

Expansion of Treatment With Tele-Buprenorphine



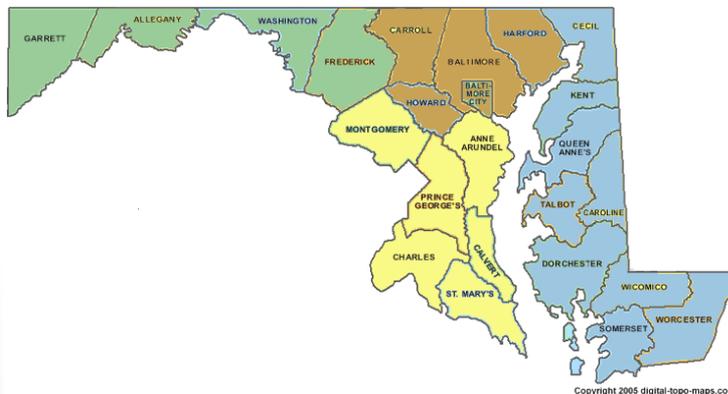
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Tele & SUDs

ADVANTAGES

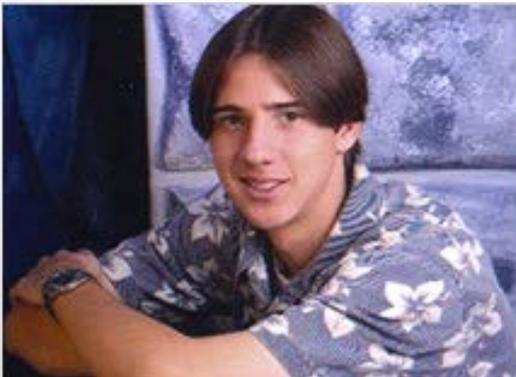
- Chronic nature of substance use disorders
- Extends provider's availability
- Offers potential immediate resource
- Removing barrier of geography
- Removing barrier of stigma



Tele & SUDs

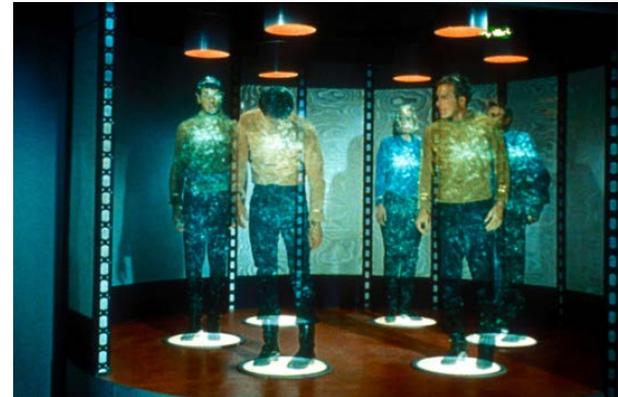
LIMITATIONS

- Disparate State Regulations
- Insurance Parity
- Federal Regulation of Controlled Substances
 - The Ryan Haight Online Pharmacy Consumer Protection Act of 2008
 - Amendment to the Controlled Substances Act
 - Regulates anyone who “delivers, distributes or dispenses a controlled substance by means of the Internet.”
 - Does not apply to “videoconferencing” but not totally clear



“Types” of Tele

- Telephone-based services
- Interactive Voice Recognition (IVR)
- Web-based services
 - CBT4CBT
 - Mutual aid groups
- Videoconferencing
 - Therapy
 - Recovery Support
 - A-CHESS
 - Specialty Services/Medication
 - Adherence monitoring
 - Clinical consultation/supervision
- Virtual Worlds/Avatars



Tele & Buprenorphine

- Increasing opioid misuse and use disorders and overdose
- Increasing opioid problems in rural areas
 - Many far from methadone programs
- 30/100 patient limit on buprenorphine prescribing
- Long travel times in rural and non-rural areas
- Weather
- Stigma related to receiving treatment in a specialized program (ie. a methadone program)
 - Often in very marginalized areas



Wells House

- Halfway house in Hagerstown, Maryland
 - IOP/OP program
 - Many live there but some in own housing
 - IOP/OP level of care
 - No medical staff
- Had M.D. prescribing Suboxone but retired



Wells House-Preparation

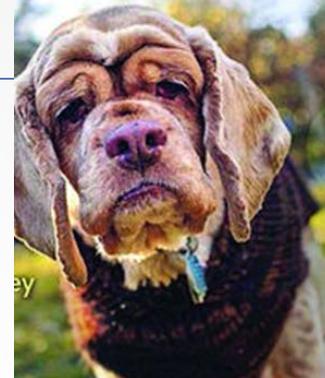
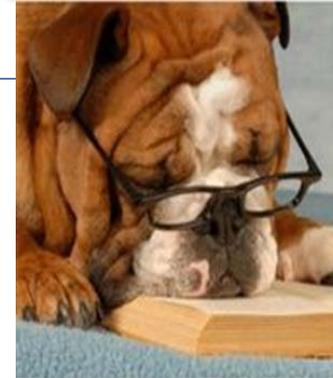
- Preparation

- Internal

- Meetings with Dept. tele-group
 - Meetings amongst ourselves

- External

- Brief in-person visit to Wells House
 - IT coordination
 - Logistical coordination- charting, labs, clinical, pharmacy, back-up plan



- Ongoing

- Periodic communication with Wells House point-person
 - Periodic communication with Wells House counselors
 - Tele-meeting with clinical/administrative staffs- January, 2016
 - In-person visit- March, 2016
 - Fredrick sites added (tele-auto hybrid)- March, 2016
 - 3rd 2-hour block added with an Addiction Fellow- May, 2016

- @150 patients seen in first year; > 170 to-date

Wells House: Challenges

- Peripheral role in treatment team
 - Organizational
 - Geographic
- Transition of patients
 - Stable, at end of treatment
 - Abrupt, for rule violations, etc.
- EMR
- Coordination of care with other providers
 - Psychiatry, Primary Care
- Scheduling issues



Wells House: Retention

1 week	98% still in care
1 month	91% still in care
2 months	76% still in care*
3 months	59% still in care*



*at Wells House; those in care elsewhere not known

Wells House: Opiate + UTox

1 week	12%
1 month	11%
2 months	11%
3 months	6%



Expanding The Program

- Adapting to other clinical models
 - Dispensing vs observed vs prescription
 - “Rapid response”
- Addition of consultation/supervision capability
 - To Primary Care Physicians, OB-GYN, Pediatrics
- Increasing flexibility of scheduling
 - Desk-top set-up
 - System compatibility
 - EMR
- E-prescribing
- Expanding medication capabilities (ie. Vivitrol)
- Billing
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Charlie

&

Paul