

Study Finds Telemedicine Underutilized in Fighting Opioid Epidemic

According to the Centers for Disease Control and Prevention (CDC), 91 people die in this country each day from an opioid overdose. Even starker figures were attributed to 2017, where in that year alone, over 70,000 overdose fatalities occurred. And for the second consecutive year, the opioid crisis markedly contributed to the reduction of average life expectancies in the United States. This unrelenting, tragic crisis is indeed one of epidemic proportions.

And yet, the question remains: are providers doing enough to save lives?

A study recently published in Health Affairs cites a major “missed opportunity” in the field of opioid addiction treatment.

1%, 0.1% . . . statistics are bleak

Although telemedicine has been steadily expanding, often offering patients in underserved areas access to care, the analysis finds that telehealth is woefully underutilized in this specific aspect of healthcare. If one looks at the numbers only in terms of growth — telehealth visits for substance use disorder increased from just 97 in 2010 to almost 2,000 in 2017 — the picture might appear more positive than it is in reality.

When that same data is placed in the larger context, it’s clear that the increasingly popular platform of telehealth is not being adequately used to address the increasingly dire epidemic of opioid addiction. According to the analysis, treatment for substance use disorder made up a mere 1% of all telehealth visits in 2017, and that subset represented a scant 0.1% of all substance use disorder treatments across all platforms.

And because over 30% of all telehealth visits in 2017 were made by patients diagnosed with a mental health disorder, it can’t be said that the foundering in telehealth addiction care is simply a mental health versus medical issue.

Current rules require providers to see patients in person before prescribing MATs

By way of at least partial explanation for this disparity are the federal regulations that prevent providers from dispensing medication-assisted treatments (MATs) for substance use disorder (such as the drug buprenorphine) until they have seen the patient during an in-person visit. This can be problematic for patients in areas with no providers or low numbers of providers holding the necessary certification to prescribe MATs. (One way around this for some practitioners is the exception granting buprenorphine telemedicine prescribing privileges when the provider is under the tele-supervision of another physician.)

Aside from the telemedicine platform, there is still a void left when it comes to patients who need treatment and whether or not they actually get that treatment. According to the U.S. Substance Abuse and Mental Health Services Administration, over 20 million people in 2013 were identified as having a substance use disorder, but only 2.5 million of them received treatment.

New laws encourage telehealth expansion in substance use disorder treatment



The Trump administration has taken steps to demonstrate that it approves of expanding access to opioid addiction treatment via telehealth. One example: the September blog post written by the assistant health secretary at the Department of Health and Human Services (HHS), Admiral Dr. Brett Giroir. The post was intended to connect providers with materials that would demystify telemedicine's MAT possibilities.

And then in October, President Trump signed the Support for Patients and Communities Act into law, a set of opioid addiction treatment bills that include provisions for expanding telehealth treatment for substance use disorder. For example, the law broadened Medicare coverage of telehealth specifics to include in-home services for the treatment of substance use disorder. It also added a stipulation that directed the Centers for Medicare & Medicaid Services (CMS) to draft guidance to be used by states regarding telehealth in Medicaid programs.

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