Designing a Telehealth Program in Primary Care for Opioid Use Disorder

Katherine J. Coulter, DNP APRN, FNP-BC
Mary F. Hintzsche, DNP, APN, FNP-C, AGACNP-BC
August 2019

Objectives

- By the end of this presentation the participant will be able to describe processes for designing and outpatient based opioid treatment telemedicine program.

- By the end of this presentation the participant will be able to describe the national impact of opioid use disorder and the need for intervention.

- By the end of this presentation the participant will be able to identify the steps necessary for implementing a successful, patient safe telemedicine program.

Background

- Opioid addiction continues rise in the United States
- In 2016, an estimated 48.5 million persons aged 12 or older reported use of illicit drugs or misuse prescription drugs (Centers for Disease Control and Prevention, 2018)
- On average, more than 130 Americans die from opioid overdose each day To address the opioid epidemic, opioid treatment programs are in place to treat substance use disorder
  - Primary care practices can help with the crisis by providing an office based opioid treatment program
- Improved access to prevention, treatment, and recovery support services is a priority to address the opioid crisis

Literature Review

- Using the CINAHL database, 20 articles were selected for review within the past five years
  - Keywords: *buprenorphine, telemedicine, addiction treatment, primary care, substance abuse, telehealth*
- Not a significant amount of literature to support a telehealth office based opioid treatment (OBOT) program
- Impacts of telehealth for the treatment of opioid use disorder (OUD) not well studied
- Telehealth services will increase provider availability and flexibility for patients
- Increase access to care and reduce stigma of being identified as patient with substance abuse in the practice

# Rationale for Establishing Telehealth OBOT

- Increase access to care

- Improve workflow in primary care practices

- Patient compliance

- Appointment flexibility

  – Visits between face to face practice patients

  – Reserve time for visits before or after clinic

  – Same day visits

Program Design

- Compliant patients established in the primary care practice for at least six months

- Clean urine drug screen (UDS) for six consecutive months

- No red flags

- Prescription monitoring program clear

- Telehealth visit minimum every 3 months and if any "alerts"

- Random UDS and pill counts

OUD Algorithm
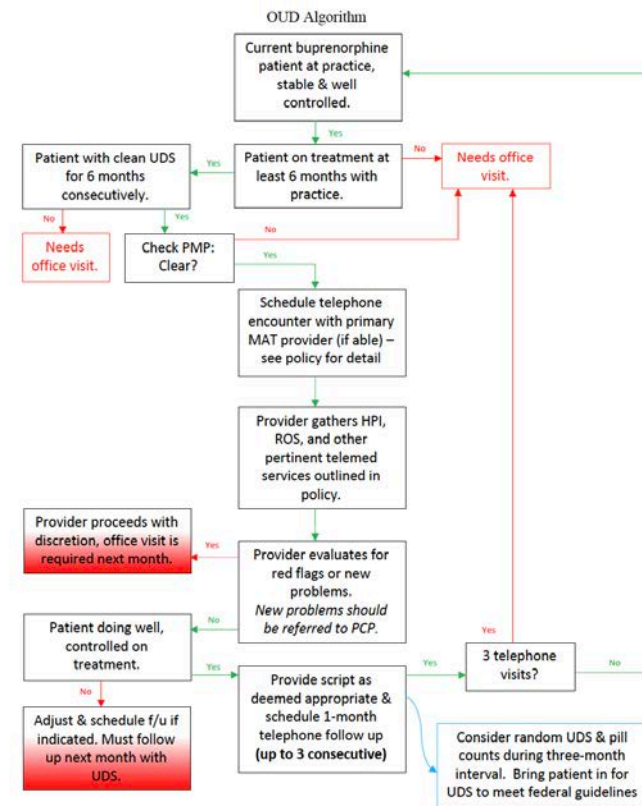
Considerations

- Costs
- Electronic medical record (EMR) & telehealth platform
  - Telephone only for cash-pay patients
- Legal compliance
- Evaluation and treatment
- Medical records
- Reimbursement – must meet documentation requirements
- Malpractice -- must ensure that telehealth services are covered under plan, especially important for mid-levels

Conclusion & Recommendations

- Primary care practices can improve workflow by implementing a telehealth OBOT program
- Funding for sophisticated EMR telehealth platform
- Study the impact of implementing a telehealth OBOT program on controlled patients
  - Compliance
  - Length of treatment
  - Counseling

References

Balestra, M. (2018). Telehealth and Legal Implications for Nurse Practitioners. *The Journal for Nurse Practitioners*, *14*(1), 33–39. https://doi.org/10.1016/j.nurpra.2017.10.003

Bandawar, M., Narasimha, V. L., & Chand, P. (2018). Use of digital technology in addiction disorders. *Indian Journal of Psychiatry*, *60*, S534–S540. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_21_18

Centers for Disease Control and Prevention. (2018, August 31). 2018 annual surveillance report of drug-related risks and outcomes -- United States. Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf

Federal Guidelines for Opioid Treatment Programs. (2015). *Substance Abuse and Mental Health Services Administration (SAMHSA)*, (HHS Publication No. (SMA) PEP15-FEDGUIDEOTP), 82.

Jenkinson, J., & Ravert, P. (2013). Underutilization of primary care providers in treating opiate addiction. *Journal for Nurse Practitioners*, *9*(8), 516–522. https://doi.org/10.1016/j.nurpra.2013.05.021

Martin, J. (2014). Adherence, diversion, and misuse of sublingual buprenorphine. Providers' Clinical Suopport System.

Molfenter, T., Boyle, M., Holloway, D., & Zwick, J. (2015). Trends in telemedicine use in addiction treatment. *Addiction Science & Clinical Practice*, *10*(1), 14. https://doi.org/10.1186/s13722-015-0035-4

Simons, K., Arambula, M., Arnold, M., Burns, R., Earl, A., Snyder, G., & Rawlings Sumner, J. (2014, April). Model policy for the appropriate use of telemedicine technologies in the practice of medicine. Federation of State Medical Boards.

Use of telemedicine while providing medication assisted treatment (MAT). (n.d.). U.S. Department of Justice Drug Enforcement Administration.