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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

TELEHEALTH AND SUD TREATMENT- UNPRECEDENTED ACCESS WITHOUT RISK?

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No conflicts or disclosures to report

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OBJECTIVES

- Define what telehealth is
- Describe how telehealth is used for SUD treatment
- Highlight what the evidence says about using telehealth for SUD treatment
- Discuss lessons learned from using a phone app to deliver CM for Methamphetamine use
- Develop understanding around special considerations for SUD telehealth treatment

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DEFINITIONS PER HRSA

- **Telehealth**
  - The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration

- **Telemedicine**
  - Remote clinical services
    - Clinical Visits
    - Digital Medicine
    - Digital Therapeutics
    - Prescription Digital Therapeutics
    - Remote monitoring
    - Consultation

Examples
Synchronous and asynchronous visits
Phone apps
Automated Text messages

https://www.healthit.gov/faq/what-telehealth-how-telehealth-different-telemedicine
https://integrationacademy.ahrq.gov/products/topic-briefs/behavioral-health-apps

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TELEHEALTH: NOT A NEW IDEA

- **This is not a new idea**
  - 1879 Article in Lancet→talked about using the telephone to reduce office visits (telephone patented in 1876)
  - 1928 Saurerbruch-German surgeon who used letters and phone calls for teleconsultation.
  - 1964 Mercury Space Programs. In preparation for longer space flights where a quick return to earth was not possible.
    - Monitor biomedical data and guide basic treatment steps remotely
  - 1973 Space Technology Applied to Rural Papago Advanced Health Care

Board on Health Care Services; Institute of Medicine. The Role of Telehealth in an Evolving Health Care Environment: Workshop Summary. Washington (DC): National Academies Press (US); 2012 Nov 20. 3, The Evolution of Telehealth: Where Have We Been and Where Are We Going? Available from: https://www.ncbi.nlm.nih.gov/books/NBK207141/
https://www.nasa.gov/content/a-brief-history-of-nasa-s-contributions-to-telemedicine#_ednref5
Reifegerste, D., Harst, L. & Otto, L. Sauerbruch, STARPAHC, and SARS: Historical Perspectives on Readiness and Barriers in Telemedicine. *J Public Health (Berl.)* **30**, 11–20 (2022). https://doi.org/10.1007/s10389-021-01513-1

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TELEMEDICINE BACKGROUND

- **1996 Telecommunications Act**
  - Helped remove certain economic and legal barriers to use

- **2020 Pandemic-Public Health Emergency**
  - Modified Ryan Haight Act
  - Waived sanctions around data reports
  - Waived certain Medicaid and Medicare requirements
  - Expanded list of providers that could provide telehealth to Medicare patients
  - States changed their rules and required insurance coverage

https://www.whitehouse.gov/wp-content/uploads/2022/06/Telehealth-and-Substance-Use-Disorder-Services-in-the-Era-of-COVID-19-FINAL.pdf

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Pandemic	Non-Pandemic
Initial in-person visit for Buprenorphine not required	Initial in-person visit for Buprenorphine required
Limited Urine Drug Testing	Baseline urine drug testing
Refills without in-person visits	In-person visits for refills
Consideration for delivery of meds (if quarantined)	N/A
More frequent check-ins by phone	Regular frequency

https://www.asam.org/Quality-Science/covid-19-coronavirus

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The Rise of Virtual Visits in Health Centers in 2020

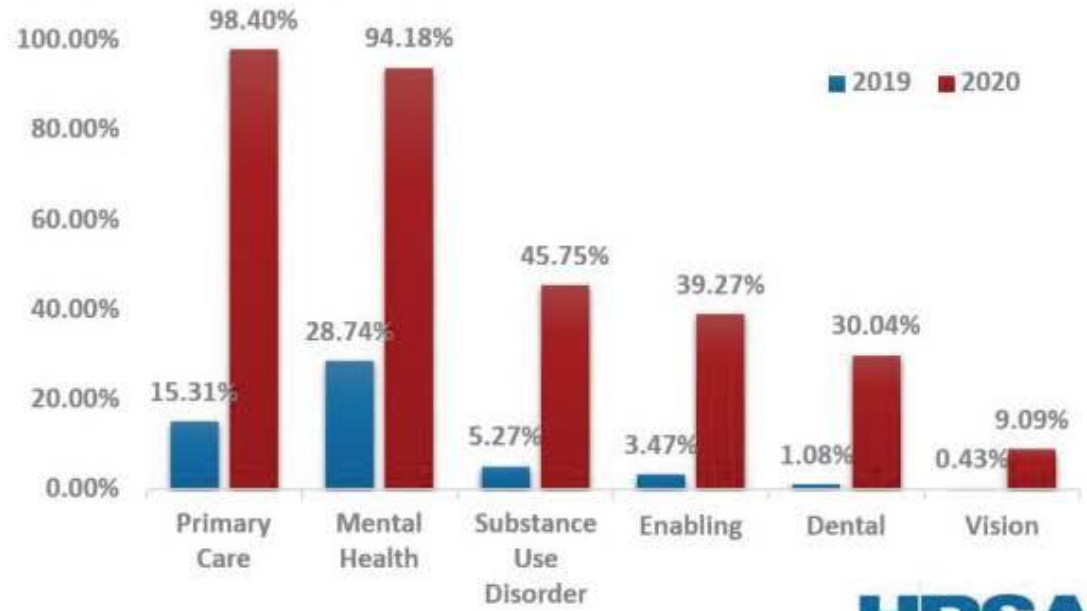
1 in 4 visits were virtual in 2020

Top five services offered via telehealth

- ✓ Primary Care
- ✓ Mental Health
- ✓ Substance Use Disorder
- ✓ Chronic Conditions
- ✓ Nutrition and Dietary Counseling

99% of health centers offered virtual visits in 2020, compared to 43% in 2019

Percentage of health centers offering virtual services, by select service categories



Source: Uniform Data System, 2019-2020.

HRSA
Health Resources & Services Administration

FIGURE 1 | The Rise of Virtual Visits in Health Centers in 2020
SOURCE: Presentation by CDR Heather Dimeris, December 17, 2021.

Promise of Telehealth

- <u>Remove barriers</u>
  - Geography
  - Local resource availability
  - Transportation
  - Disabilities
  - Competing employment and family responsibilities
  - Stigma
- <u>Improve Care</u>
  - Remote monitoring
  - Revenue/Cost Savings
    - More patients
  - Efficiency
  - Continuity/follow-up
  - Better, quicker care to more people

https://www.whitehouse.gov/wp-content/uploads/2022/06/Telehealth-and-Substance-Use-Disorder-Services-in-the-Era-of-COVID-19-FINAL.pdf

LIMITATIONS TO USE OF TELEHEALTH

- Digital divide
  - Co-occurring serious mental illness
  - Unstable housing with substance use disorder
  - Access to broadband
- Security
- Privacy
- Impersonal?

Matthews EB, Lushin V, Rzewinski J. Patterns & Predictors of Telehealth Utilization Among Individuals Who Use Substances: Implications for the Future of Virtual Behavioral Health Services. Community Ment Health J. 2023 Jul 6. doi: 10.1007/s10597-023-01166-2. Epub ahead of print. PMID: 37410213.
Gajarawala SN, Pelkowski JN. Telehealth Benefits and Barriers. J Nurse Pract. 2021 Feb;17(2):218-221. doi: 10.1016/j.nurpra.2020.09.013. Epub 2020 Oct 21. PMID: 33106751; PMCID: PMC7577680.

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HOW IS TELEMEDICINE USED FOR SUD TREATMENT?

Direct patient care

- Medications
- Psychotherapy
- Intensive outpatient programs

Remote monitoring

- Measurement based care
- Drug testing

Technology based stand-alone treatment (apps, computer based)

Augment in-person treatment

Mutual Help Groups

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Does Telehealth work for SUDs?

Is it acceptable?
Is it effective?
Does it increase access?
Unintended consequences?

Growing evidence over years

- Opioids, Alcohol, Tobacco

Psychotherapy

- Individual and group
- On-site and off-site

Medication

- Providers beamed into remote clinic
- Regulatory issues have slowed progress

Lin, LA et al, 2019

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Is it acceptable?

- Yes

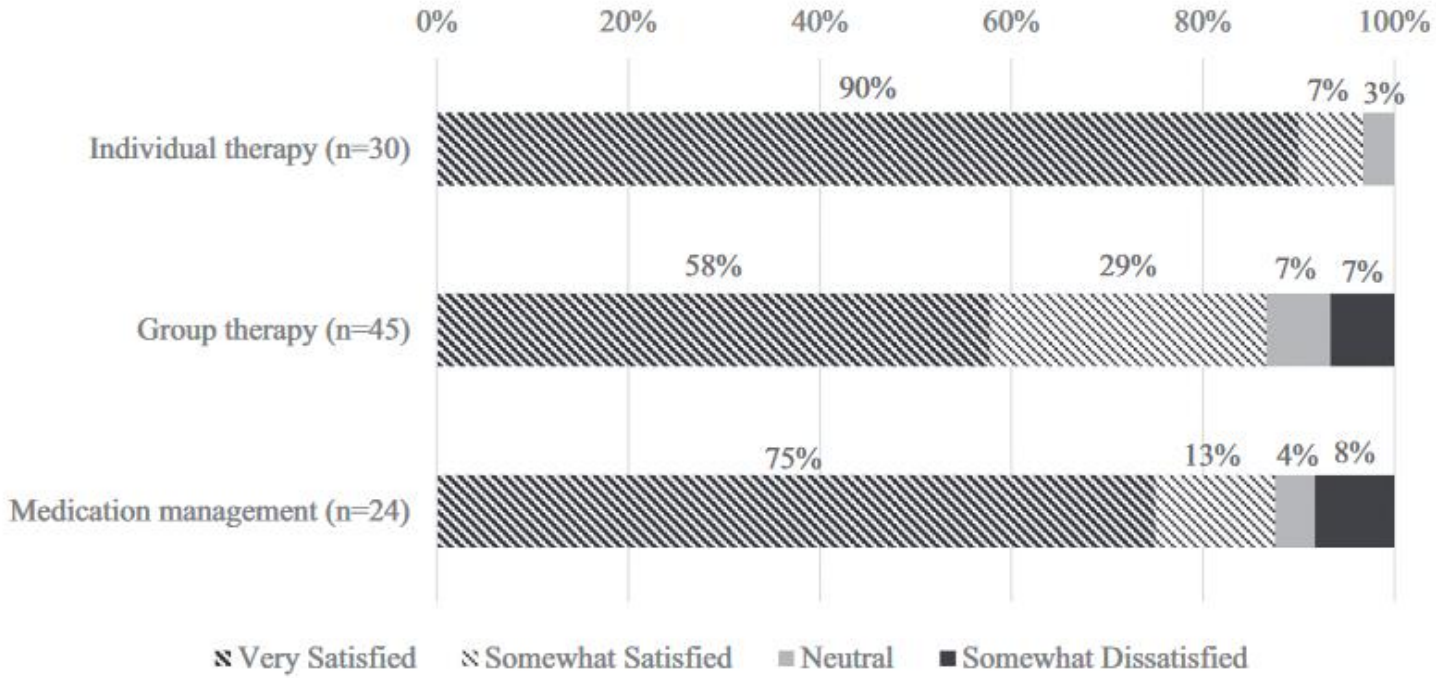

FIGURE 1 Telehealth satisfaction by treatment type

SUD Specialty Clinic-Groups, Med management

N=58 (mostly white, male, well educated)

2021, Sugarman DE, et al, Am J on Addictions

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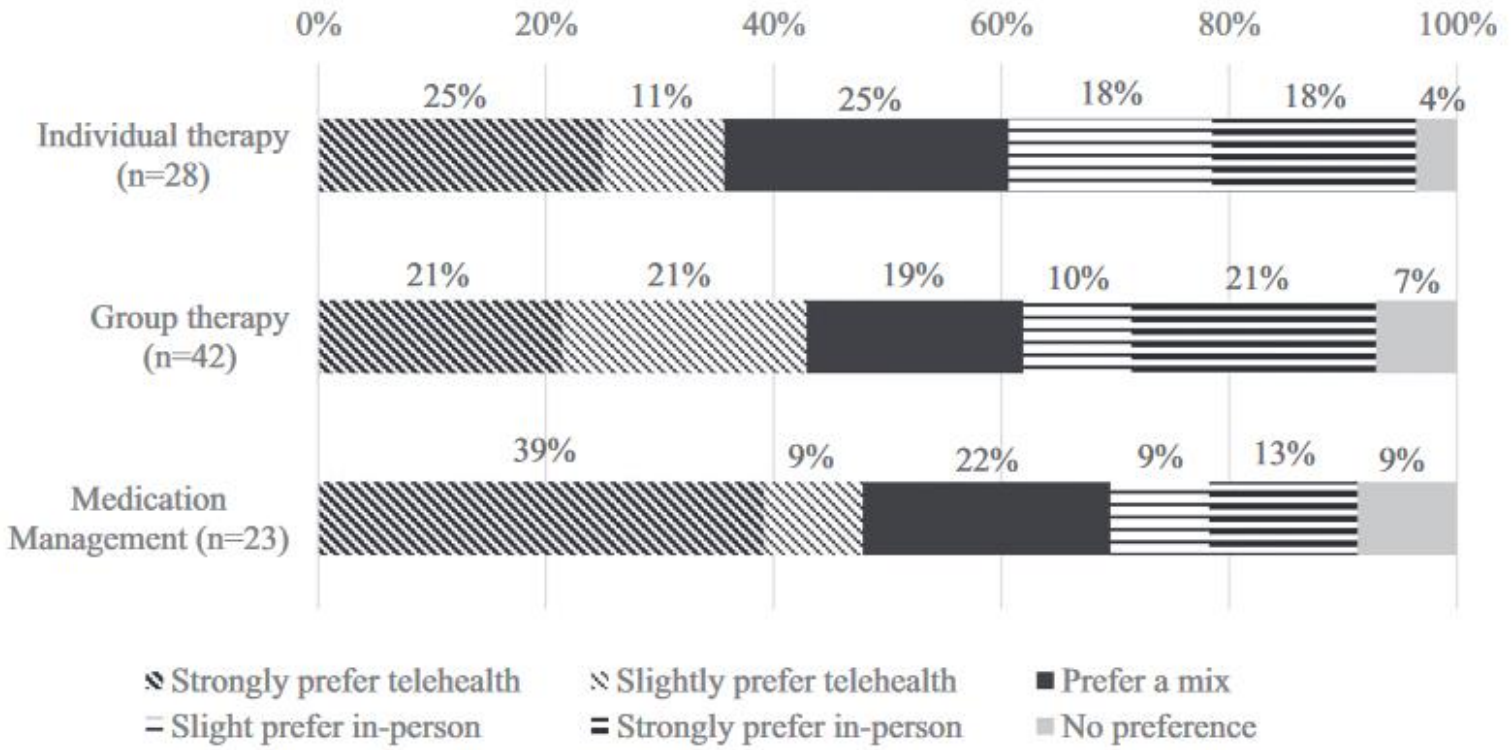

FIGURE 2 Preferred mode of treatment delivery by treatment type

SUD Specialty Clinic-Groups, Med management

N=58 (mostly white, male, well educated)

2021, Sugarman DE, et al, Am J on Addictions

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Did Not Like about Telehealth	Did like about Telehealth
Don’t connect well with other group members (28%) Potential for interruptions at home/work (26%) Like going to clinic and getting out of the house (19%) More likely to discuss difficult topics in person (17%) Don’t connect as well with therapist (16%) Privacy concerns at home (14%)	I can do it from home (40%) I don’t have to commute (83%) I don’t have to sit in a waiting room (45%) I don’t have to leave work (35%) It is easier to find an appointment time (33%) It makes childcare responsibilities easier (22%) It is easier to talk with therapist (16%) It is more confidential (12%)

2021, Sugarman DE, et al, Am J on Addictions

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It is effective?

TELEHEALTH FOR SUD TREATMENT REVIEW

- 6290 studies assessed→17 RCTs
  - 6 studies used telehealth as replacement, 11 studies were in addition to in-person
- OUD, AUD, Cannabis, Multiple SUDs
- Telehealth Treatment Variations
  - Videoconference
  - Computer-based therapy
  - Add-on treatment
  - Text messages twice daily or weekly
  - Weekly 15min phone sessions

- **Results**
  - Evidence is uncertain to weak
    - Small sample size, attrition problems, randomized?
  - May improve adherence (web-based CBT)
  - Low strength evidence for text messaging→improve abstinence/decrease drinking amounts
  - Moderate strength evidence for phone calls→reduces readmissions for detox

Uhl S, Bloschichak A, Moran A, et al. Telehealth for Substance Use Disorders: A Rapid Review for the 2021 U.S. Department of Veterans Affairs and U.S. Department of Defense Guidelines for Management of Substance Use Disorders. *Annals of internal medicine. May 2022;175(5):691-700. doi:10.7326/M21-3931*

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IS TELEHEALTH A REPLACEMENT FOR IN-PERSON THERAPY?

- 1 Randomized Controlled, n=32, AUD
- In-person therapy + meds prn **vs** online therapy + meds prn
- 12 month follow-up

- **Results**
  - No difference in days of any or excessive alcohol use
  - Dro

In-person	Online
44%	17%

Tarp K, Bojesen AB, Mejldal A, et al. Effectiveness of optional videoconferencing-based treatment of alcohol use disorders: randomized controlled trial. **JMIR Ment Health**. 2017;4:e38

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CAN YOU USE COMPUTER-ONLY CBT WITH NO THERAPIST?

- 2 Randomized controlled trials for **Alcohol Use Disorder**
  - Trial 1: **Computer-based online CBT** vs **In-person CBT**
  - Trial 2: **Computer-based online CBT** vs **Online CBT therapist**

- **Results**
  - No difference between groups in overall abstinence from alcohol
  - No difference in days of any alcohol use
  - No difference in quality of life at 8+ weeks

Kiluk BD, Devore KA, Buck MB, et al. Randomized trial of computerized cognitive behavioral therapy for alcohol use disorders: efficacy as a virtual stand-alone and treatment add-on compared with standard outpatient treatment. **Alcohol Clin Exp Res**. 2016;40:1991-2000.
Sundström C, Eék N, Kraepelien M, et al. High- versus low-intensity internet interventions for alcohol use disorders: results of a three-armed randomized controlled superiority trial. **Addiction**. 2020;115:863-874.

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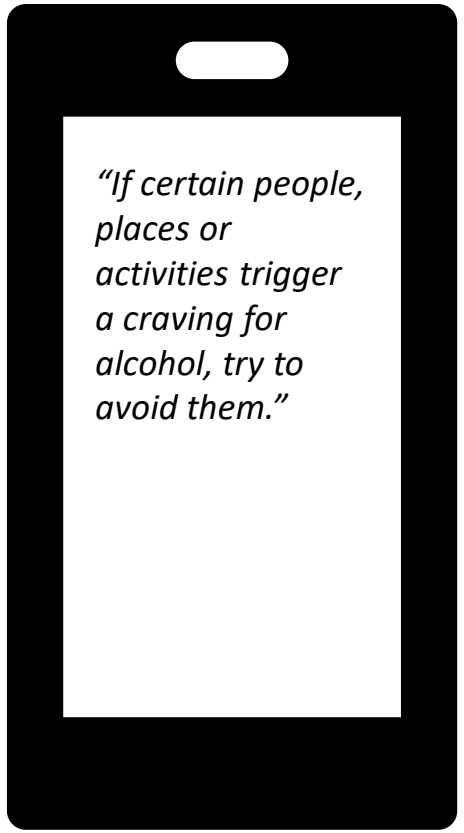
TEXT MESSAGING SUPPORT

- 5 RCTs
- Intervention
  - Automated messages sent twice daily or weekly to encourage participants to self-monitor and reduce substance use behaviors.



- Results
  - 25 more days abstinent at 12 months vs standard care
  - Reduction in daily drinking, up to 4.4 units a day
  - No change in ED visits
  - No change in frequency of consumption if still drinking

Uhl S, Bloschichak A, Moran A, et al. Telehealth for Substance Use Disorders: A Rapid Review for the 2021 U.S. Department of Veterans Affairs and U.S. Department of Defense Guidelines for Management of Substance Use Disorders. *Annals of internal medicine. May 2022;175(5):691-700. doi:10.7326/M21-3931*

Hartnett D, Murphy E, Kehoe E, Agyapong V, McLoughlin DM, Farren C. Supportive text messages for patients with alcohol use disorder and a comorbid depression: a protocol for a single-blind randomised controlled aftercare trial. BMJ Open. 2017 May 29;7(5):e013587. doi: 10.1136/bmjopen-2016-013587. PMID: 28554910; PMCID: PMC5729994.

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HOW DOES TELEHEALTH IMPACT OUTCOMES?

- VA Retrospective Study from 2008-2017
  - N=28,791 across all VA sites, 93% male, 81% white, 50% between 25-44yo
  - 73% also had diagnosis of depression, 40% PTSD
- Diagnosed with OUD and treated with Buprenorphine
- Telehealth visits included med management and counseling

- **Results**
  - Engagement in telehealth was associated with a **lower risk of treatment discontinuation** (aHR 0.69)

Vakkalanka JP, Lund BC, Ward MM, et al. Telehealth Utilization Is Associated with Lower Risk of Discontinuation of Buprenorphine: a Retrospective Cohort Study of US Veterans [published online ahead of print, 2021 Jun 22]. *J Gen Intern Med*. 2021;1-9. doi:10.1007/s11606-021-06969-1

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HOW DOES TELEHEALTH IMPACT OUTCOMES?

- Medicare Cohort study

	Before COVID 9/2018-2/2020	During COVID 9/2019-2/2021
Number	105,240	70,538
Receipt of OUD Telehealth	593 (0.56%)	13,829 (19.61%)
Received Buprenorphine	4566 **(4.3%)**	3184 **(4.6%)**
80% Bup adherence	**31.07%**	**33.26%**
Treated overdose	19,491 **(18.5%)**	13,004 **(18.4%)**

In Pandemic group

- If received OUD telehealth services→increased odds of better retention (aOR 1.27)

***Implications*: As good as in-person, but not necessarily better.**

Jones CM, Shoff C, Hodges K, et al. Receipt of Telehealth Services, Receipt and Retention of Medications for Opioid Use Disorder, and Medically Treated Overdose Among Medicare Beneficiaries Before and During the COVID-19 Pandemic. *JAMA Psychiatry.* 2022;79(10):981–992. doi:10.1001/jamapsychiatry.2022.2284

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PHONE APP WITH CM SHOWS PROMISE FOR AUD

- Results
  - D

Urine drug testing results at monthly research assessments.[†]

	DynamiCare (*N* = 29)				TAU (*N* =32)			
	Research Assessment				Research Assessment			
	1	2	3	4	1	2	3	4
Abstinent n (%)	10 (35)	9 (31)	11 (38)	8 (28)	7 (22)	7 (22)	4 (13)	3 (9)
Non-abstinent n (%)	2 (7)	4 (14)	2 (7)	2 (7)	2 (6)	2 (6)	2 (6)	2 (6)
Missing n (%)	17 (59)	16 (55)	16 (55)	19 (66)	23 (72)	23 (72)	26 (81)	27 (84)

Monthly Timepoints

[†]Abstinent results include those that were negative, as well as those results that were consistent with the participant's prescriptions or cannabis card.

Hammond AS, Sweeney MM, Chikosi TU, Stitzer ML. Digital delivery of a contingency management intervention for substance use disorder: A feasibility study with DynamiCare Health. J Subst Abuse Treat. 2021 Jul;126:108425.

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PHONE APP WITH CM SHOWS PROMISE FOR AUD

- Results
  - 45% rated it as a positive intervention

Endorsement of helpful app features.[f]

What features of the app program where helpful?	% Endorsing (n = 13)
Surprise testing kept me on my toes	92
Earning money for staying abstinent	77
Monitoring my own behavior	69
Making recovery enjoyable	69
Being in charge of my own test	54

[f]Responses obtained at 1 month postrandomization. The response rate for the satisfaction survey was 45%.

Hammond AS, Sweeney MM, Chikosi TU, Stitzer ML. Digital delivery of a contingency management intervention for substance use disorder: A feasibility study with DynamiCare Health. J Subst Abuse Treat. 2021 Jul;126:108425.

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How has telehealth impacted access to SUD treatment?

TELEHEALTH ACCESS HIGHLIGHTS

- On-Demand, Audio Only Buprenorphine Telehealth
  - Grant funded
  - Rhode Island
- 24/7
  - Staffed by 6 providers
  - Care navigators
- Bridge clinic
- Buprenorphine Initiation
- Does not bill for visit

Samuels EA, Clark SA, Wunsch C, et al. Innovation During COVID-19: Improving Addiction Treatment Access. *J Addict Med*. 2020;14(4):e8-e9. doi:10.1097/ADM.0000000000000685

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ON DEMAND PHONE BUP CLINIC

- 60% male, mean age 40
  - Majority of callers in opioid withdrawal (66%): SOWS-26.8 (4-57)
  - 17% reported overdose in preceding 12 months

- Majority of callers have prior addiction treatment experience
  - 7.6% in treatment at time of call

- 2/3 of callers had taken buprenorphine previously – prescribed and/or non-prescribed

Wunsch C, Lum L, Wightman RS, Pratty C, Jacka B, Hallowell B, Clark S, Samuels EA. On-Demand, Audio-only Buprenorphine Initiation During Covid-19. Accepted abstract ASAM 2022.

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ON DEMAND PHONE BUP CLINIC

- 134 calls
- 103 Buprenorphine prescriptions
  - Not prescribed: no OUD (4), declined Rx (1), already in care (2), triaged to higher level of care (1), unable to participate in interview (4), not listed (11)
- 94 new prescriptions
  - 65 filled ***subsequent*** buprenorphine prescription in 30 days
- Other notes
  - Advertised on social media and late-night TV

Wunsch C, Lum L, Wightman RS, Pratty C, Jacka B, Hallowell B, Clark S, Samuels EA. On-Demand, Audio-only Buprenorphine Initiation During Covid-19. Accepted abstract ASAM 2022.

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DOES TELEHEALTH INCREASE ACCESS?

- Cohort study, Commercial insurance or Medicare Advantage
- Compared
    - **Before COVID 3/2019-3/2020** vs **During COVID 3/2020-3/2021**
        - **Low Telemedicine providers** vs **High Telemedicine providers**

- **Results**
    - No change in total visit volume
    - No change in MOUD initiation

***Implications*: Increased telehealth options DID NOT lead to providers providing more OUD treatment.**

Hailu R, Mehrotra A, Huskamp HA, Busch AB, Barnett ML. Telemedicine Use and Quality of Opioid Use Disorder Treatment in the US During the COVID-19 Pandemic. *JAMA Netw Open.* 2023;6(1):e2252381. doi:10.1001/jamanetworkopen.2022.52381

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Unintended Consequences?

Increased treatment instability?

Increase in overdose risk?

Diversion?

WOULD RELAXATION OF REGULATIONS CAUSE PROBLEMS?

Observed Changes during Public Health Emergency

- Increase in prescribing flexibility
  - Buprenorphine
  - Methadone
- No need for initial in-person visits
- Reduced urine drug screens

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WOULD RELAXATION OF REGULATIONS CAUSE PROBLEMS?

- Methadone clinics in Connecticut (N=29)
- Patients: 24,261
- Practice Changes
  - Take-home doses
  - Drug testing frequency
  - In-person vs telehealth visits

Hailu R, Mehrotra A, Huskamp HA, Busch AB, Barnett ML. Telemedicine Use and Quality of Opioid Use Disorder Treatment in the US During the COVID-19 Pandemic. JAMA Netw Open. 2023 Jan 3;6(1):e2252381. doi: 10.1001/jamanetworkopen.2022.52381. PMID: 36692880; PMCID: PMC10038015.

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Changes in clinic practices	Before COVID-19	After COVID-19	Change
Take-home Doses			
28-day take-home doses	0.1% (25)	16.8% (4076)	16,700%
14-day take-home doses	14.2% (3445)	26.8% (6499)	89%
4 to 6-day take-home doses	13.3% (3236)	15.3% (3710)	15%
3-day take-home doses	16.8% (4069)	20% (4853)	19%
2-day take-home doses	18.1% (4383)	11.5% (2789)	-36%
≤1-day take-home doses	37.5% (9103)	9.6% (2333)	−74%

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Changes in clinic practices	Before COVID-19	After COVID-19	Change
Drug testing frequencies			
8 times per year	84.9% (20,608)	92.2% (22,375)	9%
Once or twice a month	12.5% (3042)	2.9% (692)	−77%
Weekly	2.5% (612)	1.7% (418)	−32%
Random	0%	1.2% (287)	–
No testing requirement	0%	2% (488)	–

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Changes in clinic practices	Before COVID-19	After COVID-19	Change
In-person individual counseling	57.5% (13,962)	9.3% (2263)	−84%
In-person group counseling	42.5% (10,299)	8.2% (1996)	−81%
Telehealth individual counseling	0%	75.2% (18,244)	–
Telehealth group counseling	0%	7.2% (1758)	–
In-person case management	46.3% (11,231)	13.9% (3384)	−70%
Telehealth case management	0%	32.3% (7846)	–
No case management	12.5% (3030)	12.5% (3030)	0%
In-person patient evaluations	77.8% (18,883)	55.6% (13,480)	−28%

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WOULD RELAXATION OF REGULATIONS CAUSE PROBLEMS?

- There was **NO increase** in methadone-related fatal overdoses

Period	All opioid fatalities	Methadone-only fatalities		All methadone-involved fatalities		Opioid fatalities not involving methadone	
	Number	Number	%	Number	%	Number	%
April–August 2015 through 2019	1972	74	3.8%	181	9.4%	1791	90.6%
April–August 2020	539	22	4.1%	59	10.9%	480	89.1%
X^2 value vs. other opioids		1.803		1.539			
p-value		0.406		0.215			

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WHAT ABOUT DIVERSION?

- Cross sectional study of Medicare Advantage Claims
- Buprenorphine Inductions from 1/2020-4/2021
  - Telemedicine vs In-person

- N=2703 Buprenorphine Inductions
  - 13.9% were via telemedicine
  - No difference in patients (severity or complexity) between the telemedicine group and the in-person group
  - If 70+ year's old→in-person visit/induction
  - Lower income county→in-person/induction

***Implications*: There was no overuse of telemedicine. No change in diversion risk from baseline.**

Barsky BA, Busch AB, Patel SY, Mehrotra A, Huskamp HA. Use of Telemedicine for Buprenorphine Inductions in Patients With Commercial Insurance or Medicare Advantage. *JAMA Netw Open.* 2022;5(1):e2142531. doi:10.1001/jamanetworkopen.2021.42531

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UW Pilot Study: Phone App for Contingency Management

CONTINGENCY MANAGEMENT APP FOR METH

DYNAMICARE HTTPS://WWW.DYNAMICAREHEALTH.COM/

- UW Psychiatry Department Garvey Grant Pilot
- Goal N=30
- Study lasts 3 months (after patient enrolls)
- Patient eligibility:
  - Patient within UW Medicine system
  - Age > 18
  - Self-report methamphetamine use (5-9 days out of last 30) and desire to reduce use

No phone or data plan?

- One-time phone/data plan can be provided by study
- Limited number

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STUDY FLOW

Clinician will provide flyer and brief study summary to patient*

Pt. will call study phone, if interested

Research coordinator (RC) to complete screening and informed consent with patient (via phone)

RC to connect pt. to DynamiCare enrollment specialist

*alternative: EPIC dot phrase sent to research team

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DYNAMICARE APP

- Enrollment specialist to assist with:
  - Downloading app
  - Receiving testing materials
  - Facilitating connecting with “recovery coach”
- ~Weekly meetings with “recovery coach”:
  - Peer/therapeutic, but non-clinical support
- Financial rewards for:
  - Negative methamphetamine tests (saliva-based test)
  - Meetings with recovery coach
  - CBT modules
  - DynamiCare Surveys

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STUDY RESULTS

- Enrollment
  - 34 participants screened
    - 28 enrolled
    - 15 received intervention (graduated from “welcome period”
- Easily adopted by both primary care and specialty clinics
  - Cardiology
  - HIV
  - SUD
- Free smart phone availability was challenging

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Table 2. Engagement with intervention, among the N = 15 patients who received the intervention.

		N (%)
Substance tests completed[a]	10-33%	9 (60%)
	34-66%	3 (20%)
	67-94%	3 (20%)
Substance tests showing recent (meth)-amphetamine abstinence[a]	0-33%	14 (93%)
	34-66%	0 (0%)
	67-100%	1 (7%)
Coaching calls completed[b]	0-4	8 (53%)
	5-8	4 (27%)
	9-24	3 (20%)
CBT modules completed[c]	0-11	9 (60%)
	12-23	4 (27%)
	24-35	2 (13%)
Rewards earned[d]	$37-$107	8 (53%)
	$108-$177	5 (33%)
	$178-$246	2 (13%)

Note. [a]Percentages are calculated based on the number of substance tests prompted by the app: M=24.9, SD=4.0 tests prompted per patient. [b]Participants were encouraged to complete 1 coaching call per week for the 12-week program but could complete additional coaching calls as desired. [c]35 CBT modules were available. [d]In total, participants could earn ~$465 if they completed all intervention components and had complete (meth)amphetamine abstinence. CBT = cognitive behavioral therapy. Response categories reflect the ranges observed across participants who received the intervention (e.g., no participants completed <10% or >94% of substance tests).

Table 3. Intervention usability ratings, as reported on the Modified mHealth App Usability Questionnaire (MAUQ) at intervention week 6 (n = 12).

Modified mHealth App Usability Questionnaire item	Strongly agree	Agree	Some-what agree	Neither agree nor disagree	Some-what disagree	Disagree	Strongly disagree
Ease of use questions							
The program was easy to use.	5	6	1				
It was easy for me to learn to use the program.	4	7	1				
I like the program.	6	6					
The program was well organized, so I could easily find the information I needed.*	3	7	1				
I feel capable of using this program.	7	4	1				
Satisfaction questions							
I would use this program again.	7	4	1				
Overall, I am satisfied with the program.	6	5	1				
The program is an acceptable way to receive help with substance use.	5	5	2				
The program does what I expected it to.	3	8		1			
Usefulness questions							
The program would be useful for my health and well-being.	5	7					
The program improved my access to healthcare services.	3	2	3	4			
The program helped me manage my substance use effectively.	2	4	3	3			
I felt confident that any information I sent to my recovery coach using the app would be received.	7	3	1	1			
I felt comfortable communicating with my recovery coach using the app.	5	4	2	1			

	Much too short	A little too short	Just right	A little too long	Much too long
Additional items					
On a day-by-day basis, the amount of time it takes to participate in the program is:		1	10		
The three-month duration of this program seems:	1	4	5	1	

STUDY SUMMARY

- Participants had variable rates of engagement with the intervention, potentially due in part to co-occurring SUDs, mental health conditions, and socioeconomic factors.
- More hands-on, human-to-human connection may be needed to increase engagement, especially during early phases of the intervention.
- Participants who received the intervention found it easy to use and satisfactory.
- Impressions were slightly more mixed regarding the intervention's usefulness.
- Modifications to the intervention may be warranted to increase the perceived usefulness of the intervention.
- Future studies could utilize a longer intervention period with greater financial incentives to potentially improve engagement and clinical outcomes.

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SHOULD YOU OFFER TELEMEDICINE FOR SUDS?

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SUMMARY

- Telehealth is acceptable and as effective as in-person care
- Telehealth can take many forms and has the ability to increase access across clinical settings
- Flexibility related to telehealth is valued
- Telehealth is not a replacement for in-person care
- Telehealth is likely not going to solve the treatment need for SUDs

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Thank You

UW Psychiatry and Addiction Case Conference

Online webinar

Monthly OUD related topic

Reviews spectrum of substance use and mental health issues

Free, Thursdays, online, all providers

https://ictp.uw.edu/programs/uw-pacc

UW Provider Consultation Line

Free 24/7 hotline for prescribers and non-prescribers for psychiatry and addiction questions.

877-WA-PSYCH

https://psychiatry.uw.edu/clinical-care-consultation/provider-consultation/psychiatry-consultation-line-pcl-faqs/

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