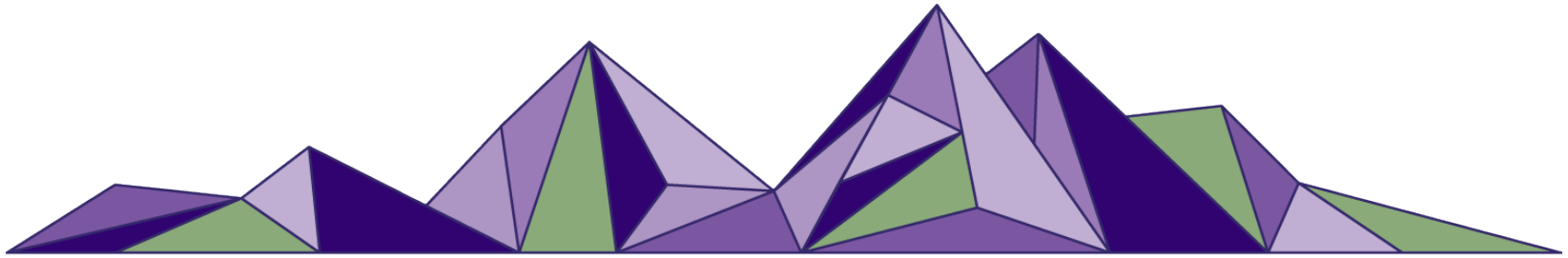

THE TeleBehavioral Health Summit

Welcome!

COVID-19 Policy Changes and Impacts on Telehealth for Substance Use Disorder Care

Lewei (Allison) Lin MD, MS
Associate Professor, Staff Psychiatrist & Research Scientist
University of Michigan and VA Ann Arbor Healthcare System

A few notes……

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✓ WHOVA chat for logistics questions and technical support.

✓Evaluation → Certificate of Attendance and/or CME credits.

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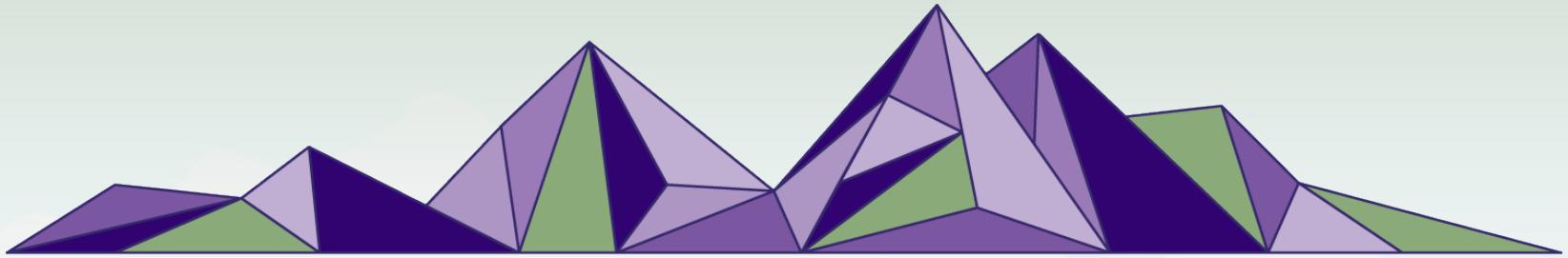

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UW Medicine
HARBORVIEW MEDICAL CENTER
BEHAVIORAL HEALTH INSTITUTE

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NORTHWEST REGIONAL TELEHEALTH RESOURCE CENTER

Washington State Health Care Authority

Disclosures

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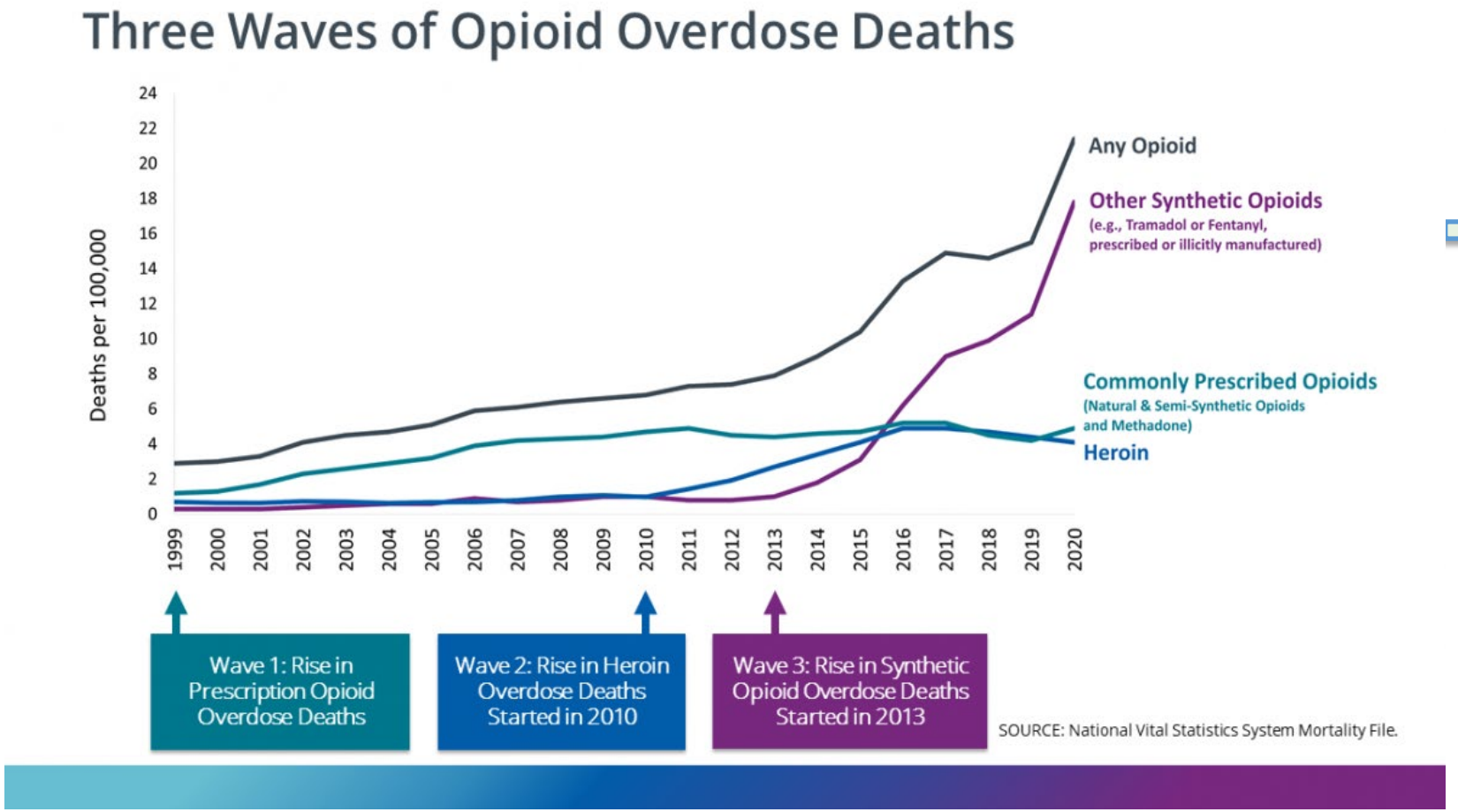
Learning Objectives

1. Recognize key changes in federal regulations and guidance in the setting of COVID-19 and what they mean for telehealth for SUD care

2. Describe the impacts of Covid-19 on telehealth and in-person delivered SUD care

Worsening overdose and substance use disorder (SUD) epidemics

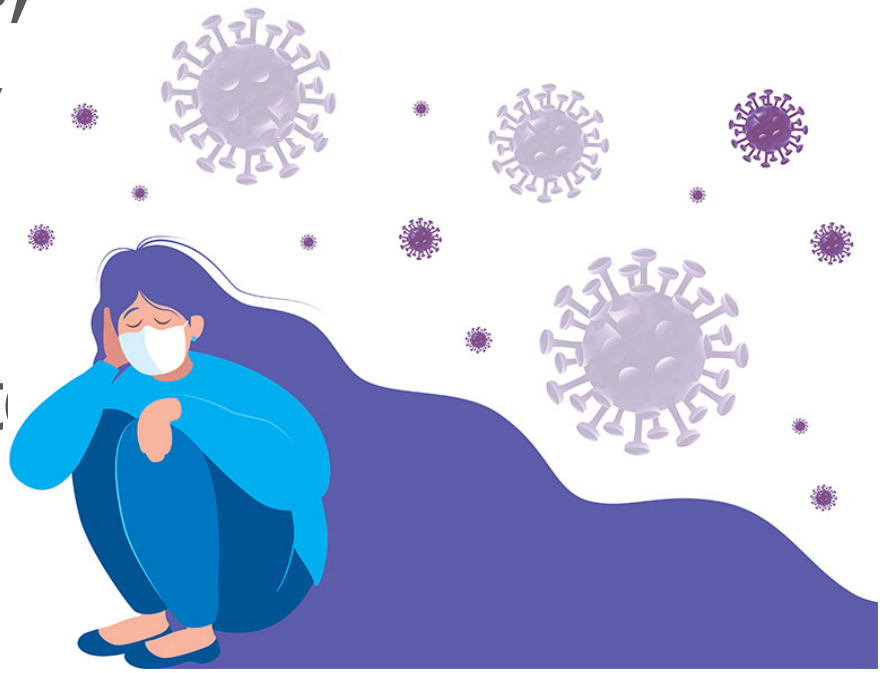


106,669
Americans died from overdose in 2021, the highest number ever

COVID-19 increased substance use and impacts

- Increased stressors for many including people with SUDs and mental health disorders, older adults, unemployed or insecurely employed, and under-served groups

- Increased use of alcohol and drugs t cope



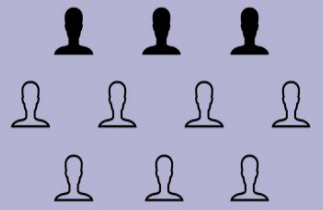
Effective treatments for opioid & other SUDs exist

Methadone And Buprenorphine Are Associated With Reduced Mortality After Nonfatal Opioid Overdose

RETROSPECTIVE COHORT, MASSACHUSETTS PUBLIC HEALTH DATASET, 2012-2014

17,568 opioid overdose survivors
with ambulance or hospital encounter

Only 3 in 10 receive MOUD* over 12 months of follow-up



*Medication for Opioid Use Disorder

Mortality at 12 months:
4.7 deaths / 100 person-yrs

Association of MOUD* with mortality:

Methadone	↓ 53%
Buprenorphine	↓ 37%
Naltrexone**	↔

** *limited by small sample*

Larochelle et al. *Annals of Internal Medicine*. 2018.

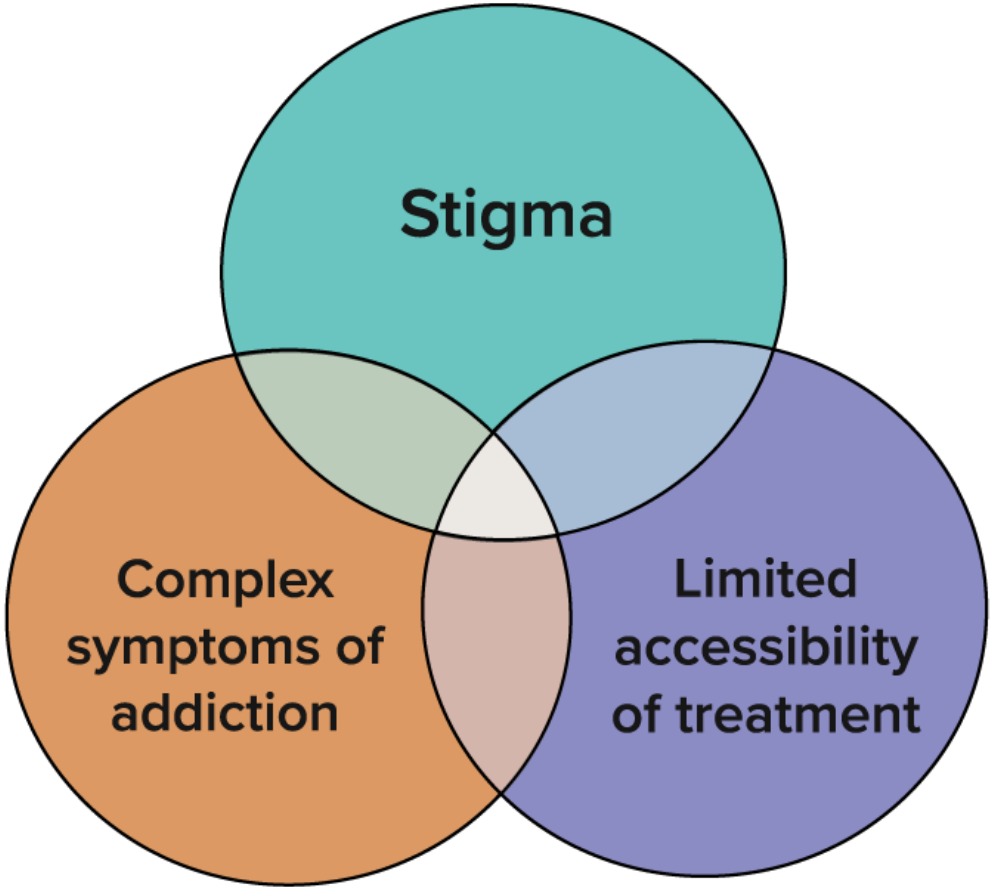
Low SUD treatment rates

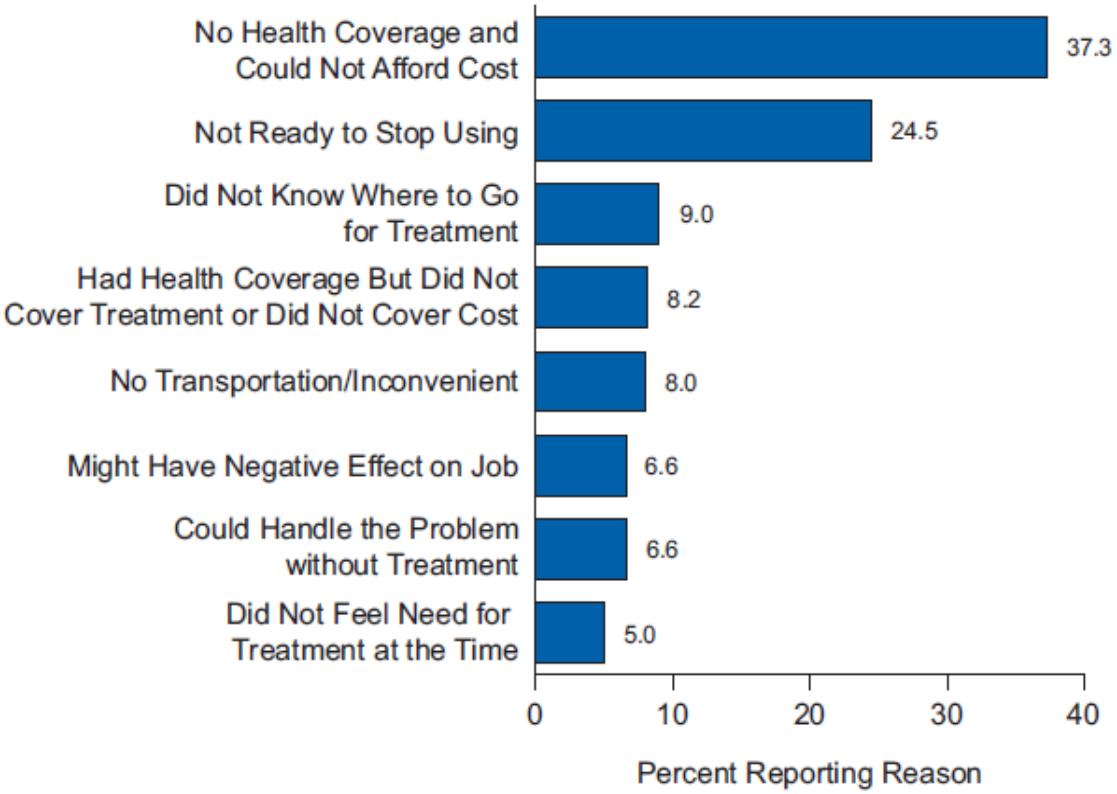
- Estimates of ONLY ~10% of patients with alcohol use disorder and ~33% of patients with opioid use disorder receive effective treatments.

- Even in those who access/start treatment, retention is low and there is high risk for overdose and other negative outcomes when patients stop treatment.

(Morgan JR et al, Injectable naltrexone, oral naltrexone, and buprenorphine utilization and discontinuation among individuals treated for opioid use disorder in a United States commercially insured population. J Subst Abuse Treat. 2018; Larochelle, M. R., Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study. *Annals of Internal Medicine, 2018)*

Why are treatment rates so low for SUDs?





(Substance Abuse and Mental Health Services Administration. 2019 NSDUH detailed tables)

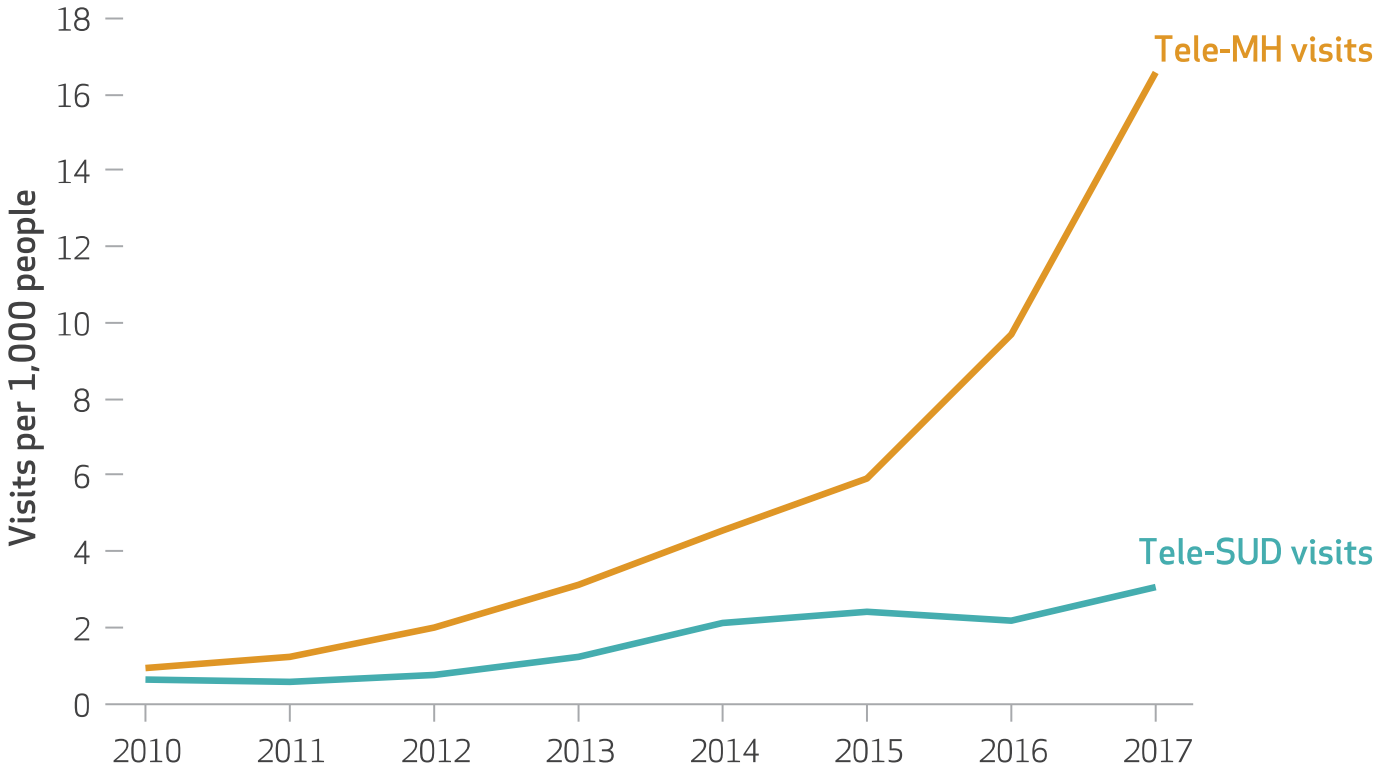
Can telehealth be used to improve access to and outcomes of SUD care

What we know about telehealth for SUDs

- Evidence for telehealth is robust for mental health and other conditions, but limited number and quality of studies for SUDs (either medication or psychotherapy)
- 13 studies total and only for alcohol, nicotine and opioid use disorder
- Some indicators of comparable therapeutic alliance and retention in care compared to in-person treatment though no fully powered studies

(Lin LA et al, Telemedicine-delivered treatment interventions for substance use disorders: A Systematic Review. *J Subst Abuse Treat.* 2019)

Telehealth for SUDs: Pre-COVID-19



SOURCE Authors' analysis of claims data for 2010–17 from the OptumLabs Data Warehouse. **NOTE** Tele-SUD visits had a primary diagnosis of SUD, and tele-MH visits had a primary diagnosis of mental illness.

(Huskamp 2018)

(Huskamp HA et al, How Is Telemedicine Being Used In Opioid And Other Substance Use Disorder Treatment? | Health Affairs. *Health Affairs*, 2018)

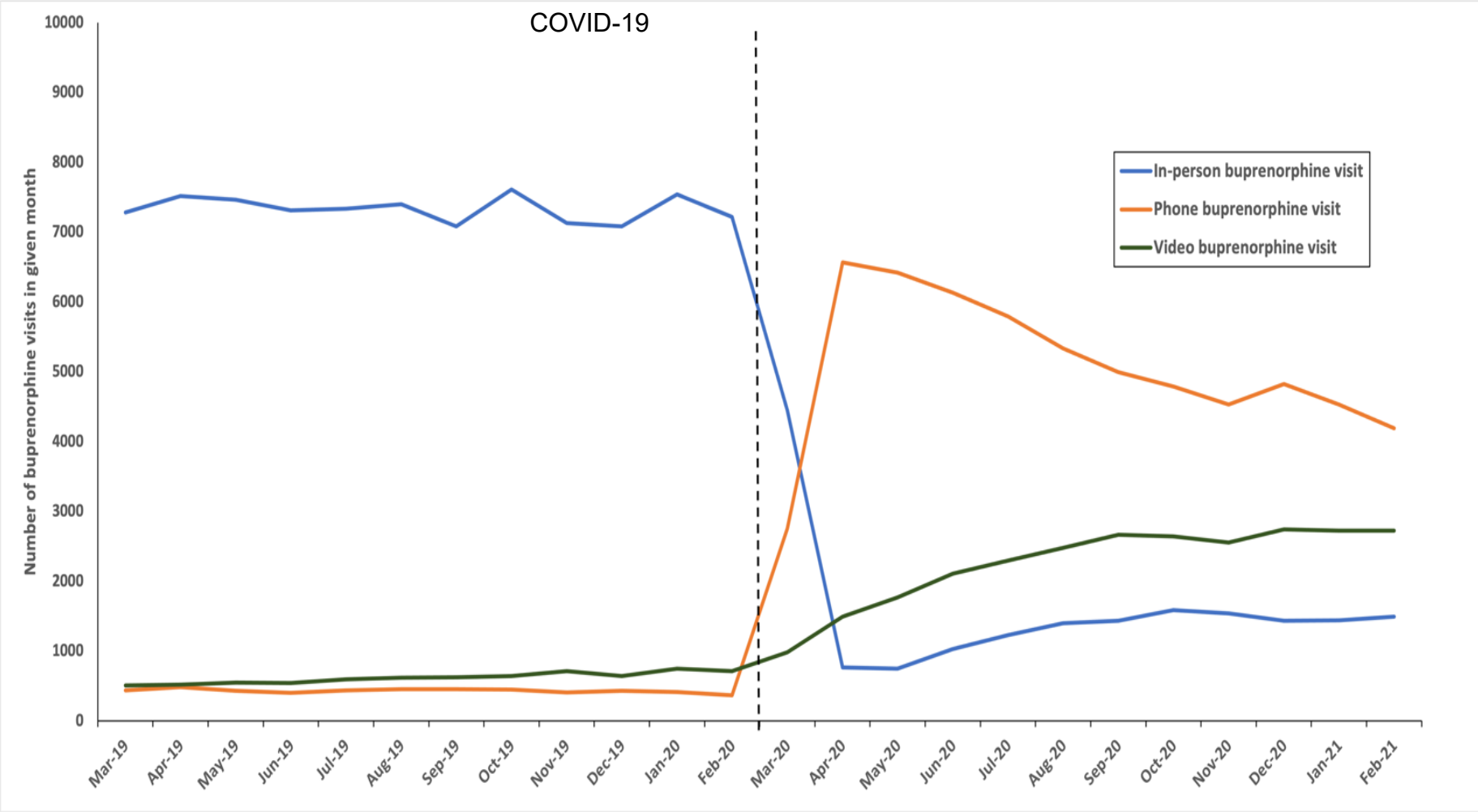
And then came COVID-19

- Ryan Haight Online Pharmacy Act Exemption during Public Health Emergency

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

(Lin LA et al. Telehealth for substance using populations in the age of COVID-19: Recommendations to enhance adoption. *JAMA Psychiatry*, 2020)

Buprenorphine for OUD in VHA pre- vs post- COVID

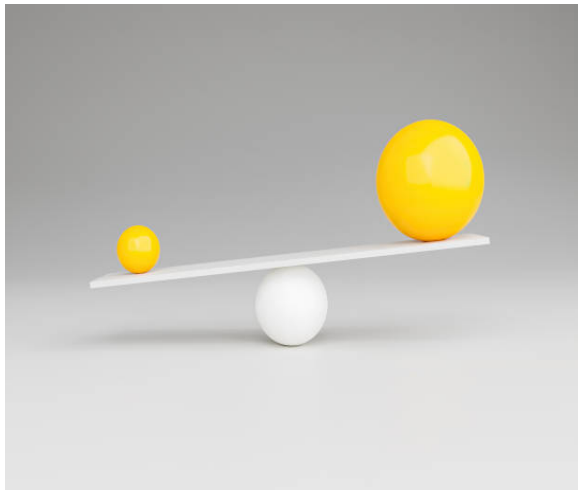


- Monthly number of Veterans receiving buprenorphine ↑14% due to more continuing on buprenorphine

(Lin LA et al Impact of COVID-19 telehealth policy changes on buprenorphine treatment for opioid use disorder. *Am J* Psychiatry, 2022)

Comparing telehealth and in-person buprenorphine care post-COVID-19

- Methods:
  - Cohort of Veterans receiving buprenorphine for OUD 3/2020-3/2021
  - Compared patient characteristics and treatment retention across patients receiving: Any video visits vs Phone visits vs In-person only
- Results:
  - Among 17,182 patients receiving buprenorphine post COVID-19, 88% received telehealth (38% video and 50% phone)
  - Patients less likely to receive telehealth: Younger, Male, Black, Hispanic, Comorbid SUDs
  - Patients more likely to receive phone visits: Older, Black, Homeless
  - Adjusted for other characteristics, patients who received telehealth were more likely to be retained ≥90 days on buprenorphine.



(Frost MC et al, Use of and retention in video, telephone and in-person buprenorphine treatment for opioid use disorder during the COVID-19 pandemic. *JAMA Net Open.* 2022)

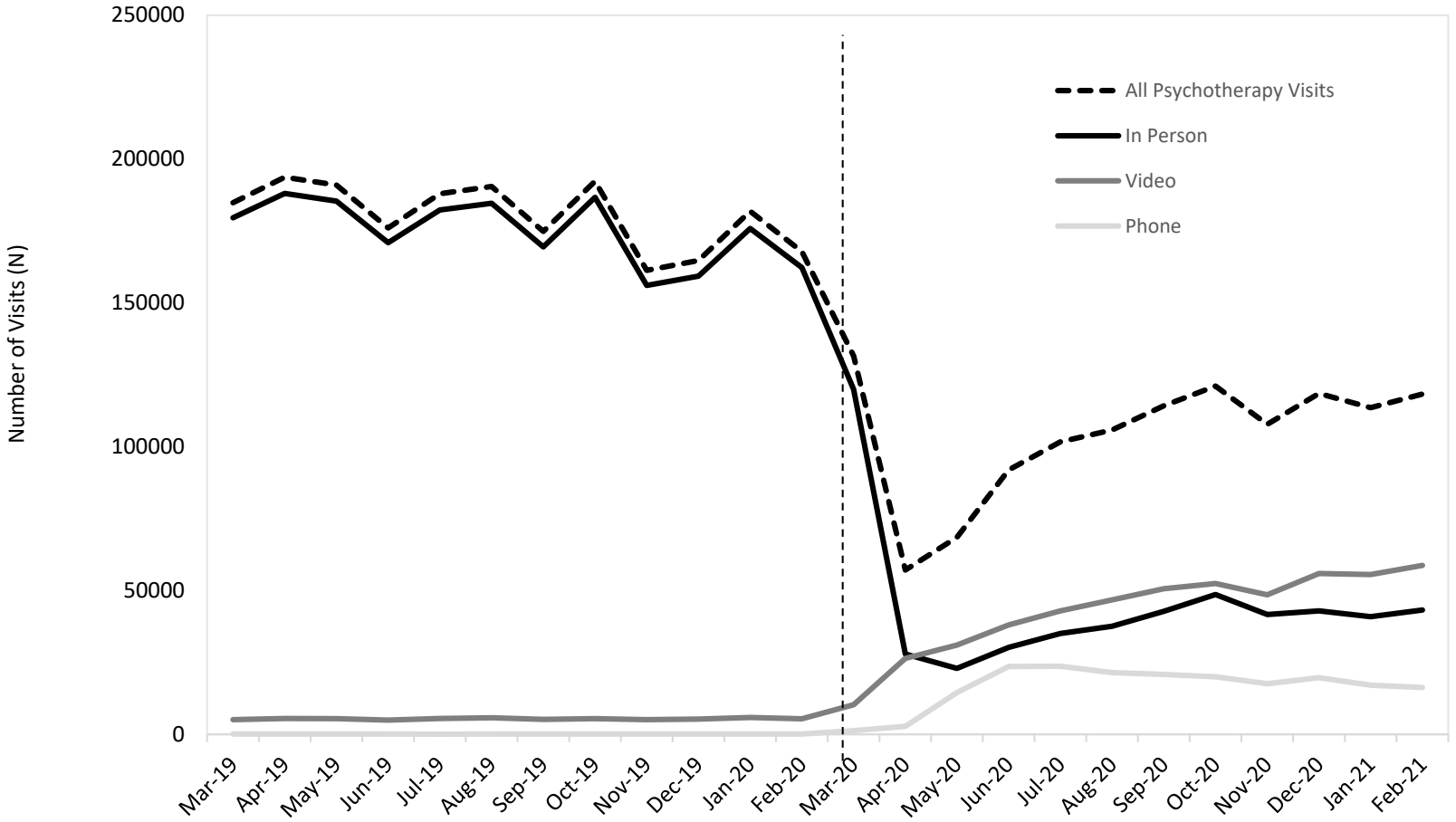
Telehealth for OUD in Medicare patients

- Methods:
  - Compared cohorts of Medicare fee for service patients w/ OUD pre- and post-pandemic
  - Within post-pandemic cohort, examined association between receipt of telehealth for OUD and patient outcomes
- Results:
  - Receipt of telehealth for OUD care increased from 0.6% to 19.6%
  - Receipt of medications for OUD (MOUD) increased from 10.8% to 12.6%
  - Among the post-pandemic cohort, receipt of OUD telehealth was associated with increased MOUD retention and decreased risk for overdose

(Jones et al 2022)

(Jones CM et al Association of Receipt of Opioid Use Disorder-Related Telehealth Services and Medications for Opioid Use Disorder With Fatal Drug Overdoses Among Medicare Beneficiaries Before and During the COVID-19 Pandemic. JAMA Psy 2023)

Impacts differ for other SUD treatments: AUD care



Number of patients initiating AUD treatment ⇩ 30%

(Perumalswami PV et al, The impact of COVID-19 on trends in alcohol use disorder treatment in Veterans Health Administration, *Addiction* 2023)

Views on telehealth from patients with SUDs

Telehealth advantages	Telehealth disadvantages	Ongoing challenges to address
Decreased SUD stigma "I would say that it would be the phone, in some ways I feel better. The actual non-contact is easier because you can't see if they're judging you or not"	**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 access & SUD logistics** "You know I don't have a lot of money, I do the monthly minute thing so there were times when I was worried"

Perspectives of patients with SUDs : Not just 'one-size fits all.' Emphasize need for telehealth options & hybrid models

(Girard et al, under review)

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
- Changing federal and state regulations
  - E.g. phone visits, etc
- How to treat more complex patients who may at times need higher level of care
- Engaging patients in care especially those in rural areas or those with limited access to technology

Current SUD Telehealth Policy Debates

- Public Health Emergency expiring
- SAMHSA guidelines
- CMS telehealth reimbursement
- Myriad of state laws (e.g. cross state prescribing, buprenorphine specific, etc.)

ASAM American Society of Addiction Medicine

Public Policy Statement on Optimizing Telehealth Access to Addiction Care

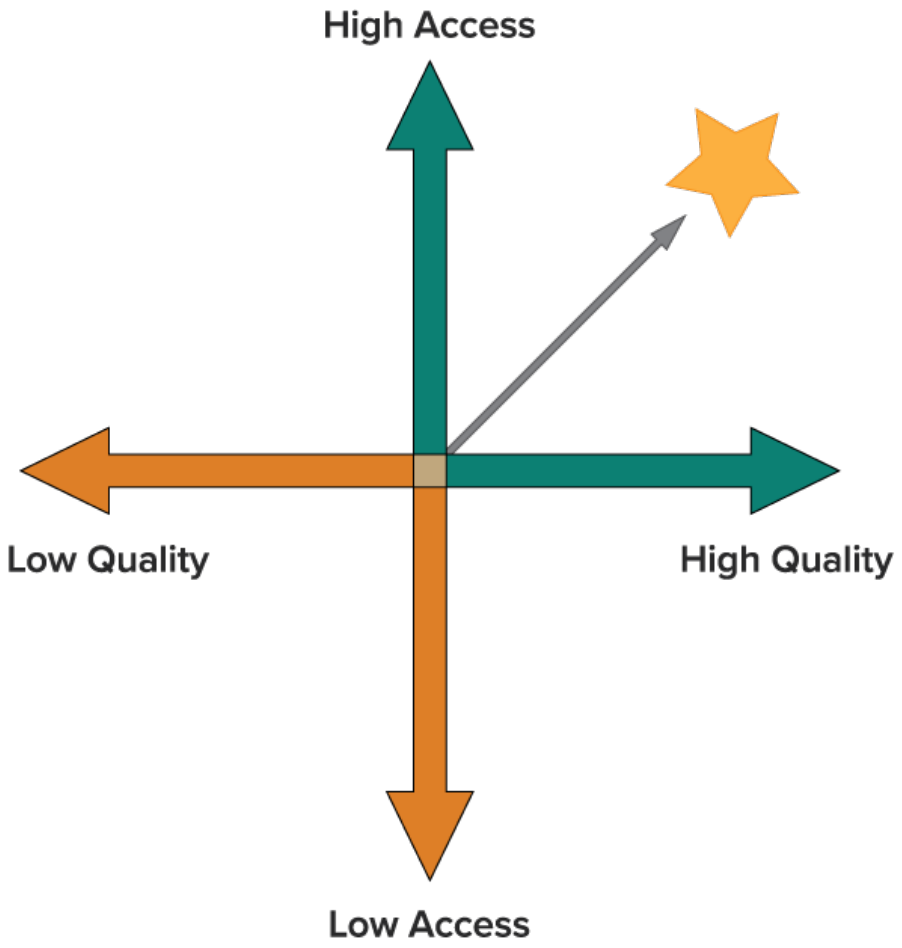
DELAYED Rule Changes from DEA

- After COVID-19 PHE expires May 11 2023, all patients started on buprenorphine/naloxone via telehealth must:
  - Receive < 30 days supply initially followed by in-person visit OR
  - Have initial telehealth eval while pt is in presence of another prescriber who conducts in-person eval OR
  - Patient must have in-person eval and then referred for telehealth
- For patients who you started on bup/naloxone during the pandemic AND never saw in person, you must see them in-person within 6 months
- Other rules about documentation, checking PMP, audio-only changes

https://www.federalregister.gov/documents/2023/05/10/2023-09936/temporary-extension-of-covid-19-telemedicine-flexibilities-for-prescription-of-controlled

Next steps, questions, and opportunities

Improving access AND quality of SUD care



Adapting care as the overdose epidemic evolves

Current challenges

- Treating OUD in the age of fentanyl
- Addressing needs of patients with stimulant and other polysubstance use

How does (telehealth) care need to evolve?

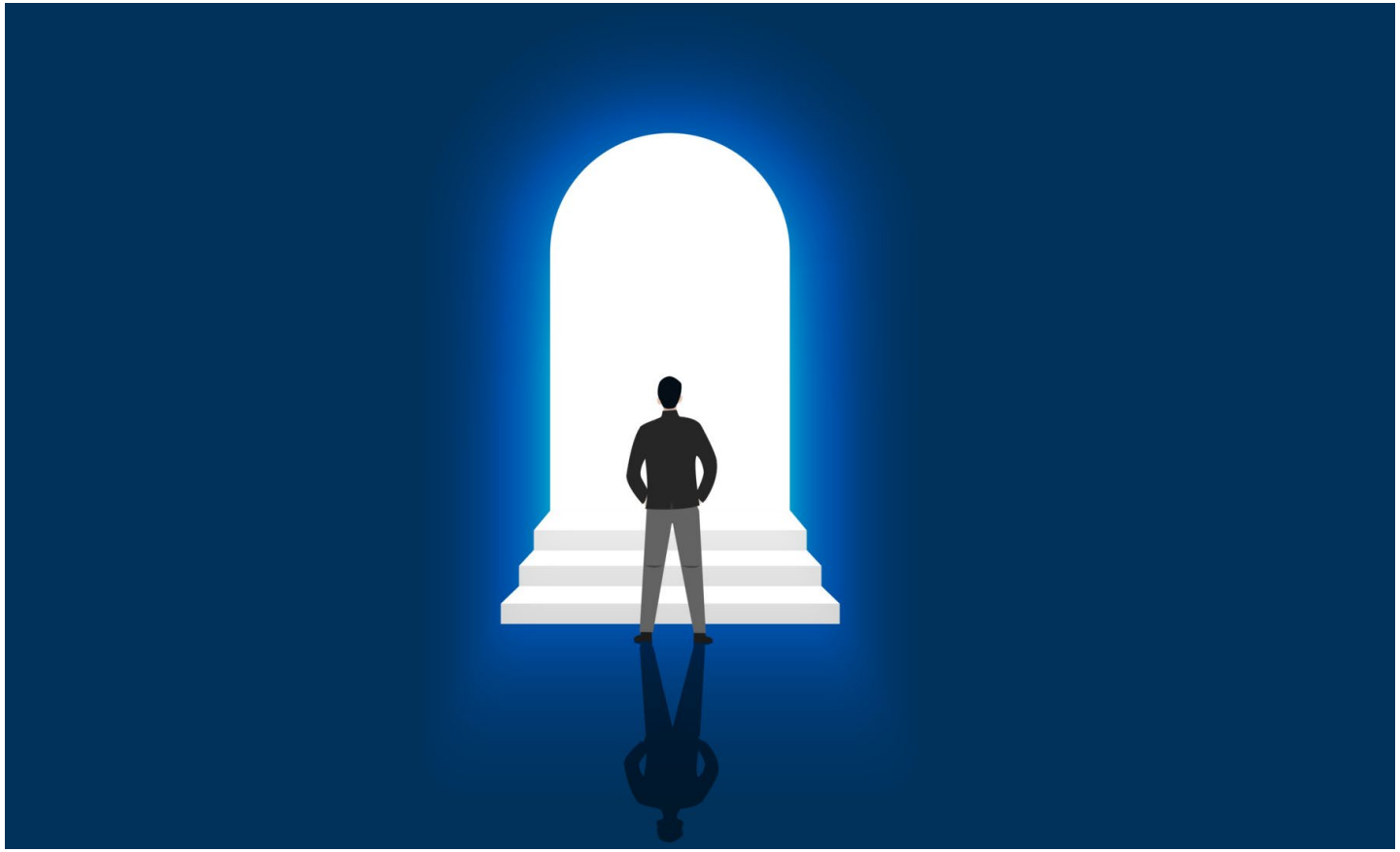
- Flexible treatment models using multiple modalities.
  E.g. frequent phone visits for difficult initiations
- Different tools to assess progress including but not limited to urine tox screens.
- Delivering/integrating multiple treatments
  E.g. medications and psychotherapies

Supporting clinicians to deliver high quality care

1. Summarize evidence on telehealth for OUD including gaps
2. Summarize federal and state policies
3. Summarize reimbursement
4. Discuss how to adapt clinical practices, enhancing patient rapport
5. Illustrate with patient cases on considerations in starting and continuing treatment

(Lin LA and Frank CJ: Telehealth for opioid use disorder toolkit: Guidance to support high quality care, Published by the Provider Clinical Support System with funding from SAMHSA, 2021)

Summary and Future of Telehealth for SUDs



Any Questions?

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