

Medicaid Innovation Accelerator Program (IAP)

Substance Use Disorders (SUD) Targeted Learning Opportunities (TLO)

**TLO3: Developing a Continuum of Care in Rural
Environments and Other Areas with Low Provider
Capacity**

05/11/15



Presenters

- Colette Croze, Private Consultant
- Teri Keklak, Behavioral Health Program Administrator, Alaska Department of Health and Human Services
- Sosunmolu Shoyinka, M.D., Medical Director, Behavioral Health, Cenpatico Behavioral Health
- Mary Zelazny, Chief Executive Officer, Finger Lake Community Health
- Kathy Hoppe, Vice President, Treatment Services, Preferred Family Healthcare

Agenda

- Purpose and Learning Objectives
- Overview of approaches to network development and rural access
- Medicaid coverage of telehealth for substance use disorders
 - Alaska's experience
 - Cenpatico's experience in Kansas
- Substance use disorder treatment providers experience with telehealth
 - Finger Lake Community Health
 - Preferred Family Healthcare

Purpose and Learning Objectives

- Become more knowledgeable about using telemedicine to treat SUD in Medicaid
- Discuss common challenges in using advanced telemedicine and review avenues to address those challenges

Developing a Rural Continua of Care

- Methods for creating access:
 - Telehealth as the typical approach
 - Integration as a rural strategy
 - Virtual services as another alternative

Alaska

Medicaid Experience with Telehealth for SUD

**Teri Keklak, Behavioral Health Program
Administrator, Medicaid and Quality Section
Manager**



AK Medicaid Coverage of Substance Use Services

- Covered as a State Plan Benefit for all Eligibility Categories
- Services include outpatient, residential, detox
- Services are provided through an integrated delivery model with mental health services
- All agencies are expected to operate as dual diagnosis capable programs

AK Medicaid Coverage of Telemedicine

- Covered as a State Plan Service since 2002
- Allows all eligible Health Care providers not specifically excluded to deliver diagnostic, treatment and consultative services via telemedicine
- Coverage includes interactive, store-and-forward and remote monitoring
- Behavioral Health Services are included

AK Medicaid Coverage of Telemedicine (continued)

- Additional payment is made for facilitating a telemedicine service
- Professional standards dictate appropriateness of a telemedicine modality
- Can be used for clinical supervision and to facilitate discharges

Alaska Telemedicine History

- Medicaid Coverage was a product of the Alaska Telehealth Advisory Council (ATAC)
- ATAC was a group of private and public stakeholders with interest in promoting telehealth in Alaska
- Goals included establishing a framework for development of statewide capacity and ways to improve access

Utilization of Behavioral Health Telemedicine Services

- Does not distinguish between mental health service and substance use treatment



Alaska Behavioral Health Telemedicine Sites



Alaska Telemedicine Video Vignettes

- Training video examples with volunteer actors

Video 1

Yes, it's the well-known Allison Jones background. We have scheduled her for an appointment, and that's what we are here to talk about.

Video 2



Yes, I have it pulled up on the computer here, it looks like you've done good with not drinking in the last month Mary! That's great!

Challenges

- Technology
- Reimbursement
- Patient acceptance
- Practice transition
- Training/Continuing education
- MMIS

Success Factors

- Collaboration/Partnerships
- Champions
- Technology
- Acceptance as a practice standard by providers and payers

Cenpatico in Kansas

Medicaid Experience with Telehealth for SUD

**Dr. Sosunmolu Shoyina, Medical Director,
Behavioral Health, Cenpatico Behavioral Health,
Sunflower Health Plan**



Substance Use Disorder in Kansas

- Substance use disorders are chronic, often life long behavioral health disorders that can dramatically impact an individual's functioning and health outcomes
- In the Kansas Cenpatico market, as in other markets, the prevalence of SUD in the Medicaid population is significant and leads to
 - Poor health outcomes
 - Increased expenditure on use of health services

Substance Use Disorder in Kansas (continued)

- An analysis of expenditure in the Kansas Cenpatico membership shows the presence of a SUD diagnosis significantly increases
 - Medical co-morbidity
 - Physical co-morbidity
 - Use of expensive services
 - Emergency rooms
 - Inpatient medical and psychiatry units

Addiction Comprehensive Health Enhancement Support System (ACHESS) (1 of 3)

- ACHESS is a recovery-support smart-phone application that helps individuals with SUDs achieve and maintain sobriety
- ACHESS provides support, monitoring, communications and information to individuals in a simple, user-friendly format that can be accessed at any time
- In initial studies (REF), the intervention group showed a significant drop in risky drinking days as compared to the control group

Addiction Comprehensive Health Enhancement Support System (ACHESS) (2 of 3)

- Cenpatico in Kansas is piloting a project aimed at reducing spending and improving health outcomes for members with addictions and disproportionate use of the ER and hospitals
- Individuals with a SUD diagnosis will be provided the ACHESS app and connected to outpatient service providers

Addiction Comprehensive Health Enhancement Support System (ACHES) (3 of 3)

- At the conclusion of the project, it is expected that members will show increased engagement in outpatient services with a concomitant reduction in the use of costly ER and inpatient services, leading to reduced health-related spending

Questions or Reactions?



Finger Lake Community Health

New Models for Substance Use Services in FQHC's

Mary Zelazny, CEO



Multi-Faceted Approach

- Substance Use Counselor Embedded in FQHC Sites
- Integrated Care – Physical health and behavioral health in FQHC sites
- Use of Telehealth technology
- Tele-supervision of staff at distant sites

Substance Use Disorder Counselor Embedded in FQHC Sites

- Substance Use Disorder Counselor embedded into FQHC sites
 - Substance Use Counselor:
 - Participates in daily huddles (PCMH III)
 - Completes CAGE screenings on patients (12,144 CAGES completed in 2014)
 - Provides SBIRT as needed
 - SUD Counselor can refer back to home agency for outpatient or inpatient services
 - Organizes and runs group activities at FQHC

Integrated Care for Better Access

- Offering Licensed Clinical Social Worker services in FQHC sites
- Offering suboxone treatment in FQHC as a part of primary care services
- Using expertise of Substance Use Counselor embedded at FQHC site to educate providers and staff of health center
- Collaborative partnership with SUD agency to ensure completed referrals for SUD and primary care

Telehealth Technologies to Provide Services

- Use of Telehealth technology to bridge geographic distances
 - Provide access to specialty care providers including:
 - Tele-psychiatrist
 - Hepatitis C specialist
 - Case conferencing between SUD Care Coordinators and primary care providers
 - SUD Counselor reaching patients at remote locations

Challenges In Implementing Telehealth

- Difficulty in developing clinical and staff champions within the program, must see the benefits of the program for patients
 - Find Your Provider Champions!
- Need for seamless integration of broadband, systems, equipment, applications and program development into a cohesive and sustainable model
 - Invest in planning and in educating before implementation

Challenges In Implementing Telehealth (continued)

- General fear of new technology
 - Plan to offer ongoing “help desk” support and training – very important!
- Start up costs for equipment/broadband
 - Grants
 - USDA Telemedicine Program
 - FCC Broadband Program

Financing Telehealth

- NYS passed a telemedicine reimbursement parity law effective 1/1/16
- Finger Lakes CHC has paid providers a pre-negotiated rate to see patients via telehealth. The ROI for us was that access to comprehensive care, including SU services and mental health services, justified the cost of the visit.
- Savings realized by not having to transport patients to services as well as using technology for interpretation/care management services

Use of Telehealth Technologies to Supervise Staff

- Telehealth technology is perfect for many administrative/training uses:
 - Ability to conduct supervisory sessions with staff regardless of distance
 - Precepting of midlevel providers by MD's using telehealth technologies
 - Meetings possible by multiple FQHC site staff without traveling, which reduces liability issues as well as lost productivity
 - Ability to offer educational sessions to multiple FQHC site staff
 - Ability to case conference difficult cases with physical and behavioral health providers regardless of location

Impact of Using Telehealth for Supervision

- Immediate access to SU Counselors by multiple sites of our FQHC system
- Ability to case conference with PCPs, SU Counselors and behavioral health providers together
- Improved communication between SU Counselors and supervisors – eliminates any travel/distance barriers

Preferred Family Health Care

SUD Treatment Providers Experience with Telehealth

**Kathy Hoppe, Vice President of Treatment
Services, Preferred Family Health Care**



Virtual Services Make Treatment a Reality for Those Without Access to Services

- By creating realistic and immersive virtual office spaces online, clinicians and consumers can meet collaboratively in real time as “avatars,” removing barriers such as:
 - Geography
 - Psychosocial issues
 - Competing work schedules
 - Family responsibilities
 - Physical limitation
 - Those that want anonymity

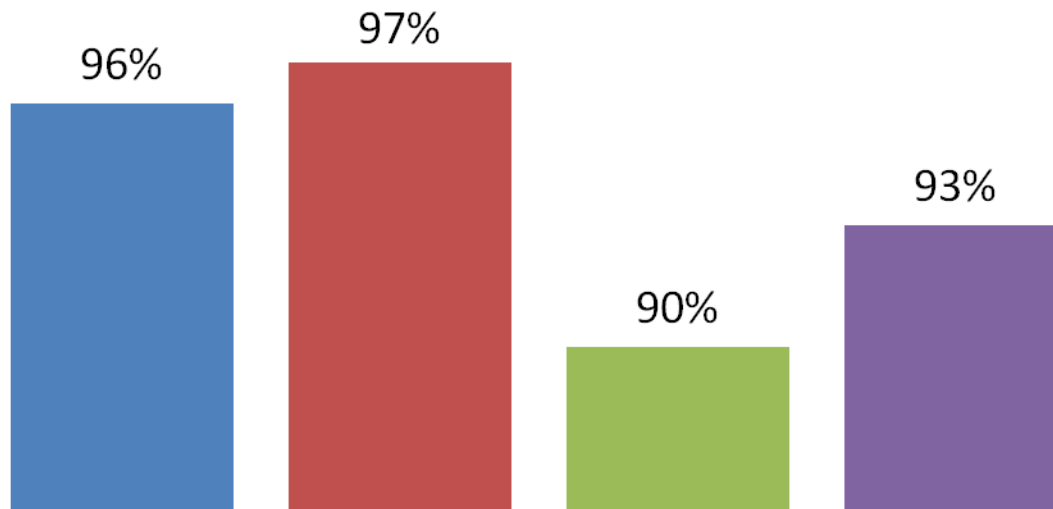
How Do We Reach Those In Need?

- Internet users in the world (Growth 2000-2014)

YEAR	Population	Users	% Pop.
2000	281,421,906	124,000,000	44.1 %
2001	285,317,559	142,823,008	50.0 %
2002	288,368,698	167,196,688	58.0 %
2003	290,809,777	172,250,000	59.2 %
2004	293,271,500	201,661,159	68.8 %
2005	299,093,237	203,824,428	68.1 %
2007	301,967,681	212,080,135	70.2 %
2008	303,824,646	220,141,969	72.5 %
2009	307,212,123	227,719,000	74.1 %
2010	310,232,863	239,893,600	77.3 %
2014	318,892,103	277,436,130	<u>87.0 %</u>

Results

- Satisfaction



- Physical and Emotional Safety
- Respect
- Addressed Wants and Needs
- Helped Make Positive Changes

Results (continued)

- These results are based on averages from Portal I, Portal II and Portal Plus projects
 - Effectiveness
 - 91% reduced use or abstinence (6 months)
 - 73% higher retention rate than traditional counseling
 - 85% continued use of online support services 90 days post discharge

The Three-Dimensional “Virtual” Environment

- Hosted on a private, protected server
 - HIPPA and 42 CFR Part 2 compliant
 - Participants given access to the private webpage and create a user name and password
- Accessible from anywhere via the Internet by most computers and reliable high-speed internet
 - 84% of the world has access!
 - Participants log on to engage via their avatar in their individual and group treatment sessions

The Three-Dimensional “Virtual” Environment (continued)

- Participants and clinicians interact in real time from their locations
 - Removes distance, disability, conflicting responsibilities, and other barriers
 - Communication is typically conducted in a chat room type format although voice is available

Portal Demo



Questions or Reactions??



Resources (1 of 5)

- [State Telehealth Laws and Reimbursement Policies, Center for Connected Health Policy](#)
- [State Telemedicine Gaps Analysis, American Telemedicine Association](#)

Resources (2 of 5)

- [State Coverage for Telehealth Services, National Conference of State Legislatures](#)
- [State Medicaid Best Practice: Telemental and Behavioral Health, American Telemedicine Association](#)

Resources (3 of 5)

- [Telemedicine Terms and Reimbursement, Medicaid](#)
- [Telebehavioral Health Training and Technical Assistance, SAMHSA-HRSA Center for Integrated Health Solutions](#)

Resources (4 of 5)

- [Rural Mental Health and Substance Abuse Toolkit, Rural Assistance Center](#)
- [States Use Technology to Go the Distance for Rural Populations, StateReform](#)

Resources (5 of 5)

- National Frontier and Rural Additions Technology Transfer Center as a resources on rural access and telehealth: (nattc.org), Nancy Roget, Director (755-784-6265)

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