Improving Methadone Dose Confirmation: Innovative Approaches and Challenges of CFR Part 2

ASAM 57th Annual Conference

Disclosure Information

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Learning objectives

- Describe the current legal status of methadone treatment data for clinical use
- Evaluate innovative approaches to improve continuity of care for methadone treatment across healthcare settings
- Appraise the clinical benefits and potential unintended legal consequences of OTP integration with PDMP data

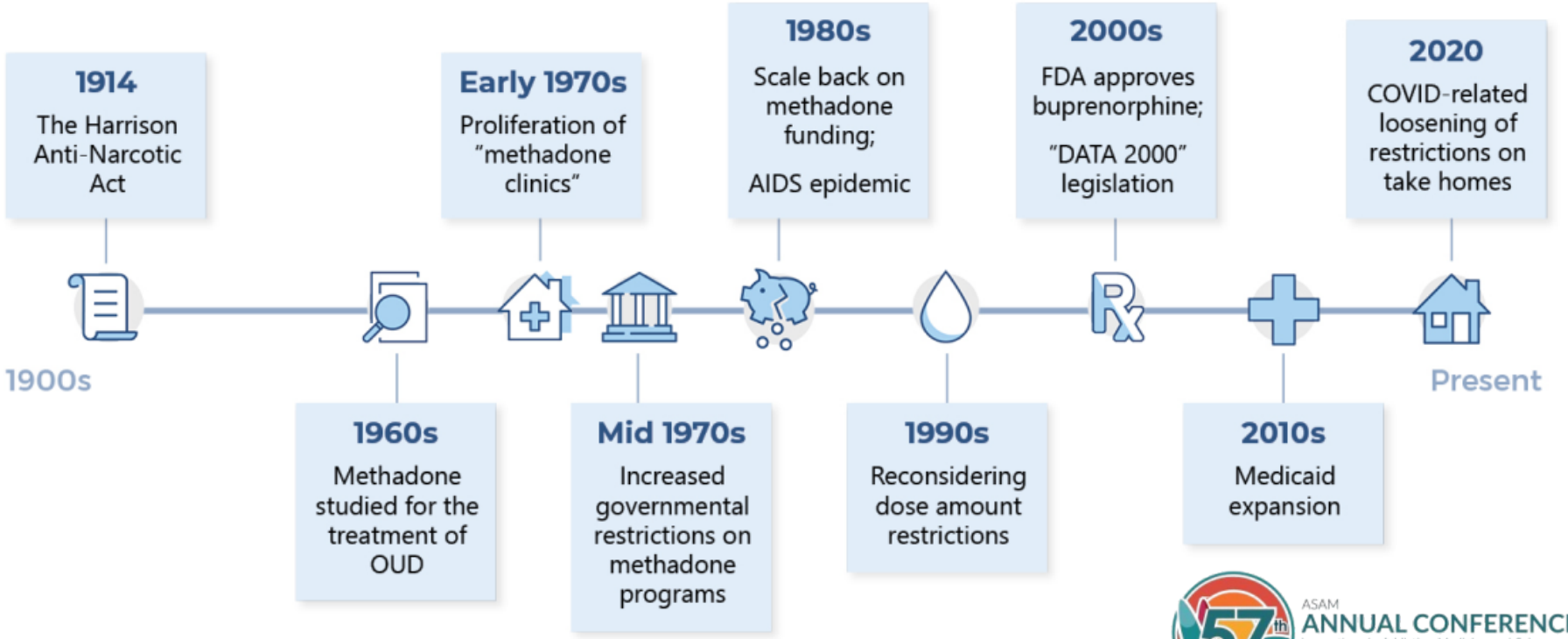
Outline

I. Background and introduction
II. Legal status
III. Clinical Case
IV. Case 1: State of Illinois
V. Case 2: State of Maryland
VI. Survey of other statewide systems
VII. Moderated Panel
VIII. Audience Q&A

Background & Purpose:

This workshop will include an panel focused on innovative strategies to improve data sharing between healthcare systems and opioid treatment programs (OTPs). When a patient is admitted to the hospital or discharged to the community, there often are interruptions in methadone access related to lack of electronic data sharing of treatment information across venues of care. Health systems rely on direct communication between providers in hospitals, emergency departments and OTPs to confirm dosages before methadone is administered. These communications are unreliable and often result in delays and poor care.

Methadone History



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Systemic racism

- Rigid rules compared to correctional settings
- Located in brown and black neighborhoods in urban centers
- Stigma of OTP–race, socioeconomic status, crime
- Racial differences in MOUD choice

Clinical case

Patient admitted for pneumonia

He had been stable on methadone 120mg for years

In the ED, patient developed opioid withdrawal

ED tried to call OTP, methadone dose was unable to be confirmed

Patient left before pneumonia was treated

Return to drug use, medical complications of untreated pneumonia

Ideal clinical scenario

New patients: inducted with high dose methadone in era of fentanyl

OTP Patients: home methadone dose easily confirmed via EHR, and medication resumed

OTP receives hospital methadone dose information to inform management

Patients may discharge with access to methadone the next day

Facility placement is not influenced by methadone barriers

Methadone challenges

Hospital

- Difficulty with confirming methadone
- Missed dose or underdosing methadone
- Poor experience with health care
- Patient-directed discharges
- Prolonged hospitalization; disposition difficulties

OTP

- Limited resource to confirm methadone doses
- Post-discharge Rapid dose reduction or reinduction
- OTP discharge & MOUD disruption

MOUD disruption & relapse risk

The Regulatory Barrier: 42 CFR Part 2

42 CFR Part 2 is a federal regulation protecting the confidentiality of substance use disorder (SUD) treatment records, requiring patient consent for disclosure. This regulation can create continuity of care barriers including:

- Limitations on OTP treatment data sharing with skilled nursing facilities, hospitals, long-term care facilities
- Applies to any federally assisted program that diagnoses, treats, or refers for SUD treatment which can create information barriers within hospital settings

2024 final rule aligns Part 2 more closely with HIPAA, allowing a single consent for treatment, payment, and health care operations (TPO).

Records disclosed with a TPO consent may be further re-disclosed according to HIPAA rules.

New Final Rule creates opportunities for health information systems to exploring ways to improve data sharing

Recent methadone legislation

Increased Methadone flexibilities (COVID-era)

- COVID-19 Public Health Emergency changes adopted into 42 CFR Part 8
- On-site dosing restriction relaxed to allow more take home doses
- Allow states to share methadone information from OTP with PDMP in line with 42 CFR Part 2

Medication for the Treatment of Opioid Use Disorder (MOTAA)

- Addiction Medicine board-certified providers may prescribe methadone as MOUD to commercial pharmacies with a “methadone waiver”

Methadone and PDMP, 2021

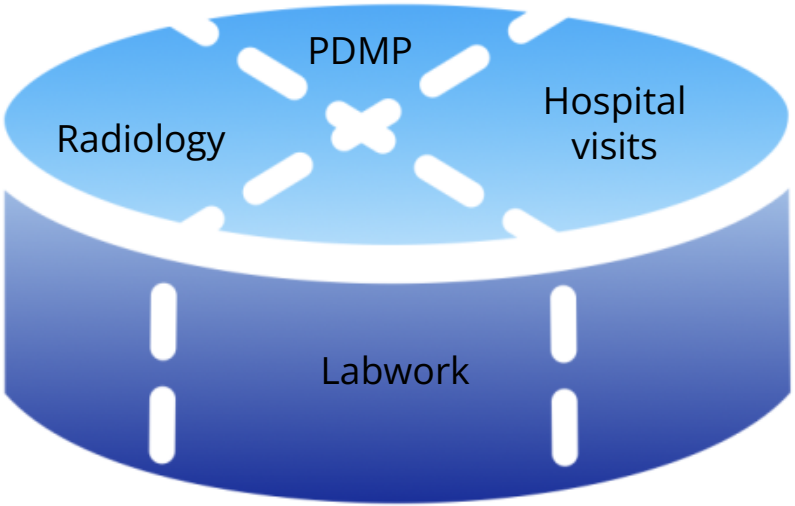
42 CFR Part 2

✓ Allows broader flexibility for states to pursue legislation

✓ Permits incorporation of OTP MOUD dispense data into state PDMPs

✓ Enables data sharing with patient consent and appropriate state regulations

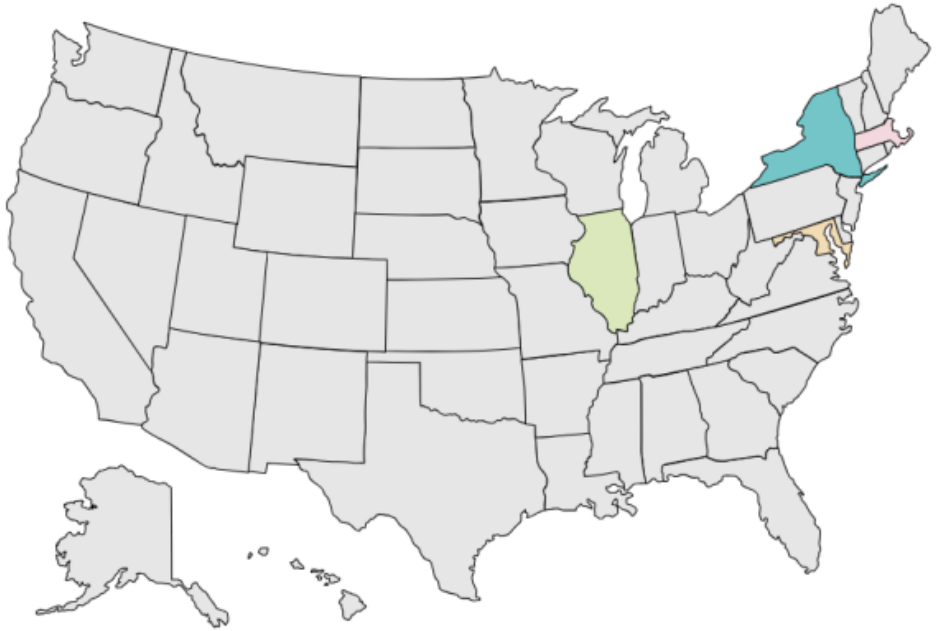
PDMP vs. HIE



HIE = Health Information Exchange (includes other health information)

PDMP = Prescription Drug Monitoring Program

States Leading the Way



Illinois Experience

Legislation sponsored by OTP, passed in 2021

Optional participation by OTP

OTP obtains patient consent to share methadone dispense information with PDMP

Law enforcement is not permitted access

OTP concerns addressed by Illinois Department of Health and Human Services (IDHS)

Illinois Experience: implementation

Operationalized in 2023

Family Guidance Center: >99% patients consented

Consent valid for duration of OTP enrollment

Methadone information is only available on PMP website and not through EHR integration

Up to two week delay in dose information

Does not distinguish between administered and take home doses

Illinois Experience: future direction

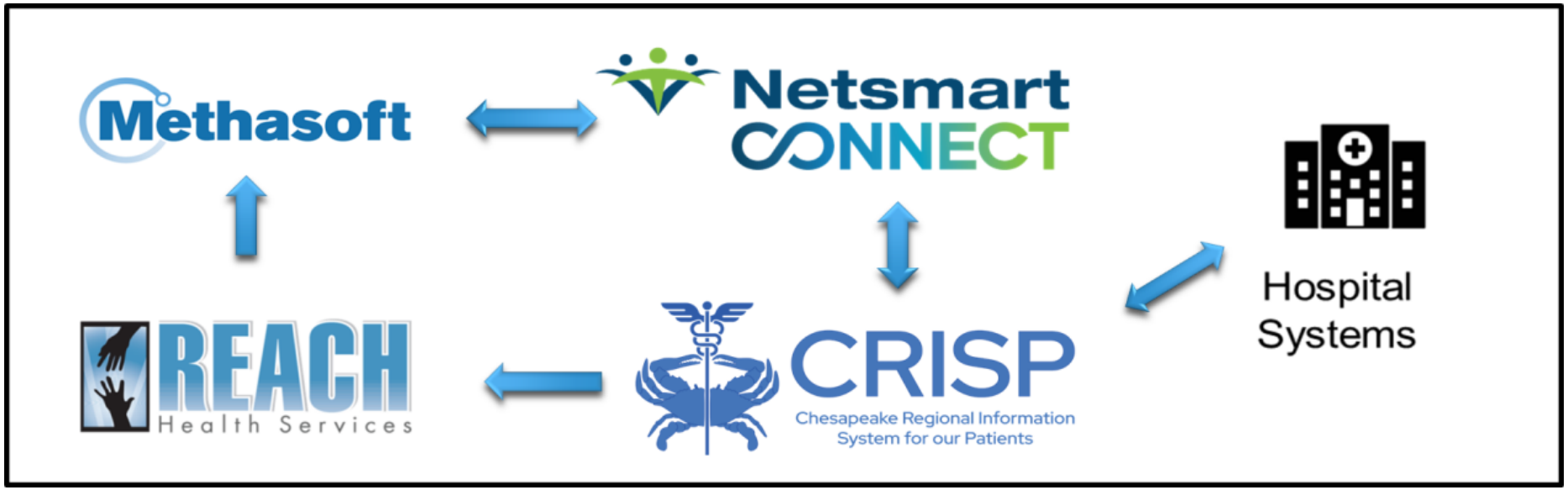
Designate between administered dose and take home doses on PMP report

PMP integration with hospital EHR

Direct EHR integration with PMP to report methadone administration in real time.

Automatic consent for methadone information sharing included in the general consent to treatment

Maryland Experience



Maryland Experience: Anticipated and Unaticipated Challenges

Managing multiple EMR owners and system integrations

Financing the development of data integration systems and ongoing data management

Navigating hospital system workflows for sharing in hosptial maintenance therapy data

Recruiting additional OTP participation statewide

Many different EMR systems at OTPs

Methware

Netsmart

AZZLY
Transforming Treatment Centers

Methasoft

BEHAVE HEALTH

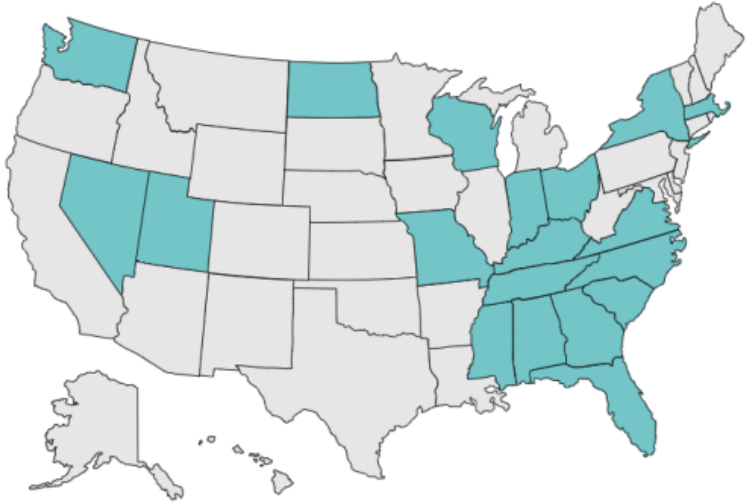
Kipu

MethadOne
By Computalogic

tower systems

Other OTP Data Sharing Frameworks

LIGHTHOUSE
SOFTWARE SYSTEMS



Implementation Challenges

PRIVACY AND LEGAL CONCERNS	TECHNICAL BARRIERS	OPERATIONAL BARRIERS
Access by law enforcement	Multiple EMR systems across OTPs must be harmonized	Widespread OTP adoption needed statewide
Legal implications of data sharing	Data integrity and accuracy	Regulatory compliance
Patient trust and consent	Real-time access requirements	Sustainable financing models

Panel Discussion

Dr. Nicky Gastala – Illinois State Government Implementation
Dr. Malik Burnett – REACH Health, Baltimore OTP medical director
Dr. Will Garneau – Johns Hopkins, Inpatient Addiction Medicine
Ms. Maia Gottlieb – CRISP Health Information Exchange
Mr. Aaron Ferguson – National Survivors Union / Patient Advocacy
Dr. Sophia Peng – Rush University Inpatient Addiction Clinical Care

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