

# POLICY BRIEF

## Access to Treatment for Opioid Use Disorder: A Survey of Addiction Medicine Physicians on Telemedicine and Medication-Assisted Treatment



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### Background

A nationally identified public health emergency of drug-affiliated deaths has increased drastically over the last two decades amid the opioid epidemic.<sup>1</sup> Medication-assisted treatment (MAT) is clinically effective and available, yet only an estimated 25% of people with opioid use disorder (OUD) receive specialty treatment.<sup>2</sup> Barriers to implementation and utilization of MAT are especially pronounced in rural areas, where 71.2% of counties lack a publicly available OUD medication provider.<sup>3</sup> Telemedicine offers a potential solution for overcoming these geographical barriers while maintaining quality of care.<sup>4-6</sup>

This study surveyed addiction medicine physicians to describe barriers and facilitators to implementing MAT via telemedicine, estimated nationwide access to specific OUD treatment services, and explored how telemedicine could potentially improve access to care.

### Methods

Study methodology comprised of a geospatial analysis of the 2018 National Survey of Substance Abuse Treatment Services Directory and descriptive analysis of an online survey. Geospatial analysis was used to determine and map nationwide access to substance use disorder treatment (SUDTx) services. An online survey hosted on Qualtrics was disseminated all physicians with a current American Board of Addiction Medicine certification (n=2,613) to gather quantitative data practice habits, opinions, and concerns regarding MAT and telemedicine. Of those invited, 567 (21.7%) completed the survey.

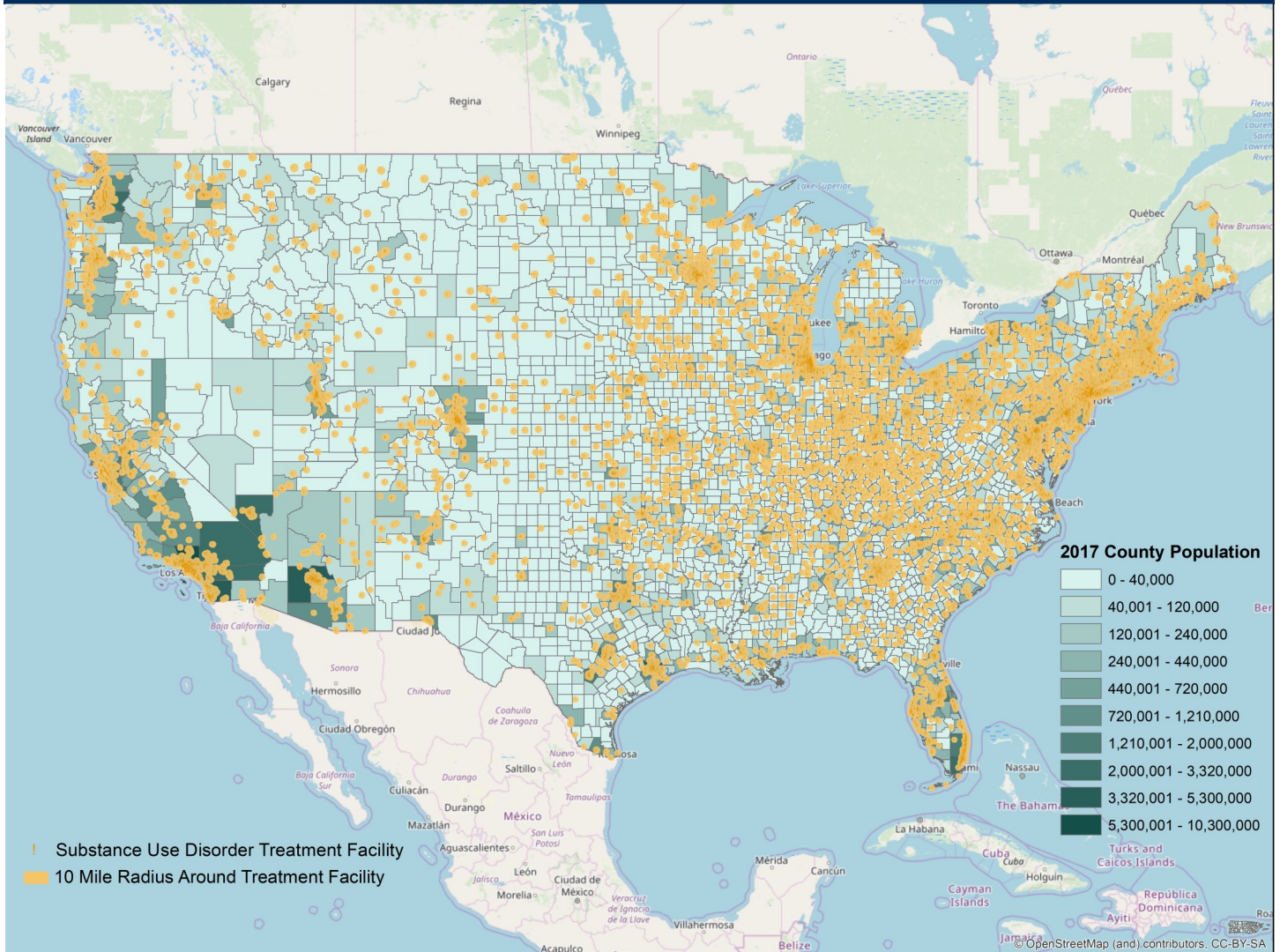
### Key Findings

Geospatial analysis revealed SUDTx facilities were more likely to be established in densely populated locations (Figure 1), with more facilities available in metropolitan areas along the west coast than in southern states or predominantly rural states. Although most counties had at least one SUDTx facility, many counties did not, and solitary facilities may not be accessible by the entire county's population.

Survey respondents generally allopathic physicians (n=403, 88.4%) with a buprenorphine waiver (n=542, 94.6%). They were enthusiastic about engaging with telemedicine, with 61.7% (n=203) willing to provide telemedicine services. However, only 38.2% (n=177) reported currently doing so, citing a lack of authorization to treat across state borders, authorization to provide OUD treatment via telemedicine, and access to out-of-state patients' state prescription drug monitoring program (PDMP) as prominent barriers to providing care. When presented with a list of potential barriers to providing telemedicine, physicians who provided telemedicine services ranked logistical barriers as being the most formidable, while non-telemedicine providers ranked legal barriers as such. Non-telemedicine providers also ranked all barriers as being stronger than telemedicine providers did.

Respondents reported greater interest in providing MAT via telemedicine (n=202, 70.3%) than providing psychotherapy via telemedicine (n=174, 61.1%), and ranked pharmacotherapy via telemedicine as being more effective than any other proposed telemedicine services, including remote psychotherapy.

**Figure 1.** Substance Use Disorder Treatment Facilities in the Continental U.S. with 10-Mile Buffers by County Populations



## Conclusions & Policy Considerations

Current telemedicine regulations vary across states, with some laws prohibiting out-of-state providers from treating in-state patients via telemedicine<sup>7</sup> and others preventing non-local physicians from accessing state PDMPs. One policy solution to encourage telemedicine regulation standardization is to share PDMP data across states through a third-party platform or integrating these data into patient medical records.<sup>8</sup> Additional beneficial policies include fostering cooperation between coalitions of neighboring states toward standardizing telemedicine regulations,<sup>9</sup> encouraging greater adoption of the interstate medical licensing compact to potentially bypass out-of-state telemedicine regulations,<sup>10</sup> and mandating more formalized education to improve physicians' competency with telemedicine.

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## References

1. Centers for Disease Control and Prevention. CDC's response to the opioid overdose epidemic. <https://www.cdc.gov/opioids/strategy.html>. Accessed August 29, 2019.
2. American Psychiatric Association. Opioid use disorder. <https://www.psychiatry.org/patients-families/addiction/opioid-use-disorder/opioid-use-disorder>. Accessed August 29, 2019.
3. Haffajee RL, Lin LA, Bohnert ASB. Characteristics of US counties with high opioid overdose mortality and low capacity to deliver medications for opioid use disorder. *JAMA Netw Open*. 2019;2(6):e196373. DOI: 10.1001/jamanetworkopen.2019.6373
4. Eibl JK, Gauthier G, Pellegrini D, et al. The effectiveness of telemedicine-delivered opioid agonist therapy in a supervised clinical setting. *Drug Alcohol Depend*. 2017;176(1):133-138. DOI:10.1016/j.drugalcdep.2017.01.048.
5. King VL, Stoller KB, Kidorf M, et al. Assessing the effectiveness of an internet-based videoconferencing platform for delivering intensified substance abuse counseling. *J Subst Abuse Treat*. 2009;36(3):331-338. DOI:10.1016/j.jsat.2008.06.011.
6. King VL, Brooner RK, Pierce JM, Kolodner K, Kidorf MS. A randomized trial of web-based videoconferencing for substance abuse counseling. *J Subst Abuse Treat*. 2014;46(1):36-42. DOI:10.1016/j.jsat.2013.08.009.
7. Center for Connected Health Policy. 2019 state telehealth laws & reimbursement policies. CCHPCA.org. <https://www.cchpca.org/sites/default/files/2019-10/50%20State%20Telehealth%20Laws%20and%20Reimbursement%20Policies%20Report%20Fall%202019%20FINAL.pdf>. Published 2019. Accessed October 25, 2019.
8. Haffajee RL. Prescription drug monitoring programs—friend or folly in addressing the opioid-overdose crisis? *N Engl J Med*. 2019 Aug 22;371:699-701. DOI: 10.1056/NEJMp1904714. Accessed October 18, 2019.
9. National Governors Association. States improve rural access to opioid use disorder treatment. NGA.org. <https://www.nga.org/news/states-improve-rural-access-to-opioid-use-disorder-treatment>. Published October 21, 2016. Accessed October 18, 2019.
10. Wicklund E. Telemedicine licensure compact is now live in half the country. mHealth Intelligence. <https://mhealthintelligence.com/news/telemedicine-licensure-compact-is-now-live-in-half-the-country>. Published January 10, 2019. Accessed October 18, 2019.