Telehealth Usage with Substance Disorders

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Sherrie Williams, LCSW is the Chief of Operations for the Georgia-based, non-profit Global Partnership for Telehealth. Working for the Global Partnership for Telehealth, Sherrie has been able to offer her insights and experience from years of work in the non-profit sector to help create one of the most effective and affordable turnkey telehealth solutions in the US. During her career at GPT, Sherrie has worked to implement telehealth in numerous environments to include school systems, rural health centers, state health departments, and substance abuse treatment facilities. Since 2018, Sherrie has served as the Principal Investigator on a HRSA funded Rural Communities Opioid Response Project (RCORP) that has been implemented in one of Georgia’s rural and underserved counties.

In addition to her work at GPT, Sherrie serves on several boards including the Georgia Chamber of Commerce, Georgia Rural Health Association, Institute for Healthcare Information Technology, and Georgia’s Future Health Professionals program.

Sherrie has co-authored the following telehealth-related publications:

- American Telemedicine Association’s *Pediatric Telehealth Guidance*
Global Partnership for Telehealth

- Non-profit (501(c)3) telehealth organization
- Mission to expand healthcare access to all via telehealth technologies
- Was designated as the federally-funded Southeastern Telehealth Resource Center
- Received federal RCORP funding in 2019 and 2020 to establish an OUD/SUD program in rural Stephens County, GA
Terminology Level Set

Substance Use Disorder (SUD)
- Mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications. Symptoms can range from moderate to severe, with addiction being the most severe form of SUDs.

Opioid Use Disorder (OUD)
- Involves misuse of prescribed opioid medications, use of diverted opioid medications, or use of illicitly obtained heroin. OUD is typically a chronic, relapsing illness, associated with significantly increased rates of morbidity and mortality.

Hub and Spoke Telehealth
- Often considered traditional
- Provider is located in a regional center
- Patient is located in a remote area

Direct to Consumer Telehealth
- Telehealth from “home”
- Can be initiated by the provider
- Can be an “on demand” scheduled service
General Barriers to SUD Treatment

- Distance and location of the treatment center
- Stigma
- Cost
- Co-Occurring Disorder Treatment Availability
General Barriers to Telehealth

- Lack of broadband
- Lack of access to smart devices
- Lack of digital literacy
- Lack of awareness
- Lack of insurance/insurance that covers telehealth services
Pre-COVID

Before the Public Health Emergency (PHE)

- Providers not allowed to initiate buprenorphine for new patients
- Opioid Treatment Programs could only prescribe methadone after an in-person physical exam was completed.

 Regulatory Barriers:
- Drug Enforcement Administration (DEA):
  - prohibits the prescription of controlled substances like buprenorphine, without a medical evaluation.
- Substance Abuse and Mental Health Services Administration (SAMSHA):
  - requires all opioid treatment programs to examine a patient by treatment, and further implies that the examination must be in person.
- Ryan Haight Act of 2008
- Support Act of 2018
  - Requires DEA to put in place rules that allow practitioners to prescribe medication without visiting patients did not take action.

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Public Health Emergency

Under the PHE:

• SAMHSA and DEA updated their guidance in response to the emergency to allow medication initiation via telehealth. They exercised their statutory authorities to remove the requirement for an in-person evaluation and allow buprenorphine prescribers to initiate medication for new patients using an audiovisual or audio-only telehealth visit, although providers must still adhere to any state-specific requirements.

• SAMHSA’s exemption allowing a telehealth visit to initiate medication treatment does not include methadone. Instead, the agency encouraged the need to reduce in-person services by permitting OTPs to increase the number of days of take-home medication a patient may receive.
Figure 1: Percentage of Treatment Facilities Providing Telemedicine, United States, 2015-2020.

Considerations

• Require or encourage all insurance programs to reimburse SUD/OUD services that are provided via telehealth at the same rate as in-person care.

• Allow for a variety of types and levels of medical professionals for services related to OUD/SUD.

• Allow audio-only telehealth for some populations.
References


