

Here's What that Experts Are Saying About Medication Adherence:

'Drugs don't work in patients who don't take them'

C. Everett Koop, MD, US Surgeon General, 1985

'Medications almost always do it better if they're used in conjunction with other supports.'

Mehmet Oz, MD

Patients Who May Benefit from Supervised Dosing (DOT):

- ◆ Persons with multiple physical & mental health conditions or challenges
- ◆ Persons with unstable living or housing conditions
- ◆ Persons who lack natural or community supports
- ◆ Persons who have history of medication adherence problems and frequent relapse or restarting treatment

Help Us Improve Community Health.

Working together in the clinic, office, field and by electronic communication, we can change the epidemic of medication non-adherence. DOT -supervised dosing- is an important tool to help stop the spread of *'the other drug problem.'* About 50% of medications for chronic illnesses are not taken as prescribed (NY Times, 2018).

MEDICATION:

Education

Counseling

Management

Delivery/Self-Administered Therapy



SUBSTANCE USE DISORDERS (SUD):

- ◆ Alcohol
- ◆ Opioids
- ◆ Methamphetamine

MEDICATION ASSISTED TREATMENT:

Naltrexone, Buprenorphine

Directly Observed Therapy (DOT)

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DOT Helps the Patient with SUDs Have More Support for Recovery.

Studies have shown the main reason substance use disorder (SUD) patients relapse, fail treatment, or drop out is that they don't take their medication assisted treatment (MAT) as prescribed. Most practices don't have the resources to ensure patients complete their treatment. A Directly Observed Therapy (DOT) program can do that. There is no cost to the prescriber or patients. It's self supporting through Medicaid and other reimbursement.



DOT Is the Standard of Care.

All patients starting methadone maintenance treatment in OTP/NTP clinics have supervised dosing. DOT may be provided to other patients in the office-based outpatient treatment (OBOT) setting. A local home health agency or nonprofit outreach program may arrange DOT case management services.

DOT Acts as Practice Extension with a Larger Team.

DOT gives the provider an effective tool to ensure patient compliance with their buprenorphine or naltrexone treatment regimen. Patients remain under clinician care while field DOT workers make sure they take their medications properly for the full benefit of their treatment.

MAT treatment can be a challenge for anyone. DOT makes medicine-taking simpler. Each patient is assigned a worker for one-to-one care. The DOT worker can even go to a patient's home or worksite to facilitate the process. It may be via video chat or clip. And, of course, patient confidentiality is maintained.

DOT is Good for Patients.

Patients who take their medications properly are less likely to have an opioid overdose and jail or court contacts. They stay in care longer. Self-administered therapy (SAT) improves recovery possibilities.

Shared Care Arrangements Are Effective.

The DOT worker will exchange information concerning patient progress as authorized and is available to receive any new instructions concerning treatment from the prescriber.

How Can You Get a DOT Referral?

Contact your local health authority for more information about where or how to access such services. Some non-profit community health centers may have DOT services. If the patient is still hospitalized, DOT can be planned before the patient is discharged to ensure continuity of care.



