Navigating the Path to Effective, Equitable, and Evidence-Based Telehealth for Opioid Use Disorder Treatment

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This study by Hammerslag et al found that the onset of the COVID-19 pandemic was associated with use of telemedicine to initiate Medicaid patients on buprenorphine, a medication for opioid use disorder (OUD). This shift to telemedicine was associated with better treatment retention, with patients starting buprenorphine through telemedicine more likely to stay in treatment for at least 90 days. The study by Hammerslag et al also found no higher risk of opioid-related nonfatal overdoses among these patients, although the authors note that their power to detect this rare outcome was limited. These findings suggest that telemedicine could be a valuable tool for improving access to OUD treatment. However, as telehealth becomes a permanent addition to the OUD care continuum, policymakers must recognize and address 3 key considerations: balancing access and efficacy, ensuring equity, and investing in evidence.

Balancing Access and Efficacy

While telehealth has the potential to improve access to OUD treatment, health care practitioners remain skeptical about its overall effectiveness compared with traditional in-person care. They acknowledge that telehealth is highly effective in mitigating access barriers, broadening the patient base, and simplifying care delivery. Nevertheless, reservations persist regarding telehealth's efficacy, with most health care practitioners expressing a preference for in-person treatment across various addiction services.

Recent Drug Enforcement Agency discussions on controlled substance prescribing via telehealth reflect an increasing tension: the urgent need to improve access to OUD treatment while ensuring the care patients receive is clinically effective. Telehealth advocates emphasize the importance of eliminating in-person requirements to provide convenient, patient-centered care and broaden access to essential treatments. They argue that removing in-person mandates should facilitate clinically sound telemedicine. Critics fear unregulated prescription practices in the absence of proper oversight and regular in-person visits and contend that stringent regulations are essential for patient well-being. Requiring medications prescribed via telemedicine to be designated as such has raised concerns about pharmacists hesitating to dispense these drugs, potentially obstructing patient access to care. Health care professionals express worries about fragmented care caused by telemedicine-only practitioners, leading to issues like drug interactions and inadequate follow-up care.

To incorporate telemedicine into practice while safeguarding patient welfare, several key strategies should be adopted. These include developing clinical guidelines for the management of OUD via telehealth, establishing robust training and support for telemedicine practitioners, and implementing appropriate monitoring and oversight protocols. Patient-centered care should be prioritized, offering patients the choice between in-person and telemedicine services while providing them with accessible resources for making informed treatment decisions. To mitigate fragmented care concerns, effective care coordination strategies between telemedicine practitioners and other health care professionals should be developed, and robust follow-up care systems to ensure comprehensive patient management will need to be implemented.
Ensuring Equity

Although many see telehealth as a potential solution to improving care access, the integration of telehealth into OUD treatment raises concerns about a potential for worsening disparities in care access, particularly for members of racial and ethnic minority populations (eg, Black and Hispanic individuals) and those residing in rural areas. For example, Black individuals are at a higher risk of adverse OUD-related outcomes, including overdose deaths. On the one hand, telehealth may offer a solution by reducing geographical barriers to treatment. On the other hand, Black communities often have lower rates of broadband internet access and technology adoption. Studies have shown that Black individuals, especially those in lower income brackets, face challenges in accessing and using digital health resources, potentially limiting the effectiveness of telehealth interventions for OUD treatment among this demographic.

Rural populations, another demographic facing inequitable OUD treatment access, often have limited technological infrastructure and broadband access, posing substantial barriers to telehealth adoption and utilization. Rural residents may experience difficulties in accessing telehealth services due to inadequate technological resources, which could further exacerbate disparities in OUD treatment.

To address the digital divide that disproportionately affects racial and ethnic minority communities and rural areas, a multipronged policy approach involving broadband access and digital literacy initiatives will be essential. This includes providing subsidies or incentives to facilitate telehealth technology adoption among underserved populations, encouraging telehealth platforms to develop user-friendly interfaces that cater to varying levels of digital literacy, and leveraging the expertise of digital health navigators—individuals who support community members in overcoming digital inclusion barriers.

Reimbursement policies will need to be thoughtfully designed to ensure telehealth reaches the individuals who need it most. This includes advocating for fair reimbursement rates for audio-only telehealth visits, recognizing that some patients may have limited access to audiovisual capabilities, such as video conferencing tools.

Investing in Evidence

The field of telehealth for OUD treatment is rapidly evolving, but significant research gaps persist. Hammerslag and coauthors make a valuable contribution to the developing literature. To bolster the evidence base, future studies should leverage both qualitative data, focusing on practitioner, patient, and policy maker feedback, and as well as quantitative studies that rigorously examine the causal effect of policy changes on outcomes. Studies should prioritize the following 4 knowledge gaps: (1) evaluate the effectiveness of telehealth compared with in-person care for OUD treatment; (2) determine the optimal use of telehealth, including visit frequency and treatment modalities (eg, audio-only vs audiovisual); (3) assess the effect of telehealth on disparities in access to OUD treatment; and (4) analyze the cost-effectiveness of telehealth for OUD treatment.

Conclusions

Telehealth holds great promise in addressing access issues in OUD treatment. However, to fully harness its potential, we must prioritize clinical quality and safety, address disparities, and invest in research to inform evidence-based policy-making. By navigating these challenges systematically, we can ensure that telehealth becomes an effective component of OUD care, benefiting patients across diverse populations.
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ARTICLE INFORMATION
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