Telehealth
Now, During the Pandemic, and Beyond

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Telehealth – What is it?

- Telehealth is the delivery of health care from a distance using telecommunications technology.
- Telehealth is not an intervention itself, but rather a mode of delivering services.
- Represents a broad category of delivery options:
  - Videoconferencing
  - Mobile health (mHealth) – The use of mobile phones and tablets to run apps, make appointments, track health related information, receive feedback
  - Remote patient monitoring (RPM) – Use of wearable devices to track and submit health related information
- While not telehealth per se, online mutual support group meetings (e.g., AA and SMART Recovery) are growing. (Bergman and Kelly, 2021)
- Use of telehealth was increasing before the pandemic but is expanding rapidly during the pandemic.

Source: NEJM Catalyst (2018)
Telehealth Claims Peaked in April 2020 But Remain Far Higher Than Before COVID-19

Growth in telehealth usage peaked during April 2020 but has since stabilized.

Telehealth claims volumes, compared to pre-Covid-19 levels (February 2020 = 1)

- 78X more claims in April 2020 than February 2020
- 38X more claims in February 2021 than February 2020

(Mental health represents the largest category of claims and largest increase in claims since before the pandemic)

1 Includes cardiology, dental/oral, dermatology, endocrinology, ENT medicine, gastroenterology, general medicine, general surgery, gynecology, hematology, infectious diseases, neonatal, nephrology, neurological medicine, neurosurgery, oncology, ophthalmology, orthopedic surgery, poisoning/drug tox./comp. of TX, psychiatry, pulmonary medicine, rheumatology, substance use disorder treatment, urology. Also includes only evaluation and management visits; excludes emergency department, hospital inpatient, and physiatry inpatient claims; excludes certain low-volume specialties.

Source: Compile database; McKinsey analysis

Sources
- McKinsey and Company (July 9, 2021)
- COVID-19 Healthcare Coalition (May 7, 2021)
### Telehealth Works for Alcohol

- **Teleconferencing** – Brief Alcohol Screening and Intervention of College Students (BASICS) delivered via teleconferencing leads to reductions in alcohol consumption, alcohol-related problems, and a strong therapeutic alliance comparable to in-person BASICS. ([King et al, 2020](#))

- **mHealth** – Text messaging, mobile apps and interactive voice response technology have been found to reduce drinking and increase readiness to change. ([Song et al, 2019; Kazemi et al, 2021](#))

- **Remote monitoring** – We are still awaiting new wearable biosensors for alcohol but researchers using Secure Continuous Remote Alcohol Monitor (SCRAM) devices and contingency management found reductions in binge drinking. ([Dougherty et al, 2014](#))

- **Online support groups** – 12-step programs and other mutual support groups can help people with AUD attain and maintain abstinence and researchers anticipate that the key therapeutic elements can be replicated online. ([Kelly et al., 2020; Kelly et al., 2021](#))
Prior to COVID-19, SBIRT gained a reputation for helping clinicians assess a person’s relationship with alcohol and motivate them to reduce their consumption or get further support.

SBIRT uses motivational interviewing (MI) with elements of the FRAMES model (personalized Feedback about risks, emphasis on personal Responsibility for change, Advice to change, a Menu of change options, Empathy, and a focus on enhancing Self-efficacy or optimism). (Miller and Rose, 2009)

The idea is to help a patient reflect on their alcohol use just as they might reflect on their diet or other health-related behavior.

Takes 5-10 minutes or longer if time allows

Not used enough -- Among people with AUD who saw a doctor in the past year, only about 1 in 10 (11.6%) reported receiving advice to reduce their drinking. (Mintz et al, 2021)
Does SBIRT Work?

• In a study of 17,575 patients, 2 out of 5 (43%) who screened positive for alcohol misuse no longer reported heavy drinking (5+ drinks) 6 months after a session of SBIRT. (Aldridge et al., 2017)

• A Cochrane review of 34 studies found that, compared to controls, subjects who received SBIRT exhibited a 7% reduction in binge drinking per week and a decrease of 1.5 drinks per week one year later. (Kaner et al., 2018)

• Answers to alcohol questions can provide clues regarding mental health (e.g., people who binge are more likely to report depression and suicidality).

• One benefit of SBIRT is that training medical students and clinicians to do it reduces stigma toward addiction and improves empathy. (e.g., Crisafio et al., 2018; Mahmoud et al., 2018; Lukowitsky et al., 2021)

• Doing brief interventions by computer or videoconferencing appears to work fine. (e.g., King et al., 2020; Gryczynski et al., 2020)
NIAAA and Telehealth

- The NIAAA Treatment Navigator links to telehealth options.
- NIAAA also supports a variety of research projects involving telehealth:
  - Studies of SBIRT with clinicians by phone or video chat
  - Cognitive behavioral therapy (CBT) with a clinician or self-guided (e.g., CBT4CBT)
  - Telehealth to address post-traumatic stress disorder and alcohol
  - Video-conferencing based MI for alcohol misuse and medication adherence in patients living with HIV
- We anticipate that the use of telehealth will continue to grow.
- We need more research to sort out which approaches work best.
In Summary

• Telehealth was becoming more common prior to COVID-19 but the pandemic caused a rapid expansion of use.

• Teleconferencing and phone-based therapy and recovery support remain the most commonly used modalities (Oesterle et al., 2020) and can effective. (Lin et al., 2019)

• mHealth approaches vary greatly but some can be effective at helping people cut down or quit, and for supporting recovery.

• Research using SCRAM bracelets suggests remote patient monitoring combined with contingency management or counseling could be effective when (if) new devices come to market.

• Online mutual support groups are not well-studied but have potential based on evidence they can be effective in-person.

• SBIRT conducted electronically appears to be effective, as well.