

A BRIGHT SPOT OF ENCOURAGEMENT IN THE DEADLY OPIOID CRISIS

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Telemedicine with Buprenorphine has been found to be effective in the battle to save lives in this Opioid Crisis. Dr. Henry Emery, Jr., Medical Director at Bupe.me has submitted a letter to the editor for publication at the Journal of the American Medical Association, the Academy of Family Practice, and the New England Journal of Medicine (copy attached). This letter outlines the findings of a recent study by Dr. Emery and the team at Bupe.me. The team randomly selected 500 patients from 35 states who had been stabilized on Buprenorphine via telemedicine. All of these randomly selected patients had been on heroin, fentanyl, illegal prescription opioids, or some other opioid prior to their induction with Buprenorphine and through telemedicine. The study found that after beginning the Buprenorphine via telemedicine, not one single unexpected opioid prescription was found on the state databases, otherwise known as the state Prescription Monitoring Programs. This would imply not one single episode of relapse back to the opioids was detected by the Prescription Monitoring Program of the respective state. Some of these patients had been stable for years without evidence of a relapse as indicated by the data on the state Prescription Monitoring Program. Said Dr. Bea Hill, RN, MSA, PhD., CEO of Bupe.me, "Those of us on the front lines and in the trenches in this life and death struggle against the deadly opioids were not surprised by these findings. We see it every day. An explanation for this high rate of success can be found in the Opioid Monologues".

About Bupe.me

Bupe.me has been on the front line of the national Opioid Crisis and pioneering the use of Buprenorphine via telemedicine since 2016. Now active in 35 states, Bupe.me anticipates activity in all 50 states in the near future. At the time of this writing, Bupe.me is initiating its own Clinical Trials. Bupe.me plans to bring about an end to this Opioid Crisis in under two years.

Letter to the Editor


Dear Editor,

Our telemedicine program, Bupe.me, was started for no other reason than to make every effort possible to stop the opioid-related overdose deaths that reached 66,000 from 2018-2019, 88,000 from 2019-2020, and the latest estimates could be above 100,000 when the 2020-2021 results are released in June. Here is a fact that every medical professional dealing with the opioid crisis knows, anyone battling opioid abstinence syndrome, who is then prescribed Buprenorphine in a supervised drug rehabilitation program, never overcomes and dies from Buprenorphine.

As a practicing medical professional who has been at the forefront of dealing with opioid crisis for the past few years, the solution to bringing opioid related deaths down to zero is not hard to solve. It takes four elements: awareness that help is available, a convenient and low-cost way for the individual to get help, lower cost prescription meds to replace the illegal and lethal opioids, analog fentanyl and heroin, and ongoing patient support. Let's start with awareness of learning where to get help, social media is a tremendous driver especially when people are home bound due to the pandemic. People looking for help can find others who have the same issues on sites like Reddit; it is peer-to-peer, and trusted. The second essential element is convenience. Patients who require daily treatment and meds cannot drive many miles for treatment; it has to come to them. Telehealth has made great strides in convenient ongoing treatment; the patient sets in or her schedule for treatment. As for a lower cost treatment delivery system, an asynchronous approach considerably drives down cost, while not sacrificing quality. Just as Google Tech can offer a Market Engine in Computer Science online using asynchronous technology, opioid-related treatment does the same. The third element to the solution, lower cost meds, is something out of my control; that is up to the government, pharma and the distributors. The final element, ongoing patient support is again where telemedicine is really superior; online or telephone support is available 24/7. Telemedicine has truly modernized health care. However to date, little research has been done on the effectiveness of telemedicine combined with Buprenorphine to confront the opioid crisis.

As medical director of Bupe.me, I requested my staff to use the state Prescription Monitoring Program to gain some insight into the effectiveness of telemedicine combined with Buprenorphine. 500 patients were randomly selected over 35 states. The parameter chosen were the gold standard of unexpected opioid prescriptions. For the most part, these individuals were of a high-risk category with frighteningly elevated daily morphine equivalents prior to their induction with Buprenorphine via telemedicine.

The study revealed that of the 500 patients reviewed, there was not one single episode of an unexpected opioid prescription. To the lay person, this would be the equivalent of zero episodes of relapse back to the opioids once Buprenorphine had been initiated via telemedicine, and the patient is treated with ongoing telemedicine treatment. In conclusion, combining telemedicine with Buprenorphine was not only successful in fighting the opioid epidemic, it helps bring us closer to the ultimate goal, zero opioid-related deaths. These results may be some of the highest levels of success yet to be seen in the battle against the opioid crisis. We are making tremendous progress in a short time; yet more study is needed.

Respectfully,

Dr. Henry Emery, Jr.

<p style="text-align: center;">ACTION</p> <p>500 patient de-identified data points from state prescription monitoring programs reviewed. All patients had been on prior opioid usage. All patients had converted over to Buprenorphine via telemedicine</p>		<p style="text-align: center;">RESULTS</p> <p>Not one unexpected opioid once Buprenorphine initiated via telemedicine. ZERO RELAPSES in 500 former opioid patients.</p>
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*The CDC defines the SAMHSA conversion factor presented or provided as part of the medication recorded for opioid use. Another number may be used to determine accuracy.

www.bupe.me

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Opioid Monologues

The Opioid Monologues are a series of videos by the Bupe.me Executive Director, Dr. Doug Smith. The series begins with a challenge to the science supporting the diagnosis of Opioid Addiction then presents the scientific evidence supporting the Smith Hypothesis. The Smith Hypothesis details the opioids as a defective product causing DNA damage in the user.

www.opioidmonologues.org

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