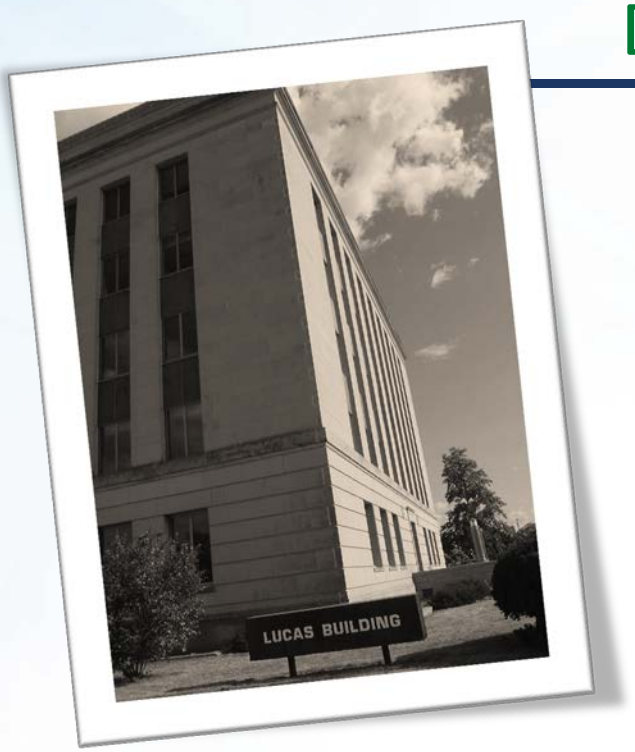
Service Design Site Visit Report

Iowa Department of Public Health

Des Moines, Iowa



Date of Site Visit: September 10–11, 2013

◆ Health Information Technology ◆

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Prepared for the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

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Grantee Name	Iowa Department of Public Health
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Site Visit Dates	September 10–11, 2013
Program Name	Iowa Recovery Health Information Technology
Grant TI Number	TI023799
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The IRHIT team: (from left) Ousmane Diallo and Eric Preuss

Grantee Project Sites Visited	
Iowa Department of Public Health	321 East 12th Street Des Moines, IA 50319

Executive Summary

The Iowa Department of Public Health's (IDPH), Division of Public Health, Bureau of Substance Abuse oversees gambling and substance abuse prevention and treatment services in the State of Iowa. IDPH developed the Iowa Recovery Health Information Technology (IRHIT) project to increase the State's ability to reach, engage, and retain rural clients in need of intensive outpatient substance abuse services through the use of culturally competent, clinically appropriate, and evidence-based technology. Based in Des Moines, Iowa, IRHIT has partnered with IDPH-funded agencies throughout the State to address the treatment and recovery needs of those struggling with addiction.

In 2012, IDPH was awarded the Substance Abuse and Mental Health Services Administration's (SAMHSA) Technology-Assisted Care (TAC) grant to deliver technology-supported services to Iowans in recovery from alcohol and drug abuse. IDPH is the only State-level grant recipient in the TAC portfolio. Building on existing treatment services designed to assist clients of the IDPH Office of Problem Gambling Treatment and Prevention programs, and in collaboration with Iowa Solutions, Inc., IDPH launched the Recoveration.org portal—a secure online communication resource for counselors and clients to use during the treatment and recovery process. A limited number of providers have incorporated the use of telehealth technologies.

The use of Recoveration.org enhances current substance abuse service delivery and is intended to improve outcomes among clients served by the 14 identified partner agencies across the State. Recoveration.org is accessible by smartphone, tablet, or personal computer and offers patients valuable recovery-oriented resources such as online assignments, customized questionnaires, secure email, messaging reminders and live individual and group chats, and a reference library. Designed by counselors, the tool makes distance treatment possible in a safe, secure environment. Through Recoveration.org, clients have increased engagement opportunities with their treatment providers and access to on-demand recovery services and resources. To assist with the implementation and use of Recoveration.org, Iowa Solutions holds annual train-the-trainer sessions for IRHIT programs.

A team from JBS International's TAC portfolio conducted a site visit to IDPH on September 10–11, 2013, to review program accomplishments and identify potential areas where technical assistance may enhance achievement of program goals. The site visit team focused on understanding existing implementation and service delivery strategies. The team also spoke with IRHIT coordinators at participating provider sites to discuss program strengths and areas for improvement. This was followed by a meeting with the evaluation lead to review IDPH's evaluation plan and data collection processes. The site visit concluded with a discussion of how evaluation data gathered for the project can support future quality improvement and sustainability activities driven by the Affordable Care Act (ACA).

The site visit team identified several noteworthy accomplishments and areas that may warrant additional consideration. IRHIT strives to maintain a strong level of communication with

participating provider agencies. Program staff hold monthly informational calls to provide updates and enable participants to share lessons learned with their peers. The calls are well-attended and productive opportunities for sharing among program sites. IRHIT also conducts a comprehensive learning collaborative once a year to train users on how to implement the Recoveration.org portal at their sites.

Staffing changes at provider sites are a constant challenge. To continue momentum when staff turnover occurs, it may be helpful for program staff and/or Iowa Solutions to hold additional trainings to help new staff become familiar with Recoveration.org portal functions. IRHIT may increase uptake on the site by developing brief orientation and/or troubleshooting videos to supplement learning outside of scheduled training events and ease the overall user experience, especially among clients who may have limited willingness to troubleshoot technical problems.

The evaluation component of the project provides the opportunity to inform future direction and sustainability of health information technologies in Iowa. Data extracted from the Recoveration.org portal has the potential to help tell the story of how technology can add value to achieve desired client outcomes. To do this effectively, IDPH needs to know how clients are using technology, if clients are satisfied with the technology offerings, and the extent to which counselors are integrating technology into the treatment experience. It was noted that it is not efficient for the evaluator to be tasked with data input responsibility.

Successfully engaging patients necessitates continuing to work with them outside of the time they spend in the provider's office. It is important to identify the types of technology clients have available to them, what their preferences are for using technology (e.g., emails, texting, chat rooms), and how one can create value with existing resources such as the Recoveration.org portal. As the administrator, IRHIT has the authority to use data from the site to inform its evaluation and sustainability considerations; however, provider agencies voiced concerns about State access to confidential information on the site. This inhibits access to information that can help make needed enhancements to the portal for the benefit of all users. IRHIT must identify and engage local champions at the agencies and determine the enhancements necessary to directly address the concerns and reluctance of providers to make optimal use of the portal.

Currently, Recoveration.org portal resources content is determined and uploaded by each provider. IDPH has a licensing agreement with Hazelden Publications to allow two evidence-based curricula—Living in Balance and the Matrix Model—to be uploaded to the portal. IRHIT may wish to diversify the site's content to include additional resources that affect clients' lives. For instance, clients may find value in information related to employment, dealing with emotions, child welfare, or housing. Uploaded resources must be applicable to client interests and easy to find. Having each provider agency upload similar content may not be the best use of the agency's time. Some IRHIT clients are actively using the resource-uploading function, while others are not. It may be beneficial to establish a measure of consistency on each provider's site by uploading standardized materials that are accessible to all IRHIT clients and

their family members. This would ensure that a comprehensive, updated library is available regardless of where clients are receiving care.

Several provider agencies are using a combination of technology strategies to enhance their treatment services (e.g., telephone, texting, videoconferencing, the Recoveration.org portal). For consistency, it may be helpful to provide examples of policies and procedures programs are using to govern their use of the technology to deliver substance abuse treatment services.

IRHIT should consider increasing the extent to which it holds each provider location accountable to contract expectations. Participating sites receive seed dollars to implement IRHIT (up to $26,000 in year 1, $18,000 in year 2, and $1,000 in year 3). Initially, payment was not linked to performance; however, halfway through year 1, an incentive was added to encourage GPRA intake completion. It is recommended that IRHIT establish performance benchmarks at frequent intervals to determine if sites are in compliance with the terms of the incentive program and their performance is sufficient for reimbursement.

IRHIT has set an ambitious goal regarding the number of clients it hopes to enroll each year. In light of current provider activity levels and pending significant increases in provider use of the portal and other technologies, it may become necessary to revisit the projections and revise the Government Performance and Results Act numbers with SAMHSA. While IRHIT staff are hopeful they will meet their targets, it might be helpful to first restructure the incentive program for nonperforming and underperforming sites to determine the extent to which sites are invested in meeting goals.

IDPH may benefit from technical assistance that can help develop a strategic plan to address next steps to IDPH's work flow and to better understand how data collected by the bureau and its mental health counterpart can be used to prepare the organization for ACA implementation expectations. Assistance with determining strategies to support reimbursement of technology-assisted care would also be beneficial.

IDPH may benefit from forming a governance group to help prioritize enhancements designed to increase the use of technology. A greater focus on how to enhance clients' use of the Recoveration.org portal and other technologies is of critical importance to sustaining the project and preparing providers for the expectations that will accompany implementation of ACA. Once the grant has ended, it will be up to the individual provider agencies to maintain the IRHIT program on its own. A governance group—composed of key administrators, policymakers, and program staff—can develop strategies to determine how technology will complement patient services and secure a foothold in the fiercely competitive health care environment.

The IDPH site visit was an informative and productive experience. JBS staff learned about existing program operations and exchanged ideas with the IRHIT team to enhance productivity and plan for the future.

Grantee Overview and Environmental Context

IDPH is part of an extensive network of policymakers, health care providers, businesses, and other stakeholders committed to protecting the health needs of Iowans living in "America's Heartland."

The Iowa Department of Public Health offers a full array of services—from epidemiology to tobacco prevention and control—with the intent of creating healthy communities for Iowans. IRHIT is housed under the Division of Behavioral Health's Bureau of Substance Abuse, which is responsible for overseeing all substance abuse prevention and treatment programming for the State. Specifically, the Bureau coordinates training, identifies and secures grant funding, monitors grant compliance, and regulates licensure requirements. Headquartered in the Des Moines Government building district and steps away from the golden dome of the State Capitol, IDPH serves Iowa's 99 counties and the nearly 23,000 clients seeking substance abuse treatment services at publically funded facilities.

Iowa is a rural State, predominately made up of communities of 50,000 people or fewer. While IDPH provides substance abuse assessment and treatment services to all adults, most of its 17,000 clients are White and between the ages of 18 to 44. A slight majority of clients are female (51.5 percent) with a high school diploma or less (54.5 percent). A majority of clients have some kind of full- or part-time employment (54.5 percent). Despite its rural landscape, most communities have access to high-speed Internet and are able to take part in Web-based treatment services.

Addressing alcohol misuse and abuse (i.e., binge drinking, heavy drinking, dependency) is at the forefront of IDPH's technology-assisted care strategy. Approximately 50.6 percent of clients identify alcohol as their primary substance of choice. Statewide, binge drinking rates among Iowans over the age of 12 who reported consuming five or more alcoholic beverages in one sitting during the past month are significantly higher than the national rate (27.5 percent in Iowa versus 23.1 percent nationwide). Marijuana and methamphetamine/opioid use are also prevalent (26.6 and 13.1 percent, respectively). A majority of clients present with co-occurring mental health disorders.

In addition to serving clients under the Substance Abuse and Mental Health Services Administration's (SAMHSA) Technology-Assisted Care (TAC) grant, IDPH also operates the screening, brief intervention, and referral to treatment (known as SBIRT) program—SBIRT Iowa. This program represents a collaborative effort among participating behavioral health centers, substance abuse treatment providers, and the Iowa National Guard. IDPH also operates the Problem Gambling Treatment and Prevention program, which provides an array of counseling and educational services to individuals and families in need.

The use of technology to engage and retain clients in recovery services who might not otherwise have the ability to access and/or remain in care is essential to curbing the negative

consequences of substance use and demonstrates IRHIT's commitment to innovation for the well-being of the State's citizens.

1. Site Visit Overview

A team from JBS International's TAC portfolio conducted a site visit to IDPH on September10–11, 2013, to review program accomplishments and identify potential areas where technical assistance may enhance program goals. Day 1 of the visit began with a meeting between the JBS team and IRHIT staff to learn about the organization and the staff members' role in supporting the program's success. The team received an indepth overview of the program and discussed general implementation and service delivery strategies. The team then participated in a video conference with the two provider cohorts currently using technology at their sites. The intent of the discussion was to understand how technology is put to practice and the benefits and burdens of implementation. The team received candid feedback from the provider cohorts and explored enhancement opportunities for the current operating platform.

On day 2, the site visit team continued discussions with IRHIT staff about the importance of incorporating technology into existing provider practices. The team also discussed how data can support quality improvement and sustainability activities driven by the Affordable Care Act (ACA). This was followed by a meeting with the evaluation coordinator to review IRHIT's evaluation efforts and discuss the status of Government Performance and Results Act (GPRA) targets and other data collection findings. The site visit concluded with a debriefing conference call with SAMHSA Government Project Officer (GPO) Kate Wetherby to recount the team's overall observations and recommendations.

2. Program Vision and Design

IDPH is in a unique position as the only State grant recipient in the TAC portfolio. The IRHIT project was designed to increase the State's ability to reach, engage, and retain rural clients in need of intensive outpatient substance abuse services through the use of culturally competent, clinically appropriate, and evidence-based technology. IRHIT intends to (1) increase treatment capacity by providing opportunities for clients to complete anonymous online assessments, (2) expand access to educational materials, and (3) enhance intensive outpatient treatment and recovery services. Materials have been adapted to accommodate non-English speakers and other underserved populations.

IRHIT partnered with developers from Iowa Solutions to offer the Recoveration.org Web portal—a secure online communication resource for counselors and clients to use during the treatment and recovery process (see figure 1). Clients can use the portal from their

smartphone, tablet, or personal computer to access customized materials from their counselors. Individuals logged into the portal can take advantage of online messaging, a resource library, assessments, live individual/group chats, smartphone support, and counselor conversations, among other features.

Figure 1. Main Page of Recoveration.org

Provider agencies approach treatment holistically, with careful consideration placed on a client's parental, familial, economic, and logistical needs. When clients present at a provider site, they are informed of their treatment options. If clients are amenable to using Web-based services or other forms of technology (e.g., texting, email, telephone calls, video conferencing), staff will provide them with an overview of the available technology options and enroll them in services outlined with their individual counselors. Service delivery is monitored and adjusted as objectives are completed and/or as warranted by progress.

IDPH has a licensing agreement with Hazelden Publications to offer the Living in Balance and Matrix Model curricula on the Recoveration.org portal. Living in Balance is a group-centered program that incorporates a biopsychosocial approach to address life skills essential to recovery (e.g., planning for sobriety, managing stress, dealing with emotions). The Matrix Model is a 16-week, intensive outpatient substance abuse treatment approach consisting of education groups, individual counseling, social support groups, relapse prevention groups, and urine and breathalizer testing. The model offers individual and family-based support mechanisms and can be available via various Web-based activities. Providers have also incorporated other evidence-based strategies, including the principles of motivational interviewing and cognitive behavioral therapy into their treatment approach. Such strategies have been shown to be effective—in research and practice—to improve outcomes (i.e., substance abuse reduction and abstinence) among a wide range of individuals of different ages and ethnicities.

To supplement in-house treatment services, providers have access to tools adapted for online use on the Recoveration.org portal. Providers may use the Global Appraisal of Individual Needs Short Screener (GAIN-SS) developed by Chestnut Health Systems to effectively and efficiently identify behavioral health issues and make appropriate referrals to care. The screener is completed on a monthly basis to monitor the progress of clients already engaged in service. The GAIN-SS consists of 23 scored items that fall into 4 categories of disorders: internalizing, externalizing, substance, and crime/violence. The screener has been rigorously evaluated and found to accurately identify clients suffering from a disorder (Dennis, Chan, & Funk, 2006).[1] Clients may also self-administer the GAIN-SS screener to quickly identify whether they may benefit from help to address a behavioral health disorder. Client data are entered into the Iowa Service Management and Reporting Tool (I-SMART) system for tracking purposes (see section 9).

IRHIT paired the GAIN-SS with the GAIN Treatment Satisfaction Index (GAIN TxSI) to measure engagement and satisfaction with treatment services. The TxSI is a 14-item index that uses a 5-point scale to capture whether clients agree or disagree with the treatment or case management care they received.

IRHIT developed the client health IT intake process detailed in table 1 to outline how technology may be incorporated into existing treatment services.

Table 1. Sample Client Health IT Intake Process

Sample Client Health IT Intake Process	
1.	When prospective participants contact a participating provider, agency personnel (clinical or support, according to provider best practice) will inform the client of the online services, including optional involvement in a Web-based information and treatment approach.
2.	If potential clients are interested in the Web-based information and/or treatment option, the staff will give them a brief overview of the project and determine their accessibility to online services.
3.	If the staff deem the client's situation appropriate, and the client consents to services, the staff will enroll the individual in the project.
4.	Client receives GPRA questionnaire to complete. GPRA questionnaires may be completed on paper by the clients prior to or following an onsite face-to-face session. The completed questionnaires are then either faxed or emailed to the IDPH project director for submission to the Services Accountability Improvement System (SAIS). The GPRA questionnaires may be completed by the client absent clinical or support staff as long as the provider is willing to verify that the client actually completed the questionnaire on site.
5.	Client begins receiving Web-based services as deemed appropriate in discussion between the client and counselor.

To date, IRHIT has been implemented in 14 IDPH-funded agencies that are licensed to deliver gambling and substance abuse treatment services. IRHIT strives to partner with nine additional

[1] Dennis, M., Chan, Y., & Funk, R. (2006). Development and validation of the GAIN Short Screener (GSS) for internalizing, externalizing and substance use disorders and crime/violence problems among adolescents and adults. *The American Journal on Addictions, 15*, 80–91.

agencies in year 3. Over the course of the grant, IRHIT plans to serve at least 1,970 clients and 2,000 family members and provide 3,600 anonymous assessments. Since receiving the TAC grant in 2012, IRHIT has enrolled 116 clients and anticipates enrolling more in the upcoming months.

3. Grantee Leadership

The IRHIT project was incorporated into IDPH's Bureau of Substance Abuse Programs to complement existing treatment services offered by IDPH-funded provider agencies. The use of technology to enhance existing client recovery efforts gives providers a competitive edge in the changing health care landscape.

When IRHIT's original project director Lonnie Cleland recently took another position within IDPH, Eric Preuss stepped in to fill the role in July 2013. Mr. Preuss has worked for the State since 2010 and brings extensive behavioral health experience providing substance abuse services to rural communities in Ohio and Iowa. He also oversees the bureau's problem gambling prevention and treatment program. Evaluation is managed by Dr. Ousmane Diallo, IDPH's resident epidemiologist. Dr. Diallo joined IDPH in 2005 and has participated in several epidemiology workgroups and SAMHSA-funded projects. Both individuals share their time across several other IDPH activities, which necessitates strong organizational and management skills, particularly as the project expands to other provider agencies and client enrollment increases.

Despite recent changes to leadership and limited staff resources, the IRHIT project is slowly building momentum at participating provider sites. IRHIT's success hinges on the buy-in of those working at the ground level. Currently, providers have been reluctant to incorporate technology into their practices, citing concerns about patient confidentiality and reliability of broadband communication channels.

Support for the project must be top-down and bottom-up. IRHIT is working with active partner agencies to identify champions among administrators, providers, and clients. Identifying additional partners in the community, and advocates from within IDPH, will be particularly important to assist with program sustainability efforts.

As IRHIT expands, it will become exceedingly more important to form a governance group to help prioritize project activities, particularly related to enhancements designed to increase the use of technology. The governance group—composed of key administrators, policymakers, and program staff—can develop strategies to determine how technology will complement patient services and compete in the rapidly evolving health care environment.

4. Implementation Plan

In the current program design, staff from IRHIT and Iowa Solutions are responsible for coordinating with participating provider agencies to deliver training on the Recoveration.org portal and provide technical assistance as needed.

Communication with IRHIT coordinators at the provider agencies takes place frequently. Peer discussions about IRHIT implementation are ongoing as part of Iowa's monthly provider calls. Each year, providers also take part in a day-long learning collaborative training session designed to help them become familiar with the portal, review licensing agreements with Hazelden Publishing, discuss IRHIT contract deliverable expectations, and learn about the project's data collection requirements.

Successful program implementation hinges on overcoming workflow and cultural barriers at participating sites. Staff turnover and reluctance to embrace technology has greatly impeded momentum. Additional education about privacy features and other reliable methods to reach patients may assuage hesitations and encourage increased uptake in portal activity. At the client level, there may be a general lack of understanding about treatment services. Specific groups (e.g., drug-using parents, cultural minorities, new immigrants, non-English speakers, and Native Americans) may also be fearful of participating in government services.

The Recoveration.org portal is one of several types of distance treatment technology that providers use at their locations. To varying degrees, practices have chosen to incorporate secure email, messaging reminders, texting, and individual and group chat room functions into practice. For consistency, providers must develop a uniform set of policies and procedures to outline how they will implement technology (see table 2). They must also submit a list of staff names and assigned responsibilities to accomplish IRHIT activities.

Table 2. IRHIT Policies and Procedures

IRHIT Policies and Procedures	
1.	All intensive outpatient program (IOP) clients assessed as appropriate for participation in IRHIT are apprised of IRHIT availability as part of the agency's intake process.
2.	All IRHIT clients complete online GAIN-SS screenings each month.
3.	All IRHIT clients/willing family members complete online GAIN TxSI questionnaires at intervals determined by IDPH.
4.	All prospective IRHIT clients/willing family members are assessed for the appropriateness of incorporating IRHIT into their treatment plan.
5.	All prospective IRHIT clients/willing family members assessed as appropriate for IRHIT will receive education on IRHIT online portal/tools.

IRHIT staff have remained flexible in their implementation strategy, recognizing there is no one-size-fits-all approach to service delivery. They are amenable to adapting the program as needed

to address challenges and considerations beyond implementation—including sustainability and readiness to meet ACA requirements. Table 3 outlines the program's strategy and progress toward accomplishing its goals.

Table 3. Goals, Objectives, and Progress

Goals, Objectives, and Progress	
Goal 1: Contracted providers will increase the number of rural adults assessed and retained in intensive outpatient and recovery services by utilizing expanded health information technology.	
Objective 1.1: Over the next 3 years, increase the number of clients engaged in IOP services by IDPH-funded providers by 15 percent.	**Progress:** The 14 participating provider agencies are currently in the planning and implementation stage of the project. They are not yet at a point to expand their activities more broadly. IDPH program staff plan to reevaluate contract requirements and goals with the sites and will continue to provide assistance to encourage technology adoption.
Objective 1.2: Increase IOP retention rates with four or more sessions with IDPH-funded providers from 22.6 percent to 32.6 percent over the life of the project.	
Objective 1.3: Increase rates of family involvement from 9.2 percent to 20 percent.	
Goal 2: IDPH-funded providers will expand and enhance substance abuse treatment services offered by agencies by implementing a planned IRHIT project.	
Objective 2.1: Providers will create appropriate policies and procedures to expand IRHIT online services to clients in need of substance abuse treatment services.	**Progress:** The 14 participating provider agencies have developed policies and procedures to support the implementation of technology at their sites. Providers are using the Recoveration.org portal to upload resources to the online library and develop treatment assignments for their clients.
Objective 2.2: Providers will enhance their Web-based services to provide the substance abuse, IRHIT client with real-time access to evidence-based counseling services, education and clinical evaluation tools, and client-initiated treatment plan management.	
Objective 2.3: Providers will expand and enhance services to client family members by providing Web-based libraries containing family-based education and treatment services, including access to counseling, Web-based education and clinical evaluation tools, and client-initiated treatment plan management as appropriate.	
Goal 3: IDPH will implement and sustain diffusion of enhanced HIT to the 23 IDPH-funded substance abuse treatment agencies (9 agencies in year 1 and 7 agencies in years 2 and 3, respectively).	
Objective 3.1: IDPH will fund .3 FTE staff at each contracted agency to enable providers to defray initial personnel costs related to agency coordination.	**Progress:** IDHP has identified two cohorts of provider agencies (see section 5 for details). Agencies are actively implementing the program at this time (at varying levels), and IRHIT staff are working toward developing a compendium of best practices and lessons learned to support future adoption efforts.
Objective 3.2: IDPH will provide training to providers in expanded and enhanced services enabled by health information technology.	
Objective 3.3: IDPH will utilize NIATx process improvement principles and aims to disseminate innovative and best practices to its service delivery network.	
Objective 3.4: IDPH will hold yearly statewide learning collaborative meetings and monthly Webinar/phone conferences to disseminate lessons learned and best practices to engage consumers, providers, funders, and	

Goals, Objectives, and Progress	
community members.	
Objective 3.5: IDPH will organize a collaborative committee composed of stakeholder representatives, including the targeted population.	

IRHIT actively tracks program expenditures and developed a detailed worksheet to account for expenses associated with the following:

- Participating provider agencies are contracted by IDPH to deliver IRHIT services. Each site is eligible to receive up to $26,000 in year 1, $18,000 in year 2, and $1,000 in year 3 to implement the project (i.e., developing policies/procedures, establishing a staff workflow, conducting a walkthrough, and completing client assessment goals). Incentive dollars are offered to sites for completing GPRA intakes. It was recommended that IRHIT restructure financial incentives for providers so that payment is based on meeting established performance benchmarks.
- Enhancement dollars are available to add copyrighted resources to the portal provided by Hazelden Publishing.
- IDPH has negotiated a licensing agreement with Iowa Solutions to allow provider agencies to use the Recoveration.org portal.

IRHIT is assessing the level of effort required of provider agencies to meet project goals. IRHIT remains committed to assisting programs to adapt their policies and procedures to effectively incorporate distance treatment services into practice.

5. Community Linkages, Partners, and Participation

To date, the IRHIT project has been incorporated into 14 of the 23 State-funded provider agencies (or “gateways”). Participating agencies (see table 4) offer comprehensive behavioral health screening, assessment, and treatment services as outlined by the American Society of Addiction Medicine Patient Placement Criteria, Second Revised Edition (ASAM PPC-2R).

Table 4. Participating Provider Agencies

Cohort 1 Providers	Cohort 2 Providers
• Alcohol and Drug Dependency Services • Community and Family Resources • Compass Pointe • Heartland Family Service • Jackson Recovery Centers • MECCA Services • Prairie Ridge Addiction Treatment Services • Substance Abuse Services Center	• Area Substance Abuse Council • Center for Alcohol and Drug Services • Employee and Family Resources • Northeast Iowa Behavioral Health • United Community Services • Zion Recovery Services

Since the identified sites were already participating in the State's problem gambling program, IDPH staff believed that IRHIT implementation would be a natural fit. Adoption, however, has varied widely among the provider agencies, particularly cohort 1 locations. One provider chose not to participate because it did not see the financial value of incorporating technology into its existing practice. Active sites have enrolled far fewer clients than originally anticipated, but project staff remain hopeful intake numbers will increase now that policies and procedures have been established and sites have had the chance to fully implement the project. IRHIT will continue to partner with Recoveration.org developer Iowa Solutions to negotiate different strategies to increase user activity.

The State's managed care contractor–Magellan Behavioral Health–provides monthly capitated reimbursement to the provider agencies. At this time, Magellan does not reimburse for distance treatment services. Magellan requires additional research to demonstrate the evidence base supporting technology strategies before it will endorse the project.

IRHIT staff are committed to partnering with provider agencies and other organizations that believe the project will enhance client care. Offering technology to supplement treatment services is a strong leveraging tool for organizations to compete in today's health care environment and represents the future of health care.

6. Client Outreach, Recruitment, and Referral

Client recruitment, engagement, and retention efforts have been minimal. Few of the participating provider agencies are actively using the Recoveration.org portal or other forms of technology to enhance client treatment services. Identifying provider and client champions from within and across agencies is critical in helping IRHIT gain the traction it needs to become a routinized component of care. To make this possible, providers and clients must see the value of technology. It was recommended that the Recoveration.org site have more diversified

content to include information that affects clients' lives—beyond substance use—such as resources on employment, dealing with emotions, child welfare, and housing. Providers must also feel unencumbered by issues of security and broadband reliability. Additional education about secure methods of transmitting patient information may help to overcome provider reluctance. With continued exposure and increased buy-in from agency staff and clients, it is anticipated that IRHIT's reach will grow within existing and prospective sites.

There are Web-based referral options available for providers and clients. Providers and clients can access the Iowa Substance Abuse Information Center (ISAIC)—a 24-hour helpline and treatment locator for clients and health professionals in need of resources to address alcohol, drugs, gambling, and other mental health issues. ISAIC provides access through a single point of entry to available resources in the community, such as the Recoveration.org portal. The site includes a treatment facility locator, details about State and nationwide help lines/hotlines, listings for self-help group meetings, and information about community coalitions. Visitors can also connect to the Cedar Rapids Public Library to search for resources on a variety of topics. The site's home page includes a prominent link to the GAIN-SS assessment featured on the Recoveration.org portal. Individuals who complete the assessment are given immediate feedback about their results and substance abuse risk level. They are then directed to a page that details where they can learn more information about alcohol or other drugs, locate a substance abuse treatment program, or contact information for the ISAIC help line. Unfortunately, there is no direct link to Recoveration.org content from the ISAIC site.

Providers also have access to the State's health information exchange—the Iowa Health Information Network (IHIN) (also known as Iowa e-Health)—to access patient information and determine the best patient-centered approach to manage their care. At this time, however, behavioral health providers are not actively using IHIN.

7. Affordable Care Act Readiness

IRHIT has the potential to transform current technology use and treatment practices in the State of Iowa. A solid data-informed strategy will help IRHIT secure its role as a leader in technology-supported behavioral health care. The project's primary focus has been on implementation and dissemination, and there is little evidence the State-funded provider agencies are fully prepared for the changes outlined under ACA, particularly with regard to technology use.

The State's mental health and substance abuse services are not integrated at the provider level. The ACA will necessitate substantial alignment between these systems, and technology will serve as a pivotal tool to enable provider groups to comply with established standards. Providers must have a clear understanding of the threat of inaction and the minimum level of buy-in needed to remain in business. The State will need to plan for evolving uses of the Substance Abuse Prevention and Treatment block grant dollars and may need to anticipate new

strategies for their use. Incorporating distance treatment options into their menu of available services will help make the case for sustainability. A proactive, aligned strategic vision between behavioral health and substance abuse providers is necessary to remain viable in the future health care environment.

Provider agencies' overall level of commitment to technology is reflected in their adoption of electronic health record systems and their use of the health information exchange. Each site is making progress at a slightly different rate; systems have varying functions, compatibility, and adherence to Health Level 7 International data standards. There are several examples of sites that are not using electronic health records at all.

IDPH was an early adopter of FEi Systems' Web Infrastructure for Treatment Services (WITS)—a Web-based, open-source application that tracks substance abuse and mental health services. WITS can be customized to capture client data and other reporting requirements, although it has become cost-prohibitive to modify WITS to comply with ACA standards. IDPH should consider negotiating a strategy with the vendor to adapt WITS or consider using another platform.

Payment structures will change under ACA. At this time, provider organizations are reimbursed for each patient they see (i.e., a claims-based system). When ACA takes effect, payment will eventually be linked to claims and quality-focused patient outcome measures, as outlined by patient treatment plans. While using technology may curtail billable hours under the current reimbursement system, it will become a critical component of overall patient care. It is essential, then, for organizations to enhance client services by offering different forms of technology access and care continuity.

8. Sustainability Planning

IRHIT has focused primarily on program implementation and has not yet addressed plans for sustainability. It is believed that the Recoveration.org portal could become a self-sustaining treatment tool once initial training and implementation phases are completed. The site visit team recommended that sustainability planning begin early and include a focus on adapting workflow and financial strategies that can support the program beyond the life of the grant. IRHIT should also consider developing a strategic plan for the next several years with a focus on how the program will adapt to technology requirements outlined under ACA. Involvement of key stakeholders in sustainability discussions will be critical for buy-in.

IRHIT staff are responsible for serving the program in multiple capacities while funded at only a part-time level. As the program grows, there will be increased demand on staff that will impede their ability to effectively manage geographically diverse sites. There are several strategies IRHIT may wish to consider to reduce staff burden and increase the likelihood of successfully sustaining the program:

1. Expand the number of recovery coaches and champions from within and across partner agencies to help stimulate program adoption.
2. Reinforce the train-the-trainer model among those who attend the yearly learning collaborative trainings to help hone in-house expertise and reduce the amount of time IRHIT staff need to devote to education and troubleshooting issues.
3. Limit program expansion to high-performing sites that are actively interested in incorporating technology into their practice.

IDPH must determine the cost-effectiveness of using existing data platforms such as I-SMART and WITS. Specifically, they should consider if the cost to modify existing systems to be compliant with ACA requirements is worth the continued investment. The State may not be able to afford long-term costs associated with adapting these systems. Ideally, it would be worth investing in an integrated system that combines behavioral health and substance abuse services, billing, and data collection functions.

Current reimbursement practices are not favorable to IRHIT sustainability since billing is reserved for in-person sessions and not distance treatment services. It will be important to advocate on behalf of the benefit of using technology to State legislators and the Iowa State Medicaid office. Identifying stakeholder champions and using data to quantify client outcomes will help IDPH make the case for continued IRHIT support. The shifting of Federal dollars as a result of ACA reinforces the importance of securing additional sustainable funding streams. Preferably, this should be accomplished by creating an institutionalized standard of practice within provider agencies, partnering with the State's managed care provider, and expanding Medicaid to cover distance treatment services.

9. Grantee Evaluation

Robust program evaluation results are not yet available because clients have used the Recoveration.org portal for only a short period of time. IRHIT is, however, conducting a quasi-experimental evaluation (*N* = 100 clients) to assess the health outcomes of clients assigned to a treatment group that received usual recovery services plus use of distance treatment technology or a control group that did not use technology enhancements in their recovery program. The study intends to address the following four aims:

1. Explore whether the IRHIT intervention resulted in positive clinical outcomes.
2. Assess the clinical profile of the IRHIT client using GAIN and SAIS indicators.
3. Assess the level of satisfaction of IRHIT clients using GAIN TxSI indicators.
4. Assess the effectiveness of Web-based enhanced interventions of client/family participation (i.e., Recoveration.org portal).

There are two data management systems used in the State. The most widely used is I-SMART—a Web-based client file and data reporting system for licensed IDPH-funded behavioral health providers to manage client information. The I-SMART system allows agencies to (1) securely share client data, as protected by law; (2) access tools for assessing, planning, tracking, and monitoring client information; (3) reduce administrative costs; and (4) help treatment providers meet regulatory and reporting requirements. A small number of providers use Iowa's Central Data Repository system to consolidate client information.

The segregation of data has also become an issue for the State. Iowa's health information network—IHIN—allows providers and patients to securely access vital medical information. It remains, however, a widely underutilized resource among behavioral health providers.

Thus far, IRHIT has enrolled 116 clients. This falls short of the 470 clients IRHIT anticipated enrolling in year 1 and further from their overall goal of enrolling 1,970 clients at the end of 3 years. Several factors have affected IRHIT's ability to meet targeted GPRA goals. Most prominent among them are technology limitations (e.g., broadband issues, unfamiliarity with tools) and limited clinician buy-in. It has been challenging for IRHIT to encourage provider agencies to focus on increasing referrals to the project and to ensure staff are properly identifying clients and collecting the needed data. Program staff may need to work with their GPO to adjust the current year's GPRA numbers.

IDPH was unable to fund additional staff to coordinate data collection efforts. All data entry is managed by program evaluator Dr. Ousmane Diallo. As the IRHIT project expands to other provider agencies and client enrollment increases, the data entry task will become exceedingly more challenging to coordinate. It is essential that Dr. Diallo be relieved of data entry responsibilities so he can focus on conducting process- and outcome-related evaluation tasks.

A successful evaluation will inform technology's ability to add value to health outcomes and effectively demonstrate its return on investment. These factors will be particularly helpful to garner stakeholder buy-in and support future expansion efforts.

Summary

IDPH's IRHIT project is supporting the expansion of technology-assisted care to State-funded behavioral health provider agencies in Iowa. This is not a small feat for IRHIT staff, particularly when their time is spread across IDPH programs. Although the site visit team was unable to speak directly to consumers about their experience using different technologies to enhance treatment services, IRHIT coordinators from active provider agencies offered candid feedback about the successes and challenges associated with integrating technology into practice. Provider reluctance to use technology may be alleviated by providing additional training to assuage confidentiality concerns, expanding content on the Recoveration.org portal, identifying

champions within and across sites to market its value, and offering performance-based incentives. While continued implementation considerations are critical at this juncture, it is worthwhile for IDPH to begin planning to sustain IRHIT beyond the life of the grant. Similarly, IDHP should also develop strategies to partner with key stakeholders to expand coverage and reimbursement opportunities and to more effectively align with ACA requirements.

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- IDPH is the only State-level grant recipient in the TAC portfolio.
- IDPH's substance abuse treatment program is modeled after an established system of care for clients with gambling issues.

CHALLENGES

- Among rural populations, there is a general lack of understanding about treatment. Specific groups (e.g., drug-using parents, cultural minorities, new immigrants, non-English speakers, Native Americans) may be fearful of participating in government services.
- It can be challenging to engage and retain clients in treatment beyond initial contact. Clients tend to remain engaged in treatment services if they access treatment within 2 days of receiving a referral. About half of IDPH clients engaged in intensive outpatient services complete their treatment plans; 57.6 percent of clients will experience a relapse.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	To yield the most promising results and avoid stretching program staff too thin, IDPH may be best served by focusing its attention on high-performing sites rather than extending to additional venues. Staff confirmed that year 2 sites will be held to higher expectations (e.g., incentive-based benchmarks).	X		
2	IRHIT may benefit from developing a project workflow that anticipates future demands.	X		
3	Currently, provider agencies use many different forms of technology (e.g., Recoveration.org, texting, phone counseling, telehealth). It is strongly encouraged that instead of adding additional technologies, IRHIT focus on building/refining its existing delivery mechanisms.	X		

Grantee Leadership

STRENGTHS

- IRHIT is embedded within IDPH's Bureau of Substance Abuse and has the support of the division's director.

CHALLENGES

- Partner agencies do not yet have technology champions at each of the active sites.
- The project team's time is spread across several projects; therefore, maintaining a consistent focus will become more challenging, especially as IRHIT expands to other provider agencies and client enrollment increases.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	IDPH may wish to identify champions from within its provider networks and the recovery community to support program sustainability.	X		
2	IDPH may benefit from forming a governance group to help prioritize enhancements designed to increase the use of technology.	X		

Implementation Plan

STRENGTHS

- Provider agencies offer traditional services and an assortment of distance treatment services to their clients.
- IRHIT staff have an active role in facilitating provider education on how to use the Recoveration.org portal.
- IRHIT staff have remained flexible in their implementation strategy and are willing to adapt delivery mechanisms as needed.

CHALLENGES

- Integration of technology is influenced by staff workflow within provider agencies. Adoption of new policies and procedures must be mindful of the site's culture and approach toward providing recovery services to clients. In some cases, this has required incorporating technology more slowly than anticipated.
- Providers that prefer traditional face-to-face client encounters are less inclined to incorporate technology into their practice. Implementation, then, will require additional time to overcome general reluctance.
- Many providers are concerned that telehealth options infringe on patient confidentiality, even though these technologies are in wide use nationwide.
- Clients may demonstrate some reluctance in managing Web-based aspects of the treatment process on their own. A lack of Web experience coupled with concerns about confidentiality and a lack of provider explanation of the value could inhibit use.
- Geographically, broadband service is unreliable in many rural communities.
- Communications and resources must be adapted to take into consideration clients' language, literacy, and education levels.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Solicit client input at intake to better determine ability/preference to access and use different types of technology. JBS will provide examples of questionnaire language that can be incorporated into the client intake forms.			X
2	Refine staff and patient workflow at each participating agency to show how technology can improve patient outcomes.	X		
3	Identify in-house experts from within and across partner agency staff and clients who can serve as champions of the technology and encourage broader adoption.	X		

Implementation Plan				
	Potential Enhancements	**Grantee Resources To Be Used**	**Will Request TA From CSAT**	**Information Requested**
4	Restructure financial incentives for providers so that payment is based on meeting established performance benchmarks to gauge that sites are adhering to program terms.	**X**		
5	Consider expanding the Recoveration.org portal's content to include resources that affect clients' lives, such as information related to employment, dealing with emotions, child welfare, or housing. Content must be applicable and easy to find.	**X**		
6	Upload a standardized set of materials to the Recoveration.org portal that all IRHIT clients can assess, regardless of where they receive treatment services.	**X**		
7	Develop a uniform set of policies and procedures governing the use of different technology strategies offered by provider agencies.	**X**		
8	Increase provider agency accountability by establishing performance-based reimbursement practices.	**X**		
9	IRHIT may benefit from developing a detailed work plan that captures best practices for streamlining staff workflow and continuity of care strategies for patients who are transitioning to different levels of care.	**X**		

Community Linkages, Partners, and Participation

STRENGTHS

- IDPH is part of an extensive network of policymakers, health care providers, businesses, and other stakeholders committed to protecting Iowa's health needs. This can leverage IRHIT's ability to bring potential partners to the table.

CHALLENGES

- Staffing limitations strain IRHIT's ability to effectively expand the project.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Given internal staff limitations, IRHIT may benefit from focusing its expansion efforts within existing active partner agencies as opposed to adding more sites to its roster.	X		
2	Build sufficient evidence to demonstrate the value and potential outcomes for why Magellan should endorse the use of health information technologies, and begin reimbursing provider agencies who offer distance treatment services to their patients.	X		

Client Outreach, Recruitment, and Referral

STRENGTHS

- The Recoveration.org portal is featured on ISAIC—a comprehensive online behavioral health information and referral site.
- Providers may also take advantage of the State's health information network—IHIN.

CHALLENGES

- Identifying program champions/mentors from among agency staff and clients has been challenging.
- ISAIC and Recoveration.org do not reference themselves on each other's sites.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The program may benefit from identifying clients who have had success in their own recovery to serve as champions to others.	X		
2	Training recovery coaches to promote the program may assist in building capacity beyond what case managers can accomplish.	X		
3	Texting may serve as an effective marketing mechanism to spread the word about recovery services and complement discussion board activities. Consider incorporating "thought-of-the-day" messages.	X		
4	Use technology to market technology's potential to improve client health outcomes.	X		

Affordable Care Act Readiness

STRENGTHS

- IDPH has established relationships with provider organizations and can foster these connections to work toward integrating mental health and substance abuse services.

CHALLENGES

- IDPH needs to develop a proactive, data-informed strategy at the State level to bring together the State's mental health and substance abuse services.
- Existing payment structures do not provide incentives for using technology. Current provider reimbursement schedules are based on the number of clients staff see (i.e., billable activities), and using technology takes away from billable hours. Payment schedules will radically shift under ACA, which will focus on reimbursement for patient outcomes, more so than individual service events.
- Provider agencies are at different stages of implementing electronic health record systems. Some have not implemented a system into their practice.
- IDPH cannot afford to modify its WITS application to comply with ACA standards.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	IRHIT may benefit from technical assistance to develop strategies to link the State's behavioral health and primary care systems in anticipation of ACA.		X	
2	IRHIT may benefit from technical assistance to learn about the different data collection strategies that will be useful to consider under ACA.		X	
3	IDPH may wish to develop a new procurement plan for the WITS application so it can build a system that best meets its needs and complies with all meaningful use standards established under ACA.	X		

Sustainability Planning

STRENGTHS

- IDPH understands the value of distance treatment technology on client outcomes and appreciates the role technology will have on the future of patient care. While implementation has been the primary focus, staff are mindful of the importance of sustaining IRHIT beyond the grant.

CHALLENGES

- IRHIT staff responsible for managing the project have other responsibilities within IDPH. As the program grows, this will increase demand on staff and reduce their ability to effectively serve geographically diverse sites.
- IRHIT services are not reimbursed under current billing schedules. Payment is reserved for in-person sessions.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider expanding the number of recovery coaches in the field to build capacity within partner sites.	X		
2	Identify stakeholder champions and create a mechanism to produce data-driven results to assist in making the case for expanding IRHIT funding mechanisms.	X		
3	Incorporate a train-the-trainer model to hone local provider in-house expertise and reduce the amount of time IRHIT staff need to devote to education and troubleshooting issues.	X		
4	Focus on implementing IRHIT in high-performing sites that are actively interested in incorporating technology into their practice.	X		
5	Sustainability planning should begin early and include a focus on workforce and financial strategies that can support the program beyond the life of the grant. Develop a strategic plan for the next several years with a focus on how the program will adapt to the technology requirements outlined under ACA.	X		

Grantee Evaluation

STRENGTHS

- The IRHIT evaluator has extensive experience conducting evaluations at the State level.
- IRHIT is committed to exploring technology's impact on health outcomes.

CHALLENGES

- Because of State budget cuts, IDPH lost its original data-entry person. The program evaluator is now managing this responsibility, which is not an effective use of his time. As the program expands, this task will become too time consuming to manage and not an appropriate function for the epidemiologist to perform.
- Staff have set a high GPRA intake goal—1,970 clients (as originally identified in their application).
- Agencies are reluctant to share information about how the Recoveration.org site is used by clients and counselors. A lack of access to site analytics creates a missed opportunity to inform evaluation efforts.
- Client data have become siloed across systems.
- Behavioral health providers have not been active users of the IHIN system.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	IRHIT may wish to consider developing simple inquiries to gauge the technology features that are most useful to its users.	X		
2	IRHIT may consider revising its GPRA intake numbers for the current reporting period. Requests should be submitted to SAMHSA GPO Kate Wetherby with a brief justification for the change and the percentage of adjustment desired.	X		
3	Outcomes data are essential to diversify funding. Collect evidence of program effectiveness to demonstrate why funders and managed care organizations, such as Magellan, should reimburse for distance treatment services.	X		

Abbreviations and Acronyms

ACA	Affordable Care Act
ASAM PPC-2R	American Society of Addiction Medicine Patient Placement Criteria, Second Revised Edition
GAIN-SS	Global Appraisal of Individual Needs, Short Screener
GAIN TxSI	Global Appraisal of Individual Needs, Treatment Satisfaction Index
GPO	Government Project Officer
GPRA	Government Performance and Results Act
IDPH	Iowa Department of Public Health
IHIN	Iowa Health Information Network
IOP	Intensive outpatient program
IRHIT	Iowa Recovery Health Information Technology
I-SMART	Iowa Service Management and Reporting Tool
ISAIC	Iowa Substance Abuse Information Center
SAIS	Services Accountability Improvement System
SAMHSA	Substance Abuse and Mental Health Services Administration
TAC	Technology-assisted care
WITS	Web Infrastructure for Treatment Services