

Implications of Regulatory Telemedicine Prescribing Flexibilities on Patients with Opioid Use Disorder

Jada Johnson, MS
Kevin Wiley, PhD

INTRODUCTION

1. The Ryan Haight Act requires that clinical providers have at least one in-person evaluation before prescribing certain controlled substances. The US Drug Enforcement Administration (DEA) and US Department of Health and Human Services (HHS) relaxed this rule further and allowed providers to prescribe controlled substances without an in-person evaluation during the COVID-19 pandemic.
2. These flexibilities still exist. Healthcare providers, insurers, and patients have embraced this new rule due to expanded access to care while others have concerns that the rule may worsen opioid use disorder (OUD).
3. This research aimed to determine if telemedicine prescribing policy impacted healthcare utilization and critical healthcare processes among patients with OUD.

METHODS

1. We examined a cross-section of MarketScan commercial claims to quantify OUD diagnoses in 2020. We extracted all outpatient encounters and identified patients who used telemedicine and those who did not in 2021.
2. Following a patient's outpatient visit, we extracted any prescription fills of controlled substances within 7 days of the visit and compared subsequent hospitalizations, Morphine Milligram Equivalents (MME)/day and total costs.
3. Wilcoxon and proportional tests were used to compare unadjusted data. Multivariable and logistic regression models were performed to compare telemedicine users to non-telemedicine users.

RESULTS

1. Patients with OUD who used telemedicine had slightly more hospital admissions than non-telemedicine users; however, drug related admissions did not differ significantly.
2. Telemedicine users had more prescription fills for controlled substances, higher total mean drug costs, and less MME/day than non-telemedicine patients.



Telemedicine users filled more controlled substance prescriptions and had greater odds of a hospital admission than non-telemedicine users but had fewer MME per day.

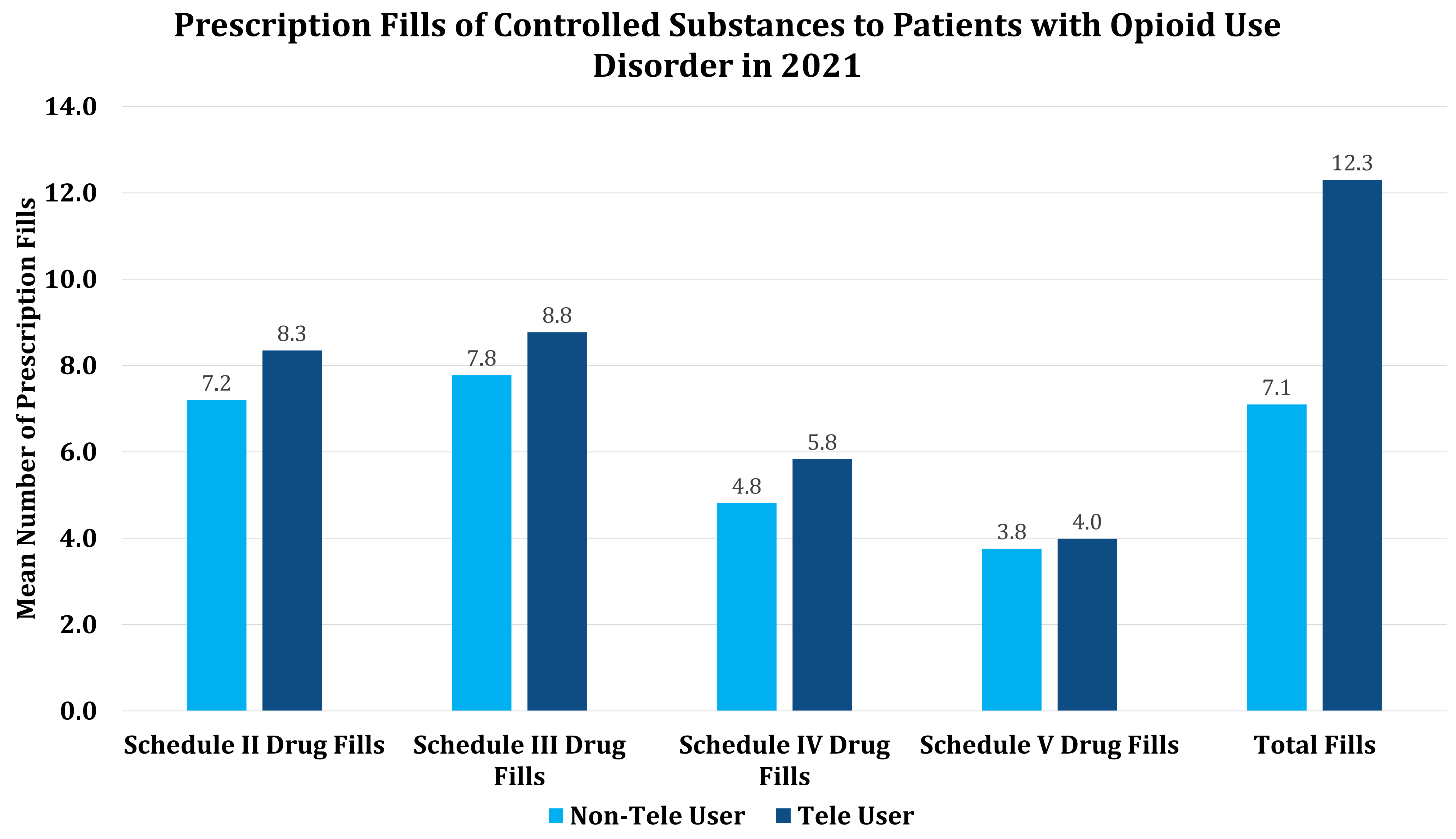


Table 1. Demographics of Patients with Opioid Use Disorder

Characteristic	Non-Tele User	Tele User	p-value
n	23,258	9,956	
Male	12,972 (55.8)	4,849 (48.7)	<.0001
Age	44.1 ± 12.7	43.4 ± 12.2	<.0001
Region			<.0001
Northeast	2,514 (10.8)	1,730 (17.4)	
North Central	5,296 (22.8)	1,616 (16.2)	
South	12,499 (53.7)	4,249 (42.7)	
West	2,921 (12.6)	2,342 (23.5)	
Charlson	0.4 ± 1.0	0.5 ± 1.1	<.0001

All values expressed as n (%) or mean ±SD

Table 2. Mean MME/Day, Total Fills, and Drug Costs

Characteristic	Non-Tele User	Tele User	p-value
MME Per Day	55.3 (55.2 - 56.4)	49.8 (48.5 - 51.2)	<.0001
Total Fills	6.9 (6.7 - 6.9)	12.3 (12.0 - 12.6)	<.0001
Drug Cost	\$1,100 (\$1,074 - \$1,126)	\$1,420 (\$1,374 - \$1,468)	<.0001

All values expressed as mean (95% CI)

*Adjusted for age, sex, location, and comorbidities

Table 3. Logistic Regression: Hospital Admission

Telehealth User	OR	95% Confidence Limits	p-value
Yes (ref:no)	1.816	1.679 1.964	<.0001

*Adjusted for age, sex, location, and comorbidities

Table 4. Logistic Regression: Drug Related Admission

Telehealth User	OR	95% Confidence Limits	p-value
Yes (ref:no)	1.276	0.837 1.947	0.2575

*Adjusted for age, sex, location, and comorbidities

