Telepsychiatry’s Role in Medication Assisted Treatment

Hector Colon-Rivera, MD, MRO
Faculty, University of Pennsylvania and Philadelphia VA Health System; Addiction Psychiatrist, University of Pittsburgh Medical Center
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Disclosures

• Neither I nor my spouse/partner has any financial relationships with commercial interest

• **Note: If AAAP is the CME provider for this training, please complete our COI form here:**

*The content of this activity may include discussion of off label or investigative drug uses. The faculty is aware that is their responsibility to disclose this information.*
Target Audience

• The overarching goal of PCSS is to train a diverse range of healthcare professionals in the safe and effective prescribing of opioid medications for the treatment of pain, as well as the treatment of substance use disorders, particularly opioid use disorders, with medication-assisted treatments.
Educational Objectives

• At the conclusion of this activity participants should be able to:
  ▪ Describe the history and laws surrounding the use of telepsychiatry as a tool to expand health services and expand the treatment of substance use disorder;
  ▪ Examine how telepsychiatry has been used to enhance access to care for the treatment of substance use disorder;
  ▪ Assess the interplay of policymaking, telepsychiatry, and Medication Assisted Treatment (MAT) in the treatment of substance use disorder.
Key Components: The Gaps

• Only one out of five people receiving treatment for substance use disorders (SUDs) are offered Medication Assisted Treatment (MATs), despite the overwhelming evidence supporting their effectiveness (SAMHSA 2017)

• Limited number of practitioners with a Drug Addiction Treatment Act of 2000 ("DATA 2000") waiver.

• The problem is worse for rural areas of the countries.
Telepsychiatry: Why Do We Need It?

- Addresses an unmet clinical need
- Enhances physician productivity
- Extend high quality care to regions/communities in need
Primary Definitions

- **Telemedicine.** The practice of medicine in accordance with applicable Federal and State laws by a practitioner.

- **Live (synchronous) videoconferencing:** a two-way audiovisual link between a patient and a care provider.

- **Store-and-forward (asynchronous) videoconferencing:** transmission of a recorded health history to a health practitioner, usually a specialist.

- **Remote patient monitoring (RPM):** the use of connected electronic tools to record personal health and medical data in one location for review by a provider in another location, usually at a different time.

- **Mobile health (mHealth):** health care and public health information provided through mobile devices. The information may include general educational information, targeted texts, and notifications about disease outbreaks.
The History of Telepsychiatry

• The use of videoconferencing in psychiatry began during the 1950s.
• Patient privacy and confidentiality issues parallel in-person care.
• Telepsychiatry effectively leverages specialty expertise, which facilitates health care reform (e.g., patient-centered care and integrated care).
The Ethics and Confidentiality

- American College of Physicians The Ethics Manual
- The manual highlights the updates on the patient-physician relationship in social media and online professionalism.
Security

- The Health Information Technology for Economic and Clinical Health (HITECH) Act
  - It was signed into law on February 17, 2009
  - Department’s implementation HITECH Act enforcement provisions strengthened the HIPAA protections
  - Give consumers greater confidence in the privacy and security of their health information and in the industry’s use of health information technology.
Web-Based Treatment Works

• Great Examples:
  ▪ The web-based SUD treatment is the Therapeutic Education System (TES)
  ▪ Computer-based Training in Cognitive Behavioral Therapy (or CBT4CBT)
  ▪ Medication-Assisted Treatment to Veterans at CBOCs Using Telehealth
Veterans E-Health and Telemedicine Support Act of 2017 amend title 38, United States Code

- Bill created to improve the ability of health care professionals to treat veterans through the use of telemedicine
- Give the VA Secretary the legislative authority to allow VA providers to practice telemedicine across state lines.
## Substance Use Disorders Treatment with MAT

### MAT for Opioid Use Disorder
- Methadone
- Buprenorphine
- Naltrexone

### MAT for Alcohol Use Disorder
- Acamprosate calcium
- Disulfiram
- Oral naltrexone (naltrexone hydrochloride tablet)
- Extended-release injectable naltrexone

### MAT for Nicotine Use Disorder
- Transdermal patch
- Lozenges
- Nicotine gums
- Nicotine inhaler
- Nicotine Nasal spray
- Bupropion
- Varenicline

(SAMHSA, 2017)
The Ryan Haight Online Pharmacy Consumer Protection Act of 2008

- Without seeing a doctor, Ryan Haight obtained prescriptions online for hydrocodone and other controlled substances and had them delivered to the family's home for recreational use.
“Practice of Telemedicine”
exceptions under the Act.

- Treatment in a hospital or clinic.
- Treatment in the physical presence of a practitioner.
- Indian Health Service or tribal organization
- Public health emergency declared by the Secretary of Health and Human Services.
- Special registration.
- Department of Veterans Affairs medical emergency.
- Circumstances specified by regulation

Ryan Haight Act
Act (21 U.S.C.)
Medication-assisted buprenorphine treatment delivered in-person or through telepsychiatry had similar outcomes for additional substance use, abstinence and retention in individuals with opioid use disorder (Zheng W, et al., 2017).

On May 15, 2018, DEA issued a statement “Use of Telemedicine While Providing Medication Assisted Treatment”, to clarify how practitioners can use telemedicine as a tool to expand buprenorphine treatment for opioid use disorder under current DEA regulations.
Prescriber Requirements

- Completed required Buprenorphine prescribing specific training and a valid DEA X-license
- Has legal tele-buprenorphine prescribing authority in the prescriber’s state
- Has a valid and current registration with the clinic.
- State’s PDMP (Prescription Drug Monitoring Program) system – required for scheduled substance prescription reporting purposes
- Has the ability to refer patient to further care if needed.

Scenarios for Tele-Prescribing

- Registered Hub
  - The prescriber is at a facility with a DEA registration
  - Patient is at a clinic or medical center with a DEA registration
- There is a prescriber in the room with the patient
  - The prescriber (DEA X-waivered) tele-prescribes
  - Practitioner with DEA registration is in the room with the patient
  - Practitioner is in room for discussion of prescription and practitioner’s name is noted in medical record
- It is an emergency
- Prescriber has an initial in-person visit with patient and then transitions the patient to telehealth.

The Agency for Healthcare Research and Quality (AHRQ)

- Effort to train rural healthcare providers in medication-assistant treatment (MAT) therapy.
  - Pilot testing, prior to implementation, is necessary to ensure that telehealth will not introduce new sources of error into clinical processes.
  - Ongoing, accessible technical support for telehealth systems is key to ensuring their sustainability.
  - Integrating telehealth systems with electronic health record (EHR) systems promotes continuity of care across clinical settings.
  - Technology can introduce inefficiencies to traditional care processes without workflow analysis.

AHRQ National Resource Center for Health Information Technology
Project Extension for Community Health Outcomes (ECHO)

• It is an innovative continuing medical education model that uses interactive videoconferencing to link specialist teams with primary care providers.

Retrieved from: https://echo.unm.edu
Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment

• This policy establishes the requirements for the Indian Health Service (IHS) practitioner designation as an Internet Eligible Controlled Substance Provider (IECSP).

• Applicants seeking approval for IHS designation as an IECSP will still need to be DEA-registered to prescribe controlled substances and meet additional requirements.

SUPPORT for Patients and Communities Act (H.R. 6)
H.R. 6: SUPPORT for Patients and Communities Act

- H.R. 6 includes Medicaid, Medicare, and public health reforms to combat the opioid crisis by advancing treatment and recovery initiatives.

- Medicaid
  - Provide additional incentives for Medicaid health homes for patients with substance use disorder (H.R. 5810)

- Medicare:
  - Add a review of current opioid prescriptions and, as appropriate, a screening for opioid use disorder (OUD) as part of the Welcome to Medicare initial examination (H.R. 5798)
2019 Medicare Advantage and Part D Rate Announcement and Call Letter 4.2.18

• Chronic opioid users: Safety alerts at the time of dispensing to engage both patients and prescribers about overdose risk and prevention.

• Opioid naïve patients: implementation of a hard safety edit to limit initial opioid prescription fills for the treatment of acute pain to no more than a 7 days’ supply.

• High risk opioid users: expansion of the Overutilization Monitoring System (OMS), for those using high levels of opioids from multiple prescribers and pharmacies.
State Telehealth Laws and Reimbursement Policies Report

No two states are alike in how telehealth is treated despite some similarities in the language used.

- 49 states and Washington, DC provide reimbursement for some form of live video in Medicaid fee-for-service.
- 39 states and DC currently have a law that governs private payer telehealth reimbursement policy, although three state laws don’t go into effect until 2019.

Center for Connected Health Policy
https://www.cchpca.org
STATES

• North Carolina Medicaid and NC Health Choice will reimburse for live video medical services and tele-psychiatry services.
• MA appropriates funds for the reimbursement of telehealth remote patient monitoring provided by home health agencies as a service to clients reimbursable through Medicaid, as long as it is for short term reimbursement.
• Medi-Cal will reimbursement for services provided via live video. Services must be billed with modifiers GT or 95.
• DC: Medicaid is required to pay for telehealth services (which includes live video, store-and-forward and remote patient monitoring) if the same service would be covered when delivered in-person.
Technology Getting Faster, More Widespread

Advancements in Technology + Increased Population =

Sources: “mHealth in an mWorld: How mobile technology is transforming health care,” Deloitte, available at [http://www.deloitte.com/]; Health Care IT Advisor research and analysis
Clinical Case Scenario

• A patient is being seen in a rural health clinic staffed by a nurse practitioner licensed in the state and has a DEA registration.

• The nurse practitioner conducts an examination of the patient and determines that treatment with buprenorphine is needed.

• Remotely an addiction specialist provides remote telemedicine services for addiction treatment.

• At the patient visit, the nurse practitioner connects the patient to the remote addiction specialist.
RAMP UP MAT IN YOUR COMMUNITY

The Rural Access to MAT in Pennsylvania (RAMP) Project will increase patient access to medication assisted treatment (MAT) and addiction specialty services by providing primary care physicians in rural Pennsylvania with the knowledge, skills, tools, and support to provide the highest quality MAT services to their patients who suffer from opioid use disorder (OUD).
UPMC’s Telehealth Expansion

2006-2008
Pediatric Specialty
Inpatient Dermatology
Pre & Post Operative Visits

2011
Tele-Stroke
Tele-Psych

2012
Tele-consult Centers
Health Plan-Employer
On-site Care
Physical Medicine & Rehabilitation

2013
UPMC Anywhere Care
On-line Virtual Visits
In-patient & Out-patient Specialty Services Expansion
Tele-Maternal Fetal Medicine
Surgical Oncology/Breast Visits
Infectious Disease

2014-2015
Pre & Post operative visits
Transplant Behavioral & Nutrition Counseling

2016-2017
Expanded On-line eDermatology visits
On-line Chronic Care Visits
Remote Monitoring Teleconsult Center expansion
Integrate on-demand Specialty visits through PCP practices
UPMC’s Telehealth Reach
How Do We Pay for Telehealth?

- Grants
- Government
- Insurance Reimbursement
- Subsidies
- Self-Pay

- Cost of Technology Sustainability
  - Medicare
  - Medicaid
  - Commercial Health Plans
  - Uninsured
  - FQHC’s (and similar)
  - Value Based Payment Environments
  - Low Bandwidth and Firewalls
  - Workforce Shortages
Take Home Points

• Using new audio-video technology to remove the barriers of time and distance
• Telepsychiatry is not a new idea, yet it has become increasingly popular in recent years.
• Completed required Buprenorphine prescribing specific training and a valid DEA X-license
• Read and get familiar with the Ryan Haight Online Pharmacy Consumer Protection Act of 2008. DEA and Department of Justice.
• Know your State’s Law!
References

References


PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.

- PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medication-assisted treatment.
  
  - 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
  
  - No cost.

For more information visit: [https://pcssNOW.org/mentoring/](https://pcssNOW.org/mentoring/)
PCSS Discussion Forum

Have a clinical question?

Ask a Colleague
A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

Ask Now

http://pcss.invisionzone.com/register
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Educate. Train. Mentor

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