

Opioid Treatment Programs (OTP) Service Continuity Pilot: Information Webinar Slide-by-Slide Transcript/Notes

Slide 1 - Introduction:

Gordon Campbell (FEi Systems): As way of introduction, I am Gordon Campbell and I am with FEi Systems in Columbia, MD. FEi will be working with SAMHSA and the winning awardee on the project implementation, as well as providing technical assistance throughout the effort. My role today is serving as moderator of the meeting, providing logistical support and answering questions from attendees. We will be reviewing a slide deck. I think it is about 20 slides, and I expect that to take somewhere around 45 minutes. Today's speakers are from SAMHSA as well as FEi. As a legal disclaimer, today's meeting is being recorded for note taking purposes. I'm required to share that information with you. In conclusion, today is intended to be informational in nature and to provide answers to any of your questions. Thanks for your attention, I'd like to now hand the floor over to my partners at SAMHSA, specifically Dina Passman, Laura Rosas and Arlene Stanton.

Slide 2 – Agenda:

Dina Passman (SAMHSA): Good afternoon everyone, this is Lieutenant Commander Dina Passman, and I want to welcome you to our webinar about the Opioid Treatment Program (OTP): Service Continuity Pilot funding opportunity. Thank you so much for taking the time out of your schedules to attend today's webinar. We look forward to answering your questions after we've presented some of the basic information about the opportunity. I'm joined here today by Laura Rosas, who is the HIT team lead at SAMHSA. And she will also be presenting. So, without further ado, why don't we move on to the agenda?

As you can see, we have a lot of things to talk about today. I would say in short, there are three basic sections to today's talk. One is to provide information about the opportunity. The second part is to show you a demonstration of Consent2Share software, which may be used as part of this project.

Slide 3 – Purpose of the Pilot Project:

To start, I want to discuss the purpose of this pilot. In technical jargon, it is to facilitate a patient's ability to share specific opioid treatment information in cases of care discontinuity in a manner that is sensitive to privacy concerns under 42 CFR Part 2 regulations, through a health information exchange organization. What does that mean in plain speak? It means being able to allow a patient to seamlessly access methadone treatment from an away clinic when they can't access their home clinic due to a reason that was expected or unexpected. And all of that transferred information about their treatment would be seamlessly exchanged electronically with the proper consents in place. So, that leads me to the key indicators of the success which include: (A) that the opioid treatment program would indeed be able to share this medical information back and forth between each other; (B) that should there be a service disruption it would not disrupt the patient's ability to access care; and (C) use of a health information exchange to move that data back and forth pursuant to the federal regulation 42 CFR Part 2 and any other state or local privacy requirements that may come into play.

Slides 4 & 5 – Disaster Preparedness: Building a System for OTPs & Patients:

Many of you are probably familiar with the background to this project and that is what I want to talk about for a minute before we dive into the specifics. SAMHSA was involved for over ten years in a disaster preparedness project called D-ATM. The reason for this project was that in the wake of the attacks of 9/11, one of the opioid treatment programs in lower Manhattan was knocked off-line and it presented an opportunity to think about solutions for getting displaced patients the medications that they needed when the circumstances were such that their home clinic was inaccessible. Over the course of the ten years since then, SAMHSA has invested a lot of time and energy engaging stakeholders, many of you who are probably on the phone, to develop an electronic system for sharing this information. And it was called D-ATM, inspired by bank ATMs, which we rely on to give us what we need in a secure manner.

D-ATM was created to help ensure that OTP patients would be able to obtain their medication in the event of a service disruption, whether due to a major disaster or a routine event. And the idea behind D-ATM was to build a house that was just big enough to store the information for OTP staff in a guest clinic to be able to verify that the displaced individual was indeed an OTP patient, and that they weren't seeking a duplication of services, but a substitute for their normal services during a disruption. After ten years of the project, it became clear that while the problem remained the same, the solution would need to be revisited. And so the goal of this project is to "keep the flame alive" and move forward with the same objective of providing continuity of care through health information technology.

Slide 6 – SAMHSA's Continued Efforts:

Laura Rosas (SAMHSA): Some of you are familiar with the work that SAMHSA has been doing with the Office of the National Coordinator for Health Information Technology (ONC) around addressing privacy and confidentiality concerns in behavioral health. You may have heard of data segmentation for privacy or DS4P. This is work we've been doing to see how we could allow patients more ability to control their data, how their data was being used, and who it went to in terms of being transmitted. SAMHSA uses HIT as a means of coordinating care for OTP patients and other patients and specifically for this project, we're looking at how we can leverage HIT when there is a diminishment or disruption of access to services of medication. And when we talk about disruption of service, it's not just natural disaster. And we'll talk a little bit about the use cases in a few minutes. But the issue is that when patients are unable to receive their treatment, it can hinder recovery and effect health outcomes. And safeguards are critical to ensuring the continuity of care that's required, to helping patients, and to alleviating the risk for patients and medical professionals.

Slide 7 – SAMHSA's Strategic Initiative:

HIT at SAMHSA is a strategic initiative which means it's a very high priority. We promote the development of technologies and standards to enable the interoperable exchange of behavioral health data. And of course a huge concern for behavioral health data is privacy, security and confidentiality. So, while we understand that it is very important to integrate this into primary care, we also need to be very conscious and always working toward protecting patients' privacy. We are working on: developing behavioral health functionality through EHR and other HIT tools; enhancing the capacity to secure collection and use of data in the EHRs so that we can continue to develop standards and quality improvement tracking; and promoting the broad dissemination of technologies. Whether it's the technologies or EHRs or whether they are apps or patient portals, our role is to promote those technologies that can assist patients and clients with both recovery and prevention.

Slide 8 and 9 – Use Case:

Dina Passman: So, let's get into the use case here. We have for example, a woman named Sally. And she lives in Chicago and she's been in opioid addiction treatment and recovery for three years and that's been very hard fought. During that time she has been accessing care at an OTP that is local and she's never left the city, never missed a dose. But now her mother is ill. She needs to travel to Orlando and that is going to require her to get treatment at an out-of-state OTP. And that's the crux of the matter here. She needs to make special arrangements with her provider to ensure that her methadone treatment will continue uninterrupted while she is taking care of family business out-of-state. And that is going to take a lot of coordination and time to review and sign the proper paper forms before she feels that she is comfortable enough to travel and put her recovery at risk. This is what our desired future state is (*referring to Slide 9*). Now Sally can log into an electronic consent management system, having given her local OTP the advanced authorization to share her medical information with an out-of-state OTP. So, no more paper. No more complicated processes to go through to be able to get her care out-of-state. And this will ensure that her methadone treatment will continue uninterrupted. Which is really the most important thing in this project.

Slide 10 – SAMHSA's Pilot Team:

The pilot team consists of a few different elements. The first is the funder and leader which is the Substance Abuse and Mental Health Services Administration (SAMHSA) which is a part of the U.S. Department of Health and Human Services. Specifically, this is being run out of the Center for Substance Abuse Treatment (CSAT). And then we also have a pilot implementation and technical assistance lead which is FEi Systems. They're going to help the awardee with the technical implementation of this pilot and provide on-going technical assistance. And they have expertise in HIT implementation, data segmentation, and electronic consent management. So, they will be working very closely with the awardees. And for your information, the funding for this comes from the Behavioral Health Information Technologies and Standards or *BHITS Program*, which is meant to advance all of those elements of the strategic initiative that Laura shared with you previously.

Slide 11 – Pilot Benefits:

There are many benefits that are anticipated to the pilot awardees and they include. These include the reduction in poor patient outcomes due to treatment disruption—this is really the heart of the matter here. This means not having set-backs in an individual's treatment or recovery because of glitches in access to care at one clinic or another. So, it often improves patient care through enhanced access to secure data. Other benefits include: an increased level of trust between provider patient; improved mobility between facilities; and then also very importantly, a sustained compliance with federal and state confidentiality regulations.

Slide 12 – Available Resources:

Here's the part you've all been waiting for. What does this award contain? The winner—of which there will be one team—will be eligible to receive up to \$375,000 to reimburse costs incurred by the HIE and participating opioid treatment programs. The awardee team will also get technical assistance related to implementation, and also importantly assistance to write and publish evaluation outcomes, policies, procedures, standards, and protocols for the pilot for national dissemination.

Slide 13 – Eligibility of Applicants:

Laura Rosas: Applicants who would be eligible for this award could be HIEs, state, county, local public health agencies and related agencies, and opioid treatment programs. The requirements are that they have a demonstrated ability to assemble a team that includes an HIE, two or more OTPs, and an existing EHR and/or Medication Management System (MMS). The ability of the HIE to incorporate behavioral health data is also a requirement; they can provide patients with the ability to authorize data-sharing. The EHR or MMS does not need to be certified, but applicants do need to have one or the other.

Slide 14 – Pilot Expectations:

Our expectations for the pilot are that the awardee enters into a subcontract with FEi (to receive funding through BHITS vehicle), who is our prime contractor. They will participate in the planning and evaluation of the pilot, and they will implement the pilot within 3-6 months of the pilot kick-off, which we anticipate to be around April 2015. They will also need to: (1) integrate and use a HL7 Clinical Document Architecture (CDA) for information exchange; (2) be able to perform query/response transactions using patient dosing information; (3) develop a method for patient's provision of electronic consent of their record, and we are going to have a quick walk-through in a few moments on our Consent2Share software which is built on HL7 DS4P standards; (4) develop electronic data transfer between the OTP and the HIE; and (5) develop a data exchange workflow that is compliant with 42 CFR Part 2. For those of you who are not familiar with 42 CFR Part 2, it is the federal regulation that requires specific regulations for protecting substance abuse treatment information. So, it only pertains to substance abuse treatment and includes prohibition on redisclosure. We will walk through that as part of the Consent2Share software in a few minutes.

Slide 15 – Pilot Expectations:

Our anticipated scope of work includes: integrating behavioral health provider EHR and/or MMS with a HIE; integrating the behavioral health EHR or MMS with the HIE with access control services to authenticate who is accessing the information; creating an EHR or MMS application interface if there isn't one already in place; establishing a workflow that integrates OTP providers into the HIE; facilitating automatic sending of dosing information to the HIE; and successfully accepting a query response.

Slide 16 to 19 – Consent2Share Technology Demonstration:

So without further ado, I'm going to hand it over to Andrew to do a walk-through of our Consent2Share software. Using the Consent2Share software is not a requirement for the pilot, but the awardee will need to have some mechanism for being able to do a very similar type of data segmentation and consent process. So, the software will be available and it is already developed. And FEi can assist with implementing this software. But if the awardee has other software that can perform the same functions, they are also welcome to use that.

Slide 17

Andrew Malcolm (FEi Systems): Thanks Laura. My goal today is to walk through the Consent2Share software. And instead of doing a traditional demo, we've prepared a couple of screenshots to keep the discussion high level and pretty short and concise. But as always, at the end, we'll have time for questions, so if you have further questions about Consent2Share, we can answer them at that point in time.

On the first slide, I'd like to share with you the splash page or where the patient would log-in, and just wanted to outline a couple things that we have here. We have some information that the patient can read. As you can see on the bottom of the page, there is some information about privacy consent, a little bit about Consent2Share, and then also about privacy. People can use this information as an educational tool to get their patient acquainted with what Consent2Share can do for them in managing their record. Also, you'll see that the client is required to create a username and password in order to log in which is pretty traditional. We also have, as part of this, the "sign up now" button which is a way for you to collect the information by interested patients or clients. Clients would then fill out a page that can be forwarded onto one of your staff or counselors to do a follow-up call with them about Consent2Share and the importance of sharing a record.

Slide 18

The next screenshot here is really where a lot of the work happens for the patient related to creating what I call their "privacy and security profile." And as you can see it starts in the top left with "add consent." And then in the middle, there is a guide button that will walk the patient sequentially through each of the steps to filling out this consent form. This way, they're guided through that process and they don't have to figure it out on their own or remember what their training was. It's pretty intuitive from that perspective. The client also has the ability to turn off the guide once they are comfortable with the process. The consent process starts with "I, Albert Smith, hereby authorize" - and Albert Smith is the client who we have logged in to this particular screen. And you'll see that Teresa, one of his providers, is listed on the left. And he selected that he would like to share information from that provider. And if you go to the right, you'll see that he's also sharing with Monica. So, this is a 1:1 relationship that we're establishing where the information that Teresa has is authorized to be shared with only Monica. After Albert has decided which provider he wants to share data from and to, he has two options. One option is to share all of his data (meaning that anything in his medical record can be shared from Teresa to Monica without restriction). But let's say Albert doesn't want all of his information to be shared. In this case he has the ability to choose which "sensitive categories" of data he wants to share. And these sensitive categories are configurable by organization. So, when Albert indicates that he will share his medical record between providers, he's going to select which of these sensitive categories of data should be transmitted. Each sensitive category is furthermore tied to a value set that utilizes the traditional clinical coding that you would see in IC9, TPT, etc. and matches these codes against one of the sensitive categories. So, now that Albert has decided to select the sensitive categories that he doesn't want to share, he must indicate the "purpose of use." Under 42 CFR Part 2, the client can not only control and define what to consent to, but also indicate under which circumstances that consent applies. So, Albert may indicate that it is ok to share his information for healthcare treatment purposes. If someone was to make a request for research, they would not get access to Albert's information because their request for purpose doesn't match his consent. And there is also an option to determine how long the consent term lasts—anything from one day to 30 days to 90 days which really offers the client flexibility.

Slide 19

This slide shows you the actual signature page of the consent process. Albert will see a PDF view of his consent specifications for review, including his name, demographics and what he is consenting to have shared from Provider A to Provider B. Now you will see that there is an EchoSign Test Document watermark on the middle of the page. And that is part of the Adobe EchoSign product that we're using for the signature process. And this is a test system, so that is why we have that red mark there. In the

promotional version, or the licensed version, that would not be there. But as you can see at the bottom here, we have the disclosure that allows or notifies Albert of his rights and shows the effective date of his consent. At this point Albert needs to include his signature. Since we are expecting that this application may be utilized both on smartphones and tablets, there's a responsive design that is part of Consent2Share that allows the signature field to automatically resize. The client can either include their signature with a stylus or the client can type in their name into the field and have that serve as the signature (the client would then receive an email confirming that consent was provided). Once consent is provided, the client can access a client portal to see the detail of the consent provided, consents that have been executed, and consents able to be revoked if desired. \

Slide 20 – Application Process & Timeline:

Laura Rosas (SAMHSA): To review the application process and timeline, we will be releasing the pilot application around February 15 of this year through the SAMHSA HIT listserv and the ONC HIE listserv. Electronic application submission is due no later than March 15. And we will be announcing the winning awardee no later than April 15. Accommodations will be made for information requests and questions during the application window. If you have questions, please send them to Dina Passman at otpdemo@feisystems.com. We will also be issuing a weekly frequently asked questions (FAQ) email to all those who have registered for these sessions.

Slide 21 – Question & Answer Session:

(Please refer to separate Frequently Asked Questions document)