BJA's Comprehensive Opioid Abuse Program

# United We Stand

Responding to America's Opioid Crisis

BJA Bureau of Justice Assistance U.S. Department of Justice

# Rural and Tribal Communities

**2020 COAP National Forum**

March 10–12, 2020 | Arlington, Virginia

# Telehealth and the Opioid Epidemic in Oklahoma:

# **Leveraging Technology to Increase Access to Information and Treatment**

**Sean M. Couch**

Oklahoma Department of Mental Health and Substance Abuse Services

This event was supported by Grant No. 2017-AR-BX-K003 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the U.S. Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions in this presentation are those of the author(s) and do not necessarily represent the official position or policies of the U.S. Department of Justice.

# Learning Objectives

- After this session, participants will be able to
  - Implement actionable and practical telehealth-supported solutions that have been shown to overcome some of the most significant rural barriers related to seeking treatment and combatting the opioid epidemic
  - Identify and leverage tools and resources to begin planning and implementing these telehealth-supported solutions in their states/communities
  - Use the knowledge to identify funding, advocate for, and bring awareness to this innovative method of increasing access to care and information

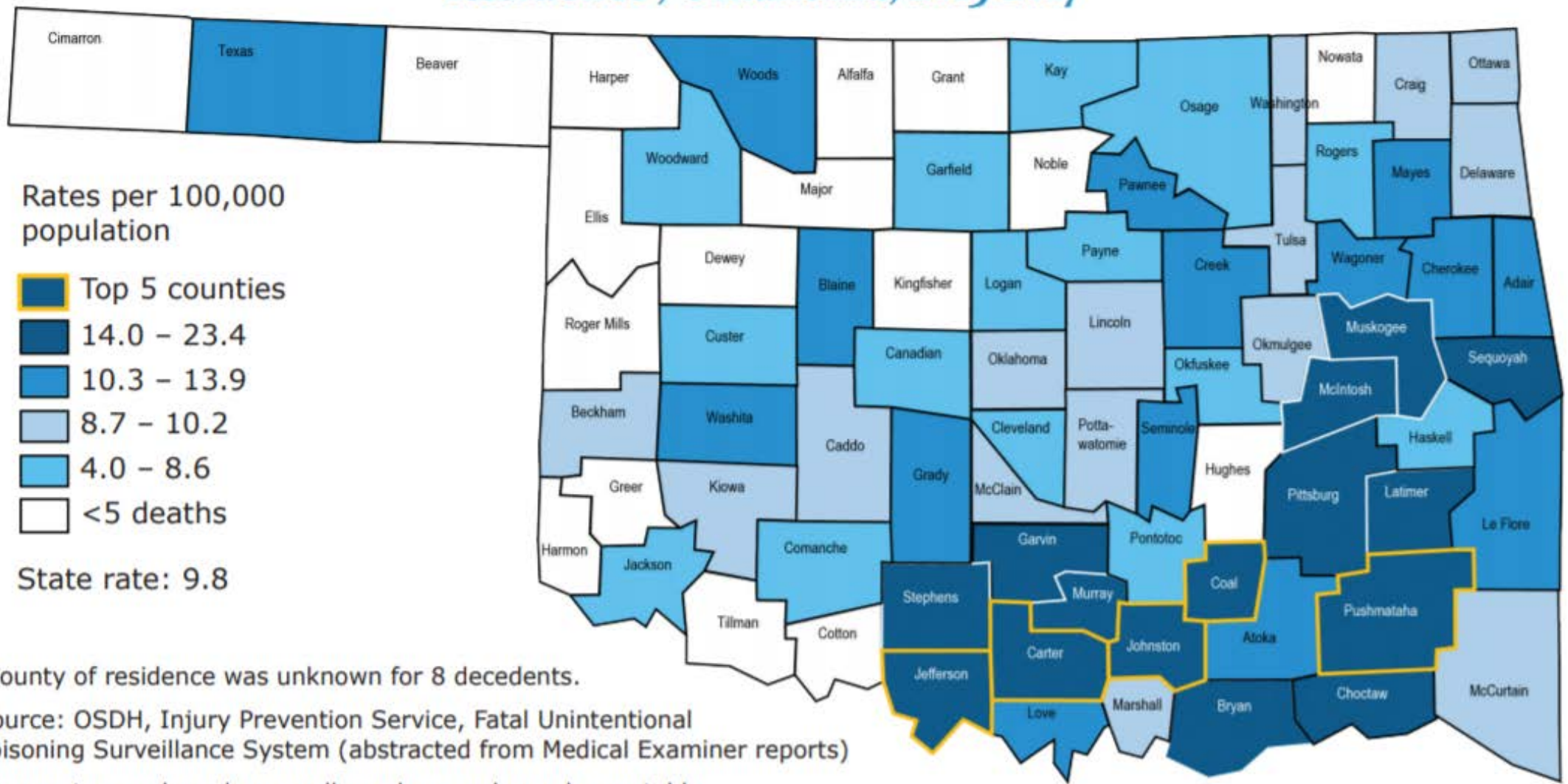
# 740

## 2 people a day

Prescription for Change

ODMHSAS
Oklahoma Department of Mental Health & Substance Abuse Services

# Unintentional Prescription Opioid Overdose Death Rates by County of Residence[1], Oklahoma, 2013-2017




[1]County of residence was unknown for 8 decedents.

Source: OSDH, Injury Prevention Service, Fatal Unintentional Poisoning Surveillance System (abstracted from Medical Examiner reports)

Some rates are based on small numbers and may be unstable.

# SCOPE

## THE OPIOID EPIDEMIC IN OKLAHOMA

- 4 out of 5 unintentional poisoning deaths involved at least one prescription drug. Of those deaths, nearly 90 percent were related to prescription painkillers
- Since 2014, Oklahoma has ranked in the top five for per capita distribution of many common opioids, such as hydrocodone (Lortab, Vicodin), morphine, and fentanyl
- In 2017, enough painkillers were prescribed in Oklahoma to give **every adult 98 pills**

# SCOPE

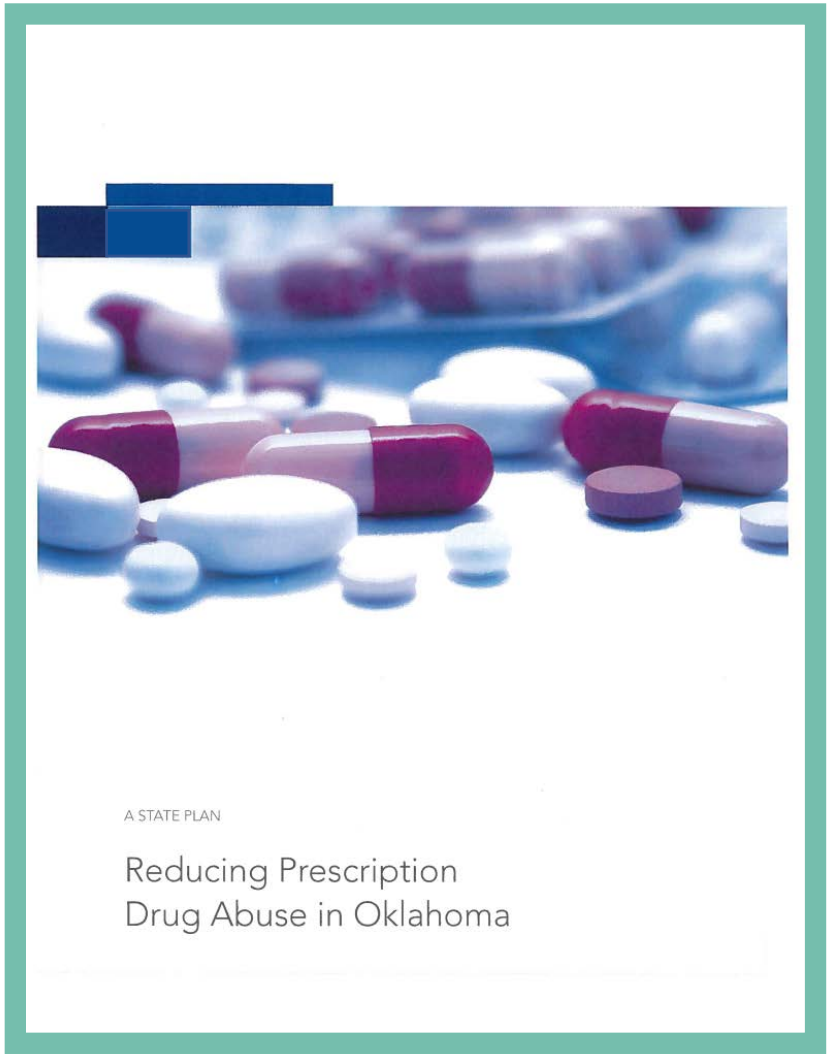
## THE OPIOID EPIDEMIC IN OKLAHOMA

- Hydrocodone and fentanyl top overdose substances
- 45 years to 64 years, highest rate of overdose (4 times more than 15- to 24-yr.-olds)
- 60% of overdose deaths occurred at home
- 80% of those with an opioid use disorder do not receive treatment

# ADDRESSING THE PROBLEM

## THE STATE OPIOID RESPONSE INITIATIVE

- Community/public education
- Provider/prescriber support
- Narcan/naloxone distribution
- Medication-assisted treatment (MAT)
- Strengthening referrals to treatment
- Increasing access to treatment for pregnant women with OUDs and their children



Coweta

Carnegie

Welch

Fairland

Stillwell

Grandfield

Waurika

Mangum

Poteau

# BUT...

Buffalo

Ashland

Shattuck

Altus

Indianola

Spiro

Boise City

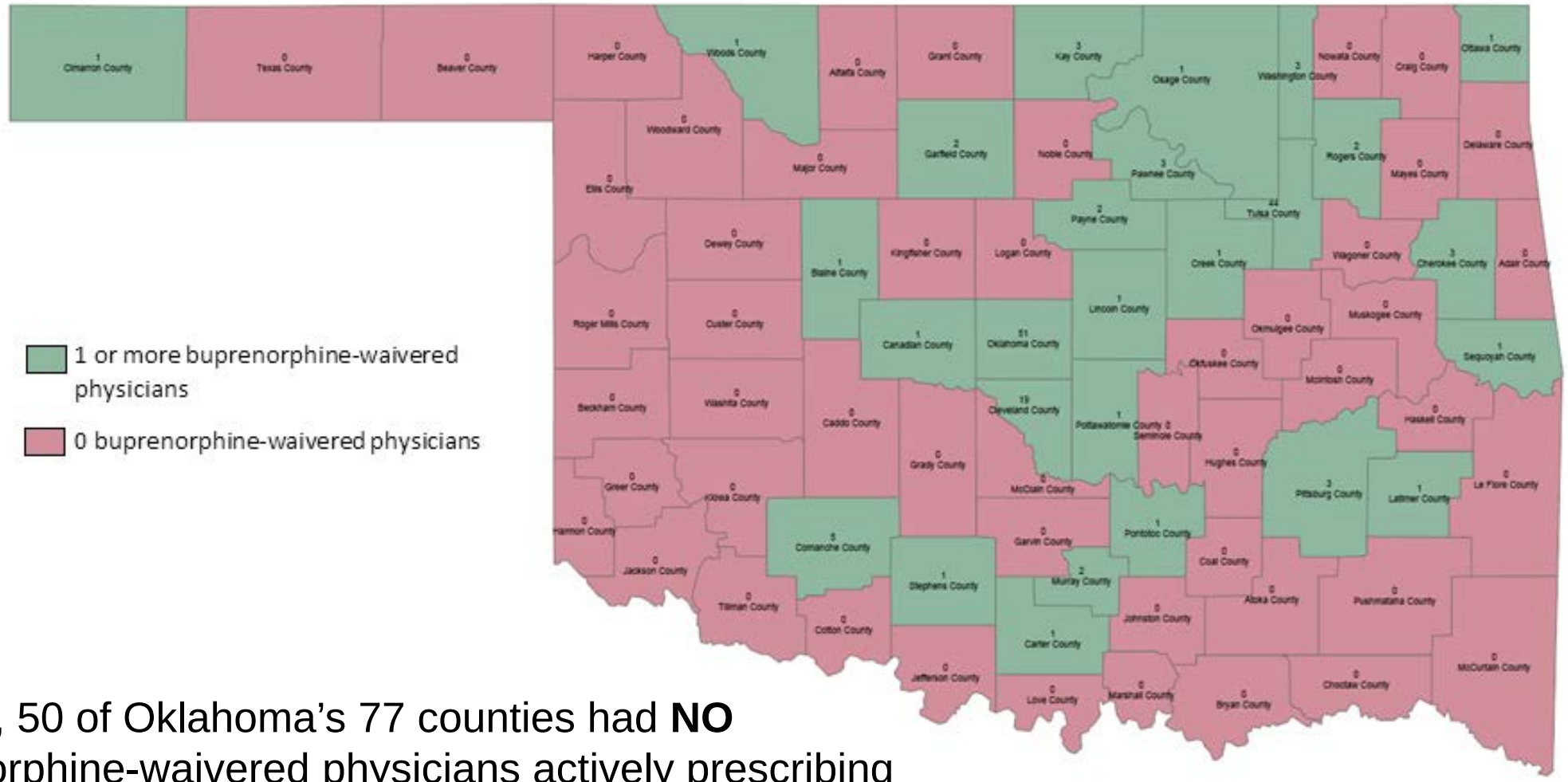
Quinton

# RURAL BARRIERS
## TO ACCESSING TREATMENT

- **Access—**Over 60% of rural Oklahomans live in a county without a buprenorphine provider, compared with only 2.2% of urban Oklahomans
- **Transportation—**23% miss at least one visit due to lack of transportation
- **Capacity—**Treatment centers in rural areas are less likely than their urban counterparts to provide buprenorphine and to offer additional services, such as case management, that are shown to improve outcomes

# RURAL BARRIERS TO TREATMENT

## ACCESS, TRANSPORTATION, CAPACITY




- In 2018, 50 of Oklahoma's 77 counties had **NO** buprenorphine-waivered physicians actively prescribing

# TELEHEATH'S ROLE

## ADDRESSING OKLAHOMA'S RURAL BARRIERS

- **Access—**Provides rural Oklahomans with the ability to access care that does not exist in the counties in which they live
- **Transportation—**Removes the barrier of transportation by giving individuals the capability of attending their MAT appointments from their local offices and/or their homes
- **Capacity—**Local treatment providers can expand their service delivery capacity to their communities by leveraging telehealth to partner with other providers with other skill sets

# OKLAHOMA'S EXPERIENCE IN TELEHEALTH

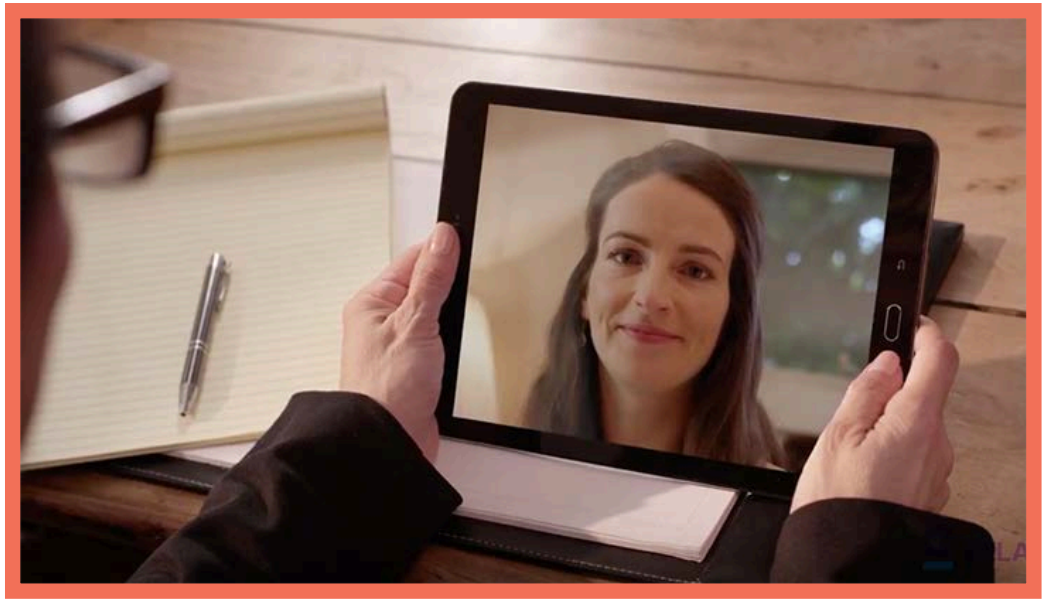
## DELIVERING BEHAVIORAL HEALTH CARE VIA TECHNOLOGY

- Initiated statewide telehealth network in 2006
- Established 79 telehealth sites across the state and partnered with 28 local providers
- Acknowledged by the American Telemedicine Association as the largest telehealth network in the nation that specializes in behavioral health care

# ZOOM & Others

## OKLAHOMA'S CURRENT TELEHEALTH SOLUTION

- HIPAA-compliant
- Signed Business Associate Agreement (BAA)
- Use on a variety of platforms/devices (laptop, tablet, cell phone)
- HD video encryption
- Integration with point-of-care peripherals
- Ease of use, ease of setup



# 3 AREAS WHERE TELEHEALTH FITS
## IN OUD TREATMENT

- **Treatment**
  - **Telehealth-MAT (T-MAT)***
  - Crisis Response Teams (CRTs)
  - Treatment team meetings/staffings
  - Individual/Group Sessions
  - Medication Clinic

- **Collaboration/Coordination**
  - **Prenatal Clinic***
  - Community/Stakeholder meetings
  - Law Enforcement Transport
  - Primary care referral support

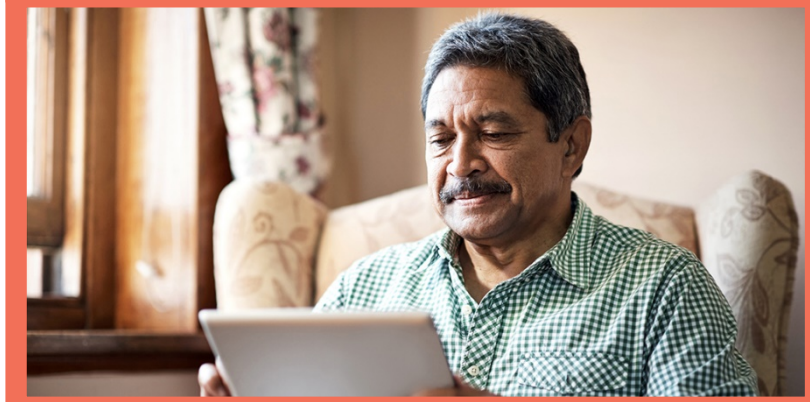
- **Engagement**:
  - **Emergency Room "Virtual Hand-Off"***

*new initiatives as part of SOR funding

# TELEHEALTH & MAT (T-MAT)

## OKLAHOMA'S T-MAT INITIATIVE

- Initial phase: 4 providers across 19 counties
- Medication management, individual, and group therapy
- Induction and post-induction
- Further expansion to additional providers and counties beginning Q1 2020
- Multiple studies show rates of treatment retention and abstinence from drug use were comparable to the rates observed when MAT is provided in person



# DEA Statement on Telehealth & MAT

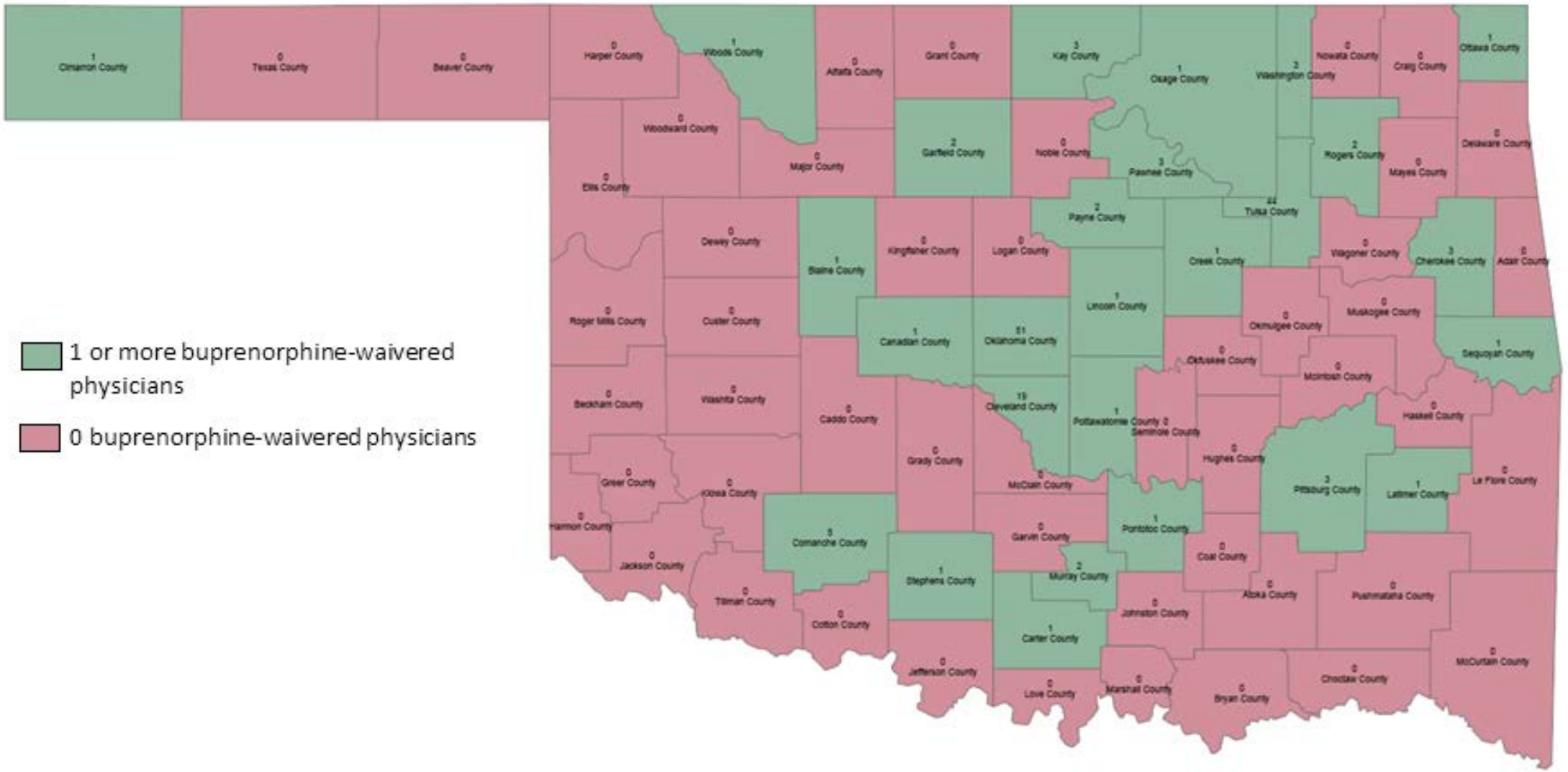
## Removing Policy Barriers to T-MAT

- May 2018, DEA issues statement "Use of Telemedicine While Providing Medication Assisted Treatment"

"**DEA-registered practitioners** acting within the United States, **which include DATA 2000-waivered practitioners**, are **exempt from the in-person medical evaluation requirement** as a prerequisite to prescribing or otherwise dispensing controlled substances via the Internet **if the practitioner is engaged in the "practice of telemedicine"** as defined under 21 U.S.C. § 802(54)"

# CURRENT ROLL-OUT

## MAT Service Availability via Technology



# EMERGENCY ROOM VIRTUAL HAND-OFF

- Initial Phase: 4 providers, 11 clinics, 25 counties
- Post-discharge
- Telehealth solution provided at no charge to the hospital/clinic
- Initial connection
- Screening
- Initial appointment scheduled
- PRSS follow-up
- Further expansion Q1 of 2020

# PRENATAL CLINIC

## INCREASING SERVICES TO PREGNANT/POST-PARTUM WOMEN

- Interdisciplinary care for women with OUD in pregnancy
- Personnel to provide (via telehealth for women in rural settings)
  - Counseling
  - Education
  - Social work
  - Case management
  - MAT treatment
- Strong community-based partnerships with local providers across the state via telehealth

# TELEHEALTH'S IMPACT

## CONNECTING PEOPLE, CHANGING LIVES

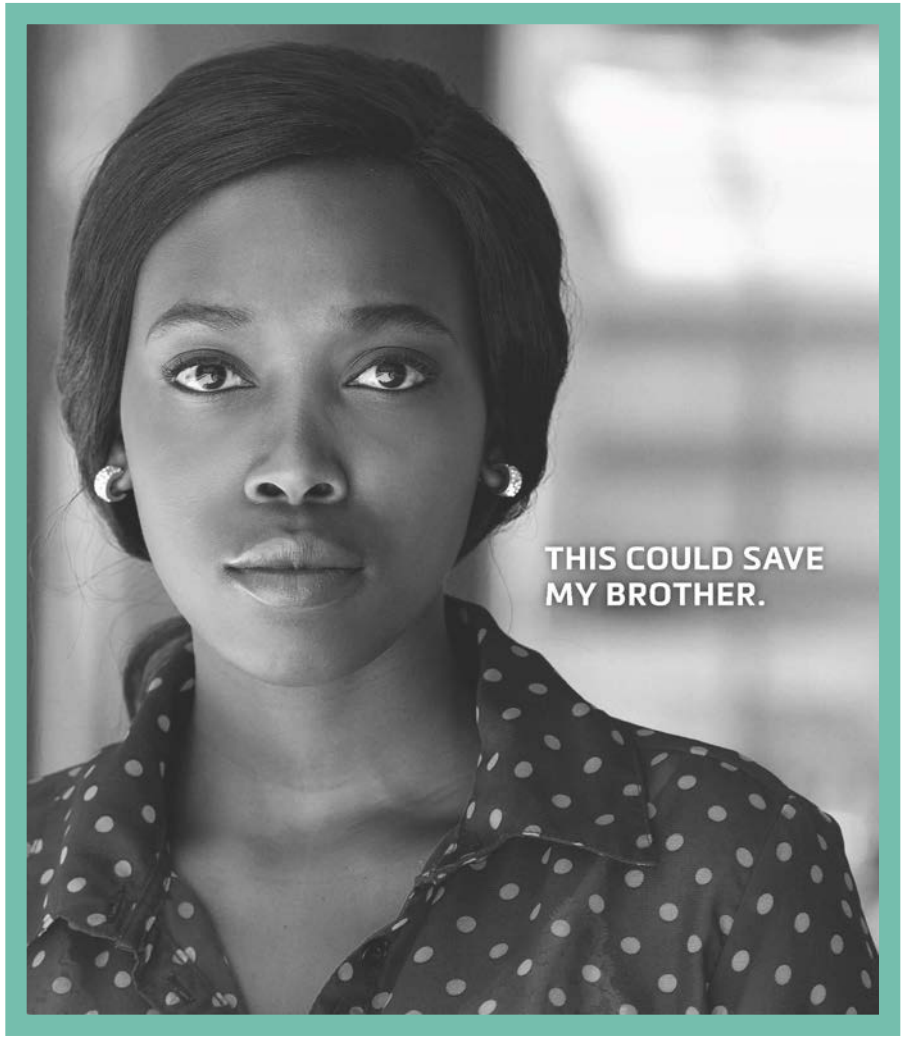
- "I no longer have to take *an entire day off work* to make my appointment" —**client**
- "I can now see clients *from multiple counties in one day*, which would have taken a week prior to using telehealth" —**local prescriber**
- "With telehealth, I do not have to put our docs on the road, which means *I don't have to pay for drive time*" —**local CMHC provider**
- "My officers no longer have to *transport a person 3 hours round trip just to find out they don't meet criteria*. Now if they make the drive, they know there's a bed available" —**Chief of Police, local law enforcement agency**

# RECOMMENDATIONS

- Where access, capacity, and transportation barriers exist, telehealth solutions should be explored
- Both state and community-level stakeholder buy-in is key to success
- IDing a liaison to provide local providers with TA around telehealth billing, policy/procedures, and best practices is a must
- Utilize early adopters to facilitate collaboration across provider community

# THE GOAL

## THE "WHY" BEHIND THE "WHAT"




- A person's geographic location should not determine access to resources and supports that can facilitate their recovery journey
- **MORE CHANGED LIVES!**

# REFERENCES

1. Volkow ND, Frieden TR, Hyde PS, Cha SS. Medication-assisted therapies--tackling the opioidoverdose epidemic. N Engl J Med. 2014;370(22):2063-2066. doi:10.1056/NEJMp1402780
2. Muhuri PK, Gfroerer JC, Davies MC. Associations of nonmedical pain reliever use and initiation of heroin use in the United States. CBHSQ Data Review. 2013
3. Keyes KM, Cerdá M, Brady JE, Havens JR, Galea S. Understanding the rural-urban differences in nonmedical prescription opioid use and abuse in the United States. Am J Public Health. 2014;104(2):e52-e59. doi:10.2105/AJPH.2013.301709
4. Gonzalez RP, Cummings GR, Phelan HA, Mulekar MS, Rodning CB. Does increased emergency medical services prehospital time affect patient mortality in rural motor vehicle crashes? A statewide analysis. The American Journal of Surgery. 2009;197(1):30-34. doi:10.1016/j.amjsurg.2007.11.018
5. Young AM, Havens JR, Leukefeld CG. Route of administration for illicit prescription opioids: a comparison of rural and urban drug users. Harm Reduct J. 2010;7(1):24. doi:10.1186/1477-7517- 7-24
6. Bart G. Maintenance medication for opiate addiction: the foundation of recovery. J Addict Dis. 2012;31(3):207-225. doi:10.1080/10550887.2012.694598
7. Lankenau SE, Teti M, Silva K, Bloom JJ, Harocopos A, Treese M. Patterns of prescription drug misuse among young injection drug users. J Urban Health. 2012;89(6):1004-1016. doi:10.1007/s11524-012-9691-9
8. Schuckit MA. Treatment of Opioid-Use Disorders. Longo DL, ed. http://dxdoiorgucsfidmoclcorg/101056/NEJMra1604339. 2016;375(4):357-368. doi:10.1056/NEJMra1604339
9. Thomas CP, Fullerton CA, Kim M, et al. Medication-assisted treatment with buprenorphine: assessing the evidence. Psychiatr Serv. 2014;65(2):158-170. doi:10.1176/appi.ps.201300256
10. Rosenblatt RA, Andrilla CHA, Catlin M, Larson EH. Geographic and specialty distribution of US physicians trained to treat opioid use disorder. The Annals of Family Medicine. 2015;13(1):23-26. doi:10.1370/afm.1735
11. Leonardson J, Gale JA. Distribution of Substance Abuse Treatment Facilities Across the Rural – Urban Continuum. 2016. https://muskie.usm.maine.edu/Publications/rural/pb35bSubstAbuseTreatmentFacilities.pdf
12. Schwartz RP, Gryczynski J, O'Grady KE, et al. Opioid agonist treatments and heroin overdose deaths in Baltimore, Maryland, 1995-2009. Am J Public Health. 2013;103(5):917-922. doi:10.2105/AJPH.2012.301049

# Questions and Answers

# Contact Information

For more information on how Oklahoma is addressing the opioid epidemic, visit **OKImReady.org**


## Sean M. Couch

**Oklahoma Department of Mental Health and Substance Abuse Services**

Email: sean.couch@odmhsas.org

Office: (405) 248-9174 | Cell: (405) 215-1929


Prescription for Change

BJA's Comprehensive Opioid Abuse Program

BJA Bureau of Justice Assistance U.S. Department of Justice

# United We Stand

## Responding to America's Opioid Crisis

**2020 COAP National Forum**

March 10–12, 2020 | Arlington, Virginia