

Making a Difference in Opioid Addiction Treatment:

A Telemedicine Success Story

November 8, 2018



Featured Presenters



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Topics Covered

- Department of Health and Human Services top 5 priorities
- Ryan Haight Act and Special Registration Telemedicine Act of 2018
- Opportunities to increase patient volume but decrease cost of care
- Evergreen Treatment Services and their Flex Care program
- How telemedicine is used for addiction treatment (benefits)
- Positive outcomes as a result of leveraging telemedicine



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How Telemedicine Fits & Regulatory Policies



Ron Emerson, RN BSN
*Global Director of Strategic and
Partner Development,
AMD Global Telemedicine*

- Dept. H&HS top 5 priorities
- Ryan Haight Act and Special Registration Telemedicine Act 2018
- How telemedicine is leveraged for treatment



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5-Point Strategy from HHS for Opioid Crisis



FEDERAL FUNDING AND
PROGRAMS



OPIOID ADDICTION
PREVENTION



OPIOID ADDICTION
TREATMENT, OVERDOSE
REVERSAL, AND RECOVERY



RESEARCH & DEVELOPMENT

- Improve Access to Treatment and Recovery Services
- Promoting Use of Overdose Reversing Drugs
- Promoting Better understanding of Epidemic
- Cutting edge Research on Pain and Addiction
- Advancing Better Practices for Pain Management

Disclaimer

You must not rely on the information of this webinar as an alternative to legal advice from your attorney or other professional legal services provider.

This session is to provide an overview of regulatory and policy items pertaining to Ryan Haight Act and Special Registration for Telemedicine Act of 2018



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Ryan Haight Act

Ryan Haight Online Pharmacy Consumer Protection act

Address rogue internet pharmacies in late 1990's selling controlled substances online

- Act took place April 13, 2009 DEA enforced that:
 - 1) A prior in person exam took place
 - 2) or the practitioner /patient met one of seven “practice of Telemedicine exceptions.”

Source:

Foley and Lardner LLP

Posted in Telemedicine and digital Health

Lacktman M, Nathaniel

www.healthcarelawtoday.com



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Ryan Haight Act Practice of Telemedicine Exceptions



- 1) Treatment in a Hospital or Clinic
- 2) Treatment in Physical presence of a practitioner
- 3) Indian Health Service or Tribal Organization
- 4) Public Health Emergency declared by the Secretary of Health and Human Services
- 5) Special Registration
- 6) Department of Veteran Affairs Medical Emergency
- 7) Other Circumstances Specified by Regulation

Exceptions/Restrictions:

- Limited in Scope (e.g. patient site presenter registered with DEA; Facility Based and does not bode well for direct to consumer)

Source: Foley and Lardner LLP, Posted in Telemedicine and digital Health, Lacktman M, Nathaniel, www.healthcarelawtoday.com



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Special Registration for Telemedicine Act of 2018



- President Trump signed law on Oct 25th, 2018
- Requires Drug Enforcement Agency (DEA) to activate a special registration allowing physicians and nurse practitioners to prescribe controlled substances via telemedicine without an in person visit
- Will address originating site eligibility
- 60-90 days for public to submit comments
- 1-year for DEA to issue a final registration

Source: Foley and Lardner LLP, Posted in Telemedicine and digital Health, Lacktman M, Nathaniel, www.healthcarelawtoday.com



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Ways Telehealth is Leveraged



Variety of Methods Used:

- ❖ Real-time audio/video
- ❖ Store-and-forward
- ❖ Mobile applications (mhealth)
- ❖ Remote monitoring

Example Use Case Scenarios for :

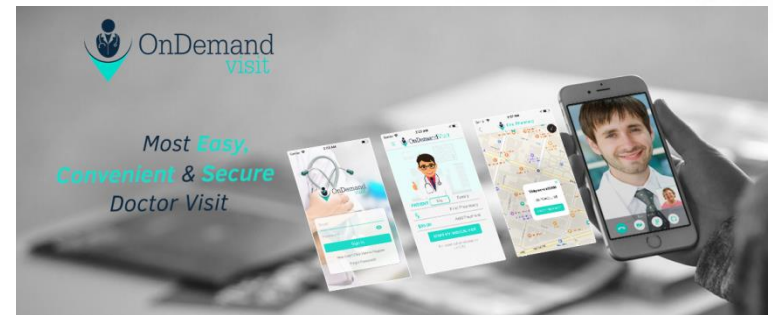
- Pain Management Specialist
- Substance Abuse Counseling
- Medication Management
- Group Therapy
- 12-Step Programs



Types of Telemedicine



Direct to Consumer



Diagnostic



Telemedicine Success Story



James Darnton, MD
*Medical Internist & Flex
Care Medical Provider,*
**Evergreen Treatment
Services**



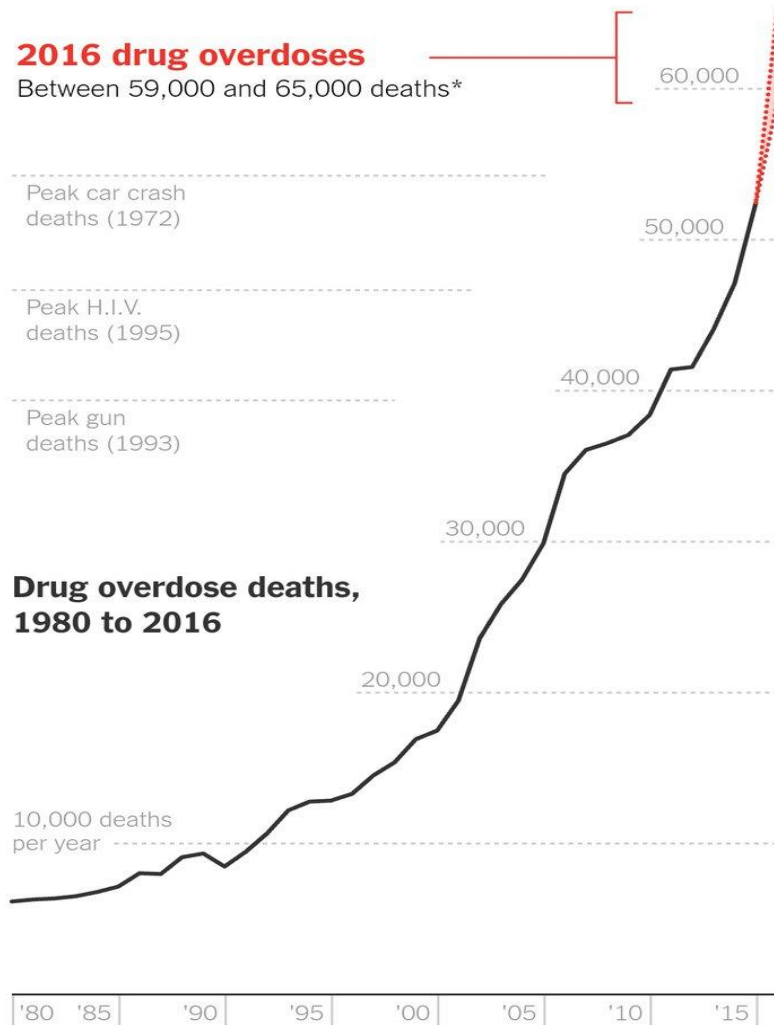
Tina Andrews
*Flex Care Program
Manager,*
**Evergreen Treatment
Services**

- Evergreen Treatment Services' Flex Care program
- Benefits of telemedicine
- Positive outcomes and future direction

The Opioid Epidemic

2016 drug overdoses

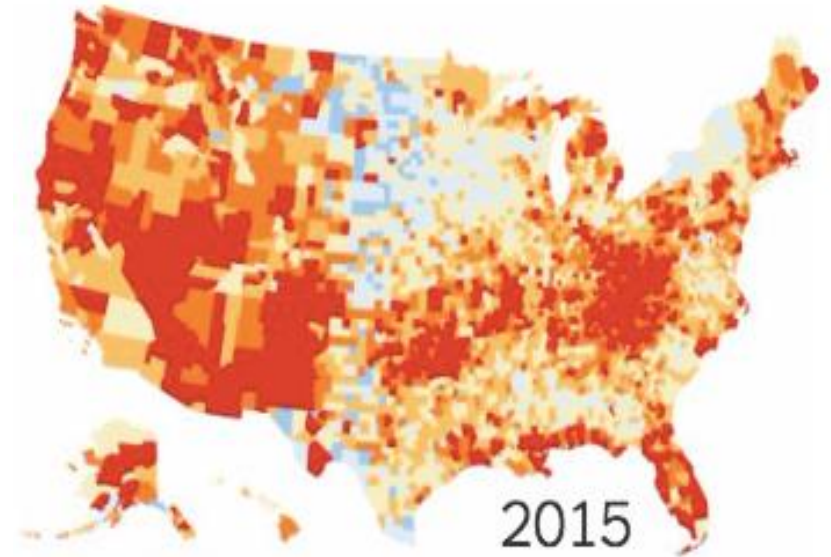
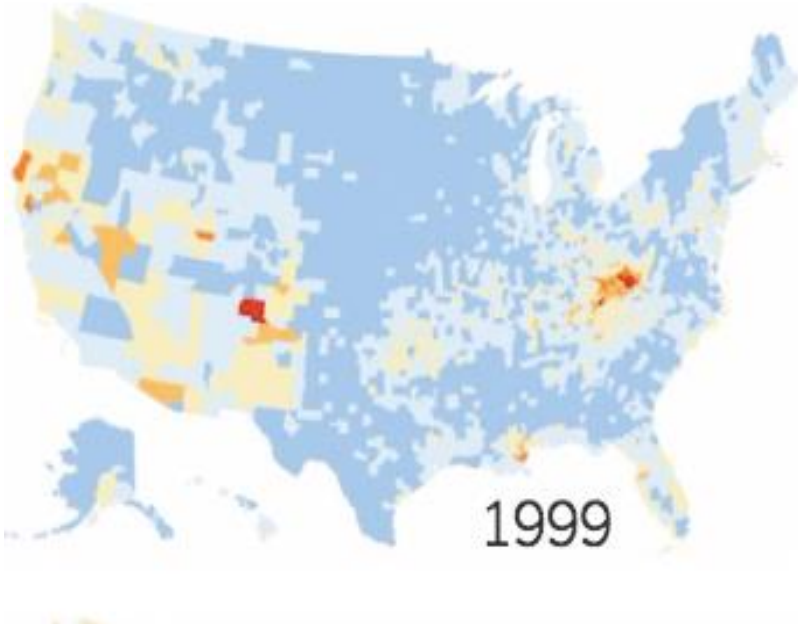
Between 59,000 and 65,000 deaths*



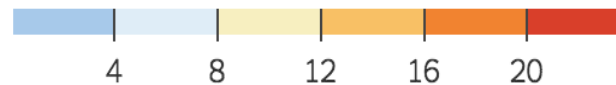
*Estimate based on preliminary data



The Opioid Epidemic



Overdose deaths per 100,000



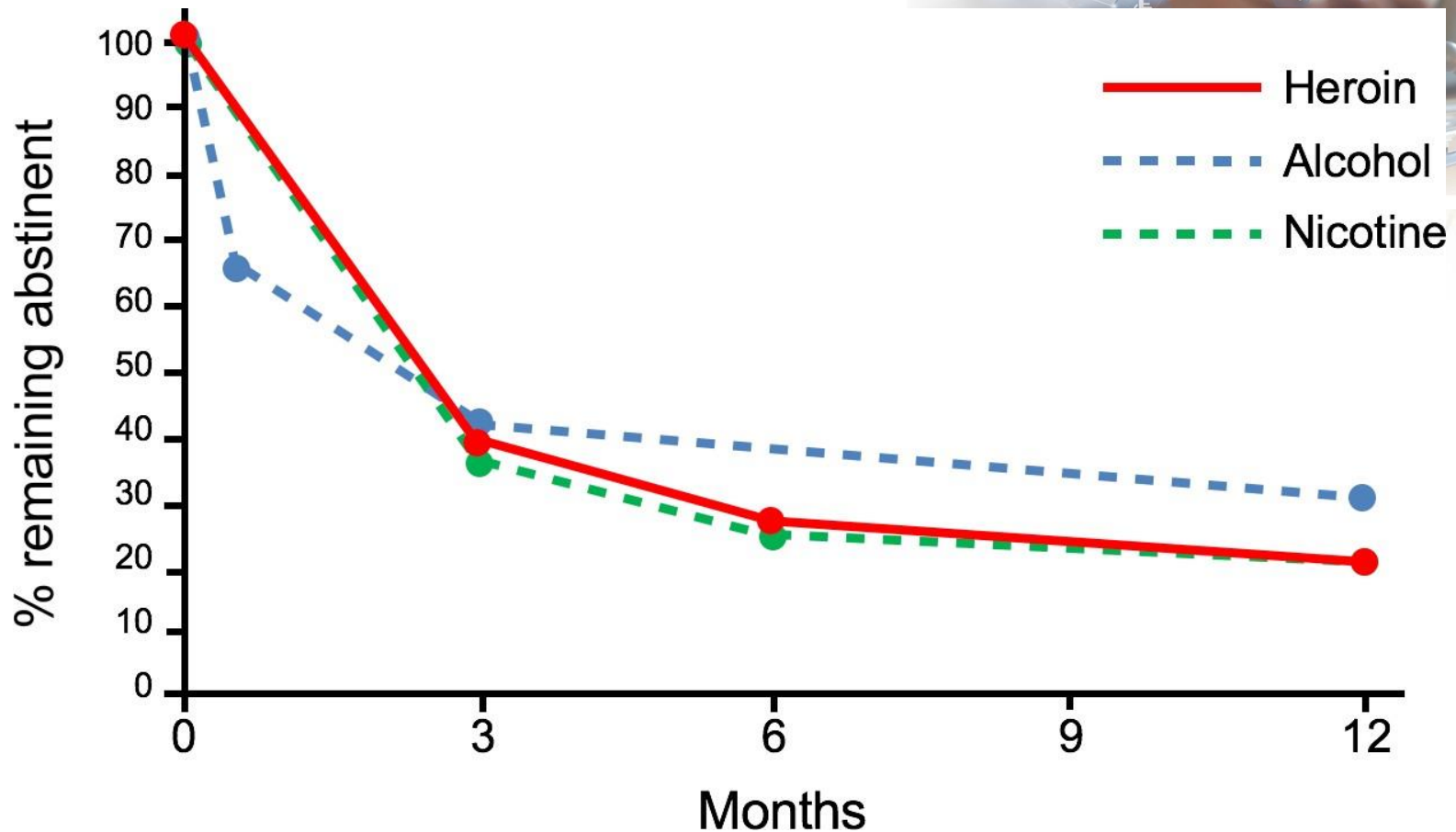
<https://www.nytimes.com/interactive/2016/01/07/us/drug-overdose-deaths-in-the-us.html>

The Treatment Gap



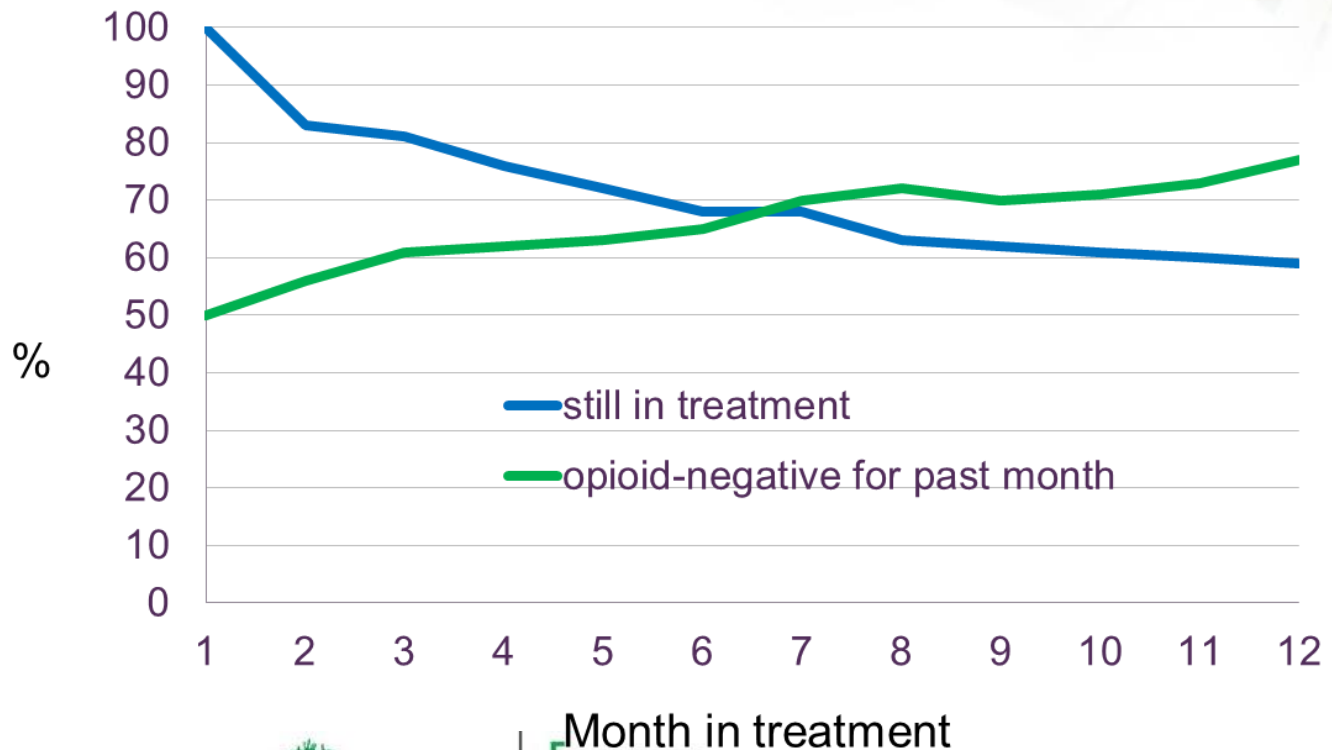
- Approximately 22 Million individuals aged 12 or older needed substance use treatment in 2015
- 10% of those diagnosed with Substance Use Disorders (SUDs) received any type of specialty treatment
- Although increasing, currently a minority of all providers are trained to provide Medication Assisted Treatment (MAT)

Abstinence Without MAT



Outcome With MAT

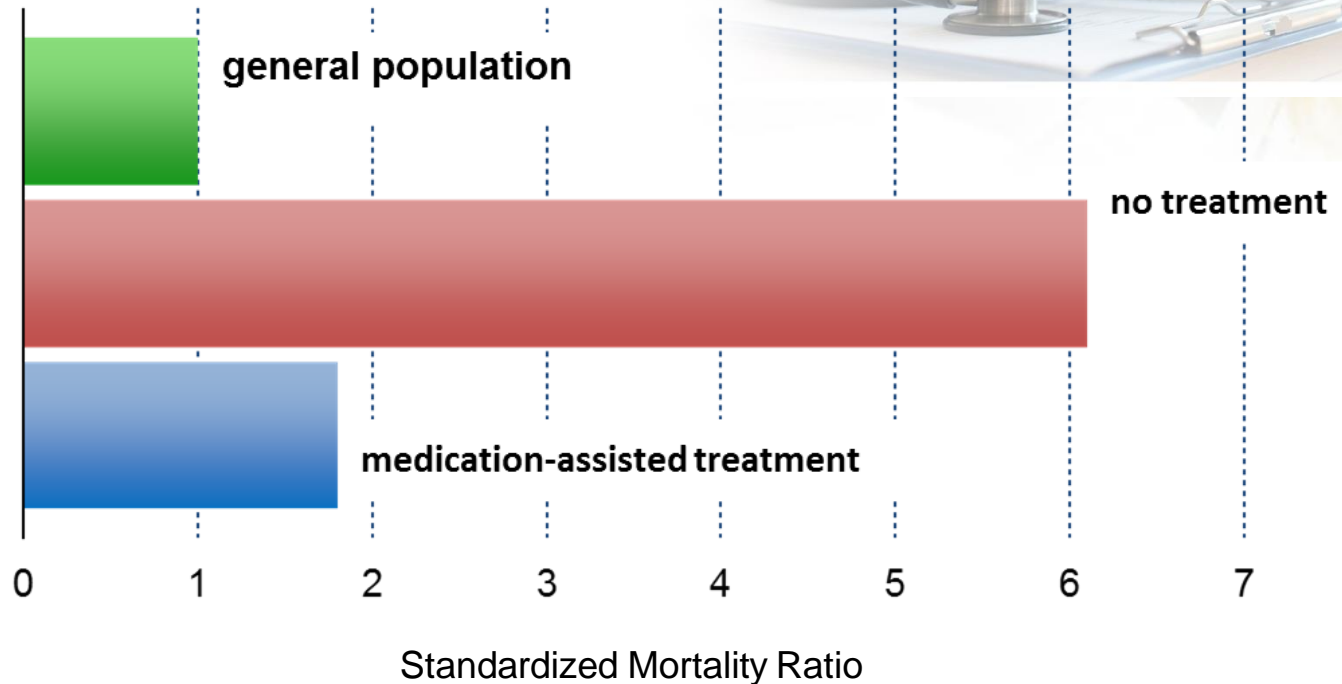
- Buprenorphine promotes retention, and those who remain in treatment become more likely over time to abstain from other opioids



Benefits of MAT: Decreased Mortality



Death rates:



Dupouy et al., 2017
Evans et al., 2015
Sordo et al., 2017

Evergreen Treatment Services



- “Working to transform the lives of individuals and their communities through innovative and effective addiction and social services in Western Washington since 1973.”
- Operate 4 Opioid Treatment Programs (OTPs) in Seattle, South King County, Olympia and Grays Harbor, treating a total of 3315 patients.



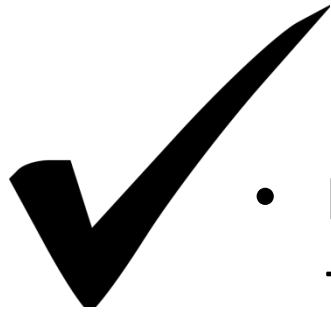
Expanding Treatment

- The traditional OTP program requires daily attendance for medication administration and is governed by strict federal regulations.
- People who live far away cannot make it in to clinic every day for dosing. Furthermore, the clinics were operating at capacity (like most OTPs in the country).



- ETS wanted to institute a program of prescription-based buprenorphine treatment program to allow patients the flexibility and time to pursue employment, spend with family, and engage in other recovery activities.

Expanding Treatment



- ETS was awarded SAMHSA grant funding to start the program in 2016.



There was a lack of “waivered” providers who had undergone buprenorphine certification to provide these services at the more remote clinics.

How Telemedicine is Used



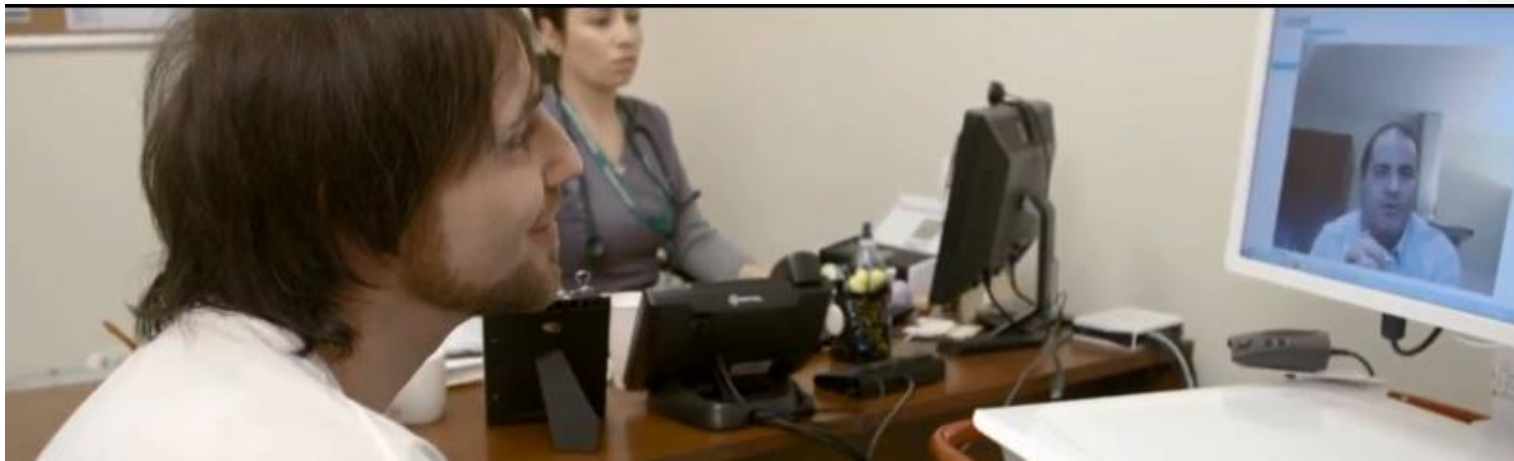
- Patients are seen weekly at first:
 - Medication management, urine drug testing, motivational interviewing,
 - Provided with buprenorphine prescriptions to fill at a retail pharmacy.
 - Patients making progress in treatment, visit frequencies can eventually be extended to monthly. Counseling is encouraged, though not required.
- Each clinic site has a program manager, nurse care manager (RN), and medical assistant.
- The physician conducts visits via Telehealth for the initial assessment, quarterly follow-ups, dose evaluations, and medical consultations (questions surrounding chronic pain, pregnancy, relapse, persistent use of non-opioid illicit etc.).



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How Telemedicine is Used

- The majority of routine follow up visits are conducted by the nurse care manager in a protocolized fashion (based on “The Massachusetts model”)



- The MA assists the physician with the Telehealth visits, taking patient vital signs, operating the Telehealth machine, and providing the patient with information handouts and arranging referrals and follow up visits ordered by the physician.

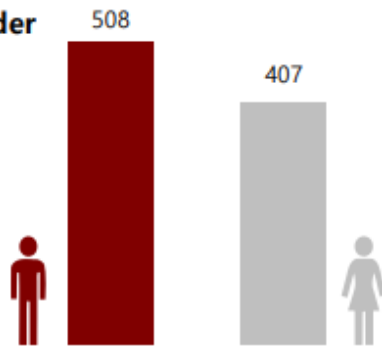
Patient Demographics

Patient Demographics

MAT-PDOA Monthly Summary Report

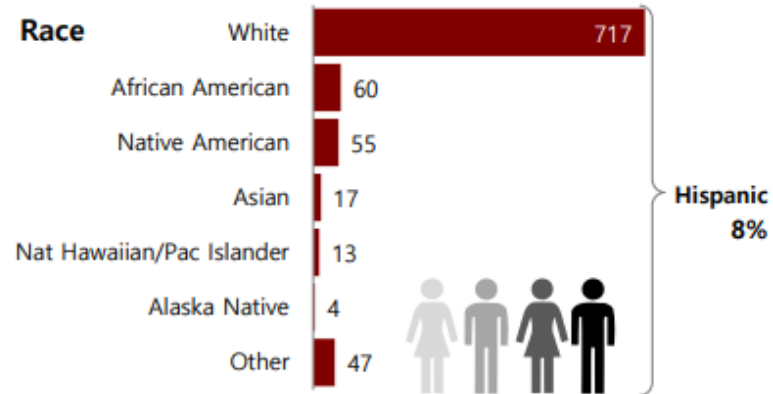
Total Engaged: **917**

Gender



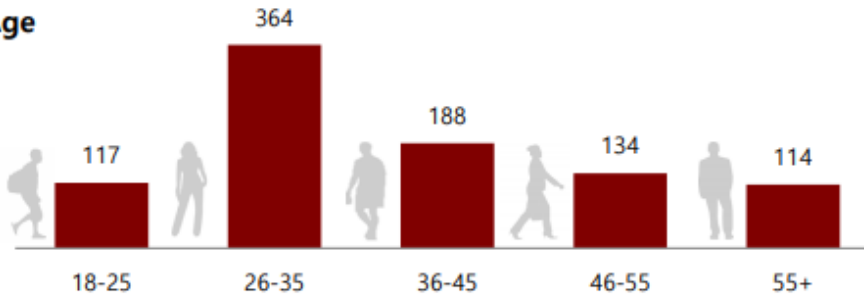
Note: 1 patient missing gender; 1 other gender reported

Race



Note: 4 patients missing race

Age



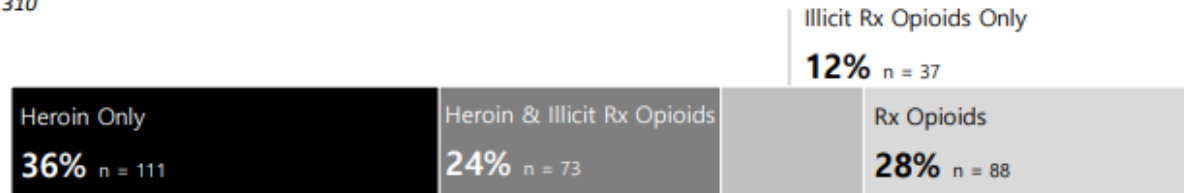
Baseline Use

Past 30 Day Opioid Use at Intake by Clinic

MAT-PDOA Monthly Summary Report

Harborview Medical Center - Adult Family Medicine

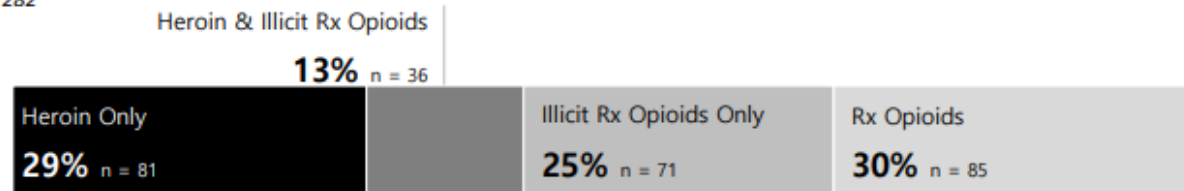
N = 310



Note: 1 patient unknown opioid use

Evergreen Treatment Services - South Sound Clinic

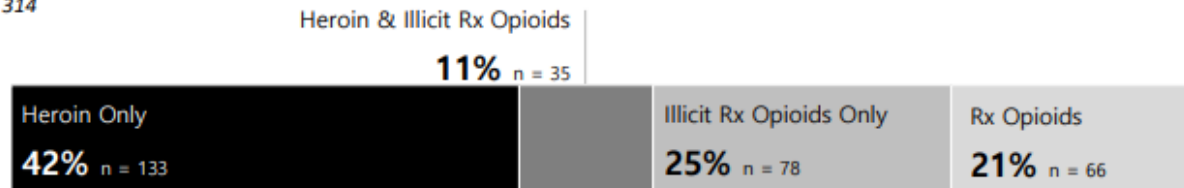
N = 282



Note: 9 patients unknown opioid use

Evergreen Treatment Services - Grays Harbor Clinic

N = 314



Note: 2 patient unknown opioid use

Note: Persons using Rx Opioids are individuals who are either already engaged in MAT, on a waitlist to enter MAT with a prescription, or using some other opioid prescribed by a medical professional.

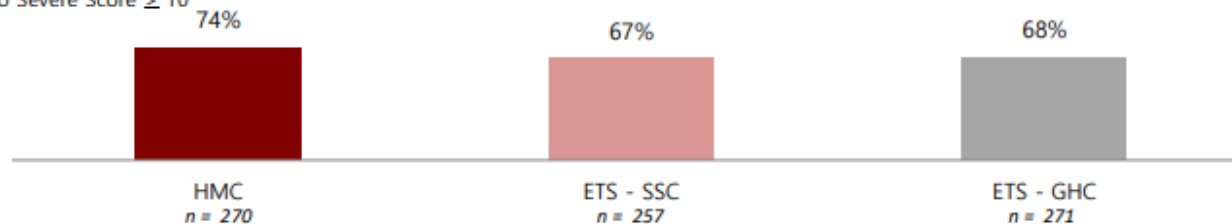
Co-occurring mental health diagnoses

Mental Health Screens at Intake

MAT-PDOA Monthly Summary Report

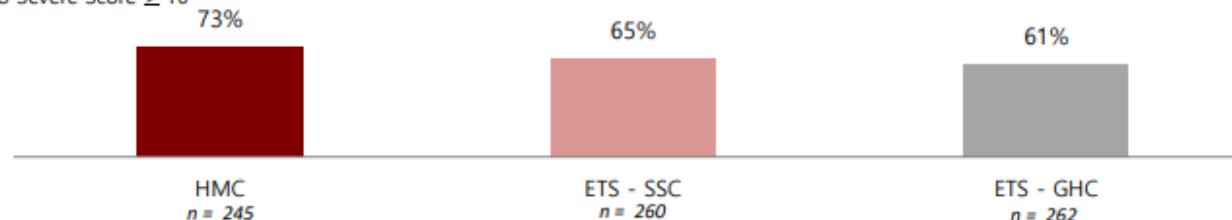
Depression Screen (PHQ9)

Moderate to Severe Score ≥ 10



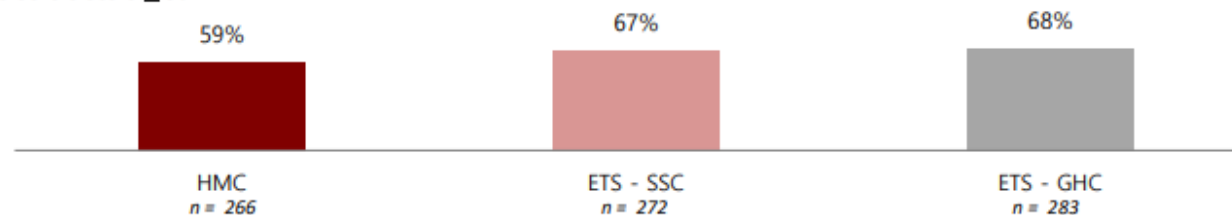
Anxiety Screen (GAD7)

Moderate to Severe Score ≥ 10



Post Traumatic Stress Disorder Screen (PCL-Civilian)

Moderate to Severe Score ≥ 30

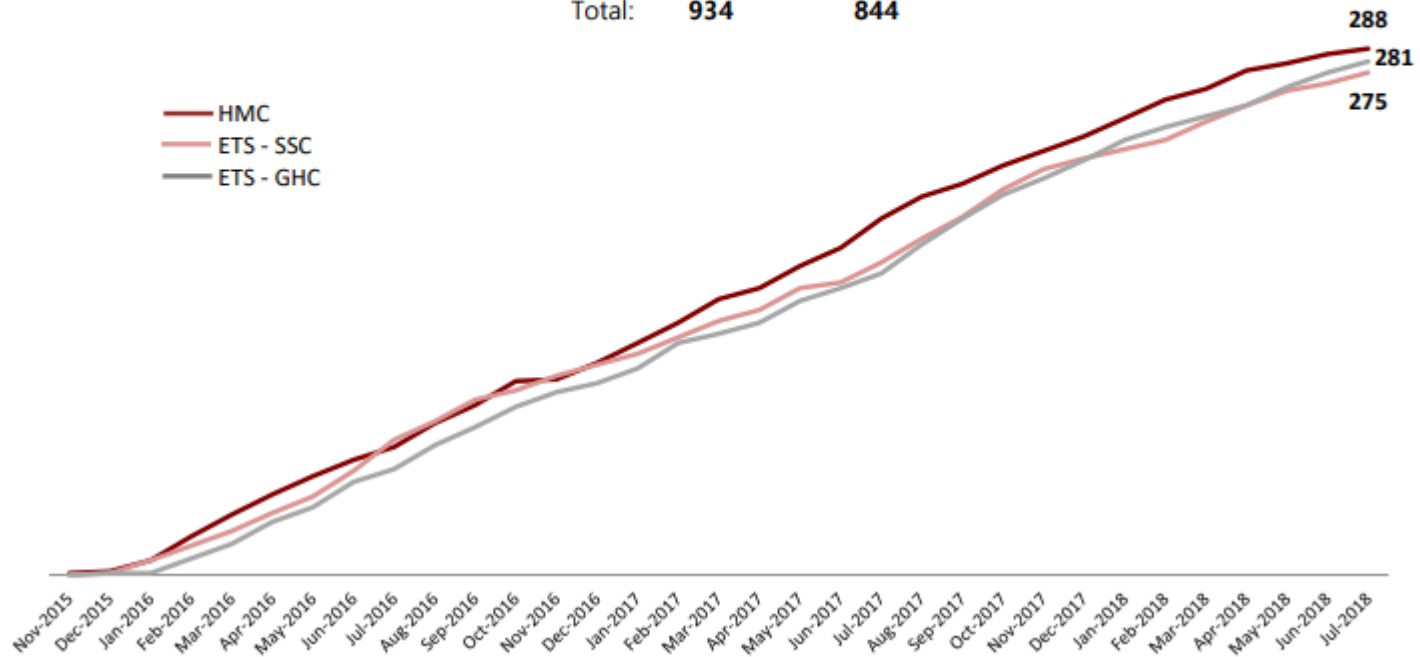


Outcomes: Inductions

Patient Inductions by Clinic

MAT-PDOA Monthly Summary Report

	Inductions	Unduplicated	Percent of Target
Harborview Medical Center - Adult Family Medicine:	330	288	109%
Evergreen Treatment Services - South Sound Clinic:	286	275	104%
Evergreen Treatment Services - Grays Harbor Clinic:	318	281	113%
Total:	934	844	

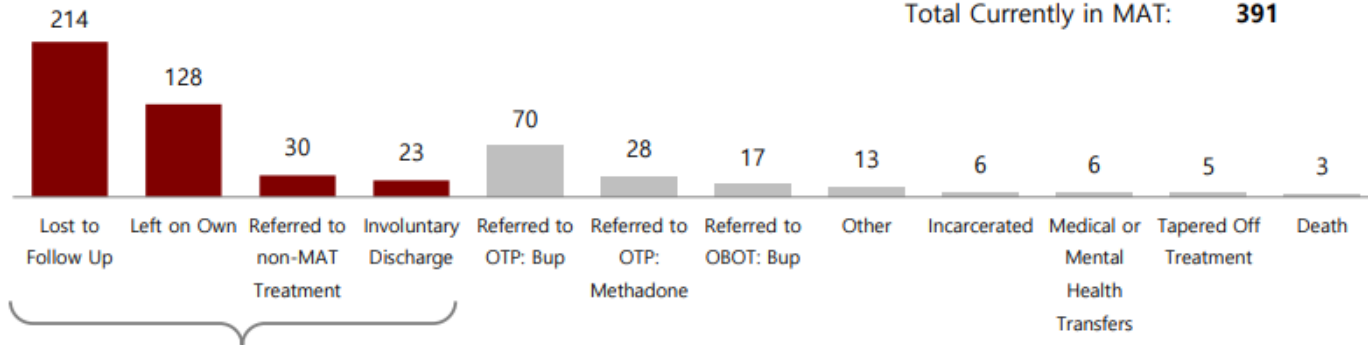


Outcomes: Retention in Treatment

MAT-PDOA Program Retention

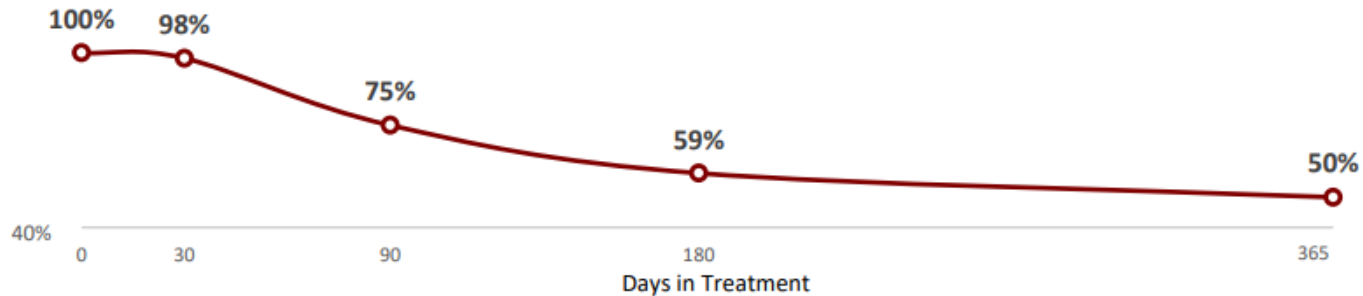
MAT-PDOA Monthly Summary Report

Discharge Reasons



Total Inductions: **934**
Total Discharges: **543**
Total Currently in MAT: **391**

Retention



- Treat 60 more addiction patients/week.
- 100% of 315 patients among 3 sites are treated with telehealth.
- Each clinic spends 8 to 10 hours/week dedicated to telehealth visits, seeing 2-4 patients/hour.
- # of inductions/retention is similar to our traditional “in-person” OBOT program.



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Patient Satisfaction



Of the hundreds of Telehealth patient visits we have conducted, we have never had a patient decline to consent to a Telehealth visit, or seek treatment elsewhere because of dissatisfaction with Telehealth visits.

Acquired Specialists

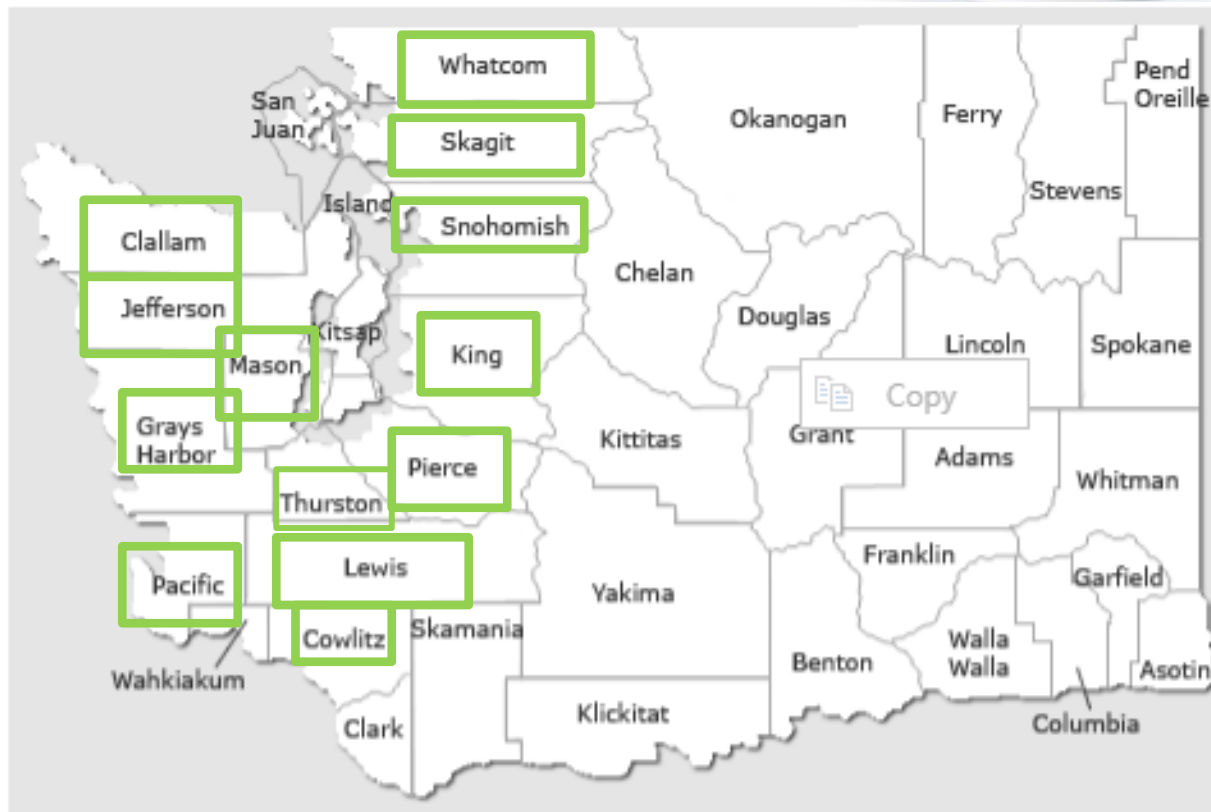


We have 3 Addiction Medicine Providers and 1 PA-C, providing care who wouldn't be able to access these clinics without telehealth .

- 1 in Oregon; 3 in Seattle

Expanded Reach to More Counties

We have patients travel to our clinics from 13 different counties




Program Sustainability



- We are in the process of converting from grant-funded to self-sufficient.
- Cost savings to agency: Salaried Medical providers do not have to commute upwards of 3 hours to see patients at remote clinic sites.
- We are able to bill insurance for medical provider Telehealth visits.


Testimonials



“I’m raising my
child sober.”

- ETS Patient

Testimonials



“Each day that goes by
for me to be free from
heroin is a miracle.”

- ETS Patient

Testimonials



“I can function instead
of being sick all the time.”

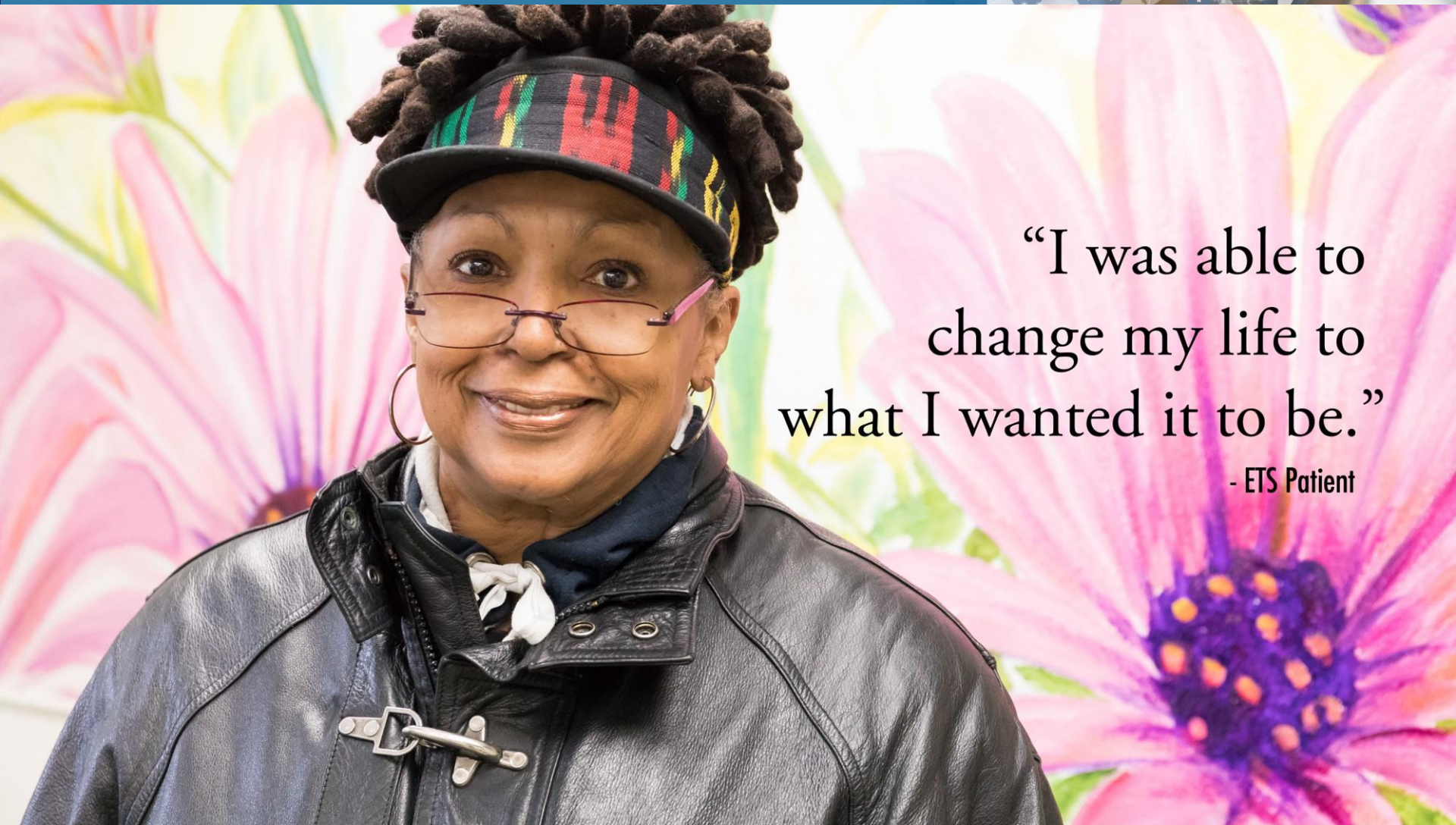
- ETS Patient

Testimonials



“I was able to
change my life to
what I wanted it to be.”

- ETS Patient



Future Directions for Telemedicine



- Accessing more patients in hard-to-reach locations (expanding to community mental health or primary care clinics, jails, home visits?)
- Integrating mental health and primary care with addiction care via Telemedicine for patients who otherwise cannot access care.

Contact Us



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Thank you!