Substance Use Disorder Care: Pandemic and Beyond

August 13, 2020

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Brittney McCarthy, Management Associate
Pennsylvania Association of County Drug and Alcohol Administrators
Brittney’s Story

Brittney McCarthy
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An Affiliate of the County Commissioners Association of Pennsylvania
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Substance Use Disorders During a Pandemic

• Implications of isolation, stress, and anxiety on substance use
• Access to social supports
• Substance use in isolation and risk of overdose
• Adherence to distancing and sanitizing procedures
• Incarceration
• Housing instability
• Stigma
• Existing systemic inequities based on race, socioeconomic status, and geography
• Variance in drug supply, purity, and adulterants
Medical Implications

- Immune suppression
- Impact of COVID on substance use outcomes
- Impact of substance use on COVID outcomes
- Overdose events
Opioid Overdoses and the Pandemic

Monthly overdoses grew dramatically during the pandemic

For every 10 suspected overdoses reported to ODMAP in May 2019 ...

... 14 overdoses were reported in May 2020.

Overdoses increased up to 42% per month during the pandemic, as compared to the same months in 2019.

Note: Percent growth references the 1,201 agencies reporting to ODMAP by January 2019.

Source: ODMAP
Number of Any Drug Overdoses by Month, 2017 – 2020: Subset of 147 EDs reporting for entire period
Number of Any Opioid Overdoses by Month, 2017 – 2020: Subset of 147 EDs reporting for entire period
Increased Naloxone, Decreased Transport
UPMC ED Naloxone and Buprenorphine Trends

TOTAL SYSTEM INTRANASAL NALOXONE KIT DISTRIBUTION
(12/2017 - 6/2020)

TOTAL SYSTEM EMERGENCY DEPARTMENT
SUBOXONE/SUBUTEX UTILIZATION
(12/2017 - 6/2020)

- Buprenorphine/Naloxone (Suboxone) Tablet
- Buprenorphine/Naloxone (Suboxone) Film
- Buprenorphine (Subutex)
- Buprenorphine (Subutex) To-Go Packs
Access to Care

- In-person treatment access is limited
- Telemedicine options and limitations
- Harm reduction
• Psychosocial intervention without medication treatment associated with¹:
  – 80% relapse rate
  – Increased mortality from subsequent overdose

• Adherence to methadone or buprenorphine is associated with:
  – Abstinence from nonmedical opioid use in 80% of patients at 18 months compared to 36.6% in patients not on medication treatment for OUD²
  – Reduced incidence of HIV and Hepatitis C¹,³,⁴
  – Mortality reduction of up to 50%⁴
  – Reduction in crime and improved social functioning⁴
  – Correction of neurobiological dysfunction that leads to relapse¹
  – 42% overall annual reduction in healthcare costs⁵

BOX S-2
Summary of Conclusions

1. Opioid use disorder is a treatable chronic brain disease.
2. U.S. Food and Drug Administration (FDA)-approved medications to treat opioid use disorder are effective and save lives.
3. Long-term retention on medications to treat opioid use disorder is associated with improved outcomes.
4. A lack of availability of behavioral interventions is not a sufficient justification to withhold medications to treat opioid use disorder.
5. Most people who could benefit from medication-based treatment for opioid use disorder do not receive it, and access is inequitable across subgroups of the population.
6. Medication-based treatment is effective across all treatment settings studied to date. Withholding or failing to have available all classes of FDA-approved medication for the treatment of opioid use disorder in any care or criminal justice setting is denying appropriate medical treatment.
7. Confronting the major barriers to the use of medications to treat opioid use disorder is critical to addressing the opioid crisis.
• <40% of patients with OUD receive evidence-based medication treatment

• 40% of counties in the U.S. did not have an x-waivered provider in 2018

• 56% of counties most in need, had inadequate capacity to provide office-based opioid treatment (OBOT)

• Most waivered providers do not treat to their prescribing limit (average <50%)

Telehealth as a Solution

- Telepsychiatry and telemental health interventions
  - Increased access to care
  - Improves capacity for local treatment rather than transfer to inpatient unit
  - High level of patient satisfaction
  - Effective

• Telemedicine MOUD treatment results in similar retention rates as face-to-face

• University of Maryland$^1$
  – 177 patients treated
  – 57% retention rate after 3 months
  – 86% with opioid negative UDS

• West Virginia$^2$
  – 90 day retention of 51%
  – No statistical difference compared to face-to-face group in time to abstinence or relapse frequency

<table>
<thead>
<tr>
<th>Time in telemedicine treatment</th>
<th>1 week</th>
<th>1 month</th>
<th>2 months</th>
<th>3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent (n) engaged</td>
<td>97.7% (173)</td>
<td>91.0% (161)</td>
<td>72.8% (129)</td>
<td>57.4% (101)</td>
</tr>
<tr>
<td>Percent (n) noncumulative negative urine opiate screens of engaged patients</td>
<td>78.6% (136)</td>
<td>80.1% (129)</td>
<td>86.0% (111)</td>
<td>86.1% (87)</td>
</tr>
</tbody>
</table>

Comparison of 90-day Retention Rates between Telepsychiatry Group and Face-to-face Group for Patients Enrolled Before 10/01/2014

<table>
<thead>
<tr>
<th>Group</th>
<th>Stayed less than 90 days</th>
<th>Stayed more than 90 days</th>
<th>Total</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telepsychiatry</td>
<td>23(48.9%)</td>
<td>24(51.1%)</td>
<td>47</td>
<td>0.99</td>
</tr>
<tr>
<td>Face-to-face</td>
<td>30(50.8%)</td>
<td>29(49.2%)</td>
<td>59</td>
<td></td>
</tr>
</tbody>
</table>
Telehealth as a Solution

A Manual for Prescribing Medications for Opioid Use Disorder (MOUD) for Veterans at CBOCs Using Telehealth

Marc I. Rosen, M.D.
David A. Moore M.D., Ph.D.
Nicole Brunet, PharmD, BCPP
Dora Lendvai Wischik, RN MSN

January 6, 2020

• Ryan Haight Act, 2008\textsuperscript{1}
  – Requires in-person initial assessment prior to prescribing a controlled substance

• Exceptions for telemedicine provision of buprenorphine under the Controlled Substances Act\textsuperscript{2,3}
  – Patient must be in a DEA-registered facility OR in the presence of a DEA registered (but not x-waivered) practitioner
  – Telemedicine provider is licensed to practice and prescribe buprenorphine in the state where the patient is being seen
  – Telemedicine provider is engaged in the usual course of clinical practice
  – Patient documentation requirements and maximum prescribing limit maintained by telemedicine provider

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1. 21 USC § 829 (e)(3)(A)
2. 21 U.S.C. § 802(54)(A),(B)
H.R. 6
SUPPORT for Patients and Communities Act
The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act

• Chapter 4 – Special Registration for Telemedicine Clarification

• Section 3232. Regulations relating to special registration for telemedicine.

• This provision directed the Attorney General, in consultation with the Secretary of Health and Human Services, to issue final regulations within one year of enactment (10/24/2018)

• This has yet to be done

https://www.finance.senate.gov/imo/media/doc/HR6_09.28.18-Final-Opioid-Sec-by-Sec_BIPART-BICAM.pdf
Applications of Telemedicine Buprenorphine Therapy

• DEA-registered OUD treatment facilities/offices

• Primary care, in the presence of a DEA-registered provider

• Hospital inpatient in accordance with Title 21 of the Code of Federal Regulations (CFR) section 1306.07 C

• Emergency Departments and Urgent Care

• Other DEA-registered treatment facilities without provider coverage

• In conjunction with a DEA-registered provider, regardless of location
Temporary Public Health Emergency Regulatory Waivers

• Federal
  – Public Health Emergency declared by Secretary Azar on 1/31/2020
  – Initiation of controlled substances can be provided using telemedicine (without in-person evaluation)
  – Telephone evaluation is sufficient to initiate buprenorphine treatment (if AV evaluation is unable to be completed)
  – Interstate practice with DEA license

• State
  – Signed consent not needed to release SUD treatment information for emergency care, broadly interpreted during public health emergency
  – Behavioral health counseling can be performed via AV telehealth or phone only if necessary
  – 14-28 day take home doses from OTPs

Barriers

- Workforce availability
- Appropriate telemedicine equipment that meets all privacy requirements
- Broadband and equipment accessibility
- Registration/documentation
- Patient and provider acceptance
- Reimbursement
• PA Medical Assistance
  – MA enrolled providers
  – Office based codes: 99241, 99242, 99243, 99244, 99245 with GT modifier
  – May 23, 2012 PA Medical Assistance Bulletin 09-12-31

• Payment Parity Laws
  – CA, GA, DE, HI, MN, NM

Looking Ahead

• Evolution of the COVID-19 pandemic

• Duration of public health emergency and associated deregulation?

• Innovation to improve patient access to services, peer support, medical care, and harm reduction through telehealth

• Continue to assess effectiveness of telehealth delivery of services, patient satisfaction, and confidentiality

• Advocate for ongoing removal of regulatory barriers to delivery of telehealth services

• Advocate for telehealth reimbursement telemedicine parity

• Advocate for expanded broadband and appropriate technology investment
116TH CONGRESS
2d Session

S. 4103

To amend title XVIII of the Social Security Act to increase the use of telehealth for substance use disorder treatment, and for other purposes.

IN THE SENATE OF THE UNITED STATES
JUNE 30, 2020

Mr. PORTMAN (for himself and Mr. WHITEHOUSE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend title XVIII of the Social Security Act to increase the use of telehealth for substance use disorder treatment, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Telehealth Response for E-prescribing Addiction Therapy Services Act" or "TREATS Act".

SEC. 2. TELEHEALTH FOR SUBSTANCE USE DISORDER TREATMENT.
UPMC Emergency Department
- 24/7 telemedicine consultation to direct induction and e-prescribing of buprenorphine

Toxicology
- Telemedicine Bridge Clinic available throughout PA for urgent medical management of SUD pending local engagement

Pittsburgh Poison Center
- 24/7 “Bupe on Call” interprofessional consultation to assist in OUD assessment, buprenorphine induction, and patient referral/follow-up
- 1(888)755-DRUG (3784)
UPMC General Internal Medicine Center for Opioid Recovery Visits 2020

Visit Frequency

Analysis by Month

Average # of Encounters per Month: 291

Jan: 246
Feb: 277
Mar: 265
Apr: 493
May: 405
Jun: 61

Encounter Grouping
- Orange: Telemedicine/Virtual Visit
- Purple: Face-to-Face Office Visit

Provided by Dr. Jane Liebshcutz, Chief UPMC Division of General Internal Medicine
<table>
<thead>
<tr>
<th>Date</th>
<th>Patients</th>
<th>Encounters</th>
<th>% Telemed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2020</td>
<td>193</td>
<td>246</td>
<td>.0%</td>
</tr>
<tr>
<td>Feb 2020</td>
<td>197</td>
<td>277</td>
<td>.0%</td>
</tr>
<tr>
<td>Mar 2020</td>
<td>195</td>
<td>265</td>
<td>28.3%</td>
</tr>
<tr>
<td>Apr 2020</td>
<td>234</td>
<td>493</td>
<td>90.7%</td>
</tr>
<tr>
<td>May 2020</td>
<td>228</td>
<td>405</td>
<td>80.7%</td>
</tr>
</tbody>
</table>

Average Daily Pre-COVID: 13.13043
Average Daily COVID: 18.31148
Increase: 39%

Provided by Dr. Jane Liebshcutz, Chief UPMC Division of General Internal Medicine
Thank you!
Future Opioid LAN Events

Webinar
Methadone Usage, Barriers, and Next Steps in Primary Care
Sandy Cini, Program Director, Addiction Medicine and Health Advocates, Inc.
September 17, 2020 at 11 a.m.

Office Hour
St Luke’s University Health Network
Heather Alban, Director of Pain Management
Dr. Thomas Nappe, Lead Toxicologist
September 24, 2020 at 11 a.m.