PCSS Providers Clinical Support System

Frequently Asked Questions (and Answers!): Treating Opioid Use Disorder via Telehealth Tips for Primary Care Providers

Q: I have patients for whom I already prescribe buprenorphine. Can I refill buprenorphine prescription using telehealth?
A: Yes. Telehealth visits are an acceptable alternative to in-person assessments, especially if it allows providers to maintain patients on buprenorphine. Additionally, the DEA has temporarily lifted the requirement for an in-person evaluation prior to electronically prescribing a controlled substance, allowing for such prescribing even when the evaluation was conducted via telehealth.

Q: If a patient wants to start MOUD, which medication should I recommend?
A: While there is not data supportive one MOUD medication over another in terms of efficacy, in the current context of the COVID-19 pandemic buprenorphine may be preferred. Buprenorphine allows for greater prescribing flexibility than methadone and does not require an office visit for injection in the case of extended-release naltrexone. This is especially important given the recommendation for social distancing to prevent the spread of COVID-19. Buprenorphine also has a better safety profile than methadone, an important feature for telehealth due to the limitations on monitoring and laboratory/ECG workup. All three FDA-approved medications should be offered and the choice of preferred medication should be based on shared decision-making weighing patient preferences & risks.

Q: Can I start (induct) patients on buprenorphine using telehealth?
A: Yes, outpatient induction onto buprenorphine by telehealth is permissible. The DEA has temporarily lifted the requirement for there to be an in-person evaluation before electronically prescribing a controlled substance. This allows healthcare providers to prescribe buprenorphine for the purposes of induction even when the initial evaluation was conducted via telehealth.

Q: How do I start (induct) a patient on buprenorphine using telehealth?

- The basic components of the evaluation remain the same. These include reviewing current and past opioid use, DSM-5 diagnostic criteria for opioid use disorder, past medical and psychiatric history, and use of alcohol and other drugs. You can also perform a review of systems and focused physical examination via telehealth. Click here for more information about the components of a medical evaluation for treatment with buprenorphine.
- Check your state's prescription drug monitoring program (PDMP) and, if possible, the PDMP in the state where the patient resides (if different from your own).
- As soon as it is feasible, obtain a urine drug screen after the telehealth evaluation. However, the absence of a urine drug screen at the time of the evaluation should not delay initiating treatment with buprenorphine. See below for more information about urine drug screens and telehealth.
- Once a diagnosis of OUD is confirmed and a patient is deemed medically appropriate for treatment with buprenorphine, educate the patient about home induction. This information should be provided verbally and in the form of a written using handout (see here for an example

handout). Most telehealth platforms allow for handouts to be reviewed in real-time with the patient. This can also be emailed to a patient after the visit.

- Instruct the patient on how to monitor opioid withdrawal symptoms using the Subjective Opioid Withdrawal Scale (SOWS).
- Once the patients is experiencing moderate opioid withdrawal score (SOWS score greater than 10), they can take their first dose of buprenorphine.
- The provider (or someone from the clinical practice) needs to be available to the patient by phone or secure messaging during the first day of the induction to answer additional questions.
- Additional considerations for home induction of buprenorphine via telehealth:
    - Prescribe ancillary medications to alleviate symptoms of opioid withdrawal, which the patient may continue to experience during the initial phases of induction. These ancillary medications may include clonidine (for muscle aches), trazodone (for insomnia), and prochloperazine (for abdominal cramping).
    - The initial prescription for buprenorphine should be sufficient for the patient to complete the induction. Once they complete the induction and are taking a stable dose of buprenorphine (typically 8-16mg daily), provide another prescription for the dosage on they were stabilized.
    - For the first month after initiating buprenorphine, consider issuing 1-2 week prescriptions (rather than one-month prescriptions) to minimize risk of misuse or overuse.
    - With the patient's consent, consider speaking with any other providers involved in this patient's care (e.g., psychotherapist) or family to confirm and obtain additional history. SAMHSA has temporarily waived 42 C.F.R Part 2 requirements for written documentation of informed consent (see below for more information on this).
    - Always co-prescribe naloxone to patients starting buprenorphine and educate them on how to use it. If applicable, offer prescription and education to family members or other people with whom the patient lives.

Q: I work in a licensed opioid treatment program (OTP) and want to start a patient on methadone. Can I do this via telehealth?

A: SAMHSA still requires an in-person evaluation of patients before *initiating* methadone maintenance. Due to increased risk of overdose during methadone initiation and the risk of COVID-19 from frequent clinic contacts during this public health emergency, buprenorphine is preferred over methadone for initiating OUD medication for new OTP patients. For enrolled patients receiving methadone in an OTP, SAMHSA has issued temporary guidance allowing for more flexible take-home dosing.

Q: What measures can help to minimize risks associated with telehealth (as opposed to in-person visits)?

A: Telehealth has limitations. These includes not being able to obtain in-office urine drug screens that are often used to confirm MOUD adherence, monitor for other substance use, and minimize diversion. Providers must weigh the potential benefits of urine drug screens against the risk posed by having patients travel to the clinic or a commercial lab. The following steps can minimize risk when urine drug screen is not feasible:

- Educate patients about the increased overdose risk associated with taking MOUD other than as prescribed and if MOUD is combined with benzodiazepines or other opioids.
- If you are concerned about over-use of buprenorphine, consider prescribing smaller quantities (e.g., a 2-week supply with a refill, rather a 1-month supply). Providers will need to balance the

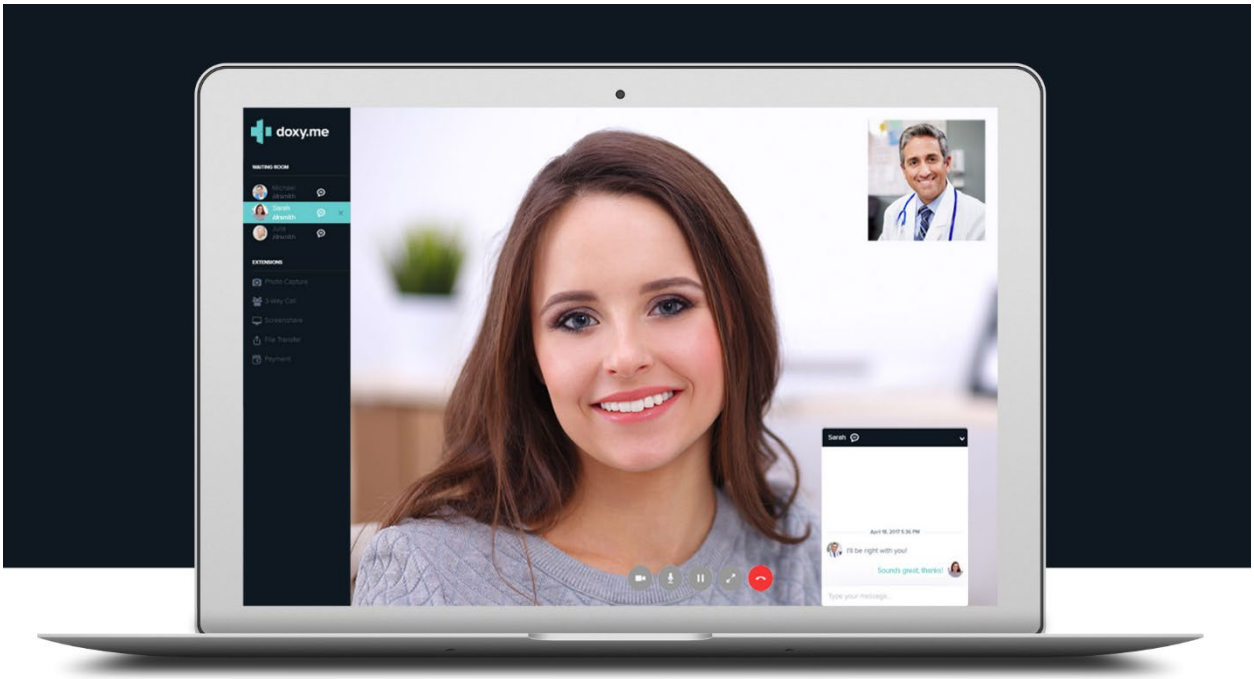
benefits of this strategy against the risks for patient's making extra trips to the pharmacy in the context of the COVID-19 pandemic.

- Co-prescribe naloxone to all patients and provide training on its use. If a patient's family member is available, consider also offering them a naloxone prescription and training.

Remember that this is temporary situation and that you will be able to resume your normal treatment frame once COVID-19 restrictions are lifted.

Q: What about privacy requirements under 42 C.F.R. Part 2?
A: On 3/19/2020, SAMHSA released guidance which recognized that it may not be currently feasible to obtain written patient consent. SAMHSA indicated that, "The prohibitions on use and disclosure of patient identifying information under 42 C.F.R. Part 2 would not apply in these situations to the extent that, as determined by the provider(s), a medical emergency exists." SAMHSA is leaving it up to providers to determine what constitutes a medical emergency. When obtaining written consent is not feasible, obtain verbal consent and document this in the chart.

Q: What platforms are available for telehealth? Does it need to be HIPAA-compliant?
A: First, consult with your healthcare organization to determine if it has a preferred platform. There are several different HIPAA-compliant telehealth platforms available including Zoom Pro and Doxy.me. These provide a synchronous video/audio connection between the patient and provider. They also allow the provider to "share" handout on their computer screen for joint review with the patient.
Important Note: HHS issued an exemption for telehealth during the COVID-19 public health emergency, enabling provides to use non-HIPAA compliant telehealth platforms such as FaceTime or Google Hangouts. While it is preferable to use a HIPAA-compliant platform if possible, it is permissible to use other platforms during this public health emergency. Be sure to inform patients that the platform is not HIPAA compliant and document this discussion in the medical record.



Clinician view in Doxy.me telehealth platform (Source: https://doxy.me/features)

Q: How do I sign up for telehealth platform?
A: For more information, including video demonstrations of this software, visit:

HIPAA-Compliant Telehealth

- Doxy.me: https://doxy.me/features
- Zoom Pro: https://zoom.us/healthcare

Non-HIPAA-Compliant Telehealth (only permitted during the COVID-19 public health emergency per HHS guidance):

- FaceTime: https://support.apple.com/en-us/HT204380
- Google Hangouts: https://hangouts.google.com/
- Facebook Messenger: https://www.facebook.com/help/messenger-app/1414800065460231?helpref=topq

Q: Can I bill for services delivered via telehealth?
A: Yes, and many more insurance carrier are covering telehealth in the context of the COVID-19 pandemic. For more information on billing and coding, see this resource from the American College of Physicians. Most insurance carriers require synchronous (real-time) video and audio for reimbursement, capabilities which all of the above platforms provide.

Q: Where can I find up-to-date information about regulatory changes?
A: The websites listed below provide up-to-date information on federal regulatory changes and COVID-19 policies. Please also consult with your state's Department of Health for information on local regulatory changes.

- Substance Abuse and Mental Health Services Administration (SAMHSA): Coronavirus (COVID-19)
- Drug Enforcement Agency: COVID-19 Information Page
- Centers for Medicare and Medicaid Services: Coronavirus information page
- Centers for Disease Control and Prevention: Coronavirus (COVID-19)

Q: Where can I get additional help to provide telehealth in my state?
A: The National Consortium of Telehealth Resources Center supports 12 regional telehealth resource centers. These centers provide assistance to local clinicians and healthcare organizations seeking to implement telehealth programs.