

# **Behavioral Health Institute (BHI)**

## **Training, Workforce and Policy Innovation Center**

### **TeleBehavioral Health 301 Training Series**

Behavioral Health Telehealth Resource

Website: <https://bhinstitute.uw.edu>

Email: [bhinstitute@uw.edu](mailto:bhinstitute@uw.edu)

Date: April 15, 2022

# **Behavioral Health Institute (BHI)**

## **Training, Workforce and Policy Innovation Center**

The Behavioral Health Institute is a Center of Excellence where innovation, research and clinical practice come together to improve mental health and addiction treatment. BHI established initial priority programs which include:

- Improving care for youth and young adults with early psychosis
- Behavioral Health Urgent Care Walk in Clinic
- Behavioral Health Training, Workforce and Policy Innovation Center
- Expanded Digital and Telehealth Services

# WEBINAR LOGISTICS

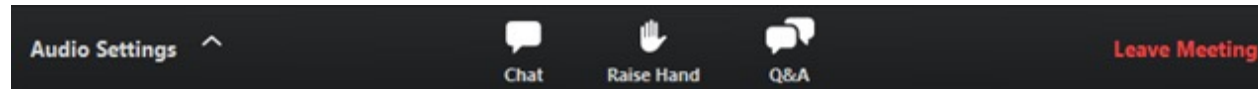
## CHAT Box

- We'll share info about logistics
- Let us know if you are having tech issues
- To you: from our training team
- From you: only visible to hosts/panelists
- NOT for content-related questions (see next slide)

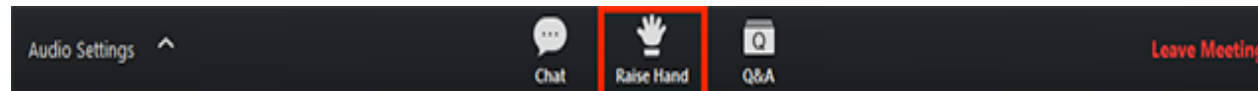
# WEBINAR LOGISTICS

## Q & A

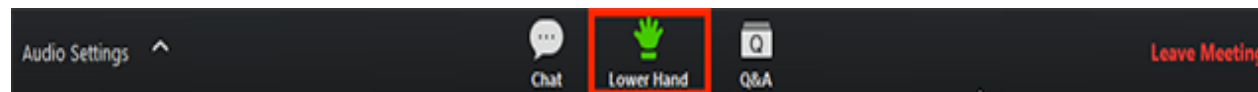
1. Type question into Q&A Window
2. Raise hand (will be called on/unmuted)
  - Click Raise Hand in the Webinar Controls



- The host will be notified that you've raised your hand.



- Click Lower Hand to lower it if needed



# Speaker Disclosures

None of the series speakers have any relevant conflicts of interest to disclose.

# Planner disclosures

The following series planners have no relevant conflicts of interest to disclose:

Brad Felker MD  
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Topher Jerome

# DISCLAIMER

Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.

Always consult with legal counsel.

# We gratefully acknowledge the support from



# BUILDING TELEHEALTH CAPACITY for BEHAVIORAL HEALTH

TeleBehavioral Health 301

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## APPLYING TELEHEALTH TO SUD

MARK DUNCAN, MD

ASSISTANT PROFESSOR

UNIVERSITY OF WASHINGTON DEPT OF PSYCHIATRY & BEHAVIORAL SCIENCES

APRIL 15, 2022



## Learning Objectives:

1. Briefly review what the evidence says about telehealth SUD treatment
2. Highlight the growth of telehealth for SUD treatment
3. Describe what impact telehealth has had on SUD treatment

# 2020 Telehealth for SUD: it can be done

- Evidence has been growing
  - - Opioids, Alcohol, Tobacco
- - Psychotherapy
  - - Individual and group
  - - On-site and off-site
- - Medication
  - - Providers beamed into remote clinic
  - - Regulatory issues have slowed progress

Lin, LA et al, 2019

# 2020 Telehealth Visits for SUDs are essentially\* the same

**\*once you are on the call**

- **High patient satisfaction**
- **Convenient**
- **Increase access**
- **Need to consider connection barriers**

Lin, LA et al, 2019

# 2020 Pandemic vs Non-pandemic?

## Assessing the Risk/Benefit



**ASAM** American Society of  
Addiction Medicine

Pandemic	Non-Pandemic
Initial in-person visit for Buprenorphine not required	Initial in-person visit for Buprenorphine required
Limited Urine Drug Testing	Baseline urine drug testing
Refills without in-person visits	In-person visits for refills
Consideration for delivery of meds (if quarantined)	N/A
More frequent check-ins by phone	Regular frequency

<https://www.asam.org/Quality-Science/covid-19-coronavirus>

# What has happened since 2020?

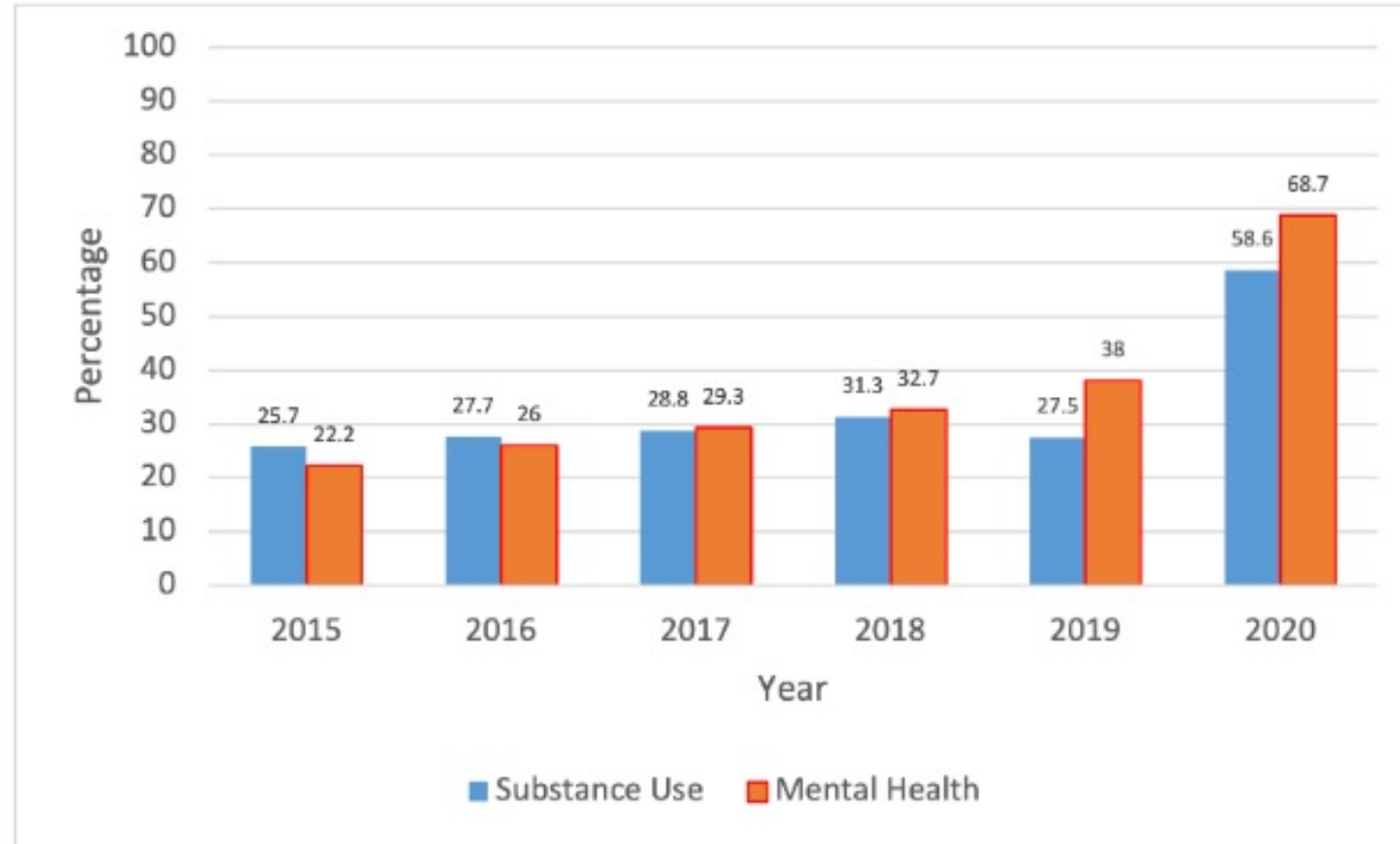
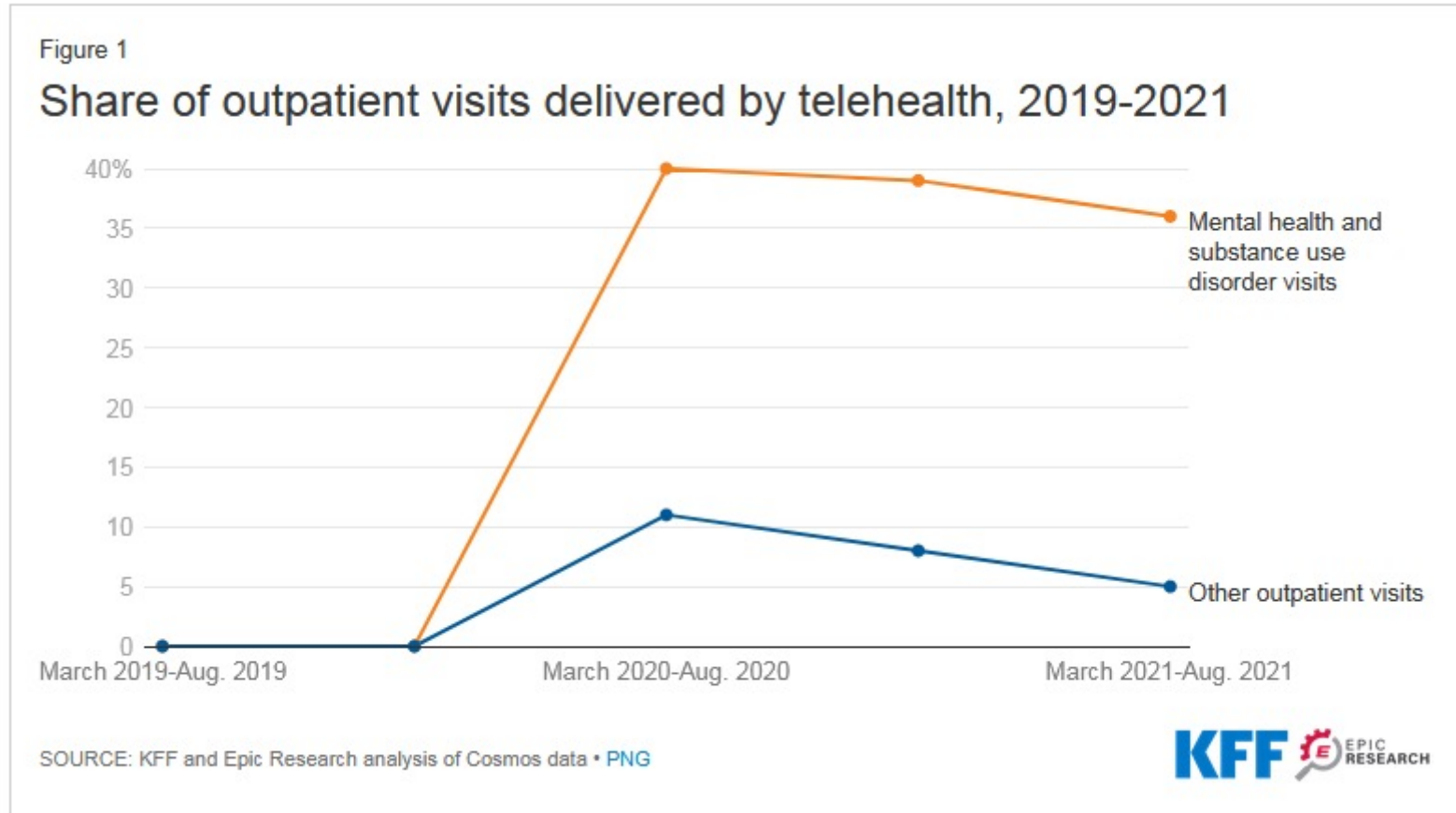


Figure 1: Percentage of Treatment Facilities Providing Telemedicine, United States, 2015-2020.

Alvarado, H.A. (2021, December 29). Telemedicine Services in Substance Use and Mental Health Treatment Facilities (The CBHSQ Spotlight). Rockville, MD: Substance Abuse and Mental Health Services Administration.

# What has happened since 2020?



<https://www.kff.org/coronavirus-covid-19/issue-brief/telehealth-has-played-an-outsized-role-meeting-mental-health-needs-during-the-covid-19-pandemic/>

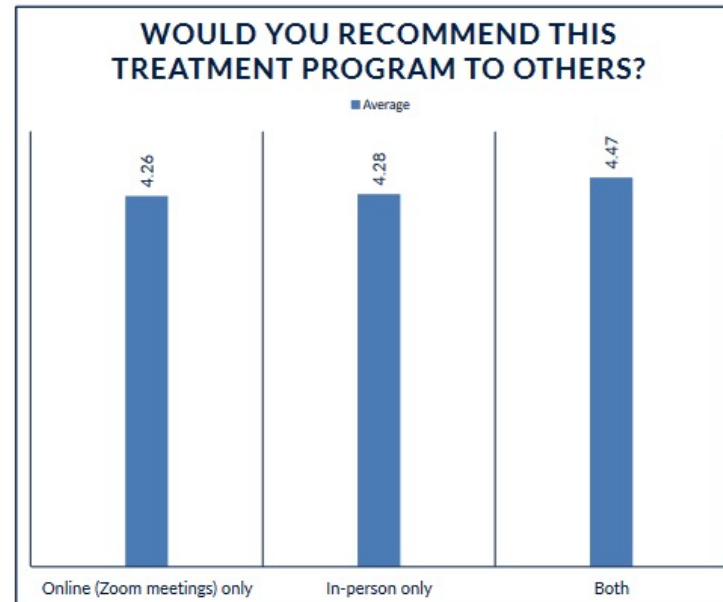
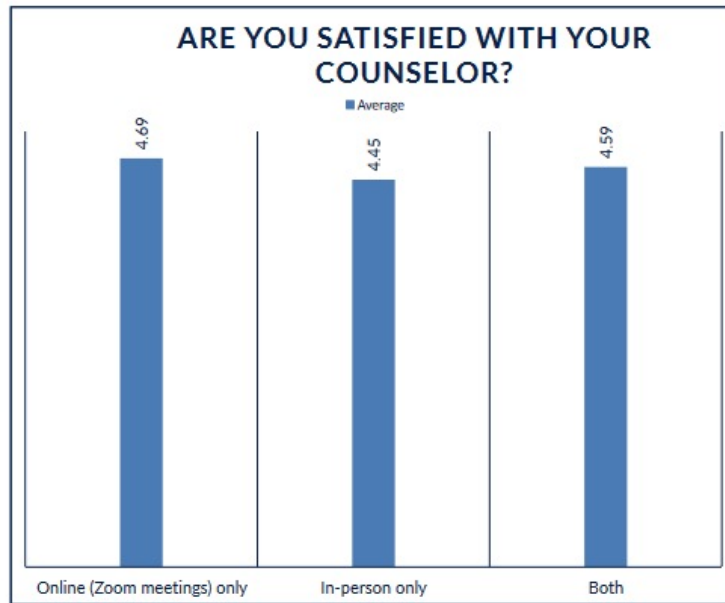
# What has happened since 2020?

- **Would patients find telehealth acceptable?**
- **How would access be impacted?**
- **How does telehealth impact retention in treatment?**
- **Would relaxation of regulations cause problems?**
  - Methadone take-home doses
  - No need for in-person visits for Bup
  - Reduced urine drug screens

# Do patients find telehealth for SUD acceptable?

- **Yes**

## Patient Satisfaction



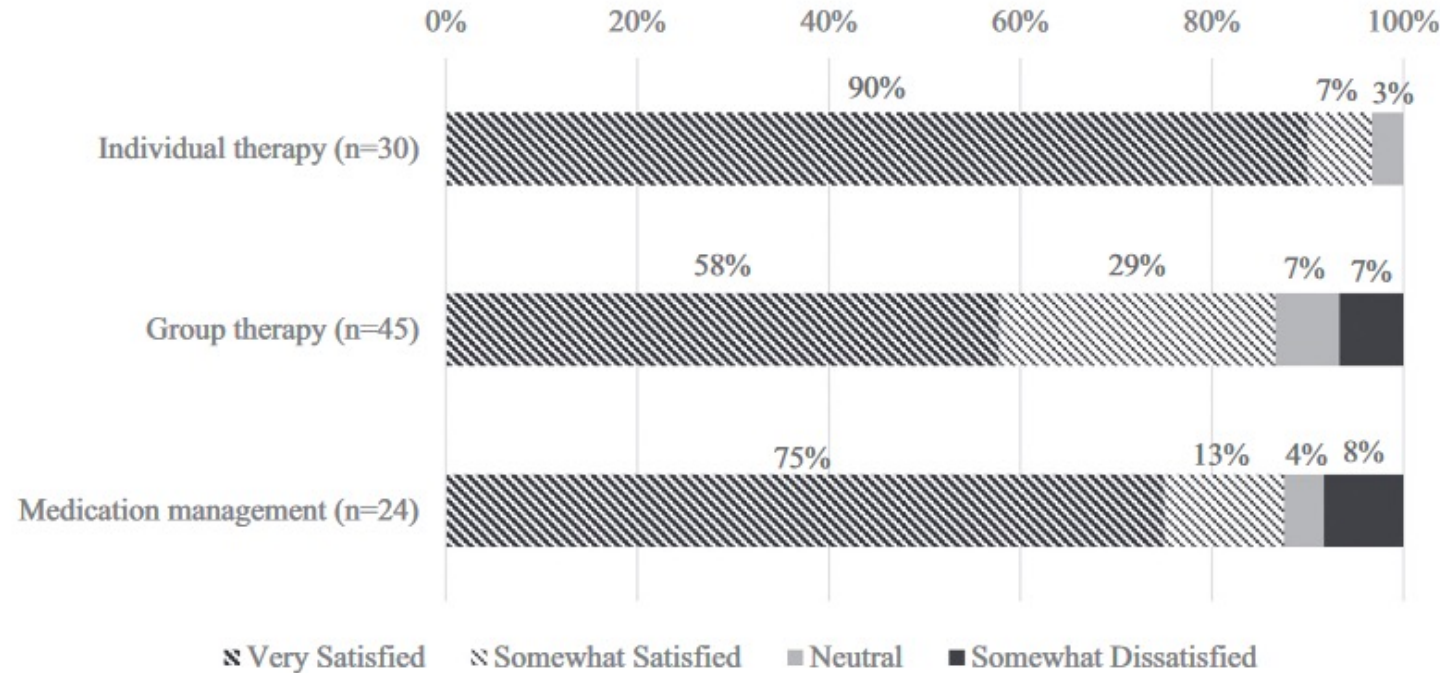
SUD Specialty Clinic-Groups  
N=~200

*No statistical difference among groups in any satisfaction scores*



# Do patients find telehealth for SUD acceptable?

- **Yes**



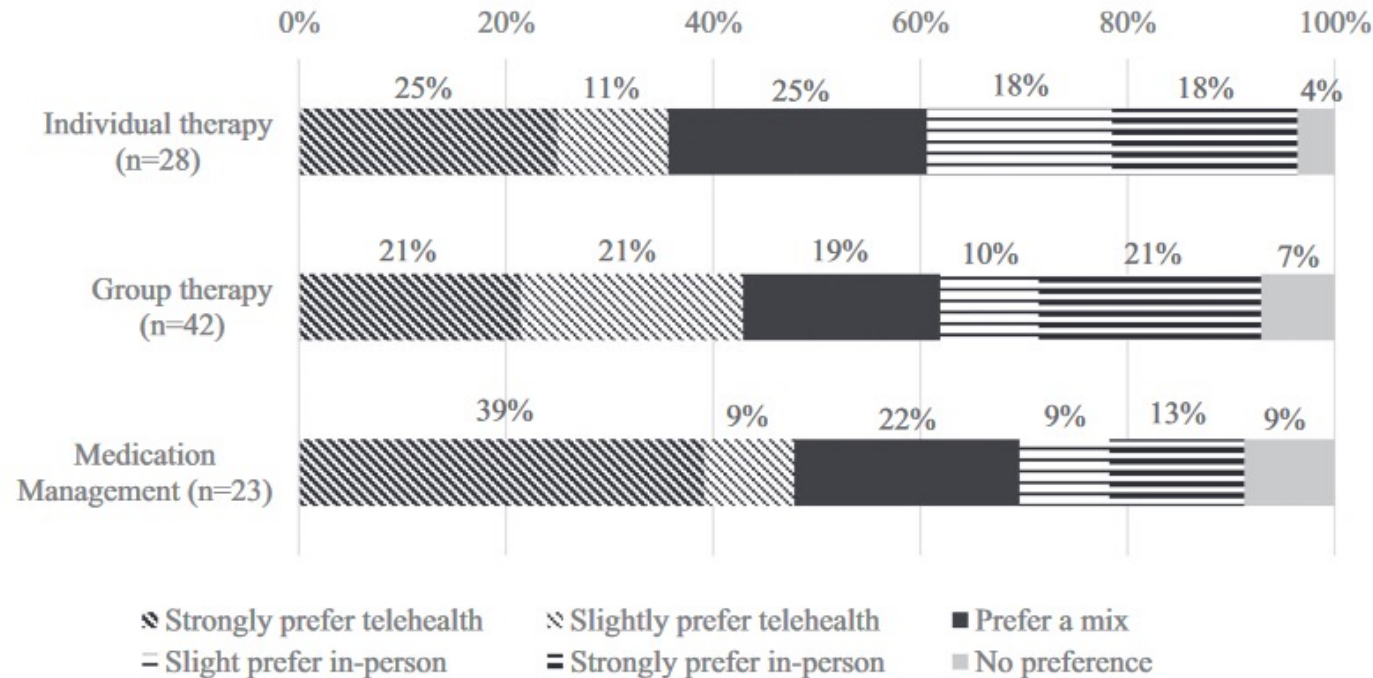
SUD Specialty Clinic-Groups, Med management  
N=58 (mostly white, male, well educated)

FIGURE 1 Telehealth satisfaction by treatment type

2021, Sugarman DE, et al, Am J on Addictions

# Do patients find telehealth for SUD acceptable?

- **Yes**



SUD Specialty Clinic-Groups, Med management  
N=58 (mostly white, male, well educated)

**FIGURE 2** Preferred mode of treatment delivery by treatment type

2021, Sugarman DE, et al, Am J on Addictions

# Do patients find telehealth for SUD acceptable?

Did Not Like about Telehealth	Did like about Telehealth
<p>Don't connect well with other group members (28%)</p> <p>Potential for interruptions at home/work (26%)</p> <p>Like going to clinic and getting out of the house (19%)</p> <p>More likely to discuss difficult topics in person (17%)</p> <p>Don't connect as well with therapist (16%)</p> <p>Privacy concerns at home (14%)</p>	<p>I can do it from home (40%)</p> <p>I don't have to commute (83%)</p> <p>I don't have to sit in a waiting room (45%)</p> <p>I don't have to leave work (35%)</p> <p>It is easier to find an appointment time (33%)</p> <p>It makes childcare responsibilities easier (22%)</p> <p>It is easier to talk with therapist (16%)</p> <p>It is more confidential (12%)</p>

2021, Sugarman DE, et al, Am J on Addictions

# Telehealth Access Highlights

- On-Demand, Audio Only Buprenorphine Telehealth
  - Grant funded
  - Rhode Island
- 24/7
  - Staffed by 6 providers
  - Care navigators
- Bridge clinic
- Buprenorphine Initiation
- Does not bill for visit

Samuels EA, Clark SA, Wunsch C, et al. Innovation During COVID-19: Improving Addiction Treatment Access. *J Addict Med*. 2020;14(4):e8-e9. doi:10.1097/ADM.0000000000000685

# On Demand Phone Bup Clinic

- 60% male, mean age 40
  - Majority of callers in opioid withdrawal (66%): SOWS-26.8 (4-57)
  - 17% reported overdose in preceding 12 months
- Majority of callers have prior addiction treatment experience
  - 7.6% in treatment at time of call
- 2/3 of callers had taken buprenorphine previously – prescribed and/or non-prescribed

Wunsch C, Lum L, Wightman RS, Pratty C, Jacka B, Hallowell B, Clark S, Samuels EA. On-Demand, Audio-only Buprenorphine Initiation During Covid-19. Accepted abstract ASAM 2022.

# On Demand Phone Bup Clinic

- 134 calls
- 103 Buprenorphine prescriptions
  - Not prescribed: no OUD (4), declined Rx (1), already in care (2), triaged to higher level of care (1), unable to participate in interview (4), not listed (11)
- 94 new prescriptions
  - 65 filled *subsequent* buprenorphine prescription in 30 days
- Other notes
  - Advertised on social media and late-night TV

Wunsch C, Lum L, Wightman RS, Pratty C, Jacka B, Hallowell B, Clark S, Samuels EA. On-Demand, Audio-only Buprenorphine Initiation During Covid-19. Accepted abstract ASAM 2022.

# Contingency Management App for Meth

DynamiCare <https://www.dynamicarehealth.com/>

- UW Psychiatry Department Garvey Grant Pilot
- N=30, (currently recruiting)
- Study lasts 3 months (after patient enrolls)
- Patient eligibility:
  - Patient within UW Medicine system
  - Age > 18
  - Self-report methamphetamine use (5-9 days out of last 30) and desire to reduce use

## No phone or data plan?

- One-time phone/data plan can be provided by study
- Limited number



# Study Flow

Clinician will provide flyer and brief study summary to patient\*

Pt. will call study phone, if interested

Research coordinator (RC) to complete screening and informed consent with patient (via phone)

RC to connect pt. to DynamiCare enrollment specialist

\*alternative: EPIC dot phrase sent to research team



# DynamiCare App

- Enrollment specialist to assist with:
  - Downloading app
  - Receiving testing materials
  - Facilitating connecting with “recovery coach”
- ~Weekly meetings with “recovery coach”:
  - Peer/therapeutic, but non-clinical support
- Financial rewards for:
  - Negative methamphetamine tests (saliva-based test)
  - Meetings with recovery coach
  - CBT modules
  - DynamiCare Surveys

# Study progress

- 5 participants engaged in intervention
  - 4 participants completed study
- Among 4 participants who completed the study:
  - Average earned: \$99.73
  - 122 total substance tests
  - Number of optional CBT modules completed ranges from 0 to 35
- **Participant Feedback:**
  - “The coaching. Building that personal relationship and...being able to relate to me on my level...he's very supportive...**Coaching is probably one of the better parts of this study.**”
  - “The finances were helpful. The staff was helpful in understanding the program.”

# How does telehealth impact outcomes?

- VA Retrospective Study from 2008-2017
  - N=28,791 across all VA sites, 93% male, 81% white, 50% between 25-44yo
  - 73% also had diagnosis of depression, 40% PTSD
- Diagnosed with OUD and treated with Buprenorphine
- Telehealth visits included med management and counseling
  
- **Results**
  - Engagement in telehealth was associated with a lower risk of treatment discontinuation (aHR 0.69)

Vakkalanka JP, Lund BC, Ward MM, et al. Telehealth Utilization Is Associated with Lower Risk of Discontinuation of Buprenorphine: a Retrospective Cohort Study of US Veterans [published online ahead of print, 2021 Jun 22]. *J Gen Intern Med.* 2021;1-9. doi:10.1007/s11606-021-06969-1

# ASAM 2022 Prescription Digital Therapeutic

Maricicich, YA et al

## Prescription Digital Therapeutic for OUD: 36-week Real-World Data

- Funded by Pear Therapeutics
- Retrospective, observational
- App interventions: CBT modules, CM
- Compared 3 groups in treatment
  - 12 weeks (N=3817) vs 24 weeks (N=643) vs 36 weeks (N=206)
  - Med age of 36 wk cohort 40, 64% female
- Results
  - Increased abstinence at 36wks (88%) vs 24 wks (86%) vs 12 wks (65%)
  - Increased retention at 36wks (93%) vs 24 wks (91%) vs 12 weeks (74%)

# Would relaxation of regulations cause problems?

- Increase in prescribing flexibility
  - Buprenorphine
  - Methadone
- No need for initial in-person visits
- Reduced urine drug screens

# Would relaxation of regulations cause problems?

- Methadone clinics in Connecticut (N=29)
- Patients: 24,261
- Practice Changes
  - Take-home doses
  - Drug testing frequency
  - In-person vs telehealth visits

Changes in clinic practices	Before COVID-19	After COVID-19	Change
<b>Take-home Doses</b>			
28-day take-home doses	0.1% (25)	16.8% (4076)	16,700%
14-day take-home doses	14.2% (3445)	26.8% (6499)	89%
4 to 6-day take-home doses	13.3% (3236)	15.3% (3710)	15%
3-day take-home doses	16.8% (4069)	20% (4853)	19%
2-day take-home doses	18.1% (4383)	11.5% (2789)	-36%
≤1-day take-home doses	37.5% (9103)	9.6% (2333)	-74%

Changes in clinic practices	Before COVID-19	After COVID-19	Change
Drug testing frequencies			
8 times per year	84.9% (20,608)	92.2% (22,375)	9%
Once or twice a month	12.5% (3042)	2.9% (692)	-77%
Weekly	2.5% (612)	1.7% (418)	-32%
Random	0%	1.2% (287)	-
No testing requirement	0%	2% (488)	-



Changes in clinic practices	Before COVID-19	After COVID-19	Change
Other clinic visits			
In-person individual counseling	57.5% (13,962)	9.3% (2263)	-84%
In-person group counseling	42.5% (10,299)	8.2% (1996)	-81%
Telehealth individual counseling	0%	75.2% (18,244)	-
Telehealth group counseling	0%	7.2% (1758)	-
In-person case management	46.3% (11,231)	13.9% (3384)	-70%
Telehealth case management	0%	32.3% (7846)	-
No case management	12.5% (3030)	12.5% (3030)	0%
In-person patient evaluations	77.8% (18,883)	55.6% (13,480)	-28%
Telehealth patient evaluations	0%	23.1% (5617)	-
In-person healthcare appointments	17.7% (4286)	7.9% (1921)	-55%
Telehealth healthcare appointments	0%	11.8% (2868)	-

# Would relaxation of regulations cause problems?

- There was NO increase in methadone-related fatal overdoses

Period	All opioid fatalities		Methadone-only fatalities		All methadone-involved fatalities		Opioid fatalities not involving methadone	
	Number		Number	%	Number	%	Number	%
April–August 2015 through 2019	1972		74	3.8%	181	9.4%	1791	90.6%
April–August 2020	539		22	4.1%	59	10.9%	480	89.1%

# Summary

- Telehealth is an acceptable and effective way to deliver SUD treatment
- Telehealth can take many forms and has the ability to increase access across
- Telehealth should remain an option for people seeking SUD treatment

# Telehealth Consultation - all Free

## **UW Psychiatry and Addiction Case Conference**

**Monthly OUD related topic**

**Reviews spectrum of substance use issues**

**<https://ictp.uw.edu/programs/uw-pacc>**

## **UW Provider Consultation Line**

**Addiction psychiatry consultation available**

**<https://psychiatry.uw.edu/clinical-care-consultation/provider-consultation/psychiatry-consultation-line-pcl-faqs/>**

- **QUESTIONS & DISCUSSION**

# **Behavioral Health Institute (BHI)**

## **Training, Workforce and Policy Innovation Center**

Additional Information & Resources

# After today's session:

**Slides & resources will be posted after the session**

**<https://bhinstitute.uw.edu/>**

## **Please complete the evaluation survey:**

- LINK will be shared in the chat box & also emailed
- Helps the presenters plan future sessions
- Required for Certificate of Completion and CEUs

# After today's session:

- Complete evaluation
- Certificate of Completion - no cost.
  - May be able to use Certificate of Completion to meet CE requirements.
- CME credit – nominal cost.
- NASW CEU – no cost



# Continuing Medical Education Accreditation

**Accreditation with Commendation:** The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**Credit Designation:** The University of Washington School of Medicine designates this Other Activity for a maximum of 36 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each 1 hour webinar is 1.0 credits).

\*Note: accreditation includes additional webinar and online series offerings.

4026 NE 55th St., Suite E-245, Seattle, WA 98105  
206.706.7084 » [nasw-wa.org](http://nasw-wa.org)



This workshop has been approved for 1 CEU by the Washington Chapter, National Association of Social Workers (NASW) for Licensed Social Workers, Licensed Marriage & Family Therapists & Licensed Mental Health Counselors.

Our Provider number is #1975-433.



# TELEBEHAVIORAL HEALTH 101

## Online Self-Study

<https://NRTRC.catalog.instructure.com/programs/telebehavioral-health-101-series>

- Introduction to TeleBehavioral Health and Policy Overview
  - \*Meets telehealth training requirement as established by Washington SB6061.
- Getting started: Facts & Myths, and Security & Privacy
- Digital Health Do's & Don't's, Workflows, and Safety planning
- Billing and Reimbursement for TeleBehavioral Health
- Clinical Engagement over Telehealth
- Clinical Supervision in Telehealth

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH MODULE COMPLETED

NASW accredited: provider #1975-433.

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Learners have the opportunity to complete up to 6 modules, with each module accredited for 1 AMA PRA Category 1 Credit™.

# TELEBEHAVIORAL HEALTH 201

- Telehealth Policy – the changing federal and state landscape
- Preparing Patients & Technology for Telehealth
- Doing Groups over Telehealth
- Mobile Health (mHealth) for Serious Mental Illness
- Provider Self-Care & Wellness in the Era of Telehealth and Covid
- Behavioral Health Apps
- Children & TeleBehavioral Health
- Applying Telehealth SUD Treatment in Community-based Settings
- Cultural Competence & Humility in TeleBehavioral Health
- Applying Telehealth to Measurement-based Care
- Suicide Risk Assessment over Telehealth
- Couples & Family Therapy over Telehealth

Online Self-Study  
coming in April!

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\*Note: accreditation includes additional webinar and online series offerings.

# TELEBEHAVIORAL HEALTH 301

Jan 21, 2022:	Bree Collaborative Telehealth Guide & Hybrid Models
Feb 18, 2022:	Crisis Management & Risk Assessment
Mar 18, 2022:	Safety & Consent Planning
Apr 15, 2022:	Substance Use Disorder Treatment over Telehealth
May 20, 2022:	Whole Health & Telehealth
Jun 17, 2022:	TeleSupervision
Jul 15, 2022:	TeleBehavioral Health & Groups: lessons from Dialectical Behavioral Therapy
Aug 19, 2022:	Children & Adolescents
Sep 16, 2022:	Trauma-Informed Care
Oct 21, 2022:	Remote Teams & Tele-Teaming
Nov 18, 2022:	TeleMental Health and Professional Liability
Dec 16, 2022:	Reimagining practice: integration of AI, digital therapeutics and automation in behavioral health

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH MODULE COMPLETED

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# Additional Free Resources for Washington State Behavioral Health Providers

## EDUCATIONAL SERIES:

- UW Traumatic Brain Injury – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO
- UW TelePain series

## PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline
- Psychiatry Consultation Line
- Partnership Access Line (pediatric psychiatry)
- Perinatal Psychiatry Consultation Line

