



United States Department of Health & Human Services

Substance Abuse and Mental Health Services Administration

**SAMHSA**

**D-ATM DIGITAL ACCESS TO MEDICATION**

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

Arlene Stanton, Ph.D., N.C.C.  
Government Project Officer for D-ATM  
Division of Pharmacologic Therapies  
SAMHSA/CSAT

***State Systems Development Program VIII Conference:  
Partnering to Support Recovery-Oriented Systems of Care***

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)





## **D-ATM DIGITAL ACCESS TO MEDICATION**

### **The 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



## **D-ATM DIGITAL ACCESS TO MEDICATION**

### **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

**D-ATM DIGITAL ACCESS TO MEDICATION**

## 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.”*



## **D-ATM DIGITAL ACCESS TO MEDICATION**

### **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, including an expert on confidentiality/privacy
      - 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.
-

**D-ATM DIGITAL ACCESS TO MEDICATION**

## 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.



## **D-ATM DIGITAL ACCESS TO MEDICATION**

# **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**



## **D-ATM DIGITAL ACCESS TO MEDICATION**

### **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
-



## **D-ATM DIGITAL ACCESS TO MEDICATION**

### **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 attempts to enhance 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)



## **D-ATM DIGITAL ACCESS TO MEDICATION**

### **Current Project Status:**

- We've moved 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 further refinements
- The D-ATM pilot will be completed in phases, with a staggered integration nationwide: Pilot efforts will target initially 3-4 geographic areas within the United States and will provide the foundation for a national roll-out, should funds become available.



## **D-ATM DIGITAL ACCESS TO MEDICATION**

### **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***



## **D-ATM DIGITAL ACCESS TO MEDICATION**

### **Other Key Aspects of System Design:**

- **Feedback to home program**
  - Data system automatically prompts a guest OTP to report back to the home OTP 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
  - Clinical software must be “D-ATM Pilot Ready”
  - 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



## **D-ATM DIGITAL ACCESS TO MEDICATION**

### **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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## **D-ATM DIGITAL ACCESS TO MEDICATION**

### **Real and Anticipated Benefits of D-ATM:**

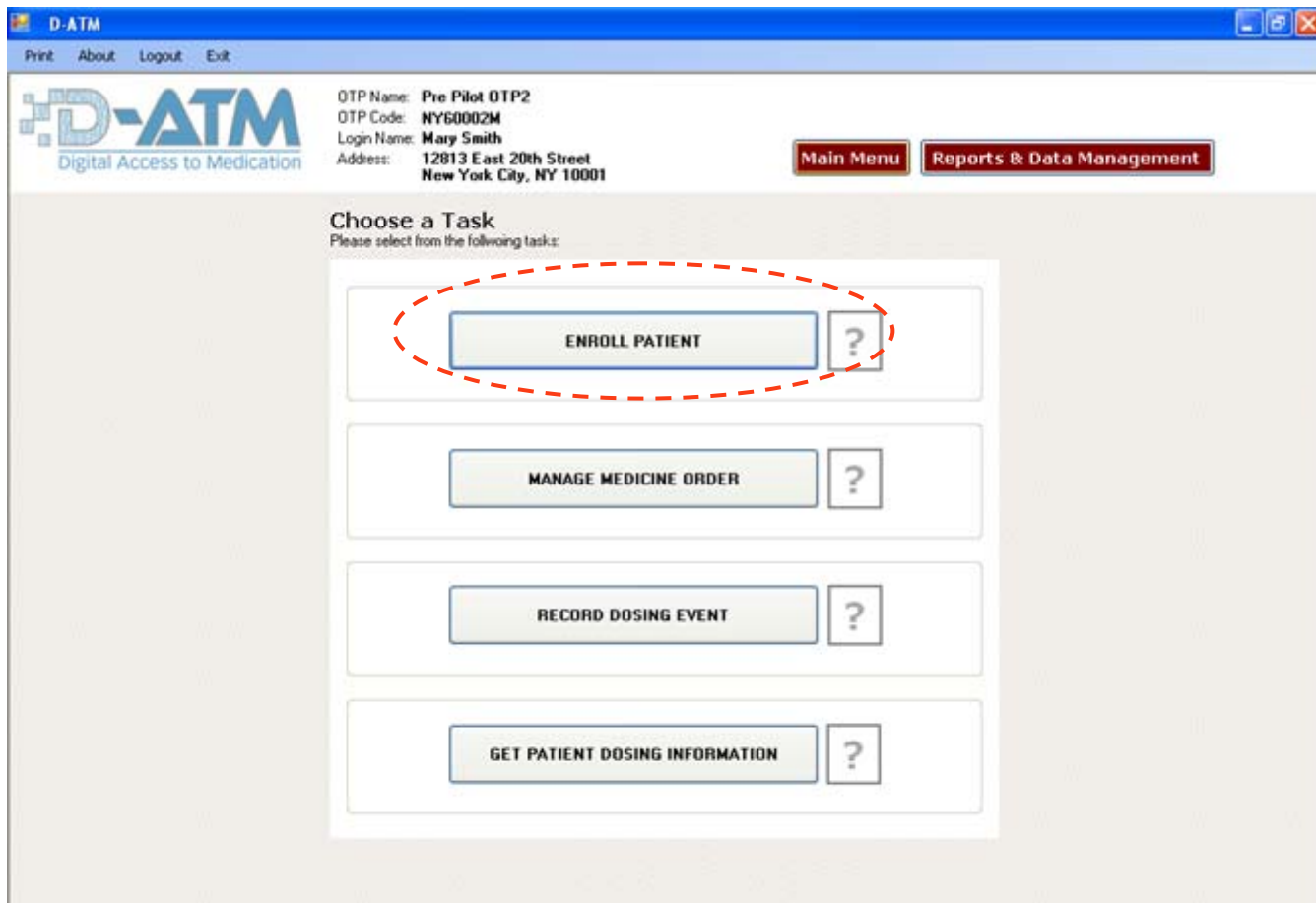
- **Provides a tool with immediate, practical benefit to patients and programs in ensuring patients can be safely and accurately dosed in emergency or other event that may disrupt service delivery**
- May help prevent dual enrollment both within and across state lines
- Could easily be adapted for more 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



## **D-ATM DIGITAL ACCESS TO MEDICATION**

### **For More Information:**

- **From SAMHSA/CSAT's Division of Pharmacologic Therapies:**
  - *Arlene Stanton, PhD, Government Project Officer*  
PH: 240.276.2718    E-Mail: [Arlene.Stanton@samhsa.hhs.gov](mailto:Arlene.Stanton@samhsa.hhs.gov)
  - *Sarah Crowley, Alternate GPO*  
PH: 240.276.2704    E-Mail: [Sarah.Crowley@samhsa.hhs.gov](mailto:Sarah.Crowley@samhsa.hhs.gov)
- **Visit the D-ATM Web site, at <http://datm.samhsa.gov>**



Before a Guest clinic can record a guest patient's medicine order and doses in D-ATM, the patient must first be enrolled at the Guest OTP as a *guest patient*. An important difference between a home and guest enrollment is that with a home enrollment, the patient is assigned a D-ATM Patient ID and selects a PIN. With a guest enrollment, the guest patient keeps the same D-ATM ID and PIN from the home enrollment.

D-ATM  
Print About Logout Exit

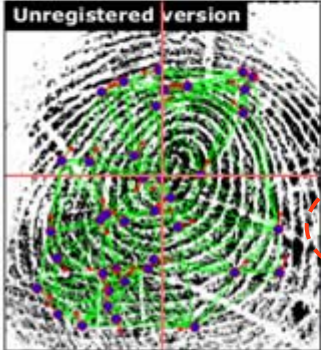
**D-ATM**  
Digital Access to Medication

OTP Name: Pre Pilot OTP2  
OTP Code: NY60002M  
Login Name: Mary Smith  
Address: 12813 East 20th Street  
New York City, NY 10001

Main Menu Reports & Data Management

### Enrollment >> Scan Finger

Preview  
**Unregistered version**



Sensor State: Image ready.  
Image Quality: Medium

Captured 1

Captured 2

CAPTURE  
RESCAN/VERIFY  
RESET SENSOR

Click "CAPTURE" to record image

Scanning Threshold 40  
Rotation Tolerance 180


CONTINUE CANCEL

### Select Finger Scanned

Please use the **RIGHT INDEX** finger when possible.

- Check if the finger has any scars or is wounded and choose another finger if necessary.

<b>Left Hand</b>	<b>Right Hand</b>
<input type="radio"/> L. Thumb	<input type="radio"/> R. Thumb
<input type="radio"/> L. Index	<input type="radio"/> R. Index
<input type="radio"/> L. Middle	<input type="radio"/> R. Middle
<input type="radio"/> L. Ring	<input type="radio"/> R. Ring
<input type="radio"/> L. Little	<input type="radio"/> R. Little



**Patient must remember which finger was scanned at Enrollment.**

- Order of preferred fingers;

1. Index finger -- Right, then Left
2. Middle finger -- Right, then left
3. Ring finger -- Right, then left
4. Other finger

If the image quality is not acceptable, repeat the scan on the same or different finger until image quality says "Good" or "Medium". Indicate the scanned finger in the diagram labeled "Select Finger to Scan".

Recent Changes:

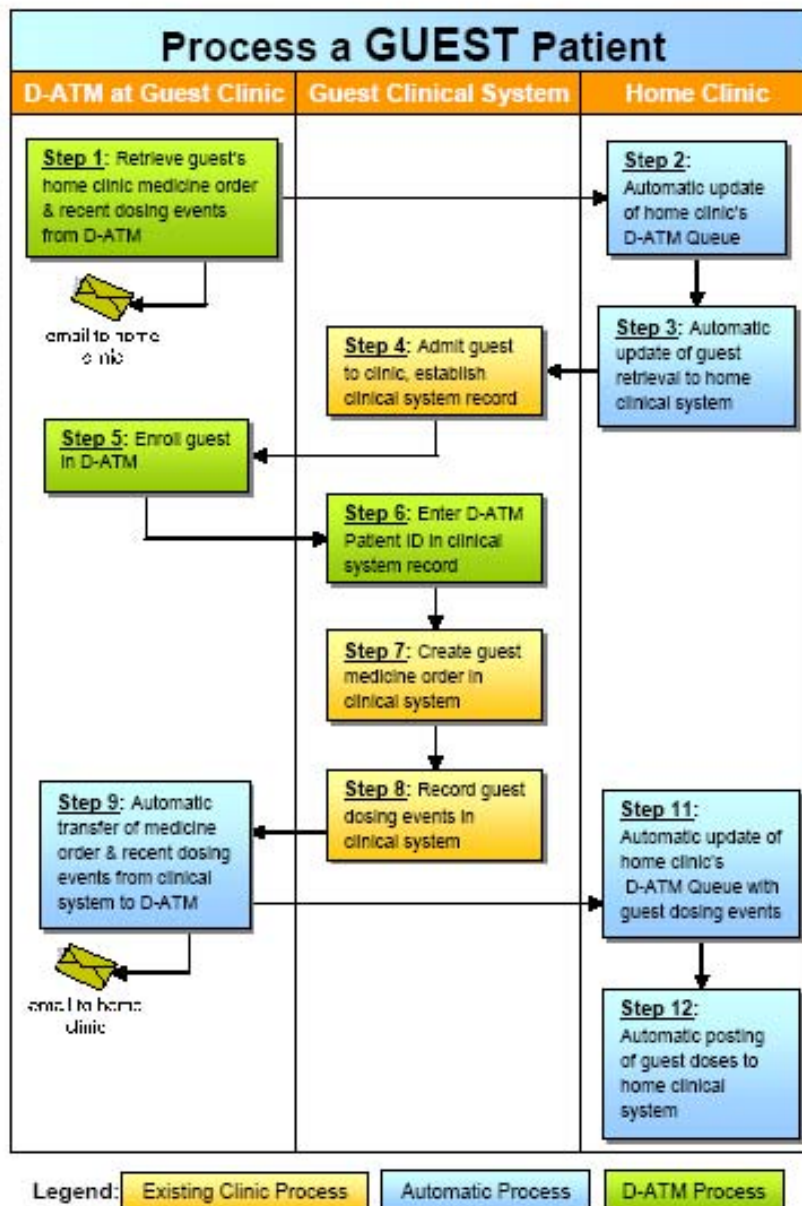
- Good or Medium are now considered acceptable scans (before only Good was accepted).

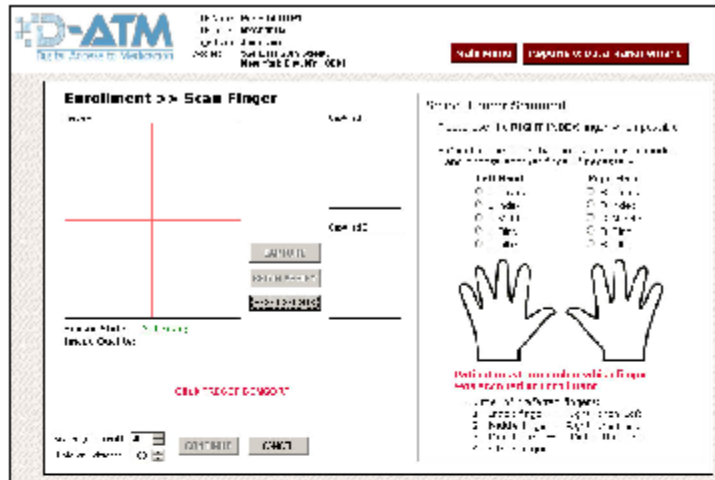
### Finger Scanning Instructions for Enrollment

1. When the Scan Finger screen (above) appears, the [Sensor State] should be *Ready*. If the [Sensor State] is *Not Ready*, click <Reset Sensor>. If the [Sensor State] is still *Not Ready*, make sure that the scanner is properly connected to your computer.
2. When the [Sensor State] is *Ready*, patient centers right index finger on sensor. If [Image Quality] is *Not Acceptable*, rescan finger. If patient needs to scan a different finger, see the [Order of preferred fingers] list in the above illustration, and select the finger to be scanned in the hands diagram.
3. When [Image Quality] is *Good* or *Medium*, click <Capture>.
4. Ask patient to remove finger, and then click <Begin Verify>.
5. Patient places same finger on sensor for a second scan.
6. When [Image Quality] is *Good* or *Medium*, click <Capture>.
7. Ask patient to remove finger, and then click <Continue>.

### Finger Scanning Instructions for Retrieval

1. Ask patient which finger was scanned when enrolled (usually right index finger).
2. When <Sensor State> is *Ready*, patient centers finger on sensor.
3. Click <Capture>.
4. Ask patient to remove finger, and then click <Continue>.







**Finger Scanning Instructions for Enrollment**

1. When the Scan Finger screen (above) appears, the [Sensor State] should be *Ready*. If the [Sensor State] is *Not Ready*, click <Reset Sensor>. If the [Sensor State] is still *Not Ready*, make sure that the scanner is properly connected to your computer.
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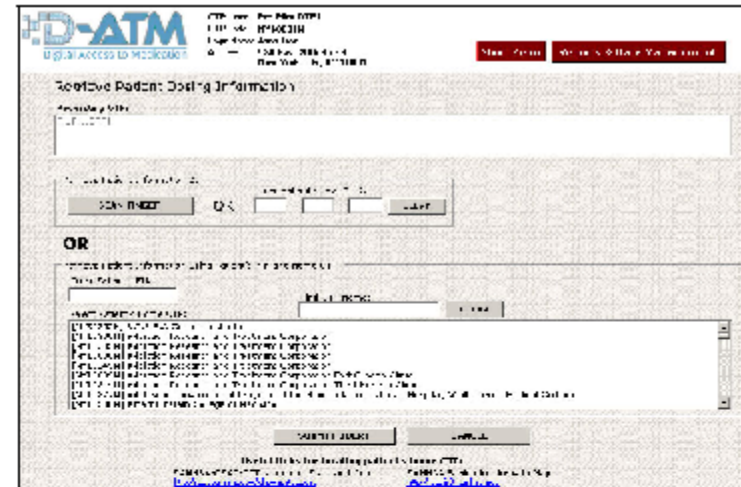
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1. Ask patient which finger was scanned when enrolled (usually right index finger).
2. When <Sensor State> is *Ready*, patient centers finger on sensor.
3. Click <Capture>.
4. Ask patient to remove finger, and then click <Continue>.

**Process a GUEST Patient**

D-ATM at Guest Clinic D-ATM Process	Guest Clinical System Existing Clinic Process	Home Clinic Automatic Process
<p><b>Step 1:</b> Retrieve guest's home clinic medicine order &amp; recent dosing events from D-ATM</p> <p> email to home clinic</p>		
		<p><b>Step 2:</b> Automatic update of home clinic's D-ATM Queue with guest retrieval event</p>
	<p><b>Step 3:</b> Admit guest to clinic, establish clinical system record</p>	
<p><b>Step 4:</b> Enroll guest in D-ATM</p>		
<p><b>Step 5:</b> Create guest medicine order in D-ATM</p>		
<p><b>Step 6:</b> Record guest dosing events in D-ATM</p>		
		<p><b>Step 7:</b> Automatic update of home clinic's D-ATM Queue with guest dosing events</p>
<p> email to home clinic</p>		

Process a HOME Patient	
D-ATM	Clinical System
	Step 1: If patient is new to clinic, admit patient & establish clinical system record
Step 2: Enroll patient in D-ATM	
Step 3: Create patient's medicine order in D-ATM	
Step 4: Record patient's dosing events in D-ATM	



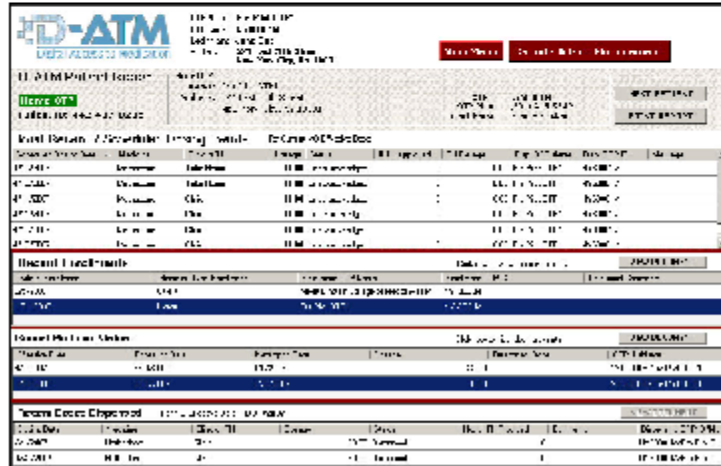
**To Query for the Patient's Medicine Order & Dosing History**

1. Choose one of the following 3 ways to identify the patient:
  - a. Scan patient's finger, or
  - b. Enter patient's D-ATM ID if known, or
  - c. Enter patient's PIN and select patient's home clinic
2. Click <Submit Query>.

*Hint for Finding Home Clinic Name:* Start typing clinic name into [Find OTP Name] field. The list of clinic names will be reduced; then click on name.

**To View the Patient's Medicine Order & Dosing History**

1. To view enrollment details, select enrollment row, and then click <View Document>.
2. To view medicine orders, select the enrollment row and the medicine orders appear.
3. To view medicine order details, select the medicine order row, and then click <View Document>.
4. To view dosing events, select medicine order row, and dosing events appear.
5. To view dosing event details, select dosing event row, and then click <View Document>.



## Patient Q&A

### What is D-ATM?

D-ATM stands for Digital Access to Medication, an information system being developed for the Center for Substance Abuse Treatment. In the event of a service disruption, whether due to an emergency or other more routine occurrence, D-ATM will allow patients who are unable to reach their home OTP (methadone clinic) to be medicated safely and accurately at another OTP.

### Is D-ATM being implemented nationally?

Not at this time. This is a pilot project being implemented in a limited number of OTPs in 3 or 4 locations across the United States, potentially including programs in the New York city metropolitan area (including parts of New Jersey and Connecticut), a metropolitan area of California, the greater Baltimore/Washington area, and North Carolina. If funding becomes available, it is hoped that this pilot will provide the foundation for a nationwide expansion. Patients in pilot treatment programs will participate in D-ATM only if they choose.



### As a patient, will my name be stored in the D-ATM database?

**No.** Patient names will not be stored in D-ATM. If a patient chooses to participate in this pilot project, he/she will sign the D-ATM Consent and Release Form and will have one or more fingers digitally

scanned. These scans will be used to generate an identification number. The dosage and take-home information stored in the system will be linked to this identification number, not to the patient's name.

### Does this mean that my finger scan is being stored in the D-ATM system?

**No.** Finger scans will not be stored in D-ATM. One or more fingers will be digitally scanned to generate a unique patient-specific identification number. This number—not a picture of the finger scan or the patient's name—will be stored in the database. Also, this information will be retrieved only in the event that the patient must seek treatment other than at their home clinic.

### How long will my dosage and take-home information be stored in the D-ATM system?

If you participate in D-ATM, your dosage and take-home information will be stored only for 90 days. For example, information placed in the system on March 15th will be erased on approximately June 15th. If you continue to participate in the project, new data will continuously replace the old data, but at any point in time, no more than 90 days of dosage and take-home history will be stored. If a patient leaves treatment, all dosage and take-home information will be erased approximately 90 days later. Also, if a patient withdraws permission for his/her data to be stored in D-ATM, the data will be erased in 90 days.

### Why is D-ATM necessary?

Any patient's medication is important, and for a patient in treatment for opioid dependence, receiving a safe, accurate dose in a timely manner is critical. Methadone patients have individualized doses and take-home schedules and normally must be enrolled in a particular clinic. When a patient cannot reach his/her home clinic, he/she must seek medication in a guest clinic. The guest clinic needs to know:

- Is this individual really a methadone patient?
- What is the patient's current physician-prescribed dose of methadone?
- When was the patient last medicated at his/her home clinic?
- Was the patient given take-home medication at his/her last visit, and how many doses were given?

D-ATM will gather and store this information from the patient's home clinic and will make it available to the guest clinic. This will allow the patient to receive the proper dose of medication more efficiently and safely.

### I understand that I will have to sign the D-ATM Consent and Release Form if I want to participate in the D-ATM pilot project. Exactly what am I agreeing to?

When you sign the D-ATM Consent and Release Form, you are agreeing to:

- Allow your home clinic to store your dosage and take-home information in D-ATM
- Allow D-ATM to release this information to a guest clinic when you as the patient authorize such a release
- Allow the guest clinic to inform your home clinic and any other clinic with a current medicine order for you about the services and medication you received at the guest clinic

### If I refuse to sign the D-ATM Consent and Release Form to participate in the D-ATM project, will this affect my treatment at my home clinic?

**No.** Your decision to opt out will have no effect on the treatment you receive from your home clinic. However, in the event of an emergency, you may find it easier to obtain medication at a guest clinic that is using D-ATM.

### How do I know that the information stored in D-ATM will not be shared with the police, or some other government agency?

The information stored in D-ATM can only be used in compliance with the D-ATM Consent and Release Form that you signed. The police or other government agencies will not be allowed access. Various Federal laws make it a crime to release patient information not specifically authorized. D-ATM is designed so that only treatment programs can access a patient's records when properly authorized during an emergency or other situation resulting in service discontinuity, and only then, if the patient authorizes it. The methadone treatment field has an excellent record of maintaining patient confidentiality, and D-ATM will not compromise this record.

For more information: [www.datm.samhsa.gov](http://www.datm.samhsa.gov)



## OTP Staff Q&A

### What is D-ATM?

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### Is D-ATM being implemented nationally?

Not at this time. This is a pilot project being implemented in a limited number of OTPs in 3 or 4 locations across the United States, potentially including programs in the New York city metropolitan area (including parts of New Jersey and Connecticut), a metropolitan area of California, the greater Baltimore/Washington area, and North Carolina. If funding becomes available, it is hoped that this pilot will provide the foundation for a nationwide expansion. Patients in pilot treatment programs will participate in D-ATM only if they choose.



### Will the OTP's patients' names be stored in the D-ATM database?

**No.** Patient names will not be stored in D-ATM. If a patient chooses to participate in this pilot project, he/she will sign the D-ATM Consent and Release Form and will

have one or more fingers digitally scanned. These scans will be used to generate an identification number. The dosage and take-home information stored in the system will be linked to this identification number, not to the patient's name.

### Does this mean that patient finger scans are being stored in the D-ATM system?

**No.** Finger scans will not be stored in D-ATM. One or more fingers will be digitally scanned to generate a unique patient-specific identification number. This number—not a picture of the finger scan or the patient's name—will be stored in the database. Also, this information will be retrieved only in the event that the patient must seek treatment other than at their home clinic.

### How long is patient dosage and take-home information stored in D-ATM?

Dosage and take-home information for patient participants will be stored only for 90 days. For example, information placed in the system on March 15th will be erased on approximately June 15th. If a patient continues to participate in the project, new data will continuously replace the old data, but at any point in time, no more than 90 days of dosage and take-home history will be stored. If a patient leaves treatment, all dosage and take-home information will be erased approximately 90 days later. Also, if a

### Why is D-ATM necessary?

Any patient's medication is important, and for a patient in treatment for opioid dependence, receiving a safe, accurate dose in a timely manner is critical. Methadone patients have individualized doses and take-home schedules and normally must be enrolled in a particular clinic. When a patient cannot reach his/her home clinic, he/she must seek medication in a guest clinic. The guest clinic needs to know:

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patient withdraws permission for his/her data to be stored in D-ATM, the data will be erased in 90 days.

### Will patients be required to sign a D-ATM Consent and Release Form to participate in the D-ATM pilot project?

**Yes.** Patient privacy rights are of utmost importance and must be strictly adhered to. Only through a signed consent form can we assure compliance with HIPAA and other privacy protecting regulations.

### Will a patient's refusal to sign the D-ATM Consent and Release Form affect his/her ability to obtain treatment in our clinic?

**No.** A patient's decision to opt out will have no effect on the treatment you provide to the patient from your clinic. However, in the event of an emergency, that patient's information will not be stored in D-ATM and he/she may have more difficulty obtaining medication at an alternate clinic.

### What assurances are there that the information stored in D-ATM will not be shared with the police or some other government agency?

The information stored in D-ATM can only be used in compliance with the D-ATM Consent and Release Form signed by the patient. The police or other government agencies will not be allowed access. Various Federal laws make it a crime to release patient information not specifically authorized. D-ATM is designed so that only treatment programs can access a patient's records when properly authorized during an emergency or other situation resulting in service discontinuity, and only then, if the patient authorizes it. The methadone treatment field has an excellent record of maintaining patient confidentiality, and D-ATM will not compromise this record.

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# Patient Q&A

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## As a patient, will my name be stored in the D-ATM database?

**No.** Patient names will not be stored in D-ATM. If a patient chooses to participate in this pilot project, he/she will sign the D-ATM Consent and Release Form and will have one or more fingers digitally

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## Does this mean that my finger scan is being stored in the D-ATM system?

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## How long will my dosage and take-home information be stored in the D-ATM system?

If you participate in D-ATM, your dosage and take-home information will be stored only for 90 days. For example, information placed in the system on March 15th will be erased on approximately June 15th. If you continue to participate in the project, new data will continuously replace the old data, but at any point in time, no more than 90 days of dosage and take-home history will be stored. If a patient leaves treatment, all dosage and take-home information will be erased approximately 90 days later. Also, if a patient withdraws permission for his/her data to be stored in D-ATM, the data will be erased in 90 days.

## Why is D-ATM necessary?

Any patient's medication is important, and for a patient in treatment for opioid dependence, receiving a safe, accurate dose in a timely manner is critical. Methadone patients have individualized doses and take-home schedules and normally must be enrolled in a particular clinic. When a patient cannot reach his/her home clinic, he/she must seek medication in a guest clinic. The guest clinic needs to know:

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D-ATM will gather and store this information from the patient's home clinic and will make it available to the guest clinic. This will allow the patient to receive the proper dose of medication more efficiently and safely.

## I understand that I will have to sign the D-ATM Consent and Release Form if I want to participate in the D-ATM pilot project. Exactly what am I agreeing to?

When you sign the D-ATM Consent and Release Form, you are agreeing to:

- Allow your home clinic to store your dosage and take-home information in D-ATM
- Allow D-ATM to release this information to a guest clinic when you as the patient authorize such a release
- Allow the guest clinic to inform your home clinic and any other clinic with a current medicine order for you about the services and medication you received at the guest clinic

## If I refuse to sign the D-ATM Consent and Release Form to participate in the D-ATM project, will this affect my treatment at my home clinic?

**No.** Your decision to opt out will have no effect on the treatment you receive from your home clinic. However, in the event of an emergency, you may find it easier to obtain medication at a guest clinic that is using D-ATM.

## How do I know that the information stored in D-ATM will not be shared with the police, or some other government agency?

The information stored in D-ATM can only be used in compliance with the D-ATM Consent and Release Form that you signed. The police or other government agencies will not be allowed access. Various Federal laws make it a crime to release patient information not specifically authorized. D-ATM is designed so that only treatment programs can access a patient's records when properly authorized during an emergency or other situation resulting in service discontinuity, and only then, if the patient authorizes it. The methadone treatment field has an excellent record of maintaining patient confidentiality, and D-ATM will not compromise this record.

**For more information: [www.datm.samhsa.gov](http://www.datm.samhsa.gov)**

## Where does D-ATM get patient dosage and take-home information?

Every opioid treatment program has a clinical management system. In most programs, these systems are computerized. The clinical management system contains many data elements including the patient's dosage and take-home information. Clinics participating in the pilot project will program their computerized clinical management system to "talk" to the D-ATM central database and provide very limited data elements for storage in D-ATM.

## If I need to be medicated in an emergency, how does the guest clinic obtain my dosage information from D-ATM?

In the event of an emergency in which you are unable to get to your home clinic, you would visit any available opioid treatment program. You would inform the guest clinic that you are a methadone patient, you would provide the name and location of your home clinic, and you would say why you are unable to go there for medication. Once you have done this, there are three ways that the guest clinic can obtain information from D-ATM:

1. If the guest clinic is participating in the D-ATM pilot project, the patient can have his/her finger scanned, and the guest clinic can obtain the necessary information through a secure D-ATM Web site.
2. If the guest clinic is unable to scan the patient's finger, the patient's secret personal identification number (PIN) can be entered along with the name of the patient's home clinic. The secure D-ATM Web site would then provide the guest clinic with the necessary information.
3. If the guest clinic cannot access the Internet, or if the system is unavailable, the guest clinic can still retrieve the dosage and take-home information by telephoning the D-ATM Support Desk via a toll-free number and providing the patient's D-ATM ID or PIN and home clinic. The clinic will then be provided with the most recent dosage and take-home information for the patient.

In all of these examples, the patient must authorize the guest clinic to access his/her dosage and take-home information. None of this information is available to the guest clinic without the patient's permission.

## Will my home clinic know if I am medicated at a guest clinic?

**Yes.** After a clinic medicates the patient, any other clinic that has a current medicine order for the patient will be notified. The notified clinic can then check its "Queue of Patient Visit Events Occurring at Other Clinics" through the secure D-ATM Web site. This queue shows dosing events and retrieval of patient dosing information performed by any clinic other than the patient's home clinic.

## What else might I encounter at a guest clinic?

In addition to the D-ATM Consent and Release Form, guest clinics might require you to sign some form or authorization to treat, or an authorization to bill any available insurance. Also, guest clinics might require you to pay for being medicated. These practices will vary widely from State to State and from clinic to clinic. The D-ATM project has no authority over these internal clinic practices. The final decision of whether or not to treat a patient is always made by the individual clinic. D-ATM is simply a tool to allow the guest clinic to provide an appropriate medication dose.

## Can D-ATM be used only in the case of a major disaster or emergency?

The terrorist attacks of September 11, 2001, provided the impetus to develop the D-ATM system. However, D-ATM's usefulness is not limited to such emergencies. Snowstorms, floods, tornados, hurricanes, earthquakes, power failures, and transit strikes can all severely impact a patient's ability to reach his/her home clinic and the clinic's ability to stay in operation. Even when there are no such large-scale events, there can be individual emergencies. For example, a business trip or vacation can be unexpectedly disrupted by travel problems. D-ATM could help a patient obtain necessary medication in any of these situations.

## Suppose a computer hacker were able to get into the D-ATM system. What would happen?

It is very unlikely that this will happen. D-ATM will use state-of-the-art encryption and firewall technologies to make hacking extremely difficult. However, even if all these forms of security were breached, the database contains no patient names or other identifying information. The hacker would only see information about dosage and take-home schedules linked to identification numbers, but he/she would have no way of figuring out who the patients are.

## If I participate in this pilot project, does that mean that I can get medicated at any clinic I want?

**No.** You are expected to continue to comply with all the rules of treatment for your home clinic. You should make an unplanned medication visit to another clinic only in special situations, such as:

- A true emergency in which your home clinic can no longer operate
- Your home clinic is temporarily out of service due to a temporary emergency, such as a power failure or severe weather
- You cannot reach your home clinic because of a temporary emergency, such as a transportation strike or unplanned change in travel schedule

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