

Clinician's reference guide to the BTOM-C v1.0

Methadone/Buprenorphine
treatment

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About this guide

Who is this guide for?

This guide is intended for clinicians who will administer the BTOM-C (Brief Treatment Outcome Measure-Concise).

Is there other documentation available?

There is also a *Technical reference guide to the BTOM-C/BTOM*, intended for data coordinators and systems administrators to help them with electronic data collection. It contains more comprehensive information about the individual items in the BTOM and BTOM-C and will help with the modification of electronic databases for collecting BTOM-C data.

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Background

What is the BTOM-C?

The Brief Treatment Outcome Measure – Concise (BTOM-C) is an outcome measure incorporating the New South Wales Minimum Data Set for Alcohol and other Drug Treatment Services (NSW MDS AODTS) developed for use across NSW for the consistent measurement of treatment outcomes for clients of methadone and buprenorphine treatment programs. The BTOM-C is a shortened version of the Brief Treatment Outcome Measure, which was developed and trialled over the course of several years by the National Drug and Alcohol Research Centre (NDARC) and funded through NSW Health.

The BTOM-C is a questionnaire required to be administered at the start of treatment, at three months, at 12 months and annually thereafter. Agencies or clinicians may also choose to administer the BTOM-C every three months. The clinician completes a single page treatment cessation form when a client ceases their treatment.

What is the BTOM-C for?

The BTOM-C is intended to demonstrate the effectiveness of methadone and buprenorphine treatment by measuring the changes it makes to client's lives. It is useful for comparing treatment outcomes across NSW. It provides important information that can be useful for management to use in monitoring and planning for clinical services. The BTOM-C is also an effective tool for clinicians to use as part of client treatment; for example, to gather information from clients, or to use the results as a motivational tool.

What is in the BTOM-C?

There are four sections in the BTOM-C:

A Client details

Demographic information on the client.

B Drug and alcohol use and related behaviours

Information on the client's recent drug and alcohol use and risk behaviours.

C Health and well-being

Information on the social aspects of the client's life, and their perception of their health.

D Treatment specific section

Information about the client's current and previous drug and alcohol treatment.

What's the difference between the BTOM and BTOM-C?

The BTOM-C is a shorter version of the BTOM, developed in response to feedback received from clinicians. Some agencies will choose to continue using the full BTOM. Any agency or Area Health Service who chooses to use the full BTOM will be able to use electronic systems such as CHIME and MATISSE to collect the data electronically but only the BTOM-C data will need to be submitted to NSW Health.

Examples of questions included in the BTOM but not the BTOM-C are:

- Severity of Dependency Scale, a five item question measuring dependency on the principal drug of concern
- Psychological Functioning Scale, an eight item question measuring the client's psychological functioning
- days client spent in hospital
- psychiatric medication taken by client.

What's the difference between the baseline and follow-up BTOM-C?

There is only one *BTOM-C questionnaire*, which is administered at baseline (when the client commences treatment) and at follow-up intervals – three months after baseline, 12 months after baseline and every 12 months thereafter. There are some questions that only need to be asked at baseline, and these are identified by being shaded in the questionnaire.

Administering the BTOM-C

Who do I administer the BTOM-C to?

All new publicly prescribed clients are to be administered the BTOM-C. **'New clients'** are defined here as:

- clients who have never received methadone or buprenorphine treatment
- clients who have not received methadone or buprenorphine for at least three months.

'Publicly prescribed clients' are defined here as:

- clients who have a public prescriber and are dosed at a public clinic/hospital
- clients who have a public prescriber and are dosed at a pharmacy or private clinic.

What if I want to do a BTOM-C on an existing (eg not new) client?

Individual agencies may choose to administer the BTOM-C to existing clients and are encouraged to do so. This is not required but can provide agencies with valuable information about how long-term clients are progressing and how they compare with new clients. However, since there is no baseline data for these clients, this information will not be able to be used to demonstrate outcomes over time. Any submission of this data will be clearly separated from clients who have submitted a baseline so that analysis is not skewed.

Table 1. Summary of clients who should be administered the BTOM-C

Prescriber	Dosing point	Administer BTOM?
Public	Public clinic or hospital	Yes
Public	Pharmacy or private clinic	Yes
Private or GP	Public clinic or hospital	No
Private or GP	Private clinic or pharmacy	No

What about client transfers (including to and from prison)?

In general, when a client transfers their medical management (such as changes their prescriber), the BTOM-C no longer needs to be collected.

For example:

1 Transfer from public prescriber to private prescriber

Example: The client was seeing a public prescriber at the public clinic and is now seeing a GP or other private prescriber. The client might still be going to the same clinic but the medical management has changed.

2 Transfer from public prescriber to a correctional centre

Example: The client, previously prescribed by a public prescriber, has been incarcerated and now has a prescriber in the correctional system who is responsible for the medical management of the client.

3 Transfer from public prescriber to another public prescriber in a *different* Area Health Service

Example: The client was seeing a public prescriber at Rankin Court clinic (SESAHS) and is now seeing a public prescriber at the Crossroads clinic (SAHS).

Exceptions

Agencies may arrange with each other to continue collecting the BTOM-C for transferred clients in any of the situations above.

There are also some situations where the transfer of the client from one clinic to another is not a change in the medical management of the client. *In these cases the BTOM-C should still be collected.*

Some examples:

1 Transfer from public prescriber to another public prescriber in the same clinic or Area Health Service

Example 1: The client's public prescriber retires and a new public prescriber takes over the care of the client.

Example 2: The client moves from Rankin Court to the Langton Centre (both in SESAHS), and has a new public prescriber.

2 Temporary change of dosing point

Example 1: A client being dosed at a public clinic goes on holiday and gets dosed from a pharmacy for two weeks. The public prescriber doesn't change.

Example 2: A client is having personal problems with another client of the clinic and is dosed from a nearby clinic for a month until things quiet down.

Note: A temporary transfer refers to those situations when a client's dosing point is changed with the intention that the client will return to the original dosing point. This might be a period of as little as one day or considerably longer.

3 Permanent change of dosing point from public dosing point to pharmacy/private dosing (where the prescriber remains in the public sector)

Example 1: A client moves from being dosed at a public clinic to being dosed at their local pharmacy, but their public prescriber remains the same.

In those situations where BTOM-C collection continues at a new agency, the BTOM-C score summary sheet sent as part of the transfer will have the date the baseline BTOM-C was administered. This will let the new agency know when to administer the first BTOM-C follow-up interview. The clinician administering the follow-up interview at the new agency should record:

- which agency the client has transferred from
- their client code at that agency
- the date of their baseline interview at the previous agency
- the date of commencement at the new agency.

Having the two different dates will allow matching of the follow-up data to the baseline questionnaire. Electronic systems like MATISSE will allow you to type in the results of the score summary sheet for the baseline questionnaire so you can continue to monitor client progress.

What if a client switches from methadone to buprenorphine (or vice versa)?

If a baseline BTOM-C has been administered to a methadone client who subsequently switches to buprenorphine (for example), then this information can be recorded on the follow-up BTOM-C. The change in pharmacotherapy drug type does not represent a new treatment episode and collection of the BTOM should be continued.

What if a client starts on buprenorphine detoxification and moves to maintenance?

Clients who start on buprenorphine detoxification should be administered the BTOM-C if they move on to maintenance treatment after withdrawal. Since the window for doing the baseline BTOM-C extends to 10 days after treatment commences, it is expected that the detoxification episode would be completed in this time. Hence, if a decision is made to move a client on to maintenance after the detoxification, there should still be time to administer the baseline BTOM-C.

When do I administer the BTOM-C?

1: Baseline BTOM-C

When an eligible client enters the program you should administer the BTOM-C within 10 days of treatment starting (ie first dose), preferably within 48 hours of the first dose. The first interview can occur before the first dose is administered, as part of the admission or assessment process. In this case, remember to record the quantity of the dose once it is known. By administering the baseline BTOM-C as close as possible to the start of treatment you can better demonstrate the rapid improvement in health outcomes that often occurs when clients commence treatment.

Table 2. Summary of when to administer the BTOM-C

Baseline BTOM-C	3 month Follow-up BTOM-C	12 month Follow-up BTOM-C	Cessation BTOM-C
Within 10 days of treatment starting (ie 10 days before or after first dose).	Within 30 days of 3 month period of treatment starting (ie between 2-4 months).	Within 30 days of 12 month period of treatment starting (ie between 11-13 months).	At cessation of treatment episode.

2: Follow-up BTOM-C

The BTOM-C should be administered again three months after the baseline, at 12 months after baseline and annually thereafter. It should be administered within 30 days (plus or minus) from the date the follow-up is due. For example, if your client started on 1 January, their three-monthly review will be due on 1 April. You are encouraged to administer their follow-up as close to 1 April as possible but administering it as early as 1 March or as late as 1 May is acceptable. Every agency has its own way of reminding you when the next BTOM-C is due. It is important to administer the follow-up BTOM-C because measuring any change in the client's outcomes can't be measured without it.

3: Cessation BTOM-C

A clinician should complete the *BTOM-C/BTOM – Treatment cessation form* when a client leaves the program; that is, when a client comes off methadone or buprenorphine, leaves without notice or permanently transfers to another clinic. The *BTOM-C/BTOM – Treatment cessation form* is very short and is intended to identify the end of the treatment episode for the client at your agency. It is important for these to be submitted to ensure a true follow-up rate can be determined. Clinicians are encouraged to keep the *BTOM-C/BTOM – Treatment cessation form* alongside the *PSB – Client exit form* to ensure both are submitted at the same time when a client exits the program.

How do I administer the BTOM-C?

There are many different styles used by clinicians when working with clients, and you should continue to use your own personal style when administering the BTOM-C. Some clinicians will be happy to administer the BTOM-C as a stand-alone questionnaire; others will prefer to incorporate it into a counselling or assessment session.

Regardless of your personal style, you should consider the following points when administering the BTOM-C:

- The BTOM-C should be administered face to face, or by telephone if necessary – do not give it to the clients to complete themselves.
- It's important to provide an answer to every question, even if the answer is 'not applicable' – don't leave an item blank.
- Answers should be based on the client's response, not on your guesses or assumptions.

How do I score the BTOM-C?

There is a score summary sheet and guide to scoring at the back of the BTOM-C questionnaire that explains how to score the BTOM-C. Recording the scores on the score summary sheet will provide an easy view of changes in the client's outcomes over time. An example of how a completed Score summary sheet should look can be found on page 7. Many electronic systems like MATISSE and CHIME will automatically calculate client scores for you and enable you to print out their scores as a report.

What do the scores mean?

The scores tell you about changes in the client's health and behaviour. Some electronic systems (MATISSE and CHIME) can produce graphs that show the changes over time. You can also fill in the score summary sheet to give you an immediate idea of change from baseline to follow-up (see page 7).

Drug using days

This score records the number of days in a month that the client has used particular drugs; heroin, other opiates, cannabis, cocaine, amphetamines, tranquillisers and 'other'. This is useful to monitor changes in client's frequency of drug use over time.

Alcohol and tobacco using days

Occasions of alcohol and tobacco use scale – this score combines the frequency of alcohol and tobacco use with the quantity used on each occasion to give a total. The higher the total the greater the consumption of alcohol or tobacco.

Needle sharing frequency

This score indicates the number of times the client has shared a needle and syringe after someone else had used it in the last three months. This is useful to monitor changes in risk behaviours.

Overdose frequency

This score indicates the number of times the client has overdosed from any drug in the last three months. This is useful to monitor drug related harms that a client has experienced.

Polydrug use scale (illicits only)

Scored out of seven, with one point for each illicit drug (heroin, other opiates, cannabis, cocaine, amphetamines, tranquillisers and 'other') the client has taken in the last month. A score of zero indicates the client has not used any illicit drugs in that period. This is useful to monitor changes to a client's polydrug use.

Social functioning scale

Scored out of 18, from six questions. This is useful to monitor changes to client's social functioning. A low score might indicate a high level of social functioning.

Arrests frequency

This score indicates the number of times a client has been arrested for crimes committed in the last three months. This is useful to monitor changes to a client's self-reported criminal behaviour.

Health score

This score indicates how a client perceives their own health to be. The lower the number the better the client feels about their health.

How can I use the scores?

How you use the scores is up to you. You could use the scores to highlight any progress your client has made and discuss any changes with them as part of treatment planning.

For example, improvements in the client's drug using days score might be used as evidence of a reduction in their drug use since commencing treatment, which might be used to encourage the client and provide them with reassurance that they are making progress.

Electronic systems can produce graphs which will visually represent the client's progress and can be used to give you and your client's a sense of perspective about their treatment.

Figure 1. Example of a completed score summary sheet

Brief Treatment Outcome Measure-Concise (BTOM-C) v1.0																
Methadone/Buprenorphine treatment																
Score summary sheet																
Agency code*	<u>11A999</u>						Commencement date*	<u>11</u> / <u>01</u> / <u>2003</u>		day		month		year		
Client code*	<u>BAZ999</u>						PSB code (optional)	<u>99999</u>								
BTOM-C Scores	Baseline			3 Month			12 Months			2 Years			3 Years			
Date of interview (day/month/year)	10.01.2004			10.04.2004			10.01.2005									
Drug using days (per month)																
Heroin	26			4			0									
Other opiates	2			0			0									
Cannabis	15			13			8									
Cocaine	0			0			0									
Amphetamines	5			1			0									
Tranquilisers	10			8			5									
Other (please state)	0			0			0									
Occasions of drug use scale (ODUS) [F=Frequency (a), Q = Quantity (b), T = Total]																
BTOM-C Scores	Baseline			3 Month			12 Months			2 Years			3 Years			
	F	Q	T	F	Q	T	F	Q	T	F	Q	T	F	Q	T	
Alcohol	20	3	60	5	12	10	6	3	18							
Tobacco	30	12	360	30	10	300	30	8	240							
BTOM-C Scores	Baseline			3 Month			12 Months			2 Years			3 Years			
Needle sharing frequency	36			6			0									
Overdoses frequency	2			0			0									
Polydrug use scale – Illicits only/7	5			4			2									
Social functioning scale/18	12			8			5									
Arrests frequency (committed last three months)	1			0			0									
Health score	5			4			3									

4

Information management

How do I collect the data?

You should record the answers given to you by the client onto the paper questionnaire. Every clinic has its own system for entering the data into your Area or agency database. You might enter the data yourself or you might have a data coordinator or administration officer doing the data entry. You can either calculate the scores directly onto the questionnaire or, if available, print them off from your electronic system, which calculates the scores for you.

Is there an electronic system I can use?

There are a number of electronic systems that can be used to record BTOM-C data, including the NSW Health systems MATISSE and CHIME. Some clinics use electronic dosing software, which should also allow you to enter the data you have collected. The BTOM-C/BTOM Technical Guide provides all the information needed for systems administrators to allow data to be entered in the correct format.

What about privacy?

All BTOM-C information is part of an individual's medical record and will be treated with that same level of respect for the client's privacy and confidentiality.

All aspects of collection, retention, use and disclosure of client health information are regulated by the Health Privacy Principles set out in Schedule 1 of the *Health Records and Information Privacy Act 2002*.

The NSW Health privacy policy document directs Area Health Services on all aspects of health information management in accordance with the Health Privacy Principles. It is the responsibility of Area Health Service staff to observe the legislative and policy requirements regarding information privacy.

Do I need to seek consent?

The BTOM-C provides information that will be used as a routine part of clinical treatment so there is no need to seek client consent to its administration. A client's refusal to complete the BTOM-C should therefore be treated in the same way as your Area treats a client's refusal to complete other elements of their assessment.

There is no requirement to obtain consent for client's information provided to the Department of Health as it will be in a 'de-identified' form. You should inform the client in a general manner about the importance of collecting outcome information, which can assist with treatment planning and gives clients feedback on progress through treatment. The degree of explanation may vary according to what is appropriate with each client.

What happens to the information I collect?

The BTOM-C information is collated in a de-identified form and submitted electronically every month by your Area Health Service and reported to NSW Health. NSW Health will be producing regular reports on the information collected. All reports produced by NSW Health will be made using aggregated data to ensure client confidentiality.

BTOM-C – Description of each question

5

NSW Minimum data set alcohol and other drug treatment services

Some of the questions in the BTOM-C are NSW Minimum Data Set (NSW MDS AODTS) items. For guidelines on how to collect items which are part of the NSW Minimum Data Set, (asterisked in the questionnaire) please refer to the latest version of the *NSW Minimum Dataset for Alcohol and Other Drug Treatment Services: Data Dictionary and Collection Guidelines* available as a NSW Department of Health publication.

Section A – Client details

Questions 1-8 provide background information on the client, and are drawn from the NSW Minimum Data Set items.

Section B – Drug and alcohol use and related behaviours

The majority of questions in this section refer to drug and alcohol use in the last three months. Charts 1-3 at the back of the questionnaire can be provided to the client to assist them in recalling their drug-related behaviour over the stated period.

Items 9-11

Item 9 is derived from the NSW Minimum Data Set item 'Principle drug of concern'. This relates to the drug that has led the client to seek treatment from the service for that treatment episode. It is important to indicate this as heroin or another opiate if this was the drug that the client originally became addicted to, even if this was many years ago.

At the follow-up interview it is important that the answer to this question (ie 'the drug that has led the client to seek treatment') does not change from that stated in the baseline questionnaire, given that the ultimate aim is to evaluate the treatment episode in relation to a defined principle drug of concern.

Item 9 Principal drug of concern

Definition: The drug that has led the client to seek treatment from the service.

Context: The drug indicated (heroin or another opiate) must not change from that stated in the baseline questionnaire, given that the ultimate aim is to evaluate the treatment episode in relation to a defined principle drug of concern.

Item 10 Method of drug use (for Principle drug of concern)

Definition: The client's most usual method of administering the drug that has led the client to seek treatment.

Context: Identification of drug use methods is important for minimising specific harms associated with drug use, and is of value for informing treatment approaches.

Item 11 Other drugs of concern

Definition: Any drugs, apart from the drug that has led the client to seek treatment, which the client perceives as being a concern. Note that this may be different from the drugs that a client is actually using.

Context: The item complements Principal drug of concern. The existence of other drugs of concern may have a role in determining the types of treatment required and may also influence treatment outcomes.

Items 12-15 – Injecting drug behaviour

Injecting drug use includes intravenous, intra-muscular and subcutaneous forms of injection. It is well established that intravenous drug users who share needles, syringes and other injecting drug equipment are at risk of contracting and transmitting blood borne viruses such as HIV and Hepatitis B&C. The questions in this section are designed to measure the behaviour of injecting drug users, over the past three months, which puts them at risk of either contracting, or passing on blood borne viruses.

Item 12 Injecting drug use

Definition: The client's use of injection as a method of administering drugs.

Context: A measure of the client's risk of contracting blood borne viruses.

Item 13 Sharing needle/syringe after someone else had used it

Definition: An estimate of the number of times that the client has used a needle and syringe after someone else had used it in the past three months.

Context: A measure of the client's risk of contracting blood borne viruses.

Item 14 Sharing other injecting equipment

Definition: Whether the client has shared any injecting equipment with anyone else, including his or her sexual partner, in the past three months.

Context: This data item addresses current concerns regarding the relative ease of transmitting Hepatitis C via contaminated injecting equipment.

Item 15 Number of overdoses

Definition: The number of times that the client has overdosed on any drug in the last three months.

Context: This data item is important for identifying harms associated with drug use.

Items 16-24 – Quantity and frequency of drug and alcohol use

A key treatment outcome measure for drug and alcohol treatment services is the client's use of drug and alcohol. This information is also important in determining the types of treatment that may be required.

The nine items in this section rely upon the client's self-reporting of their own drug use. In order to minimise errors in reporting that may result from the client's inability to recall events that occurred up to three months ago, the reporting period is limited to the last month. Charts 2 and 3 attached to the questionnaire can be provided to the client to assist in their recall over this period.

All of the nine items in this section must be answered, irrespective of whether the client considers the use of these substances to be of no concern. These items should be considered independent of Principle drug of concern or Other drugs of concern. The nine items refer to tobacco, alcohol, heroin, other opioids, cannabis, cocaine, amphetamines, tranquilizers and other drugs.

Questions 16a, 17a and 18-24 ask the client to provide an estimate of the number of days in the last month that they used any of the stated drugs ('Drug Using Days'). If the client has not used a particular drug in the last month, zero days should be recorded, and the client directed to the next question.

Part (b) of questions 16 and 17 is designed to quantify the amount of each drug used, on a typical day of use. For question 17(b), a Standard drinks chart (Chart 3) can assist the client in providing a relatively accurate estimate of their alcohol consumption.

The Occasions of Drug Use Scale (ODUS) has been developed to allow for the reporting of the number of occasions of drug use in the last month for tobacco and alcohol. The ODUS score is determined by multiplying the frequency of tobacco and alcohol use (ie the Drug Using Days) by the quantity used on those days.

Section C – Health and well-being

The items in this section are designed to determine the social and psychological characteristics of clients entering the NSW Methadone and Buprenorphine program. This should enable more meaningful comparisons to be made between the types of interventions provided to clients and may assist in informing treatment approaches.

Items 25-30 – Social Functioning Scale

Measures of personal and social well-being have been shown to be reliable predictors of treatment outcome. The types of relationships, responsibilities and support within a person's living situation are significant to their well-being and may influence the outcome of their treatment. These factors may be relevant when deciding between different treatment and support options for the client.

The questions in this section are designed to measure over the past three months: the client's levels of financial hardship; conflict in relationships with spouses/partners, other relatives and employers/school staff and students; time spent living with a drug user and time spent with non-drug using friends.

The Social Functioning Scale score, derived from questions 25-30, is designed as a quick referential measure of the client's social functioning. A low score might indicate a high level of social functioning.

Item 25 Client perception of financial hardship

Definition: The client's perception as to how often they have experienced money problems or argued about not having enough money.

Context: People with an alcohol or other drug problem often experience severe financial constraint. Measuring change in a client's perception of their financial problems is an important aspect for treatment outcome.

Item 26 Conflict with partner/spouse

Definition: The client's perception as to how often they have experienced conflict with their partner/spouse.

Context: Relationship problems can predict poor treatment outcome and measuring change in a client's perception of conflict within their relationships is an important measure for treatment outcome.

Item 27 Conflict with relatives

Definition: The client's perception as to how often they have experienced conflict with their relatives, other than their partner/spouse.

Context: Relationship problems can predict poor treatment outcome and measuring change in a client's perception of conflict within their relationships is an important measure for treatment outcome.

Item 28 Conflict with employer/school

Definition: The client's perception as to how often they have experienced conflict with their employer or staff/students at their school.

Context: Involvement in paid work predicts treatment retention and favourable outcome. Measuring change in a client's perception of conflict within their working relationships is an important measure for treatment outcome.

Item 29 Time living with a drug user

Definition: The amount of time that the client has lived with a drug user, over the last three months.

Context: Living with a drug user may have a negative impact on treatment outcome.

Item 30 Time spent with non-drug using friends

Definition: The amount of time that the client has spent in the company of non-drug using friends.

Context: Being in the company of non-drug using friends may have a positive impact on treatment outcome.

Items 31-33 – Other health/well-being questions

Item 31 Arrests

Definition: Part (a) asks the client to state the number of times that they were arrested over the past three months. Part (b) asks the client to state how many of these arrests, [in part (a)], relate to offences committed in this period.

Context: The number of arrests is highly correlated with criminal behaviour. This item is an important outcome measure, since crime may be instrumentally linked to the funding of drug use, and a reduction in criminal behaviour is an important societal benefit from treatment.

Item 32 Involvement with Child Protection Services

Definition: Any involvement the client has had with Child Protection Services over the past three months, including receiving supportive services, restoration or removal of a child from their care.

Context: Involvement with Child Protection Services is an indicator of general social functioning.

Item 33 Client perception of own health

Definition: The client’s perception of their own health status in the past three months.

Context: How a client views their own health may impact on treatment outcome and indicate the need to address other health issues in conjunction with drug treatment.

Section D – Treatment specific information

Questions 34–42 collect information on a client’s current and previous drug and alcohol treatment. A number of questions are drawn from the NSW MDS AODTS, including previous treatment, source of referral, treatment delivery setting and pharmacotherapy drug type (methadone or buprenorphine).

Additional questions specific to the client’s current methadone or buprenorphine treatment are asked to provide a better context for the client’s treatment. This includes asking about the client’s current prescriber, dosing point and current dose. There is also a question on whether the client would recommend the program to a friend in similar need, which is a good indication of their satisfaction with the program.

Appendix A – BTOM-C v1.0 – Methadone/Buprenorphine treatment questionnaire

Agency code*	_____
Agency location*	_____ _____
Client code*	_____
PSB code (optional)	_____
Date of interview	____ / ____ / ____ day month year
Interviewer name	_____
Date of commencement	____ / ____ / ____ day month year
(Note: Date of commencement of treatment refers to the date of first dose on current program.)	
Has the client ever received methadone or buprenorphine treatment?	
No (brand new)	1 <input type="checkbox"/>
Yes, but more than three months ago	2 <input type="checkbox"/>
Yes, currently in treatment	3 <input type="checkbox"/>

For clients transferring between Methadone/Buprenorphine agencies:

Agency name	_____
Client code*	_____
Date of baseline interview	____ / ____ / ____ day month year

*Denotes data items required for NSW Minimum Data Set for Alcohol and Other Drug Treatment Services

Section A. Client details

The questions in this section provide us with some background information.

Tick only one box for each question, unless otherwise stated.

Note: Questions shaded in gray do not need to be completed at follow-up interview.

1 Sex*

Male 1

Female 2

Not stated/inadequately described 9

2a What is your date of birth?* _____ / _____ / _____
day month year

2b *(Interviewer to answer)*
Please indicate whether any component of the date of birth, ie day, month and/or year was estimated?*

Estimated 1

Not estimated 2

3 Are you of Aboriginal or Torres Strait Islander origin?*

Yes, Aboriginal 1

Yes, Torres Strait Islander 2

Yes, Aboriginal & Torres Strait Islander 3

No 4

Not stated 9

4 In what country were you born?*

Australia 1101

Other

If other, please specify _____

5 What language do you prefer to speak?*

English 19

Other

If other, please specify _____

6 What is your main source of income?*

- | | | |
|---|----|--------------------------|
| Full-time employment | 01 | <input type="checkbox"/> |
| Part-time employment | 02 | <input type="checkbox"/> |
| Temporary benefit (eg sickness, unemployed) | 03 | <input type="checkbox"/> |
| Pension (eg aged, disability) | 04 | <input type="checkbox"/> |
| Student allowance | 05 | <input type="checkbox"/> |
| Dependant on others | 06 | <input type="checkbox"/> |
| Retirement fund | 07 | <input type="checkbox"/> |
| No income | 08 | <input type="checkbox"/> |
| Other | 98 | <input type="checkbox"/> |
| Not stated/not known/inadequately described | 99 | <input type="checkbox"/> |

7 Who do you live with?*

- | | | |
|--|----|--------------------------|
| Alone | 01 | <input type="checkbox"/> |
| Spouse/partner | 02 | <input type="checkbox"/> |
| Alone with child(ren) | 03 | <input type="checkbox"/> |
| Spouse/partner and child(ren) | 04 | <input type="checkbox"/> |
| Parent(s) | 05 | <input type="checkbox"/> |
| Other relative(s) | 06 | <input type="checkbox"/> |
| Friend(s) | 07 | <input type="checkbox"/> |
| Friend(s)/parent(s)/relative(s) and children | 08 | <input type="checkbox"/> |
| Other | 98 | <input type="checkbox"/> |
| Not stated/not known/inadequately described | 99 | <input type="checkbox"/> |

8 Do you usually live in a:*

- | | | |
|--|----|--------------------------|
| Rented house or flat (public or private) | 01 | <input type="checkbox"/> |
| Privately owned house or flat | 02 | <input type="checkbox"/> |
| Boarding house | 03 | <input type="checkbox"/> |
| Hostel/supported accommodation services | 04 | <input type="checkbox"/> |
| Psychiatric home/hospital | 05 | <input type="checkbox"/> |
| Alcohol/other drug treatment residence | 06 | <input type="checkbox"/> |
| Shelter/refuge | 07 | <input type="checkbox"/> |
| Prison/detention centre | 08 | <input type="checkbox"/> |
| Caravan on serviced site | 09 | <input type="checkbox"/> |
| No usual residence/homeless | 10 | <input type="checkbox"/> |
| Other | 98 | <input type="checkbox"/> |
| Not known | 99 | <input type="checkbox"/> |

Section B. Drug and alcohol use and related behaviours

In this section you will be asked about your use of drugs and alcohol in the last three months, unless specified. Please refer to Chart 1 on page 12.

Note: This does not include methadone maintenance treatment, but may include ‘street methadone’ or ‘diverted doses’.

Note: Questions shaded in gray do not need to be completed at follow-up interview.

9 What drug has led you to seek treatment from this service?*

Heroin	1202	<input type="checkbox"/>
Methadone (street or diverted methadone)	1305	<input type="checkbox"/>
Other		<input type="checkbox"/>
If other, please specify _____		

10 How do/did you usually take this drug?*

- | | | |
|-----------------------------------|---|--------------------------|
| Ingest (eat, drink, swallow) | 1 | <input type="checkbox"/> |
| Smoke | 2 | <input type="checkbox"/> |
| Inject | 3 | <input type="checkbox"/> |
| Sniff (powder) | 4 | <input type="checkbox"/> |
| Inhale (vapour) | 5 | <input type="checkbox"/> |
| Other | 8 | <input type="checkbox"/> |
| Not stated/inadequately described | 9 | <input type="checkbox"/> |

11 What other drugs or alcohol have caused you concern?*

Please specify (one or more drugs – excluding the principal drug of concern, up to a maximum of five)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

12 Did you last inject/hit up any drug?*

- | | | |
|---|---|---------------------------------------|
| In the last three months | 1 | <input type="checkbox"/> |
| More than three but less than 12 months ago | 2 | <input type="checkbox"/> (go to Q.15) |
| 12 months ago or more | 3 | <input type="checkbox"/> (go to Q.15) |
| Never injected | 4 | <input type="checkbox"/> (go to Q.15) |
| Not stated/inadequately described | 9 | |

13 How many times in the last three months did you use a needle and syringe after someone else had already used it (including your sex partner and even if it was cleaned)?

Please specify _____ times

14 In the last three months, did you share any spoons, filters, water, tourniquets, drug solution/mix, or swabs with anyone else?

- | | | |
|-----|---|--------------------------|
| No | 0 | <input type="checkbox"/> |
| Yes | 1 | <input type="checkbox"/> |

15 How many times have you overdosed from any drug in the last three months?

Please specify _____ times

The next nine questions are about the drugs and alcohol you have taken in the last month. Please refer to Charts 2 and 3, page 24 of this BTOM-C questionnaire.

16a How many days in the last month did you use tobacco?

Please specify _____ times

16b On average, how many cigarettes did you have on those days when you did use tobacco?

Please specify _____ cigarettes

17a How many days in the last month did you drink alcohol? (beer, wine, spirits)

Please specify _____ days

17b On average, how many standard drinks did you have on those days when you were drinking? (please refer to standard drinks chart if required)

Please specify _____ drinks

18 How many days in the last month did you use heroin?

Please specify _____ days

19 How many days in the last month did you use another opioid-based drug (excluding heroin)? That is, morphine, pethidine, codeine or illegally obtained methadone?

Please specify _____ days

20 How many days in the last month did you use cannabis?

Please specify _____ days

21 How many days in the last month did you use cocaine?

Please specify _____ days

22 How many days in the last month did you use amphetamines?

Please specify _____ days

23 How many days in the last month did you use tranquilisers (benzos, valium, rohypnol)?

Please specify _____ days

24 How many days in the last month did you use another drug(s) (please specify)?

No other drug used 0009

Other drug used

Other drug used (please specify) _____

Please specify _____ days

Section C. Health and well-being

The questions in this section concern your general health and well-being.

25 How often in the last three months have you had any money problems, including arguing about money or not having enough for food or housing?

- | | | |
|-------------------------|---|--------------------------|
| Never or almost never | 0 | <input type="checkbox"/> |
| Sometimes | 1 | <input type="checkbox"/> |
| Often | 2 | <input type="checkbox"/> |
| Always or nearly always | 3 | <input type="checkbox"/> |

26 How often in the last three months have you had conflict with your partner/spouse? (By conflict, I mean verbal abuse, serious argument or violence, not a routine difference of opinion.)

- | | | |
|--------------------------------------|---|--------------------------|
| Not applicable (that is, no partner) | 8 | <input type="checkbox"/> |
| Never or almost never | 0 | <input type="checkbox"/> |
| Sometimes | 1 | <input type="checkbox"/> |
| Often | 2 | <input type="checkbox"/> |
| Always or nearly always | 3 | <input type="checkbox"/> |

27 How often in the last three months have you had conflict with your relatives?

- | | | |
|---------------------------|---|--------------------------|
| No contact with relatives | 8 | <input type="checkbox"/> |
| Never or almost never | 0 | <input type="checkbox"/> |
| Sometimes | 1 | <input type="checkbox"/> |
| Often | 2 | <input type="checkbox"/> |
| Always or nearly always | 3 | <input type="checkbox"/> |

28 How often in the last three months have you had conflict with your employer/school?

- | | | |
|-----------------------------------|---|--------------------------|
| Not employed/not at school | 8 | <input type="checkbox"/> |
| Never or almost never | 0 | <input type="checkbox"/> |
| Sometimes | 1 | <input type="checkbox"/> |
| Often | 2 | <input type="checkbox"/> |
| Always or nearly always | 3 | <input type="checkbox"/> |

29 How much of the time over the last 3 months have you lived with anyone who uses heroin or other illicit drugs?

- | | | |
|-------------------------------|---|--------------------------|
| Do not live with a drug user | 0 | <input type="checkbox"/> |
| Some of the time | 1 | <input type="checkbox"/> |
| A lot of the time | 2 | <input type="checkbox"/> |
| All or nearly all of the time | 3 | <input type="checkbox"/> |

30 How much of the time over the last three months have you spent with friends who don't use heroin or other illicit opioids?

- Very often 0
- Often 1
- Sometimes 2
- Never 3

31a How many times in the past three months have you been arrested?

Please specify _____ times

31b How many of these arrests were for offences allegedly committed in the past three months?

Please specify _____ arrests

32a Have you had any involvement with Child Protection Services, (eg DOCS) in the past three months?

- No 0 (go to Q.33)
- Yes 1

32b If yes, did you receive supportive services? (eg housing assistance, food or other)

- No 0
- Yes 1

32c If yes, has a child been restored to your care?

- No 0
- Yes 1

32d If yes, has a child been removed from your care?

- No 0
- Yes 1

33 In the last three months would you say your health was:

- Excellent 1
- Very good 2
- Good 3
- Fair 4
- Poor 5

Section D. Treatment specific section

The questions in this section concern your current and previous treatment.

Note: Questions shaded in gray do not need to be completed at follow-up interview.

34 Previous treatment*

(More than one box may be ticked)

Counselling	10	<input type="checkbox"/>
Inpatient/residential withdrawal management	21	<input type="checkbox"/>
Outpatient withdrawal management	22	<input type="checkbox"/>
Residential rehabilitation activities	31	<input type="checkbox"/>
Day program rehabilitation activities	32	<input type="checkbox"/>
Naltrexone	41	<input type="checkbox"/>
Buprenorphine	42	<input type="checkbox"/>
Slow release oral morphine	44	<input type="checkbox"/>
Methadone	45	<input type="checkbox"/>
Acamprosate	46	<input type="checkbox"/>
Disulfiram	47	<input type="checkbox"/>
Other maintenance pharmacotherapies	49	<input type="checkbox"/>
Inpatient consultation	51	<input type="checkbox"/>
Outpatient consultation (excluding detoxification)	52	<input type="checkbox"/>
Support and case management only	60	<input type="checkbox"/>
Assessment only	91	<input type="checkbox"/>
Information and education	92	<input type="checkbox"/>
Other	98	<input type="checkbox"/>
No previous treatment	99	<input type="checkbox"/>

35 Source of referral to treatment*

Self	01	<input type="checkbox"/>
Family member/friend	02	<input type="checkbox"/>
General practitioner	03	<input type="checkbox"/>
Medical officer/specialist	04	<input type="checkbox"/>
Psychiatric hospital	05	<input type="checkbox"/>
Other hospital	06	<input type="checkbox"/>
Residential community mental health care unit	07	<input type="checkbox"/>
Residential AOD treatment agency	08	<input type="checkbox"/>
Other residential community care unit	09	<input type="checkbox"/>
Education institution	10	<input type="checkbox"/>
Non-residential community mental health centre	11	<input type="checkbox"/>

35 Source of referral to treatment (continued...)*

Non-residential AOD treatment agency	12	<input type="checkbox"/>
Non-residential community health centre	13	<input type="checkbox"/>
Other non-health service agency	14	<input type="checkbox"/>
Police diversion	15	<input type="checkbox"/>
Court diversion	16	<input type="checkbox"/>
Other criminal justice setting	17	<input type="checkbox"/>
Workplace (EAP)	18	<input type="checkbox"/>
Family and child protection service	19	<input type="checkbox"/>
Needle and syringe program	20	<input type="checkbox"/>
Medically supervised injecting centre	21	<input type="checkbox"/>
Other	98	<input type="checkbox"/>
Not stated/inadequately described	99	<input type="checkbox"/>

36 Other treatment types***(More than one box may be ticked, do NOT include the 'Main treatment type')**

Counselling	10	<input type="checkbox"/>
Inpatient/residential withdrawal management	21	<input type="checkbox"/>
Outpatient withdrawal management	22	<input type="checkbox"/>
Residential rehabilitation activities	31	<input type="checkbox"/>
Day program rehabilitation activities	32	<input type="checkbox"/>
Naltrexone	41	<input type="checkbox"/>
Buprenorphine	42	<input type="checkbox"/>
Slow release oral morphine	44	<input type="checkbox"/>
Methadone	45	<input type="checkbox"/>
Acamprosate	46	<input type="checkbox"/>
Disulfiram	47	<input type="checkbox"/>
Other maintenance pharmacotherapies	49	<input type="checkbox"/>
Inpatient consultation	51	<input type="checkbox"/>
Outpatient consultation (excludes detoxification)	52	<input type="checkbox"/>
Support and case management only	60	<input type="checkbox"/>
Assessment only	91	<input type="checkbox"/>
Information and education	92	<input type="checkbox"/>
Other	98	<input type="checkbox"/>
No other services provided	99	<input type="checkbox"/>

37 Treatment delivery setting*

- | | | |
|--|---|--------------------------|
| Non-residential/outpatient/
community setting | 1 | <input type="checkbox"/> |
| Residential/inpatient setting | 2 | <input type="checkbox"/> |
| Home | 3 | <input type="checkbox"/> |
| Outreach setting | 4 | <input type="checkbox"/> |
| Correctional setting | 5 | <input type="checkbox"/> |
| Therapeutic community | 6 | <input type="checkbox"/> |
| Other | 8 | <input type="checkbox"/> |

38 Pharmacotherapy drug*

- | | | |
|---------------|----|--------------------------|
| Buprenorphine | 42 | <input type="checkbox"/> |
| Methadone | 45 | <input type="checkbox"/> |

39 Client's current dose

_____. ____ mg (do not use ml)
(if dosing has not commenced, please complete later)

40 The client's pharmacotherapy prescriber is a doctor in a:

- | | | |
|---------------------|---|--------------------------|
| Public clinic | 1 | <input type="checkbox"/> |
| Private clinic | 2 | <input type="checkbox"/> |
| General practice | 3 | <input type="checkbox"/> |
| Correctional centre | 4 | <input type="checkbox"/> |

41 The client's dosing point is a:

- | | | |
|------------------------|---|--------------------------|
| Public clinic/hospital | 1 | <input type="checkbox"/> |
| Private clinic | 2 | <input type="checkbox"/> |
| Doctors surgery | 3 | <input type="checkbox"/> |
| Pharmacy | 4 | <input type="checkbox"/> |
| Correctional setting | 5 | <input type="checkbox"/> |

42 If a friend was in need of similar help, would you recommend our program to him/her?

- | | | |
|----------------|---|--------------------------|
| Definitely | 1 | <input type="checkbox"/> |
| Probably | 2 | <input type="checkbox"/> |
| Unsure | 3 | <input type="checkbox"/> |
| Probably not | 4 | <input type="checkbox"/> |
| Definitely not | 5 | <input type="checkbox"/> |

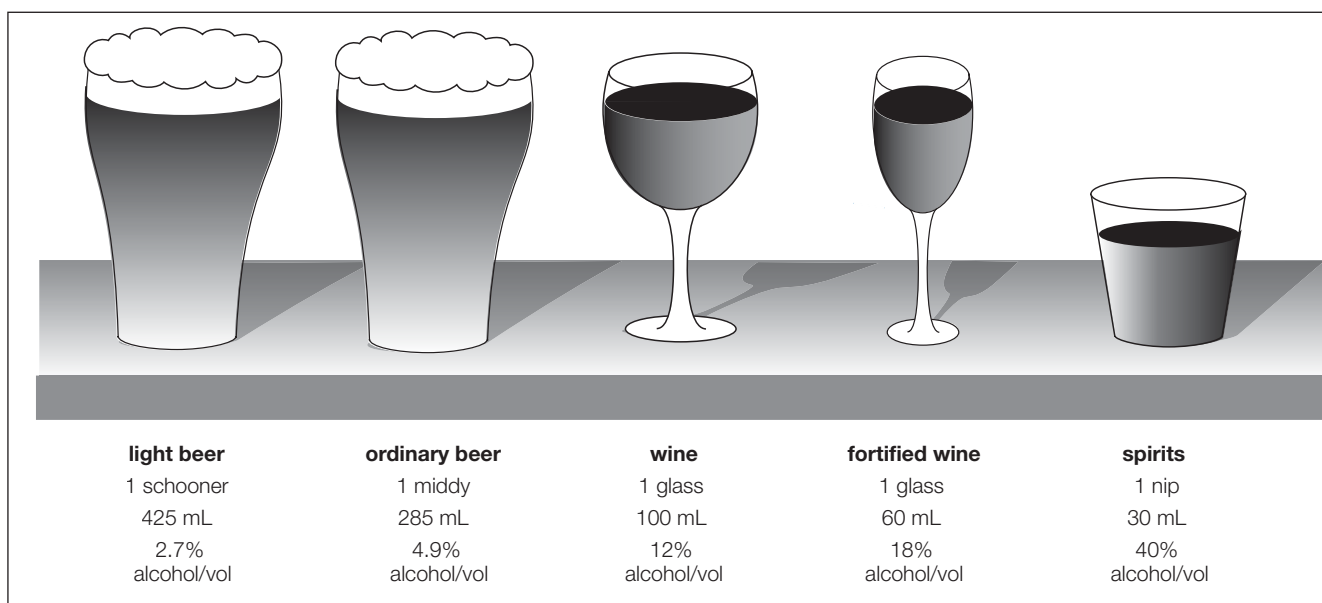
Chart 1. Three month chart: Days in the past three months

Every day	90	Three times a month	9
Six times a week	77	Twice a month	6
Five times a week	64	Five days	5
Four times a week	51	Four days	4
Three times a week	39	Three days	3
Twice a week	26	Two days	2
Once a week	13	One day only	1
Four times a month	12		

Chart 2. One month chart: Days of estimated drug/alcohol use in the past one month

Every day	30	Twice a week	9
Six times a week	26	Once a week	4
Five times a week	22	Three days	3
Four times a week	17	Two days	2
Three times a week	13	One day only	1

Chart 3. Standard drink chart



Brief Treatment Outcome Measure-Concise (BTOM-C) v1.0 Methadone/Buprenorphine treatment

Score summary sheet

Agency code* _____ Commencement date* _____ / _____ / _____
day month year

Client code* _____ PSB code (optional) _____

BTOM-C Scores	Baseline	3 Month	12 Months	2 Years	3 Years
Date of interview (day/month/year)					
Drug using days (per month)					
Heroin					
Other opiates					
Cannabis					
Cocaine					
Amphetamines					
Tranquilisers					
Other (please state)					

Occasions of drug use scale (ODUS) [F=Frequency (a), Q = Quantity (b), T = Total]															
BTOM-C Scores	Baseline			3 Month			12 Months			2 Years			3 Years		
	F	Q	T	F	Q	T	F	Q	T	F	Q	T	F	Q	T
Alcohol															
Tobacco															

BTOM-C Scores	Baseline	3 Month	12 Months	2 Years	3 Years
Needle sharing frequency					
Overdoses frequency					
Polydrug use scale – Illicits only/7					
Social functioning scale/18					
Arrests frequency (committed last three months)					
Health score					

Guide to scoring the BTOM-C v1.0

Needle sharing frequency (Q.13)

- Count the number of times the client has shared a needle and syringe.

Overdoses frequency (Q.15)

- Count the number of times the client has experienced an overdose.

Occasions of drug use scale (Q.16-17)

- Enter the frequency and quantity of alcohol and tobacco use.
- Multiply them to get the total.
- If the client has not used a class of drugs in the last month, their total for that class is 0.

Drug using days (Q.18-24)

- Count the number of days the client has used a particular drug in the last month.
- If the client has not used a class of drugs in the last month, their total for that class is 0.

Polydrug use scale – Illicits (Q.18-24)

- If the client has taken the drug the question refers to on one or more days in the last month, they score 1 point for that question.
- If the client has not taken the drug the question refers to in the last month, they score 0 points for that question.
- Add up the client's points for questions 18-24 to get the polydrug score. The client receives a score out of 7.

Social functioning scale (Q. 25-30)

- 'Not applicable' responses are possible for questions 26-28. They are given the value '8', to indicate they are missing.
- For the purposes of calculating this score, all responses to questions 25-30 that are not shown as being 'not applicable', are referred to as 'valid responses'.
- The client receives a score out of 18.

a If the client has given no 'Not applicable' responses:

$$\text{SFS score} = \text{Q25} + \text{Q26} + \text{Q27} + \text{Q28} + \text{Q29} + \text{Q30}$$

b If the client has given one 'Not applicable' response:

$$\text{SFS score} = (\text{sum of valid responses}) \times 1.2$$

c If the client has given two 'Not applicable' responses:

$$\text{SFS score} = (\text{sum of valid responses}) \times 1.5$$

d If the client has given three 'Not applicable' responses:

$$\text{SFS score} = (\text{sum of valid responses}) \times 2$$

Arrests frequency (Q. 31b)

- Count the number of times the client has been arrested for offences committed in the past three months.

Health score (Q. 33)

- This is simply the numbered code for the box ticked in Question 33.

Appendix C – BTOM-C Quick guide

Who do I administer the BTOM-C to?

All new publicly prescribed methadone or buprenorphine clients.

- ‘New clients’ include those who have:
 - never before received methadone or buprenorphine treatment
 - not received methadone or buprenorphine treatment in the last three months.
- ‘Publicly prescribed’ clients are described in this table.

Prescriber	Dosing point	Administer BTOM?
Public	Public clinic or hospital	Yes
Public	Pharmacy or private clinic	Yes
Private or GP	Public clinic or hospital	No
Private or GP	Private clinic or pharmacy	No

When do I administer the BTOM-C?

Baseline BTOM-C	3 month Follow-up BTOM-C	12 month Follow-up BTOM-C	Cessation BTOM-C
Within 10 days of treatment starting (ie first dose).	Within 30 days of 3 month period of treatment starting (ie between 2-4 months).	Within 30 days of 12 month period of treatment starting (ie between 11-13 months).	At cessation of treatment episode.

What about transfers?

For the following transfer scenarios, collection of the BTOM-C can be ceased (by sending in a treatment cessation form):

- 1 Transfer from public prescriber to private prescriber.
- 2 Transfer from public prescriber to a correctional centre.
- 3 Transfer from public prescriber to another public prescriber in a **different** Area Health Service.

For the following transfer scenarios, collection of the BTOM-C should continue:

- 1 Transfer from public prescriber to another public prescriber in the **same** clinic or Area Health Service.
- 2 Temporary change of dosing point.
- 3 Permanent change of dosing point from public dosing point to pharmacy/private dosing point.

BTOM-C Quick guide

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