Embertide for MAT/OAT clinics

B2B - MAT/OAT | sends home on day 7.

Audience:	For MAT/OAT clinics; MAT/OAT clinic program director. These are the questions we hear from clinical directors, intake leads, and compliance officers in procurement scoping.
Between-visit window:	Day 1 through day 21 watched, not unmonitored. The watch starts the moment your patient leaves induction. Daily check-ins, peer-chat tone, and missed-touch patterns fuse into one rising-risk surface per member, so the day-7-to-day-21 window between visits is a watched window rather than an unmonitored stretch.
Adherence continuity:	Buprenorphine / methadone adherence surfaced before the refill visit. Buprenorphine / methadone adherence surfaced before the refill visit. When a patient's daily touchpoints start to drift, when the peer-chat tone turns short, or when the rising-risk window opens ahead of the next clinical touchpoint, Embertide surfaces it - earlier than the refill appointment would catch it.
Escalation order:	Daily check-in -> Peer sponsor -> Clinic nurse line -> 988 safety-net on standby. At the next clinical touchpoint, your team reads the trajectory your patient lived through the past three weeks - the rising-risk windows, the peer-chat tone shifts, the missed-touch days - so the conversation at the refill visit is informed by what actually happened, not by what the patient remembers to report.
Outcome signals:	Escalation latency: < 6 min (median end-to-end to clinic nurse line); In-clinic reach before 988: 78% (nurse line resolution on the cascade); Audit trail completeness: 100% (actor + recipient logged per routing action); Day-21 / refill-visit readiness: 84% (members with rising-risk signal triaged pre-refill); Representative aggregate figures drawn from the routing_actions ledger MAT/OAT-clinic reviewers read - never a member's private check-in.

You inducted the patient, you wrote the discharge summary, and you handed them the take-home dose.

Adjunct to your clinic's nurse line, never a replacement

Representative aggregate figures drawn from the routing_actions ledger MAT/OAT-clinic reviewers read - never a member's private check-in.

Send your monthly induction volume, your MOUD mix (buprenorphine / methadone / naltrexone), and a short note on the nurse line routing you'd want configured into the cascade - we'll come back with a 90-day pilot scope and the read-back trajectory your prescribing team will see at the next refill visit.