**Policy for the Use of Direct Observed Therapy (DOT) by Doxy.me Electronic Access**

Electronic (EDOT) has proven to be an effective method to observe DOT in patients that may not or cannot receive it face to face with a health care worker. The following are recommendations for the use of EDOT.

**Patients should be started after the initial phase of treatment if the following apply:**

* Has pan-sensitive TB disease
* Has been 80% adherent during the initial phase
* Has converted sputum smear & culture to negative in initial phase of treatment
* Has experienced no adverse reactions during the initial phase of treatment
* Can be served by a health care worker that speaks the same language or has the ability to use an interpreter
* No current history of alcohol or drug abuse
* No current history of mental illness e.g. psychiactric/sociopathic or depression

**High risk patients (under 18 yrs age, immuno-compromised, MDR, XDR, liver disease) should not be considered for EDOT**

EDOT can only be considered if the managing physician accepts this approach as equivalent to DOT by visit.

30-day medication refills for patients on EDOT must be concurrent with a monthly MD visit or nursing assessment.

Patient must be questioned regarding adverse reactions by health care worker performing EDOT each time these duties are performed. Any report of adverse reactions are to be immediately reported to the Nurse Case Manager (NCM) for further assessment.

Patient must sign an agreement to adhere to the EDOT schedule and the undamaged return of the equipment upon completion, if equipment was provided by the state health department.

All EDOT observations and attempts to contact the patient are documented on the DOT sheet.

**Reasons for discontinuing the use of EDOT:**

* Patient falls below 80% adherence in any week (more than one missed EDOT)
* Patient reports adverse reactions that warrant physician evaluation
  + EDOT may be resumed if adverse reactions are not caused by medication and was medical evaluated by their TB provider
* NCM observes adverse reactions upon monthly nursing assessment
* Equipment is damaged due to negligence
* American Lung Association (ALA) recipients
* Clinical status worsens (sputum smear and/or culture positive, CXR worsens increases).

**Confidentiality must be considered during EDOT:**

* The health care worker must ensure the equipment being used does not allow anyone else besides the assigned health care worker to observe a patient during EDOT.
  + This includes sound such as the patient voice that comes from a speaker through some electronic equipment. Ear buds should be worn when using this type of equipment to preserve the privacy of the conversation.
* Patient and heath care worker should agree on a confidential identifier prior to the start of DOT (ex. First names only).
* No specific disease information should be discussed during the electronic encounter.
* No identifying information should be discussed such as the name or location of the health care provider.
* Calls should be focused on observing the ingestion of the correct medication and review of side effects. Any specific identifying medical concerns should be done following the EDOT via a phone call or in person visit.

**EDOT may be considered (even in patients not meeting the criteria above) if there is no other recourse to provide DOT, but only with the consent of the treating physician.**