PCSS Medications for Opioid Use Disorders

Providers Clinical Support System

# Telemedicine-Delivered Buprenorphine Treatment in the Age of COVID-19

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# Disclosures

- In accordance with the disclosure policy of the American Academy of Addiction Psychiatry, as well as standards set forth by JAC policies and guidelines and the ACCME, the JAC expects accredited providers to present learners with unbiased, independent, and objective information in all of their activities. Accredited providers must be in compliance with the Standards for Integrity and Independence in Accredited Continuing Education. Therefore, Member(s), Presenter(s), Reviewer(s), and all others involved in the planning or content development of this activity were required to disclose all financial relationships within the past 24 months. All disclosures were reviewed, and all involved in the planning and presentation of this activity have no relevant financial relationship(s) with ineligible companies.

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# Housekeeping

- This event is brought to you by the Providers Clinical Support System – Medications for Opioid Use Disorders (PCSS-MOUD). Content and discussions during this event are prohibited from promoting or selling products or services that serve professional or financial interests of any kind.

- The overarching goal of PCSS-MOUD is to provide evidence-based training to healthcare professionals in preventing, identifying, and treating substance use disorders with a focus on medications for opioid use disorders.

- Slides were adapted from the previous presentation given by Lewei (Allison) Lin, MD, MS, and David T. Moore, MD, PhD in 2020

# Educational Objectives

- At the conclusion of this activity participants should be able to:
  - Recognize key changes in federal regulations and guidance since the onset of COVID-19 and what they mean for telemedicine for OUD treatment.
  - Describe the potential ways that telemedicine for OUD treatment can address current treatment needs while also discussing important clinical considerations in using telemedicine for OUD treatment, including specific patients' characteristics, clinic practices, and local resources to consider.
  - Review information on key regulatory/legal requirements and technology considerations important to use of telemedicine for OUD treatment.

# Outline

- The current need for tele-buprenorphine
- Evidence for telemedicine for OUD treatment
- Regulations and changes to consider for tele-buprenorphine
- Steps in using telemedicine to deliver buprenorphine
- Patient cases

# Audience Poll

1. Have you ever used telemedicine to deliver buprenorphine treatment before the COVID-19 pandemic?

2. Have you used telemedicine to prescribe buprenorphine since March 2020?

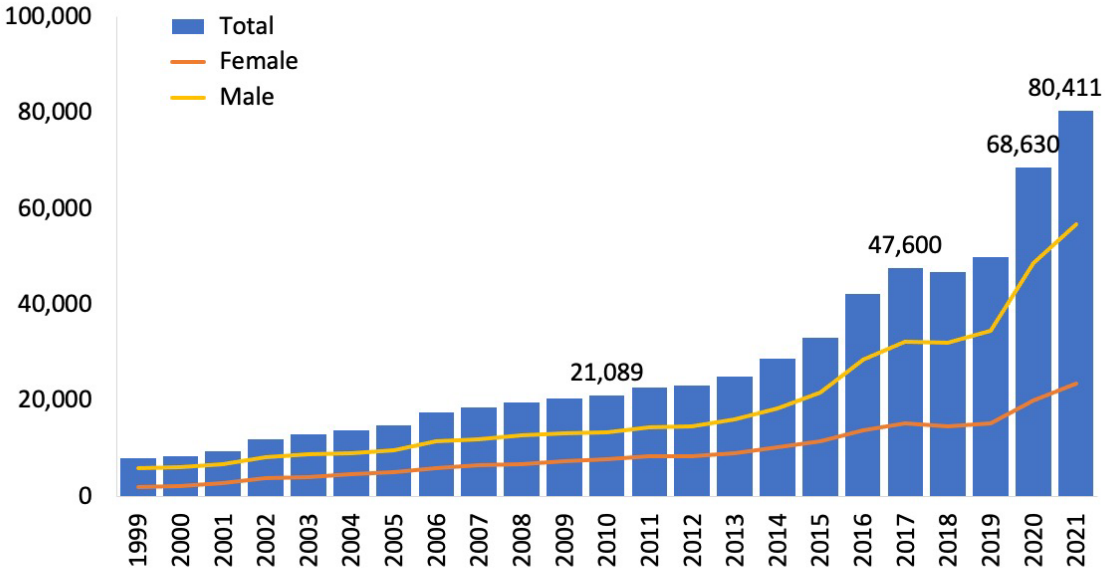
# Audience Poll (cont.)

3. What are the biggest challenges or barriers you are finding around tele-buprenorphine?

   a) Keeping up-to-date w/ regulations
   b) Clinician comfort with technology
   c) Patient comfort with technology
   d) Urine monitoring
   e) Other_____(type in comment box)

# Overdose Epidemic

Figure 3. National Overdose Deaths Involving Any Opioid*, Number Among All Ages, by Gender, 1999-2021




*Among deaths with drug overdose as the underlying cause, the "any opioid" subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2), methadone (T40.3), other synthetic opioids (other than methadone) (T40.4), or heroin (T40.1). Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

In 2021, 80,411 drug overdoses were attributed to opioids in the US

(CDC WONDER Database, 1999-2021)

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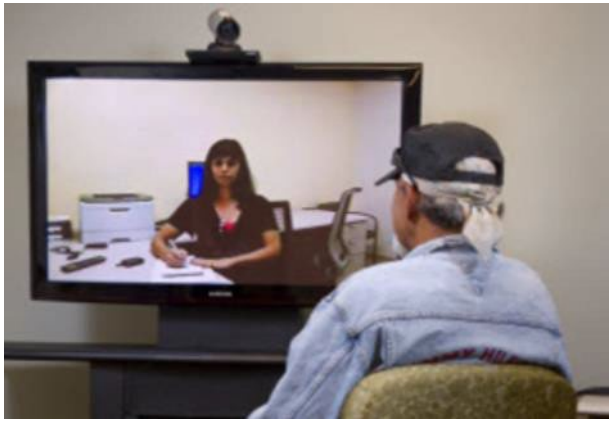
# What is Telemedicine?

- Synchronous/live video conferencing 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 formally

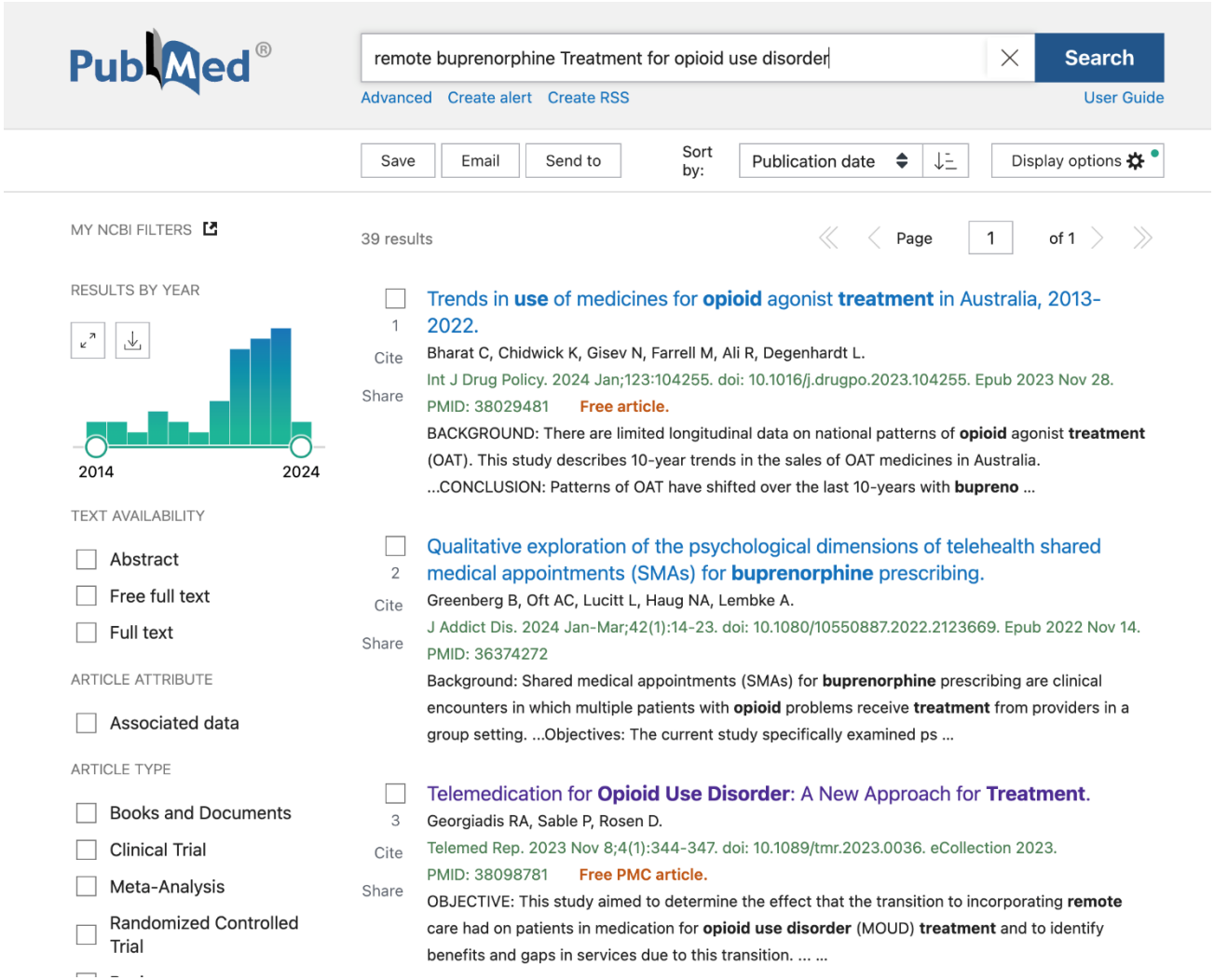


# Differences between Telehealth and Telemedicine

- Telemedicine is a Subset of Telehealth

- Telehealth includes modalities such as telephone, text, or web-based interventions.

# Expansion of Telemedicine Literature



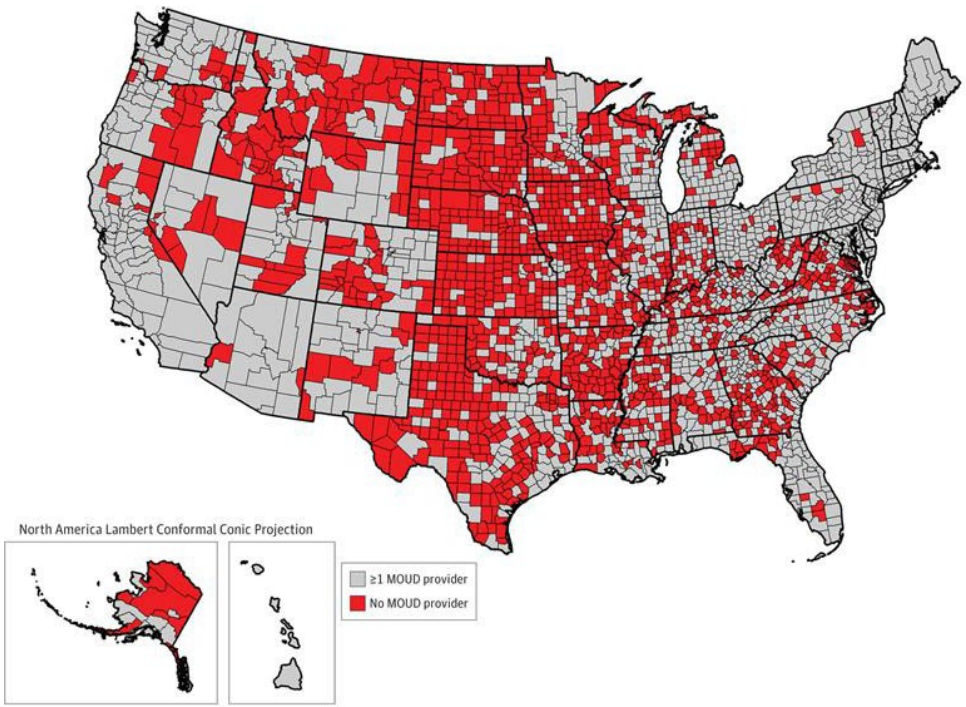
# Evidence for Telemedicine - Systematic Review of Telemedicine Treatment for SUDs

- For Opioid Use Disorder (n=5)
  - 2 studies delivered psychotherapy to patients at home. Found similar outcomes on substance use and satisfaction compared to in-person care
  - 3 non-randomized studies examined use of buprenorphine and methadone, delivered in outpatient treatment. The patient was located at a rural clinic and a physician was at a distant site and included other components such as urine toxicology screens.

(Lin et al. 2019)

# Telemedicine for OUD Treatment

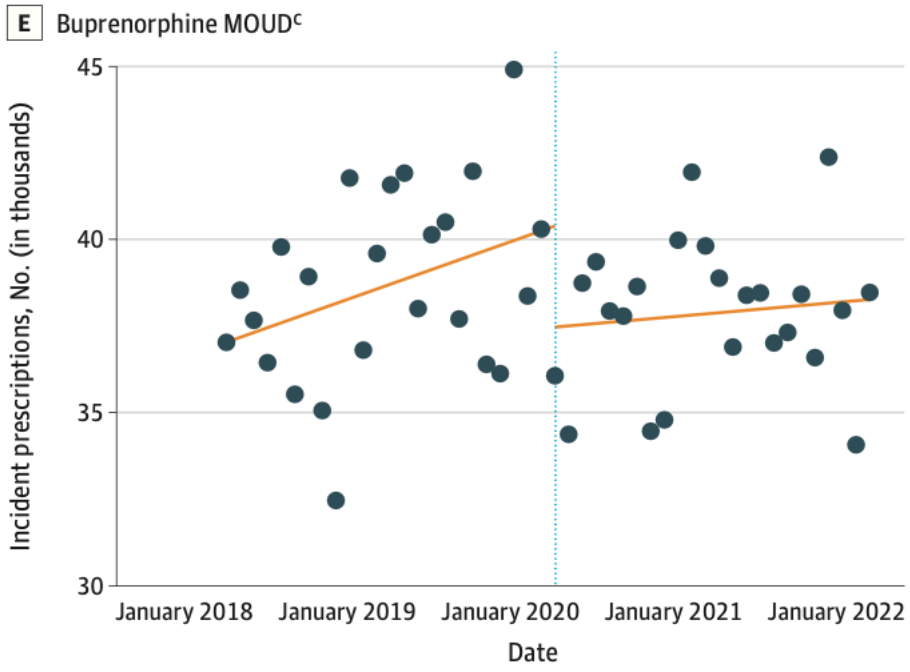
Prior to the Waiver Elimination (MAT ACT, Section 1262 of the Consolidated: Appropriations Act, 2023), many US counties were without providers who were certified to prescribe buprenorphine and trained to treat OUD.






(Haffajee et al., 2019)

# Telemedicine for OUD Treatment




- For buprenorphine, MOUD trends did not change in 2020.
- An explanation is that telemedicine prescribing flexibilities may have allowed clinicians to continue to diagnose and start treatment for OUD.

(Chai et al., 2024)

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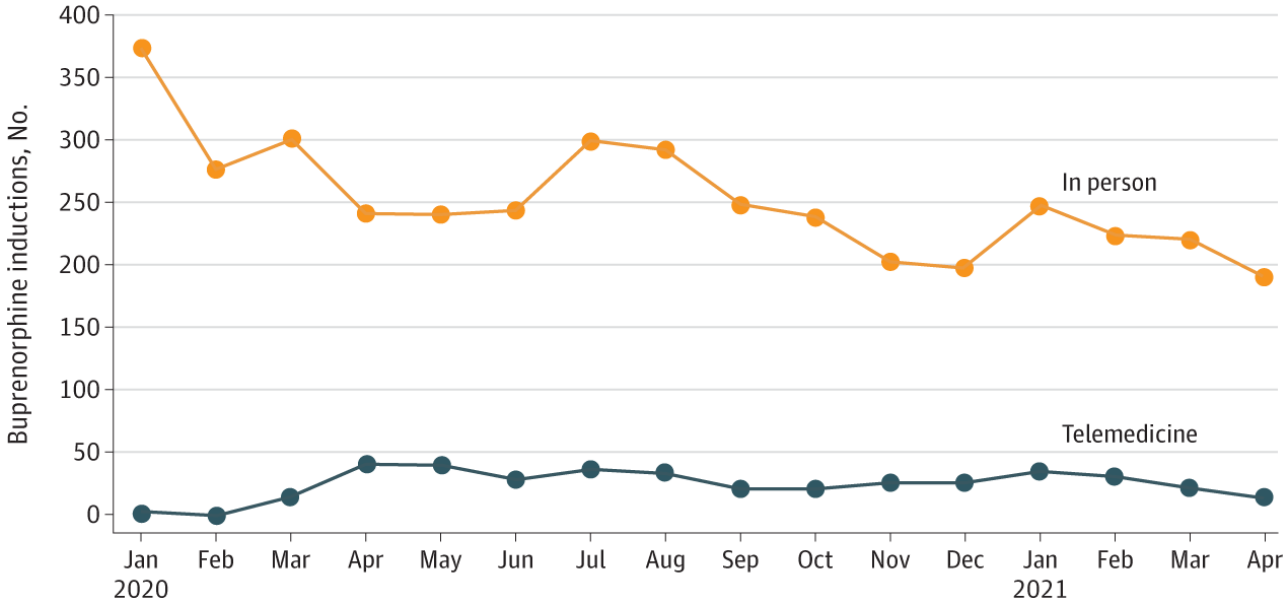
# Telemedicine for OUD Treatment

Absolute Number of Buprenorphine Inductions Conducted via Telemedicine Among Commercial and Medicare Advantage Enrollees, **1/1/20-4/30/21:**




Out of 3638 inductions:

- 10.8% via telemedicine
- the proportion of inductions via telemedicine was much lower than rates of telemedicine for other behavioral health conditions



(Bartsky et al., 2022)

# Telemedicine for OUD Treatment

Among Medicare beneficiaries initiating OUD-related care during the COVID-19 pandemic:

1. receipt of OUD-related telehealth services
2. receipt of MOUD from opioid treatment programs
3. receipt of buprenorphine in office-based settings

1-3 were all associated with reduced risk for fatal drug overdose

(Jones et al., 2023)

# Considerations for Telemedicine Buprenorphine

- Different regulations and practices for starting new treatment vs follow-up
- Logistics of conducting urine drug screens
- Providing therapy with medication
- Clinician and patient comfort with telemedicine technology
- Federal and state regulations
- Billing

# Major Regulatory Changes since COVID-19

1. Loosening Ryan Haight (**Second Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications)**
2. HIPAA
3. 42 CFR Part 2
4. Opioid Treatment Program (OTP) and take-home medications
5. Medicare reimbursement
6. Ongoing state regulation and insurance reimbursement changes

# 1. Update for COVID-19 from DEA

- During a public health emergency (PHE), DEA-registered practitioners may issue prescriptions for controlled substances without an in-person evaluation if:
  - Practitioner is acting in the usual course of his/her professional practice
  - Treatment delivered via telemedicine
  - Acting by Federal and State law.
- The full set of telemedicine flexibilities regarding the prescription of controlled medications as were in place during the COVID-19 PHE will remain in place through Dec. 31, 2024.

# 2. HIPAA

- Health and Human Services (HHS) announced that it would waive HIPAA penalties for "good faith use of telehealth".
- On April 12, 2023, OCR announced that the Notifications of Enforcement Discretion issued under HIPAA and HITECH Act during the COVID-19 public health emergency expired at 11:59 pm on May 11, 2023, and **reverted to pre-pandemic levels of adherence to HIPAA guidelines**

# 3. 42 CFR Part 2

- **What Has Not Changed Under the New Part 2 Rule:** The revised rule does not alter the basic framework for confidentiality protection of substance use disorder (SUD) patient records created by federally assisted SUD treatment programs. Part 2 continues to prohibit law enforcement's use of SUD patient records in criminal prosecutions against patients, absent a court order. Part 2 also continues to restrict the disclosure of SUD treatment records without patient consent, other than as statutorily authorized in the context of a bona fide medical emergency; or for scientific research, audit, or program evaluation; or based on an appropriate court order.

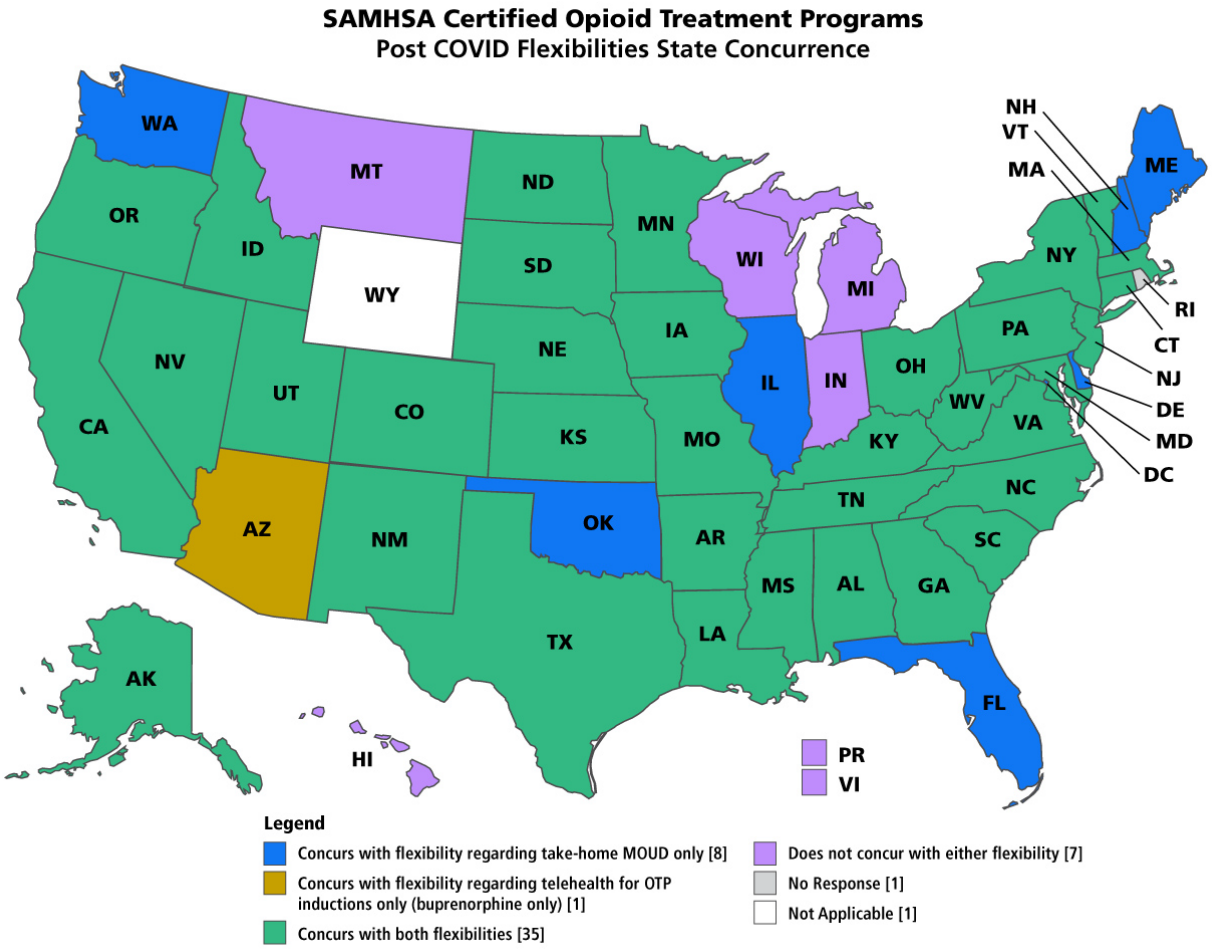
# 4. Opioid Treatment Programs (OTPs)

It is up to the OTP practitioner to determine the actual number of take-homes, but the allowable range is as follows:

- In treatment 0-14 days, up to 7 unsupervised take-home doses of methadone may be provided to the patient
- Treatment days 15-30, up to 14 unsupervised take-home doses may be provided
- After day 31 in treatment, up to 28 unsupervised take-home doses may be provided

(89 FR 7528 CFR: 42 CFR 8, 2/2/24)

# 4. OTPs


SAMHSA Certified Opioid Treatment Programs
Post COVID Flexibilities State Concurrence
WA
OR
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Legend
Concurs with flexibility regarding take-home MOUD only [8]
Concurs with flexibility regarding telehealth for OTP inductions only (buprenorphine only) [1]
Concurs with both flexibilities [35]
Does not concur with either flexibility [7]
No Response [1]
Not Applicable [1]

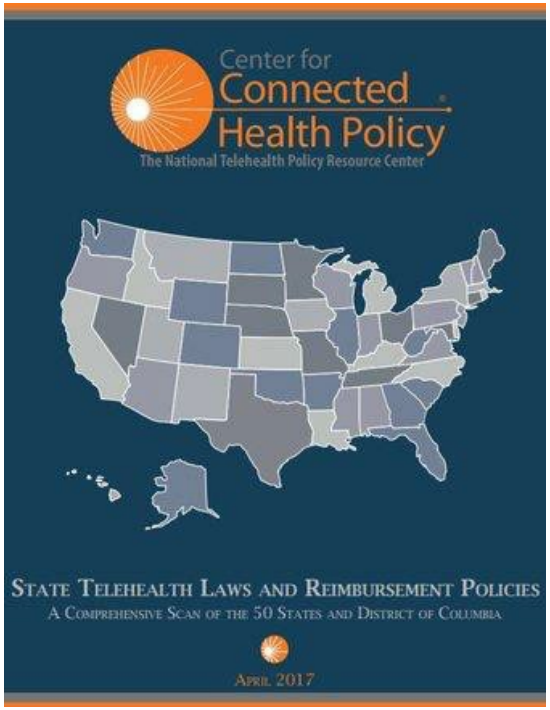
# 5. Medicare Coverage

Telehealth services to treat a substance use disorder, a co-occurring mental health disorder, treatment of a mental health disorder and behavioral health services **will all be** covered by Medicare.

- https://www.medicare.gov/coverage/telehealth

# 6. State Regulations

- Adhering to state laws on:
  - State licensing laws
    - Some are being relaxed to permit interstate care
  - Buprenorphine and controlled medications
  - Telemedicine
  - Specific for addiction treatment programs




https://www.cchpca.org/

# Adapting to Tele-Buprenorphine Treatment post COVID-19

- **Initial visits**
- **Follow-ups**
- **Urine toxicology:** Weigh when in-person urine toxicology is needed
- **Return to use:** What to do
- **Mailing prescriptions**
- **Encourage virtual supports**

# Disclaimer

- I am a psychiatrist with experience with telemedicine-delivered buprenorphine in NYS. But regulations and practices are rapidly evolving.
- Need to think about pros/cons and what the alternatives are for the given patient and be aware of regulatory changes.

# Considering COVID-19 Risk and Access to Buprenorphine

- People aged 65 and older
- People with chronic health conditions including
  - Serious heart conditions
  - Lung disease or moderate to severe asthma
  - People who are immunocompromised or on immune-suppressing drugs
  - Severe obesity (BMI ≥40) or uncontrolled chronic medical conditions

- ASAM Reference on Buprenorphine during the COVID-19 Pandemic: https://www.asam.org/Quality-Science/covid-19-coronavirus/access-to-buprenorphine

# Initial visits

- With the DEA waiving the initial in-person visit, initial evaluation can now be done via telemedicine OR phone and the clinician must be acting in usual practice.

- But note the DEA language;
- “Under normal circumstances, DEA would not consider the initiation of treatment with a controlled substance based on a mere phone call… in light of the extraordinary circumstances presented by the COVID-19 public health emergency, and being mindful of the exemption issued by SAMHSA, DEA likewise advises that, only for the duration of the public health emergency (unless DEA specifies an earlier date)”

# Follow-up Visits

- Under the new DEA guidance, there is no requirement that patients prescribed buprenorphine be seen in person at any specified frequency.
- Check-ins can be done by phone as well.
- Can also transition patients to telemedicine-psychotherapy

# Urine Toxicology Options

- See if you have local/health system guidelines for frequency of urine toxicology
- Consider creative ways to monitor and verify abstinence virtually including video observation of buprenorphine administration, home breathalyzer, and self-administered point-of-care testing.

# Return to use: What to do?

- Perhaps more than usual, consider what is feasible for a patient if they are experiencing a relapse on opioids or are using other substances
- Consider referrals to higher levels of care, but may not be feasible currently
- Alternatively, prioritize:
  - Virtual community supports
  - Increasing the frequency of telemedicine visits
  - Refer to telemedicine-delivered counseling

# Mailing Prescriptions

- There are no federal VHA regulations that preclude sending oral buprenorphine directly to either a patient's physical home address or to a P.O. Box.
- The United States Postal Service does not require a signature for medication mailed to a P.O. Box.
- However, state laws that impose further restrictions on mailing-controlled substances must be followed.
- Check the Board of Pharmacy to determine if there are further state-specific restrictions to buprenorphine delivery.

# Encouraging Telemedicine Counseling and Virtual Supports

- Staying home and trying not to use an addictive substance can be a trigger for relapse
- Encourage patients to reach out to others for support, including their providers
- These might include journaling, practicing mindfulness and meditation, taking a walk, and exercising at a social distance. Additionally, providers can help patients identify, voice, and cope with stress that impacts them.
- https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf

# Case 1

- You have been seeing a 32-year-old man with h/o OUD stabilized on 16 mg of buprenorphine/naloxone for the past 2 years.
- Previously was using daily IV heroin and also with alcohol use disorder. You've been seeing him every month and he is engaged with community support in his area.
- Next week he is due for his routine follow-up, what do you do?

# Case 1 Continued

- Should you call or see him via telemedicine?
- What do you do about the urine toxicology?
- How will he get his buprenorphine?
- Will you be able to reimburse?

# Case 2

- You are trying to start working from home to maximize social distancing. On your clinic schedule, you see that you have a new patient scheduled for later in the week who is a 58-year-old woman. She is coming in “for help getting off heroin” and is motivated right now because it has gotten harder to buy heroin. She is afraid of getting coronavirus especially because of her chronic medical conditions.

- What do you do?

# Case 2 Continued

- Should you call or see her via telemedicine?
- What do you do about the urine toxicology and other basic labs you typically get?
- How will you do the induction?
  - SAMHSA TIP 63
  - SAMHSA Buprenorphine Quick Start

# Case 2 Continued

- This patient was initially doing well, but a month later, reports she is struggling to maintain sobriety and also says she has started using cocaine again.

- What do you do?

# Questions?

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# References


- Barsky BA, Busch AB, Patel SY, Mehrotra A, Huskamp HA. Use of Telemedicine for Buprenorphine Inductions in Patients With Commercial Insurance or Medicare Advantage. JAMA Netw Open. 2022;5(1):e2142531. doi:10.1001/jamanetworkopen.2021.42531
- Chai G, Xu J, Goyal S, et al. Trends in Incident Prescriptions for Behavioral Health Medications in the US, 2018-2022. JAMA Psychiatry. Published online January 10, 2024. doi:10.1001/jamapsychiatry.2023.5045
- Fortney, J., Enderle, M., McDougall, S., Clothier, J., Otero, J., Altman, L., Curran, G., 2012. Implementation outcomes of evidence-based quality improvement for depression in VA community based outpatient clinics. Implement. Sci. IS 7, 30. https://doi.org/10.1186/1748-5908-7-30
- Haffajee, R.L., Lin, L.A., Bohnert, A.S.B., Goldstick, J.E., 2019. Characteristics of US Counties With High Opioid Overdose Mortality and Low Capacity to Deliver Medications for Opioid Use Disorder. JAMA Netw. Open 2, e196373. https://doi.org/10.1001/jamanetworkopen.2019.6373
- Hedegaard, H., 2017. Drug Overdose Deaths in the United States, 1999–2016 8.
- Huskamp, Haiden A., Busch, Alisa B., Souza, Jeffrey, Uscher-Pines, Lori, Rose, Sherri, Wilcock, Andrew, Landon, Bruce E., Mehrotra, Ateev, 2018. How Is Telemedicine Being Used In Opioid And Other Substance Use Disorder Treatment? | Health Affairs. Health Aff. (Millwood) 37.
- Jones CM, Shoff C, Blanco C, Losby JL, Ling SM, Compton WM. 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 Psychiatry. 2023;80(5):508–514. doi:10.1001/jamapsychiatry.2023.0310
- Kariisa, M., Scholl, L., Wilson, N., Seth, P., Hoots, B., 2019. Drug Overdose Deaths Involving Cocaine and Psychostimulants with Abuse Potential - United States, 2003- 2017. MMWR Morb. Mortal. Wkly. Rep. 68, 388–395. https://doi.org/10.15585/mmwr.mm6817a3
- Lin, L.A., Casteel, D., Shigekawa, E., Weyrich, M.S., Roby, D.H., McMenamin, S.B., 2019. Telemedicine-delivered treatment interventions for substance use disorders: A systematic review. J Subst Abuse Treat 101, 38–49. https://doi.org/10.1016/j.jsat.2019.03.007

# PCSS-MOUD Mentoring Program

- PCSS-MOUD Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.
- PCSS-MOUD Mentors are a national network of providers with expertise in **addictions, pain, and evidence-based treatment including medications for opioid use disorder (MOUD)**.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

**For more information visit:**

**https://pcssNOW.org/mentoring/**

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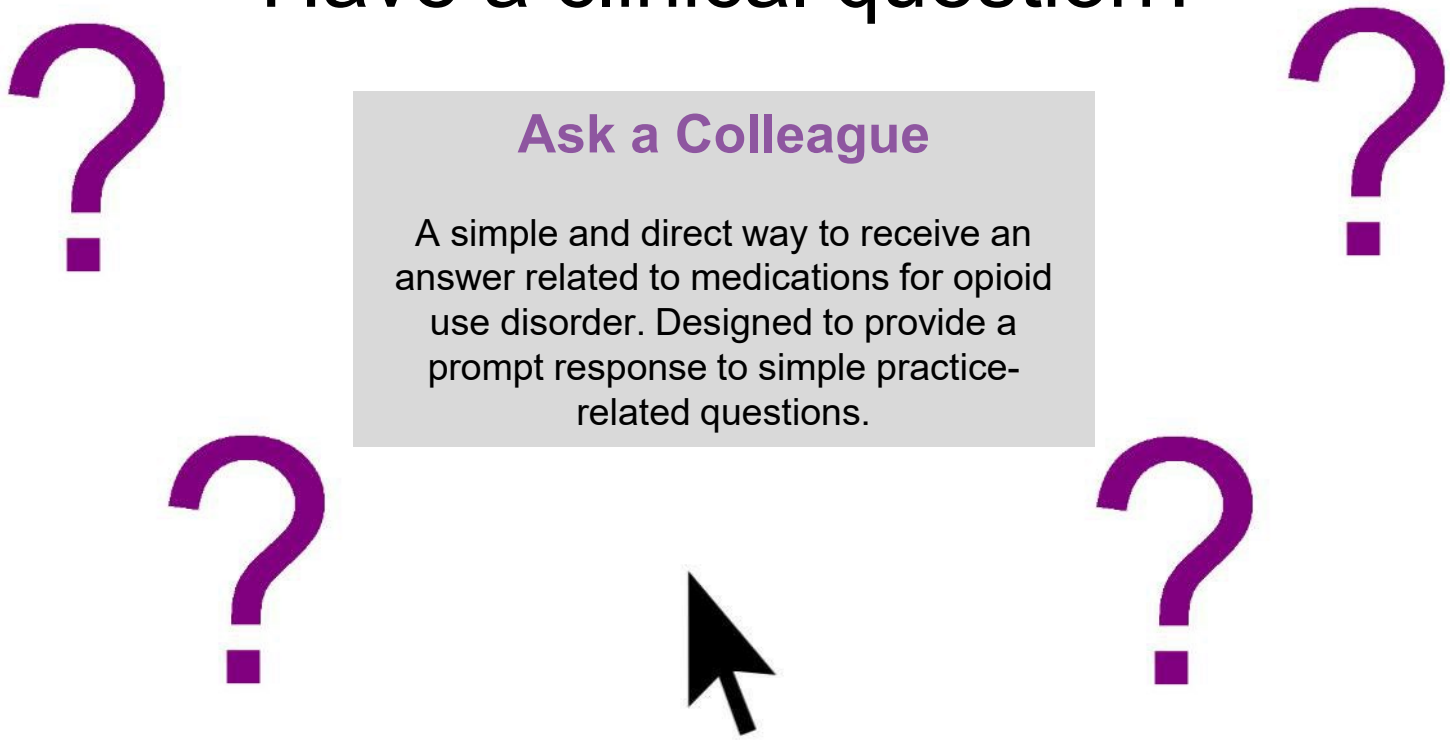
# PCSS-MOUD Discussion Forum

## Have a clinical question?



### Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

http://pcss.invisionzone.com/register

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| Addiction Technology Transfer Center* | American Dental Association |
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| American Academy of Addiction Psychiatry* | American Orthopedic Association |
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| American Academy of Family Physicians | American Pharmacists Association* |
| American Academy of Neurology | American Psychiatric Association* |
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| Council on Social Work Education* | Physician Assistant Education Association |
| Faces and Voices of Recovery | Project Lazarus |
| Medscape | Public Health Foundation (TRAIN Learning Network) |
| NAADAC Association for Addiction Professionals* | Sickle Cell Adult Provider Network |
| National Alliance for HIV Education and Workforce Development | Society for Academic Emergency Medicine* |
| National Association of Community Health Centers | Society of General Internal Medicine |
| National Association of Drug Court Professionals | Society of Teachers of Family Medicine |
| National Association of Social Workers* | The National Judicial College |
| National Council for Mental Wellbeing* | Veterans Health Administration |
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