UNITED WE STAND
Responding to America’s Opioid Crisis

Rural and Tribal Communities

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Telehealth and the Opioid Epidemic in Oklahoma:
Leveraging Technology to Increase Access to Information and Treatment

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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 people a day
Unintentional Prescription Opioid Overdose Death Rates by County of Residence¹, Oklahoma, 2013-2017

Rates per 100,000 population
- Top 5 counties
  - 14.0 – 23.4
  - 10.3 – 13.9
  - 8.7 – 10.2
  - 4.0 – 10.2
  - <5 deaths

State rate: 9.8

¹County 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
BUT...
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.
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)”
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

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
Contact Information

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

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