

Telehealth Usage with Substance Disorders

Sherrie Williams, LCSW

Global Partnership for Telehealth

January 21, 2022

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*
- *Use of Telemedicine in Developmental Disabilities: Experience, Possibilities, and Thoughts*, International Journal of Developmental Disabilities



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



SOUTHEASTERN
telehealth
RESOURCE CENTER

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 telehealth
- Provider is located in a central location
- Patient is located in a remote location

Direct to Consumer Telehealth

- Telehealth from "home"
- Can be initiated by the patient
- Can be an "on demand" or "scheduled" service

General Barriers to SUD Treatment

- Distance and location of the treatment center
- Stigma
- Cost
- Co-Occurring Disorder Treatment Availability

General Barriers to Telehe

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

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
 - prohibits the prescription of controlled substances such as buprenorphine, without a medical evaluation.
- Substance Abuse and Mental Health Services Administration (SAMHSA)
 - requires all opioid treatment programs to examine a patient before treatment, and further implies that the exam must be in person.
- Ryan Haight Act of 2008
- Support Act of 2018
 - Requires DEA to put regulations in place that allow practitioners to prescribe medication without an in-person exam. DEA did not take action.

Public Health Emergency

Under the PHE:

- SAMHSA and DEA updated their guidance in response to the emergency to allow medication initiation via telehealth. Through their statutory authorities to remove the requirement for an in-person evaluation and allow buprenorphine prescribers to initiate new treatment for new patients using an audiovisual or audio-only visit, though providers must still adhere to any state-specific requirements.
- SAMHSA's exemption allowing a telehealth visit to initiate new treatment does not include methadone. Instead, the agency is allowing a need to reduce in-person services by permitting OTPs to increase the number of days of take-home medication a patient may receive.

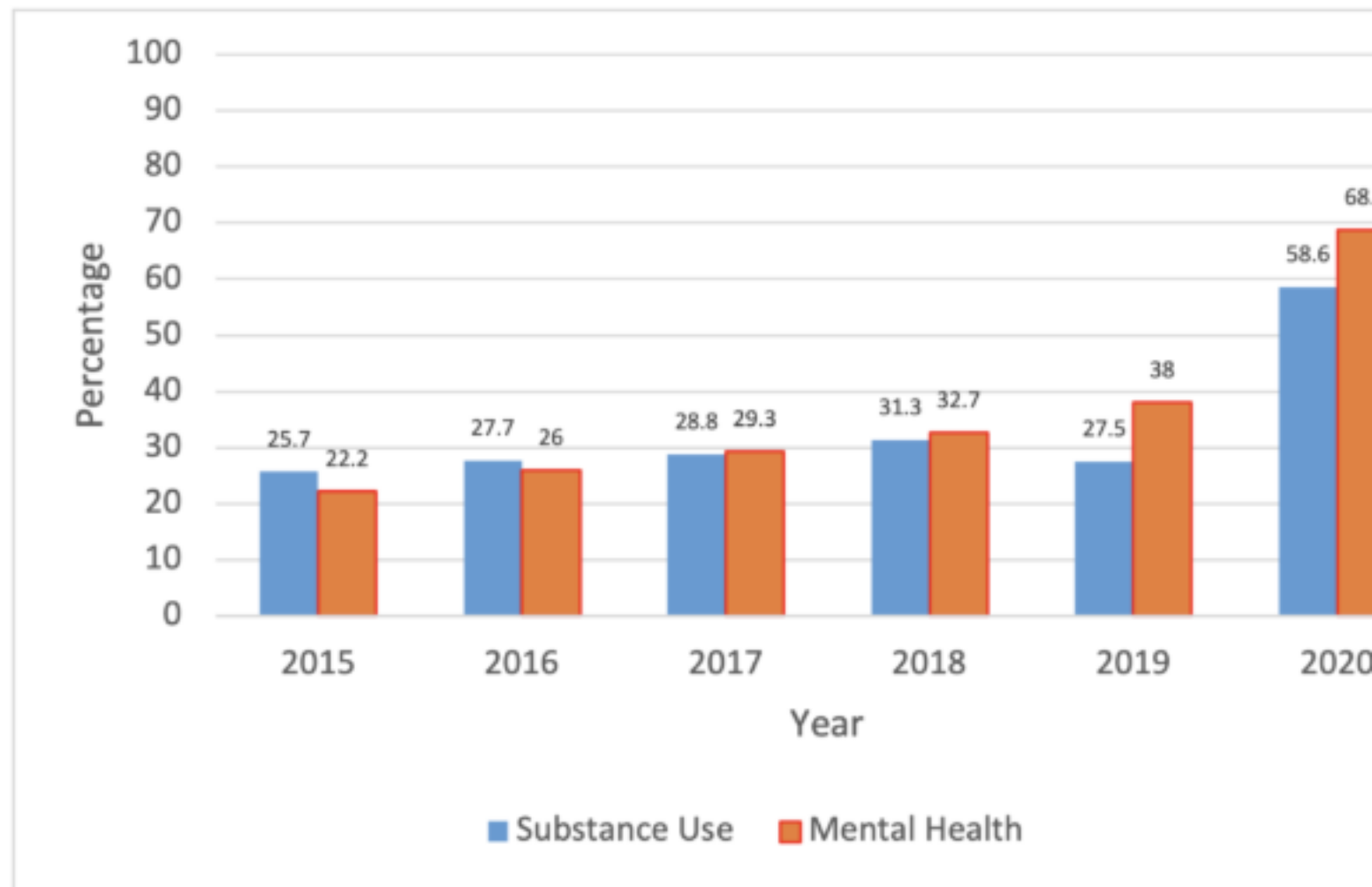


Figure 1: Percentage of Treatment Facilities Providing Telemedicine, United States 2015-2020.



Top Five Procedure Codes by Utilization

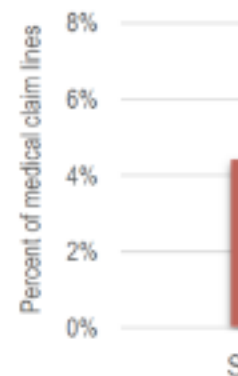
In order from most to least common

Sep. 2021

CPT®/HCPCS	DESCRIPTION
90837	PSYCHOTHERAPY, 60 MINUTES
99213	ESTABLISHED PATIENT OUTPATIENT VISIT, TOTAL TIME 20-29 MINUTES
99214	ESTABLISHED PATIENT OUTPATIENT VISIT, TOTAL TIME 30-39 MINUTES
90834	PSYCHOTHERAPY, 45 MINUTES
90833	PSYCHOTHERAPY PERFORMED WITH EVALUATION AND MANAGEMENT VISIT, 30 MINUTES

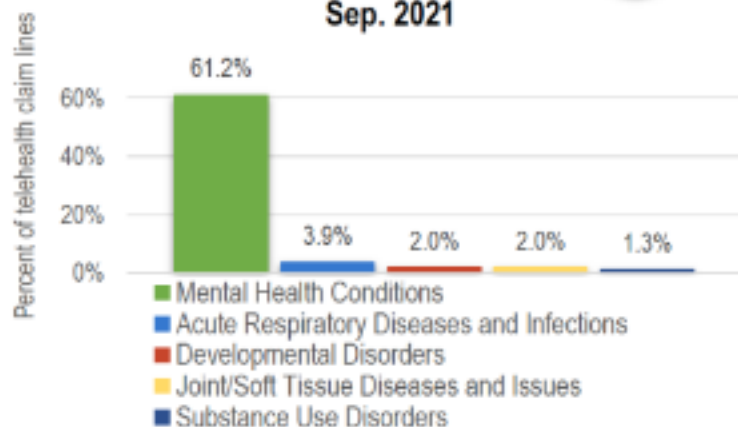
Oct. 2021

CPT®/HCPCS	DESCRIPTION
90837	PSYCHOTHERAPY, 60 MINUTES
99214	ESTABLISHED PATIENT OUTPATIENT VISIT, TOTAL TIME 30-39 MINUTES
99213	ESTABLISHED PATIENT OUTPATIENT VISIT, TOTAL TIME 20-29 MINUTES
90834	PSYCHOTHERAPY, 45 MINUTES
90833	PSYCHOTHERAPY PERFORMED WITH EVALUATION AND MANAGEMENT VISIT, 30 MINUTES

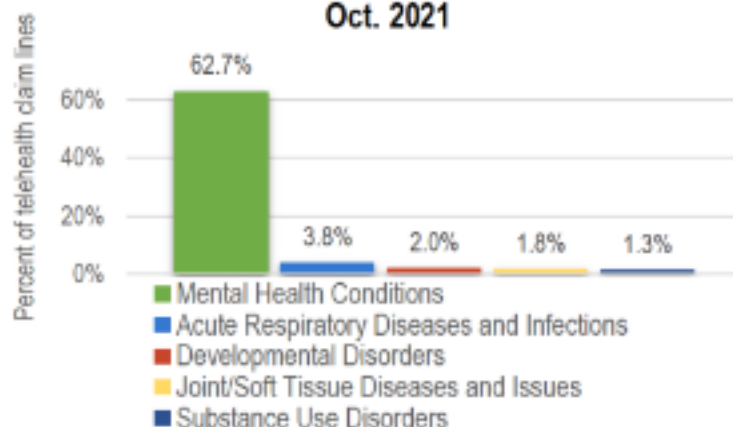


Top Five Diagnoses

Sep. 2021



Oct. 2021



Top Me

- Generalized
- Major Dep
- Adjust
- Attention-Deficit Hyper

Source: FH NPIC® database of more than 35 billion privately billed medical and dental claim records from more than 70 contributors nationwide. Copyright 2022, FAIR Health, Inc. All rights reserved. CPT © 2021 American Medical Association

Considerations

- Require or encourage all insurance programs to reimburse SUD/ODD 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 to provide services related to OUD/SUD.
- Allow audio-only telehealth for some populations.

References

Alvarado, H. (2021, December 29). *Telemedicine services in substance use and mental health treatment facilities*. SAMHSA.gov. Retrieved January 19, 2022, from <https://www.samhsa.gov/data/report/telemedicine-services>

Aronowitz, S.V., Engel-Rebitzer, E., Dolan, A. *et al.* Telehealth for opioid use disorder treatment in low-barrier clinic settings: clinician and staff perspectives. *Harm Reduct J* **18**, 119 (2021). <https://doi.org/10.1186/s12954-021-00572-7>

Doyle, S. (2021, December 14). State policy changes could increase access to opioid treatment via telehealth. The Pew Research Center. Retrieved January 19, 2022, from <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/12/state-policy-changes-could-increase-access-to-opioid-treatment-via-telehealth>

Drees, J. (2020, November 18). 9 barriers for patients accessing telehealth . Becker's Hospital Review. Retrieved January 19, 2022, from <https://www.beckershospitalreview.com/telehealth/9-barriers-for-patients-accessing-telehealth.html>

Monthly Telehealth Regional tracker: Fair health. Monthly Telehealth Regional Tracker | FAIR Health. (2021, October). Retrieved January 19, 2022, from <https://www.fairhealth.org/states-by-the-numbers/telehealth>

U.S. Department of Health and Human Services. (n.d.). Substance use and co-occurring mental disorders. National Institute of Mental Health. Retrieved January 20, 2022, from [https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=A%20substance%20use%20disorder%20\(SUD,most%20severe%20form%20of%20SUDs.](https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=A%20substance%20use%20disorder%20(SUD,most%20severe%20form%20of%20SUDs.)

Authored by Editorial Staff Last Updated: November 19, 2021. (2021, November 19). Barriers to addiction treatment: What you need to know. American Addiction Centers. Retrieved January 20, 2022, from <https://americanaddictioncenters.org/rehab-guide/treatment-barriers>