

TELEMEDICINE-DELIVERED TREATMENT WITH BUPRENORPHINE

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DISCLOSURE

I do not particularly care for telemedicine!



TODAY:

- ▶ Current need for telemedicine-delivered treatment with buprenorphine
- ▶ Evidence for telemedicine for treatment of OUD
- ▶ Regulations and recent changes
- ▶ **Steps in using telemedicine to deliver treatment**
- ▶ **Patient case examples**



AUDIENCE POLL

- ▶ Did you ever use telemedicine to deliver buprenorphine treatment prior to COVID-19?
- ▶ Have you used telemedicine to prescribe buprenorphine since COVID-19?

COVID-19 RISK

- ▶ People aged 65 or older
- ▶ People with chronic health conditions
- ▶ Other high risk groups
 - ▶ Poverty
 - ▶ Employment
 - ▶ Housing
 - ▶ Racial and ethnic minorities
 - ▶ Substance use disorders

TELEMEDICINE CONSIDERATIONS

- ▶ Initial visits
- ▶ Follow-up care
- ▶ Urine toxicology
- ▶ Relapses
- ▶ Other virtual support



INITIAL VISITS

- ▶ Via audio-visual or audio only platform
- ▶ Example: quarantined patient
- ▶ Example: patient recently discharged from an acute care setting
- ▶ Example: quarantined provider



FOLLOW-UP VISITS

- ▶ No requirement that patients who are prescribed buprenorphine have to be seen in person at any specified frequency
- ▶ Psychotherapy and other supportive check-ins can be done via telemedicine as well
- ▶ For both stable and less stable patients



URINE TOXICOLOGY OPTIONS

- ▶ Remember that the urine toxicology screen is only ‘one tool in the toolbox’ and is not a mandated part of care for individuals receiving buprenorphine
- ▶ Find out what others in your area are doing
- ▶ Weigh the benefits of in-person toxicology screening with the risk of exposure to COVID-19
- ▶ Consider creative ways to monitor treatment
 - ▶ Observed dosing
 - ▶ Virtual pill counts
 - ▶ Self-administered point of care testing

PATIENTS HAVING DIFFICULTY STABILIZING

- ▶ Is a referral to a higher level of care feasible?
- ▶ alternatively, consider:
 - ▶ Virtual community supports
 - ▶ Increased frequency of telemedicine visits
 - ▶ Counseling via telemedicine



ENCOURAGING TELEMEDICINE COUNSELING AND VIRTUAL SUPPORTS

- ▶ Staying home 'trying not to use'
- ▶ Provider and peer supports
- ▶ SAMHSA Virtual Recovery Resources:
 - ▶ <https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf>



'TYPICAL' TELEMEDICINE VISITS: PRACTICAL CONSIDERATIONS

- ▶ Workflow: Determine when telehealth visits will be available on the schedule (i.e. throughout the day intermixed with in-person visits or for a set block of time specifically devoted to virtual visits).
- ▶ Set up space in your practice and/or home to accommodate telehealth visits



PROVIDER ETIQUETTE



- ▶ Obtain consent
- ▶ Privacy
- ▶ Dress
- ▶ Camera

INFORMED CONSENT

- ▶ Information may be insufficient
 - ▶ Equipment failures
 - ▶ Security protocols could fail
 - ▶ Lack of access to complete medical records
- ▶ Confidentiality
- ▶ Can withdraw from telemedicine
- ▶ Receive copies of records/recordings
- ▶ Alternative methods of care
- ▶ Anticipated benefits are not guaranteed
- ▶ Document verbal consent and consent to use non-HIPAA compliant platforms

TECHNOLOGY

- ▶ Internet enabled devices
 - ▶ Smartphones
 - ▶ Tablets
 - ▶ Computers
- ▶ Most people have internet-enabled devices
 - ▶ 90% or more of individuals experiencing homelessness have an internet-enabled device
- ▶ Federal program to subsidize internet connectivity
 - ▶ 135-150% of federal poverty level



DIGITAL CONNECTIVITY CAPACITY



PLATFORMS

- ▶ Can use FaceTime and Skype
 - ▶ Not HIPAA compliant
 - ▶ Federal government suspending HIPAA enforcement during CoVID19
- ▶ Don't use public-facing platforms
 - ▶ Twitter DM
 - ▶ TikTok
 - ▶ Facebook Live
- ▶ Doximity dialer
- ▶ EPIC EMR embedded telemedicine platform



ETIQUETTE – PATIENT/CLIENT

- ▶ Privacy
 - ▶ Headphones requested
 - ▶ Can have patient scan room if you suspect someone else is there
- ▶ Dress
 - ▶ Discuss inappropriate dress
- ▶ Camera
 - ▶ During CoVID-19 – optional
 - ▶ Other times – required for billing



HISTORY

- ▶ Not much different from an initial or follow-up evaluation in person
- ▶ Focus on making the correct diagnosis



PHYSICAL EXAM

- ▶ Pupils
- ▶ Skin
- ▶ Respiration
- ▶ Withdrawal
 - ▶ Shaking hands
 - ▶ Sniffling
 - ▶ Yawning
 - ▶ Restlessness
- ▶ Mental status
- ▶ Smoking, vaping (shopping, at another doctor's appointment, napping, driving, yelling at kids, on another call)
- ▶ Unique glimpse into someone's environment (work, home, hotel, shelter, bus)

CLINICAL CASE EXAMPLES

- ▶ The patient at high-risk for severe illness from COVID-19
- ▶ The patient who does not feel comfortable coming into the office
 - ▶ Camden location
 - ▶ Social-distancing challenges
- ▶ The patient with young children at home or other caregiving responsibilities
- ▶ The patient with no transportation
- ▶ The patient at work

