UPDATES ON TELEHEALTH RESEARCH LESSONS

ASAM 2022 Policy and Science Plenary

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Disclosure Information

Tyler Oesterle, MD, MPH

Updates on Telehealth Research

Saturday, April 2, 2022 8:30 – 10:00 AM

- **Medicus CME honorarium - Opioid Education REMS consultant**
- **ASAM Plenary Panelist travel/lodging support**
- **NIAAA research support**
- **Mayo Foundation research support**

LEARNING OBJECTIVES

LEARNING OBJECTIVE 1

Describe the current state of the research on addiction treatment through telehealth.

LEARNING OBJECTIVE 2

Understand different telehealth treatment options.

LEARNING OBJECTIVE 3

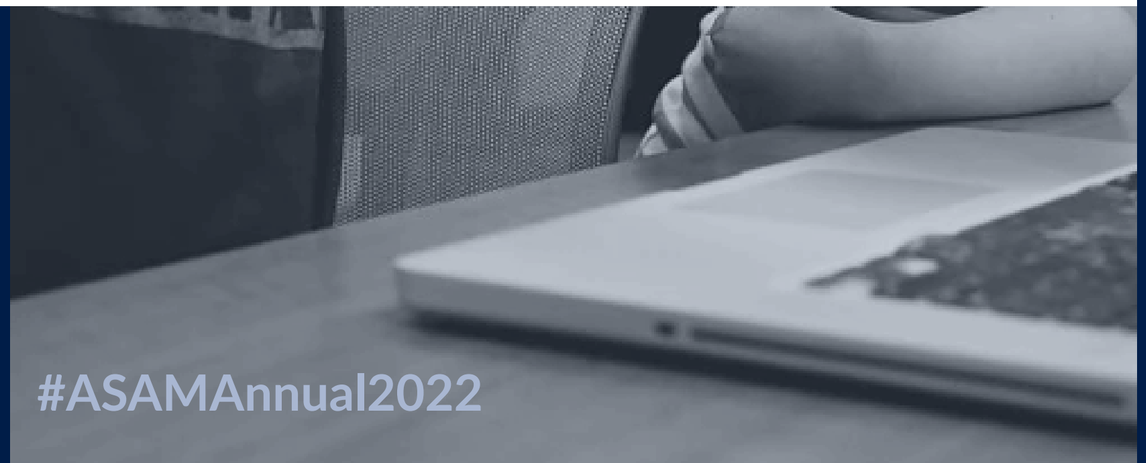
Understand unique treatment aspects of tele health in addiction treatment.

Substance Use Disorders and Telehealth in the COVID-19 Pandemic Era: A New Outlook

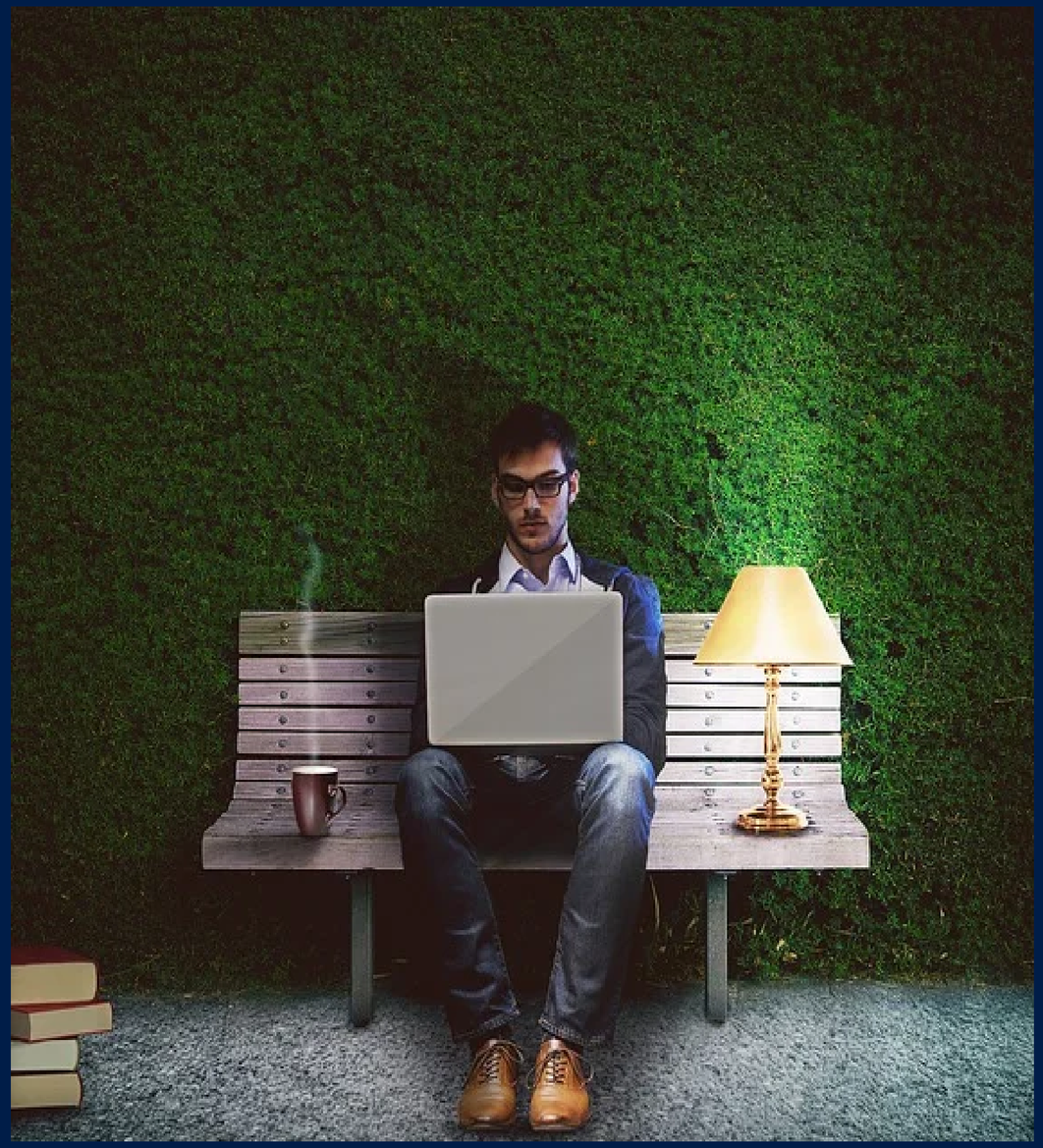
Tyler S. Oesterle, MD, MPH; Bhanuprakash Kolla, MD; Cameron J. Risma, MD; Scott A. Breitinger, MD; Daniela B. Rakocevic, MD, MS; Larissa L. Loukianova, MD, PhD; Daniel K. Hall-Flavin, MD, MS; Melanie T. Gentry, MD; Teresa A. Rummans, MD; Mohit Chauhan, MBBS; and Mark S. Gold, MD

Mayo Clinic Procedures, December 2020

What is Telehealth? [1]



- Telehealth, Telemedicine, eHealth, mHealth
- Delivery of health care using telecommunications technology
- Shown to improve access to care (especially for rural populations)
- Produce similar results to in-person treatment
- Reduce perception of stigma
- Maintain a high degree of patient and provider satisfaction



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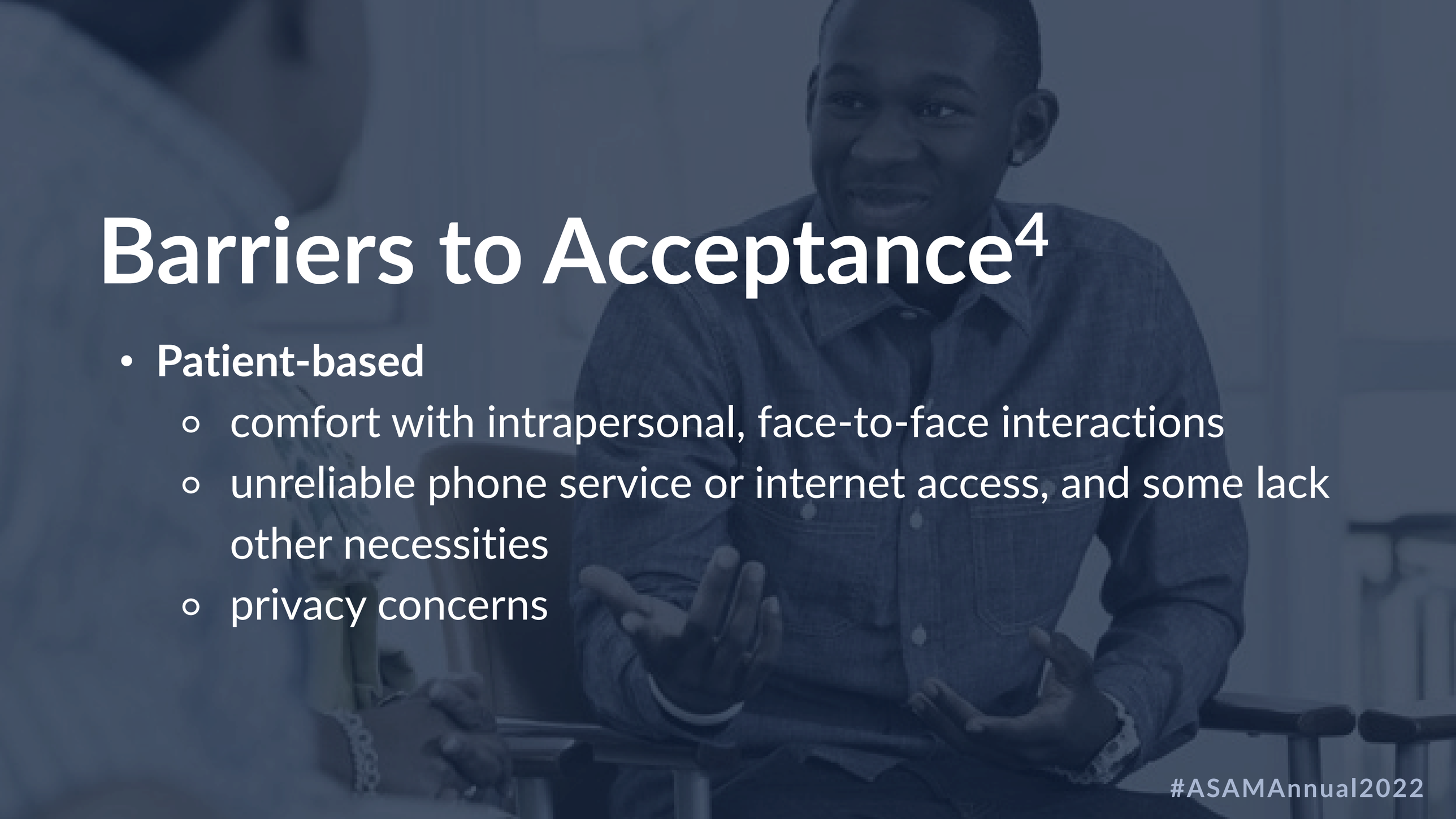
Telehealth for SUD[2,3]

- 20-fold increase in the use for SUD in the years from 2010 to 2017
- However, represented just a fraction of overall tele-psychiatry visits.
- A 2012 analysis showed that <1% of SUD treatment centers had adopted telehealth technologies.
- Pandemic caused a major shift



Barriers to Acceptance[4]

- **Patient-based**
  - comfort with intrapersonal, face-to-face interactions
  - unreliable phone service or internet access, and some lack other necessities
  - privacy concerns

Barriers to Acceptance[4]

- **Provider-based**
  - clinicians tend to be most concerned about patient outcomes
  - work efficiency due in part to the implementation of new technology
  - reimbursement
  - HIPPA compliance

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Telehealth Modalities in Substance Use Treatment[2,3]

- The most common modes of Pre-Pandemic telehealth in SUD treatment programs are:
  - Asynchronous
    - Computerized assessments and content (45%)
- Synchronous
  - Telephone-based recovery support (29%)
  - Telephone-based therapy (28%)
  - Video-based therapy (20%)

Mobile/Web Assessments/Treatments[5]

- No “live” interaction (Asynchronous)
- Examples: screening assessments, CBT modules, Apps, education material
- May use them at critical moments in recovery
- Most evidence as adjunct
- Placebo effect?
- Evidence-based strategies important

Synchronous Videoconferencing[6,7]

- Efficacy comparable to in-person treatment
- Compared to treatment as usual
  - reduced drop out
  - reduced consumption
  - higher abstinence rates
  - high patient satisfaction
  - high safety
- Several studies support improved one-year retention with videoconferencing compared to in-person treatment
  - ease of access
  - reduced stigma
  - reduced burden of traveling to appointments

https://pixabay.com/vectors/telework-telecommuting-telecommute-6855853/

Video Group Therapy[8]

- Majority of research is **in person groups**
- Video group therapy positives
  - evidence for targeting tobacco, alcohol and opioid use disorders
  - safe intervention, high patient satisfaction and appear to have similar outcomes to in person treatments.
- Video group therapy negatives
  - a few studies indicated there may be a reduction in patient reported group cohesion and treatment alliance.
  - unfortunately, few studies have directly assessed specific group therapy process outcomes.

MAYO CLINIC

VIDEO TELEMEDICINE:
PATIENT VIEW BEST PRACTICES

ROOM

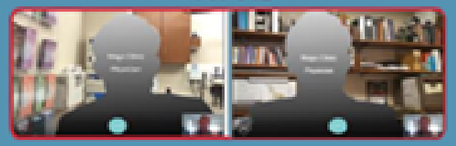
❶ COLOR
- Solid color , clean walls with matte finish

❷ LIGHTING
- Place lighting in front of the provider's face
- Back light dimmed and windows closed.

❸ DÉCOR
- Keep décor simple and balanced
- Minimal highlights of blue and gray
- Display a medical degree
- Decor balances medical and nature elements including Mayo logos

LOCATION
- Quiet, easily accessible
- Minimal exposure to outside noise

AVOID



BUSY, CLUTTERED, PERSONAL ITEMS

PROVIDER

❹ APPEARANCE
- Provider should have a professional, clean appearance
- Attire is a suit or white jacket
- Display a Mayo Clinic badge
- Smile and be personable

❺ POSITION
- Provider should be centered in the image and close to the screen without cropping any of their image
- Always face and make eye contact with the camera

SERVICE TIPS

EDUCATE & REMIND

Remind patients of the purpose for the visit and value of video visits. *"Isn't it great that we can meet to check in on your surgical scar without a long drive here?"*

WELCOME

Remember to give the patient a nice, warm welcome as you would in person. *"Hi Mrs. Lopez! It's great to see you. Thanks for doing a video visit with me."*

REASSURE

Reinforce patient privacy and the security of video visits. *"I'm here in my office. We have full privacy and security using Mayo Clinic technology."*

PERSONALIZE

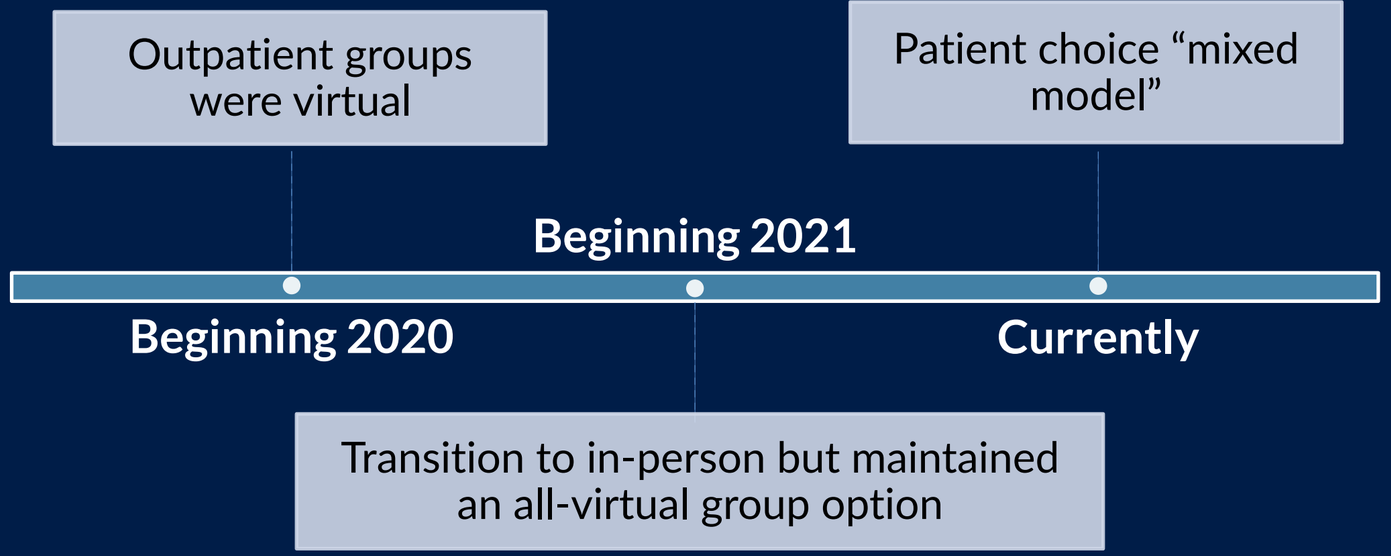
Personalization helps patients feel important. Address them by name and inquire about an item unique to them. *"Hi Mrs. Lopez! How are you? How is the weather in Tampa?"*

SERVICE TIPS

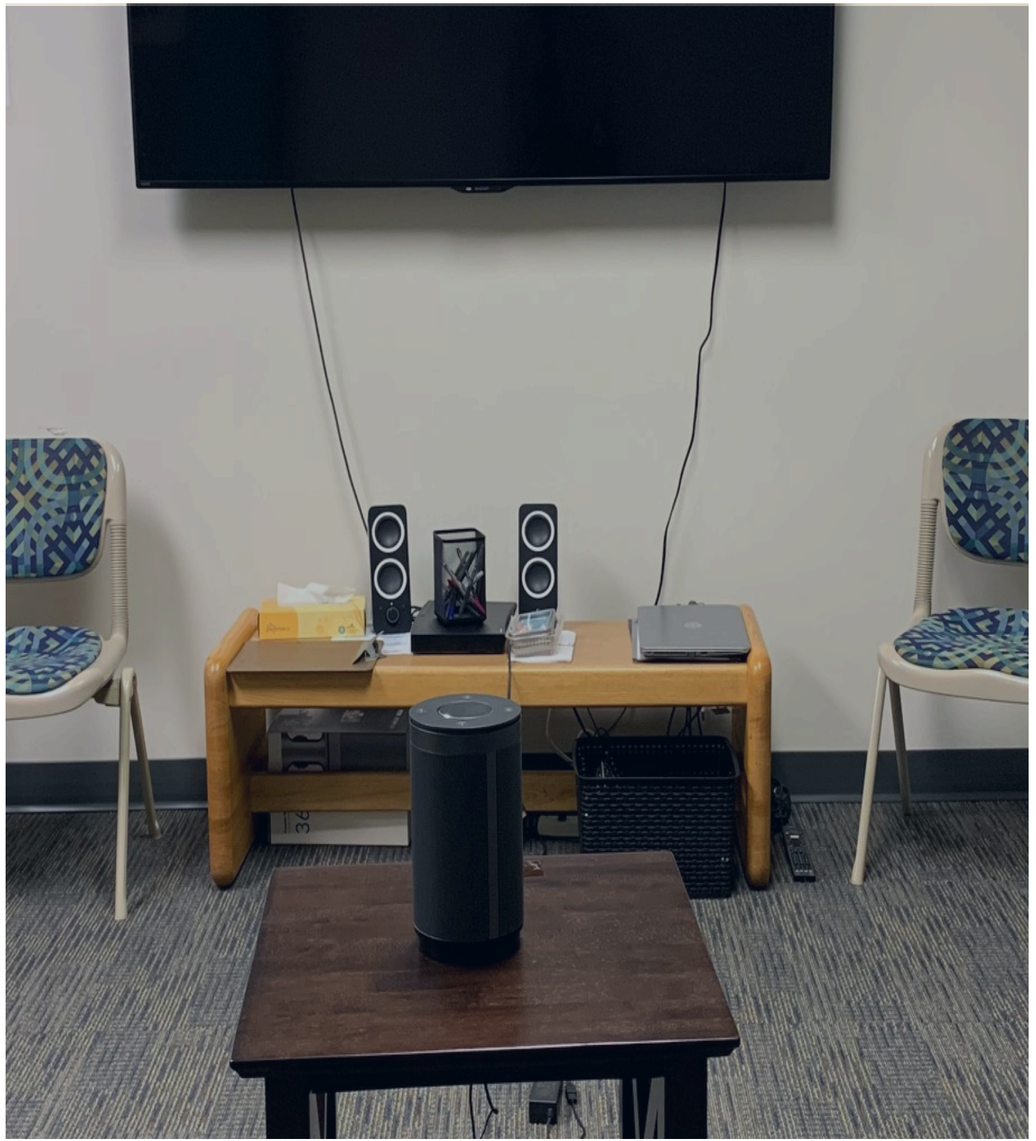
SIMPLIFY

Simplify movements and explain when you need to look at files. Make sure to use clear, succinct explanations. *"I'm looking at your file to review your last test results."*

Moving From In-Person to Virtual to Mixed



	November	December	January	Totals
Face to Face	83%	76%	80%	80%
100 % Virtual	91%	81%	92%	88%



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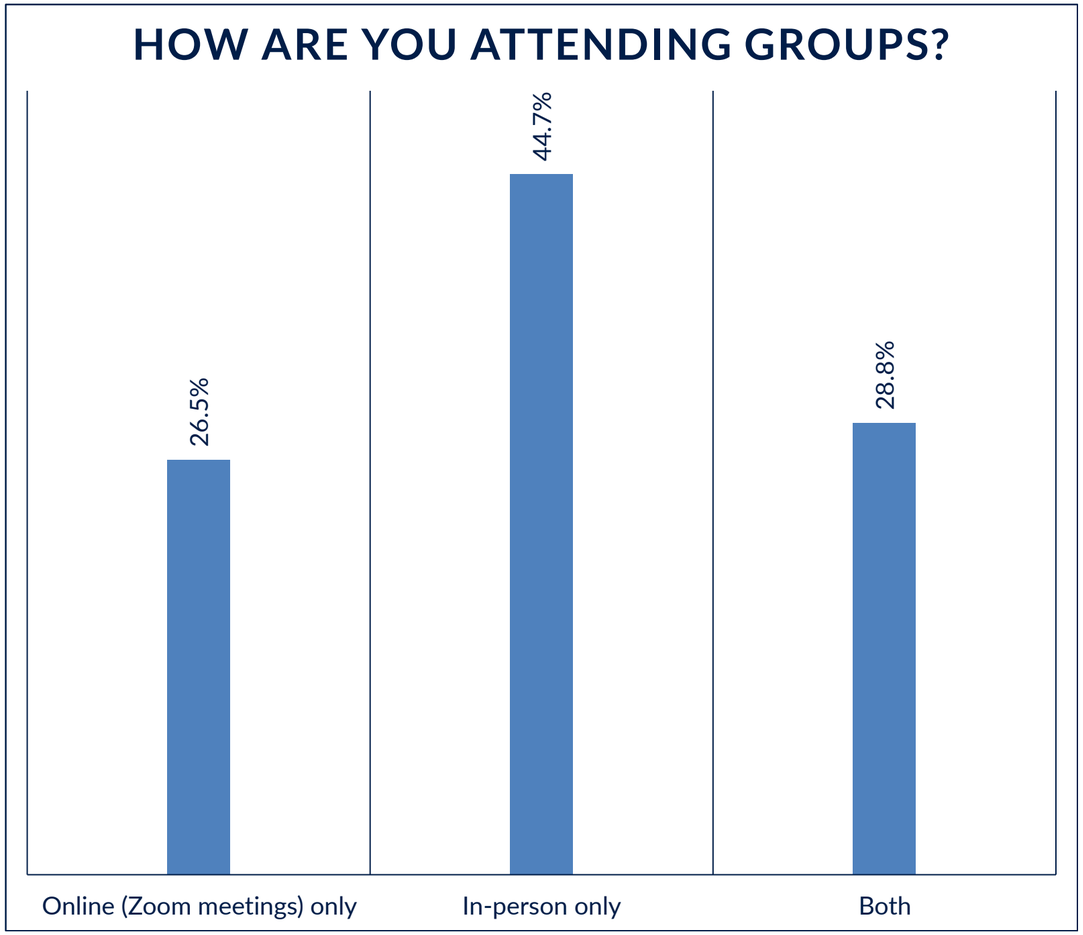
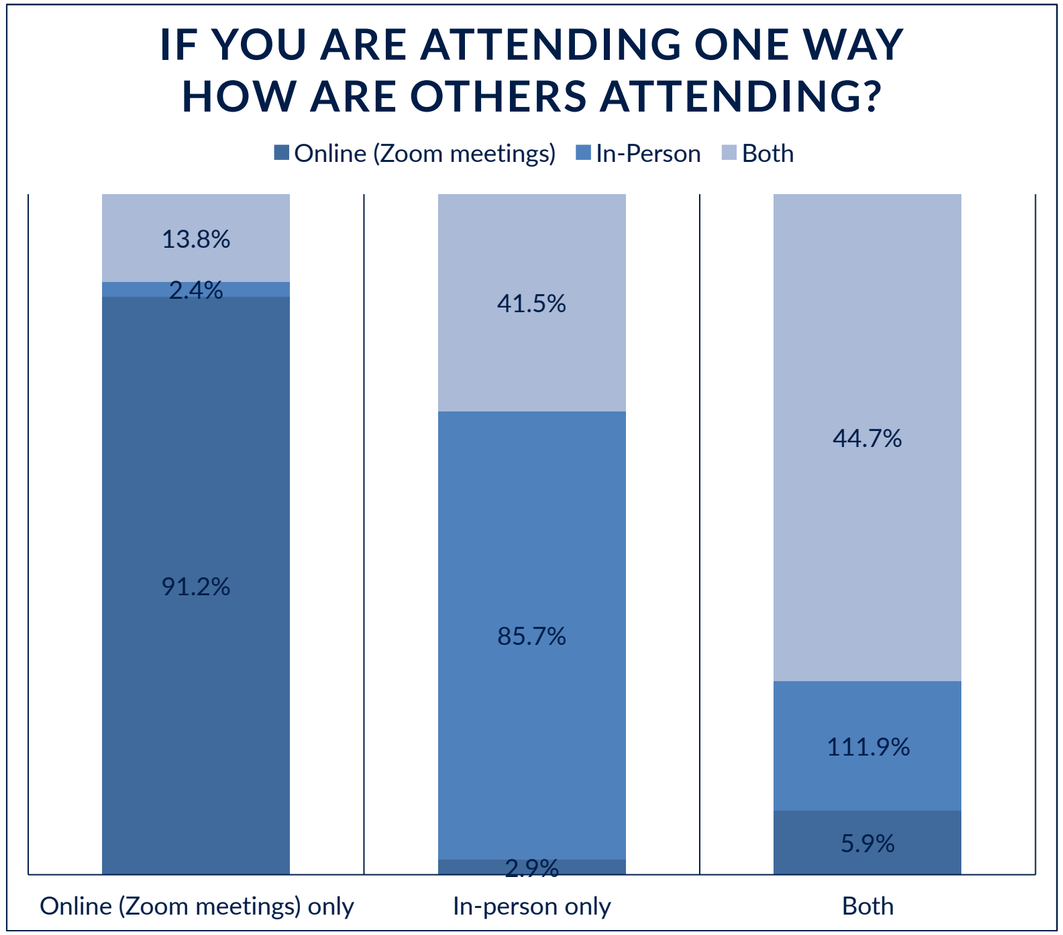
Online Only vs In-person vs Both





Approximate 200 patients have provided feedback so far.

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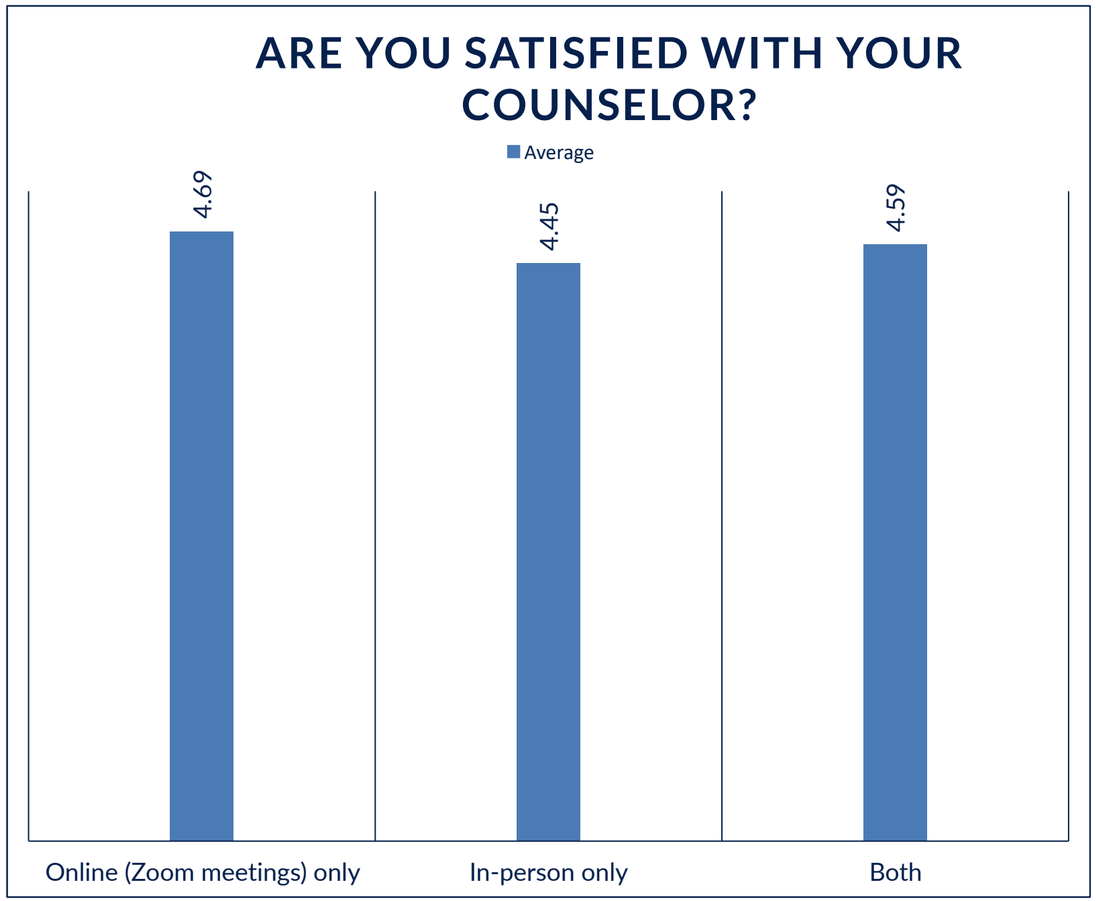
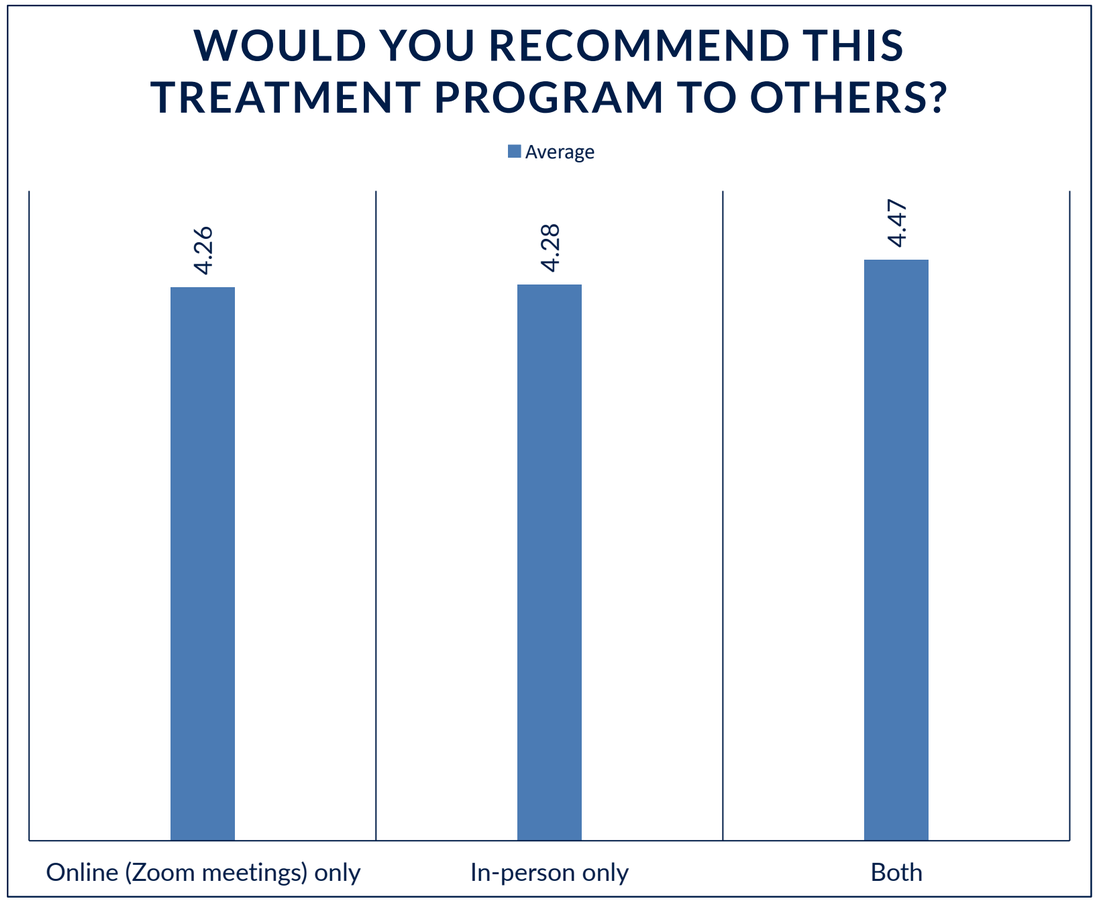
Patient Satisfaction





No statistical difference among groups in any satisfaction scores

FINAL TAKEAWAYS

- Telehealth safe and effective
- Well received by patients and providers
- Opens up asynchronous options
- Increases access
- Some hurdles (legal, technical) to overcome
- Not for everyone

REFERENCES

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