

# Researchers to Assess Telehealth-Delivered Care Model to Counter Opioid Epidemic

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Study will assess care model that seeks to motivate primary care patients who are dependent on opioids and also have depression

Opioid use and depression frequently occur simultaneously and reinforce each other. Motivating individuals with opioid use disorder and depression to seek and continue treatments has been an unmet challenge for the healthcare system. The Indiana University School of Medicine and Regenstrief Institute faculty have been awarded \$3.9 million over four years to collaborate with Kaiser Permanente Washington Health Research Institute scientists on a trial to optimize treatment for opioid use disorder.

The researchers will test whether a scalable, telehealth-delivered collaborative care model can motivate primary care patients who are dependent on opioids and also have depression to increase engagement in evidence-based treatments for pain and opioid-use disorder, while simultaneously improving depression symptoms.

The trial, MI-CARE (short for More Individualized Care: Assessment and Recovery through Engagement), is supported by the National Institute of Health's (NIH) National Institute of Mental Health, through the Helping to End Addiction Long-term, or NIH HEAL Initiative, to address the national opioid crisis.

"A patient coming into the doctor's office with a heart problem typically doesn't have to be motivated to follow a treatment regimen, but for mental health issues, in part because of stigma associated with these disorders, patients often need support to become engaged and motivated to adhere to medications and other recommendations from their primary care physician," explained Regenstrief Institute Research Scientist and IU School of Medicine Chancellor's Professor of Medicine Kurt Kroenke, M.D., co-principal investigator for the Indiana site, in a statement. "In studies that we have conducted and in real world situations during the COVID-19 pandemic, telehealth has shown real potential in supporting patients and families. The MI-CARE trial will evaluate telehealth's value, coupled with collaborative care, in the fight against opioid use."

The Indiana site of the randomized, controlled MI-CARE trial will evaluate 400 individuals with opioid dependence and depression. Half will receive usual care from their primary care physicians. The other 200 will be contacted by phone by a behavioral health care nurse and offered the opportunity to receive a nurse-supported telehealth program in collaboration with their primary care team. This will typically include evidence-based medications for opioid use disorder such as buprenorphine or long-acting naltrexone along with treatment aimed at improving their depression.

Outcomes for both the treatment and usual care groups will be determined from the patients' electronic medical records, which will include clinical, laboratory and other information.

Among its goals, the MI-CARE trial is designed to determine if the promises of telehealth and coordinated care can help primary care physicians provide the care that opioid users with depression so clearly need.