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Substance Abuse and Mental Health Services Administration

SAMHSA

D-ATM DIGITAL ACCESS TO MEDICATION

D-ATM: ONE TOOL FOR ENSURING CONTINUITY OF CARE IN DISASTER SITUATIONS FOR PATIENTS IN TREATMENT FOR OPIOID DEPENDENCE

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Why there is a Need for D-ATM:

- 9-11: The Impact on the Opioid Treatment System in the Greater New York Metropolitan Area
 - 1,000 patients displaced and seeking treatment
 - Programs not always able to obtain information needed to provide a safe and accurate dose
 - Lack of reliable data added to confusion and congestion at guest OTPs (opioid treatment programs, commonly called ‘methadone clinics’), and particularly disrupted the lives of high-dose patients



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What We Learned:

- Most patients knew and accurately reported their dose.
- Even so, the inability to verify dosage data put our patients at risk, and added to potential liability for guest OTPs.
- In the midst of the attack, patients felt stigmatized.
- We dodged a bullet by getting through such a large scale crisis without seriously injuring the health of any of our patients—but we can't take that chance again



A Grassroots Solution:

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

Creation of a reliable and interoperable database to ensure that patients being treated for opioid dependence could obtain their medication when an emergency or other type of disruption forced them to seek treatment at a treatment program where they were not normally enrolled – an “Opioid Dosage Data System.”



A Critical Ingredient: The Stakeholders

- From the beginning, stakeholders have been essential to shaping and supporting the project. They have included:
 - COMPA (the Committee of Methadone Program Administrators of New York State)
 - What soon became a project Steering Committee, comprised of representatives of:
 - State Authorities for New York, New Jersey and Connecticut
 - Representatives of the patient advocacy community
 - Members of the provider community from all three states
 - Leadership of The American Association for the Treatment of Opioid Dependence (AATOD)
- Steering Committee expanded after hurricanes Katrina, Rita.



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The Milestones:

- Phase I: In September, 2002, SAMHSA/CSAT awarded a one-year planning/feasibility contract to Health Systems Research (HSR), working with COMPA and an IT expert who understood substance abuse treatment issues.
- Patient Dignity e-mail and letter campaign during funding gap.
- The Bridge Project: A small, intensive study was conducted of 5 OTPs toward defining operational and IT “readiness.”
- Phase II (current phase): Fall, 2005, contract awarded to Z-Tech, (working with COMPA and NAMA, the National Alliance of Methadone Advocates) for infrastructure development and piloting.
- Modified in the wake of Katrina to extend pilot beyond NY area.
- Current project name was proposed by Patient Advocate.



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From the Beginning: Guiding Principles

- **System to be secure and confidential**
 - No patient name included in the central repository
 - Patient identity digital, and linked to finger imaging technology.
- **System to entail ease of use**
 - Ultimately, existing clinic dosage management systems and D-ATM will have interoperable data transmission, requiring no additional staff time
- **System to be acceptable, to patients and to the programs**



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Key Aspects:

- **System composed of a deliberately limited data set, only what is needed to:**
 - Verify status as patient
 - Provide a safe and accurate dose
 - **Basic elements to include:**
 - Identity of home clinic
 - Patient's current dose
 - Last date of medication
 - Number of take-home doses allowed
 - Time-limited data window
 - **Data to reside in a web-based data repository:**
 - Secure and encrypted
 - 42 CFR and HIPAA Compliant
 - Accessible world-wide
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Going Beyond the Earlier Work:

- **System Phase II builds on the work done in Phase I and the “Bridge” project:**
 - Honors the original principles
 - Incorporates biometrics
 - Weds high-tech with human-interest
 - Continues to work toward the day that service disruption does not have to mean a disaster for the patient
- **Phase II also changes and enhances the original concept:**
 - Incorporates the Medicine Order routinely used by OTPs
 - Seeks to develop more workable ‘off-the-rack’ solution vs. tailoring to each OTP’s system
 - Will develop planfully in stages (versions, iterations)



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Current Project Status:

- Moving from development into pilot-testing.
- February, 2007: First pre-pilot conducted at a clinic in New York City –
 - Tests continued after project team departed
 - Program successfully enrolled more than 60 patients
 - Lessons were learned and have led to refinements
- The D-ATM pilot will be phased, in a staggered fashion, into 50 or 60 programs in 3-4 areas of the United States and will provide the foundation for a national roll-out, should funding become available.



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The Essentials:

- **Patient enrollment –**
 - Obtaining consent
 - Finger scanning
 - Creation of a memorable PIN
 - **3 options for data retrieval in the event of emergency –**
 - When a guest program is equipped with finger scanning hardware and software, the patient may authorize access to his/her dosage information via a simple finger scan
 - Guest program can also access patient information via D-ATM Web site, by entering the name of the patient's home OTP and then, a PIN number provided by the patient
 - If internet not accessible, program can access database via telephone, using name of patient's home program and PIN provided by patient
 - ***System access depends on patient's authorization***
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Other Key Aspects of System Design:

- **Feedback to home program**
 - Data system automatically prompts a guest OTP to report back to the home OTP any transactions involving one of the home program's patients.
 - Home program receives message to "check patient queue."
- **API will enable D-ATM to work with existing clinical software**
 - Basic requirements defined
 - Will allow for automatic and near real-time downloads of patient dosing information, reducing staff burden
- **Enhanced support desk**
 - Will provide extensive technical support to programs via e-mail and phone for start-up and ongoing use of D-ATM
 - Is "2-way," providing means for users to seek assistance but also, to make comments, suggestions on overall system



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Aspects of Assessment:

- **Technical:**
 - OTP Implementation (Hardware & Software Installation)
 - Patient Enrollment
 - Data Synchronization
 - Home OTP Data Retrieval
 - Guest OTP Data Retrieval
 - OTP Queue Review
 - **Operational:**
 - Observation (“Lessons learned”)
 - Ongoing feedback from participating programs, patients and patient advocates, Steering Committee
 - Comments submitted through help desk, D-ATM Web site
 - **Final report to include recommendations on what was useful, what needs to be changed if D-ATM goes national**
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Real and Anticipated Benefits of D-ATM:

- **Provides a tool with immediate, practical benefit to patients and programs in ensuring patients can be safely and accurately dosed in emergency or other event that may disrupt service delivery**
 - May help prevent dual enrollment both within and across state lines
 - Could easily be adapted for more routine use, for instance, in managing traveling patients
 - Would provide an additional means by which to satisfy SAMHSA/CSAT accreditation requirements for disaster and emergency planning
 - Is raising awareness within the overall treatment community (not just OTPs) of disaster preparedness and response issues – including what other ‘tools’ are needed
 - May provide incentive for programs to enhance IT capabilities
 - May provide basis (further down the line) for adoption of EHR
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For More Information:

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 - **Visit the D-ATM Web site, at <http://datm.samhsa.gov>**
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