

Buprenorphine Bridges: Telehealth Solutions to Mitigate Buprenorphine Barriers

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ASAM Annual Meeting April 14th, 2023



Disclosure Information

- ◆ Jeanmarie Perrone, MD
 - ◆ No Disclosures
- ◆ Nicole O'Donnell, CRS
 - ◆ No Disclosures
- ◆ Margaret Lowenstein, MD
 - ◆ No Disclosures
- ◆ Michael J. Lynch, MD
 - ◆ No Disclosures
- ◆ Rachel Wightman, MD
 - ◆ No Disclosures
- ◆ Andrew Herring, MD
 - ◆ No Disclosures

Learning Objectives

- ◆ Discuss pending legislation and policies that will impact future telehealth OUD treatment efforts including parity billing and advocacy needed.
- ◆ Describe how care delivery models for buprenorphine telehealth can be implemented into existing health system infrastructure.
- ◆ Identify funding sources and cost savings metrics to support sustainability of buprenorphine telehealth programs within your health system.

Health Affairs Blog

HEALTH AFFAIRS FOREFRONT

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These Key Telehealth Policy Changes Would Improve Buprenorphine Access While Advancing Health Equity

[Utsha Khatri](#), [Corey S. Davis](#), [Noa Krawczyk](#), [Michael Lynch](#), [Justin Berk](#), [Elizabeth A. Samuels](#)

SEPTEMBER 11, 2020

10.1377/forefront.20200910.498716



Buprenorphine Telehealth Consortium Health Affairs 9/11/2020



Health Affairs Blog

A Call for Equity

Telehealth to Improve Buprenorphine Access Sign on letter

650

signatures

Members of Congress, the U.S. Department of Health and Human Services, and the DEA:

The economic, social, and emotional havoc of the COVID-19 pandemic exacerbated an already worsening opioid overdose crisis and emphasized the urgent need to lower barriers to access evidence-based, life-saving opioid use disorder (OUD) treatment.



https://brown.co1.qualtrics.com/jfe/form/SV_eqCFPf04BDYcrjL

CareConnect Warmline



Penn Medicine



Department of
Public Health

CITY OF PHILADELPHIA

Brief Timeline of Telehealth Regulation

2008:
Ryan Haight
Act

2020:
COVID-19
PHE Waivers

2022-2023:
42 CFR Part 8
Notice of
Proposed
Rulemaking

2018:
SUPPORT Act

2022:
Consolidated
Appropriations
Act

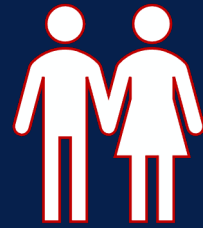
2/24/2023:
DEA Proposed
Rules for
Telehealth
Prescribing

Recent Telehealth Regulatory Updates

- ◆ Consolidated Appropriations Act of 2023¹
 - ◆ Section 4113: Expands Medicare coverage of critical telehealth services beyond the COVID-19 PHE, removing geographical requirements and delaying in-person requirements for Medicare coverage of mental health services (including audio-only) through 2024
- ◆ 42 CFR Part 8 Notice of Proposed Rulemaking²
 - ◆ Expansive update to OTP regulations including allowing telehealth evaluation to initiate medication treatment (audio-only for buprenorphine)
 - ◆ Does NOT include buprenorphine prescribing outside of an OTP
- ◆ DEA Proposed Permanent Rules on Telehealth Prescribing of Controlled Substances^{3,4}
 - ◆ In Person requirement after 30 days
 - ◆ Allows audio-only

1. [Text - H.R.2617 - 117th Congress \(2021-2022\): Consolidated Appropriations Act, 2023 | Congress.gov | Library of Congress](#)
2. [2022-27193.pdf \(federalregister.gov\)](#)
3. [Expansion of Bup \(DEA948\).pdf](#)
4. [Telemedicine \(DEA407\).pdf](#)

UPMC Medical Toxicology Telemedicine Bridge Program



CA Bridge: Alameda Health System



Telehealth and Equity

- ◆ Access to technology
- ◆ Diversity of patients
- ◆ Geographic reach

Digital Equity Strategies for Video Visits

EXHIBIT 1

Digital equity strategies used by US clinicians to support patients who face barriers to video visits for opioid use disorder (OUD), March 2022



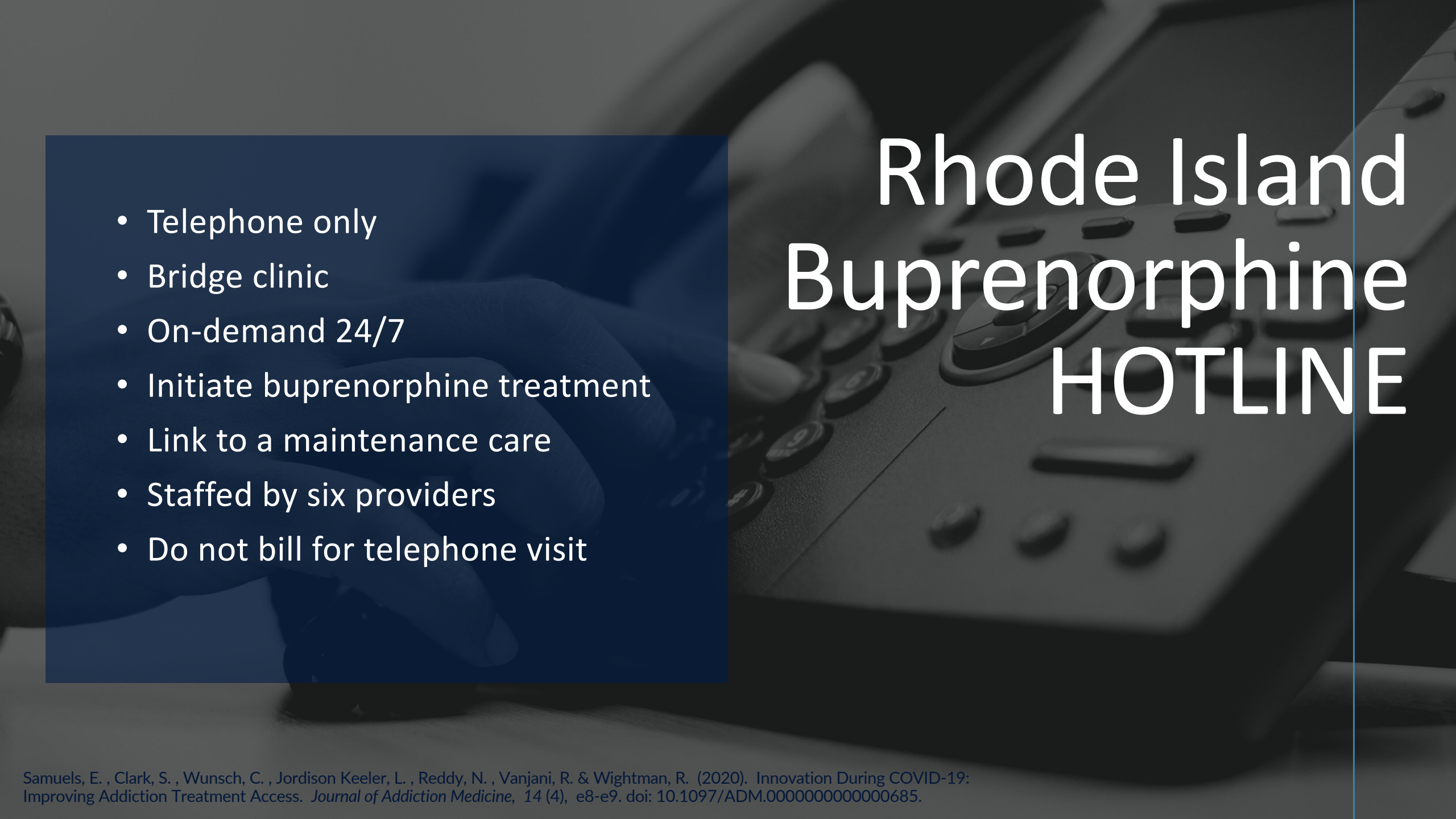
Uscher-Pines L, Riedel LE, Mehrotra A, Rose S, Busch AB, Huskamp HA. Many Clinicians Implement Digital Equity Strategies To Treat Opioid Use Disorder. Health Aff (Millwood). 2023;42(2):182-186. doi:10.1377/hlthaff.2022.00803

Audio-Only Encounters

- ◆ More common in marginalized patients (low-income, older, minority, unstable housing)
- ◆ Critical modality for access
- ◆ May be viewed as lower quality by some patients and providers



Frost MC, Zhang L, Kim HM, Lin L. Use of and Retention on Video, Telephone, and In-Person Buprenorphine Treatment for Opioid Use Disorder During the COVID-19 Pandemic. JAMA network open. 2022;5(10):e2236298-e2236298.

A close-up photograph of a hand holding a black telephone receiver over a keypad. The background is dark and slightly blurred, focusing on the hand and the phone. The text is overlaid on this image.

Rhode Island Buprenorphine HOTLINE

- Telephone only
- Bridge clinic
- On-demand 24/7
- Initiate buprenorphine treatment
- Link to a maintenance care
- Staffed by six providers
- Do not bill for telephone visit

Programs and Metrics



Quality Metrics (Intake)

- ◆ Number of calls received (reach)
- ◆ Operational performance
 - ◆ Percentage of callers connected/ timeliness
 - ◆ Percentage of callers appropriate for hotline
 - ◆ Percentage of callers with buprenorphine Rx provided
- ◆ Measuring vulnerable populations served

Quality Metrics (Follow up)

- ◆ Prescription fill rate
 - ◆ PDMP data
 - ◆ Documentation of barriers from patients on follow-up or call-back
- ◆ Follow up rate (retention in treatment)
 - ◆ PDMP data
 - ◆ Percentage of patient attend follow-up appointment (not hotline callback)
- ◆ Adverse outcomes
 - ◆ Documented instances of precipitated or continuing withdrawal

Overall program evaluation

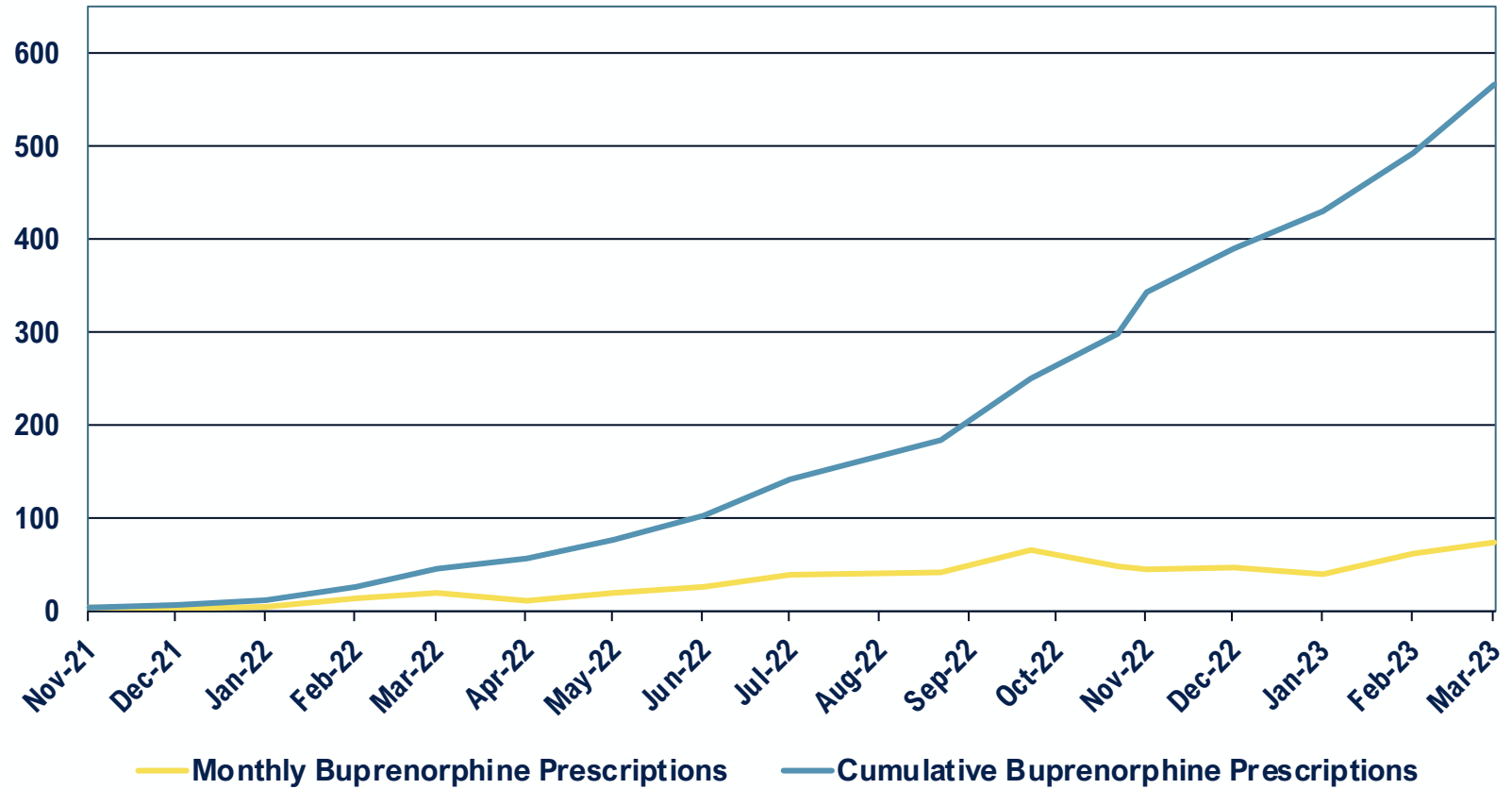
- ◆ Integration with broader continuity of care
 - ◆ Best referral channels from bridge line
- ◆ Economic cost vs. benefit
- ◆ Logistical barriers
 - ◆ Financial sustainability
 - ◆ Transportation
 - ◆ Special considerations (e.g., rural communities)

Outcomes



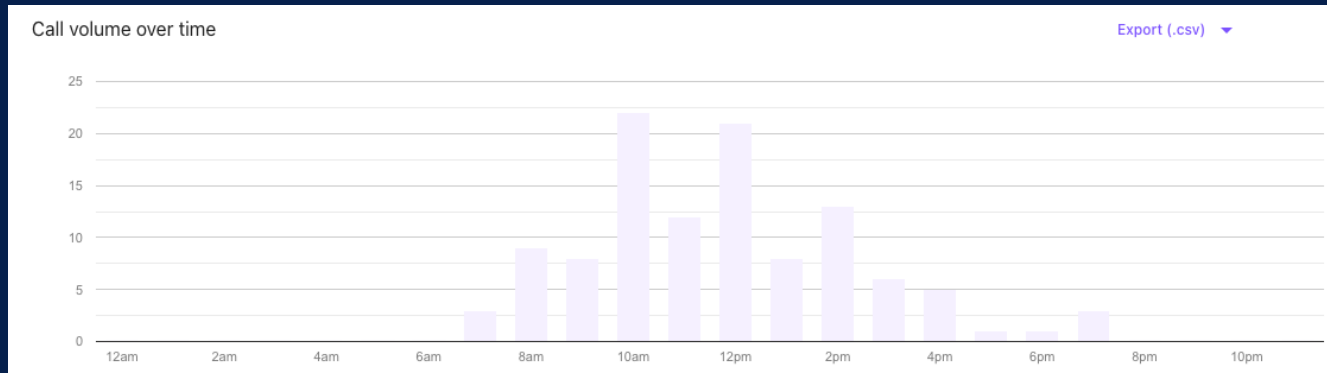
Program growth

566 Prescription Encounters

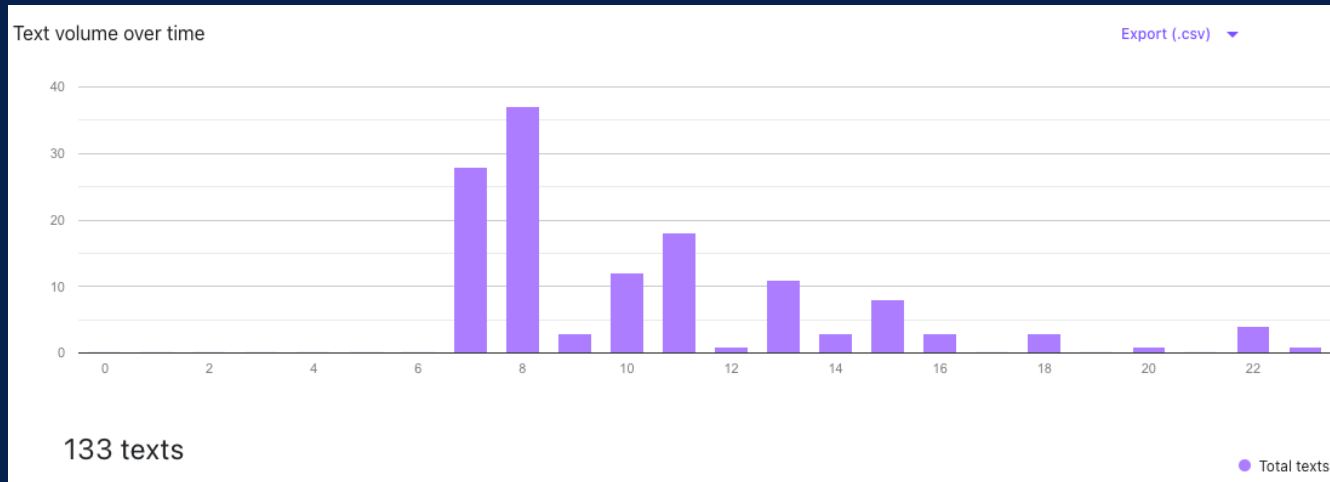


Typical day On the Line

112 Calls
71 in
41 out



133 texts
128 unique
patients



2022 impact

~20,000+ calls & texts

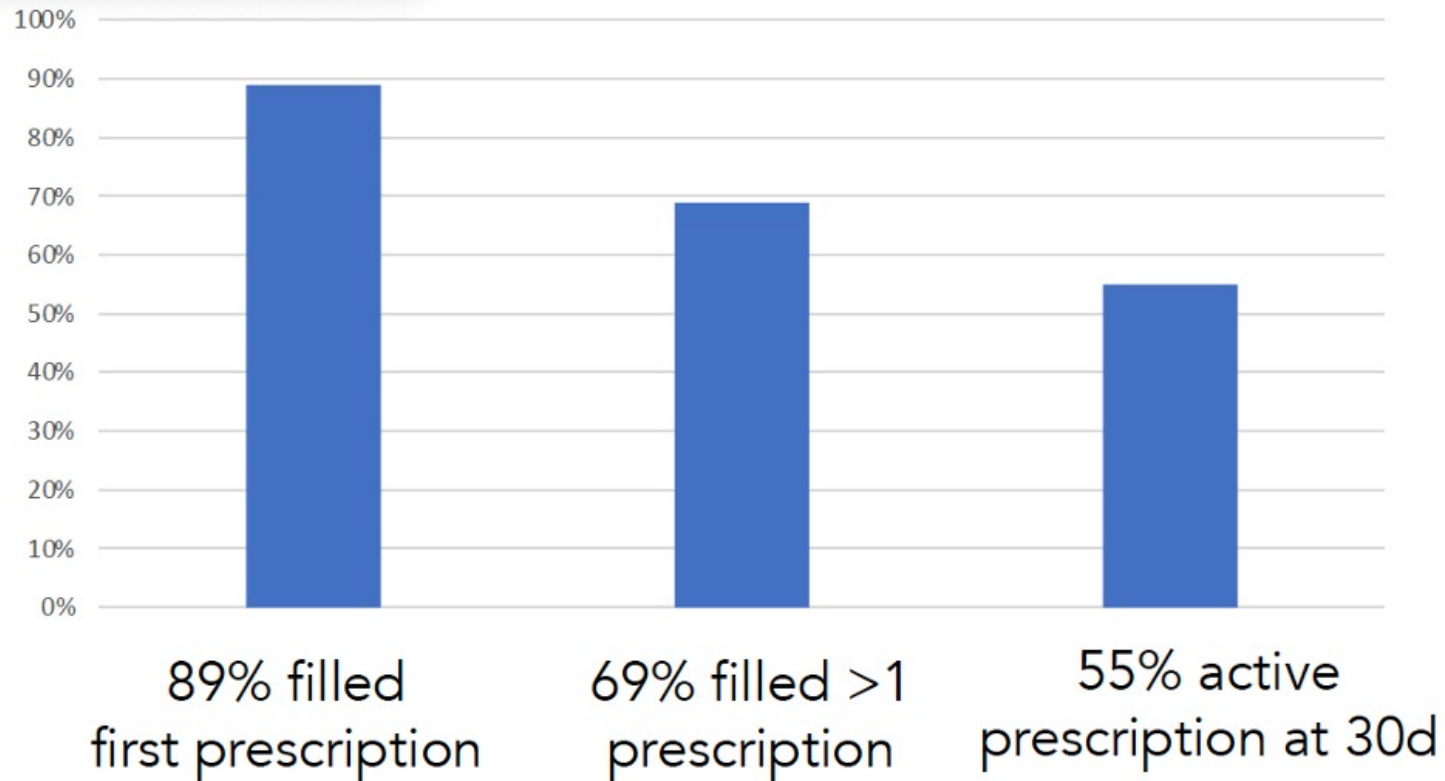
8,629 visits

1,921
Unique
patients

1,121
Actively
Engaged

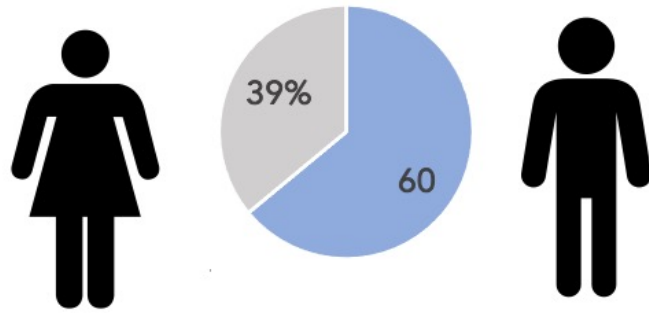
Early Outcomes

Prescription Encounters (n=249)

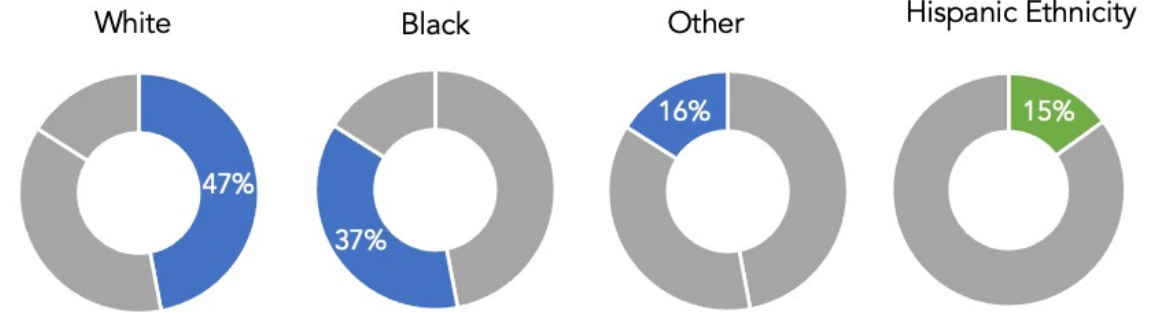


Program Demographics

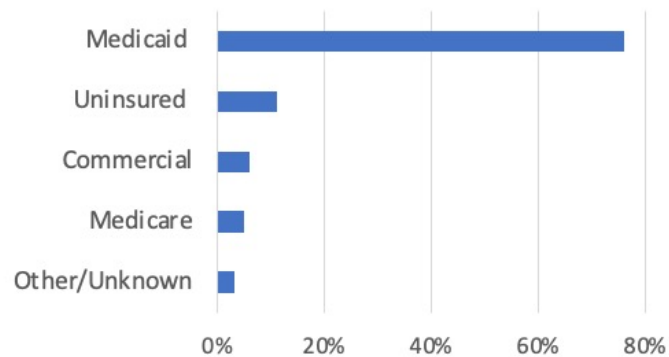
Gender



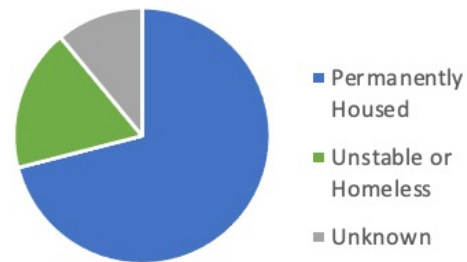
Race and Ethnicity



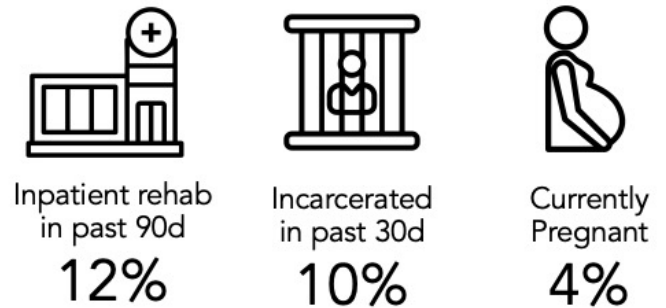
Insurance Type



Housing Status



Special Populations



Challenges

- ◆ Diversion
- ◆ Fraud/ identity theft
- ◆ Drug screening
- ◆ Pharmacies

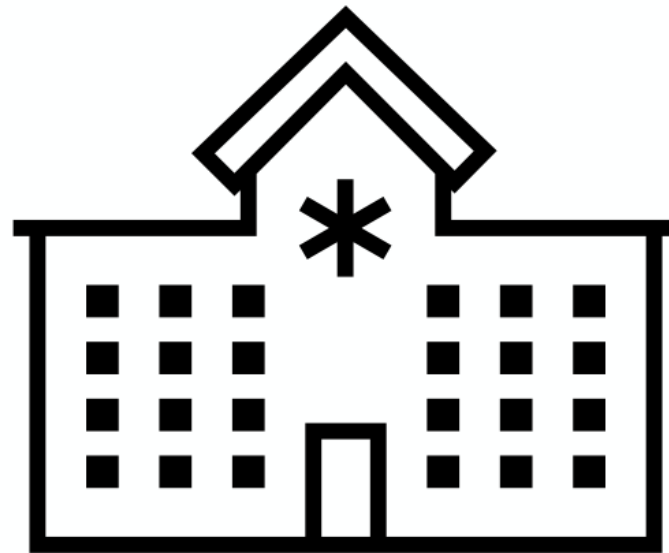
Breakout

Attend 2 of the 3 options

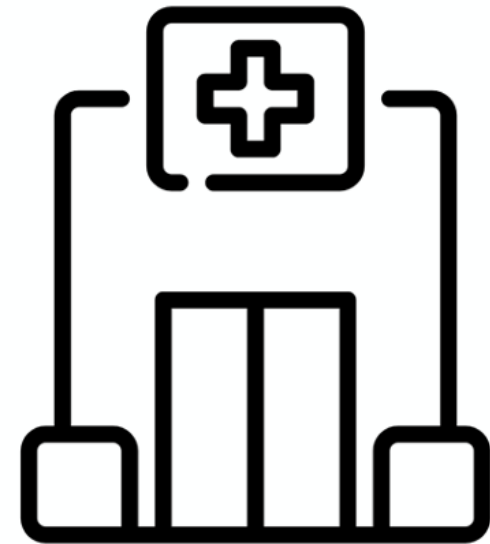
Three models



Implementation into
virtual urgent care
UPENN



Partnering w DOH
Rhode Island, CA Bridge



Extension
of Addiction Medicine
UPMC

Group Discussion



Needed Telehealth Regulatory Changes

- ◆ Extended or permanent waivers of Ryan Haight in-person evaluation requirement
 - ◆ DEA Proposed Permanent Rule on 2/24/2023
 - ◆ In-person requirement within 30 days to continue prescribing...
- ◆ Telehealth reimbursement parity, including audio-only, for public and private payers (federal and state)
- ◆ Alternative payment model, enhanced rates, or other sustained funding for bridge model facilitating rapid treatment engagement

Research needed

Continuum of Care Metrics

- ◆ What need is being filled?
 - ◆ Filling gaps of in-person vs. initiating new patients
 - ◆ Option of last resort?
- ◆ Long-term empirical outcomes compared to alternate entries to buprenorphine treatment (needs evaluation)
 - ◆ Requires linkage to administrative state databases
 - ◆ Length of treatment retention
 - ◆ Non-fatal, fatal overdose

Final Takeaways/Summary

Buprenorphine via telehealth is an underutilized strategy:

- ◆ Mitigates access barriers
- ◆ Improves equity
- ◆ Prevents treatment gaps
- ◆ Enhances retention
- ◆ Ongoing opportunities to implement new low barrier telehealth access

References

1. Uscher-Pines L, Riedel LE, Mehrotra A, Rose S, Busch AB, Huskamp HA. Many Clinicians Implement Digital Equity Strategies To Treat Opioid Use Disorder. *Health Aff (Millwood)*. 2023;42(2):182-186. doi:10.1377/hlthaff.2022.00803
2. Frost MC, Zhang L, Kim HM, Lin L. Use of and Retention on Video, Telephone, and In-Person Buprenorphine Treatment for Opioid Use Disorder During the COVID-19 Pandemic. *JAMA network open*. 2022;5(10):e2236298-e2236298.
3. Lowenstein M, O'Donnell N, Barnes J, et al. CareConnect: Adapting a Virtual Urgent Care Model to Provide Buprenorphine Transitional Care. *NEJM Catalyst*.3(12):CAT.22.0274.

Appendix

Individual Program Details



UPMC Medical Toxicology Telemedicine Bridge Program



Patient Demographics



April 27, 2020 to February 20, 2023

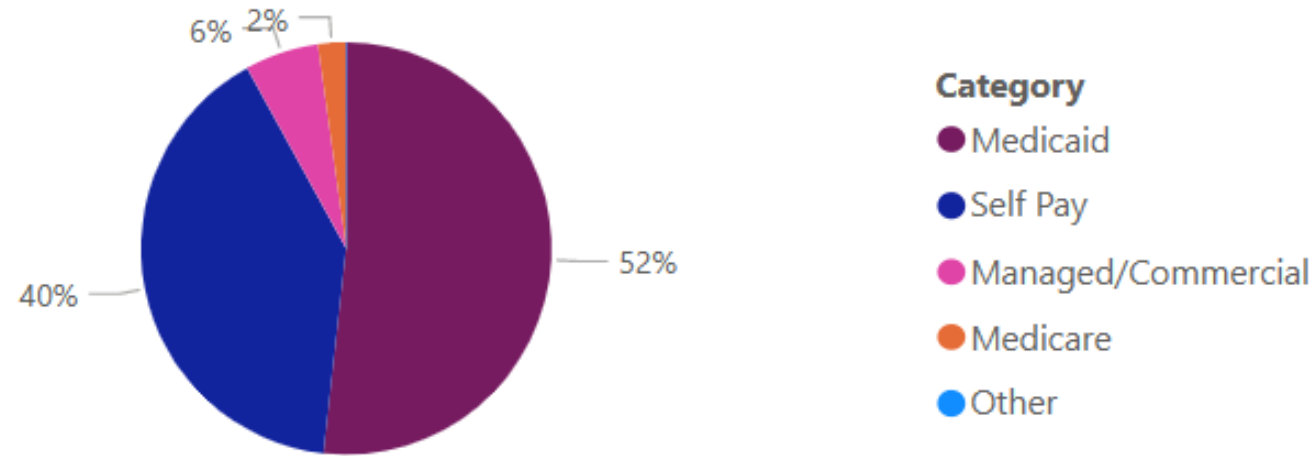
Primary Payor Type (92% Medicaid or Uninsured)

2183 Patients



- Age Range: 16-79
- Mean Age: 39.3
- 57% Male
- 43% Female

Payor Category % of Total Charges by Category



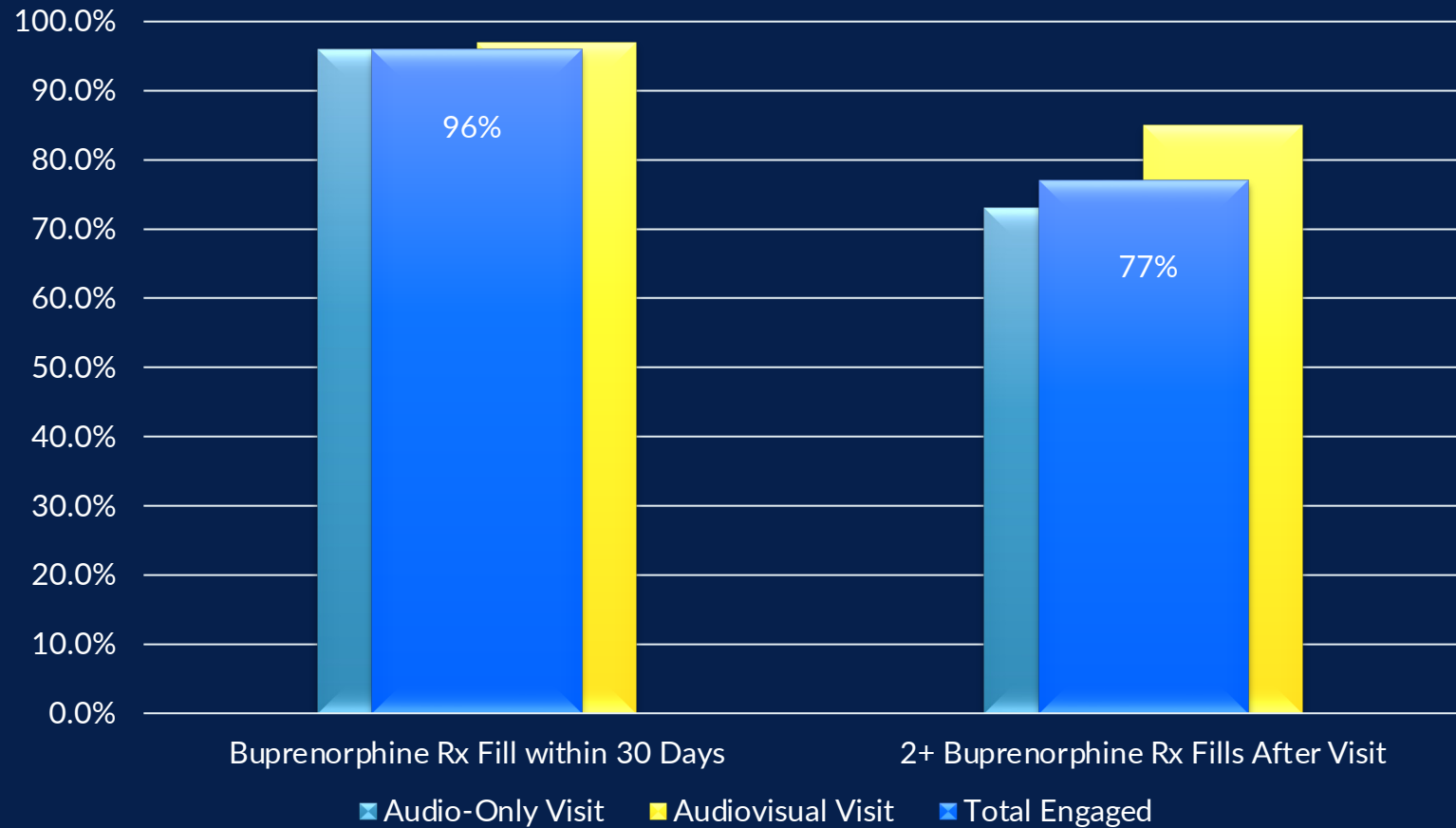
>90% audio/telephone only visits



	UPMC Toxicology Telemedicine Bridge Clinic	SPMI + SUD (UPMC HP)	SUD Only (UPMC HP)	No MH or SUD (UPMC HP)
Area Deprivation Index 110+	64.40%	48%	51.50%	38.50%
Social Vulnerability Index 80+	71.70%	60%	58.30%	49.20%

Excellent Rate of Engagement in Buprenorphine Treatment

Telemedicine Bridge Clinic Patients Engaged in OUD Medication Treatment



Lynch MJ, Houck P, Meyers J, Schuster J, Yealy DM. Use of a Telemedicine Bridge Clinic to Engage Patients in Opioid Use Disorder Treatment. *J Addict Med*. 2022 Mar 7. doi: 10.1097/ADM.0000000000000967. Epub ahead of print. PMID: 35258040.



6 Month Outcomes

150 UPMC For You patients with continuous coverage before and after bridge clinic visit for OUD

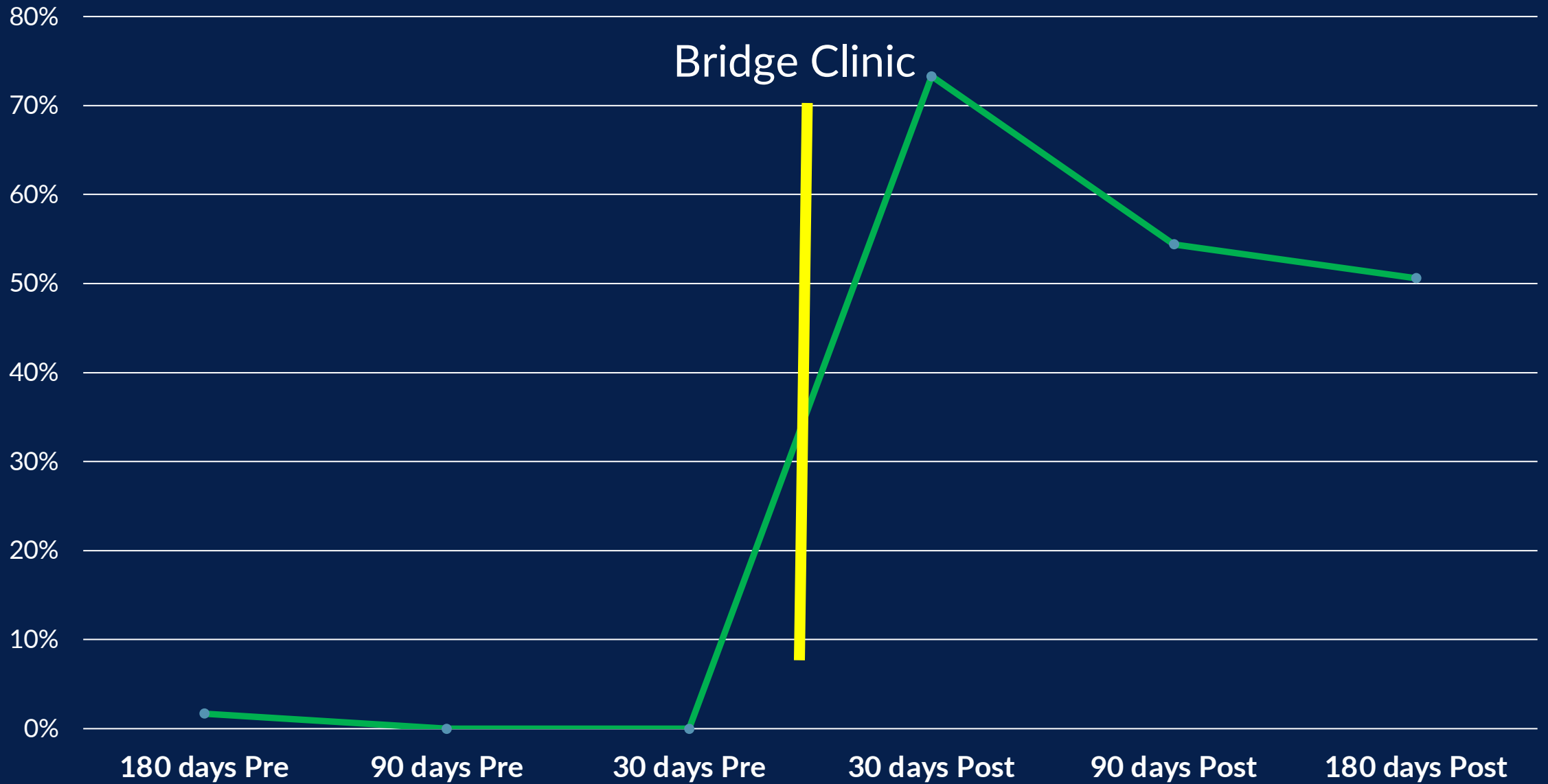
Increased outpatient behavioral health and primary care utilization

62% reduction in unplanned care costs 6 months after bridge visit compared to month before

38% reduction in all care costs excluding pharmacy 6 months after bridge visit compared to month before

Median days of buprenorphine treatment increased from 0% to 73% with persistent median coverage >50% after 6 months

Median Proportion of Days on Buprenorphine



Changes in SUD-Specific PMPM



Medication for Opioid Use Disorder

(Proportion of Days Covered*)

Window	# of members who filled 1 MOUD prescription	%
30 days	136	90.7%
90 days	141	94.0%
180 days	143	95.3%

91% of the members who had a Bridge clinic visit filled a MOUD prescription in the first 30-days

	Window	Avg	Median
30-Days	Pre	20.7%	0.0%
	Post	65.1%	73.3%
90-Days	Pre	24.3%	0.0%
	Post	53.6%	54.4%
180-Days	Pre	24.8%	1.7%
	Post	50.8%	50.6%

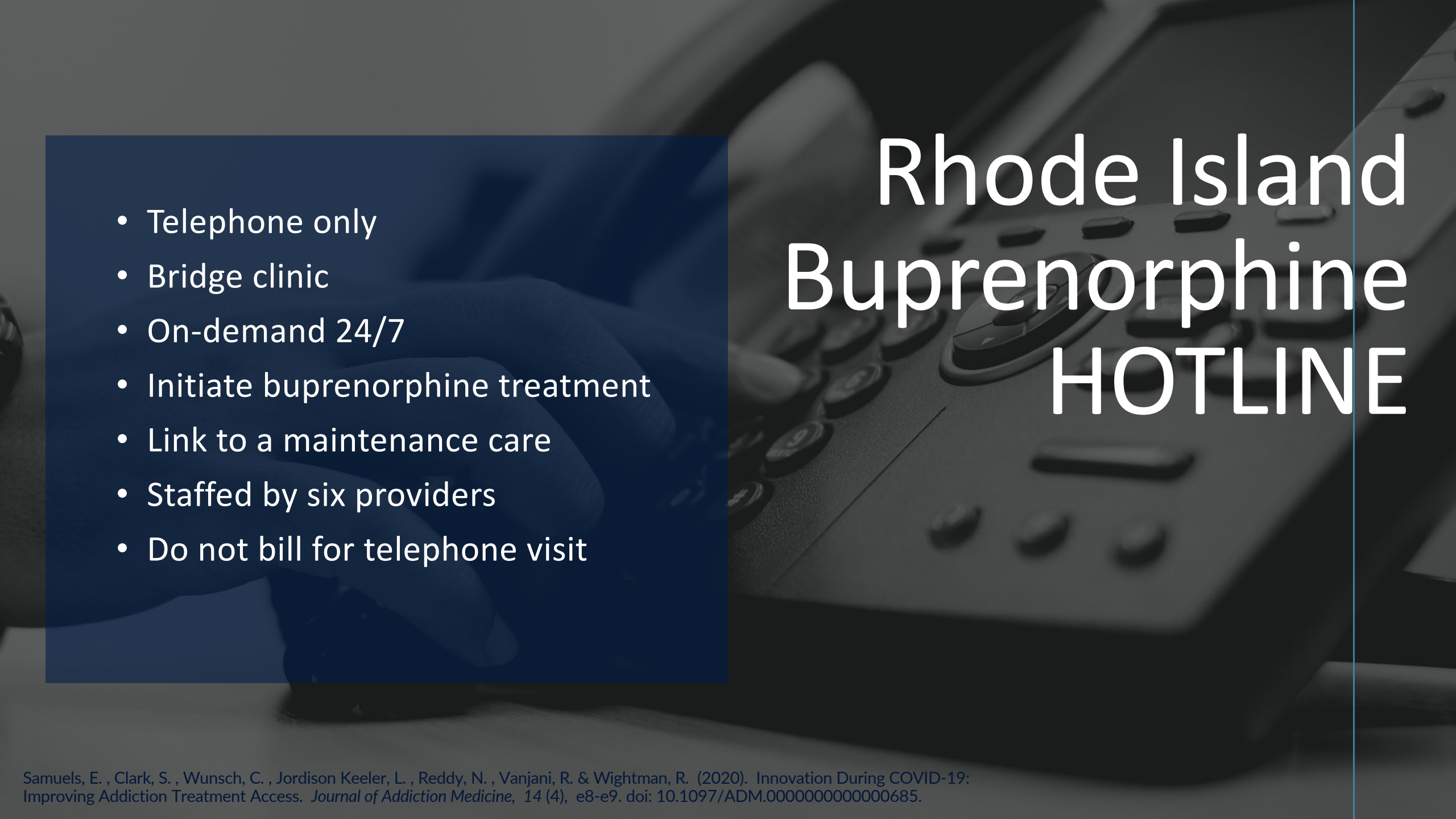
Average PDC following a Bridge Clinic visit was notably greater than in the periods before

	Window	>60%	> 80%
30-Days	Pre	9.8%	9.8%
	Post	60.1%	42.7%
90-Days	Pre	23.1%	9.8%
	Post	47.6%	35.0%
180-Days	Pre	20.3%	12.6%
	Post	44.8%	31.5%

43% of the members had PDC >80% in the first 30-days

Note: all significance tests for all time windows had a p-value < 0.0001

*Proportion days covered: defined as any period where a member was covered by an MOUD prescription, regardless of strength, dose, or the total number of MOUD medications.

A close-up photograph of a hand holding a black telephone receiver over a keypad. The background is dark and slightly blurred, focusing attention on the hand and the phone. The text is overlaid on this image.

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A grayscale photograph of a person's hands. One hand holds a smartphone, and the other holds a pen, positioned over a document. The image is partially obscured by a white banner containing the title.

Who's Calling?

- 2/3 in opioid withdrawal
- 1/3 had filled a prior buprenorphine prescription in year preceding
- Most had taken buprenorphine previously – prescribed and/or non-prescribed
- 98% filled their Rx within 30 days
- Over 70% filled a subsequent buprenorphine Rx within 30 days of the end of their hotline Rx (avg 6 days)

Opportunities



- Accessible care 24/7
- Bypass barriers to treatment (stigma, transportation, geography, etc.)
- Fill gaps in treatment access; serves as an entry point to care
- Channel to disseminate harm reduction and community resources

Acknowledgements

- Department of Behavioral Healthcare, Developmental Disabilities & Hospitals
- Rhode Island Department of Health
- SAMHSA
- COBRE on Opioid and Overdose (P20GM125507)
- Dr. Seth Clark
- Dr. Carolyn Wunsch
- Dr. Elizabeth Samuels

UPenn Telehealth

- Patients or providers can call for help
- Same day access to buprenorphine
- Fill gap between patient call and community MOUD appointment
- Ensure patients do not lose access to medication
- Tailored referral to longitudinal treatment (specialty behavioral health or primary care-based)

☀️ Care Connect Warmline

Our team of Substance Use Navigators (SUN) and Certified Recovery Specialist can partner with your patients to follow up post-discharge and connect them with care!

- ✓ 100 % Virtual Buprenorphine Prescription Access
- ✓ Low-Barrier
- ✓ No Insurance Necessary

Provide resource and care navigation including connections to *Penn Medicine On Demand* to support the bridging of care

Support can include Buprenorphine bridge prescriptions, pharmacy navigation, and partnering to address barriers to care

Helpful Tip: Try putting the Warmline phone number in your patient's phone



484-278-1679



Jasmine Barnes, SUN



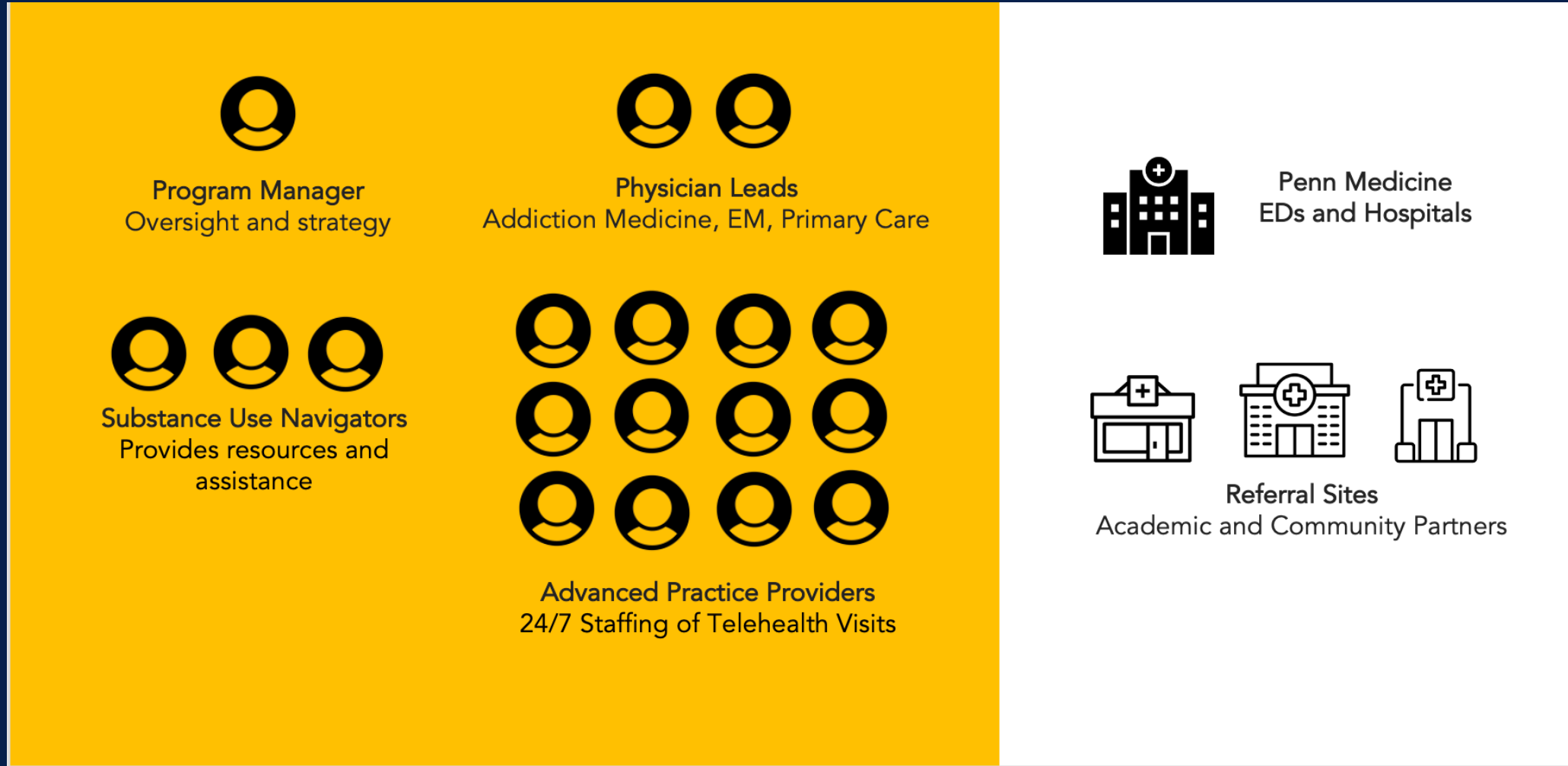
Nicole O'Donnell, Lead CRS & Project Manager



Gilly Gehri, SUN

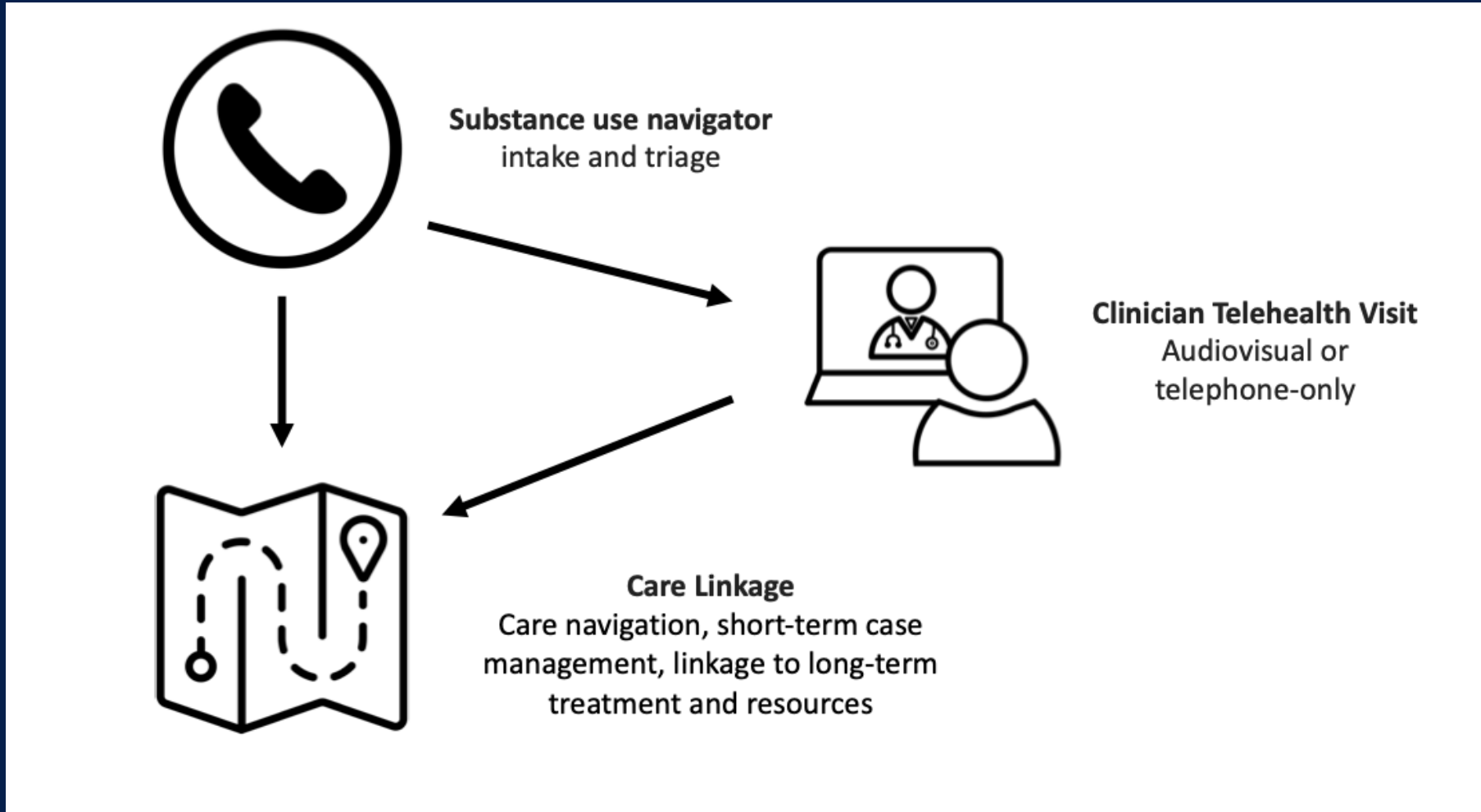
Contact us between 9am and 9pm
Monday - Sunday

CareConnect Model



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Workflow



Lowenstein M, O'Donnell N, Barnes J, et al. CareConnect: Adapting a Virtual Urgent Care Model to Provide Buprenorphine Transitional Care. *NEJM Catalyst*.3(12):CAT.22.0274.

Training and Implementation

Virtual clinicians (APPs) obtained X-waiver

2 hours of training from team leadership

Ongoing support from SUNs, feedback, follow-up and support from addiction specialists

Outreach to partners across Philadelphia in health system and community

CA Bridge: Alameda Health System

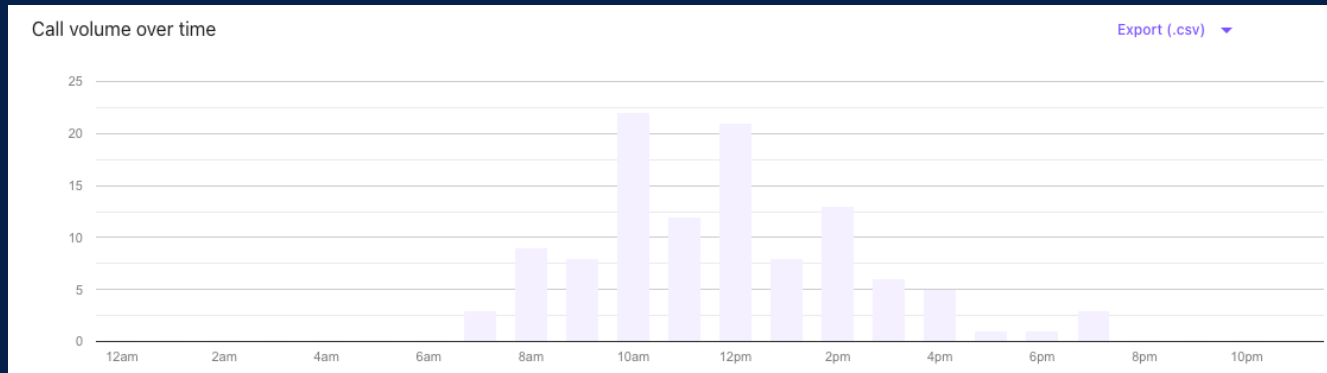


Harm Reduction Warmline is front door to Bridge Clinic

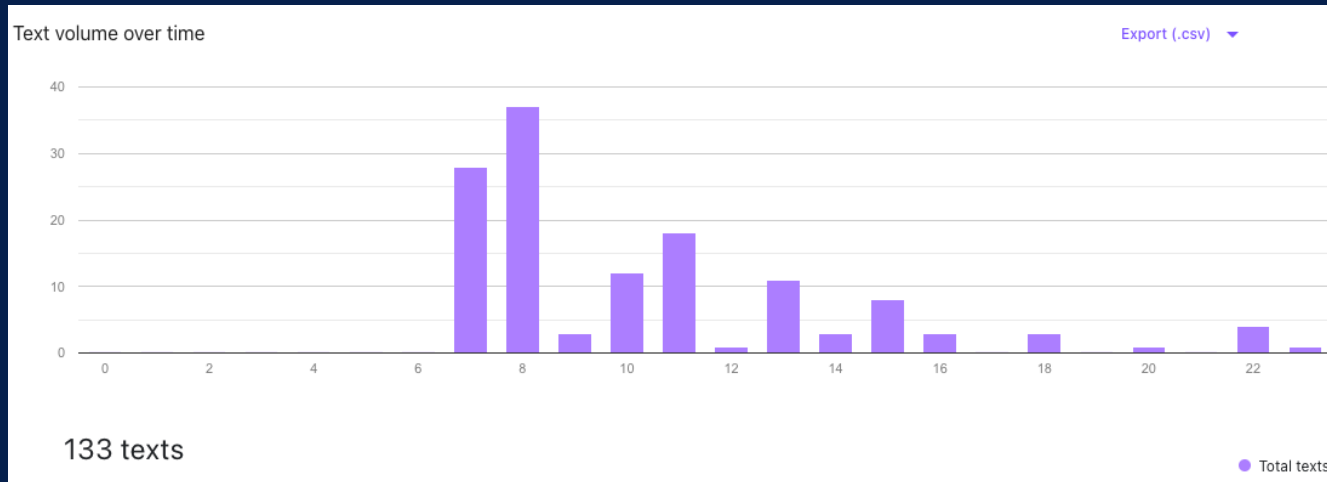


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Actively
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Scaling to
serve a
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Connected
network of
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Centers



Find an emergency department providing addiction treatment

