WEBVTT

NOTE duration: "00:56:36.2200000"

NOTE recognizability:0.862

NOTE language:en-us

NOTE Confidence: 0.838634972

00:00:00.000 --> 00:00:02.316 One of the kindest and nicest

NOTE Confidence: 0.838634972

 $00{:}00{:}02.316 \to 00{:}00{:}03.860$ introductions I've ever received.

NOTE Confidence: 0.838634972

 $00:00:03.860 \longrightarrow 00:00:06.710$ And likewise, I've very much enjoyed

NOTE Confidence: 0.838634972

00:00:06.710 --> 00:00:08.610 continuing my Yale connections,

NOTE Confidence: 0.838634972

 $00:00:08.610 \longrightarrow 00:00:11.090$ especially through as many Dave,

NOTE Confidence: 0.838634972

 $00:00:11.090 \longrightarrow 00:00:13.197$ Mark many other folks who are doing

NOTE Confidence: 0.838634972

 $00:00:13.197 \longrightarrow 00:00:15.038$ just such amazing addiction work at

NOTE Confidence: 0.838634972

 $00:00:15.038 \longrightarrow 00:00:17.634$ the West Haven VA, but also at Yale.

NOTE Confidence: 0.838634972

00:00:17.634 --> 00:00:19.770 I'm going to share my screen.

NOTE Confidence: 0.825977026666667

 $00{:}00{:}24.850 \dashrightarrow 00{:}00{:}27.166$ And then start in slide show mode.

NOTE Confidence: 0.825977026666667

 $00{:}00{:}27.170 \dashrightarrow 00{:}00{:}28.658$ Please someone stop me if you're

NOTE Confidence: 0.825977026666667

00:00:28.658 --> 00:00:29.650 not seeing this correctly,

NOTE Confidence: 0.825977026666667

 $00:00:29.650 \longrightarrow 00:00:31.096$ but I'm just going to proceed.

 $00:00:31.100 \longrightarrow 00:00:33.233$ I do have to say that my Med school

NOTE Confidence: 0.825977026666667

 $00{:}00{:}33.233 \dashrightarrow 00{:}00{:}35.014$ self would have been super tickled

NOTE Confidence: 0.825977026666667

 $00:00:35.014 \longrightarrow 00:00:37.592$ to know that I would be giving this

NOTE Confidence: 0.825977026666667

00:00:37.592 --> 00:00:39.650 presentation a number of years later,

NOTE Confidence: 0.825977026666667

 $00:00:39.650 \longrightarrow 00:00:40.910$ so it does make me laugh.

NOTE Confidence: 0.825977026666667

 $00:00:40.910 \longrightarrow 00:00:42.513$ I was scrolling through the list of

NOTE Confidence: 0.825977026666667

 $00:00:42.513 \longrightarrow 00:00:44.090$ attendees and it was smiling from quite

NOTE Confidence: 0.825977026666667

00:00:44.090 --> 00:00:45.890 a number of people that I recognized.

NOTE Confidence: 0.825977026666667

 $00{:}00{:}45.890 \dashrightarrow 00{:}00{:}47.770$ So this really brings me a lot of

NOTE Confidence: 0.825977026666667

 $00:00:47.770 \longrightarrow 00:00:49.750$ joy to be able to have the chance

NOTE Confidence: 0.825977026666667

 $00{:}00{:}49.750 \dashrightarrow 00{:}00{:}51.720$ to talk to you guys here today.

NOTE Confidence: 0.825977026666667

00:00:51.720 --> 00:00:53.990 So as Doctor Petrakis mentioned,

NOTE Confidence: 0.825977026666667

 $00:00:53.990 \longrightarrow 00:00:55.538$ my work really focuses on improving

NOTE Confidence: 0.825977026666667

00:00:55.538 --> 00:00:57.229 care for patients with opioid and

NOTE Confidence: 0.825977026666667

 $00:00:57.229 \longrightarrow 00:00:58.445$ other substance use disorders,

NOTE Confidence: 0.825977026666667

 $00:00:58.450 \longrightarrow 00:01:00.598$ with a specific focus on telehealth.

 $00:01:00.600 \longrightarrow 00:01:01.056$ And today,

NOTE Confidence: 0.825977026666667

 $00:01:01.056 \longrightarrow 00:01:02.652$ I'm really excited to be able to

NOTE Confidence: 0.825977026666667

 $00:01:02.652 \longrightarrow 00:01:04.049$ talk about optimizing telehealth

NOTE Confidence: 0.825977026666667

 $00:01:04.049 \longrightarrow 00:01:05.165$ for addiction care,

NOTE Confidence: 0.825977026666667

 $00:01:05.170 \longrightarrow 00:01:06.570$ both from lessons that we

NOTE Confidence: 0.825977026666667

 $00:01:06.570 \longrightarrow 00:01:07.410$ learned before COVID,

NOTE Confidence: 0.825977026666667

00:01:07.410 --> 00:01:08.850 during COVID and hopefully informing

NOTE Confidence: 0.825977026666667

 $00:01:08.850 \longrightarrow 00:01:11.159$ what care in the future should look like.

NOTE Confidence: 0.878616325

 $00:01:13.190 \longrightarrow 00:01:14.446$ These are my disclosures.

NOTE Confidence: 0.878616325

00:01:14.446 --> 00:01:16.330 In addition to my grant funding,

NOTE Confidence: 0.878616325

 $00{:}01{:}16.330 \dashrightarrow 00{:}01{:}18.486$ I consulted for the NC QA with

NOTE Confidence: 0.878616325

 $00{:}01{:}18.486 \dashrightarrow 00{:}01{:}20.189$ funding from ALCHEMIES and for

NOTE Confidence: 0.878616325

 $00{:}01{:}20.189 \dashrightarrow 00{:}01{:}21.629$ the provider clinical support

NOTE Confidence: 0.878616325

 $00:01:21.629 \longrightarrow 00:01:23.480$ system with funding from Sansa.

NOTE Confidence: 0.790814947

 $00:01:26.320 \longrightarrow 00:01:28.252$ So most folks I think here have

00:01:28.252 --> 00:01:30.164 seen this figure, but I still think

NOTE Confidence: 0.790814947

 $00{:}01{:}30.164 \dashrightarrow 00{:}01{:}31.790$ it's an important one to remember.

NOTE Confidence: 0.790814947

00:01:31.790 --> 00:01:33.662 And the emphasis that I would put is

NOTE Confidence: 0.790814947

00:01:33.662 --> 00:01:35.618 that long before the pandemic started,

NOTE Confidence: 0.790814947

00:01:35.620 --> 00:01:37.605 the US was already battling

NOTE Confidence: 0.790814947

 $00:01:37.605 \longrightarrow 00:01:38.796$ the overdose epidemic.

NOTE Confidence: 0.790814947

 $00:01:38.800 \longrightarrow 00:01:40.220$ It's important to emphasize though

NOTE Confidence: 0.790814947

 $00:01:40.220 \longrightarrow 00:01:42.028$ how things have continued to evolve

NOTE Confidence: 0.790814947

 $00{:}01{:}42.028 \dashrightarrow 00{:}01{:}43.396$ away from prescription opioids,

NOTE Confidence: 0.790814947

 $00{:}01{:}43.400 \dashrightarrow 00{:}01{:}45.704$ which is what started at least

NOTE Confidence: 0.790814947

00:01:45.704 --> 00:01:46.856 this particular epidemic,

NOTE Confidence: 0.790814947

 $00:01:46.860 \longrightarrow 00:01:49.128$ to illicit opioids including heroin and

NOTE Confidence: 0.790814947

 $00:01:49.128 \longrightarrow 00:01:52.096$ really mostly in the last five years or so,

NOTE Confidence: 0.790814947

 $00:01:52.100 \longrightarrow 00:01:54.172$ fentanyl that have tainted much of the

NOTE Confidence: 0.790814947

00:01:54.172 --> 00:01:56.410 drug supply in this country including.

NOTE Confidence: 0.790814947

 $00:01:56.410 \longrightarrow 00:01:58.230$ But not limited to opioids.

 $00:01:58.230 \longrightarrow 00:01:59.998$ And that brings us to what some of

NOTE Confidence: 0.790814947

 $00:01:59.998 \longrightarrow 00:02:02.035$ us call the 4th wave of the overdose

NOTE Confidence: 0.790814947

 $00:02:02.035 \longrightarrow 00:02:03.650$ epidemic in the last few years,

NOTE Confidence: 0.790814947

 $00:02:03.650 \longrightarrow 00:02:05.474$ which encompasses substances like

NOTE Confidence: 0.790814947

 $00:02:05.474 \longrightarrow 00:02:07.298$ stimulants and really people

NOTE Confidence: 0.790814947

 $00:02:07.298 \longrightarrow 00:02:09.971$ who are using and overdosing on

NOTE Confidence: 0.790814947

 $00:02:09.971 \longrightarrow 00:02:11.663$ multiple or Poly substances.

NOTE Confidence: 0.790814947

00:02:11.670 --> 00:02:11.984 Regardless,

NOTE Confidence: 0.790814947

 $00:02:11.984 \longrightarrow 00:02:13.868$ as the trends change and they

NOTE Confidence: 0.790814947

00:02:13.868 --> 00:02:15.250 will continue to change,

NOTE Confidence: 0.790814947

 $00:02:15.250 \longrightarrow 00:02:17.080$ one thing remains the same and

NOTE Confidence: 0.790814947

 $00{:}02{:}17.080 \dashrightarrow 00{:}02{:}18.665$ that's the critical importance of

NOTE Confidence: 0.790814947

 $00{:}02{:}18.665 \dashrightarrow 00{:}02{:}20.210$ treating addiction and these days,

NOTE Confidence: 0.790814947

00:02:20.210 --> 00:02:21.685 the importance of treating our

NOTE Confidence: 0.790814947

 $00:02:21.685 \longrightarrow 00:02:23.160$ typical patient who's struggling with

 $00:02:23.208 \longrightarrow 00:02:24.500$ multiple substance use disorders

NOTE Confidence: 0.790814947

 $00{:}02{:}24.500 \dashrightarrow 00{:}02{:}26.115$ and other mental health disorders.

NOTE Confidence: 0.881214404347826

00:02:28.360 --> 00:02:30.320 Unfortunately, estimates since the start

NOTE Confidence: 0.881214404347826

 $00:02:30.320 \longrightarrow 00:02:33.009$ of the pandemic almost three years ago

NOTE Confidence: 0.881214404347826

 $00:02:33.009 \longrightarrow 00:02:35.019$ now suggest that overdose rates and

NOTE Confidence: 0.881214404347826

 $00{:}02{:}35.019 \dashrightarrow 00{:}02{:}37.000$ substance use continues to increase.

NOTE Confidence: 0.881214404347826

00:02:37.000 --> 00:02:38.060 And it's important, I think,

NOTE Confidence: 0.881214404347826

 $00:02:38.060 \longrightarrow 00:02:40.094$ to remember that the pandemic has

NOTE Confidence: 0.881214404347826

00:02:40.094 --> 00:02:41.960 not affected our population equally.

NOTE Confidence: 0.881214404347826

00:02:41.960 --> 00:02:43.740 Many of us, myself included,

NOTE Confidence: 0.881214404347826

 $00:02:43.740 \longrightarrow 00:02:45.152$ have been largely spared.

NOTE Confidence: 0.881214404347826

00:02:45.152 --> 00:02:46.261 You know, transitioning.

NOTE Confidence: 0.881214404347826

 $00:02:46.261 \longrightarrow 00:02:49.870$ My work to zoom was not a big challenge.

NOTE Confidence: 0.881214404347826

00:02:49.870 --> 00:02:51.648 But for many of our patients though,

NOTE Confidence: 0.881214404347826

 $00:02:51.650 \longrightarrow 00:02:53.130$ due to many increased stressors

NOTE Confidence: 0.881214404347826

 $00:02:53.130 \longrightarrow 00:02:54.610$ during the last three years,

00:02:54.610 --> 00:02:55.850 they're struggling even more.

NOTE Confidence: 0.881214404347826

 $00:02:55.850 \longrightarrow 00:02:58.043$ And there are signs that many people

NOTE Confidence: 0.881214404347826

00:02:58.043 --> 00:02:59.681 have turned even more to risky

NOTE Confidence: 0.881214404347826

 $00:02:59.681 \longrightarrow 00:03:01.510$ use of alcohol and drugs to cope,

NOTE Confidence: 0.881214404347826

 $00:03:01.510 \longrightarrow 00:03:03.412$ which is compounded in particular by

NOTE Confidence: 0.881214404347826

 $00:03:03.412 \longrightarrow 00:03:05.170$ disruptions in the healthcare services,

NOTE Confidence: 0.881214404347826

00:03:05.170 --> 00:03:07.066 especially early on in the pandemic,

NOTE Confidence: 0.881214404347826

 $00:03:07.070 \longrightarrow 00:03:09.086$ some of which have not rebounded,

NOTE Confidence: 0.881214404347826

 $00:03:09.090 \longrightarrow 00:03:10.040$ which I hope to show.

NOTE Confidence: 0.918685809

00:03:12.390 --> 00:03:14.140 However, given the many negative

NOTE Confidence: 0.918685809

00:03:14.140 --> 00:03:15.890 consequences of substance use disorders,

NOTE Confidence: 0.918685809

 $00:03:15.890 \longrightarrow 00:03:16.512$ especially untreated,

NOTE Confidence: 0.918685809

00:03:16.512 --> 00:03:18.689 the important thing for all of us

NOTE Confidence: 0.918685809

 $00{:}03{:}18.689 \dashrightarrow 00{:}03{:}20.942$ to emphasize is that we actually

NOTE Confidence: 0.918685809

00:03:20.942 --> 00:03:22.446 have highly effective treatments.

 $00:03:22.450 \longrightarrow 00:03:24.550$ This includes the three effective medication

NOTE Confidence: 0.918685809

 $00{:}03{:}24.550 \dashrightarrow 00{:}03{:}26.510$ treatments for opioid use disorders,

NOTE Confidence: 0.918685809

 $00:03:26.510 \longrightarrow 00:03:28.376$ specifically methodone, buprenorphine,

NOTE Confidence: 0.918685809

 $00:03:28.376 \longrightarrow 00:03:30.864$ and extended release naltrexone.

NOTE Confidence: 0.918685809

 $00:03:30.870 \longrightarrow 00:03:33.398$ We have decades of research how much of

NOTE Confidence: 0.918685809

 $00:03:33.398 \longrightarrow 00:03:35.993$ it originating at Yale to show that these

NOTE Confidence: 0.918685809

 $00:03:35.993 \longrightarrow 00:03:37.969$ medications not only reduce opioid use,

NOTE Confidence: 0.918685809

 $00:03:37.970 \longrightarrow 00:03:39.706$ improve functioning or cost

NOTE Confidence: 0.918685809

 $00:03:39.706 \longrightarrow 00:03:41.876$ effective and are associated with

NOTE Confidence: 0.918685809

00:03:41.876 --> 00:03:43.520 reductions in mortality rates.

NOTE Confidence: 0.918685809

 $00:03:43.520 \longrightarrow 00:03:44.488$ And as a psychiatrist,

NOTE Confidence: 0.918685809

 $00:03:44.488 \longrightarrow 00:03:46.260$ there's actually not a whole lot of

NOTE Confidence: 0.918685809

 $00{:}03{:}46.260 \dashrightarrow 00{:}03{:}47.605$ treatments I deliver where there's

NOTE Confidence: 0.918685809

 $00{:}03{:}47.605 \dashrightarrow 00{:}03{:}49.300$ been consistent data to support that.

NOTE Confidence: 0.918685809

 $00:03:49.300 \longrightarrow 00:03:51.835$ It actually reduces rates of

NOTE Confidence: 0.918685809

 $00:03:51.835 \longrightarrow 00:03:54.370$ death for our patient population.

 $00:03:54.370 \longrightarrow 00:03:55.834$ In addition, of course,

NOTE Confidence: 0.918685809

 $00:03:55.834 \longrightarrow 00:03:57.664$ we have numerous other effective

NOTE Confidence: 0.918685809

 $00:03:57.664 \longrightarrow 00:03:59.377$ medication and psychotherapy treatments

NOTE Confidence: 0.918685809

 $00{:}03{:}59.377 \dashrightarrow 00{:}04{:}01.527$ for other substance use disorders,

NOTE Confidence: 0.918685809

 $00:04:01.530 \longrightarrow 00:04:03.138$ including motivational enhancement,

NOTE Confidence: 0.918685809

00:04:03.138 --> 00:04:04.746 cognitive behavioral therapy,

NOTE Confidence: 0.918685809

00:04:04.750 --> 00:04:06.290 contingency management for range

NOTE Confidence: 0.918685809

 $00:04:06.290 \longrightarrow 00:04:08.215$ of substance use disorders that

NOTE Confidence: 0.918685809

 $00{:}04{:}08.215 \dashrightarrow 00{:}04{:}10.372$ equally have decades of research

NOTE Confidence: 0.918685809

 $00{:}04{:}10.372 \dashrightarrow 00{:}04{:}11.656$ supporting their effectiveness.

NOTE Confidence: 0.864298056428571

00:04:13.900 --> 00:04:15.765 However, although we've had these

NOTE Confidence: 0.864298056428571

 $00:04:15.765 \longrightarrow 00:04:17.630$ effective treatments for some for

NOTE Confidence: 0.864298056428571

 $00{:}04{:}17.692 --> 00{:}04{:}19.414$ a very long time, we know that

NOTE Confidence: 0.864298056428571

 $00{:}04{:}19.414 \dashrightarrow 00{:}04{:}21.220$ some of them can really save lives.

NOTE Confidence: 0.864298056428571

 $00:04:21.220 \longrightarrow 00:04:23.644$ Only a tiny fraction of patients in the

 $00:04:23.644 \longrightarrow 00:04:25.960$ US receive these effective treatments.

NOTE Confidence: 0.864298056428571

 $00{:}04{:}25.960 \dashrightarrow 00{:}04{:}27.760$ Estimates show that about 1/3 of

NOTE Confidence: 0.864298056428571

00:04:27.760 --> 00:04:29.820 patients with opioid use disorder receive

NOTE Confidence: 0.864298056428571

 $00:04:29.820 \longrightarrow 00:04:31.815$ the effect of medication treatments.

NOTE Confidence: 0.864298056428571

00:04:31.820 --> 00:04:33.516 The rates are slightly higher in the VA,

NOTE Confidence: 0.864298056428571

 $00:04:33.520 \longrightarrow 00:04:35.280$ but not by too much.

NOTE Confidence: 0.864298056428571

 $00:04:35.280 \longrightarrow 00:04:36.605$ But treatment rates are actually

NOTE Confidence: 0.864298056428571

 $00:04:36.605 \longrightarrow 00:04:38.636$ much lower for many of the other

NOTE Confidence: 0.864298056428571

 $00:04:38.636 \longrightarrow 00:04:39.620$ substance use disorders,

NOTE Confidence: 0.864298056428571

 $00:04:39.620 \longrightarrow 00:04:41.380$ including those that are much

NOTE Confidence: 0.864298056428571

 $00{:}04{:}41.380 \dashrightarrow 00{:}04{:}43.140$ more prevalent than opioid use.

NOTE Confidence: 0.864298056428571

00:04:43.140 --> 00:04:44.804 This order, for example,

NOTE Confidence: 0.864298056428571

 $00:04:44.804 \longrightarrow 00:04:46.884$ alcohol treatment rates show that

NOTE Confidence: 0.864298056428571

 $00:04:46.890 \longrightarrow 00:04:48.690$ treatment for those diseases

NOTE Confidence: 0.864298056428571

 $00:04:48.690 \longrightarrow 00:04:50.490$ hover close to 10%.

NOTE Confidence: 0.864298056428571

 $00:04:50.490 \longrightarrow 00:04:53.292$ Can you imagine if only 10% of this

00:04:53.292 --> 00:04:55.038 country is getting their diabetes treated,

NOTE Confidence: 0.864298056428571

 $00:04:55.040 \longrightarrow 00:04:56.399$ their cancer treated,

NOTE Confidence: 0.864298056428571

 $00:04:56.399 \longrightarrow 00:04:58.664$ or even their depression treated?

NOTE Confidence: 0.864298056428571

 $00:04:58.670 \longrightarrow 00:05:00.446$ But of course, there's the further

NOTE Confidence: 0.864298056428571

 $00{:}05{:}00.446 \dashrightarrow 00{:}05{:}01.630$ challenge in addiction care.

NOTE Confidence: 0.864298056428571

00:05:01.630 --> 00:05:03.424 And it's not just about helping

NOTE Confidence: 0.864298056428571

 $00:05:03.424 \longrightarrow 00:05:05.250$ people get started in treatment.

NOTE Confidence: 0.864298056428571

 $00{:}05{:}05.250 \dashrightarrow 00{:}05{:}07.553$ We also have to help people stay

NOTE Confidence: 0.864298056428571

 $00:05:07.553 \longrightarrow 00:05:08.930$ in their addiction care.

NOTE Confidence: 0.864298056428571

 $00:05:08.930 \longrightarrow 00:05:09.584$ For example,

NOTE Confidence: 0.864298056428571

 $00{:}05{:}09.584 \dashrightarrow 00{:}05{:}11.873$ we know that retention or how long

NOTE Confidence: 0.864298056428571

 $00:05:11.873 \longrightarrow 00:05:13.693$ people stay on their medications

NOTE Confidence: 0.864298056428571

 $00{:}05{:}13.693 \dashrightarrow 00{:}05{:}15.478$ for opioid use disorder hovers

NOTE Confidence: 0.864298056428571

 $00:05:15.478 \longrightarrow 00:05:17.383$ at about 50% at three months,

NOTE Confidence: 0.864298056428571

 $00:05:17.383 \longrightarrow 00:05:18.627$ according to some estimates.

 $00:05:18.630 \longrightarrow 00:05:20.480$ And the corollary to that?

NOTE Confidence: 0.864298056428571

 $00{:}05{:}20.480 \dashrightarrow 00{:}05{:}22.706$ Is that we know overdose rates and

NOTE Confidence: 0.864298056428571

 $00:05:22.706 \longrightarrow 00:05:24.096$ other negative outcomes really

NOTE Confidence: 0.864298056428571

 $00:05:24.096 \longrightarrow 00:05:25.986$ jump after people stop treatments

NOTE Confidence: 0.864298056428571

 $00:05:25.986 \longrightarrow 00:05:27.120$ of these medications,

NOTE Confidence: 0.864298056428571

 $00:05:27.120 \longrightarrow 00:05:28.524$ which these medications only

NOTE Confidence: 0.864298056428571

00:05:28.524 --> 00:05:30.630 work when people are taking them.

NOTE Confidence: 0.864298056428571

 $00{:}05{:}30.630 \dashrightarrow 00{:}05{:}32.262$ That's a little bit different for

NOTE Confidence: 0.864298056428571

 $00{:}05{:}32.262 \dashrightarrow 00{:}05{:}33.078$ other psychotherapy treatments,

NOTE Confidence: 0.864298056428571

00:05:33.080 --> 00:05:34.445 but this is still an important thing,

NOTE Confidence: 0.864298056428571

 $00:05:34.450 \longrightarrow 00:05:35.418$ I think, to emphasize.

NOTE Confidence: 0.867222190384615

 $00:05:37.860 \longrightarrow 00:05:39.708$ And so the key question I think

NOTE Confidence: 0.867222190384615

 $00:05:39.708 \longrightarrow 00:05:42.135$ for all of us to be thinking about

NOTE Confidence: 0.867222190384615

 $00:05:42.135 \longrightarrow 00:05:44.160$ is why are treatment rates for

NOTE Confidence: 0.867222190384615

 $00:05:44.160 \longrightarrow 00:05:46.095$ these effective therapies so low?

NOTE Confidence: 0.867222190384615

 $00:05:46.100 \longrightarrow 00:05:48.508$ And for me it's helpful to think

 $00:05:48.508 \longrightarrow 00:05:51.302$ about it under a rubric or conceptual

NOTE Confidence: 0.867222190384615

 $00{:}05{:}51.302 \dashrightarrow 00{:}05{:}53.412$ model of three main barriers.

NOTE Confidence: 0.867222190384615

 $00:05:53.420 \longrightarrow 00:05:55.660$ The first related to stigma,

NOTE Confidence: 0.867222190384615

 $00:05:55.660 \longrightarrow 00:05:57.510$ second related to the underlying

NOTE Confidence: 0.867222190384615

 $00:05:57.510 \longrightarrow 00:05:59.360$ illness and symptoms of addiction,

NOTE Confidence: 0.867222190384615

00:05:59.360 --> 00:06:01.538 and finally related to limited access,

NOTE Confidence: 0.867222190384615

 $00:06:01.540 \longrightarrow 00:06:03.109$ accessibility and other

NOTE Confidence: 0.867222190384615

 $00{:}06{:}03.109 \dashrightarrow 00{:}06{:}04.678$ system related barriers.

NOTE Confidence: 0.867222190384615

 $00:06:04.680 \longrightarrow 00:06:06.540$ I would say stigma remains

NOTE Confidence: 0.867222190384615

 $00:06:06.540 \longrightarrow 00:06:08.028$ a very large barrier.

NOTE Confidence: 0.867222190384615

 $00:06:08.030 \longrightarrow 00:06:09.298$ At the societal level,

NOTE Confidence: 0.867222190384615

00:06:09.298 --> 00:06:10.883 at the healthcare system level,

NOTE Confidence: 0.867222190384615

 $00:06:10.890 \longrightarrow 00:06:12.482$ at the Community level,

NOTE Confidence: 0.867222190384615

 $00{:}06{:}12.482 \dashrightarrow 00{:}06{:}14.870$ but also stigma affecting our patients.

NOTE Confidence: 0.867222190384615

 $00:06:14.870 \longrightarrow 00:06:16.582$ One of the things that we still hear

00:06:16.582 --> 00:06:18.558 the most is that it took many of our

NOTE Confidence: 0.867222190384615

 $00:06:18.558 \longrightarrow 00:06:19.964$ patients years to overcome the stigma

NOTE Confidence: 0.867222190384615

 $00:06:19.964 \longrightarrow 00:06:21.974$ in order to feel that they had an

NOTE Confidence: 0.867222190384615

 $00:06:21.974 \longrightarrow 00:06:24.038$ illness that could actually be treated.

NOTE Confidence: 0.867222190384615

00:06:24.040 --> 00:06:25.120 But this point also,

NOTE Confidence: 0.867222190384615

00:06:25.120 --> 00:06:26.740 I think highlights a specific or

NOTE Confidence: 0.867222190384615

 $00:06:26.798 \longrightarrow 00:06:28.062$ unique challenge with substance

NOTE Confidence: 0.867222190384615

 $00{:}06{:}28.062 \dashrightarrow 00{:}06{:}29.958$ use disorders and that is that

NOTE Confidence: 0.867222190384615

 $00:06:30.015 \longrightarrow 00:06:31.575$ the disease itself makes it hard

NOTE Confidence: 0.867222190384615

 $00:06:31.575 \longrightarrow 00:06:33.168$ for people to seek treatment.

NOTE Confidence: 0.867222190384615

 $00{:}06{:}33.168 \dashrightarrow 00{:}06{:}35.908$ It's the only medical illness

NOTE Confidence: 0.867222190384615

 $00:06:35.908 \longrightarrow 00:06:37.004$ whereby definition,

NOTE Confidence: 0.867222190384615

00:06:37.010 --> 00:06:39.194 the person has a hard time cutting

NOTE Confidence: 0.867222190384615

00:06:39.194 --> 00:06:41.724 down and engaging in care despite the

NOTE Confidence: 0.867222190384615

 $00:06:41.724 \longrightarrow 00:06:43.629$ negative consequences that they feel.

NOTE Confidence: 0.867222190384615

 $00:06:43.630 \longrightarrow 00:06:44.626$ So by definition,

 $00:06:44.626 \longrightarrow 00:06:46.950$ addiction makes it really hard for a

NOTE Confidence: 0.867222190384615

 $00:06:47.018 \longrightarrow 00:06:49.790$ person who's already struggling to seek care.

NOTE Confidence: 0.867222190384615

 $00:06:49.790 \longrightarrow 00:06:51.372$ And I think for me what that

NOTE Confidence: 0.867222190384615

00:06:51.372 --> 00:06:53.565 means is we actually have to make

NOTE Confidence: 0.867222190384615

00:06:53.565 --> 00:06:55.385 addiction care much more accessible,

NOTE Confidence: 0.867222190384615

 $00:06:55.390 \longrightarrow 00:06:58.344$ much more appealing than any other illnesses.

NOTE Confidence: 0.867222190384615

 $00:06:58.350 \longrightarrow 00:07:00.149$ And I think at this point we

NOTE Confidence: 0.867222190384615

 $00:07:00.149 \longrightarrow 00:07:01.718$ know that that's not the case.

NOTE Confidence: 0.867222190384615

 $00:07:01.720 \longrightarrow 00:07:02.624$ According to the National

NOTE Confidence: 0.867222190384615

00:07:02.624 --> 00:07:03.980 Survey of Drug Use and Health,

NOTE Confidence: 0.86722219038461500:07:03.980 --> 00:07:04.738 or Nista, NOTE Confidence: 0.867222190384615

 $00:07:04.738 \longrightarrow 00:07:06.254$ an annual survey population

NOTE Confidence: 0.867222190384615

 $00{:}07{:}06.254 \dashrightarrow 00{:}07{:}08.040$ based survey in the US,

NOTE Confidence: 0.867222190384615

 $00:07:08.040 \longrightarrow 00:07:10.140$ these are all reasons that

NOTE Confidence: 0.867222190384615

 $00:07:10.140 \longrightarrow 00:07:12.240$ contribute to why patients themselves

 $00:07:12.306 \longrightarrow 00:07:14.274$ say are barriers that they are

NOTE Confidence: 0.867222190384615

 $00{:}07{:}14.274 \dashrightarrow 00{:}07{:}16.310$ unable to engage in treatment.

NOTE Confidence: 0.867222190384615

 $00:07:16.310 \longrightarrow 00:07:17.948$ And so for the rest of today,

NOTE Confidence: 0.867222190384615

 $00:07:17.950 \longrightarrow 00:07:19.260$ I'll actually spend this time

NOTE Confidence: 0.867222190384615

 $00:07:19.260 \longrightarrow 00:07:20.837$ focusing on the system level changes

NOTE Confidence: 0.867222190384615

 $00{:}07{:}20.837 \dashrightarrow 00{:}07{:}22.605$ that I think are needed to try to

NOTE Confidence: 0.867222190384615

 $00:07:22.605 \longrightarrow 00:07:24.047$ address some of these disparities.

NOTE Confidence: 0.871935676521739

 $00:07:26.770 \longrightarrow 00:07:28.772$ So one challenge when it comes to

NOTE Confidence: 0.871935676521739

 $00{:}07{:}28.772 \dashrightarrow 00{:}07{:}30.380$ our healthcare system and treatment

NOTE Confidence: 0.871935676521739

 $00:07:30.380 \longrightarrow 00:07:32.468$ access is the inadequate number of

NOTE Confidence: 0.871935676521739

 $00{:}07{:}32.468 \mathrel{--}{>} 00{:}07{:}33.948$ trained clinicians across the US,

NOTE Confidence: 0.871935676521739

 $00{:}07{:}33.950 \dashrightarrow 00{:}07{:}35.889$ but just not just the total number

NOTE Confidence: 0.871935676521739

 $00:07:35.889 \longrightarrow 00:07:37.909$ but really how they're distributed.

NOTE Confidence: 0.871935676521739

 $00:07:37.910 \longrightarrow 00:07:40.752$ So this map shows the density of

NOTE Confidence: 0.871935676521739

00:07:40.752 --> 00:07:41.970 addiction psychiatrists across

NOTE Confidence: 0.871935676521739

 $00:07:42.039 \longrightarrow 00:07:44.487$ counties in the US and as you can see,

00:07:44.490 --> 00:07:46.310 most of it is Gray,

NOTE Confidence: 0.871935676521739

 $00:07:46.310 \longrightarrow 00:07:47.962$ which means that most of the addiction

NOTE Confidence: 0.871935676521739

00:07:47.962 --> 00:07:49.030 psychiatrists in this country,

NOTE Confidence: 0.871935676521739

 $00:07:49.030 \longrightarrow 00:07:51.778$ in this country are concentrated in

NOTE Confidence: 0.871935676521739

 $00:07:51.778 \longrightarrow 00:07:54.065$ densely populated or academic centers

NOTE Confidence: 0.871935676521739

 $00:07:54.065 \longrightarrow 00:07:56.718$ like where New Haven and Ann Arbor.

NOTE Confidence: 0.871935676521739

00:07:56.720 --> 00:07:58.449 But the vast majority of counties in

NOTE Confidence: 0.871935676521739

 $00{:}07{:}58.449 \dashrightarrow 00{:}08{:}00.966$ the US do not have a single addiction

NOTE Confidence: 0.871935676521739

 $00{:}08{:}00.966 \dashrightarrow 00{:}08{:}02.686$ psychiatrist and there are obviously

NOTE Confidence: 0.871935676521739

 $00{:}08{:}02.740 \dashrightarrow 00{:}08{:}04.460$ many other addiction clinicians,

NOTE Confidence: 0.871935676521739

 $00:08:04.460 \longrightarrow 00:08:06.180$ including other types of

NOTE Confidence: 0.871935676521739

 $00:08:06.180 \longrightarrow 00:08:07.040$ addiction physicians.

NOTE Confidence: 0.871935676521739

 $00{:}08{:}07.040 \dashrightarrow 00{:}08{:}09.329$ But it's clear that not only access

NOTE Confidence: 0.871935676521739

 $00{:}08{:}09.329 \dashrightarrow 00{:}08{:}10.716$ but accessibility to evidence

NOTE Confidence: 0.871935676521739

 $00:08:10.716 \longrightarrow 00:08:12.436$ based addiction care is sorely

00:08:12.436 --> 00:08:14.579 lacking for much of the country.

NOTE Confidence: 0.871935676521739

 $00{:}08{:}14.580 \dashrightarrow 00{:}08{:}16.632$ And it's a major challenge in

NOTE Confidence: 0.871935676521739

 $00:08:16.632 \longrightarrow 00:08:18.416$ particular to get treatment to

NOTE Confidence: 0.871935676521739

00:08:18.416 --> 00:08:20.166 where our patients actually are.

NOTE Confidence: 0.871935676521739

 $00{:}08{:}20.170 \dashrightarrow 00{:}08{:}22.012$ I would like to also emphasize

NOTE Confidence: 0.871935676521739

 $00:08:22.012 \longrightarrow 00:08:23.971$ though that the limited access for

NOTE Confidence: 0.871935676521739

 $00:08:23.971 \longrightarrow 00:08:25.646$ addiction care is really exacerbated

NOTE Confidence: 0.871935676521739

 $00:08:25.646 \longrightarrow 00:08:28.080$ by the fact that distance has an

NOTE Confidence: 0.871935676521739

 $00:08:28.080 \longrightarrow 00:08:29.785$ outsized effect for our patients.

NOTE Confidence: 0.871935676521739

 $00:08:29.790 \longrightarrow 00:08:31.716$ Prior studies have shown that longer

NOTE Confidence: 0.871935676521739

 $00{:}08{:}31.716 \dashrightarrow 00{:}08{:}33.704$ distance to treatment is a major

NOTE Confidence: 0.871935676521739

00:08:33.704 --> 00:08:34.988 factor for patients discontinuing

NOTE Confidence: 0.871935676521739

 $00{:}08{:}34.988 \dashrightarrow 00{:}08{:}37.040$ care and the impact of distance

NOTE Confidence: 0.871935676521739

00:08:37.040 --> 00:08:38.805 to treatment is really magnified

NOTE Confidence: 0.871935676521739

 $00:08:38.805 \longrightarrow 00:08:40.472$ in addiction treatment where we're

NOTE Confidence: 0.871935676521739

 $00:08:40.472 \longrightarrow 00:08:41.676$ often times asking our patients

 $00:08:41.676 \longrightarrow 00:08:43.710$ to come on a regular basis,

NOTE Confidence: 0.871935676521739

 $00:08:43.710 \longrightarrow 00:08:45.726$ even as frequently as weekly and

NOTE Confidence: 0.871935676521739

00:08:45.726 --> 00:08:48.089 sometimes for a long period of time,

NOTE Confidence: 0.871935676521739

 $00:08:48.090 \longrightarrow 00:08:48.986$ so months or years,

NOTE Confidence: 0.871935676521739

 $00:08:48.986 \longrightarrow 00:08:50.920$ often when it comes to our medication.

NOTE Confidence: 0.871935676521739 00:08:50.920 --> 00:08:51.233 Statements.

NOTE Confidence: 0.871935676521739

00:08:51.233 --> 00:08:53.737 So when many of our patients are having

NOTE Confidence: 0.871935676521739

 $00{:}08{:}53.737 \dashrightarrow 00{:}08{:}55.498$ to take multiple buses and shuttles

NOTE Confidence: 0.871935676521739

00:08:55.498 --> 00:08:58.049 to make it to a single appointment,

NOTE Confidence: 0.871935676521739

 $00:08:58.050 \longrightarrow 00:08:59.405$ which would be challenging for

NOTE Confidence: 0.871935676521739

 $00{:}08{:}59.405 \dashrightarrow 00{:}09{:}01.250$ any of us to engage in care,

NOTE Confidence: 0.871935676521739

 $00:09:01.250 \longrightarrow 00:09:02.804$ let alone when combined with all

NOTE Confidence: 0.871935676521739

 $00:09:02.804 \longrightarrow 00:09:04.449$ the other barriers that I mentioned,

NOTE Confidence: 0.871935676521739

 $00{:}09{:}04.450 \dashrightarrow 00{:}09{:}05.760$ specifically stigma and the symptoms

NOTE Confidence: 0.871935676521739

 $00:09:05.760 \longrightarrow 00:09:07.969$ that they face as part of their addiction.

 $00:09:10.170 \longrightarrow 00:09:12.025$ And so, given these particular

NOTE Confidence: 0.89888136777778

 $00{:}09{:}12.025 \dashrightarrow 00{:}09{:}13.509$ barriers that I've mentioned,

NOTE Confidence: 0.898881367777778

 $00:09:13.510 \longrightarrow 00:09:15.624$ I think there's a clear need to

NOTE Confidence: 0.898881367777778

00:09:15.624 --> 00:09:17.250 make treatment more accessible.

NOTE Confidence: 0.898881367777778

 $00:09:17.250 \longrightarrow 00:09:18.438$ And telehealth has long

NOTE Confidence: 0.898881367777778

 $00:09:18.438 \longrightarrow 00:09:19.626$ been a promising tool,

NOTE Confidence: 0.89888136777778

00:09:19.630 --> 00:09:21.550 in particular within psychiatry,

NOTE Confidence: 0.89888136777778

 $00:09:21.550 \longrightarrow 00:09:22.990$ well before COVID.

NOTE Confidence: 0.898881367777778

 $00:09:22.990 \longrightarrow 00:09:24.490$ But the question still remains,

NOTE Confidence: 0.898881367777778

 $00:09:24.490 \longrightarrow 00:09:26.330$ can telehealth actually improve

NOTE Confidence: 0.898881367777778

 $00:09:26.330 \longrightarrow 00:09:28.170$ substance use disorder care?

NOTE Confidence: 0.898881367777778

00:09:28.170 --> 00:09:29.390 As Doctor Petrakis mentioned,

NOTE Confidence: 0.898881367777778

 $00:09:29.390 \longrightarrow 00:09:31.430$ there's been a small group of us,

NOTE Confidence: 0.898881367777778

00:09:31.430 --> 00:09:32.774 including myself, Doctor Moore,

NOTE Confidence: 0.898881367777778

 $00:09:32.774 \longrightarrow 00:09:34.454$ and others who've been working

NOTE Confidence: 0.898881367777778

 $00:09:34.454 \dashrightarrow 00:09:36.287$ in the space well before COVID.

00:09:36.290 --> 00:09:38.498 For me, it was mostly because I was

NOTE Confidence: 0.898881367777778

00:09:38.498 --> 00:09:40.268 lucky enough to have worked with.

NOTE Confidence: 0.89888136777778

 $00:09:40.270 \longrightarrow 00:09:42.328$ Uh, an attendee who had been using

NOTE Confidence: 0.898881367777778

00:09:42.328 --> 00:09:43.620 video to deliver buprenorphine

NOTE Confidence: 0.898881367777778

 $00:09:43.620 \longrightarrow 00:09:45.696$ care in the VA before COVID.

NOTE Confidence: 0.898881367777778

 $00:09:45.700 \longrightarrow 00:09:47.492$ And but that's just a sign that we

NOTE Confidence: 0.898881367777778

 $00:09:47.492 \longrightarrow 00:09:49.358$ have long known that our patients

NOTE Confidence: 0.898881367777778

 $00{:}09{:}49.358 \dashrightarrow 00{:}09{:}50.722$ with addiction struggle with

NOTE Confidence: 0.89888136777778

 $00{:}09{:}50.722 \dashrightarrow 00{:}09{:}52.480$ getting access and staying in care.

NOTE Confidence: 0.898881367777778

 $00{:}09{:}52.480 \dashrightarrow 00{:}09{:}53.548$ COVID just exacerbated that,

NOTE Confidence: 0.898881367777778

00:09:53.548 --> 00:09:55.799 but it was really never a new problem.

NOTE Confidence: 0.909753928823529

 $00:09:58.230 \longrightarrow 00:10:00.190$ So although there have been dozens of

NOTE Confidence: 0.909753928823529

 $00:10:00.190 \longrightarrow 00:10:01.894$ studies examining the effectiveness of

NOTE Confidence: 0.909753928823529

 $00:10:01.894 \longrightarrow 00:10:03.929$ telehealth interventions for mental health,

NOTE Confidence: 0.909753928823529

00:10:03.930 --> 00:10:06.006 and telehealth really had its birth,

00:10:06.010 --> 00:10:07.630 I would say, in psychiatric care,

NOTE Confidence: 0.909753928823529

00:10:07.630 --> 00:10:09.380 mental health.

NOTE Confidence: 0.909753928823529

 $00:10:09.380 \longrightarrow 00:10:11.431$ And all of these studies by and

NOTE Confidence: 0.909753928823529

00:10:11.431 --> 00:10:13.380 large have shown that telehealth

NOTE Confidence: 0.909753928823529

00:10:13.380 --> 00:10:15.380 specifically video delivery care,

NOTE Confidence: 0.909753928823529

 $00:10:15.380 \longrightarrow 00:10:16.964$ which is where most of the

NOTE Confidence: 0.909753928823529

 $00:10:16.964 \longrightarrow 00:10:18.020$ studies are focused on.

NOTE Confidence: 0.909753928823529

 $00:10:18.020 \longrightarrow 00:10:19.508$ That's not to say that other

NOTE Confidence: 0.909753928823529

00:10:19.508 --> 00:10:20.500 interventions are not effective,

NOTE Confidence: 0.909753928823529

 $00:10:20.500 \longrightarrow 00:10:22.450$ but that's where the historically

NOTE Confidence: 0.909753928823529

 $00{:}10{:}22.450 \dashrightarrow 00{:}10{:}25.162$ the research is focused is no worse

NOTE Confidence: 0.909753928823529

 $00:10:25.162 \longrightarrow 00:10:26.887$ or non inferior with outcomes

NOTE Confidence: 0.909753928823529

 $00:10:26.887 \longrightarrow 00:10:28.769$ compared to in person care.

NOTE Confidence: 0.90975392882352900:10:28.770 --> 00:10:29.082 However,

NOTE Confidence: 0.909753928823529

 $00:10:29.082 \longrightarrow 00:10:30.954$ we've noted that there have been

NOTE Confidence: 0.909753928823529

 $00:10:30.954 \longrightarrow 00:10:32.641$ far fewer studies of telehealth

 $00:10:32.641 \longrightarrow 00:10:34.386$ studies in patients with substance

NOTE Confidence: 0.909753928823529

 $00{:}10{:}34.386 \dashrightarrow 00{:}10{:}36.549$ use disorders and this motivated a

NOTE Confidence: 0.909753928823529

00:10:36.549 --> 00:10:38.319 systematic review that I conducted

NOTE Confidence: 0.909753928823529

00:10:38.319 --> 00:10:40.422 with colleagues at the University of

NOTE Confidence: 0.909753928823529

 $00:10:40.422 \longrightarrow 00:10:42.510$ California that was published in 2019.

NOTE Confidence: 0.909753928823529

 $00:10:42.510 \longrightarrow 00:10:44.436$ This review actually went on to

NOTE Confidence: 0.909753928823529

 $00:10:44.436 \longrightarrow 00:10:46.372$ inform policy makers for the medical

NOTE Confidence: 0.909753928823529

 $00{:}10{:}46.372 \dashrightarrow 00{:}10{:}48.130$ so the Medicaid program in the

NOTE Confidence: 0.909753928823529

 $00:10:48.130 \longrightarrow 00:10:50.082$ state of California as they were

NOTE Confidence: 0.909753928823529

00:10:50.082 --> 00:10:52.044 making decisions on what types of

NOTE Confidence: 0.909753928823529

 $00:10:52.050 \longrightarrow 00:10:54.035$ telehealth for substance use disorders

NOTE Confidence: 0.909753928823529

 $00:10:54.035 \longrightarrow 00:10:56.086$ or services to cover however,

NOTE Confidence: 0.909753928823529

 $00{:}10{:}56.086 \dashrightarrow 00{:}10{:}58.706$ the overall goal of this study.

NOTE Confidence: 0.909753928823529

00:10:58.706 --> 00:11:00.722 Just to examine the evidence on

NOTE Confidence: 0.909753928823529

 $00:11:00.722 \longrightarrow 00:11:02.460$ telemedicine deliver treatment interventions.

 $00:11:02.460 \longrightarrow 00:11:04.425$ So not necessarily other augmenting

NOTE Confidence: 0.909753928823529

00:11:04.425 --> 00:11:05.604 kind of interventions,

NOTE Confidence: 0.909753928823529

 $00:11:05.610 \longrightarrow 00:11:07.965$ but really treatment specifically for

NOTE Confidence: 0.909753928823529

 $00:11:07.965 \longrightarrow 00:11:10.320$ patients with substance use disorders.

NOTE Confidence: 0.909753928823529

00:11:10.320 --> 00:11:11.112 At that point,

NOTE Confidence: 0.909753928823529

00:11:11.112 --> 00:11:12.696 we took a very broad inclusion

NOTE Confidence: 0.909753928823529

 $00{:}11{:}12.696 \dashrightarrow 00{:}11{:}14.173$ criteria because we already knew

NOTE Confidence: 0.909753928823529

00:11:14.173 --> 00:11:15.618 about the limited number of

NOTE Confidence: 0.909753928823529

00:11:15.618 --> 00:11:16.940 studies that were available.

NOTE Confidence: 0.909753928823529

 $00:11:16.940 \longrightarrow 00:11:19.334$ We included studies that examined a broad

NOTE Confidence: 0.909753928823529

00:11:19.334 --> 00:11:21.820 range of outcomes including effectiveness,

NOTE Confidence: 0.909753928823529

 $00:11:21.820 \longrightarrow 00:11:23.945$ but also patient level outcomes

NOTE Confidence: 0.909753928823529

00:11:23.945 --> 00:11:25.286 like acceptability, satisfaction,

NOTE Confidence: 0.909753928823529

 $00:11:25.286 \longrightarrow 00:11:27.716$ things that were also from

NOTE Confidence: 0.909753928823529

00:11:27.716 --> 00:11:29.660 single arm pilot studies.

NOTE Confidence: 0.909753928823529

 $00{:}11{:}29.660 \dashrightarrow 00{:}11{:}31.690$ And we also included studies that were

 $00:11:31.690 \longrightarrow 00:11:33.578$ both retrospective as well as prospective.

NOTE Confidence: 0.909753928823529

00:11:33.580 --> 00:11:34.660 Very few of these studies,

NOTE Confidence: 0.909753928823529

 $00:11:34.660 \longrightarrow 00:11:36.846$ by the way were actually RCT's.

NOTE Confidence: 0.909753928823529

 $00:11:36.846 \longrightarrow 00:11:38.676$ In total at that time,

NOTE Confidence: 0.909753928823529

 $00:11:38.680 \longrightarrow 00:11:40.612$ we only found 13 studies meeting

NOTE Confidence: 0.909753928823529

00:11:40.612 --> 00:11:41.900 our broad inclusion criteria,

NOTE Confidence: 0.909753928823529

00:11:41.900 --> 00:11:43.720 3 focused on tobacco treatment,

NOTE Confidence: 0.909753928823529

 $00:11:43.720 \longrightarrow 00:11:45.880$ 5 on alcohol and five on

NOTE Confidence: 0.909753928823529

 $00:11:45.880 \longrightarrow 00:11:46.960$ opioid use disorders.

NOTE Confidence: 0.909753928823529

00:11:46.960 --> 00:11:48.452 And to briefly summarize,

NOTE Confidence: 0.909753928823529

 $00:11:48.452 \longrightarrow 00:11:51.329$ we found across these studies some indicators

NOTE Confidence: 0.909753928823529

 $00:11:51.329 \longrightarrow 00:11:53.617$ of comparable therapeutic alliance,

NOTE Confidence: 0.909753928823529

 $00{:}11{:}53.620 \to 00{:}11{:}55.165$ particularly with psychotherapy

NOTE Confidence: 0.909753928823529

00:11:55.165 --> 00:11:57.740 studies and retention and care,

NOTE Confidence: 0.909753928823529

 $00:11:57.740 \longrightarrow 00:12:00.148$ though there were no fully powered studies.

00:12:00.150 --> 00:12:01.752 No prospective studies

NOTE Confidence: 0.909753928823529

00:12:01.752 --> 00:12:03.888 actually for any medication,

NOTE Confidence: 0.909753928823529

 $00:12:03.890 \longrightarrow 00:12:05.138$ treatments for substance use

NOTE Confidence: 0.909753928823529

00:12:05.138 --> 00:12:06.698 disorders and the overall quality

NOTE Confidence: 0.909753928823529

 $00:12:06.698 \longrightarrow 00:12:08.499$ of methods were somewhat limited.

NOTE Confidence: 0.908245612

 $00:12:11.150 \longrightarrow 00:12:14.030$ And so from this review,

NOTE Confidence: 0.908245612

 $00:12:14.030 \longrightarrow 00:12:16.352$ we noted that there were a number of areas

NOTE Confidence: 0.908245612

00:12:16.352 --> 00:12:18.598 that really deserved a further research,

NOTE Confidence: 0.908245612

 $00{:}12{:}18.600 \dashrightarrow 00{:}12{:}20.262$ actually quite a number of areas

NOTE Confidence: 0.908245612

 $00:12:20.262 \longrightarrow 00:12:22.192$ and we kind of summarized them

NOTE Confidence: 0.908245612

 $00{:}12{:}22.192 \dashrightarrow 00{:}12{:}24.087$ into into three large groups.

NOTE Confidence: 0.908245612

 $00:12:24.090 \longrightarrow 00:12:26.092$ So most of the studies that we

NOTE Confidence: 0.908245612

 $00:12:26.092 \longrightarrow 00:12:28.250$ found were again kind of comparing

NOTE Confidence: 0.908245612

 $00:12:28.250 \longrightarrow 00:12:30.305$ video telehealth within person care.

NOTE Confidence: 0.908245612

 $00:12:30.310 \longrightarrow 00:12:32.510$ And the question is not only are we

NOTE Confidence: 0.908245612

 $00{:}12{:}32.510 \dashrightarrow 00{:}12{:}34.274$ interested in whether or not video

00:12:34.274 --> 00:12:36.730 telehealth is no worse than in person care,

NOTE Confidence: 0.908245612

 $00:12:36.730 \longrightarrow 00:12:38.682$ but can telehealth actually

NOTE Confidence: 0.908245612

 $00:12:38.682 \longrightarrow 00:12:40.634$ extend or increase treatment.

NOTE Confidence: 0.908245612

 $00:12:40.640 \longrightarrow 00:12:42.130$ And for different sectors of

NOTE Confidence: 0.908245612

 $00:12:42.130 \longrightarrow 00:12:43.620$ the populations and for which

NOTE Confidence: 0.908245612

00:12:43.673 --> 00:12:45.265 patients also effectiveness of

NOTE Confidence: 0.908245612

 $00:12:45.265 \longrightarrow 00:12:46.857$ different models of telehealth.

NOTE Confidence: 0.908245612

 $00:12:46.860 \longrightarrow 00:12:48.438$ I think as you'll hear today

NOTE Confidence: 0.908245612

00:12:48.438 --> 00:12:49.920 from Doctor Moore and myself,

NOTE Confidence: 0.908245612

00:12:49.920 --> 00:12:50.904 you know the telehealth

NOTE Confidence: 0.908245612

 $00:12:50.904 \longrightarrow 00:12:52.380$ that we think of right now,

NOTE Confidence: 0.908245612

00:12:52.380 --> 00:12:54.375 which is really us talking over zoom,

NOTE Confidence: 0.908245612

 $00{:}12{:}54.380 \dashrightarrow 00{:}12{:}56.216$ that's really what I hope to be the tip

NOTE Confidence: 0.908245612

 $00:12:56.216 \longrightarrow 00:12:57.966$ of the iceberg and hopefully it gives

NOTE Confidence: 0.908245612

00:12:57.966 --> 00:12:59.619 room for lots of innovations about

 $00:12:59.619 \longrightarrow 00:13:02.035$ delivering care in new ways to our patients.

NOTE Confidence: 0.908245612

00:13:02.040 --> 00:13:02.794 And lastly,

NOTE Confidence: 0.908245612

 $00:13:02.794 \longrightarrow 00:13:05.056$ also the importance of examining patient

NOTE Confidence: 0.908245612

 $00:13:05.056 \longrightarrow 00:13:07.479$ and clinician experiences and preferences,

NOTE Confidence: 0.908245612

 $00:13:07.480 \longrightarrow 00:13:09.160$ especially when it comes to telehealth

NOTE Confidence: 0.908245612

 $00{:}13{:}09.160 \dashrightarrow 00{:}13{:}10.590$ implementation in the real world.

NOTE Confidence: 0.8603872

 $00:13:13.200 \longrightarrow 00:13:15.355$ And so I mentioned that

NOTE Confidence: 0.8603872

 $00:13:15.355 \longrightarrow 00:13:16.918$ we included 13 studies.

NOTE Confidence: 0.8603872

00:13:16.918 --> 00:13:19.012 I also want to highlight two

NOTE Confidence: 0.8603872

 $00:13:19.012 \longrightarrow 00:13:20.663$ additional studies that are really

NOTE Confidence: 0.8603872

00:13:20.663 --> 00:13:22.970 fast focused on telehealth in real

NOTE Confidence: 0.8603872

 $00{:}13{:}22.970 \dashrightarrow 00{:}13{:}24.578$ world settings and health care

NOTE Confidence: 0.8603872

00:13:24.578 --> 00:13:26.360 systems prior to the pandemic.

NOTE Confidence: 0.8603872

 $00{:}13{:}26.360 \dashrightarrow 00{:}13{:}28.222$ And the first study is really a

NOTE Confidence: 0.8603872

00:13:28.222 --> 00:13:29.804 study published by Hayden Huskamp

NOTE Confidence: 0.8603872

 $00{:}13{:}29.804 \dashrightarrow 00{:}13{:}31.260$ and colleagues at Harvard.

00:13:31.260 --> 00:13:33.264 They examined trends in the use

NOTE Confidence: 0.8603872

 $00{:}13{:}33.264 \dashrightarrow 00{:}13{:}35.138$ of telehealth for both mental

NOTE Confidence: 0.8603872

00:13:35.138 --> 00:13:37.488 health and substance use disorder

NOTE Confidence: 0.8603872

00:13:37.488 --> 00:13:39.368 treatment including within patients

NOTE Confidence: 0.8603872

 $00:13:39.439 \longrightarrow 00:13:41.660$ or using patients who were in

NOTE Confidence: 0.8603872

 $00{:}13{:}41.660 {\:{\mbox{--}}}{\:{\mbox{-}}} 00{:}13{:}43.500$ a private insurance systems.

NOTE Confidence: 0.8603872

00:13:43.500 --> 00:13:44.826 So this did not include patients

NOTE Confidence: 0.8603872

00:13:44.826 --> 00:13:46.260 who were on Medicaid or Medicare,

NOTE Confidence: 0.8603872

 $00:13:46.260 \longrightarrow 00:13:48.430$ but this was a national sample of

NOTE Confidence: 0.8603872

 $00:13:48.430 \longrightarrow 00:13:49.820$ patients with private insurance.

NOTE Confidence: 0.8603872

 $00:13:49.820 \longrightarrow 00:13:52.340$ And they found that use of telehealth

NOTE Confidence: 0.8603872

 $00:13:52.406 \longrightarrow 00:13:54.746$ for both mental health and substance

NOTE Confidence: 0.8603872

 $00{:}13{:}54.746 \dashrightarrow 00{:}13{:}56.306$ use disorders increased quite

NOTE Confidence: 0.8603872

 $00:13:56.368 \longrightarrow 00:13:58.258$ substantially from 2010 to 2017.

NOTE Confidence: 0.8603872

 $00:13:58.260 \longrightarrow 00:14:00.220$ But the use of substance use disorder care,

 $00:14:00.220 \longrightarrow 00:14:01.798$ as you'll see from this figure,

NOTE Confidence: 0.8603872

 $00{:}14{:}01.800 \dashrightarrow 00{:}14{:}03.885$ remained much lower than other

NOTE Confidence: 0.8603872

 $00{:}14{:}03.885 \dashrightarrow 00{:}14{:}05.553$ mental healthcare pre COVID.

NOTE Confidence: 0.8603872

 $00:14:05.560 \longrightarrow 00:14:07.978$ And so there are likely things

NOTE Confidence: 0.8603872

 $00:14:07.978 \longrightarrow 00:14:09.187$ about addiction care.

NOTE Confidence: 0.8603872

 $00:14:09.190 \longrightarrow 00:14:10.390$ Either the historical systems

NOTE Confidence: 0.8603872

 $00:14:10.390 \longrightarrow 00:14:12.556$ that we're used to that have been

NOTE Confidence: 0.8603872

 $00:14:12.556 \longrightarrow 00:14:14.106$ used to deliver addiction care,

NOTE Confidence: 0.8603872

00:14:14.110 --> 00:14:15.122 the elements of treatment,

NOTE Confidence: 0.8603872

00:14:15.122 --> 00:14:15.628 for example,

NOTE Confidence: 0.8603872

 $00:14:15.630 \longrightarrow 00:14:17.270$ including things like urine

NOTE Confidence: 0.8603872

 $00:14:17.270 \longrightarrow 00:14:18.090$ toxicology screens,

NOTE Confidence: 0.8603872

00:14:18.090 --> 00:14:19.830 or even the treatments themselves,

NOTE Confidence: 0.8603872

 $00{:}14{:}19.830 \dashrightarrow 00{:}14{:}21.664$ including group the rapy and things like that,

NOTE Confidence: 0.8603872

 $00:14:21.670 \longrightarrow 00:14:23.775$ that might have made telehealth

NOTE Confidence: 0.8603872

 $00:14:23.775 \longrightarrow 00:14:26.570$ adoption lower even before the pandemic.

 $00:14:28.800 \longrightarrow 00:14:30.627$ So the other study I wanted to

NOTE Confidence: 0.838751731428572

 $00:14:30.627 \longrightarrow 00:14:32.518$ highlight is a study by our team.

NOTE Confidence: 0.838751731428572

 $00:14:32.520 \longrightarrow 00:14:34.364$ We examined telehealth specifically

NOTE Confidence: 0.838751731428572

00:14:34.364 --> 00:14:37.130 for opioid use disorder treatment of

NOTE Confidence: 0.838751731428572

 $00:14:37.195 \longrightarrow 00:14:39.499$ buprenorphine pre COVID and the BHA.

NOTE Confidence: 0.838751731428572

 $00:14:39.500 \longrightarrow 00:14:42.244$ In that study, we included veterans who

NOTE Confidence: 0.838751731428572

 $00:14:42.244 \longrightarrow 00:14:43.836$ received any buprenorphine treatment

NOTE Confidence: 0.838751731428572

00:14:43.836 --> 00:14:46.293 from fiscal year 2012 through 2019 and

NOTE Confidence: 0.838751731428572

00:14:46.293 --> 00:14:48.823 similar we saw overall increases until

NOTE Confidence: 0.838751731428572

 $00{:}14{:}48.823 \dashrightarrow 00{:}14{:}51.033$ health use for bup renorphine treatment.

NOTE Confidence: 0.838751731428572

 $00:14:51.040 \longrightarrow 00:14:54.156$ So that by 2019 about 8% of patients

NOTE Confidence: 0.838751731428572

 $00:14:54.156 \longrightarrow 00:14:56.046$ receiving any bup renorphine for OUD

NOTE Confidence: 0.838751731428572

 $00{:}14{:}56.046 \dashrightarrow 00{:}14{:}58.448$ have received some form of telemedicine.

NOTE Confidence: 0.838751731428572

 $00:14:58.450 \longrightarrow 00:15:00.790$ At least once and in this paper we detailed

NOTE Confidence: 0.838751731428572

 $00{:}15{:}00.790 \dashrightarrow 00{:}15{:}02.711$ also characteristics of patients who

 $00:15:02.711 \longrightarrow 00:15:05.117$ received telehealth versus in person care.

NOTE Confidence: 0.838751731428572

 $00{:}15{:}05.120 \dashrightarrow 00{:}15{:}07.757$ But the thing I want to emphasize most of

NOTE Confidence: 0.838751731428572

00:15:07.757 --> 00:15:10.463 all is that in the study pre COVID teller,

NOTE Confidence: 0.838751731428572

 $00:15:10.463 \longrightarrow 00:15:11.995$ buprenorphine looked quite different

NOTE Confidence: 0.838751731428572

 $00:15:11.995 \longrightarrow 00:15:14.873$ than it does now prior to COVID and

NOTE Confidence: 0.838751731428572

00:15:14.873 --> 00:15:16.383 specifically prior to the support

NOTE Confidence: 0.838751731428572

00:15:16.383 --> 00:15:18.337 Act of 2018 telling buprenorphine

NOTE Confidence: 0.838751731428572

 $00{:}15{:}18.337 \dashrightarrow 00{:}15{:}20.477$ was mostly limited to telehealth

NOTE Confidence: 0.838751731428572

 $00{:}15{:}20.477 \dashrightarrow 00{:}15{:}22.620$ from clinicians in a large clinic,

NOTE Confidence: 0.838751731428572

00:15:22.620 --> 00:15:24.316 for example, our large healthcare

NOTE Confidence: 0.838751731428572

 $00{:}15{:}24.316 \dashrightarrow 00{:}15{:}26.428$ systems seeing patients via video who

NOTE Confidence: 0.838751731428572

 $00:15:26.428 \longrightarrow 00:15:28.486$ are presenting in a rural clinic.

NOTE Confidence: 0.838751731428572

00:15:28.490 --> 00:15:29.666 And not at home,

NOTE Confidence: 0.838751731428572

00:15:29.666 --> 00:15:31.902 which is obviously what a large proportion

NOTE Confidence: 0.838751731428572

00:15:31.902 --> 00:15:34.368 of telehealth looks like these days.

NOTE Confidence: 0.838751731428572

 $00:15:34.370 \longrightarrow 00:15:36.162$ This is what we were doing in Ann

00:15:36.162 --> 00:15:37.650 Arbor starting about five years ago.

NOTE Confidence: 0.838751731428572

 $00:15:37.650 \longrightarrow 00:15:39.080$ We were early adopters because

NOTE Confidence: 0.838751731428572

 $00:15:39.080 \longrightarrow 00:15:40.224$ well before the pandemic,

NOTE Confidence: 0.838751731428572

 $00:15:40.230 \longrightarrow 00:15:41.630$ we realized that although

NOTE Confidence: 0.838751731428572

00:15:41.630 --> 00:15:43.030 our large PA system,

NOTE Confidence: 0.838751731428572

00:15:43.030 --> 00:15:44.753 which is located in Ann Arbor, MI,

NOTE Confidence: 0.838751731428572

00:15:44.753 --> 00:15:47.644 many of our patients were needing care,

NOTE Confidence: 0.838751731428572

 $00{:}15{:}47.650 \dashrightarrow 00{:}15{:}49.096$ especially those who are presenting in

NOTE Confidence: 0.838751731428572

00:15:49.096 --> 00:15:51.088 the HVAC box or the community clinics.

NOTE Confidence: 0.838751731428572

 $00:15:51.090 \longrightarrow 00:15:51.610$ For example,

NOTE Confidence: 0.838751731428572

 $00:15:51.610 \longrightarrow 00:15:52.952$ the one in Flint, MI,

NOTE Confidence: 0.838751731428572

 $00:15:52.952 \longrightarrow 00:15:54.764$ really had no addiction providers and

NOTE Confidence: 0.838751731428572

 $00:15:54.764 \longrightarrow 00:15:57.405$ that's kind of what had motivated us to

NOTE Confidence: 0.838751731428572

 $00:15:57.405 \longrightarrow 00:15:59.080$ start seeing patients via telehealth.

NOTE Confidence: 0.838751731428572

 $00:15:59.080 \longrightarrow 00:15:59.914$ Um, back then.

00:15:59.914 --> 00:16:00.470 But again,

NOTE Confidence: 0.838751731428572

00:16:00.470 --> 00:16:03.090 they were presenting in a

NOTE Confidence: 0.838751731428572

 $00:16:03.090 \longrightarrow 00:16:05.186$ in a community clinic.

NOTE Confidence: 0.838751731428572

 $00:16:05.190 \longrightarrow 00:16:07.566$ But of course came COVID-19 and

NOTE Confidence: 0.838751731428572

 $00:16:07.566 \longrightarrow 00:16:09.660$ that has radically changed the

NOTE Confidence: 0.838751731428572

 $00:16:09.660 \longrightarrow 00:16:11.408$ way Healthcare is delivered.

NOTE Confidence: 0.838751731428572

 $00:16:11.410 \longrightarrow 00:16:13.768$ I think all of us in the healthcare system

NOTE Confidence: 0.838751731428572

 $00:16:13.768 \longrightarrow 00:16:16.145$ have felt this in numerous different ways,

NOTE Confidence: 0.838751731428572

 $00{:}16{:}16.150 \dashrightarrow 00{:}16{:}17.610$ but it's important to think

NOTE Confidence: 0.838751731428572

 $00:16:17.610 \longrightarrow 00:16:19.070$ about exactly what the impacts

NOTE Confidence: 0.838751731428572

 $00{:}16{:}19.126 \dashrightarrow 00{:}16{:}20.686$ are of specific policy changes,

NOTE Confidence: 0.838751731428572

 $00:16:20.690 \longrightarrow 00:16:23.186$ both at the federal and the state level

NOTE Confidence: 0.838751731428572

 $00:16:23.186 \longrightarrow 00:16:25.940$ and the extent of these policy changes.

NOTE Confidence: 0.838751731428572

00:16:25.940 --> 00:16:27.730 I summarized the main changes

NOTE Confidence: 0.838751731428572

 $00:16:27.730 \longrightarrow 00:16:30.236$ here in this slide and I just

NOTE Confidence: 0.838751731428572

 $00:16:30.236 \longrightarrow 00:16:31.856$ wanted to highlight a few.

 $00:16:31.860 \longrightarrow 00:16:33.792$ Many of us are specifically familiar

NOTE Confidence: 0.838751731428572

 $00{:}16{:}33.792 \dashrightarrow 00{:}16{:}35.960$ with the Ryan Hate Act exemption,

NOTE Confidence: 0.838751731428572

 $00:16:35.960 \longrightarrow 00:16:39.560$ a federal law which in the current public

NOTE Confidence: 0.838751731428572

 $00:16:39.560 \longrightarrow 00:16:42.556$ health emergency declared as part of COVID.

NOTE Confidence: 0.838751731428572

 $00:16:42.560 \longrightarrow 00:16:44.936$ It's allowed us to prescribe if you've been

NOTE Confidence: 0.838751731428572

 $00:16:44.936 \longrightarrow 00:16:46.715$ morphine and other controlled medications

NOTE Confidence: 0.838751731428572

 $00:16:46.715 \longrightarrow 00:16:48.977$ without an initial in person visit.

NOTE Confidence: 0.838751731428572

 $00{:}16{:}48.980 \dashrightarrow 00{:}16{:}51.473$ But I want to emphasize that it's also not

NOTE Confidence: 0.838751731428572

 $00{:}16{:}51.473 \dashrightarrow 00{:}16{:}53.576$ just that and in fact potentially that

NOTE Confidence: 0.838751731428572

 $00:16:53.576 \longrightarrow 00:16:55.999$ is really one of the smaller impacts.

NOTE Confidence: 0.838751731428572

00:16:56.000 --> 00:16:57.776 But a combination of many different

NOTE Confidence: 0.838751731428572

00:16:57.776 --> 00:16:59.719 policy changes at the federal and

NOTE Confidence: 0.838751731428572

 $00{:}16{:}59.719 \dashrightarrow 00{:}17{:}01.837$ state levels that have allowed for

NOTE Confidence: 0.838751731428572

 $00:17:01.837 \longrightarrow 00:17:03.140$ substantial increases in telehealth

NOTE Confidence: 0.838751731428572

 $00:17:03.140 \longrightarrow 00:17:05.037$ use that I'm going to be showing.

00:17:05.040 --> 00:17:05.793 And in particular,

NOTE Confidence: 0.838751731428572 00:17:05.793 --> 00:17:06.546 I would say, NOTE Confidence: 0.838751731428572

00:17:06.550 --> 00:17:08.422 Sam says allowance of phone visits

NOTE Confidence: 0.838751731428572

00:17:08.422 --> 00:17:11.007 for the first time for if you've been

NOTE Confidence: 0.838751731428572

 $00:17:11.007 \longrightarrow 00:17:12.915$ orphine treatment was a big impact.

NOTE Confidence: 0.838751731428572

 $00{:}17{:}12.920 \dashrightarrow 00{:}17{:}16.000$ Also major changes in reimbursement.

NOTE Confidence: 0.838751731428572

00:17:16.000 --> 00:17:17.372 So prior to COVID,

NOTE Confidence: 0.838751731428572

 $00:17:17.372 \longrightarrow 00:17:20.420$ CMS or the Center for Medicaid and Medicare,

NOTE Confidence: 0.821409314210526

 $00{:}17{:}20.420 \dashrightarrow 00{:}17{:}21.792$ we're really only allowing

NOTE Confidence: 0.821409314210526

 $00:17:21.792 \longrightarrow 00:17:23.507$ telehealth services to be reimbursed

NOTE Confidence: 0.821409314210526

 $00{:}17{:}23.507 \dashrightarrow 00{:}17{:}25.522$ for rural patients with a very

NOTE Confidence: 0.821409314210526

 $00:17:25.522 \longrightarrow 00:17:26.818$ strict definition of morality.

NOTE Confidence: 0.821409314210526

 $00:17:26.820 \longrightarrow 00:17:29.088$ You were presenting in rural clinics,

NOTE Confidence: 0.821409314210526

 $00:17:29.090 \longrightarrow 00:17:31.834$ so all of these changes were needed to

NOTE Confidence: 0.821409314210526

00:17:31.834 --> 00:17:34.048 really decrease barriers to telehealth,

NOTE Confidence: 0.821409314210526

 $00:17:34.050 \longrightarrow 00:17:35.615$ and all of these changes

 $00:17:35.615 \longrightarrow 00:17:36.867$ are currently under debate.

NOTE Confidence: 0.911346966923077

00:17:39.440 --> 00:17:41.295 And so given all the policy changes

NOTE Confidence: 0.911346966923077

00:17:41.295 --> 00:17:42.978 since the start of the pandemic,

NOTE Confidence: 0.911346966923077

00:17:42.980 --> 00:17:45.325 I think it's really important to examine

NOTE Confidence: 0.911346966923077

 $00:17:45.325 \longrightarrow 00:17:47.738$ the impacts on treatment longer term.

NOTE Confidence: 0.911346966923077

 $00:17:47.740 \longrightarrow 00:17:49.434$ And a paper from our team that

NOTE Confidence: 0.911346966923077

 $00:17:49.434 \longrightarrow 00:17:50.783$ was recently published in the

NOTE Confidence: 0.911346966923077

00:17:50.783 --> 00:17:51.939 American Journal of Psychiatry,

NOTE Confidence: 0.911346966923077

 $00:17:51.940 \longrightarrow 00:17:53.770$ we examined the impact of the

NOTE Confidence: 0.911346966923077

00:17:53.770 --> 00:17:55.377 COVID-19 related changes at the

NOTE Confidence: 0.911346966923077

00:17:55.377 --> 00:17:57.339 federal level occurring in March of

NOTE Confidence: 0.911346966923077

00:17:57.339 --> 00:17:59.039 2020 on bup renorphine treatment in

NOTE Confidence: 0.911346966923077

 $00{:}17{:}59.039 \dashrightarrow 00{:}18{:}00.699$ the entire population of veterans

NOTE Confidence: 0.911346966923077

00:18:00.699 --> 00:18:03.144 with opioid use disorder in the VHA,

NOTE Confidence: 0.911346966923077

 $00:18:03.144 \longrightarrow 00:18:05.310$ which is also the largest single

 $00:18:05.383 \longrightarrow 00:18:07.768$ addiction provider in this country.

NOTE Confidence: 0.911346966923077

 $00:18:07.770 \longrightarrow 00:18:08.529$ In this figure,

NOTE Confidence: 0.911346966923077

 $00:18:08.529 \longrightarrow 00:18:10.300$ what you'll see is that the blue

NOTE Confidence: 0.911346966923077

 $00:18:10.355 \longrightarrow 00:18:12.665$ line represents in person visits for

NOTE Confidence: 0.911346966923077

 $00:18:12.665 \longrightarrow 00:18:14.205$ buprenorphine treatment and starting

NOTE Confidence: 0.911346966923077

00:18:14.259 --> 00:18:15.999 very quickly after March of 2020,

NOTE Confidence: 0.911346966923077

00:18:16.000 --> 00:18:18.336 you see a major shift away from in

NOTE Confidence: 0.911346966923077

 $00:18:18.336 \longrightarrow 00:18:20.079$ person visits towards phone visits

NOTE Confidence: 0.911346966923077

 $00{:}18{:}20.079 \dashrightarrow 00{:}18{:}22.269$ which is represented by the Orange

NOTE Confidence: 0.911346966923077

00:18:22.269 --> 00:18:24.816 Line and then video visits the green

NOTE Confidence: 0.911346966923077

 $00{:}18{:}24.816 \dashrightarrow 00{:}18{:}27.058$ line with phone continuing to exceed

NOTE Confidence: 0.911346966923077

00:18:27.058 --> 00:18:29.475 video visits by February of 2021.

NOTE Confidence: 0.911346966923077 00:18:29.475 --> 00:18:29.820 Overall, NOTE Confidence: 0.911346966923077

 $00:18:29.820 \longrightarrow 00:18:32.235$ we found that over a very short

NOTE Confidence: 0.911346966923077

 $00:18:32.235 \longrightarrow 00:18:33.169$ period of time,

NOTE Confidence: 0.911346966923077

 $00:18:33.170 \longrightarrow 00:18:35.564$ use of telehealth increase from about 10%

 $00:18:35.570 \longrightarrow 00:18:38.018$ of patients to over 80% for buprenorphine.

NOTE Confidence: 0.911346966923077

 $00{:}18{:}38.018 \dashrightarrow 00{:}18{:}39.738$ Treatment with the majority of

NOTE Confidence: 0.911346966923077

 $00:18:39.738 \longrightarrow 00:18:41.690$ those visits being telephone visits.

NOTE Confidence: 0.911346966923077

 $00:18:41.690 \longrightarrow 00:18:43.607$ And at the same time we found that the

NOTE Confidence: 0.911346966923077

 $00:18:43.607 \longrightarrow 00:18:45.521$ monthly number of patients receiving

NOTE Confidence: 0.911346966923077

 $00:18:45.521 \longrightarrow 00:18:47.169$ buprenorphine actually increased slightly,

NOTE Confidence: 0.911346966923077

00:18:47.170 --> 00:18:49.432 but mostly due to patients staying

NOTE Confidence: 0.911346966923077

 $00{:}18{:}49.432 \dashrightarrow 00{:}18{:}51.773$ on treatment longer and not due

NOTE Confidence: 0.911346966923077

00:18:51.773 --> 00:18:53.678 to more patients initiating here.

NOTE Confidence: 0.911346966923077

 $00{:}18{:}53.680 \dashrightarrow 00{:}18{:}55.870$ So although COVID has greatly disrupted

NOTE Confidence: 0.911346966923077

00:18:55.870 --> 00:18:57.780 care across our healthcare system,

NOTE Confidence: 0.911346966923077

 $00:18:57.780 \longrightarrow 00:18:59.558$ I think what these results suggest is

NOTE Confidence: 0.911346966923077

 $00{:}18{:}59.558 \dashrightarrow 00{:}19{:}00.938$ that telehealth has actually helped

NOTE Confidence: 0.911346966923077

 $00{:}19{:}00.938 \dashrightarrow 00{:}19{:}02.648$ to sustain a crucial treatment for

NOTE Confidence: 0.911346966923077

 $00:19:02.648 \longrightarrow 00:19:04.159$ veterans with opioid use disorder,

 $00:19:04.160 \longrightarrow 00:19:05.750$ which is a particularly vulnerable

NOTE Confidence: 0.911346966923077

 $00:19:05.750 \longrightarrow 00:19:07.683$ population who we could have hypothesized

NOTE Confidence: 0.911346966923077

00:19:07.683 --> 00:19:09.435 might have actually been a group

NOTE Confidence: 0.911346966923077

 $00:19:09.435 \longrightarrow 00:19:11.378$ to have seen large drops in care.

NOTE Confidence: 0.911346966923077

 $00:19:11.380 \longrightarrow 00:19:13.276$ A big concern for many of us now

NOTE Confidence: 0.911346966923077

 $00:19:13.276 \longrightarrow 00:19:15.420$ is that as care has begins to shift

NOTE Confidence: 0.911346966923077

00:19:15.420 --> 00:19:17.252 or many ways have already shifted

NOTE Confidence: 0.911346966923077

 $00{:}19{:}17.252 \dashrightarrow 00{:}19{:}19.352$ back into person due to clinic

NOTE Confidence: 0.911346966923077

 $00:19:19.352 \longrightarrow 00:19:20.980$ policies and changing COVID-19,

NOTE Confidence: 0.911346966923077

00:19:20.980 --> 00:19:23.280 could this actually adversely affect?

NOTE Confidence: 0.911346966923077

 $00:19:23.280 \longrightarrow 00:19:24.087$ Over our patients,

NOTE Confidence: 0.911346966923077

 $00:19:24.087 \longrightarrow 00:19:25.701$ many of whom have only known

NOTE Confidence: 0.911346966923077

 $00:19:25.701 \longrightarrow 00:19:26.920$ treatment through telehealth.

NOTE Confidence: 0.82456016

 $00{:}19{:}29.330 \dashrightarrow 00{:}19{:}32.258$ And so that prior study looked at examining

NOTE Confidence: 0.82456016

 $00:19:32.258 \longrightarrow 00:19:34.604$ shifts and trends throughout the period

NOTE Confidence: 0.82456016

 $00{:}19{:}34.604 \dashrightarrow 00{:}19{:}37.740$ one year before COVID to one year after.

00:19:37.740 --> 00:19:39.294 But I think the key question that

NOTE Confidence: 0.82456016

 $00:19:39.294 \longrightarrow 00:19:41.210$ many of us also are curious about

NOTE Confidence: 0.82456016

00:19:41.210 --> 00:19:42.998 is how does tell healthcare actually

NOTE Confidence: 0.82456016

 $00:19:43.054 \longrightarrow 00:19:44.519$ compare directly with in person

NOTE Confidence: 0.82456016

 $00{:}19{:}44.519 \dashrightarrow 00{:}19{:}46.840$ visits and also phone with video and

NOTE Confidence: 0.82456016

00:19:46.840 --> 00:19:48.965 examining the trends across COVID,

NOTE Confidence: 0.82456016

00:19:48.970 --> 00:19:51.000 like what I showed before doesn't actually

NOTE Confidence: 0.82456016

 $00:19:51.000 \longrightarrow 00:19:52.767$ answer that question because it's also

NOTE Confidence: 0.82456016

 $00:19:52.767 \longrightarrow 00:19:54.734$ confounded by the overall effects of COVID,

NOTE Confidence: 0.82456016

00:19:54.740 --> 00:19:56.388 which obviously affected our

NOTE Confidence: 0.82456016

00:19:56.388 --> 00:19:58.448 healthcare delivery and patient use,

NOTE Confidence: 0.82456016

 $00:19:58.450 \longrightarrow 00:19:59.754$ so in another study.

NOTE Confidence: 0.82456016

 $00{:}19{:}59.754 \dashrightarrow 00{:}20{:}01.384$ That we recently published in

NOTE Confidence: 0.82456016

 $00:20:01.384 \longrightarrow 00:20:03.288$ our team led by Doctor Frost,

NOTE Confidence: 0.82456016

 $00:20:03.290 \longrightarrow 00:20:05.600$ Madeline Frost at University of Washington.

 $00:20:05.600 \longrightarrow 00:20:07.574$ We compare both the characteristics of

NOTE Confidence: 0.82456016

 $00:20:07.574 \longrightarrow 00:20:09.280$ patients who use different treatment

NOTE Confidence: 0.82456016

 $00{:}20{:}09.280 \dashrightarrow 00{:}20{:}11.314$ modalities and also looked at the

NOTE Confidence: 0.82456016

 $00:20:11.314 \longrightarrow 00:20:13.141$ association between the treatment modality

NOTE Confidence: 0.82456016

 $00:20:13.141 \longrightarrow 00:20:15.415$ used and important outcome of retention

NOTE Confidence: 0.82456016

00:20:15.415 --> 00:20:17.689 on buprenorphine treatment across video,

NOTE Confidence: 0.82456016

 $00:20:17.689 \longrightarrow 00:20:20.204$ phone and in person visits.

NOTE Confidence: 0.82456016

00:20:20.210 --> 00:20:22.454 In a population of veterans with

NOTE Confidence: 0.82456016

 $00:20:22.454 \longrightarrow 00:20:24.663$ opioid use disorder in the one

NOTE Confidence: 0.82456016

00:20:24.663 --> 00:20:26.889 year post COVID and in that study,

NOTE Confidence: 0.82456016

 $00{:}20{:}26.890 \dashrightarrow 00{:}20{:}30.340$ we found that in this period 88% of

NOTE Confidence: 0.82456016

 $00:20:30.340 \longrightarrow 00:20:32.115$ veterans received buprenorphine for OUD

NOTE Confidence: 0.82456016

 $00:20:32.115 \longrightarrow 00:20:34.410$ receive some form of telehealth visits.

NOTE Confidence: 0.82456016

 $00:20:34.410 \longrightarrow 00:20:34.775$ However,

NOTE Confidence: 0.82456016

 $00:20:34.775 \longrightarrow 00:20:36.600$ there were still important differences

NOTE Confidence: 0.82456016

 $00:20:36.600 \longrightarrow 00:20:39.264$ in who received video versus phone versus

 $00:20:39.264 \longrightarrow 00:20:41.169$ in person visits and characteristics

NOTE Confidence: 0.82456016

 $00{:}20{:}41.169 \dashrightarrow 00{:}20{:}43.474$ associated with being less likely to

NOTE Confidence: 0.82456016

 $00:20:43.474 \longrightarrow 00:20:45.329$ receive telehealth included being younger,

NOTE Confidence: 0.82456016

00:20:45.330 --> 00:20:46.478 male, black,

NOTE Confidence: 0.82456016

00:20:46.478 --> 00:20:47.052 Hispanic,

NOTE Confidence: 0.82456016

 $00:20:47.052 \longrightarrow 00:20:49.772$ and having comorbid other STD's.

NOTE Confidence: 0.82456016

00:20:49.772 --> 00:20:51.882 And among patients who received

NOTE Confidence: 0.82456016

 $00:20:51.882 \longrightarrow 00:20:52.726$ any telehealth,

NOTE Confidence: 0.82456016

00:20:52.730 --> 00:20:54.710 those who were much more likely

NOTE Confidence: 0.82456016

00:20:54.710 --> 00:20:56.470 to receive phone visits were

NOTE Confidence: 0.82456016

 $00:20:56.470 \longrightarrow 00:20:58.370$ older black or homeless patients.

NOTE Confidence: 0.82456016

00:20:58.370 --> 00:20:58.924 And lastly,

NOTE Confidence: 0.82456016

 $00{:}20{:}58.924 \dashrightarrow 00{:}21{:}00.586$ and I would say very importantly,

NOTE Confidence: 0.82456016

 $00{:}21{:}00.590 \dashrightarrow 00{:}21{:}02.462$ we found that patients who received

NOTE Confidence: 0.82456016

 $00:21:02.462 \longrightarrow 00:21:04.387$ any telehealth in this time period

 $00:21:04.387 \longrightarrow 00:21:05.922$ compared to those who received

NOTE Confidence: 0.82456016

 $00{:}21{:}05.922 \dashrightarrow 00{:}21{:}07.756$ only in person visits were actually

NOTE Confidence: 0.82456016

 $00:21:07.756 \longrightarrow 00:21:09.751$ more likely to be retained at 90

NOTE Confidence: 0.82456016

00:21:09.760 --> 00:21:11.615 days compared to patients who

NOTE Confidence: 0.82456016

00:21:11.615 --> 00:21:13.470 only received in person visits.

NOTE Confidence: 0.82456016

00:21:13.470 --> 00:21:14.850 And this is a very important

NOTE Confidence: 0.82456016

 $00:21:14.850 \longrightarrow 00:21:16.977$ outcome for a lot of us who study

NOTE Confidence: 0.82456016

00:21:16.977 --> 00:21:18.129 opioid use disorder treatment,

NOTE Confidence: 0.82456016

 $00{:}21{:}18.130 \dashrightarrow 00{:}21{:}20.615$ really retention on bup renorphine is what we.

NOTE Confidence: 0.82456016

00:21:20.620 --> 00:21:23.444 Focus on as being a key outcome measure,

NOTE Confidence: 0.82456016

 $00{:}21{:}23.450 \dashrightarrow 00{:}21{:}25.190$ which has been associated with

NOTE Confidence: 0.82456016

 $00:21:25.190 \longrightarrow 00:21:27.069$ numerous other benefits for patients.

NOTE Confidence: 0.850465255333333

 $00:21:29.440 \longrightarrow 00:21:31.968$ And so similar findings I want to emphasize

NOTE Confidence: 0.850465255333333

 $00:21:31.968 \longrightarrow 00:21:34.620$ has been seen in non veteran populations.

NOTE Confidence: 0.850465255333333

 $00:21:34.620 \longrightarrow 00:21:36.042$ In a recent study by Chris

NOTE Confidence: 0.850465255333333

00:21:36.042 --> 00:21:37.879 Jones at the CDC and colleagues,

 $00:21:37.880 \longrightarrow 00:21:39.630$ they examined Medicare fee for

NOTE Confidence: 0.850465255333333

 $00:21:39.630 \longrightarrow 00:21:41.380$ service patients in the US.

NOTE Confidence: 0.850465255333333

00:21:41.380 --> 00:21:43.276 They compared a cohort of patients

NOTE Confidence: 0.850465255333333

00:21:43.276 --> 00:21:44.931 with opioid use disorder immediately

NOTE Confidence: 0.850465255333333

00:21:44.931 --> 00:21:46.923 prior to the pandemic and another

NOTE Confidence: 0.850465255333333

00:21:46.923 --> 00:21:49.160 cohort after the start of the pandemic.

NOTE Confidence: 0.850465255333333

 $00:21:49.160 \longrightarrow 00:21:50.705$ And they found that telehealth

NOTE Confidence: 0.850465255333333

 $00{:}21{:}50.705 \dashrightarrow 00{:}21{:}52.580$ for any opioid use disorder care,

NOTE Confidence: 0.850465255333333

 $00:21:52.580 \longrightarrow 00:21:54.169$ which in their study they were not

NOTE Confidence: 0.850465255333333

 $00{:}21{:}54.169 \dashrightarrow 00{:}21{:}55.535$ able to associate the telehealth

NOTE Confidence: 0.850465255333333

 $00:21:55.535 \longrightarrow 00:21:57.437$ visit directly to the medication treatment.

NOTE Confidence: 0.85046525533333300:21:57.440 --> 00:21:58.208 But really.

NOTE Confidence: 0.850465255333333

 $00{:}21{:}58.208 \dashrightarrow 00{:}22{:}00.128$ Encompassing any OU D care,

NOTE Confidence: 0.850465255333333

 $00:22:00.130 \longrightarrow 00:22:02.040$ they found that telehealth visits

NOTE Confidence: 0.850465255333333

 $00:22:02.040 \longrightarrow 00:22:04.316$ increased from 0.6% to 19.6%,

00:22:04.316 --> 00:22:06.826 which is a substantial increase,

NOTE Confidence: 0.850465255333333

 $00{:}22{:}06.830 \to 00{:}22{:}07.421$ I would say,

NOTE Confidence: 0.850465255333333

 $00:22:07.421 \longrightarrow 00:22:08.800$ in a very short period of time

NOTE Confidence: 0.850465255333333

 $00:22:08.854 \longrightarrow 00:22:10.288$ where in healthcare not a whole

NOTE Confidence: 0.850465255333333

00:22:10.288 --> 00:22:11.890 lot of things change that quickly,

NOTE Confidence: 0.850465255333333

 $00:22:11.890 \longrightarrow 00:22:13.983$ but as of course lower than the

NOTE Confidence: 0.850465255333333

 $00:22:13.983 \longrightarrow 00:22:15.819$ increase that we saw in the VA.

NOTE Confidence: 0.850465255333333

 $00:22:15.820 \longrightarrow 00:22:18.543$ They also found that receipt of any

NOTE Confidence: 0.850465255333333

 $00:22:18.543 \longrightarrow 00:22:21.241$ telehealth for OUD care was associated

NOTE Confidence: 0.850465255333333

 $00:22:21.241 \longrightarrow 00:22:23.558$ with increased retention on medications

NOTE Confidence: 0.850465255333333

 $00{:}22{:}23.558 \dashrightarrow 00{:}22{:}26.204$ and also they found that receipt of

NOTE Confidence: 0.850465255333333

 $00:22:26.204 \longrightarrow 00:22:28.617$ any telehealth was associated with a

NOTE Confidence: 0.850465255333333

 $00:22:28.617 \longrightarrow 00:22:30.999$ decreased risk for overdose related visits.

NOTE Confidence: 0.850465255333333

 $00:22:31.000 \longrightarrow 00:22:32.500$ So patients were less likely to

NOTE Confidence: 0.850465255333333

 $00:22:32.500 \longrightarrow 00:22:34.380$ be seen in the emergency room,

NOTE Confidence: 0.850465255333333

 $00:22:34.380 \longrightarrow 00:22:35.020$ hospitalized,

00:22:35.020 --> 00:22:37.580 inpatient related to overdose,

NOTE Confidence: 0.850465255333333

 $00:22:37.580 \longrightarrow 00:22:39.326$ those who had received any telehealth

NOTE Confidence: 0.850465255333333

 $00{:}22{:}39.326 \dashrightarrow 00{:}22{:}40.939$ compared to those who had not.

NOTE Confidence: 0.850465255333333

 $00:22:40.940 \longrightarrow 00:22:42.851$ Again this is these are not randomized

NOTE Confidence: 0.850465255333333

00:22:42.851 --> 00:22:44.393 controlled trials but this is the

NOTE Confidence: 0.850465255333333

 $00{:}22{:}44.393 \dashrightarrow 00{:}22{:}45.954$ best that these are the best methods.

NOTE Confidence: 0.850465255333333

 $00:22:45.960 \longrightarrow 00:22:47.030$ That we have at hand,

NOTE Confidence: 0.850465255333333

 $00:22:47.030 \longrightarrow 00:22:49.155$ especially so shortly after the

NOTE Confidence: 0.850465255333333

00:22:49.155 --> 00:22:51.530 start of COVID, all of the data,

NOTE Confidence: 0.850465255333333

 $00:22:51.530 \longrightarrow 00:22:52.905$ this data is suggesting that

NOTE Confidence: 0.850465255333333

 $00:22:52.905 \longrightarrow 00:22:54.551$ telehealth could be associated with

NOTE Confidence: 0.850465255333333

 $00:22:54.551 \longrightarrow 00:22:55.867$ improved outcomes for patients

NOTE Confidence: 0.850465255333333

 $00{:}22{:}55.867 \dashrightarrow 00{:}22{:}57.220$ with opioid use disorder.

NOTE Confidence: 0.870332636086957

 $00:23:00.480 \longrightarrow 00:23:02.487$ And so in summary, I think what we have

NOTE Confidence: 0.870332636086957

 $00:23:02.487 \longrightarrow 00:23:04.247$ learned from these early studies and you

 $00:23:04.247 \longrightarrow 00:23:06.050$ know for most folks in the audience,

NOTE Confidence: 0.870332636086957

 $00{:}23{:}06.050 \dashrightarrow 00{:}23{:}07.210$ you know that research typically

NOTE Confidence: 0.870332636086957

00:23:07.210 --> 00:23:09.192 takes a long time. So COVID has been

NOTE Confidence: 0.870332636086957

 $00:23:09.192 \longrightarrow 00:23:11.000$ a real challenge for some of us.

NOTE Confidence: 0.870332636086957

00:23:11.000 --> 00:23:13.009 What we're starting to get a sense

NOTE Confidence: 0.870332636086957

 $00:23:13.009 \longrightarrow 00:23:15.004$ is that telehealth for opioid use

NOTE Confidence: 0.870332636086957

 $00:23:15.004 \longrightarrow 00:23:16.326$ disorder treatment largely likely

NOTE Confidence: 0.870332636086957

00:23:16.326 --> 00:23:17.841 helps sustain a critical treatment

NOTE Confidence: 0.870332636086957

00:23:17.841 --> 00:23:19.710 for a very vulnerable and complex

NOTE Confidence: 0.870332636086957

00:23:19.710 --> 00:23:21.831 population during a time when much of

NOTE Confidence: 0.870332636086957

 $00:23:21.881 \longrightarrow 00:23:23.797$ healthcare utilization was decreasing.

NOTE Confidence: 0.870332636086957

 $00:23:23.800 \longrightarrow 00:23:25.788$ Other studies have shown that use of

NOTE Confidence: 0.870332636086957

 $00:23:25.788 \longrightarrow 00:23:27.328$ other medical care were decreasing

NOTE Confidence: 0.870332636086957

00:23:27.328 --> 00:23:28.903 actually during the same period

NOTE Confidence: 0.870332636086957

 $00:23:28.903 \longrightarrow 00:23:30.630$ of time these early studies.

NOTE Confidence: 0.870332636086957

 $00:23:30.630 \longrightarrow 00:23:32.844$ Also indicate that telehealth was associated

00:23:32.844 --> 00:23:34.320 with potentially improved outcomes,

NOTE Confidence: 0.870332636086957

 $00{:}23{:}34.320 \dashrightarrow 00{:}23{:}36.540$ including improved retention and care,

NOTE Confidence: 0.870332636086957

 $00:23:36.540 \longrightarrow 00:23:38.538$ and potentially even lower overdose rates,

NOTE Confidence: 0.870332636086957

 $00:23:38.540 \longrightarrow 00:23:40.560$ though future studies are really

NOTE Confidence: 0.870332636086957

 $00:23:40.560 \longrightarrow 00:23:42.176$ needed to substantiate that.

NOTE Confidence: 0.870332636086957

 $00:23:42.180 \longrightarrow 00:23:43.815$ And likely the causal mechanism

NOTE Confidence: 0.870332636086957

 $00:23:43.815 \longrightarrow 00:23:45.849$ is due to making it easier

NOTE Confidence: 0.870332636086957

 $00:23:45.849 \longrightarrow 00:23:47.829$ for patients to stay in care.

NOTE Confidence: 0.870332636086957

 $00:23:47.830 \longrightarrow 00:23:49.874$ And I want to emphasize these results

NOTE Confidence: 0.870332636086957

 $00{:}23{:}49.874 \longrightarrow 00{:}23{:}52.290$ because I think a lot of people here

NOTE Confidence: 0.870332636086957

 $00:23:52.290 \longrightarrow 00:23:53.775$ know that there's been tremendous

NOTE Confidence: 0.870332636086957

 $00{:}23{:}53.835 \dashrightarrow 00{:}23{:}55.617$ national efforts and resources put in

NOTE Confidence: 0.870332636086957

 $00{:}23{:}55.617 \dashrightarrow 00{:}23{:}57.869$ to try to combat the overdose epidemic,

NOTE Confidence: 0.870332636086957

00:23:57.869 --> 00:23:58.928 both from NIH,

NOTE Confidence: 0.870332636086957

 $00:23:58.930 \longrightarrow 00:24:00.428$ but really kind of at the state

 $00:24:00.428 \longrightarrow 00:24:01.883$ and federal level when it comes

NOTE Confidence: 0.870332636086957

 $00:24:01.883 \longrightarrow 00:24:02.648$ to service provision.

NOTE Confidence: 0.870332636086957

 $00:24:02.650 \longrightarrow 00:24:04.837$ And these data are some of the first to

NOTE Confidence: 0.870332636086957

 $00:24:04.837 \longrightarrow 00:24:06.678$ indicate that a particular intervention

NOTE Confidence: 0.870332636086957

 $00:24:06.678 \longrightarrow 00:24:08.603$ is actually associated with improved

NOTE Confidence: 0.870332636086957

 $00:24:08.603 \longrightarrow 00:24:10.567$ outcomes among this patient population.

NOTE Confidence: 0.870332636086957

 $00:24:10.570 \longrightarrow 00:24:12.530$ And so This is why it's particularly.

NOTE Confidence: 0.870332636086957 00:24:12.530 --> 00:24:12.840 Promising.

NOTE Confidence: 0.870332636086957

00:24:12.840 --> 00:24:14.700 There's actually very few things that

NOTE Confidence: 0.870332636086957

 $00:24:14.700 \longrightarrow 00:24:17.033$ we can think about to really improve

NOTE Confidence: 0.870332636086957

 $00{:}24{:}17.033 \dashrightarrow 00{:}24{:}18.723$ outcomes in this patient population.

NOTE Confidence: 0.91261646875

 $00:24:21.360 \longrightarrow 00:24:24.456$ But I don't want to just stop there.

NOTE Confidence: 0.91261646875

 $00:24:24.460 \longrightarrow 00:24:26.746$ And so the although I've emphasized

NOTE Confidence: 0.91261646875

 $00{:}24{:}26.746 \dashrightarrow 00{:}24{:}29.922$ I would say some of the potential

NOTE Confidence: 0.91261646875

00:24:29.922 --> 00:24:32.018 positive impacts from telehealth,

NOTE Confidence: 0.91261646875

 $00:24:32.020 \longrightarrow 00:24:33.796$ I I think that we also have to

 $00:24:33.796 \longrightarrow 00:24:35.328$ emphasize that the this might not be

NOTE Confidence: 0.91261646875

 $00:24:35.328 \longrightarrow 00:24:37.722$ the same story for a lot of our other

NOTE Confidence: 0.91261646875

 $00:24:37.722 \longrightarrow 00:24:39.026$ patient populations including other

NOTE Confidence: 0.91261646875

 $00:24:39.026 \longrightarrow 00:24:40.829$ patients with substance use disorders.

NOTE Confidence: 0.91261646875

 $00:24:40.829 \longrightarrow 00:24:43.127$ So in a paper that's currently

NOTE Confidence: 0.91261646875

00:24:43.127 --> 00:24:45.277 under review by our team that's

NOTE Confidence: 0.91261646875

00:24:45.277 --> 00:24:46.972 led by Doctor Paramus Swami,

NOTE Confidence: 0.91261646875

 $00:24:46.980 \longrightarrow 00:24:48.792$ we examined treatment including

NOTE Confidence: 0.91261646875

 $00{:}24{:}48.792 \dashrightarrow 00{:}24{:}50.604$ both medications and psychotherapy

NOTE Confidence: 0.91261646875

 $00:24:50.604 \longrightarrow 00:24:52.604$ among all patients with alcohol

NOTE Confidence: 0.91261646875

 $00:24:52.604 \longrightarrow 00:24:54.319$ use disorders in the VA.

NOTE Confidence: 0.91261646875

00:24:54.320 --> 00:24:55.588 And as you know,

NOTE Confidence: 0.91261646875

 $00{:}24{:}55.588 \dashrightarrow 00{:}24{:}56.856$ unlike opioid use disorder

NOTE Confidence: 0.91261646875

 $00{:}24{:}56.856 \dashrightarrow 00{:}24{:}58.266$ where medications aren't average

NOTE Confidence: 0.91261646875

 $00:24:58.266 \longrightarrow 00:24:59.702$ are the effective treatments

 $00:24:59.702 \longrightarrow 00:25:01.138$ for alcohol use disorder,

NOTE Confidence: 0.91261646875

 $00:25:01.140 \longrightarrow 00:25:03.650$ both medication and psychotherapy are

NOTE Confidence: 0.91261646875

 $00:25:03.650 \longrightarrow 00:25:06.160$ effective in approximately similarly so.

NOTE Confidence: 0.91261646875

00:25:06.160 --> 00:25:06.658 So unfortunately,

NOTE Confidence: 0.91261646875

 $00:25:06.658 \longrightarrow 00:25:08.401$ what we found in this study is

NOTE Confidence: 0.91261646875

 $00:25:08.401 \longrightarrow 00:25:10.391$ that there was a dramatic drop in

NOTE Confidence: 0.91261646875

00:25:10.391 --> 00:25:11.519 alcohol use disorder treatment,

NOTE Confidence: 0.91261646875

 $00:25:11.520 \longrightarrow 00:25:12.992$ specifically in psychotherapy treatment

NOTE Confidence: 0.91261646875

 $00:25:12.992 \longrightarrow 00:25:15.200$ after the start of the pandemic,

NOTE Confidence: 0.91261646875

00:25:15.200 --> 00:25:18.630 which did not normalize one year after.

NOTE Confidence: 0.91261646875

 $00{:}25{:}18.630 \dashrightarrow 00{:}25{:}20.414$ So in this figure you see we examine

NOTE Confidence: 0.91261646875

 $00:25:20.414 \longrightarrow 00:25:22.169$ trends in alcohol use disorder care.

NOTE Confidence: 0.91261646875

 $00:25:22.170 \longrightarrow 00:25:24.174$ So the entire population of veterans

NOTE Confidence: 0.91261646875

 $00:25:24.174 \longrightarrow 00:25:26.280$ with alcohol use disorder in the VA

NOTE Confidence: 0.91261646875

 $00:25:26.280 \longrightarrow 00:25:27.939$ receiving care one year pre to one

NOTE Confidence: 0.91261646875

 $00{:}25{:}27.998 \dashrightarrow 00{:}25{:}29.937$ year post the start of the pandemic.

 $00:25:29.940 \longrightarrow 00:25:31.916$ And what you see is that soon after

NOTE Confidence: 0.91261646875

 $00{:}25{:}31.916 \dashrightarrow 00{:}25{:}33.888$ the start of the pandemic there was a

NOTE Confidence: 0.91261646875

 $00:25:33.888 \longrightarrow 00:25:36.144$ huge drop in in person visits but that

NOTE Confidence: 0.91261646875

 $00:25:36.144 \longrightarrow 00:25:38.013$ was not replaced fully by video and

NOTE Confidence: 0.91261646875

 $00:25:38.013 \longrightarrow 00:25:40.047$ in particular phone visits which is

NOTE Confidence: 0.91261646875

 $00:25:40.047 \longrightarrow 00:25:42.269$ what we saw for medications for OUD.

NOTE Confidence: 0.91261646875

00:25:42.270 --> 00:25:43.649 And in the study we actually found

NOTE Confidence: 0.91261646875

 $00:25:43.649 \longrightarrow 00:25:45.169$ the rates of medication treatment.

NOTE Confidence: 0.91261646875

 $00{:}25{:}45.170 \dashrightarrow 00{:}25{:}47.576$ So now so our FDA approved

NOTE Confidence: 0.91261646875

 $00{:}25{:}47.576 \dashrightarrow 00{:}25{:}48.779$ medications like naltrexone.

NOTE Confidence: 0.91261646875

 $00{:}25{:}48.780 \dashrightarrow 00{:}25{:}50.660$ Increased during the study period.

NOTE Confidence: 0.91261646875

 $00{:}25{:}50.660 \dashrightarrow 00{:}25{:}52.220$ But because medications are so

NOTE Confidence: 0.91261646875

 $00:25:52.220 \longrightarrow 00:25:54.300$ much less often used for alcohol

NOTE Confidence: 0.91261646875

00:25:54.300 --> 00:25:56.120 use disorder than psychotherapy,

NOTE Confidence: 0.91261646875

00:25:56.120 --> 00:25:57.902 the increase in medication did not

 $00:25:57.902 \longrightarrow 00:25:59.090$ substantially change the overall

NOTE Confidence: 0.91261646875

 $00:25:59.139 \longrightarrow 00:26:00.957$ treatment rates for alcohol use disorder,

NOTE Confidence: 0.91261646875

 $00:26:00.960 \longrightarrow 00:26:03.084$ which fell about 30% after the

NOTE Confidence: 0.91261646875

 $00:26:03.084 \longrightarrow 00:26:04.500$ start of the pandemic.

NOTE Confidence: 0.91261646875

 $00:26:04.500 \longrightarrow 00:26:06.327$ And this is a huge increase when

NOTE Confidence: 0.91261646875

00:26:06.327 --> 00:26:08.046 you think about how prevalent AUD

NOTE Confidence: 0.91261646875

 $00:26:08.046 \longrightarrow 00:26:09.804$ is and how widespread the impacts

NOTE Confidence: 0.91261646875

 $00:26:09.804 \longrightarrow 00:26:11.140$ of untreated illness.

NOTE Confidence: 0.91261646875

 $00{:}26{:}11.140 \dashrightarrow 00{:}26{:}12.715$ And I would say this data suggests

NOTE Confidence: 0.91261646875

 $00:26:12.715 \longrightarrow 00:26:14.214$ that although it was easy for

NOTE Confidence: 0.91261646875

 $00:26:14.214 \longrightarrow 00:26:15.499$ us to transition to telehealth

NOTE Confidence: 0.91261646875

 $00:26:15.499 \longrightarrow 00:26:16.500$ for medication treatment,

NOTE Confidence: 0.91261646875

00:26:16.500 --> 00:26:18.440 there may have been substantial

NOTE Confidence: 0.91261646875

 $00:26:18.440 \longrightarrow 00:26:19.604$ barriers for psychotherapy.

NOTE Confidence: 0.91261646875

 $00:26:19.610 \longrightarrow 00:26:21.360$ Which also includes both individual

NOTE Confidence: 0.91261646875

 $00:26:21.360 \longrightarrow 00:26:22.410$ and group psychotherapy.

 $00:26:26.090 \longrightarrow 00:26:28.030$ So in addition to examining

NOTE Confidence: 0.872892301428571

 $00:26:28.030 \longrightarrow 00:26:28.806$ treatment utilization,

NOTE Confidence: 0.872892301428571

 $00:26:28.810 \longrightarrow 00:26:31.099$ I also want to emphasize the importance

NOTE Confidence: 0.872892301428571

 $00:26:31.099 \longrightarrow 00:26:32.498$ of understanding patient experiences

NOTE Confidence: 0.872892301428571

 $00:26:32.498 \longrightarrow 00:26:34.646$ especially with newer models of care.

NOTE Confidence: 0.872892301428571

 $00:26:34.650 \longrightarrow 00:26:36.288$ In a recent study by our team,

NOTE Confidence: 0.872892301428571

 $00:26:36.290 \longrightarrow 00:26:37.990$ we conducted a semi structured

NOTE Confidence: 0.872892301428571

 $00{:}26{:}37.990 \to 00{:}26{:}39.690$ qualitative interviews with over 30

NOTE Confidence: 0.872892301428571

 $00{:}26{:}39.748 \dashrightarrow 00{:}26{:}41.788$ patients with opioid and alcohol use

NOTE Confidence: 0.872892301428571

 $00{:}26{:}41.788 \dashrightarrow 00{:}26{:}43.618$ disorder to better understand the

NOTE Confidence: 0.872892301428571

 $00:26:43.618 \longrightarrow 00:26:45.266$ patient experiences with telehealth.

NOTE Confidence: 0.872892301428571

 $00:26:45.270 \longrightarrow 00:26:47.888$ And we found that experiences vary widely

NOTE Confidence: 0.872892301428571

 $00{:}26{:}47.888 \dashrightarrow 00{:}26{:}49.856$ and we're actually quite unpredictable

NOTE Confidence: 0.872892301428571

 $00:26:49.856 \longrightarrow 00:26:52.178$ emphasizing that there is not just

NOTE Confidence: 0.872892301428571

 $00:26:52.178 \longrightarrow 00:26:54.828$ A1 size fits all model that's needed.

 $00:26:54.830 \longrightarrow 00:26:57.092$ An experience is really dependent on

NOTE Confidence: 0.872892301428571

 $00{:}26{:}57.092 \dashrightarrow 00{:}26{:}59.360$ patient preferences and what was the

NOTE Confidence: 0.872892301428571

 $00:26:59.360 \longrightarrow 00:27:01.100$ actual feasible alternative for each

NOTE Confidence: 0.872892301428571

 $00:27:01.100 \longrightarrow 00:27:03.368$ patient at each point in their care.

NOTE Confidence: 0.872892301428571

 $00:27:03.370 \longrightarrow 00:27:05.330$ So patients overall described

NOTE Confidence: 0.872892301428571

 $00:27:05.330 \longrightarrow 00:27:07.290$ some advantages to telehealth.

NOTE Confidence: 0.872892301428571

 $00:27:07.290 \longrightarrow 00:27:07.560$ One.

NOTE Confidence: 0.872892301428571

00:27:07.560 --> 00:27:09.180 An interesting one I wanted to

NOTE Confidence: 0.872892301428571

 $00{:}27{:}09.180 \dashrightarrow 00{:}27{:}11.563$ point out is that some people felt a

NOTE Confidence: 0.872892301428571

 $00:27:11.563 \longrightarrow 00:27:13.480$ decreased feeling of stigma or shame

NOTE Confidence: 0.872892301428571

 $00{:}27{:}13.480 \dashrightarrow 00{:}27{:}15.502$ or being judged for their substance

NOTE Confidence: 0.872892301428571

00:27:15.502 --> 00:27:17.465 use disorders when they were seeing

NOTE Confidence: 0.872892301428571

 $00:27:17.465 \longrightarrow 00:27:19.040$ their clinicians remotely and not

NOTE Confidence: 0.872892301428571

 $00:27:19.040 \longrightarrow 00:27:20.888$ having to wait in waiting rooms.

NOTE Confidence: 0.872892301428571 00:27:20.890 --> 00:27:21.276 However, NOTE Confidence: 0.872892301428571

 $00:27:21.276 \longrightarrow 00:27:23.206$ they also noted numerous disadvantages,

 $00:27:23.210 \longrightarrow 00:27:24.998$ including a decreased sense of connection.

NOTE Confidence: 0.872892301428571

 $00:27:25.000 \longrightarrow 00:27:27.550$ Report at times.

NOTE Confidence: 0.872892301428571

 $00:27:27.550 \longrightarrow 00:27:29.078$ And for some people,

NOTE Confidence: 0.872892301428571

 $00:27:29.078 \longrightarrow 00:27:30.988$ and then also numerous ongoing

NOTE Confidence: 0.872892301428571

 $00:27:30.988 \longrightarrow 00:27:31.990$ logistical barriers,

NOTE Confidence: 0.872892301428571

00:27:31.990 --> 00:27:34.318 including unreliable Internet services,

NOTE Confidence: 0.872892301428571

 $00:27:34.318 \longrightarrow 00:27:36.646$ limited resources in this

NOTE Confidence: 0.872892301428571

00:27:36.646 --> 00:27:37.810 particular population.

NOTE Confidence: 0.872892301428571

 $00{:}27{:}37.810 \dashrightarrow 00{:}27{:}39.952$ So I think overall what we're learning

NOTE Confidence: 0.872892301428571

00:27:39.952 --> 00:27:41.928 is that COVID created a really,

NOTE Confidence: 0.872892301428571

00:27:41.930 --> 00:27:43.025 I think, bizarre,

NOTE Confidence: 0.872892301428571

 $00:27:43.025 \longrightarrow 00:27:44.485$ interesting experiment that none

NOTE Confidence: 0.872892301428571

 $00{:}27{:}44.485 \dashrightarrow 00{:}27{:}46.530$ of us would have asked for.

NOTE Confidence: 0.872892301428571 00:27:46.530 --> 00:27:47.170 But before, NOTE Confidence: 0.872892301428571

 $00:27:47.170 \longrightarrow 00:27:49.090$ COVID said in there was very

00:27:49.090 --> 00:27:50.669 little experience with telehealth,

NOTE Confidence: 0.872892301428571

 $00{:}27{:}50.670 \dashrightarrow 00{:}27{:}53.262$ and that occurred only in early

NOTE Confidence: 0.872892301428571

 $00:27:53.262 \longrightarrow 00:27:54.126$ adopter settings.

NOTE Confidence: 0.872892301428571

00:27:54.130 --> 00:27:56.128 However, after the start of COVID,

NOTE Confidence: 0.872892301428571

 $00:27:56.130 \longrightarrow 00:27:57.300$ there was also not much.

NOTE Confidence: 0.872892301428571 00:27:57.300 --> 00:27:57.632 Voice, NOTE Confidence: 0.872892301428571

 $00:27:57.632 \longrightarrow 00:27:59.624$ it felt like there wasn't a

NOTE Confidence: 0.872892301428571

 $00:27:59.624 \longrightarrow 00:28:02.108$ lot of choice for us both as

NOTE Confidence: 0.872892301428571

00:28:02.108 --> 00:28:03.524 clinicians or as patients.

NOTE Confidence: 0.872892301428571

00:28:03.530 --> 00:28:06.617 But in a world I would hope going forward,

NOTE Confidence: 0.872892301428571

 $00{:}28{:}06.620 \dashrightarrow 00{:}28{:}08.596$ I I hope that we can learn some

NOTE Confidence: 0.872892301428571

 $00:28:08.596 \longrightarrow 00:28:10.398$ of these lessons and then think

NOTE Confidence: 0.872892301428571

 $00:28:10.398 \longrightarrow 00:28:11.886$ about what are the actual options

NOTE Confidence: 0.872892301428571

 $00:28:11.886 \longrightarrow 00:28:13.250$ we can offer to patients.

NOTE Confidence: 0.872892301428571

 $00:28:13.250 \longrightarrow 00:28:14.986$ And hopefully that it could occur in

NOTE Confidence: 0.872892301428571

 $00:28:14.986 \longrightarrow 00:28:16.784$ a hybrid setting where some patients

00:28:16.784 --> 00:28:18.449 were really prioritizing for one

NOTE Confidence: 0.872892301428571

00:28:18.449 --> 00:28:19.870 treatment modality versus another.

NOTE Confidence: 0.872892301428571

00:28:19.870 --> 00:28:21.400 And we're also trying to consider

NOTE Confidence: 0.872892301428571

 $00:28:21.400 \longrightarrow 00:28:22.669$ what are reasonable options that

NOTE Confidence: 0.872892301428571

 $00:28:22.669 \longrightarrow 00:28:23.887$ we want to give our patients.

NOTE Confidence: 0.855587020666667

 $00:28:26.820 \longrightarrow 00:28:29.291$ OK. So I've actually had the luck

NOTE Confidence: 0.855587020666667

 $00:28:29.291 \longrightarrow 00:28:31.458$ and the opportunity to have this

NOTE Confidence: 0.855587020666667

00:28:31.458 --> 00:28:33.534 type of talk or conversation with

NOTE Confidence: 0.855587020666667

00:28:33.534 --> 00:28:36.283 quite a number of large clinician

NOTE Confidence: 0.855587020666667

 $00{:}28{:}36.283 \dashrightarrow 00{:}28{:}38.147$ audiences across clinicians with

NOTE Confidence: 0.855587020666667

00:28:38.147 --> 00:28:40.235 different types of in in different

NOTE Confidence: 0.855587020666667

 $00:28:40.235 \longrightarrow 00:28:41.850$ areas of substance abuse treatment,

NOTE Confidence: 0.855587020666667

 $00{:}28{:}41.850 \dashrightarrow 00{:}28{:}43.054$ substance use disorder treatment.

NOTE Confidence: 0.855587020666667

 $00:28:43.054 \longrightarrow 00:28:45.574$ And it's clear that there are many questions

NOTE Confidence: 0.855587020666667

 $00:28:45.574 \longrightarrow 00:28:47.548$ that clinicians are struggling with now.

 $00:28:47.550 \longrightarrow 00:28:50.938$ So and many of them really are

NOTE Confidence: 0.855587020666667

 $00{:}28{:}50.938 \dashrightarrow 00{:}28{:}52.698$ not necessarily being guided by a

NOTE Confidence: 0.855587020666667

00:28:52.698 --> 00:28:54.338 lot of the data, some of the data

NOTE Confidence: 0.855587020666667

 $00:28:54.338 \longrightarrow 00:28:55.610$ that I just put this presented.

NOTE Confidence: 0.855587020666667

 $00:28:55.610 \longrightarrow 00:28:58.004$ And I think what I hear most is that

NOTE Confidence: 0.855587020666667

 $00:28:58.004 \longrightarrow 00:28:59.101$ clinicians experience tremendous

NOTE Confidence: 0.855587020666667

 $00:28:59.101 \longrightarrow 00:29:01.411$ uncertainty about what they should do

NOTE Confidence: 0.855587020666667

00:29:01.411 --> 00:29:03.828 or offer to their patients right now.

NOTE Confidence: 0.855587020666667

 $00:29:03.830 \longrightarrow 00:29:04.806$ On the one hand,

NOTE Confidence: 0.855587020666667

 $00:29:04.806 \longrightarrow 00:29:06.270$ some clinicians have seen their no

NOTE Confidence: 0.855587020666667

 $00{:}29{:}06.324 \longrightarrow 00{:}29{:}08.364$ show rates really drop when they've

NOTE Confidence: 0.855587020666667

00:29:08.364 --> 00:29:09.724 offered more flexible appointments,

NOTE Confidence: 0.855587020666667

00:29:09.730 --> 00:29:11.870 including via phone or video,

NOTE Confidence: 0.855587020666667

 $00:29:11.870 \longrightarrow 00:29:13.574$ but there's also discomfort.

NOTE Confidence: 0.855587020666667

00:29:13.574 --> 00:29:15.278 Sometimes about talking taking

NOTE Confidence: 0.855587020666667

00:29:15.278 --> 00:29:17.558 care of patients who we might

 $00:29:17.558 \longrightarrow 00:29:19.253$ have never seen in person.

NOTE Confidence: 0.855587020666667

 $00{:}29{:}19.260 \dashrightarrow 00{:}29{:}21.024$ And that also brings up questions like

NOTE Confidence: 0.855587020666667

 $00:29:21.024 \longrightarrow 00:29:22.658$ how important is the physical exam?

NOTE Confidence: 0.855587020666667

00:29:22.660 --> 00:29:25.075 When should a physical exam be done?

NOTE Confidence: 0.855587020666667 00:29:25.080 --> 00:29:25.672 How often? NOTE Confidence: 0.855587020666667

 $00:29:25.672 \longrightarrow 00:29:27.744$ There's also very little in the way

NOTE Confidence: 0.855587020666667

00:29:27.744 --> 00:29:30.104 of guidelines to guide general opioid

NOTE Confidence: 0.855587020666667

 $00:29:30.104 \longrightarrow 00:29:32.470$ or other substance use disorder care,

NOTE Confidence: 0.855587020666667

 $00:29:32.470 \longrightarrow 00:29:34.306$ which is a similar challenge we

NOTE Confidence: 0.855587020666667

 $00{:}29{:}34.306 \dashrightarrow 00{:}29{:}36.210$ face in general mental healthcare.

NOTE Confidence: 0.855587020666667

00:29:36.210 --> 00:29:38.506 Questions like how often and what's the

NOTE Confidence: 0.855587020666667

 $00:29:38.506 \longrightarrow 00:29:40.681$ utility of your in toxicology screens

NOTE Confidence: 0.855587020666667

 $00{:}29{:}40.681 \dashrightarrow 00{:}29{:}42.943$ comes up in general addiction care,

NOTE Confidence: 0.855587020666667

 $00:29:42.950 \longrightarrow 00:29:44.360$ but these questions are further

NOTE Confidence: 0.855587020666667

00:29:44.360 --> 00:29:46.099 magnified and come up even more

 $00:29:46.099 \longrightarrow 00:29:47.725$ often when it comes to telehealth.

NOTE Confidence: 0.855587020666667

 $00:29:47.730 \longrightarrow 00:29:48.850$ And at the same time,

NOTE Confidence: 0.855587020666667

 $00:29:48.850 \longrightarrow 00:29:50.270$ as the pandemic has evolved,

NOTE Confidence: 0.855587020666667

00:29:50.270 --> 00:29:52.004 our clinics are evolving again and

NOTE Confidence: 0.855587020666667

 $00:29:52.004 \longrightarrow 00:29:53.696$ there's a feeling that the goal

NOTE Confidence: 0.855587020666667

 $00:29:53.696 \longrightarrow 00:29:55.397$ with a lot of things about the

NOTE Confidence: 0.855587020666667

00:29:55.397 --> 00:29:56.810 pandemic is to return to quote.

NOTE Confidence: 0.855587020666667

 $00:29:56.810 \longrightarrow 00:29:58.742$ Normal defined as what

NOTE Confidence: 0.855587020666667

 $00{:}29{:}58.742 \dashrightarrow 00{:}30{:}00.674$ things were like before.

NOTE Confidence: 0.855587020666667

 $00:30:00.680 \longrightarrow 00:30:02.558$ However, some of us are asking,

NOTE Confidence: 0.855587020666667

 $00:30:02.560 \longrightarrow 00:30:03.403$ you know what,

NOTE Confidence: 0.855587020666667

 $00:30:03.403 \longrightarrow 00:30:04.808$ what does that actually mean

NOTE Confidence: 0.855587020666667

 $00{:}30{:}04.808 \dashrightarrow 00{:}30{:}06.379$ and may that actually disrupt

NOTE Confidence: 0.855587020666667

 $00:30:06.379 \longrightarrow 00:30:08.287$ care for some of our patients.

NOTE Confidence: 0.855587020666667

00:30:08.290 --> 00:30:11.152 And the hard part though is as things change,

NOTE Confidence: 0.855587020666667

00:30:11.160 --> 00:30:13.880 it's hard to really have the data to

 $00:30:13.880 \longrightarrow 00:30:15.866$ understand what should be happening

NOTE Confidence: 0.855587020666667

00:30:15.866 --> 00:30:17.926 because we're not using data

NOTE Confidence: 0.855587020666667

 $00:30:17.926 \dashrightarrow 00:30:20.129$ necessarily to inform that process.

NOTE Confidence: 0.855587020666667 00:30:20.130 --> 00:30:22.180 And lastly, NOTE Confidence: 0.855587020666667 00:30:22.180 --> 00:30:22.732 you know,

NOTE Confidence: 0.855587020666667

00:30:22.732 --> 00:30:24.388 I think what I've emphasized are

NOTE Confidence: 0.855587020666667

 $00:30:24.388 \longrightarrow 00:30:25.853$ going to be persistent challenges

NOTE Confidence: 0.855587020666667

 $00:30:25.853 \longrightarrow 00:30:28.314$ for a lot of our patients is that

NOTE Confidence: 0.855587020666667

 $00:30:28.314 \longrightarrow 00:30:29.898$ the logistical barriers around

NOTE Confidence: 0.855587020666667

 $00:30:29.898 \longrightarrow 00:30:31.482$ technology will still persist.

NOTE Confidence: 0.855587020666667

00:30:31.490 --> 00:30:33.380 One thing that I didn't mention before

NOTE Confidence: 0.855587020666667

 $00{:}30{:}33.380 \dashrightarrow 00{:}30{:}35.547$ is that in the VA we actually can

NOTE Confidence: 0.855587020666667

 $00{:}30{:}35.547 \dashrightarrow 00{:}30{:}37.173$ give free tablets to our veterans

NOTE Confidence: 0.855587020666667

00:30:37.173 --> 00:30:39.333 who need it in order to help them

NOTE Confidence: 0.855587020666667

 $00:30:39.333 \longrightarrow 00:30:40.606$ access a video delivered care.

00:30:40.606 --> 00:30:42.457 This is what I believe is probably

NOTE Confidence: 0.855587020666667

00:30:42.457 --> 00:30:44.287 one of the only healthcare systems

NOTE Confidence: 0.855587020666667

 $00:30:44.287 \longrightarrow 00:30:45.710$ that we're doing this for.

NOTE Confidence: 0.855587020666667

00:30:45.710 --> 00:30:47.515 We also have great technical

NOTE Confidence: 0.855587020666667

 $00:30:47.515 \longrightarrow 00:30:49.320$ assistance for patients to help

NOTE Confidence: 0.855587020666667

 $00:30:49.383 \longrightarrow 00:30:51.248$ them understand how to connect.

NOTE Confidence: 0.855587020666667

 $00:30:51.250 \longrightarrow 00:30:53.189$ Yet despite all of these support services,

NOTE Confidence: 0.855587020666667

 $00{:}30{:}53.190 \dashrightarrow 00{:}30{:}55.020$ obviously we still see challenges

NOTE Confidence: 0.855587020666667

 $00:30:55.020 \longrightarrow 00:30:56.850$ for patients and also disparities

NOTE Confidence: 0.855587020666667

 $00:30:56.908 \longrightarrow 00:30:58.642$ in which patients are able to

NOTE Confidence: 0.855587020666667

 $00{:}30{:}58.642 \dashrightarrow 00{:}31{:}00.733$ use video services with a lot of

NOTE Confidence: 0.855587020666667

 $00:31:00.733 \longrightarrow 00:31:01.606$ our addiction patients.

NOTE Confidence: 0.855587020666667

 $00:31:01.610 \longrightarrow 00:31:03.605$ Only able to access phone based care.

NOTE Confidence: 0.900633471428572

 $00:31:05.690 \longrightarrow 00:31:08.210$ And so at the same time as having all

NOTE Confidence: 0.900633471428572

00:31:08.210 --> 00:31:11.008 of these clinically related questions,

NOTE Confidence: 0.900633471428572

00:31:11.010 --> 00:31:13.068 I think this is a really interesting

00:31:13.068 --> 00:31:14.979 challenge that we have pretty much

NOTE Confidence: 0.900633471428572

 $00:31:14.979 \longrightarrow 00:31:16.589$ the same policy related questions

NOTE Confidence: 0.900633471428572

 $00:31:16.589 \longrightarrow 00:31:18.422$ that are being asked simultaneously

NOTE Confidence: 0.900633471428572

 $00:31:18.422 \longrightarrow 00:31:21.614$ and that are also very challenging.

NOTE Confidence: 0.900633471428572

 $00{:}31{:}21.620 \dashrightarrow 00{:}31{:}23.132$ And I just want to summarize some

NOTE Confidence: 0.900633471428572

 $00:31:23.132 \longrightarrow 00:31:24.556$ of the debates that are happening

NOTE Confidence: 0.900633471428572

 $00:31:24.556 \longrightarrow 00:31:26.257$ at the federal and the state level.

NOTE Confidence: 0.900633471428572

 $00:31:26.260 \longrightarrow 00:31:28.213$ So a lot of us know that the public

NOTE Confidence: 0.900633471428572

 $00{:}31{:}28.213 \dashrightarrow 00{:}31{:}29.649$ health emergency exemption of the

NOTE Confidence: 0.900633471428572

00:31:29.649 --> 00:31:31.836 Ryan Hate Act that allowed us to

NOTE Confidence: 0.900633471428572

00:31:31.836 --> 00:31:33.400 treat patients with controlled

NOTE Confidence: 0.900633471428572

 $00:31:33.400 \longrightarrow 00:31:34.964$ medications over video telehealth.

NOTE Confidence: 0.900633471428572

 $00{:}31{:}34.970 \dashrightarrow 00{:}31{:}36.525$ Without an initial in person

NOTE Confidence: 0.900633471428572

 $00:31:36.525 \longrightarrow 00:31:38.080$ visit that will likely expire.

NOTE Confidence: 0.900633471428572 00:31:38.080 --> 00:31:38.687 Obviously, NOTE Confidence: 0.900633471428572 00:31:38.687 --> 00:31:42.936 as the PHE for the pandemic expires,

NOTE Confidence: 0.900633471428572

 $00:31:42.940 \longrightarrow 00:31:45.196$ there are other pH that we can use,

NOTE Confidence: 0.900633471428572

 $00:31:45.200 \longrightarrow 00:31:47.580$ for example the overdose pH.

NOTE Confidence: 0.900633471428572 00:31:47.580 --> 00:31:47.896 However, NOTE Confidence: 0.900633471428572

 $00:31:47.896 \longrightarrow 00:31:49.476$ that's not a permanent solution

NOTE Confidence: 0.900633471428572

 $00:31:49.476 \longrightarrow 00:31:51.584$ and there needs to be a more

NOTE Confidence: 0.900633471428572

 $00:31:51.584 \longrightarrow 00:31:52.894$ permanent decision on whether or

NOTE Confidence: 0.900633471428572

 $00:31:52.894 \longrightarrow 00:31:55.166$ not an initial in person visit is

NOTE Confidence: 0.900633471428572

 $00:31:55.166 \longrightarrow 00:31:56.851$ required for telehealth for patients

NOTE Confidence: 0.900633471428572

 $00:31:56.860 \longrightarrow 00:31:58.102$ receiving control medications.

NOTE Confidence: 0.900633471428572

00:31:58.102 --> 00:32:00.586 And even before COVID to help

NOTE Confidence: 0.900633471428572

 $00:32:00.586 \longrightarrow 00:32:02.218$ support telehealth for OUD,

NOTE Confidence: 0.900633471428572

 $00:32:02.220 \longrightarrow 00:32:05.532$ the support act of 2018 had required the DEA.

NOTE Confidence: 0.900633471428572

 $00:32:05.540 \longrightarrow 00:32:07.526$ To define rules for a special

NOTE Confidence: 0.900633471428572

 $00:32:07.526 \longrightarrow 00:32:09.170$ registration process for telehealth for

NOTE Confidence: 0.900633471428572

 $00:32:09.170 \longrightarrow 00:32:11.053$ addiction care and to define what will

 $00:32:11.053 \longrightarrow 00:32:13.229$ be allowed for those clinics who did that.

NOTE Confidence: 0.900633471428572

 $00:32:13.230 \longrightarrow 00:32:15.774$ But the deadline has now passed

NOTE Confidence: 0.900633471428572

 $00:32:15.774 \longrightarrow 00:32:18.056$ without further steps and I think

NOTE Confidence: 0.900633471428572

 $00:32:18.056 \longrightarrow 00:32:20.530$ a lot of it has to do with this.

NOTE Confidence: 0.900633471428572

 $00:32:20.530 \longrightarrow 00:32:22.725$ These challenges and this uncertainty

NOTE Confidence: 0.900633471428572

00:32:22.725 --> 00:32:24.920 about what constitutes good quality

NOTE Confidence: 0.900633471428572

 $00:32:24.985 \longrightarrow 00:32:27.441$ care and the pros and cons of using

NOTE Confidence: 0.900633471428572

 $00{:}32{:}27.441 \dashrightarrow 00{:}32{:}29.200$ telehealth that remain unanswered.

NOTE Confidence: 0.900633471428572

 $00:32:29.200 \longrightarrow 00:32:30.380$ There are other federal

NOTE Confidence: 0.900633471428572

 $00:32:30.380 \longrightarrow 00:32:31.855$ pathways outside of the DA.

NOTE Confidence: 0.900633471428572

 $00:32:31.860 \longrightarrow 00:32:32.766$ For example,

NOTE Confidence: 0.900633471428572

 $00{:}32{:}32.766 \dashrightarrow 00{:}32{:}34.578$ Samsung last month updated

NOTE Confidence: 0.900633471428572

00:32:34.578 --> 00:32:36.208 federal rules for OTP's,

NOTE Confidence: 0.900633471428572

00:32:36.208 --> 00:32:37.280 or opioid treatment programs,

NOTE Confidence: 0.900633471428572

 $00:32:37.280 \longrightarrow 00:32:39.060$ also known as methodone Clinics,

 $00:32:39.060 \longrightarrow 00:32:40.660$ which has allowed methadone

NOTE Confidence: 0.900633471428572

 $00:32:40.660 \longrightarrow 00:32:42.660$ clinics to continue to start

NOTE Confidence: 0.900633471428572

 $00:32:42.660 \longrightarrow 00:32:44.260$ buprenorphine care via telehealth.

NOTE Confidence: 0.900633471428572

00:32:44.260 --> 00:32:45.970 But I think most of us think that the

NOTE Confidence: 0.900633471428572

 $00:32:45.970 \longrightarrow 00:32:47.488$ impacts of those policy changes are

NOTE Confidence: 0.900633471428572

00:32:47.488 --> 00:32:49.054 limited because the vast majority of

NOTE Confidence: 0.900633471428572

 $00:32:49.054 \longrightarrow 00:32:50.678$ you've been working here in this country.

NOTE Confidence: 0.900633471428572

00:32:50.680 --> 00:32:52.004 Prescribed outside of Otps,

NOTE Confidence: 0.900633471428572

00:32:52.004 --> 00:32:52.666 for example,

NOTE Confidence: 0.900633471428572

 $00:32:52.670 \longrightarrow 00:32:56.326$ by those of us in office space settings.

NOTE Confidence: 0.900633471428572

 $00{:}32{:}56.330 \dashrightarrow 00{:}32{:}59.074$ And just as important to these federal

NOTE Confidence: 0.900633471428572

 $00:32:59.074 \longrightarrow 00:33:01.347$ level questions about what's allowed

NOTE Confidence: 0.900633471428572

 $00{:}33{:}01.347 \dashrightarrow 00{:}33{:}03.395$ is also reimbursement questions.

NOTE Confidence: 0.900633471428572

 $00{:}33{:}03.400 \dashrightarrow 00{:}33{:}05.768$ So CMS has said that they're going to

NOTE Confidence: 0.900633471428572

 $00:33:05.768 \longrightarrow 00:33:07.357$ extend telehealth reimbursement of phone

NOTE Confidence: 0.900633471428572

00:33:07.357 --> 00:33:09.877 and video visits through the end of 2023,

 $00:33:09.877 \longrightarrow 00:33:11.512$ but that obviously leaves a

NOTE Confidence: 0.900633471428572

 $00:33:11.512 \longrightarrow 00:33:13.171$ lot of uncertainty about what

NOTE Confidence: 0.900633471428572

 $00:33:13.171 \longrightarrow 00:33:14.626$ will happen in the future.

NOTE Confidence: 0.900633471428572 00:33:14.630 --> 00:33:15.338 And lastly, NOTE Confidence: 0.900633471428572

 $00:33:15.338 \longrightarrow 00:33:17.462$ there's so much confusion around the

NOTE Confidence: 0.900633471428572

 $00:33:17.462 \longrightarrow 00:33:19.348$ differences in changing state laws.

NOTE Confidence: 0.900633471428572

 $00:33:19.350 \longrightarrow 00:33:21.108$ So bordering states like Ohio and

NOTE Confidence: 0.900633471428572

 $00:33:21.108 \longrightarrow 00:33:22.566$ Michigan can have different policies

NOTE Confidence: 0.900633471428572

 $00{:}33{:}22.566 \dashrightarrow 00{:}33{:}24.681$ completely and as part of a group at the

NOTE Confidence: 0.900633471428572

 $00{:}33{:}24.735 \dashrightarrow 00{:}33{:}26.610$ American Society of Addiction Medicine.

NOTE Confidence: 0.900633471428572

 $00:33:26.610 \longrightarrow 00:33:28.470$ We recently released a public

NOTE Confidence: 0.900633471428572

 $00:33:28.470 \longrightarrow 00:33:29.958$ policy statement summarizing some

NOTE Confidence: 0.900633471428572

 $00{:}33{:}29.958 \dashrightarrow 00{:}33{:}31.908$ of these key policy questions,

NOTE Confidence: 0.900633471428572

 $00{:}33{:}31.910 \dashrightarrow 00{:}33{:}34.220$ and also provided some overall

NOTE Confidence: 0.900633471428572

 $00:33:34.220 \longrightarrow 00:33:36.068$ recommendations for addiction care.

00:33:36.070 --> 00:33:37.786 But again, to emphasize in part,

NOTE Confidence: 0.900633471428572

 $00{:}33{:}37.790 \dashrightarrow 00{:}33{:}39.574$ we do need more data to guide what

NOTE Confidence: 0.900633471428572

00:33:39.574 --> 00:33:40.899 good policy should look like.

NOTE Confidence: 0.900633471428572

 $00:33:40.900 \longrightarrow 00:33:42.000$ But in some ways,

NOTE Confidence: 0.900633471428572

 $00:33:42.000 \longrightarrow 00:33:43.375$ these things are being debated

NOTE Confidence: 0.900633471428572

 $00:33:43.375 \longrightarrow 00:33:45.008$ so actively and so quickly,

NOTE Confidence: 0.900633471428572

 $00:33:45.010 \longrightarrow 00:33:46.750$ it's challenging to provide that data.

NOTE Confidence: 0.834975552666667

 $00:33:48.860 \longrightarrow 00:33:50.515$ OK, so I've discussed the

NOTE Confidence: 0.834975552666667

 $00:33:50.515 \longrightarrow 00:33:52.170$ background in prior literature and

NOTE Confidence: 0.834975552666667

00:33:52.231 --> 00:33:53.996 what telehealth has looked like.

NOTE Confidence: 0.834975552666667

 $00{:}33{:}54.000 \dashrightarrow 00{:}33{:}56.407$ Now I want to focus a little bit on what I

NOTE Confidence: 0.834975552666667

 $00:33:56.407 \longrightarrow 00:33:58.360$ hope telehealth looks like in the future.

NOTE Confidence: 0.834975552666667

 $00:33:58.360 \longrightarrow 00:34:00.117$ One of the things that I've emphasized

NOTE Confidence: 0.834975552666667

 $00:34:00.117 \longrightarrow 00:34:02.183$ is a real question for the field of

NOTE Confidence: 0.834975552666667

 $00:34:02.183 \longrightarrow 00:34:04.039$ addiction is how do we increase care

NOTE Confidence: 0.834975552666667

 $00{:}34{:}04.039 \dashrightarrow 00{:}34{:}05.943$ at the same time as sustaining or

 $00:34:05.943 \longrightarrow 00:34:07.810$ even improving the quality of care

NOTE Confidence: 0.834975552666667

 $00:34:07.810 \longrightarrow 00:34:10.173$ when it helps to and that should

NOTE Confidence: 0.834975552666667

00:34:10.173 --> 00:34:12.273 also help patients stay in care.

NOTE Confidence: 0.834975552666667

 $00:34:12.280 \longrightarrow 00:34:13.624$ And the one of the biggest

NOTE Confidence: 0.834975552666667

 $00:34:13.624 \longrightarrow 00:34:14.520$ worries that comes up,

NOTE Confidence: 0.834975552666667

 $00:34:14.520 \longrightarrow 00:34:16.496$ especially from regulators like

NOTE Confidence: 0.834975552666667

 $00:34:16.496 \longrightarrow 00:34:19.546$ the FDA is telehealth as another

NOTE Confidence: 0.834975552666667

 $00:34:19.546 \longrightarrow 00:34:22.156$ innovative model could increase access,

NOTE Confidence: 0.834975552666667

00:34:22.160 --> 00:34:23.640 but does it potentially

NOTE Confidence: 0.834975552666667

 $00:34:23.640 \longrightarrow 00:34:25.490$ result in lower quality care?

NOTE Confidence: 0.834975552666667

 $00:34:25.490 \longrightarrow 00:34:27.010$ I think this is a key question for

NOTE Confidence: 0.834975552666667

 $00:34:27.010 \longrightarrow 00:34:28.547$ all of us to be thinking about.

NOTE Confidence: 0.834975552666667

 $00{:}34{:}28.550 \dashrightarrow 00{:}34{:}30.318$ But I want to remind us that it's

NOTE Confidence: 0.834975552666667

 $00:34:30.318 \longrightarrow 00:34:31.816$ important to think about access

NOTE Confidence: 0.834975552666667

 $00:34:31.816 \longrightarrow 00:34:33.496$ and quality as two separate

 $00:34:33.496 \longrightarrow 00:34:34.168$ independent dimensions.

NOTE Confidence: 0.834975552666667

 $00:34:34.170 \longrightarrow 00:34:35.762$ Because I would like to say that we

NOTE Confidence: 0.834975552666667

 $00:34:35.762 \longrightarrow 00:34:37.428$ could have good quality in person care.

NOTE Confidence: 0.834975552666667

 $00:34:37.430 \longrightarrow 00:34:39.966$ We could have poor quality in personal care,

NOTE Confidence: 0.834975552666667

00:34:39.970 --> 00:34:42.945 including pill mills that existed

NOTE Confidence: 0.834975552666667

 $00:34:42.945 \longrightarrow 00:34:44.730$ well before COVID.

NOTE Confidence: 0.834975552666667

00:34:44.730 --> 00:34:45.891 And in parallel,

NOTE Confidence: 0.834975552666667

 $00:34:45.891 \longrightarrow 00:34:47.826$ as the overdose epidemic evolves,

NOTE Confidence: 0.834975552666667

 $00:34:47.830 \longrightarrow 00:34:49.482$ the way we deliver care for opioid

NOTE Confidence: 0.834975552666667

 $00:34:49.482 \longrightarrow 00:34:50.863$ use disorder and other substance

NOTE Confidence: 0.834975552666667

 $00{:}34{:}50.863 \dashrightarrow 00{:}34{:}52.418$ use disorders is also evolving.

NOTE Confidence: 0.834975552666667

 $00:34:52.420 \longrightarrow 00:34:54.058$ And the challenges that we need to

NOTE Confidence: 0.834975552666667

00:34:54.058 --> 00:34:56.461 find a way to care for very large

NOTE Confidence: 0.834975552666667

 $00{:}34{:}56.461 \dashrightarrow 00{:}34{:}58.101$ complicated population who are primarily

NOTE Confidence: 0.834975552666667

 $00:34:58.161 \longrightarrow 00:35:00.507$ using fentanyl and using multiple substances.

NOTE Confidence: 0.834975552666667

 $00:35:00.510 \longrightarrow 00:35:02.701$ And this means we can't just discontinue

 $00:35:02.701 \longrightarrow 00:35:04.029$ medication treatment just because

NOTE Confidence: 0.834975552666667

 $00:35:04.029 \longrightarrow 00:35:05.729$ someone is using another substance.

NOTE Confidence: 0.834975552666667

 $00:35:05.730 \longrightarrow 00:35:07.593$ And it also means that we have to evolve

NOTE Confidence: 0.834975552666667

00:35:07.593 --> 00:35:09.445 the way we deliver all addiction care,

NOTE Confidence: 0.834975552666667

 $00:35:09.450 \longrightarrow 00:35:12.168$ including both in person and telehealth.

NOTE Confidence: 0.834975552666667

00:35:12.170 --> 00:35:13.664 For me, I think about telehealth

NOTE Confidence: 0.834975552666667

 $00:35:13.664 \longrightarrow 00:35:15.610$ as part of a fairly flexible.

NOTE Confidence: 0.834975552666667

 $00:35:15.610 \longrightarrow 00:35:17.270$ Model of care delivery

NOTE Confidence: 0.834975552666667

 $00:35:17.270 \longrightarrow 00:35:18.515$ using multiple modalities.

NOTE Confidence: 0.834975552666667

 $00:35:18.520 \longrightarrow 00:35:19.062$ For example,

NOTE Confidence: 0.834975552666667

00:35:19.062 --> 00:35:20.417 for our current population of

NOTE Confidence: 0.834975552666667

00:35:20.417 --> 00:35:21.866 patients who are primarily using

NOTE Confidence: 0.834975552666667

 $00{:}35{:}21.866 \dashrightarrow 00{:}35{:}23.606$ fent anyl as the induction or the

NOTE Confidence: 0.834975552666667

00:35:23.606 --> 00:35:24.893 starting phase of medication

NOTE Confidence: 0.834975552666667

 $00:35:24.893 \longrightarrow 00:35:26.538$ treatment can be more unpredictable.

 $00:35:26.540 \longrightarrow 00:35:28.440$ So although we have newer

NOTE Confidence: 0.834975552666667

00:35:28.440 --> 00:35:30.340 induction models for our patients,

NOTE Confidence: 0.834975552666667

 $00:35:30.340 \longrightarrow 00:35:32.244$ there's a real utility I think in a

NOTE Confidence: 0.834975552666667

 $00:35:32.244 \longrightarrow 00:35:33.787$ more flexible treatment model where I

NOTE Confidence: 0.834975552666667

 $00:35:33.787 \longrightarrow 00:35:35.976$ can have you know our clinic staff or

NOTE Confidence: 0.834975552666667

00:35:35.976 --> 00:35:37.836 myself give patients multiple phone calls,

NOTE Confidence: 0.834975552666667

00:35:37.840 --> 00:35:39.920 especially during times of instability,

NOTE Confidence: 0.834975552666667

 $00:35:39.920 \longrightarrow 00:35:41.824$ but then bring them back in person only

NOTE Confidence: 0.834975552666667

 $00:35:41.824 \longrightarrow 00:35:43.897$ when we feel like they're needed and

NOTE Confidence: 0.834975552666667

 $00:35:43.897 \longrightarrow 00:35:46.000$ using toxicology screens as part of a tool,

NOTE Confidence: 0.83497555266666700:35:46.000 --> 00:35:46.912 but not as. NOTE Confidence: 0.8349755526666667

 $00:35:46.912 \longrightarrow 00:35:49.527$ The only tool we rely on when we

NOTE Confidence: 0.834975552666667

 $00:35:49.527 \longrightarrow 00:35:51.945$ think about how patients are doing.

NOTE Confidence: 0.834975552666667

 $00:35:51.950 \longrightarrow 00:35:53.434$ So as I've shown,

NOTE Confidence: 0.834975552666667

 $00:35:53.434 \longrightarrow 00:35:56.330$ we're starting to have data from studies,

NOTE Confidence: 0.834975552666667

 $00:35:56.330 \longrightarrow 00:35:57.830$ but I as I've also shown,

 $00:35:57.830 \longrightarrow 00:36:00.046$ we need answers to some of these questions,

NOTE Confidence: 0.834975552666667

 $00:36:00.050 \longrightarrow 00:36:01.223$ pragmatic clinical questions

NOTE Confidence: 0.834975552666667

 $00:36:01.223 \longrightarrow 00:36:02.787$ at the same time.

NOTE Confidence: 0.834975552666667

 $00:36:02.790 \longrightarrow 00:36:05.365$ And recently myself and a

NOTE Confidence: 0.834975552666667

 $00:36:05.365 \longrightarrow 00:36:07.425$ colleague in addiction medicine,

NOTE Confidence: 0.834975552666667

00:36:07.430 --> 00:36:08.414 physician from family

NOTE Confidence: 0.834975552666667

00:36:08.414 --> 00:36:09.726 medicine Doctor Chris Frank,

NOTE Confidence: 0.834975552666667

 $00{:}36{:}09.730 \dashrightarrow 00{:}36{:}12.064$ we developed with support from the

NOTE Confidence: 0.834975552666667

 $00{:}36{:}12.064 \dashrightarrow 00{:}36{:}13.620$ provider clinical support System,

NOTE Confidence: 0.834975552666667

 $00:36:13.620 \longrightarrow 00:36:15.810$ a toolkit geared towards helping

NOTE Confidence: 0.834975552666667

 $00:36:15.810 \longrightarrow 00:36:17.124$ clinicians and policymakers

NOTE Confidence: 0.834975552666667

 $00:36:17.124 \longrightarrow 00:36:19.350$ think about some of these issues.

NOTE Confidence: 0.834975552666667

 $00:36:19.350 \longrightarrow 00:36:20.790$ This is really one example.

NOTE Confidence: 0.834975552666667

 $00:36:20.790 \longrightarrow 00:36:22.011$ It's publicly available.

NOTE Confidence: 0.834975552666667

 $00:36:22.011 \longrightarrow 00:36:24.453$ But what I'm hoping to highlight

 $00:36:24.453 \longrightarrow 00:36:27.040$ is that for our field of academic,

NOTE Confidence: 0.834975552666667 00:36:27.040 --> 00:36:28.094 you know, NOTE Confidence: 0.834975552666667

 $00:36:28.094 \longrightarrow 00:36:30.729$ addiction psychiatrists and faculty members.

NOTE Confidence: 0.834975552666667

 $00:36:30.730 \longrightarrow 00:36:32.165$ This is an area where all this

NOTE Confidence: 0.834975552666667 00:36:32.165 --> 00:36:32.780 at the same NOTE Confidence: 0.833530541428572

 $00:36:32.834 \longrightarrow 00:36:33.958$ time is gathering data.

NOTE Confidence: 0.833530541428572

 $00{:}36{:}33.960 \dashrightarrow 00{:}36{:}36.515$ We also have to be thinking about

NOTE Confidence: 0.833530541428572

 $00:36:36.515 \longrightarrow 00:36:38.356$ helping our clinicians to deliver

NOTE Confidence: 0.833530541428572

 $00:36:38.356 \longrightarrow 00:36:40.736$ the best quality care that they can.

NOTE Confidence: 0.833530541428572

00:36:40.740 --> 00:36:42.020 So I know I'm running out of time,

NOTE Confidence: 0.833530541428572

 $00{:}36{:}42.020 \dashrightarrow 00{:}36{:}43.388$ so I'm going to go through

NOTE Confidence: 0.833530541428572

 $00:36:43.388 \longrightarrow 00:36:44.559$ these a little bit faster.

NOTE Confidence: 0.833530541428572

 $00{:}36{:}44.559 \dashrightarrow 00{:}36{:}46.631$ So I think I've also alluded to the

NOTE Confidence: 0.833530541428572

 $00:36:46.631 \longrightarrow 00:36:48.568$ fact that the future of telehealth,

NOTE Confidence: 0.833530541428572

 $00:36:48.570 \longrightarrow 00:36:50.544$ I hope is not telehealth as

NOTE Confidence: 0.833530541428572

 $00:36:50.544 \longrightarrow 00:36:52.340$ it looks like during COVID.

 $00:36:52.340 \longrightarrow 00:36:54.852$ You know, zoom visits with our patients I

NOTE Confidence: 0.833530541428572

 $00{:}36{:}54.852 \dashrightarrow 00{:}36{:}57.397$ think are not rocket science what soever.

NOTE Confidence: 0.833530541428572

 $00:36:57.400 \longrightarrow 00:36:58.508$ But we in particular,

NOTE Confidence: 0.833530541428572

 $00:36:58.508 \longrightarrow 00:37:00.596$ I think we can't expect this form

NOTE Confidence: 0.833530541428572

 $00{:}37{:}00.596 \dashrightarrow 00{:}37{:}02.426$ of telehealth to actually increase

NOTE Confidence: 0.833530541428572

00:37:02.426 --> 00:37:04.631 treatment and we're having data that's

NOTE Confidence: 0.833530541428572

 $00:37:04.631 \longrightarrow 00:37:06.248$ starting to suggest that, right.

NOTE Confidence: 0.833530541428572

 $00{:}37{:}06.248 \dashrightarrow 00{:}37{:}07.984$ So the VA care that I mentioned

NOTE Confidence: 0.833530541428572

 $00{:}37{:}07.984 \dashrightarrow 00{:}37{:}09.313$ although overall number of patients

NOTE Confidence: 0.833530541428572

 $00:37:09.313 \dashrightarrow 00:37:10.879$ increased that was mostly due to.

NOTE Confidence: 0.833530541428572

00:37:10.880 --> 00:37:12.665 Patients staying on treatment longer

NOTE Confidence: 0.833530541428572

 $00:37:12.665 \longrightarrow 00:37:14.939$ and not more patients engaging in care.

NOTE Confidence: 0.833530541428572

 $00{:}37{:}14.940 \dashrightarrow 00{:}37{:}16.990$ I think what we need to do in order to

NOTE Confidence: 0.833530541428572

 $00:37:17.044 \longrightarrow 00:37:19.036$ actually get more patients into care.

NOTE Confidence: 0.833530541428572

 $00:37:19.040 \longrightarrow 00:37:20.534$ So to actually help and address

 $00:37:20.534 \longrightarrow 00:37:22.220$ the needs of the 90% of patients

NOTE Confidence: 0.833530541428572

 $00:37:22.220 \longrightarrow 00:37:23.420$ who are non treatment seeking,

NOTE Confidence: 0.833530541428572

 $00:37:23.420 \longrightarrow 00:37:25.172$ not actually seeing addiction

NOTE Confidence: 0.833530541428572

 $00:37:25.172 \longrightarrow 00:37:27.800$ physicians or clinicians like some of

NOTE Confidence: 0.833530541428572

 $00:37:27.870 \longrightarrow 00:37:30.278$ us here is we actually need to think

NOTE Confidence: 0.833530541428572

 $00{:}37{:}30.278 \dashrightarrow 00{:}37{:}32.490$ about the changing the model that we

NOTE Confidence: 0.833530541428572

 $00:37:32.490 \longrightarrow 00:37:34.100$ actually deliver and reach patients.

NOTE Confidence: 0.833530541428572

 $00:37:34.100 \longrightarrow 00:37:36.156$ And so I want to highlight some of

NOTE Confidence: 0.833530541428572

00:37:36.156 --> 00:37:37.879 our team's recent work in this.

NOTE Confidence: 0.833530541428572

 $00:37:37.880 \longrightarrow 00:37:40.560$ The first example is a new model of

NOTE Confidence: 0.833530541428572

 $00:37:40.560 \longrightarrow 00:37:42.880$ care that we have piloted called the

NOTE Confidence: 0.833530541428572

 $00:37:42.880 \longrightarrow 00:37:44.858$ INREACH model we've designed this to be.

NOTE Confidence: 0.833530541428572

 $00:37:44.860 \longrightarrow 00:37:47.204$ Implemented in healthcare systems

NOTE Confidence: 0.833530541428572

00:37:47.204 --> 00:37:49.548 to proactively identify outreach,

NOTE Confidence: 0.833530541428572

 $00:37:49.550 \longrightarrow 00:37:51.500$ help increase motivation for patients

NOTE Confidence: 0.833530541428572

 $00:37:51.500 \longrightarrow 00:37:53.821$ seen in primary care settings and

00:37:53.821 --> 00:37:55.669 then we actually offer them care,

NOTE Confidence: 0.833530541428572

 $00{:}37{:}55.670 \dashrightarrow 00{:}37{:}57.374$ more accessible care delivered

NOTE Confidence: 0.833530541428572

 $00:37:57.374 \longrightarrow 00:37:58.226$ via telehealth.

NOTE Confidence: 0.833530541428572

 $00:37:58.230 \longrightarrow 00:37:59.856$ So it's not just screening and

NOTE Confidence: 0.833530541428572

 $00:37:59.856 \longrightarrow 00:38:01.490$ intervening to increase their motivation,

NOTE Confidence: 0.833530541428572

00:38:01.490 --> 00:38:04.549 it's actually giving them care at the

NOTE Confidence: 0.833530541428572

 $00:38:04.549 \longrightarrow 00:38:08.007$ same time and care that's flexible and

NOTE Confidence: 0.833530541428572

 $00{:}38{:}08.010 \dashrightarrow 00{:}38{:}09.935$ accessible and also patient oriented

NOTE Confidence: 0.833530541428572

 $00:38:09.935 \longrightarrow 00:38:12.672$ when it comes to treatment goals and

NOTE Confidence: 0.833530541428572

 $00:38:12.672 \longrightarrow 00:38:14.916$ we're currently studying this model in.

NOTE Confidence: 0.833530541428572

 $00:38:14.920 \longrightarrow 00:38:17.584$ A are A1 funded by NIH AAA and this

NOTE Confidence: 0.833530541428572

 $00{:}38{:}17.584 \dashrightarrow 00{:}38{:}20.758$ is a study that I lead with a close

NOTE Confidence: 0.833530541428572

 $00{:}38{:}20.758 \dashrightarrow 00{:}38{:}23.634$ colleague of mine, Doctor Aaron Bonner,

NOTE Confidence: 0.833530541428572

 $00:38:23.634 \longrightarrow 00:38:25.338$ a clinical psychologist.

NOTE Confidence: 0.833530541428572

 $00:38:25.340 \longrightarrow 00:38:27.536$ And a separate funded trial by an I AAA,

 $00:38:27.540 \longrightarrow 00:38:29.574$ we're taking it one step further

NOTE Confidence: 0.833530541428572

 $00{:}38{:}29.574 \dashrightarrow 00{:}38{:}30.930$ and testing different virtually

NOTE Confidence: 0.833530541428572

 $00:38:30.991 \longrightarrow 00:38:32.871$ delivered interventions in this case

NOTE Confidence: 0.833530541428572

 $00:38:32.871 \longrightarrow 00:38:34.751$ including a patient health portal.

NOTE Confidence: 0.833530541428572

00:38:34.760 --> 00:38:36.880 So all of us have used patient health

NOTE Confidence: 0.833530541428572

00:38:36.880 --> 00:38:38.924 portals to communicate with our PCP's

NOTE Confidence: 0.833530541428572

 $00:38:38.924 \longrightarrow 00:38:40.988$ and we're really using the patient

NOTE Confidence: 0.833530541428572

 $00:38:40.988 \longrightarrow 00:38:42.930$ health portal in a broader way.

NOTE Confidence: 0.833530541428572

00:38:42.930 --> 00:38:44.640 We're actually delivering an intervention,

NOTE Confidence: 0.833530541428572

 $00:38:44.640 \longrightarrow 00:38:46.195$ so a counseling intervention to

NOTE Confidence: 0.833530541428572

 $00:38:46.195 \longrightarrow 00:38:48.146$ try to engage patients using the

NOTE Confidence: 0.833530541428572

00:38:48.146 --> 00:38:49.157 patient health portal,

NOTE Confidence: 0.833530541428572

 $00:38:49.160 \longrightarrow 00:38:51.736$ which we know the vast majority of our

NOTE Confidence: 0.833530541428572

 $00{:}38{:}51.736 \dashrightarrow 00{:}38{:}53.968$ patients in our health care systems use

NOTE Confidence: 0.833530541428572

 $00:38:53.968 \longrightarrow 00:38:56.650$ and in a trial with the smart design.

NOTE Confidence: 0.833530541428572

 $00:38:56.650 \longrightarrow 00:38:58.450$ We're really testing different combinations

 $00:38:58.450 \longrightarrow 00:39:00.250$ of engagement and treatment strategies,

NOTE Confidence: 0.833530541428572

 $00{:}39{:}00.250 \dashrightarrow 00{:}39{:}02.476$ stepping up care only for patients who

NOTE Confidence: 0.833530541428572

 $00:39:02.476 \longrightarrow 00:39:04.957$ are needed as an example of like another

NOTE Confidence: 0.833530541428572

 $00:39:04.957 \longrightarrow 00:39:07.568$ kind of a future more innovative model

NOTE Confidence: 0.833530541428572

 $00:39:07.568 \longrightarrow 00:39:09.728$ that really incorporates telehealth,

NOTE Confidence: 0.833530541428572

 $00:39:09.730 \longrightarrow 00:39:11.290$ but not really telehealth

NOTE Confidence: 0.833530541428572

 $00:39:11.290 \longrightarrow 00:39:13.630$ as we've seen it so far.

NOTE Confidence: 0.833530541428572 00:39:13.630 --> 00:39:14.142 And lastly,

NOTE Confidence: 0.833530541428572

00:39:14.142 --> 00:39:15.422 I'll highlight our most one

NOTE Confidence: 0.833530541428572

 $00:39:15.422 \longrightarrow 00:39:16.940$ of our most recent studies and

NOTE Confidence: 0.833530541428572

 $00:39:16.940 \longrightarrow 00:39:18.557$ this is the study that I Co

NOTE Confidence: 0.837168115833334

00:39:18.612 --> 00:39:20.834 lead with Derek doctor, Laura Coughlin,

NOTE Confidence: 0.837168115833334

 $00:39:20.834 \dashrightarrow 00:39:24.026$ another clinical psychologist called My Best.

NOTE Confidence: 0.837168115833334

00:39:24.030 --> 00:39:25.010 And in this study,

NOTE Confidence: 0.837168115833334

 $00:39:25.010 \longrightarrow 00:39:26.796$ we're really focused on that group of

00:39:26.796 --> 00:39:28.658 patients who are our most complex patients,

NOTE Confidence: 0.837168115833334

00:39:28.660 --> 00:39:31.270 so patients using Poly substances,

NOTE Confidence: 0.837168115833334

 $00:39:31.270 \longrightarrow 00:39:33.790$ including primarily opioids and stimulants.

NOTE Confidence: 0.837168115833334

 $00:39:33.790 \longrightarrow 00:39:34.970$ And really in this study,

NOTE Confidence: 0.837168115833334

 $00:39:34.970 \longrightarrow 00:39:35.934$ we're using novel methods.

NOTE Confidence: 0.837168115833334

 $00:39:35.934 \longrightarrow 00:39:37.710$ So this is not a clinical trial,

NOTE Confidence: 0.837168115833334

 $00:39:37.710 \longrightarrow 00:39:39.710$ it's a prospective cohort study.

NOTE Confidence: 0.837168115833334

 $00:39:39.710 \longrightarrow 00:39:41.298$ We're trying to understand

NOTE Confidence: 0.837168115833334

00:39:41.298 --> 00:39:42.489 their novel drivers,

NOTE Confidence: 0.837168115833334

00:39:42.490 --> 00:39:45.268 motivators for why they use substances,

NOTE Confidence: 0.837168115833334

 $00{:}39{:}45.270 {\:{\circ}{\circ}{\circ}}>00{:}39{:}46.170$ especially risky combinations,

NOTE Confidence: 0.837168115833334

 $00:39:46.170 \longrightarrow 00:39:47.970$ but also why they seek care

NOTE Confidence: 0.837168115833334

 $00:39:47.970 \longrightarrow 00:39:49.507$ in different forms of care.

NOTE Confidence: 0.837168115833334

 $00:39:49.510 \longrightarrow 00:39:52.506$ And the goal of this is to

NOTE Confidence: 0.837168115833334

 $00:39:52.506 \longrightarrow 00:39:54.819$ understand how where can we engage.

NOTE Confidence: 0.837168115833334

 $00:39:54.819 \longrightarrow 00:39:56.534$ Patients who are traditionally not

 $00{:}39{:}56.534 \dashrightarrow 00{:}39{:}58.880$ engaged in care and using novel

NOTE Confidence: 0.837168115833334

 $00{:}39{:}58.880 {\:{\circ}{\circ}{\circ}}>00{:}40{:}00.080$ behavioral economic constructs

NOTE Confidence: 0.837168115833334

 $00:40:00.080 \longrightarrow 00:40:01.947$ to understand kind of when

NOTE Confidence: 0.837168115833334

 $00:40:01.947 \longrightarrow 00:40:03.457$ patients might be more ready,

NOTE Confidence: 0.837168115833334 00:40:03.460 --> 00:40:04.032 less ready, NOTE Confidence: 0.837168115833334

 $00:40:04.032 \longrightarrow 00:40:05.748$ what are the drivers of their

NOTE Confidence: 0.837168115833334

 $00:40:05.748 \longrightarrow 00:40:07.208$ substance use versus their motivation

NOTE Confidence: 0.837168115833334

 $00:40:07.208 \longrightarrow 00:40:09.140$ to engage in care in order to

NOTE Confidence: 0.837168115833334

 $00:40:09.195 \longrightarrow 00:40:10.611$ inform future interventions that

NOTE Confidence: 0.837168115833334

 $00:40:10.611 \longrightarrow 00:40:12.735$ can be really tailored and targeted

NOTE Confidence: 0.837168115833334

 $00:40:12.740 \longrightarrow 00:40:14.306$ to where patients might be most

NOTE Confidence: 0.837168115833334

 $00:40:14.306 \longrightarrow 00:40:15.930$ ready to engage in treatment?

NOTE Confidence: 0.907726647692308

 $00{:}40{:}18.550 \dashrightarrow 00{:}40{:}20.806$ So I think I've talked a lot about

NOTE Confidence: 0.907726647692308

 $00:40:20.806 \longrightarrow 00:40:22.670$ the various forms of telehealth,

NOTE Confidence: 0.907726647692308

00:40:22.670 --> 00:40:24.370 what telehealth looked like before,

00:40:24.370 --> 00:40:25.870 what telehealth looks like currently,

NOTE Confidence: 0.907726647692308

 $00:40:25.870 \longrightarrow 00:40:28.066$ and really highlighting all the current

NOTE Confidence: 0.907726647692308

 $00:40:28.066 \longrightarrow 00:40:30.549$ challenges that need a lot of our

NOTE Confidence: 0.907726647692308

 $00:40:30.549 \longrightarrow 00:40:32.782$ expertise in order to inform what hopefully

NOTE Confidence: 0.907726647692308

 $00:40:32.841 \longrightarrow 00:40:34.850$ care will look like in the future.

NOTE Confidence: 0.907726647692308

00:40:34.850 --> 00:40:36.910 I think without this work,

NOTE Confidence: 0.907726647692308

 $00:40:36.910 \longrightarrow 00:40:38.980$ what I am afraid of is that care will

NOTE Confidence: 0.907726647692308

00:40:38.980 --> 00:40:40.905 actually just go back to what it was

NOTE Confidence: 0.907726647692308

 $00:40:40.905 \longrightarrow 00:40:42.545$ like before without taking advantage of

NOTE Confidence: 0.907726647692308

 $00:40:42.545 \longrightarrow 00:40:44.610$ some of the lessons that we've learned.

NOTE Confidence: 0.907726647692308

 $00{:}40{:}44.610 \dashrightarrow 00{:}40{:}47.440$ Ultimately though, I think that.

NOTE Confidence: 0.907726647692308

00:40:47.440 --> 00:40:48.520 What I like to emphasize,

NOTE Confidence: 0.907726647692308

 $00:40:48.520 \longrightarrow 00:40:50.193$ it's not really just about telehealth or

NOTE Confidence: 0.907726647692308

00:40:50.193 --> 00:40:51.990 it's not really about telehealth at all,

NOTE Confidence: 0.907726647692308

 $00:40:51.990 \longrightarrow 00:40:54.398$ but really about how do we use telehealth

NOTE Confidence: 0.907726647692308

00:40:54.398 --> 00:40:56.757 as a tool or really any tools in

 $00:40:56.757 \longrightarrow 00:40:59.484$ order to try to reach and engage more

NOTE Confidence: 0.907726647692308

00:40:59.484 --> 00:41:01.405 patients with substance use disorders,

NOTE Confidence: 0.907726647692308

 $00{:}41{:}01.405 \dashrightarrow 00{:}41{:}02.945$ untreated substance use disorder,

NOTE Confidence: 0.907726647692308

 $00:41:02.950 \longrightarrow 00:41:04.816$ most of whom are obviously going

NOTE Confidence: 0.907726647692308

 $00:41:04.816 \longrightarrow 00:41:06.630$ to be ambivalent about any care,

NOTE Confidence: 0.907726647692308

 $00:41:06.630 \longrightarrow 00:41:08.442$ creating more accessible treatment

NOTE Confidence: 0.907726647692308

 $00:41:08.442 \longrightarrow 00:41:11.666$ options so that we can actually reach

NOTE Confidence: 0.907726647692308

 $00:41:11.666 \longrightarrow 00:41:14.288$ a patient population who are likely

NOTE Confidence: 0.907726647692308

 $00:41:14.288 \longrightarrow 00:41:16.062$ suffering the burden of untreated

NOTE Confidence: 0.907726647692308

 $00{:}41{:}16.062 \dashrightarrow 00{:}41{:}18.060$ substance use disorders and the key.

NOTE Confidence: 0.907726647692308

 $00:41:18.060 \longrightarrow 00:41:21.138$ The unique challenges that they face.

NOTE Confidence: 0.907726647692308

 $00:41:21.140 \longrightarrow 00:41:22.400$ So I'm going to stop there.

NOTE Confidence: 0.907726647692308

 $00{:}41{:}22.400 \dashrightarrow 00{:}41{:}23.954$ I appreciate your time and I'm going

NOTE Confidence: 0.907726647692308

 $00:41:23.954 \longrightarrow 00:41:25.860$ to turn it over actually to as many.

NOTE Confidence: 0.907726647692308

00:41:25.860 --> 00:41:27.869 But I also want to say something

00:41:27.869 --> 00:41:29.520 really brief about Doctor Moore.

NOTE Confidence: 0.907726647692308

 $00{:}41{:}29.520 \dashrightarrow 00{:}41{:}31.336$ I think Doctor Moore and I met maybe

NOTE Confidence: 0.907726647692308

 $00:41:31.336 \longrightarrow 00:41:33.334$ five or six years ago at a triple AP.

NOTE Confidence: 0.907726647692308

00:41:33.340 --> 00:41:35.720 And we've had, you know,

NOTE Confidence: 0.907726647692308

00:41:35.720 --> 00:41:37.436 so many conversations at this point,

NOTE Confidence: 0.907726647692308

00:41:37.440 --> 00:41:38.748 like philosophical conversations

NOTE Confidence: 0.907726647692308

 $00:41:38.748 \longrightarrow 00:41:40.928$ about telehealth that before COVID

NOTE Confidence: 0.907726647692308

00:41:40.928 --> 00:41:42.660 were very philosophical.

NOTE Confidence: 0.907726647692308

00:41:42.660 --> 00:41:43.632 And suddenly, you know,

NOTE Confidence: 0.907726647692308

 $00:41:43.632 \longrightarrow 00:41:44.847$ after the start of COVID,

NOTE Confidence: 0.907726647692308

00:41:44.850 --> 00:41:46.536 they became not philosophical at all,

NOTE Confidence: 0.907726647692308 00:41:46.540 --> 00:41:47.398 I would say.

NOTE Confidence: 0.907726647692308

00:41:47.398 --> 00:41:49.114 And I would really highlight his

NOTE Confidence: 0.907726647692308

 $00{:}41{:}49.114 \dashrightarrow 00{:}41{:}50.898$ work as being very innovative.

NOTE Confidence: 0.907726647692308 00:41:50.900 --> 00:41:51.426 Practical, NOTE Confidence: 0.907726647692308

 $00:41:51.426 \longrightarrow 00:41:54.056$ clinical thinking in terms of

 $00:41:54.056 \longrightarrow 00:41:56.283$ how to address policy issues,

NOTE Confidence: 0.907726647692308

 $00{:}41{:}56.283 \dashrightarrow 00{:}41{:}59.020$ but actually how to overcome them and

NOTE Confidence: 0.907726647692308

 $00:41:59.087 \longrightarrow 00:42:01.627$ care for really vulnerable populations.

NOTE Confidence: 0.907726647692308

 $00:42:01.630 \longrightarrow 00:42:03.610$ Starting well before COVID too.

NOTE Confidence: 0.907726647692308

 $00:42:03.610 \longrightarrow 00:42:05.840$ So I'll turn it over.

NOTE Confidence: 0.907726647692308 00:42:05.840 --> 00:42:06.090 Thank

NOTE Confidence: 0.814443918

 $00:42:06.100 \longrightarrow 00:42:07.400$ you, Allison. That was great.

NOTE Confidence: 0.814443918

 $00:42:07.400 \longrightarrow 00:42:09.645$ Umm, David is going to do a brief overview

NOTE Confidence: 0.814443918

 $00:42:09.650 \longrightarrow 00:42:11.064$ and then we'll have time for questions.

NOTE Confidence: 0.814443918

 $00:42:11.070 \longrightarrow 00:42:13.152$ And there's actually one already in the

NOTE Confidence: 0.814443918

 $00{:}42{:}13.152 \dashrightarrow 00{:}42{:}15.150$ chat if you just wanted to take a look

NOTE Confidence: 0.900874352

00:42:15.160 --> 00:42:17.690 at it. So I'm just going to do very brief.

NOTE Confidence: 0.900874352

 $00{:}42{:}17.690 \dashrightarrow 00{:}42{:}19.436$ For those of you who don't know David Moore,

NOTE Confidence: 0.900874352

 $00:42:19.440 \longrightarrow 00:42:21.995$ he's one of our own faculty members.

NOTE Confidence: 0.900874352

 $00:42:22.000 \longrightarrow 00:42:23.692$ He went to undergrad at

00:42:23.692 --> 00:42:24.876 the University of Virginia,

NOTE Confidence: 0.900874352

 $00:42:24.880 \longrightarrow 00:42:27.040$ got an MD and PhD from the

NOTE Confidence: 0.900874352

 $00:42:27.040 \longrightarrow 00:42:28.120$ University of Pennsylvania.

NOTE Confidence: 0.900874352

 $00:42:28.120 \longrightarrow 00:42:30.156$ Then he came to Yale to do his residency.

NOTE Confidence: 0.900874352

00:42:30.160 --> 00:42:31.964 Those of you probably know him through

NOTE Confidence: 0.900874352

 $00:42:31.964 \longrightarrow 00:42:33.020$ his different roles.

NOTE Confidence: 0.900874352

 $00:42:33.020 \longrightarrow 00:42:34.285$ Then he was chief resident

NOTE Confidence: 0.900874352

 $00:42:34.285 \longrightarrow 00:42:35.790$ in emergency medicine.

NOTE Confidence: 0.83120652875

 $00:42:35.860 \longrightarrow 00:42:37.956$ And then did a quality and safety fellowship

NOTE Confidence: 0.836282488

 $00:42:37.970 \longrightarrow 00:42:40.276$ over here at the VA. He joined the

NOTE Confidence: 0.836282488

00:42:40.276 --> 00:42:42.380 faculty in 2017. At the same time,

NOTE Confidence: 0.86113979125

 $00:42:42.390 \longrightarrow 00:42:44.112$ he became director of the Vision

NOTE Confidence: 0.86113979125

00:42:44.112 --> 00:42:45.462 One Telemental Health hub.

NOTE Confidence: 0.86113979125

 $00{:}42{:}45.462 \dashrightarrow 00{:}42{:}46.786$ And then two years later,

NOTE Confidence: 0.86113979125

 $00:42:46.786 \longrightarrow 00:42:49.014$ he became director of the Vision

NOTE Confidence: 0.86113979125

00:42:49.014 --> 00:42:50.950 One Clinical Resource hub.

 $00:42:50.950 \longrightarrow 00:42:52.962$ I just want to say that he was

NOTE Confidence: 0.86113979125

 $00:42:52.962 \longrightarrow 00:42:55.230$ essentially pushed into the deep end

NOTE Confidence: 0.86113979125

 $00:42:55.230 \longrightarrow 00:42:56.770$ when he joined the faculty here.

NOTE Confidence: 0.86113979125

00:42:56.770 --> 00:42:57.620 And lucky for us,

NOTE Confidence: 0.86113979125

 $00:42:57.620 \longrightarrow 00:42:59.650$ he was able to swim and navigate the

NOTE Confidence: 0.86113979125

 $00:42:59.650 \longrightarrow 00:43:02.096$ choppy waters of administration at the VA.

NOTE Confidence: 0.86113979125

 $00:43:02.096 \longrightarrow 00:43:03.208$ He's one of the few.

NOTE Confidence: 0.86113979125

 $00:43:03.208 \longrightarrow 00:43:04.450$ There are these clinical resource hubs

NOTE Confidence: 0.86113979125

 $00{:}43{:}04.450 \dashrightarrow 00{:}43{:}06.430$ throughout the VA he's one of the few.

NOTE Confidence: 0.86113979125

 $00:43:06.430 \longrightarrow 00:43:08.360$ Psychiatrists, so it's what

NOTE Confidence: 0.86113979125

 $00:43:08.360 \longrightarrow 00:43:10.240$ started as a telemental health hub,

NOTE Confidence: 0.86113979125

00:43:10.240 --> 00:43:11.592 now became a telehealth hub

NOTE Confidence: 0.86113979125

 $00:43:11.592 \longrightarrow 00:43:12.960$ that includes primary care,

NOTE Confidence: 0.86113979125

 $00{:}43{:}12.960 \longrightarrow 00{:}43{:}14.548$ specialty care like cardiology.

NOTE Confidence: 0.86113979125

 $00:43:14.548 \longrightarrow 00:43:15.739$ So he has,

00:43:15.740 --> 00:43:17.217 I want to echo what Allison said,

NOTE Confidence: 0.86113979125

 $00{:}43{:}17.220 --> 00{:}43{:}18.900$ he has done sort of an amazing job

NOTE Confidence: 0.86113979125

 $00:43:18.900 \longrightarrow 00:43:21.060$ of building this from the ground up.

NOTE Confidence: 0.86113979125

 $00:43:21.060 \longrightarrow 00:43:22.608$ So he's just going to give us a

NOTE Confidence: 0.86113979125

 $00:43:22.608 \longrightarrow 00:43:23.692$ brief overview of that and then

NOTE Confidence: 0.86113979125

 $00:43:23.692 \longrightarrow 00:43:24.844$ we'll have some time for questions.

NOTE Confidence: 0.86113979125

00:43:24.850 --> 00:43:25.470 So David?

NOTE Confidence: 0.731826604375

 $00{:}43{:}29.160 \dashrightarrow 00{:}43{:}31.925$ Thanks as mini and and thanks

NOTE Confidence: 0.731826604375

 $00{:}43{:}31.925 --> 00{:}43{:}35.257$ Allison I want to echo while I bring up.

NOTE Confidence: 0.731826604375

 $00:43:35.260 \longrightarrow 00:43:38.930$ My slides, here we go.

NOTE Confidence: 0.731826604375

00:43:38.930 --> 00:43:41.247 You know how great it's been working

NOTE Confidence: 0.731826604375

 $00:43:41.250 \longrightarrow 00:43:44.001$ with with Allison and just wanted to

NOTE Confidence: 0.731826604375

00:43:44.001 --> 00:43:47.267 check are my slides sharing right now?

NOTE Confidence: 0.731826604375

 $00{:}43{:}47.270 --> 00{:}43{:}51.110$ Yes, yeah, they look good. And.

NOTE Confidence: 0.770776956666667

 $00:43:54.610 \longrightarrow 00:43:56.451$ Another thing and I realized there we

NOTE Confidence: 0.770776956666667

00:43:56.451 --> 00:43:59.420 are going to bring up, I advance her.

 $00:43:59.420 \longrightarrow 00:44:01.910$ So I can. Move them forward.

NOTE Confidence: 0.770776956666667

 $00:44:01.910 \longrightarrow 00:44:03.590$ This will be very brief and

NOTE Confidence: 0.770776956666667

 $00:44:03.590 \longrightarrow 00:44:07.010$ what it will be is in. Oops.

NOTE Confidence: 0.770776956666667

 $00:44:07.010 \longrightarrow 00:44:09.350$ There we go, an overview of some of the

NOTE Confidence: 0.770776956666667

 $00:44:09.350 \longrightarrow 00:44:11.340$ efforts here via Connecticut and Yale.

NOTE Confidence: 0.770776956666667

 $00:44:11.340 \longrightarrow 00:44:14.916$ And I can't say how thankful I am for

NOTE Confidence: 0.770776956666667

00:44:14.916 --> 00:44:17.472 working with Allison over the last

NOTE Confidence: 0.770776956666667

 $00:44:17.472 \longrightarrow 00:44:21.650$ several years starting at AAA P but.

NOTE Confidence: 0.770776956666667

 $00:44:21.650 \longrightarrow 00:44:23.386$ Really a lot of the things that

NOTE Confidence: 0.770776956666667

 $00:44:23.386 \longrightarrow 00:44:25.364$ I'm going to talk about here are

NOTE Confidence: 0.770776956666667

 $00{:}44{:}25.364 \dashrightarrow 00{:}44{:}27.122$ build on some of the foundations

NOTE Confidence: 0.770776956666667

00:44:27.186 --> 00:44:29.082 that Allison and folks like

NOTE Confidence: 0.770776956666667

 $00{:}44{:}29.082 \dashrightarrow 00{:}44{:}31.058$ Allison are are bringing to this

NOTE Confidence: 0.770776956666667

 $00:44:31.058 \longrightarrow 00:44:32.828$ in both research and evaluation.

NOTE Confidence: 0.770776956666667

 $00:44:32.830 \longrightarrow 00:44:36.540$ Also wanted to thank his meanie meanie

 $00:44:36.540 \longrightarrow 00:44:40.110$ who really had the foresight of

NOTE Confidence: 0.770776956666667

 $00:44:40.110 \longrightarrow 00:44:42.300$ bringing telehealth into the mental

NOTE Confidence: 0.770776956666667

 $00:44:42.300 \longrightarrow 00:44:45.100$ health service line of a Connecticut

NOTE Confidence: 0.770776956666667

 $00:44:45.100 \longrightarrow 00:44:48.526$ and has supported me and others at

NOTE Confidence: 0.770776956666667

 $00:44:48.526 \longrightarrow 00:44:51.280$ a Connecticut doing this work so.

NOTE Confidence: 0.770776956666667

 $00{:}44{:}51.280 \dashrightarrow 00{:}44{:}54.298$ I have no conflicts of interest.

NOTE Confidence: 0.770776956666667

00:44:54.300 --> 00:44:55.380 And very brief overview.

NOTE Confidence: 0.770776956666667

00:44:55.380 --> 00:44:57.311 I'm probably going to skip a few

NOTE Confidence: 0.770776956666667

00:44:57.311 --> 00:44:59.383 slides and I apologize for that just so

NOTE Confidence: 0.770776956666667

 $00:44:59.383 \longrightarrow 00:45:01.177$ there's time for question and answer,

NOTE Confidence: 0.770776956666667

 $00:45:01.180 \longrightarrow 00:45:03.214$ answer really the thing that I've

NOTE Confidence: 0.770776956666667

 $00:45:03.214 \longrightarrow 00:45:05.767$ been focused on and others at via

NOTE Confidence: 0.770776956666667

 $00{:}45{:}05.767 \dashrightarrow 00{:}45{:}07.647$ Connecticut have been focused on.

NOTE Confidence: 0.770776956666667

 $00:45:07.650 \longrightarrow 00:45:10.240$ Is this fundamental problem that

NOTE Confidence: 0.770776956666667

 $00:45:10.240 \longrightarrow 00:45:13.440$ there is a mismatch between where?

NOTE Confidence: 0.770776956666667

 $00:45:13.440 \longrightarrow 00:45:16.284$ People live and where often they're

 $00:45:16.284 \longrightarrow 00:45:19.201$ providers live and that this is

NOTE Confidence: 0.770776956666667

 $00:45:19.201 \longrightarrow 00:45:21.065$ really exacerbated in populations

NOTE Confidence: 0.770776956666667

 $00:45:21.065 \longrightarrow 00:45:23.420$ that are most at risk.

NOTE Confidence: 0.770776956666667

00:45:23.420 --> 00:45:26.306 Often I'll talk about rural health,

NOTE Confidence: 0.770776956666667

 $00:45:26.310 \longrightarrow 00:45:29.070$ but this is it's not just a problem

NOTE Confidence: 0.770776956666667

 $00:45:29.070 \longrightarrow 00:45:31.072$ of rurality that that there there

NOTE Confidence: 0.770776956666667

00:45:31.072 --> 00:45:33.040 is a mismatch and it's something

NOTE Confidence: 0.770776956666667

 $00:45:33.106 \longrightarrow 00:45:34.870$ that telehealth can overcome,

NOTE Confidence: 0.770776956666667

 $00:45:34.870 \longrightarrow 00:45:36.600$ but it's not just telehealth.

NOTE Confidence: 0.770776956666667

 $00{:}45{:}36.600 \dashrightarrow 00{:}45{:}38.610$ So I direct the clinical resource

NOTE Confidence: 0.770776956666667

00:45:38.610 --> 00:45:40.839 hub service line at a Connecticut

NOTE Confidence: 0.770776956666667

 $00:45:40.840 \longrightarrow 00:45:43.210$ and it's really a team.

NOTE Confidence: 0.770776956666667

 $00{:}45{:}43.210 \dashrightarrow 00{:}45{:}45.880$ I'm a psychiatrist who's responsible

NOTE Confidence: 0.770776956666667

 $00:45:45.880 \longrightarrow 00:45:48.016$ for medical providers and,

NOTE Confidence: 0.770776956666667

 $00:45:48.020 \longrightarrow 00:45:52.206$ and really I rely on the great.

00:45:52.210 --> 00:45:54.128 You know, the great teams at VA,

NOTE Confidence: 0.770776956666667

 $00{:}45{:}54.130 \dashrightarrow 00{:}45{:}56.596$ Connecticut and Yale School of Medicine.

NOTE Confidence: 0.770776956666667

00:45:56.600 --> 00:45:59.306 I'm also going to mention something

NOTE Confidence: 0.770776956666667

 $00:45:59.306 \longrightarrow 00:46:01.700$ called the National Mental Health

NOTE Confidence: 0.770776956666667

 $00:46:01.700 \longrightarrow 00:46:03.740$ and Suicide Prevention ECHO.

NOTE Confidence: 0.770776956666667 00:46:03.740 --> 00:46:04.512 It really, NOTE Confidence: 0.770776956666667

 $00:46:04.512 \longrightarrow 00:46:06.828$ that's focused if folks are familiar

NOTE Confidence: 0.770776956666667

00:46:06.828 --> 00:46:09.398 with Project Echo on the idea that we

NOTE Confidence: 0.770776956666667

 $00{:}46{:}09.398 \dashrightarrow 00{:}46{:}11.694$ need to train people to use evidence

NOTE Confidence: 0.770776956666667

 $00:46:11.694 \longrightarrow 00:46:13.836$ based practices and that's led by.

NOTE Confidence: 0.770776956666667

 $00:46:13.840 \longrightarrow 00:46:15.532$ Folks like Alan Edens,

NOTE Confidence: 0.770776956666667

 $00:46:15.532 \longrightarrow 00:46:18.070$ all this slide going over this.

NOTE Confidence: 0.770776956666667

00:46:18.070 --> 00:46:21.004 And it's focused on on getting rural sites,

NOTE Confidence: 0.770776956666667

 $00:46:21.004 \longrightarrow 00:46:23.223$ but non rural sites as well to

NOTE Confidence: 0.770776956666667

 $00:46:23.223 \longrightarrow 00:46:25.230$ adopt evidence based practices.

NOTE Confidence: 0.770776956666667

 $00{:}46{:}25.230 \dashrightarrow 00{:}46{:}27.596$ And then I'm going to shift gears

 $00:46:27.596 \longrightarrow 00:46:29.952$ just to highlight the national Tele

NOTE Confidence: 0.770776956666667

 $00{:}46{:}29.952 \dashrightarrow 00{:}46{:}32.067$ Nephrology hub and spoke network.

NOTE Confidence: 0.770776956666667

 $00{:}46{:}32.070 \dashrightarrow 00{:}46{:}35.059$ I think one thing that in mental

NOTE Confidence: 0.770776956666667

00:46:35.059 --> 00:46:37.285 health is always good to remind

NOTE Confidence: 0.770776956666667

 $00:46:37.285 \longrightarrow 00:46:39.443$ ourselves is that the patients we

NOTE Confidence: 0.770776956666667

 $00:46:39.443 \longrightarrow 00:46:41.473$ work with are much more likely to

NOTE Confidence: 0.770776956666667

00:46:41.473 --> 00:46:44.450 die and suffer and have morbidity

NOTE Confidence: 0.770776956666667

 $00{:}46{:}44.450 \dashrightarrow 00{:}46{:}47.130$ from medical conditions than the

NOTE Confidence: 0.770776956666667

 $00:46:47.217 \longrightarrow 00:46:48.859$ general population.

NOTE Confidence: 0.770776956666667

 $00{:}46{:}48.860 \dashrightarrow 00{:}46{:}53.140$ Mental illnesses interact with and

NOTE Confidence: 0.770776956666667

 $00{:}46{:}53.140 \dashrightarrow 00{:}46{:}55.293$ exacerbate medical conditions and

NOTE Confidence: 0.770776956666667

 $00{:}46{:}55.293 \dashrightarrow 00{:}46{:}57.448$ that decrease access to medical

NOTE Confidence: 0.770776956666667

 $00{:}46{:}57.448 \dashrightarrow 00{:}46{:}59.982$ problems is going to be much worse

NOTE Confidence: 0.770776956666667

 $00:46:59.982 \longrightarrow 00:47:01.980$ in the populations we work with.

NOTE Confidence: 0.8264262125

 $00:47:04.440 \longrightarrow 00:47:07.080$ I'm going to briefly put up this slide.

00:47:07.080 --> 00:47:09.131 This is really a thank you slide

NOTE Confidence: 0.8264262125

 $00{:}47{:}09.131 \dashrightarrow 00{:}47{:}10.833$ acknowledgement slide to a lot of

NOTE Confidence: 0.8264262125

 $00{:}47{:}10.833 \dashrightarrow 00{:}47{:}12.118$ people in the clinical resource

NOTE Confidence: 0.8264262125

00:47:12.118 --> 00:47:13.658 hub doing substance use work.

NOTE Confidence: 0.8264262125

 $00:47:13.660 \longrightarrow 00:47:15.905$ The the nephrologist and evaluators

NOTE Confidence: 0.8264262125

 $00:47:15.905 \longrightarrow 00:47:18.641$ working in the hub and spoke

NOTE Confidence: 0.8264262125

00:47:18.641 --> 00:47:21.095 network and then the ECHO team.

NOTE Confidence: 0.8264262125

00:47:21.100 --> 00:47:23.512 And you'll see a lot of familiar faces here,

NOTE Confidence: 0.8264262125

 $00:47:23.520 \longrightarrow 00:47:24.360$ but for the sake of time,

NOTE Confidence: 0.8264262125

 $00:47:24.360 \longrightarrow 00:47:25.530$ I'm going to skip over it.

NOTE Confidence: 0.8264262125

 $00:47:25.530 \longrightarrow 00:47:27.594$ One other person I want to highlight here

NOTE Confidence: 0.8264262125

 $00:47:27.594 \longrightarrow 00:47:29.578$ who's not on this slide is Mark Rosen,

NOTE Confidence: 0.8264262125

 $00:47:29.580 \longrightarrow 00:47:31.580$ who directs the addiction psychiatrist

NOTE Confidence: 0.8264262125

 $00:47:31.580 \longrightarrow 00:47:34.409$ firm and a Connecticut I worked with.

NOTE Confidence: 0.8264262125

 $00:47:34.410 \longrightarrow 00:47:35.332$ The conduit,

NOTE Confidence: 0.8264262125

 $00:47:35.332 \longrightarrow 00:47:37.637$ which is a national implementation

 $00:47:37.637 \longrightarrow 00:47:39.422$ facilitation grant that that

NOTE Confidence: 0.8264262125

00:47:39.422 --> 00:47:41.097 just wrapped up last year,

NOTE Confidence: 0.8264262125

00:47:41.100 --> 00:47:43.968 but he's continuing to study the

NOTE Confidence: 0.8264262125

 $00:47:43.968 \longrightarrow 00:47:46.303$ implementation of Tele buprenorphine and

NOTE Confidence: 0.8264262125

 $00{:}47{:}46.303 \dashrightarrow 00{:}47{:}50.226$ really is a leader in this field and I'm

NOTE Confidence: 0.8264262125

 $00{:}47{:}50.226 \dashrightarrow 00{:}47{:}53.140$ really thankful for his guidance and.

NOTE Confidence: 0.8264262125

 $00:47:53.140 \longrightarrow 00:47:56.236$ In support as we started our nephrol or our,

NOTE Confidence: 0.8264262125

 $00:47:56.240 \longrightarrow 00:47:56.844$ excuse me,

NOTE Confidence: 0.8264262125

 $00:47:56.844 \longrightarrow 00:47:57.750$ our buprenorphine hub.

NOTE Confidence: 0.8574861908

 $00:48:00.240 \longrightarrow 00:48:02.268$ Really briefly, this is a map

NOTE Confidence: 0.8574861908

 $00:48:02.268 \longrightarrow 00:48:04.228$ of the clinical resource hub and

NOTE Confidence: 0.8574861908

 $00:48:04.228 \longrightarrow 00:48:05.842$ what you'll notice is it began

NOTE Confidence: 0.8574861908

 $00:48:05.842 \longrightarrow 00:48:08.079$ as a mental health hub in blue.

NOTE Confidence: 0.8574861908

 $00{:}48{:}08.080 \dashrightarrow 00{:}48{:}09.805$ These are the unique veterans

NOTE Confidence: 0.8574861908

 $00:48:09.805 \longrightarrow 00:48:10.840$ treated each quarter.

 $00:48:10.840 \longrightarrow 00:48:11.612$ It's by fiscal year,

NOTE Confidence: 0.8574861908

00:48:11.612 --> 00:48:13.100 which is a little funny in the VA,

NOTE Confidence: 0.8574861908

 $00:48:13.100 \longrightarrow 00:48:15.612$ but I think the take away is that

NOTE Confidence: 0.8574861908

00:48:15.612 --> 00:48:18.182 mental health grew but so did primary

NOTE Confidence: 0.8574861908

 $00:48:18.182 \longrightarrow 00:48:20.052$ care and then specialty medicine

NOTE Confidence: 0.8574861908

 $00:48:20.127 \longrightarrow 00:48:22.855$ as well and then what and what this

NOTE Confidence: 0.8574861908

 $00:48:22.855 \longrightarrow 00:48:25.097$ really reflects is especially during

NOTE Confidence: 0.8574861908

00:48:25.097 --> 00:48:28.730 the pandemic that all aspects of care.

NOTE Confidence: 0.8574861908

 $00{:}48{:}28.730 \dashrightarrow 00{:}48{:}30.890$ Umm experience decreased access,

NOTE Confidence: 0.8574861908

 $00:48:30.890 \longrightarrow 00:48:33.590$ both from provider turnover but

NOTE Confidence: 0.8574861908

00:48:33.590 --> 00:48:36.408 just from disruption of services.

NOTE Confidence: 0.8574861908

 $00:48:36.410 \longrightarrow 00:48:39.490$ And it's largely based at VA Connecticut.

NOTE Confidence: 0.8574861908

 $00:48:39.490 \longrightarrow 00:48:42.994$ And this is a an estimate of the

NOTE Confidence: 0.8574861908

00:48:42.994 --> 00:48:45.630 network of services that are provided

NOTE Confidence: 0.8574861908

00:48:45.630 --> 00:48:48.270 largely through video into the home,

NOTE Confidence: 0.8574861908

 $00:48:48.270 \longrightarrow 00:48:50.190$ but also video in the clinic,

 $00:48:50.190 \longrightarrow 00:48:51.660$ which is that top graphic.

NOTE Confidence: 0.91474154555555

 $00:48:54.040 \longrightarrow 00:48:55.845$ This is a high level

NOTE Confidence: 0.91474154555555

 $00:48:55.845 \longrightarrow 00:48:57.289$ description of the services.

NOTE Confidence: 0.91474154555555

 $00:48:57.290 \longrightarrow 00:48:58.990$ We call ourselves a hub

NOTE Confidence: 0.914741545555555

 $00:48:58.990 \longrightarrow 00:49:00.690$ or really we're a network.

NOTE Confidence: 0.91474154555555

 $00:49:00.690 \longrightarrow 00:49:02.685$ The majority of services come

NOTE Confidence: 0.91474154555555

00:49:02.685 --> 00:49:04.680 from VA Connecticut and they're

NOTE Confidence: 0.914741545555555

 $00:49:04.748 \longrightarrow 00:49:06.448$ supported by Yale faculty.

NOTE Confidence: 0.91474154555555

 $00{:}49{:}06.450 \dashrightarrow 00{:}49{:}08.583$ But we can see is we also bring in

NOTE Confidence: 0.91474154555555

00:49:08.583 --> 00:49:10.733 a really high quality providers

NOTE Confidence: 0.914741545555555

00:49:10.733 --> 00:49:12.978 from White River Junction, Vt,

NOTE Confidence: 0.91474154555555

 $00{:}49{:}12.978 \dashrightarrow 00{:}49{:}15.366$ Boston and Providence and and even

NOTE Confidence: 0.91474154555555

 $00:49:15.366 \longrightarrow 00:49:18.198$ Maine which often receives our services.

NOTE Confidence: 0.91474154555555

 $00:49:18.200 \longrightarrow 00:49:20.005$ We we we collaborate with

NOTE Confidence: 0.91474154555555

 $00:49:20.005 \longrightarrow 00:49:21.088$ cardiologists up there,

 $00:49:21.090 \longrightarrow 00:49:24.058$ we try to focus on foundational services.

NOTE Confidence: 0.91474154555555

00:49:24.060 --> 00:49:25.672 Things like mental health,

NOTE Confidence: 0.91474154555555

00:49:25.672 --> 00:49:26.478 primary care,

NOTE Confidence: 0.91474154555555

 $00:49:26.480 \longrightarrow 00:49:28.340$ substance use and substance use,

NOTE Confidence: 0.91474154555555 00:49:28.340 --> 00:49:28.948 excuse me,

NOTE Confidence: 0.91474154555555

 $00{:}49{:}28.948 \operatorname{--}{>} 00{:}49{:}30.772$ and and pain and really substance

NOTE Confidence: 0.91474154555555

 $00:49:30.772 \longrightarrow 00:49:32.709$ use is a foundational service in

NOTE Confidence: 0.91474154555555

 $00{:}49{:}32.709 \dashrightarrow 00{:}49{:}35.112$ the VA and and we've really built

NOTE Confidence: 0.91474154555555

 $00{:}49{:}35.112 \dashrightarrow 00{:}49{:}36.880$ that program out intentionally.

NOTE Confidence: 0.91474154555555

 $00:49:36.880 \longrightarrow 00:49:39.096$ But we also really do make an effort

NOTE Confidence: 0.914741545555555

 $00:49:39.096 \longrightarrow 00:49:41.674$ to make sure that there's good access

NOTE Confidence: 0.91474154555555

00:49:41.674 --> 00:49:44.010 to specialty medical programs as well,

NOTE Confidence: 0.91474154555555

00:49:44.010 --> 00:49:45.573 including renal, cardiology,

NOTE Confidence: 0.914741545555555

 $00:49:45.573 \longrightarrow 00:49:47.657$ liver and surgical services.

NOTE Confidence: 0.834410758421053

 $00:49:50.880 \longrightarrow 00:49:52.410$ Our our substance use team and

NOTE Confidence: 0.834410758421053

 $00:49:52.410 \longrightarrow 00:49:54.413$ actually that I left two people off

 $00:49:54.413 \longrightarrow 00:49:56.279$ accidentally and that was an intentional.

NOTE Confidence: 0.834410758421053

00:49:56.280 --> 00:49:57.852 Kristen Serowik, a psychologist,

NOTE Confidence: 0.834410758421053

 $00:49:57.852 \longrightarrow 00:49:59.424$ and Christine Lozano are

NOTE Confidence: 0.834410758421053

 $00:49:59.424 \longrightarrow 00:50:01.298$ both on the Yale faculty.

NOTE Confidence: 0.834410758421053

 $00:50:01.300 \longrightarrow 00:50:03.638$ They're part of this team right now.

NOTE Confidence: 0.834410758421053

 $00:50:03.640 \longrightarrow 00:50:06.657$ I was going to highlight the prescribers

NOTE Confidence: 0.834410758421053

00:50:06.660 --> 00:50:09.705 just because just because I think it

NOTE Confidence: 0.834410758421053

 $00{:}50{:}09.705 \dashrightarrow 00{:}50{:}11.800$ complements Doctor Lynn's talk and

NOTE Confidence: 0.834410758421053

00:50:11.800 --> 00:50:14.306 and really what they're doing and and

NOTE Confidence: 0.834410758421053

 $00:50:14.306 \longrightarrow 00:50:16.806$ what what the efforts in psychiatry

NOTE Confidence: 0.834410758421053

 $00:50:16.806 \longrightarrow 00:50:19.275$ and prescribing has been has to

NOTE Confidence: 0.834410758421053

 $00:50:19.275 \longrightarrow 00:50:21.645$ try to bring a virtual prescriber.

NOTE Confidence: 0.834410758421053

 $00{:}50{:}21.650 {\:{\mbox{--}}\!>}\ 00{:}50{:}23.654$ Into a local substance use team

NOTE Confidence: 0.834410758421053

 $00:50:23.654 \longrightarrow 00:50:25.753$ that substance use care and most

NOTE Confidence: 0.834410758421053

 $00:50:25.753 \longrightarrow 00:50:27.835$ and for especially for the most

 $00:50:27.835 \longrightarrow 00:50:29.763$ complex patients really is inner

NOTE Confidence: 0.834410758421053

 $00{:}50{:}29.763 \dashrightarrow 00{:}50{:}31.327$ professional in both nursing,

NOTE Confidence: 0.834410758421053

 $00:50:31.330 \longrightarrow 00:50:34.350$ social work therapy and schedulers.

NOTE Confidence: 0.834410758421053

 $00:50:34.350 \longrightarrow 00:50:36.450$ And and there's a component of this

NOTE Confidence: 0.834410758421053

 $00:50:36.450 \longrightarrow 00:50:38.870$ that has to be in person and over

NOTE Confidence: 0.834410758421053

 $00:50:38.870 \longrightarrow 00:50:40.910$ the last several years since the

NOTE Confidence: 0.834410758421053

00:50:40.910 --> 00:50:42.809 beginning of the pandemic we what

NOTE Confidence: 0.834410758421053

 $00:50:42.809 \longrightarrow 00:50:45.033$ we saw was that there was enormous

NOTE Confidence: 0.834410758421053

 $00:50:45.033 \longrightarrow 00:50:47.138$ turnover of prescribers in substance

NOTE Confidence: 0.834410758421053

00:50:47.138 --> 00:50:49.602 use settings and that several sites

NOTE Confidence: 0.834410758421053

 $00{:}50{:}49.602 \dashrightarrow 00{:}50{:}51.146$ actually lost their prescribers.

NOTE Confidence: 0.834410758421053

 $00:50:51.150 \longrightarrow 00:50:53.038$ So the Manchester NH.

NOTE Confidence: 0.834410758421053

00:50:53.038 --> 00:50:55.280 System, a large clinic in Worcester,

NOTE Confidence: 0.834410758421053

 $00:50:55.280 \longrightarrow 00:50:56.935$ MA and actually a residential

NOTE Confidence: 0.834410758421053

 $00:50:56.935 \longrightarrow 00:50:57.928$ program in Bedford,

NOTE Confidence: 0.834410758421053

 $00:50:57.930 \longrightarrow 00:50:58.321 \text{ MA}.$

 $00:50:58.321 \longrightarrow 00:51:01.314$ And so we set up clinics and over

NOTE Confidence: 0.834410758421053

 $00:51:01.314 \longrightarrow 00:51:03.568$ the past two years we've been able

NOTE Confidence: 0.834410758421053

 $00:51:03.568 \longrightarrow 00:51:06.294$ to work with about 400 veterans

NOTE Confidence: 0.834410758421053

 $00:51:06.294 \longrightarrow 00:51:07.689$ and outpatient settings,

NOTE Confidence: 0.834410758421053

 $00:51:07.690 \longrightarrow 00:51:09.745$ three hundreds of of those

NOTE Confidence: 0.834410758421053

00:51:09.745 --> 00:51:11.389 receiving medications for opiate

NOTE Confidence: 0.834410758421053

00:51:11.389 --> 00:51:13.830 use disorder from our prescribers.

NOTE Confidence: 0.834410758421053

 $00{:}51{:}13.830 \dashrightarrow 00{:}51{:}16.448$ And then about 200 veterans and residential

NOTE Confidence: 0.834410758421053

 $00{:}51{:}16.448 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}51{:}19.048$ settings that had lost their prescribers.

NOTE Confidence: 0.834410758421053

 $00:51:19.050 \longrightarrow 00:51:21.030$ And for the sake of time,

NOTE Confidence: 0.834410758421053

00:51:21.030 --> 00:51:22.955 I'm going to advance kind of quickly,

NOTE Confidence: 0.834410758421053

 $00:51:22.960 \longrightarrow 00:51:24.493$ but one of the key points is

NOTE Confidence: 0.834410758421053

 $00:51:24.493 \longrightarrow 00:51:26.439$ I think that we do have done a

NOTE Confidence: 0.834410758421053

 $00{:}51{:}26.439 \dashrightarrow 00{:}51{:}28.035$ really good job and actually a

NOTE Confidence: 0.834410758421053

00:51:28.035 --> 00:51:29.895 better job of getting people onto

 $00:51:29.895 \longrightarrow 00:51:31.760$ medications for opiate use disorder.

NOTE Confidence: 0.834410758421053

00:51:31.760 --> 00:51:34.085 Our prescribers are filling more

NOTE Confidence: 0.834410758421053

 $00:51:34.085 \longrightarrow 00:51:37.045$ Narcan and there are also prescribing

NOTE Confidence: 0.834410758421053

 $00:51:37.045 \longrightarrow 00:51:39.520$ more medications for alcohol use

NOTE Confidence: 0.834410758421053

 $00:51:39.520 \longrightarrow 00:51:41.960$ disorder than the local VA's are

NOTE Confidence: 0.834410758421053

 $00:51:41.960 \longrightarrow 00:51:44.090$ doing and one of the limitations.

NOTE Confidence: 0.834410758421053

 $00:51:44.090 \longrightarrow 00:51:45.710$ Is that it probably needs more

NOTE Confidence: 0.834410758421053

00:51:45.710 --> 00:51:47.100 nursing support since we don't

NOTE Confidence: 0.834410758421053

 $00:51:47.100 \longrightarrow 00:51:48.405$ have people on the ground.

NOTE Confidence: 0.834410758421053

 $00:51:48.410 \longrightarrow 00:51:49.678$ There are no addiction

NOTE Confidence: 0.834410758421053

 $00{:}51{:}49.678 \dashrightarrow 00{:}51{:}50.946$ psychiatrists at these sites.

NOTE Confidence: 0.90859757555556

00:51:54.670 --> 00:51:59.179 I'm going to briefly touch on this idea that.

NOTE Confidence: 0.90859757555556

 $00:51:59.180 \longrightarrow 00:52:01.748$ Complex care is interprofessional

NOTE Confidence: 0.90859757555556

 $00:52:01.748 \longrightarrow 00:52:04.649$ again, and that if.

NOTE Confidence: 0.90859757555556

 $00:52:04.650 \longrightarrow 00:52:07.314$ The VA's or communities or facilities

NOTE Confidence: 0.90859757555556

 $00:52:07.314 \longrightarrow 00:52:10.129$ are going to implement complex care.

00:52:10.130 --> 00:52:12.580 It actually requires a lot of training.

NOTE Confidence: 0.90859757555556

 $00:52:12.580 \longrightarrow 00:52:15.196$ That things like ketamine as ketamine,

NOTE Confidence: 0.90859757555556

 $00:52:15.200 \longrightarrow 00:52:18.350$ that are priorities to implement

NOTE Confidence: 0.90859757555556

 $00:52:18.350 \longrightarrow 00:52:20.590$ at BA's across the country or

NOTE Confidence: 0.90859757555556

 $00:52:20.590 \longrightarrow 00:52:21.878$ facilities across the country,

NOTE Confidence: 0.90859757555556

00:52:21.880 --> 00:52:24.229 that they need to have training to do that

NOTE Confidence: 0.90859757555556

00:52:24.229 --> 00:52:26.496 from people experienced with it at Yale,

NOTE Confidence: 0.90859757555556

 $00:52:26.500 \longrightarrow 00:52:28.080$ we take that for granted.

NOTE Confidence: 0.90859757555556

 $00:52:28.080 \longrightarrow 00:52:30.970$ So one of the things.

NOTE Confidence: 0.90859757555556

 $00:52:30.970 \longrightarrow 00:52:32.692$ We've been working on in the National

NOTE Confidence: 0.90859757555556

 $00:52:32.692 \longrightarrow 00:52:34.383$ mental health and suicide prevention ECHO

NOTE Confidence: 0.90859757555556

00:52:34.383 --> 00:52:36.483 and I'm going to mention everyone involved,

NOTE Confidence: 0.90859757555556 00:52:36.490 --> 00:52:37.386 Ellen Edens,

NOTE Confidence: 0.90859757555556

 $00:52:37.386 \longrightarrow 00:52:40.112$ Gabriella Garcia Besado, Toral Surdi,

NOTE Confidence: 0.90859757555556

00:52:40.112 --> 00:52:43.567 Brent Moore and Minoxidil Razia,

 $00:52:43.570 \longrightarrow 00:52:44.800$ all on the faculty at Yale,

NOTE Confidence: 0.90859757555556

 $00:52:44.800 \longrightarrow 00:52:47.976$ but also a host of other people have

NOTE Confidence: 0.90859757555556

00:52:47.976 --> 00:52:50.576 been working at making practical

NOTE Confidence: 0.90859757555556

 $00:52:50.576 \longrightarrow 00:52:54.026$ simulation based trainings and case based

NOTE Confidence: 0.90859757555556

 $00:52:54.026 \longrightarrow 00:52:56.708$ trainings and really high priority.

NOTE Confidence: 0.90859757555556

00:52:56.710 --> 00:52:59.470 Programs and some of this is kind of

NOTE Confidence: 0.90859757555556

 $00:52:59.470 \longrightarrow 00:53:01.628$ case based interactive trainings and

NOTE Confidence: 0.90859757555556

 $00:53:01.628 \longrightarrow 00:53:04.869$ what we call echoes and substance use

NOTE Confidence: 0.90859757555556

 $00:53:04.945 \longrightarrow 00:53:07.501$ mental health and LGBTQ plus mental

NOTE Confidence: 0.90859757555556

00:53:07.501 --> 00:53:10.431 health but also things that are more

NOTE Confidence: 0.90859757555556

 $00:53:10.431 \longrightarrow 00:53:11.652$ intensive than interprofessional

NOTE Confidence: 0.90859757555556

00:53:11.652 --> 00:53:13.513 focused on ketamine, esketamine,

NOTE Confidence: 0.90859757555556

 $00:53:13.513 \longrightarrow 00:53:14.779$ substance use,

NOTE Confidence: 0.90859757555556

00:53:14.779 --> 00:53:17.944 Co occurring liver and substance

NOTE Confidence: 0.90859757555556

 $00:53:17.944 \longrightarrow 00:53:20.914$ use disorders and stimulants and

NOTE Confidence: 0.90859757555556

 $00{:}53{:}20.914 \dashrightarrow 00{:}53{:}24.204$ Co occurring cardiac toxicity and

 $00:53:24.204 \longrightarrow 00:53:27.156$ from those stimulants and.

NOTE Confidence: 0.90859757555556

 $00:53:27.160 \longrightarrow 00:53:30.082$ And and these programs are all

NOTE Confidence: 0.90859757555556

 $00:53:30.082 \longrightarrow 00:53:32.627$ multi hour multiday trainings that

NOTE Confidence: 0.90859757555556

00:53:32.627 --> 00:53:35.182 are focused on training providers

NOTE Confidence: 0.90859757555556

 $00:53:35.182 \longrightarrow 00:53:38.159$ not just prescribers but the whole

NOTE Confidence: 0.90859757555556

00:53:38.159 --> 00:53:40.691 team at a remote facilities who

NOTE Confidence: 0.90859757555556

 $00:53:40.691 \longrightarrow 00:53:44.948$ don't have that expertise on site.

NOTE Confidence: 0.90859757555556

 $00:53:44.950 \longrightarrow 00:53:45.718$ And then finally,

NOTE Confidence: 0.90859757555556

00:53:45.718 --> 00:53:48.209 this is going to be very brief because I'm,

NOTE Confidence: 0.90859757555556

 $00{:}53{:}48.210 \dashrightarrow 00{:}53{:}52.154$ I think we're out of time is this is

NOTE Confidence: 0.90859757555556

00:53:52.154 --> 00:53:53.906 actually a really important point is

NOTE Confidence: 0.90859757555556

 $00:53:53.906 \longrightarrow 00:53:55.985$ that while there are you know people

NOTE Confidence: 0.90859757555556

 $00{:}53{:}55.985 \dashrightarrow 00{:}53{:}57.764$ struggle in substance use to get

NOTE Confidence: 0.90859757555556

 $00{:}53{:}57.764 \dashrightarrow 00{:}53{:}59.486$ treatments out and mental health in

NOTE Confidence: 0.90859757555556

 $00:53:59.486 \longrightarrow 00:54:01.834$ general to the patients who need them,

00:54:01.834 --> 00:54:04.060 mental health is really way ahead

NOTE Confidence: 0.90859757555556

 $00:54:04.128 \longrightarrow 00:54:04.908$ of the game.

NOTE Confidence: 0.90859757555556

00:54:04.910 --> 00:54:07.376 And that during the pandemic specialty

NOTE Confidence: 0.90859757555556

00:54:07.376 --> 00:54:10.231 medicine had to really try to build

NOTE Confidence: 0.90859757555556

 $00:54:10.231 \longrightarrow 00:54:12.126$ new programs that never existed.

NOTE Confidence: 0.90859757555556

 $00:54:12.130 \longrightarrow 00:54:14.111$ We we had this in mental health

NOTE Confidence: 0.90859757555556

 $00:54:14.111 \longrightarrow 00:54:15.480$ to a certain extent.

NOTE Confidence: 0.90859757555556

 $00.54:15.480 \longrightarrow 00.54:17.808$ And one of the things that we tried

NOTE Confidence: 0.90859757555556

 $00:54:17.808 \longrightarrow 00:54:20.274$ to do in our clinical resource hub

NOTE Confidence: 0.90859757555556

 $00:54:20.274 \longrightarrow 00:54:22.604$ was get renal care out to veterans

NOTE Confidence: 0.90859757555556

 $00{:}54{:}22.604 \dashrightarrow 00{:}54{:}24.428$ nationally and I want to highlight

NOTE Confidence: 0.90859757555556

 $00:54:24.428 \longrightarrow 00:54:26.704$ this map on the left and and then

NOTE Confidence: 0.90859757555556

00:54:26.704 --> 00:54:28.313 I'm probably going to end because

NOTE Confidence: 0.90859757555556

 $00:54:28.313 \longrightarrow 00:54:29.558$ what we did was we,

NOTE Confidence: 0.90859757555556

 $00:54:29.560 \longrightarrow 00:54:32.896$ we we got a grant from the Office

NOTE Confidence: 0.90859757555556

00:54:32.896 --> 00:54:35.620 of Rural Health to develop.

00:54:35.620 --> 00:54:39.980 A network of nephrology hubs and it's based.

NOTE Confidence: 0.90859757555556

 $00{:}54{:}39.980 \dashrightarrow 00{:}54{:}43.340$ The first two were based at Boston and

NOTE Confidence: 0.90859757555556

00:54:43.340 --> 00:54:45.495 Connecticut and went to highlight Ramon

NOTE Confidence: 0.90859757555556

00:54:45.495 --> 00:54:47.600 Venezio and Susan Crowley both.

NOTE Confidence: 0.90859757555556

 $00:54:47.600 \longrightarrow 00:54:48.575$ So Susan Dr.

NOTE Confidence: 0.90859757555556

00:54:48.575 --> 00:54:51.367 Crowley is based at Yale and is the

NOTE Confidence: 0.90859757555556

00:54:51.367 --> 00:54:53.983 chief of the Nephrology program and

NOTE Confidence: 0.90859757555556

 $00{:}54{:}53.983 \dashrightarrow 00{:}54{:}56.556$ the National Kidney Disease lead and

NOTE Confidence: 0.90859757555556

00:54:56.556 --> 00:54:58.332 and what what they've been doing

NOTE Confidence: 0.90859757555556

00:54:58.332 --> 00:55:00.133 and we've been trying to figure

NOTE Confidence: 0.90859757555556

 $00:55:00.133 \longrightarrow 00:55:02.121$ out is and when we wouldn't have

NOTE Confidence: 0.90859757555556

 $00:55:02.186 \longrightarrow 00:55:04.136$ done without our initial work in

NOTE Confidence: 0.90859757555556

 $00{:}55{:}04.136 \to 00{:}55{:}05.923$ the treatment of opiate use.

NOTE Confidence: 0.90859757555556

 $00:55:05.923 \longrightarrow 00:55:07.855$ Disorders because there are

NOTE Confidence: 0.90859757555556

 $00:55:07.855 \longrightarrow 00:55:10.270$ actually large parallels in in

 $00:55:10.356 \longrightarrow 00:55:12.660$ implementing complex services.

NOTE Confidence: 0.90859757555556

 $00:55:12.660 \longrightarrow 00:55:14.502$ And what we learned in the

NOTE Confidence: 0.90859757555556

 $00:55:14.502 \longrightarrow 00:55:16.213$ treatment of opioid use disorders

NOTE Confidence: 0.90859757555556

 $00:55:16.213 \longrightarrow 00:55:18.207$ is really applied to renal disease.

NOTE Confidence: 0.90859757555556

 $00:55:18.207 \longrightarrow 00:55:19.950$ And if you look at the map

NOTE Confidence: 0.850263937857143

 $00.55:20.012 \longrightarrow 00.55:21.474$ map on the list, if, if,

NOTE Confidence: 0.850263937857143

00:55:21.474 --> 00:55:24.760 if a VA is in the white or light green,

NOTE Confidence: 0.850263937857143

 $00:55:24.760 \longrightarrow 00:55:28.078$ it really lacks access to renal care.

NOTE Confidence: 0.850263937857143

 $00{:}55{:}28.080 {\:{\circ}{\circ}{\circ}}>00{:}55{:}30.341$ There's either no renal care or very

NOTE Confidence: 0.850263937857143

 $00:55:30.341 \longrightarrow 00:55:32.305$ little renal care and not enough

NOTE Confidence: 0.850263937857143

 $00{:}55{:}32.305 \dashrightarrow 00{:}55{:}34.171$ for the population and it's the

NOTE Confidence: 0.850263937857143

 $00:55:34.171 \longrightarrow 00:55:36.219$ rural sites and those rural sites.

NOTE Confidence: 0.850263937857143

00:55:36.220 --> 00:55:38.313 No one had access in the community

NOTE Confidence: 0.850263937857143

00:55:38.313 --> 00:55:41.232 and so this network and the and this

NOTE Confidence: 0.850263937857143

 $00:55:41.232 \longrightarrow 00:55:43.182$ grant is focused on implementation.

NOTE Confidence: 0.850263937857143

00:55:43.190 --> 00:55:44.422 It's it's a multi,

 $00:55:44.422 \longrightarrow 00:55:47.253$ it's a 5 year program to expand the

NOTE Confidence: 0.850263937857143

 $00:55:47.253 \longrightarrow 00:55:49.530$ Boston and nephrology hubs, but.

NOTE Confidence: 0.822359338

00:55:51.740 --> 00:55:56.118 Grow new hubs and so. I want to skip

NOTE Confidence: 0.822359338

00:55:56.118 --> 00:55:58.850 this slide just for the sake of time.

NOTE Confidence: 0.822359338

 $00:55:58.850 \longrightarrow 00:56:01.217$ And it's going to be a multi-site grant

NOTE Confidence: 0.822359338

00:56:01.217 --> 00:56:03.193 and then over each year we're going

NOTE Confidence: 0.822359338

 $00:56:03.193 \longrightarrow 00:56:05.607$ to add in new hubs starting on the

NOTE Confidence: 0.822359338

 $00:56:05.607 \longrightarrow 00:56:07.704$ southeast and out West and and hopefully

NOTE Confidence: 0.822359338

 $00{:}56{:}07.704 \dashrightarrow 00{:}56{:}09.496$ develop a network of hubs of doing this.

NOTE Confidence: 0.822359338

 $00{:}56{:}09.500 \dashrightarrow 00{:}56{:}11.795$ And I think that's my last slide but you

NOTE Confidence: 0.822359338

 $00:56:11.795 \longrightarrow 00:56:14.326$ know hopefully what folks take away is that.

NOTE Confidence: 0.822359338

 $00{:}56{:}14.330 \dashrightarrow 00{:}56{:}16.280$ Um at Yale and VA Connecticut

NOTE Confidence: 0.822359338

 $00:56:16.280 \longrightarrow 00:56:18.260$ and the VA in general.

NOTE Confidence: 0.844483086153846

 $00{:}56{:}20.500 \dashrightarrow 00{:}56{:}23.405$ There there really has been a lot

NOTE Confidence: 0.844483086153846

 $00:56:23.405 \longrightarrow 00:56:26.350$ of progress and effort and success,

 $00:56:26.350 \longrightarrow 00:56:27.960$ but there is definitely a lot of

NOTE Confidence: 0.844483086153846

 $00{:}56{:}27.960 \dashrightarrow 00{:}56{:}29.908$ more work to do and all hit mute.

NOTE Confidence: 0.844483086153846

 $00{:}56{:}29.908 \dashrightarrow 00{:}56{:}32.660$ And I don't know if there's more questions

NOTE Confidence: 0.844483086153846

 $00{:}56{:}32.728 \dashrightarrow 00{:}56{:}35.104$ and I think we're about out of time.

NOTE Confidence: 0.844483086153846

00:56:35.110 --> 00:56:36.220 Thank you, David.