AMERICAN PSYCHIATRIC ASSOCIATION

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National Institute on Drug Abuse
Director Nora Volkow, MD
Three White Flint North
11601 Landsdown Street
North Bethesda, MD 20852

Request for Information (RFI): Soliciting data on the impact of telehealth initiation of controlled substances permitted under the COVID-19 Public Health Emergency (NOT-DA-23-028)

Dear Director Volkow:

The American Psychiatric Association (APA), the national medical society representing over 38,000 psychiatric physicians and their patients, appreciates the opportunity to comment on the National Institute on Drug Abuse's (NIDA) Request for Information (RFI) soliciting data on the impact of telehealth initiation of controlled substances permitted under the COVID-19 Public Health Emergency (PHE). APA continues to share the Biden Administration's commitment to evidence-based, clinically indicated, accessible, life-saving services and medications in communities where people most need them to tackle the nation's mental health crisis. **As the country continues to recover from the COVID-19 PHE, while actively tackling an opioid PHE and a national mental health crisis, health care policies must safely facilitate access to quality care, meeting patients where they are, whenever they are ready.**

The COVID-19 PHE allowed the federal government to use its authority to expand access to telemedicine services, including allowing for prescribing of controlled medications via telemedicine in the absence of an in-person evaluation. Telemedicine, especially during the COVID-19 PHE, has been shown to connect patients with lifesaving care. A recent report in *Psychiatric Services* found that telepsychiatry appointments were less likely to be cancelled than in-person appointments, suggesting that telepsychiatry improved efficiency and continuity of care.[1]

[1] Ettman, Catherine K, Ph.D., et al. Psychiatric Services, Trends in Telepsychiatry and In-Person Psychiatric Care for Depression in an Academic Health System, 2017-2022. Trends in Telepsychiatry and In-Person Psychiatric Care for Depression in an Academic Health System, 2017–2022 | Psychiatric Services (psychiatryonline.org)

While telemedicine allowed for many to remain in care and many others to connect with care for the first time, it has not solved all access issues. Currently, only one in five adults with past-year opioid use disorder (OUD) received any medications for opioid use disorder (MOUD), but, consistent with prior research, receipt of telemedicine treatment for substance use was associated with increased likelihood of MOUD receipt.[2] For those who have established care, there is harm associated with removing policy pathways facilitating that access: illicit use of buprenorphine is most common for therapeutic purposes ("self-medication"), including withdrawal prevention or management or as a replacement for more harmful drugs. Most users of diverted buprenorphine indicated that they would prefer to use prescribed buprenorphine.[3] **Continuity of care, whether through in-person care or enabled by technology, can prevent population health risks by maintaining standard care among those for whom controlled substances are clinically appropriate.**

Benefits associated with telehealth access to controlled substances, including prescription opioids, stimulants, benzodiazepines, and dissociatives

Psychiatrists and their patients have seen the benefits associated with the ability to prescribe clinically-appropriate controlled substances through telemedicine. Patient satisfaction and retention remain high when patients are seen in their home.[4] Moreover, patients are more likely to have better medication compliance, fewer presentations to the emergency department, fewer patient admissions to an inpatient unit and fewer subsequent readmissions.[5] **APA urges NIDA to understand telehealth as a delivery mechanism for standard care, rather than as a unique service.** Standard care for most services can be offered in full through telehealth, and determining the appropriate clinical approach for the patient is a matter of clinical decision-making based on the patient's needs.

The increased need for mental health and substance use disorder (MH/SUD) services as a result of the pandemic has only exacerbated existing significant workforce shortages. The Health Resources and Services Administration (HRSA) estimates that by 2025, there will be a shortage of over 250,000 mental health professionals, including psychiatrists, mental health and substance abuse social workers, clinical and school psychologists, and school counselors.[6] These shortages are especially pronounced in rural and underserved areas, including federally designated mental health professional shortage areas (HPSAs) where nearly 160 million Americans presently reside.[7] The gap between need and access is particularly acute for psychiatry, with more than half of U.S. counties lacking a single psychiatrist.[8] This shortage

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[2] Jones CM, Han B, Baldwin GT, Einstein EB, Compton WM. Use of Medication for Opioid Use Disorder Among Adults With Past-Year Opioid Use Disorder in the US, 2021. *JAMA Netw Open.* 2023;6(8):e2327488. doi:10.1001/jamanetworkopen.2023.27488

[3] Cicero, T. J., Ellis, M. S., & Chilcoat, H. D. (2018). Understanding the use of diverted buprenorphine. Drug and alcohol dependence, 193, 117-123.

[4] Williams, A. R., Aronowitz, S., Gallagher, R., Behar, E., Gray, Z., & Bisaga, A. (2023). A virtual-first telehealth treatment model for opioid use disorder. Journal of General Internal Medicine, 38(3), 814-816.

[5] Psychiatrists Use of Telepsychiatry During COVID-19 Public Health Emergency, Survey Results. https://www.psychiatry.org/getmedia/ab6f90c4-0042-4400-9f84-8c30e19ec453/APA-Telehealth-Survey-2020.pdf

[6] https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/behavioral-health-2013-2025.pdf

[7] AAMC, A growing psychiatrist shortage and an enormous demand for mental health services, https://www.aamc.org/news/growing-psychiatrist-shortage-enormous-demand-mental-health-services

[8] Estimating the distribution of the U.S. Psychiatric Subspecialist Workforce, https://behavioralhealthworkforce.org/wp-content/uploads/2019/02/Y3-FA2-P2-Psych-Sub_Full-Report-FINAL2.19.2019.pdf

compounds inequitable distribution to care if those who must travel long distances with high costs to see a provider to receive a clinically indicated controlled substance. **Telehealth treatment has been found to be as safe and effective as in-person care even for high-acuity psychiatric concerns, and increases access to care in instances of stigma, rural location, mobility challenges, and other health-related social needs.**[9] For those with OUD, other benefits of telemedicine prescribing of controlled substances includes having the option to provide additional buprenorphine maintenance options after discharge for patients induced during a hospitalization. Telemedicine options are also often easier and quicker for intake in part because the provider pool is distributed and scalable. Moreover, telemedicine prescribing allows for buprenorphine maintenance for patients who step-down from a hospital to sub-acute facility or skilled nursing facility without a provider able to prescribe buprenorphine. For many, access to care is just a video call away. **For those who lack the confidence, education, or technology, more resources should be spent on digital literacy and infrastructure to access life-saving care.**

Harms associated with telehealth prescribing of controlled substances, including prescription opioids, stimulants, benzodiazepines, and dissociatives

APA urges NIDA to be cautious on the framing of harms associated with telemedicine prescribing of controlled substances. Harms are not associated uniquely with the act of teleprescribing. Rather, harms can arise from suboptimal care from providers who are not following the standards of care – which can occur both in-person and via telemedicine. Regulation should focus on adherence to standards of care without reducing access to quality, technology-enabled services.

Comparative diversion risk of prescriptions initiated via telehealth vs. in person

The Center for Disease Control's Unintentional Drug Overdose Reporting Systems data demonstrates that increased access to buprenorphine via telemedicine during the PHE did not result in an increased proportion of overdose deaths. Previous studies done on pre- and during-PHE data shows that there is no evidence that telemedicine prescribing during the PHE increased diversion or negative outcomes associated with access to controlled substances.[10, 11] Rather than arbitrary and upstream strategies that don't specifically target inappropriate prescribing practices, federal agencies can more effectively manage diversion and encourage appropriate use of controlled substances. **Partnerships across federal, state, and local entities can help integrate data sources to identify risky prescribing practices, educate practitioners, and enforce clinically-appropriate prescribing practices to allow for clinical decision-making alongside safeguards.**

SAMHSA also suggests other safeguards at the program level that prevent diversion or other misuse of medications including accreditation standards, OTP diversion control plans, regular checks of state prescription drug monitoring programs, regular follow-up early in treatment and as needed as treatment

[9] Zimmerman, M., Terrill, D., D'Avanzato, C., & Tirpak, J. W. (2021). Telehealth treatment of patients in an intensive acute care psychiatric setting during the COVID-19 pandemic: comparative safety and effectiveness to in-person treatment. The Journal of Clinical Psychiatry, 82(2), 28542.

[10] Trends and Characteristics of Buprenorphine-Involved Overdose Deaths Prior to and During the COVID-19 Pandemic, https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800689.

[11] Outcomes for patients receiving telemedicine-delivered medication-based treatment for Opioid Use Disorder: A retrospective chart review, https://pubmed.ncbi.nlm.nih.gov/33551692/

progresses, and dual enrollment verification.[12] Auditing to ensure adherence to standards of care can also both retroactively and prospectively ensure compliance with clinical standards.

Thank you for your review and consideration of these comments. If you have any questions or would like to discuss any of these comments further, please contact Brooke Trainum, Director, Practice Policy, btrainum@psych.org.

Sincerely,

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CEO & Medical Director
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[12] SAMHSA, The Physical Evaluation of Patients who will be Treated with Buprenorphine at Opioid Treatment Programs, https://www.samhsa.gov/medications-substance-use-disorders/statutes-regulations-guidelines/buprenorphine-at-opioid-treatment-programs