

## **REQUEST FOR PROPOSALS (RFP): *Electronic Pill Dispenser Project***

Pre-Proposal Conference Held: January 3, 2023 | 1 p.m.

### **BHSB Facilitators:**

Kelsi Loos, Procurement Lead

Kisha Winston-Watkins, Project Lead

Ken Stoller, MD, Johns Hopkins Medicine

## **QUESTIONS AND ANSWERS**

Posted: January 9, 2023

Dr. Ken Stoller shared the video at [www.MedMinder.com](http://www.MedMinder.com) and discussed the electronic pill dispensing device. Summary of Dr. Stoller's presentation:

- Opioid Treatment Program (OTP) staff work with consumers to identify the time of day for the "dosing window" to open – the time during which the day's dosage is open for consumers to take the pills.
- Consumers must be transitioned from liquid methadone to pill form (usually 10mg tablets that are swallowed whole).
- The cost of 10mg tablets is likely higher than the cost of liquid methadone, although not prohibitively higher. OTPs should check with their medication supplier to obtain the cost of 10mg tablets.
- OTP's must notify DEA of their use of the pill dispensers. Dr. Stoller is available to talk with OTPs about DEA notification if needed.
- Johns Hopkins OTPs have found the dispensers effective in improving consumer management of take-home medication and reducing in-person visits to the OTP.
- Any attempt to tamper with the device is usually visible on the device (scratches), and the device uses cellular technology to communicate tampering and other information (such as dosing, missed doses, etc.) to the OTP.
- The device uses cellular technology so Wi-fi is not required.
- BHSB plans to meet with MedMinder to discuss possible discount rental fees and other arrangements for participating OTPs; however, each OTP will establish its own contract with MedMinder for devices. The usual rental cost is approximately \$30 per month per device.
- Johns Hopkins will provide training and technical assistance on the MedMinder device for participating OTPs.



## **ADDITIONAL Q& A:**

### **Does Dr. Stoller have feedback from consumers regarding the use of the box?**

Some consumers were concerned about switching to liquid methadone to pills. However, it's very rare that anyone asked to switch back to liquid medication. Most people like not having to come to the clinic as often when they use the box. It seems to encourage compliance.

Occasionally, patients have tried to force open a compartment, but it does leave tell-tale scratch marks and the computer can also recognize the attempt. The OTP can then discuss the incident with the patient.

### **What happens if a client does not return the box?**

Lost or damaged boxes haven't been too much of an issue historically. The provider will usually contact the consumer to remind them to return it. At JH OTPs there was only one case where a patient smashed the box because they were angry; and in this situation, MedMinder replaced the box. It is recommended OTPs ask MedMinder to include in their contract what happens if a box is lost or damaged.

### **BHSB is also seeking an electronic pill dispenser evaluator in a separate RFP. Can you please elaborate on that?**

The project evaluation will start at the same time as project implementation. BHSB expects the evaluator to cooperate with each of the participating OTPs, and the evaluation is not expected to be overly burdensome to providers.

### **What are project reporting requirements?**

In addition to submitting BHSB quarterly program reports and financial reports, OTPs will work with either the University of Maryland or Bowie State University to (1) complete the Government Performance and Results Act (GPRA) data collection tool for each consumer at admission to treatment and 3-months post-admission, and (2) submit a monthly report.

## **End of Questions and Answers**