PRISM Virtual Learning Session #7: Innovative Approaches to Mental Health & Substance Use Care in Response to COVID-19

Wednesday, November 18, 2020
PRISM Learning Community: Cohort 1
Today’s Agenda

• Welcome and Introductions

• Tele-buprenorphine during COVID-19: An Opportunity to Improve Access
  Rachel Wightman, MD

• Increasing Access to Perinatal Mental Health Services Before, During, and After COVID-19
  Gwen Latendresse, PhD CNM FACNM

• Q&A

• Closing Remarks & Adjourn
Objectives

• Recount the challenges COVID-19 has created for accessing/delivering mental health and substance use care to MCH populations
• Describe federal policy changes that have enabled development of new telehealth models of care for mental health and substance use disorder treatment
• Examine two successful state programs to implement telehealth for mental health and substance use care
• Explore lessons learned and goals for future growth of tele-mental health/substance use care programs
The content, findings, and conclusions shared in this presentation are those of the speakers and do not necessarily reflect the official positions of or endorsements by ASTHO, AMCHP, or the PRISM project funder (HRSA).
Rachel Wightman, MD
• Assistant Professor, Department of Emergency Medicine
• Warren Alpert Medical School of Brown University
• Director of Toxicology Education
• Co-Founder, Buprenorphine Hotline
Tele-buprenorphine During COVID-19: An opportunity to improve access

Rachel S. Wightman, MD
Assistant Professor of Emergency Medicine, Brown Emergency Medicine
The Warren Alpert Medical School of Brown University

Innovative Approaches to Mental Health & Substance Use Care in Response to COVID-19
Association of Maternal and Child Health Programs
November 18, 2020
• No conflicts of interest
• Supported by:
  • The Rhode Island Department of Health CDC Overdose Data to Action Grant
  • The Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals SAMHSA COVID response grant
  • The Center of Biomedical Research Excellence on Opioid and Overdose (P20GM125507)
• Buprenorphine overview
• Treatment inequities
• Buprenorphine for telehealth
• Buprenorphine telehealth during COVID
• Rhode Island initiatives: Buprenorphine Hotline & ED Overdose Callbacks
• Future of buprenorphine telehealth
Buprenorphine

- Partial agonist
  - High affinity for mu opioid receptor
  - Reduces cravings, treats withdrawal
  - Has a “ceiling effect”
- Reduces overdose, death
- Available through office-based provider or opioid treatment program
- Prescriber must be “X-waivered”
MOUD reduces overdose, acute care use

A Opioid overdose at 3 mo

B Acute care use at 3 mo
MOUD reduces overdose death

<table>
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<tr>
<th></th>
<th>No of deaths/person years</th>
<th>Overdose mortality rate/1000 person years (95% CI)</th>
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<tbody>
<tr>
<td><strong>Methadone, first four weeks</strong></td>
<td></td>
<td></td>
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<tr>
<td>Buster et al 2002</td>
<td>9/1500</td>
<td>6.0 (2.7 to 11.4)</td>
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<td>18/1344</td>
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<td>Cousins et al 2016</td>
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<td><strong>Overall</strong></td>
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<td><strong>Methadone, after four weeks</strong></td>
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<tr>
<td>Buster et al 2002</td>
<td>33/17 200</td>
<td>1.9 (1.3 to 2.7)</td>
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<tr>
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<td>151/88 449</td>
<td>1.7 (1.4 to 2.0)</td>
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<tr>
<td>Cousins et al 2016</td>
<td>50/19 277</td>
<td>2.6 (1.9 to 3.4)</td>
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<tr>
<td><strong>Overall</strong></td>
<td></td>
<td>2.0 (1.5 to 2.7)</td>
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<td><strong>Buprenorphine, first four weeks</strong></td>
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<td>Kimber et al 2015</td>
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<td>0.9 (0.1 to 3.4)</td>
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<td><strong>Buprenorphine, after four weeks</strong></td>
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<tr>
<td>Kimber et al 2015</td>
<td>29/19 842</td>
<td>1.5 (1.0 to 2.1)</td>
</tr>
</tbody>
</table>

Overdose mortality rates by time interval in and out of opioid substitution treatment with methadone or buprenorphine and pooled overdose mortality rates, 2002-16.
Treatment Inequity - Geography

County level capacity to provide buprenorphine

Goedel et al, JAMA Network Open, 2020
Treatment Inequity - Race & Insurance

Figure. Buprenorphine Visits by Race/Ethnicity and Payment Type, 2004-2015

A) Visits by race/ethnicity

B) Visits by payment

Buprenorphine visits (n = 1369) and 95% CIs per 10,000 visits (shaded areas), grouped by year and stratified by race/ethnicity and payment type. Estimates account for complex survey design elements and are nationally representative.

Lagisetty et al, JAMA Psych, 2019
Barriers to treatment

- Cost
- Insurance
- Transportation
- Stigma
- Availability of a waivered provider
Buprenorphine telehealth

- Previously used for maintenance treatment
- Comparable:
  - Patient retention
  - Medication maintenance
  - Obstetric outcomes
Equity & Buprenorphine telehealth

- Opportunity to decrease inequities due to transportation, geography

- Will exacerbate inequities if video is required
  - Video requires smartphones or internet, inequities by:
    - Income
    - Rurality
    - Age

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### Rural Americans have consistently lower levels of broadband adoption

% of U.S. adults who say they have ...

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<th>Smartphone</th>
<th>Tablet</th>
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<td><strong>2015</strong></td>
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<tr>
<td><strong>2018</strong></td>
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</table>

Note: Respondents who did not give an answer are not shown.

PEW RESEARCH CENTER
COVID concerns

- Decreased access to harm reduction services & treatment
- Increased risk of overdose death due to:
  - Increased use of opioids alone due to isolation, physical distancing, closure of public spaces
  - Disruptions in drug supply resulting in loss of tolerance
  - Increase in resumed use after period of abstinence related to COVID-19 stressors
  - Increased potency of drug supply

Regulatory Flexibility in COVID- 3/2020

- Waived penalties for health care providers using non-HIPAA compliant technologies, including FaceTime and Skype, to serve patients via telemedicine in good faith.
- Waived the initial requirement for an in-person assessment for the initiation of buprenorphine treatment.
- Allowed for **telephone-only** visits.

Tele-Buprenorphine During COVID-19

Center for Opioid Recovery and Engagement

Call today to connect to a recovery specialist & access Buprenorphine

CORE will be operating a telehealth buprenorphine service in response to COVID-19.

This program will serve all Philadelphians seeking treatment for Opioid Use Disorder, wishing to begin or continue buprenorphine.

Clinic hours (by phone)
Monday-Friday 9AM-5PM
Please call:
(484) 278-1679

Virtual Buprenorphine Clinic
Taking New Patients

Starting March 25th, NYC Health + Hospitals will begin operating a virtual buprenorphine (Suboxone) clinic in response to the COVID-19 emergency.

The virtual buprenorphine clinic will serve all New Yorkers seeking opioid addiction treatment for continuation or initiation of buprenorphine.

Referrals from all NYC H+H staff are welcome!

Clinic hours (by phone or video conference):
Mon - Fri, 9 AM - 5 PM

For appointments and referrals, call:
212-562-2665
Bellevue Building A Room 235
Rhode Island Tele-Buprenorphine

**Buprenorphine Hotline**

- 24/7
- Free
- Buprenorphine consultation, treatment initiation, and linkage to treatment

**Post-Overdose ED Callbacks**

- Post-ED overdose visit follow up calls
- Harm reduction and recovery resource referral
- Consultation with a buprenorphine prescriber

**Are you struggling with Opioid Use?**

Call the Buprenorphine Hotline

(401) 606-5456

HELP IS HERE

Call us 24/7 for a FREE Buprenorphine (Suboxone) consultation

We'll match you with a healthcare provider that can start you on medication today in your path to better living.
Principles & Goals

1. Provide low threshold buprenorphine access
2. Utilize principles of harm reduction to deliver patient-centered care
3. Improve equity in addiction treatment access
Buprenorphine Hotline

- Telephone-based
- 24/7
- Initiate buprenorphine treatment
- Link to a treatment provider

- 6 providers
- Not currently billing
Starting the patient encounter

Patient calls hotline or begins virtual clinic appointment & consents to telehealth encounter

Patient assessment: determining appropriateness for buprenorphine initiation

Does patient have moderate-severe OUD based on DSM-V criteria?
  - No
  - Yes
    - Do NOT prescribe buprenorphine

Is patient taking methadone?
  - Yes
  - No

Comprehensive patient history

Assess current substance use, date of last opioid use, prior treatment history, & opioid use withdrawal using SOWS
Has patient previously taken buprenorphine?

Yes

Discuss prior experience & address concerns

No

Determine dose & duration, labs

Patient education: precipitated withdrawal, unobserved initiation

Confirm appointment/Provide referral, send patient instructions

Prescribe buprenorphine & naloxone

Buprenorphine initiation & next steps
Buprenorphine Hotline, 4/15/20-7/22/20

- 93 calls
- 74 new buprenorphine prescriptions
- 63.8% follow up (37/58 patients)
Post-Overdose Call Backs

- High risk of death after an ED visit for opioid overdose
- Low services provision at time of ED visit

Risk of Death
- 0.25% 2 days
- 1.1% 1 month
- 5.5% 1 year
Post-Overdose Call Backs

• Developed script and trained research assistants to call people recently treated in the ED for an opioid overdose
• Provide information & referral to harm reduction, peer recovery, & treatment services
• Offer immediate consultation with a buprenorphine provider
19 patients expressed interest in a telehealth encounter

127 reached over the phone by RA

361 patients with ED visit for opioid overdose

234 patients could not be reached by phone

86 refused information

41 accepted community substance use resources

173 without working phone number

52 could not be reached after 3 call attempts

9 deceased

11 patients had a telehealth encounter; all linked to continued care

6 patients initiated on buprenorphine

112 patients could not be reached by phone

127 reached over the phone by RA

361 patients with ED visit for opioid overdose

234 patients could not be reached by phone

86 refused information

41 accepted community substance use resources

19 patients expressed interest in a telehealth encounter

29 patients had a telehealth encounter; all linked to continued care

6 patients initiated on buprenorphine

173 without working phone number

52 could not be reached after 3 call attempts

9 deceased
TREATS Act - 2020

Telehealth Response for E-Prescribing Addiction Therapy Services Act

- Would expand telehealth services for SUD treatment
- Provides support to rural areas
- Requires video for initial evaluation

(a) **Substance Use Disorder Services Furnished Through Telehealth Under Medicare.**—Section 1834(m)(7) of the Social Security Act (42 U.S.C. 1395m(m)(7)) is amended by adding at the end the following: “With respect to telehealth services described in the preceding sentence that are furnished on or after January 1, 2020, nothing shall preclude the furnishing of such services through audio or telephone only technologies in the case where a physician or practitioner has already conducted an in-person medical evaluation or a telehealth evaluation that utilizes both audio and visual capabilities with the eligible telehealth individual.”.

Take home points

• Federal telehealth regulations for buprenorphine during COVID-19 can improve access to treatment, could help address inequities

• Need for audio-only capabilities to maintain equity in access

• Need for ongoing evaluation and research to ensure equity in treatment access, measure outcomes
Thank you!

rachel_wightman@brown.edu
References

Gwen Latendresse, PhD CNM FACNM

- Project Lead, Utah Telehealth Pilot Program
- Associate Professor University of Utah
- Associate Dean, Academic Programs University of Utah
TELEHEALTH PROGRAM: INCREASING ACCESS TO MENTAL HEALTH SERVICES FOR RURAL CHILDBEARING WOMEN

NOW RELEVANT FOR A COVID-19 ERA

GWEN LATENDRESSE, PHD CNM FACNM FAAN
ASSOCIATE PROFESSOR
PROJECT PURPOSE/AIMS – PRE COVID-19

Increase access to mental health services for childbearing women in rural Utah communities

Aims:

1) Implement universal electronic screening for perinatal depression (PD) in three rural public health districts

2) Provide mental health services via a telehealth platform (primarily group)
STUDY SETTINGS

- Three (now Five) rural public health district collaborators
- Implemented universal electronic screening for perinatal depression (PD)
- Screening: electronic tablet at the public health clinic with data collection via REDCap
- On-the-spot interpretation of scores; education and resources
- Screen positive: invited to telehealth (videoconference) group facilitated by a mental health professional
Screening

Tablet, Smartphone, laptop, computer, or QR code

Alternatively, if you have a device that has an app capable of reading QR codes, you may scan the QR code below, which should take you directly to the survey in a web browser.
STUDY SETTINGS - INTERVENTION

• 4-6 women in one group
• 1 hour weekly sessions
• Facilitated by mental health professionals
• Total 10 weeks
  – Welcome Session
  – 8 weeks core sessions
  – Reunion sessions (6-8 weeks after the core sessions)
STUDY SETTINGS

- Women attend from location they chose
- Utah Telehealth Network – videoconferencing platform
- Individual one-on-one mental health services available as needed, also by videoconference
- All urgent mental health issues addressed locally
DATA PERIOD: NOVEMBER 7, 2017 – NOVEMBER 6, 2020
TOTAL SCREENING NUMBER N = 2552

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Number Screened (%)</th>
</tr>
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<tbody>
<tr>
<td><strong>Marital Status</strong></td>
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<tr>
<td>Single</td>
<td>756 (33.4)</td>
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<tr>
<td>Married</td>
<td>1062 (46.9)</td>
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<tr>
<td>Living with Partner</td>
<td>376 (16.6)</td>
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<td>Widowed</td>
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<tr>
<td><strong>Types of Insurance</strong></td>
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<tr>
<td>Medicaid</td>
<td>1392 (61.5)</td>
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<tr>
<td>Private / Group</td>
<td>429 (19)</td>
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<tr>
<td>None</td>
<td>309 (13.7)</td>
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<tr>
<td>Other</td>
<td>133 (5.9)</td>
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<td>289</td>
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<tr>
<td>Demographics</td>
<td>Number Screened (%)</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Race</strong></td>
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<tr>
<td>White</td>
<td>1673 (76.8)</td>
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<tr>
<td>American Indian/Alaskan Native</td>
<td>294 (13.5)</td>
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<tr>
<td>Asian</td>
<td>17 (0.8)</td>
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<tr>
<td>Black or African American</td>
<td>22 (1)</td>
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<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>30 (1.4)</td>
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<td>Multiple Race</td>
<td>59 (2.7)</td>
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*N = 2552*
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<th>Demographics</th>
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<tr>
<td><strong>Age (Mean = 26.4)</strong></td>
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<tr>
<td>≤ 19</td>
<td>229 (10.8)</td>
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<td>20 – 24</td>
<td>734 (33.3)</td>
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<tr>
<td>25 – 29</td>
<td>597 (27.1)</td>
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<tr>
<td>30 – 34</td>
<td>387 (17.6)</td>
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<td>35 – 39</td>
<td>200 (9.1)</td>
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<td>40 ≤</td>
<td>37 (1.7)</td>
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<td><strong>Pregnant or Postpartum</strong></td>
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<td>Pregnant</td>
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<tr>
<td>Postpartum</td>
<td>1136 (63.5)</td>
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<td>763</td>
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</table>
EPDS Score

- Lowest Risk (≤ 8): 62.6%
- 3.3%
- 34.1%

History of Depression and/or Anxiety

- Positive: 55.9%
- Negative: 44.1%

Significant Life Events

- Positive: 18.7%
- Negative: 81.3%

N = 2552
*Key Dates*
Utah Department of Health activates Department Operations Center 1/29/2020
First COVID-19 case in Utah 2/28/2020
Stay Home Directive 3/20/2020
# Research Interest / Enrollment

## Research Interest (November 2017 - November 2020)

<table>
<thead>
<tr>
<th>Yes to be contacted</th>
<th>219</th>
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</thead>
<tbody>
<tr>
<td>Declined to be contacted</td>
<td>783</td>
</tr>
</tbody>
</table>

## Enrollment

<p>| Number of women started the UPLIFT intervention | 44 |
| Number of women referred to mental health professionals (Providing resources, met one-on-one with project mental health professionals, established individual therapy with mental health provider via telehealth) | 87 |</p>
<table>
<thead>
<tr>
<th>Time Point</th>
<th>EPDS TOTAL (0-30)</th>
<th>GAD-7 TOTAL (0-21)</th>
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<td>Std. Deviation</td>
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<td>Percentile 75</td>
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<td>Std. Deviation</td>
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<td>4.66</td>
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<tr>
<td>Percentile 25</td>
<td>5</td>
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<td>Percentile 75</td>
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<td>Percentile 25</td>
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<td>Percentile 75</td>
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<td>11</td>
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<td><strong>6 months Post-Session</strong></td>
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<td>Std. Deviation</td>
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<td>4.29</td>
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<td>Percentile 25</td>
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<tr>
<td>Percentile 75</td>
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LESSONS LEARNED

• Telemental health appears to be a promising approach to screening, detecting, and treating PD
• Wow, fortunate we had this in place before COVID-19!
• Two main concerns:
  – Isolation
  – Access to care
  – Where does screening occur?
ACKNOWLEDGMENTS

Funding support: Utah Department of Health, Utah Telehealth Pilot Project (182700408)

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tepop@utah.edu

@uofunursing
@utnurseresearch
Discussion
Please send us your technical assistance requests!

ASTHO and AMCHP are happy to help answer questions, find resources, and facilitate connections.
Your Input Matters

- Please help us evaluate today’s learning session by visiting http://bit.ly/prismvls7 on your device now.

- Thank you!