



Health Resources and Services Administration Office of Regional Operations

Prescribing Buprenorphine Through Telemedicine To Underserved Rural Areas

April 15, 2021

Tele-behavioral Series-Part III



Jeffrey Beard, JD, HRSA ORO Region 1 | Eric Weintraub, MD, University of Maryland I
& Danielle Louder, Program Director, Northeast Telehealth Resource Center.

HRSA
Health Resources & Services Administration

Housekeeping

Unmute mic only when it's your turn to speak



Unmute



Stop Video



Security



Participants



Share Screen



Chat



Live Transcript



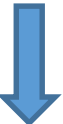
Reactions



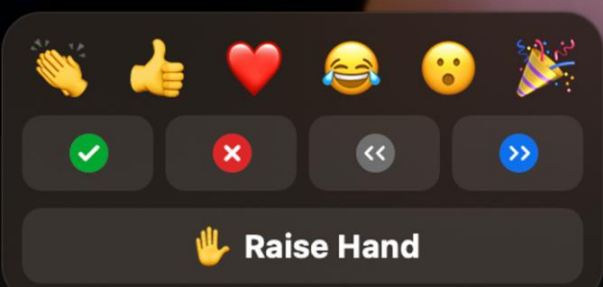
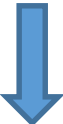
More

End

View participants, change your name, and profile picture



Join chat discussion or share links



Turn webcam



Share your screen when it's your turn to present

Do quick reactions to share your feedback or raise hand

Leave meeting



Our Speakers



Jeffrey Beard, JD
Regional Administrator,
HRSA/ORO Region 1



Mariah LeStage,
BUSPH Practicum
Student, MPH
Candidate



Eric Weintraub, MD, Associate
Professor of Psychiatry
Director Division of Alcohol
and Drug Abuse Co-Director
of Adult Psychiatry, University
of Maryland, School of
Medicine, Baltimore,
Maryland



Danielle Louder,
Program Director,
Northeast Telehealth
Resource Center

Learning Objectives



Gain awareness of barriers that at risk rural populations face in accessing substance use disorder (SUD) services during the pandemic



Understand promising practices for engaging at risk rural populations in SUD treatment during the pandemic

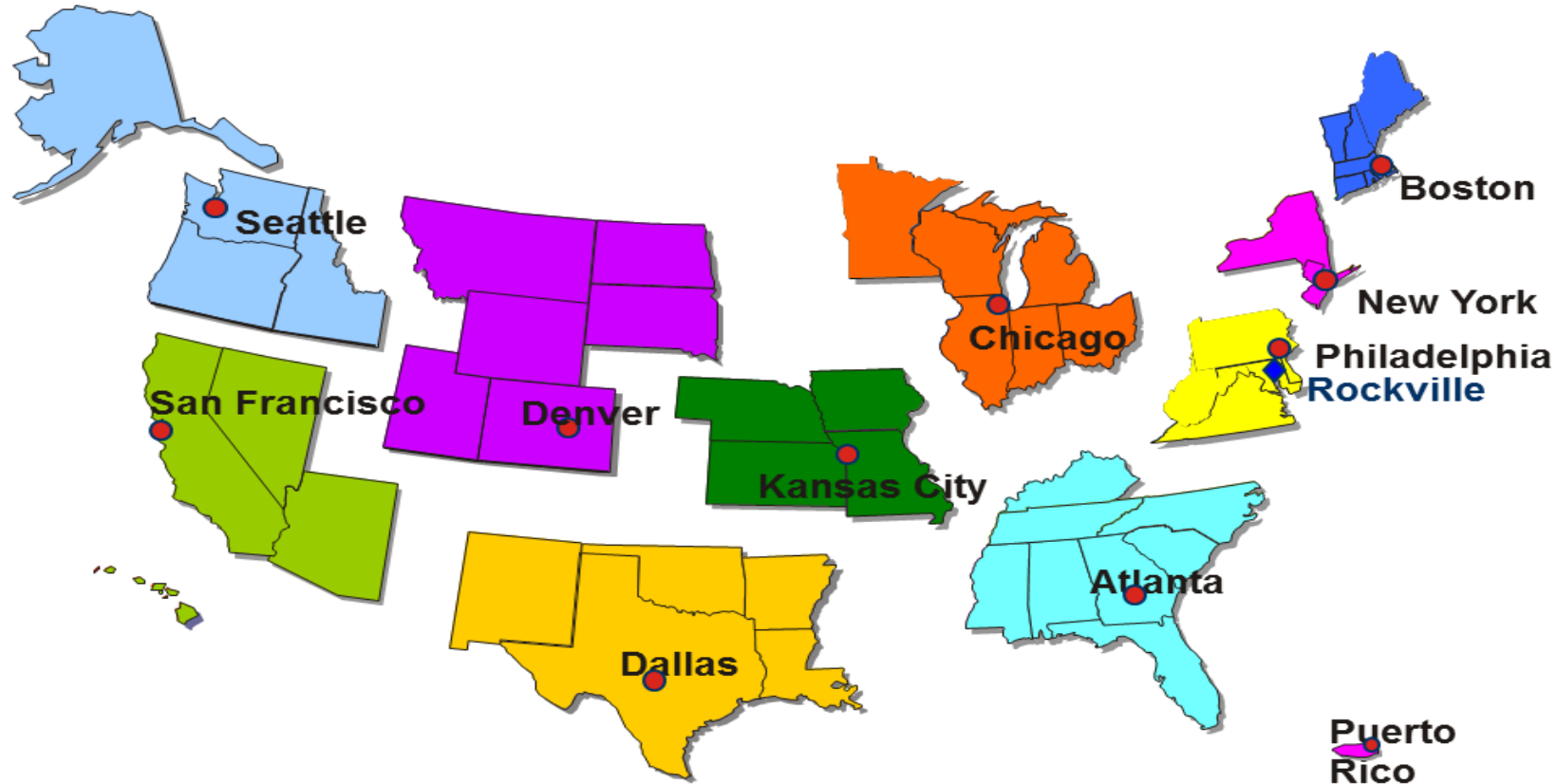


Learn how to leverage creative outreach techniques and technology to improve accessibility of SUD care to reach at risk rural populations

Office of Regional Operations (ORO)

Ten Regions - One HRSA

Mission: To provide on-the-ground outreach to increase the reach, impact, and awareness of HRSA programs.



www.hrsa.gov/about/organization/bureaus/oro/

HRSA
Health Resources & Services Administration

Telehealth Resource Centers

In 2020, the Telehealth Resource Centers had over 10,000 technical assistance inquiries, a 350% increase over 2019

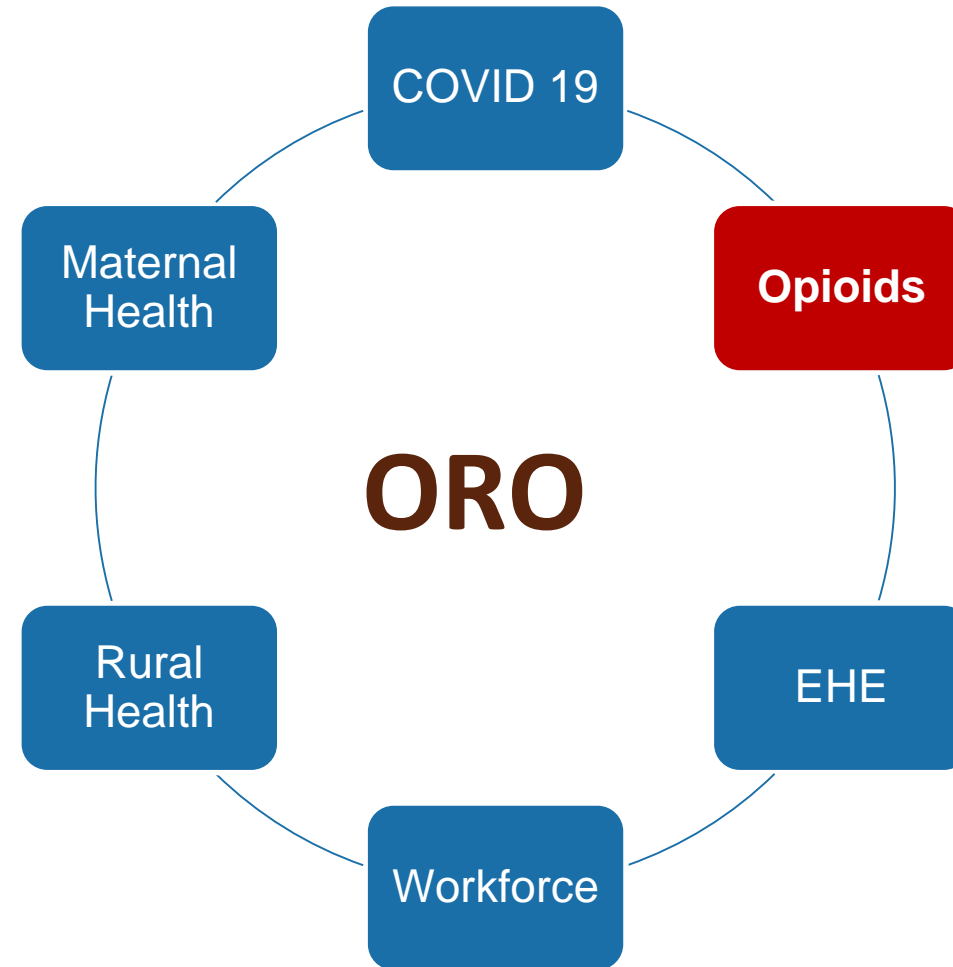
In 2020, the Telehealth Resource Centers reached 200,000 participants through 2,716 outreach events, a 200% increase over 2019



<https://www.hrsa.gov/rural-health/telehealth/resource-centers>

HRSA
Health Resources & Services Administration

Office of Regional Operations Advances HRSA Priorities



<https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>



HRSA Response to the Opioid Epidemic

HRSA responded to the opioid crisis through several of current and new programs. These ranged from grants for rural communities, to research products, and technical assistance materials.

Rural Communities Opioid Response Program (RCORP)

- The HRSA Federal Office of Rural Health Policy provides rural-specific funding through the Rural Communities Opioid Response Program (RCORP).
- In FY 2020, HRSA invested more than \$100 million more into the RCORP initiative.

Telehealth.HHS.gov

- The trusted, timely, and one-stop resource for both patients and providers for everything they need to know about telehealth



<https://telehealth.hhs.gov/about/>



Upcoming Funding Opportunity

Telehealth Technology Enabled Learning Program

- The purpose of the FY 2021 **Telehealth Technology Enabled Learning Program** is to assist connecting specialists at academic medical centers with primary care providers in rural and underserved areas, providing evidence-based training and support to help treat patients with complex conditions in their communities.
- Notice of Funding Opportunity Available: Estimated release date is summer 2021
- Application Due Date: Estimated application due date is summer 2021
- Budget: \$4.5 million to fund up to 9 grants

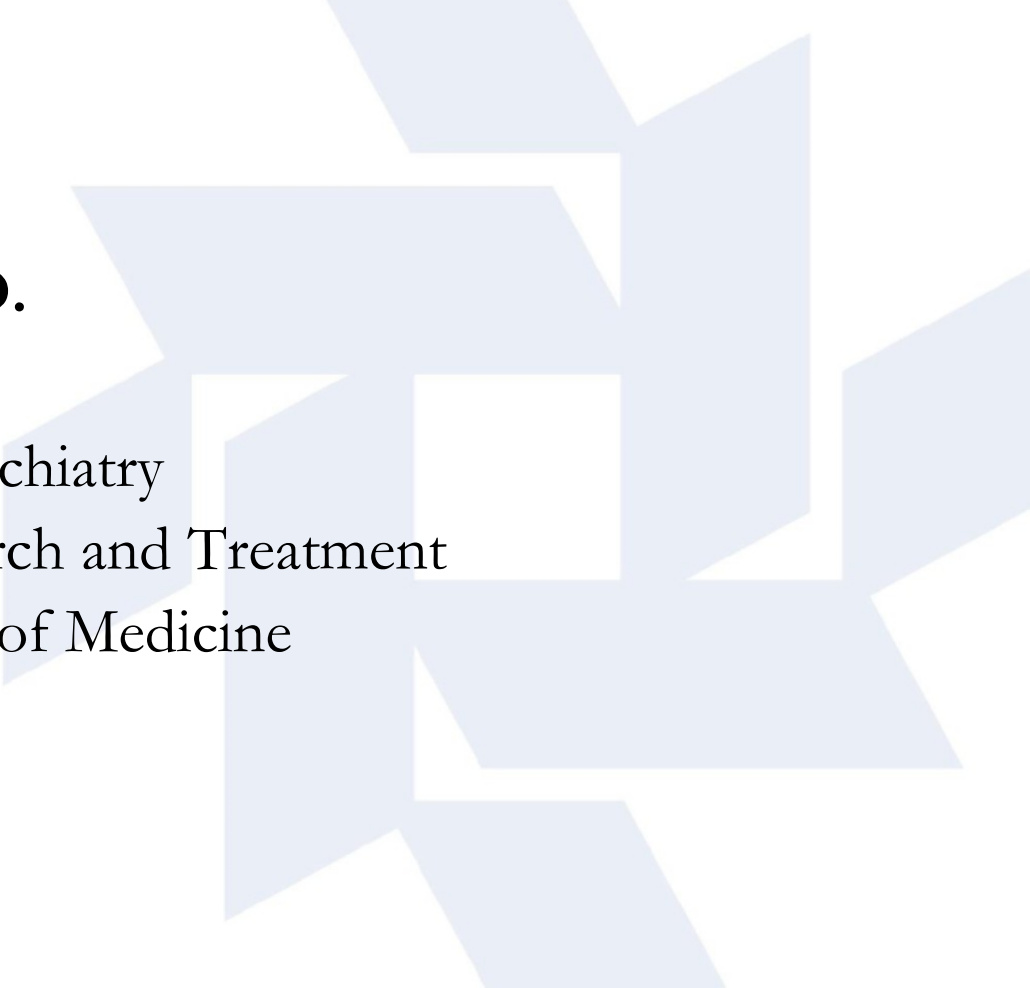
<https://www.grants.gov/>



Prescribing Buprenorphine Through Telemedicine To Underserved Rural Areas

Eric Weintraub, M.D.

Associate Professor of Psychiatry
Director Division of Addiction Research and Treatment
University of Maryland, School of Medicine



Rural Demographics

- Rural areas cover 97% of US land but contain less than 19.3 percent of population, 60 million people
- 9 percent or 5.3 million individuals live in totally rural counties
- Older (51 vs 45)
- Less likely to have college degree (19.5% vs. 29%)
- Lower poverty rates (11.5% vs 14%)

Rural Overdose Deaths

- In 2006 rates for rural areas surpassed those of urban areas
- 2015: rural rates 17/100,000, urban rate 16.2/100,000
- From 1999 to 2015 drug overdose deaths increased by 325% in rural areas compared to 198% in urban areas
- Majority of overdose deaths occur at home, long EMT transport times, lack of public access to EMT, increased number of basic EMT's who cannot give naloxone

“Deaths of Despair”

- 1999-2014 Increasing death rates in middle ages whites 45-54
- Impacting whites without degrees
- Worsening labor market
- Suicides
- Overdoses
- Alcoholic liver disease

Is the US facing an epidemic of 'deaths of despair'? These researchers say yes

Anne Case and Angus Deaton's findings on mortality rates have made waves. A new paper looks deeper at a divided America - and its crisis of suicide, overdoses, and drug- and alcohol-fueled diseases



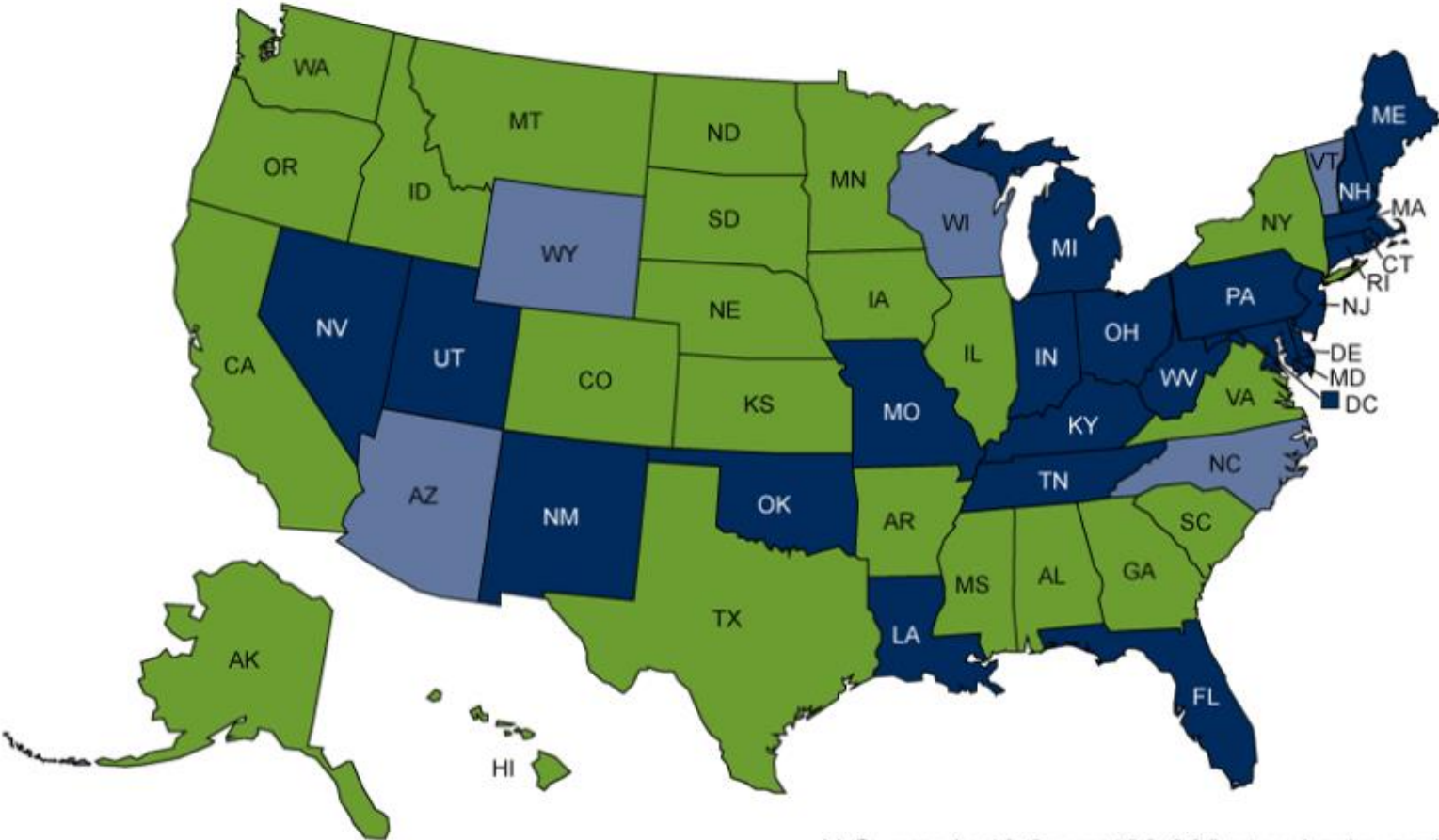
There appear to be two Americas: one for people who got a four-year college degree, and one for people who didn't. Photograph: WIN-Initiative/Neleman/Getty Images/WIN-Initiative RM

In 2015, the Princeton economists Anne Case and Angus Deaton's groundbreaking paper in the National Academy of Science's magazine reported that mortality rates among a section of Americans were suddenly surging - something unheard of in previous decades. Mortality was only rising in a certain group: middle-aged non-Hispanic whites without a college degree.

Case and Deaton have returned with a new paper published last week by the Brookings Institute. It paints a grim picture of two Americas, in which one has

- Ref: *Case and Deaton*, <https://www.pnas.org/content/112/49/15>

Age Adjusted US Overdose Rates 2017



U.S. rate is 19.8 per 100,000 standard population.

- Statistically lower than U.S. rate
- Statistically the same as U.S. rate
- Statistically higher than U.S. rate

Source: CDC

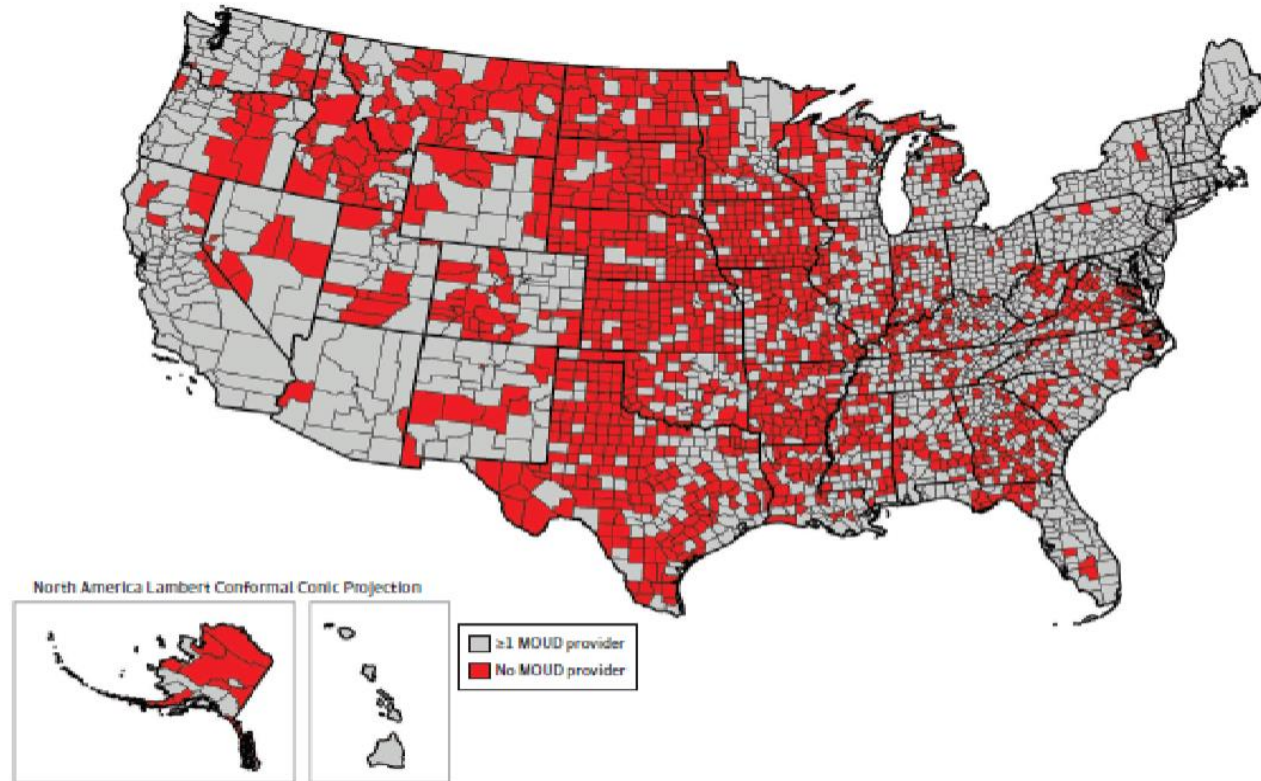
Medication Assisted Treatment



“Access to medication-assisted treatment can mean [the] difference between life or death.”

Michael Botticelli, October 23, 2014 Director, White House Office of National Drug Control Policy

US COUNTIES LACKING ANY PUBLICLY AVAILABLE MEDICATION FOR OPIOID USE DISORDER--2017



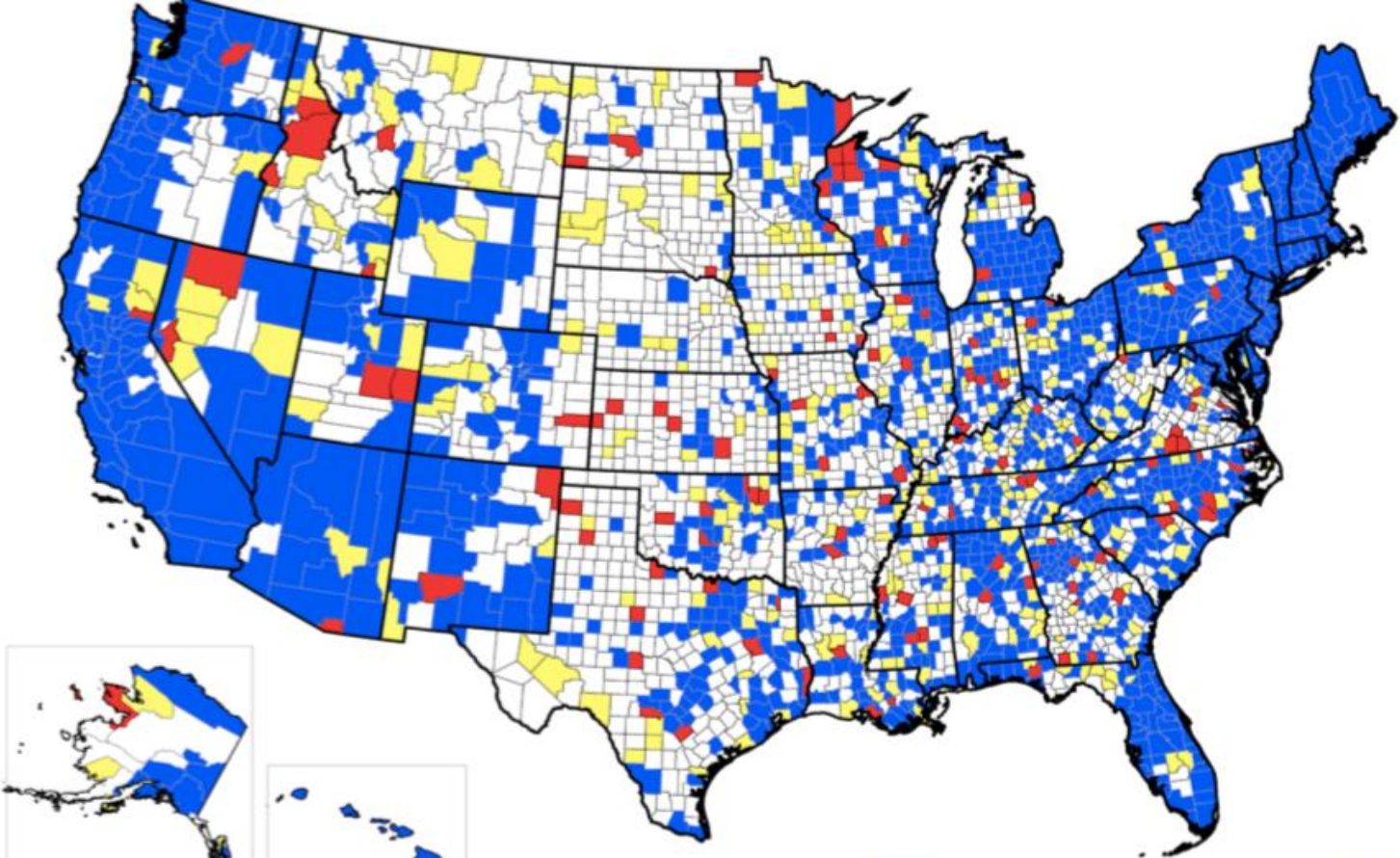
Medication for opioid use disorder providers are defined to include publicly listed opioid treatment programs, buprenorphine-waivered clinicians, and/or extended-release naltrexone-prescribing clinicians in late 2017.

Haffajee, RL et al. JAMA Network Open 2019

Barriers to Methadone Treatment in Rural Areas

- Lack of methadone programs/less than 5% in rural areas
- Methadone programs are highly regulated and require frequent attendance and daily dosing early in treatment
- Long travel time/high transportation costs
- Long wait lists


Map of U.S. Buprenorphine Providers



At least 1 provider in both 2016 and 2012 ■ At least 1 provider in 2016, none 2012 ■
No buprenorphine providers 2016 or 2012 ■ At least 1 provider in 2012, none in 2016 ■

Data Source: DEA Waivered physician list, July 2012 & April 2016
Map Date: May 2016

Clinical Goals

- Expanding access to treatment
 - Immediate engagement and linkage to treatment
 - Co-location of medical and mental health services within addiction treatment services
 - Enhancing recovery services for patients
- 

Medication First Model for the Treatment of OUD

Low-barrier maintenance pharmacotherapy) approach to the treatment of Opioid Disorders (OUD)

4 Principles of the Medication First Model:

1. People with OUD receive pharmacotherapy treatment as quickly as possible, prior to lengthy assessments or treatment planning sessions;
2. Maintenance pharmacotherapy is delivered without arbitrary tapering or time limits;
3. Individualized psychosocial services are continually offered but not required as a condition of pharmacotherapy;
4. Pharmacotherapy is discontinued only if it is worsening the person's condition.

MissouriOpioidSTR.org/treatment



RYAN HAIGHT, 18, VICODIN

Ryan died from an overdose of prescription drugs he had purchased online. He was only 18.

RYAN HAIGHT ONLINE PHARMACY CONSUMER PROTECTION ACT OF 2008

“...regulates online internet prescriptions, is enforced by the DEA (Drug Enforcement Agency) and imposes rules around the prescription of controlled substances through telepsychiatry (live interactive videoconferencing).”

IN THE HOUSE OF REPRESENTATIVES

APRIL 2, 2008

Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned



ACT

Substances Act to address online pharmacies.

Senate and House of Representatives of America in Congress assembled,

Ryan Haight Act

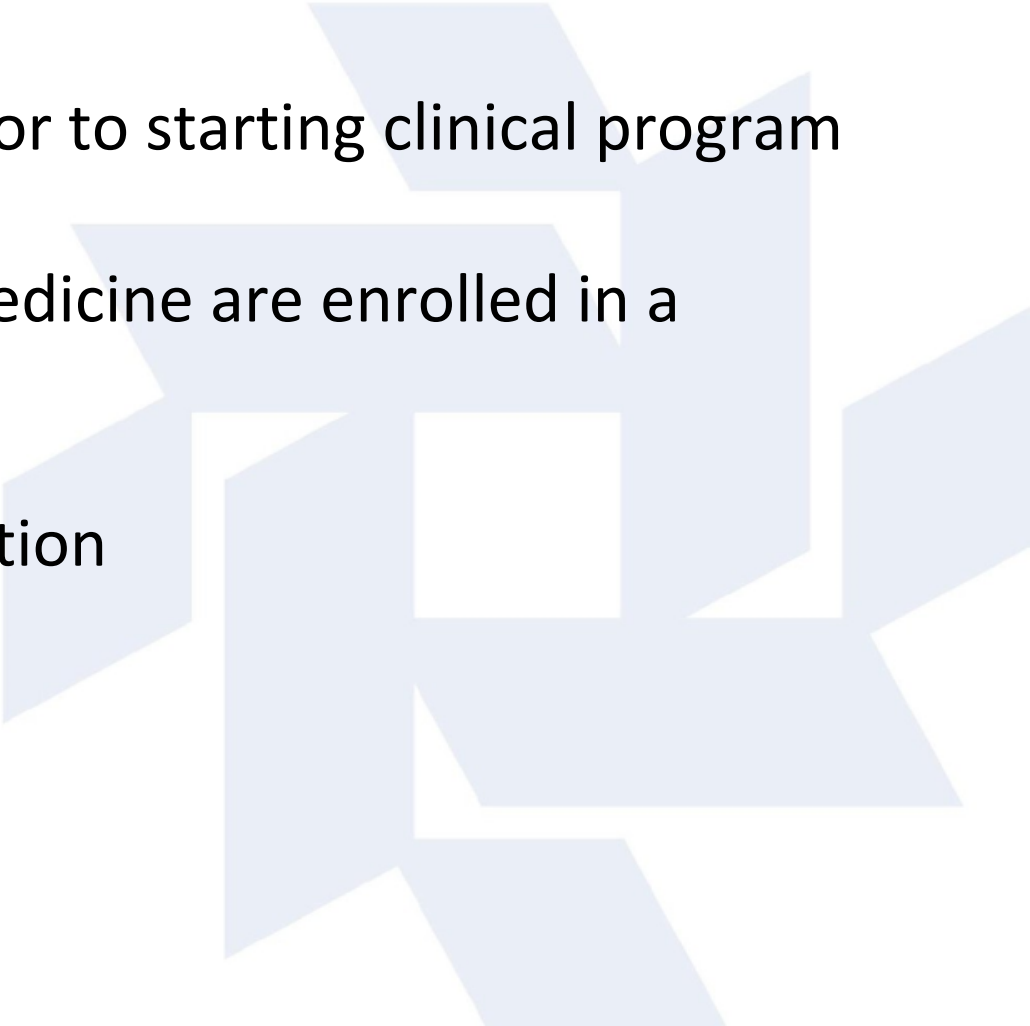
- No controlled substance may be delivered, distributed, or dispensed without a “Valid Prescription”
- “Valid Prescription” A prescription issued for a legitimate medical purpose in the usual course of professional practice
- A Prescription issued by a practitioner who has conducted. at least 1 “in-person medical evaluation” of the patient
- In-Person Medical Evaluation A medical evaluation that is conducted with the patient in the **Physical Presence** of the practitioner

Telehealth Changes due to COVID-19

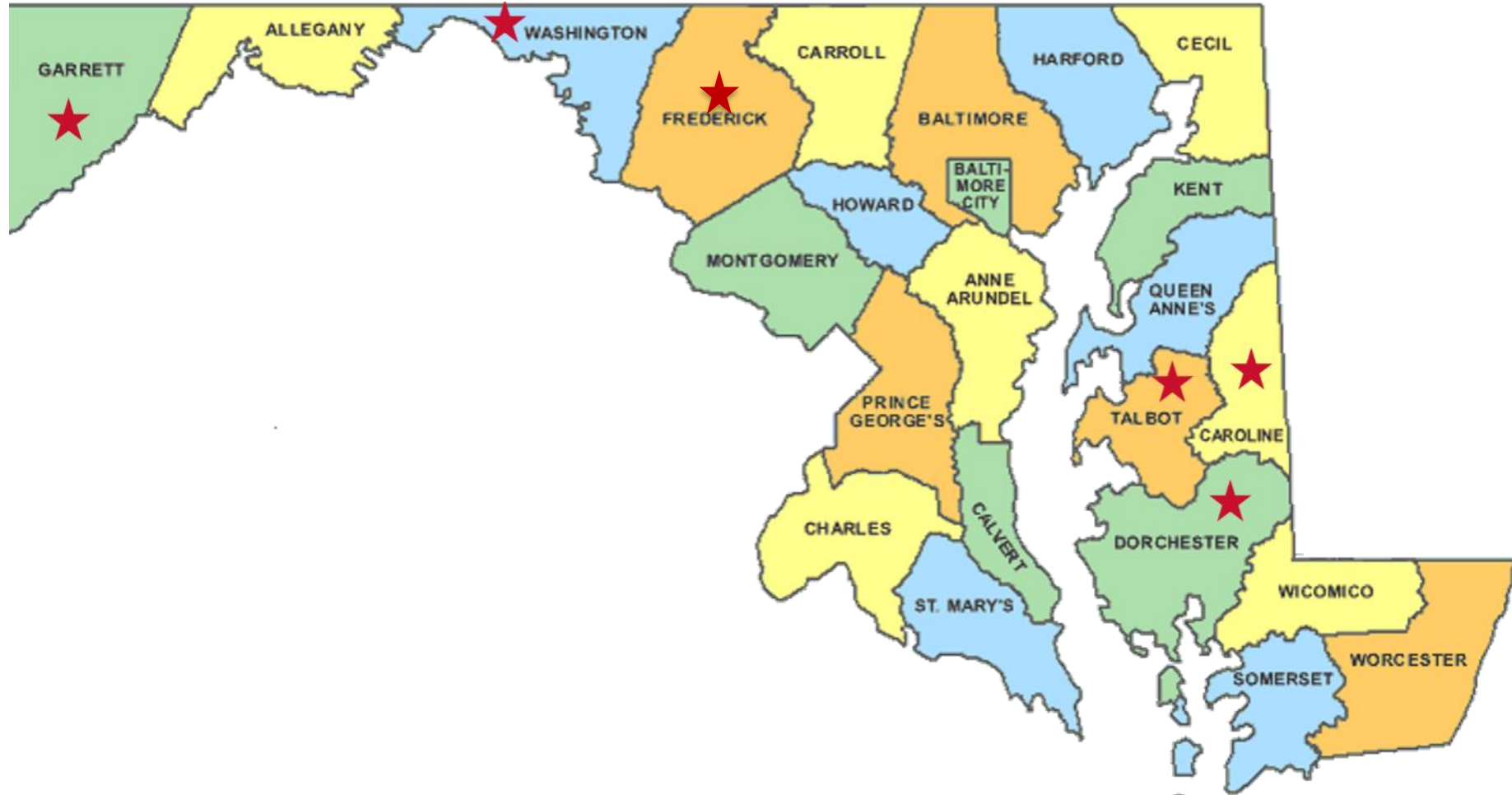
- Ryan Haight Regulations Suspended- no requirement for in-person eval
- Maryland Medicaid Reimbursement
 - Distant site may be from providers home office
 - Originating site may be from patient's home
 - Telehealth can be done by phone

Office of Civil Rights- will not impose penalties for non-compliance with HIPPA rules in connection good faith provision of tele health during COVID pandemic

Maryland Telemedicine Buprenorphine Model

- Develop relationship with a rural treatment center in an area in need of buprenorphine prescribers.
 - All programs now receive DEA certification prior to starting clinical program
 - All patients receiving buprenorphine by telemedicine are enrolled in a treatment program
 - Develop SOP's focusing on clinical communication
 - Program Coordinator
- 

Tele MAT Sites 2019



Rural Telemedicine Partnerships at University of Maryland

- Rural Health Departments
- Rural OP/IOP/Residential Treatment
- Rural Nonprofit Outpatient Practice
- County Jails
- Emergency Departments



Tele Challenges

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



Wells House/Published Outcomes

- Retrospective case series of first 177 pts
- Population young (~35yo), male (~89%), mostly voluntary (19% from drug court), mostly PWID (75%)
- Primary Outcome: 57% retained in treatment onsite at 3 months

The American Journal on Addictions, Vol. 14, 2015
© 2015 Wolters Kluwer Health | Lippincott Williams & Wilkins
DOI: 10.1097/JAD.0000000000000100

Expanding Access to Buprenorphine Treatment in Rural Areas With the Use of Telemedicine

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³Department of Psychiatry, College of Medicine, University of Kentucky, Lexington, Kentucky

Background and Objectives: The opioid epidemic in the United States has resulted in a public health emergency. Medication-assisted treatment (MAT) with buprenorphine and naloxone are evidence-based treatments for opioid use disorder. However, access barriers hinder access to treatment in rural areas. The use of telemedicine as a means to expand access to buprenorphine treatment in rural areas is being explored.

Methods: A retrospective case series of 177 patients in a rural drug treatment program who were treated with buprenorphine/naloxone (BN) via telemedicine. The study included 177 patients who were enrolled in the program. Data were obtained on retention in treatment and rates of relapse.

Results: Retention in treatment was 57% at 3 months, 41% at 6 months, and 23% at 12 months. Of patients who completed the program, 68% were retained in treatment at 3 months. The study suggests that telemedicine can be used to expand access to buprenorphine treatment in rural areas.

Conclusions: Telemedicine can be used to expand access to buprenorphine treatment in rural areas. The use of telemedicine to expand access to buprenorphine treatment in rural areas is being explored.

Keywords: buprenorphine, telemedicine, rural areas, opioid use disorder, medication-assisted treatment

J. Addict. Med. 2015;14:100–106

DOI: 10.1097/JAD.0000000000000100

Received April 10, 2015; revised September 7, 2015; accepted September 12, 2015.

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Weintraub et al. Expanding Access to Buprenorphine Treatment in Rural Areas with the Use of Telemedicine. *American Journal on Addictions*, 2018

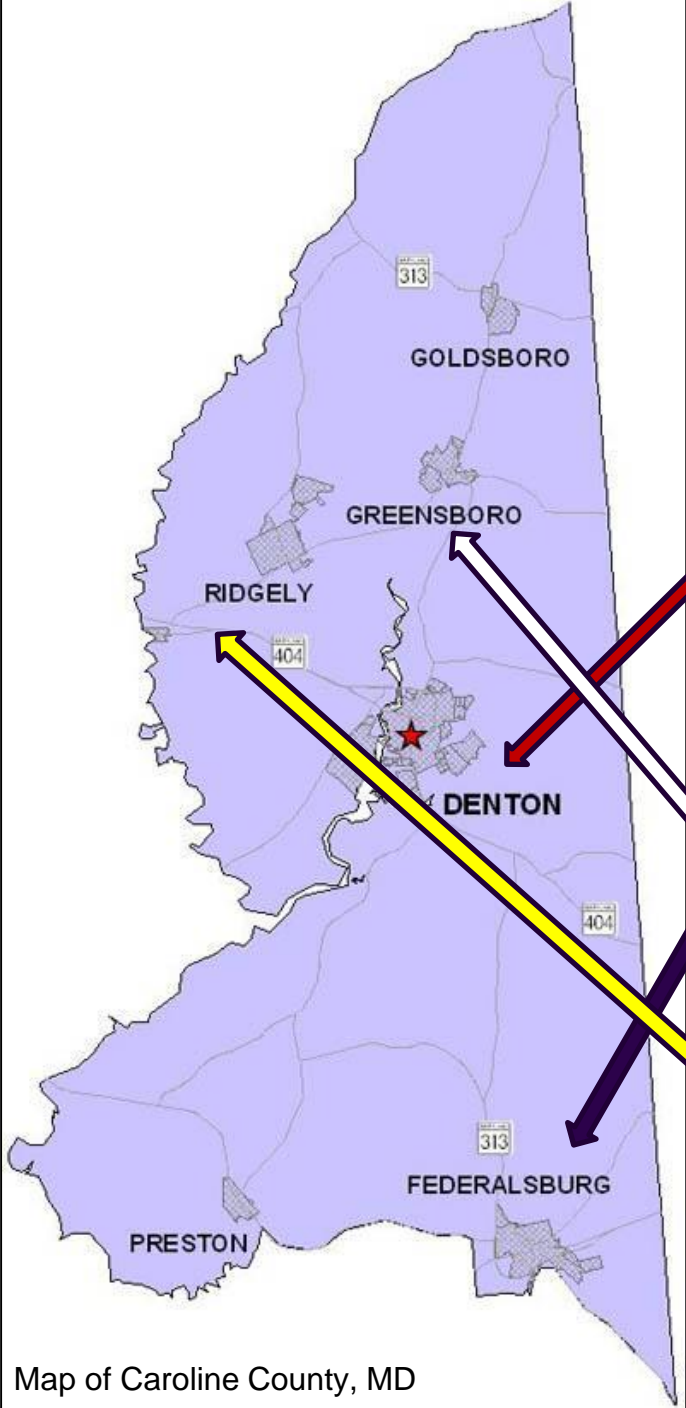
Eastern Shore Mobile Care Collaborative



HRSA grant-funded initiative with additional assistance from MD BHA
Increase engagement in addiction/overdose hotspots
Direct referral source for local Emergency Departments
Ability to collect urine toxicology, meet with peer, counselor, and nurse,
and see MD via secure video link
Active since 1/20/19

The Mobile Treatment Unit is currently serving patients in four different townships in the county: Denton, Federalsburg, Greensboro and Ridgely. Future plans include increasing service locations in Caroline County (pictured to the right) and throughout other counties within the Eastern Shore of Maryland.

After the implementation of the ESMCC program, patients have saved an average of 9.93 miles by traveling to a treatment site closest to them.



Dates the Mobile Treatment Unit Began Providing Services in the Following Cities:

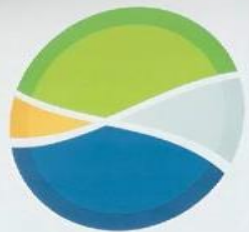
Denton, Maryland: January 2019

Federalsburg, Maryland: June 2019

Greensboro, Maryland: October 2019

Ridgely, Maryland: February 2020





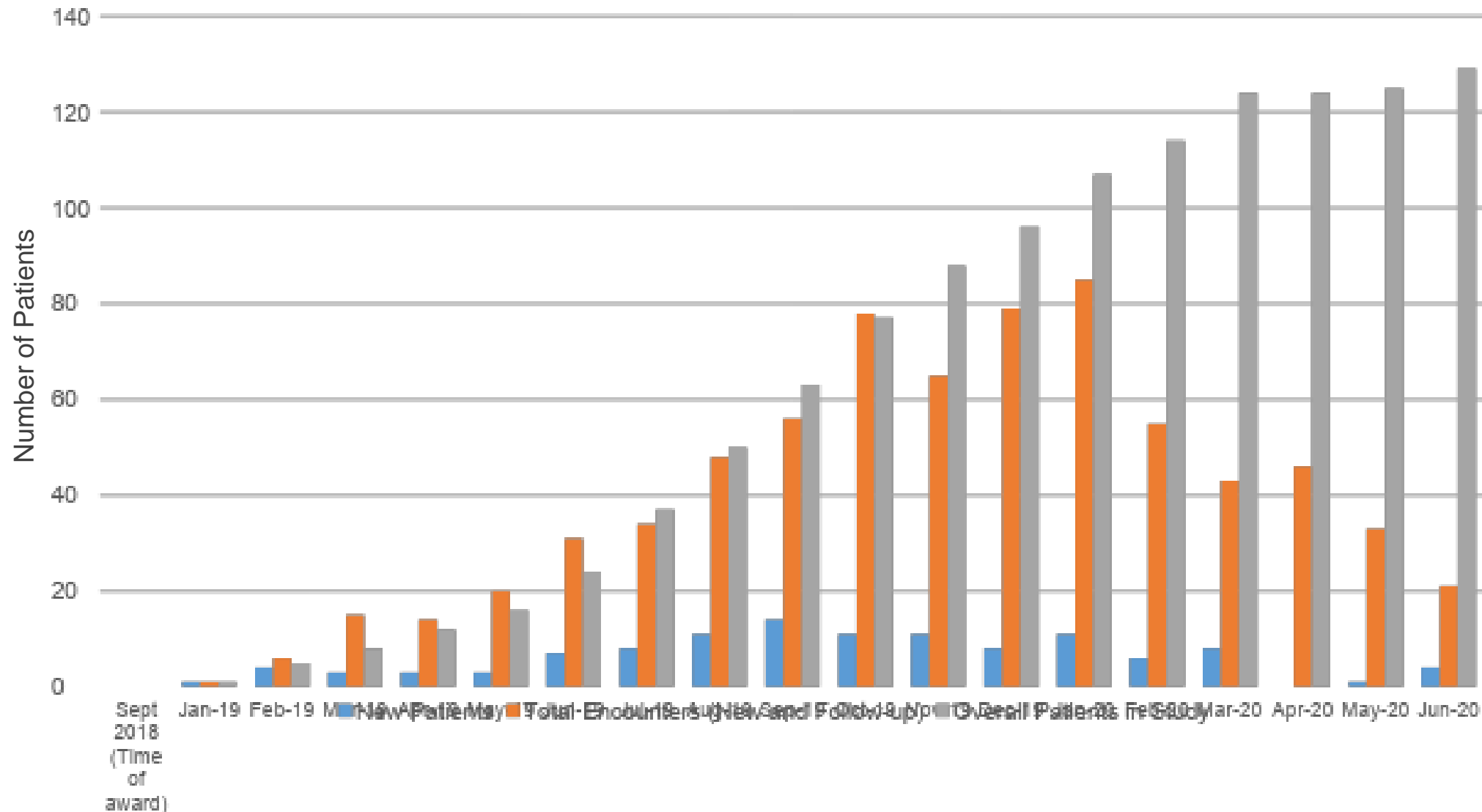
CAROLINE COUNTY
HEALTH DEPARTMENT
Caring for Caroline

THE EASTERN SHORE
MOBILE CARE COLLABORATIVE
AT THE CAROLINE COUNTY
HEALTH DEPARTMENT



211 Maryland
IN CRISIS? CA
Get Co

MTU Patient Overview



Total Number of Patients who have been treated by a telemedicine provider between January 2019 and June 19, 2020:
129

Treatment with Buprenorphine through Telemedicine in a Rural Criminal Justice Setting

- **\$600,000 grant from the Foundation for Opioid Response Efforts (MPI: Weintraub, Belcher)**
- **Program Goal: provide access to buprenorphine treatment *via* telemedicine for detention center sites located in rural areas of Maryland**
- **First implementation site: Talbot County Detention Center**



**Foundation *for*
Opioid Response Efforts**



UNIVERSITY of MARYLAND
BALTIMORE

Future Directions

Adapting to other clinical models

- Mobile MAT Expansion
- In-home treatment
- Integration of telemedicine with Emergency Departments, EMT's and the criminal justice system
- Role in OTPs and skilled nursing facilities

- Development of evidenced based standard operating procedures
- Enhancement of consultation/supervision capability
HUB and Spoke Model
- Integration of infectious disease treatment and harm reduction strategies

MACS

Maryland Addiction Consultation Service

1-855-337-MACS (6227)

www.marylandMACS.org

Provides support to prescribers and their practices across Maryland in the identification and treatment of Substance Use Disorders and chronic pain management.

MACS Services

All Services are FREE

- Phone consultation for clinical questions
- Education and training opportunities related to substance use disorders and chronic pain management
- Assistance with addiction and behavioral health resources and referrals
- Technical assistance to practices implementing or expanding office-based addiction treatment services
- MACS TeleECHO Clinics: collaborative medical education through didactic presentations and case-based learning



1-855-337-MACS (6227) · www.marylandMACS.org

MACS for MOMS



MACS for MOMs (Maternal Opioid Misuse Model) provides support to maternal health providers in addressing the needs of their pregnant and postpartum patients with substance use disorders (SUD), particularly opioid use disorder (OUD).

MACS for MOMs, an expansion of the Maryland Addiction Consultation Service (MACS), is a statewide program that is free to all providers.

Funding for MACS for MOMs is provided by Maryland Department of Health and the Centers for Medicare and Medicaid Services.

MACS COVID Response: Monthly Waiver Trainings

- MACS trained 439 providers across the 23 trainings.

Provider Type:	Amount Trained:
MD	190
DO	32
NP	95
PA	104
Other	18

Project ECHO

Project ECHO® (Extension for Community Healthcare Outcomes) helps democratize medical knowledge and develops specialty care capacity in underserved communities.

Using a revolutionary model of telementoring, collaborative medical education and care management, Project ECHO empowers front-line primary care professionals to provide the right care, in the right place, at the right time.



Image Credit: NEJM : 364: 23, June 9-2011, Arora S, Thornton K, Murata G

www.marylandMACS.org/ECHO/

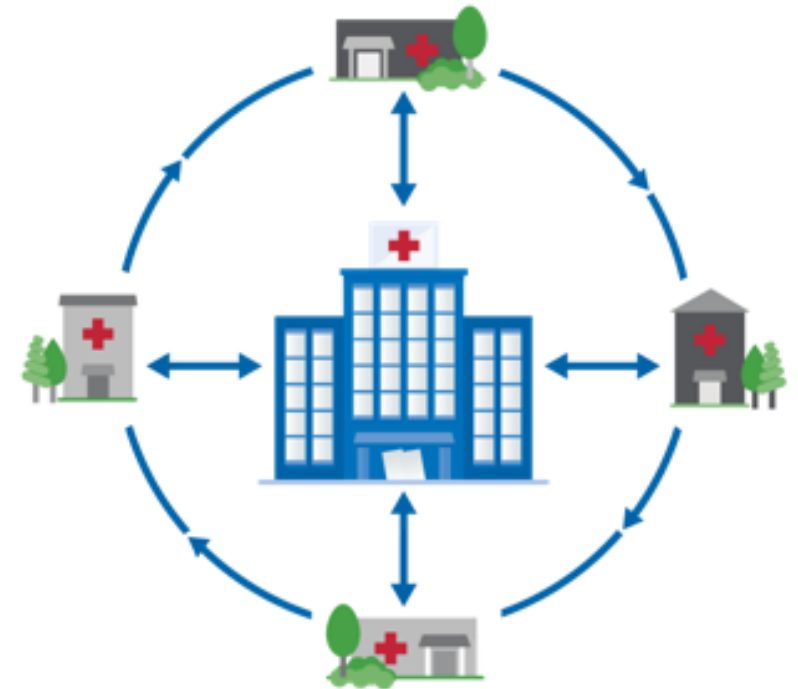
Project ECHO

Moving Knowledge, Not Patients

Through technology-enabled collaborative learning, ECHO creates access to high-quality specialty care in local communities.

Hub and spoke knowledge-sharing networks create a learning loop:

- **Community providers learn from specialists.**
- **Community providers learn from each other.**
- **Specialists learn from community providers as best practices emerge.**





NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

Funded by the U.S. Health Resources and Services Administration (HRSA), the National Consortium of Telehealth Resource Centers (NCTRC) consists of 14 Telehealth Resource Centers (TRCs). As a consortium, the TRCs have an unparalleled amount of resources available to help virtual programs across the nation, especially within rural communities. Each TRC is staffed with telehealth experts who are available to provide guidance and answer questions. As telehealth continues to gain more visibility and recognition in healthcare, the TRCs will remain positioned to provide assistance for all.

Regionals

CTRC



gpTRAC



HTRC



MATRC



NETRC



NRTRC



PBTRC



SCTRC



SETRC



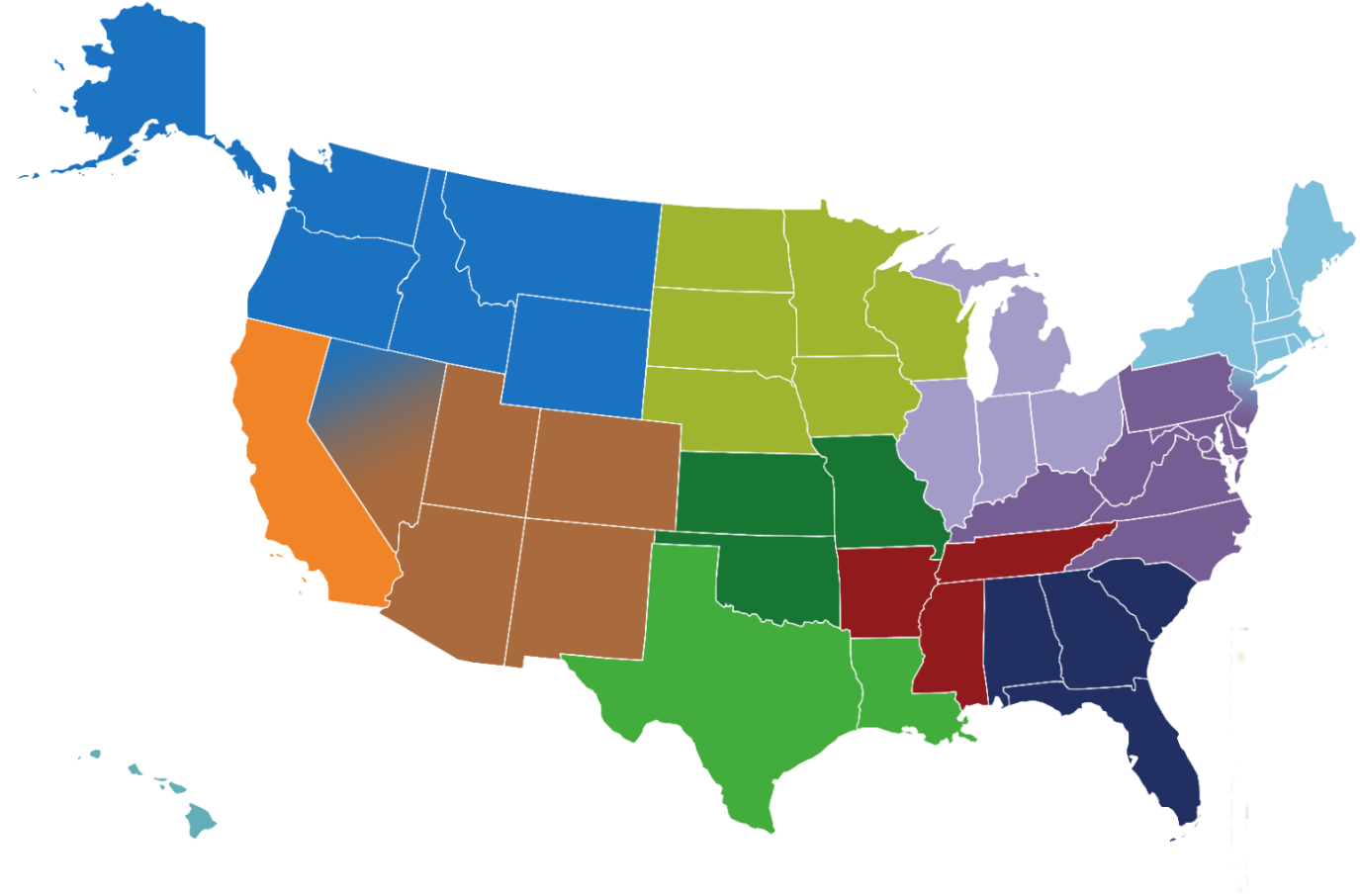
SWTRC



TexLa



UMTRC



Nationals

CCHP



TTAC



Telehealth
Protocols &
Workflows

Policy,
Legal and
Regulatory
Factors

Technology
Assessment

Business
and
Strategic
Planning

Our services

Training and Technical Assistance

We provide expert technical assistance to help build and enhance telehealth programs across the nation. Key focus areas include but are not limited to: telehealth policy, technology, business planning, workflow, etc.

Development

We develop educational materials and resources for health systems, providers and patients. Includes: designing/ executing needs assessments, identifying funding sources, and assisting with telehealth technology selection is also among our specialties.

Business strategy

We connect telehealth leaders at local, state, and federal levels to raise awareness and collaboratively produce specialized tools and templates for telehealth programs and providers.

Telemental Health Resources

- **Mid-Atlantic Telehealth Resource Center (MATRC) Telebehavioral Health Center of Excellence (TBHCOE):** <https://tbhcoe.matrc.org/>
- **National Institutes of Health (NIH)- Ask Suicide Screening Questions (ASQ) Model** <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml#resource> ; NIH ASQ [Patient Resource List](#).
- **Center of Excellence for Integrated Health Solutions** (Funded by Substance Abuse and Mental Health Services Administration (SAMHSA)
Operated by the National Council for Behavioral Health)
<https://www.thenationalcouncil.org/integrated-health-coe/resources/>
- **National Alliance on Mental Illness (NAMI)- Mental health Training for Providers** <https://www.nami.org/Support-Education/Mental-Health-Education/NAMI-Provider>

Telemental Health Resources

- **US Center for Disease Control and Prevention (CDC)** - Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/telehealth.html>
- **Kaiser Family Foundation (KFF)** White Paper: <https://www.kff.org/womens-health-policy/issue-brief/telemedicine-and-pregnancy-care/>
- **Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCH)**- MCH Navigator Online Training: <https://mchb.hrsa.gov/training/mch-navigator-description.asp>
- **Suicide Prevention Resource Center (SPRC)** –Treating Suicidal Patients During COVID-19: Best Practices and Telehealth
<https://www.sprc.org/events-trainings/treating-suicidal-patients-during-covid-19-best-practices-telehealth>

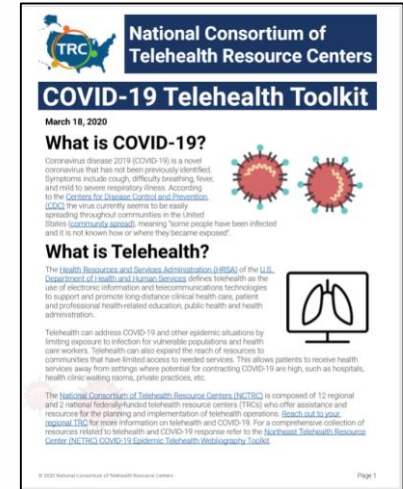
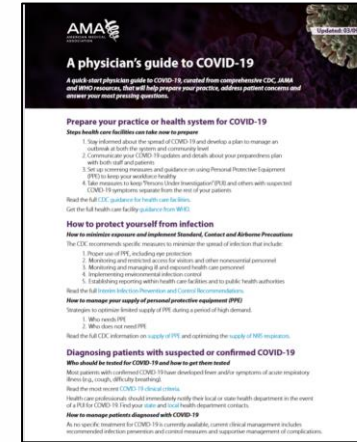
Select Peer Reviewed Articles on this Topic

- [Video directly observed therapy intervention using a mobile health application among opioid use disorder patients receiving office-based buprenorphine treatment: protocol for a pilot randomized controlled trial](#) Schramm Z, et al. Addict Sci Clin Pract. 2020; 15: 30.
- [Continuing increased access to buprenorphine in the United States via telemedicine after COVID-19](#) Davis C, Samuels E. International Journal of Drug Policy; Available online 15 August 2020, 102905
- [Low Barrier Tele-Buprenorphine in the Time of COVID-19: A Case Report](#) Harris M, et al. J Addict Med. 2020 May 20.
- [Treatment Outcome Comparison between Telepsychiatry and Face-to-face Buprenorphine Medication-Assisted Treatment \(MAT\) for Opioid Use Disorder: A 2-Year Retrospective Data Analysis](#) Zheng W, et al. J Addict Med. 2017 ; 11(2): 138–144.

Search the [NETRC Telehealth Resource Library](#) for more!

Select Resources for COVID-19

- [NETRC Site & Telehealth Resource Library](#)
 - [Telehealth Coordinator eTraining](#), developed w/California TRC
 - [Northeast Telehealth Resource Center COVID-19 Toolkit](#)
- [National Telehealth Resource Center website](#)
 - [Telehealth and COVID-19 Toolkit](#)
 - [NCTRC Telehealth and COVID-19](#)
- [CMS General Provider Telehealth & Telemedicine Toolkit](#)
- [MATRC Telehealth Resources for COVID-19](#)
- [NRTRC Quick Start Guide to Telehealth](#)
- [AMA: A Physician's Guide to COVID-19](#)
- [Hooper, Lundy and Bookman: COVID-19 Resource Page](#)



Patient/Client Resources

HHS Telehealth Webpage for Patients/Consumers:: <https://telehealth.hhs.gov/patients/>

TRC and Other Consumer Resources: [How Patients Can Engage Telehealth](#), [Telebehavioral Health](#), [Tips to Keep Your Telehealth Visit Private](#), [Downloadable Tech Guides](#), [Virtual Healthcare for Patients/Consumers](#), [How to Prepare for a Video Visit with Your Mental Health Provider](#)

Devices/Connectivity:

- FCC [LifeLine Program](#) and [Emergency Broadband Benefit Program](#) - provides devices and subsidies on monthly voice and data fees for eligible consumers. There are eligibility requirements (see webpage) and application processes.
- [Telehealth Access for Seniors](#) – provides seniors and low income communities with devices, training and tech support

[National Digital Equity Center](#) - has a device loaner program – any Maine resident over 70 years of age can borrow devices for 90 days at no charge, and pay \$25/month after that 90 days if they wish to keep it longer. Older adults from other states can participate for a small fee.



Telehealth Resource Center Resources



- [NETRC Site & Telehealth Resource Library](#)
 - Latest in national and regional telehealth [news](#), [success stories](#), and resources
 - Over 6,500 publicly available journal articles and other resources
 - [NETRC/MATRC 2020 Virtual Conference Series Archives](#)
 - **NEW!** [TelehealthClassroom.org](#) – free training resource portal
- [National Telehealth Resource Center website](#)
 - Fact Sheets, Guides and Templates
 - Evidence for Telehealth, Webinar series, etc.
- NCTRC Webinar Series
 - Every 3rd Thursday of the month from 2 PM – 3 PM EST.
 - Watch recordings of previous webinars on our Youtube channel:
www.youtube.com/c/nctrc

Connect With Us!



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Co-Director, MCD Public Health
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Reid Plimpton, MPH
Project Manager, NETRC
Email: Rplimpton@mcdph.org



Andrew Solomon, MPH
Senior Program Manager, NETRC
Email: Asolomon@mcd.org



JOIN US IN OUR RETURN TO OUR STANDARD 2 DAY IN-PERSON EVENT!

7TH ANNUAL REGIONAL TELEHEALTH CONFERENCE

Save the Date!

September 23-24, 2021
Manchester, NH

NETRC 2021

TELEHEALTH LAUNCHPAD

REFUELING FOR SUSTAINABILITY

NORTHEAST TELEHEALTH RESOURCE CENTER

[WATCH NETRC.ORG FOR MORE INFORMATION]

Submit an Abstract!

Questions?



Connect with HRSA

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