

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.¹ Medication-assisted treatment (MAT) is clinically effective and available, yet only an estimated 25% of people with opioid use disorder (OUD) receive specialty treatment.² 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.³ Telemedicine offers a potential solution for overcoming these geographical barriers while maintaining quality of care.⁴⁻⁶

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.

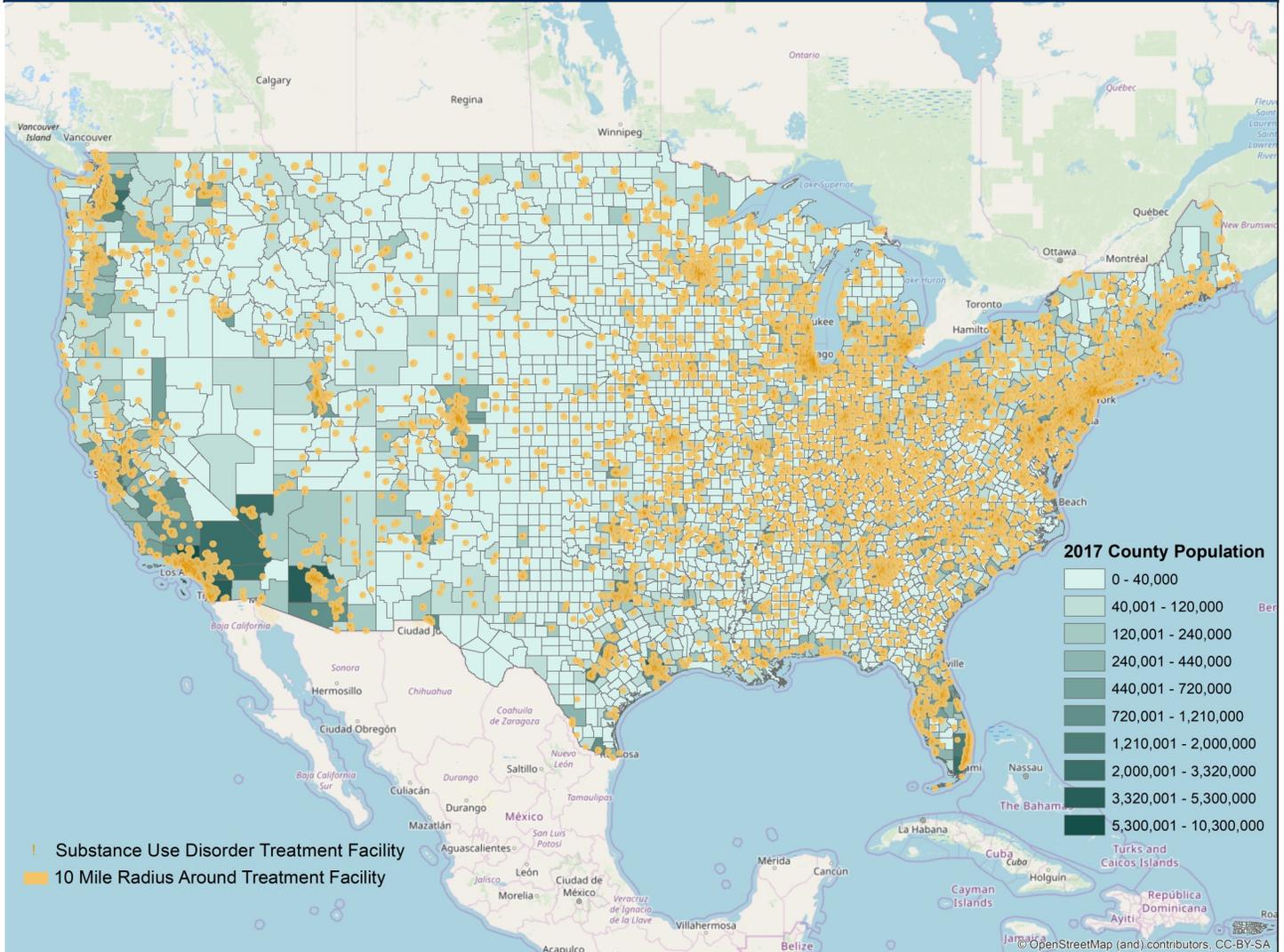
Key Findings

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 telemedicine⁷ 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.⁸ Additional beneficial policies include fostering cooperation between coalitions of neighboring states toward standardizing telemedicine regulations,⁹ encouraging greater adoption of the interstate medical licensing compact to potentially bypass out-of-state telemedicine regulations,¹⁰ and mandating more formalized education to improve physicians' competency with telemedicine.

Acknowledgements

This publication was supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1.2 million. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

The BHWRC would like to acknowledge their research assistants Ruth Thomas, MPH, Victoria Schoebel, and Caitlyn Wayment for their efforts in data collection and analysis.

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