

***Division of Services Improvement, Clinical Technical Assistance Project***  
**Technology-Assisted Care**  
**The Centers, Inc.**  
**Call Summary**  
**June 30, 2014 • 3:00 pm ET**

**Submitted to:** J.D. McFarland, Alma Rosario, and Kate Wetherby

**Date of Submission:** July 1, 2014

**Attendees**

**The Centers, Inc.:** J.D. McFarland and Alma Rosario

**JBS International (JBS):** Iris Chai, Leslie McElligott, and Dave Wanser

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**Meeting Purpose**

The purpose of this call was to revisit the strategic planning discussion from June 3, 2014 (in response to Technical Assistance Request 4085) and to develop a strategy for engaging The Centers' leadership in discussions about technology adoption.

**Leadership Discussion**

After reviewing the content from the June 3, 2014 call, J.D. McFarland and Alma Rosario (The Centers) requested that Dave Wanser (JBS) facilitate a discussion (orientation session) to educate The Centers' leadership on technology's role in the changing healthcare landscape and the core issues the organization will face as it relates to the Affordable Care Act and the Health Information Technology for Economic and Clinical Health (HITECH) Act. The event will emphasize the policy and financial implications of health information technology (HIT).

Consistent high level support is necessary to affect change. Alma has met regularly with leadership, including The Centers' chief executive officer, Tim Cowart. He is enthusiastic about moving forward with technology expansion activities.

Clinical staff are somewhat resistant to change, particularly because of technology's impact on workflow. There is, however, a new chief medical officer who appears to be receptive to enhancing traditional care with technology.

There are numerous HIT topics (e.g., electronic health records, telehealth, portal design) that leadership and clinical staff would benefit from learning about. J.D. and Alma emphasized that it will be helpful to have Dave's objective expertise to build the case for why technology adoption is not optional. Additionally, Dave will discuss importance of forming a governance group to identify, prioritize, and manage HIT decisionmaking.

The Centers' leadership meets on a monthly basis. J.D. will explore possible meeting dates and share options with JBS. The morning of Tuesday, July 29, 2014 would work best. The leadership team's input after this presentation will determine if additional assistance is needed.

## **Program Progress**

As of June 27, 2014, The Centers has completed 22 GPRA intake reports, which is short of their goal of 100. They do, however, plan to bring on another partner program (of community-based care clients) which will help to increase the intake rate. Staff will also begin offering telehealth services to a residential and detox program in August/September.

Program staff will meet this week to finalize the justification to adjust the original GPRA intake goal. They plan to submit the change request to their SAMHSA government program officer, Kate Wetherby.

The Centers is finalizing a contract within the week with a community health partner and will begin staff training to launch a client portal that will include appointment reminders and allow for direct messaging with providers. Staff are mapping the workflow and exploring data sharing considerations.

Expanding telehealth capabilities will help with client engagement. Staff have begun using telehealth services for some children and adult programming even though these clients cannot be counted toward GPRA targets. The use of technology across programs will help to embed it more broadly throughout the organization and normalize its use. Adoption will be further facilitated once payment mechanisms are in place. The Centers wants to ensure that services will be reimbursed and is working with payers to negotiate payment options.

## **Mobile Applications**

The Centers inquired about mobile application suggestions. The University of Wisconsin's Alcohol-Comprehensive Health Enhancement Support System (ACHESS) is popular but may not be a sound, sustainable option because of its high cost (i.e., licensing fees) and lack of portability after clients leave the program.

If interested, JBS can arrange for The Centers to speak with OneHealth users at Odyssey House Louisiana (New Orleans, Louisiana) and Pretera Center for Mental Health Services (Huntington, West Virginia) to learn about their experience with the tool. In addition, Jim Miller from Operation PAR (Pinellas Park, Florida) has vetted security features on numerous mobile applications. Data collection (and the liability implications therein) is a concern for The Centers.

There are many mobile applications on the market. Program staff and providers may wish to test available tools and survey clients to learn about their preferences including inquiring about miscellaneous topics that might be helpful to clients' recovery (e.g., nutrition, exercise, employment, and housing).

## **Website Development Request**

JBS provided an update on The Centers' recent request for technical assistance to help with Website development. Currently, the request is awaiting SAMHSA approval. In the interim, JBS shared the Web design video from their marketing series to help generate ideas.

Dave affirmed that having a strong public-facing presence will enhance the private-facing client portal. This topic will be relevant for the governance group to consider and will impact the organization's long-term sustainability strategy.

## **Next Steps**

J.D. will identify potential dates/times to meet with leadership (via teleconference and/or WebEx). The preferred time is the morning of Tuesday, July 29 for approximately 1.5 hours.

Dave recommended holding a call prior to meeting with the leadership team to review the topics that should be included as part of the agenda. Tracking progress when clients are not in the office, for example, is one item to broach, particularly as it relates to adapting provider workflow.