

***Division of Services Improvement, Clinical Technical Assistance Project***

**Technology-Assisted Care**

**Iowa Department of Public Health (IDPH)**

**Call Summary**

**September 10, 2014 • 11:00 am ET**

**Submitted to:** Wilson Washington, Becky Swift, Colleen Kietzer, Andrea Jondle, Karen Russell, Mindy Satak

**Date of Submission:** September 11, 2014

**Attendees**

**Substance Abuse and Mental Health Services Administration (SAMHSA):** Wilson Washington

**Iowa Department of Public Health (IDPH):** Becky Swift, Colleen Kietzer (Employee and Family Resources), Andrea Jondle (Community and Family Resources), Karen Russell (Compass Pointe), Mindy Satak (Alcohol and Drug Dependency Services)

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

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**Meeting Purpose**

The purpose of the follow-up call was to get an update regarding IDPH's Iowa Recovery Health Information Technology (IRHIT) program activities and implementation progress.

**Grantee Progress**

- The goal of IRHIT was to have all 23 IDPH-funded agencies join the program; however, only 20 agencies have accepted the invitation while 3 have declined:
  - Eight agencies joined in Year 1.
  - Six agencies joined in Year 2.
  - The newest cohort of six agencies joined recently. This cohort is excited to implement distance technology. The agencies are currently finalizing their policies and procedures and implementing approaches to obtain intakes, promote engagement, and identify clients. Becky Swift (IDPH) has conducted site visits to the new agencies to assist with implementation. Additionally, training on the Recovery website (<https://www.recovery.org/>) has been provided to familiarize them with the web-based recovery tool. The new agencies participated in the June learning collaborative and gained insight into lessons learned that were shared by the previous cohorts. The new cohort anticipates client intake to begin by October 1, 2014.
- One of the major challenges for the program is not being able to offer telehealth services to clients who have private insurance. Currently, only Medicaid-eligible clients may participate, and there are significant limits on telehealth reimbursement in Iowa. Leadership at Iowa's managed behavioral healthcare provider, Magellan, do not support distance treatment services. With more individuals having insurance through the Affordable Care Act (ACA), identifying clients for IRHIT-funded services has become increasingly difficult.
  - IDPH is working with leadership at Magellan and the state's Medicaid office to encourage changes around distance treatment. The leadership at IDPH has been actively addressing the barrier around Magellan's lack of buy-in. The next strategy is to have providers encourage Magellan to support technology-assisted care. Dave Wanser (JBS) believes the providers, and the Iowa Providers Association can be a persuasive voice since Magellan needs

providers in its network. It might also be beneficial to speak with multiple leaders at Magellan to promote distance treatment to a wider audience. Elected officials should be educated on the benefits of telehealth provided services as well.

- Dave recommended using a multi-prong strategy to address Magellan's reluctance. IDPH should emphasize to Magellan the importance of aligning with the changing healthcare landscape, which focuses on patient engagement, compliance, portals, telehealth. Other payers have already accepted telehealth as a reimbursable service. Eventually, legislation will support the advances in technology-assisted care as well.
- IDPH will continue to educate Magellan on the benefits of supporting the program. The role of behavioral health agencies is changing and many are seeking to integrate with the primary care providers. This change will focus on wellness, outcomes measures, and holistic health – in addition to significant changes to workflows.
- Karen Russell (Compass Pointe, an IRHIT agency) reiterated that the ACA has decreased the ability to recruit clients because more people now have insurance.

### **Technology**

- The Recovery (<https://www.recovery.org/>) portal is being successfully integrated into some of IRHIT's partner agency programs; however, there are other agencies that have chosen not to use the portal, and their buy-in has been a challenge. It is anticipated that the new cohort will be the technology champions for the portal.
- Improvements to the portal are continuously being made so that it is a product/tool to help justify the investment. The portal actually existed before the IRHIT project (to assist with problem gambling), but has been expanded for substance abuse recovery and treatment. The portal has multiple uses and lends itself to also being a tool that can be used by clients and their families.
- One of the barriers to using the portal is it requires computer access in a private setting. Not all clients have access to computers.
- Client buy-in is greater when the counselors are excited and knowledgeable about the portal. Additionally, it is important that the counselors acknowledge the value of being able to reach out to clients readily and beyond scheduled meetings. Training has been provided to help the counselors so they can customize the tool to best fit their needs.
- The portal currently has the ability to add the Living in Balance curriculum questionnaire to the dashboard. Unfortunately, allowing both counselors and clients to view the questionnaire is still a work in progress by the development team.

### **Marketing/Engagement**

- There is currently no data or case studies on how each agency is using the portal. Becky will work on gathering this information to help promote the portal as a useful recovery tool.
- The portal is available to treatment providers that are not IDPH-funded; however, the tool is mainly shared during training sessions so there is no marketing effort aimed at other providers.
- Dave suggested developing strategies to convey the importance of the tool to clients, including short videos and testimonials. These avenues can help market the portal beyond one-on-one interactions.
- One of the agencies has a high intake of clients, but does not use the portal. Becky believes selling the tool as part of a family recovery process will help both providers and clients realize the benefits.

### **Sustainability**

- Becky stated that discussions have been held regarding sustainability; however, no plans have been developed at this time. She anticipates sustainability discussions will begin during the next agency call on October 7, 2014.
- As a state agency, sustainability efforts will differ from that of the individual agencies. Consequently, each agency will need to develop its own plan, which can include continuing to use the portal and telehealth. It is hoped that the agencies take the tools the IRHIT program has provided and apply it to the future of their own programs.
- During the next learning collaborative call with IRHIT partner agencies, Becky will focus the meeting on how each agency will sustain its own program. One of the suggestions Becky will offer the agencies is to hold focus groups to obtain feedback from clients on the benefits of the program and the portal. Dave also suggested collecting outcome measures that show how the clients are valuing the technology (refer to the questions developed by the TAC Evaluation Workgroup)
- Becky anticipates that it will cost approximately \$1,000 a year to host Recovery.org site.

### **GPRA**

- A revision of the GPRA target intake was submitted July 15, 2014.
- GPRA follow-ups have been a big challenge due to finding clients after discharge. To help address this issue, Becky plans to have one of the Access to Recovery (ATR) staff host a webinar about finding clients. This staff member has been extremely successful in tracking down clients for follow-ups. At many of the agencies with ATR projects, the ATR staff has been taking the lead on GPRA collection since the ATR staff is familiar with GPRA.
- Becky also plans to provide a webinar on collecting GPRA data to help the counselors better understand GPRA data collection.
- The IRHIT program offers gift cards for follow-ups, but it does not incentivize clients to return for the follow-up. Dave suggested framing the follow-up as a recovery checkup rather than a GPRA follow-up. Clients are more inclined to recovery checkup rather than for data collection.
- Dave also suggested capturing three (3) points of contact information for each client at initial contact and then at discharge. At discharge, verifying the validity of the 3 points of contact will help ensure current information is available.

### **Program Evaluation**

- A new evaluator has been hired after several months without a program evaluator.
- Becky inquired about questions that would be helpful for the evaluation. JBS will send questions developed by the evaluation workgroup. JBS can also host a call with the new evaluator to assist with any questions or challenges.
- Dave noted that evaluation is an evolutionary process – the information gathered at the beginning of the program will differ from those at the end of the program. Feedback is critical in ensuring the program is continuously improving. Some helpful evaluation points to consider include:
  - Client use of technology
  - Provider/clinician acceptance
  - Impact on workflow and cultural change
  - Sustainability

### **Action Items**

- JBS will provide IDPH with a copy of the questions developed by the evaluation workgroup.
- Please let JBS know if IDPH would like to hold a call with the new evaluator.
- Wilson Washington (SAMHSA) will double check to make sure the target number has been revised.