Service Design Site Visit Report

Community Health Center, Inc.

Middletown, Connecticut

Dates of Site Visit: May 21–22, 2014

◆ Targeted Capacity Expansion, Technology-Assisted Care ◆

Prepared by JBS International, Inc., under Contract No. HHSS283200700003I/HHSS28300002T

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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Exhibits

Community Health Center, Inc.

Grantee Name	Community Health Center, Inc.
Grantee Phone Number	860-347-6971
Grantee Address	675 Main Street, Middletown, CT 06457
Site Visit Dates	May 21–22, 2014
Program Name	Technology-Enhanced Access to Coordinated Healthcare and Buprenorphine Maintenance Therapy (TEACH BMT)
Grant TI Number	TI 13-008
SAIS Number (TA Number)	3905
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Grantee Project Sites Visited	
Middletown site	675 Main Street, Middletown, CT 06457
Waterbury site	51 North Elm Street, Waterbury, CT 06702

Executive Summary

Community Health Center, Inc. (CHCI), is the leading health care provider in Connecticut. The organization is a private, not-for-profit, federally qualified health center (FQHC) providing medical, behavioral health, dental care, and social services. The integration of primary and behavioral health care assists CHCI in achieving the mandates of the Affordable Care Act. Certified by both the Joint Commission on Accreditation of Healthcare Organizations and the National Committee for Quality Assurance, CHCI is a patient-centered medical home operating 13 primary care sites statewide. The organization makes a special commitment to help individuals who are uninsured and underinsured as well as special needs populations. As the largest FQHC in Connecticut, the agency accepts Medicaid and Medicare, employs a sliding-fee schedule, and provides services to patients who have often struggled to find affordable access to primary care. CHCI serves predominantly Hispanic and White males and females aged 20–44 with an elevated risk for heroin and other opiate abuse who live in low-income and high-crime metropolitan areas.

In August 2013, CHCI was awarded the Substance Abuse and Mental Health Services Administration's (SAMHSA) Targeted Capacity Expansion, Technology-Assisted Care (TCE-TAC) grant for the delivery of technology-supported services to individuals seeking behavioral health treatment and recovery services. The program CHCI is implementing—Technology-Enhanced Access to Coordinated Healthcare and Buprenorphine Maintenance Therapy (TEACH BMT)—supports several of SAMHSA's strategic initiatives. Health information technology is used to help engage individuals in care, support treatment, improve recovery outcomes, and enhance prevention of substance abuse and mental illness for populations who are underserved and economically disadvantaged. The grantee uses videoconferencing, an electronic health record called eClinicalWorks (eCW), and a patient portal to improve health outcomes for those lacking access to specialty care. The 3-year grant program seeks to serve 175 clients in the first year, adding 100 more each successive year, for a total of 375 by year 3. CHCI aims to retain 150 patients per year.

The TCE-TAC team from JBS International, Inc., conducted a site visit to CHCI on May 21–22, 2014, visiting with staff from both the Middletown and Waterbury clinics. The team reviewed the program accomplishments and identified potential areas for improvement and technical assistance that can support CHCI in achieving program goals and sustainability. The visit included a presentation about the agency, the Extension for Community Healthcare Outcomes (ECHO) model being implemented, a case study review, and an overview of program evaluation results. Leadership actively participated in the 1½-day visit and provided many insights into the program's successes, challenges, and future goals and objectives.

The TEACH BMT grant program seeks to benefit the communities by increasing access to substance abuse services and improving treatment engagement and retention through provider training and consultation. The ECHO model, first developed by the University of New Mexico, has been effective in improving access, engagement, and retention in care to individuals who

are underserved and at high risk. Having already successfully adapted this model in other programs, CHCI is well prepared to replicate it for the TEACH BMT program. The program facilitates linking individuals in substance abuse treatment to primary care treatment for medical management of other health conditions. Specifically, ECHO links patients to a health home, promoting engagement in health screenings, preventive care, and chronic disease management to address the disproportionately high comorbidities present in the target population.

The eCW electronic health record tracks detailed patient encounters, enabling sharing of information and a multidisciplinary approach to patient care. Videoconferencing is now used by doctors to share information with one another. The site visit team suggested expanding this technology to patient-provider communication so CHCI can begin delivering treatment via telemedicine. This will be an easy and important enhancement and move the project toward demonstrating that clients benefit from use of these technologies. The patient portal was developed for patients to reach providers, but its use by clients has been minimal, and staff find it less than engaging.

Although the program is based on an evidence-based model that provides a strong foundation for implementing TEACH BMT, there are major challenges staff are working to address:

- Collection of Government Performance and Results Act (GPRA) data
- Use of technology to engage patients
- Building the team based on the ECHO model
- Obtaining provider coverage and managing patients remotely
- Staff resistance to the use of technology

The site visit team made suggestions for the program's major hurdles and areas where technical assistance could enhance implementation and sustainability. Using the current videoconferencing infrastructure to enable telemedicine would address some of the challenges. Technology can extend the reach of physicians and engage potential clients. It may also be helpful to define a framework shared with staff across CHCI that speaks to the relationship between traumatic childhood experiences and subsequent physical and behavioral health problems. This framework could facilitate engagement strategies and treatment plans and accommodate the inherent defensive responses that can lead to treatment plans failing and clients prematurely exiting treatment.

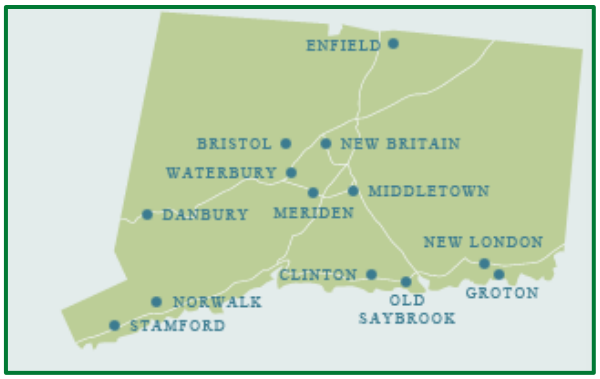
Evaluation processes should consistently focus on the elements of a successful workflow. Discovering these elements can distinguish one clinic success that can be transferred to another. For program sustainability, an information strategy should be developed for use by the entire agency over the 3 years of the grant. The grant can be a vehicle to inform the organization on how a technology strategy can improve clinical outcomes and increase efficiencies. It might also be valuable for client information to be entered into a patient registry

for analysis of clinical and service data to develop predicative analytic models, clinical guidelines, and outcome management tools that can support improvements in advancing best practices, retention, and outcomes. The staff were receptive to the suggestions and eager to implement improvements to the TEACH BMT program. They are on track to build another successful program at CHCI.

Grantee Overview and Environmental Context

Community Health Center, Inc. (CHCI), is a statewide health home offering comprehensive primary care services in medicine, dentistry, and behavioral health. Prevention, health promotion, treatment of illnesses, and management of chronic diseases are also offered to clients to encourage engagement and recovery. Although CHCI's services are available to all individuals in the communities it serves, the organization is especially committed to providing care to individuals who lack insurance or have HIV/AIDS.

The main site of CHCI is situated on Main Street, in the downtown business district. The city of Middletown is located along the west bank of the Connecticut River.



CHCI locations in Connecticut

Started by community members who wished to address the lack of services for people in need, the health center grew from a free dental clinic in 1972 to a 3-story multipurpose building on Middletown's Main Street. Four decades later, CHCI now operates 13 primary care licensed clinic hubs (see map, left) in various cities across Connecticut, with more than 200 service points. In many of the same cities, the agency also offers school-based health centers that provide medical, behavioral, and dental services. As a consumer-oriented organization, CHCI has a board of directors with many members who are CHCI patients, providing the agency with insight into the interests of the communities it serves. CHCI also created the first FQHC community-based research center, the Weitzman Institute. The institute is a hub for innovation in primary care delivery.

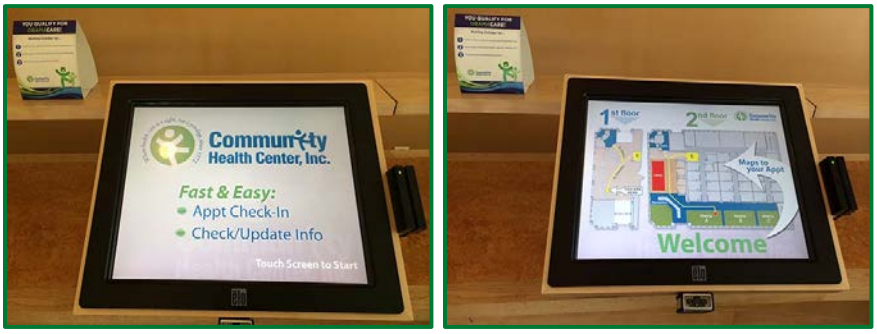
Substance use is a major health concern in Connecticut, predominantly the abuse of opiates and heroin. Persons involved are primarily Whites and Hispanics between 20 and 44 years of age. Other characteristics associated with CHCI's target population include lower education, residence in a metropolitan area, and a history of probation and parole. With high rates of unemployment and poverty in some cities, Connecticut has one of the largest income disparities in the Nation. In some of the cities served by CHCI, the number of people living below the Federal poverty level is double the State average, and unemployment rates are well above the State average. Both of these factors are directly related to insurance status—having Medicaid, Medicare, or no health insurance at all.

Few facilities in Connecticut offer both substance abuse treatment and mental health services; even fewer integrate primary care into their model. These concerns, together with limited access to buprenorphine maintenance therapy (BMT) and ability to pay for services, drastically limit access to care and services for substance abuse and mental health treatment and

recovery. Consequently, CHCI's patient-centered medical home (PCMH) is an ideal agency to reach and engage the opioid-dependent population.

1. Site Visit Overview

On May 21–22, 2014, the Clinical Technical Assistance Project's TAC program staff conducted a site visit to review program accomplishments, implementation, and service delivery approaches of the Technology-Enhanced Access to Coordinated Healthcare and Buprenorphine Maintenance Therapy (TEACH BMT) program. The site visit team met with key staff from both the medical and evaluation teams, gaining an understanding of CHCI and the grant program's operations, strengths, and challenges. The program staff also prepared three PowerPoint presentations highlighting the agency, the Extension for Community Healthcare Outcomes (Project ECHO) model and case submission process, and patient baseline data. The visit included discussions about overcoming challenges related to data collection, integrating technology into the workflow, and engaging teams using the ECHO model. The site visit team provided guidance regarding the implementation of technology for the delivery of services and potential technical assistance opportunities that may enhance the program.



Kiosks at Middletown site

The JBS site visit team was given the opportunity to visit two of the CHCI sites—Middletown and Waterbury. At the Middletown location, the JBS team met with the project director and coordinator, medical director of the Middletown site, patient navigator, project evaluator, and the director and a research assistant of the Weitzman Institute. The leadership team presented an overview of the organization and discussed uses for the evaluation data and potential improvements to the videoconferencing technology. The site tour featured a "pod" team configuration; each team works together as a unit, sharing clinical space and providing both medical and behavioral health services. As the main site of CHCI, the Middletown location offers informational kiosks in the lobby for patient check-ins, contact information updates, and navigation of the building. The lobby also houses a room reserved for use by the local community. Additional engagement of the community includes a rooftop garden maintained by local schools.

Rooftop garden at Middletown site

The Waterbury site, approximately 45 minutes away from Middletown, also provides a variety of services, including treatment and screening. The JBS team met with the medical director at the Waterbury establishment, a nurse care coordinator, a medical assistant, and two psychiatrists. Workflows and streamlining processes among the CHCI sites were discussed, along with the added value of using technology in patient care and remote management. The site visit closed with a debrief conference call with the Government Project Officer (GPO), Wilson Washington. Major themes during the 1½-day site visit with CHCI were summarized, some with potential for technical assistance. The GPO stressed the importance of developing a strategic plan for sustainability of the program beyond the 3 years of the grant. The CHCI team was receptive to the suggestions provided by the JBS team and appreciated a visit within the first year of award.

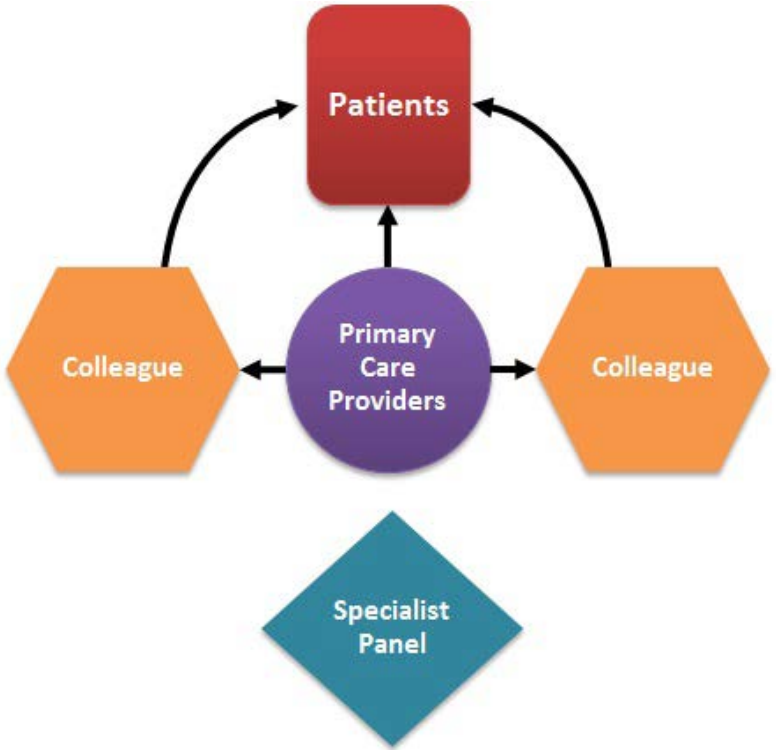
2. Program Vision and Design

CHCI believes health care is a right and not a privilege, particularly if an individual does not have the ability to pay for care. The organization's model of care is to improve and transform the delivery of health care, ensuring not only that the needs of community members are met, but that the best care is provided to patients. To achieve this mission, the agency focuses on three critical strategies: to always strive for clinical excellence, to continuously innovate and research approaches to improving lives, and to train future health care professionals.

Based on evidence derived from using the ECHO model (exhibit 1, next page) for opioid-dependent populations and successfully adapting it as the standard of care for multiple programs at CHCI, the grant program will be implemented using this model. Through case-based distance learning, ECHO attains care coordination using videoconferencing and an electronic health record (EHR), linking primary care providers and specialists to better serve the underserved population and expand access to individuals unable to access BMT. The JBS team suggested also incorporating the technology into the workflow as a tool for patient service delivery and engagement.

Implementing BMT at CHCI locations integrates primary and mental health services with opioid substitution therapy, providing the opportunity for screenings, prevention, and chronic disease management. An enhancement of the ECHO model, the program will include a primary care provider, psychiatrist, nurse, medical assistant, and behavioral health therapist. This collaboration creates a pod team-based model that is able to provide comprehensive care. To further support team collaboration, the agency employs a voucher system for buprenorphine prescriptions. Any member of the care team can sign the voucher, allowing the entire team an opportunity to manage a patient. The pod and voucher system enables a clinical team to work toward the common goals of a patient's recovery and engagement.

Exhibit 1. Project ECHO Model



Other features of the program design include the use of patient navigators to support health care delivery, outreach, and retention. The JBS team recommended that the program extend the roles of the patient navigators to individualize patient care. An advance scheduling model provides patients with appointments within 24 hours. These features will help facilitate the expansion of access to treatment and comprehensive care for the opioid-dependent population.

3. Grantee Leadership

The leadership is actively involved in ensuring the success of the grant program. Several members of the leadership team were present throughout the site visit. They were engaged in sharing information and interested in suggestions made by the JBS team. The staff is knowledgeable about the agency and its programs. Some of the staff have experience working on other programs and are enthusiastic about sharing their lessons learned with the TEACH BMT grant. Additionally, the key grant staff have extensive experience in addressing issues of service disparities in special populations. The project coordinator is also part of the quality improvement department, ensuring that the program adheres to the highest quality measures. Most importantly, the leadership has the vision to use the grant as a launching pad to integrate

technology into the delivery of health care throughout the organization. The JBS team suggests that the leadership develop a stronger understanding of the functions that can help direct the organization toward the structure of an Accountable Care Organization (ACO).

4. Implementation Plan

Although the grant program is in its first year of implementation (see exhibit 2 for status), it benefits from staff experience in the deployment of the ECHO model in other CHCI programs. The staff has actively begun developing a program that uses videoconferencing to help in the expansion of opioid treatment; however, telehealth has not yet been implemented. Thus far, the videoconferencing application, Vidyo, is limited to provider use only. As of June 2014, 14 intakes were recorded in the Services Accountability Improvement System. Using telehealth would be an effective approach to increasing the intake rates. The program is also using mobile phones for appointment reminders and an EHR to track and share multidisciplinary patient encounters. Patients have the opportunity to reach providers through a patient portal, but uptake has been minimal since clients can only access the portal using a desktop computer. The leadership is aware that extending access via mobile phones would help increase client accessibility and thereby patient interest. At this time, steps to address this issue have not been developed.

Exhibit 2. CHCI Program Objectives, Progress to Date, and Potential Improvements

Objectives	Progress to Date (May 22, 2014)	Potential Improvements
Objective 1: To utilize novel videoconferencing technology to help educate, train, guide, and support providers in BMT and increase access and access points for patients in all communities served by CHCI.	• Videoconferencing is currently being used by providers for care coordination, training, meetings, and agency-wide grand round presentations. • The agency has residency programs to train the next generation of providers, thereby increasing the number of service points. There are currently 218 service points in the communities CHCI serves.	• Videoconferencing can be used in the delivery of telehealth clinical services, benefiting both clients and providers. Telehealth overcomes barriers such as transportation and childcare, helping to expand access. For providers, telehealth allows for remote management of clients, helping to resolve workflow issues related to coverage, time, and cost. • Identify other technological tools that can help expand services, engage clients, and increase access to services.
Objective 2: To design and implement an innovative program that integrates BMT with primary	• As a PCMH, primary care and mental health services are provided, including health	• Use technology as a provider extender to further the potential of wraparound

Objectives	Progress to Date (May 22, 2014)	Potential Improvements
care, behavioral health, and wraparound support services. Patients who participate in CHCI's program will improve outcomes related to both substance abuse and primary health care.	screenings, preventive care, and chronic disease management. • A team of multidisciplinary providers cares for one client, tracking and sharing client progress notes via an EHR.	services. Technology can help build and increase client engagement; constant interaction through technology helps support individuals in recovery.
Objective 3: To engage in a unique multidisciplinary model of substance abuse care through the participation of a comprehensive health care team. The team will consist of not only the buprenorphine-prescribing medical provider, but also the nurse, medical assistant, and behavioral health specialists involved in the patient's care. This effort will increase agency-wide understanding and help reduce the stigma surrounding BMT.	• The pod team works together as a unit, sharing clinical space and providing medical and behavioral health services. • A voucher system is used so all members of a care team can sign for a client's prescription voucher, thereby helping to reduce the stigma of BMT.	• Engage in further team-building exercises that can help all members of the team support BMT as an effective treatment for opiate dependence.
Objective 4: To provide wraparound support services to BMT patients in an effort to assist them in remaining engaged in care.	• There are currently limited efforts to keep clients engaged in their recovery.	• Use technology as a tool to keep clients connected and motivated to continue recovery (e.g., electronic access to information on employment, housing, health education). Mobile phone applications can help to keep clients engaged and seek support from other recovering individuals. • Patient navigators who understand the community and its members can help eliminate barriers to continued recovery.

Other challenges include collecting initial and followup Government Performance and Results Act (GPRA) data and fostering team engagement in support of BMT as a treatment for opioid dependence. The staff is working hard toward overcoming challenges to achieve program objectives. In December 2013, the program hired a patient navigator familiar with consent and data collection who had implemented a similar program. With a knowledgeable patient navigator on staff, the program has a champion in obtaining consent and supporting recruitment and retention.

During the early stages of implementation, the program should also consider using technology as an engagement tool and physician extender, developing a successful workflow that works for all the CHCI sites, and focusing on a strategy for information capture and use that the entire agency can use to support sustainability. CHCI can consider the implementation of the TEACH BMT grant program to be a starting point for technology to be used throughout CHCI.

5. Community Linkages, Partners, and Participation

CHCI has several partners in Connecticut that assist the organization in addressing the needs of the communities it serves. These partners are predominantly facilities that offer intensive outpatient, residential, and inpatient behavioral health treatment services. CHCI refers patients to these partners since it does not provide certain levels of care. The partners in turn provide CHCI with referrals. To provide the best possible care in addressing the communities' underserved and special populations, CHCI has developed collaborative partnerships with—

- Local health departments
- Community-based organizations
- Human service agencies
- Government-funded programs
- Health and wellness programs
- Behavioral health providers

With the evidence-based success of the ECHO model and BMT projects in providing specialty care to underserved populations, several other behavioral health organizations in Delaware and New Jersey are now interested in implementing the ECHO model. CHCI is eager to work with other States to build a wider network of ECHO projects. The quality of care at CHCI has allowed the agency to be accredited by the Joint Commission on Accreditation of Healthcare Organizations, and the National Committee for Quality Assurance has recognized it as a level III PCMH. Level III designation is given to primary care providers that are leaders in personalized and comprehensive health care.

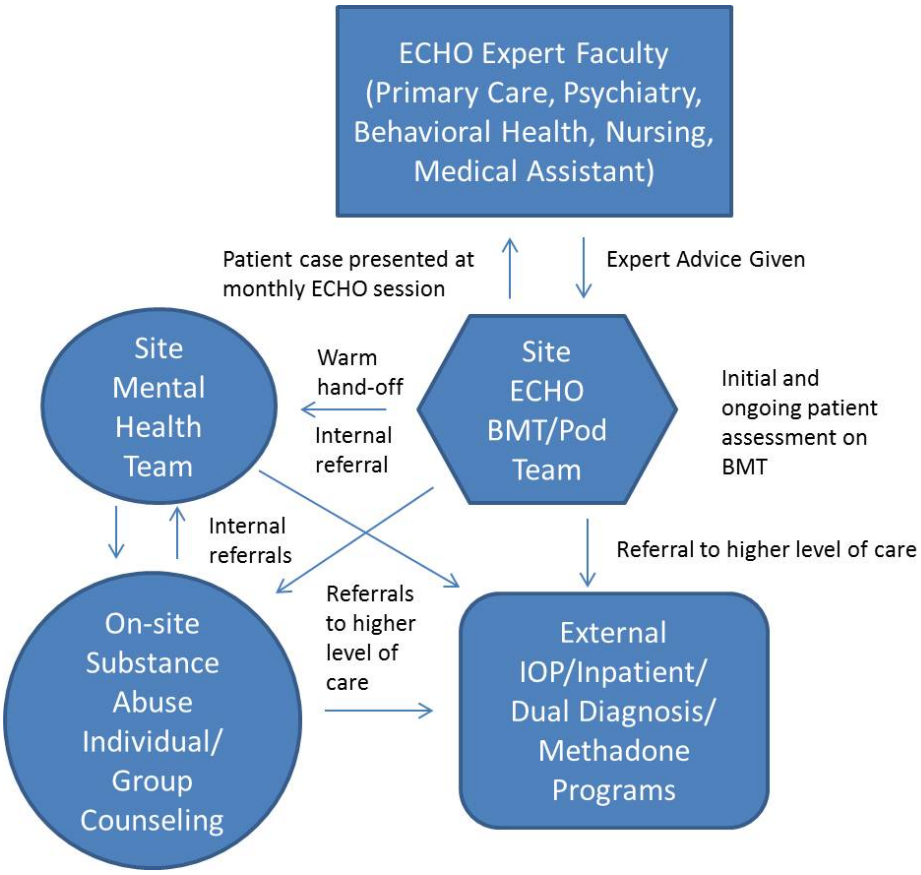
6. Client Outreach, Recruitment, and Referral

The program will employ outreach strategies that have been used successfully at CHCI over the years. Social media tools will be used to help increase community awareness and recruit

potential clients. Several key staff have experience in working with special populations, and a patient navigator acts as a champion for recruitment. The JBS team suggested widening the roles of the patient navigators and educators to reach out to patients and understand their needs. Besides a culturally competent staff, CHCI also uses a service called Language Line. This tool provides staff with a translator via phone within minutes. Marketing materials in three different languages are also available at CHCI locations.

Referrals for mental health are made internally and externally, depending on the needs of the patient. CHCI provides onsite substance abuse counseling and psychiatry, whereas community partners provide higher levels of care, such as intensive outpatient and residential drug treatment services. Internally, CHCI employs a "warm hand-off" model (exhibit 3) when a patient screens positive for a co-occurring mental health disorder. The model allows for the patient to be scheduled with a mental health clinician as soon as possible. Other referral sources include several intensive outpatient providers with whom CHCI has verbal agreements. These providers are located in 10 of the 13 CHCI clinic hubs.

Exhibit 3. Warm Hand-off Model



7. Affordable Care Act Readiness

As a PCMH, CHCI delivers integrated care, screenings, preventive care, and chronic disease management. Consequently, the organization is striving to meet goals of the Affordable Care Act (ACA) in reducing costs, improving health care efficiency, and focusing on prevention. Being able to engage a population with little to no insurance with BMT and primary care also supports agency efforts toward ACA readiness. The leadership is aware of the importance of the ACA mandates and has positioned the organization for an improved, cost-effective approach to health care.

8. Sustainability Planning

The program has not begun developing strategies for sustainability. However, CHCI has a large team of individuals focused on data management for performance measures. The information provided by this team is valuable in developing approaches and justifying the use of technology for effective care delivery for the program and the entire agency. Additionally, the Weitzman Institute is expected to work with the staff to develop a financial model for sustainability and promote growth of ECHO. Other considerations include developing an information strategy that involves all CHCI departments and moving the organization toward creating an ACO. With CHCI already providing integrated care as a level III PCMH accepting Medicare, CHCI has the potential to further transform the delivery of care.

9. Grantee Evaluation

Fortunately, CHCI has an innovation institute and a health data information department that are largely focused on analysis and management of performance measures. The Weitzman Institute focuses on quality improvement and redesigning strategies for improved health care delivery. During the site visit, the research team from the institute provided a presentation on patient baseline data acquired from the eCW EHR and other data sources. The analysis included patients by facility, gender, ethnicity, and race. The site visit team suggested looking for common themes from the case studies—information valuable in helping to adequately address the patient population and anticipate their clinical and support needs.

The site visit team also suggested enhancing the utility of a research database by making the information searchable. Such a registry can help with retention, continuity of care, and other patient outcomes. The information may also be useful for the development of best practices. The leadership realizes the need to structure the data in order to provide a usable registry. Another department is currently exploring business tools from Microsoft. With the right

structured data, raw data can be retrieved, analyzed, and transformed into meaningful and useful information for the organization and its process of service delivery and individualized care. Such data can inform the impact of telehealth and the development of strategic plans. Other suggested evaluations include determining a client's access to technology and questions of dosage, impact, and efficacy in delivery of services via technology. In overcoming hurdles related to collecting GPRA, the program has queried SAMHSA and was receptive to some of the suggestions from the site visit team, including obtaining consent from a group session and incentivizing followups.

Summary

In the 9 months since the grant was funded, staff have made strides to support the program using the Project ECHO model. Technology, namely videoconferencing and chat, is a well-integrated part of the staff's responsibilities. However, the program's focus needs to move toward transforming technology into a tool to deliver services and engage clients. As an FQHC and PCMH, the agency is able to offer clients not only primary care, but also behavioral care and BMT. Armed with these services, CHCI's use of technology may further expand access to the communities and individuals it serves, regardless of insurance status. In addition to CHCI's research, innovation, and quality improvement strengths, the agency's support of integrated care will help move it toward addressing the mandates of the ACA, which is the direction in which all health care organizations should progress.

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- The TEACH BMT program is based on the ECHO model, which CHCI has used for other programs. ECHO is a low-cost, reproducible intervention.
- The ECHO model is a "force multiplier." Staff meet with clients, and provider training helps expand services and reach more potential clients.
- Patient navigators help individuals transition into the BMT program. An experienced navigator acts as a champion for assisting patients with access to services.
- A team-based, interdisciplinary, collaborative model of care called a pod is used to help improve treatment outcomes.
- A voucher system stresses team work and the importance of the relationship between the client and clinical team providers, and it holds patients accountable for their own recovery process.
- The agency employs a warm hand-off model that enables real-time consults by the pod team, providing the client with an opportunity to seek assistance in a timely manner.
- Daily operations are designed around technology.
- The organization employs an open-access scheduling model so that 24-hour slots are always available for last-minute appointments.

CHALLENGES

- There are challenges in implementing aspects of the ECHO model in TEACH BMT. For example, ECHO meetings do not seem beneficial to all staff members.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Use technology (i.e., videoconferencing) in provider-patient care.	X		
2	Discover a more prominent role for patient navigators, such as physician extender and educator.	X		

Grantee Leadership

STRENGTHS

- The leadership is enthusiastic and knowledgeable about program implementation and the ECHO model, the foundation of TEACH BMT.
- Focus on program structure and quality improvement, including development of improvement models, is a strong asset of the organization's leadership.
- Key program staff are experienced with special populations.

CHALLENGES

- The program is struggling with team-building using ECHO.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider developing a stronger understanding of establishing and implementing core functions that can move the agency toward creating an ACO.	X		

Implementation Plan

STRENGTHS

- The program uses technology for provider engagement.
- The program uses a fully integrated EHR called eCW to capture client encounters and enable sharing of information among providers from multidisciplinary teams.
- Weekly didactic lectures via videoconference support case-based learning. Virtual face-to-face meetings allow providers to participate regardless of location.
- Instant messaging is used to address immediate concerns regarding patient care and management.

CHALLENGES

- Uptake of the patient portal has been poor across the agency, as the portal is not easily accessible.
- There are struggles with team-building due to differing opinions on BMT.
- The staff is grappling with provider availability and client management (i.e., maternity leave and vacations).
- The new phone system directs client calls to all CHCI sites, thereby increasing unfamiliarity for the client and confusion for the staff. Clients are familiar with the reception staff at the sites they visit, and each site has a different process.
- Some providers are resistant to using technology. They doubt that decreasing human interaction will add value.

Implementation Plan				
	Potential Enhancements	**Grantee Resources To Be Used**	**Will Request TA From CSAT**	**Information Requested**
1	Consider using mobile phones for services and supports beyond reminders.	**X**		
2	Use technology as a physician extender and tool for outreach and engagement. Technology can help increase capacity, client contact, and engagement.	**X**	**X**	
3	Along with technology, consider patient navigators as physician extenders.	**X**		
4	Develop treatment protocols that employ technology, including tools that can be used to help clients track progress toward goals.	**X**		
5	Consider using currently available technology (i.e., videoconferencing) for patient engagement and service delivery.	**X**		
6	Use telehealth to address provider availability and save time and travel costs.	**X**		
7	Address the following principles in developing a successful program: understand the population, focus on why treatments fail, and address the trauma history of the population.	**X**		
8	Share successes from each site and collaborate on approaches that increase efficiency and achievement.	**X**		
9	Focus on patient education to help increase engagement and awareness of their own health care.	**X**		
10	Develop clinical pathways to help increase quality and standardization in workflows.	**X**		
11	Consider moving toward the structure of an ACO to increase coordinated care.	**X**		
12	Develop a portal that is mobile accessible for easier access, particularly if clients use mobile phones more than desktops or laptops.	**X**		

Community Linkages, Partners, and Participation

STRENGTHS

- Delaware and New Jersey behavioral health organizations are interested in in implementing ECHO BMT.
- CHCI has a verbal agreement with many area organizations that have agreed to provide intensive outpatient services to clients who require higher levels of care than CHCI can provide.

CHALLENGES

- None noted.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider partnering with behavioral health organizations from Delaware and New Jersey to build a wider network for BMT.	X		

Client Outreach, Recruitment, and Referral

STRENGTHS

- Patient navigators are the key personnel in providing outreach and recruitment.
- Social media (including Facebook and Twitter) is used to increase awareness of services and recruit potential clients.
- The agency has a history of using proven outreach strategies that have been successful for other programs.
- CHCI employs a tool called Language Line, which allows staff to quickly acquire a culturally competent translator in any language over the phone.
- Marketing materials are printed in the top three languages for the target population.
- Area substance abuse organizations that provide intensive outpatient services to clients are referral sources for CHCI.

CHALLENGES

- None noted.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Extend the roles of patient navigators and educators in individualizing patient care.	X		

Affordable Care Act Readiness

STRENGTHS

- The agency integrates primary and mental health services with opioid substitution therapy.
- CHCI strives to provide quality care to individuals regardless of insurance status.

CHALLENGES

- None noted.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider moving the agency toward the structure of an ACO.	X		

Sustainability Planning

STRENGTHS

- The agency has staff available for developing and analyzing measures that can support strategies for sustainability.

CHALLENGES

- There have been no approaches developed at this point that focus on sustainability.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Focus on an information strategic plan that the entire CHCI organization can use to plan for needed enhancements over the next 3 years.	X	X	
2	Use the grant as a platform for implementing more telehealth throughout CHCI.	X		

Grantee Evaluation

STRENGTHS

- CHCI has a team of data and data management staff for developing performance measures.
- The agency uses Microsoft's business intelligence tools to analyze and report on client data.
- Staff realize the need for structured data to improve quality of care and streamline documentation.

CHALLENGES

- There are challenges regarding consent forms from both patients and providers. Patients are not interested in signing consent forms, despite incentives.
- GPRA data collection is burdensome, and staff feel the data are not very useful.
- Followup is difficult; clients cannot be reached due to a lack of stability in phone numbers.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider obtaining client consent from group sessions.	X		
2	Evaluation data should be useful in informing the agency and helping to make important decisions. For example, develop performance measures for each site to find success factors and workflows all sites can use.	X		
3	To increase followup contact, provide clients with an incentive to keep the same phone number (i.e., employment and housing service resources, phone data plan vouchers).	X		
4	Consider developing evaluation questions asking clients what technology they have access to and use.	X		
5	Focus on questions of dosage, impact, and efficacy in clients receiving services via technology.	X		
6	Use predictive modeling to help develop best practices, which can help with retention and outcomes.	X		
7	Consider a searchable registry of all ECHO patients, including information such as trauma history and substance abuse and misuse.	X		

Grantee Evaluation				
	Potential Enhancements	**Grantee Resources To Be Used**	**Will Request TA From CSAT**	**Information Requested**
8	Make the data more relatable so decisions can be made regarding client retention and outcome. For example, does a client have a lower retention rate due to protocol or due to a provider's reaction to substance use or abuse?	**X**		

Abbreviations and Acronyms

ACA	Affordable Care Act
BMT	buprenorphine maintenance therapy
CHCI	Community Health Center, Inc.
ECHO	Extension for Community Healthcare Outcomes
eCW	eClinicalWorks
EHR	electronic health record
FQHC	federally qualified health center
GPRA	Government Performance and Results Act
PCMH	patient-centered medical home
SAMHSA	Substance Abuse and Mental Health Services Administration
TEACH BMT	Technology-Enhanced Access to Coordinated Healthcare and Buprenorphine Maintenance Therapy
TCE-TAC	Targeted Capacity Expansion, Technology-Assisted Care