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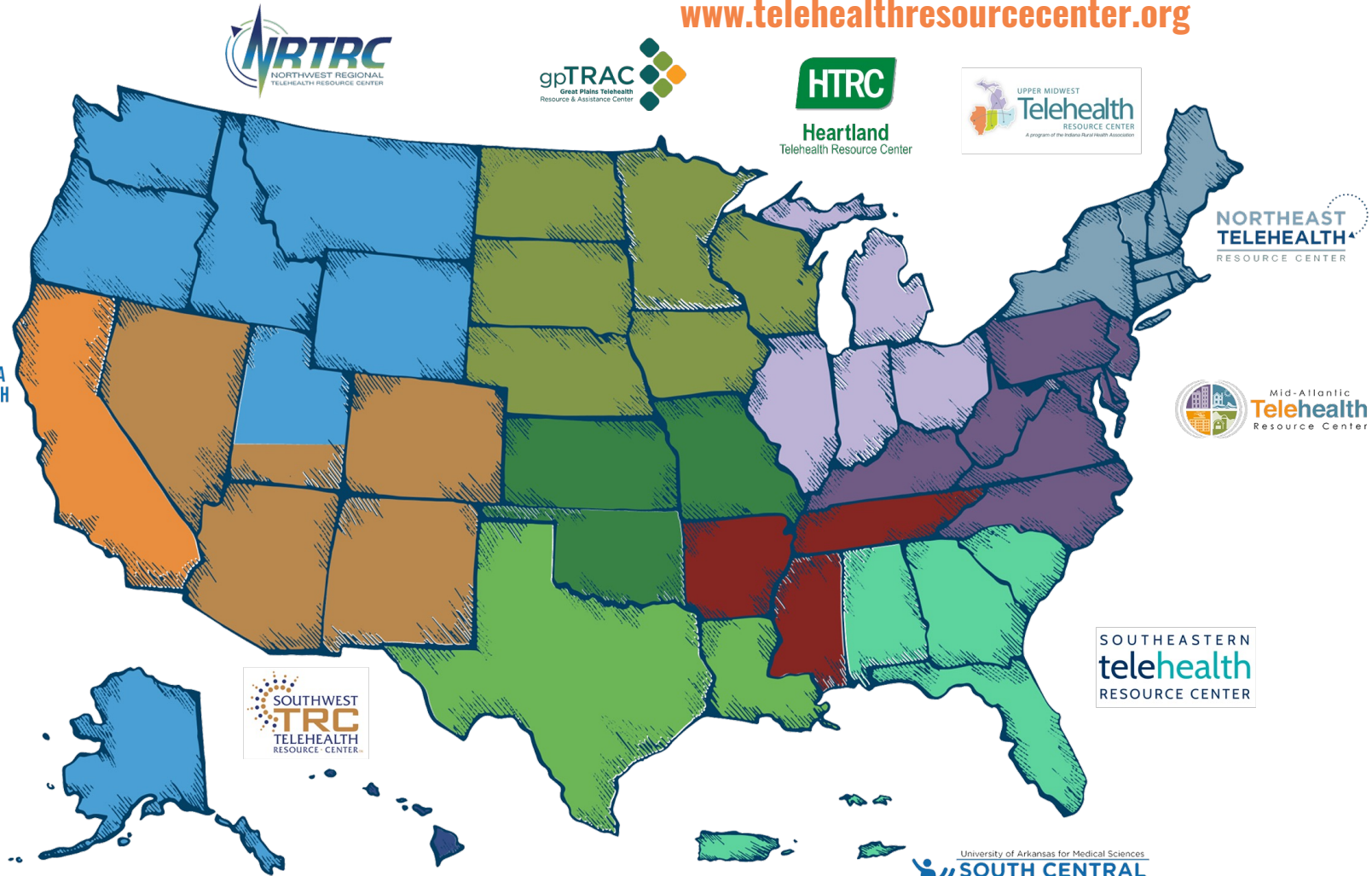
**Virtual Support Systems: The
Impact of Telehealth on
SUD/ODD Prevention,
Treatment, and Recovery**

May 15, 2024



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2 NATIONAL RESOURCE CENTERS



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Virtual Support Systems: The Impact of Telehealth on SUD/ODU Prevention, Treatment, and Recovery

May 2024



UPPER MIDWEST

Telehealth

RESOURCE CENTER

A program of the Indiana Rural Health Association

Disclaimers

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Today's Presenters



Ryan Sarver
MD, FAAFP
Pain and Addiction
specialist with the VA in
Bay Pines FL



Errin Weisman
DO
Physician, LifeSpring
Health Systems



Amnah Anwar
MBBS, MPH
Senior
Director/Epidemiologist,
Indiana Rural Health
Association



Luke Wortley
MFA
Program Director, Upper
Midwest Telehealth
Resource Center

Objectives

Evaluate how telehealth has expanded access to SUD/ODD services, particularly in remote and underserved areas.

Discuss recent policy and regulatory changes affecting telehealth delivery for SUD/ODD and their implications.

Analyze the management of complex SUD/ODD cases in telehealth, including challenges and effective strategies.

Discuss recent technological innovations in telehealth that enhance SUD/ODD prevention, treatment, and recovery.



Ryan Sarver

(he/him)

MD, FAAFP
Pain And Addiction
Specialist At VA Bay Pines
FL.
ryan.sarver@va.gov

Telehealth in Support of SUD/ODD Prevention, Treatment, and Recovery





Evaluate How Telehealth Has Expanded Access To SUD/ODD Services,
Particularly In Remote And Underserved Areas

Overcoming
Barriers To Care
To Establish A Low
Threshold MOUD
Clinic



SOCIAL DETERMINANTS OF HEALTH



COMMUNITY RESOURCES





FAIRFAX - FALLS CHURCH
Community Services Board

Community Resources

In an emergency

Emergency mental health services

- CSB Mental Health Emergency Services and Mobile Crisis Unit – Call 703-579-5679, or come directly to the Merrifield Center (8221 Willow Oaks Corporate Drive, Fairfax) fairfaxva.gov/community-services-board/emer-services
- Children's Regional Crisis Response (CR2) – 24-hour rapid response for youth (17 and younger) facing a mental health and/or substance use crisis, 1-844-627-4747, cr2.org

Emergency substance use disorder services

- Fairfax Detox Center – 703-502-7000, 14213 Wakeley Road, Chantilly, fairfaxva.gov/community-services-board/services/detoxification
- Children's Regional Crisis Response (CR2) – 24-hour rapid response for youth (17 and younger) facing a mental health and/or substance use crisis, 1-844-627-4747, cr2.org

Hotlines

- Mental Health Emergency Services and Mobile Crisis Unit – 703-579-5679, fairfaxva.gov/community-services-board/emer-services
- Fairfax Detox Center – 703-502-7000, 14213 Wakeley Road, Chantilly, fairfaxva.gov/community-services-board/services/detoxification
- Domestic & Sexual Violence Hotline – 703-360-7273, crisis support, options counseling, safety planning and referrals
- Suicide Prevention – 1-800-273-TALK, or text "connect" to 855-111, suicideprevention@fvlive.org
- Veterans Crisis Line – confidential support 24/7, 1-800-273-8255 and press 1, text 838-255, or chat online at www.mentalhealth.va.gov/suicide_prevention/veterans-crisis-line.asp

Police

- Call 911 in a life-threatening emergency
- Non-emergency number: 703-691-2111

Food and Financial Assistance

- Food for Others – foodforothers.org, 703-207-9179
- The Lamb Center – hot meals, hot showers, laundry facility, ID and document recovery, mail services, phone/computer access and much more, 703-691-3378, thelambcenter.org
- Lorton Community Action Center – food, clothing closet and emergency financial assistance, 703-339-5265, lortonaction.org
- St. Vincent de Paul Society – food and emergency financial assistance, 703-385-4010 and leave a message
- United Community – comprehensive social services in the Mount Vernon area, 703-768-7106, unitedcommunity.org

Basic needs programs available only to residents of certain areas

- Committee for Helping Others – emergency food aid and financial assistance, clothing and furniture, 703-281-7614, chocva.com (residents of Vienna, Dorton, Dunn Loring and Merrifield only)

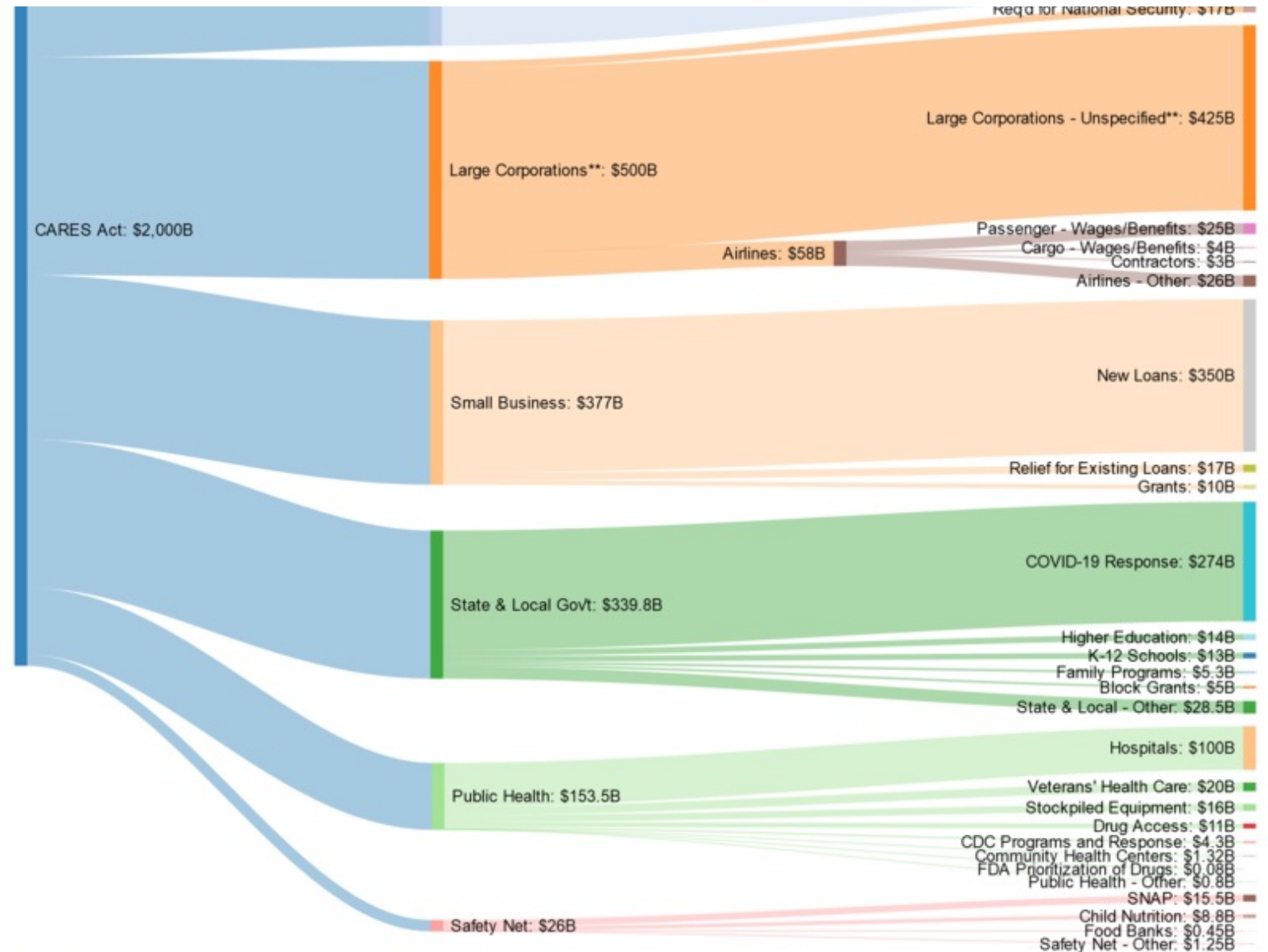
Community Resource List
fairfaxva.gov/community-services-board/ July 2019



Discuss Recent Policy And Regulatory Changes Affecting Telehealth Delivery For SUD/ODD And Their Implications.

CARES ACT

*(Coronavirus Aid,
Relief, and
Economic Security
Act)*



*Estimated

Expanded Access to Telehealth

“Prescribing buprenorphine through telehealth visits provides the opportunity to reach remote and underserved communities and patients who may be unable to travel daily to in-person appointments because of distance to the OTP [opioid treatment program], cost, childcare, employment and other factors,” said Dr. Mukkamala, a Flint, Michigan, otolaryngologist. He was part of the Prevention, Treatment and Recovery Services Working Group of the National Academy of Medicine’s Action Collaborative on Countering the U.S. Opioid Epidemic. As part of that panel, Dr. Mukkamala was a co-author on a National Academy of Medicine [discussion paper on strategies to prevent substance-use disorders](#).”

New rules enable telemedicine treatment for opioid-use disorder

MAR 12, 2024 • 4 MIN READ By [Tanya Albert Henry](#), Contributing News Writer



What's the news: COVID-19 emergency era flexibilities that enabled physicians to prescribe medications for opioid-use disorder via telehealth will remain in place permanently thanks to a [final rule](#) published by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Your Powerful Ally

The AMA helps physicians build a better future for medicine, advocating in the courts and on the Hill to remove obstacles to patient care and confront today's greatest health crises.

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The regulation [expands access to lifesaving medications](#) for opioid-use disorder and aims to reduce stigma, marking important updates to the regulations that govern opioid treatment programs. Among other things, the final rule published in the *Federal Register*:

- Makes permanent COVID-19 public health emergency exceptions for opioid treatment programs that allowed treatments to be initiated through telehealth, including methadone via audio-visual telehealth technology and buprenorphine via audio-only and audiovisual technology.
- Makes permanent the flexibilities that expanded who was eligible to receive take-home doses of methadone.
- Enables treatment eligibility for patients with an addiction history of less than one year.
- Permits patients to [start](#) medication treatment while they wait for further services.
- Removes stigmatizing language and includes updated definitions so that they reflect current medical usage.

After a 60-day period from the publication date, the new rules will take full effect within this fall, giving opioid treatment programs time to prepare to implement changes. It remains important for policymakers to also extend the COVID-19 exceptions permanently for office-based physicians who prescribe buprenorphine to treat opioid-use disorder.

WHITE HOUSE POLICY
DIRECTOR STATEMENT
ON NEW ACTIONS TO
EXPAND ACCESS TO
TREATMENT AND SAVE
LIVES



MAKING PERMANENT COVID-19 ERA FLEXIBILITIES THAT EXPAND ELIGIBILITY FOR PATIENTS TO RECEIVE TAKE-HOME DOSES OF METHADONE

ALLOWING INITIATION OF TREATMENT VIA TELEHEALTH, INCLUDING METHADONE VIA AUDIO-VISUAL TELEHEALTH TECHNOLOGY AND BUPRENORPHINE VIA AUDIO-ONLY TECHNOLOGY, TO REMOVE TRANSPORTATION BARRIERS.

BREAKING DOWN BARRIERS TO ENTRY FOR TREATMENT BY REMOVING THE STRINGENT ADMISSION CRITERIA THAT HAD PREVIOUSLY REQUIRED PATIENTS TO HAVE A HISTORY OF ADDICTION FOR A FULL YEAR BEFORE BEING ELIGIBLE FOR TREATMENT.

EXPANDING ACCESS TO INTERIM TREATMENT, ALLOWING PATIENTS TO INITIATE MEDICATION TREATMENT WHILE AWAITING FURTHER SERVICES TO ENSURE PEOPLE HAVE ACCESS TO CARE AS SOON AS THEY ARE READY AND REDUCE THE BARRIERS OF TREATMENT WAITLISTS.

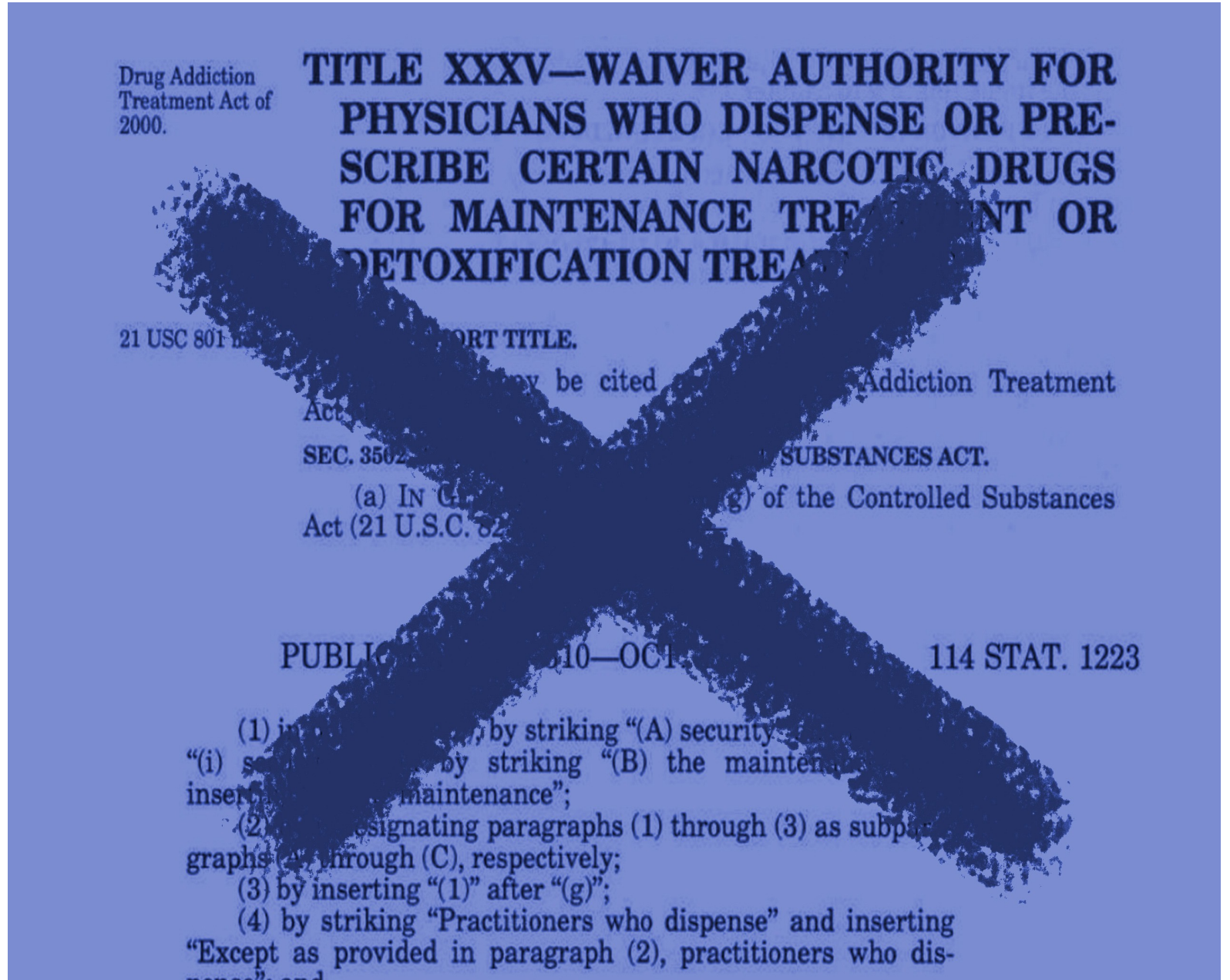


EXPANDING THE NUMBER OF HEALTH CARE PROVIDERS WHO CAN PRESCRIBE MEDICATION FOR OPIOID USE DISORDER FROM 129,000 TO NEARLY 2 MILLION WITH THE ELIMINATION OF THE X-WAIVER.

LIFTING A 17-YEAR MORATORIUM ON MOBILE METHADONE VANS WHICH ALLOW FOR GREATER ACCESS TO THIS FDA APPROVED MEDICATION, ESPECIALLY IN RURAL AREAS AND AREAS WHERE ACCESS TO TREATMENT IS LIMITED.

PERMITTING MEDICAID REIMBURSEMENT FOR ADDICTION TREATMENT SERVICES 90 DAYS PRIOR TO RELEASE FROM INCARCERATION AND CONNECTION TO CARE UPON RELEASE.

PERMITTING THE USE OF STATE OPIOID RESPONSE FUNDS TO BE USED FOR ADDICTION TREATMENT AND SERVICES FOR PEOPLE WHO ARE INCARCERATED.



THANK YOU

- Ryan Sarver, MD, FAAFP
- ryan.sarver@va.gov





Errin Weisman, DO
(she/they/doctor)

Addiction Medicine & Primary
Care Physician
Director of Primary Care,
Western Division, Lifespring
Health Systems

errin.weisman@lifespringhealthsystems.org

Telehealth in Support of SUD/ODD Prevention, Treatment, and Recovery



Some Facts About Indiana and SUD

Indiana Ranks
14th

nationally in drug
overdose deaths, with 70%
due to opioids

SOURCE: National Institute on Drug Abuse, 2020

A national survey on drug
use found

12.53%

of Indiana youth reported
illicit drug use

SOURCE: SAMHSA, 2020

Indiana Ranks
46th

in number of behavioral health
treatment providers per
individuals suffering from
addiction

SOURCE: Vestal, 2015

- Indiana is also among only a handful of states to experience a significant increase in opioid-related emergency department visits from 2019 to 2020 (Centers for Disease Control and Prevention, 2020).
- Rural communities are also less likely to offer evidence-based SUD services for adolescents (Havens et al., 2011).

3 A's



Availability



Accessibility



Acceptability

Provider Focused Barriers to Care - Availability

- Provider's lack of time, office space, and trained staff
- Lack of specialty backup
- Lack of patient need
- Resistance from partners/leadership
- Lack of confidence
- DEA concerns
- Attraction of drug users
- Regulations
- Attitudes, beliefs, and perceptions regarding buprenorphine and intention to utilize buprenorphine
- Lack of local mental health/behavioral addiction services

Provider Focused Barriers to Care - Accessibility

- Distance to clinic/treatment center
- Isolated rural areas have the lowest population to provider ratio
 - Both Primary care and Psychiatric care
- Inability to pay
- Lack of adequate insurance coverage or no insurance coverage
- Transportation challenges
- Childcare challenges
- Limited time and/or competing priorities
- Inability to miss work

Provider Focused Barriers to Care - Acceptability

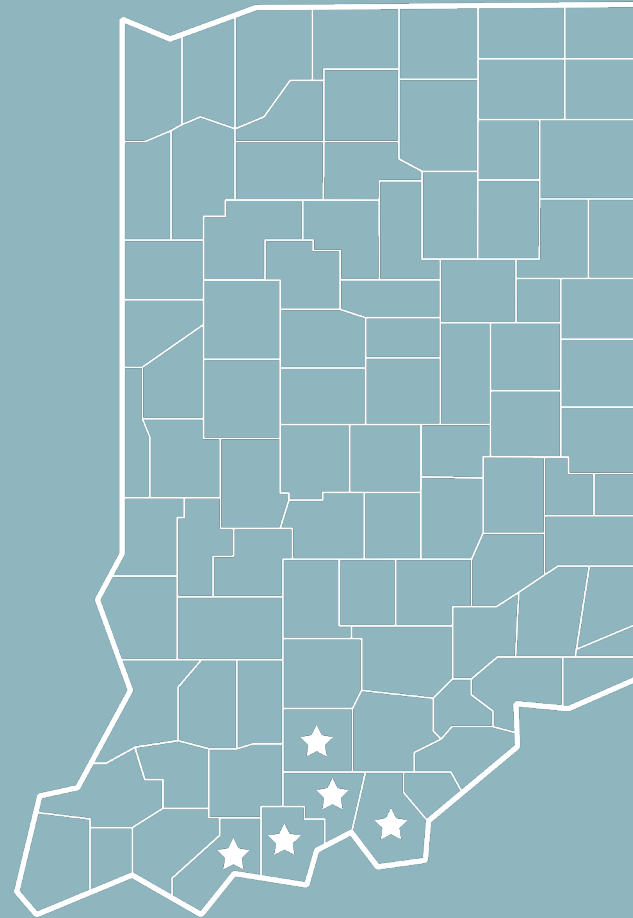


- Stigma of obtaining medication treatment
- Previous negative treatment experiences
- Concerns around the lack of anonymity in rural settings
- Beliefs that treatment will not work or is not needed
- Feelings of disconnect from and/or mistrust of distant, urban providers

ROAM Team

(Rural Open Access to Medication)

- Serves Orange, Crawford, Harrison, Perry, Spencer counties
- Team structure and locations
- Utilizing known buildings/places
- 1st 5 months has revealed
 - Severe need
 - Very complex situations for patients navigating SUD
- Home inductions
- Harm reduction conversations



Case Studies

- Sammy Joe 16yo M started using THC and opioid pills at 14, now in trouble with school stating “I can go back until I’m clean”
- Sherry Sue 40ish yo F, involved in major MVA. Everyone in the car was intoxicated with polysubstances. SS was life flighted to major center, intubated/ICU care for over 1 week. B/L tibia and humerus fractures. The love of her life died in the MVA.
- Smithy 28yo M cancelled his appt to receive buprenorphine SQ injection. Friend later brings him to the office because they know you are doing telemed there for the day. He appears sedated/lethargic, MA looks at his pupils “wow they are small”, pale.

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Panel Discussion

Our Next Webinar

The NCTRC Webinar Series

Occurs 3rd Thursday of every month.

Telehealth Topic: Bridging the Gap: Innovations in Telebehavioral Health Access

Hosting TRC: Southwest Telehealth Resource Center (SWTRC)

Date: June 12, 2024

Times: 11 AM – 12 PM (PT)

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