Basics about Opioid Treatment

- Medication-assisted treatment (MAT) use of medications combined with counseling and behavioral therapies for treatment of opioid addictions (heroin, prescription drugs)
- Methadone is the most commonly used medication for treatment
- Closely monitored, individualized dosing on-site at a clinic or restricted take-home schedules
- Even in an emergency, only a certified clinic can provide dosing

Basics about Opioid Treatment Programs

- Opioid treatment programs (OTPs /'methadone clinics') have to be certified/accredited
- 1200 OTPs treat approximately 280,000 patients
- Oversight of treatment medications remains highly regulated involving States, DHHS/SAMHSA, and the U.S. Department of Justice/DEA

Continuity of Care for OTP Patients

- Receiving a safe, accurate dose in a timely manner is critical
- Inability to obtain medication may lead to withdrawal and relapse to heroin or other drugs
- Inaccurate dosing of medication can lead to serious side-effects or death
- In a broad-scale disaster, inability to access medication impacts individual patients and also public health and safety

Impact of Large Scale Disasters on OTPs

- Events like 9-11 & Katrina
  - Thousands of patients displaced and seeking treatment
  - Programs unable to verify patient status and accurate current prescription, to safely dispense medication

What We Learned

- Most patients knew and accurately reported their dose
- Inability to verify dosage put patients at risk and potential liability for guest OTPs
- In the midst of the disasters, patients felt stigmatized
- No one was seriously hurt - can't take that chance again

A Grassroots Solution

- Working with SAMHSA, stakeholders proposed one possible solution for ensuring service continuity in the worst of circumstances –

  Creation of a reliable and interoperable database

  – an "Opioid Dosage Data System"

- Project name (D-ATM) was proposed by a Patient Advocate

A Critical Ingredient: The Stakeholders

- **Stakeholders have been essential to shaping and supporting the project.**
- **Project Steering Committee, comprised of representatives of:**
  - **State Authorities for NY, NJ, and CT**
  - **Representatives of the patient advocacy and provider community**
  - **The American Association for the Treatment of Opioid Dependence (AATOD)**
  - **COMPA (the Committee of Methadone Program Administrators of New York State)**

D-ATM is an information system that..

- Provides a tool to OTPs to support treatment continuity in all situations, including emergencies
- Collects and stores minimal data required to
  - Accurately verify patient status
  - Provide up-to-date and accurate dosing information
- Is compliant with privacy and security regulations

D-ATM is an information system that ..

- Uses biometric technology to generate unique patient IDs
- Interoperable with commercial vendor systems
- Uses web-based data exchange and update processes with existing systems

D-ATM: Guiding Principles

- **System to be *secure and confidential***
  - No identifying information
  - Patient ID linked to finger imaging technology
- **System to entail *ease of use***
  - **Interoperability reduces staff burden**
- **System to be *acceptable*, to patients and to the programs**

D-ATM: The Essentials

- **Patient enrollment –**
  - **Obtaining consent**
  - **Finger scanning**
  - **Creation of a memorable PIN**
- **2 options for data retrieval in the event of emergency**
  - **Retrieval of patient ID at a "guest clinic" using finger scanner**
  - **Use back-up help-desk number to provide PIN and receive medication information**

Other Key Aspects of System Design

- **Feedback to home program**
  - Home clinic system is notified when patient records are accessed
- **Application Programming Interface (API) enables data sharing**
  - Automatic downloads of patient dosing data from D-ATM ready systems reduces staff burden
- **Enhanced support desk**
  - Technical Support to Participating Clinics
  - Mechanism to Provide Feedback

Real and Anticipated Benefits of D-ATM

- **Tool to dispense medication safely and accurately**
- **Could easily be adapted for more routine use**
- **Potentially satisfy accreditation requirements**
- **Raising awareness of disaster preparedness**
- **Incentive to enhance IT capabilities**
- **May provide basis for adoption of EHR**

D-ATM Ready System is a vendor system for which API has been implemented to *automatically* upload dosing data to D-ATM

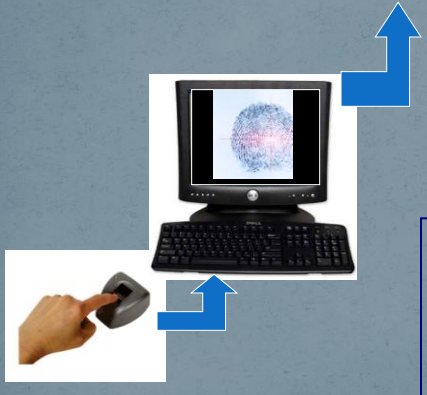
Systems certified as D-ATM Ready:

- Netalytics*
  - Methasoft v.5.5
- Netsmart*
  - Avatar
  - AMS Enterprise
- eAnytime
  - MDS

*In use by current sites

How D-ATM Works: Patient at Home Clinic

123-456-7890



Finger scan is used at that moment only to generate a unique numeric ID

Enrolling patient into D-ATM:

(a) Requires patient's involvement

(b) Does *not* save patient's name or finger image into central D-ATM system

At HOME OTP: Patient's finger is scanned in a one-time enrollment process

How D-ATM Works: Patient at Guest Clinic

123-456-7890

123-456-7890

At GUEST OTP: Guest patient's finger is scanned in order to verify identity and access person's dosing information

New scan is compared against those in centralized system:

- ***If 'match' is found*, dosing information is released to GUEST OTP.**
- ***If 'match' is NOT found*, scan is repeated and/or patient provides back-up "PIN" or other information.**

***Retrieving* patient's dosing information from D-ATM:**

Still requires patient's involvement to

- authenticate the transaction
- allow access to their personal dosing information.

Implementation Strategy 3 Stages of Engagement

- **Recruitment**
- **Implementation**
- **Maintenance**

Stage 1 of Engagement

Recruitment:

- Identify D-ATM Ready OTPs
- SAMHSA sends recruitment letter
- OTP Indicates Interest to Participate
- Project staff collect and provide details
- OTP signs Agreement to Participate

Stage 2 of Engagement

Implementation:

- OTP informs vendor
- Implementation package sent to OTP
- D-ATM software/hardware installed by OTP
- Vendor completes setup for a clinic
- Self-guided training or Online Training
- Patient Enrollment!!
- Review flow of ALL Data

Stage 3of Engagement

Maintenance:

- **Ongoing monitoring of ALL data**
- **Periodic reports to sites for data validation**
- **Use of system in any emergency situation**
- **90/180-days-old data is deleted**

Currently….

- **97 clinics are in some stage of planning / implementing D-ATM**
- **These clinics are spread across 26 states & DC** (AZ, CA, CO, CT, DC, DE, GA, IA, IN, IL, KS, KY, LA, MD, ME, MO, NC, NY, NJ, NE, OK, PA, SC, TX, VA, VT)

Challenges Faced

- Multiple demands → Slow response rate/time
- Lack of D-ATM ready or any clinical system
- Independent disaster preparedness efforts at local/state level
- Vendors lack time, incentive to engage, and/or perceive as competition

From Disaster Preparedness to Continuity of Care

- Major disasters were driving factors
- D-ATM originally developed for emergency use
- Participant enthusiasm and requests helped broaden the scope of the system
- As the system continues to expand around the nation, access becomes easier
- Once a patient is enrolled, can use D-ATM under any circumstances

From Disaster Preparedness to Continuity of Care

- **Continuity of Care when there is potential for service disruption at….**
  - Individual Patient Level
  - Clinic Level
  - Large Scale / Regional Level

Through D-ATM, SAMHSA continues to work towards the goal that service disruption does not mean a disaster for patients in OTPs!!!

HIT Implementation – Lessons Learnt

- **System Design: User-friendly, Integrated into daily operations, Minimal Burden on clinics [D-ATM has all these]**
- **Motivation for adoption: Funding/Policy Requirement; Improved service [D-ATM]; Cost Saving;**
- **Resources & Support: Requires intense, ongoing implementation support and resources. Awareness & sensitivity to unique clinical & operational issues. [D-ATM has all these.]**

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