Addressing the Digital Divide:

Fostering equity, inclusion and wellness for people with SUD and Chronic Pain

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Disclosure Information

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Thursday, March 31, 2022 1:00 PM – 1:30 PM

Addiction Recovery Services Patients

Anonymized

- No Disclosures

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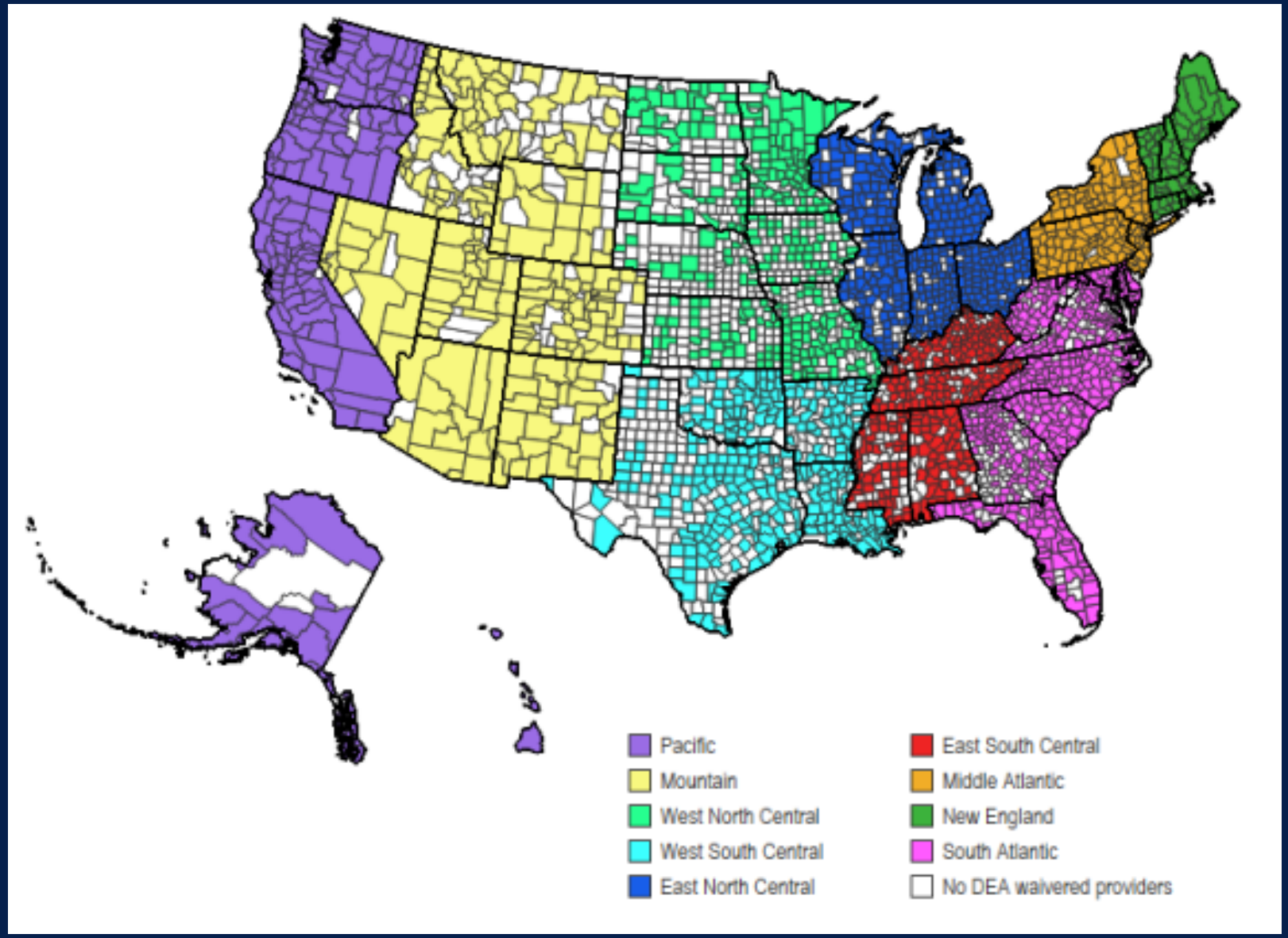
Learning Objectives

- Describe digital divide, disparities and access to care in setting of telehealth
- Discuss telehealth interventions to address barriers to care while addressing socio-economic and regulatory perspectives
- Identify lessons learned from SUD/chronic pain telehealth program initiation (hybrid model, telephone, crisis and group zoom telehealth)
- Share patients' "voice and choice" to empower compassionate and trauma-informed care

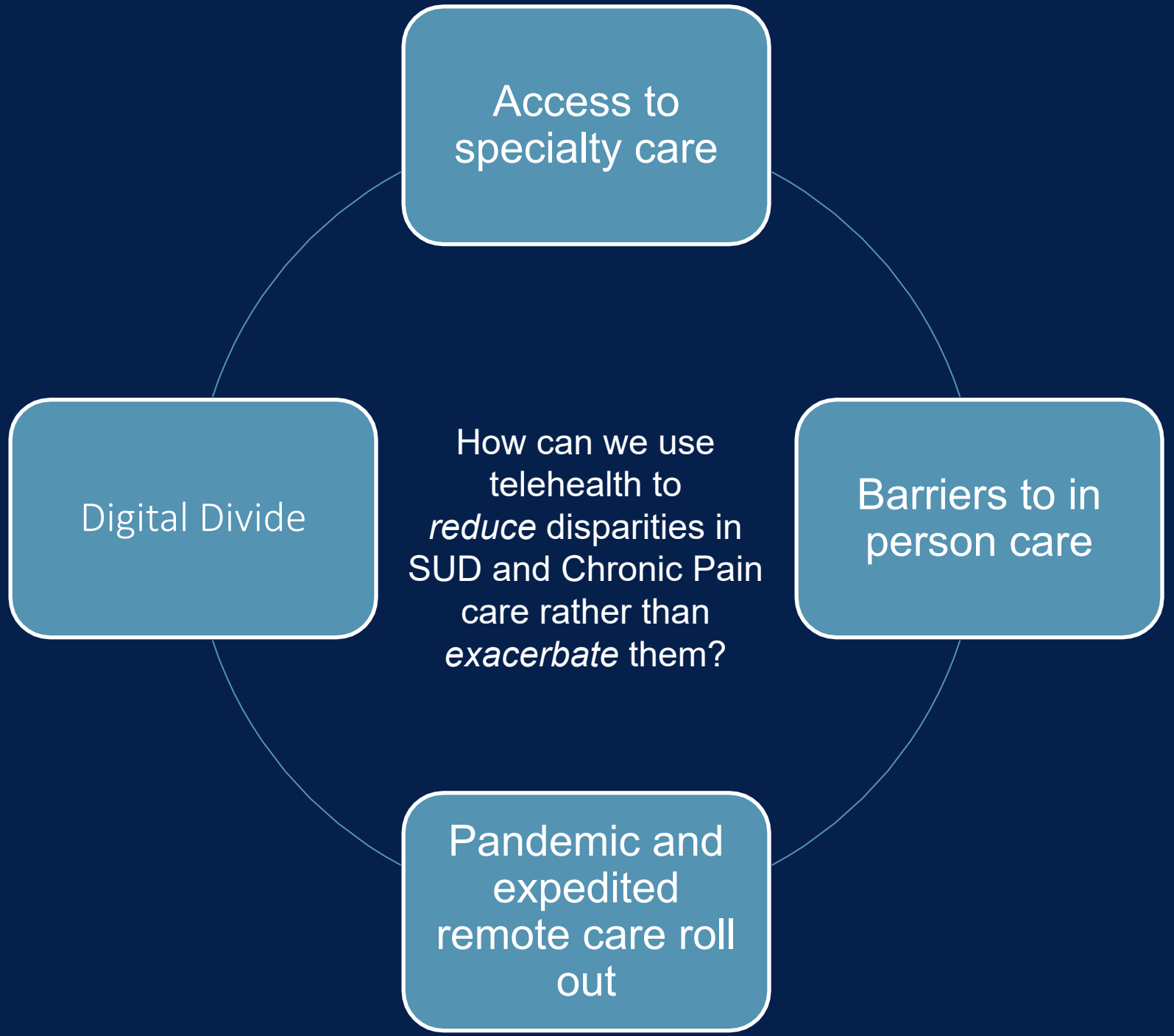
Agenda

- **Section 1:** Identifying, Characterizing and Addressing the Digital Divide
- **Section 2**: Review of group virtual visits, hybrid model telehealth and telephone based care for SUD and chronic pain
- **Section 3:** Group Virtual Visits as novel tool for improved access and equity of care

US Counties With a Clinician With a DEA Waiver to Prescribe Buprenorphine by US Census Division



Andrilla, C. H. A., & Patterson, D. G. (2022). Tracking the geographic distribution and growth of clinicians with a DEA waiver to prescribe buprenorphine to treat opioid use disorder. *The Journal of Rural Health*, *38*(1), 87-92.


Access to specialty care
Barriers to in person care
Pandemic and expedited remote care roll out
Digital Divide
How can we use telehealth to *reduce* disparities in SUD and Chronic Pain care rather than *exacerbate* them?

Identifying, Characterizing and Dismantling the Digital Divide in Health care

Patient Voice

"I'm not even on 'The Email'- do you think I can get on the video visit?"

- Mrs. K, 63 yo with chronic pain on buprenorphine

What is the digital divide?

"The phrase “digital divide” has been applied to the gap that exists in most countries between those with ready access to the tools of information and communication technologies, and the knowledge that they provide access to, and those without such access or skills. This may be because of socio-economic factors, geographical factors, educational, attitudinal and generational factors, or it may be through physical disabilities"

(Cullen, 2001)

Barriers to Digital Care

Patient

Access to internet and devices

Literacy, e-literacy

Provider/Staff

E-literacy

Hesitation to change

Approachability

System

Internet access

Reimbursement/Payment

Regulation

Barriers to Digital Care

Table 1.
The digital divide in the context of pertinent social determinants of health

	Built environment	Social and community context	Education	Economic stability	Health and healthcare access
Contributions to the digital divide in health care	Lack of broadband Internet availability region-wise; limited access to free public Internet in community buildings such as libraries; absence of structural support/housing insecurity	Shared or cultural expectations regarding use of digital devices, telehealth, and telemonitoring; mistrust of technology and/or medical community	Literacy; varying degrees of digital literacy; inconsistent or unavailable education regarding changes in technology	Inability to purchase devices or upgrades; affordable devices may not have capability to work with proposed programs; inconsistent access to devices due to economic instability	Choices of technology/programs heavily tied to reimbursement; healthcare systems likely to pursue advanced technology that may outpace patient capability; patient comorbidities may affect ability to effectively use technology

Ramsetty et al, 2020

Disparities in Digital Access

- **Age**: 75% of US adults age 65+ report using internet
- **Race** Black , AI/AN or Hispanic people significantly more likely to be WDA.
- Income: Annual household income < 30,000, 86% use internet
- Education: less than high school grad 71% internet use

- Curtis, M. E., Clingan, S. E., Guo, H., Zhu, Y., Mooney, L. J., & Hser, Y. I. (2021). Disparities in digital access among American rural and urban households and implications for telemedicine-based services. *The Journal of Rural Health*.
- Pew Research Center. Internet/broadband fact sheet. Available at: https://www.pewresearch.org/internet/fact-sheet/internet-broadband/.

Disparities in Digital Access, Cont

- **Insurance:** households WDA significantly more likely to have no insurance or public insurance coverage
- **Geographic location:** **Non-**Metropolitan households significantly more likely to be WDA
- **Immigration Status:** citizens more likely than non-citizens to have used eHealth service in last 12 months, varies by language proficiency, SES factors; but disparity persists.

- Wang, Y., Do, D. P., & Wilson, F. A. (2018). Immigrants' use of ehealth services in the United States, National Health Interview survey, 2011-2015. *Public Health Reports*, *133*(6), 677-684

Strategies for narrowing the digital divide

- Governmental
  - Revising outdated telemedicine regulations
  - Maintaining supportive payment/reimbursement
  - Universal broadband
- Health System
  - Mobile interface design for low literacy populations (Chaudhry, 2012)
  - Streamlined interpreter utilization with telemedicine (Katzow et al, 2020)
- Office
  - In person tech set up/support
  - Patient centered selection of visit modality (telephone, video, in person)

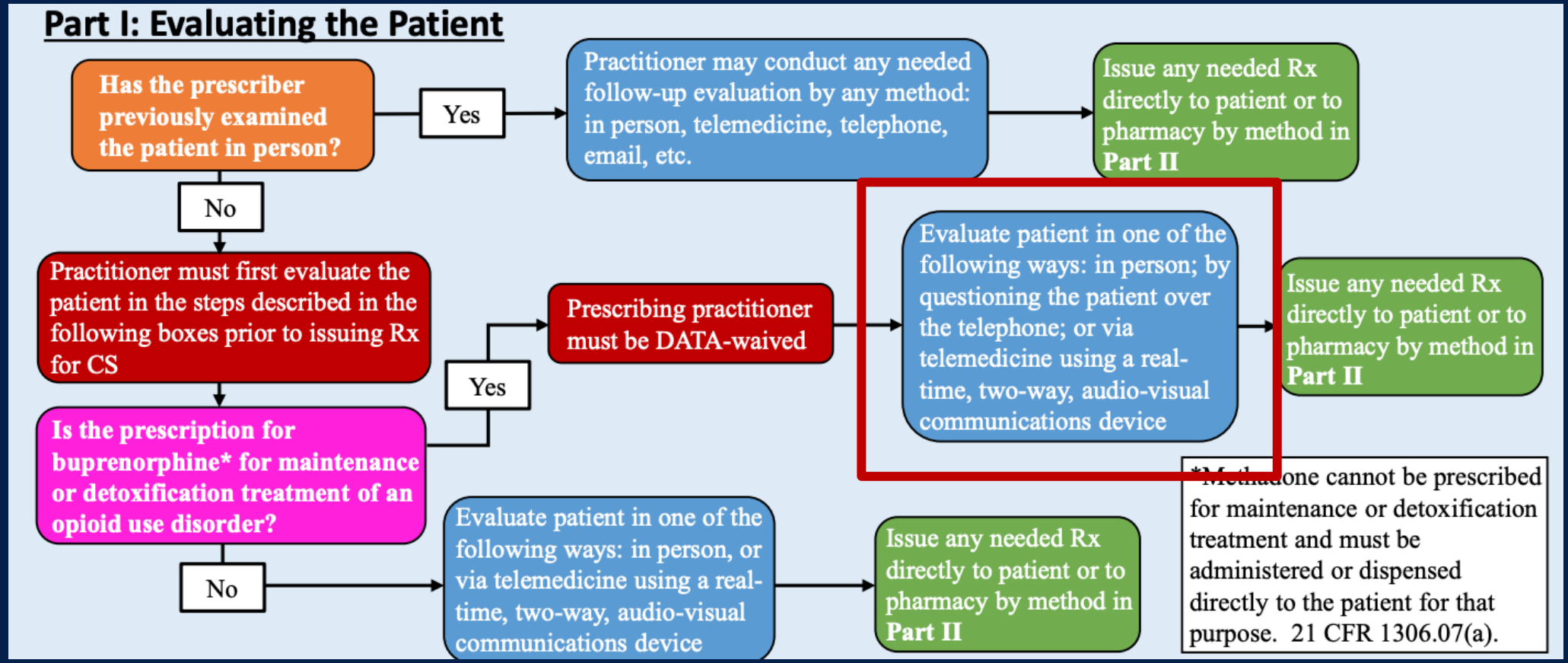
- Katzow, M. W., Steinway, C., & Jan, S. (2020). Telemedicine and health disparities during COVID-19. *Pediatrics*, *146*(2)
- Chaudry, B. M., Connelly, K. H., Siek, K. A., & Welch, J. L. (2012, January). Mobile interface design for low-literacy populations. In Proceedings of the 2nd ACM SIGHIT international health informatics symposium (pp. 91-100).

Review of hybrid model telehealth and telephone based care for SUD and chronic pain

Barriers to In Person Care

- Transportation
- Time
- Child Care
- Mobility
- Availability of specialist care
- Intimidation/Fear/Activation Energy
- Physical Distancing/Infection Risk

"The Rules"



Drug Enforcement Administration. (2020). How to prescribe controlled substances to patients during the COVID-19 public health emergency.

Our Model

- Goal: flexibility and inclusiveness, whole person care in all settings
- Favor in person for initial/new patient visits
- Offer pt preference for follow up
- Next appointment scheduled at end of visit
- Individual visits: tele, video, in person
- Group visits, video, meet ~monthly:
  - Chronic pain on buprenorphine
  - Moms with SUD on buprenorphine
  - Women/Men with OUD
  - Women/Men with AUD
  - Co-occurring ED and OUD

The Question of Urine Drug Screening

- UDS helpful but not necessary for starting or continuing buprenorphine Rx
- Creating a non judgmental and harm reduction focused atmosphere means patients usually tell us what they're using!
- De-centralizing UDS results as a solitary 'outcome' of SUD treatment allows for more patient centered and goal directed assessment
- Fostering compassionate, trauma informed care as substitute for UDS
- For pts with concern for diversion or non disclosure of concurrent risky substance use, alternating in person vs virtual visits

Lessons Learned

- Patients appreciate choice in modality of visit
- Group visits have been well attended, positive patient feedback
- Difference in re-imbursement of video vs phone visits creates conflict between patient and practice preferences
- Wider geographic catchment for patients in rural Washington with difficulty accessing specialty care
- Benefits for Inpatient consult service ---> outpatient virtual follow up bridge

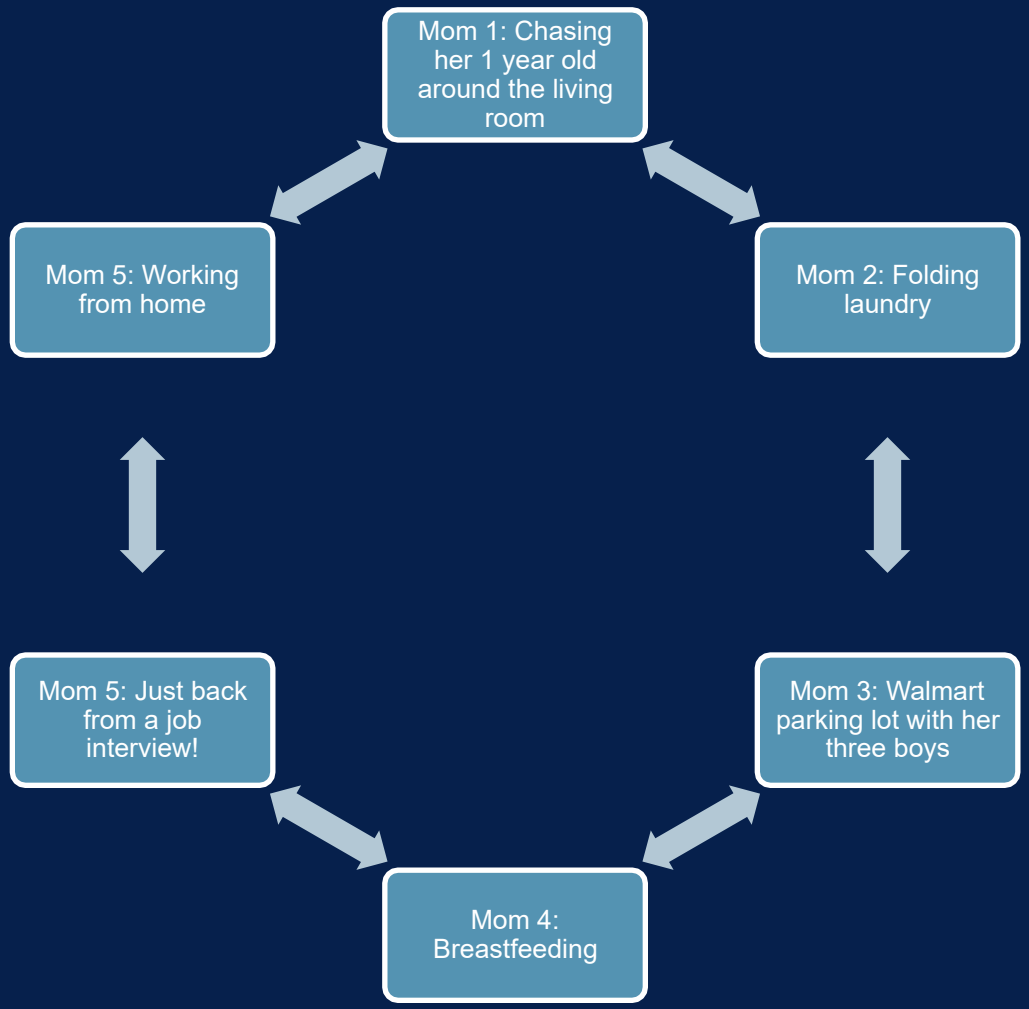
Group Virtual Visits as Novel Tool for Improved Access and Equity of Care

Patient Voice

"These group visits help me feel less alone. It's nice to know there are other moms going through the same thing. I don't feel judged here"

- mother of 4, hx OUD stable on Suboxone x 4 years

View of a Recent Group Visit



Group Virtual Care for Chronic Pain and SUD

- Group visits have shown promise in management of chronic pain (Gaynor et al 2007)
- May reduce ED visits and pain medication usage (Gardiner et al 2019)
- Focus on self efficacy, patient education, psychosocial support, evidence based medicine, functional restoration
- Virtual group visits have been piloted to bring pain medicine to rural areas, with significant patient satisfaction

Gaynor, C. H., Vincent, E. C., Safranek, S., & Illige, M. (2007). Group medical visits for the management of chronic pain. *American Family Physician*, *76*(11), 1704.

Gardiner, P., Luo, M., D'Amico, S., Gergen-Barnett, K., White, L. F., Saper, R., ... & Liebschutz, J. M. (2019). Effectiveness of integrative medicine group visits in chronic pain and depressive symptoms: A randomized controlled trial. *PloS one*, *14*(12), e0225540.

Scriven, H., Doherty, D. P., & Ward, E. C. (2019). Evaluation of a multisite telehealth group model for persistent pain management for rural/remote participants. *Rural and remote health*, *19*(1), 17-30.

Virtual Group Visit Structure

- Groups organized based on common identities, medical history, recovery status
  - I.e. Men with Chronic Pain, Moms with SUD in Recovery
- Appointment reminders via email and MyChart
- Introductions
- Mindfullness exercise
- Mental health/wellness check-in
- Recovery topic/theme OR reading
- Discussion of recovery theme or reading
- Solicitation for individual visit needs
- Closure/check out/requests for one on one meetings

Facilitation Tips for Group Virtual Care

Provider Experience

- Greater diversity of patients
- Improved access
- Surprisingly easy to connect over phone/video
- Virtual groups are immensely rewarding
- Honing facilitation/group therapy skills

Final Takeaways/Summary

The digital divide disproportionately affects people historically underserved/mis-served by the healthcare industry, but targeted interventions can improve equity of care.

As telehealth expands, we must design systems that protect and uplift vulnerable populations.

Virtual group visits are a novel and achievable option to provide safe and effective care to patients with SUD and chronic pain.

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