Division of Services Improvement, Clinical Technical Assistance Project
Technology-Assisted Care
Irene Stacy Community Mental Health Center
Call Summary
December 16, 2013• 2:00 pm ET

Submitted to: Kate Wetherby, Natalie Ross, Erin Matis, and Hide Yamatani
Date of Submission: December 20, 2013

Attendees

Substance Abuse and Mental Health Services Administration (SAMHSA): Kate Wetherby
Irene Stacy Community Mental Health Center (ISCMHC): Natalie Ross, Erin Matis, Hide Yamatani
JBS International (JBS): Dave Wanser, Leslie McElligott, Iris Chai

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Meeting Purpose

The purpose of the meeting was to discuss Irene Stacy's progress since the last status update on September 24, 2013, and to assess how JBS and SAMHSA may be of assistance to help achieve the goals outlined in their grant.

Status
Technology
- The wifi is now operational at Irene Stacy headquarters.
- Irene Stacy is in the process of acquiring iPads for recovery support, with dissemination likely after the holidays. The acquisition costs have been determined, and the request is currently with the CFO. The next step will be determining the target groups who will be using the iPads.
- The program does not currently use a patient portal, but is considering using the portal Anasazi will offer at the end of 2014. Erin Matis (ISCMHC) noted that Irene Stacy is not committed to using the Anasazi portal and wants to keep their options open for other portals that will better fit the needs of ISCMHC.
- Irene Stacy is currently researching mobile apps targeted at substance abuse and treatment. Researchers are looking for apps that are can provide adequate privacy and functionality for multiple people using tasks such as personal journaling.
- Texting to reduce clients not showing up for appointments has been successful and program staff would like to continue using this method.

Telereminders
- Erin is currently negotiating with the vendor for this application and plans to commit before the holidays.
- Challenges with using the telereminder occur with:
    o Irene Stacy trying to determine who will utilize this function.
    o The lack of current client demographics, particularly contact information. Contact information has not been the focus while staff has been collecting clinical and insurance information.

Electronic Health Record
- Irene Stacy has finished phase 2 of the EHR implementation, which includes functionalities aimed at treatment and progress report tracking.
- The staff has become familiar with the EHR as a result of multiple training sessions. The last session took place in August 2013, with a follow up training session in September.
- Erin developed a custom manual to assist the staff before the application went live. The manual provided staff with a refresher and Frequently Asked Questions section, complete with screen shots and step-by-step directions. The staff provided positive feedback on the application manual Erin developed.

GPRA
- The intake protocol was operational by the end of November. Having a client engagement protocol is helpful to address workflow challenges.
- Evaluator Hide Yamatani (ISCMHC) assisted in the GPRA training. He found the online manuals helpful and does not foresee future challenges in collecting GPRA from the clients.
- There is a survey questionnaire available for the iPad, but Hide would like to research the issue of data collection using iPads.
- Erin asked if it was necessary to save paper copies of GPRA data collection. Dave Wanser (JBS) informed Irene Stacy that other grantees collect and store data electronically. Additionally, electronic data collection via a portal should be part of the technology plan for Irene Stacy since implementation of a patient portal is part of Stage 2 of Meaningful Use.
- Hide expressed concern with the target number.Tthe total target number is listed as 540, whereas 180 is listed as the yearly target number. Kate Wetherby (SAMHSA) responded that the numbers should be assumed to be yearly numbers. She will clarify these numbers with Irene Stacy further.

Evaluation
- Irene Stacy has developed evaluations for both client and staff use of technology. Staff responses were favorable with n = 56. Hide is hoping to analyze staff outcomes of the technology use pre and post technology adoption.

Staff
- Irene Stacy experienced challenges with wanting to send a therapist to locations other than their offices to see clients. The funders for the program, however, require that clinical services be provided only within the contracted facility (onsite at the Irene Stacy headquarters). Billing for telehealth is evolving, so even though Pennsylvania is not a Medicaid-expansion site, a waiver might be allowed for value-added services that provide flexibility in terms of how services are delivered.
- ISCMHC now has 4 full time physicians and a Physician's Assistant in the medical and other departments. There are now enough prescribers to free up the staff to begin providing telepsychiatry services in early January. Unfortunately, other clinicians cannot bill for their time due to the regulations for substance abuse therapy.

Recommendations
- Three distinct points of contact for GPRA follow up is ideal, with an 80% tracking success rate.

- Consider soliciting input from clients on the resources they would like on the portal (e.g., resources about parenting, employment, resume building, wellness, etc.). Other grantees can also act as a resource in providing information about what they have found clients prefer on portals. The Ideas Exchange is a good place to begin a discussion regarding portal resources and experiences from other grantees.
- Use the Ideas Exchange as a place to solicit ideas from other grantees regarding mobile apps that have the functionalities Irene Stacy is seeking.
- ISCMHC can also request technical assistance of any issues that arise for which they would like additional support.

Next meeting

TBD