

Addressing the Digital Divide:

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

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Seattle, WA

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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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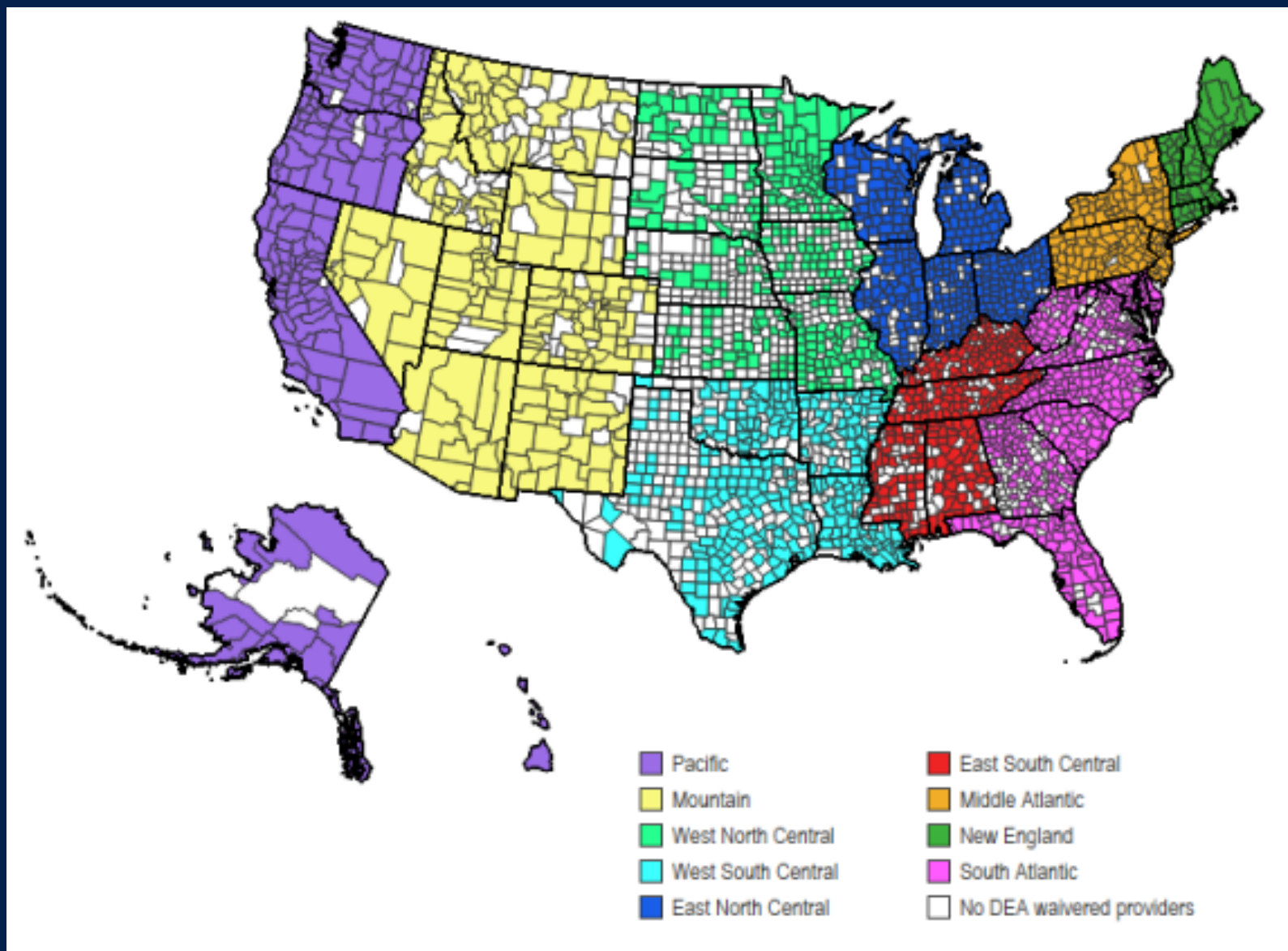
Learning Objectives

- ◆ Describe digital divide, disparities and access to care in setting of telehealth
- ◆ Discuss telehealth interventions to address barriers to care
- ◆ Identify lessons learned from SUD/chronic pain hybrid model telehealth program initiation
- ◆ Share patients' "voice and choice" to engage in compassionate and trauma-informed care

Agenda

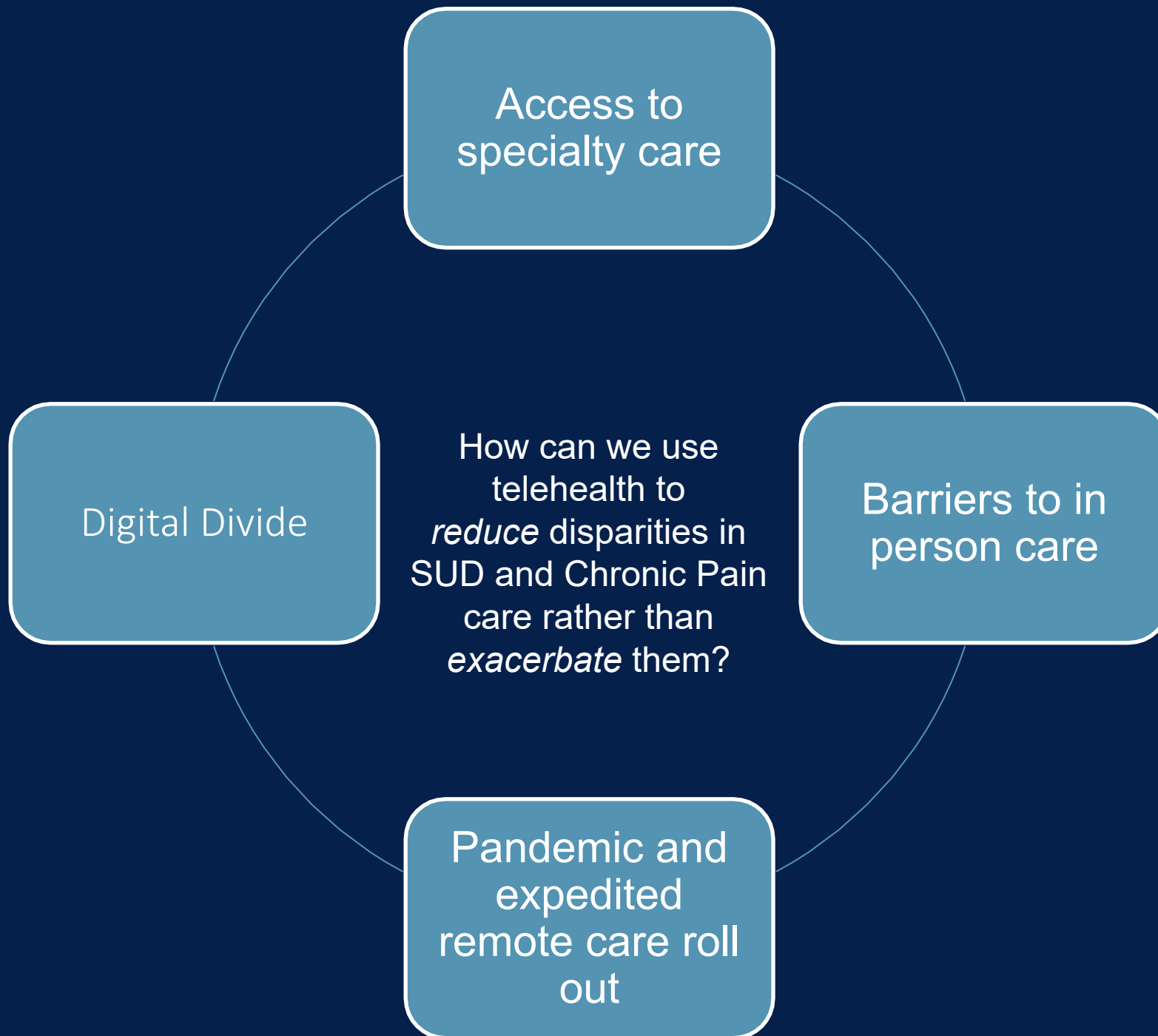
- ◆ **Section 1:** Identifying, Characterizing and Addressing the Digital Divide
- ◆ **Section 2:** Review of group virtual visits, hybrid model telehealth and telephone-based care for SUD and chronic pain
- ◆ **Section 3:** Group Virtual Visits as novel tool for improved access and equity of care

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



1- 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.

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Identifying, Characterizing and Dismantling the Digital Divide in Health care



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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" ²

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

- 3- Ramsetty, A., & Adams, C. (2020). Impact of the digital divide in the age of COVID-19. *Journal of the American Medical Informatics Association*, 27(7), 1147-1148. #ASAMAnnual2022

Disparities in Digital Access

- ◆ **Age:** 75% of US adults age 65+ report using internet ⁴
- ◆ **Race:** Black , AI/AN or Hispanic people significantly more likely to be WDA. ⁵
- ◆ **Income:** Annual household income < 30,000, 86% use internet⁴
- ◆ **Education:** less than high school grad 71% internet use ⁴

- 4- Pew Research Center. Internet/broadband fact sheet. Available at: <https://www.pewresearch.org/internet/fact-sheet/internet-broadband/>.

- 5- 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*.



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Disparities in Digital Access, Cont

- ◆ **Insurance:** Households WDA significantly more likely to have no insurance or public insurance coverage ⁵
- ◆ **Geographic location:** **Non-**Metropolitan households significantly more likely to be WDA ⁵
- ◆ **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. ⁶

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 ⁷
- ◆ Streamlined interpreter utilization with telemedicine ⁸

◆ Office

- ◆ In person tech set up/support
- ◆ Patient centered selection of visit modality (telephone, video, in person)

- 7- 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).
- 8- Katzow, M. W., Steinway, C., & Jan, S. (2020). Telemedicine and health disparities during COVID-19. *Pediatrics*, 146(2)

Review of Hybrid Model Telehealth and Telephone Based Care for SUD and Chronic Pain

Patient Voice

"I'm so grateful for these group visits, with my toddler at home, it's one of the only outlets I have to let things out- where people *hear me* and understand"

- Ms. C, chronic pain and SUD, stable on buprenorphine for 1 year

Barriers to In Person Care

Transportation

Time

Child Care

Mobility

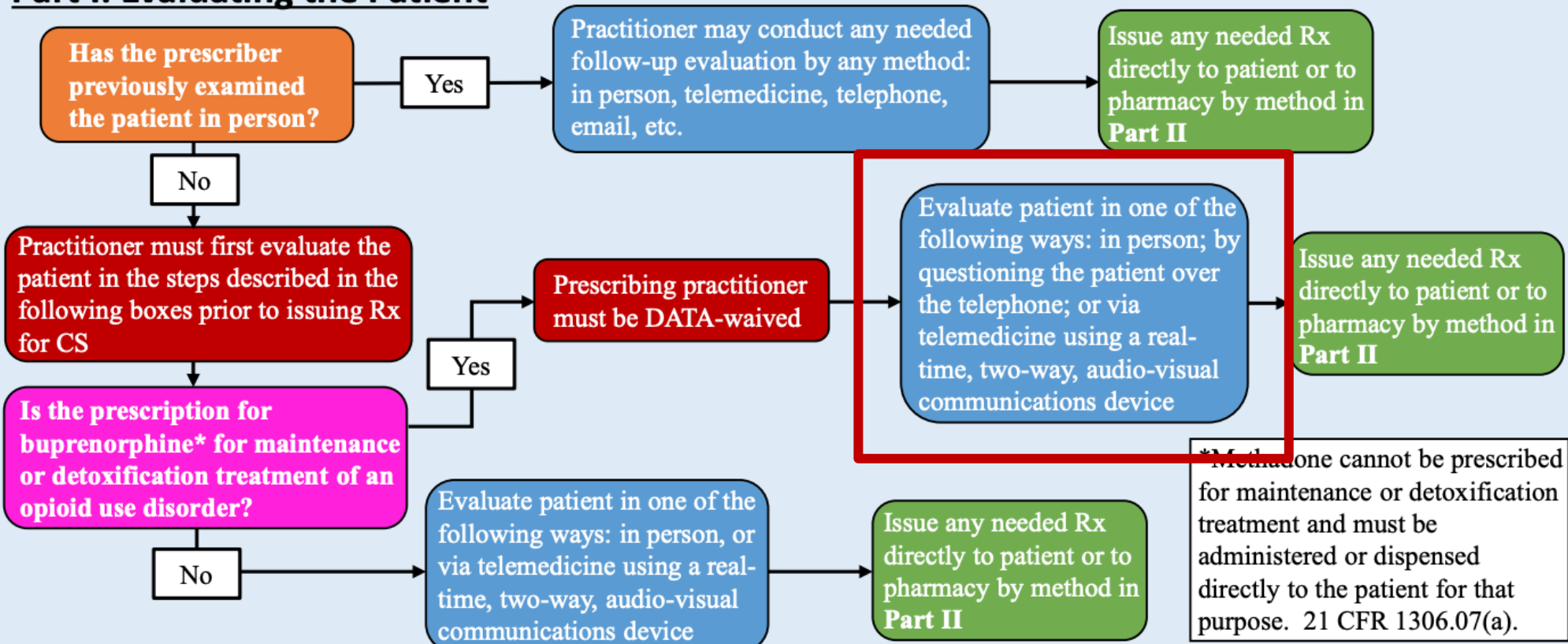
Availability of specialist care

Intimidation/Fear/Activation
Energy

Physical Distancing/Infection
Risk

"The Rules"

Part I: Evaluating the Patient



Our Model

- ◆ Goal: flexibility and inclusiveness, whole person care in all settings
- ◆ Favor in person for initial/new patient visits
- ◆ Offer patient preference for follow up
- ◆ Next appointment scheduled at end of visit
- ◆ Individual visits: tele, video, in person
- ◆ Group visits, video, meet ~monthly:

Group Visit Categories

- ◆ 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
- ◆ Non-judgmental and harm reduction focused atmosphere promotes disclosure
- ◆ De-centralizing UDS results as solitary outcome of treatment = more patient centered and goal directed assessment
- ◆ If concern for diversion or non-disclosure of risky use, alternate 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 areas
- ◆ Benefits for Inpatient consult service ---> outpatient virtual follow up bridge

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



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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

Group Virtual Care for Chronic Pain and SUD

- ◆ Group visits have shown promise in management of chronic pain ⁹
- ◆ May reduce ED visits and pain medication usage ¹⁰
- ◆ 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 ¹¹

9- 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.

10 - 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.

11-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. #ASAMAnnual2022

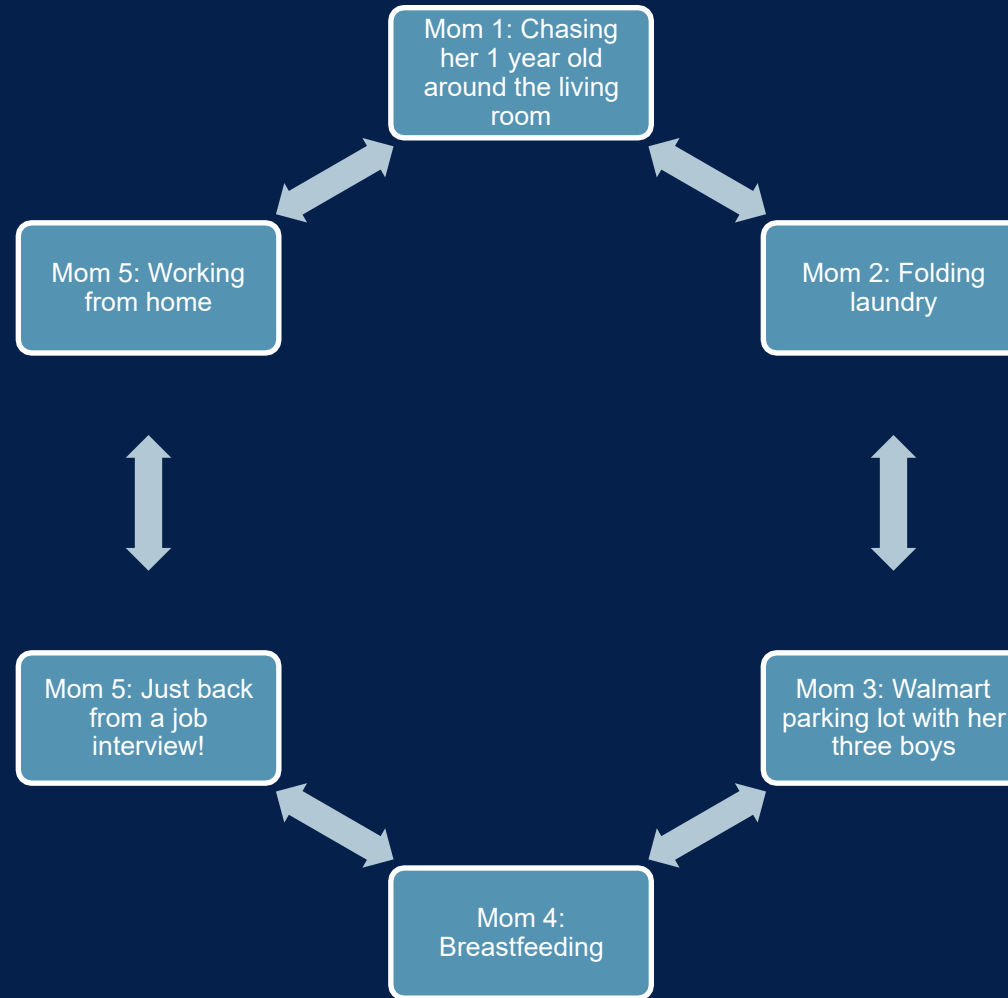
Virtual Group Visit Structure

- ◆ Appointment reminders via email and MyChart
- ◆ Introductions
- ◆ Mindfulness 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



View of a Recent Group Visit



Provider Experience

- ◆ Greater diversity of patients
- ◆ Improved access
- ◆ Surprisingly easy to connect over phone/video
- ◆ Virtual groups are immensely rewarding
- ◆ Improved mental health, PHQ scores and patient-provider satisfaction experience
- ◆ Opportunity for honing facilitation/group therapy skills



Voices of People with Lived Experience

“The group means a lot to me, having a group of peers to connect with even though our journeys are all different. To have a safe space that we can all connect on, takes away the fear and pressure; knowing that I am not going to be judged and that I can connect my journey with others. To have the sense of community, of having peers I can share my journey with, it is truly humbling and inspiring.”

“After listening to the group, I feel like my day is going to go well. I like the support and is it a true camaraderie.”

“One of the only outlets I have that makes me feel like I am heard and understood.”

“It is inspiring to attend and to connect with other people while listening to their stories and strengths.”

“I like the convenience about it, and that I can do it from home or work; hearing the different stories we all talk about, why we are here and talking about the medicine that keeps me healthy helps me knowing that I am doing well. It’s great to know that I have other people who have the same issues and that the Suboxone helps with addiction and with my pain.”

“I feel a sense of comfort and energized; it is a safe space to get coping support from a group of peers who understand the recovery.”

“The group fills up the gas in an empty gas tank.”



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Voices of People with Lived Experience

"The inclusivity, the connection, the acceptance and the encouragement has strengthened my goal to live and to love myself and those I have in my life."

"I am not much of a talker and am isolated, so having a space to listen to others and to reflect on what I hear is something I hold onto."

"I appreciate connecting with others, learning from them and knowing I am not alone in my struggle. And Zoom makes it convenient and safe. I am elevated in my journey."

"I know I would find it much more difficult to show up for a meeting in person than I do for our Zoom group. No commuting."

"This meeting is an anchor and something solid I look up to."

"I like the focus, it is a good outlet for me, and it is important for me to learn about recovery techniques, podcasts and skills that are helpful with my recovery."

"The group zoom is like returning to an old friend, I feel like I am at home, and it is awesome to hear the great stories."

"It is inspiring to listen to other people's stories, it is grounding and humbling."

"The group helps me be myself, to think about recovery and self-care, and to have the direction to talk about it."

"I have had pain for so many years, it caused my addiction and it is great to have a space where I feel connected with my doctor and other people; talking about Suboxone and feeling supported to take my medication that helps with my addiction and pain means a lot."



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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 meet people where they are, and to provide safe and effective care to patients with SUD and chronic pain.

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1. 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.
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