Implementing Medication for Opioid Use Disorder via Telemedicine in Rural Practice

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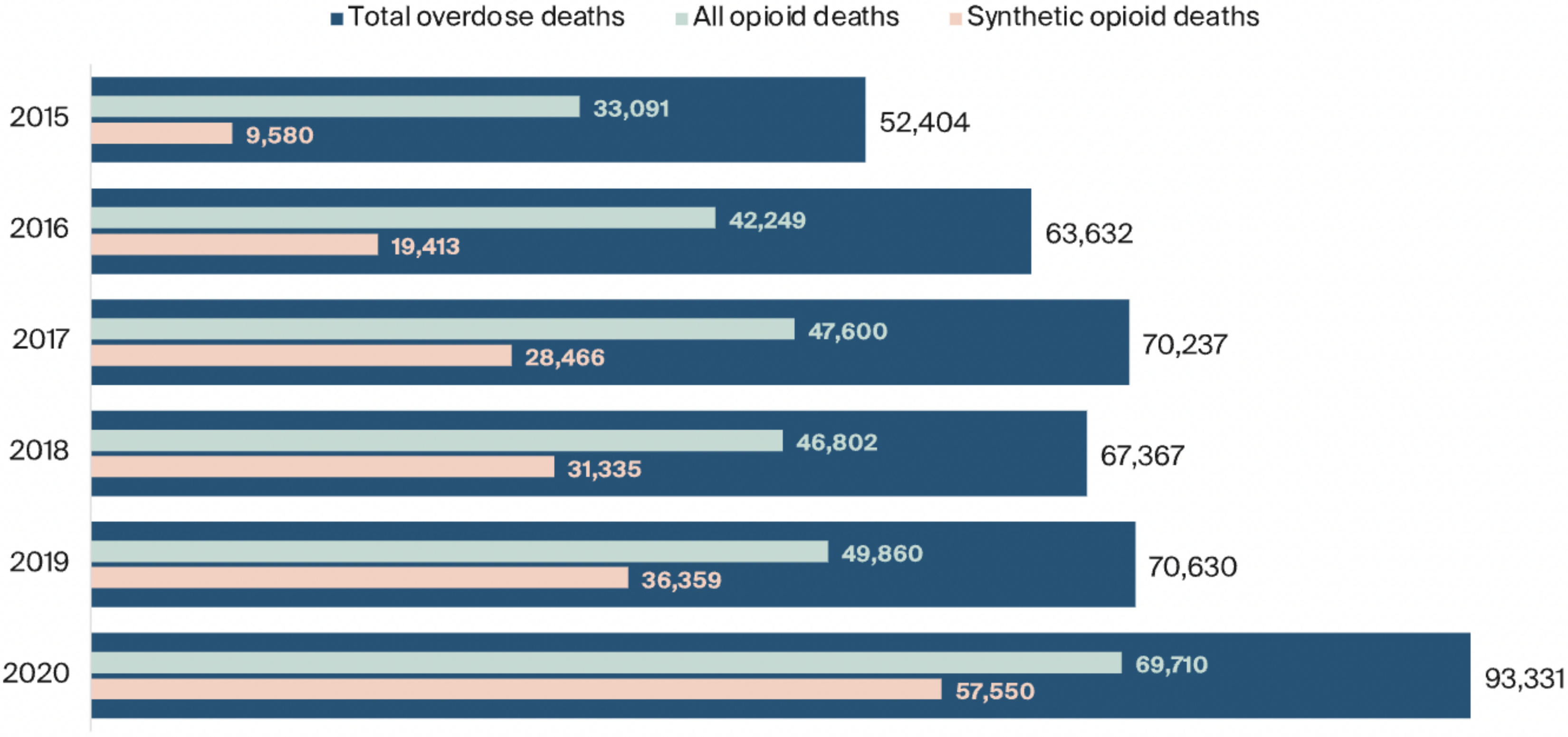
Objectives

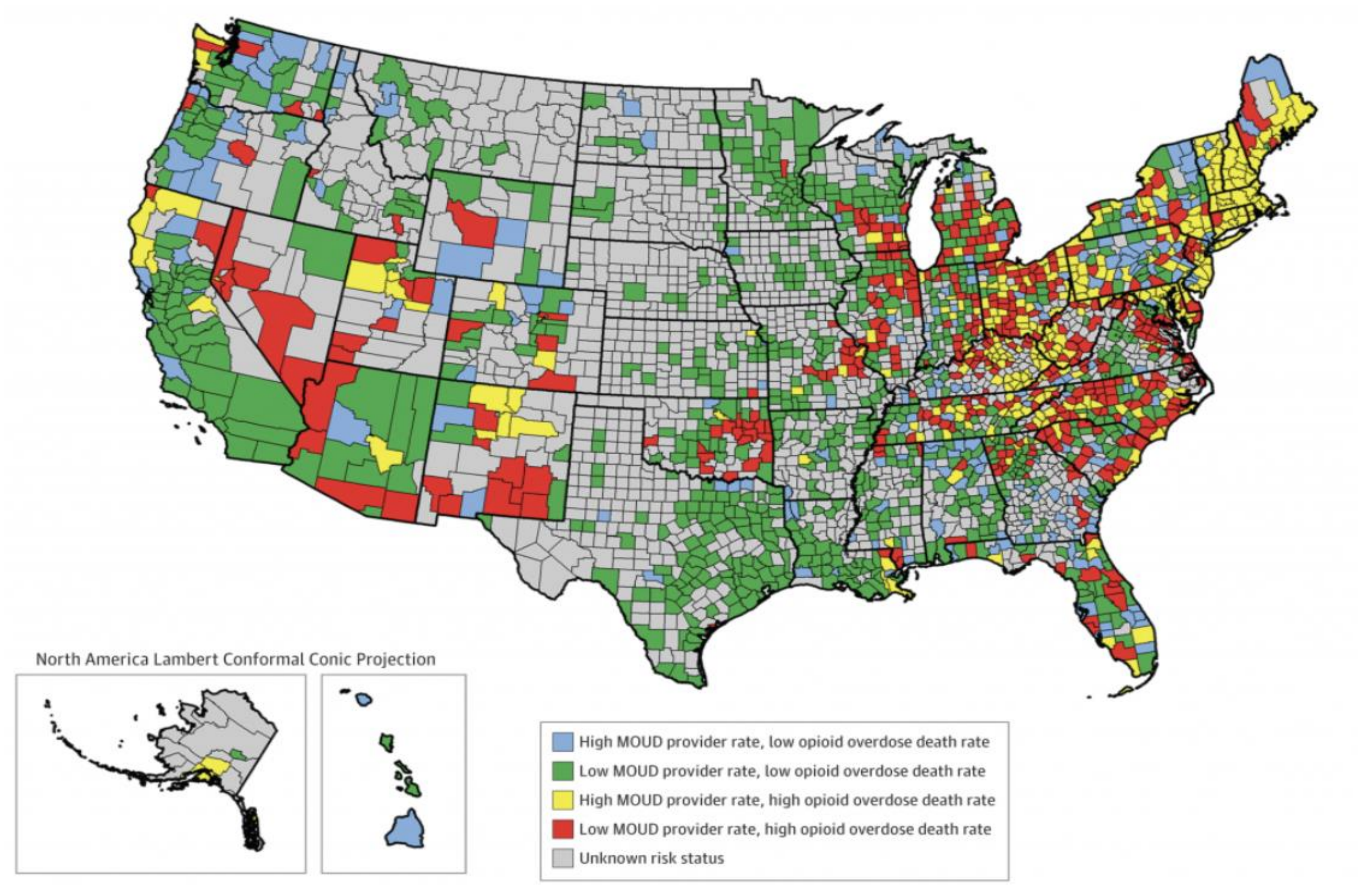
- Describe the importance of access to MOUD
- Discuss regulatory changes affecting buprenorphine telemedicine visits
- Review diagnosing and assessing OUD via telehealth
- Review treatment of OUD
- Discuss monitoring of MOUD via telehealth



Note: Synthetic opioid deaths exclude those from methadone. Specific drug-class deaths are not mutually exclusive, as some deaths are attributable to multiple drug types.

Data: 2015–2019 — Final data from CDC WONDER; 2020 — National Vital Statistics System, Provisional Drug Overdose Death Counts, Dec. 2020 predicted totals (not final data, subject to change).

Source: Jesse C. Baumgartner and David C. Radley, "The Drug Overdose Mortality Toll in 2020 and Near-Term Actions for Addressing It," *To the Point* (blog), Commonwealth Fund, July 15, 2021, updated Aug. 16, 2021.



North America Lambert Conformal Conic Projection
High MOUD provider rate, low opioid overdose death rate
Low MOUD provider rate, low opioid overdose death rate
High MOUD provider rate, high opioid overdose death rate
Low MOUD provider rate, high opioid overdose death rate
Unknown risk status

Role of telemedicine for OUD

Access!

Regulatory changes:

- HIPPA/42-CFR (virtual platforms)
- DEA temporary approval of virtual visits for controlled substances
- OTP take home allowances
- Reimbursement

- “Typically, a prescription for a controlled substance must be predicated on an in-person medical evaluation. However, federal policy makers have enabled exceptions during this public health emergency (which was declared on January 21, 2020).
- In addition, as of March 15, 2020, sanctions and penalties have been temporarily waived for healthcare providers that do not comply with certain provisions of the HIPAA Privacy Rule which may enable use of non-HIPAA compliant telemedicine applications that are widely available such as FaceTime or Skype. (See Telehealth Guidance Document)”

https://www.asam.org/QualityScience/covid19coronavirus

HHS exemption announcement (buprenorphine)

- DATA 2000 Act: buprenorphine waiver after 8 or 24 hours of training
  - Needed to treat 100 + patients

- Exemption: NO training needed to treat up to 30 patients
  - Hospital/emergency providers continue to be able to provide 3 days of bupe to treat opioid withdrawal

SBIRT

- ASK
- ADVISE
- ASSESS
- ASSIST
- ARRANGE

OUD screening tools

- NIDA modified ASSIST
  - How many times in the past year have you...
- ORT
  - Sensitive shorter test to predict future opioid abuse risk
- SOAPP-R
  - 24 item self report test for opioid abuse in chronic pain pts → high and low risk for abuse

DSM-V: OUD (2-3 mild, 4-5 moderate, 6+ severe)

A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

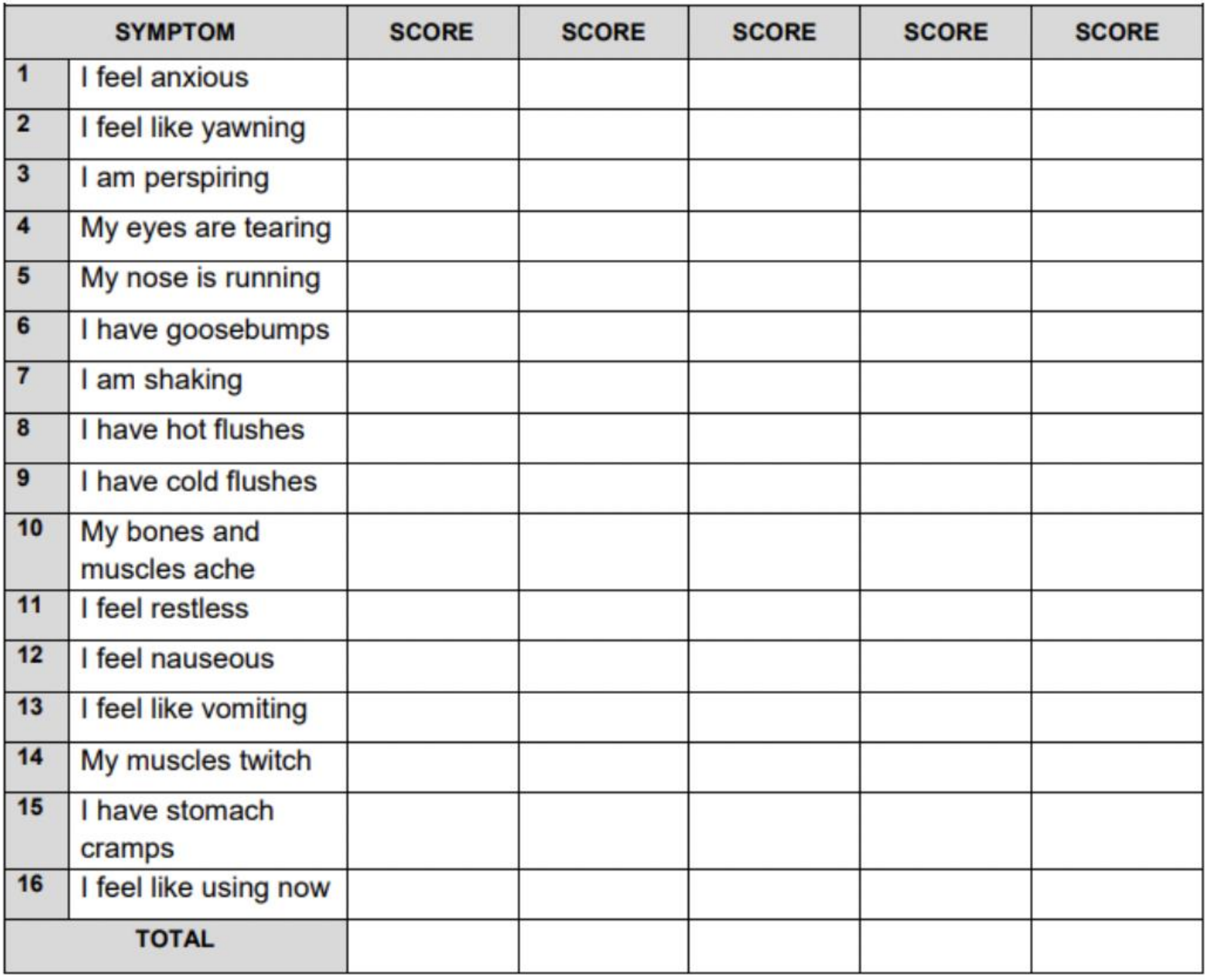
- Opioids are often taken in larger amounts or over a longer period than was intended.
- There is a persistent desire **unsuccessful efforts to cut down or control opioid use.**
- A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
- **Craving**, or a strong desire or urge to use opioids.
- Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
- **Continued opioid use despite having persistent or recurrent social or interpersonal problems** caused or exacerbated by the effects of opioids.
- Important social, occupational, or recreational activities are given up or reduced because of opioid use.
- Recurrent opioid use in situations in which it is physically hazardous.
- Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
- **Tolerance**
- **Withdrawal**

Withdrawal assessment and physical exam

- Pertinent physical exam findings:
  - Pupillary size
  - Tremor
  - Skin (gooseflesh, abscesses, tracks)
  - Edema
  - Mental status exam

- Withdrawal assessment:
  - SOWS

SOWS



SYMPTOM		SCORE	SCORE	SCORE	SCORE	SCORE
1	I feel anxious					
2	I feel like yawning					
3	I am perspiring					
4	My eyes are tearing					
5	My nose is running					
6	I have goosebumps					
7	I am shaking					
8	I have hot flushes					
9	I have cold flushes					
10	My bones and muscles ache					
11	I feel restless					
12	I feel nauseous					
13	I feel like vomiting					
14	My muscles twitch					
15	I have stomach cramps					
16	I feel like using now					
TOTAL						

Scale: 0 = not at all 1 = a little 2 = moderately 3 = quite a bit 4 = extremely

SAMHSA/NIDA Principles of treatment

- Addiction is a chronic treatable illness and management mirrors that of others chronic diseases
- OUD requires continuing care for effective treatment rather than an episodic, acute care approach
- Medications for OUD are evidence based for reducing opioid use and overdose, they are also cost effective
- Patients with OUD should have access to mental health, medical, psychosocial support services SAMHSA TIP 63

Treatment of OUD

- MOUD:

FDA approved medications:

- **Methadone** (full agonist to treat cravings and withdrawal)
- **Buprenorphine (**partial agonist to treat cravings and withdrawal)
- **Naltrexone** (antagonist to treat cravings and block euphoria)
- **Naloxone** (antagonist to reverse overdose)

- Psychosocial support:
  - Health system services
  - Online support groups

  https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf

Methadone

- Full mu-agonist and glutamate antagonist
- Only accessible from a federally regulated methadone (opioid) treatment program
- Shown in multiple studies over time to reduce drug use, criminal behavior, mortality, and the contraction of infectious disease
- High risk of overdose, especially in the titration process or in combination with benzodiazepines
- Do not prescribe in primary care for OUD

Buprenorphine

- Partial mu opioid agonist and kappa antagonist with high affinity at the mu receptor, need to wait for opioid withdrawal to initiate (*can micro-dose)
- Rapid onset (40min) and long acting (37 hours)
- Potent 1mg= 40mg morphine, typical dose 8-16mg/day
- Ceiling effect, less respiratory depression and overdose so better safety profile than methadone (or other full agonists)
- Choose dual bup-naloxone product to minimize diversion
- Consider the use of long acting injectable buprenorphine

Naltrexone

- Mu-opioid antagonist, long acting and proven to help reduce opioid relapse
- Must have an interval of 7 days from short acting and 7-10 days from long-acting opioids before administration
- Can give orally 50mg daily or 100mg 3 times a week or IM extended-release version every 28 days
- No special training required to prescribe

Naloxone

- The CDC recommends co-prescribing with high dose (>50MME opioids), OUD patients, and anyone with a history of overdose
- Personal history of overdose increases the risk of death by overdose (in the next year) by 6X
- Should be given to pregnant women who use opioids and who may or do overdose
- 36 prescriptions given = 1 life saved from overdose

Monitoring and Follow-up

- Urine drug screening

"Drug testing from home: The COVID-19 pandemic and related physical distancing practices may go on for many months. Treatment providers should explore options for drug testing at a distance such as using oral fluid-based tests and/or home breathalyzer tests monitored via telehealth" ASAM

- PDMP interrogation

- Observed dosing and/or medication counts

- Collaborative information (requires patient ROI)

- Follow up closely considering all the risk factors involved with the pandemic

Conclusion

- Regulatory changes allow for greater access to MOUD (and support groups)
  - Loosening of Ryan Haight (can prescribe CS without in person visit)
  - HIPPA and 42-CFR exemptions
  - Reimbursement
- Exemptions allow for treatment of up to 30 patients with buprenorphine without a DATA waiver
- Screen, diagnose and treat OUD via telehealth with some adjustments
- Monitoring and follow up mirrors that of in- person visits

References

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- https://www.commonwealthfund.org/blog/2021/drug-overdose-toll-2020-and-near-term-actions-addressing-it
- SAMHSA TIP 63
- https://www.asam.org/Quality-Science/covid-19-coronavirus/access-to-buprenorphine
- PCSS. Guidelines for MOUD during the Pandemic
- https://www.samhsa.gov/sites/default/files/virtual-recovery-resources.pdf
- Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (Copyright 2013). American Psychiatric Association. All Rights Reserved.