

Telehealth and Addiction

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Telehealth

Demographic Drivers

- Age
- Recent Medical School
- Pre-retire
- Part-time work (eg 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 + methamph
- 19% more likely + cocaine
- 14% increase alcohol over previous year

USDHHS, Millenium 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)

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

Systematic Review

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 sx's 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



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