

COVID-Era Telehealth Appointments Linked to Fewer Fatal Opioid Overdoses

— Medicare data document impact of the dramatic rise in telehealth use for OUD treatment

by [Elizabeth Short](#), Staff Writer, MedPage Today
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Medicare patients seeking treatment for opioid use disorder (OUD) during the pandemic had fewer fatal overdoses following the implementation of telehealth services, a study showed.

Telehealth usage for OUD was associated with a significant 33% lower risk for fatal overdose (aOR 0.67, 95% CI 0.48-0.92), reported Christopher M. Jones, PharmD, DrPH, MPH, of the CDC's National Center for Injury Prevention and Control in Atlanta, and coauthors.

Receiving medications for OUD (MOUD) was also associated with a lower risk for fatal overdose (aOR 0.41, 95% CI 0.25-0.68), as was receiving buprenorphine in an office-based setting (aOR 0.62, 95% CI 0.43-0.91) compared with no MOUD, according to the report published in [JAMA Psychiatry](#).

The study also documented the rise in access to and utilization of telehealth services during the pandemic compared with the low rate of use before the pandemic (19.6% vs 0.6%, $P < 0.001$).

"The results of this study add to the growing research documenting the benefits of expanding the use of telehealth services for people with opioid use disorder, as well as the need to improve retention and access to medication treatment for opioid use disorder," said Jones in a CDC press release. "The findings from this collaborative study also highlight the importance of working across agencies to identify successful strategies to address and get ahead of the constantly evolving overdose crisis."

While many regulations loosened during the pandemic are returning with the [end of the COVID-19 public health emergency](#), study coauthor Shari Ling, MD, deputy chief medical officer at the Centers for Medicare & Medicaid Services (CMS), expressed a commitment to [ensuring access to OUD treatment](#).

"CMS is committed to ensuring that the beneficiaries we serve can access the high-quality behavioral health services they need," she said in a press release. "This study shows that many beneficiaries were able to utilize opioid use disorder-related telehealth services during the pandemic, but we need to continue our efforts to broaden the use of telehealth, particularly in underserved communities."

The researchers pointed to the need for greater reach: "Despite encouraging findings associated with telehealth and MOUD, only one in five Medicare beneficiaries in our pandemic cohort received OUD-related telehealth services, and only one in eight received MOUD, underscoring the need for continued expansion of these potentially life-saving interventions across clinical settings," the group wrote.

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The study used CMS data linked with CDC drug overdose death data from the National Death Index on Medicare beneficiaries ages 18 years and older who started new episodes of OUD-related care, including a pre-pandemic cohort (Sept. 1, 2018 to Feb. 29, 2020) and a pandemic cohort (Sept. 1, 2019 to Feb. 28, 2021). The pre-pandemic cohort included 105,162 individuals (58.1% women, 67.6% ages 45 to 74 years), while the pandemic cohort included 70,479 individuals (57.1% women, 66.3% ages 45 to 74 years).

The pandemic cohort saw higher rates of fatal overdose compared with the pre-pandemic patients (5.1 vs 3.7 per 1,000 beneficiaries, $P<0.001$), which the researchers noted was "consistent with national trends showing a 31% increase in overdose deaths between 2019 and 2020." A similar pattern was seen for all-cause mortality (99.9 vs 76.8 per 1,000, respectively, $P<0.001$).

The proportion of deaths as a result of fatal drug overdose were similar between the two time periods (4.8% before and 5.1% during the pandemic, $P=0.49$).

Unlike in prior research, extended-release naltrexone in an office-based setting was not associated with lower risk for fatal drug overdose (aOR 1.16, 95% CI 0.41-3.26).

Limitations to the study were inclusion of only patients who were seeking and ultimately received treatment, which limits the study's applicability to those either not actively seeking out or receiving treatment for OUD. The authors also noted that patients who weren't labelled with an *ICD-10-CM* OUD diagnosis code were not included in the study. Telehealth usage and the observational study design limited the results as well.

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Disclosures

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Jones and Ling had no disclosures to report. One coauthor reported relationships with General Electric, 3M Companies, and Pfizer.

Primary Source

JAMA Psychiatry

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