

***Division of Services Improvement, Clinical Technical Assistance Project
Technology Assisted Care***

**Human Service Center Progress Call Summary
September 25, 2013, 2:00 p.m.–3:00 p.m. (EDT)**

Submitted to: Human Service Center
Date of Submission: September 30, 2013

Attendees

Human Service Center (HSC): Corey Campbell and David Loveland
JBS International (JBS): Dave Wanser, Iris Chai, and Leslie McElligott

Meeting Purpose

The purpose of the discussion was to follow-up on HSC's progress since the last call (July 15).

Progress Update

Corey Campbell (HSC) recently attended the ATTC conference in Minneapolis, Minnesota. He enjoyed hearing about their mission and networking with others who are using e-therapy. He learned that telemedicine functionality varies across the states.

HSC's main focus has been on identifying partners and generating client referrals:

GPRA

- At this time, HSC is up to 37 percent of their GPRA target and have enrolled over 100 clients. HSC does not intend to change their proposed GPRA numbers. While they are uncertain if they will hit their target, the numbers they projected are reasonable.
- The pool of high-risk clients at FQHCs and hospitals is significant (28,000 and up to 60,000 clients, respectively). Unfortunately, HSC has been unable to gain access to patients at high risk for substance use due to provider turn-over at FQHC facilities and bureaucratic hurdles at local hospitals.

Partnering Efforts

- HSC is partnering with the two largest hospitals in the area – Unity Point Methodist and Order of Saint Francis (OSF) Medical Center; however, entry has been encumbered by corporate decision making processes. Partnering organizations are enthusiastic about HSC's program, but getting past the red tape is no easy task. HSC has made repeated attempts to secure a partnership with the facilities so that they may begin implementing at their sites, but they are constantly bumped from the board agenda. HSC anticipates going live at the sites sometime in December.

- The facilities are dealing with transitional challenges related to Affordable Care Act (ACA) implementation and, in the case of Unity Point, the acquisition of another hospital group.
- At the Heartland FQHC site, HSC is recruiting clients, but finds that client retention has been challenging. As mentioned, Heartland's provider workforce has dropped sharply, so it has been more difficult to generate referrals. Nonetheless, Heartland has embraced technology and is eager to get HSC's program up and running. Its providers may need training on how to promote the value of technology. HSC finds that its medical residents are easier to train.
- HSC is currently working with OSF's home health affiliate to train its social workers on how to use mobile wellness technology and generate referrals.

Meaningful Use

- Dave Wanser (JBS) reported that hospitals and FQHCs will have to anticipate Stage 2 Meaningful Use requirements. As such, there are performance measures they have to report related to substance use and other behavioral health conditions. HSC could facilitate the process by helping organizations with their screening and referral processes. It would be worth pitching HSC's services as a way to help organizations meet Meaningful Use and other quality reporting requirements.

Training

- HSC was approached by the Illinois Primary Healthcare Association to present at their conference about HSC's integrated care model.
- HSC was approached to conduct training for providers, nurses, and other clinical staff on motivational interviewing (MI) and brief intervention (BI). They have offered lunch and learn training sessions on issues like working through ambivalence and readiness to change. Residents, in particular, have been receptive to their messages.
- There are many SAMHSA-funded SBIRT programs in medical residency programs. HSC should consider exploring educational videos from residency programs that are using currently SBIRT (as featured on YouTube and the Ideas Exchange). SBIRT training could be an entrée into other program offerings.

Mobile Wellness Grant

- David Loveland (HSC) wrote a mobile wellness grant offered by the Center for Medicare and Medicaid Innovation Grant (Round 2).
- Populations within hospital systems often have extensive behavioral health issues that would benefit from HSC's model.

- Corey and staff came up with the idea to set up posters to promote HSC's wellness offerings. Their campaign is currently featured at Heartland clinics.

Next Call

- The next follow-up call: TBD