March 22, 2023

Improving Care Delivery and Innovation

NAM Action Collaborative on Countering the U.S. Opioid Epidemic
Telehealth and Virtual Care Meeting Series

BACKGROUND

Throughout the course of the COVID-19 public health emergency (PHE), telehealth and virtual care have emerged as potentially paradigm-shifting tools for both pain management and substance use disorder (SUD), impacting patient access, care delivery, and quality of care for the millions of Americans affected by these related, but disparate, health conditions. Yet, several challenges remain to fully integrate these services into the continuum of care for patients suffering with chronic pain and/or substance misuse. These include: policy, regulations, payment and reimbursement, health professional education and training, technology, digital literacy, and equity considerations.

To better understand these challenges and identify potential solutions, the Pain Management Guidelines and Evidence Standards (PM) and Prevention, Treatment, and Recovery Services (PTR) Working Groups of the National Academy of Medicine's Action Collaborative on Countering the U.S. Opioid Epidemic (NAM, n.d.a)—a public-private partnership working to advance multisector, interprofessional solutions to reduce opioid misuse and improve outcomes for individuals, families, and communities affected by the opioid crisis—convened a four-part meeting series on telehealth and virtual care in the context of pain management and opioid use disorder (OUD), with the aim that learnings from the series can be applied to other related SUDs, as appropriate (NAM, n.d.b). The meeting series was planned by Action Collaborative members from both the PM and PTR Working Groups, including: Helen Burstin, Council of Medical Specialty Societies (Co-Lead); Kelly J. Clark, Addiction Crisis Solutions (Co-Lead); Rhonda Robinson Beale, UnitedHealth Group; Elizabeth D. Bentley, Kaiser Permanente Northwest; Anna Legreid Dopp, American Society of Health System Pharmacists; Lewis Levy, Teladoc Health; Shari Ling, Centers for Medicare and Medicaid Services; Friedhelm Sandbrink, U.S. Department of Veterans Affairs; and Sarah Wattenberg, National Association for Behavioral Healthcare. Two Discussion Proceedings summarizing the first and second meetings in the series are now available (Duff et al., 2022a; Duff et al., 2023b).

The third meeting in the "Improving Telehealth and Virtual Care for Pain Management and Substance Use Disorders" meeting series—and the subject of this Discussion Proceedings— focused on improving care delivery and innovation (meeting agenda available here: https://nam.edu/wp-content/uploads/2022/05/1.-Meeting-3-Agenda.pdf). This meeting was held virtually on April 25, 2022, and brought together more than 50 participants, including representatives of health professional groups, industry, federal agencies, advocacy groups, health plan providers, and health systems. The primary objectives of the third meeting were to: (1) consider how the delivery of pain management and SUD care

aid and facilitate the delivery of hybrid pain management and SUD care and explored the potential barriers and solutions that exist to their broader use and uptake. The second session discussed the potential applications for telehealth and virtual care services and modalities to support integrated, hybrid team-based care models. The third session examined how hybrid and telehealth-enabled pain and SUD care may differ across different care settings, including emergency department, primary care, pharmacy, and opioid treatment programs (OTPs). The final session considered how payers, purchasers, providers, and patients and their families can use telehealth and virtual care services to recreate new systems of care delivery to better address the challenges of pain and SUD care.

be onerous, both in terms of cost and the time required. Gastfriend stated that the long FDA approval process can lead to companies marketing outdated technologies. Further, in a rapidly changing field, inconsistencies in what does and does not need regulation and approval creates confusion.

Beyond FDA regulation, panelists also discussed that inconsistency among state regulations creates difficulties in applying these solutions at scale while also leading to problems with licensure, payment, and reimbursement. Levy advocated for harmonization among state regulatory authorities, stating that "the individual who's suffering from chronic pain or SUD and living in California is not all that different from the same individual living in Arizona." Gastfriend proposed several necessary areas that need to be addressed to advance deployment of new virtual care technologies, including:

- Establishing new billing codes and reimbursement levels;
- Advancing collaborative care incentives and better coordination between addiction treatment and primary care providers;
- Resolving federal and state regulatory obstacles;
- Upgrading licensure and funding to drive standards, data, and outcomes-based quality improvement;
- Facilitating electronic health record (EHR) interoperability; and,
- Establishing standards and quality review processes for new technologies, while also sticking a balance between ensuring patient safety and not over-regulating the industry (Gastfriend, 2022).

Finally, panelists discussed barriers created by the digital divide, or the increasingly growing gap between those who have access to digital technologies and the digital literacy to use them, and those who do not. In addition to education to enhance digital literacy, McConnell advocated for large-scale investment in technology infrastructure to ensure that all those who would benefit from these modalities are able to access them.

Reimagining the Care Team

The second session discussed how telehealth is being used to facilitate and coordinate team-based care in the realms of pain management and SUD care, with presentations from **Addie Ragan,** Clinical Resource Hub (CRH) pharmacy program manager for the Office of Primary Care at the Veterans Health Administration (VHA), and **Tran Tran,** a clinical pharmacist who serves on Rush University Medical Center's Substance Use Intervention Team (SUIT) and associate professor of pharmacy practice at Midwestern University, Chicago College of Pharmacy.

Using the example of the VHA's CRH TelePain program—a hub-and-spoke model that provides a network of both in-person care and telehealth solutions to support underserved medical facilities in the VHA network and expand access to specialty pain care for rural veteran populations (Glynn et al., 2021)—Ragan described how a hybrid approach can support interdisciplinary pain management teams, consisting of providers from pain and addiction medicine, pharmacy, nursing, rehabilitation medicine, and behavioral health, to best meet patients' needs (Ragan, 2022). In describing the SUIT approach to comprehensive telehealth-enabled, team-based SUD care (Rush University, n.d.), Tran recommended that the care team also include an inpatient social worker to help facilitate connections to social support services. Further, both Ragan and Tran highlighted the importance of incorporating the patient into the care planning team to enable and empower patients, which can lead to improved treatment adherence, engagement, and outcomes.

However, both Ragan and Tran recognized the challenge in coordinating the various moving parts and people involved in team-based care across both time and space and suggested designating one point person to serve as the coordinating entity. Within the TelePain program, Ragan highlighted the vital role of the nurse care manager, stating "[they] are the glue that holds everything together," by helping to integrate and coordinate care between the patient, on-site facility (e.g., lab tests, procedures), and telehealth team (e.g., diagnosing, evaluation, medication management, behavioral therapy). Tran noted the importance of providing assistance with technology, and that the SUIT team often relies on a telehealth or pharmacy technician to help set up the technology for both the patient and care team member.

Another key role recognized in both the TelePain and SUIT programs is that of the clinical pharmacist. Ragan and Tran noted many benefits across both pain and SUD care, notably comprehensive medication management (CMM), an evidence-based, patient-centered approach which optimizes medication use, improves health outcomes, and decreases hospitalization rates (CMM in Primary Care Research Team, 2018). Tran advocated for CMM to be formally recognized as a compensated chronic care service, as it can help to maximize performance-based payments and aligns closely with quality improvement initiatives. Similarly, Ragan recommended that a billing code for pharmacy services be established so that pharmacists can continue to be a part of the hybrid, team-based care model, which can help to improve access to specialty care and medication for opioid use disorder (MOUD) as well as improve health equity.

pain and SUD, such as the digital divide, a lack of disability accommodations, and variations in regulations around the prescribing of opioids for pain and to treat OUD. She noted that the patchwork system of differing federal, state, local, and payer policies creates complications that patients often have to navigate alone. Baran suggested that instead of replicating the same issues during the transition to a hybrid care environment, health system leaders should use this opportunity to think critically of the end-user experience and work to use hybrid care solutions to address these challenges.

One approach to doing so is co-design, which Sakumoto defined as "a method for partnering with patients, consumers, and service users

REFERENCES

1. American Academy of Family Physicians. N.d. P*reserving Access to Telehealth Beyond COVID-19* [Issue brief]. Available at: https://