

Mind the Gap: Telemedicine Effectively Bridges Patients With OUD to Treatment

INTRODUCTION

- Individuals with substance use disorders (SUD) face persistent barriers to treatment access, especially those with co-occurring conditions. [1]
- Temporary health policy changes during the COVID-19 public health emergency permitted initiation of medication for opioid use disorder (MOUD) via audio/visual telehealth modalities without need for in-person examination.
- In response, the UPMC Department of Emergency Medicine and UPMC Health Plan created the UPMC Medical Toxicology Telemedicine Bridge Clinic (Bridge Clinic) to rapidly engage OUD patients with early treatment.
- Prior analysis of the program showed high patient engagement with Bridge Clinic visits and MOUD. [2]
- We conducted a follow-up analysis to assess clinical outcomes.

METHODS

- N=150 UPMC Health Plan members treated by the Bridge Clinic between October 2020 and February 2022 who had 6 months of continuous insurance coverage before and after their Bridge Clinic visit were included.
- Pre/post analysis to assess changes in utilization and MOUD adherence at 30-, 90-, and 180-days.
- Utilization included overall and SUD-specific claims and was measured as visits per 1000 members.
- MOUD adherence on buprenorphine was measured using proportion of days covered (PDC).

RESULTS

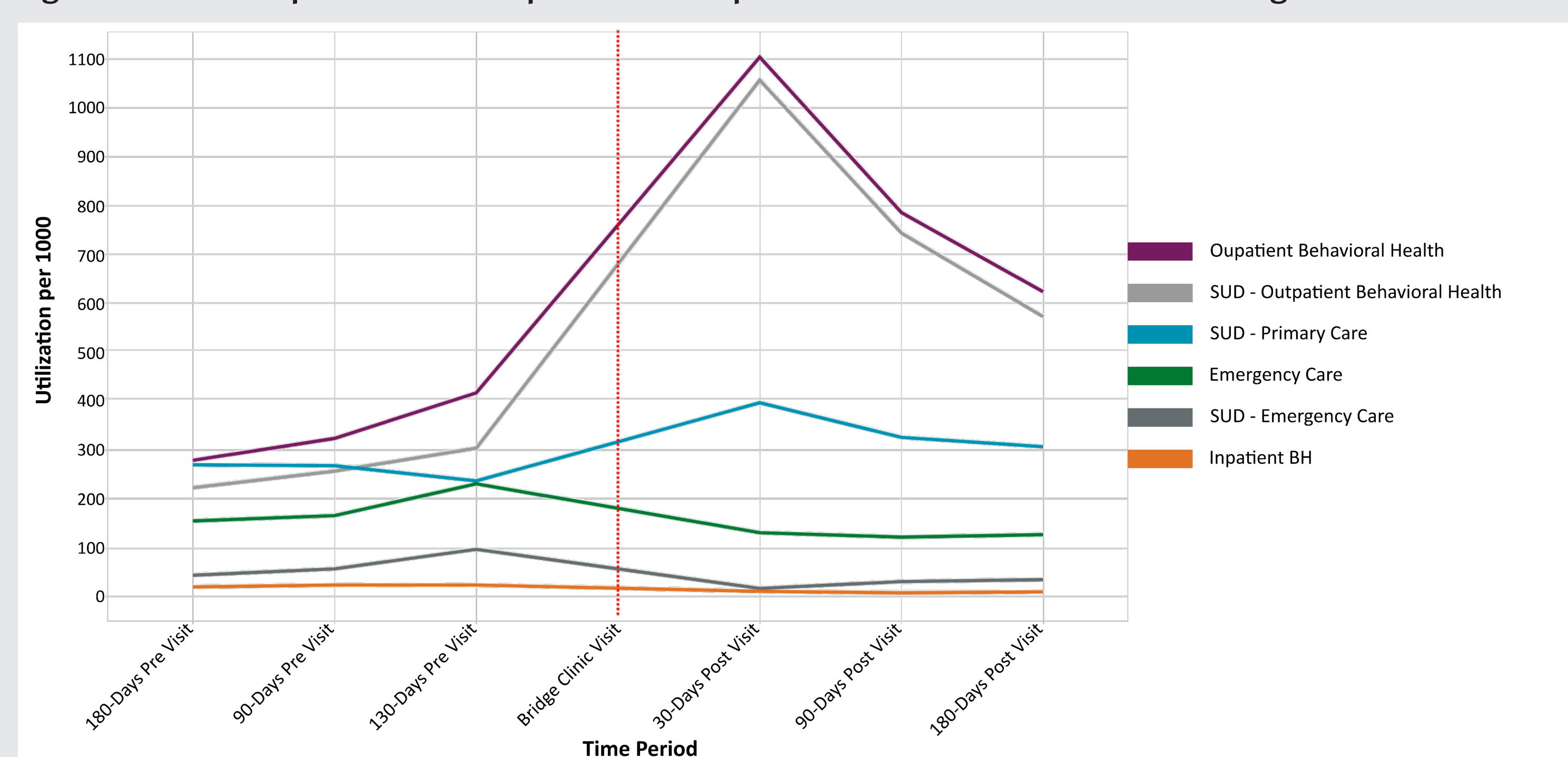
- Overall and SUD-specific outpatient behavioral health (BH) and laboratory test utilization increased significantly at all follow-up time points (Table 1).
- Favorable trends were observed for other overall and SUD-specific services, but these trends were not significant at all follow-up time points (Table 1 & Figure 1).
- 91% of members filled a buprenorphine prescription within one-month post-visit and 95% filled a prescription by six months post-visit.
- PDC outcomes improved significantly at all follow-up time points (Table 1).

Table 1. Utilization per 1000 and Proportion of Days Covered (PDC) Outcomes Before and After Bridge Clinic Visit

| Utilization per 1000 and PDC (%) Categories | 30-Days | | 90-Days | | 180-Days | |
|---|---------|--------|---------|--------|----------|--------|
| | Pre | Post | Pre | Post | Pre | Post |
| Lab Testing | 420 | 880* | 373 | 682* | 356 | 659* |
| Outpatient BH | 413 | 1100* | 320 | 782* | 275 | 620* |
| Inpatient BH | 20 | 7 | 20 | 4* | 16 | 6 |
| Emergency | 227 | 127 | 162 | 118 | 151 | 123 |
| SUD-Lab Testing | 220 | 547* | 236 | 473* | 218 | 455* |
| SUD-Outpatient BH | 300 | 1053* | 253 | 740* | 219 | 569* |
| SUD-Emergency | 93 | 13* | 53 | 27* | 40 | 31 |
| SUD-Primary Care | 233 | 393* | 264 | 322 | 266 | 303 |
| Average PDC | 20.7 | 65.1** | 24.3 | 53.6** | 24.8 | 50.8** |
| Median PDC | 0.0 | 73.3** | 0.0 | 54.4** | 1.7 | 50.6** |
| Proportion PDC > 60% | 9.8 | 60.1** | 23.1 | 47.6** | 20.3 | 44.8** |
| Proportion PDC > 80% | 9.8 | 42.7** | 9.8 | 35.0** | 12.6 | 31.5** |

*Post-period change significant at $p < 0.10$; **Post-period change significant at $p < 0.001$.

Figure 1. Utilization per 1000 for Outpatient and Unplanned Services Before and After Bridge Clinic Visit



CONCLUSION

- Use of the Bridge Clinic was associated with rapid MOUD initiation, significant increases in buprenorphine adherence, and improved utilization outcomes for primary care, outpatient behavioral health, inpatient behavioral health, and emergency services.
- Results suggest that the Bridge Clinic is an effective delivery model for initiating MOUD and supporting long-term treatment for OUD.
- Findings are consistent with outcomes of other tele-OUD programs and demonstrate the potential of tele-OUD to serve as a low-barrier mechanism for evidence-based treatment and provide more rapid, equitable access to critical health care services. [3]

Limitations: Small sample size, pre-post design, PDC calculations did not account for drug equivalences or multiple types of MOUD.

AUTHORS & DISCLOSURES

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The authors have no conflicts to disclose.

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