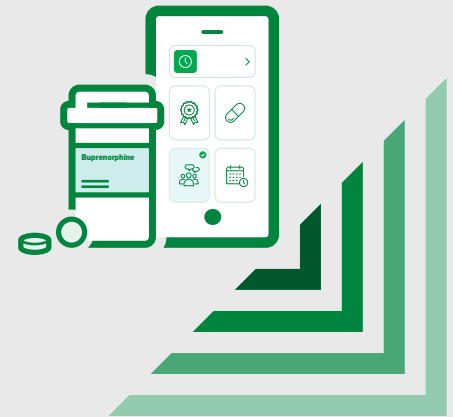


# Virtual Opioid Use Disorder Solutions

HEALTH TECHNOLOGY ASSESSMENT | SEPTEMBER 2025



The Peterson Health Technology Institute (PHTI) evaluated virtual solutions for opioid use disorder (OUD)—opioid use causes approximately 80,000 deaths from overdose and \$111 billion in direct healthcare costs annually in the United States.<sup>1,2</sup> 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 (an intervention that reinforces positive behaviors through incentives, such as a gift card), and care navigation—designed to improve retention, support recovery, and reduce fragmentation in care.

The assessment found that these solutions are clinically effective and that some can be broadly adopted as an alternative to MOUD care. There is no evidence that virtual solutions for OUD either improve access to care by increasing the number of patients who are newly entering treatment or materially lower spending compared with usual care.

PHTI's assessment used a [published framework](#) and included a systematic literature review that considered more than 4,800 pieces of evidence, including information submitted by most companies with products under evaluation. PHTI also received input from clinical advisors, patients, and companies selling digital health solutions.

## Categorizing Virtual Opioid Use Disorder Solutions







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 contingency management. 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 contingency management, peer support, care navigation, and educational content. These solutions are primarily purchased by healthcare providers, health plans, and public health agencies.

PHTI RATINGS FOR VIRTUAL OPIOID USE DISORDER SOLUTIONS BY CATEGORY

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

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

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

Clinical and Economic Impact for Virtual Opioid Use Disorder Solutions

**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.

Realizing the Full Potential of Virtual Opioid Use Disorder Solutions: Policy Implications

Virtual solutions for OUD perform comparably to in-person care and may slightly improve treatment retention for patients. Currently, virtual solutions are primarily reaching individuals who are already in some form of treatment or would otherwise access in-person care. Broader adoption of these solutions has been constrained by multiple policy barriers, including historically strict teleprescribing regulations for controlled substances.

To help virtual solutions for OUD gain wider adoption by the populations that stand to benefit most, further attention is needed from state and federal policymakers in several key areas:

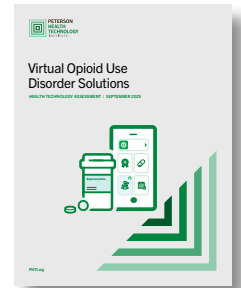
- 1 States should leverage opioid abatement funds.** More than \$50 billion has been committed in opioid settlement dollars and earmarked for opioid abatement strategies, including expanded access to MOUD treatment. States and localities can use opioid abatement funds for new investments in virtual OUD solutions and further evidence generation to understand which aspects of these solutions are improving treatment retention.
- 2 The Drug Enforcement Agency (DEA) should establish a telemedicine special registration.** To create a permanent pathway for prescribing controlled substances via telehealth following the expiration of the COVID-19 era flexibilities, the DEA should finalize its [proposed rule](#) to establish a special telemedicine registration. This would allow eligible clinicians and online telemedicine platforms to teleprescribe Schedule II–V controlled substances and fulfill a long-standing requirement of the Ryan Haight Online Pharmacy Consumer Protection Act of 2008. Under the proposed rule, any board-certified, mid-level practitioner could prescribe buprenorphine without in-person visits by attesting that those visits would impose a significant burden on their patients. It would also allow audio-only telehealth refills of buprenorphine. As the gold standard treatment for OUD, buprenorphine is unique among other Schedule III medications and should continue to be treated separately from other Schedule III drugs.
- 3 States and the federal government should increase provider licensure flexibility.** Congress and states should consider legislation to increase healthcare provider licensure flexibility for the treatment of OUD, including allowing providers delivering virtual addiction services to initiate care for patients in medically underserved areas across state lines or to continue to treat patients with whom they have an established therapeutic relationship even as they move across state lines.
- 4 Promote comprehensive coverage of MOUDs, including long-acting injectables.** Coverage of MOUDs increased when the [SUPPORT for Patients and Communities Act](#) required Medicaid programs to cover all FDA-approved MOUD and counseling as a mandatory benefit starting October 1, 2020, through September 30, 2025. As the expiration of this requirement approaches, policymakers should consider if an extension is needed to maintain access to MOUDs through state Medicaid programs. This includes long-acting injectable formulations of MOUD which could be most helpful for individuals exiting correctional facilities and at high-risk of overdose, as well as those who face challenges with daily oral medication use.
- 5 Payers should reward solutions that improve patient access to MOUD treatment.** Patients who receive buprenorphine-based treatment experience superior clinical outcomes and much lower healthcare spending—but only a quarter of adults that need MOUD receive it. Digital health companies, purchasers, and MOUD providers should pursue creative methods to bring new patients into treatment for longer periods of time. For example, Medicaid agencies could structure contracts for virtual OUD solutions so that they distribute bonuses to companies that meet or exceed targets for initiating care in patients who were previously not receiving MOUD treatment, delivering services in underserved areas (e.g., rural care), or sustaining patient retention beyond short-term milestones.

## About the Peterson Health Technology Institute

The Peterson Health Technology Institute (PHTI) provides independent evaluations of innovative healthcare technologies to improve health and lower costs. Through its rigorous, evidence-based research, PHTI analyzes the clinical benefits and economic impact of digital health solutions. These evaluations inform decisions for providers, patients, payers, and investors, accelerating the adoption of high-value technology in healthcare. PHTI was founded in 2023 by the Peterson Center on Healthcare.

## Accessing PHTI's Full Report

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



<sup>1</sup> National Institute on Drug Abuse (NIDA), "Drug Overdose Deaths: Facts and Figures," August 4, 2025, Figure 3. <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates#Fig3>

<sup>2</sup> Avalere Health, "The Cost of Addiction: Opioid Use Disorder in the United States," May 2025. [https://advisory.avalerehealth.com/wp-content/uploads/2025/05/Avalere-Health-White-Paper\\_The-cost-of-opioid-addiction\\_OUD-in-the-United-States.pdf](https://advisory.avalerehealth.com/wp-content/uploads/2025/05/Avalere-Health-White-Paper_The-cost-of-opioid-addiction_OUD-in-the-United-States.pdf)