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# COVID-19 One Year In: The Impact of Telehealth on OUD Treatment SUD ECHO Series

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Friday, April 23<sup>th</sup>, 2021

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# Disclosures

- No financial disclosures to report

# Objectives

- Review initial impact of COVID-19 on patients suffering from opioid use disorder (OUD)
- Review regulatory changes affecting medication-assisted treatment (MAT) and the increased use of telehealth
- Identify the challenges, successes, and experiences of using telehealth to treat OUD over the past year
- Discuss policy changes needed for the continued expansion and success of telehealth post-pandemic
- Discuss the role telehealth might play in the future for OUD treatment



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# Background

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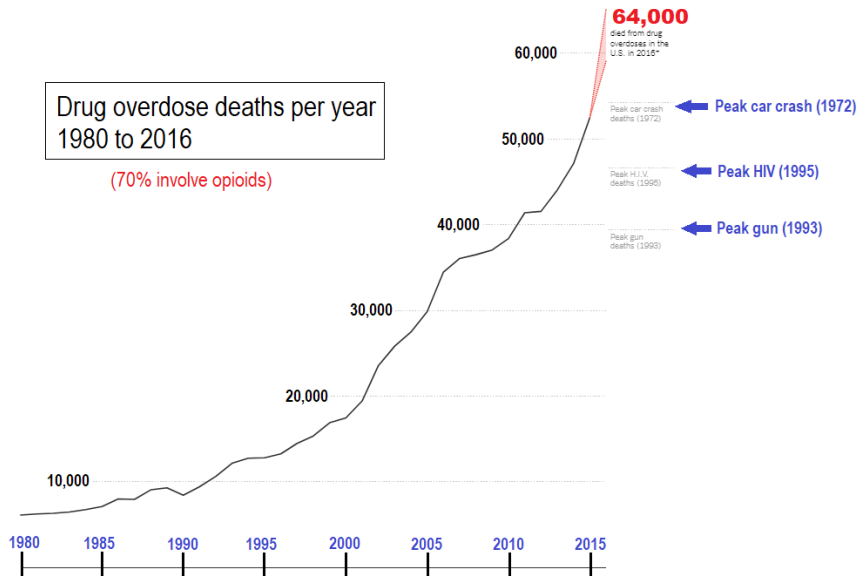


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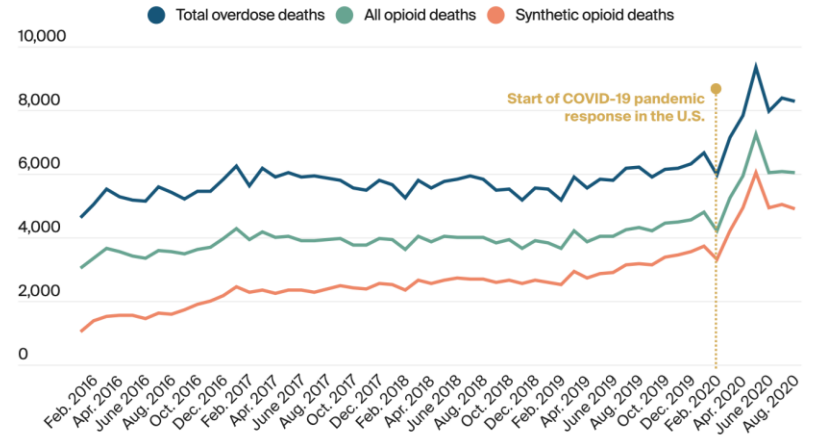
# Epidemic Multiplied by a Pandemic

Deaths due to overdoses was 3x higher than those due to COVID in 2020 (621 vs. 173) in San Francisco



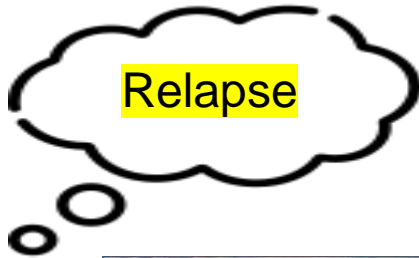
## OVERDOSE DEATHS SPIKED AFTER START OF THE PANDEMIC, DRIVEN BY SYNTHETIC OPIOIDS LIKE FENTANYL

### Monthly drug overdose deaths

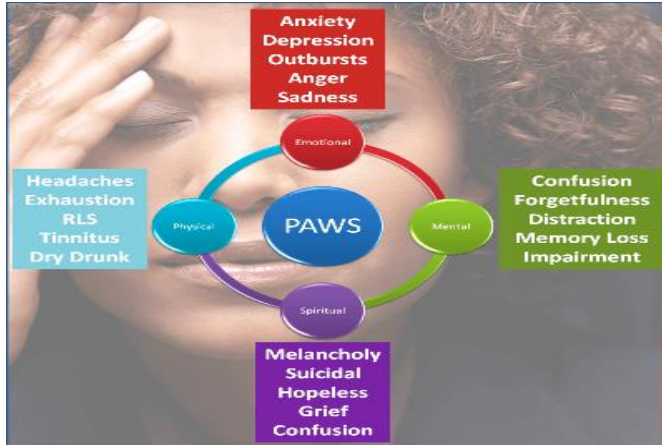


1. Data: Final 2016–2019 monthly totals: CDC WONDER; Estimated 2020 monthly totals: Calculations based on National Vital Statistics System Provisional Drug Overdose Death Counts, CDC WONDER.
2. The New York Times: Drug Deaths in America Are Rising Faster than Ever: Available from: <https://www.nytimes.com/interactive/2017/06/05/upshot/opioid-epidemic-drug-overdose-deaths-are-rising-faster-than-ever.html>

# Greatest Fear Among SUD During COVID-19



**WHY?**



**Due to less access to care:**

- Office-based Addiction Treatment (OBATs) Providers
- Opioid Treatment Program (OTPs)
- Substance Use-Licensed Facilities
- Emergency Rooms

**In addition to social isolation fueling addiction!**

Image from:

<https://www.recoveryfirst.org/blog/the-symptoms-of-post-acute-withdrawal-syndrome/>

## What Does DEA vs. SAMHSA Regulate?

### DEA

- Allow for prescribers to prescribe controlled substances
- Prohibit the dispensing or distributing of drugs without a “valid prescription”

### SAMHSA

- Oversees the “opioid treatment programs”
- Overseeing “DATA-waivered prescribers”

### Telemedicine

- SAMHSA regulations do not clearly state whether buprenorphine can be prescribed or dispensed using telemedicine
- DEA promulgated regulations under the Ryan Haight Act as it pertains to using buprenorphine via telemedicine

# Use of Telemedicine While Providing MOUD – 5/15/18

- Ryan Haight Act of 2008
  - Practitioners must have conducted at least one in-person medical evaluation of the patient
    - Seven exceptions
- What constitutes as telemedicine?
  - Practice of medicine in accordance with applicable federal and state laws where:





# Summary of Regulatory Changes Affecting MOUD During COVID-19

## DEA Guidance:

- Exemption made to Ryan Haight Act of 2008, removing the requirement for the initial evaluation to be conducted in-person
- Allowed prescribers to dispense (including prescribing and administering) controlled substances across state-lines → expansion to telemedicine without requiring a practitioner to have a DEA registration in the state the patient is located
- First visit for buprenorphine can be conducted via audio-only telehealth

## SAMHSA Guidance:

- Encourages use of telehealth for buprenorphine and opioid use disorder treatment
- Permits the use of audio-only technology for telehealth consultations

<https://www.deadiversion.usdoj.gov/coronavirus.html>

SAMHSA. Opioid Treatment Program Guidance. Accessed from: <https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf>

SAMHSA. COVID-19 Public Health Emergency Response Guidance. Accessed from: <https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf>

Department of Human Services: Temporary Telehealth Guidelines: Accessed from:

<https://nj.gov/humanservices/library/slides/Temporary%20Telehealth%20Medicaid%20Newsletter%20FINAL.pdf>



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# A Year Later: The Successes, Challenges and Experiences of Using Telehealth to Treat OUD

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# Successes: Comparable Patient Outcomes to In-Person Care

Study	Langabeer, et al.	Cole, et al.	Weintraub, et al.
Aim	Outline organizational telehealth adaptations (virtual counseling, peer support, groups, and provider care) that enabled shift to virtual care and the impact on patients	Review and provide a summary of the existing literature regarding patient satisfaction with MOUD delivered via telemedicine	To understand the impact of prescribing buprenorphine via telemedicine to patients with OUD via a retrospective chart review
Conclusion	While some patients were lost during the initial weeks of the pandemic, they observed an overall increase in patient engagement and suggests that less stringent policies around the use of telehealth, prescribing, and in-person exams are needed	<p>Telemedicine is a feasible option for addressing the lack of access to MOUD in many areas.</p> <p>No significant difference in patient satisfaction between in person care and care delivered via telemedicine</p>	Findings confirm the viability and sustainability of delivering buprenorphine via telemedicine – retention rates and toxicology results compared to in-person treatment.

# Evaluation of a Telemedicine Buprenorphine Clinic in NYC to Expand Treatment Access Between March-May 2020

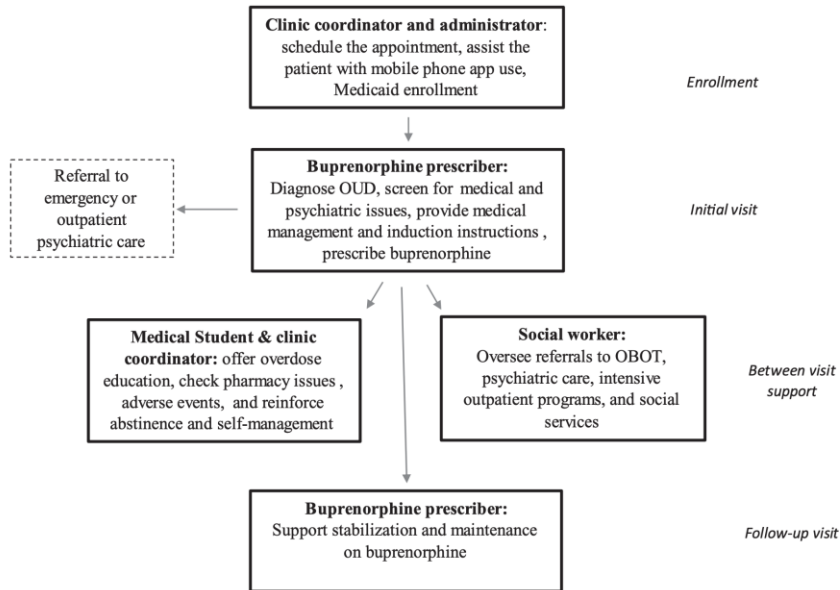


FIGURE 1. The virtual buprenorphine clinic workflow.

- Outcomes included:
  - Treatment retention
  - Referrals to community treatment
  - Induction-related events
- 78 patients initiated
  - 53.8% remained in care
  - 26.7% referred to community
  - 19.2% lost to follow-up (comparable to usual care)
  - Adverse clinical outcomes not common

# Successes: The Unique Benefits of Telehealth

- Enables patients to overcome key barriers to treatment:
  - Distance to nearest provider
  - Transport issues
  - Childcare obligations
  - The stigma associated with traditional treatment programs
- Increased treatment flexibility
- Increased insight into patients' home environment, surroundings and support system

Cole et al. *Patient Satisfaction with Medications for Opioid Use Disorder Treatment Via Telemedicine: Brief Literature Review and Development of a New Assessment*, *Frontiers in Public Health*, January 2021

Babak Tofighi *A Telemedicine Buprenorphine Clinic to Serve New York City: Initial Evaluation of the NYC Public Hospital System's Initiative to Expand Treatment Access During the COVID-19 Pandemic*, *Addict Med* 2021

James Langabeer et al. *Telehealth Sustains Patient Engagement in OUD Treatment During COVID-19*, *Journal of Substance Abuse Treatment*, 2021

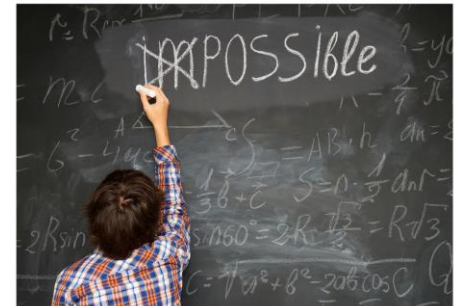
# Our Clinical Successes with Telehealth

- Effect on provider safety
  - Avoidance of physical abuse
- Some patients are more forthcoming when in their own environment
  - Before proceeding, ask if the patient is in an appropriate environment to have this appt
- Continued access to care despite limitations due to comorbidities
  - Example: Ran out of metered-dose inhaler
- Patient learned that she was COVID-19 positive
- Avoid barriers associated with cost of transportation



# Challenges:

- Treatment adherence
  - Cannot use tools such as in-person examinations and routine urine drug screening to support patients
- Treatment retention for certain vulnerable populations
  - Those facing housing instability
  - Those without access to technology
  - Those with limited technology literacy
- Encounters may be less engaging
  - More difficult to assess patients?



# Future Legislative Policy – The TREATS Act

- TREATS Act
  - Telehealth Response for E-prescribing Addiction Therapy Services Act re-introduced in February 2021
  - Permanently allows telehealth services for SUD to be provided via-audio only technology, **if a physician or practitioner has already conducted an in-person or video telehealth evaluation.** This includes Schedule III or IV controlled substances.
- Audio-only technology for initial consultation?



# Expansion of the TREATS Act?

- Support for audio-only tele-buprenorphine even for initial visits
  - Engaging our senators to remove the visual requirement by amendment
    - Need support for audio-only as providers may still want the requirement
    - The “digital divide” may be the new social determinant of health
  - Still listening to all stakeholders and cosponsors
- Concerns?
  - Diversion
    - Will a video call address diversion?
  - Quality of care
    - Ability to listen more important?

RI HEALTH

**An opioid treatment hotline has saved lives in R.I., doctors say. But a US Senate bill could put it out of business**

# Usher-Pines, et al.

Research Letter

FREE

February 2, 2021

## Telehealth Use Among Safety-Net Organizations in California During the COVID-19 Pandemic

Lori Usher-Pines, PhD, MSc<sup>1</sup>; Jessica Sousa, MSW, MPH<sup>1</sup>; Maggie Jones, MPH<sup>2</sup>; [et al](#)

[» Author Affiliations](#) | [Article Information](#)

*JAMA*. 2021;325(11):1106-1107. doi:10.1001/jama.2021.0282

- 48.5% of PCP visits occurred via telephone; 3.4% via audio-visual
- 63.3% of behavioral health visits via telephone: 13.9% via video

Conclusion: Eliminating coverage for telephone visits could disproportionately affect underserved populations

# Eberly, et al.

Original Investigation | Health Informatics

December 29, 2020

## Patient Characteristics Associated With Telemedicine Access for Primary and Specialty Ambulatory Care During the COVID-19 Pandemic

Lauren A. Eberly, MD, MPH<sup>1,2,3,4</sup>; Michael J. Kallan, MS<sup>5</sup>; Howard M. Julien, MD, MPH, ML<sup>1,3</sup>; [et al](#)

[» Author Affiliations](#) | [Article Information](#)

*JAMA Netw Open.* 2020;3(12):e2031640. doi:10.1001/jamanetworkopen.2020.31640

- Cohort study of 148,402 patients scheduled for primary care and medical specialty telemedicine visits at a large academic health system
- **Findings:** Older age, Asian race, non-English language as preferred language, and Medicaid were associated with fewer telemedicine visits.
  - **Older age, female sex, Black race, Latinx ethnicity, and lower household income were associated with lower use of video-associated telehealth.**

# Office of National Drug Control and Policy Priorities

- **Expanding access to evidence-based treatment**
- Advancing racial equity issues in our approach to drug policy
- Enhancing **evidence-based** harm reduction efforts
- Supporting **evidence-based** prevention efforts to reduce youth substance use
- Reducing the supply of illicit substances
- Advancing recovery-ready workplaces and expanding the addiction workplace
- Expanding access to recovery support services



# Other Opportunities to Expand Telehealth Beyond Legislation

- Ryan Haight Act gives the DEA and SAMHSA to promulgate joint regulations under 21 U.S.C &802(54)(G) as part of the seventh exception as long as it effectively **controls diversion AND consistent with the public health and safety**
- DEA can establish a special registration for a telemedicine program
- DEA and SAMHSA can extend the flexibilities provided during the public health emergency
  - 42 C.F.R. &8.11(h) does not require SAMHSA to provide exemptions only during a public health emergency
  - DEA can extend the policy under the opioid-specific public health emergency

# Final Thoughts

- Telemedicine has the potential to lower the threshold for treatment and expand access to life-saving buprenorphine
- Telemedicine may have a greater role in ensuring the all-important initial access to MOUD
- Looking forward, we should support the continued expansion of telemedicine for OUD treatment beyond the pandemic, but it should exist alongside other evidence-based means, rather than replacing them entirely to give patients greater flexibility.

# Suggested Reference

- Extending Pandemic Flexibilities For Opioid Use Disorder Treatment: Telemedicine & Initiating Buprenorphine Treatment:
  - <https://regulatorystudies.columbian.gwu.edu/telemedicine-initiating-buprenorphine-treatment>