

# Alberta Doctors' Digest

## Exploring the promise of virtual care for opiate use disorder

In recent years, virtual care has become increasingly popular with health care providers, patients and payors/insurers alike. Most physicians are still adapting and wondering how virtual or telemedicine can be integrated into their practice environment.

The critical question is whether patients seen virtually get the same level of care as they would in an office setting. For most areas of medicine, an in-person assessment remains the gold standard, and virtual care would be a poor substitute. However, in some specialized areas, virtual care is not only a reasonable substitute, but it may work better.

Studies show that using telemedicine within addiction medicine can improve the delivery of care to marginalized populations. By providing access to care via phone, video conferencing and other telecommunication technologies, individuals can receive treatment more quickly and easily than in-person visits. Additionally, telemedicine allows providers to track patient progress in real time by collecting data from patients via forms or even text messages. Physicians can use this data to adjust treatment plans and become more responsive to patient needs.

As per Health Canada, 34,445 opiate toxicity deaths occurred between January 2016 and September 2022, averaging 20 deaths per day. Treatment for opiate use disorder (OUD) requires pharmacological and psychosocial interventions. Patients with OUD have significant barriers preventing them from accessing care. These include stigma, housing and financial instability, availability of clinics and clinicians in their local area, etc. Some of these barriers can be reduced through the virtual delivery of health care services, including pharmacological and psychosocial support.

The Virtual Opioid Dependency Program (VODP) has revolutionized the treatment of opiate use disorder in Alberta. It offers a unique virtual clinic model that lowers barriers and provides immediate same-day access to opiate agonist therapy (OAT) to patients across Alberta. I had an opportunity to connect with Dr. Grady Gibson, the current VODP medical director. The clinic has more than 15 physicians and is open seven days a week from 8 a.m. to 8 p.m. Patients can self-refer or be referred through hospitals, clinics or Corrections Canada. Patients are typically seen within the same day and, in fact, usually within a few hours.

VODP provides virtual access to a multidisciplinary team of physicians, addiction counselors, nurses, social workers, recreational therapists and peer support workers. Patient appointments happen through Zoom. Patients who lack a smartphone or computer can use a telephone. Prescriptions are sent to the nearest pharmacy. Costs for medication are not usually an issue as Alberta's OAT GAP coverage program provides immediate medication coverage for 120 days. Once patients are stabilized on their OAT medications, they are transitioned to a primary care provider.

The program has transformed how OUD is treated in Alberta. Over 50% of all OAT initiations in the province are through the VODP. They have seen patients across 340

communities in Alberta. The program has published research where 90% of patients reported that they found the program helpful. The patients especially appreciate the accessibility and the comprehensive and quick communication. How does the VODP compare to in-person clinics? Published research suggests that patient retention and compliance are similar to and perhaps even higher than in virtual clinics for OUD.

Virtual care has significant limitations: inability to perform comprehensive physical exams, privacy concerns and potential security breaches. Virtual care can also leave the patient and physician feeling disconnected, making it more challenging to establish a therapeutic relationship. However, the VODP has shown that virtual care can improve accessibility and patient outcomes as part of an evidence-based program.

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**Editor's note:**

The views, perspectives and opinions in this article are solely the author's and do not necessarily represent those of the AMA.

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