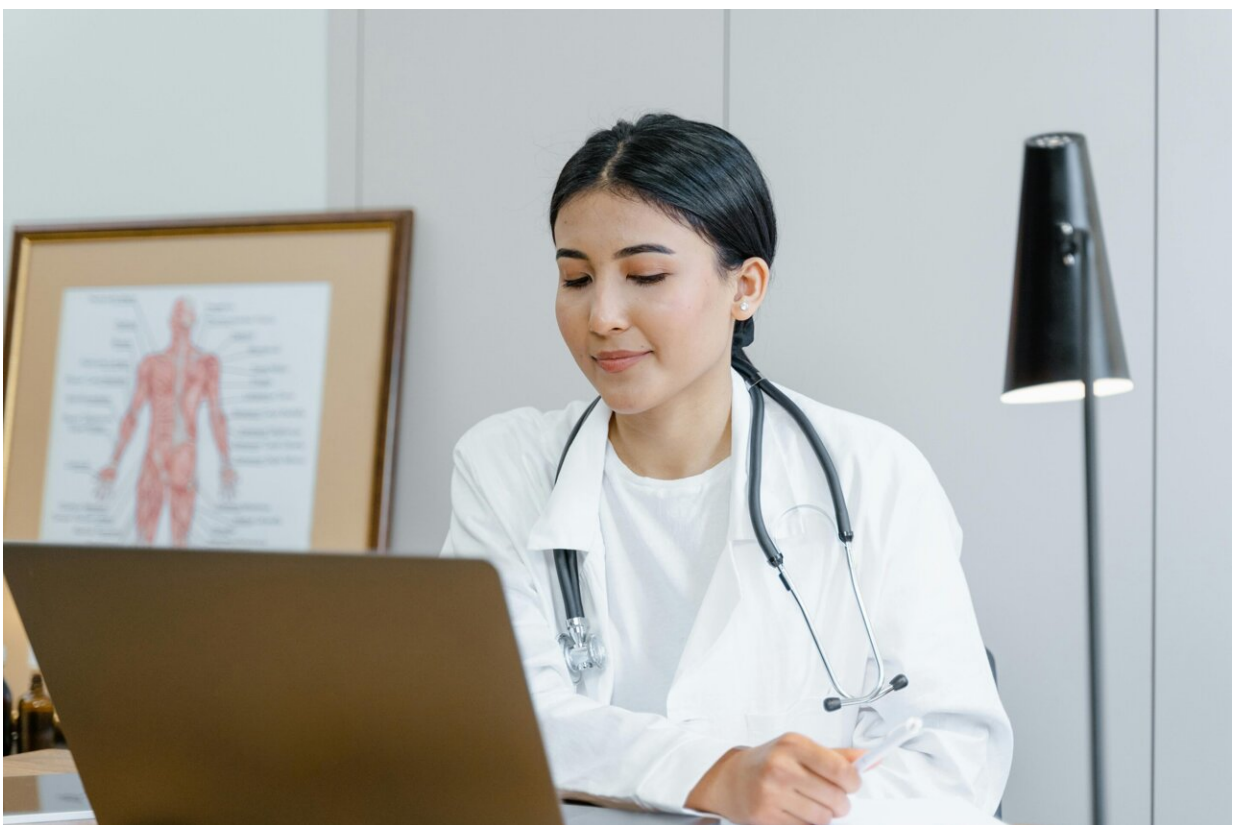


Study: Opioid use disorder patients more likely to stick with treatment if referred through telemedicine than the ED

July 16 2024, by Ellen Goldbaum



Credit: Tima Miroshnichenko from Pexels

Telemedicine referrals for patients with opioid use disorder (OUD) can be a more effective way than an in-person emergency department visit to

get patients to start and stay with medication assisted treatment through an outpatient clinic.

Those are the findings from a [study](#) University at Buffalo researchers published online in the *Journal of Substance Use and Addiction Treatment* on June 29. It is believed to be the first study comparing telemedicine referrals to treatment for OUD to referrals initiated at the emergency department.

"Telemedicine evaluations by emergency medicine providers did lead to increased retention in treatment at 30 days when compared to patients evaluated in the emergency department," says Joshua J. Lynch, DO, first author and associate professor in the Department of Emergency Medicine in the Jacobs School of Medicine and Biomedical Sciences at UB.

"Our study shows that patients referred from telemedicine are more likely to follow up initially, and still be retained in care at 30 days."

Stabilizing patients with [opioid use disorder](#) is the critical first step in treatment, but long-term recovery depends on consistent engagement with medication for addiction treatment and outpatient clinic appointments over time.

Gateway to ongoing care

"Patients with opioid use disorder often seek care in times of crisis in emergency departments," says Brian Clemency, DO, senior author and professor of emergency medicine in the Jacobs School. "However, the emergency department may not be a good option for all patients. We wanted to see if telemedicine could be used as a gateway to ongoing care."

During the pandemic, restrictions that required in-person visits for medication-assisted treatment for OUD prescriptions were relaxed, allowing for prescribing and referrals to be made through telemedicine. The findings are especially relevant considering that those restrictions could potentially be reinstated at the end of 2024.

A total of 1,349 referrals were made from Oct. 1, 2020, through Sept. 30, 2022, through the [MATTERS Network](#), an innovative opioid treatment network that is affiliated with UBMD Emergency Medicine and the UB Department of Emergency Medicine.

MATTERS provides medication for [addiction treatment](#) to opioid use disorder patients either through in-person emergency department visits or telemedicine visits and rapidly transitions them into long-term treatment at a community clinic of the patient's own choosing, typically within about 24–48 hours, in most regions of New York State.

Follow-up data were available for 393 patients, of whom 51.9% attended their first clinic visit and 40.7% continued to receive care after 30 days. Among these, 65.1% of those referred via a telemedicine call showed up at their first clinic appointment versus 32.3% of those referred via an in-person emergency department visit. And 53.2% of telemedicine patients were still in treatment at the 30-day mark versus 22.2% of those referred from an emergency department visit.

Removing barriers to care

The findings demonstrate that for specific groups of patients, telemedicine removes barriers to care and may be equally or more effective than referrals made during an emergency department visit. The authors suggest there are multiple reasons that could explain that difference.

"Trying to educate hundreds of [emergency department](#) providers on the approach to opioid use disorder, evaluation, initiating medication and linking to treatment is very challenging," says Renoj Varughese, MD, co-author and assistant professor in the Department of Emergency Medicine in the Jacobs School, who led the telemedicine team described in the study. "Emergency departments may have varying approaches and varying levels of interest in how they treat these patients."

Adds Lynch, "We have found that focusing on a relatively small group of emergency telemedicine providers through the MATTERS network has been the key to our success. Telemedicine allows us to provide care with minimal stigma, from the patient's own home, with minimal waiting. It gives us the ability to take some time and truly deliver effective one-on-one care."

In addition to treating individuals with telemedicine, MATTERS also successfully uses telemedicine to treat other vulnerable populations, such as incarcerated individuals.

This study adds evidence to previous findings by other Jacobs School researchers, who earlier this year published [a study](#) in the *Journal of the American Medical Association* that found that in people with opioid use disorder, telemedicine treatment for hepatitis C virus was more than twice as successful as off-site referral.

"Our findings only emphasize the utility of [telemedicine](#) as a modality that works, especially for disease processes that are typically challenging for patients to link to and retain in treatment," concludes Lynch.

More information: Joshua J. Lynch et al, Comparison of 30-day retention in treatment among patients referred to opioid use disorder treatment from emergency department and telemedicine settings, *Journal of Substance Use and Addiction Treatment* (2024). [DOI:](#)

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