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Telemedicine-Delivered Buprenorphine Treatment in the Age of COVID-19

Lewei (Allison) Lin, MD, MS

*Research Investigator and Staff Psychiatrist, Center for
Clinical Management Research, VA Ann Arbor
Healthcare System*

*Assistant Professor, Department of Psychiatry, University
of Michigan Medical School*

David T. Moore, MD, PhD

*Assistant Professor of Psychiatry, Yale University
School of Medicine*

*Director, VISN1 Clinical Resource Hub, VA
Connecticut*



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Disclosures

- Allison Lin, MD, MS, does not have a relevant relationship with an ACCME-defined commercial supporter.
- David Moore, MD, PhD, is a consultant in the area of buprenorphine for Alkermes.

*The content of this activity may include discussion of off label or investigative drug uses.
The faculty is aware that is their responsibility to disclose this information.*

Target Audience

- The overarching goal of PCSS is to train healthcare professionals in evidence-based practices for the prevention and treatment of opioid use disorders, particularly in prescribing medications, as well for the prevention and treatment of substance use disorders.

Educational Objectives

- At the conclusion of this activity participants should be able to:
 - Recognize key changes in federal regulations and guidances in the setting of COVID-19 and what they mean for tele-MOUD.
 - Describe evidence-base around tele-MOUD and gaps in evidence.
 - Describe the potential ways that tele-MOUD can address current treatment needs while also discussing important clinical considerations in using tele-MOUD, including specific patients' characteristics, clinic practices, and local resources to consider.
 - Review information on key regulatory/legal requirements and technology considerations important to use of tele-MOUD.

Outline

- The current need for tele-buprenorphine
- Evidence for telemedicine for OUD treatment
- Regulations and recent changes to consider for tele-buprenorphine
- Steps in using telemedicine to deliver buprenorphine
- Patient cases

Audience Poll

1. Did you ever use telemedicine to deliver buprenorphine treatment prior to COVID-19?
2. Have you used telemedicine to prescribe buprenorphine since COVID-19?

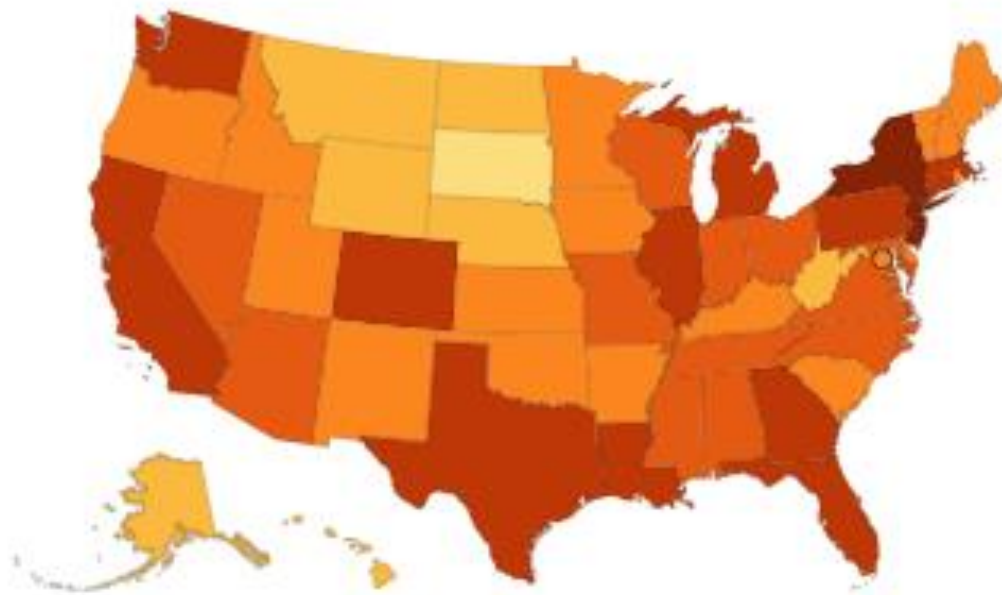
Audience Poll (cont.)

3. What are the biggest challenges or barriers you are finding around tele-buprenorphine with COVID-19?
 - a) Keeping up-to-date w/ regulations
 - b) Clinician comfort with technology
 - c) Patient comfort with technology
 - d) Urine monitoring
 - e) Other_____ (type in comment box)

Impacts of COVID-19

States Reporting Cases of COVID-19 to CDC*

3/29



Reported Cases

(last updated March 26, 2020)

- None
- 6 to 50
- 51 to 100
- 101 to 500
- 501 to 1000
- 1001 to 5000
- 5001 or more

Territories

AS

GU

MH

FM

MP

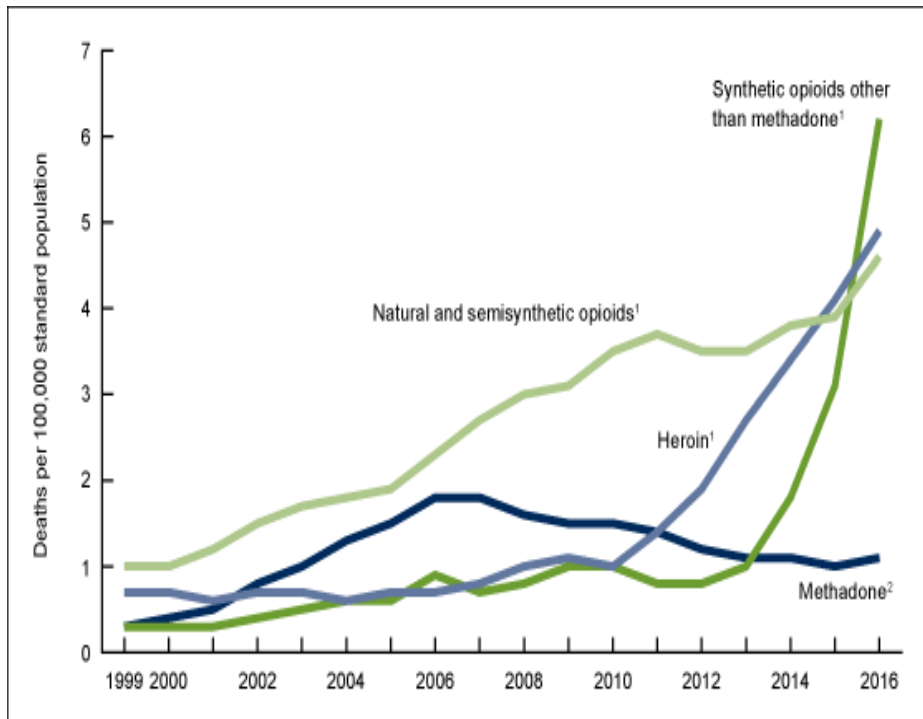
PW

PR

VI

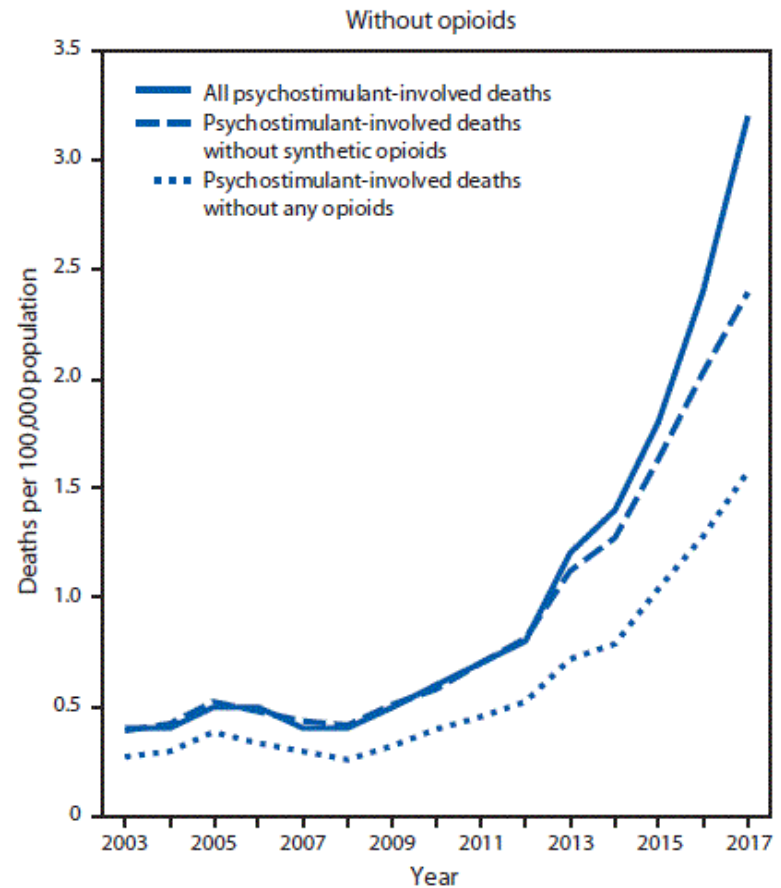
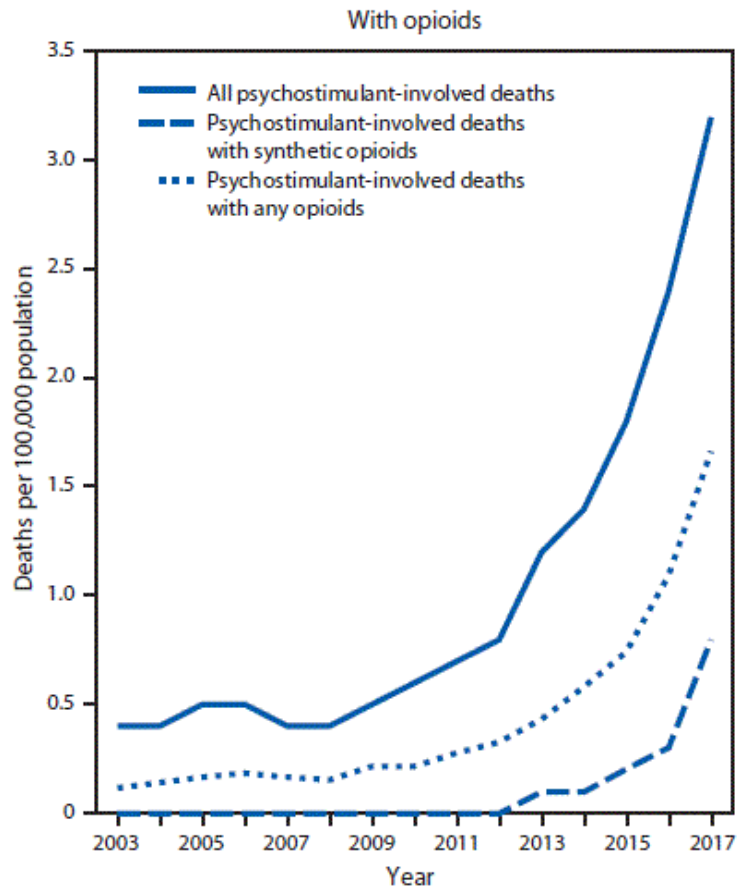


Dual Epidemics



In 2018, 67,367 drug overdose deaths occurred in the US!!!

Not Just Opioids...



What is Telemedicine?

- Synchronous/live videoconferencing: connects providers and patients in real time for direct care delivery (most common modality reimbursed)
- Asynchronous/store and forward: not "real time," allow for electronic transmission of medical information, such as digital images
- Other modalities such as telephone, text or web-based interventions not included formally

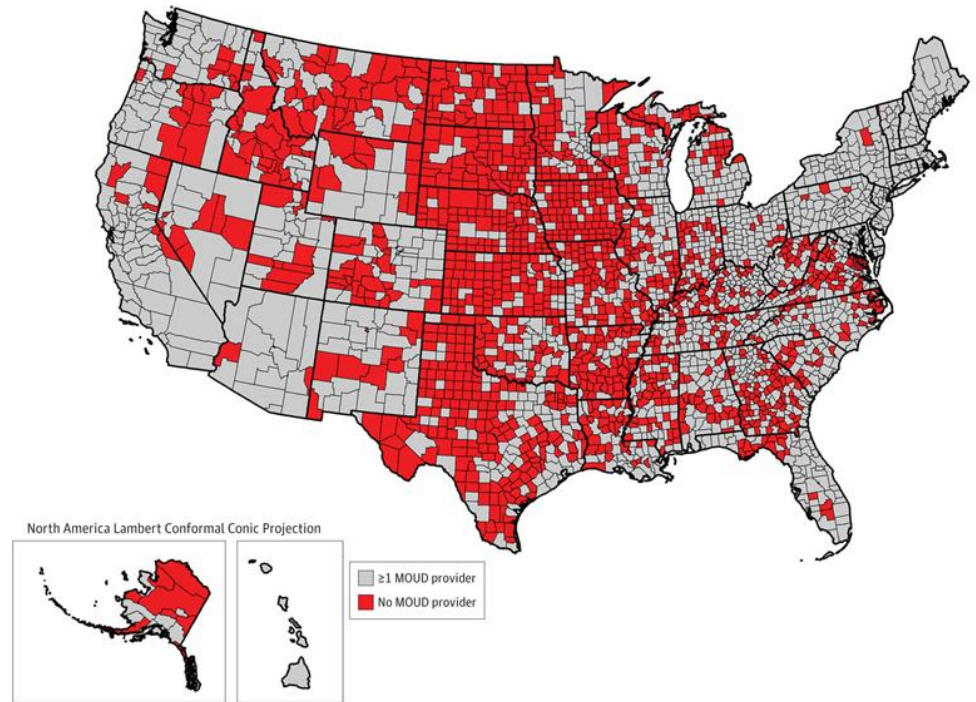


Evidence for Telemedicine - Systematic Review of Telemedicine Treatment for SUDs

- For Opioid Use Disorder (n=5)
 - 2 studies delivered psychotherapy to patients at home. Found similar outcomes on substance use and satisfaction compared to in-person care
 - 3 non-randomized studies examined use of buprenorphine and methadone, delivered in outpatient treatment. Patient located at a rural clinic and a physician at a distant site and included other components such as urine toxicology screens.

Particular Need for Telemedicine for OUD Treatment

- Counties with no OUD treatment providers in the US
- Need for providers who are X-waivered for buprenorphine and trained to treat OUD



Things to Consider in General for Telemedicine Buprenorphine

- Different regulations and practices for starting new treatment vs follow-up
- Logistics of conducting urine drug screens
- Providing therapy with medication
- Clinician and patient comfort with telemedicine technology
- Federal and state regulations
- Billing

Major Regulatory Changes for COVID-19

1. Loosening Ryan Haight
 2. HIPAA
 3. 42 CFR Part 2
 4. Opioid Treatment Program (OTP) and take home medications
 5. Medicare reimbursement
 6. Ongoing state regulation and insurance reimbursement changes
- Things are rapidly changing – important to check updated info!!

1. Update for COVID-19 from DEA

- During public health emergency, DEA-registered practitioners may issue prescriptions for controlled substances without an in-person evaluation if:
 - Practitioner is acting in the usual course of his/her professional practice
 - Treatment delivered via telemedicine
 - Acting in accordance with Federal and State law.
- **Key point: Can do buprenorphine inductions without in-person visit**
- **UPDATE on 3/31/20: can now do initiation via phone visit!**
- <https://www.deadiversion.usdoj.gov/coronavirus.html>
- <https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf>

2. HIPAA

- Health and Human Services (HHS) announced that it will waive HIPAA penalties for "good faith use of telehealth
- <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

3. 42 CFR Part 2

- SAMHSA issued guidance that restrictions on use and disclosure of patient identifying information under 42 C.F.R. Part 2, specifically applying to behavioral health, would not apply in situations of a medical emergency determined by the clinician
 - <https://www.samhsa.gov/sites/default/files/COVID-19-42-cfr-part-2-guidance-03192020.pdf>
- Make sure to document this!

4. OTPs

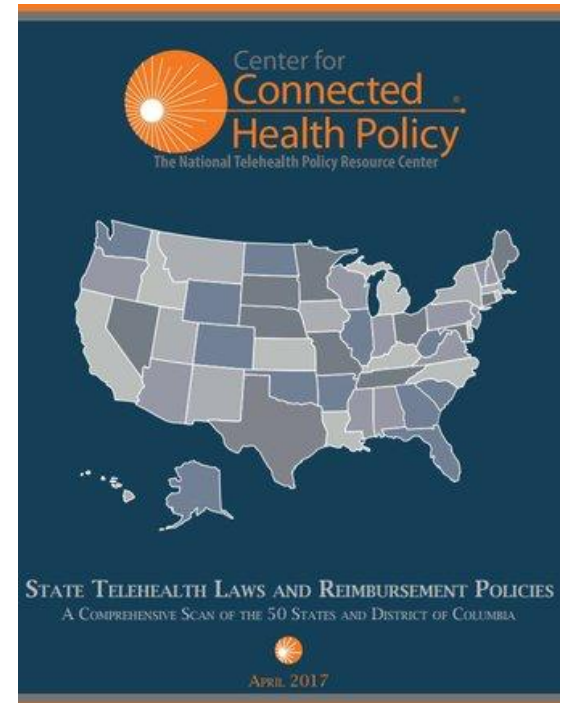
- SAMHSA issued new guidance for opioid treatment programs indicating that states may request exceptions for stable patients to receive 28 days of take-home medications and for less stable patients to receive up to 14 days of take-home medications
- <https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf>

5. Medicare Coverage

- CMS is temporarily waiving restrictions so that Medicare will cover additional telehealth services
- Expanded locations and types of services
- <https://www.medicare.gov/coverage/telehealth>

6. State Regulations

- Adhering to state laws on:
 - State licensing laws
 - Some are being relaxed to permit interstate care
 - Buprenorphine and controlled medications
 - Telemedicine
 - Specific for addiction treatment programs



<https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies>

Adapting to Telebuprenorphine Treatment During COVID-19

- **Initial visits**
- **Follow-ups**
- **Urine toxicology:** Weigh when in-person urine toxicology is needed
- **Relapses:** What to do
- **Mailing prescriptions**
- **Encourage virtual supports**

Disclaimer

- We are psychiatrists who have experience with telemedicine delivered buprenorphine in the VA. But regulations and practices are rapidly involving. Need to think about pros/cons and what the alternatives are for the given patient and be aware of regulatory changes.

Considering COVID-19 Risk and Access to Buprenorphine

- People aged 65 and older
- People with chronic health conditions including
 - Serious heart conditions
 - Lung disease or moderate to severe asthma
 - People who are immunocompromised or on immune suppressing drugs
 - Severe obesity (BMI ≥ 40) or uncontrolled chronic medical conditions
- ASAM Reference on Buprenorphine during the COVID-19 Pandemic: <https://www.asam.org/Quality-Science/covid-19-coronavirus/access-to-buprenorphine>

Initial visits

- With the DEA waiving the initial in-person visit, initial evaluation can now be done via telemedicine OR phone and clinician must have X-waiver, acting in usual practice.
- But note the DEA language;
- “Under normal circumstances, DEA would not consider the initiation of treatment with a controlled substance based on a mere phone call... in light of the extraordinary circumstances presented by the COVID-19 public health emergency, and being mindful of the exemption issued by SAMHSA, DEA likewise advises that, only for the duration of the public health emergency (unless DEA specifies an earlier date)”

Follow-up Visits

- Under the new DEA guidance, there is no requirement that patients prescribed buprenorphine be seen in person at any specified frequency.
- Check-ins can be done by phone as well.
- Can also transition patients to telemedicine-psychotherapy

Urine Toxicology Options

- See if you have local/health system guidelines for frequency of urine toxicology
- Currently, benefits of in-person toxicology monitoring may be outweighed by the risk for frequent clinic visits
- Consider creative ways to monitor and verify abstinence virtually including video observation of buprenorphine administration, home breathalyzer, and self-administered point-of-care testing.

Relapses: What to do?

- Perhaps more than usual, consider what is feasible for a patient if they are experiencing a relapse on opioids or are using other substances
- Consider referrals to higher level of care, but may not be feasible currently
- Alternatively, prioritize:
 - Virtual community supports
 - Increasing frequency of telemedicine visits
 - Refer to telemedicine-delivered counseling

Mailing Prescriptions

- There are no federal VHA regulations that preclude sending oral buprenorphine directly to either a patient's physical home address or to a P.O. Box.
- The United States Postal Service does not require a signature for medication mailed to a P.O. Box.
- However, state laws that impose further restrictions on mailing controlled substances must be followed.
- Check the Board of Pharmacy to determine if there are further state-specific restrictions to buprenorphine delivery.

Encouraging Telemedicine Counseling and Virtual Supports

- Staying home trying not to use an addictive substance can be a trigger for relapse
- Encourage patients to reach out to others for support, including their providers
- These might include journaling, practicing mindfulness and meditation, taking a walk, and exercising at a social distance. Additionally, providers can help patients identify, voice, and cope with stress that impact them.
- <https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf>

Case 1

- You have been seeing a 32 yo man with h/o OUD stabilized on 16 mg of buprenorphine/naloxone for the past 2 years. Previously was using daily IV heroin and also with alcohol use disorder. You've been seeing him on a monthly basis and he is engaged with community supports in his area.
- Next week he is due for his routine follow-up, what do you do?

- Should you call or see him via telemedicine?
- What do you do about the urine toxicology?
- How will he get his buprenorphine?
- Will you be able to reimburse?

Case 2

- You are trying to start working from home to maximize social distancing. On your clinic schedule, you see that you have a new patient scheduled later in the week who is a 58 yo woman. She is coming in “for help getting off heroin” and is motivated right now because it has gotten harder to buy heroin. She is afraid of getting coronavirus especially because of her chronic medical conditions.
- What do you do?

- Should you call or see her via telemedicine?
- What do you do about the urine toxicology and other basic labs you typically get?
- How will you do the induction?
 - SAMHSA TIPS63: <http://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder>
 - PCSS: <http://pcssnow.org/wp-content/uploads/2015/02/Buprenorphine-Induction-Online-Module.pdf>

- This patient was initially doing well, but a month later, reports she is struggling to maintain sobriety and also says she has starting using cocaine again.
- What do you do?

Questions?

- Allison Lin:
 - leweil@med.umich.edu
- Dave Moore:
 - david.moore@yale.edu

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PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.
- PCSS Mentors are a national network of providers with expertise in **addictions, pain, evidence-based treatment including medications for addiction treatment.**
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit:

<https://pcssNOW.org/mentoring/>

PCSS Discussion Forum

Have a clinical question?



Ask a Colleague

A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

[Ask Now](#) ▶



<http://pcss.invisionzone.com/register>



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PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAP) in partnership with:

Addiction Technology Transfer Center	American Society of Addiction Medicine
American Academy of Family Physicians	American Society for Pain Management Nursing
American Academy of Pain Medicine	Association for Multidisciplinary Education and Research in Substance use and Addiction
American Academy of Pediatrics	Council on Social Work Education
American Pharmacists Association	International Nurses Society on Addictions
American College of Emergency Physicians	National Association for Community Health Centers
American Dental Association	National Association of Social Workers
American Medical Association	National Council for Behavioral Health
American Osteopathic Academy of Addiction Medicine	The National Judicial College
American Psychiatric Association	Physician Assistant Education Association
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Educate. Train. Mentor



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