

Virtual Opioid Use Disorder Solutions

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Executive Summary

Opioid use disorder (OUD) is a significant public health crisis in the United States that results in approximately 80,000 deaths from overdose and \$111 billion in direct healthcare costs annually. Despite the proven efficacy of medications for opioid use disorder (MOUD)—including buprenorphine, methadone, and naltrexone—only 25% of adults in need of OUD treatment receive a medication-based intervention. Individuals with OUD face significant barriers to receiving MOUD treatment, including limited provider availability, onerous and fragmented care requirements, medication availability, and societal stigma.

Virtual solutions provide treatment for OUD through a combination of teleprescribing and digital support services. Most platforms offer a suite of services—such as MOUD initiation and titration, drug testing, individual therapy, peer and group support, digital self-guided content, contingency management (CM), and care navigation—designed to improve retention, support recovery, and reduce fragmentation in care.

This evaluation reviews the clinical effectiveness and economic impact of 16 virtual solutions that combine MOUD treatment with digital support services that aim to improve treatment retention and outcomes. There are two broad categories for how these solutions are sold and integrated into MOUD treatment:

1 Medication-Focused Solutions provide virtual MOUD prescribing—primarily buprenorphine—with optional support services, such as therapy, peer support, and CM. Medication-focused solutions are generally reimbursed via fee-for-service or bundled models by health plans or Medicaid programs, with some companies also selling to employers.

2 Digital Wraparound Solutions are used to enhance MOUD treatment programs by adding support services, such as CM, peer support, care navigation, and educational content. These solutions are primarily purchased by healthcare providers, health plans, and public health agencies.

CATEGORIES OF VIRTUAL OUD SOLUTIONS

Medication-Focused Solutions			Digital Wraparound Solutions
Affect Therapeutics	Boulder Care	Pelago	CHESS Health
Aware Recovery Care	Eleanor Health	PursueCare	DynamiCare Health
Better Life Partners	Groups Recover Together	Wayspring	Q2i
Bicycle Health	Ophelia	Workit Health	WEconnect Health

PHTI Assessment Approach

This evaluation has two primary components: clinical effectiveness and economic impact. Details on the assessment methodology can be found [here](#).

Clinical Effectiveness: This evaluation reviewed evidence across eight outcome measures, with treatment retention—particularly to buprenorphine-based care—identified as the primary clinical outcome because it is a key proxy for sustained adherence and overdose risk reduction. The systematic literature review identified 43 studies that met inclusion criteria, with study durations ranging from 3–12 months and a mix of patients with Medicaid and commercial coverage. While definitions and measurement approaches for retention varied across studies, improved retention in treatment is associated with better long-term outcomes, and even small gains in this area can be meaningful to patients and purchasers.

The report also examines secondary outcomes, such as abstinence from opioid use, rate of relapse, and attenuation of withdrawal symptoms. The evidence base includes several well-designed studies but is limited by small sample sizes, relatively short follow-up duration given the chronic nature of OUD, potential selection bias, single-site designs, and gaps in generalizability to the broader OUD population.

Economic Impact: The budget impact model estimates annual healthcare savings from improved treatment retention with virtual OUD solutions—based on published literature—and assumes sustained clinical benefits over one year. The model estimates the number of adults with OUD who could be eligible for the virtual solutions, the gross reduction in expected healthcare spending resulting from improved MOUD treatment retention,

and the net impact on health system spending once such savings are offset by the cost of the virtual solutions. The budget model does not include the impact on productivity, criminal justice costs, or other spending that falls outside of direct healthcare costs.

Stakeholder Engagement: During the assessment process, PHTI partnered with clinical advisors, experts in health technology assessment, and health economists. PHTI also conducted interviews with patients with OUD who had experience using virtual solutions. All companies included in the report had an opportunity to submit clinical, economic, and other commercial information to inform the assessment; 13 of the 16 companies engaged with PHTI during the assessment process, and 10 submitted evidence.

Clinical Effectiveness

Treatment using MOUD has been shown to be effective whether delivered in person or via telehealth or other virtual care models, and MOUD teleprescribing has become integrated into usual care since the COVID-19 pandemic. As such, PHTI’s review of the clinical evidence focuses on comparative evidence examining the impact of adding digital support services to MOUD treatment, regardless of whether that treatment is delivered virtually or in person.

Treatment Retention: Overall, evidence reviewed on treatment retention compared with usual MOUD treatment was mixed. Fourteen comparative studies evaluated treatment retention—measured as number of days retained or the share of patients retained—among patients using virtual OUD solutions with digital engagement features and found retention rates comparable to or slightly higher than

those achieved with usual MOUD services. The weighted average increase in retention at six months for patients using virtual OUD solutions was estimated to be 13 days.

There was insufficient evidence to determine whether fully integrated MOUD-focused solutions deliver improved outcomes relative to digital wraparound solutions paired with a separate MOUD provider. There also was not enough evidence to determine the relative benefits of various support services (e.g., CM vs. peer support).

Secondary Outcomes: Evidence reviewed on abstinence and relapse was mixed: While several studies found improved abstinence rates among users of virtual OUD solutions, others found no significant difference compared with usual care, and relapse rates were generally comparable across groups. Across multiple studies, virtual solutions demonstrated strong safety profiles, high patient satisfaction, and positive usability ratings, though engagement typically declined over time, reflecting the difficult chronic and relapsing nature of OUD.

Access to Care: One goal of expanding virtual OUD care is to improve the convenience of care, thereby increasing the number of patients who seek or enroll in treatment. PHTI reviewed the clinical literature and company-submitted information about their patient populations and found no evidence to suggest that these solutions are disproportionately enrolling people newly receiving OUD treatment.

Summary Ratings

Medication-Focused Solutions: Based on PHTI’s review of the evidence, medication-focused solutions deliver comparable outcomes as usual MOUD treatment, with some evidence suggesting small improvements in retention. This review found no evidence that these solutions improve access to care by increasing the number of patients who are newly entering treatment.







Medication-focused solutions are used as alternatives to usual MOUD treatment and their prices are similar to typical usual care costs. Given the variation in pricing models and outcomes, for most payers, medication-focused solutions result in comparable or slightly lower overall treatment costs for patients with OUD who use them.

Although medication-focused solutions can be more broadly adopted as an alternative to usual MOUD treatment, this review found no evidence that these solutions improve access or materially lower spending relative to usual care.

Digital Wraparound Solutions: Based on PHTI’s review of the evidence, digital wraparound solutions slightly improve treatment retention when used to augment MOUD care. Digital wraparound solutions that are provided as adjunct to MOUD treatment are expected to slightly increase annual healthcare spending because solution costs—assumed to be \$205 per user per month—outweigh the cost offsets of health benefits from improved retention.

PHTI RATINGS FOR VIRTUAL OPIOID USE DISORDER SOLUTIONS BY CATEGORY

● Positive ● Moderate ● Negative
● Higher Evidence Certainty ○ Lower Evidence Certainty

Category of Solution	Clinical Effectiveness ^a	Economic Impact	Summary Rating ^b
Medication-Focused Affect Therapeutics, Aware Recovery Care, Better Life Partners, Bicycle Health, Boulder Care, Eleanor Health, Groups Recover Together, Ophelia, Pelago, PursueCare, Wayspring, Workit Health	 Results: Comparable or slightly better treatment retention than usual care Evidence Certainty: Lower	 Comparable or slight decrease in net spending due to avoided healthcare costs from improved treatment retention	 May be substituted for usual care Given only slight improvement in treatment retention, broader adoption should be focused on previously untreated patients
Digital Wraparound CHESS Health, DynamiCare Health, Q2i, WEconnect Health	 Results: Slightly better treatment retention when added to usual care Evidence Certainty: Higher	 Increases net spending because the price of the solution exceeds the avoided healthcare costs from improved treatment retention	 Greater improvements in treatment retention are needed to justify broader adoption at current solution prices

Source: PHTI, Virtual Solutions for Opioid Use Disorder, September 2025. See [PHTI.org](https://phti.org) for complete report, methods, and recommendations.
Notes: ^a Not all solutions have clinical data that meet the inclusion standards for this report. ^b Summary rating reflects the combination of clinical and economic results.

Next Steps

Based on PHTI's review of the evidence, virtual solutions for OUD show promise that they may be able to retain patients in care longer and reduce unnecessary healthcare spending compared with in-person care. However, current evidence about the clinical performance of these solutions suggest they deliver only modest benefits.

Currently, rather than expanding the number of people receiving OUD treatment, virtual solutions are primarily reaching individuals who are already in some form of treatment or would otherwise access in-person care. To help virtual solutions for OUD gain wider adoption by the populations that stand to benefit most, further attention is needed from innovators, purchasers, and policymakers in several key areas.

PHTI's recommendations include:

- **Advance evidence generation** to demonstrate which aspects of virtual OUD solutions are improving treatment retention and for which populations.
- **Expand access** by focusing on patient acquisition and engagement to bring a broader range of patients into MOUD treatment and keep them in treatment longer.
- **Improve care coordination** by integrating virtual OUD solutions more effectively into the healthcare delivery system.
- **Leverage opioid settlement funds** for OUD support services and evidence-based approaches to OUD treatment.
- **Expand the availability and uptake of MOUDs** by promoting comprehensive coverage and addressing access barriers to long-acting formulations such as injectable buprenorphine and naltrexone.
- **Modernize federal and state policy** by finalizing Drug Enforcement Administration (DEA) teleprescribing rules, expanding licensure flexibilities, and investing in rigorous evaluations of digital OUD models and support services tools.

These findings are based on the criteria set forth in the ICER-PHTI Assessment Framework and the currently available evidence. Please see the full PHTI report, [appendices](#), and [online data supplement](#) for complete assessment, methods, and recommendations.

Accessing PHTI's Full Report

You can access the full report [here](#).

