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 to 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

For which behavioral health services to do you currently reimburse telehealth:

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

Funding and Contributors

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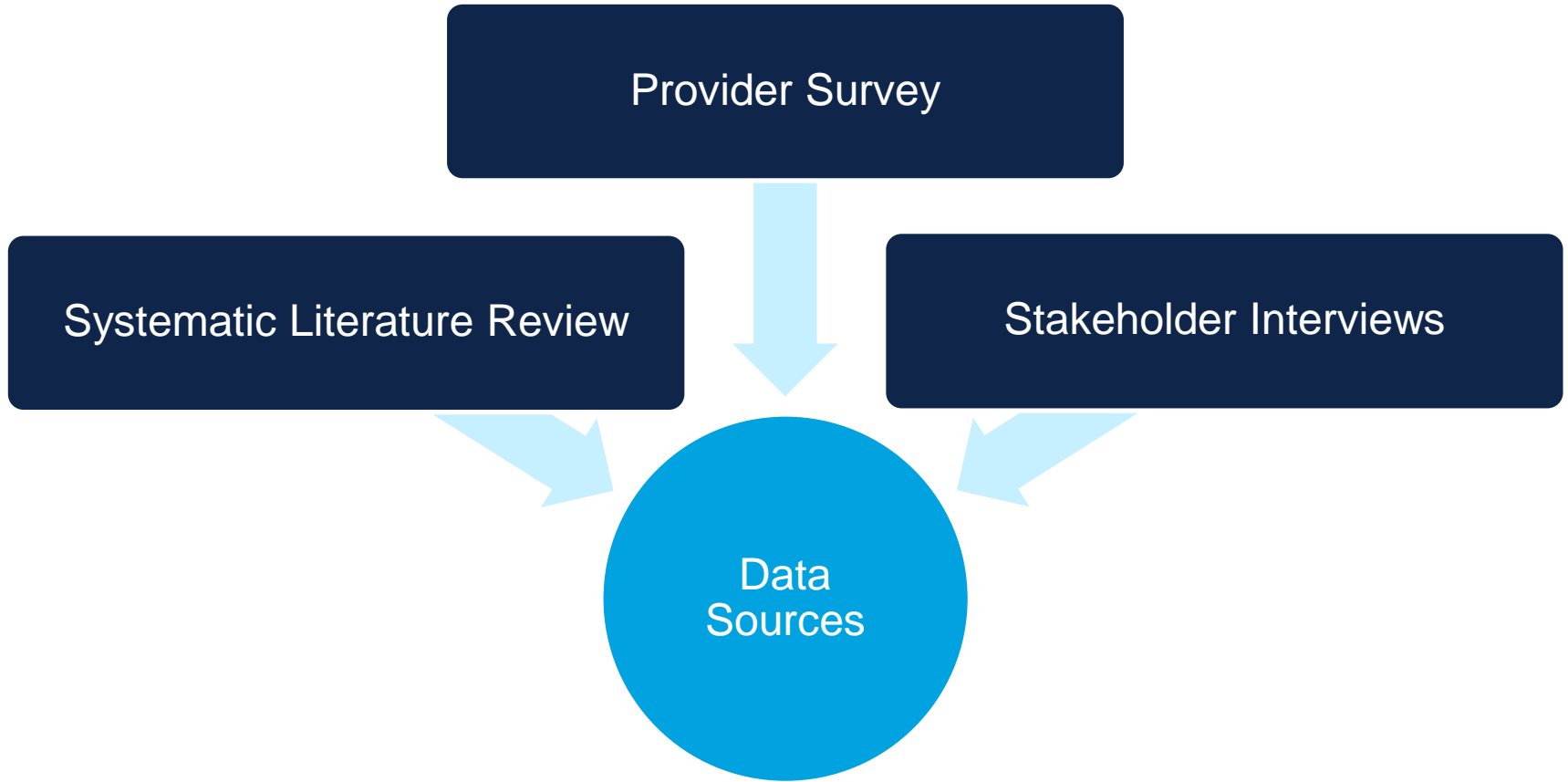
PCORI Patient and Provider Advisory Board

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

Systematic Literature Review Methods

o Medline's PubMed database and Web of Science

o Studies published in English from 2010 to 2020

o Telehealth: "synchronous communication between patients and providers via telephone and/or videoconferencing for assessment, diagnostic, or treatment purposes."

o Additional articles through a snowball approach

o Limited the review to studies that

    o Compared the efficacy of telehealth treatment with in-person treatment for SU and/or MH disorders

    o 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 <u>as</u> effective <u>but not more</u> 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.

- Mark TL, Treiman K, Padwa H, Henretty K, Tzeng J, Gilbert M. Addiction Treatment and Telehealth: Review of Efficacy and Provider Insights During the COVID-19 Pandemic. Psychiatr Serv. 2021.

Results of the MH Literature Review

Citation	Study Design	Study Population
Backhaus et al., 2012	47 studies; RCTs, uncontrolled studies, nonrandomized controlled trials	Children, adolescents, and adults with trauma, mood, panic, anxiety, eating, and addiction disorders
Berryhill et al., 2019	21 studies RCTs, quasi-experimental, uncontrolled)	Patients with anxiety, PTSD, panic disorder, social anxiety disorders, obsessive-compulsive disorder
Berryhill et al., 2019	33 studies: 14 RCTs , 4 controlled nonRCT, 15 uncontrolled	Patients with depression
Castro et al., 2020	10 studies, RCTs	Adults with depression
Guaiana et al., 2020	14 studies, RCTs	Patients with depression
Norwood. et al., 2018	12 studies; RCTs and other studies.	Patients with PTSD, panic disorders, anxiety, depression, mood disorders, eating disorders

Results of the MH Literature Review, continued

Backhaus et al., 2012	Telehealth associated with good user satisfaction Telehealth ahs similar clinical outcomes to face-to-face psychotherapy
Berryhill et al., 2019	No differences between telehealth and in-person for panic frequency.
Berryhill et al., 2019	No differences between telehealth and in-person for depression outcomes.
Castro et al., 2020	Nonsignificant effect size in favor of telehealth for depression..
Guaiana et al., 2020	No difference in patient satisfaction or greater satisfaction with telehealth for depression Efficacy of treatment the same or better for telehealth for depression.
Norwood. et al., 2018	Working alliance was inferior with telehealth compared with in-person treatment; symptom reduction was not inferior.

Individual Counseling for SUD

❏ 4 SUD studies

❏ 3 counseling individuals with problematic alcohol use a 1 counseling individuals with OUD

❏ No differences in

- o Treatment adherence and retention

- o Substance use

- o Treatment satisfaction
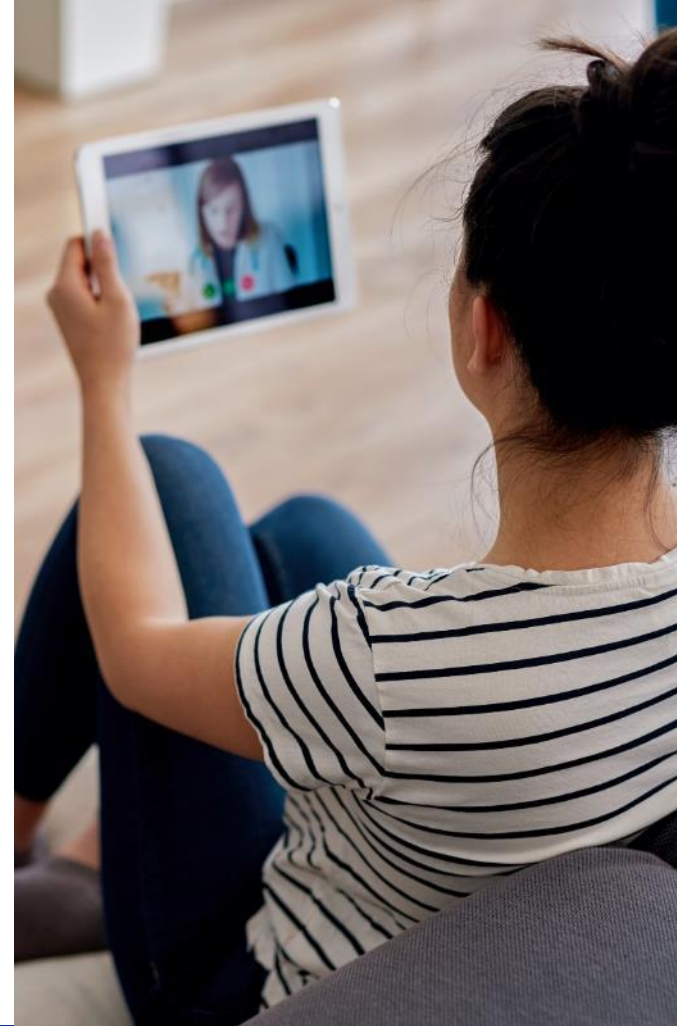
- o Therapeutic alliance
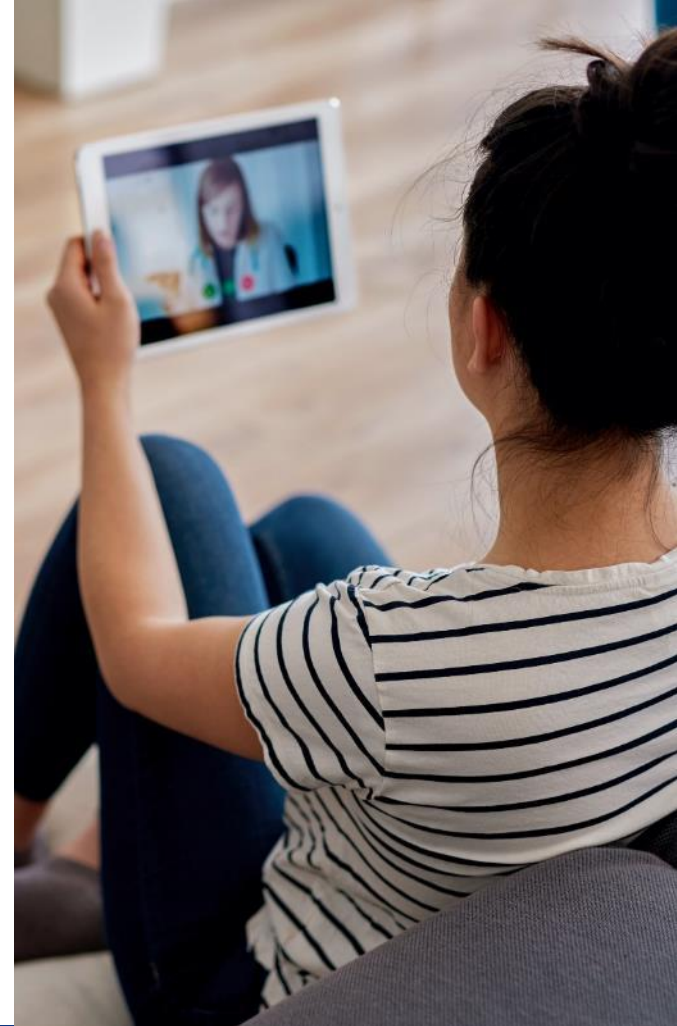
Individual Counseling for Mental Health

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

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

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

- o 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 in-person.

Medication Management for SUD

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

o 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

o 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

o 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

o No studies of SUD
   assessments

MH Assessments

o 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
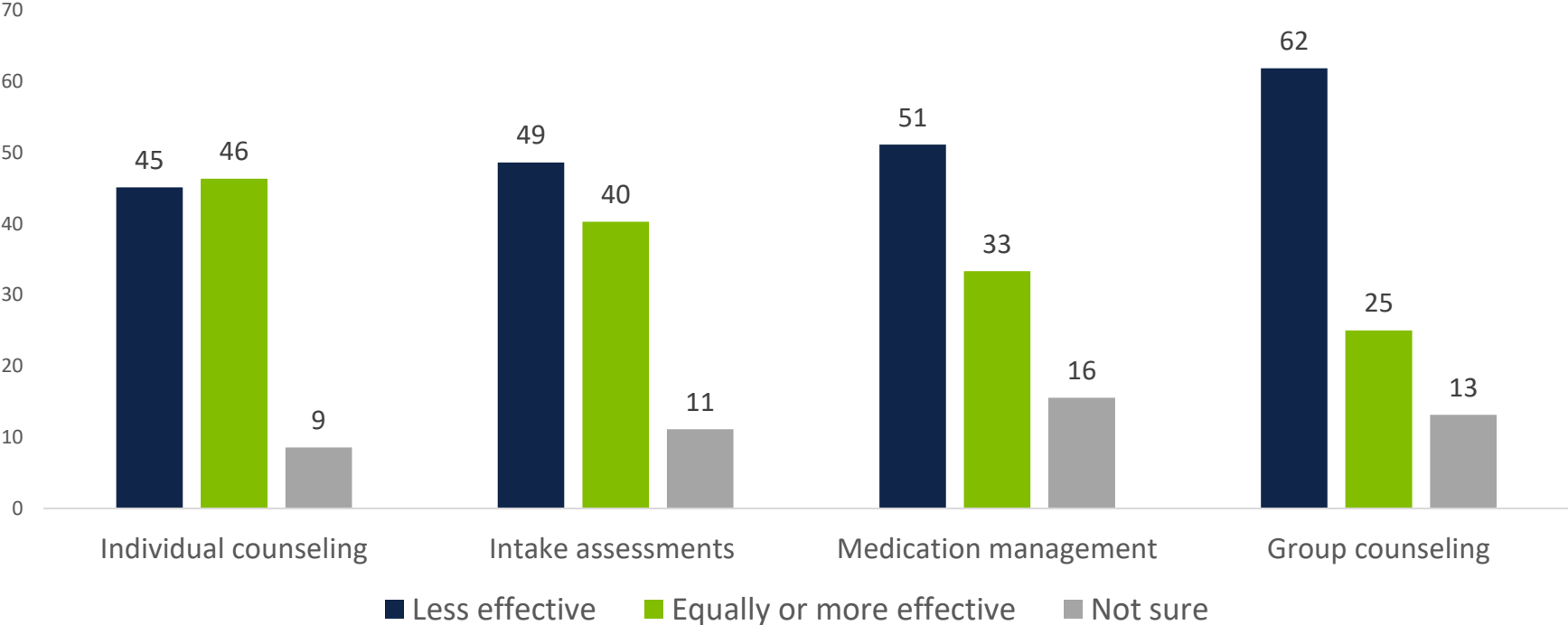
Questions/Comments

o Does this evidence surprise you? Is it consistent with your clinical experience?

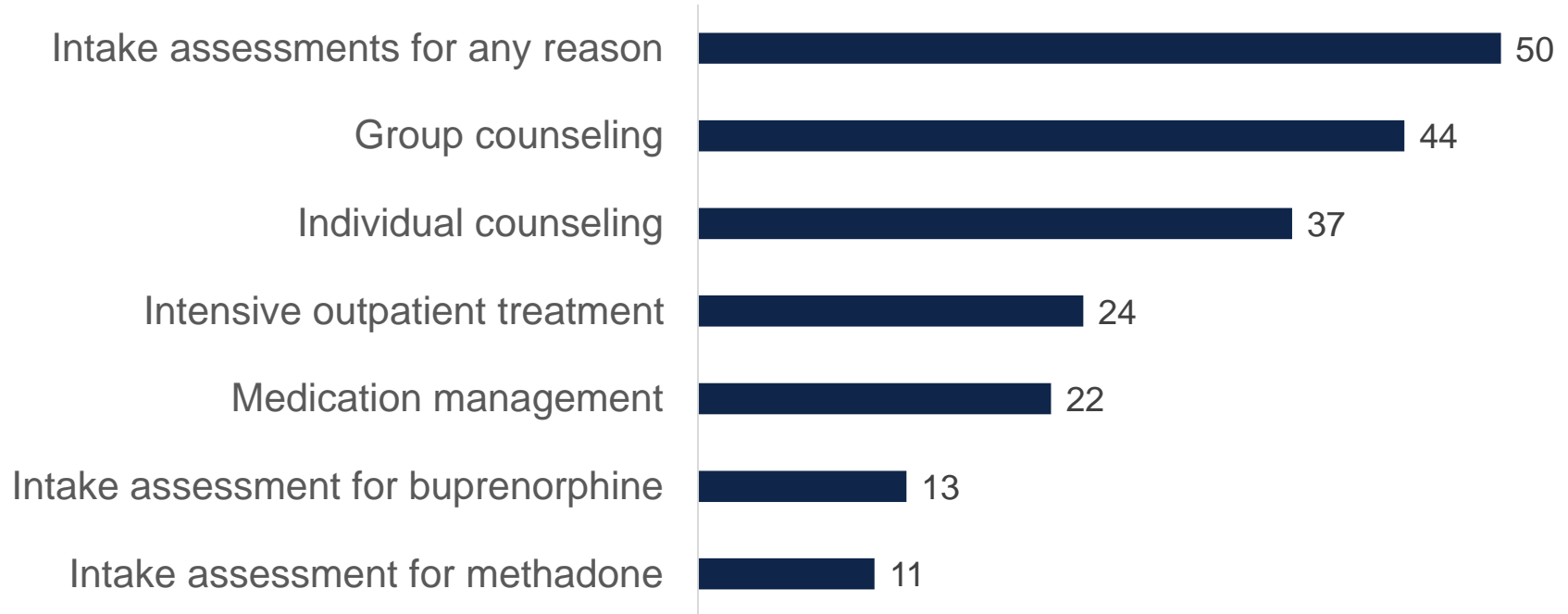o What research would you like to see done on telehealth?

Provider Survey Methods

o SUD treatment organizations in California

o Treated patients that received Medicaid or other government-funded services.

o Fielded the survey from September 1 to November 20, 2020

How Effective Providers Think Telehealth-Delivered SUD Treatment is Relative to In-Person

Bar chart comparing provider perceptions of telehealth effectiveness across four treatment types. Categories: Less effective (dark blue), Equally or more effective (green), Not sure (gray).

- Individual counseling: Less effective 45, Equally or more effective 46, Not sure 9
- Intake assessments: Less effective 49, Equally or more effective 40, Not sure 11
- Medication management: Less effective 51, Equally or more effective 33, Not sure 16
- Group counseling: Less effective 62, Equally or more effective 25, Not sure 13

Percent of Providers Who Would Like to Receive Training/Technical Assistance on Delivery of Services via Telemedicine for the Following Services

Service	Percent
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

o Would you like to receive training and technical assistance regarding delivering telehealth for addiction or mental health services?

o 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

o How do you individualize telehealth to meet your patients needs?

Conclusions

o Access to SUD/MH treatment has been an ongoing, major contributor to treatment failure.

o Telehealth offers the potential to overcome that barrier and improve treatment retention.

o No evidence that telehealth is worse than in-person, particularly for 1:1 counseling and medication management.

o Additional large studies are needed on telehealth's effect on access and efficacy, and for whom, particularly for SUD

o Additional training and technical assistance to optimally use telehealth

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More Information

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