Telemedicine as a Bridge to Treatment

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[Heading]

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Disclosures:

1) **Bicycle Health, Inc** is a management support organization that provides administrative services for Bicycle Health Provider's Group. The MSO is a commercial interest by ACGME definitions and compensates me as their medical director.

[photo]

Starting with Semantics

- Not only a “bridge,” but in most cases is also the final treatment disposition

Program Overview

- ED-Bridge goals, program description, and brief statistics on patients served
- Data to fill in this section to be requested from Drs. Herring and Snyder

Linkage is Essential

- Treating acute withdrawal without ongoing treatment for OUD is not beneficial. (citation)
- Ongoing pharmacologic treatment for OUD is associated with dramatic quality-of-life benefit for the patient and decreased healthcare utilization sustained for the duration of treatment. (citation, citation)
- Unreliable linkage to ongoing care is the most important barrier to acute-setting initiation of OUD treatment

Barriers to Effective Linkage

- Financial: ED-Bridge payor demographics
- Geographic: ED-Bridge geographic locations
- Temporal (Motivational): The action state of change is transient (citation), and barriers erected after the initial impetus passes result in low rates of follow-through (citation)
- Complexity: The OUD continuum of care is minutely specialized, and specific level-of-care availability varies dramatically by region. Knowing the system well enough to facilitate effective linkage is daunting.
- The outcome: Linkage completion rates from ED-Bridge

Telemedicine Model

- Effectiveness statistics: (find them and cite them)
- Endorsement in guidelines: (cite ASAM)
- Geographic and Temporal Accessibility: statewide on-demand access
- Financial Accessibility: varies but improving rapidly
- Referral completion rates from ED-Bridge to Bicycle Health specifically: 25%

The Partnership Ideal

- ED Provider begins bup-start for new Bridge enrollee
- As early in the process as possible, ED navigator/CM or provider uses real-time secure messaging to send linkage request to BH enrollment coordinator - the ED linkage process is now complete
  - BH contacts patient immediately to begin enrollment process
  - This can be done via personal device while in the ED or via an ED-provided device if the patient does not have their own
  - Appointment set up for the following day with BH provider
  - With ED records in-hand, BH provider picks up induction day 2 responsibilities

The Partnership Reality

lly focusing on patient care. It's hard to find providers and partnerships who have the same over

- ED navigator

- Quote is from a single navigator who utilized the partnership frequently to complete 22 telemedicine linkages form the ED during the program
- Growing broader utilization of the service at other institutions was a challenge

Partnership Limitations

- Primary limitation was payor acceptance.
  - The H&S grant funded treatment for eligible patients, however ED-Bridge does an excellent job of completing emergency Medi-CAL enrollments whenever possible.
  - Medi-CAL patients unfortunately could not be treated by BH telemedicine at the time
- Telemedicine level-of-care is not a universally appropriate dispo for ongoing OUD treatment
  - Arguably it could be a universally appropriate **bridging** dispo...

Telemedicine as a Bridge

An untested concept

- The ASAM Level of Care Assessment is comprehensive and poorly-suited to be performed in the ED while the patient is in withdrawal and pressured for time

- A streamlined linkage process that uses a single highly accessible and reliable disposition for most patients offers an advantage

- The telemedicine setting is ideally accessible and able to provide short-term bridging buprenorphine treatment pending LOC assessment and then, either retention in telemedicine care or referral based on the assessment

Forseeable Challenges

- Reimbursement, will it cover the staffing needs?
  - FFS: 2 reimbursable touches
  - DMC-ODS: augment with w/d mgmt and care coordination service codes [needs verification]
  - Nights and weekends crucial to effectiveness, but volume likely to be sparse - difficult for smaller programs

Forseeable Challenges

- Some linkages, especially to OTPs and residential programs when indicated, will be geographically impossible
  - Referral to a lower-than-indicated LOC may be necessary in such cases but strains resources and relationships

Summary

- Acute-setting induction providers require access to varied dispositions for ongoing care
- Telemedicine OUD treatment is an appropriate and reliable disposition which is equivalent to the OBOT LOC in most respects
- ED to telemedicine linkages are highly efficient and responsive when implemented
- Telemedicine could feasibly be used as a near-universal disposition for comprehensive LOC assessment and linkage while providing bridging treatment following an acute bup-start

References

- Content

Thank you