

Purpose and Background

This fact sheet provides a high-level overview of [tele-Medication for Opioid Use Disorder](#) (MOUD) implementation with a focus on Maryland, but broadly applicable to other jurisdictions.

Evidence supports tele-MOUD improving [retention](#) and reducing [overdose risk](#). Specific target populations might be better served by tele-MOUD, such as individuals in rural counties or those with mobility limitations.

The goal of this fact sheet is to support providers, clinics, and community partners in adopting and scaling tele-MOUD services.

Regulatory & Reimbursement Considerations

- Key rules allow remote initiation and management of MOUD under specific conditions, as detailed [here](#) by SAMHSA.
- The DEA, jointly with the DHHS, has extended telemedicine flexibilities for the prescribing of controlled medications that were in place during the COVID-19 public health emergency through [December 31, 2026](#).
- Federal telehealth flexibilities remain in flux, with repeated temporary extensions and ongoing rulemaking as agencies work toward permanent regulatory frameworks.

Operational Barriers & Facilitators

A review of the implementation of tele-MOUD highlights [several considerations](#). Specific barriers and facilitators to adoption for providers to consider include:

- **Barriers:** broadband access, digital literacy, and technology costs.
- **Facilitators:** flexible scheduling, reduced travel, integrated workflows.

Clinical Workflow

1. Determine whether the model will be tele-only or a hybrid model (combined tele- and in-person care)
2. Ensure technology infrastructure is in place (video platform, EHR integration, HIPAA compliance)
3. Implement safety protocols for controlled substance prescribing; safe prescribing [resources](#) are available.
4. Conduct patient [assessments of OUD and withdrawal](#) via telehealth.
5. Coordinate MOUD prescribing with pharmacies.
6. Establish follow-up, adherence support, and drug testing workflows.
7. Track initiation rates, retention, overdose outcomes, and patient satisfaction.

MACS Recommendations

- Start with pilot programs and refine workflows.
- Use hybrid models for patients who initially require in-person visits.
- MACS can assist with training, troubleshooting and clinical guidance.

Reach out to MACS with questions related to the initiation and maintenance of MOUD along with any general support requests when working with patients with substance use disorders and chronic pain.

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