

UR Medicine Recovery Center of Excellence

Bridging the Gap **Telemedicine as a Path to Primary Care** **Pharmacotherapy for Opioid Use Disorder**

HRSA Rural Communities Opioid Response Program (RCORP)

Rural Center of Excellence in Substance Use Disorder

September 25, 2020

MEDICINE *of* THE HIGHEST ORDER



Webinar Platform

- If you have technical issues, please let us know in the Q&A box and we will assist you.
- If you cannot reconnect, send us an email at: URMedicine_Recovery@urmc.rochester.edu
- If dialing in, you can view the slides via yesterday's reminder email.
- We will have a few audience polls today. Please follow the onscreen directions when prompted.
- We will end with a discussion period. Please feel free to ask questions in the Q&A box throughout the course of the presentation.
- Closed captioning is available and can be activated by clicking the CC button at the bottom of the screen.

What brings you to today's webinar?

(Multiple options can be selected.)

- Considering how telemedicine can help expand access to medications for opioid use disorder (MOUD), also called medication assisted treatment (MAT)
- Learning how to plan and implement an MOUD/MAT bridge program
- Discussing providers' concerns about the safety or effectiveness of MOUD/MAT
- Learning how to overcome community-level resistance to OUD treatment
- Understanding the support my local PCPs may need to offer MOUD/MAT
- Connecting with others in my field to discuss best practices, successes, and challenges
- Other goals (*Feel free to type your response in the Q&A box.*)

UR Medicine Recovery Center of Excellence: Focus Areas

Reducing morbidity, mortality & other harmful effects of opioids, particularly synthetic opioids, through evidence-based and emerging best practices adapted to rural communities



Presenters



Holly Ann Russell, MD, MS



Michele Lawrence, MBA, MPH

Pharmacotherapy for OUD

Note about terms

- Medication assisted treatment (MAT)
- Medications for opioid use disorder (MOUD)

Three types of MOUD

- Agonist treatment with [methadone](#)
- Partial agonist treatment with [buprenorphine](#), often in combination with naloxone (Suboxone®/Zubsolv®)
- Antagonist treatment with [naltrexone](#)
- Determination of medication type based on individual patient's needs¹

Psychosocial therapy is also important

- Medication should not be withheld if behavioral treatment is not easily available.²

In today's discussion of telemedicine

- Buprenorphine/Suboxone®/Zubsolv® will be the focus.

Life-Saving Treatment for a Chronic Disease

MOUD is an evidence-based practice that **significantly decreases mortality**

Longer duration of treatment leads to better outcomes

Underutilized—but urgently needed

- All the more critical during wave of overdoses involving synthetic opioids³

Used in various settings

- Emergency departments (EDs)
- Substance use disorder (SUD) treatment organizations
- Primary care

DATA 2000 Requirements for Practitioners

- Licensed provider with DEA registration
- Subspecialty training in addictions or completion of 8-hour course (for physicians)
- Comprehensive Addiction & Recovery (CARA) Act (2016) expanded to other qualified practitioners, who must complete 24 hours of education
- Registration with SAMHSA & DEA
- Must affirm capacity to refer patients for appropriate counseling & ancillary services
- Must adhere to patient panel size limits
- Allows treatment for OUD with FDA-approved medications
- In treatment settings other than the traditional opioid treatment program (OTP)

Challenges to Primary Care Pharmacotherapy in Rural Communities⁴

- Negative experiences or associations of PCPs or practice partners
- Concerns about diversion or misuse of medication
- Focus on abstinence
- Limited staff size & preparedness
- Limited office space, impacting patient privacy & workflow
- Large patient panel size; time constraints
- Limited access to mental health & SUD treatment organizations
- X-waiver training & regulatory requirements
- Questions about financial impact on practice

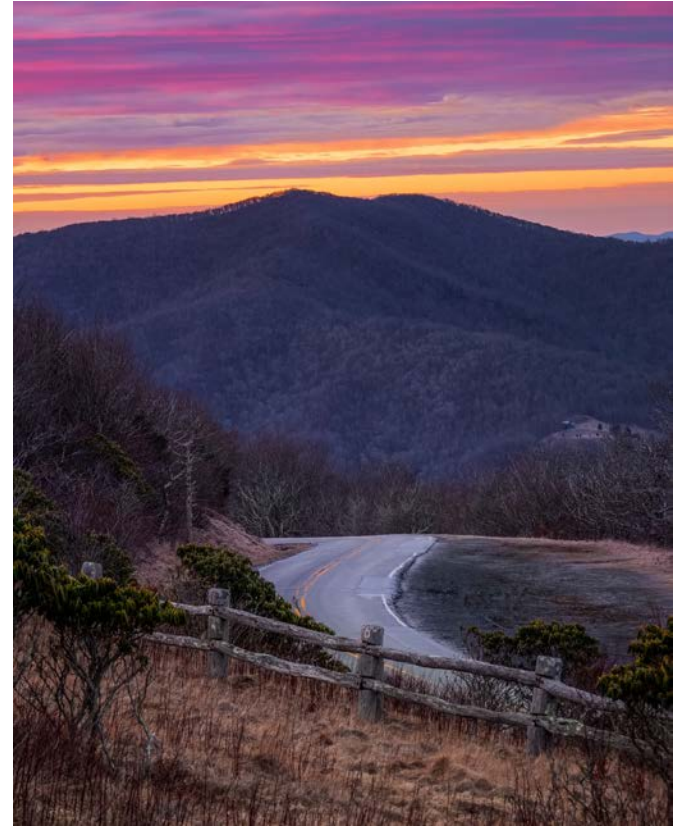


Photo by Justin Campbell. Source: Unsplash.

Impact on Community Members⁵

- “OUD is ... associated with a 20-fold greater risk of early death due to overdose, infectious diseases, trauma, and suicide.”
- People are traveling a long way to access MOUD, which can be hard to maintain along with other demands (family, work).
- Tolerance is lower after detox. Without long-term treatment, a person may be more susceptible to a fatal overdose.
- People with OUD face stigma that makes their journey harder.

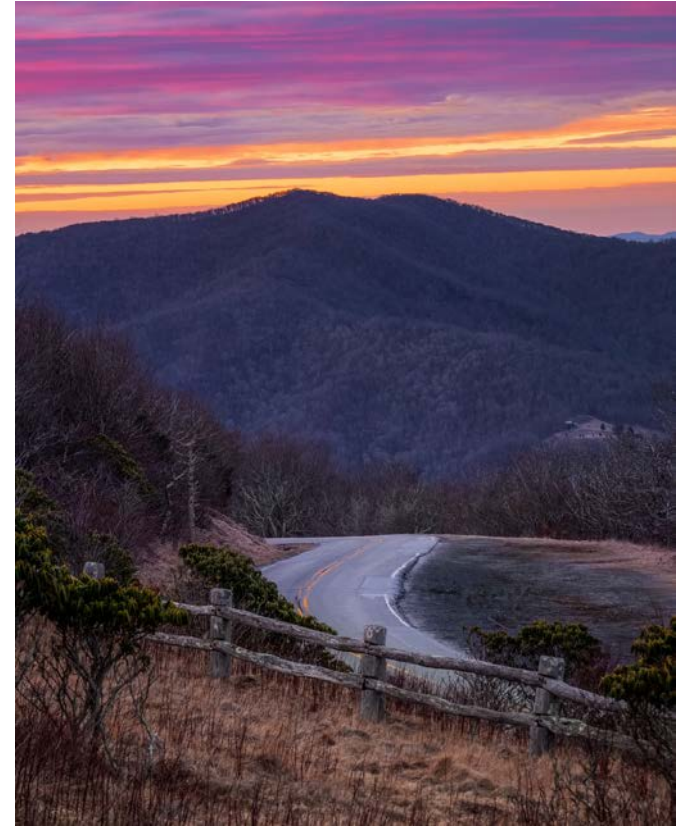


Photo by Justin Campbell. Source: Unsplash.

What Is an MOUD Bridge Program?

The MOUD bridge program is designed to provide short-term support (2-3 years) to the community—in the form of access to ongoing MOUD treatment via telemedicine—while the community works to increase MOUD access at a) treatment organizations and b) within primary care practices.

Bridging Process



Photo by analogicus. Source: Pixabay.

Step 1

How do we build the bridge?

Step 2

How do we operate the bridge?

Step 3

Where does the bridge lead to?

Step 1: How Do We Build the Bridge?

Community Engagement

Community leadership
Community needs assessment
One-on-one discussions with PCPs



Community Partners

PCPs & EDs
SUD treatment orgs.
CMOs
Pharmacists
Lab services



Shared Vision
Ongoing process



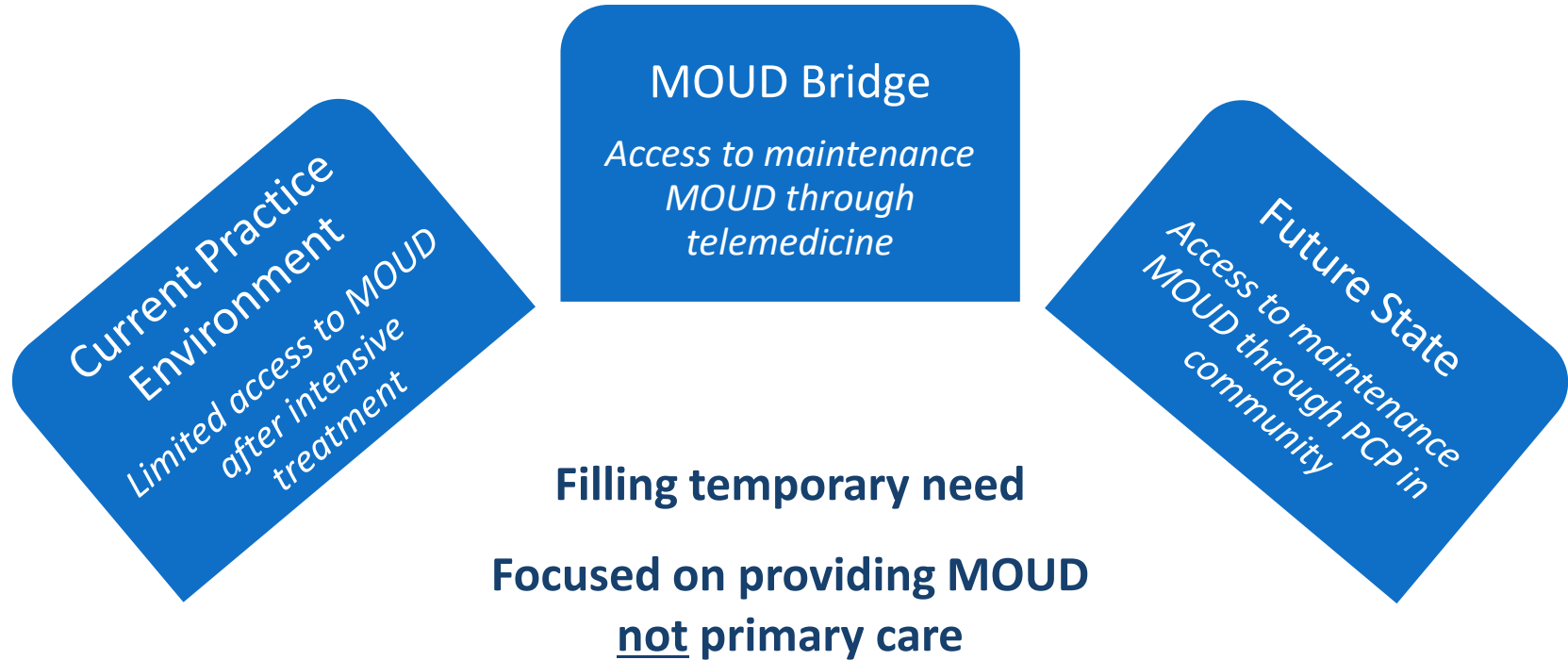
Clinical Program Champion

Engagement
Sharing resources



Steuben County, NY.
Photo by Michele Herrmann.

Looking to the Future



Building the Bridge

Clinical program champion

- Connects with PCPs to offer partnership & understand limitations
- Shares experiences & resources with potential MOUD providers
- Engages with SUD treatment organizations, building trust
- Runs telemedicine program

Scope of practice

- MOUD-specific
- Supplementing not providing primary care

Program coordination with SUD treatment organization

- Enrolls eligible patients transitioning into maintenance MOUD
- Refers patients back to treatment organization when appropriate



Photo by eggeegg. Source: Shutterstock.

Is Telemedicine Appropriate for MOUD?

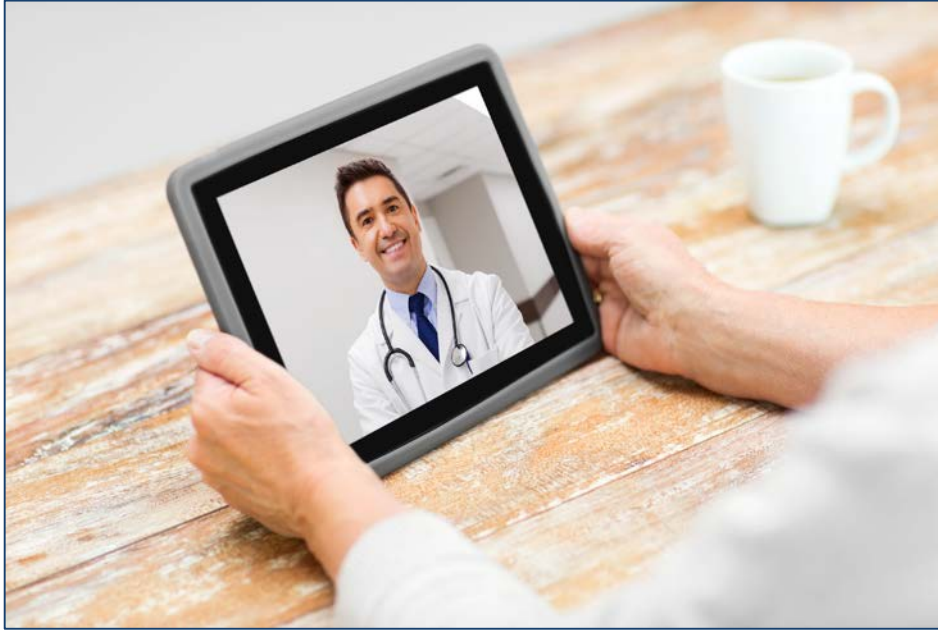


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- ✓ Outcomes, patient satisfaction, & adherence as good as, if not better than, office-based MOUD⁶
- ✓ An approach to expanding access in rural communities⁷

Important considerations:

- Appropriate for certain medications only (buprenorphine, Suboxone[®]/Zubsolv[®])
- Not a good fit for all patients

Step 2: How Do We Operate the Bridge?

Referrals

- Strong communication between MOUD provider (PCP in long term) & SUD treatment organization
- Clinical program champion & treatment organization develop referral criteria
- Factors include: attendance, urine screens, type & dosage of medication, stage of recovery
- Signs telemedicine may not be appropriate: pattern of missing visits, requesting medication between visits, frequent dose changes, active or unstable mental health disorders

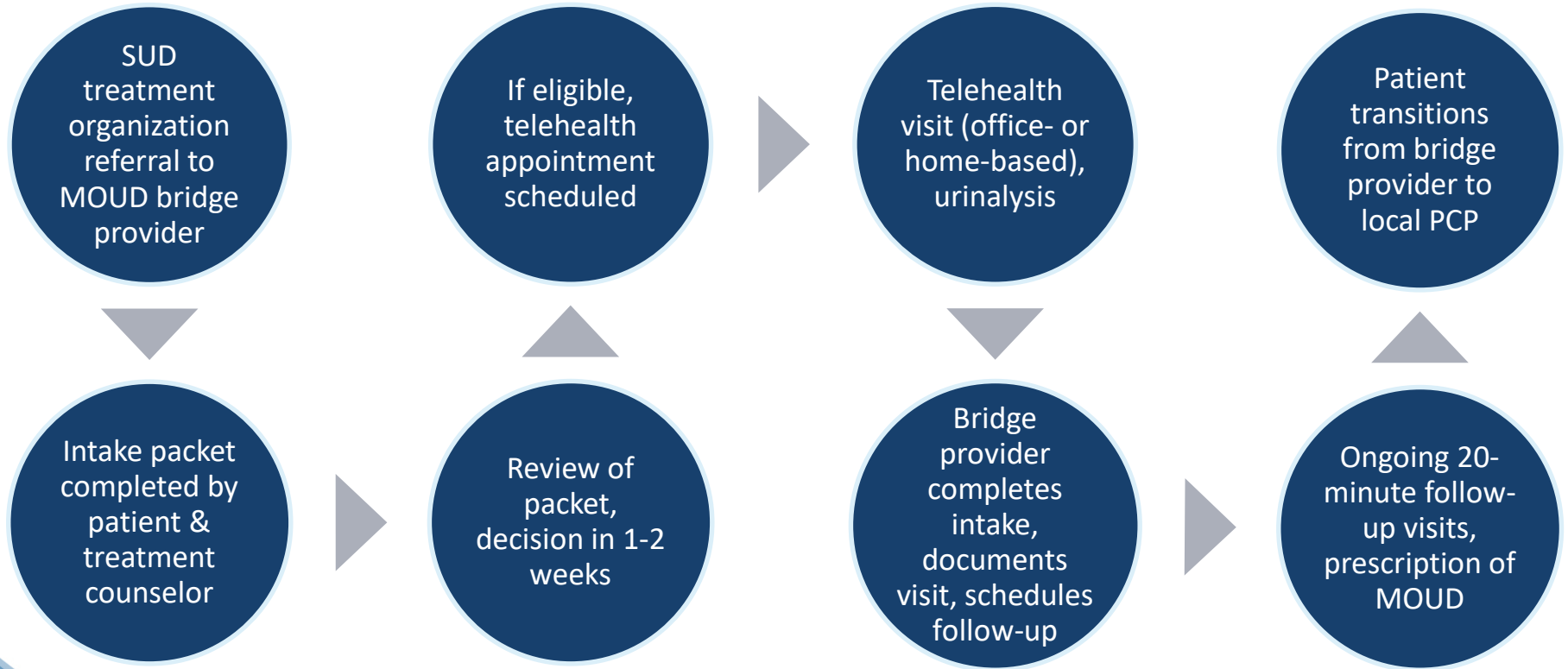
Intake process

- Transition from SUD treatment program
- Bridge program coordinator
- Intake packet, including patient expectations, completed by patient with counselor

Communication with patients

- Comfort with MOUD provider, technology (practice is helpful), process
- Reminders

Bridge Program Referral & Intake Process



Telemedicine Logistics

Office-based

- Identifying space for telemedicine & urinalysis (e.g., community hospital/provider office + lab)
- Nurse or medical assistant works with patient

Home-based

- Wide-ranging benefits beyond COVID-19
- Privacy & laws (HIPAA-compliant platform)
- Arrangements for urinalysis

Preparing practice & patients

- Workflows/guides—including scheduling
- Training, practice, reminders
- Troubleshooting (phone as option)
- Billing & payment

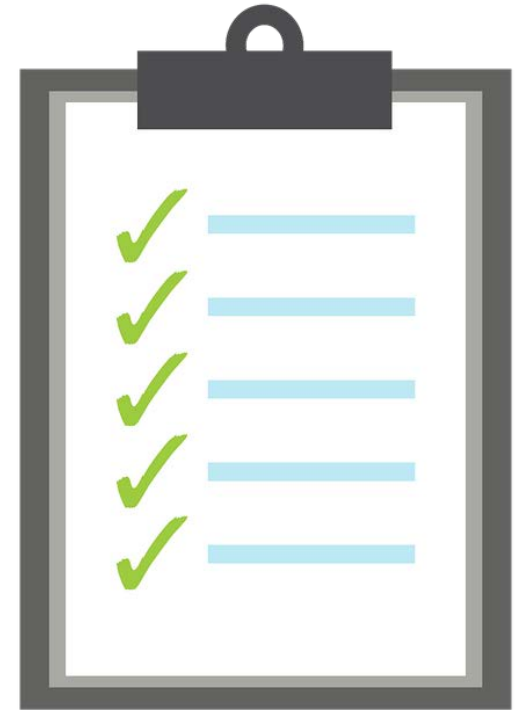


Image by Mohamed Hassan. Source: Pixabay.

Step 3: Where Does the Bridge Lead to?



Access to pharmacotherapy in local primary care practices

*Photo by Albrecht Fietz.
Source: Pixabay.*

Engaging with PCPs



Photo by Michele Herrmann.

**[SUPPORT Act](#): HHS will pay training costs for qualified practitioners at FQHCs and RHCs obtaining an X-waiver after Jan. 1, 2019.*

Overcoming obstacles to MOUD in primary care⁸

- Clinical program champion: outreach, listening
- Presentations, conversations
- Sharing experiences, myth-busting

Training

- Encouraging & facilitating X-waiver certification*
- Additional training for primary care providers & staff led by CASAC
- Practical topics such as reviewing charts

Mentoring PCPs

- Consultations
- Support by phone & email
- Process for urgent situations

Transitioning Care to PCPs

Working with patients to find appropriate long-term plan

Listening to and supporting PCPs

Transition to local PCP during bridge program

- Bridge provider discusses transition with patient
- Bridge provider reaches out to PCP
- Visit scheduled with PCP; follow-up also scheduled with bridge provider

Resources for PCPs on managing relapse

- Relapse is an expected part of the recovery journey
- Guidelines for different levels of relapse
- PCPs have open line of communication with SUD treatment organization

Closing the Bridge Program

- After adequate local access
- Goal & duration from outset
- Regular conversations to understand access, needs
- Reviewing progress
- Phased approach to closure



Photo by Roman Grac. Source: Pixabay.

Recap



Photo by Barry Plott. Source: Pixabay.

Step 1

How do we build the bridge?

- *Relationships*

Step 2

How do we operate the bridge?

- *See toolkit on our website*

Step 3

Where does the bridge lead to?

- *Engaged PCP practices with care-management infrastructure*

Which topics would you like to discuss or learn more about?

(Multiple options can be selected.)

- Access to MOUD in rural communities
- Coordination among providers and SUD treatment organizations
- Community concerns about MOUD
- Primary care practices' readiness to provide MOUD and/or resources for PCPs
- Telemedicine as a strategy for expanding access to treatment
- Privacy issues and/or logistics around telemedicine
- Bridge program planning and workflows
- Costs of implementing a bridge program
- Other topics *(Feel free to type your response in the Q&A box.)*

Discussion



Summer Sunset and Mountain Lake, Appalachian Mountains of Kentucky. Photo by Anthony Heflin.

We look forward to your input and questions!

UR Medicine Recovery Center of Excellence

Technical Assistance Center

- Phone: 1-844-263-8762 (1-844-COE-URMC)
- Email: URMedicine_Recovery@urmc.Rochester.edu

Website: recoverycenterofexcellence.org

Twitter: [@URMC_Recovery](https://twitter.com/URMC_Recovery)

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