Substance Use Disorder Treatment and Telehealth Practices during the COVID-19 Pandemic

Barriers and Opportunities Ahead

AMERICAN PSYCHIATRIC ASSOCIATION

Issue

Telehealth has expanded rapidly during the COVID-19 crisis, and various legislative changes have been made to increase accessibility of telehealth services during this state of emergency (1). Of particular interest is how these regulatory changes impact the care of individuals with psychiatric and substance use disorders (SUDs). This patient population has historically been marginalized and undertreated, and this new telehealth era may afford the opportunity to expand access to treatment, modify delivery of care, and ultimately improve outcomes. Evaluating the effects of these policy changes can help determine which policies are favorable and might be adopted post-pandemic; in addition to identifying inequities and gaps in the current delivery of telehealth services.

What are addiction providers' experiences and perspectives in delivering telehealth during the pandemic?

The Council on Addiction Psychiatry (CAP) of APA surveyed a convenience sample of addiction providers in November 2020 to better understand how the various regulatory changes during the COVID-19 pandemic have impacted treatment and outcomes for individuals with substance use disorders. A total of 61 providers completed the survey and the majority were physicians practicing in urban, outpatient treatment settings across nine states.

Key Takeaways

- **A major shift in delivery of care through telehealth for individuals with SUDs.** Prior to the COVID-19 pandemic, most providers (69%) were not delivering telehealth. After the declared public health emergency, the majority shifted to conducting primarily telehealth visits for their patients. These findings are similar to those found in the APA Telehealth Survey (2) done in May 2020. Providers adapted their treatment practices in other ways to complement the shift to telehealth and reduce the risk of COVID-19 exposure. Ninety percent of prescribers provided buprenorphine-naloxone prescriptions for longer durations. The frequency of urine toxicology screens was reduced for established patients, and patients were referred to nearby labs for urine screens or did at-home screens when indicated. This suggests that telehealth for substance use treatment can be quickly adopted and broadly implemented.

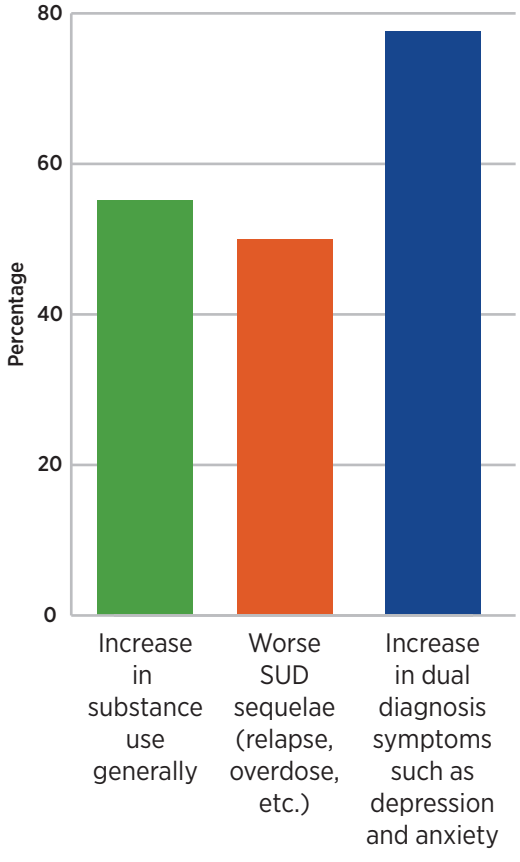
  "Telehealth has worked well for me and my patients like it. I have been able to add on more visits to my schedule, and my patients don't have to take off of work to see me."

  "Telehealth has removed geographic barriers for patients at a distance that previously were unable to access care."

- **Inequities in access to technology for telehealth visits.** Many clinicians reported barriers to telehealth services for patients. Some patients don't have the technology required to engage in telehealth visits; including access to internet, smart phones, tablets, and computers. Even those who might have phones do not necessarily have adequate phone minutes or data. There were many reports of these barriers to telehealth, and how these disproportionately impact lower socioeconomic, lower-functioning, marginally housed, homeless, older, and rural patient populations.
- **Challenges in accessing care due to increase in financial hardship or stressors among SUD patients.** The majority of clinicians (86%) observed an increase in financial difficulties among their patients and 24% reported their patients losing health insurance coverage. Although not directly related to mental health policy, the federal legislation and relief packages must support individuals in financial crises, and it may be that current relief plans are insufficient or are less accessible to those in need.
- **The majority of clinicians provide a mixture of in-person and telehealth visits based on each patient's clinical needs, including for new SUD patients establishing care.** For patients on medications for opioid use disorder (MOUD), 81% of clinicians reported providing both virtual and in-person visits, and the majority did similarly for general SUD management. Clinicians adapted to using telehealth services and provided in-person visits at their clinical discretion.
- **Most Clinicians are comfortable prescribing controlled prescriptions (i.e., buprenorphine-naloxone) in an initial visit virtually (compared to the previously required in-person examination under the DEA's Ryan Haight Act).** Only a minority (5%) of clinicians did not offer virtual visits to new patients requiring a controlled prescription. Some higher-acuity patients may still benefit from in-person visits initially, but generally this regulatory change has the opportunity to expand access and intakes for new patients with SUDs.

  "We are looking to expand buprenorphine treatment intakes to clinics in our system because of the waiver of the in-person exception."
- **Decreased availability of inpatient detoxification and rehabilitation programs compared to pre-COVID-19, and a corresponding increase in demand for at-home detoxifications for alcohol and sedative use disorders.** The majority of providers (64%) reported a decrease in availability for inpatient detoxification and rehabilitation programs, and noted an increase in demand for at-home detoxifications.
- **Notable increase in substance use, related negative sequalae, and concomitant psychiatric symptoms and a rise in demand for SUD patient visits. Forty-five percent of providers reported an increase in demand for SUD visits.** This may be related to an increase in SUD symptoms generally, but may also be reflective of the decreased availability of other treatment services. Over half of providers noted that patients are less involved in additional therapies, and many of these therapies have been postponed or are unavailable otherwise. These include but are not limited to group therapies, day treatment programs, and intensive outpatient programs. This is in conjunction with the closure or reduced capacity of inpatient detoxification and rehabilitation programs. This supports expanding treatment access through telehealth services, but also efforts must be focused on the re-opening and sustainability of these other treatment programs; and ensuring adequate funding and support for implementing COVID-19 procedures and safety protocols.

Trends in Substance Use and Psychiatric Symptoms during the COVID-19 Public Health Emergency



Policy Recommendations:

The survey supports many of the policy recommendations the APA has advocated for during the COVID-19 Public Health Emergency that can be found here. We also encourage the following:

1. Although not directly related to telehealth policies, the COVID-19 crisis led to the closure or postponement of various inpatient detoxification units, rehabilitation programs, psychiatric units, and other treatment programs. Relevant stakeholders must consider this and ensure these programs are continued moving forward with adequate funding and staffing.
2. Federal and state legislators must ensure relief packages are adequate enough to support the many individuals in financial crises in order for patients to be insured and access healthcare.

References:

1. Goldman ML, Druss BG, Horvitz-Lennon M, Norquist GS, Kroeger Ptakowski K, Brinkley A, et al. Mental Health Policy in the Era of COVID-19. Psychiatr Serv Wash DC. 2020 Nov 1;71(11):1158–62.
2. American Psychiatric Association (APA). Psychiatrists Use of Telepsychiatry During COVID-19 Public Health Emergency. Policy Recommendations. [Internet]. APA; 2020 [cited 2021 Mar 12]. Available from: https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Telepsychiatry/APA-Telehealth-Survey-2020.pdf