Telehealth and Addiction

Sheila Specker, MD
Addiction Psychiatrist
Associate Professor
Telehealth Demographic Drivers

- Age
- Recent Medical School
- Pre-retire
- Part-time work (e.g., parent)
- Innovation oriented
- Minimal admin
Telehealth

**Psychiatrist Shortage**
- 42,000 Psychiatrists
- 60% > 55 yrs old

**Decline in New Psychiatrists**
- 1000 new psych/yr
- Less 2500 retirees

**Telepsych Extends Reach**
- 21,000 pts/rural psych, 4000/urban
- Growth rates up to 40%/yr over next 5 yrs.
Telehealth and Addiction
Behavioral Health Services

- Evaluations
- Individual, group, family therapy
- Patient education
- Diagnosis
- Medical treatment
- Medication management
Telehealth and Psychiatry

• Numerous videoconferencing studies with both psychotherapies and medications
• Outcomes equivalent
• High patient satisfaction
• Numerous models
  – Collaborative care
  – Primary Care
Telehealth and Addiction

Different ballgame

- Different treatment modalities
- Different patient and provider populations
- Built on rapport to elicit history
- Minimize sxs
- Drug screens
Telehealth and Addiction

Demand

- 60% not receiving treatment
- High cost BH
- Worsening opioid epidemic
- Increasing alcohol use
Telehealth and Addiction

- Addresses acute need
  - Convenient
  - Affordable
  - Increased capacity
  - Reduced wait times
  - Treat underserved
Social distancing??
COVID and Substance Use
Study of urine drug test results (150,000)

COVID-19 and rise in substance use:
• 67% more likely + fentanyl
• 33% more likely + heroin
• 23% more likely + methamphetamine
• 19% more likely + cocaine
• 14% increase alcohol over previous year

USDHHS, Millennium Health; JAMA Network Open, Sept 29, 2020
COVID and Substance Use
Rand Study (N=1540 adults) 2020

- Alcohol intake increased 14%
- Alcohol heavy drinking increased 41% in women
- Alcohol problems increased by 39% in women

Pollard, et.al, JAMA Open Network 2020: 3(9)
Prevalence of Binge Drinking Among US Adults, 2015

Prevalence (%)
- 10.9 - 16.1
- 16.2 - 18.1
- 18.2 - 24.9

Classification: Tertiles
COVID and Substance Use
Change in Regulations for Opioid Agonists

- Exemptions during public health emergency
- Buprenorphine:
  - Start in any setting
  - Phone allowed as well as video
- Methadone:
  - 1st visit in person required
  - Increased take-outs: 28 days/14 days
Telemedicine-delivered treatment interventions for substance use disorders: A systematic review
LALin, et.al., https://doi.org/10.1016/j.jsat.2019.03.007

- Problem: increased prevalence SUD and harms
  - Increase cocaine OD,
  - Increase meth use
  - Increase opioid use and OD (42,000 deaths in 2016)

- Utilization of treatments low
  - Access to EBT and therapy
  - Major disparities
Systematic Review

• Reviewed 13 studies done with vide, had outcomes, some RCT, retrospect, controlled
• Substances: tobacco, alcohol, opioid
• Both psychotherapy and medication treatments
• Examined effectiveness of telemedicine interventions
Systematic Review

• Outcomes
  – Treatment retention
  – Substance use
  – Patient satisfaction

• None specifically addressed whether intervention was not significantly worse than usual care
Buprenorphine Treatment

- Bup Tx in person (54), telemed (46)
- Med and therapy, group format
- All attended AA
- No difference in abstinence (49% video, 37% in person)
- No difference in treatment retention
Systematic Review

Conclusions

- Promising but no clear conclusions about effectiveness
- Data limited, small studies, few RCT
- More evidence for psychotherapy than medication therapy
- Several studies suggest improved retention
- Three studies suggest use in opioid txs
Systematic Review

• Conclusion:
  – High patient satisfaction
  – Effective alternative, esp when access is limited
  – Major limitation to studies: need larger scale randomized studies, different models
Systematic Review

Conclusions

• “Especially when EBT are not readily available, telemed delivered txs are promising alternative”
Telehealth and Addiction

**NuWay Project**

- Hybrid treatment tended to stay in treatment the longest
- Lower positive relations at discharge in telehealth services vs in-person or hybrid ($p = .009$).
- Substance-use at discharge was higher for clients who received only tele-health services
Telehealth and Addiction

**NuWay Project**

- Depression and anxiety symptoms higher in video only group
- 65% in hybrid tx were discharged successfully, vs 58% in-person treatment and only 22% of telehealth services

Amy Dellwo, MA, BS
Vice President, Public Policy
Telehealth and Addiction Treatment

Experience from MHealth DDP:
• Patient perspective
• Therapist perspective
• Unique challenges in multidisciplinary program
• What we’ve learned
Addiction Provider Support - Telementoring via Videoconferencing

• Project ECHOS (Extension for Community Healthcare Outcomes)
  – Hennepin HealthCare
  – St. Gabriel’s
  – Tribal
Resources

• MPS FastTracker