

Telehealth During Pandemic a Boon to OUD Rx

[Pain Medicine News](#)

Medicare beneficiaries who received virtual care for opioid use disorder (OUD) during the COVID-19 pandemic continued treatment longer and had lower odds of experiencing a medically treated overdose, a new study found.

Researchers tracked 175,778 adults who initiated OUD care before or during the pandemic, when telehealth services were expanded. The team observed a substantial increase in telehealth utilization during the crisis. In addition, Medicare beneficiaries who used telehealth services for OUD treatment had better outcomes than those who did not use them ([JAMA Psychiatry](#) 2022 Aug 31. doi:10.1001/jamapsychiatry.2022.2284).

"There were questions at the start of the pandemic about whether the quality of care or outcomes with the rapid expansion of telehealth would prove beneficial," said lead author Christopher M. Jones, PharmD, DrPH, the acting director of the CDC's National Center for Injury Prevention and Control. "Our findings lend evidence to the growing evidence base that telehealth services do provide benefit."

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In 2020, federal agencies implemented policies to broaden the use of telehealth services—including the provision of medications for OUD (MOUD)—in response to concerns that pandemic-related stressors and stay-at-home measures would interrupt treatment and increase overdoses.



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Dr. Jones and his colleagues analyzed Medicare data for September 2018 to February 2021. Their sample included 105,240 beneficiaries who started an episode of OUD-related care before the pandemic and 70,538 beneficiaries

who began care after the pandemic started.

"We clearly see that there was little telehealth service used for OUD-related care prior to COVID-19," Dr. Jones said. Only 0.6% of beneficiaries in the pre-pandemic cohort received OUD-related telehealth service compared with 19.6% of the pandemic cohort ($P<0.001$). Overall, the two cohorts experienced overdoses at similar rates.

"We really wanted to explore, among the pandemic cohort, did receipt of telehealth services provide a protective effect?" Dr. Jones said. He and his team found that beneficiaries in this group who received OUD-related telehealth services had increased odds of MOUD retention (adjusted odds ratio [AOR], 1.27; 95% CI, 1.14-1.41) and lower odds of medically treated overdose (AOR, 0.67; 95% CI, 0.63-0.71).

However, the researchers also noted disparities in access to OUD-related telehealth services, with non-Hispanic Black people and people living in the South being less likely than other beneficiaries to receive care.

"While our findings are certainly encouraging and support the value of expanded access to telehealth services for OUD care, we need to be mindful as we work to continue to implement access to these services that we are doing it in an equitable way so that everyone can take advantage of and

benefit from this expansion," Dr. Jones said.

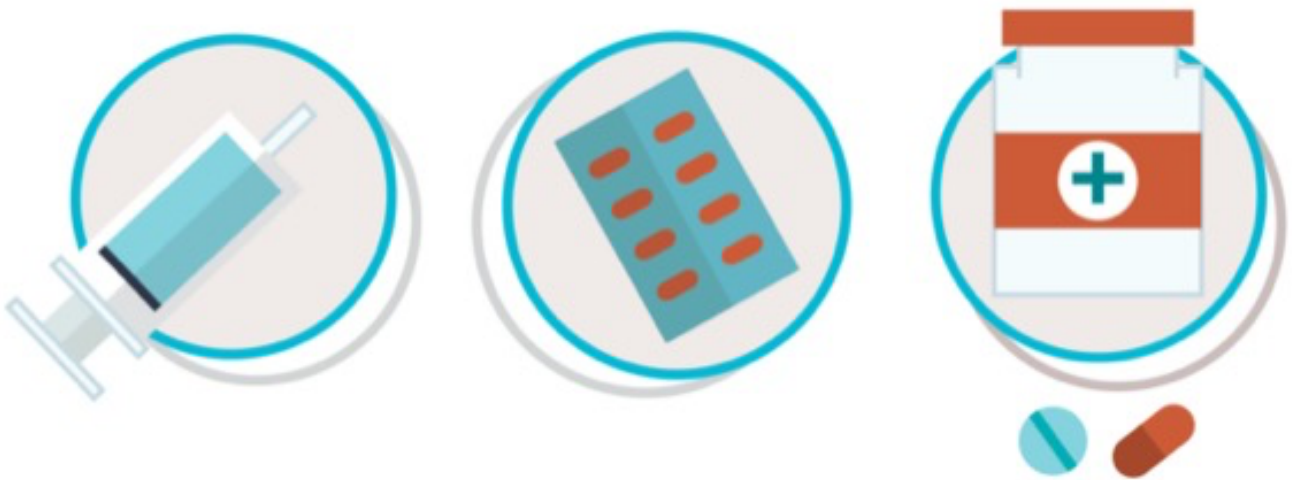
Among the questions remaining are the extent to which the new findings can be applied to other patients and how telehealth services affect the overdose mortality risk and substance use patterns.

"The issues around disparities in access to telehealth services is a really important research question," Dr. Jones added. "[We need to understand] from both provider and patient perspectives who is offered telehealth services, who is not and why."

Jeffrey Bratberg, PharmD, FAPhA, a clinical professor at the University of Rhode Island, in Kingston, who was not involved with the research, agreed. "We've had preexisting racial and ethnic disparities in access to, use of, and retention on MOUD pre-pandemic," he said. "The COVID-19 pandemic worsened all those things despite telehealth, so we still need more avenues to reach the groups who are disproportionately affected by these disparities."

Dr. Bratberg described the new paper as "phenomenal." Because the researchers focused on Medicare patients, he noted, they were able to use federal databases to rigorously document how use of telehealth changed during the pandemic and resulted in significantly decreased overdoses.

The findings demonstrate that telehealth is an important avenue for people to access care for OUD. "This is really not something that should go away," Dr. Bratberg said. "The start of the pandemic really showed that we can act quickly, we can sustain [telehealth services], and there are even new business models based entirely on telehealth to sustainably provide medicines for OUD care."



Dr. Bratberg has served as a consultant on an initiative to test a "no barrier" model for MOUD that involves [collaborative practice agreements](#) between community pharmacists and clinicians. He and his colleagues recently wrapped up a randomized controlled trial evaluating how pharmacists can help patients commence and maintain buprenorphine care in the community pharmacy setting. Telehealth was used to induct patients into the program, Dr. Bratberg noted.

Many of the patients who participated in the study were

unemployed and had unstable housing. “Most of the patients had been prescribed buprenorphine in the past, but because of the pandemic or because of all kinds of other factors, were unable to remain in care, so the pharmacy was a way to get them and have them stay in care,” he said. “It really shows the power of not just telehealth, but also the power of [how] if we have more places for people to access care, they will access it and they will also stay in care.”

Dr. Bratberg said a crucial next step is expanding telehealth services to address mental health conditions and other comorbidities that are common in people with OUD.

“We need more telepsychiatry as part of substance use disorder treatment,” he said. “We need comprehensive telehealth as opposed to standalone tele-MOUD, because if you’re a patient who can’t access buprenorphine care, you probably can’t access other primary care and behavioral health services.”

—*Kate Baggaley*

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