

Telemedicine vs Emergency Department for Opioid Use Disorder



A new study shows that telemedicine referrals for patients with opioid use disorder (OUD) are more effective than in-person emergency department visits for initiating and maintaining medication-assisted treatment (MAT) through outpatient clinics. The findings are published in the *Journal of Substance Use and Addiction Treatment*.

This is the first study comparing telemedicine referrals to OUD treatment with those initiated in the emergency department. According to the study researchers, telemedicine evaluations by emergency medicine providers led to increased treatment retention at 30 days compared to patients evaluated in the emergency department. Findings show that patients referred through telemedicine are more likely to follow up initially and still be retained in care at 30 days.

Stabilising patients with OUD is the critical first step in treatment, but long-term recovery depends on consistent engagement with MAT and outpatient clinic appointments over time. Patients with opioid use disorder often seek care during crises in emergency departments. However, this may not be a good option for all patients.

From Oct. 1, 2020, through Sept. 30, 2022, 1,349 referrals were made through the MATTERS Network, an innovative opioid treatment network affiliated with UBMD Emergency Medicine and the UB Department of Emergency Medicine. MATTERS provides MAT to OUD patients either through in-person emergency department visits or telemedicine visits and transitions them rapidly into long-term treatment at a community clinic of the patient's choosing, typically within 24-48 hours, in most regions of New York State.

Follow-up data were available for 393 patients, with 51.9% attending their first clinic visit and 40.7% continuing care after 30 days. Of these, 65.1% of telemedicine referrals attended their first clinic appointment, compared to 32.3% of those referred via in-person emergency department visits. Additionally, 53.2% of telemedicine patients remained in treatment at the 30-day mark, compared to 22.2% of those referred from an emergency department visit.

The findings demonstrate that telemedicine removes barriers to care and may be more effective than emergency department referrals for certain patient groups.

Study authors suggest several reasons for this difference. Educating hundreds of emergency department providers on the approach to opioid use disorder, evaluation, initiating medication, and linking to treatment is very challenging. Also, emergency departments may have varying approaches and levels of interest in treating these patients. Telemedicine allows us to provide care with minimal stigma from the patient's home, with minimal waiting. It allows time to deliver effective one-on-one care.

Overall, these findings emphasise the utility of telemedicine as a working modality, especially for conditions typically challenging for patients to connect with and remain in treatment.

Source: [University of Buffalo](#)

Image Credit: iStock

