

**Grants to Expand Care Coordination
Through the Use of Technology Assisted
Care in Targeted Areas of Need
(TCE-TAC)**

RFA # TI-13-008

CSAT BIANNUAL PROGRAMMATIC REPORT

Program Reporting Period:

February 1, 2014 – July 31, 2014

TCE-Technology Assisted Care (TAC)
SAMHSA/CSAT
1 Choke Cherry Road, Room 5-1055
Rockville, MD 20850

1. Reporting Period: February 1, 2014 – July 31, 2014

2. RFA #: TI-13-008

3. Grantee: The Centers, Inc.

4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
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5. Project Director: Alma I. Rosario

6. Evaluator: Alma I. Rosario

7. Evaluator Phone/Email: 352-291-5428

8. Signature Alma I. Rosario 09/01/14

Project Director Signature

Date

9. List any changes in key staff contact information here:

Staff Member	Add/Loss	Effective Date	Email	Phone
Charles Powell	Loss	March 12, 2014	cpowell@thecenters.us	352-291-5455

Staff Member	Add/Loss	Effective Date	Email	Phone
Timothy Cowart	Add	March 24, 2014	tcowart@thecenters.us	352-291-5406

TABLE OF CONTENTS

BACKGROUND	1
PROJECT IMPLEMENTATION	6
Project Goals and Objectives	6
Status Toward Goals	12
ORGANIZATION AND MANAGEMENT	13
Personnel	13
Partnerships	15
Training and Technical Assistance (TA)	Error! Bookmark not defined.
PERFORMANCE INFORMATION	Error! Bookmark not defined.
GPRA Performance.....	Error! Bookmark not defined.
Evaluation.....	24
Interim Financial Status	25
Other Significant Project Activities	26
LIST OF ATTACHMENTS	27

BACKGROUND

Provide the abstract from your grant application. Specify all technologies being used in the project and any changes from the initial application.

Abstract from Grant Application (*some of the information contained was changed with the Change in Scope Request which was approved on July 18, 2014*)

The Centers, Inc., a behavioral health center in Ocala, Florida currently provides a continuum of care of inpatient and outpatient behavioral health services that are designed to help people with substance abuse (SA) and co-occurring (COD) attain their highest level of functioning. The TCE-TAC program will provide teleassisted care in the rural areas of Marion and Citrus counties to residents with SA/COD, low income and limited access to public transportation.

In 2012, The Centers served net, after dropout 4,015 clients with SA/COD. The program will serve 5,300 clients the first year with 7% to 10% increase each year. Unduplicated clients are estimated at 5,700 for year 2 and 6,200 for year 3. The cost per unit for each year is \$123.94. \$105.69, and \$97.71, with a three year average of 108.44.

The Centers will develop systems integration to achieve best practices integrated services using three Evidenced Based Models: the Intensive Outpatient Model, ASAM Level II Intensive Outpatient Program, and the Wellness Recovery Action Plan. We will also install interoperable electronic health records (EHRs) equipment and software in the two county area. The majority of funding for the program will be for equipment that will include audio/visual, specialized computer server, video centers and bridges, and equipment software and mechanical management equipment. Program goals include: 1) expand treatment opportunities, communication, and education to client and people living in Marion and Citrus Counties, 2) encourage and measure continued after-care and follow-up of SA/COD services, and 3) meet the goals outlined in *Purpose of Initiative #6* as modified for our organization.

The Centers, in collaboration with Kids Central, Heart of Florida Health Center, the Citrus County Department of Health, and Langley Health Services and local prevention specialists, healthcare providers, and grassroots organizations, will work to bring the health care through teleservices to the underserved people in the area.

The amount requested is \$280,000 each year of the three year grant. The total cost of the TAC program will be 2,331,439. The Centers will fund the difference between the grant award and the program cost through revenue and grant awards.

Change In Scope Request - Approved on July 18, 2014 (Notice of Award Issue Date)

Target Number of Unduplicated Clients to Be Served

We are requesting a reduction in the target number of unduplicated clients to be served, totaling 800 clients through the three year life of the grant. Due to concentration on building the infrastructure and developing/establishing telehealth delivery methods in our outpatient and residential programs, the first year figures totaled 50 unduplicated clients. Projections for year two are 350 unduplicated clients and 400 unduplicated clients in year three. While these figures are significantly less than originally projected, the long-term impact of the establishment of technology assisted care (TAC) at The Centers will be significantly greater, reaching thousands over the next five years.

Programs Involved

In the original grant proposal, we had envisioned utilizing telehealth services solely in our Intensive Outpatient Program. Due to the target number of unduplicated clients in the original grant, we had to reevaluate this plan. We have determined that the best way to make services available to clients in underserved areas, or who lack access to treatment due to transportation barriers, is to provide TAC agency-wide through outpatient, intensive outpatient, and residential programs. Services Included: assessments, individual therapy, group therapy and medication management. In order to expand access to services for those in need, we will continue working with payer sources to promote reimbursement for telehealth services.

Evidence Based Programs

1. The “Matrix Model” by Hazelden was the evidenced based program originally selected for the grant due to our initial intent to focus on the intensive outpatient level of care. We are proposing a shift to the “Living in Balance” program by Hazelden which is flexible for use in any level of care, and better suited for expansion of telehealth services throughout The Centers.

“Living in Balance” Program Components:

Living in Balance is comprehensive for both substance abuse alone and those clients with co-occurring disorders. It helps clients identify those issues that are critical for their recovery, educates them on core strategies for recovery, and supports long term relapse prevention by building effective sober social support networks such as AA and NA. Clients will be exposed to one frame of reference throughout their programming which will provide a cohesive and smooth transition between programs, whether the client is down-stepping or up-stepping in services.

Living in Balance lends itself to both group and individual sessions, widening the format for service provision under our SAMHSA grant proposal. The materials can be photocopied or transmitted to clients at remote sites for their use during sessions and for home work exercises.

2. We are proposing a programming shift from the Wellness Recovery Action Plan (WRAP) to a structured Alumni Support Group being developed for residential and outpatient clients.

Structured Alumni Support Group Components:

The long term goal of substance abuse treatment is to assist the client in building a framework for ongoing recovery. Engagement in long term aftercare and wellness programming will be accomplished by a variety of strategies. We will use a peer counselor to provide structured aftercare groups and one-on-one contact with alumni. The peer counselor will utilize e-apps, group process, and mentoring relationships to assist alums as they construct their ongoing recovery matrix. E-apps utilization will have a broad stroke in content and include fitness, nutrition, relaxation/meditation, self-esteem and self-efficacy components in addition to the 12-Step and recovery apps.

Aftercare contact with client will begin during their final stage in treatment. This contact will facilitate transition into Aftercare, begin to build the relationship and understanding with structured Aftercare programming, and to engage and encourage the client as they prepare to leave active treatment.

Goals & Objectives

Goal 1 Expand treatment opportunities, communication, and education to clients and people living in Marion and Citrus Counties

Objective A: Develop an Information Technology Strategic Plan that will assist in the implementation of the TCE-TAC Grant, support infrastructure improvements, and identify resources to meet the identified needs.

Objective B: Establish telehealth programming in the agency's outpatient, intensive outpatient and residential programs to provide assessments, individual therapy, group therapy and medication management to substance use disorder and co-occurring disorder clients. These services will be accessed at a remote location or in-home, utilizing video conferencing applications via computer, smartphones, or tablet.

Objective C: Redesign The Centers' website to increase patient engagement, education, and treatment monitoring. The website will support clients in their recovery plan by: establishing a client portal, providing online recovery support tools, including links to educational webinars and information, and featuring online recovery support videos through our Video Center.

Goal 2 Encourage and measure continued after-care and follow-up of substance use/co-occurring clients on a long-term continuing basis

Objective A: Establish a structured Alumni Program in Marion & Citrus Counties to increase aftercare support and enhance recovery.

Objective B: Peer Counselors and staff will identify and encourage clients at the end of their

clinical treatment to participate in the Alumni Program for a minimum of three months; building a bridge for smooth transition into structured aftercare.

Goal 3 Meet the goals outlined in SAMHSA's "*Purpose of Initiative #6*" as modified for The Centers

Objective A: Develop the infrastructure for interoperable Electronic Health Records (EHR) within The Centers and throughout the two-county area, including privacy, confidentiality, and data standards. (Same as original grant proposal)

Objective B: Create an agency culture which empowers clients to take on a more active role in their health and recovery. The Centers staff will encourage clients to use Health Information Technology (HIT) and EHR tools available to them, including: appointment requests, appointment reminders, access to treatment diagnosis and medication lists, and the ability to share their information with other local providers.

Objective C: Provide technical assistance to local leasers, behavioral health and health providers, patients and clients, and others to increase adoption of EHR and HIT with behavioral health functionality. (Same as original grant proposal)

Objective D: Achieve clinical integration, patient engagement and meaningful use by leveraging the MyHealthStorySM Health Information Exchange (HIE) which will extend The Centers' access to the Florida HIE, as well as the national exchange (eHealth Exchange).

Outpatient Process Flow

- The client contacts The Centers requesting services. At this time, an initial screening is completed utilizing the AC-OK Screen for Co-occurring Disorders (mental health, trauma related mental health issues & substance use) instrument. The client is then instructed to participate in the Care Workshop; a services orientation program. (With the redesign of our website, clients will have the ability to request services, complete some of the initial paperwork and complete the AC-OK Screening Tool online).
- During the Care Workshop, the client completes the initial intake paperwork, receives an orientation to The Centers' services, and the Biopsychosocial Assessment appointment is scheduled. Through this process the client can be flagged as a potential telehealth candidate.
- During the Biopsychosocial Assessment appointment, clients who meet criteria for telehealth services will be invited to participate and if they accept, a notation will be made on the program referral. At the completion of the assessment appointment, the client will be scheduled for a Master Treatment Plan Development session, an initial therapy session, or psychiatric evaluation.
- For outpatient therapy clients, the program staffing team will determine if the client is approved to participate in telehealth services and if the client needs to complete a few face-to-face sessions prior to receiving services. If the client is approved to receive telehealth services, a Pre-Authorization Request for Telehealth Services will be sent to

Managed Care for Insurance Authorization. The client will be scheduled for an office visit pending pre-approval. Once the therapist determines the client is ready for telehealth services, their next appointment via telehealth is scheduled. The GPRA Data Collection Interview is conducted at the initial telehealth appointment.

- For medication clinic clients, doctors and ARNPs are the only authorized clinician who can determine if the client is stable enough to participate in telehealth services. If approved and the client accepts participation in telehealth services, a Pre-Authorization Request for Telehealth Services will be sent to Managed Care for Insurance Authorization. The client will be scheduled for a face-to-face visit pending pre-approval. Upon approval from Managed Care, the client is contacted and their scheduled appointment is converted to a telehealth appointment.
- At the initial telehealth appointment, the telehealth consent form, telehealth client locator form, and the GPRA tool are completed by the GPRA interviewer and client.
- Telehealth sessions are conducted via the LifeSize ClearSea® video conferencing application. The client will be located at a remote location where a telehealth room will be set up with computer, monitor, and camera. For in-home therapy, the client will be provided with a password for the ClearSea application. The provider will be located at their primary office. The doctor or therapist will commence telehealth treatment services. Concurrent documentation will be utilized to record the services and progress notes into the client's record in Profiler (The Centers' EHR). For med clinic clients, medications will be electronically prescribed using DrFirst™ web-based prescribing.
- Throughout the treatment process, the client will be encouraged to use e-app tools to help support recovery and to aid clinicians in monitoring treatment efficacy.
- Six months into treatment, the GPRA Data Collection Tool will be administered again.
- Currently, The Centers does not have the technology for e-signatures. Therefore, all Treatment Plans updates must be conducted through face-to-face visits. Once the technology is available at The Centers, the ability for the client to participate in Treatment Plan updates via telehealth will be dependent upon payor source, as not all payers will reimburse for this service via telehealth.
- The GPRA Data Collection Tool will be administered a final time upon discharge.
- Therapy clients will be stepped down to the Alumni Support group upon discharge. They will also be encouraged to actively participate in a community or web-based 12 Step recovery support program.
- Some elements of the Process Flow will be adjusted as needed to accommodate various telehealth services delivery methods.

PROJECT IMPLEMENTATION

Project Goals and Objectives

Provide status reports of all current project goals and objectives, including lessons learned and best practices using the technologies.

Goal 1: Expand treatment opportunities, communication, and education to clients and people living in Marion and Citrus Counties

Overall Goal Status: Making Active Progress

Objective A: Develop an Information Technology Strategic Plan that will assist in the implementation of the TCE-TAC Grant, support infrastructure improvements, and identify resources to meet the identified needs.

Objective Status: Making Active Progress

Although The Centers has an Information Technology Plan for 2013-2015 (developed for CARF Accreditation by JD McFarland, IT Director) it does not contain all of the necessary elements for an IT Strategic Plan. We have submitted a Technical Assistance Request for guidance in developing The Centers' IT Strategic Plan. In late May 2014, SAMHSA approved Technical Assistance Request -TA 4085. JD McFarland, IT Director, and Alma Rosario, Project Director, participated in two conference calls (June 3, 2014 and June 30, 2014) to clarify our needs with JBS International team members: David Wasner, Iris Chai and Leslie McElligott. The outcome was having Mr. Wasner "facilitate a discussion 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 discussion emphasized the policy and financial implications of health information technology (HIT). (Call Summary June 30, 2014) This discussion took place on August 1, 2014. The guidance is an important first step in developing the plan as Leadership will be better equipped to assist in the IT Strategic Plan.

Objective B: Establish telehealth programming in the agency's outpatient, intensive outpatient and residential programs to provide assessments, individual therapy, group therapy and medication management to substance use disorder and co-occurring disorder clients. These services will be accessed at a remote location or in-home, utilizing video conferencing applications via computer, smartphones, or tablet.

Objective Status: Actively Making Progress

Telehealth Adult Medication Management

On May 1, 2014, we initiated our Telehealth Adult Medication Management Services. The doctor/ARNP is located at our main campus, with the client being at our remote MLK facility.

They communicate utilizing LifeSize Video Conferencing equipment with ClearSea software. As of July 31, 2014, we are providing telehealth medication management services to 12 clients, 8 diagnosed with co-occurring disorders (substance abuse and mental health diagnoses) and 4 with solely mental health disorders.

During the months of March and April, we worked on upgrading the wiring, network switches and bridges at both locations: Airport Road, Bldg. 2 Med Clinic (provider location) and Martin Luther King Jr., Bldg. 1 (client location). Telehealth workflows were created for both locations. Enhancement to Profiler, our Electronic Health Record (EHR), was made to allow us to schedule, record and bill for the telehealth service. We identified and trained all staff who would be involved in the telehealth process: receptionists/schedulers, nursing staff (CNAs, LPNs), ARNP/Doctors, and medical records techs. This was followed by testing of both the telehealth system and the process workflow. Marketing material was developed and distributed explaining telepsychiatry services.

The response from the clients has been favorable. Many comment on how the telehealth services are provided in a timely manner which reduces the time they have to spend in the office. Others are grateful that the service is provided closer to where they live and on the bus route, which helps them save money on transportation and have better access to services.

The LifeSize Video Conferencing Equipment is very reliable. We have only experienced one major issue which involved the vendor upgrading the system, having a negative effect on us. Other issues have been related to user-error. Those errors are a direct result of not being provided sufficient time to train the end-user (providers) on the equipment appropriately.

Setbacks in providing this service to more clients include: lack of payer sources for telehealth, resistance from providers, resistance from clients, and lack of marketing strategy. The payer source issue has been a major obstacle due to the fact that Florida Medicaid began deploying the Medicaid HMO structure the same day telehealth services were launched. This resulted in clients needing pre-authorization to participate in telehealth services. Medicaid HMOs are not up to speed regarding what is covered regarding telehealth and they have rejected many requests. As an agency we also did not renegotiate our contracts with payers to include telehealth. Therefore, many payers will not cover telehealth services. This is a work in progress and we are beginning to see a slow increase in the number of payers that will reimburse for the service.

Certain providers are supportive of telehealth services and others have been struggling. That is to be expected. As they have become more familiar with using the telehealth system, providers appear to be more open to referring clients.

At the start of the process we identified one payer source (State Funding) and a specific client base (co-occurring only). The target was changed during implementation due to lack of enrollment and an identified need to expand the scope for the full benefit of our clients. We now allow anyone whose payer has approved telehealth services to participate in the program, meaning co-occurring, substance abuse, and mental health clients can benefit from this service.

The change briefly caused confusion among the referring providers, resulting in a temporary reduction in referrals which has since been resolved.

Telehealth Substance Abuse Outpatient Individual Therapy

Telehealth Adult Substance Abuse Outpatient Individual Therapy Service was established on July 1, 2014. This service is providing individual substance abuse counseling sessions to Community Based Care (CBC) clients who have Medicaid as a payer source. The technical setup for this service is a laptop computer with the ClearSea application installed. At the appropriate time, the provider logs in from our main campus to the remote client location at the CBC. During the month of June, the equipment was purchased and installed, workflows were developed for both the provider, and adjustments were made to Profiler so that appointments could be scheduled and services could be recorded/billed. Staff was trained at both the provider and the client locations.

At this time we do not have any active clients for this segment of the program. The primary issue is the payer source. Clients at the CBC location are the parents of children who have active child welfare involvement. Once their children are removed, parents lose their Medicaid, making them no longer eligible for telehealth services. Our intention was to set up the services with State Funding as the payer source. However, our residential program has absorbed most of the State Funding available for the year so they are not available for telehealth. We continue working to find solutions for providing telehealth services to CBC clients.

Telehealth Residential Group Therapy -upcoming

During the month of July 2014, our focus has been on setting up Telehealth Residential Group Therapy. This service is being offered to clients in our adult residential substance abuse treatment program. The therapist will be located in Citrus County and the clients will be in Addie Rawls Recovery Center, located on our main campus in Marion County. This service will provide the clients an opportunity to benefit from a therapist with a different skill set than those who work at the residential facility. It will also serve as an introduction to telehealth for clients in the program, which will assist their entry into telehealth support groups upon discharge. The initial plan is to provide two gender groups and a recent admit group which meet once per week. Each group will have a maximum attendance of 15 clients. The target date for telehealth residential group therapy is Aug. 4, 2014.

All necessary implementation prep was completed during the month of July. This included: identification of the telehealth group room, assessing the technology needs (wiring, network switches, etc.), establishing appointment, scheduling and service recording structures in Profiler, and training all staff involved in the project at client and provider locations.

We expect to have 40 clients enrolled in this service.

Objective C: Redesign The Centers' website to increase patient engagement, education, and treatment monitoring. The website will support clients in their recovery plan by: establishing a

client portal, providing online recovery support tools, including links to educational webinars and information, and featuring online recovery support videos through our Video Center.

Objective Status: Actively Making Progress

A request for technical assistance in website redesign/upgrades was approved on July 16, 2014. Mr. Dave Wasner, JBS International, has recommended that we hold off implementation of our website redesign/upgrade until we have developed the Information Technology Strategic Plan. In the meantime, we have looked at other agencies' website to determine the components we would like to incorporate into ours, as well as aspects we may want to not replicate. The project has been divided into two phases: graphic/web design of the website, and client engagement elements i.e. a client portal. Quotes are currently being requested from a variety of web design companies to begin the first phase. The second phase will begin once the IT Strategic Plan is in place and further conversations have been had with JBS International.

Goal 2: Encourage and measure continued after-care and follow-up of substance use/co-occurring clients on a long-term continuing basis

Overall Goal Status: Actively Making Progress

Objective A: Establish a structured Alumni Program in Marion & Citrus Counties to increase aftercare support and enhance recovery.

Objective Status: Actively Making Progress

Under the direction of our new VP of Clinical Services, a Clinical Workgroup of Program Directors, Supervisors and the Quality Management Department will be established. One of its tasks is to develop the Alumni Support Recovery Group. Another task is to determine how we are going to measure the impact of this program. The workgroup will be meeting towards the end of Aug. 2014, to begin.

We have identified a client who has been in recovery to be a Peer Specialist (Coach). We are reviewing the agency's budget to make sure we will be able to fund this position. Budget approval is still pending, but looks favorable.

Objective B: Peer Counselor and staff will identify and encourage clients at the end of their clinical treatment to participate in the Alumni Program for a minimum of three months; building a bridge for smooth transition into structured aftercare.

Status: Pending implementation of Objective 2A

Before we can move forward with this objective, the Alumni Program must be designed. We have begun receiving client input from graduates now in long-term recovery, as well as current clients from our residential, intensive outpatient and outpatient programs.

Goal 3: Meet the goals outlined in SAMHSA's "*Purpose of Initiative #6*" as modified for The Centers.

Overall Goal Status: Actively Making Progress

Objective A: Develop the infrastructure for interoperable Electronic Health Records (EHR) within The Centers and throughout the two-county area, including privacy, confidentiality, and data standards.

Objective Status:

The infrastructure for an interoperable EHR is 90% in place - the remaining pieces include bringing the Clubhouse, Therapeutic Based On Site Services (TBOSS) & Targeted Case Management (TCM) to have remote access to the EHR. Privacy, confidentiality and data standards are in place. The next steps will be to enhance clinical content of the EHR with a biopsychosocial assessment and treatment plan within the next 6-9 months. The inclusion of the service information for the inpatient units also increases the interoperability of the EHR within the next 6-months inclusion of physician's notes and psychiatric evaluation will further improve the usability of the EHR.

The agency's next step is the implementation of the HIE to make the EHR interoperable with other agency's in the two county area as well as the state. This is projected for year 3 of the grant.

Objective B: Create an agency culture which empowers clients to take on a more active role in their health and recovery. The Centers staff will encourage clients to use Health Information Technology (HIT) and EHR tools available to them, including: appointment requests, appointment reminders, access to treatment diagnosis and medication lists, and the ability to share their information with other local providers.

Status: Actively Making Progress

Since May of 2014, The Centers, has been in discussion/negotiation with Community Health IT, the local Health Information Exchange (HIE) as part of the agency's implementation of HIE. Community Health IT offers a client portal MyHealthStorySM which allows the client the ability to create a longitudinal client record from various providers, has the ability for clients to email providers, set up appointments, receive appointment reminders and request medication refills.

It provides a secure online portal that is shared by surrounding medical community. Sharing a patient portal with other facilities provides patients one passcode and process by which to access their health information regardless of where they seek care; this increases the likelihood of patient engagement

"Healthcare organizations in the Marion County and throughout Florida are working to accomplish clinical integration, patient engagement and meaningful use by leveraging the MyHealthStorySM Health Information Exchange (HIE). MyHealthStorySM, developed by Community Health IT and powered by RelayHealth, helps facilities realize sustainable value around patient engagement and information sharing objectives. It extends your facility's access to the Florida HIE and to national exchange (eHealth Exchange)." (From Community Health IT Patient Engagement: A Solution & Training for The Centers Staff and Patients Proposal May 22, 2014)

The first step to implementing MyHealthStory is the client engagement piece. In July 2014, our CEO, approved it. Community Health IT's Technology Evolution Specialists will provide us with the following:

1. Train everyone who touches patients within the facility on the benefits of MyHealthStory;
2. Train everyone who uses MyHealthStory on the privacy and security features of the system for patients and providers;
3. Provide scripts for staff and providers to quickly and easily inform patients about how to register for and use MyHealthStory;
4. Provide patient consent forms to prevent HIPPA and CFR 42 privacy issues;
5. Map workflow in each department;
6. Coordinate meetings to make procedural decisions in cases where The Centers may want to adjust workflow when MyHealthStory is activated;
7. Configure MyHealthStory to fit departmental and staff workflow;
8. Train staff on how to use MyHealthStory;
9. Provide assistance with marketing and professional grade marketing materials for waiting room and patients.

(From Community Health IT Patient Engagement: A Solution & Training for The Centers Staff and Patients Proposal May 22, 2014)

Objective C: Provide technical assistance to local leaders, behavioral health and health providers, patients and clients, and others to increase adoption of EHR and HIT with behavioral health functionality.

Status: Pending active participation with local HIE and FQHCs

Objective D: Achieve clinical integration, patient engagement and meaningful use by leveraging the MyHealthStorySM Health Information Exchange (HIE) which will extend The Centers' access to the Florida HIE, as well as the national exchange (eHealth Exchange).

Status: Pending Implementation of Objectives A, B, C

This objective is dependent on the previous objectives for Goal 3. The first step towards this objective is to have our leadership team understand the functionality of MyHealthStorySM and the importance of participating in an HIE. To this end, a meeting with Dr. David Willis, Medical Director for Heart of Florida and Community Health IT and our Leadership Team will take place on Aug. 15, 2014. We will then begin the implementation of the Client Engagement portion in Sept. or early Oct. 2014 with assistance from Community Health IT staff, as outlined in Objective 3A. Interfacing of all systems is projected for year 3 of the grant.

Status Toward Goals

If you are falling short in meeting any project objectives, please explain and provide your plan for catching up. Include anticipated date of resolution.

Not Applicable

If you changed any project goals or objectives (including GPRA targets) during the reporting period, state the changes, the date changes were approved and how the approval was transmitted.

See pages 2-5 above for the changes in project objectives

The Change in Scope Request was submitted on July 11, 2014 to Ms. Kathryn Wetherby, Grant Project Officer via email. Ms. Wetherby informed Alma Rosario, Project Officer on July 15, 2014, via email that she was no longer the Grant Project Officer. Ms. Rosario re-submitted the request to Ms. Dina Passman on July 15, 2014 via email. We received the Notice of Award on July 18, 2014 from Doug Lees, Grant Specialist, approving the changes via email.

If you intend to request approval of changes in any project goals or objectives during the next reporting period, state the changes and the reasons for wanting to make them. (Remember that you need prior approval from SAMHSA to make these changes.)

Not applicable – no request for changes in any project goals or objectives during the next reporting period

ORGANIZATION AND MANAGEMENT

Personnel

List all positions supported by the grant, filled and vacant.

Position Title	Incumbent Name	Percent Time
Project Director	Alma Rosario	100%
IT Director	JD McFarland	20%
VP of Clinical Services	Yvonne Hess	20%
Director of Citrus County Services	Robert Mann	10%

List staff additions or losses including contractors/consultants within the reporting period.

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss
Charles Powell, CEO	1	March 12, 2014	Loss
Tim Cowart, Interim CEO	1	March 24, 2014	Addition
Tim Cowart, CEO		Aug. 25, 2014	
Alan Drozd, VP of Clinical Services	1	March 24, 2014	Addition
Alan Drozd, VP of Clinical Services	1	May 12, 2014	Loss
Tracy Jones, HIM Manager	1	June 2, 2014	Loss
Yvonne Hess, VP of Clinical Services	1	May 16, 2014	Addition
Robert Mann, Director of Citrus County Services	1	May 16, 2014	Addition

Discuss the impact of personnel changes on project progress and strategies for minimizing negative impact.

CEO

The sudden passing Mr. Charles Powell, CEO has been difficult for the project implementation due to the fact that the vision was initiated by him. Mr. Powell had experience in establishing telehealth services in Georgia. He had a global vision of the healthcare landscape and understood technology's role in the changing healthcare landscape and the issues the agency faced in relation to the Affordable Care Act and the Health Information Technology for Economic and Clinical Health (HITECH) Act. His years of experience, vision and direction are greatly missed.

Tim Cowart, current CEO, is working closely with the Alma Rosario, Project Director and the implementation team to carry out the vision. We have requested Technical Assistance from JBS International to help lead a discussion with our leadership on the changing healthcare landscape and its implication for the agency. We believe this is a key step in getting buy-in from leadership in support of this project. Many times what is perceived as resistance is really a lack of knowledge and understanding. As leadership continues to educate themselves on these topics, they will become champions and begin educating their staff for greater buy-in.

Clinical Director

The Clinical Director position was vacant from Dec. 23, 2013 – March 12, 2014. Unfortunately, the person originally hired in March was only in the position until May 12, 2014 once it was determined he was not a good fit for the agency. This had a negative impact on the grant because we have had to hold off identifying which evidenced based program to implement agency-wide, leading to a postponement of the launch of telehealth services in the clinical programs (with the exception of Citrus telehealth group therapy). Yvonne Hess was promoted to VP of Clinical Services on May 16, 2014. Under her direction we have identified “Living in Balance” from Hazelden, as the evidenced based program to be utilized by our clinical programs. Clinical staff are currently being trained. We have identified our Adult Substance Abuse Outpatient Program and our Substance Abuse Residential Programs as the first two clinical programs to launch telehealth services. We will continue with implementing telehealth services in our Adult Mental Health program as well as Assessment Services.

Changes in Clinical Supervisors at the Program Level

We also lost clinical supervisor staff within a couple of programs during this reporting period, due to unforeseen circumstances. All positions are currently filled; however, we have had to allow for the new staff to get acclimated. We now have a good clinical team in place and are very confident that they will be supporting the implementation of the telehealth delivery method in their programs.

Change in Medical Director

Our recent change in Medical Director has been very positive. Dr. Stefan supports telehealth as a delivery method for client care. She has become an active advocate and is actively involved in recruiting clients and encouraging staff. She will play a vital role as we work on establishing a relationship with our local FQHCs to provide telehealth services.

Discuss obstacles encountered in filling vacancies (if any); strategies for filling vacancies and anticipated timeline for having positions filled.

Not applicable – all key staff positions are filled

Partnerships

List each of the partner organizations.

Partner
Kids Central, Inc.
Heart of Florida Health Center (Federally Qualified Health Center)
Langley Health Services (Federally Qualified Health Center)
Citrus County Florida Department of Health (Federally Qualified Health Center)

Describe significant changes in relationships and/or working arrangements and summarize the implications of the change.

There have been no significant changes in relationships and/or working arrangements with our partnering agencies. Year 1 of this project focused on the creation and development of our telehealth program internally. Additionally, we were able to establish and cultivate relationships with our partner organizations to identify areas of need in our community. Going forward with Year 2, our concentration is to formalize plans with partner organizations and implement telehealth services in those areas.

Training and Technical Assistance (TA)

Describe staff development activities, including orientation and training for this reporting period.

Staff Development Activity	Date	Number of Participants	Training Provider
Adut Med Clinic Telehealth Provider Workflow, Criteria, ClearSea Application and Profiler Training	02/21/14	5	Alma Rosario, Project Director
Adult Med Clinic CNA Telehealth Workflow/CriteriaTraining (Main Location)	02/21/14	4	Alma Rosario, Project Director
Adult Med Clinic Receptionists Scheduler Workflow/Profiler Training I	03/2/14	4	Alma Rosario, Project Director
Adult Med Clinic Receptionists Scheduler Workflow/Profiler Training II	03/02/14	4	Alma Rosario, Project Director
GPRA Interviewer Training I (Citrus)	03/14/14	1	Alma Rosario, Project Director
GPRA Interviewer Training II (Citrus)	03/14/14	2	Alma Rosario, Project Director
SAMHSA TCE-TAC Grantee	03/20/14	2	SAMHSA

Staff Development Activity	Date	Number of Participants	Training Provider
Conference	03/21/14		
GPRA Interviewer Training I (Med Clinic & ASAOP)	04/04/14	4	Alma Rosario, Project Director
Medical Records Supervisor/Staff Telehealth Process Workflow Training I	04/10/14	4	Alma Rosario, Project Director
Telehealth Orientation Presentation to Children's Mental Health Staff	04/14/14	12	Alma Rosario, Project Director
Telehealth Orientation Presentation to Children's Case Managers	04/14/14	8	Alma Rosario, Project Director
Telehealth Orientation Presentation to Adult Substance Abuse/Mental Health Supervisors	04/14/14	8	Alma Rosario, Project Director
GPRA Interviewer Training II (Med Clinic & ASAOP)	04/18/14	4	Alma Rosario, Project Director
Adult Med Clinic CNA Telehealth Workflow/CriteriaTraining (Remote Site)	04/23/14	2	Alma Rosario, Project Director
Adult Med Clinic Receptionists/CNA Telehealth Workflow/ClearSea Application Training III	04/28/14	5	Alma Rosario, Project Director
Telehealth Provider Refresher Training	05/01/14	1	Alma Rosario, Project Director
Telehealth Provider Refresher Training	05/08/14	2	Alma Rosario, Project Director

Staff Development Activity	Date	Number of Participants	Training Provider
Adult Med Clinic Telehealth Receptionist Retraining	05/23/14	1	Alma Rosario, Project Director
GPRA Interviewer Training III (Med Clinic & ASAOP)	04/18/14	4	Alma Rosario, Project Director
ASAOP/CBC Marion Director/Supervisors Training Telehealth Criteria/Workflow	06/09/14	5	Alma Rosario, Project Director
Adult Mental Health Telehealth Orientation Presentation	06/11/14	6	Alma Rosario, Project Director
Adult Substance Abuse Telehealth Orientation Presentation	06/12/14	4	Alma Rosario, Project Director
Medical Records Telehealth Process Supervisor's Training	06/13/14	2	Alma Rosario, Project Director
ARRC/Lecanto Orientation Meeting	06/17/14	5	Alma Rosario, Project Director
ASAOP Telehealth Provider Training	06/18/14	1	Alma Rosario, Project Director
CBC Receptionist Workflow/Profiler Training (Client Location)	06/18/14	3	Alma Rosario, Project Director
ASAOP/CBC Director & Supervisor's Workflow Training	06/19/14	3	Alma Rosario, Project Director
ASAOP Telehealth Provider Training II	06/18/14	1	Alma Rosario, Project Director
ASAOP Telehealth Provider Training III	06/20/14	1	Alma Rosario, Project Director
CBC Receptionist Profiler/Workflow Training II (Client Location)	06/30/14	2	Alma Rosario, Project Director

Staff Development Activity	Date	Number of Participants	Training Provider
Living In Balance Training – Adult Mental Health Outpatient Marion County	07/03/14	2	Yvonne Hess, VP of Clinical Services
ASAOP Program Assistant Workflow/Telehealth Responsibilities Training	07/07/14	1	Alma Rosario, Project Director
Living in Balance Training - Residential Staff	07/07/14	10	Yvonne Hess, VP of Clinical Services
ASAOP Receptionist Workflow/Telehealth Responsibilities Training (Provider Location)	07/11/14	1	Alma Rosario, Project Director
GPRA Overview for Directors/Supervisors	07/21/14	8	Alma Rosario, Project Director
GPRA Interviewer Training I (Residential)	07/23/14	6	Alma Rosario, Project Director
Residential Telehealth Provider Training	07/23/14	1	Alma Rosario, Project Director
Living In Balance Training – Adult Substance Abuse Staff Marion County	07/24/14	3	Yvonne Hess, VP of Clinical Services
Residential Telehealth Criteria/Workflow /Expericence Sharing Session	07/24/14	4	Alma Rosario, Project Director & Yvonne Hess, VP of Clinical Services
GPRA Interviewer Training II (Residential)	07/25/14	6	GPRA Interviewer Training I (Residential)

Staff Development Activity	Date	Number of Participa nts	Training Provider
Living In Balance Training – Citrus County Clinical Staff	07/30/14	10	Yvonne Hess, VP of Clinical Services

If you received technical assistance from a SAMHSA TA provider, describe it.

Type of TA Received	Date	Purpose of Assistance	TA Provider	Additional Assistance Planned for this Issue
TA 4085 Development of Agency's IT Strategic Plan (Conference Call)	06/03/14	Initial Call – identification of need	Dave Wasner, Iris Chai, Leslie McElligott	Yes – follow-up conference call
TA 4085 Development of Agency's IT Strategic Plan (Conference Call)	06/30/14	Develop strategy for engaging leadership	Dave Wasner, Iris Chai, Leslie McElligott	Yes – Meeting with leadership scheduled for Aug. 1, 2014 @ 2:00 pm

If you plan any training or TA activities for the next reporting period, describe the topic and anticipated audience.

GPRA Interviewers to conduct Follow-up interviews. The anticipated audience is unknown at this time.

Provider training for any therapists/doctors/ARNPs that will provide telehealth services, but have not been trained.

CNAs/Nurses for any remote location will need training on the nursing telehealth process, ClearSea application, and Profiler telehealth service recording.

Receptionist/Schedulers for any new program or remote site location will need to be trained on the criteria, workflow, ClearSea application, and Profiler scheduling/check-in.

Continue telehealth orientation and update presentations to all program staff.

Develop a telehealth orientation presentation for our community partners, including the Federally Qualified Health Centers

Our CEO will make a presentation and lead a discussion with the Board of Directors 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, as well as, the policy and financial implications of health information technology (HIT). This will be the first step engaging board members to support and buy-in to the new direction the agency needs to take.

PERFORMANCE INFORMATION

GPRA Performance

As close to the last day of the reporting period as possible, check your official GPRA statistics on the SAIS webpage. Complete the table below. Enter the cumulative numbers (from beginning of the grant) from the SAIS reports.

Date on which reporting quarter data was obtained: 07/27/14

	Target	Actual	%	Target	Actual	%
Intakes (Baseline)	<i>Example: 10</i>	15	150%	44	25	56.8%
6-Month Follow	<i>Example: 0</i>	0	0% %	4	1	25.0%

If your intake or follow-up percentages are below 80 percent, please explain and state your plan for reaching your targets.

To help reach our intake target numbers, we will be expanding telehealth services to include other programs. Adult Substance Abuse Outpatient and Adult Substance Abuse Residential telehealth services will be go-live in Aug. 2014. Adult Mental Health Program for co-occurring clients will go-live by Oct. 2014. By the end of 2014/beginning of 2015 we will have developed remote sites with our partner organizations in identified areas of need to bring services closer to our target populations. In-Home Telehealth Services are in planning stages; however, no target date has been set at this time due to technology needs and payer contract negotiations requiring further assessment throughout 2014.

To improve its efficacy, we are reviewing the original GPRA process for necessary changes. We are training more staff members to conduct the GPRA interviews. We are improving the communication process between the GPRA Interviewers and the programs to ensure that the GPRA follow-ups and discharges are completed at the appropriate times. We have also created a new position to coordinate the administration of the GPRA and are currently interviewing candidates. Additionally, to aid in meeting GPRA follow-up targets, we are evaluating the possibility of having senior citizens and high school or college students volunteer for The Centers as researchers to assist in locating clients that are no longer receiving telehealth services. Training for Program Directors and Clinical Supervisors was conducted on 07/21/14 to highlight and reinforce the importance of the GPRA tool moving forward.

If your count of the number of target or actual persons served (intakes) through your grant or your follow-up rates differ from those shown in your GPRA report, specify and account for the differences. Identify steps taken to seek assistance, if needed, to remedy the discrepancy.

Not applicable

Evaluation

Describe evaluation activities, progress made/action steps, and changes during the reporting period.

Staff Interviews by Well Florida Council

During the months of June and July 2014, a trained facilitator from WellFlorida Council, Inc. conducted 13 interviews via phone with members of The Centers' Targeted Capacity Expansion: Technology Assisted Care (TCE-TAC) program. The purpose was to gather information and generate insights from the clinical and program staff involved in the TCE-TAC telehealth service delivery. The interviews were conducted as part of an internal evaluation of the implementation of the TCE-TAC grant.

Each of the participants was interviewed as representatives of a program-specific group for their involvement in the implementation of the TCE-TAC grant. These groups were either the (1) Citrus Telehealth Group Therapy Services Program or the (2) Adult Telehealth Medication Services Program. There was also a third group involved with the overall implementation and planning of the grant, known as the Grant Quality Management and Evaluation Team or QMET team. A few individuals were on both the QMET team and a program-specific group (Adult Medication Clinic Telehealth or Group Telehealth), and two individuals were involved in all three groups (Adult Medication Clinic Telehealth, Group Telehealth, and QMET).

Client Satisfaction Surveys (Citrus Telehealth Group Therapy)

Participants of our CBC/Lecanto Telehealth Group Therapy complete a client satisfaction survey once a month. The Project Director and IT Director review the surveys. Any issues are addressed with the appropriate department. These surveys have been valuable in helping us evaluate the client's experience receiving telehealth services. With information gathered via the surveys, we were able to make the determination that WebEx was not meeting our needs. We changed the platform from WebEx to LifeSize ClearSea video conferencing which has proven to be more reliable and end-user friendly.

Client Satisfaction Surveys (Telehealth Adult Medication Clinic)

We have not done any surveys for our Adult Medication Clinic Telehealth Services because we wanted to re-vamp the survey tool. WellFlorida Council has been tasked with developing a tool for us. It is under review at the present time.

Note any changes to the evaluation plan for this period, and document that GPO approval was received prior to the implementation of the changes.

Not applicable

Provide as an attachment the most recent documentation of evaluation findings outside GPRA reporting. Indicate if there are no new evaluation findings from last reporting period.

See Attachment B "The Centers' Interview Analysis – 2014 Targeted Capacity Expansion: Technology Assisted Care (TCE-TAC)" by WellFlorida Council. The evaluation findings are contained within.

Discuss any problems encountered in conducting the evaluation, the impact of these problems on the evaluation and on the overall project, and plans for resolving the problems.

No problems were encountered during the evaluation.

Discuss how evaluation findings were used to improve the project.

Due to having only recently received the findings from WellFlorida Council, the implementation team has not reviewed or discussed them. The report will be reviewed within the next month, and any adjustment to the implementation process will be made.

Attach any written evaluation reports received during the period. Indicate if there are no new evaluation reports from the last reporting period.

See Attachment B "The Centers' Interview Analysis – 2014 Targeted Capacity Expansion: Technology Assisted Care (TCE-TAC)" by WellFlorida Council.

Interim Financial Status

Attach an updated program budget and any budget modifications.

Report expenditures, not obligations. For instance, if you have a contract with an evaluator for \$50,000 a year, but pay it monthly, report the amount actually paid, not the amount obligated. Note that we are requesting expenditures for the quarter and from the initiation of the grant, not just expenditures this quarter. [In the 'Total Funding' cell, please enter the total amount of grant funding you have received since the initiation of the grant. For instance, if you are in the second year of the grant and received \$400,000 each year, you would enter \$1,200,000.] Calculate 'Remaining Balance' by subtracting total cumulative expenditures to date from the total funding amount.

Total Funding*: 834,000

Expenditures

Expense Category	Expenditures This Quarter	Cumulative Expenditures To Date
Staff salaries	26,926.91	77,107.00
Fringe	4,273.01	13,758.00
Contracts	15,000.00	23,775.00
Equipment	N/A	160,788.00
Supplies	N/A	N/A
Travel	2,572.00	2,572.00
Facilities	N/A	N/A
Other	N/A	N/A
Total direct expenditures	48,771.92	278,000.00
Indirect costs		
Total expenditures	48,771.92	278,000.000
Remaining balance		556,000.000
*Total funding should include supplemental awards if applicable, and supplement expenditures should be included in line item amounts.		

Other Significant Project Activities

Discuss any notable project activities, events, or other issues that occurred during the reporting period not previously described. Describe any problems that emerged, the effect it had on the project and steps taken or planned to overcome the barrier.

Not Applicable

Attach a copy of the project's policies and procedures.

There are no new telehealth policies and procedures for this reporting period

Attach copies of any publications in professional journals or presentations about your project during the reporting period. Indicate if there have been no publications or presentations since the last reporting period.

None for this reporting period

LIST OF ATTACHMENTS

List each attachment separately here and attach to the back of this report.

Attachment 1: Patient Engagement: A Solution & Training for The Centers Staff and Patients Proposal by Community Health IT – May 22, 2014

Attachment 2: The Centers Interview Analysis 2014 Targeted Capacity Expansion: Technology Assisted Care (TCE-TAC) by WellFlorida Council

Attachment I



Patient Engagement: A Solution & Training for The Centers Staff and Patients

PROPOSAL

Date: May 22, 2014

Prepared for: The Centers

Introduction

Healthcare organizations in the Marion County and throughout Florida are working to accomplish clinical integration, patient engagement and meaningful use by leveraging the MyHealthStorySM Health Information Exchange (HIE). MyHealthStorySM, developed by CommunityHealth IT and powered by RelayHealth, helps facilities realize sustainable value around patient engagement and information sharing objectives. It extends your facility's access to the Florida HIE and to national exchange (eHealth Exchange).

MyHealthStorySM is a personal health record for patients and an integrated longitudinal medical record with robust health HIE tools for healthcare providers, practices, and institutions. This HIE is unique as the Personal Health Record system is integrated within the HIE.

With the proper consents, patients, their medical providers, and their case managers have access to the patient's health information whenever and wherever it's needed. Patients can also manage their children's—and even elderly parents' care (with proper consents)—from one account. This technology has been implemented by Meridian Behavioral Health Center since July 2011 and satisfies Meridian's HIPAA and CFR 42 concerns and needs.

Purpose

MyHealthStory is to connect The Centers' patients to The Centers' staff by a free and secure online portal that is shared by the surrounding medical community. Sharing a patient portal with other facilities provides patients one passcode and process by which to access their health information regardless of where they seek care; this increases the likelihood of patient engagement.

Through MyHealthStory, The Centers can:

- engage and interact privately and securely with patients outside of office visits;
- better document patient care (including telemental health visit information);
- save time with better processes for patient referrals and scheduling;
- better communicate and coordinate with LifeStream and Meridian;
- obtain patient health information from other providers from which patients receive care.

Proposal

CommunityHealth IT's Technology Evolution Specialists work with The Centers to perform the following actions:

1. train everyone who touches patients within a facility on the benefits of MyHealthStory;
2. train everyone who uses MyHealthStory on the privacy and security features of the system for patients and providers;
3. provide scripts for staff and providers to quickly and easily inform patients about how to register for and use MyHealthStory;
4. provide Meridian's patient consent forms to prevent HIPAA and CFR 42 privacy issues;
5. map workflow in each department;
6. coordinate meetings to make procedural decisions in cases where The Centers may want to adjust workflow when MyHealthStory is activated;
7. configure MyHealthStory to fit departmental and staff workflow;
8. train staff on how to use MyHealthStory;
9. provide assistance with marketing and professional grade marketing materials for waiting room and patients.

Meridian has agreed to assist CommunityHealth IT with each of these actions to help The Centers participate fully in MyHealthStory.

Security

MyHealthStorySM protects the privacy and confidentiality of all information transmitted with RelayHealth's highly secure, built-in 128-bit, secure-socket layer encryption technology. Experts in security, RelayHealth provides the digital Patient Center Medical Home platform for the Army, Navy and Air Force. This technology platform is also the one used by Tricare beneficiaries. And now, MyHealthStorySM is the choice of the Veterans' Administration (VA) Office of Rural Health, the Office of the National Coordinator of Health IT (ONC), and the Department of Health and Human Services (HHS) to receive electronic Veteran patient data from MyHealtheVet, the VA's personal health record. For added security and cybersecurity, CommunityHealth IT participates on the leadership board of the National Healthcare Information Sharing Analysis Center (NH-ISAC). NH-ISAC, established by Presidential Directive, protects the security and cybersecurity of the nation's healthcare delivery systems. Electronic patient and provider consents are built into the system. Also, for every transmission, a full audit trail is readily available for providers and patients.

Industry Leadership

CommunityHealth IT has partnered with RelayHealth as its technology platform since 2010 as RelayHealth is a leading provider of connectivity services to the healthcare industry.

CommunityHealth IT and RelayHealth believe that healthcare transformation can only occur when patients are core and information is liquid.

RelayHealth

As a wholly-owned subsidiary of McKesson, RelayHealth maintains the financial backing of a Fortune 14 Company without sacrificing its vendor neutrality and the entrepreneurial spirit of a smaller company. Their healthcare leadership enabled them to be the catalyst in the formation of the CommonWell Health Alliance. As a founding member, RelayHealth is to be the underlying technology to enable a lookup of any patient whose provider uses McKesson, RelayHealth, Cerner, CPSI, Sunquest, Allscripts, athenahealth, or Greenway.

Across the country, RelayHealth is enabling sustainable exchange of healthcare information:

- More than 250+ healthcare delivery organizations
- More than 55,000+ physicians
- More than 32+ million patients (2+ million Florida patients)
- More than 27+ million transactions each month on the network

CommunityHealth IT

With the support of 50+ regional and national organizations, CommunityHealth IT is a nonprofit entity that addresses barriers that slow the adoption of HIT and improves the health of local communities through activated HIE—the sharing of health information efficiently and securely anywhere in the world through an Internet connection. CommunityHealth IT is the outreach arm for MyHealthStorySM. Sharing the participating facility's message of shared community medical information exchange co-branded with MyHealthStorySM, CommunityHealth IT's neutral stance and implementation strategies tailored to community practices enable health systems to reach a broader physician market with limited effort and reduced outlay costs.

CommunityHealth IT's nationally-recognized initiatives, values, and offerings include:

- **Official node on the Florida HIE for health systems, behavioral health centers, and ambulatory practices throughout the state of Florida.** The Information Security Officer for CommunityHealth IT's Florida HIE services is provided by the National Health Information Sharing Analysis Center (NHISAC), which was put in place by Presidential Directive to protect the cybersecurity and security of the nations' healthcare delivery systems.
- **HHS-appointed member of the national Veteran Initiated Electronic Care Coordination (VIECC) Initiative.** CommunityHealth IT and the North Florida/South Georgia VA Health System are working closely together to lead the way on consumer-mediated electronic health information exchange with this initiative supported by a three-way MOU amongst the ONC, HHS, and the VHA. This initiative is supported by the White House Rural Council.
- **Engagement of rural markets and public health sectors.** This ensures that rural and safety net providers are sharing patient information to prevent unnecessary readmissions and inappropriate ED visits. The Florida Department of Health has recently approved the use of CommunityHealth IT technologies for select Florida County Health Departments to encourage more local exchange of information.

CommunityHealth IT and its technological offerings are endorsed by Enterprise Florida—the business development arm of the state of Florida. Its leadership is recognized as a trusted source of HIT/HIE information by the ONC, HHS, Centers for Medicare and Medicaid (CMS), the White House Rural Council, and the Healthcare Information and Management System Society (HIMSS). In 2013, CommunityHealth IT's leadership received the ONC Critical Access and Rural Hospital Champion Award from the National Coordinator for Health Information Technology.

Technologies

CommunityHealth IT partners with RelayHealth to offer its HIE participants state-of-the-art, federally-certified Enterprise HIE technologies that serve and anticipate the needs of patients, providers, and communities. RelayHealth is unique in the HIE industry in that it delivers solutions in a true multi-tenant, software-as-a-service (SaaS) methodology, minimizing customer investment in expensive hardware, infrastructure, maintenance and upgrades. This architecture also allows RelayHealth to rapidly deploy its solutions, helping customers achieve value from their investment more quickly. In addition, all RelayHealth solutions were built upon the concept of patient-centricity; RelayHealth's roots as a web-based patient to provider communication tool has been expanded and enhanced over the years to include patient engagement and participation as a core component of all of our solutions.

Patient-centric Components of Community HIE

To truly achieve health information exchange, an organization needs a technical strategy to address distinct components.



A successful enterprise HIE strategy includes a longitudinal patient record. This community health record aggregates the clinical data that originates from different care settings as the patient navigates the health system. The longitudinal record includes the historical clinical data relevant to ongoing care management. By managing a longitudinal health record plugged into the various clinical systems that manage a patient's care, a facility realizes benefits in patient safety, cost containment, and operational efficiency. These are critical elements for systems considering accountable care initiatives and emerging care models such as patient centered medical home.

A fully realized HIE strategy includes the patient as a direct participant. A patient-centric model for care manages the total health of the patient, focusing on prevention, intervention, and empowerment. By establishing a direct role for the patient, the patient benefits with high efficiency in health benefits with brand building and achievement of meaningful use objectives.



Summary

The core services to The Centers would involve the nine activities on page 2. Physicians and their staff would also be able to perform the following tasks with MyHealthStory:

- o Referrals
- o Colleague to Colleague messaging
- o Patient to Physician Messaging
- o Physician (Practice) to Patient Messaging
- o Appointment Requests
- o Prescription Refill Requests
- o Appointment Reminders
- o Broadcast Messaging

Patient engagement would occur through the built-in Personal Health Record and branded The Centers' MyHealthStory Patient Portal. MyHealthStory would also aggregate, match, normalize, and ensure privacy of clinical data from all sources of The Centers' patients' care.

Pricing

Price Summary and Assumptions:

- Offer is valid until June 15, 2014
- RelayHealth Services are hosted on servers owned or maintained by or for McKesson at a McKesson or McKesson-approved site.
- RelayHealth will be responsible for operating and maintaining RelayHealth Services and the RelayHealth Site.
- Includes estimated Field Services hours to deploy this package.

Workflow Assessment & Intensive Training (Includes Healthcare Coaching Training): \$10,500

Direct Community and Patient Engagement on behalf of The Centers: \$8,500

MyHealthStory Technology and Field Services: \$6,000 (estimate)



TARGETED CAPACITY EXPANSION: TECHNOLOGY ASSISTED CARE (TCE-TAC)

THE CENTERS INTERVIEW ANALYSIS – 2014



TCE-TAC INTERVIEW ANALYSIS

Contents

Targeted Capacity Expansion: Technology Assisted Care (TCE-TAC) Interviews	1
Introduction	1
Methodology	1
PART I	2
Interview Question and Answer Summaries: Citrus Telehealth Group Therapy Services Staff Interviews	2
Key Findings and Themes	10
PART II	11
Interview Question and Answer Summaries: Adult Telehealth Medication Services Staff Interviews	11
Key Findings and Themes	20
PART III	21
Interview Question and Answer Summaries: Grant Quality Management and Evaluation Team (QMET) Interviews	21
Key Findings and Themes	30
APPENDIX	31
Citrus Telehealth Group Therapy Services Staff Interview Questions	32
Adult Telehealth Medication Services Staff Interview Questions	34
Quality Management and Evaluation Team (QMET) Interview Questions	36



TCE-TAC INTERVIEW ANALYSIS

Targeted Capacity Expansion: Technology Assisted Care (TCE-TAC) Interviews

INTRODUCTION

The purpose of these interviews was to gather information and generate insights from the clinical and program staff involved in the Targeted Capacity Expansion: Technology Assisted Care (TCE-TAC) program at The Centers. The interviews were conducted as part of an internal evaluation of TCE-TAC grant program.

Each of the participants was interviewed as representatives of a program-specific group for their involvement in the implementation of the Telehealth grant. These groups were either the (1) Citrus Telehealth Group Therapy Services Program or the (2) Adult Telehealth Medication Services Program. There was also a third group involved with overall implementation and planning of the grant, known as the Grant Quality Management and Evaluation Team or QMET team. A few individuals were on both the QMET team and a program-specific group (Adult Telehealth or Group Telehealth), and two individuals were involved in all three groups (Adult Telehealth, Group Telehealth, and QMET).

Interview questions vary slightly based on a participant's involvement in their program-specific group. Participants who were in more than one group were asked multiple sets of interview questions based on their involvement in multiple groups.

METHODOLOGY

A trained facilitator at WellFlorida Council, Inc. conducted 13 interviews via phone with members of The Centers' TCE-TAC program during the months of June and July 2014. Participants for these groups were identified and coordinated by Alma Rosario, Project Manager for the TCE-TAC program at The Centers. Interviews were scheduled via a Google Docs scheduling spreadsheet that was sent out to interview participants.

Before each interview, participants were sent a reminder email to alert them of the upcoming appointment, and to provide them with the interview questions to be used for their review prior to the meeting. The interview structure was a one-on-one phone interview lasting approximately one hour. Interviews were audio tape recorded with the permission of all participants. After introduction and explanation of the meeting format, 19 questions were sequentially presented to participants for discussion. Sets of interview questions varied slightly depending on the identified participants' program-specific group and numbers of groups to which they were involved. Sets of each program-specific interview questions can be found in the Appendix on Page 31 of this document.



TCE-TAC INTERVIEW ANALYSIS

PART I

INTERVIEW QUESTION AND ANSWER SUMMARIES: CITRUS TELEHEALTH GROUP THERAPY SERVICES STAFF INTERVIEWS

1. Please provide me your position title and your role in the implementation of the grant-funded Telehealth Group Therapy Services. Do you feel that you clearly understand your role in the Telehealth Group Therapy Services program?

Citrus staff responded with their title and associated role as it referred to the TCE-TAC grant specific to the Telehealth Group Therapy Services program at The Centers. All staff answered that they clearly understand their role as it relates to the project.

2. What do you feel is The Centers' vision for Telehealth Group Therapy Services?

Citrus Group Therapy staff responded that the purpose of the grant was to offer group therapy to clients with transportation issues, and to give clients easier and more accessible ways to receive treatment. A few staff mentioned there was also a future objective to eventually expand and adapt the program to include residential care for patients, such as providing clients with services inside their homes via telehealth.

Notable Quotes:

- "We don't have a strong transport system and we have low income in the county. We are excited about a program like this."
- "There is future vision to expand the program to offer group therapy to people in residential programs."

3. How is project coordination accomplished for the Telehealth Group Therapy Services program? With what other departments or units must you communicate to successfully operate the Telehealth Group Therapy Services program?

Citrus Group Therapy staff discussed that the project coordination of meetings and tasks was organized by the Project Manager, Alma Rosario. When discussing other departments involved, Citrus Group Therapy staff mentioned the IT Department as a major component of the project. There was also discussion of coordination among the Lecanto and CBC location when hosting telehealth group therapy sessions.



TCE-TAC INTERVIEW ANALYSIS

Notable Quotes:

- "I communicate with IT and Alma if there are problems. I talk to therapists on the other end to make sure they can see and hear during telehealth sessions."

4. In what ways were you involved or engaged in the development in the grant proposal for the Telehealth Group Therapy Services?

All of the Citrus Group Therapy staff responded that they were not involved or engaged in the development of the grant proposal for the project.

5. In what ways were you involved or engaged in the initial program planning for the Telehealth Group Therapy Services once the grant was initially awarded?

Citrus staff discussed that once the grant was awarded, implementation was discussed among the staff, and practice sessions on how to use telehealth services were held. There were also operational discussions such as how to categorize payment for services and how to ensure safety and confidentiality for patients when utilizing telehealth services.

Notable Quotes:

- "We had discussions on implementing, what our options were, and how to best serve clients. I'm from Citrus County, so I could share what I know about how clients access services."

6. What are your perceptions of the overall input you had in designing the processes for the Telehealth Group Therapy Services?

Citrus staff felt they had a good amount of input during the project design. While the process was being designed, the project staff received input from different perspectives and project areas at The Centers, such as the IT Department and mental health services staff.

Notable Quotes:

- "We had to get a lot of input locally from all of the different departments to figure out what we needed. We had to get innovative on how we were going to adapt services quickly."



TCE-TAC INTERVIEW ANALYSIS

7. What types of technology systems are you using for the Telehealth Group Therapy Services?

Citrus staff mentioned telephones, flat panel TVs, cameras, laptops, and speakers for audio as the technology involved in the project. For the web client to host telehealth services, WebEx was used initially, but the system has now changed to ClearC. The ClearC program has been functioning much better and has provided massive quality improvement to the program according to the Citrus staff.

8. Were you familiar with these technology systems prior to implementation of the Telehealth Group Therapy Services program?

Citrus staff responded that they had knowledge on the basics and purpose of the equipment, but not practical experience utilizing the equipment. All of the equipment used is new to The Centers. Training was given to staff to familiarize them on how to operate the necessary technology.

9. a.) What training did you receive with these technology systems prior to implementation of Telehealth Group Therapy Services program?

All Citrus staff responded that they received training on how to use the equipment and technology from the IT Department at The Centers.

b.) What were the best aspects of this training? What aspects of the training could have been improved?

Some staff felt the technology was very user-friendly and simple to understand, while others said it took some time to get accustomed to the equipment. Role-playing and trial runs of telehealth services were done to ensure staff was familiar with the equipment before performing the telehealth services with clients.

Several staff members discussed that they needed more information on how to troubleshoot the system and equipment when problems arise during telehealth sessions, such as how to fix unclear video images and echo from the audio.

c.) Who or what agency provided the training? Who is your contact or are your contacts for ongoing technical assistance?

All Citrus staff responded that the IT Department at The Centers provided the training. The IT Department mentioned that they received training and instructions on the equipment and technology originally from the



TCE-TAC INTERVIEW ANALYSIS

vendor. The IT Department at The Centers provides ongoing technical assistance to Citrus staff during implementation.

Notable Quotes:

- “We need to learn how to troubleshoot better. We need more training on that.”
- “We did role-playing and trial runs, but we should do more.”
- “Sometimes we get ‘LEGO people,’ block people on the image. We need to disconnect and reconnect. Echo with the audio is an issue sometimes.”

10. How well do you believe the training on the technology systems prior to implementation prepared you for implementation of the Group Therapy Services program? How could the technology training be improved?

Citrus staff generally felt good about the training, though additional learning on troubleshooting problems without the help of the IT Department is needed. More role-playing and trial runs would also be advantageous, especially trials that mimic problems that can arise during telehealth sessions and how to resolve them.

Notable Quotes:

- “Sometimes the audio starts echoing or breaking up. I want to know what I can do without calling IT.”
- “Most people had experience with technology before, but the biggest issue is we need to practice for troubleshooting.”

11. Has it been made clear who needs to participate in the Telehealth Group Therapy Services program? In other words, what are the admission and the exclusionary criteria for patient participation? Has the Telehealth Group Therapy Services program manager or the upper level management team made the admission and exclusionary criteria clear?

Several Citrus staff members said that the admission and exclusionary criteria for client participation were clear, though many of them do not recruit patients directly. Staff members refer to the counselors to make the final decision if the client is a good candidate. Though the criteria are generally clear, the Citrus staff discussed that they would like continued direction from the upper management team on this information.

Notable Quotes:

- “I make referrals to counseling, and they determine if the client is a good candidate. Can suggest someone but counselor makes ultimate decision.”
- “From my understanding, if you’re an active member, then you’re in. I haven’t gotten anything from the top for that.”



TCE-TAC INTERVIEW ANALYSIS

- “I’m not really part of that. If there is paperwork I need to receive, I would like more direction on that from them.”

12. What is your role in recruiting clients into the Telehealth Group Therapy Services program? What have been the primary barriers to recruiting clients into the Telehealth Group Therapy Services program?

Some of the Citrus staff stated that they were able to actively recruit clients to the program, while others had a more auxiliary role to the client recruitment process. For those who could recruit, staff said that they identified clients who were in group therapy for a while, live a distance away from the facility and experience transportation barriers. Some clients fitting the criteria, however, decline to participate. These clients have reservations about the telehealth group therapy method and prefer a face-to-face sessions rather than sessions on a screen through telehealth. Clients who do participate are often frustrated by the system malfunctioning or going down during telehealth sessions, which occurred mostly during the start of the award and has since been resolved.

The citrus staff members who play an auxiliary role participate in preliminary intake with clients to determine if the client would be a good candidate for the telehealth program. This involves asking where the client lives and what kind of insurance they have. Some barriers to client participation at this level are type of insurance, as many times the client’s payer source is unable to cover telehealth services. Often times the client does not want to go to the CBC facility for telehealth group therapy as they feel the room is too small.

Notable Quotes:

- “Some clients just don’t want to do it, they like face-to-face better than screen. Sometimes the system goes down too which frustrates them.”
- “Insurance and Medicaid is a barrier. Also, some cannot go to the CBC because the room is too small there for them.”
- “We can do more recruitment of clients as we continue to grow.”

13. What has been the biggest barrier to participation in the Telehealth Group Therapy Services program by clients? How can we engage the clients better? How can we increase client participation?

According to the Citrus staff members, the biggest barrier to participation for clients range from resistance to technology involved in telehealth, security issues, and size of remote group facility. Some clients simply prefer traditional face-to-face sessions over the use of screens for telehealth. Since much of the group therapy services are tied to drug court, many clients feel uneasy being in front of a camera as there is a perception that they are being filmed. The size of the room at the remote telehealth location can only fit a small number of clients, so many do not feel comfortable at that location.



TCE-TAC INTERVIEW ANALYSIS

To better engage clients, Citrus staff members suggested identifying a bigger room so that clients can be comfortable at the remote location. They also suggested that more marketing and education can be done at the client level to ensure they understand the security measures involved when they participate in telehealth services.

Notable Quotes:

- "Some of these clients are drug addicts, and they don't like the idea of being filmed."
- "The group therapy population goes in cycles as it is tied to drug court. The tech issues with the group therapy services have had a negative impact."
- "One client quit and went to Lecanto office for group therapy. If the people are less than 40 years old, they find the system easy to use, and are not a risk of dropping out."

14. What do you believe are the clients' perceptions on the Telehealth Group Therapy Services program? What do you believe the perception is of the clients who have opted not to participate in the Telehealth Group Therapy Services program?

Citrus staff members generally agree that clients have responded well to the program, and that most of them seem to be embracing the new technology. For clients who have opted not to participate, Citrus staff gave the reasons of resistance to change (preferring traditional group therapy methods) and security concerns among the clients.

Notable Quotes:

- "Sometimes it gets down to bandwidth problems. Mouths will move but sounds won't come. We have adapted well though."
- "Clients have responded well. The clients who are quiet enjoy it more, and participate more at the CBC location because it is a small group and room."

15. Do you believe the appropriate amounts of space and technology have been allocated for the Telehealth Group Therapy Services program? Please explain your response.

Citrus staff members discussed the room size at the remote telehealth location. Some staff felt it was too small, while others disagreed and felt it was as good size for a small group, especially for the beginning of the project. Some issues brought up when discussing space and technology for the project were that the air conditioning system at the remote location does not work well in the evenings when group telehealth sessions are held. Some other possible needs suggested by the Citrus staff are wall decorations for the rooms and a larger screen for the remote telehealth location.



TCE-TAC INTERVIEW ANALYSIS

Notable Quotes:

- "The room right now is a good size. We didn't want anything too large. We want the therapist to be able to see all of the clients on the other end."
- "Would like a larger screen on the end of the remote location. AC doesn't work well at the remote location after hours for evening sessions."

16. Do you believe group therapy clients at the Centers are generally prepared to utilize or experience the technology of the Telehealth Group Therapy Services program? Why or why not?

Citrus staff discussed that the clients were tentative about the technology at first, but they grew more comfortable using it as time went on. Younger adults are especially interested in the new technology. Clients are also vocal to the therapist if the technology is not working properly.

Notable Quotes:

- "At first the clients were thrown off by the way they look on camera. But they got used to it."
- "Serves several different groups in populations. Older population is using computers to talk to their grandchildren and have a grasp on it too."

17. How would you compare and contrast the traditional way of conducting group therapy with the way they are conducted in the Telehealth Group Therapy Services program?

The Citrus staff members who participate in direct service delivery discussed small nuances with body language and facial expression cues as the major difference between traditional group therapy methods and telehealth group therapy methods. In telehealth group therapy, counselors need to be more attentive of these cues with the patients on the screen at the remote end.

Auxiliary staff members felt that the patient experience was the same. The differences that they discussed involved the extra paperwork needed for telehealth group therapy in order to ensure the privacy, security and safety measures for the clients at the remote site. They discussed that the telehealth services were better because the patients receive group therapy in a smaller, more intimate setting that does not require them to drive. All Citrus staff felt that it is necessary and helpful to have a therapist present at the remote site to further assist clients there, so that feature of the project was applauded.

Notable Quotes:

- "There are some nuances you miss with people on the screen, like body language and expression. I was reluctant at first but this is working well."
- "The telehealth way takes the stress off people having to travel. It is a very rural area."
- "I think clients get the same experience overall. It definitely benefits both sets of clients. The remote site has a more intimate setting."



TCE-TAC INTERVIEW ANALYSIS

18. In what ways do you believe the Telehealth Group Therapy Services program could be improved?

Citrus staff members discussed identifying more locations for remote services, including developing proposals with the FQHCs in the area to assist with remote telehealth services. This action will increase client participation in The Centers' service area. Citrus staff also mentioned adding additional technology features to the program, such as developing a phone app for eventual in-home telehealth services and making a client portal on The Centers' website.

Notable Quotes:

- "I would like the laptop to have a set of handouts that I could have print on command at the remote location during the telehealth sessions."
- "We need to recruit more bodies. We thought we could do telehealth services in homes right now but we can't. Need more remote sites."
- "We are working with FQHCs (Heart of Florida Health Center and Langley Health), Citrus County Health Department and the Path Program to coordinate with the homeless shelter. Partnering with many groups in the future."

19. Are there any other issues, concerns, insights or comments that you would like to add regarding the Telehealth Group Therapy Services program?

All Citrus staff members discussed the many positive experiences they have had so far in the project. They agree that there have been challenges, but overall they are delighted to see the clients benefiting greatly from the application of group telehealth at The Centers. They are excited to see the project expand to more locations and the ability to have an impact on even more individuals in the future.

Notable Quotes:

- "Everything is going great. It is really wonderful to see the clients benefit from this project."
- "I think this is a good project, and it is well received by clients. More people will embrace it as it expands."
- "I am very thankful that this project is at The Centers."



TCE-TAC INTERVIEW ANALYSIS

KEY FINDINGS AND THEMES

The following are key observations derived from an analysis of the comments and insights gathered from the Citrus Telehealth Group Therapy Services Staff Interviews:

- ***Project training was useful, but additional training and education is needed for Citrus staff.*** This refers to technology and equipment training as well as education on project procedures and participation criteria. For technological training, staff discussed that they would like additional guidance on how to troubleshoot issues that may come up during telehealth sessions, and could also benefit from more group telehealth therapy trial runs. There are inconsistencies among the Citrus staff about the admission and exclusionary criteria of clients who can participate in the project. More education on these project details is needed. Citrus staff is aware of these inconsistencies and are looking to address them in order to better serve the clients involved in the telehealth group therapy services. Holding ongoing trainings throughout the project award—once or twice a year, for example—would greatly benefit The Centers staff on effectively using the telehealth technology.
- ***Additional marketing strategies are needed to better educate and inform clients of the telehealth services provided through the grant.*** This information needs to emphasize the client's privacy, security and safety when being involved in the telehealth group therapy program. Clients respond well to the telehealth services once they are involved, and those who choose not to participate generally have reservations about security issues of being on camera, as many individuals in group therapy are involved in drug court. Additional measures are taken to ensure security at the remote location, but clients are unaware of them. Providing more information to clients to inform them of the privacy, security and safety of services would alleviate uncertainties and increase client participation in the telehealth group therapy services.
- ***The remote location is a good size, but needs to be improved upon as the project expands.*** The room size cannot accommodate a large number of clients, which many Citrus staff members say is a positive as it provides a more intimate setting for group therapy sessions. Some issues still exist with the room, however, such as the air conditioning not working well during the evening session, and more room décor could be used to make the location more comfortable and inviting. The Citrus staff generally agrees that the room is acceptable during this stage of the program, and they look forward to adding more remote locations to serve more individuals in the future.
- ***Providing group therapy services via telehealth has been a good experience overall.*** Providers, auxiliary staff, and clients all seem to be positively affected by the telehealth group therapy services. Despite bumps in the road from a quick implementation process, the clients are responding well and staff is excited and empowered about helping clients. Citrus staff looks forward to the possibilities the project holds when it comes to helping their clients in the coming years.



TCE-TAC INTERVIEW ANALYSIS

PART II

INTERVIEW QUESTION AND ANSWER SUMMARIES: ADULT TELEHEALTH MEDICATION SERVICES STAFF INTERVIEWS

1. Please provide me your position title and your role in the implementation of the grant-funded Adult Telehealth Medication Services. Do you feel that you clearly understand your role in the Adult Telehealth Medication Services program?

Adult Medication Clinic staff responded with their title and associated role as it referred to the TCE-TAC grant specific to the Telehealth Group Therapy Services program at The Centers. All staff answered that they clearly understand their role as it relates to the project.

2. What do you feel is The Centers' vision for Adult Telehealth Medication Services?

The Adult Medication Clinic staff responded that the purpose of the grant was to provide therapy services to clients in remote areas so that they do not need to travel. Staff also mentioned that the grant services aim to offer an alternative to high wait times in the main clinic. There was some discussion among the staff regarding the future possibility of expanding to provide residential telehealth services in-home for clients.

Notable Quotes:

- “To help patients who have to travel long distances, so they can go to therapy closer to home. This ensures that they are able to be seen.”
- “We are eventually looking to provide telehealth services in the privacy of a patient’s home. We are really pioneering this new technology.”

3. How is project coordination accomplished for the Adult Telehealth Medication Services program? With what other departments or units must you communicate to successfully operate the Adult Telehealth Medication Services program?

Adult Medication Clinic staff responded that they receive instruction from the Project Manager, Alma Rosario, as well as the Vice President of the Medical Clinic. Other departments involved in comprehensive coordination were adult outpatient services, medical records, case managers, and nursing staff. One member responded that all departments were involved in telehealth coordination, as when the project was initiated there was an organizational meeting to include all departments at The Centers.



TCE-TAC INTERVIEW ANALYSIS

4. In what ways were you involved or engaged in the development in the grant proposal for the Adult Telehealth Medication Services?

All of the Adult Medication Clinic staff responded that they were not involved or engaged in the development of the grant proposal for the project.

5. In what ways were you involved or engaged in the initial program planning for the Adult Telehealth Medication Services once the grant was initially awarded?

Many of the Adult Medication Clinic staff responded that they were involved in the initial program planning processes once the grant was awarded. There are bi-monthly meetings with each sector involved in order to discuss project progress and issues, as well as establish coordination between Lecanto, MLK, and Adult Medication Clinic offices. Several meetings are ongoing among the Adult Medication Clinic managers. The Adult Medication Clinic staff mentioned that there were also trial runs of the services among staff members before performing telehealth services with clients.

Notable Quotes:

- “We sat down with other Adult Medication Clinic managers. We did dry runs, and acted as if we were the clients.”

6. What are your perceptions of the overall input you had in designing the processes for the Adult Telehealth Medication Services?

Adult Medication Clinic staff members generally felt that their input was valued during the planning and design processes of the Adult Telehealth Medication Services program. A few noted that there have been some difficulties implementing the program as many members of the original planning team are no longer at The Centers. One member discussed an issue with patients who are on Patient Assistance Programs (PAPs) who require special medication when at the remote location, and felt that this was a logistical item that needs to be addressed.

Notable Quotes:

- “They listened to the managers and how we wanted to fall in place with others. We wanted to streamline, and make it like a regular appointment. We have gotten some response from clients, and it is getting stronger.”
- “It doesn’t always run smoothly. The people who set up the program aren’t here anymore.”
- “I feel like some items need to be addressed more, such as patients on PAP medication.”



TCE-TAC INTERVIEW ANALYSIS

7. What types of technology systems are you using for the Adult Telehealth Medication Services?

Adult Medication Clinic staff mentioned the ClearC technology system, as well as phones, faxes, and screens used to stream patient activity to the doctor's location. There is also a system in place to acquire doctors' signatures for medical records. Doctors participating in telehealth service delivery wear headphones in order to drown out background noises in their offices. The remote location has a camera that can be controlled.

8. Were you familiar with these technology systems prior to implementation of the Adult Telehealth Medication Services program?

Most of the Adult Medication Clinic staff were not familiar with the technology prior to the implementation on the project. Some staff were generally familiar with the technology, but discussed that they did their best to understand the new equipment as they went through the training with The Centers IT department.

Notable Quotes:

- “Not really. ClearC is like Skype, but more secure.”
- “I was not familiar, but I am learning as I go.”

9. a.) What training did you receive with these technology systems prior to implementation of Adult Telehealth Medication Services program?

All Adult Medication Clinic staff responded that they received training on how to use the equipment and technology from the IT Department at The Centers.

b.) What were the best aspects of this training? What aspects of the training could have been improved?

Some staff felt that the training was very simple and easy, while others felt that more training was needed. Several members responded that doctors did not want to participate in extensive training on the telehealth equipment and software, so many of them are unaware of how to best utilize the program technology. Others discussed that practitioners did go through basic training on technology, but did not find it beneficial.

Project startup occurred very quickly, so time was an issue when it came to training practitioners and staff. Many of the members at the Adult Medication Clinic are in need of additional training and trial run opportunities. Many of the technical problems on the provider-end that arise during IT sessions are user-related.



TCE-TAC INTERVIEW ANALYSIS

c.) Who or what agency provided the training? Who is your contact or are your contacts for ongoing technical assistance?

All Adult Medication Clinic staff responded that the IT Department at The Centers provided the training. The IT Department mentioned that they received training and instructions on the equipment and technology originally from the vendor. Adult Medication Clinic staff contacts the IT Department at The Centers for ongoing technical assistance.

Notable Quotes:

- "Practitioners went through telehealth training. Many said it was not beneficial. There are mixed reviews."
- "I would like doctors to have more training. They refused extensive training. They should do role playing and trial runs."
- "At the Adult Medication Clinic there was not training time for providers as well as some staff. They don't know how to troubleshoot. They say that many of the problems are IT-related but they are actually user-related."

10. How well do you believe the training on the technology systems prior to implementation prepared you for implementation of the Group Therapy Services program? How could the technology training be improved?

Adult Medication Clinic staff felt that the majority of the problems were occurring with the doctors at the remote location. The ClearC software requires multiple and frequent updates and doctors do not have time to log in and install them. There is a need to better streamline the process of installing updates so that it does not slow down the service delivery of the telehealth program. The process has gotten better as the project goes on.

Notable Quotes:

- "When doctors have problems, they call me. My access only goes so far. ClearC has had a lot of updates, and doctors don't have a lot of time to log on and install the updates. We've gotten better with updating system though since project startup."

11. Has it been made clear who needs to participate in the Adult Telehealth Medication Services program? In other words, what are the admission and the exclusionary criteria for patient participation? Has the Adult Telehealth Medication Services program manager or the upper level management team made the admission and exclusionary criteria clear?

The management staff and the Project Manager (Alma Rosario) initially provided guidance on the patient participation and exclusionary criteria. All members of the Adult Medication Clinic staff stated that the



TCE-TAC INTERVIEW ANALYSIS

admission and exclusionary criteria for patient participation had been made clear. Staff mentioned that in order to participate, patients had to have a co-occurring condition and be stable for 3 to 6 months.

Notable Quotes:

- “Alma has made it clear. Patients need to have a co-occurring condition or they will not count towards grant. We also only want stable patients here because the clinic has children at it.”
- “Yes, they have to be co-occurring and stable for 3-6 months, and have transport issues. We have pieces of paper we hand out describing the program to the patients.”

12. What is your role in recruiting clients into the Adult Telehealth Medication Services program? What have been the primary barriers to recruiting clients into the Adult Telehealth Medication Services program?

Adult Medication Clinic staff responded that they do not recruit clients, and that the recruitment process was primarily done by the doctors. However, some staff members try to encourage clients to participate in the program, especially if they notice that clients are missing appointments, as the telehealth program is more accessible for individuals with transportation issues.

The main barriers discussed were that many of the patients at the Adult Medication Clinic seem interested, but do not fall into the categories necessary for the grant. Lack of Spanish-speaking staff was also mentioned as a barrier, as patients who speak Spanish cannot be communicated to about the program.

Notable Quotes:

- “Sometimes I see if a patient has been missing appointments, I'll talk to the doctor about it. If patients are having transport problems, we encourage them to consider the program.”
- “We have several Spanish-speaking patients, and our CNAs don't speak Spanish.”
- “After they see the doctor, I can inform patients about it. A lot are interested, but do not fall into the right category.”

13. What has been the biggest barrier to participation in the Adult Telehealth Medication Services program by clients? How can we engage the clients better? How can we increase client participation?

According to the Adult Medication Clinic staff members, the biggest barrier to participation for clients range from resistance to technology involved in telehealth, time of the week telehealth services are offered, and convenience of remote site facility. Some clients do not trust the technology and prefer face-to-face contact with their physicians, especially if they are dealing with paranoia as a mental health issue. The Adult Medication Clinic telehealth services are only offered on Thursdays of each week, which can cause a scheduling conflict from some clients who would otherwise participate. The main location for Adult Medication Clinic services is also where the pharmacy is located, and many patients prefer to be at the location by the pharmacy. Even though they are able to pick up their medications closer to their homes,



TCE-TAC INTERVIEW ANALYSIS

many of the patients have relationships with the pharmacists at the main location and would rather frequent the main clinic than establish a new pharmacy.

To better engage clients, Adult Medication Clinic staff suggested expanding the days the telehealth services are provided, which will be done once the project gains more numbers and momentum. They also suggested educating clients on the safety and confidentiality of telehealth services through an informational video that illustrates how a telehealth therapy session works. This video could be posted to The Centers website or shown in the office of the main clinic as patients wait for appointments.

Notable Quotes:

- “Only doing it on Thursday right now. We are increasing in numbers, but it is slow. Once it increases more we will open more dates. We eventually want to be able to plug clients in if doctors ever have open slots in their schedule.”
- “A lot of patients like being at the location with the pharmacy. Patients don’t want to change. We need to help them understand.”
- “Some patients don’t like or trust technology. They would rather have physical contact. Maybe if there was a clip or demo to show patients how it works, it would help.”

14. What do you believe are the clients’ perceptions on the Adult Telehealth Medication Services program? What do you believe the perception is of the clients who have opted not to participate in the Adult Telehealth Medication Services program?

Adult Medication Clinic staff members generally agree that clients have responded well to the program, and that most of them seem to be embracing the new technology as well as the shorter wait times that come with utilizing telehealth. There have been some IT issues, but it has not seemed to have deterred patients from participating. The few that have opted not to participate are resistant to the application of technology and would rather be face-to-face with their doctor. The lack of a bilingual nurse for Spanish-speaking patients was also mentioned as a barrier to clients who want to participate in the telehealth therapy services.

Notable Quotes:

- “They like it because it is more streamlined. There are shorter wait times for telehealth—they are here less than one hour. They still like it even when there are IT issues. I thought they wouldn’t like it but all of them have come back.”
- “It has gotten good reviews. Some are resistant, would rather be with their doctor in person.”
- “I wish I had a bilingual nurse. We need to utilize the language line, but we do not. I don’t want Spanish-speaking clients to feel like they are getting less care.”



TCE-TAC INTERVIEW ANALYSIS

15. Do you believe the appropriate amounts of space and technology have been allocated for the Adult Telehealth Medication Services program? Please explain your response.

Adult Medication Clinic staff discussed that the room used for Adult Telehealth Medication Services is a good size for where the program is currently. For the future, staff members would like to add art to the walls to make the room more comfortable. Staff mentioned that the technology has improved immensely since the start of the project; WebEx was used initially and was plagued with problems, which discouraged providers on the telehealth system. ClearC has since been employed and is now described as a successful technology component for hosting telehealth sessions.

Notable Quotes:

- "It's a good-sized room. I want to put art up. It would be nice to have children use this service eventually."
- "I think the room is OK right now. We were having a big issue initially with the web hosting. It was taking a long time, bad for patient and doctor. Discouraged providers on the reliability of the service."

16. Do you believe that clients at the Centers are generally prepared to utilize or experience the technology of the Adult Telehealth Medication Services program? Why or why not?

Adult Medication Clinic staff discussed that some clients are prepared to utilize the new technology, while others are not. Those who chose to participate are open to trying something new, while others have not been exposed to much technology throughout their lifetime and are resistant and afraid of change to the traditional way of receiving therapy. Staff noted that older clients especially do not have technological experience and are not comfortable with the change. However, as more clients participate, word of mouth improves perception of the program and encourages more clients to join.

Notable Quotes:

- "At first clients were unsure, but once they started using the technology, they like it. Picture and sound clarity are great. It feels like being in an office."
- "Many have not used or been able to afford computers before, especially the older generation. They don't know what video chatting is."
- "They don't want to change, they are afraid of change. Some have been coming here for ten years. Word of mouth will spread things more though as time goes on."

17. How would you compare and contrast the traditional way of conducting Adult Medication Services therapy with the way they are conducted in the Adult Telehealth Medication Services program?

Major differences discussed by the Adult Medication Clinic staff included the amount of paperwork involved with the telehealth program, as well as clients not being face-to-face with their provider. There is more paperwork involved in the telehealth program to ensure client consent and confidentiality, and working to reduce paper or making the process eventually paper-free would be a positive change for staff members.



TCE-TAC INTERVIEW ANALYSIS

Clients are no longer face-to-face with a provider with telehealth, so staff again discussed the idea of adding more comfortable elements to the telehealth facility such as plants and artwork for the walls. This will also help reduce any echo from the speakers used for telehealth.

Positive differences that were reinforced by the Adult Medication Clinic staff members were the amount of wait time for the client – telehealth services drastically reduces a client's time in the office. Client "no-shows" are also less of a problem with the application of the telehealth program. Since the service comes to the client instead of vice versa, this will decrease the occurrence of patient no-shows in the future as the program continues.

Notable Quotes:

- "With the telehealth way, the only downside is lots of paperwork. I have to make sure I have all appropriate consent forms and keep track of consent. It would be great if it will ever be able to be paper-free."
- "Opportunities are endless with telehealth. We can serve many more patients. There is a 25% no-show rate with traditional adult medication services. We don't have that with telehealth. More can be seen traditionally as well."

18. In what ways do you believe the Adult Telehealth Medication Services program could be improved?

Adult Medication Clinic staff discussed increasing buy-in from doctors which would make the telehealth process more comfortable for clients. Currently, doctors are dictating what they are discussing with clients during the telehealth sessions. Staff suggested that it is important for doctors to retain eye contact with clients during telehealth sessions, and that voice dictation software like Dragon should be used to reduce this barrier to the client experience. Doctors also need to be convinced of the reliability of the telehealth service delivery so that they can successfully recruit more clients to the program. This can be accomplished by providing continued education on telehealth services to doctors. As more providers participate, the more they embrace the utilization of telehealth services for their clients.

Notable Quotes:

- "The doctor needs to retain eye contact with the patient. I think we should use the Dragon software – everything the doctor says can be dictated into notes. As it is now, the doctor is dictating everything the client is saying during the appointment."
- "We need to teach clinicians how to talk clients into using telehealth."
- "Doctors need to get to know the service much better. Getting doctors to do this is difficult. There are always a few bumps in the road, but once they learn it becomes easier, and they are embracing it."



TCE-TAC INTERVIEW ANALYSIS

19. Are there any other issues, concerns, insights or comments that you would like to add regarding the Adult Telehealth Medication Services program?

Adult Medication Clinic staff commented that they enjoy the Adult Telehealth Medication Services program, and they are excited to see where it goes in the future. It has been a learning process for everyone involved. As client participation begins to gain more momentum, more staff will be needed to assist organization-wide. Expanding telehealth services beyond the current programs is also an exciting thought for the future. Adult Medication Clinic staff can see telehealth services assisting many other types of clients as time goes on.

Notable Quotes

- “Wish we had a wider variety of patients we could put into grant. I look forward to that happening eventually.”
- “It has been a big learning process for us.”



TCE-TAC INTERVIEW ANALYSIS

KEY FINDINGS AND THEMES

The following are key observations derived from an analysis of the comments and insights gathered from the Adult Telehealth Medication Services Staff Interviews:

- ***Additional training and education on the program is needed for the Adult Medication Clinic staff.*** This refers to both the staff members as well as the doctors at the Adult Medication Clinic. Project startup began very quickly, and there was not much time to train staff on the processes and technology involved in the grant. Doctors received basic training on the equipment, but did not participate in extensive training on troubleshooting telehealth issues or trial runs. Many of the IT problems that occur during sessions are user-related, as doctors are unaware of how to effectively troubleshoot the technology. Providing a more extensive training on utilizing the telehealth services would better equip clinicians on how to effectively serve their clients through telehealth. Holding mandatory and ongoing trainings throughout the project award—once or twice a year, for example—would greatly benefit The Centers staff.
- ***Additional educational strategies are needed to better engage clients to participate in the telehealth services provided through the grant.*** Barriers still exist when it comes to effectively engaging clients to participate, but once clients are exposed to the program, they respond positively to the new application of technology. There are additional benefits to engaging in Adult Telehealth Medication Services—such as a drastically reduced wait time to receive services when compared to traditional service delivery—but clients are unaware of these benefits. A short educational video that could either be posted to The Centers website or shown in the waiting area of the main office that demonstrates how the program works would better illustrate these benefits to clients and help inform them of the telehealth therapy process. Other ways to improve client engagement include educating clients on the benefits of filling their prescriptions closer to home so that they do not need to travel to the main office, and employing a bilingual staff member at the Adult Medication Clinic to assist Spanish-speaking clients who may want to participate in the program.
- ***Steps can be taken to improve both the doctor and client experience when delivering Adult Telehealth Medication Services.*** Once doctors are equipped with more extensive training and trial runs, they will be able to better serve clients in telehealth service delivery. The more doctors that participate and understand the benefits, provider buy-in increases and clinicians are more motivated to recruit clients to the program. Steps can be taken to improve the overall experience of the Adult Medication Services, such as developing creative ways for doctors to retain eye contact with patients during telehealth sessions. One method to accomplish this is through employing dictation software so that doctors do not need to scribe notes during telehealth sessions. To improve the experience for clients, the room where remote services are received can be made more comfortable, such as by adding plants and artwork to the walls. These minor adjustments on both ends will improve the telehealth service delivery experience for both doctors and clients, and will in turn empower patients and providers to engage more individuals to participate.



TCE-TAC INTERVIEW ANALYSIS

PART III

INTERVIEW QUESTION AND ANSWER SUMMARIES: GRANT QUALITY MANAGEMENT AND EVALUATION TEAM (QMET) INTERVIEWS

1. Please provide me your position title and your role at The Centers and your role in the implementation of the TCE-TAC Grant?

QMET members responded with their title and associated role as it referred to the TCE-TAC grant at The Centers.

2. What do you believe is the vision for implementation of the programs and services proposed in the TCE-TAC grant?

QMET members responded that transportation to receive services was a barrier for the clients of The Centers, and that the purpose of the grant is to provide technology-assisted care to people where transportation is a barrier. A few participants also noted that using telehealth for service delivery also improves cost-efficiency.

Notable Quotes

- “Many clients feel helpless because of transport issues. This grant includes technological advances to serve our clients more efficiently.”
- “With telehealth we can provide services that are much more cost-effective in an area that is a friendly environment for the patient.”

3. How is project/grant coordination accomplished for the TCE-TAC Grant? What is your perception on the how the grant coordination and management activities have flowed thus far in the project?

QMET members responded that the project coordination is going well so far, though in the beginning there were issues. The QMET Management team was formed in the beginning to help oversee the project, and has since broken into workgroups to deal with project-specific details. QMET meetings occur two times per month, and workgroup meetings occur continuously. The QMET team is utilizing the Central Desktop online tool to help organize specific project details among groups. The QMET team has had active participants since the project award and also includes representatives of The Centers who provide direct services to clients.



TCE-TAC INTERVIEW ANALYSIS

Notable Quotes

- “There is good communication among the group. We frequently review each other and coordinate training of new staff.”

4. In what ways were you involved or engaged in the development in the TCE-TAC grant proposal?

Most participants responded that they were only involved in proposal specifics, as The Centers hired an outside organization to write the TCE-TAC grant proposal. Specifics included providing information about electronic health records and information about The Center’s technology requirements. Two members of the QMET group were not at all involved in the development of the TCE-TAC grant proposal.

5. In what ways were you involved or engaged in the initial program planning for TCE-TAC once the grant was initially awarded?

A few of the QMET members were involved immediately in program planning once the TCE-TAC grant was awarded. These members assisted in developing workgroups, identified clients for the project, organizing venues for telehealth services, and connected and began training clinicians with IT. Other members became involved several months after project award.

6. What are your perceptions of the overall input you had in designing the processes for TCE-TAC grant-funded services?

Most of the participants did not feel that they had much input in the designing the processes of the grant, as many of them were not involved in the project until several months into the award. QMET members who did have input from the beginning, however, felt that their input was valued in the design of processes for the grant-funded services.

Notable Quotes

- “They really listened to us. Our population involves families with substance abuse issues, and we have a lot of people who could benefit from this program.”
- “Had a lot of input designing the process. Tried to establish system approach to implementation.”



TCE-TAC INTERVIEW ANALYSIS

7. a.) What do you feel The Centers management team's technological readiness was for implementing the services as proposed in the grant?

All QMET members responded that The Centers was not technologically ready to receive the TCE-TAC grant. They explained that they wanted the grant to better serve the clients of The Centers, but did not realize the full implications of receiving the project. QMET members commented that they were not fully prepared when the grant was awarded, so much of the necessary background setup had not been done ahead of time. This setup included preparing the facilities to receive the new technology. QMET members explained that in order to implement the project, a major technological infrastructure overhaul was required. This overhaul did not begin until the grant was awarded because the full extent of the technology needed for implementing the grant was not known at the time. However, QMET members mentioned that the leadership for the project has been welcoming and supportive despite difficulties.

b.) What do you feel The Centers key staff members' technological readiness was for implementing the services as proposed in the grant?

QMET members responded that the staff needed to be further trained on using the telehealth technology. Some staff had a fear of technology and change, while others seemed ready. Not a lot of time was spent prepping staff before the grant award. Many of the key leaders had problems with the overarching concepts and their lack of understanding hindered the project.

c.) What do you feel the technological readiness was of the overall client base of The Centers regarding the technological changes to the service delivery proposed under this grant?

The QMET members felt that the clients seem ready to receive the services of the project. A few commented that they do not feel the clients were ready at the beginning, and are still not ready.

d.) How have these readiness levels helped or hindered the progress of TCE-TAC grant services implementation?

A factor that hindered and slowed success was the lack comprehensive training of staff that was necessary for the implementation of the project. There were also the usual "hiccups" with the technology not working properly. The telehealth services began with an initial web host client for the start of the project (WebEx) and have since moved to a better program for hosting telehealth sessions with clients (ClearC).

Notable Quotes

- "We were not really ready. We had a major infrastructure overhaul. Most companies would do this over several years."



TCE-TAC INTERVIEW ANALYSIS

- "We did not realize how far behind in technology we were or the extent of our server issues. Even with a good IT person, it was hard."
- "Lack of infrastructure and architecture hindered the application of the technology. Could not just plug it in."
- "There was a steep learning curve."

8. What do you believe are the key departments, programs and staff persons at The Centers that should be working together to ensure successful implementation of the services proposed under the TCE-TAC grant?

All of the QMET members mentioned IT, finance, clinical services director, medical director, and site supervisors should all be working together to ensure the success of the project, as well as the frequent meetings of the core (QMET) implementation team. One member added that the billing department needs to be involved more to ensure sustainability and reduce confusion. A few mentioned that not just specific departments, but clarified that everyone at The Centers needs to be involved in order for the grant to be successful.

Notable Quotes:

- "If the programs don't support, it becomes less effective."
- "Everyone needs to be involved. We made the mistake early on only identifying certain people. The entire Centers organization needs to accept the responsibility."

9. How would you characterize the implementation of the proposed TCE-TAC grant services during Year 1 at the Centers?

The QMET members responded that implementation of TCE-TAC grant services in Year 1 has been difficult and slow-moving. Client recruitment has been a major issue. Several members mentioned that they had a client base identified for the grant services, but ran into issues because the client's payer source would not reimburse for telehealth services. This drastically limited the amount of clients who can participate and be counted towards the grant deliverables. Many mentioned, however, that from a technological standpoint, The Centers is adapting well.

Notable Quotes:

- "It has been a learning experience. We had the clientele of people to use, but had no payer source. We have to reevaluate moving forward."
- "From a technology standpoint, it has gone well, and we have learned a lot."



TCE-TAC INTERVIEW ANALYSIS

10. What have been the most positive aspects of the process of implementation of the proposed TCE-TAC grant services during Year 1 at the Centers?

QMET members lend the most positive aspects of grant implementation to seeing the formation of new and alternative ways to reach clients in need of services. They also mentioned that the grant implementation has greatly improved technology at the Centers and that it has had a positive impact on the organization's infrastructure, and has also improved relationships with existing community partners when securing locations for remote telehealth sites.

Notable Quotes:

- "Good experiences with the changing infrastructure for telehealth. The changes have been positive for The Centers."
- "Being able to reach out to people we have not been able to before. Building a more intense relationship with community partners as well."
- "Seeing how much of a technological improvement we've made. Our network infrastructure has now been 10 years upgraded as a result."

11. What have been the most challenging aspects of the process of implementation of the proposed TCE-TAC grant services during Year 1 at the Centers?

QMET members noted the lack of support from key leaders as well as staff members' resistance to change as the most challenging aspects of project implementation during Year 1. Recruiting clients as well as extensive technology upgrades were also mentioned as challenges. Other challenges involved critical staff changes during the implementation of Year 1: loss of CEO, IT director and clinical supervisor. The QMET members also discussed that the grant writers were not experienced in providing outpatient services and therefore overestimated the target population numbers.

Notable Quotes:

- "Trying to get programs to alter for telehealth. Program staff were resistant to change."
- "The grant was poorly written. The target numbers were very high."

12. How well do you feel that the essential departments, programs and staff have worked together in the implementation of the proposed program services under the TCE-TAC grant?

QMET members discussed that departments are working well together now, though it was a struggle during the beginning of the project. Many mentioned that there needs to be more collaboration, as many staff and key leaders are still resistant to change. QMET members said that they are comfortable bringing issues to the table when problems emerge.



TCE-TAC INTERVIEW ANALYSIS

Notable Quotes:

- "I've been involved in a project like this before, and this one is going well."
- "Directors have a lack of interest, and a resistance for engaging in process. They just say, 'Tell us how to do it.' It has been a challenge."
- "Now there is lots of cooperation. There was not in the beginning. We are thinking outside of the box now."

13. Has it been made clear who needs to participate in the services proposed under the TCE-TAC grant? In other words, what are the admission and the exclusionary criteria for patient participation (these will of course differ for the different programs proposed in the grant)?

All QMET members responded that the criteria for patient participation in the grant had been made clear. The TCE-TAC project director provided staff training and education as well as developed handouts with information for clients.

14. What has been the biggest barrier to participation in the TCE-TAC grant-funded services by clients? How can we engage the clients better? How can we increase client participation?

All QMET members mentioned that payer source was the biggest barrier to client participation in the grant. Most clients' insurance will not pay for telehealth services. It also slows down approval for each client, and constantly changing regulations from insurance companies is very time consuming. Several members also mentioned the lack of knowledge that the grant exists by the clients. Some Marketing expertise to get the word out about the project is needed. Locating satellite locations for telehealth services in areas of high client density was also identified as a barrier for client participation.

To increase client participation, QMET members suggested identifying remote sites closer to where clients live, as well as partnering with organizations such as homeless shelters as sites for remote telehealth services. To address the payer source issue, QMET members discussed negotiating contracts with insurers earlier on each year.

Notable Quotes:

- "Aren't able to get the sites closer to where clients live. Looking to expand remote sites in Year two."
- "Marketing capabilities are limited. We don't have a department for that. Getting the word out to clients is difficult."
- "Funder source not paying for services. Working on renegotiating 3rd-party contracts so they can be covered."



TCE-TAC INTERVIEW ANALYSIS

15. What do you believe are the clients' perceptions on these TCE-TAC grant-funded services?

QMET members discussed that clients appear to be open to the services once they get involved. However, there still seems to be a perceived fear of technology, change, and lack of security of the telehealth services among clients. Technology issues such as sound and video quality of group therapy sessions frustrated some clients in the beginning of the project, but have since been resolved. Overall, QMET members agree that the client experience has gotten better as the amount of time to receive services has been drastically reduced with the application of telehealth services.

Notable Quotes:

- “The perception for them is that it is never as good as face to face. But clients slowly open up more.”
- “Some clients are suspicious of technology. They may have paranoia as a mental health issue which would contribute to this fear.”
- “Normally clients would wait hours for the bus to pick them up to bring them to and from services, so this is better.”

16. Do you believe the appropriate amounts of space and technology have been allocated for the TCE-TAC services proposed under the TCE-TAC grant? Please explain your response.

QMET members discussed that the amount of space allotted through the grant was a challenge. More space for remote sites needs to be located, especially in areas with high client density. When the grant was written, more emphasis was put on technology than extra staffing or securing remote sites. Other items such as room décor—interior paint, decorations for walls, etc.—were not initially considered, but will be a consideration going forward.

Technology allotment through the grant has been appropriate according to the QMET members, though members agreed that any technology issues need to be sorted out to make sure it can be applied to newly-identified remote areas before expanding.

Notable Quotes:

- “Space is a challenge. We are unable to build something specific for telehealth.”
- “We need to make sure the technology is going to work there before we can expand.”
- “We didn’t think about office space when writing, or about painting, and room décor we would need.”



TCE-TAC INTERVIEW ANALYSIS

17. What have been the greatest barriers in implementing services as proposed in the TCE-TAC grant? What barriers, if any, do you foresee for the future of these services proposed in the TCE-TAC grant?

The barriers for implementation for the QMET members ranged from payer source not reimbursing services to continued resistance towards telehealth among management and staff at The Centers. Some mentioned technology and internet bandwidth as barriers in the beginning of the project, but internet issues have since been resolved.

When discussing potential barriers for the future, QMET members talked about securing more appropriate satellite locations, trying to adapt the program to eventually provide telehealth services in-home for clients, and trying to get the word out about the services to rural areas.

Notable Quotes:

- “For the future, I can see issues with breaking away from just telehealth and using it for technology-assisted care. I would like to use the technology to track recovery of clients, and trying to engage clients outside of appointments.”
- “There will be future barriers with clients when trying to adapt telehealth for in-home services. Clients don’t have the technology to support it in their home.”
- “Marketing and getting the word out in rural areas can be difficult.”

18. In what ways should the Quality Management and Evaluation Team (QMET) be working together to ensure the best implementation and operation possible of the services proposed under the TCE-TAC grant?

The QMET members mentioned their ongoing organizational meetings as a factor to ensure success for the future. They also mentioned that evaluation of grant services is an important aspect moving forward, and that collecting data, creating reports and making them available to the public would help increase the buy-in throughout The Centers management and staff. Through evaluation, the QMET members are able to review results and set improvement measures.

Notable Quotes:

- “We need to evaluate our process, and make sure we filter and digest the information so we can reshape things based on feedback.”
- “We need to do better, make reports available and get the information and statistics on the project out there.”
- “We should do more marketing to internal staff to make sure they embrace the program more.”



TCE-TAC INTERVIEW ANALYSIS

19. Are there any other issues, concerns, insights or comments that you would like to add regarding the TCE-TAC grant program services for The Centers?

Several QMET members discussed problems with the grant – it was poorly constructed, did not have the appropriate focus, and the benchmarks and numbers were not realistic or relatable to what they could achieve. A few also mentioned the resistance from The Centers staff and management as a major point of hardship throughout the implementation process. QMET members generally felt that everything was going well despite all of the experienced issues though, and are looking forward to the future and to the improvements to the project they have envisioned.

Notable Quotes:

- “The infrastructure involved in implementing this grant caught us off guard. Next time we write a grant, we will do it house so we’re not held to someone else’s standards.”
- “We are on track and making more advances as we go. The technology we have applied here now blows away telehealth technology from just a few years ago.”
- “In the end, people are getting into the services they need. We need to keep sustainability in mind while pushing the agency to be more visible in the future.”



TCE-TAC INTERVIEW ANALYSIS

KEY FINDINGS AND THEMES

The following are key observations derived from an analysis of the comments and insights gathered from the Grant Quality Management and Evaluation Team (QMET) Interviews:

- ***Resistance from staff members at The Centers was a constant source of difficulty throughout the first year of the project, but is looking to improve.*** The struggles with staff support have hindered the implementation of the TEC-TAC grant. In order to address this going forward, QMET members feel that accountability for the project needs to be broadened to all individuals working at The Centers organization, not just select staff or programs. QMET members also agree that there is a need to re-educate staff on the project goals and reach, which will give The Centers organization a better understanding of the purpose of assisting clients through telehealth services and make clear the help it can provide to clients who are in need.
- ***The initial application of the technology necessary for the TCE-TAC grant services was a challenge, but The Centers has adapted well in a short time period.*** The necessary infrastructure changes for grant implementation caught The Centers off guard, leaving little time for preparation of the facilities, staff training, and background research before project implementation. However, the technology used was quickly adapted to the meet project needs and improve the quality of telehealth services. The IT Department at The Centers is described as very responsive and helpful to issues that occurred during telehealth therapy sessions.
- ***Issues with payer sources caused major barriers to client recruitment and participation, and are working on being adjusted in the coming year.*** The main factor that contributed to low project numbers in Year 1 has been that client's payer sources would not reimburse for telehealth services. Even though the appropriate client base for the project was identified, the payer source issue made many of the identified clients unable to participate. To address this in the future, QMET members discussed negotiating contracts with insurers earlier in the project period each year.
- ***Identifying and securing space for remote facilities are an ongoing need, but it helps The Centers better establish themselves in the communities they serve.*** Identifying facilities is a process that requires extensive involvement and care from The Centers project staff as well as participation from community partners. An important objective for the future of the TCE-TAC grant is identifying space in remote areas with more client density. QMET members are hopeful about this process in the future; there is a discussion of identifying locations where clients feel comfortable in their community, such as shelters and community centers. Overall, developing these relationships with other community leaders has increased The Centers' presence in the community and has made their existing partnerships stronger.

APPENDIX

TCE-TAC INTERVIEW QUESTION TOOLS



TCE-TAC INTERVIEW QUESTION TOOLS

CITRUS TELEHEALTH GROUP THERAPY SERVICES STAFF INTERVIEW QUESTIONS

1. Please provide me your position title and your role in the implementation of the grant-funded Telehealth Group Therapy Services. Do you feel that you clearly understand your role in the Telehealth Group Therapy Services program?
2. What do you feel is The Centers' vision for Telehealth Group Therapy Services?
3. How is project coordination accomplished for the Telehealth Group Therapy Services program? With what other departments or units must you communicate to successfully operate the Telehealth Group Therapy Services program?
4. In what ways were you involved or engaged in the development in the grant proposal for the Telehealth Group Therapy Services?
5. In what ways were you involved or engaged in the initial program planning for the Telehealth Group Therapy Services once the grant was initially awarded?
6. What are your perceptions of the overall input you had in designing the processes for the Telehealth Group Therapy Services?
7. What types of technology systems are you using for the Telehealth Group Therapy Services?
8. Were you familiar with these technology systems prior to implementation of the Telehealth Group Therapy Services program?
9. What training did you receive with these technology systems prior to implementation of Telehealth Group Therapy Services program? What were the best aspects of this training? What aspects of the training could have been improved? Who or what agency provided the training? Who is your contact or are your contacts for ongoing technical assistance?
10. How well do you believe the training on the technology systems prior to implementation prepared you for implementation of the Group Therapy Services program? How could the technology training be improved?
11. Has it been made clear who needs to participate in the Telehealth Group Therapy Services program? In other words, what are the admission and the exclusionary criteria for patient participation? Has the Telehealth Group Therapy Services program manager or the upper level management team made the admission and exclusionary criteria clear?
12. What is your role in recruiting clients into the Telehealth Group Therapy Services program? What have been the primary barriers to recruiting clients into the Telehealth Group Therapy Services program?



TCE-TAC INTERVIEW QUESTION TOOLS

13. What has been the biggest barrier to participation in the Telehealth Group Therapy Services program by clients? How can we engage the clients better? How can we increase client participation?
14. What do you believe are the clients' perceptions on the Telehealth Group Therapy Services program? What do you believe the perception is of the clients who have opted not to participate in the Telehealth Group Therapy Services program?
15. Do you believe the appropriate amounts of space and technology have been allocated for the Telehealth Group Therapy Services program? Please explain your response.
16. Do you believe group therapy clients at the Centers are generally prepared to utilize or experience the technology of the Telehealth Group Therapy Services program? Why or why not?
17. How would you compare and contrast the traditional way of conducting group therapy with the way they are conducted in the Telehealth Group Therapy Services program?
18. In what ways do you believe the Telehealth Group Therapy Services program could be improved?
19. Are there any other issues, concerns, insights or comments that you would like to add regarding the Telehealth Group Therapy Services program?



TCE-TAC INTERVIEW QUESTION TOOLS

ADULT TELEHEALTH MEDICATION SERVICES STAFF INTERVIEW QUESTIONS

1. Please provide me your position title and your role in the implementation of the grant-funded Adult Telehealth Medication Services. Do you feel that you clearly understand your role in the Adult Telehealth Medication Services program?
2. What do you feel is The Centers' vision for Adult Telehealth Medication Services?
3. How is project coordination accomplished for the Adult Telehealth Medication Services program? With what other departments or units must you communicate to successfully operate the Adult Telehealth Medication Services program?
4. In what ways were you involved or engaged in the development in the grant proposal for the Adult Telehealth Medication Services?
5. In what ways were you involved or engaged in the initial program planning for the Adult Telehealth Medication Services once the grant was initially awarded?
6. What are your perceptions of the overall input you had in designing the processes for the Adult Telehealth Medication Services?
7. What types of technology systems are you using for the Adult Telehealth Medication Services?
8. Were you familiar with these technology systems prior to implementation of the Adult Telehealth Medication Services program?
9. What training did you receive with these technology systems prior to implementation of Adult Telehealth Medication Services program? What were the best aspects of this training? What aspects of the training could have been improved? Who or what agency provided the training? Who is your contact or are your contacts for ongoing technical assistance?
10. How well do you believe the training on the technology systems prior to implementation prepared you for implementation of the Group Therapy Services program? How could the technology training be improved?
11. Has it been made clear who needs to participate in the Adult Telehealth Medication Services program? In other words, what are the admission and the exclusionary criteria for patient participation? Has the Adult Telehealth Medication Services program manager or the upper level management team made the admission and exclusionary criteria clear?
12. What is your role in recruiting clients into the Adult Telehealth Medication Services program? What have been the primary barriers to recruiting clients into the Adult Telehealth Medication Services program?



TCE-TAC INTERVIEW QUESTION TOOLS

13. What has been the biggest barrier to participation in the Adult Telehealth Medication Services program by clients? How can we engage the clients better? How can we increase client participation?
14. What do you believe are the clients' perceptions on the Adult Telehealth Medication Services program? What do you believe the perception is of the clients who have opted not to participate in the Adult Telehealth Medication Services program?
15. Do you believe the appropriate amounts of space and technology have been allocated for the Adult Telehealth Medication Services program? Please explain your response.
16. Do you believe group therapy clients at the Centers are generally prepared to utilize or experience the technology of the Adult Telehealth Medication Services program? Why or why not?
17. How would you compare and contrast the traditional way of conducting group therapy with the way they are conducted in the Adult Telehealth Medication Services program?
18. In what ways do you believe the Adult Telehealth Medication Services program could be improved?
19. Are there any other issues, concerns, insights or comments that you would like to add regarding the Adult Telehealth Medication Services program?



TCE-TAC INTERVIEW QUESTION TOOLS

QUALITY MANAGEMENT AND EVALUATION TEAM (QMET) INTERVIEW QUESTIONS

1. Please provide me your position title and your role at The Centers and your role in the implementation of the TCE-TAC Grant?
2. What do you believe is the vision for implementation of the programs and services proposed in the TCE-TAC grant?
3. How is project/grant coordination accomplished for the TCE-TAC Grant? What is your perception on the how the grant coordination and management activities have flowed thus far in the project?
4. In what ways were you involved or engaged in the development in the TCE-TAC grant proposal?
5. In what ways were you involved or engaged in the initial program planning for TCE-TAC once the grant was initially awarded?
6. What are your perceptions of the overall input you had in designing the processes for TCE-TAC grant-funded services?
7. What do you feel The Centers management team's technological readiness was for implementing the services as proposed in the grant? What do you feel The Centers key staff members' technological readiness was for implementing the services as proposed in the grant? What do you feel the technological readiness was of the overall client base of The Centers regarding the technological changes to the service delivery proposed under this grant? How have these readiness levels helped or hindered the progress of TCE-TAC grant services implementation?
8. What do you believe are the key departments, programs and staff persons at The Centers that should be working together to ensure successful implementation of the services proposed under the TCE-TAC grant?
9. How would you characterize the implementation of the proposed TCE-TAC grant services during Year 1 at the Centers?
10. What have been the most positive aspects of the process of implementation of the proposed TCE-TAC grant services during Year 1 at the Centers?
11. What have been the most challenging aspects of the process of implementation of the proposed TCE-TAC grant services during Year 1 at the Centers?
12. How well do you feel that the essential departments, programs and staff have worked together in the implementation of the proposed program services under the TCE-TAC grant?



TCE-TAC INTERVIEW QUESTION TOOLS

13. Has it been made clear who needs to participate in the services proposed under the TCE-TAC grant? In other words, what are the admission and the exclusionary criteria for patient participation (these will of course differ for the different programs proposed in the grant)?
14. What has been the biggest barrier to participation in the TCE-TAC grant-funded services by clients? How can we engage the clients better? How can we increase client participation?
15. What do you believe are the clients' perceptions on these TCE-TAC grant-funded services
16. Do you believe the appropriate amounts of space and technology have been allocated for the TCE-TAC services proposed under the TCE-TAC grant? Please explain your response.
17. What have been the greatest barriers in implementing services as proposed in the TCE-TAC grant? What barriers, if any, do you foresee for the future of these services proposed in the TCE-TAC grant?
18. In what ways should the Quality Management and Evaluation Team (QMET) be working together to ensure the best implementation and operation possible of the services proposed under the TCE-TAC grant?
19. Are there any other issues, concerns, insights or comments that you would like to add regarding the TCE-TAC grant program services for The Centers?