Telehealth and Addiction Medicine

Ohio Society of Addiction Medicine (OHSAM)

October 15, 2021

Why Telehealth for SUD Treatment?

- According to the Centers for Disease Control and Prevention, as of June 2020, 13% of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19. Overdoses have also spiked since the onset of the pandemic.
  - **A reporting system called ODMAP shows that the early months of the pandemic brought an 18% increase nationwide in overdoses compared with those same months in 2019.**
- The trend continued throughout 2020, according to the American Medical Association, which reported in December of 2020 that more than 40 U.S. states have seen **increases in opioid-related mortality** along with ongoing concerns for those with substance use disorders.

Why Telehealth for SUD Treatment?

Overdose deaths on the rise

- >81,000 drug overdose deaths in US in 12 months ending in May 2020.
  - Highest number of overdose deaths ever.
- Latest numbers suggest acceleration of overdose deaths during pandemic.
- Synthetic opioids (primarily illicitly manufactured fentanyl) appear to be primary driver of increase in overdose deaths:
  - 38.4% increase from the 7/18-6/19 compared with 6/19-5/20.

https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html

OVERDOSE PREVENTION
GET HELP

Why Telehealth for SUD Treatment?

Deaths Related to Overdose on the Rise

- Overdose deaths involving cocaine increased by 26.5%:
  - Deaths likely linked to co-use or contamination of cocaine with illicitly manufactured fentanyl or heroin.
- Overdose deaths involving psychostimulants, such as methamphetamine, increased by 34.8%.
- The number of deaths involving psychostimulants now exceeds the number of cocaine-involved deaths.

https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html Accessed 01.02.21

OVERDOSE PREVENTION

Why Telehealth for SUD Treatment?

Drug overdoses soared to a record 93,000 last year

BY LENNY BERNSTEIN AND JOELACHENBACH – *The Washington Post*

Deaths from drug overdoses soared to more than 93,000 last year, a staggering record that reflects the coronavirus pandemic's toll on efforts to quell the crisis and the continued spread of the synthetic opioid fentanyl in the illegal narcotic supply, the government reported Wednesday.

The death toll jumped by more than 21,000, or nearly 30%, from 2019, according to provisional data released by the National Center for Health Statistics, eclipsing the record set that year.

Telehealth for SUD Pre-Pandemic?

…Pre-pandemic, there was limited research support for Telehealth for Substance Use Disorder Treatment…

Top Ten Principal Diagnoses for Medicare Beneficiaries Receiving Telehealth Services - 2016

	Diagnosis	Beneficiaries	Services
1	Major depressive disorder, recurrent	14,241	57,450
2	Bipolar disorder	11,356	36,900
3	Schizoaffective disorders	7,400	25,077
4	Schizophrenia	7,032	24,331
5	Major depressive disorder, single episode	4,554	21,315
6	Other anxiety disorders	3,862	14,663
7	Reaction to severe stress, and adjustment disorders	2,574	11,228
8	Sleep disorders	2,248	3,569
9	Cerebral infarction	1,574	1,744
10	Alzheimer's disease	1,510	4,296

Cleveland VA – Telehealth Initiative

VHA Telehealth Background:

- VHA Mandate in 2019 (Pre-Pandemic):
  - 75% providers must be video capable.
  - 25% of outpatient mental health providers must complete at least one video to home encounter in the Fiscal Year.
  - 45% of outpatient mental health providers must complete at least one virtual encounter (phone or video) in the Fiscal Year.

Cleveland VA – Telehealth Initiative

Pre-Pandemic Telehealth Data:

- FY 19: Cleveland VA had 1,228 unique patients and 1,912 treatment encounters.
- Telehealth primarily used for individual PTSD Treatment and follow-up Mental Health appointments when geography was a barrier.

COVID-19 Arrives

- First U.S. case of COVID-19, is confirmed in a man from Washington State, near Seattle, on 1/21/20.
- Man had traveled to Wuhan, China, and checked into an urgent care clinic after seeing reports about the outbreak.
  - Had a cough, fever, nausea and vomiting and tested positive for COVID-19.
  - He was hospitalized, where his condition grew worse and he developed pneumonia.
  - His symptoms abated 10 days later.
- In the following months, the Seattle area became the epicenter of an early U.S. outbreak.
  - Some people who died from COVID-19 in January 2020, but were not identified at the time, had their death certificate corrected to identify COVID-19 as the cause of death.
- CDC reported 14 U.S. coronavirus cases noted by public health agencies between 1/21/20 and 2/23/20, with all patients having traveled to China.
- The first non-travel case in the US was confirmed in California on 2/26/21.
- The first confirmed death due to COVID-19 in the US was reported on 2/29/21.

Cleveland VA – Telehealth Initiative

VHA COVID-19 Initiative – March 2020

- Veterans diagnosed with a substance use disorder (SUD) may be at increased risk for complications directly related to the virus (https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders)
- Veterans with SUD are likely to present in settings across the full healthcare continuum and may experience an increase in symptoms or new onset of symptoms (i.e., withdrawal symptoms)
  - Continuity of services
  - Flexibility in how we provide care – Virtual when able & social distancing
  - Ability to respond to emergent concerns
  - Initiation of medication for opioid use disorder and alcohol use disorder (M-OUD, M-AUD)
  - Withdrawal management – reduced capacity in Detox clinic, but in-person available

Medicare Coding – COVID-19

Coding Modifications During COVID-19

- Medicare increased payments for certain evaluation and management visits provided by phone for the duration of the COVID-19 public health emergency:
- Telehealth CPT codes 99441 (5-10 minutes), 99442 (11-20 minutes), and 99443 (20-30 minutes)
- Reimbursements match similar in-person services, increasing from about $14-$41 to about $60-$137, retroactive to 3/1/20.

Additionally, Medicare temporarily waived the audio-video requirement for many telehealth services during the COVID-19 public health emergency.

Medicare Coding – Audio-Only Waivers

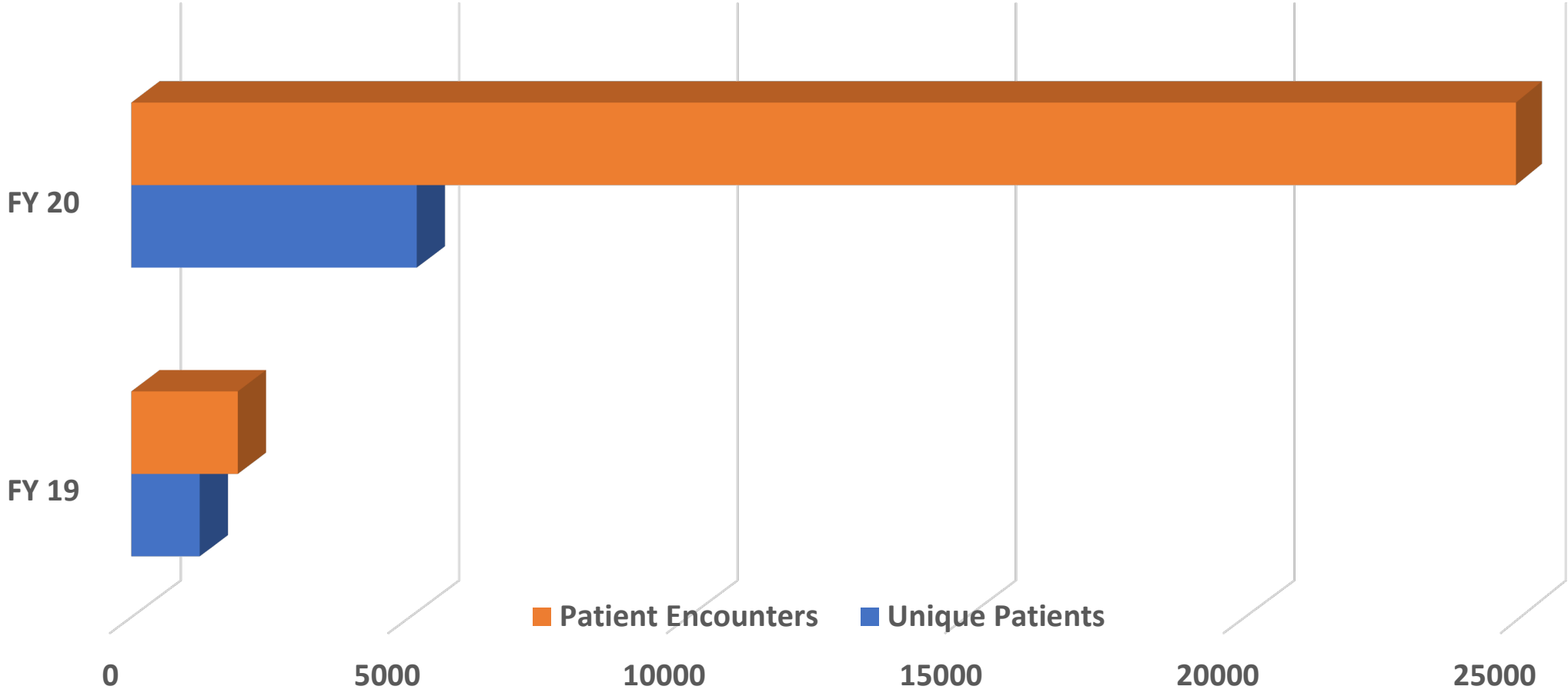
90785	**Psytx Complex Interactive**
90791	**Psych Diagnostic Evaluation**
90792	**Psych Diag Eval w/Med Services**
90832	**Psytx w Pt 30 Minutes**
90833	**Psytx w Ppt w E/M 30 Minutes**
90834	**Psytx w Pt 45 Minutes**
90836	**Psytx w Pt w E/M 45 Min**
90837	**Psytx w Pt 60 Minutes**
90838	**Psytx w Pt w E/M 60 Min**
90839	**Psytx Crisis Initial 60 Min**
90840	**Psytx Crisis each Additional 30 Min**
90845	**Psychoanalysis**
90846	**Family Psytx w/o Pt 50 min**
90847	**Family Psytx w/Pt 50 min**
90853	**Group Psychotherapy**

Cleveland VA – Telehealth Initiative

Pre-Pandemic & Pandemic Telehealth Data:

- FY 20: Cleveland VA had 5,126 unique patients and 15,755 treatment encounters.
- Telehealth was expanded to most areas of Mental Health including Substance Use Disorder treatment.
- Emphasis on individual services, with some group services included.

Telehealth Data – FY 19 v. FY 20

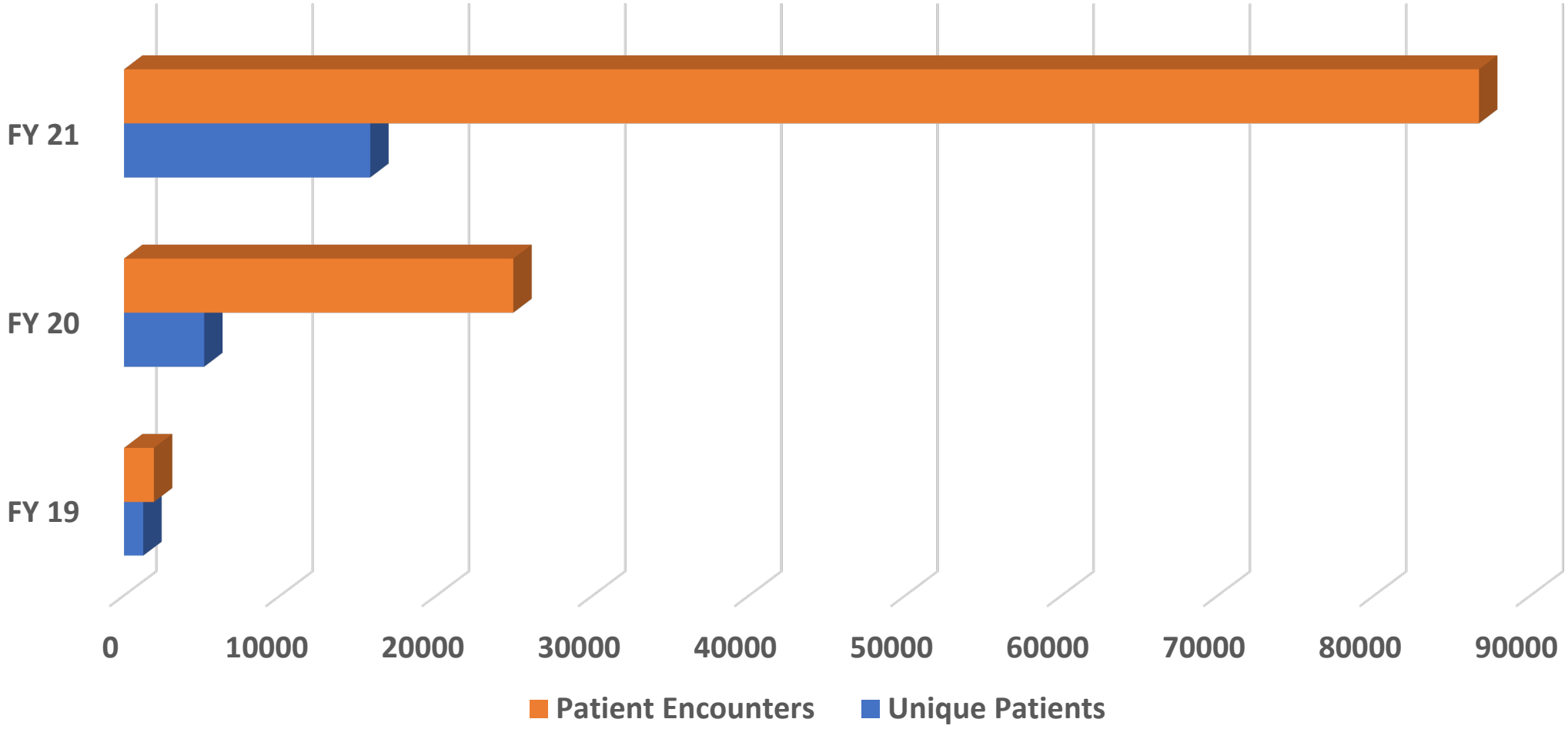


Cleveland VA – Telehealth Initiative

Pandemic Telehealth Data:

- FY 21: Cleveland VA had 15,755 unique patients and 86,709 treatment encounters.
- Expanded to all areas of Mental Health including Substance Use Disorder treatment.
- Emphasis on both group services and individual, with many veterans having sustained Telehealth treatment services.

Cleveland VA – Telehealth Initiative



Cleveland VA – Addiction Treatment

Necessity is the Mother of Invention…

- Novel Treatment Delivery Options
    1. Daily Outpatient Groups
    2. Hybrid Outpatient Groups
    3. Hybrid Residential Treatment

Novel Treatment Options

1. Daily Outpatient Groups

- Given the VHA Guidance in March of 2020 that…
  - *Restrict new admissions to those for whom there truly is no other options, and follow screening protocols carefully including any needed period of quarantine, for all new admissions.*
- Groups were an attempt to match the frequency and duration of residential treatment program, "without the residential bed, nursing care and support, and facility/program structure".
- Provide daily virtual group treatment 20 hours/week.
- This level-of-care addressed the fact that RRTP Beds were offline from April 2020 – August 2020 due to major staff/patient COVID-19 outbreak in Domiciliary.

Novel Treatment Options

1. Daily Outpatient Groups

- Trends
  - Large number of monthly referrals to this level-of-care
    - 52 referrals in September of 2020
    - Range from 22-52 referrals per month (April 2020 – September 2021)
    - Referrals were lower in summer of 2020 despite no beds available.
  - Mixed levels of consistent follow-through to start treatment
    - 33% of vets engaged consistently in January 2021
    - Range from 33% - 60% follow-through per month (April 2020- September 2021)
  - Some veterans do complete treatment at this level-of-care
    - Treatment = 4-6 weeks, depending on individual veteran
    - 63% completion rate in June of 2021
    - Range 30 – 63% (April 2020- September 2021)

Novel Treatment Options

1. Daily Outpatient Groups

- Analysis
  - Referrals similar to those who often were on residential waitlist prior to pandemic.
  - Engagement and completion better for veterans with “tech knowledge”.
    - All veterans offered VA Tablet and VA Tablet Education
  - Motivation to change (no surprise) also had significant impact.
  - Higher rate of non-engagement with this level-of-care than the RRTP Waitlist pre-pandemic.

Novel Treatment Options

2. Hybrid Outpatient Groups

- An attempt to continue to provide primarily virtual groups but allowing a select few members to participate face-to-face.
  - Goal is to make services accessible to all veterans.
  - Hybrid Outpatient Group designed to allow veterans who were not "technologically savvy" to participate in-person.
    - Some vets could not use VA Tablets despite intensive and frequent training.

Novel Treatment Options

2. Hybrid Outpatient Groups

- Trends/Analysis
  - Moderate number of monthly referrals
    - 25-50% of Daily and IOP vets expressed interest in-person.
  - Mixed levels of consistent follow-through
    - 5% of same vets actually followed through with in-person.
  - Some veterans do benefit from this level-of-care

Novel Treatment Options

3. Hybrid Residential Treatment

- A. Residential Bed with virtual treatment delivery.
  - Similar treatment to Daily Outpatient Groups but there is a residential bed/structure.
  - No face-to-face groups due to COVID-19 & Logistical issues.
- B. Virtual Treatment with a residential bed in Home VA Domiciliary.
  - An attempt to deal with “VHA Travel Restrictions” by allowing veterans to participate in virtual treatment but having the structure of residential bed in their “Home VA”.
  - Meet the nursing care, residential bed and residential structure without travel outside of your local catchment area.

Novel Treatment Options

3. Hybrid Residential Treatment

- A. Trends/Analysis
  - Lots of monthly referrals
  - Mixed to Poor follow-through – Lots of “False-Starts”
  - Veterans who benefit from this level-of-care -> High Motivation
- B. Trends/Analysis
  - Moderate number of referrals for National Programs (Gambling & Women)
  - Roughly half followed-through
  - Veterans benefit most when Home VA had < restrictions than Cleveland VA.

Novel Treatment Options

3. Hybrid Residential Treatment

- A. Analysis
  - Modest substitute for pre-pandemic residential treatment.
  - Up to 50% decline or false-start due to virtual treatment delivery and COVID restrictions - no passes, limited campus activity, limited in-person treatment.
- B. Analysis
  - Works well for National Referrals outside Cleveland VA catchment area.
  - Contingent to some degree on quality of Home VA residential program, as well as Home VA restrictions.

Benefits of Telehealth

- 1. Provider Experience
  - Flexibility in scheduling, ability to assess client's home, screen-sharing.
- 2. Improved Client Experience
  - Increased access to high-level providers, improved access to care, removal of geography/travel barriers.
- 3. Improved Population Health
  - Improve quality of life and access to health care; improved provider quality of life, reduced burnout.
- 4. Decreased Costs
  - Reduced agency footprint/office space, reduced staff travel.

SAMHSA (6/29/21) Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders

SAMHSA Advisory (2021) Using Technology-Based Therapeutic Tools in Behavioral Health Services (samhsa.gov)

Telehealth Research

- There was not a great deal of pre-pandemic research in Telehealth, however, several studies emphasized that group interventions via Telehealth appeared to demonstrate no significant differences in treatment outcomes and patient satisfaction.
- Emphasis of most pre-pandemic research in Telehealth was in the area of medical interventions rather than mental health interventions.
- There were a few studies that addressed Substance Use Disorder treatment and found no significant differences with the use of Telehealth, however, they were not randomly controlled studies.

Telehealth Research

In response to the pandemic, there has been recent research support for Telehealth with both mental health treatment and substance use disorder treatment.

- **Medication-Assisted Treatment** using a hybrid Telehealth and in-person approach.
- **Alcohol Use Disorder** using Telehealth.
- **Substance Use Treatment in Residential** Setting using Telehealth.
- **Cognitive Behavioral Therapy** (CBT) via Telehealth.
- **Cognitive Processing, Behavioral Activation and Prolonged Exposure** for the treatment of PTSD.

Telehealth Future: Barriers & Challenges

- Need to ensure the availability and reliability of internet service.
- Need to determine the costs and accessibility of equipment that patients will need to use at home.
  - Add-in costs of training for patients and providers who need to use equipment.
  - Add-in costs to providers who need to purchase or upgrade equipment.
- Need to assess the impact on provider workflow during the time they learn to provide virtual care.
- Providers need to refine the process of educating patients on how to perform clinical tasks that would normally be performed by provider in-person.
- Ambulatory Detox = patient needs to learn how to administer their own ancillary medications and conduct vital sign and laboratory draws.
- Providers need to develop criteria to determine when/if a patient should be seen in-person.
  - One can utilize virtual care to identify patients that warrant face-to face-visits, however, when there is a question regarding the use of virtual care, recommend in-person services.

Telehealth Future: VHA

VANEOHS Plan

1. Continue to use Daily Outpatient Groups as a new Level-of-Care.
2. Consider “residential hybrid” and “outpatient hybrid” groups when they appear to be clinically appropriate.
3. Continue to use virtual team meetings, individual appointments and follow-up appointments when clinically appropriate.
4. Continue to use virtual staff meetings for flexibility and multi-tasking.
5. Continue to use virtual trainings for increased access.