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ENVISION A PATH TO SUCCESS

OCT 15-18 —  — VIRTUAL



ADDICTION TREATMENT IN RURAL SETTINGS: EXPANDING CARE VIA TELEHEALTH

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DISCLOSURES

- Scientific Advisor for Celero, Inc.
- Grants from HRSA, NIDA, SAMHSA
- I am a reluctant convert to teleservices

OBJECTIVES

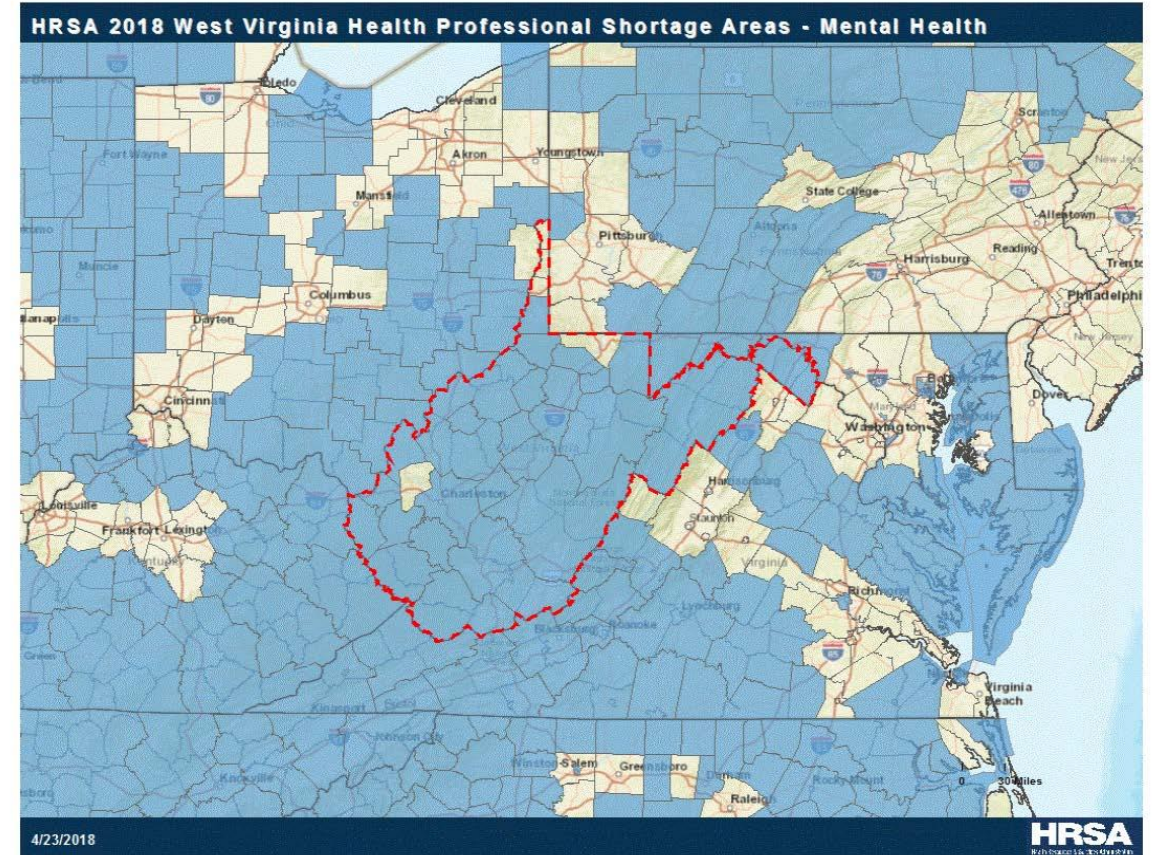
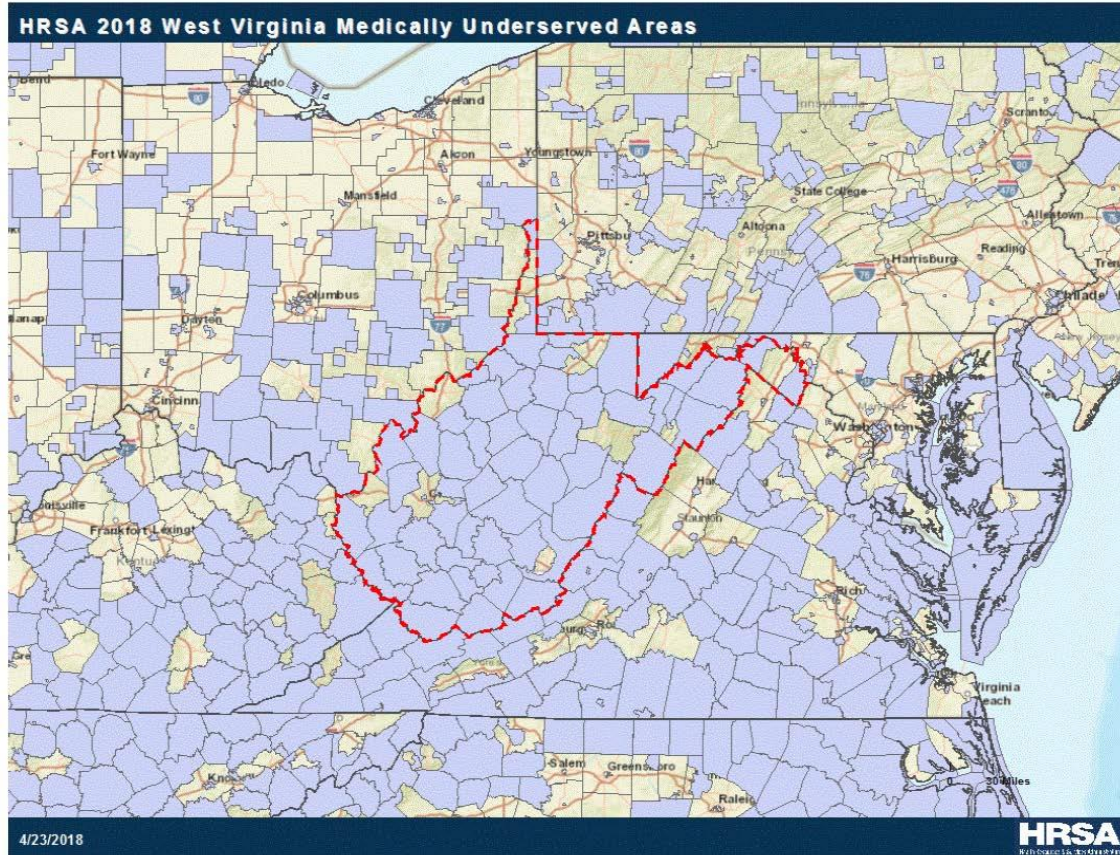
- Recognize features of rural communities posing unique challenges to SUD treatment
- Demonstrate clinical applications of telehealth to SUD practice as illustrated by an academic medical center in a rural state
- Describe the impact of the COVID epidemic on the addiction epidemic and learn how a clinical SUD program adjusted services to continue care via telehealth
- Identify regulations and resources to initiate and conduct telehealth



RURAL CHALLENGES



UNDERSERVED

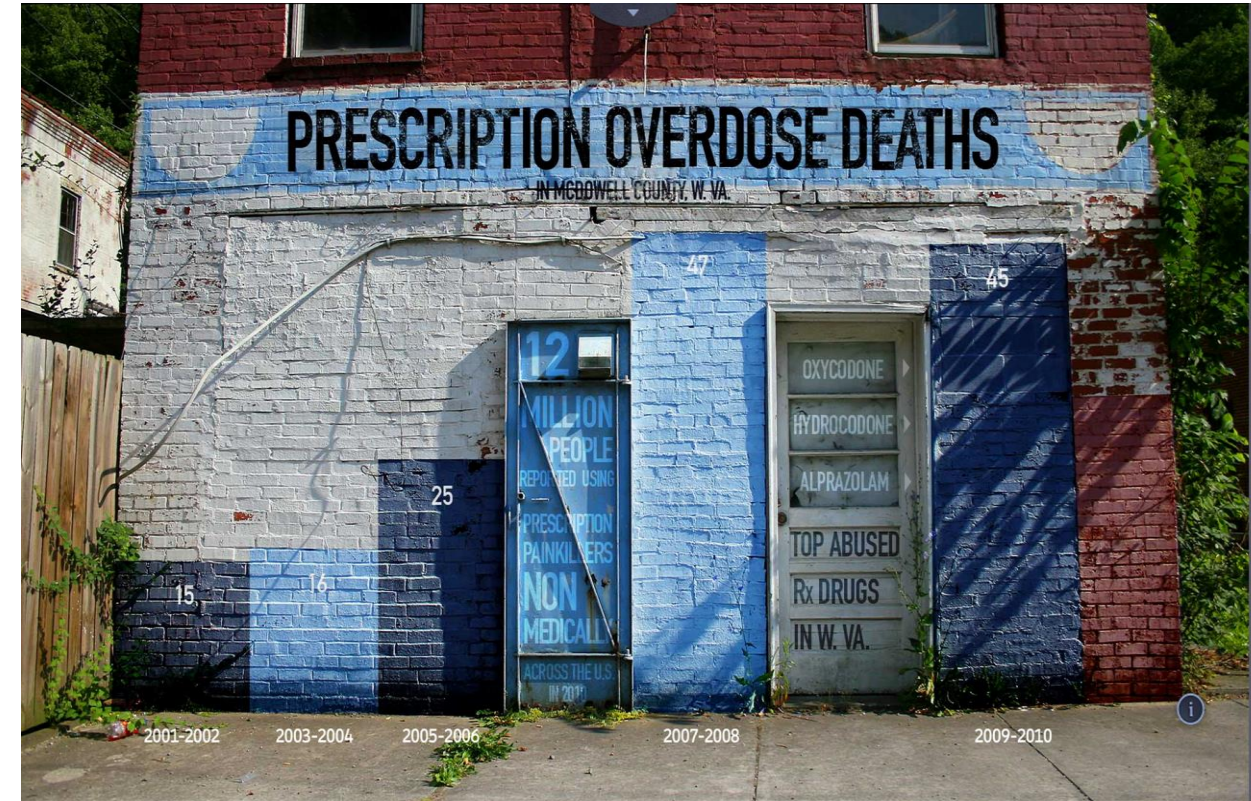


BARRIERS TO CARE

- Diverse, rural topography
- Economically limited
- Reliable transportation
- Lack of service providers
- Lack of integrated treatment
- Stigma
- Medical comorbidities
- Fatalism

OVERDOSE EPIDEMIC

- Overdose is **leading cause** of injury death in the United States
 - ~**71, 999 OD** deaths 2019
 - 36,500 synthetic opioid
- 702, 568** deaths 1999 – 2017
 - 56.8% opioids
- 345%** increase in opioid deaths from 2001-2016
- West Virginia** has led the country in deaths due to drug overdose
 - 2017 National: **21.7/100,000**
 - 2017 WV: **57.8/100,000**



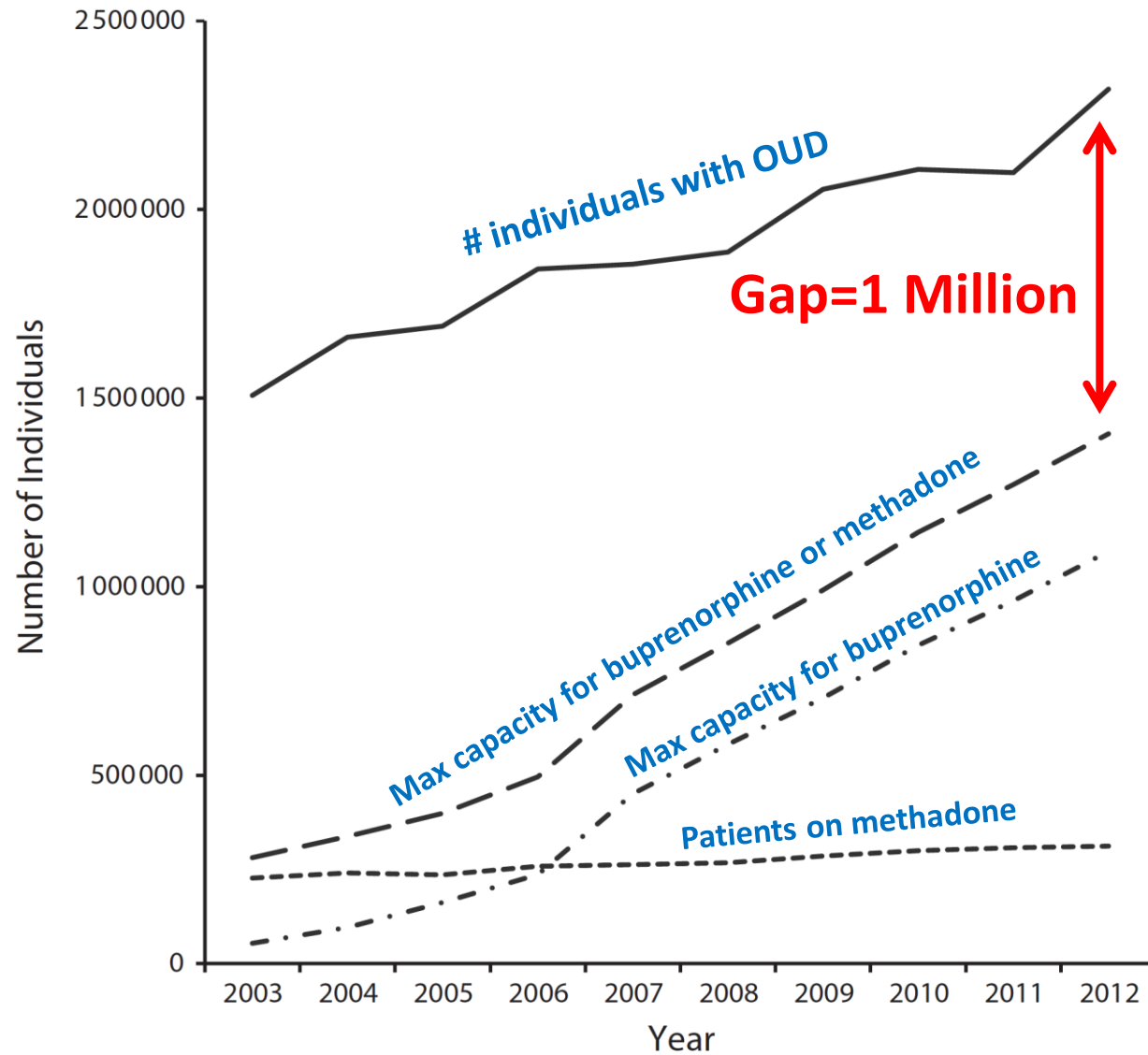
Ahmad 2020, Alter 2020, Wan 2020

WHY TELE-SUD TREATMENT?

- Rates of overdose continues to climb at record numbers with rural areas such as Appalachia hit particularly hard
- Key driver of the overdose epidemic is substance use disorders (primarily OUD)
- Medication Assisted Treatment (MAT) is an evidence based treatment proven to decrease risk of OD
- Expanding access to MAT treatment is critical!
 - *An estimated 12,600 residents need MAT treatment in WV*

Volkow 2014

Treatment Capacity in U.S.



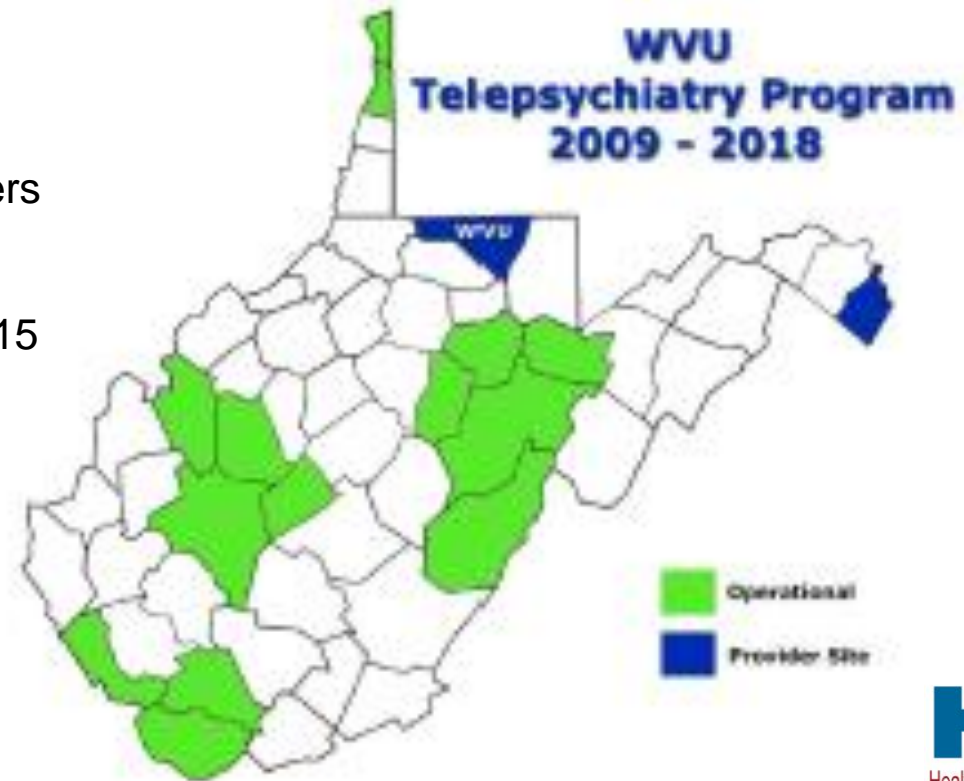


TELEHEALTH IN A RURAL STATE

Our experience expanding treatment at West
Virginia University

Program History & Overview

- **2009** → WVU Department of Behavioral Medicine & Psychiatry established a telepsychiatry program to address healthcare inequities in WV
- **2009 – 2019** → 45,190 patient encounters for rural West Virginia.
- Currently provides 140 clinical hours to 15 rural counties on a weekly basis
 - General Adult Psychiatry
 - Child & Adolescent Psychiatry
 - Addiction Psychiatry
- The team consists of physicians, advanced practice professionals, and case managers and is coordinated by a clinical nurse coordinator.



HRSA
Health Resources & Services Administration

TELE-EXPANSION

- **Direct Care**
 - Office Based MAT, Intensive Outpatient Program
- **Mentorship**
 - HUB and SPOKE
 - Extension of Community Health Outcomes (ECHO)



DIRECT CARE

OBMAT AND IOP

HISTORY OF MAT AT WEST VIRGINIA UNIVERSITY

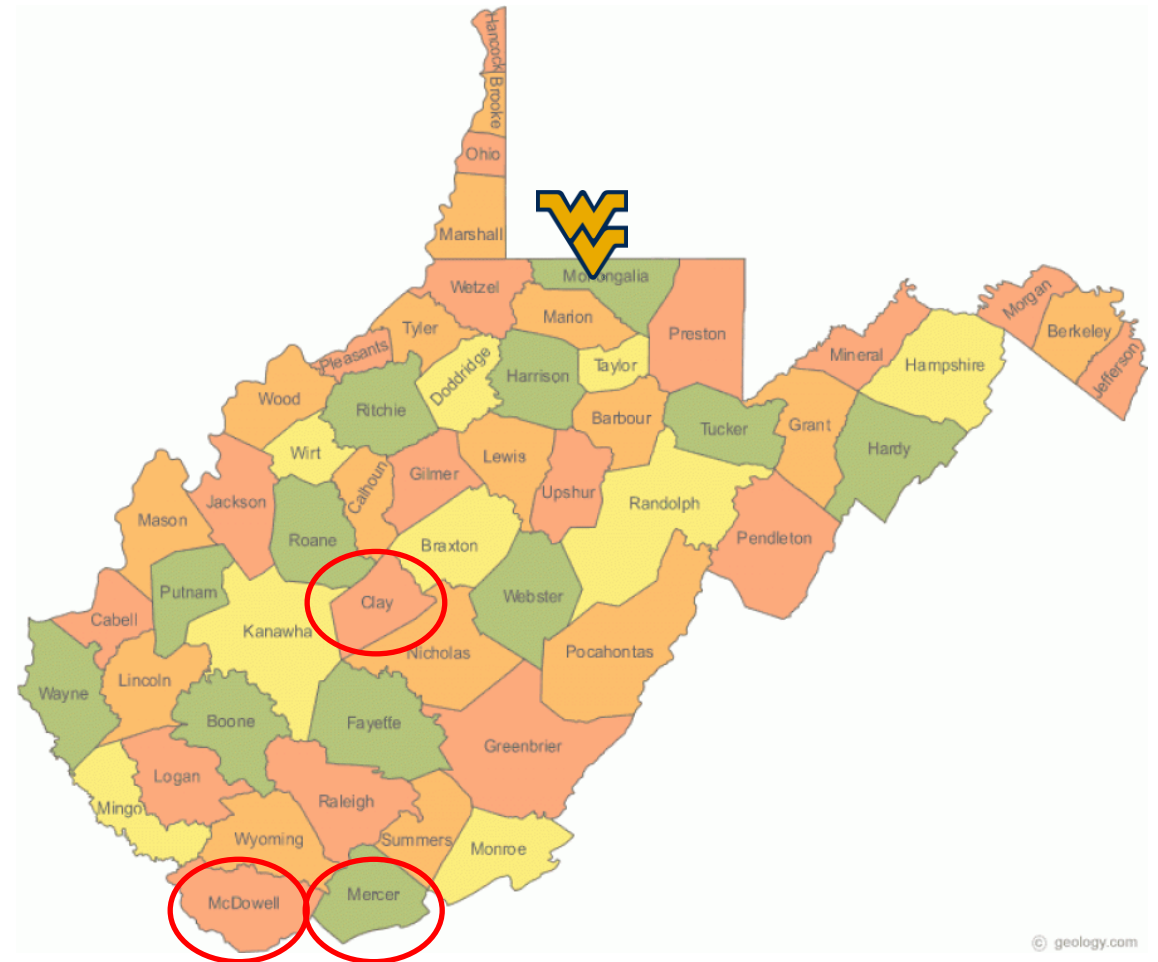
- 2002 – Buprenorphine approved
- Jan 2003 – We began to treat patients with buprenorphine
- 1/2003-9/2003 – Detoxification only
- September 2003 – First maintenance patient
- Late 2003 – Huge demand and one physician
- 2004 – Comprehensive Opioid Addiction Treatment (COAT):
 - Currently treat ~500 patients in ~50 groups at Morgantown campus
 - ~4000 patients and 93,000 visits in past 10 years

WVU'S COAT PROGRAM

- Recovery Focused
- Bio-Psycho-Social
- Group Based (8-12 pts)
 - Shared Medical Management (30 min)
 - Therapy (60 min)
 - Community Mutual Support Groups
- Phase Based
 - Patient's advance through 4 phases
- Team Based
 - Physician/NP, Therapist, Case Manager, MA, PRC

Tele-Office Based MAT (OBMAT)

- In 2011, we deployed our COAT model to three rural West Virginia sites (Clay, WV; Welch, WV; Princeton, WV).
- The waived physician saw patients via telepsychiatry in a medication management group physically located at a community mental health center
- Additionally, an on-site therapist performed group and individual therapy.
- Case management and medical assistant duties were coordinated by the clinical lead who provided support and direction to on site staff.



Tele-OBMAT Feasibility

Results:

Site	Year	NPV	RPV
Clay	2011	29	253
Clay	2012	13	424
Mercer	2012	15	157
McDowell	2012	4	9
Clay	2013	10	220
Mercer	2013	16	260
McDowell	2013	21	227
Mercer	2014	12	303
McDowell	2014	20	609
Mercer	2015	5	99
McDowell	2015	9	226
Mercer	2016	8	199
McDowell	2016	11	558
Total		173	3544

Tele-OBMAT vs. In-Person OBMAT

ORIGINAL RESEARCH

Treatment Outcome Comparison Between Telepsychiatry and Face-to-face Buprenorphine Medication-assisted Treatment for Opioid Use Disorder: A 2-Year Retrospective Data Analysis

Wanhong Zheng, MD, Michael Nickasch, BS, Laura Lander, MSW, Sijin Wen, PhD, Minchan Xiao, PhD, Patrick Marshalek, MD, Ebony Dix, MD, and Carl Sullivan, MD

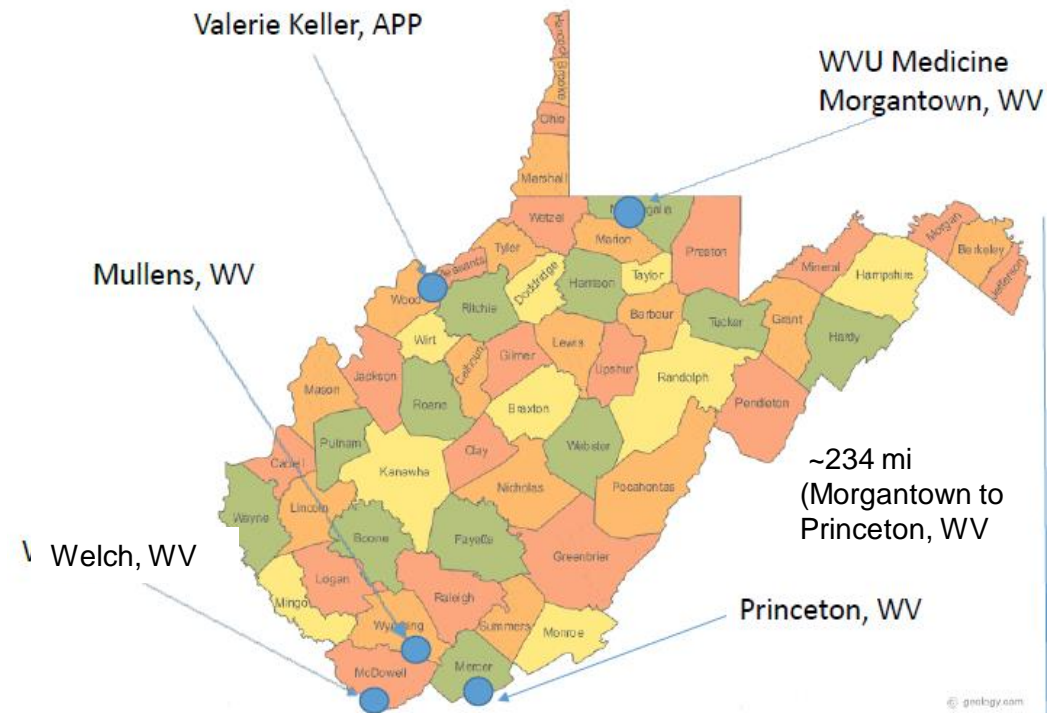
J Addict Med. 2017 ; 11(2): 138–144



- Compared 100 patients with OUD in each group
- **NO** significant difference in terms of additional substance use, time to 30 days ($p=0.09$) & 90 days ($p=0.22$) of abstinence OR retention rates at 90 and 365 days ($p=0.99$)

Tele-Intensive Outpatient Therapy (IOP)

- 3 days/week
- Treatment Team consists of:
 - Physician & APP
 - Case managers at each site (3)
 - Therapists (2)
 - Recovery Coaches, as needed
 - Program Coordinator
- Case managers:
 - Address resolution of patient related issues
 - Liaison between the patient & clinical team.
 - They are VITAL to a healthy clinical environment



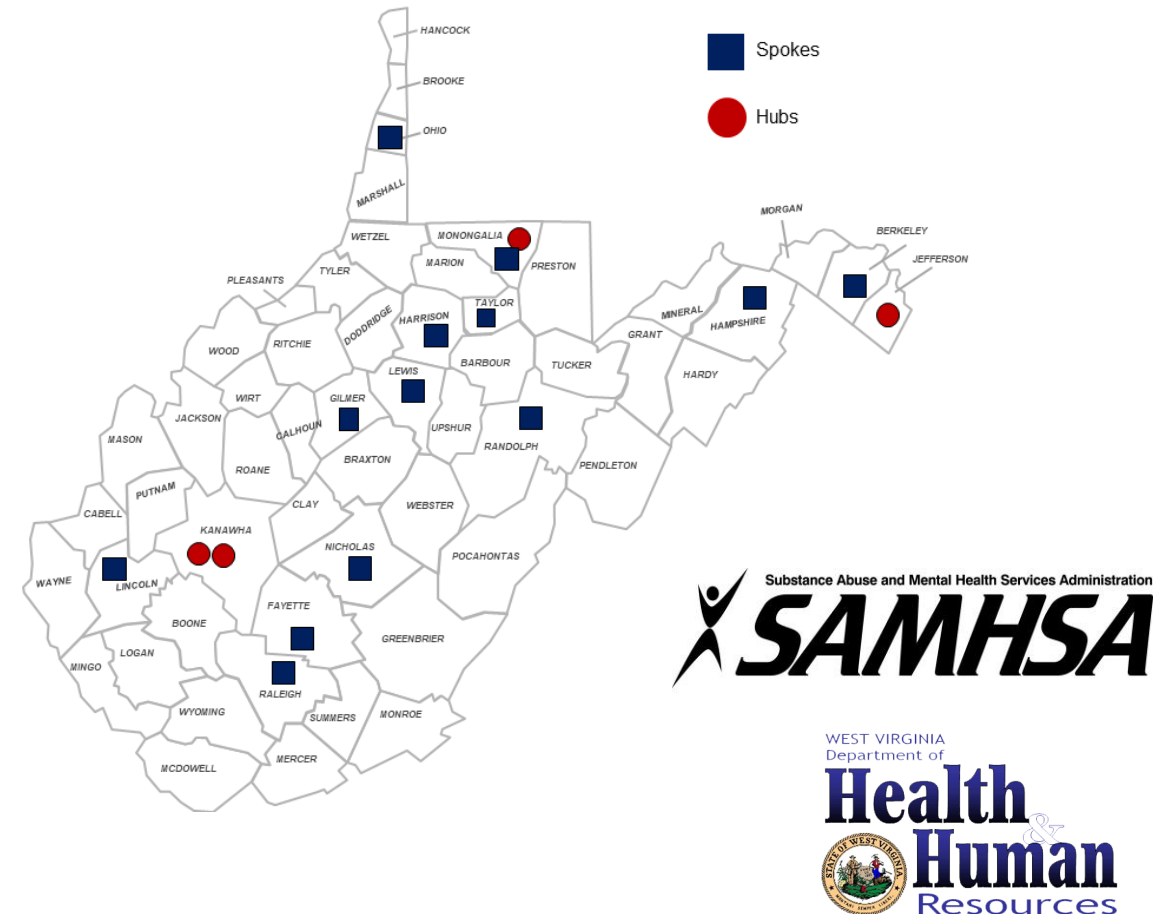


TELE-MENTORSHIP

HUB & SPOKE AND PROJECT ECHO

WV HUB & SPOKE OMBAT REPLICATION

- Expand the availability of Medication-Assisted Treatment (MAT) by using the West Virginia University (WVU) Comprehensive Opioid Addiction Treatment (COAT) model.
- Using a variation of the Hub and Spoke model
- Phase one: Train Hubs in the COAT model and in how to train others in the COAT model
- Phase two: Hubs identified, trained and provided technical assistance to spokes in the COAT model



WV HUB & SPOKE OMBAT REPLICATION



West Virginia's model of buprenorphine expansion: Preliminary results

Erin L. Winstanley^{a,b,*}, Laura R. Lander^{a,b}, James H. Berry^{a,b}, James J. Mahoney III^{a,b},
Wanhong Zheng^{a,b}, Jeremy Herschler^a, Patrick Marshalek^{a,b}, Sheena Sayres^{a,c}, Jay Mason^c,
Marc W. Haut^{a,b,d,e}

- Half of WV residents live in an area designated as having a health professional shortage
- Buprenorphine expansion resulted in 196 new patients being treated; 14 agencies & 56 health professionals trained
- ~750 current patients July 2020

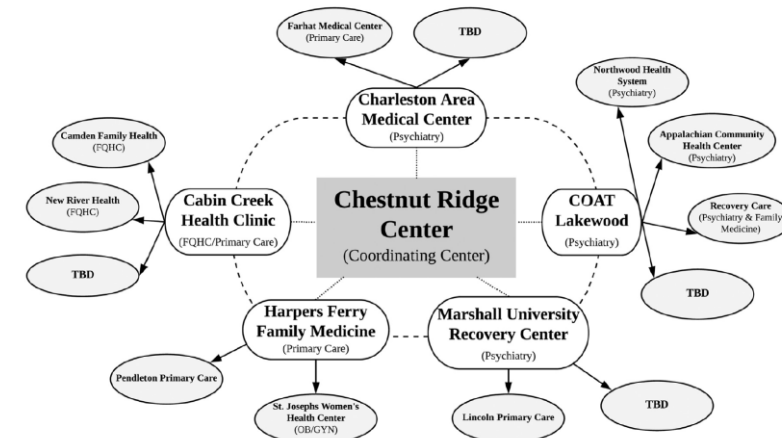


Fig. 2. Organizational structure of the hub and spoke model.

WV HUB & SPOKE OMBAT REPLICATION

Best Practices

- Constant communication
 - Being responsive to questions
 - Constantly communicating expectations
 - Maintaining momentum
- In-person and video meetings
 - Zoom conferencing
 - Spokes shadowing Hub
 - Hub shadowing Spokes

Lessons Learned

- Flexibility with Hub & Spokes
 - Capacity/facilities
 - Level of experience with MAT
 - Community readiness for MAT
- Flexibility with COAT Model
 - Adapting based on site particulars
 - Adapting personnel roles to meet needs

State Opioid Response (SOR) funding

- Goal to reach sustainability without grant funds at all Hubs and Spokes
- Providers and therapists can bill for services but case management is not billable unless under a licensed behavioral health center.
 - Case Managers are very important and the glue to the program
- The target is to increase patient capacity to build up enough revenue to pay for case management

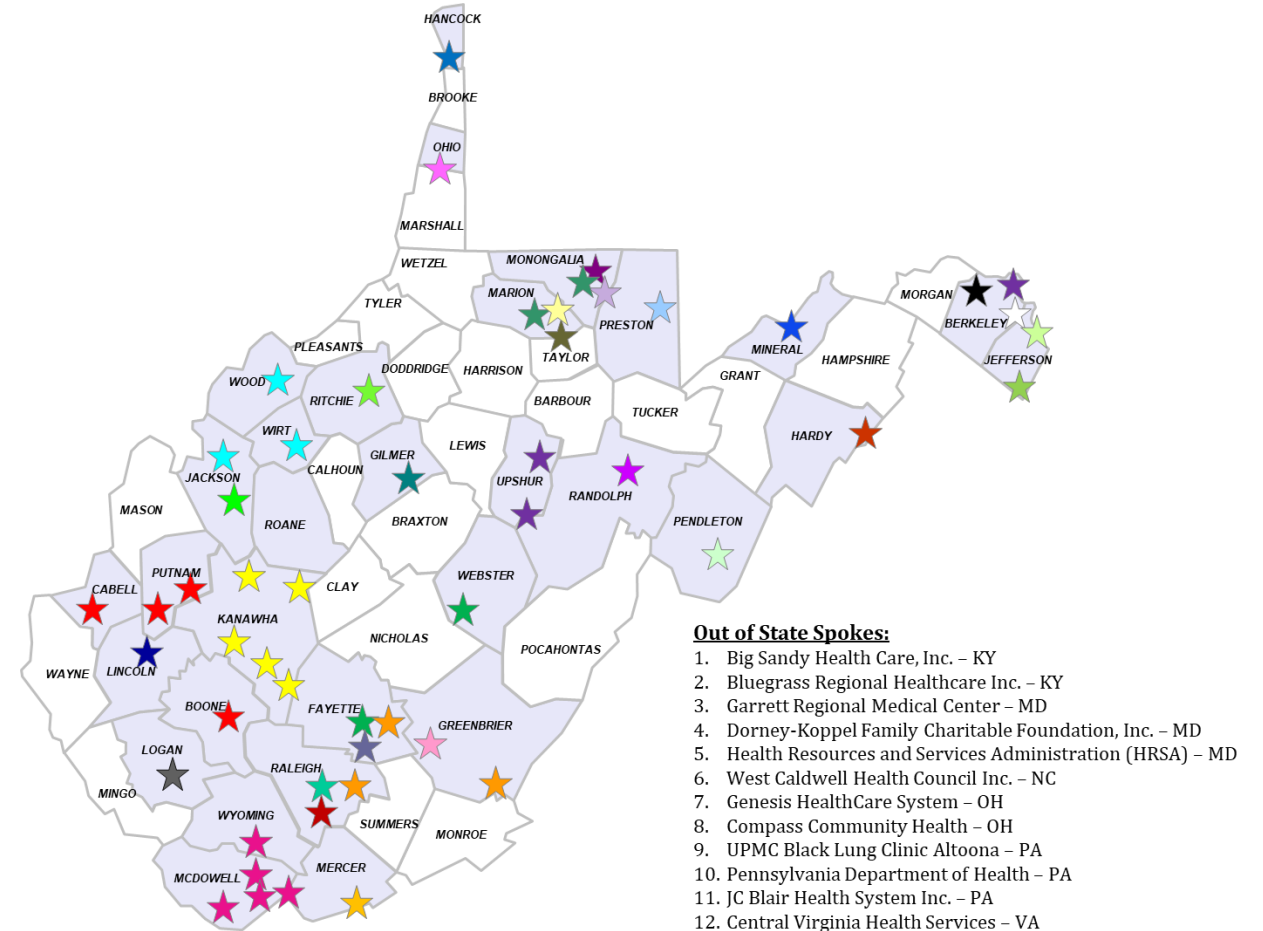
WV PROJECT ECHO

- Extension for Community Healthcare Outcomes
- Guided practice model of medical education via video conferencing
 - Knowledge sharing networks
 - Led by expert team at academic medical center
 - Community providers at distant sites
 - Didactic and case discussions
- Increases workforce capacity and expands best practice specialty care



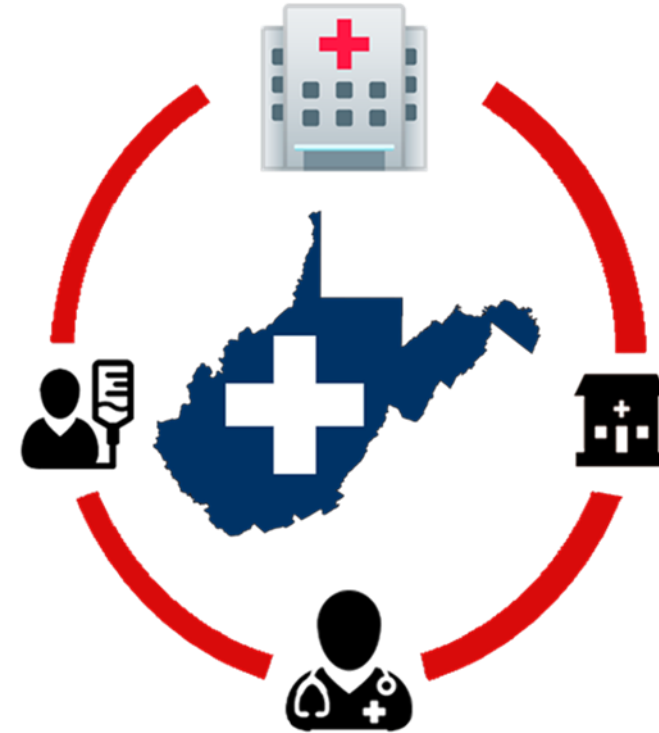
WV PROJECT ECHO MAT

- Launched in 2017
- 2X Month for 1 hour via Zoom
- Sessions recorded and uploaded to YouTube page
- 1h CME for each session
- WV Project ECHO MAT Stats
 - 206 unique participants
 - 1,206 overall attendance
 - 62 case presentations
 - 51 didactic presentations



WHAT WE HAVE LEARNED

- MAT ECHO has become a trusted source of information
- The Model is flexible and nimble
- Great way to support one another in the field
- Retention tool for organizations



For more information contact Jay Mason at jdmason@hsc.wvu.edu or Mithra Mohtasham at Mithra.Mohtasham@hsc.wvu.edu



SUD and COVID

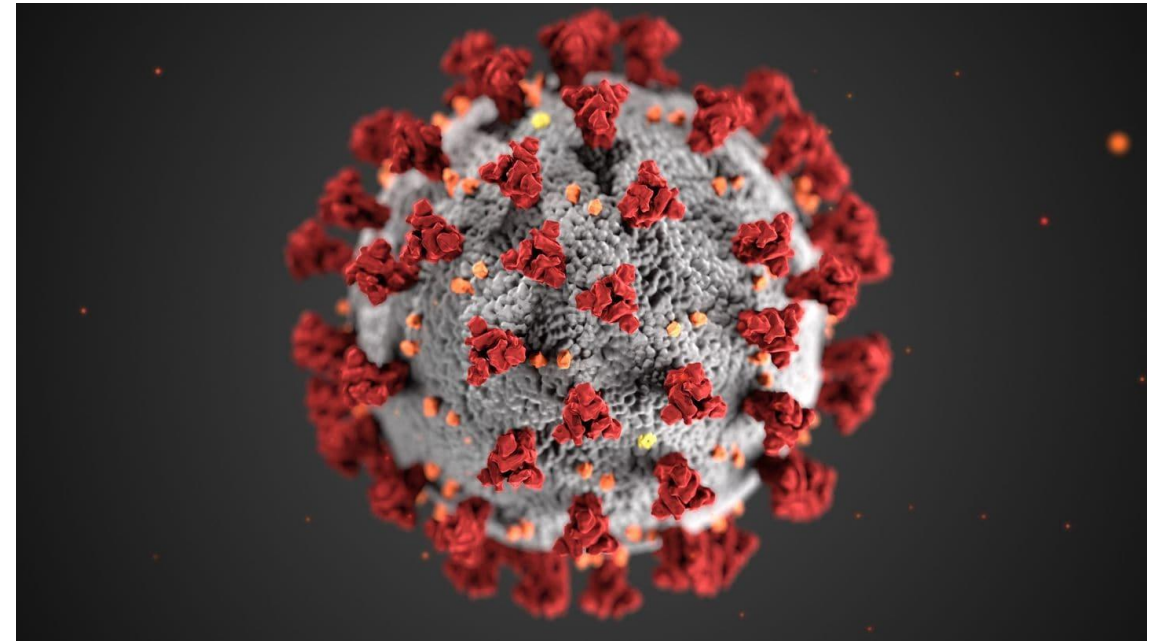
How did we adapt?

COVID PANDEMIC

OVERDOSE DEATHS

2020 monthly increase VS 2019:

- 18% March
- 29% April
- 42% May



Ahmad, F. B., Rossen, L. M. & Sutton, P. (2020). Provisional drug overdose death counts. National Center for Health Statistics, US Center for Disease Control and Prevention. Available: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

COVID-19

- UDS testing showed increases for fentanyl, meth, cocaine.
- Increase in heroin but not reach statistical significance.
- Drug supply adapts
- SUD treatment limited
- Community support groups limited
- Social isolation
- Less likely to be around another with narcan

Millennium Health. (2020, July). COVID-19 Special Edition: Significant Changes in Drug Use During the Pandemic. Millennium Health Signals Report volume 2.1. Available: <https://resource.millenniumhealth.com/signalsreportCOVID>

COVID-19

- NIH Study
 - Reviewed EHR of ~73 million
 - 7.5 million SUD
 - 12,000 COVID
 - 18,000 both
- SUD increases risk
 - 10% had SUD
 - Yet, represented 15.6% of COVID cases
- OUD>TUD
- Worse outcomes (hospitalization, death)
- African Americans with recent OUD dx 4X likely to develop COVID
- Highlights need to screen and treat SUDs as part of pandemic strategy

Molecular Psychiatry
<https://doi.org/10.1038/s41380-020-00880-7>

IMMEDIATE COMMUNICATION

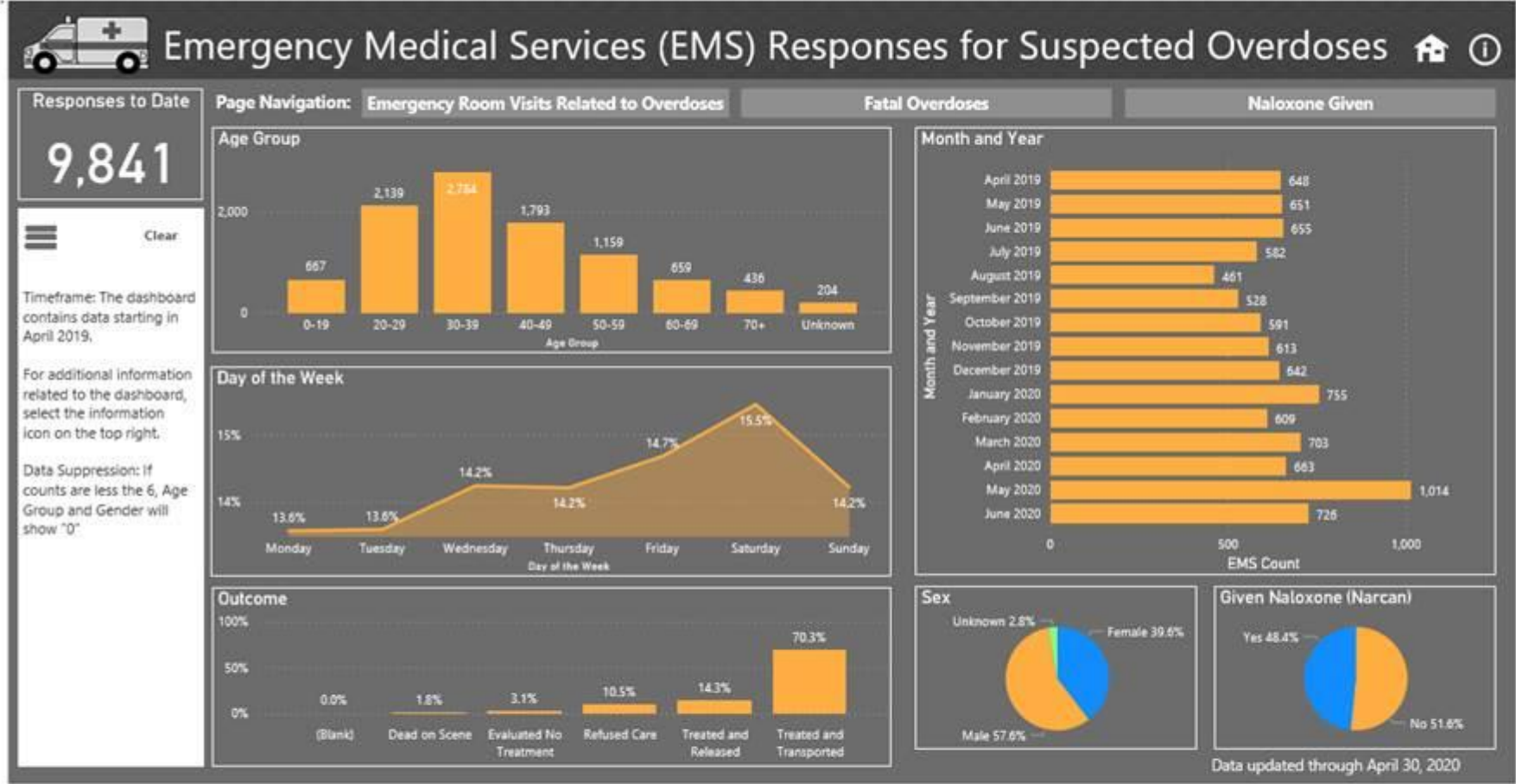
COVID-19 risk and outcomes in patients with substance use disorders: analyses from electronic health records in the United States

Quan Qiu Wang¹ · David C. Kaelber² · Rong Xu¹ · Nora D. Volkow³

Received: 22 June 2020 / Revised: 20 August 2020 / Accepted: 3 September 2020
 © Springer Nature Limited 2020

WEST VIRGINIA OVERDOSES DURING COVID PANDEMIC

Data Dashboard



May 2019
651 overdoses

May 2020
1,014 overdoses

<https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard>

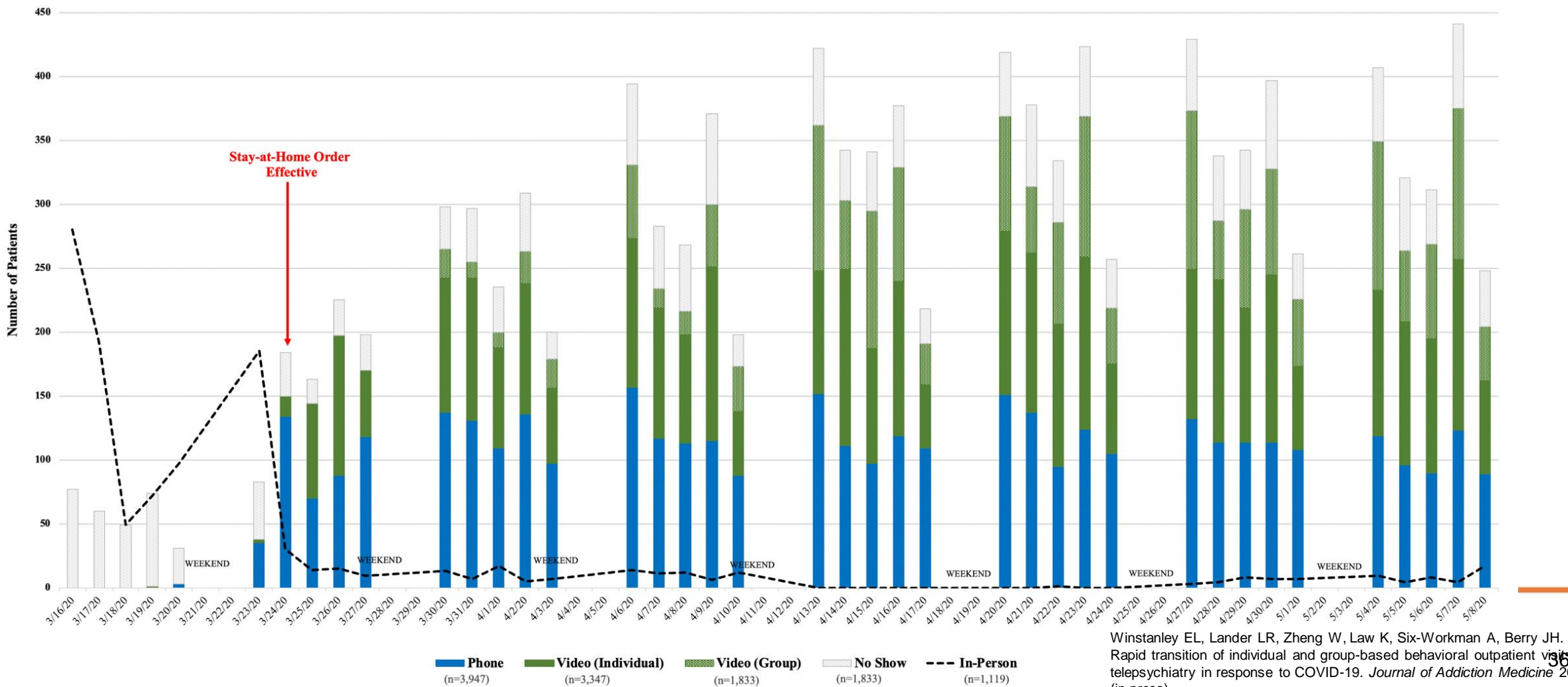
COVID PANDEMIC

- Chestnut Ridge Center (CRC) delivers outpatient mental health & addiction services for ~4,000 patients annually
- Prior to COVID-19, telepsychiatry services were not offered to outpatients; however, CRC clinicians were delivering ~115 telepsychiatry services per week via contracts for patients in distant service areas
- WV's Stay-at-Home order (SHO) went into effect on March 24th & the CRC rapidly transitioned outpatient visits to telepsychiatry
- In the 6 weeks after the SHO, there were 9,329 telepsychiatry visits:
 - 41.9% were phone-based individual therapy
 - 35.8% were video-based individual therapy
 - 19.6% were video-based group therapy
- No show rate was 14.1% which is comparable to the same time period a year earlier (14.3%)

Winstanley et al (2020) *Journal of Addiction Medicine*, in press

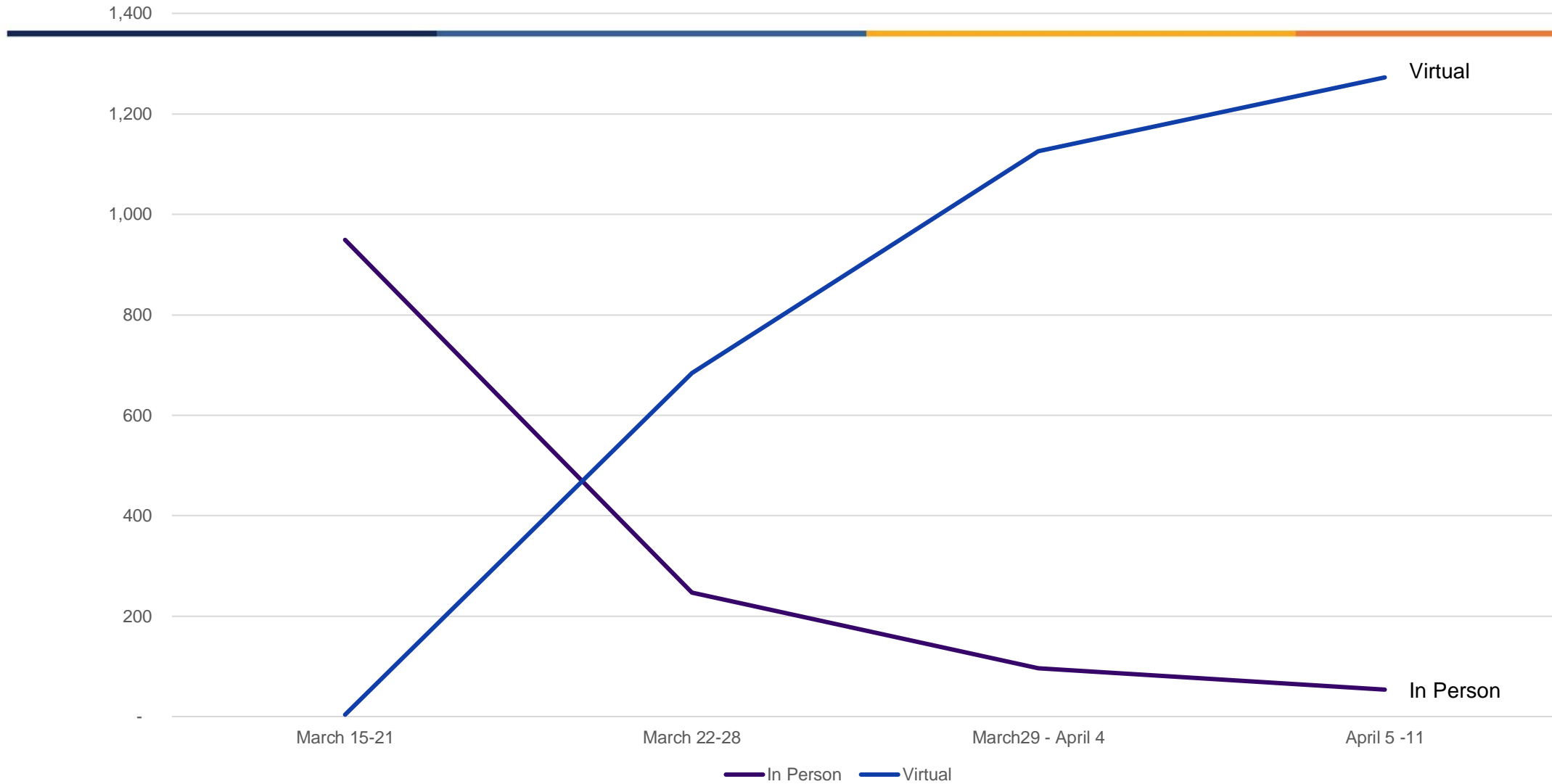
FLIP TO VIRTUAL CARE

Figure 1: WVU BMED Daily Telepsychiatry Visits (n=10,525) by Type



Winstanley EL, Lander LR, Zheng W, Law K, Six-Workman A, Berry JH. Rapid transition of individual and group-based behavioral outpatient visits to telepsychiatry in response to COVID-19. *Journal of Addiction Medicine* 2020 (in press).

In Person vs Virtual Visits



AMERICAN
OSTEOPATHIC ASSOCIATION

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The American **Osteopathic** Academy
of Addiction Medicine

Telepsychiatry in Rural Areas During COVID-19

- Providers doing expansion had telepsychiatry experience; those clinicians were able to lead the transition
- CRC's success was largely due to coordinated effort of clinicians, administrators, IT & others
- Challenges included increasing MyChart utilization among CRC patients, procuring equipment for staff working from home & providing technical assistance for staff and patients
- Change in the regulations to allow telehealth visits from patient's home & inclusion of phone-based services was critical to CRC's success
- Anecdotal evidence suggests that patients are extremely thankful to continue their care



TELEHEALTH

Regulations and Resources

BENEFITS

- Convenient for patients
 - > access, < no shows
 - In home services
- Convenient for providers
 - Self observation
 - Safety for provider
 - See patient environments
- Patient acceptance > physician acceptance (higher sense of security because they aren't in your physical space)

LIMITATIONS

- Security (pt. home, platform)
- IT / equipment needs
 - “Bandwidth,” internet
 - Phone, iPad, computer
- Physical exam & in person observations – improved cues, environment
- Reimbursement issues

MEDICAL-LEGAL CONSIDERATIONS

Federal Regulations

- Ryan Haight Online Consumer Pharmacy Protection Act of 2008

State Regulations

- **Licensure**
 - 49 state medical boards + DC/PR/VI require licensure in state where patient is located.
 - 14 state boards issue telemedicine special licensure for across state lines
- **Reimbursement parity**
 - 39 states + DC have parity policies for private payer; 21 states & DC have parity policies in Medicaid

Ryan Haight Online Pharmacy Consumer Protection Act of 2008

- 2001 – Ryan Haight (CA honor roll student, athlete) died from a Vicodin overdose at age 18 from online doctor, delivered by an Internet pharmacy.
- Effective April 13, 2009 & served to amend Controlled Substances Act and Controlled Substance Import & Export Act.



RYAN HAIGHT ACT

- **Goal** – Prevention of illegal distribution and dispensing of CS by means of the Internet (DEA/DOJ).
- **Key Provisions**
 - At least one in-person medical evaluation to provide valid CS prescription
 - Modified DEA registration for online pharmacies

Practice of Telemedicine Exceptions:

- Tx in DEA registered hospital/clinic
- Tx in physical presence of DEA registered practitioner
- Indian Health Service or tribal organization
- **Public health emergency**
- VA medical emergency
- **Telemedicine special registration**
- Other circumstances

CCHP – Stay up-to-date

COVID-19 Telehealth policy changes occurring within the COVID-19 environment have been rapidly developing on almost a daily basis. CCHP is committed to keeping you updated on these important changes both federally and on the state level. Watch our latest COVID-19 policy update videos.

Center for Connected Health Policy
The National Telehealth Policy Resource Center

ABOUT TELEHEALTH POLICY RESOURCES CONTACT

Current State Laws & Reimbursement Policies

Search by Filter Search by Keyword

All 50 States & D.C.

All Categories

All Topics

APPLY

Data Last Updated Oct 15, 2019

Policy Exists/Explicitly Allowed No Policy Exists or Not Explicitly Allowed

*Key applicable only to topics indicated with an asterisk in drop down menu

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SUBSCRIBE

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Privacy Policy

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Center for Connected Health Policy – National Telehealth Policy Resource Center

www.cchpca.org

- Current state laws & reimbursement policies
- Legislation tracking
- Telehealth resources



Opioid Response Network STR-TA

<https://opioidresponsenetwork.org/Education/index.aspx>

**Telemedicine for
OUD During
COVID-19
National Public
Health
Emergency:**

**Getting Started,
Special
Regulations, and
Privacy Issues**

March 27, 2020

J. Kmiec, DO
AOAAM President

W. Morrone, DO
AOAAM Past President

West Virginia University 1-year Addiction Medicine Fellowship Program

- One of the first 14 ADM programs accredited by ACGME
- Multidisciplinary and full ASAM level coverage clinical rotations:
 - Acute detox, addiction consultation/liaison, residential treatment, Intensive Outpatient Program (IOP), COAT clinic, pain clinic, etc.
- Option for HRSA funded Comprehensive Training Track that focuses on rural coverage and telemedicine
- Contact for more information:

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Website: <https://medicine.hsc.wvu.edu/bmed/training-programs/psychiatry-fellowships/addiction-medicine-fellowship/>

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- Substance Abuse and Mental Health Services Administration (SAMHSA)

REFERENCES

- Ahmad, F. B., Rossen, L. M. & Sutton, P. (2020). Provisional drug overdose death counts. National Center for Health Statistics, US Center for Disease Control and Prevention. Available: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
- Alter, A., & Yeager, C. (2020, June). COVID-19 impacts on US national overdoses. Overdose Detection Mapping Application Program. Available: <http://www.odmap.org/Content/docs/news/2020/ODMAP-Report-June-2020.pdf>
- American Telemedicine Association – www.americantelemed.org
- Center for Connected Health Policy - <https://www.cchpca.org>
- Drug Enforcement Administration (DEA), Department of Justice. Implementation of the Ryan Haight Online Pharmacy Consumer Protection Act of 2008. Interim final rule with request for comments. Fed Regist. 2009 Apr 6;74(64):15595-625. PubMed PMID: 19507319.
- Jones, C.M., Campopiano, M., Baldwin, G., McCance-Katz, E. (2015). National and state treatment need and capacity for opioid agonist medication-assisted treatment. American Journal of Public Health, 105:e55-e63.
- Volkow, N.D., Frieden, T.R., Hyde, P.S., Cha, S.S. Medication-assisted therapies—tackling the opioid-overdose epidemic. *N. Eng. J. Med.* 2014;370:2063–2066. PMID: 24758595
- Wan, W., & Long, H. (2020, July 1). ‘Cries for help’: drug overdoses are soaring during the coronavirus pandemic. The Washington Post. Available: <https://www.washingtonpost.com/health/2020/07/01/coronavirus-drug-overdose>
- Zheng, W et al, Treatment Outcome Comparison between Telepsychiatry and Face-to-Face Buprenorphine Medication-Assisted Treatment (MAT) for Opioid Use Disorder: A 2-Year Retrospective Data Analysis. *J Addict Med.* 2017 ; 11(2): 138–144

QUESTIONS?



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