TELEHEALTH PRACTICES IMPROVE ACCESS TO SERVICES FOR SUBSTANCE USE DISORDERS IN RURAL AREAS

In South Carolina, 20 counties are designated as rural according to the census tract. 60% of these counties receive substance abuse services from an organization that also serves 3 or more other counties, which creates a significant barrier of access to services for populations dealing with substance use disorders.1,2 The use of technology through telehealth services can improve this access.

Telehealth technological practices consist of programs and services offered through agencies that utilize electronic information and telecommunication to support long-distance clinical healthcare and client focused educational programs.3 Within the substance use field, these practices can be used in a variety of ways, including: web-based educational programs, video conferencing techniques, and at-home devices. The following telehealth practices utilize a range of technological practices in order to improve access to services.

**Telehealth Options**

Research has shown that these four telehealth practices are effective in providing substance use disorder services to rural areas. Each of these systems have been proven to increase access and offer a range of services to clients.

### Therapeutic Education System (TES)

**Definition:** TES is an interactive computer delivered web-based psychosocial skills training built upon the validated community reinforcement approach to behavior change.4

**Uses:**

- 65 models are used to teach basic cognitive behavioral skills and improve psychosocial functions.4
- To enhance counseling sessions with clients, clinicians can incorporate summary reports provided by TES.4

**Evidence:** Utilization of TES produced drug abstinence rates similar to therapy by clinicians only and greater abstinence rates than standard treatment alone.4

### Video Conferencing

**Definition:** Video Conferencing is used in healthcare settings as a technique for rural areas to receive specialized care/counseling through video feed from an off-site physician or counselor.

**Uses:**

- It can be used as a tool for physicians, mental health counselors, and social workers to exchange information on clients in order to provide a multi-disciplinary approach for client health and well-being.

**Evidence:**

- When walk-in services were offered at clinics by way of video-conferencing, clients experienced prompter initial services as well as shorter wait times for follow-up services.5
- Video Conferencing is proven to be as effective as face-to-face treatment.5,6

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### In-Home-Messaging-Device (IHMD)

**Definition:** The IHMD is a small, beeper-like device that is used to assess client condition using text messaging and questions of substance use on that say while also providing self-management education.7

**Uses:** IHMD is focused on the early recovery stages that include: enhancing motivation, commitment to abstinence, information on early relapse prevention skills, and building recovery supports.2

**Evidence:** Combined Behavioral Intervention (CBI), an evidence-based practice, is used in conjunction with the IHMD.7

Use of the IHMD by clients increased motivations not to drink.7

### Interactive Voice Response (IVR)

**Definition:** Clients use the IVR system in their homes through their own landline telephones by calling a toll-free number from their phones to record their responses to questions about their substance use that day or week.8,9

**Uses:** Reporting of substance use daily or weekly can be completed at home through the telephone. Self-management education models can also be provided through the system. IVR is suitable for use with problem drinkers in the early recovery phase as well as substance users concerned with privacy.8,9

**Evidence:** IVR has had a documented effect on decreasing substance use in rural areas by providing supplemental monitoring and decreasing stigma associated with substance use.8,9

### Benefits for Practitioners & Clients

The use of telehealth applications can provide greater patient freedom and afford clients a choice in how to receive the services they need, whether it is in-person or from their home. With the shortage of specialized healthcare providers in rural communities, this affords a vulnerable population a way to receive the services needed without the burden of travel costs and time spent away from home or work.10

As financial barriers are a concern for many agencies, implementation of technology within the clinical setting can be an expensive cost. However, those agencies utilizing video conferencing saw a reduction in travel costs that counterbalanced the expense of the technological equipment in the long-term.10 After the initial start-up of funding needed, reduction in costs can be seen as the only expenses incurred are those related to hosting and maintaining access to bandwidth and technical support.4

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 References


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