



Providers
Clinical Support
System

Telemedicine and Treating Opioid Use Disorder in Rural Populations

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- The overarching goal of PCSS-MOUD is to increase healthcare professionals' knowledge, skills, and confidence in providing evidence-based practices in the prevention, treatment, recovery, and harm reduction of OUD.

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All speakers have been advised that any recommendations involving clinical medicine must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in patient care. All scientific research referred to, reported, or used in the presentation must conform to the generally accepted standards of experimental design, data collection, and analysis.

Educational Objectives

- At the conclusion of this activity, participants should be able to:
 - List the benefits and pitfalls of the use of telemedicine to treat OUD
 - Implement strategies to maximize the benefit of a telemedicine visit
 - Create processes in your practice to allow for individualized treatment of patients with OUD that includes in-person and telemedicine depending upon the needs of your patient population
 - Identify items of informed consent and etiquette for telemedicine visits with patients

Challenges

Rural Treatment for OUD

- Transportation may be limited
- Attending the clinic can take most of the day
- Fewer resources including specialty consultation, counselors, etc.
- Internet/connectivity
- For groups (AA/NA, etc.) they may know each other
- Staff may know patients
- Waiting room can be triggering (people they used drugs with)

Telemedicine Advantages

- Convenience for patients
- Convenience for providers (sometimes)
- Reduces transportation barriers
 - Reduces costs
- Less disruptive to patients' day
 - Particularly important if they are a caregiver for a child/family
- Patients may have negative experiences with the healthcare system (stigma, etc.), and this may be less threatening
- Improved access to crisis support
- Asynchronous communication
 - Can message in a secure platform, doesn't have to be at the same time
- For patients with behavioral issues, more control over staff safety

Telemedicine Disadvantages

- Rapport building
- Patient may be in a more distracting environment
- Confidentiality
- Human interaction, non-verbal communication
- Technical limitations
 - Internet connectivity
 - Phone/device availability
- Urine drug screen reliability
 - Maybe this isn't that important?

Treatment Outcomes

- Retention is similar between telemedicine and in-person treatment^{1,4}
- Patient satisfaction ratings are similar or greater with telemedicine²
- Address the treatment gap for opioid use disorder³
- Treatment outcomes are similar or possibly better with telemedicine

1. Hammerslag LR, Mack A, Chandler RK, et al. Telemedicine Buprenorphine Initiation and Retention in Opioid Use Disorder Treatment for Medicaid Enrollees. *JAMA Netw Open*. 2023;6(10):e2336914.
2. Polinski, J.M., Barker, T., Gagliano, N. et al. Patients' Satisfaction with and Preference for Telehealth Visits. *J GEN INTERN MED* 31, 269–275 (2016).
3. Krawczyk N, Rivera BD, Jent V, Keyes KM, Jones CM, Cerdá M. Has the treatment gap for opioid use disorder narrowed in the U.S.?: A yearly assessment from 2010 to 2019". *Int J Drug Policy*. 2022 Dec;110:103786
4. Jones CM, Shoff C, Hodges K, et al. (2022) Receipt of Telehealth Services, Receipt and Retention of Medications for Opioid Use Disorder, and Medically Treated Overdose Among Medicare Beneficiaries Before and During the COVID-19 Pandemic. *JAMA Psychiatry*. ;79(10):981–99

Informed Consent

- Obtain informed consent to use telemedicine
 - You may not get as much information
 - Equipment failures/limitations
 - Confidentiality (HIPAA-compliant platform)
 - Can withdraw from telemedicine

Telemedicine Etiquette

- Good lighting
 - Don't look like you are in witness protection
- Appropriate camera angle
- Uncluttered background
- Free from distractions
- Eye contact is with the patient
- Confirm audio/visual is working ahead of time

Patient's Etiquette

- Patient should be in a private location
 - If you are concerned that someone else is in the room, you can have the patient scan the room with the camera
- Consider asking the patient to use headphones for privacy
- Not driving
- Appropriate dress
- No distractions (television, videos, texting)

Pharmacy

- Know the local pharmacies that carry buprenorphine
- Consider opening communication and partnering with one or two pharmacies to carry the medication
- Smaller, independent pharmacies may more readily work with you
- Discuss a plan with the patient if the pharmacy doesn't have the medication
- Don't forget the naloxone!

Special Considerations

- May take longer for rapport building
- Groups may require more management from the counselor to maintain orderly meeting.
- Setting expectations
- Model telemedicine etiquette
- Know your local telemedicine regulations

Diagnosis of OUD via Telemedicine

- DSM-5-TR criteria
 - Your chart note should support diagnosis of mild, moderate, or severe based on criteria
- Physical exam
 - Ask patient to show track marks/scars if injection drug use
 - Yawning
 - Sniffling
 - Tremor (camera shaking), restlessness
 - Pupils (need good lighting)

Induction on Buprenorphine

- X-waiver (formerly) taught in-office inductions, but practice has evolved beyond this
- Discussion of home induction
- Low-dose induction
- Have someone for the patient to call if things go awry
- Treatment for precipitated withdrawal
 - More buprenorphine
 - Maybe subdissociative Ketamine (minimal evidence)

Urine Drug Screens

- Patient can be provided a cup for POC urine drug screens
 - Results can be shared on video
 - More easily tampered
- Order at the lab
 - Also easily tampered
- What is the benefit of the urine drug screen?
 - More accurate information
 - Hiding drug use
 - Diversion
- What are the downsides?
 - Demonstrating a lack of trust
 - Consider reframing the use of UDS – it is not policing but a tool for discussion.
 - Changes dynamic from partnering to policing
 - What are your criteria for discharging a patient? Should you rethink those criteria?
 - If UDS results are not consistent with the clinical picture, consider an in-person visit

Follow Up

- Typical MOUD, Rx med and follow up in a week
- Typical OTP daily observed medication initially
- Telemedicine allows for more frequent, brief visits/follow up
- Recommend capturing these as billable visits

Injectables

- Long acting buprenorphine, you can have a hybrid of in person monthly injection and telemedicine visits/counseling
- Long acting naltrexone, can be given in the clinic or can be prescribed and administered by a pharmacy
- Should still find appropriate level of counseling/peer support

Treatment Failures

- Buprenorphine works great for many, but not for all
- Patients who fail buprenorphine often won't tell you
 - They may be tampering with UDS because of shame, fear of discontinuation of treatment, etc.
- Working at OBOT for years and then moving to OTP opened my eyes to the number of patients for whom buprenorphine doesn't work
- Know your local OTP resources and partner with them for patients who need methadone or a higher level of care (daily dispensation of methadone/buprenorphine)
- A new final rule has relaxed the rules for methadone
- For patients who won't start buprenorphine from fentanyl because of prior adverse experiences such as precipitated withdrawal:
 - Explore why it failed. Was it precipitated withdrawal? Did they try on their own with buprenorphine not prescribed to them?
 - Consider low-dose induction
 - Consider stabilization on methadone and low-dose induction on buprenorphine

Take Home Points

- Telemedicine provides similar outcomes to in-person visits
- Setting expectations will help provide a quality visit
- Telemedicine etiquette is important for the provider and the patient
- Telemedicine can provide access to patients who have difficulty accessing care in the traditional model

References

- Hammerslag LR, Mack A, Chandler RK, et al. (2023) Telemedicine Buprenorphine Initiation and Retention in Opioid Use Disorder Treatment for Medicaid Enrollees. *JAMA Netw Open*. Oct;6(10):e23369
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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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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>

Addiction Policy Forum	American College of Medical Toxicology
Addiction Technology Transfer Center*	American Dental Association
African American Behavioral Health Center of Excellence	American Medical Association*
American Academy of Addiction Psychiatry*	American Orthopedic Association
American Academy of Child and Adolescent Psychiatry	American Osteopathic Academy of Addiction Medicine*
American Academy of Family Physicians	American Pharmacists Association*
American Academy of Neurology	American Psychiatric Association*
American Academy of Pain Medicine	American Psychiatric Nurses Association*
American Academy of Pediatrics*	American Society for Pain Management Nursing
American Association for the Treatment of Opioid Dependence	American Society of Addiction Medicine*
American Association of Nurse Practitioners	Association for Multidisciplinary Education and Research in Substance Use and Addiction*
American Chronic Pain Association	Coalition of Physician Education
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Columbia University, Department of Psychiatry*	Partnership for Drug-Free Kids
Council on Social Work Education*	Physician Assistant Education Association
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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
National Council of State Boards of Nursing	Voices Project
National Institute of Drug Abuse Clinical Trials Network	World Psychiatric Association
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