



## Opioid Treatment Programs (OTP) Service Continuity Project (SCP) II: Information Webinar

Dina Passman, MPH, LCDR, USPHS, Team Lead, SAMHSA Health IT Team  
Ken Salyards, Information Management Specialist, SAMHSA Health IT Team  
Kate Tipping, JD, Public Health Advisor, SAMHSA Health IT Team  
Jim Kretz, Senior Survey Statistician and CMHS Health IT Lead  
**Substance Abuse and Mental Health Services Administration**

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# Housekeeping

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



# Today's Speakers



Dina Passman, MPH,  
LCDR, USPHS  
**Team Lead, SAMHSA  
Health IT Team**



Ken Salyards  
**Information  
Management  
Specialist, SAMHSA  
Health IT Team**



Kate Tipping, JD  
**Public Health  
Advisor, SAMHSA  
Health IT Team**



Jim Kretz  
**Senior Survey  
Statistician and  
CMHS Health IT  
Lead**

# Agenda



- I. SAMHSA's Strategic Initiative
- II. Background and Use Cases
- III. SAMHSA's Project Team
- IV. Benefits & Available Resources
- V. Project Expectations
- VI. Eligibility of Applicants
- VII. Project Timeline
- VIII. Question & Answer Session

# 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 Information Technology:

- ✓ Promote development of technologies and standards to enable interoperable exchange of behavioral health data while supporting privacy, security, and confidentiality.
- ✓ Promote the adoption of Electronic Health Records (EHRs) and other HIT tools with behavioral health functionality by health care providers, patients, consumers, states, and tribes to improve prevention, treatment, and recovery for behavioral health conditions.
- ✓ Enhance capacity for the secure collection and use of data in EHRs and other technologies by continuing to develop behavioral health national data standards, which support quality improvement and effective outcome tracking.
- ✓ Promote the broad dissemination of technologies for improving behavioral health care, prevention, and wellness.

# Supporting OTPs & Patients: Disaster Preparedness



- In the wake of the attacks of 9-11, and working with SAMHSA/CSAT, stakeholders proposed a solution to ensure service continuity in the worst of circumstances.
- Over 10 years, through Katrina and subsequent events, SAMHSA/CSAT worked with stakeholders to develop, pilot and then implement a centralized system called D-ATM (Digital Access to Medication).
- SAMHSA supported the D-ATM project for 10 years, until it became clear that while the problem remained the same, the solution needed to be revisited.

# Supporting OTPs & Patients: Non-Emergency Patient Travel



- OTP patients may elect to travel outside of their OTP's service area for personal and/or professional reasons.
- To avoid a service disruption, staff at the "home" OTP contact the receiving OTP to securely exchange patient demographic and opioid treatment information. This must be done in a manner that is compliant with both OTPs' patient consent and information management policies.
- This process is often done using fax machines and phone calls. This potentially lengthy process represents a significant and regular burden for OTP staff, and a potential disruption to patients' treatment.

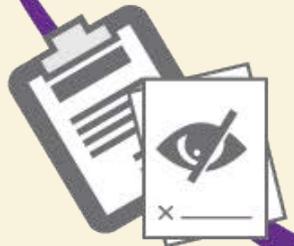
# Use Case: Guest Patient Process Today

Sally



Sally lives in Chicago and has been in opioid addiction recovery for 3 years, but has never left the city during this time. Before Sally can travel, she must make special arrangements with her primary OTP to ensure that her methadone treatment will continue uninterrupted.

*It will take a lot of coordination and time to review and sign the proper paper forms before she feels comfortable to travel.*



Sally's  
Primary OTP



Out-of-State



# SAMHSA's Vision for OTP Service Continuity



To facilitate all patients' 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 health information exchange (HIE) technologies and organizations.

## **The vision includes:**

- OTP patients' ability to share their medical information with other OTP providers.
- Avoiding a disruption in service when a patient's medical records cannot be accessed through their primary OTP.
- Use of a HIE to share specific opioid treatment information in a manner that is sensitive to federal and state privacy requirements.

# Use Case: Guest Patient Process Tomorrow

Sally



Now, because Sally has already logged on to a web-based **Electronic Consent System**, she has given her primary OTP advanced authorization to share her medical information with an out-of-state OTP.

*This will ensure that her methadone treatment will continue uninterrupted.*



Electronic Consent



Out-of-State OTP



# OTP SCP I



- OTP SCP I was a project that successfully developed a patient consent driven process for OTPs to send and query CCDs using an HIE's clinical exchange platform. This project is concluded.
- Resources from OTP SCP I will be available to the OTP SCP II awardee. SAMHSA invites the new awardee to make use of the existing resources as they see fit.

# Goals for OTP SCP II



- **Goal #1:** Integrate the means of exchanging client opioid health and dosage information using HL7 standards and consent management software through existing EHR (electronic health record) and/or MMS (medication management system) systems;
- **Goal #2:** Develop or utilize a data segmentation methodology to allow clients to select which data elements are going to be included within the electronic consent;
- **Goal #3:** Execute preliminary tests of exchange of HL7 OTP document standards between the OTPs and the HIE with test records;
- **Goal #4:** Develop training and education materials for providers and patients; and,
- **Goal #5:** Redesign current process workflows to electronically capture client consent.

# Changes Introduced in OTP SCP II



- Includes new use case for non-emergency service disruption.
- Increase from connecting at least two (2) OTPs to connecting at least four (4) OTPs.
- Applicants must demonstrate an existing need to share information among OTPs.
- Awardee technology partners are not required to have **current** capability to produce/process Continuity of Care documents (CCDs), but must plan to develop this capability during the project.
- Project will include direct patient engagement.
- Awardee will have access to OTP SCP I resources and lessons learned.

# SAMHSA's Project Team

**Team Leader/Funder:** The Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services



**Project Implementation and TA Lead:** FEi Systems

- Oversees technical implementation of OTP SCP and provides ongoing technical assistance.
- Offers expertise in Health IT implementation, data segmentation, and electronic consent management.

# Project Benefits

## Anticipated benefits to project awardees include:

- Improved patient care through enhanced access to secure data
- Strengthen the level of trust in provider-patient relationships
- Improved patient mobility between OTP facilities
- Sustained compliance with Federal and state confidentiality regulations
- Reduction in poor patient outcomes due to treatment disruption



# Available Resources



## **The awardee and their team can expect to receive:**

- Financial assistance to reimburse costs incurred by the HIE (or organization with similar capabilities) awardee and participating OTPs.
- Access to project resources from OTP SCP I.
- Technical assistance on the implementation of health IT tool(s), processes, protocols, and policies to facilitate HIE and OTP integration.
- Assistance to write and publish outcomes, policies, procedures, standards, and protocols for the project, for national dissemination.

# Project Expectations

## Anticipated Technical Scope of Work:\*

1. Integrate behavioral health (BH) provider EHR and/or MMS with HIE
2. Integrate EHR and/or MMS and HIE with consent management in compliance with 42 CFR Part II
3. Create an EHR and/or MMS application interface (if not already in place)
4. Establish workflow that integrates four or more OTPs into the HIE
5. Facilitate automated sending of dosing information to HIE
6. Successfully accept query response from the HIE



\* Exact SOW is likely to vary among project candidates.

# Eligibility of Applicants

**Examples of Potential Primary Applicants:** Health Information Exchange, State/County/Local Public Health Agency, Opioid Treatment Program, etc.



## Eligibility Requirements

Demonstrated ability to assemble a team that includes:

- ✓ An HIE
- ✓ 4 or more OTPs
- ✓ Multiple EHR and/or Medication Management Systems (MMS)

Ability of HIE to incorporate behavioral health data to provide patients with the ability to authorize data sharing.

# Project Timeline



- Information sessions on **December 9 and 15, 2015.**
- Request for Proposals will be released in **early January 2016.**
- Applications are due **mid-February 2016.**
- The awardee will be selected and notified in **early March 2016.**
- Project kick off anticipated for **Spring 2016.**
- Project concludes in **September 2016.**

*Please consult RFP for specific dates*

# Questions and Answers



# Thank You!



- Please email your questions to [otpdemo@feisystems.com](mailto:otpdemo@feisystems.com).

# Appendix



- The following slides contain additional information for your reference.

# SAMHSA's Continued Efforts

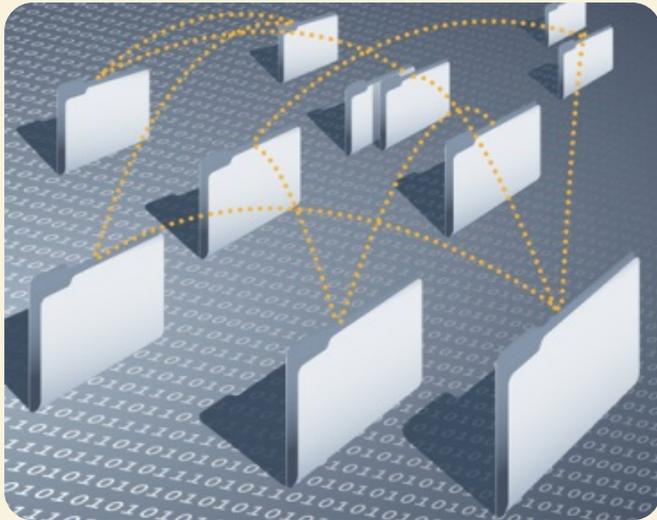
- SAMHSA, in collaboration with the Office of the National Coordinator for Health Information Technology (ONC), has identified the need to address privacy and confidentiality concerns limiting the inclusion of behavioral health data in HIE efforts as a priority.
- SAMHSA is using health IT as a means to coordinate care for OTP patients in times of diminished or disrupted access to services and medication.
- Service disruptions, both planned and unplanned, can hinder recovery and effect health outcomes.
- Safeguards are critical to ensuring continuity of care and to alleviate risk for patients and medical professionals.



# Project Expectations

## The successful applicant will:

- Subcontract with SAMHSA's prime contractor, FEi Systems, for the project.
- Participate in the planning and evaluation of the project.
- Implement the project by September 2016.



- ✓ Develop a data exchange workflow compliant with 42 CFR Part 2
- ✓ Develop electronic data transfer between the OTPs and the HIE
- ✓ Develop a method for patients' provision of electronic consent of their record
- ✓ Integrate and use a HL7 Clinical Document Architecture (CDA) document for information exchange
- ✓ Perform query/response transactions using patient dosing information