

Opioid Treatment Programs (OTP) Service Continuity Pilot: Initial Findings, Challenges and Solutions

September 22, 2015



Housekeeping

- Webinar being recorded
- All lines muted
- Send questions using “Questions” box in control panel
- Q&A session at the end



Presentation Overview

- I. Opioid Treatment Program (OTP) Service Continuity Pilot (SCP) Background and Purpose
- II. OTP SCP Solution Demonstration
- III. Deployment Toolkit
- IV. Lessons Learned
- V. Questions & Answers



Webinar Objectives



- Explore the purpose, background, and outcomes of SAMHSA's Opioid Treatment Program (OTP) Service Continuity Pilot (SCP)
 - Understand challenges and considerations of working in OTP settings
 - Provide high-level overview of OTP SCP solution
 - Introduce resources to help replicate OTP SCP solution
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SAMHSA's Strategic Initiative



Leading Change 2.0:
Advancing the Behavioral Health of the Nation
2015–2018

Behavioral Health is Essential to Health

Prevention Works

Treatment is Effective

People Recover



Substance Abuse and Mental Health Services Administration, *Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015-2018*. HHS Publication No. (PEP) 14-LEADCHANGE2. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Goals for Strategic Initiative #5 – Health IT

- ✓ Promote development of technologies and standards to enable interoperable exchange of behavioral health data while supporting privacy, security, and confidentiality
- ✓ Promote adoption of Electronic Health Records (EHRs) and other Health IT tools with behavioral health functionality
- ✓ Enhance capacity for the secure collection and use of data in EHRs and other technologies by continuing to develop behavioral health national data standards
- ✓ Promote broad dissemination of technologies for improving behavioral health care

Pilot Background: Disaster Preparedness System for OTPs & Patients



- Digital Access to Medication (D-ATM)
 - Developed in wake of 9/11 attacks
 - Created to help ensure opioid treatment patients can obtain medication in the event of service disruption
 - Built to house “just enough” info for OTP staff to verify OTP patient identity and provide medication securely
- SAMHSA and the Office of the National Coordinator for Health IT (ONC) established priority to address privacy and confidentiality concerns limiting the inclusion of behavioral health data in Health Information Exchanges (HIE)

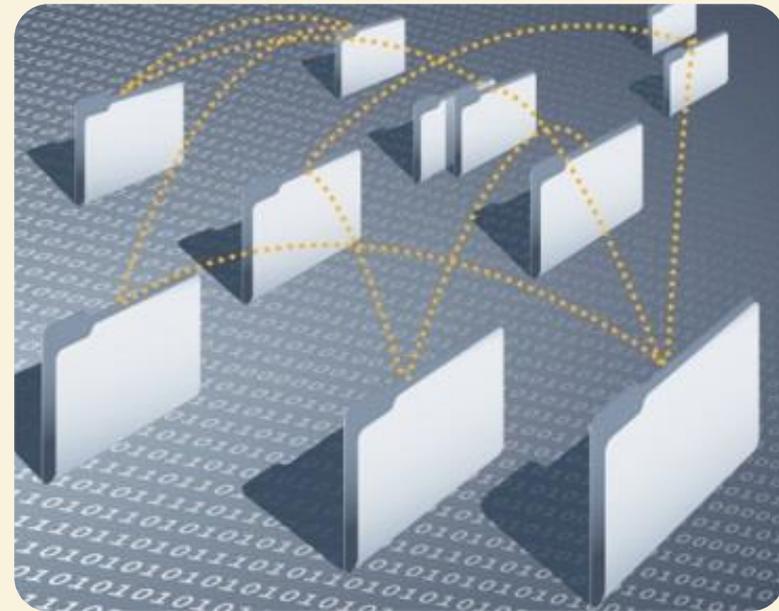
Data Segmentation for Privacy (DS4P)

- Broad initiative sponsored by SAMHSA and ONC to improve ability to securely share sensitive health information, specifically substance abuse patient records
- Phase One 2011 – 2014
 - ✓ Demonstrated how standards can support current privacy policies to share sensitive health information across organizations
 - ✓ Developed standards to enable sensitive electronic health information to be securely shared with authorized users



SAMHSA's Opioid Treatment Program (OTP) Service Continuity Pilot (SCP)

Purpose: Through HIE, facilitate exchange of dosing and associated client demographic information between OTPs during a service interruption or temporary client relocation in compliance with 42 CFR Part 2



Pilot Team Presenters



Hannah Deputy
**Michiana Health
Information Network**



Susie Brennan, MPH
**Michiana Health
Information Network**



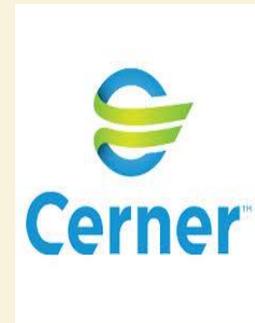
Jessica Brigyoni
**VIP Community
Services**



Deborah Witham
**VIP Community
Services**

OTP SCP Team

- **Michiana Health Information Network (MHIN)** led pilot and runs the HIE
- **Cerner** provided the HIE technical infrastructure for information exchange and the Patient Portal
- **Netsmart** is the EHR vendor for the OTPs using Avatar to record OTP medication dosing and dispensing information

The logo for Michiana Health Information Network (MHIN) consists of the lowercase letters "mhin" in a bold, dark green, sans-serif font.

OTP SCP Team

Bronx Lebanon Hospital Center: census cap of 600 patients

- In Psychiatry Department of the BLHC health system



VIP Community Services: largest community-based OTP in the Bronx with census cap of 1,500 patients

- Federally Qualified Health Center that offers clinical services



<http://www.countymapsofnewyork.com/>

An OTP Perspective

- **Natural disasters - Superstorm Sandy**
 - OTPs closed and patients displaced
 - Receiving OTPs did not have dosage information
 - Risk for patients to get incorrect treatment
- **Non-emergency patient travel**
 - Process requires significant and regular staff burden
- **Patient empowerment**
 - View and control access to their health information via patient portal



metroforensics.blogspot.com

An OTP Perspective (Ctnd.)



Complex patient population

- May be receiving other social and/or medical treatment
- Literacy limitations
- May be in crisis state
- May not have access to a computer



Limited organizational resources

- Staff burden to share or confirm patient OTP treatment information
- Financial limitations for purchasing and implementing new information systems or functionalities, limited vendor readiness



OTP SCP Solution

Use of a Health Information Exchange (HIE) to facilitate the exchange of dosing and associated demographic information between OTPs during a service interruption or a temporary client relocation, in accordance with patient preferences.

- ✓ All activities and systems are compliant with 42 CFR Part 2



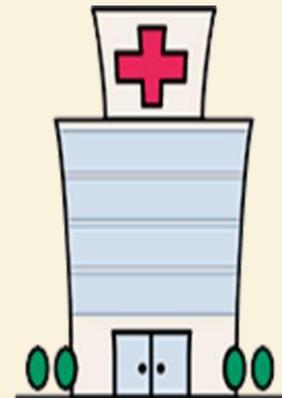
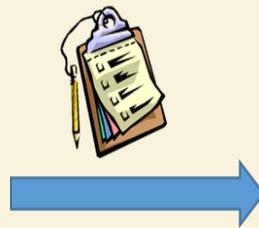
OTP SCP Solution Technologies and Standards

- Electronic Health Record (EHR)
- Cross Document Sharing (XDS.b) Clinical Exchange Platform
- DS4P standards
- Communication Protocols
 - Admit, Discharge & Transfer (ADT)
 - Continuity of Care Document (CCD)
 - Integrating Healthcare Enterprise (IHE) Profiles



Patient Workflow: Step 1

- The patient arrives at their local OTP Clinic for treatment and completes the initial consent process.
- A staff member saves the consent document in the patient chart, and gives the patient access to the portal



Patient's
Local OTP

Patient Portal Log-In Screen



mhin

Sign in to OpenHRE™

User name

Password

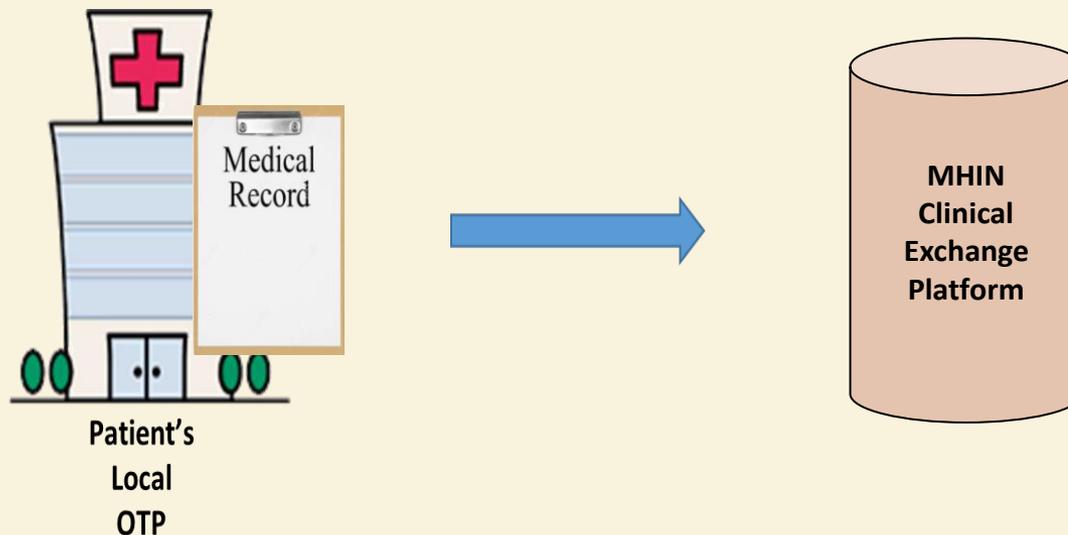
Log in

**The Patient logs
into the portal**



Patient Workflow: Step 2

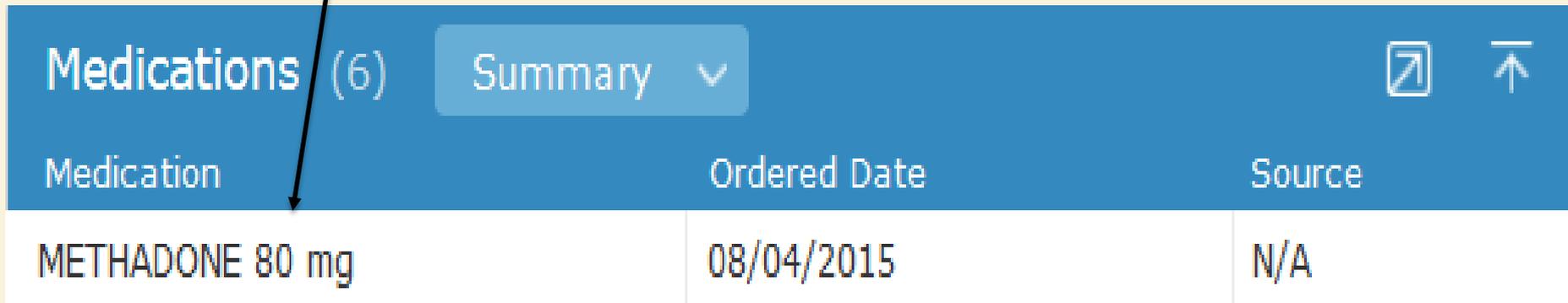
- When dosing information is completed at the patient's OTP clinic, an updated CCD is sent to MHIN



- The patient is then able to view their dosing information within the Patient Portal

Dosing Information in Patient Portal

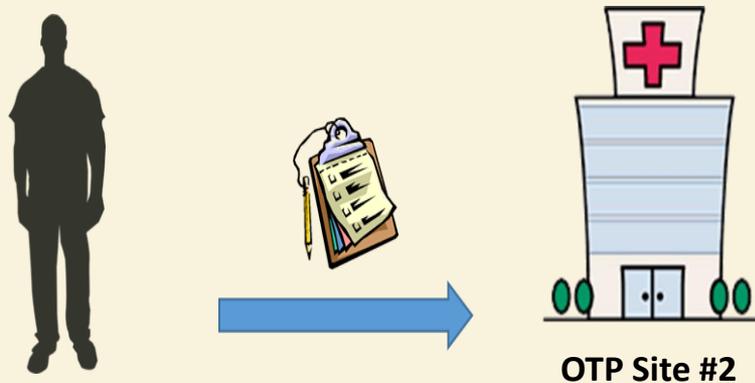
The Patient can now view their dosing information in the Patient Portal from their local OTP clinic



Medication	Ordered Date	Source
METHADONE 80 mg	08/04/2015	N/A

Patient Workflow: Step 3

- If the patient needs to seek care at another OTP site, the new site can access dosing information sent to MHIN
- The patient will sign a release of information at the new site, which will allow the OTP site to access the patient's record in MHIN



- The patient can now log into the Patient Portal to grant consent to share information between the two OTP sites

Giving Permission to OTP #2

mhin

Sign in to OpenHRE™

User name

Password

Log in

**The Patient
will log back
into the
Patient
Portal**

Giving Permission to OTP #2

1. Click on
"Patient
Consent" tab

The screenshot shows the mhin interface. At the top left is the 'mhin' logo. To the right of the logo are navigation tabs: 'Clinical Summary View', 'Profile', and 'Patient Consent'. The 'Patient Consent' tab is highlighted. Below these tabs are sub-tabs: 'Permissions', 'Access Overview', and 'History'. The 'Permissions' sub-tab is highlighted. In the top right corner, there is a user profile dropdown showing 'Liz Peters' and a 'Logout' button. At the bottom right of the main content area, there are two buttons: 'Delete Permission' and 'Add New Permission'. The 'Add New Permission' button is highlighted. At the bottom of the page, there is a disclaimer text.

2. Click on
"Permissions"
button

3. Click on the
"Add New
Permissions"
button

My records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically on the date set by the patient when consent was given. [Consent Policy](#)

Giving Permission to OTP #2



Liz Peters Logout

Clinical Summary View Profile Patient Consent

Permissions Access Overview History

New Permission

Expiration

Expiration Date:

MM/dd/yyyy

1 Month

2 Months

1 year

Select clinics from which you would like to share your information

- BronxCare
- VIP Community service

Select None

Select All

Select sections of your treatment information to share

- Advanced directive
- Allergies
- Anatomic pathology
- Appointments
- Clinical documents
- Conditions
- Diagnosis
- Discharge summary
- Family history
- History and physical
- Immunizations

3. Choose the information you would like to share

Select clinics with which you would like to share your information

- BronxCare
- VIP Community service

Select None

Select All

1. Choose how long you would like to share your treatment information

4. Choose the clinics where you want to send your treatment information

2. Choose your "home" clinic that you are giving permission to share your treatment

Giving Permission to OTP #2

**Patient must read the
Consent Policy before
checking the box to accept
their preferences**



I have read the [Consent Policy](#) and I understand that by clicking "save" I am giving permission for my information to be shared.

Cancel

Save

Giving Permission to OTP #2

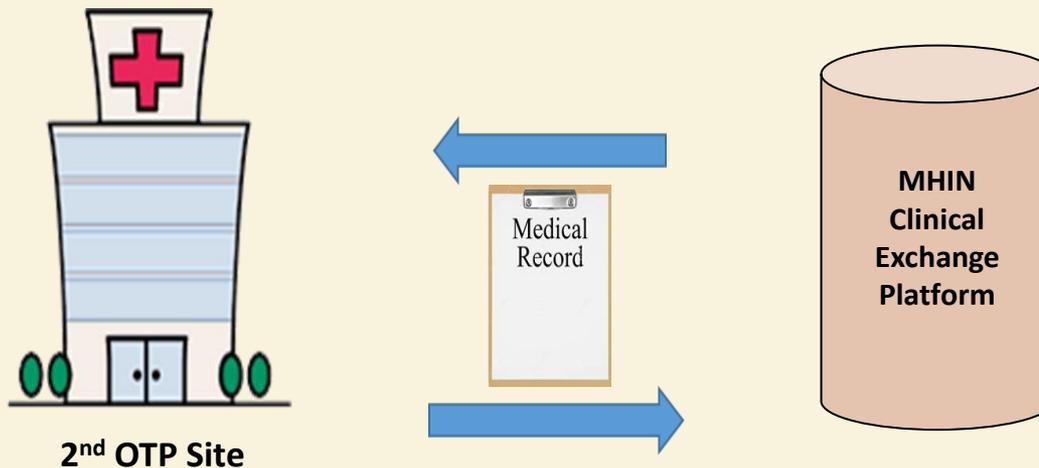
The Patient can now review their selections and see how long the selected information will be shared with OTP #2



History of Permissions		
Date	Status	Activity
09/03/2015 13:48:04	CREATED	Permission to share Medications from VIP Community service to BronxCare. Expiration: 09/03/2016 00:00:00
09/03/2015 12:42:07	CREATED	Permission to share Advanced directive, Allergies, Anatomic pathology, Appointments, Clinical documents, Conditions, Diagnosis, Discharge summary, Family history, History and physical, Immunizations, Lab orders, Lab results, Medications, Microbiology, Plan of care, Procedures, Provider reports, Radiology, Social history, Visits, Vital signs from BronxCare, VIP Community service to BronxCare, VIP Community service. Expiration: 07/01/2016 00:00:00
09/01/2015 13:12:13	DELETED	Permission to share Appointments, Clinical documents, Conditions, Diagnosis from 2.16.840.1.113883.3.334.2.4.2.1 to 2.16.840.1.113883.3.789.1. Expiration: 09/01/2016 00:00:00
09/01/2015 12:46:05	CREATED	Permission to share Appointments, Clinical documents, Conditions, Diagnosis from 2.16.840.1.113883.3.334.2.4.2.1 to 2.16.840.1.113883.3.789.1. Expiration: 09/01/2016 00:00:00

Patient Workflow: Step 4

- The 2nd OTP Site will then be able to send a query to MHIN and access the patient's CCD
- The 2nd OTP Site can then update the patient's record with current dosing information, and a completed CCD will be sent to MHIN



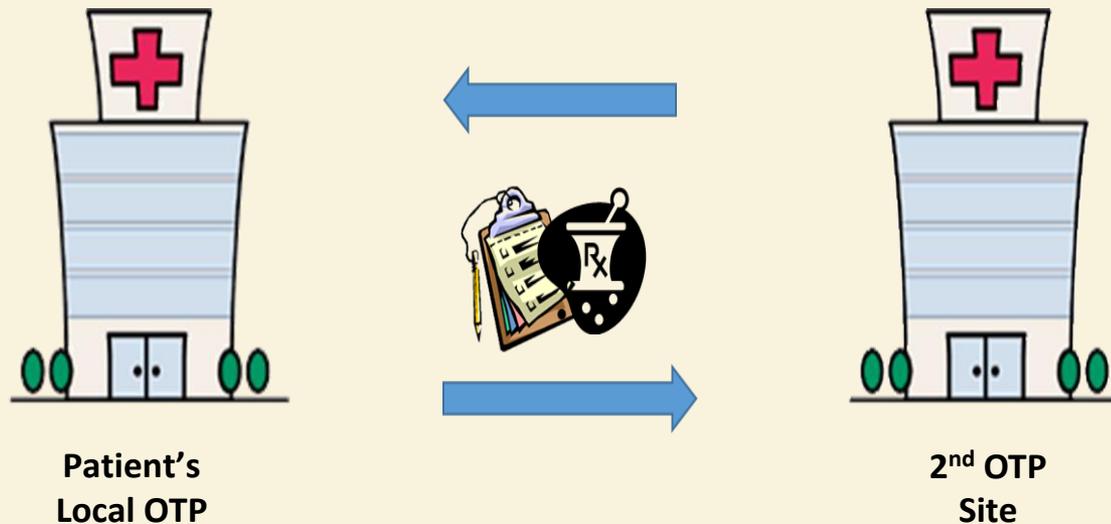
Updated Dosing Information from OTP #2

Medications (6) Summary ↕ ↗ ↑			
Medication		Ordered Date	Source
METHADONE 80 mg		08/04/2015	N/A
METHADONE 86 mg		09/01/2015	N/A

 **The Patient can now see their updated dosing information from OTP #2**

Patient Workflow: Step 5

- The Patient's local OTP site can then query for the dosing information from the 2nd OTP site, and the CCD can be requested and returned to the local OTP's system.



Challenges from the OTP SCP

- Identifying and engaging partners
- Creating a vendor-agnostic technical solution
- Complying with privacy and security regulations
- Designing effective workflows
- Patient education and engagement



Deployment Toolkit

- **Purpose:** synthesize the lessons learned from the OTP SCP challenges and solutions to identify best practices to help other organizations replicate the solution
- **Audience:** HIEs, OTPs, information system vendors, and policymakers



Deployment Toolkit



- **Considerations at Start-Up**
 - Necessary relationships: clinical exchange partners, technology vendors, HIE provider, lawyers
 - Legal policies: 42 CFR Part 2, HIPAA, state regulations
 - Vendor readiness: use of standards, data segmentation, C-CDA
 - Barriers to be addressed: access to files, electronic data transfer
- **Readiness Assessment**
 - Sharing C-CDA documents
 - Patient registration process
 - EHR System use for OTP
 - Infrastructure

Deployment Toolkit



- **Implementation of HIE-mediated Data Exchange**
 - Assessing readiness for implementation
 - Defining steps towards implementation
 - Implementing the Project Plan
- **Appendices**
 - Policies, Procedures, and Workflows for Capturing Patient Consent
 - Patient Education Materials

Impressions from the OTPs

Initial reactions:

- Patient consent workflow would not impede normal clinical activities
- Patient and provider education materials adequately and clearly explain this technology
- OTPs and their patients would benefit from access to this solution
- Contributes to greater patient engagement and empowerment

Note: The OTP SCP solution has not been implemented in the OTPs



Lessons Learned



- Successful proof-of-concept demonstrates that patient-controlled health information exchange between OTPs is possible
 - OTPs would benefit from this solution both for disaster situations and everyday patient management.
 - This solution could support other sensitive health information scenarios
 - Need for strong interactive relationships among multidisciplinary stakeholders to implement solution within existing workflows
- 

What's Next?



Questions and Answers



Want to Learn More?



- Visit the SAMHSA website at:
www.samhsa.gov
www.samhsa.gov/health-information-technology
- Contact the SAMHSA Health IT team at
samhsa.hit@samhsa.hhs.gov
- Contact MHIN at:
brennans@mhin.com
- Contact VIP Community Services at:
jbrigyoni@vipservices.org

Thanks!

