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COVID-19 on mental health.

5 Utilization of Telehealth Solutions for Patients with Opioid Use Disorder Using Buprenorphine: A Scoping Review

Aileen Guillen; Bharath Chakravarthy; Minal Reddy; Soheil Saadat

Objectives: A scoping review was conducted to examine the breadth of evidence related to telehealth innovations being utilized in the treatment of Opioid Use Disorder (OUD) with buprenorphine and its effect on patient outcomes and healthcare delivery.

Background: With the opioid epidemic worsening from year to year, there is a critical need to connect with this growing population and get them access to life-saving interventions. Buprenorphine is shown to be associated with lower overdose rates and a decrease in opioid-related acute care, but has historically been underutilized in treatment for OUD. Previous studies have determined that geographical barriers and lack of access to DEA-waivered providers are common obstacles towards starting MAT. Telehealth presents itself as a solution to this discrepancy and is becoming more feasible to integrate into clinical practice.

Methods: The authors systematically searched seven databases and websites for peer-reviewed and gray literature related to telehealth solutions for buprenorphine treatment published between 2008 and March 18, 2021. There were 69 articles which met inclusion criteria.

Results: According to the reviewed literature, incorporation of telehealth technology with Medication Assisted Treatment (MAT) for OUD is associated with higher patient satisfaction, comparable rates of retention, and an overall reduction in health care costs.

Conclusion: Utilization of synchronous videoconferencing has reportedly been effective in increasing access to and usage of buprenorphine by overcoming both geographical and logistical barriers. This has been made possible through the expansion of telehealth technologies and a substantial push towards relaxed federal guidelines, both of which were quickly escalated in response to the COVID-19 pandemic. Future research is needed to fully quantify the effect of these factors; however, the results appear promising thus far and should urge policymakers to consider making these temporary policy changes permanent.

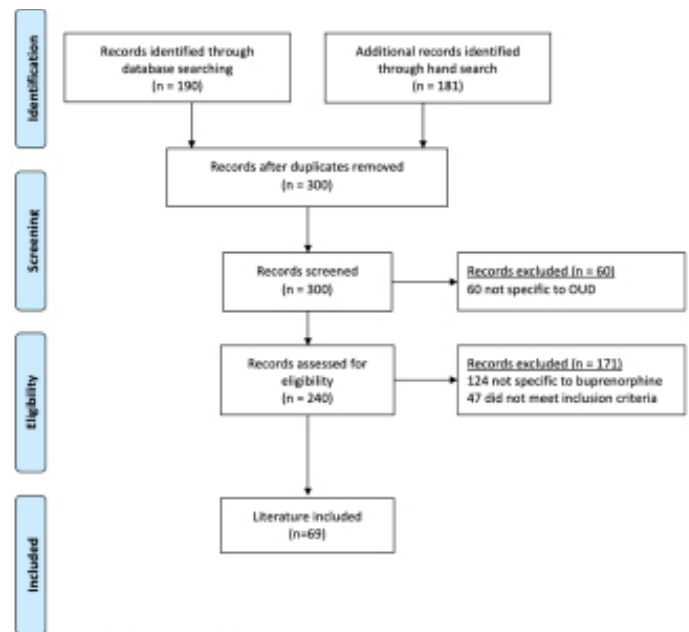


Figure 1. Prisma Flow Diagram.

6 Variation in Trauma Team Response Fees in United States Trauma Centers

Arianna Neeki; David Wong; Fanglong Dong; Jan Serrano; Louis P. Tran; Mason Chan; Michael M. Neeki; Pamela R. A. Lux

Objectives: Investigate the variation of the trauma team response fee (TTRF) among all levels of Trauma Centers (TC) Level I-IV, in different geographic regions in the U.S. (Midwest, West, South, Northeast U.S.).

Background: Investigate Hospital Medical Directors (HMD) and Trauma Medical Directors (TMD) knowledge of TTRF dollar amount in their institution.

Methods: Setting 525 American College of Surgeons verified trauma centers (TC) in the U.S. Level I-IV TCs. TC's in the continental U.S including Alaska and Hawaii. Data Collection Cross-sectional convenience sample. Online survey development cloud-based software, Survey Monkey. Responses from October 8, 2019 through March 11, 2020.

Results: True costs of TTRF's in the U.S remains elusive due to inadequate data. TTRF's were higher in level II TC's in the West compared to Level I's. No statistically significant difference in TTRF's despite geographical and cost of living differences. 41.3% of HMD are aware of dollar amount of TTRF's. 56.5% of TMD are aware of dollar amount of TTRF's.