

Patient Experiences with Telehealth Treatment for Opioid Use Disorder in Alabama

Scott G. Weiner MD MPH, Amelia Burgess MD, Emily N. Miller MPH, Herman Singh MD, Colleen Murphy CCMA, Elizabeth Chehregosha MHA, Brian Clear MD



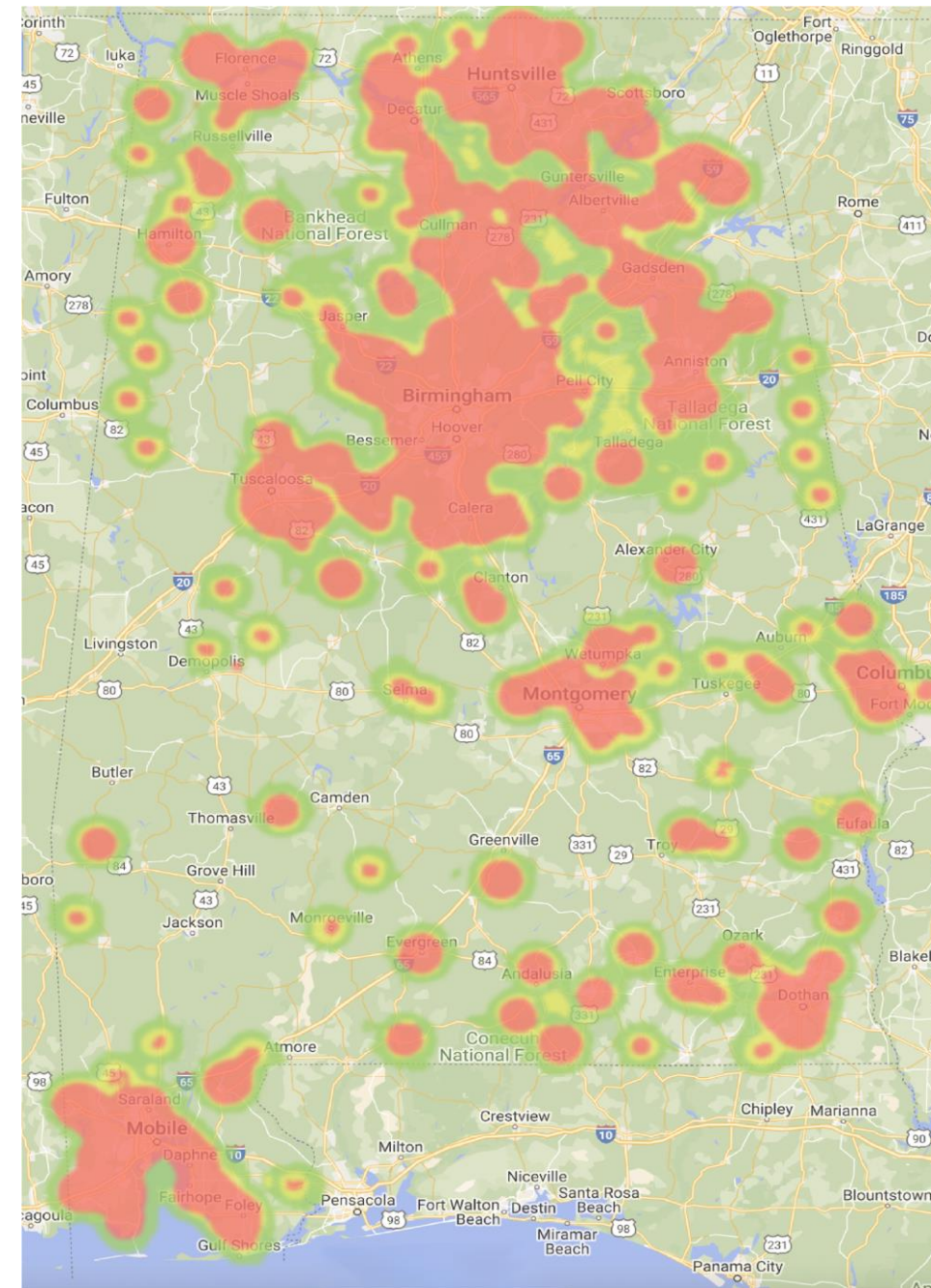
Research Objective

- Telehealth-only provision of buprenorphine for the treatment of opioid use disorder (OUD) was first made possible during the COVID-19 pandemic.
- Despite federal permission, Alabama instituted a law in July 2022 that mandated at least one in-person visit for each individual provider annually to receive this treatment.
- A temporary clinic was implemented in Birmingham in July 2022 for patients wishing to stay in treatment with our group based upon patient distribution. (Figure 1)
- The process was repeated in July 2023 for the 160 patients who were unable to find an in-person provider and did not discontinue OUD treatment.
- We surveyed patients at the 2023 clinic to determine impressions and perceptions of the in-person requirement.



Study Design

- Large telehealth-only OUD treatment provider operating in ~30 states at the time of study.
- Actively treated patients in Alabama were informed of requirement to attend in-person visit to continue treatment.
- A team of healthcare workers licensed in the state set up a temporary four-day clinic in a hotel ballroom.
- An optional paper survey was administered to patients at clinic check-in.



Principal Findings

- 160 patients attended the clinic.
- 55% (n=88) used insurance; 45% (n=72) were self-pay.
- 99% (n=158) patients completed the survey instrument.
- **91%** (n=144) **drove themselves** to the appointment.
- Mean distance traveled was **86.4 miles** (SD 53.7).
- Mean time for one-way travel was **1.6 hours** (SD 1.0).
- **16%** (n=25) reported **needing to find childcare** to attend the visit.
- **25%** (n=40) reported **missing work** to attend.
- **62%** (n=98) reported **knowing others who were harmed by the Alabama law.**

1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree

Question	n	Median <Interquartile Range>
1. It is important for me to see my provider in-person.	157	2 <1-3> - <i>disagree</i>
2. Seeing my provider in-person improves my care.	155	2 <1-3> - <i>disagree</i>
3. Seeing my provider in-person improves my ability to succeed in treatment.	154	2 <1-3> - <i>disagree</i>
4. Opioid use disorder can be treated by telehealth without the need for an in-person visit.	155	5 <5-5> - <i>strongly agree</i>
5. It was convenient for me to come and see my provider in-person today.	156	3 <1-4> - <i>neutral</i>
6. I have other options for opioid use disorder treatment besides Bicycle Health.	157	2 <1-3> - <i>disagree</i>
7. There are other opioid use disorder treatment resources in the community where I live.	157	2 <1-3> - <i>disagree</i>



Conclusions

- An annual in-person visit requirement to receive telehealth OUD services imposed a significant burden on patients, was not desired by patients, and may be associated with harm.
- In the absence of any known medical or patient-centered benefit, the Alabama law to mandate an in-person visit should be reconsidered.
- We also suggest wider considerations for DEA telehealth prescribing regulations, which are currently under consideration.
- Limitations: Social desirability bias, survey methodology without confirmation of responses.

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