Virtual Medications for Opioid Use Disorder (MOUD): Implementation, Outcomes and Lessons Learned

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Disclosure

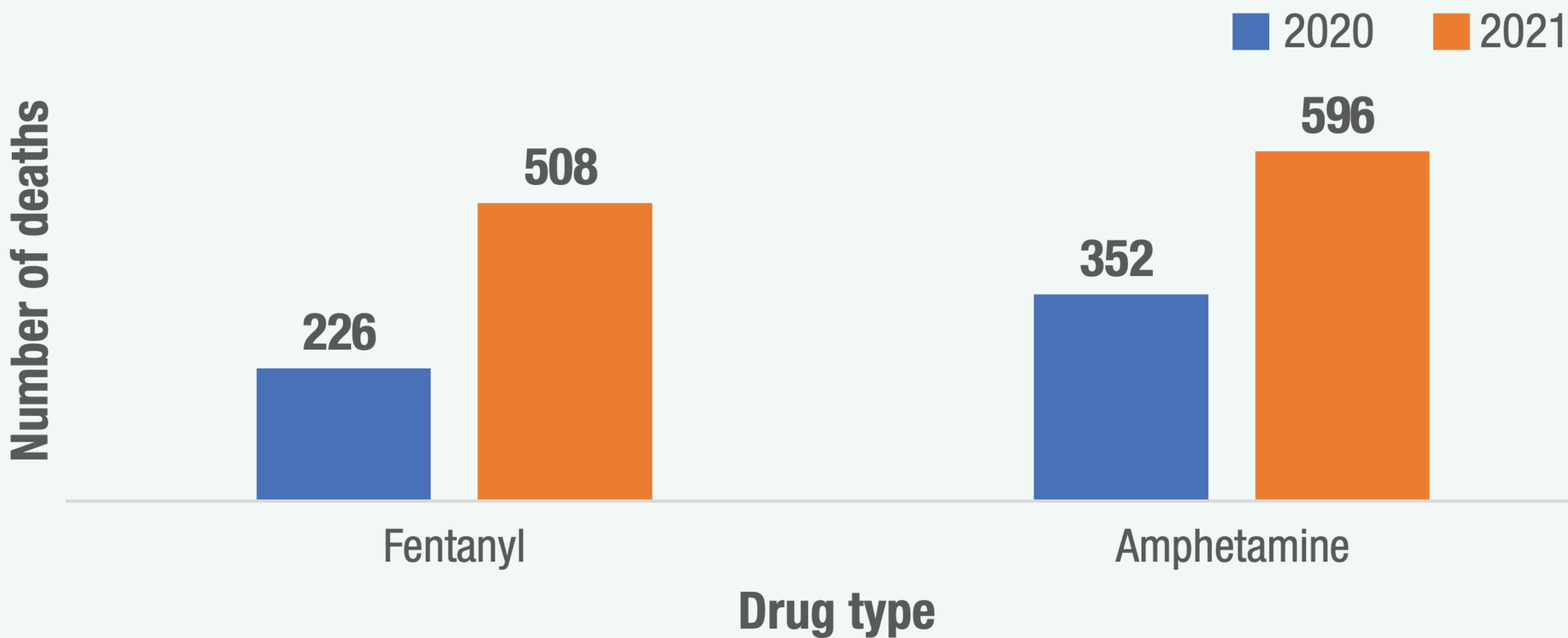
- I have no actual or potential conflicts of interest in relation to this program/presentation.
- I will not be discussing any unapproved uses of pharmaceuticals or devices.

Learning Objectives

At the conclusion of this activity, participants will be able to:

- Outline the transition from 100% in-person provision of MOUD to 100% virtual provision of MOUD in the Harm Reduction and BRidges to Care (HRBR) Clinic at OHSU.
- Outline the current HRBR virtual visit and care coordination workflow.
- List HRBR schedule and define staffing and staff responsibilities.
- Review provider and patient experiences at HRBR with virtual provision of MOUD
- List outcomes of telemedicine delivered buprenorphine for treatment of OUD
- Identify facilitators and barriers to transitioning HRBR to a mostly telemedicine platform.

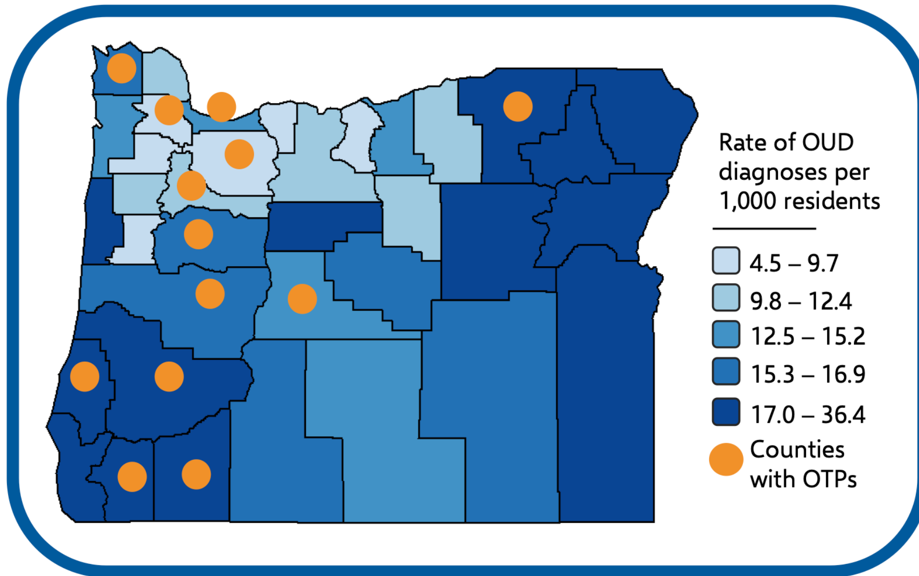
The Opioid Epidemic in Oregon

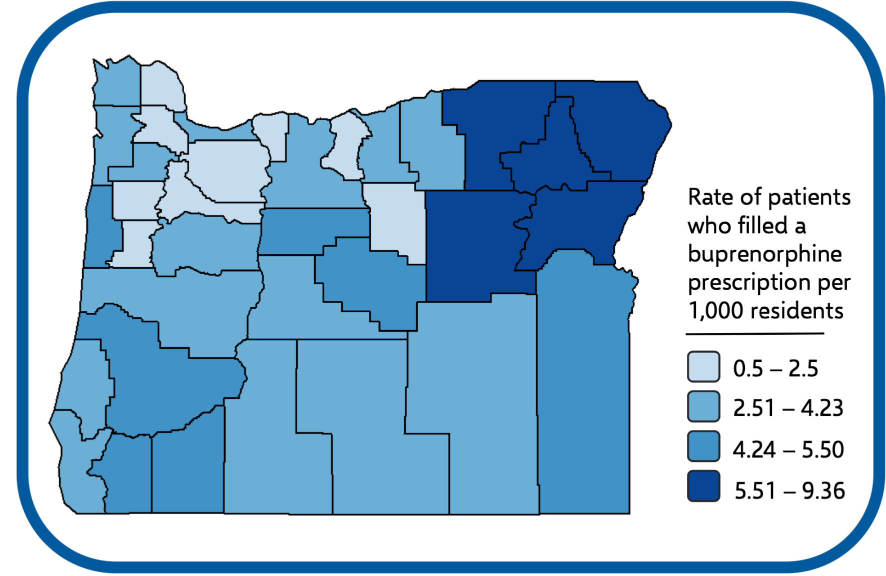


Source: Oregon Vital Records (Deaths) – Center for Health Statistics – OHA

Opioid Overdose in Oregon: Report to the Legislature. OHA, 2022. www.oregon.gov

Medication for Opioid Use Disorder (OUD) in Oregon – Limited Access

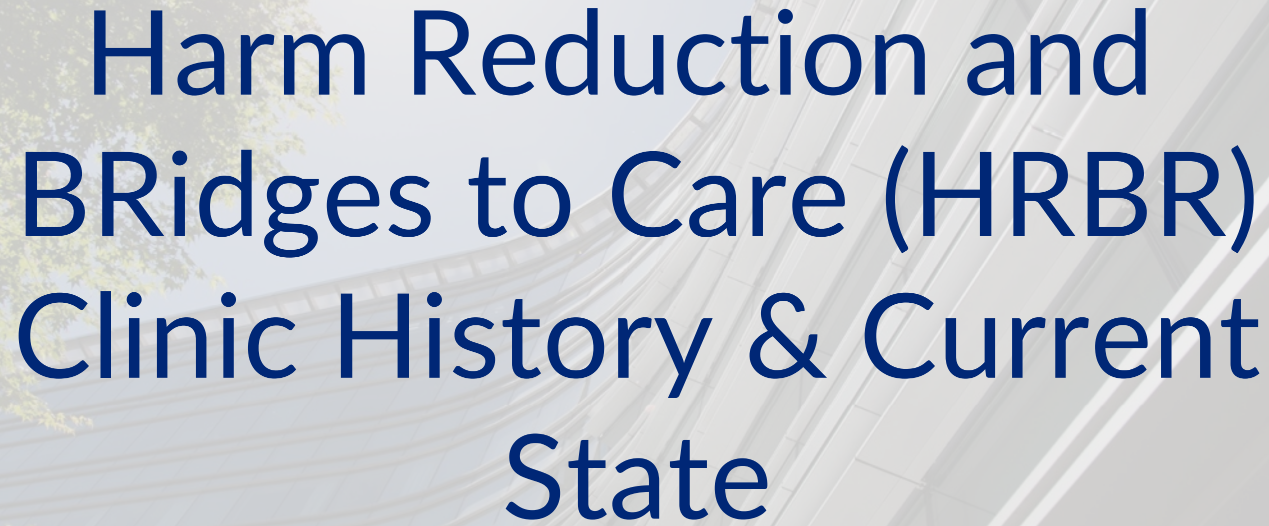




Coastal, rural, and frontier communities in Oregon are severely lacking in access to MOUDs and other OUD treatment.

"A Quick Introduction to Medications for Opioid Use Disorder (MOUD)." OHA – Public Health Division, April 2023. www.oregon.gov

Harm Reduction and BRidges to Care (HRBR) Clinic History & Current State



Harm Reduction and BRidges to Care (HRBR) Clinic

- Opened 11/2019
- Low barrier, after-hours, on-demand, addiction treatment clinic
- Originally meant to support emergency department and primary care
- Hours limited by **physical space constraints**

Emphasis on medication management, harm reduction and overdose prevention and connections to ongoing care.

HRBR Scope

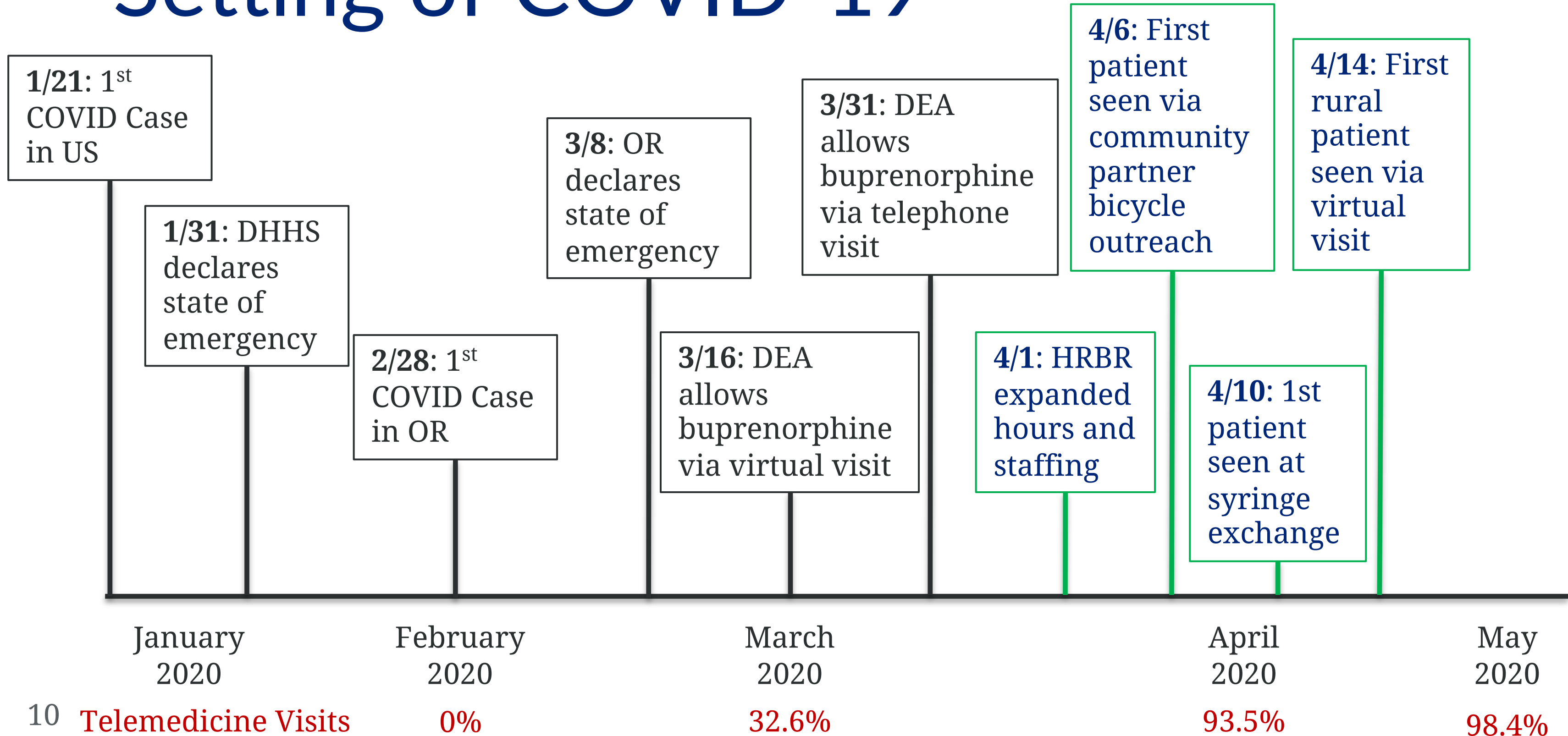
- Who we serve:
  - Patients using drugs or non-prescribed substances who are interested in treatment (e.g., alcohol, kratom, opioids, methamphetamine, nicotine, benzodiazepines, cannabis, etc.)
  - Patient with diagnosis of SUD (by DSM-5 criteria) who is interested in treatment
- Who is NOT an appropriate referral:
  - Patients on opioids for chronic pain WITHOUT diagnosis of opioid use disorder
  - Acute outpatient alcohol withdrawal management
  - Acute benzodiazepine withdrawal management
  - Patients not interested in harm reduction supplies, reducing use or stopping use

Patients are not required to commit to complete abstinence or abstinence from all substances while receiving care at HRBR.

Pre-Telemedicine HRBR

- In-person visits ONLY
- 4-8PM: Licensed Independent Provider Office Visits
  - Walk-in hours
  - Common space for cell phone charging, food, WiFi
- 12-8PM: Peer Recovery Specialist co-located in ED
  - Paged for medically cleared patients interested in treatment
  - Provided sterile injection supplies, intranasal naloxone, food, clothes
- Care Transition Coordinator to assist with scheduling, rooming, aftercare

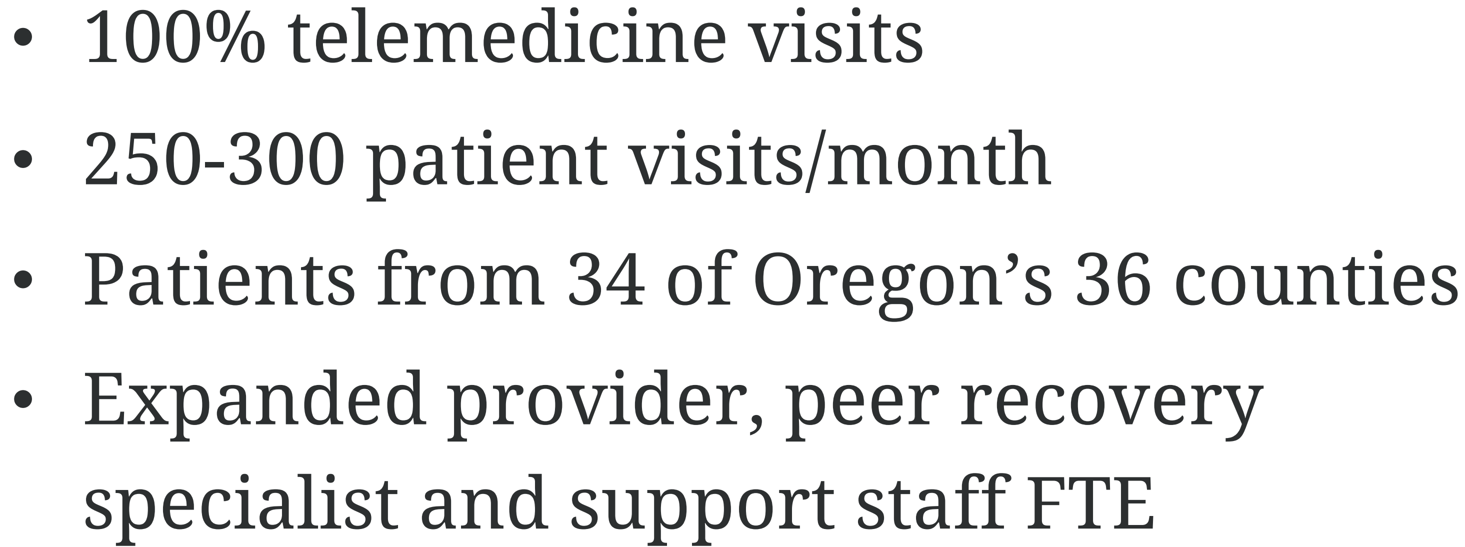
HRBR's Transition to Telemedicine in Setting of COVID-19



Buchheit, et al. JSAT. 2021.

HRBR's Continued Expansion

June 2020 — July 2023



Current Overall HRBR Staffing

Role	Staffing
Medical Director	• 0.2 Clinical Full Time Equivalent (FTE) • 0.1 Administrative FTE
Licensed Independent Practitioners	• 2.35 TOTAL FTE • Core LIP = 1.5 FTE • LIP 2 = 0.2 FTE • LIP 3 = 0.2 FTE • LIP 4 = 0.4 FTE • LIP 5 = 0.05 FTE (Back up MD coverage)
Care Transitions Coordinator	• 2.0 FTE
Peer Recovery Specialist	• 2.0 FTE
Volunteers	• 1 Medical Student
Patient Access Specialist (PAS)	• 1.0 FTE

Addiction Medicine fellows and other trainees (residents, medical students, etc.) also rotate through HRBR.

HRBR Daily Staffing

- Always 12 hours of LIP time daily
  - Double staffing from 2-7PM
- Closed on Federal Holidays
- HRBR capacity: 15-30 patients per day
- Daily Staffing:
  - 2 Licensed Independent Practitioner (LIP)
  - 2 Care Coordinator
  - 2 Peer Support Specialist
  - 1 Patient access specialist

Staff Responsibilities

- Providers:
  - Diagnose and treat SUD
  - Harm reduction and overdose prevention
  - Prescribe intranasal/IM naloxone
  - Order screening labs – HepC, HIV, STIs
  - Discuss, initiate and continue PrEP
  - Cover as “provider of the day”
- Care Transitions Coordinator:
  - Schedule patient Intakes/Send appointment reminders
  - Arranges after care
  - Provide support in navigating resources
  - Assistance/Aid with insurance
  - Send referrals to community partners
- Peer Support Specialist:
  - Connect with patients in-person and/or virtually
    - Attend appointments/meetings with patient, etc.
  - Provide assistance in accessing services
  - Support patients in their recovery
  - Engage patient in recovery community
  - Provider social support
  - Supply harm reduction supplies
- Patient Access Specialist
  - Answering clinic phone
  - Faxing Lab Requisitions
  - Scheduling follow up appointments
  - Active schedule management

HRBR Clinic Workflow

Patient calls HRBR

Patient screened to determine if HRBR can meet their needs

Virtual intake scheduled and referral sent to Peer Support Specialist

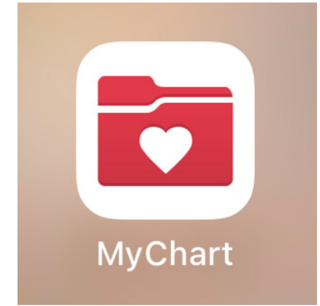
Patient evaluated by HRBR provider 3-7 day Rx given (if appropriate)

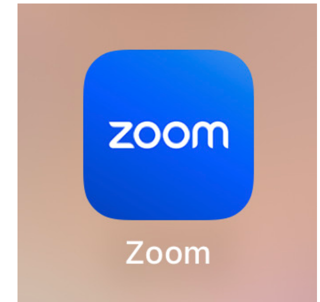
Care Coordinator contacts patient to schedule follow-up/discuss long term care plan

Patients seen (q1-2wks) until transitioned to long-term prescriber

Virtual Visit Requirements

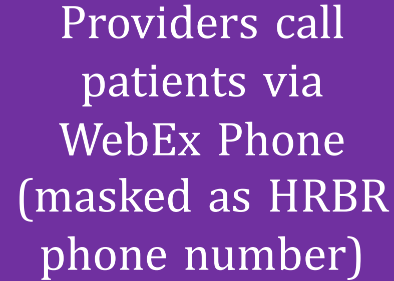
- Smart Phone/Tablet
- Wi-Fi or Data Plan
- MyChart App
  - username and password
- Zoom App





Audio Only Telephone Visit Requirements

- Functional phone
- Cellular plan



Code of Conduct, Labs, UDT

- HRBR Code of Conduct discussed/provided to patient at first visit (via After Visit Summary)
- Patient offered screening labs for HIV, Hep C, other STIs
- UDT or oral fluid toxicology (OFT) expected within 3 weeks of stabilizing on buprenorphine
  - Repeat UDT/OFT every 3 months at a minimum or per provider discretion
  - UDT at OHSU or lab of their choice
  - OFT through 3rd party lab partner

Code of Conduct

8) We may request random urine drug screens which would require you to come to the clinic for an in person visit or visit one of the OHSU labs to give a urine sample.
9) HRBR is open Monday through Friday, 10AM - 7PM. **WE DO NOT COMPLETE REFILLS OVER THE WEEKEND, SO PLEASE PLAN ACCORDINGLY.**
10) Many different providers work in HRBR, and you should expect to see multiple providers during your time in HRBR. This is due to the fact that our providers vary from day to day and week to week.
11) We ask that you take your medications as prescribed, and do not share or sell your medications.
12) We are closed the following observed holidays:
    a. New Year Day
    b. Martin Luther King Jr. Day
    c. President's Day
    d. Memorial Day
    e. Juneteenth
    f. Independence Day
    g. Labor Day
    h. Thanksgiving Day
    i. Christmas Day
13) **Questions related to your care (including to schedule an appointment) should be directed to *503-494-2100*, we will get back to you within 24-48 hours.** Should urgent questions arise, please contact your primary care doctor. If you are experiencing a medical emergency, call 9-1-1 or go to the closest emergency room.

We're happy you're here!

UDT/Oral Fluid Toxicology

- UDT
  - 9 panel UDT
  - Buprenorphine and metabolites
  - Fentanyl and metabolites
  - OHSU or other lab near patient
- OFT
  - 9 panel toxicology + buprenorphine and metabolites + fentanyl
  - Send email and phone number to 3rd party lab
    - They connect with patient to verify address, ship kit and collection is video recorded
  - Patient sends sample back in paid envelope

Provider Templates

- 10:00-10:20: Daily Huddle
- 10:20-13:40: Patient Slots
  - New Patient = 60 min
  - Follow-Up = 30 min
- 14:00-15:00: Meal Break
- 15:00-18:40: Patient Slots

Other Provider Responsibilities:

- Urgent Patient Telephone Calls
- Pharmacy Changes
- Community Provider Advice
- Managing InBasket/MyChart Messages

HRBR Community

- With absence of physical clinic space, building community was difficult
- Ways we promote team building in a virtual space:
  - Daily Huddles
  - Team events (trivia night, BBQs, holiday gatherings)
  - Daily updates from peers about their activities with patients
  - Microsoft Teams
  - Operations Meeting every 2 weeks

Patient, Peer, and Provider Experiences Thus Far

HRBR Patient Experiences

- 63% patients prefer virtual visits
- 16% patients prefer in-person visits
- 21% patients prefer combination of access to both
- 2 tandem-themes emerged when discussing with patients:
  - Availability-Accommodation
  - Acceptability-Appropriateness

Lockard, et al. *Substance Abuse*. 2022

Patient Experiences – Availability-Accommodation

"I didn't have to go anywhere. I could just do it wherever I was. I mean, I could do it standing on the side quarter [of highway] in a tent, in a Starbucks or anywhere. I liked that part." (Participant 17)

Lockard, et al. *Substance Abuse*. 2022

Patient Experiences – Availability-Accommodation

"…there's just not those options for me down here as far as medication maintenance. So those pills that I take, they help me potentially not die every day that I take them. It's really saving my life." (Participant 19)

Lockard, et al. *Substance Abuse*. 2022

Patient Experiences – Availability-Accommodation

“Driving [to the clinic], finding parking, and going inside. That turns a 20-minute appointment into an hour or hour and a half long appointment, which requires a lot more wrangling. But a quick 20-minute video chat doesn't require so much planning.” (Participant 13)

Lockard, et al. *Substance Abuse*. 2022

Patient Experiences – Acceptability-Appropriateness

"I feel like it's better when it was video on the phone, because I was in my own personal space where I felt more relaxed, more comfortable. It wasn't such a clinical setting that made me feel nervous and made me feel more like I was a patient or where I was being looked down upon." (Participant 6)

Lockard, et al. *Substance Abuse*. 2022

Patient Experiences – Acceptability-Appropriateness

"I really can't say that I lost anything from [virtual visits]. I mean, looking at a doctor across from me on a table or on a screen, doesn't really make that much difference. We can talk and everything's fine." (Participant 17)

Lockard, et al. *Substance Abuse.* 2022

Patient Experiences – Acceptability-Appropriateness

"It's easy to miss a phone call. It's easy to get distracted or lose it. I think with in-person visits you have to make the choice to actually get up, get dressed, go. It's something you don't want to miss, because then you got to reschedule…There's something to be said for somebody who's suffering from addiction and low self-esteem, and who has not had the responsibility of getting up, going, taking care of yourself." (Participant 5)

Lockard, et al. *Substance Abuse*. 2022

HRBR Peer Experiences - Positive

"There are so many benefits of telemedicine, as you know... [Patients] have told me that they appreciate the relative safety and security that telemedicine provides, i.e. many of them have experienced stigma and shaming in a hospital setting, and telemedicine reduces that significantly. Also, many of the folks we work with are faced with mobility issues-- some don't have cars, some find it challenging to schedule adequate time for public transportation, and some have physical limitations that make [in-person] appointments seem overwhelming. Some have social anxiety and trust issues, understandably so. Which brings us back to the relative safety and security of telemedicine. If someone doesn't like how things are going, they simply hang up the phone. Our peers also really appreciate the relationships they've been able to develop with our providers, care coordinators and peers support. Telemedicine alters these relationships slightly, sure, but does not prevent them." (HRBR Peer 1)

Unpublished HRBR Email Survey of Providers and Peers. 2023.

HRBR Peer Experiences - Positive

"Last week I met a houseless peer who reported sixteen recent overdoses. He had interest in MAT and was able to access it from the passenger seat of my car. After the appointment I was able to support him while he accessed the medication and sit with him through induction. At the end of the day he thanked me sharing that he could not do [in-person visits] because he couldn't handle being behind a closed door. Literally meeting people where they are at." (HRBR Peer 2)

Unpublished HRBR Email Survey of Providers and Peers. 2023.

HRBR Peer Experiences - Negative

"On the minus side would be tech confusion. Many of our peers have been incarcerated for so long they haven't yet learned what an email is, much less a virtual visit. These folks are already experiencing so much anxiety upon release that this is yet another burden for them to obsess over internally. This is sometimes the case for folks who haven't been incarcerated, too, but to a lesser degree. Thankfully we have staff who are able to walk them through the process, and once people get the hang of it, they're fans. I have never had a peer tell me that they wish they didn't have to use a phone for visits." (HRBR Peer 1)

"Often, we have peers who don't own phones, which is why it's so very important, necessary, to provide them with phones. The phones we give out save human lives. End of story." (HRBR Peer 1)

Unpublished HRBR Email Survey of Providers and Peers. 2023.

HRBR Provider Experiences

"I think what is most valuable for me as a clinician is the ability to connect with the patient wherever they are. I never before appreciated that fact. I saw the clinician office as a level playing ground, where patient and provider could discuss their plans. Until the ability to provide telehealth, I wasn't fully aware how upsetting it could be for a patient who had been stigmatized to come into a clinic, worry about being labeled or treated poorly, or even just memories of previous times being triggered by smells, sights and a feeling of no control.

Using telehealth now, I often get to see where and how a patient lives day to day in a place they may feel more at ease discussing their health goals. From meeting a patient's dog to seeing a piece of art on their walls to a patient doing their visit while they are at work to even finding out that there isn't a stable place to for the patient to live and they are staying in their car, these are valuable insights that wouldn't be possible with only in-office care. It changes the way we relate and provide care and, in my mind, witness the human condition in a more collaborative way." (HRBR Provider 1)

Unpublished HRBR Email Survey of Providers and Peers. 2023.

HRBR Provider Experiences – Provider 2

- "LOVE":
  - Convenience – "allows us to meet them where they are at during their busy/chaotic lives"
  - Access – "access bupe/SUD care in areas where they would have difficulty finding a provider"
  - Allows for frequent quick check-ins
  - Allows for quick schedule changes – "when there is a no show, patients on stand-by are almost always seen"
  - "I like seeing people from home and being able to do laundry during my lunch break"
- "HATE":
  - "Sometimes it feels difficult to establish rapport or have any idea what is really going on in a patient's life over a screen"
  - Distracted Patients – "e.g. having a visit while grocery shopping, in public transit, etc."
  - Technology barriers
  - "Hard to enforce UDS monitoring without in-person visits where they can be done either in an adjacent lab or POC"

Unpublished HRBR Email Survey of Providers and Peers. 2023.

Outcomes Associated with Telemedicine Buprenorphine

Data is Limited, but promising

- "…retention rates and toxicology results are comparable to face-to-face treatment."[1]
- "According to the reviewed literature, incorporation of telehealth technology with medication-assisted treatment for OUD is associated with higher patient satisfaction, comparable rates of retention, an overall reduction in health care costs, and an increase in both access to and usage of buprenorphine."[2]
- "telehealth demonstrated improved treatment retention compared to in-person visits"[3]
- "Emergency authorities to expand use of telehealth and provide flexibilities for MOUD provision during the pandemic were used by Medicare beneficiaries initiating an episode of OUD-related care and were associated with improved retention in care and reduced odds of medically treated overdose."[4]

1. Weintraub, et al. *Heroin Addict Relat Clin Probl*. 2021.
2. Guillen, et al. *Telemed J E Health*. 2022.
3. Vakkalanka, et al. *J Gen Intern Med*. 2022.
4. Jones, et al. *JAMA Psychiatry*. 2022.

OHSU

Facilitators and Barriers – What we've learned

What we've learned:

Barriers:
- Lack of access to telephone, data plan, Wi-Fi
- Screening tests and UDT requires visit to lab
- Sustainable funding
- Releases of Information (HIPAA Part 2 Consent)
- Virtual Visit Platform/Technology
- Staffing shortages
- Regulatory change volatility
- Pharmacy Policies

Facilitators:
- Institutional support for virtual visits
- Changes in DEA regulations
- Virtual Visit Platform
- Changes in telemedicine billing
- Medicaid support
- Community Partners
- SOR Grant Funding

Questions?

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