

Integrating Addiction Prevention & Early Treatment in Primary Care Settings: Advances in Research & Practice

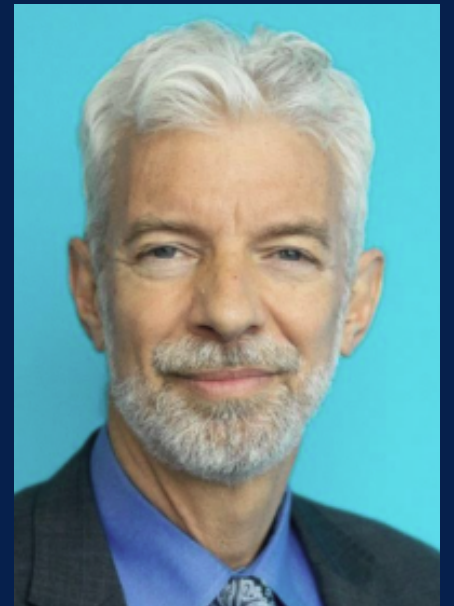
ASAM's 55th Annual Meeting, April 5, 2024, Dallas TX

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Support & Disclosures

WITH SUPPORT from the states of:

- Massachusetts
- New Jersey
- Ohio
- Vermont
- West Virginia

And NIH Grants:

- NIAAA R44AA12004
- NIDA R44 DA055396
- NIGMS P20GM103644
- CDC & NICHD R01HD075669
- NICHD R01HD078332

DISCLOSURES: DynamiCare Health (Ownership/Stock)

Telehealth

- Many HIPAA-compliant, stand-alone or EHR options w/end-to-end encryption: Doxy.Me, Mend, AMC Health, Apple FaceTime, Google Hangouts video, Zoom.
- NOT: Facebook Live, Tik-Tok. Virtual Group Therapy: + Potential, but research needed.
- Reimbursement: Varies by insurer & state, but trending toward flexibility.
- Systematic review: 13 studies (7 RCTs): No difference in in-person vs. telehealth.
2 Studies: Superior retention w/telehealth.
- Tx Satisfaction & Txic Alliance; comparable.
- BUP OUD Telehealth: Review of 69 empirical papers & commentaries:
OUD telehealth can increase BUP access, utilization & patient satisfaction,
decrease costs & achieve comparable retention vs. in-person treatment.

Remote Monitoring

Generally good sensitivity for purpose, video validation, potentially reimbursable:

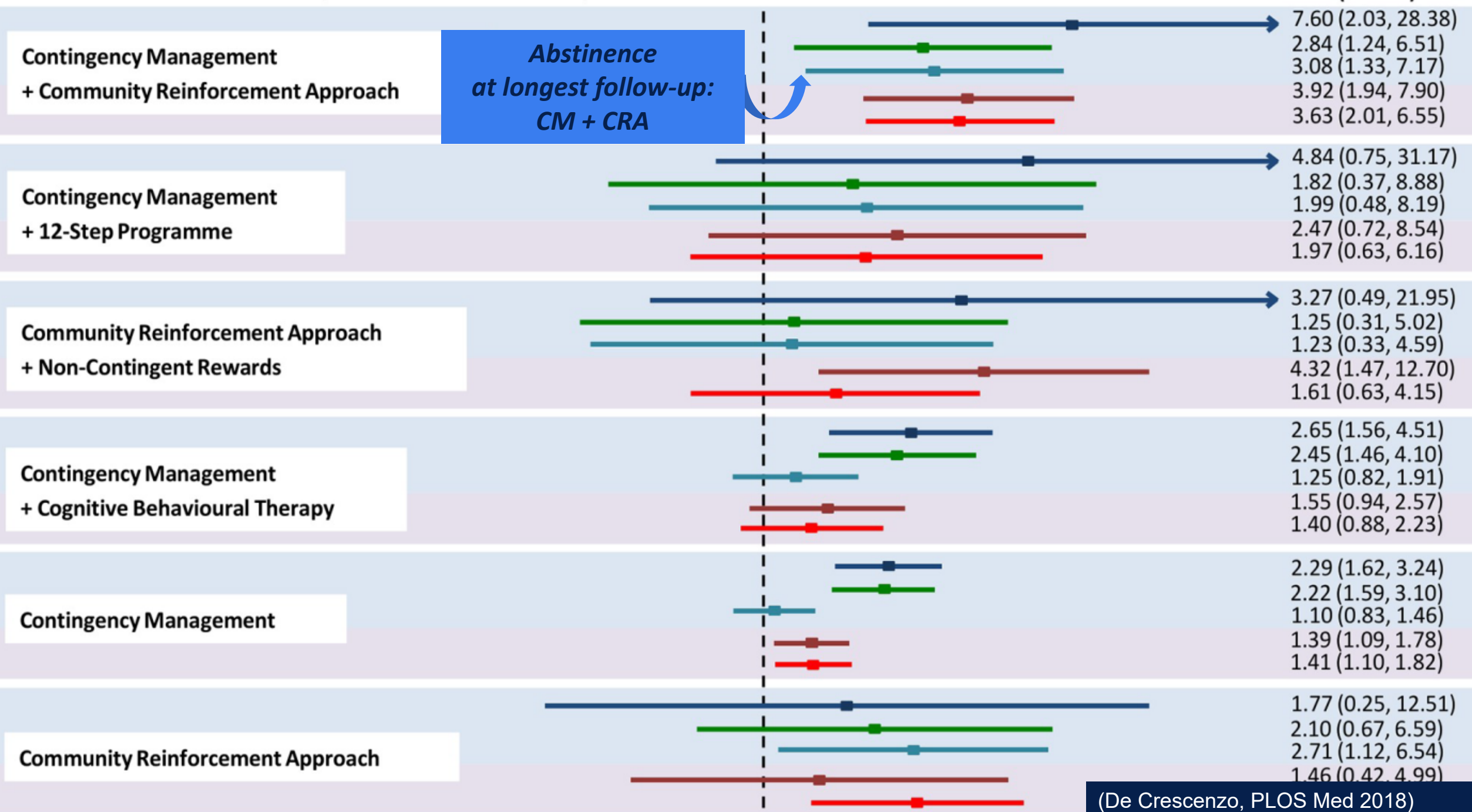
- Alcohol:
 - SCRAM Ankle Bracelet – Web data portal, bulky, costly
 - SoberLink, BACTrack Breathalyzers – portable, accepted, support CM
- Tobacco: Smokerlyzer – small CO sensor, detects reduction & abstinence
- Other Drugs: Premier Biotech OralTox – FDA 510(k) Clearance for many drugs
- Med Adherence: MedMinder Methadone & Med-O-Wheel BUP, emocha Mobile Health take-home video-selfie monitoring; CM incentivization

Txics w/Evidence: Computer, Web & App

- Smoking: QuitGuide, quitSTART (free); iCanQuit, Motiv8 (CM), Pivot (+Coaching), QuitGenius (CBT)
- VetChange – free app in VA; alcohol, tobacco & PTSD (CBT)
- Trainings: CheckUp & Choices, Vorvida, Breaking FreeOnline
- CBT4CBT – self-guided, web-based, interactive, low-cost
- CHESS Connections – app-based education, social support, exercises, risk alerts
- DynamiCare – MI/Rx-Visit Adherence/CBT/CM/CRA app

PSYCHOSOCIAL INTERVENTIONS (versus Treatment as Usual) FOR STIMULANT USE DISORDER

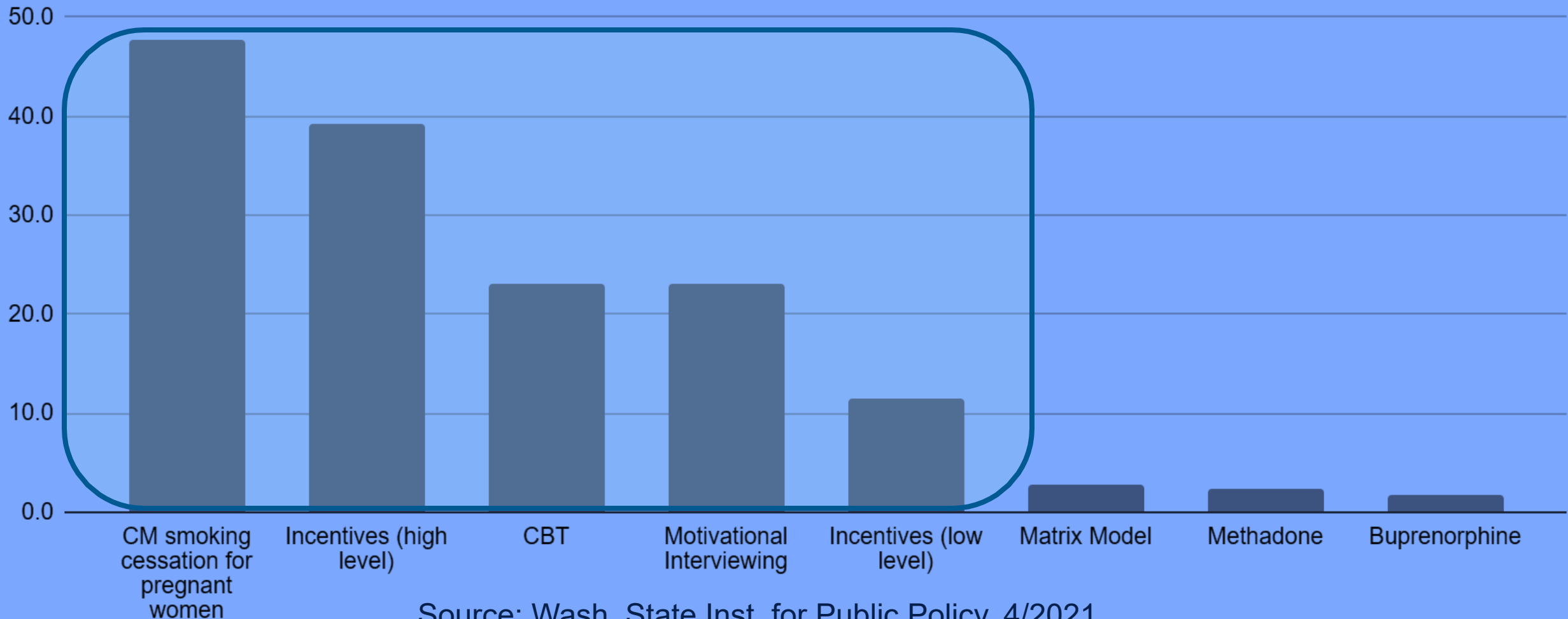
OR (95% CI)



Cost-Benefit Evidence

Massive Return-on-Investment, Already in 1st Year

Societal ROI



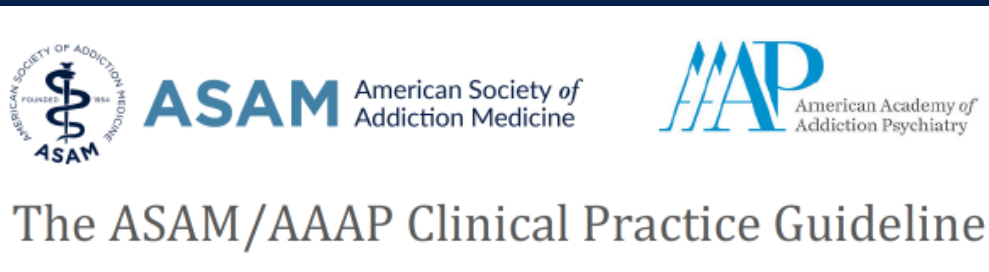
Source: [Wash. State Inst. for Public Policy](#), 4/2021

CM in StUD: The Standard of Care

ONDCP (4/2022, p. 49):

“...motivational incentives, which utilize tangible rewards to reinforce positive behaviors such as abstinence from opioids & to motivate & sustain treatment adherence... should be more widely available.”

“These incentives are an integral part of protocol-driven & evidenced-based contingency management programs and can be offered through smartphone applications & smart debit card technology.”

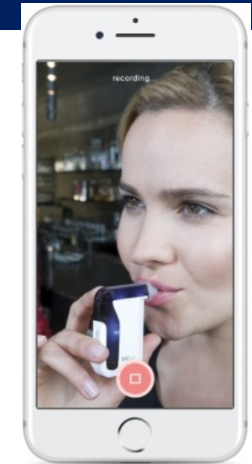
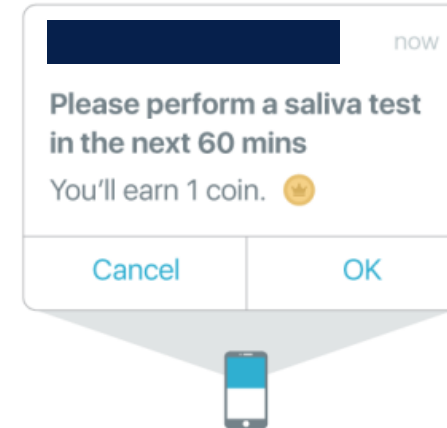


CM has demonstrated the best effectiveness in the treatment of StUDs compared to any other intervention studied and represents the current standard of care (p. 44)

CM + Tech: To Reinforce Health Behaviors

Help Julia on
her path to recovery!

\$823
GOAL



Provider has patient
call to learn about
program

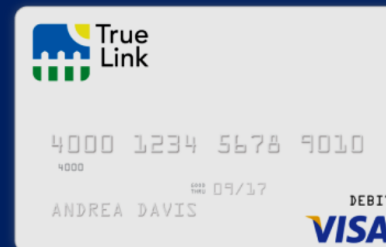
Patient downloads
app. Drug testing
device(s) given or
mailed to patient

Patient gets
true random alerts for
drug testing

Patient performs
video-selfie
drug test;
app verifies it

REWARDS:

Up to ≤ \$599 or more per
patient over 12 months:



Money deposited promptly
onto a debit card with built-in
relapse protections

12-month Motivation Support Program

WELCOME

ANCHOR

Motivation & Resources

Mo. 4

BUILD

Supporters & CBT

Mo. 8

MAINTAIN

Coaching & Testing

Mo. 12

Enrollment & Orientation

Motivational Incentives

Community
Reinforcement

Recovery Skills
Development

Family Engagement

Resource Identification

Leverage Recovery Resources

Wellness Planning

Self-guided CBT

Recovery Coaching

Substance Testing

Trial Reports: $\geq 100\%$ Boost in Abstinence

Opioids

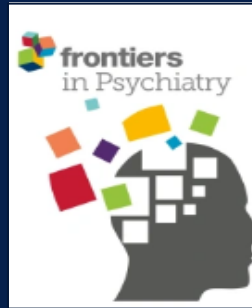


17%
Controls

33%
CM Incentives

% negative urine tests x4 mos. (n=108)
vs. statistically-matched controls

Stimulants



13%
Control

29%
CM Incentives

% negative urine tests x4 mos. (n=67) in
subset with OUD + Stimulant Use Disorder

Alcohol

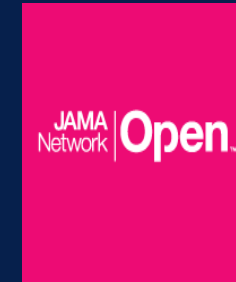


20%
Controls

41%
CM Incentives

% of urine tests negative for
alcohol X3 mos. RTC (n=60)

Tobacco



5%
Controls

20%
CM Incentives

RTC in late pregnancy (n=90)
across 33 states

CM & Tech: Patient Satisfaction

Patient-Centric: Remote, telehealth testing & coaching boosts access/acceptance

- DEI-Ready: Urban, rural, parenting, working, homelessness
- Multipurpose: harm reduction, alcohol/tobacco moderation, abstinence/recovery
- Ubiquitous: Anytime, anywhere – meeting need in-the-moment

Recovery Capital: Patients build own supports & recovery capital

Agency: Patient is center of the program, effort, ownership; builds self-efficacy

Validation:

- Patients repeatedly comment: “It’s like getting a pat on the back”, “Look!”
- Easy to achieve, frequent successes build hope, interest, aspirations, resilience

Funding Tech & CM in 2024

- Families, Patients, NIH, Foundations, Merchant-donated Giftcards
- Federal Block Grant
- State Legislation/Governor's Initiatives: OH
- State Opioid Response Grant: NJ, RI – *allowed for Stimulant Use Disorder*
- Opioid Manufacturers' Settlement: MD; RI *supplementing SOR \$*
- CMS 1115 Waiver: WV's *1st-in-the-nation successful full-value CM project*
- Commercial Insurers, EAPs & Employers: MA & NJ BCBSs, Fortune 500s
- Medicaid & Medicaid MCO Vendors: WV

CM: Fraud Guardrails

- ☐ Research-validated, evidence-based, written protocol
- ☐ Rewards should not exceed \$200/month per patient
- ☐ Document clinical Dx & Tx plan from a licensed provider
- ☐ Document individualized behavioral targets, amounts & schedules
- ☐ Must account for every payment, purpose, expectation & patient's effort
- ☐ Gift incentives & distributions must be inventoried & audit-ready
- ☐ Protections against recruitment, rebates, refunds, or kick-backs



U.S. Department of
Health and Human Services
Office of Inspector General

Digital Health: How to Assess It?

- Should be evidence-based, with publicly-available protocols
- FDA: Optional, validating, “Breakthrough” or “Approval”
 - Approval: Locks in older models, limit to prescribed, higher cost?
- Peer-Reviewed Scientific Pubs: Can be ongoing & add detail
- NIH & OIG Review (Office of the Inspector General)
- Satisfaction Ratings: App Store, Google Play, research trials
 - Needs adequate sample size; differences of ≥ 1 out of 5 helpful



SUD Digital Health Tools: Summary

- 40M in U.S. with SUD; only 6.5% receive any SUD treatment.
- Opioid/stimulant crisis & COVID-19 demand SUD digital health tools.
- Multiple SUD telehealth, remote monitoring & tech interventions are available, feasible, effective & evidence-based w/controlled trials.
- Patients accept, like & may even prefer tech-based tools.
- Digital health effectiveness, quality & security should continue to accumulate evidence via valid scientific research.



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