

# Digital Health for Opioid and Substance Use Disorder Care Frontline Operations Playbook





© CTRC 2026

The California Telehealth Resource Center (CTRC), and resources and activities produced or supported by the CTRC, are made possible by grant number GA5RH37469 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS. The information or content and conclusions herein are those of the CTRC.

They should not be construed as the official position or policy of HRSA, HHS or the U.S. Government. No official endorsements of any kind, by any of these entities, should be inferred.

## Table of Contents

About CTRC	1
Building Access, Safety, and Sustainable Recovery Support Through Digital Health	2
The Five Pillars of Successful Digital Health Programs	2
Section 1: Building Access	3
Section 2: Maintaining Safety	5
Section 3: Protecting Privacy	6
Section 4: Supporting Sustainability	7
Section 5: Strengthening Recovery Support	8
Measuring Success	9
References	10

## ABOUT CTRC

The California Telehealth Resource Center (CTRC) offers no-cost, unbiased training, educational resources, and technical assistance to help California providers and patients get the most from telehealth. As the federally designated telehealth resource center for the region, we offer unbiased tools and services based upon proven telehealth practices. We create lasting change and improvement by focusing on implementation, sustainability, reimbursement and policy, integration, workflows, and patient/provider adoption.

As part of the National Consortium of Telehealth Resource Centers and the OCHIN family of companies, CTRC assists thousands of providers and patients annually. We have extensive experience supporting the healthcare safety net, rural and urban providers, and patients and families throughout California who would otherwise be unable to access quality healthcare due to geographic isolation, language/cultural barriers, lack of insurance, disability, homelessness, and more.



## Building Access, Safety, and Sustainable Recovery Support Through Digital Health

### How to Use This Playbook

This playbook is designed for telehealth coordinators, program managers, operational leaders, clinical supervisors, quality teams, and implementation staff responsible for launching or optimizing digital health services that support opioid use disorder (OUD) and substance use disorder (SUD) care.

The Executive Quick Start Guide focuses on organizational strategy and leadership priorities. This playbook translates those priorities into operational workflows, staffing plans, compliance processes, and performance measures.

## The Five Pillars of Successful Digital Health Programs

Every operational decision should support one or more of these five pillars:

① **Access:** Reducing barriers that prevent patients from receiving care.

② **Safety:** Ensuring clinically appropriate, high-quality care.

③ **Privacy:** Protecting patient information and maintaining trust.

④ **Sustainability:** Building workflows that are financially and operationally viable.

⑤ **Recovery Support:** Connecting patients to services that support long-term recovery and engagement.

## Section 1: Building Access

### Define the Problem First

Technology should never be implemented simply because it is available. Begin by identifying the specific challenge your organization is trying to solve.

#### Examples include:

- Long wait times for treatment
- Limited addiction medicine access
- High no-show rates
- Difficulty retaining patients in care
- Gaps in behavioral health support
- Limited specialist availability

A simple scope statement can help align teams:

---

*"We will use [digital health modality] to improve [clinical or operational outcome] for [patient population], measured by [success metric]."*

**Example:** *"We will use telehealth follow-up visits to improve treatment retention among patients receiving medication for opioid use disorder, measured by 90-day retention rates."*

---

We will use \_\_\_\_\_ to improve \_\_\_\_\_  
for \_\_\_\_\_ measured by \_\_\_\_\_

## Selecting the Right Digital Health Modality

### **Telehealth Visits**

**Best used for:**

- MOUD initiation and follow-up
- Counseling services
- Recovery support visits
- Care coordination
- Post-discharge follow-up

### **eConsults**

Best used when primary care clinicians need specialist input without requiring an additional patient appointment.

**Examples:**

- Addiction medicine consultation
- Medication recommendations
- Behavioral health support

Use structured templates and establish closed-loop communication processes

### **Remote Patient Monitoring (RPM)**

Best used when physiologic data supports treatment decisions.

**Examples:**

- Hypertension management
- Diabetes management
- Chronic disease monitoring

Develop clear workflows for data review, escalation thresholds, and response timelines.

### **Remote Therapeutic Monitoring (RTM)**

Best used when monitoring symptoms, adherence, or treatment engagement.

**Examples:**

- Behavioral health symptom tracking
- Recovery engagement monitoring
- Treatment adherence support

Clearly define staff responsibilities for monitoring and patient outreach.

### **Artificial Intelligence-Supported Workflows**

**Appropriate uses include:**

- Documentation assistance
- Drafting patient communications
- Administrative workflow support

Human review should always occur before information is shared with patients or incorporated into clinical decision making.

## Section 2: Maintaining Safety

Research demonstrates that telehealth and other digital health services can improve access to substance use disorder treatment, particularly for patients who experience transportation barriers or limited access to specialty care.

### Clinical Safety Planning

Digital health programs should have clearly defined clinical protocols.

#### Develop procedures for:

- Missed appointments
- Relapse concerns
- Suicidal ideation
- Behavioral health crises
- Suspected overdose
- Technology failures during visits

Every staff member should understand escalation pathways and emergency response procedures.

### Emergency Planning

#### Patients should know:

- How to contact the clinic
- What services are monitored
- What services are not monitored
- When to call 911
- How to access after-hours support

Staff should understand local emergency activation procedures and referral resources.

### Controlled Substance Prescribing

Organizations offering telehealth-based MOUD services should establish standardized workflows for:

- How to contact the clinic
- What services are monitored
- What services are not monitored
- When to call 911
- How to access after-hours support

Policies should be reviewed regularly to align with evolving federal and state requirements.

## Section 3: Protecting Privacy

### HIPAA and Security

#### Organizations should:

- Use HIPAA-compliant platforms
- Maintain Business Associate Agreements
- Conduct security risk assessments
- Implement role-based access controls
- Maintain audit logs
- Develop incident response procedures

Privacy practices should be reviewed annually and updated as regulations evolve.

### 42 CFR Part 2 Compliance



Programs providing substance use treatment services should prepare for ongoing **compliance** with **federal confidentiality** requirements.  
[Fact Sheet 42 CFR Part 2 Final Rule | HHS.gov](#)

#### Review:

- Consent workflows
- Record disclosure procedures
- Information sharing processes
- Staff education programs
- Health information exchange policies

Privacy protections are essential for maintaining patient trust and encouraging engagement in care.

### Accessibility and Communication

Digital health services should be accessible to individuals with varying communication, language, and technology needs.

#### Recommended supports include:

- Language interpretation services
- Closed captioning
- Screen-reader compatible platforms
- Plain-language instructions
- Audio-only options when clinically appropriate

Accessibility planning should be integrated into implementation activities from the beginning.

## Section 4: Supporting Sustainability

### Building a Reimbursement Strategy

Every digital health modality has unique billing and documentation requirements. Before implementation, verify:

- Coverage policies
- Eligible provider types
- Billing codes
- Required modifiers
- Documentation requirements
- Prior authorization requirements

Do not assume coverage is consistent across payers.

### Understand Program Costs

#### **Budget planning should include:**

- Software licensing
- Device costs
- Connectivity expenses
- Staff training
- Technical support
- Clinical review time
- Integration services
- Language access services

Long-term sustainability requires understanding both direct and indirect costs.

### Define Return on Investment

#### **Budget planning should include:**

- Software licensing
- Device costs
- Connectivity expenses
- Staff training
- Technical support
- Clinical review time
- Integration services
- Language access services

Long-term sustainability requires understanding both direct and indirect costs.

## Section 5: Strengthening Recovery Support

### Recovery-Oriented Workflow Design

Digital health should support ongoing recovery rather than isolated clinical encounters. Develop workflows that connect patients with:

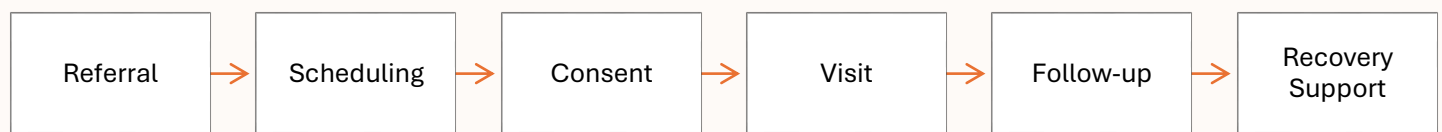
- Primary care services
- Behavioral health providers
- Peer recovery programs
- Community-based organizations
- Harm reduction services
- Social support resources

The strongest programs create seamless transitions between digital and in-person services.

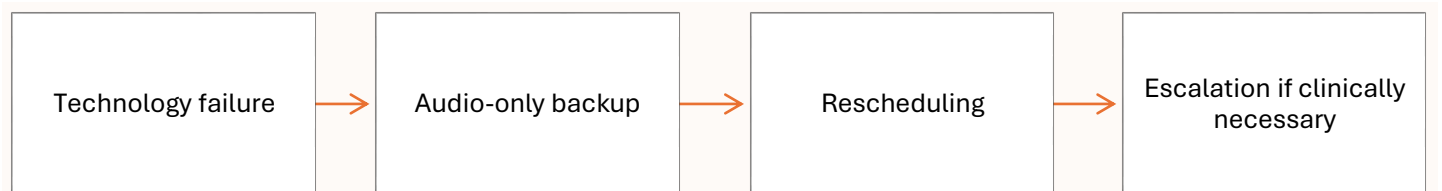
### Workflow Mapping

Map both routine and exception workflows.

#### Routine Workflow Example:



#### Exception Workflow Example:



#### Additional scenarios should address:

- Interpreter needs
- Missed appointments
- Crisis intervention
- Referral delays
- Medication access barriers

## Staffing and Change Management

### Identify:

- Clinical champions
- Operational champions
- Documentation responsibilities
- Patient onboarding responsibilities
- Technical support resources

### Provide role-specific training for:

- Schedulers
- Medical assistants
- Nurses
- Clinicians
- Billing teams
- IT staff

Successful programs invest as much in people and workflows as they do in technology

## Measuring Success

Executive dashboards should focus on five categories of performance.

<b><i>Access</i></b>	<ul style="list-style-type: none"> <li>• Time to first appointment</li> <li>• Appointment availability</li> </ul>	<ul style="list-style-type: none"> <li>• No-show rates</li> <li>• New patient access</li> </ul>
<b><i>Clinical Outcomes</i></b>	<ul style="list-style-type: none"> <li>• Treatment retention</li> <li>• Medication adherence</li> </ul>	<ul style="list-style-type: none"> <li>• Referral completion</li> <li>• Follow-up rates</li> </ul>
<b><i>Patient Experience</i></b>	<ul style="list-style-type: none"> <li>• Satisfaction scores</li> <li>• Ease of technology use</li> </ul>	<ul style="list-style-type: none"> <li>• Reported barriers to care</li> </ul>
<b><i>Operational Performance</i></b>	<ul style="list-style-type: none"> <li>• Successful connection rates</li> <li>• Documentation completion</li> </ul>	<ul style="list-style-type: none"> <li>• Staff workload measures</li> </ul>
<b><i>Compliance</i></b>	<ul style="list-style-type: none"> <li>• Successful connection rates</li> <li>• Documentation completion</li> </ul>	<ul style="list-style-type: none"> <li>• Staff workload measures</li> </ul>

Review metrics regularly and use findings to guide continuous improvement.

## References

American Medical Association. (2024). *Telehealth Implementation Playbook*. <https://www.ama-assn.org/practice-management/digital-health/telehealth-implementation-playbook-overview>

California Department of Health Care Services. (2024). *Stakeholder Recommendations for Mental Health and Substance Use Disorder Services*. [Stakeholder Recommendations for Mental Health and Substance Use Disorder Services | DHCS](#)

Centers for Disease Control and Prevention. (2024). *Drug overdose prevention*. [Overdose Prevention | CDC](#)

Substance Abuse and Mental Health Services Administration. (2024). *Telehealth for the treatment of serious mental illness and substance use disorders*. [Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders | SAMHSA](#)

Substance Abuse and Mental Health Services Administration. (2024). *Treatment Options for Substance Use Disorder*. [Treatment Options for Substance Use Disorder | SAMHSA](#)

U.S. Department of Health and Human Services. (2024). Fact sheet: Confidentiality of substance use disorder patient records. [Fact Sheet 42 CFR Part 2 Final Rule | HHS.gov](#)

