The research evidence on the efficacy of telehealth for addiction and mental health

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Today’s Learning Objectives

- Review the empirical evidence on the efficacy of telehealth for addiction treatment
- Review the empirical evidence on the efficacy of telehealth for mental health treatment
- Describe implications for policy and practice
Polling Question

Affiliation:

- Provider organization
- Managed care organization
- Government agency
- Other
Polling Question for Providers

For which behavioral health services do you currently provide telehealth for a significant number of patients (i.e., more than 20%):

- 1:1 counseling
- Group therapy
- Intake assessments
- Medications checks and/or refills
Polling Question for payers (i.e., state agencies and MCOs)

For which behavioral health services do you currently reimburse telehealth:

- 1:1 counseling
- Group therapy
- Intake assessments
- Medications checks and/or refills
Funding and Contributors

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**Collaborators from RTI and UCLA:**

- Katherine Treiman
- Howard Padwa
- Kristen Henretty
- Janice Tzeng
- Marylou Gilbert
- PCORI Patient and Provider Advisory Board
- California Department of Health Care Services
- California Department of Public Health
- California substance use disorder providers

**IRB:** The study was reviewed and approved by the New England and UCLA IRB
Provider Survey

Systematic Literature Review

Stakeholder Interviews

Data Sources
Systematic Literature Review Methods

- Medline’s PubMed database and Web of Science
- Studies published in English from 2010 to 2020
- Telehealth: "synchronous communication between patients and providers via telephone and/or videoconferencing for assessment, diagnostic, or treatment purposes."
- Additional articles through a snowball approach
- Limited the review to studies that
  - Compared the efficacy of telehealth treatment with in-person treatment for SU and/or MH disorders
  - RCTs or other controlled comparative study designs
Results of SUD and MH Literature Review

- 8 studies compared the efficacy of telehealth SUD treatment with in-person treatment
- 5 studies were RCTs
- 3 studies were retrospective observational studies with a matched comparison group
- 5 studies involved patients with OUD
- 3 studies involved patients with problematic alcohol use
- 6 systematic reviews and meta-analyses of MH treatment via telehealth
Results of the SUD Literature Review, Continued

- 7 of 8 studies: telehealth treatment as effective but not more effective than in-person treatment in terms of retention, therapeutic alliance, and substance use.
- 1 Canadian study of methadone maintenance: improved retention.
- All studies but the Canadian study were relatively small and may have been under powered to detect a difference.

### Results of the MH Literature Review

<table>
<thead>
<tr>
<th>Citation</th>
<th>Study Design</th>
<th>Study Population</th>
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</thead>
<tbody>
<tr>
<td>Backhaus et al., 2012</td>
<td>47 studies; RCTs, uncontrolled studies, nonrandomized controlled trials</td>
<td>Children, adolescents, and adults with trauma, mood, panic, anxiety, eating, and addiction disorders</td>
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<tr>
<td>Berryhill et al., 2019</td>
<td>21 studies RCTs, quasi-experimental, uncontrolled)</td>
<td>Patients with anxiety, PTSD, panic disorder, social anxiety disorders, obsessive-compulsive disorder</td>
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<tr>
<td>Berryhill et al., 2019</td>
<td>33 studies: 14 RCTs , 4 controlled nonRCT, 15 uncontrolled</td>
<td>Patients with depression</td>
</tr>
<tr>
<td>Castro et al., 2020</td>
<td>10 studies, RCTs</td>
<td>Adults with depression</td>
</tr>
<tr>
<td>Guaiana et al., 2020</td>
<td>14 studies, RCTs</td>
<td>Patients with depression</td>
</tr>
<tr>
<td>Norwood. et al., 2018</td>
<td>12 studies; RCTs and other studies.</td>
<td>Patients with PTSD, panic disorders, anxiety, depression, mood disorders, eating disorders</td>
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### Results of the MH Literature Review, continued

<table>
<thead>
<tr>
<th>Study</th>
<th>Findings</th>
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<tbody>
<tr>
<td><strong>Backhaus et al., 2012</strong></td>
<td>Telehealth associated with good user satisfaction</td>
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<tr>
<td></td>
<td>Telehealth has similar clinical outcomes to face-to-face psychotherapy</td>
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<tr>
<td><strong>Berryhill et al., 2019</strong></td>
<td>No differences between telehealth and in-person for panic frequency.</td>
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<tr>
<td><strong>Berryhill et al., 2019</strong></td>
<td>No differences between telehealth and in-person for depression outcomes.</td>
</tr>
<tr>
<td><strong>Castro et al., 2020</strong></td>
<td>Nonsignificant effect size in favor of telehealth for depression.</td>
</tr>
<tr>
<td><strong>Guaiana et al., 2020</strong></td>
<td>No difference in patient satisfaction or greater satisfaction with telehealth for depression.</td>
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<td></td>
<td>Efficacy of treatment the same or better for telehealth for depression.</td>
</tr>
<tr>
<td><strong>Norwood et al., 2018</strong></td>
<td>Working alliance was inferior with telehealth compared with in-person treatment; symptom reduction was not inferior.</td>
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</tbody>
</table>
Individual Counseling for SUD

- 4 SUD studies
- 3 counseling individuals with problematic alcohol use and 1 counseling individuals with OUD
- No differences in
  - Treatment adherence and retention
  - Substance use
  - Treatment satisfaction
  - Therapeutic alliance
Individual Counseling for Mental Health

MH focused systematic reviews found no differences in or better results of telehealth for:

- symptom resolution
- prosocial behavior
- functioning
- patient satisfaction

Findings about therapeutic alliance were mixed with some reviews finding no difference, and some finding worse alliance.
Group Counseling for SUD

- 1 study of SUD group counseling for individuals with partial response to methadone maintenance treatment.

- A higher proportion of individuals attended telehealth group than in-person counseling but difference not statistically significant (92% vs 76%).

- No difference in positive-drug tests.
Group Counseling for MH

- Systematic reviews comparing telehealth and in-person group counseling for MH disorders did not focus on group counseling.

- 3 studies of veterans with PTSD and anger management problems found no significant differences in symptom reduction, retention in treatment, or satisfaction with treatment.

- 1 study found that participants in the telehealth exhibited less alliance with the group leaders than participants in person.
Medication Management for SUD

- 3 observational studies found that telehealth can be used effectively for medication management for OUD.

- In all studies, patients also received routine in-person care for drug testing and counseling and other general medical and mental health services when needed.

- 1 large Canadian RCT found that telehealth treatment is more effective than in-person treatment for methadone maintenance in terms of treatment retention.
Medication Management for Mental Health

- Evidence from one retrospective cohort study and 6 RCTS demonstrated that telehealth treatment is equally or more effective compared with in-person treatment in terms of medication adherence.
SUD Assessments

- No studies of SUD assessments
MH Assessments

- Review identified 11 RCTs that compared telehealth MH assessment with in-person assessment, all of which found no differences in the reliability or accuracy of assessments for MH disorders.
Questions/Comments

- Does this evidence surprise you? Is it consistent with your clinical experience?
- What research would you like to see done on telehealth?
Provider Survey Methods

- SUD treatment organizations in California
- Treated patients that received Medicaid or other government-funded services.
- Fielded the survey from September 1 to November 20, 2020
How Effective Providers Think Telehealth-Delivered SUD Treatment is Relative to In-Person

- Individual counseling: 45 (Less effective), 46 (Equally or more effective), 9 (Not sure)
- Intake assessments: 49 (Less effective), 40 (Equally or more effective), 11 (Not sure)
- Medication management: 51 (Less effective), 33 (Equally or more effective), 16 (Not sure)
- Group counseling: 62 (Less effective), 25 (Equally or more effective), 13 (Not sure)
Percent of Providers Who Would Like to Receive Training/Technical Assistance on Delivery of Services via Telemedicine for the Following Services

- Intake assessments for any reason: 50%
- Group counseling: 44%
- Individual counseling: 37%
- Intensive outpatient treatment: 24%
- Medication management: 22%
- Intake assessment for buprenorphine: 13%
- Intake assessment for methadone: 11%
Questions

- Would you like to receive training and technical assistance regarding delivering telehealth for addiction or mental health services?
- If so, for which types of services or focus areas?
Provider Interviews

“I would prefer in person treatment; however, we have found that having the option of using Zoom meetings is something that has helped many clients have access to care. They have struggled to be here for treatment services given transportation issues, or health issues, and with zoom, they can attend and participate. It has certainly helped many access services that otherwise they would not be able to use. I believe that having the option for both, would be ideal.”
Question

- How do you individualize telehealth to meet your patients needs?
Conclusions

- Access to SUD/MH treatment has been an ongoing, major contributor to treatment failure.
- Telehealth offers the potential to overcome that barrier and improve treatment retention.
- No evidence that telehealth is worse than in-person, particularly for 1:1 counseling and medication management.
- Additional large studies are needed on telehealth’s effect on access and efficacy, and for whom, particularly for SUD
- Additional training and technical assistance to optimally use telehealth
References


References continued


References continued


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More Information

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