

Wells House @ Gale Recovery Residential Drug Treatment Program

University of Maryland Medical Center – Baltimore, MD

Overview

According to state data, heroin and fentanyl killed 1,468 Maryland residents in the first 9 months of 2016. This was a 62 percent increase from the same period in 2015. Although Maryland's epidemic began in urban areas like Baltimore, the recent increase in opioid use is disproportionately centered in rural areas. Residential programs like Wells House @ Gale Recovery in Hagerstown were developed to provide recovery and prevention services in rural parts of the state.

Buprenorphine, which is used in medication-assisted opioid addiction treatment, requires that prescribers hold a specific certification. Wells House lost its only prescribing physician to retirement in 2015. Unfortunately, the nationwide shortage of physicians holding that certification is felt more acutely in rural areas, where less than 25 percent of counties in remote areas have such providers, says Eric Weintraub, M.D., who heads UMMC's alcohol and drug abuse division. Thus, Wells House found itself at a crossroads.

Fortunately, addiction psychiatrists at the University of Maryland Medical Center (UMMC) in Baltimore learned of the vacancy and seized the opportunity to implement an innovative telehealth program to reach the underserved area in which Wells House operated. The initiative launched in August 2015 with two psychiatrists who can prescribe buprenorphine and recently expanded to include a third.

Patients enter the telehealth program through an initial virtual meeting with one of the UMMC psychiatrists, who conduct full patient evaluations including drug and alcohol, medical, and psychiatric histories. Using information obtained through this meeting and the intake notes from onsite counselors, the physician then provides a differential diagnosis and a treatment plan for the patient.

“After the plan is implemented, we continue to meet with the patient weekly. Depending on how the patient is doing or if we've changed a medication dosage, it might move to every two weeks,” says Weintraub. “The intervals between each meeting depend on the needs and stability of the individual.” The entire telehealth program typically spans four to six months, but patients can continue to meet with the UMMC psychiatrists on an outpatient basis.

Patients at Wells House conduct their virtual visits in a small, private room with a flat-screen television. The costs incurred to set up the telehealth program include the price of the television and the electronic conference call software, which amounts to approximately \$1,000. As part of the treatment program, the cost of physician services is paid for by Wells House. However, recent legislation has changed so that the state covers medicated-assisted treatment, which decreases costs for Wells House.

Impact

In the more than 18 months since Wells House began working with UMMC psychiatrists, about 250 patients have used the telehealth program. Although the program is still relatively new, Weintraub believes they have achieved success based on the two primary outcomes used to measure medication-assisted treatment for opioid addiction: decreased use of the opioids and retention in treatment. “At the three-month mark, more than 60 percent of patients were still in treatment, which is consistent with other outpatient programs,” Weintraub says. “Of those people remaining in treatment, less than 5 percent showed positive toxicology for relapse. We’re pleased that our patients are doing so well.”

Lessons Learned

Developing a strong relationship with the onsite treatment team has been important to the UMMC psychiatrists. “For most programs we participate in, we’re the team leaders, rather than the ‘consultants,’” says Weintraub. “To fulfill our new role, we have had to align our approaches and the way we communicate.” Thus, the UMMC psychiatrists visit Wells House quarterly to meet in person with staff. Throughout the duration of the program, they have worked together with the Wells House team to tweak communication with the pharmacy and intake notes.

Future Goals

Given that the Maryland’s opioid problem became so dire that Gov. Larry Hogan declared a state of emergency in March 2017, innovative solutions are a must. To that end, UMMC has recently expanded its approach by launching a similar program in Garrett County with the county health department. In addition to rural areas, Weintraub envisions skilled nursing facilities as another underserved area that could benefit from telehealth since most of those facilities lack the staff or ability to provide substance abuse treatment for their residents.

In addition to its roster of experienced addiction psychiatrists, UMMC has become a hub of expertise through its partnership with Wells House. “With 91 people across the country dying every day because of opioid overdosing, we need to do more to address this epidemic,” says Weintraub. “We want to demonstrate how telemedicine can play a critical role in medication-assisted treatment for opioid addiction so that it becomes a fundamental part of physician practice.”

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