---

7 Evaluating the Feasibility of a New Hybrid Teleneuropsychology Screening Service for Individuals with Opioid Use Disorders: Lessons Learned

Jennifer Peraza[1,2], Christian Thurstone[1,2]
[1]Denver Health, Denver, CO, USA. [2]University of Colorado School of Medicine, Aurora, CO, USA

Objective: Opioid use disorder (OUD) has been declared a national public health emergency leading to increased enrollment in medication assisted treatment (MAT) programs. Cognitive deficits are seen among those with OUD which can persist even with MAT. Moreover, cognitive deficits predict poor community and treatment outcomes. Neuropsychological evaluations can identify, diagnose, and provide treatment recommendations, and are associated with improved outcomes in non-substance use patient populations. Yet, patients with OUD rarely undergo neuropsychological assessment when participating in opioid use treatment. Teleneuropsychology (TNP) may increase access to care but has not been evaluated with people with substance use disorders (SUDs). This project used a mixed-method design to evaluate the feasibility and impact of a pilot hybrid TNP service with new patients with OUDs entering a MAT program.
Participants and Methods: Participants were ≥18 years old and new patients enrolling in MAT for OUD. Participants were excluded if they planned to move out of town within six months or were pending incarceration. Participants were identified by triage questions at MAT intake based on frequency of relevant co-occurring conditions indicating those with greatest need. Positively triaged individuals were referred to the TNP service which was conducted by a hybrid approach (i.e., patient presents to the clinic and is evaluated from a separate room using video-teleconferencing technology). We aimed to schedule participants within two-weeks of 30-days from intake to the MAT program. Consented participants completed questionnaires of feasibility and acceptability (e.g., satisfaction, usefulness) after undergoing a screening TNP evaluation and feedback of the results and recommendations. Participants also were invited to undergo a brief qualitative interview to further assess facilitators and barriers.
Results: Of 57 individuals screened positive, 51 were referred, and 14 were reached to offer TNP. Ten (71.4%) agreed to the TNP evaluation and scheduled an appointment, though 50% had the first appointment scheduled within two weeks of 30-days after intake to MAT. Seven (70%) did not keep the first appointment (no show or cancellation) or were rescheduled due to clinic scheduling. Three were reached to reschedule. All three were unable to keep the appointment, but one did reschedule and keep the third appointment. Of the 4 who attended TNP, only 1 (25%) was within two weeks of 30-days after intake. Of those who attended the TNP appointment, 100% completed the protocol, 75% were satisfied with the evaluation overall, 75% found the evaluation useful, and 67% would recommend TNP to others (one participant did not respond to this question).
Conclusions: Neuropsychological assessment may provide valuable information to improve treatment for those with OUDs. This pilot project revealed that individuals with OUDs can tolerate and are satisfied with a screening TNP evaluation and find the evaluation useful. The primary barrier was reaching referred patients. Treatment engagement among those with SUDs is a common challenge. Those with counselors who coordinated with the clinic schedulers were more likely to be reached and scheduled, suggesting support for regular case management. Other lessons learned and potential future steps are discussed.

---

8 The Battery for Executive Functions in Addiction: Validation of a Novel Screening Tool