AIR®
AMERICAN INSTITUTES FOR RESEARCH®

Using Telehealth to Meet the Challenges of the Opioid Epidemic

This brief provides insights and recommendations on:

- Using telehealth to promote the continuum of care for patients with opioid use disorder;
- Overcoming medications for opioid use disorder related challenges by leveraging current policies; and
- Improving access to and effectiveness of telehealth for opioid use disorder.

Stevland Sonnier | Anita Makkenchery | Sinead Maharrey | Dr. Amanda Latimore | Dr. Susan Heil | Dr. Karin Johnson

DECEMBER 2020

Health policy researchers from the American Institutes for Research® (AIR®) and IMPAQ are tracking and evaluating how policymakers, providers, and others in the health care field are responding to the opioid epidemic during the COVID-19 pandemic. In this brief, learn:

- How the COVID-19 pandemic is impacting treatment approaches for opioid use disorder (OUD);
- Why federal and state governments are promoting the use of telehealth for OUD treatment; and
- What policymakers, providers, and other stakeholders can do to ensure telehealth treatment for OUD is equitable and effective.

Overview

Across the United States, overdose death rates are surging. More information is needed to inform the delivery of medications for opioid use disorder (MOUD) and other therapeutic approaches using telehealth. Evidence for the effectiveness of delivery MOUD via telehealth has been promising, yet center on a a few case studies and regional efforts. Necessitated by the COVID-19 pandemic, the use of telehealth for MOUD and overall treatment of OUD has dramatically accelerated. With the pandemic continuing to affect in-person access to care, availability of the remote treatment of OUD has become a matter of life and death for over 2.5 million Americans with OUD. The need to remove barriers to the equitable delivery of evidence-based care for treating OUD in a telehealth setting has never been more urgent.

RECOMMENDATIONS FOR POLICYMAKERS & PROVIDERS

- Policymakers should pass legislation to promote the equitable delivery of MOUD
- Federal and state funding initiatives should require rapid cycle research on factors that improve telehealth quality and access, particularly for rural and marginalized communities
- Policymakers, state insurance regulators, and health plans should track how payment models incentivize the use of telehealth for MOUD
- States should maximize the benefits of federal regulatory changes
- Providers should engage in collaborative learning opportunities that encourage the provision of OUD care

Copyright © 2020 American Institutes for Research®. All Rights Reserved.

Treating Opioid Use Disorder with Telehealth is Both Challenging & Urgent

Access to treatment is often difficult for those with OUD, irrespective of the COVID-19 pandemic. Stigma, misinformation, and systematic, racially driven policies and socioeconomic barriers further exacerbate challenges to treatment—especially for communities of color. Regulations on the providers who can treat patients with one of the three FDA-approved MOUDs (methadone, buprenorphine, and naltrexone), and in which settings they can be provided, present significant challenges for patients needing access to these medications.

Prior to the pandemic, each dose of methadone could only be administered from a certified opioid treatment program. Buprenorphine could be prescribed in a variety of settings, such as a clinic or office, as long as clinicians obtained a waiver to do so, as required by the Drug Treatment Act (DATA) of 2000.[1] Under DATA, providers must prescribe MOUDs in person. Policy efforts have attempted to increase the number of prescribers. The 2016 Comprehensive Addiction and Recovery Act (CARA) allowed qualified nurse practitioners (NPs) and physician assistants to obtain waivers. Despite these regulatory changes, prescriber shortages persist.[2]

The passage of the CARA Act led to fewer counties without a burprenorphine prescriber. However, states with existing regulations that restricted the scope of practice had half as many NPs become DATA-waivered compared to other states with a more expansive scope of practice.

Providing MOUD and counseling through telehealth opens another avenue for care that has the potential to meet patient needs more effectively. While some states and health care systems introduced telehealth as part of their OUD care efforts over the past several years, its use did not become widespread until the COVID-19 pandemic. In a pre-COVID-19 survey of physicians treating OUD, respondents ranked legal concerns as the strongest barrier to the utilization of telehealth services, even if they already had experience providing telemedicine.[3] Top concerns included state laws restricting telemedicine for OUD and the Ryan Haight Online Pharmacy Consumer Protection Act (RHOPCPA), which required in-person evaluations prior to prescribing controlled substances.

COVID-19-related "stay at home" orders and physical distancing measures further exacerbated barriers to accessing OUD treatment while also introducing new challenges and risks for people with OUD. Individuals with socioeconomic disadvantages have a higher risk of opioid addiction and face disproportionately negative outcomes from COVID-19 infection. At the same time, individuals with low-income jobs are often uninsured or underinsured, lack sick leave, and are at greatest risk for unemployment due to the impact of the pandemic on the economy. Regardless of socioeconomic status, support systems have declined, as physical distancing increases the risk of isolation, relapses, overdoses, and fatalities.

COVID-19 related "stay at home" orders and physical distancing measures further exacerbated barriers to accessing OUD treatment while also introducing new challenges and risks for people with OUD.

The ways COVID-19 has affected people with OUD highlight the urgency of deploying and sustaining new solutions to increase access to high quality, evidence-based treatment. Telehealth is a key component of the path forward.

Federal Telehealth Policy Changes during COVID-19

The novel coronavirus pandemic launched federal and state policy changes that allowed providers to continue and initiate OUD care largely through telehealth.

To ensure the continued provision of MOUD, the Drug Enforcement Administration (DEA) authorized two changes under a public health emergency (PHE). First, qualified practitioners can prescribe controlled substances (including buprenorphine) using telemedicine. Second, practitioners can conduct a patient evaluation by telephone, even to initiate treatment. To minimize travel to a pharmacy or provider, the Substance Abuse and Mental Health Services Administration (SAMHSA) allowed states to request a blanket exception for patients in opioid treatment programs, which permits up to a 28-day supply of take-home methadone or buprenorphine.

The DEA authorized two changes as a result of the public health emergency:

1. Qualified practitioners can prescribe controlled substances (including buprenorphine) using telemedicine.
2. Practitioners can conduct a patient evaluation by telephone, even to initiate treatment.

The PHE has also temporarily enabled practitioners to deliver more behavioral health services via telehealth. As highlighted in the recent IMPAQ/AIR issue brief on equity in telehealth expansion, Medicare now allows providers to use audio-only communication for behavioral health and education services for the duration of the PHE.[4] The Health & Human Services Officer for Civil Rights also waived penalties during the PHE for Health Insurance Portability and Accountability Act (HIPAA) violations, which allowed health care providers to use popular communication platforms, such as Facetime, to conduct telehealth visits. A proposed bipartisan bill called the Telehealth Response for E-prescribing Addiction Therapy Services (TREATS) Act may make these flexibilities permanent.

State Telehealth Activities during COVID-19

In conjunction with federal efforts, states have enacted regulatory changes to help individuals access behavioral health services.[5] These solutions include allowing a longer supply of take-home MOUDs, relaxing provider licensing requirements, expanding telehealth reimbursement, waiving regulations on certain OUD treatments, and increasing harm reduction services. However, the extent to which states have taken full advantage of the new federal allowances varies.

According to the Center for Connected Health Policy, many states have allowed OUD treatment services via telehealth and some states have already acted to expand their OUD treatment laws and regulations permanently. For example, New Hampshire recently passed legislation eliminating the requirement for an in-person exam prior to a virtual visit for providers treating patients with substance use disorders (SUDs), as well as allowing providers to prescribe Class II-IV non-opioid controlled drugs. The law also allows the use of audio-only services for telehealth and expands the list of care providers for telehealth services, addressing issues of access for those who have limited access to broadband or cannot afford internet-enabled devices.

New Hampshire recently passed legislation eliminating the requirement for an in-person exam prior to a virtual visit for certain providers treating patients with substance use disorders (SUDs), as well as allowing certain providers to prescribe Class II-IV non-opioid controlled drugs

Telehealth & Opioid Use Disorder Treatment: A Path Forward

Efforts to achieve a timely, effective, and equitable avenue for OUD treatment, especially during the pandemic, underscores the value of telehealth expansion. Expanding telehealth services for behavioral health care in general—and OUD treatment specifically—has helped to ensure a continuum of care for patients and may have mitigated some of the negative effects from the pandemic. Frequent, brief, virtual check-ins provide flexibility in access to treatment, while limiting exposure to COVID-19. Telehealth can provide access for diverse patients, including youth and patients in rural areas.[6,7]

At the same time, challenges still persist for many communities that lack high-speed broadband internet access. Rural America had less uptake of telehealth than urban communities and is less likely to have reliable broadband access.[8] As opioid deaths continue to rise during the COVID-19 pandemic, the need for behavioral health interventions will only increase.

However, telehealth expansion alone cannot overcome all of the significant issues that limit patient access to MOUD. Against the backdrop of decades of underfunding for prevention, treatment, and recovery programs, the COVID-19 pandemic exposes the need to expand effective behavioral health interventions.

Recommendations for Policymakers & Providers

To tackle barriers to access and build the evidence base for the appropriate and equitable use of telehealth to treat OUD, our team of researchers recommends the following actions.

Policymakers should pass legislation to promote the equitable delivery of MOUD. To address these disparities, policymakers need to go beyond only increasing the number of providers who can prescribe MOUD.

Black, Hispanic, and Latino Americans are significantly less likely to have access to buprenorphine and methadone providers compared to White Americans. Place of residence likewise affects care, as 56 percent of the 1,119 counties with the greatest need for buprenorphine service have inadequate capacity to treat patients in an office setting. Nearly one-third of rural Americans live in a county without a buprenorphine provider compared to 2.2 percent of urban Americans. Disparities will be most exacerbated in communities that lack providers and broadband internet access.

Adding telehealth services can provide new MOUD options, but this will depend on ensuring that all patients have options for care. The 2018 SUPPORT for Patients & Communities Act required permanent regulations for a Special Registration for Telemedicine but the DEA has not done so for two years. The DEA should issue these regulations to ensure that Community Mental Health Centers and eligible clinicians can use telemedicine to close the gaps in prescribing MOUD for vulnerable patient populations.

Federal and state funding initiatives should require rapid-cycle research and evaluation for telehealth and MOUD treatment. A recent Agency for Healthcare Research and Quality (AHRQ) Rapid Evidence Review found MOUD programs that included telehealth were at least as successful as their in-person counterparts in terms of retaining participants. Rapid comparisons of the effectiveness of different forms of telehealth, including audio-only, will build the evidence base to guide future policy initiatives. Additionally, analyzing how states respond to federal policy changes will show how different factors, such as provider scope of practice and state rurality, influence treatment utilization and OUD outcomes.

Policymakers, state insurance regulators, and health plans should track how payment models incentivize the use of telehealth for MOUD. While Medicaid traditionally provides more care for OUD compared to commercial insurers, around 19-24 percent of patients in all Anthem-affiliated health plans are receiving MOUD through telehealth, compared to 1 percent before COVID-19. Other payers are likely also recognizing the trends of the pandemic and will respond by increasing their coverage of MOUD.

States should maximize the benefits of federal regulatory changes. The impact of federal policy shifts will likely vary depending on how states revise their regulations, including removing state-level regulatory barriers and taking steps to improve provider capacity to meet increased demand. Preexisting variability in care capacity based on factors like nurse practitioner

prescribing authority will now interact with use of telehealth. Several organizations offer resources to support rapid telehealth expansion. The American Society of Addiction Medicine provides national and state guidance for navigating regulatory requirements in the implementation of telehealth during the pandemic.

Providers should engage in collaborative learning opportunities that encourage the provision of OUD care. While extending the ability to offer MOUD and counseling services to advanced practice providers has helped increase the number of providers authorized to prescribe MOUD, recent research suggests that only increasing the number of certified clinicians is insufficient to increase access. Clinicians need support to feel comfortable prescribing MOUD. This can come in the form of hub-and-spoke models, where tertiary care center "hubs" provide specialist consultations to patients in rural care center "spokes." Project ECHO is one example of a hub-and-spoke model that uses collaborative learning to help practitioners develop the skills necessary to assist patients with OUD.

Conclusion

There is an urgent need to ensure that individuals with OUD have access to services in the current pandemic environment. Funding, policies, and building the evidence base can facilitate the equitable delivery of quality services.

Acknowledgements

The team thanks Lovely Davilmar for contributing her research and development efforts in the creation of this issue brief.

References

1. Drug Addiction Treatment Act of 2000. Public Law 106–310.
2. Johnson, K. E., Varghese, R., Feng, B., Liu, M., Sanford, A., Dowell, P., & Wedeles, J. (2019, November 06). The Effects Of The Comprehensive Addiction And Recovery Act Of 2016 On Nurse Practitioner And Physician Assistant Buprenorphine Prescribing In Medicaid: Health Affairs Blog. Retrieved October 20, 2020, from https://www.healthaffairs.org/do/10.1377/hblog20191105.242580/full/
3. Page C, Haffajee R, Lin L, Buche J, Beck A, Gaiser M. Access to Treatment for Opioid Use Disorder: A Survey of Addiction Medicine Physicians on Telemedicine and Medication-Assisted Treatment Project. 2019 December.
4. Sonnier, S., Hesgrove, B., Rider, F., & Van Dyke, K. (2020, September 15). Defining the Role of Telemental Health During & After the COVID-19 Pandemic. Retrieved October 21, 2020, from https://impaqint.com/media-center/blog/defining-role-telemental-health-during-after-covid-19-pandemic
5. Manz, J., & Mette, E. (2020, March 20). State Strategies to Maintain Opioid Use Disorder Treatment during the Coronavirus Pandemic. Retrieved October 22, 2020, from https://www.nashp.org/state-strategies-to-maintain-opioid-use-disorder-treatment-during-the-coronavirus-pandemic/
6. Barney, A., Buckelew, S., Mesheriakova, V., & Raymond-Flesch, M. (2020). The COVID-19 Pandemic and Rapid Implementation of Adolescent and Young Adult Telemedicine: Challenges and Opportunities for Innovation. Journal of Adolescent Health, 67(2), 164-171. doi:10.1016/j.jadohealth.2020.05.006
7. Hser, Y. I., & Mooney, L. J. (2020). Integrating Telemedicine for Medication Treatment for Opioid Use Disorder in Rural Primary Care: Beyond the COVID Pandemic. The Journal of Rural, 10.1111/jrh.12489. Advance online publication. https://doi.org/10.1111/jrh.12489
8. Association of State and Territorial Health Officials. (2020, November 18). Harnessing the Power of Rural: Expanding Access to Telehealth. Retrieved from https://www.astho.org/StatePublicHealth/Harnessing-the-Power-of-Rural/11-18-20/

AIR® American Institutes for Research®
IMPAQ

AMERICAN INSTITUTES FOR RESEARCH®
1400 Crystal Drive, 10th Floor
Arlington, VA 22202-3231
202.403.5000 | www.air.org

Copyright © 2020 American Institutes for Research®. All Rights Reserved.