Target Capacity Expansion-Health Information Technology (TCE-HIT)

1st Cohort Implementation Site Visit

University of Kansas Medical Center

Kansas City, KS

October 23–24, 2012

Prepared by JBS International, Inc. for the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

TCE-HIT Service Design Visit

Grantee Name	University of Kansas Medical Center
Grantee Project Name	University of Kansas Center for Telemedicine and Telehealth
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Overview and Summary of Findings

Site Visit Overview

The University of Kansas Medical Center (UKMC) mission is to formalize and evaluate outreach activities with clinical, research, and education services to improve health. UKMC's tele-health program is organized under the University Of Kansas Center for Telemedicine and Telehealth (KUCTT) Institute for Community Education within Kansas' University Hospital system. UKMC's Health Information Technology (HIT) project focuses on web-based telemedicine to create a replicable, sustainable, and comprehensive substance abuse treatment model for rural colleges. The program has a strong prevention focus, including providing prevention education through web-based strategies like social media and virtual online environments such as Second Life. The program's goals are the following:

1. To expand evidence-supported substance abuse treatment services to rural college students via telemedicine

2. To increase care coordination by using telemedicine to link rural students, families, campus health personnel, the substance abuse team, and the mental health specialty team

3. To use web-based technologies to enhance peer-to-peer substance abuse prevention strategies at rural college campuses

JBS' HIT Team conducted a site visit at UKMC in Kansas City, Kansas on October 23–24, 2012. The purpose of the site visit was to evaluate KUCTT's program grant implementation effectiveness. The goal of the site visit was to accomplish the following:

1. Discuss strengths, barriers to implementation, and lessons learned with senior program staff

2. Review of evaluation plan and data collection methodologies (related to the collection of GPRA [Government Performance and Results Act])

3. Discuss current marketing/recruitment plan for clients in rural communities

4. View demonstration of tele-health technology

5. Discuss future direction of the program and the development of an action plan that address technical assistance (TA) needs

The site visit lasted for one and a half days at UKMC's main campus. The two main program staff members were present. Additionally, two clinical staff from Central

Kansas Foundation (CKF) and one staff member from the rural site, Bethany College, participated via teleconference. Government Project Officer (GPO) Wilson Washington was present for the site visit de-briefing via teleconference.

Program Vision and Design

The KUCTT program is designed to increase the numbers of rural college students seen for substance abuse treatment using telemedicine and provide a high level of satisfaction across clients. KUCTT plans to do this through their partnership with CKF. CKF is providing the substance abuse and mental health treatment services, while UKMC is providing the tele-health equipment (Polycom). The program aims to create additional partnerships with six rural colleges throughout the State of Kansas.

In addition, the KUCTT program has a strong prevention focus. The goal is to increase the number of rural college students receiving prevention services via the use of web-based, virtual technologies. UKMC will also provide these services at six rural colleges throughout the state of Kansas.

Of the six colleges KUCTT anticipated working with, only two—Bethany College (Lutheran affiliation), for the substance abuse and mental health treatment services; and Pittsburg State University, for the prevention services—have begun to implement some aspects of the expected grant activities. Bethany College has one counselor for the entire student body. The counselor is responsible for the initial intake and assessment of potential program participants and facilitating the linkage with CKF for ongoing counseling services. Bethany College currently receives referrals from the Student Conduct Committee, in addition to self-initiated student referrals. The committee sanctions students who have been caught with drugs or alcohol on campus. Students are mandated to complete drug/alcohol education or counseling. If the students do not attend counseling, they are then subject to additional academic sanctions—up to expulsion. Operationally, the sanction letters are sent to students towards the end of the quarter, which means that some time has passed between the offense and the need to seek counseling, and there are issues with the sanctions being enforced at the end of the semester. To date, the counselor at Bethany College has seen one client, who received a sanction letter. This client subsequently was referred to the tele-health program. This client has successfully completed the intake process and is currently being assessed for treatment. UKMC is expecting the number of referrals will increase before the finals, the holiday period, and the end of the semester.

A counselor for Pittsburg State University handles the prevention side of the KUCTT program. The prevention and education/training material is viewed via a web-based technology, Second Life, and social media (Facebook, Twitter, and YouTube). The HIT Site Visit Team did express concern of the KUCTT program having such a heavy focus on prevention, since the Substance Abuse and Mental Health Services Agency's HIT grant stated that the project's focus was to be on employing technology in the delivery of substance abuse treatment services. Initially the plan was for the tele-health program to provide counseling services, however the administration of the university health clinic subsequently decided to decline the offer to participate in treatment services resulting in the decision to offer prevention services.

Administrative Observations:

Workflow

UKMC is experiencing several workflow challenges, which may affect program participation. Most of the issues are related to the extensive requirements for collection of data at intake, which leads to the decrease in client engagement, thus leading to delaying the initiation of treatment. The current workflow has the client meeting with three different people (intake person at UKMC, counselor at Bethany College for Assessment, and treatment counselor at CFK) in order to receive care. The process for the client to receive care takes 2–3 weeks. The HIT Site Visit Team suggested the following strategies to streamline their process:

- Consider various options for what the treatment episode should consist of with regard to matching treatment duration and session length to clinical need

- Decrease the amount of paperwork at intake, especially where there is a redundancy of information collected

    o Redesign information collection so that it doesn't interfere with client engagement

    o Identify what documentation activities can be automated

- Redesign workflow so that tele-health targeted interventions are conducted in a 20-minute timeframe for many of the nondependent abusers. This will increase clinician capacity and can prove easier to sustain engagement. The current workflow cannot support an increase in client referrals to the level of their required client numbers served.

UKMC experienced several challenges when implementing the KUCTT program. Issues included dealing with security issues for the Second Life site and tele-health equipment; and hiring staff (program manager) to run the program. There were also difficulties in relationship building in order to affect a process for obtaining referrals from a new client population (rural college students) and delays in receiving referrals from the participating college's sanction process due to the academic calendar and school policies. UKMC's primary referral base thus far is the Student Conduct Committee at Bethany College. UKMC is expecting an increase in referrals towards the end of the academic year from this source in December 2012. However, UKMC doesn't have any other college partners starting the program.

The HIT Site Visit Team expressed concern that relying primarily on college students in the longer term treatment model that is currently being used will allow them to receive sufficient numbers of clients needed to meet their targets. College students are generally a transient population, which makes it difficult to do follow-ups at a 6-month period. A suggestion was made to focus the program toward short-term, brief interventions with the college students over four to six visits. Another suggestion was to expand the target population to adolescents, since the project director's background is in pediatric psychiatry. Taking these steps would help UKMC in working towards their GPRA goal as listed in their grant. They would also need to consider implementing an incentive system in order to ensure follow-ups are completed.

Community Partners, Client Outreach, and Implementation Plan

UKMC collaborated with CKF to provide substance abuse treatment to the following seven rural colleges: Bethany College; Butler County Community College; Dodge City Community College, Emporia State University; Heston College; Sterling College, and McPherson College. Bethany College is a dry campus (no alcohol) with a Lutheran affiliation. Their counselor currently receives referrals from the health clinic, judicial officer violations, Student Conduct Committee, and athletic department when drug testing results in a positive finding. U-lifeline is the drug and alcohol-screening tool being utilized by the college. Students who are referred to the counseling program have different levels of completion requirements and the potential for consequences if not completed. Depending on the level of infraction, it requires completion of an online education program and restorative (community) service. UKMC expects to receive 30 referrals from this site by the end of the academic year.

Currently, UKMC is not providing substance abuse services at Pittsburg State University (PSU). After initial discussions,   PSU declined to participate in the treatment portion since their primary interest was for tele-psychiatry services (prescribed and managed medication). UKMC did not think that it would fit into the original scope of the HIT grant. PSU utilizes a Peer Educator Program to market the substance abuse prevention program on the campus. The 20 peer educators utilize social media (Facebook and Twitter) to reach out to students about the program. Almost every college campus has a peer educator program. The HIT Site Visit Team suggested using the peer educators as a referral source at the other six campuses. Since peer educators are part of the student body, they will know the best mechanisms to translate information to the students in need and can help make those connections. The HIT Site Visit Team also suggested outreach to the campus police and academic advisors.

Currently there is no marketing plan in place for the KUCTT program. UKMC plans to reach out to the additional six universities one at a time. The HIT Site Visit Team suggested creating a targeted marketing plan and outreach to all of the universities simultaneously. The marketing plan should consist of a tele-health open house for the universities that would show how the equipment works and explain the benefits for the student population. UKMC should invite the following university referral sources: health center, athletic center, academic and residential advisors, Student Action Committee, and campus police.

Polycom Tele-Health Equipment (Provider Discussion)

The KUCTT program is an arm of the university's telecommunication department. The tele-health equipment was already being utilized in medical specialties such as pediatrics and cardiology. The KUCTT program's focus has been on providing tele-health in an outpatient setting. UKMC has the ability to deploy tele-health using flat screens, smaller units (desktops), and iPads. UKMC did a demo of the Polycom equipment during the site visit meeting with the provider partners. There were several

technical difficulties noted, some of those were the following: pixilation, freezing of screen, and inconsistencies with the audio feed.

In addition to Polycom, UKMC is also utilizing Second Life to provide prevention, education, and training material to UKMC's medical and nursing students and to Pittsburg State University students in substance abuse education. Although Second Life can be utilized to post online tools and videos, it does not track how many people view the information or what information they do use.

The HIT Site Visit Team suggested building a program website that would allow the agency to post videos and tools and have an ability to track how many clients are viewing those videos and tools. At this time, KUCTT does not have a website.

Data Collection and Evaluation

UKMC does not currently have an evaluator for the HIT grant. The Program Manager, Amy Carmack, and Project Director, Eve Lynn-Nelson, have taken on evaluation responsibilities. Both the project Director and program manager have program evaluation experience.

UKMC's KUCTT program collects currently required documentation at intake including GPRA, the Substance Abuse Subtle Screening Inventory (SASSI), and CKF's State mandated screening assessment, record of consult, and three different patient privacy and security forms. The HIT Site Visit Team expressed concern with the documentation requirements being too cumbersome and decreasing the potential for quickly engaging the client. By continuing with this current model, there will likely be an increased client dropout rate. The following suggestions were made to streamline the process:

- Look at the required data elements to identify what information is needed and what can be consolidated.

- Determine what information could be collected by providing the client the option to complete some of it online prior to their visit.

- Consider adding internet and smartphone readiness questions to the intake form. (What form of technology do the clients have or prefer using? Do they have internet access via their laptop, desktop, or smartphones?)

- Identify a strategy for utilizing the clinical information being collected to inform the evaluation process and determine the efficacy of the online intervention.

Sustainability

UKMC's KUCTT program does not have a sustainability plan. However, since it is a large hospital system there is already a third-party billing system in place that bills for Medicaid, Medicare, self-paid, and private insurance. Because of the KUCTT program's target population of college students, the provision of clinical services should be reimbursable if State regulations governing tele-health encounters permit.

Technical Assistance Recommendations:

Site Visit Debriefing with Wilson Washington and TA Recommendations

1. Develop a marketing strategy that will increase the number of referrals (student health centers, disciplinary sanction section, athletic department, residential program, and fellow students—peer health educators).

    o Develop an operational website.

    o Create a timeline for rolling out tele-health to the other six campuses.

    o Conduct a tele-health open house that includes an introductory information packet, a 20-minute orientation, and a 90-second video demonstrating the equipment.

2. Redesign workflow and data collection processes

    o The data collection process at the front end is cumbersome

3. Redesign scheduling model.

4. Allow more flexibility and opportunities to have on demand counseling opportunities.

5. Implement brief intervention models with students.

6. Most students do not require longer term counseling services to deal with risky substance use, therefore the interventions should match the level of clinical need.

7. Consider options for utilizing other technology in addition to tele-health, in order to increase GPRA numbers. Grantees can request to have their strategies

changed, but they will still need to provide an innovative technology solution that is utilized within the cohort.

The JBS HIT team will assist UKMC in submitting TA requests for the most urgent TA needs, which are developing a marketing/client recruitment plan to initiate contact with the six rural colleges and in redesigning their workflow and scheduling model. These requests should be completed within a 60- to 90-day period. The JBS HIT team will create a more detailed action plan for completion of each TA once the requests have been submitted and approved by SAMHSA.