA
  - Reimbursement

Viewpoint ONLINE FIRST

July 1, 2020

Telehealth for Substance-Using Populations in the Age of Coronavirus Disease 2019

Recommendations to Enhance Adoption

Lewei (Allison) Lin, MD, MS[1,2]; Anne C. Fernandez, PhD[2]; Erin E. Bonar, PhD[2,3]

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Major Regulatory Changes for COVID-19

1. **Ryan Haight Exemption**
2. **Medicare and other insurance reimbursement**

- CMS is temporarily waiving restrictions so that Medicare will cover additional telehealth services. Expanded locations and types of services. https://www.medicare.gov/coverage/telehealth

1. **Cross state prescribing**

- DEA resource : https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-018)(DEA067)%20DEA%20state%20reciprocity%20(final)(Signed).pdf
- The important thing is that providers still need to check the laws in each state (both where they are and where the patient is located including in the delivery of telemedicine) to see if there are reciprocity rules in both states.

Thing are rapidly changing – important to check updated information!!!

(Lin et al., 2020)

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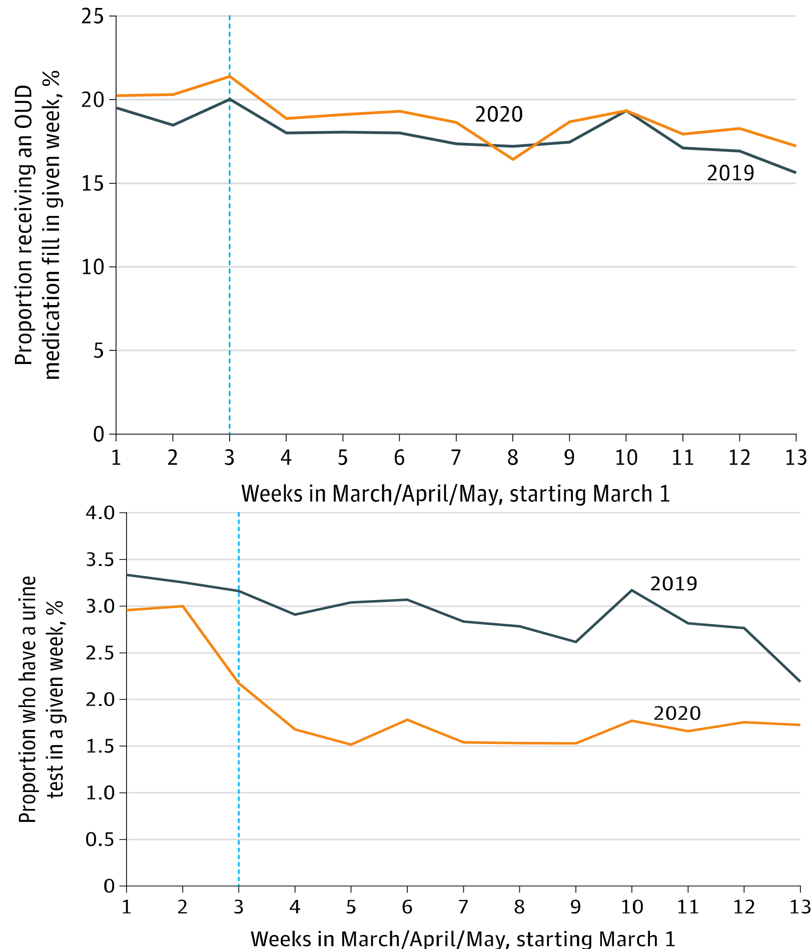
Initial Post-COVID data on OUD treatment

A People with recent OUD medication treatment
(n = 16 128 in 2019 and 18 068 in 2020)



“the first 3 months of the pandemic, among patients already receiving OUD medication, there was no decrease in medication fills or clinician visits. However, fewer individuals initiated OUD medications”

(Huskamp et al, 2021)

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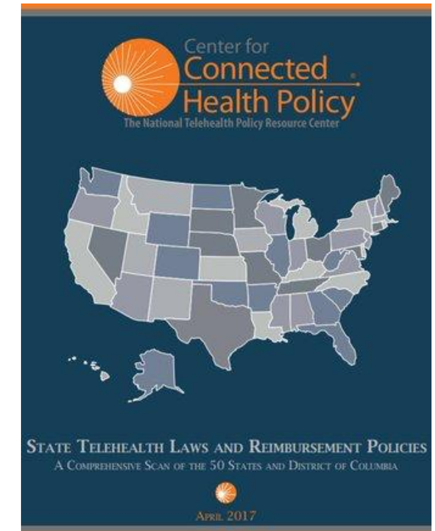
But barriers still exist and will likely persist after COVID-19

- Clinician/staff discomfort due to uncertainty about effectiveness and practices (e.g. urine screens, etc)
- Adhering to federal and state regulations including on prescribing controlled medications
- Engaging patients in care especially those in rural areas or those with limited access to technology
- Uncertainty about whether new regulations will persist
- How to treat more complex patients who may at times need higher level of care



https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies

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Patient views on tele-SUD

Telehealth advantages	Telehealth disadvantages	Ongoing challenges to address
Convenience “It’s just very convenient you know, you don’t have to worry about going out, parking, getting gas…just turn on the iPad and you’re good to go”	**Decreased connection** “When you remove that human element where you’re in the same room with me…you remove the human aspect of it”	**Technology issues** “We tried to do the video thing and like you know I can hear her, she couldn’t hear me and then there was no video”
Decreased stigma "I would say that it would be the phone, in some ways I feel better, it makes it easier. The actual non-contact is easier, not because of Covid, but just because it makes it easier to talk to somebody, um, because you can’t see if they’re judging you or not"	**Lose an opportunity for reflection** “It (driving home from the clinic) gives you that extra hour to really let everything sink in for what you guys have discussed. Instead of someone saying ok yah that was a great conversation on the phone, you were actually interacting with somebody”	**Lack of privacy at home** “I think I still prefer to go in person just because if I’m at home, my family’s there you know I don’t necessarily want them to hear everything I’m saying either”

(Lin et al, work in progress)

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Patient LT – Case Study

LN is 67 yo divorced man living in rural Michigan with history of HTN, COPD, and chronic back pain who you have treated for the past 10 years. He calls the clinic to request a follow-up visit. Your clinic is minimizing in-person visits, so you schedule him for an initial evaluation via video. During the visit, he breaks down and says he has not been doing well because he recently lost his job as a restaurant manager and he has been at home and feeling socially isolated and he has been buying prescription opioids on the street. He is constantly thinking about taking opioids and has not been able to cut down or stop on his own.

What are some next steps?

- Ask about impacts on his life and other symptoms of OUD
- Assess for other mental health symptoms and other substance use disorders
- Ask about history of treatment and experience with treatments

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Patient LT continued…

He also describes depressive symptoms including depressed mood and insomnia. Reports intermittent cannabis use but denies symptoms of other SUDs. He has gotten buprenorphine from a friend and found it helpful but has not been able to take consistently

What might you recommend?

- Discuss medication options (buprenorphine/naloxone likely first line)
- Ask about his ability to do a urine screen and obtain other labs (CMP, etc)
- Discuss community support resources (AA, SmartRecovery, etc). Many offer virtual options. Consider referral to psychotherapy for OUD and depression if patient interested

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Patient LT continued…

You've been conducting telehealth visits with the patient every 2 weeks via video and patient doing generally well in his first 2 months of treatment. However, he has had major challenges providing urine toxicology screens because he has limited access to transportation and has also been social distancing and trying to minimize in-person settings. He does report occasional times when he has used cannabis and additional prescription opioids

- **How might you consider assessing for substance use/overall clinical picture if patient unable to provide regular urine screens?**
- **What additional steps might you recommend?**

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Additional topics

- Addressing stigma
- Addressing urine screens
- Addressing technology
  - **Broadband and Internet Access**: The Universal Service Administrative Company (USAC) offers the Rural Health Care Telecommunications Program that provides assistance to rural healthcare providers on eligible expenses for broadband and telecommunications access.

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Importance of reducing stigma

- SUDs are highly stigmatized, with stigma pervasive at patient, healthcare, and societal levels.
- Feelings of stigma and shame among those with SUD are associated with reduced treatment use, with particular facets relevant to rural populations
- Patients with SUD report preferring to receive their SUD treatment in primary care and other locations

(Chartier et al., 2016; Keyes et al., 2010; Lieberman et al., 2014; Wallhed Finn et al., 2014)

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Challenges with technology

- What happens with a dropped call?
- What if you hear patient is driving?
- What if a patient does not have private location?
- What if a patient is not able to do a video visit?
  - no device, no wifi, etc

➢ **Other Telebehavioral Health Modalities for Rural:** Since travel and technology both pose challenges in rural areas, there's potential to more widely implement a blended telebehavioral health video conferencing format—in which space and technology are available, but joining from home is also an option

➢ Audio only options can serve telebehavioral rural needs well

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Alternatives to Toxicology Testing

- Testing site convenient to patients
  - Order sent to private labs (reimbursed by pt’s insurance)
- Are urine toxicologies required?
  - Monitoring is required.
  - Check local regulations
- Other ways to monitor
  - Detailed questioning, measurement-based care
  - Reports from significant others
  - Close and frequent observation
  - Other clinical monitoring

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Additional Resources on Telemedicine for SUD

Substance Abuse and Mental Services Administration (SAMHSA) COVID-19 related guidance and resources
https://www.samhsa.gov/coronavirus

SAMHSA technical assistance for SUD treatment during COVID-19
https://www.samhsa.gov/sites/default/files/training-and-technical-assistance-covid19.pdf

Community Support (AA, SmartRecovery, etc) Resources
https://alcoholtreatment.niaaa.nih.gov/support-through-the-process/long-term-recovery-support

General Telehealth Resources
https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/
https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/prescribing-controlled-substances-via-telehealth/

Telebehavioral Health Best Practices and Resources
https://telehealth.hhs.gov/providers/telehealth-for-behavioral-health/
https://telehealthresourcecenter.org
https://tbhcoe.matrc.org

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Recap of Rural Barriers and Rural-specific pros of Telemedicine

Telemedicine may help address:

- Distance to care/accessibility of SUD and mental health treatment
- Rural-specific views on SUDs and treatment that serve as barriers to care.

Ongoing challenges:

- Engaging rural patients in treatment
- Technology/internet availability

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Questions

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Questions & Discussion

Email us your questions at cora@uvm.edu

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Wednesday, September 8th 11-1pm ET

Peer Recovery as an Evidence-Based Practice: From Science to Impact
John Kelly, PhD, Mark Depman, MD, Liza Ryan, Peer Recovery Coach

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