Designing & Implementing Innovative Treatment Programs: An OPEN MINDS Executive Summit
## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
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<tbody>
<tr>
<td>9:00am-10:15am</td>
<td>Why Does Innovation Matter In Service Delivery?</td>
</tr>
<tr>
<td>10:30am-11:00am</td>
<td>Innovation In Practice: The Elite DNA Therapy Case Study</td>
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<tr>
<td>11:30am-12:00pm</td>
<td>Innovation In Practice: The Faison Center, Inc. Case Study</td>
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<tr>
<td>12:00pm-1:30pm</td>
<td>Lunch</td>
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<tr>
<td>1:30pm-2:00pm</td>
<td>Innovation In Practice: The Anka Behavioral Health Case Study</td>
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<tr>
<td>2:00pm-2:30pm</td>
<td>Innovation In Practice: The MAXIMUS Diversion Program Case Study</td>
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<td>2:30pm-3:00pm</td>
<td>Innovation In Practice: The Burrell Center Case Study</td>
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<tr>
<td>3:15pm-4:00pm</td>
<td>The Innovation Challenge: A Town Hall Discussion On Implementing Innovation</td>
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I. Why Does Innovation In Service Delivery Matter
How Do YOU Define Innovation?

Who At Your Organization Is Responsible For Innovation?
Innovation is:

"Turning an idea into a solution that adds value from a customer’s perspective"

Nick Skillicorn
@improvides

Innovation is:

Gijs Van Wulven
@gijs_vanwulven

Innovation is:

"The fundamental way the company brings constant value to their customer’s business or life, and consequently their shareholders and stakeholders"

Paul Hobcraft
@Paul4innovating

Innovation is:

Kevin McFarthing
@InnovationFixer

Innovation is:

"Introduction of new products and services that add value to the organisation"

Innovation is:

"The implementation of creative ideas in order to generate value, usually through increased revenues, reduced costs or both"

Jeffrey Baumgartner
@creativeJeffrey

Innovation is:

Michael Graber
@Southerncowgirl
What Is Innovation?

- Innovation is “the introduction of something new; a new idea, method, or device”
- In business, “innovation” can be a bit more difficult to pinpoint
  - The application of better solutions that meet new requirements, unarticulated needs, or existing market needs
  - Needs to add value to the customer
  - Requires a practical application

Invention ≠ Innovation

Not all innovation requires an invention

Not all innovation is disruptive
Innovation is the process of translating a new idea into a service that creates value for the organization & its customers.
Trends Driving Innovation

1. Shift Toward Value-Based Reimbursement
2. Consolidation & Disruptive Combinations
3. Technology & Data Analytics
4. Consumerism

Market Outcomes
1. The Shift Toward Value-Based Reimbursement
Changing Health Care Reimbursement Landscape

Reimbursement
Fee-For-Service Model

Provider Model
Transactional Encounters

Payer Push For
“Integration” &
“Pay For Value”

New “Business Model”
For Providers
Shifting Payer Focus On “Superutilizer” Impact On Health Resource Use

5% of U.S. population account for half (49%) of health care spending

- $43,212 average expenditure per person per year

50% of U.S. population account for only 3% of health care spending

- $253 average expenditure per person per year

“Superutilizers”

Term for people with complex physical health, behavioral health, and social issues who have high rates of utilization for emergency room and hospital services

More than 80% of Medicaid superutilizers have a comorbid behavioral health disorder

An estimated 44% of “superutilizers” have a serious mental illness
The New Value Chain Brings A New Formula For Sustainability

- Pay for value ‘best performers’ have ‘best integration’ (financial, clinical, information)
- Traditional FFS ‘money makers’ shrinking – targeted case management, traditional undifferentiated “residential” treatment, post-surgical SNF care, etc.

For specialist provider organizations serving consumers with complex needs, two emerging market positions

- Whole Person Care: Provider organizations that can manage consumers with complex conditions and keep them out of acute care settings
- Stabilization & Crisis Management: Provider organizations that can provide acute stabilization for complex consumers and coordinate a return to the community
Emerging Framework For Integrated Care Coordination

Behavioral health system optimization is central to success – and value-based reimbursement key to that optimization.

- Managed Care Programs & Health Plans
- Accountable Care Organizations
- Medical Homes & Specialty Medical Homes
- Specialized Disease Management Program

‘At Risk’ For Population Health Management
‘At Risk’ For Individual Health Management
Changing Reimbursement Models

Provider organizations with VBR revenue:

- 41% of primary care organizations
- 33% of behavioral health organizations
- 34% of child & family services organizations
- 14% of I/DD & LTSS organizations
Changing CMS Policies Support More VBR

Bundled Rates

• CMS has ended many mandatory bundled payment programs, but expanded the number of voluntary bundled payment models. In October 2018, voluntary bundled payments go live for 32 clinical episodes.

Medicare ACO Changes

• CMS Administrator, Seema Verma has hinted that the current upside-only contracts are not working. And seven Next Generation ACOs dropped out of the program after CMS introduced a risk adjustment factor.

Direct Provider Contracting

• On April 23, CMS released a request for information about a new model—direct provider contracting organizations. Few details about the model are available, but will be similar to the Medicare ACO model.
2. Consolidation & Disruptive Combinations
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>December 2017</td>
<td>Advocate Health Care and Aurora Health Care merge</td>
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<tr>
<td>December 2017</td>
<td>Catholic Health Initiatives and Dignity Health merge</td>
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<td>September 2017</td>
<td>UPMC and Pinnacle merge</td>
</tr>
<tr>
<td>February 2018</td>
<td>Presence Health, merges with Ascension to become part of Adventist Health System</td>
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<tr>
<td>May 2018</td>
<td>Partners HealthCare acquires Care New England</td>
</tr>
</tbody>
</table>
### Specialist Provider Consolidation Continues

- **March 2018** - ncgCare acquires Grace Harbour
- **April 2018** - Keystone Human Services acquires Partnerships for People
- **April 2018** - Trinitas acquires Bayonne Community Mental Health Center
- **April 2018** - OhioGuidestone acquires A Renewed Mind
- **January 2018** - Rosecrance Inc. merges with Prairie Center in Central Illinois
# New Competitors Form Disruptive Combinations

<table>
<thead>
<tr>
<th>Company</th>
<th>Event</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oscar</td>
<td>2015</td>
<td>Oscar health plan receives $165 M investment from Alphabet (Google)</td>
</tr>
<tr>
<td>United Healthcare</td>
<td>May 2018</td>
<td>United Healthcare signs value-based venture with Quest and LabCorp</td>
</tr>
<tr>
<td>ProMedica</td>
<td>May 2018</td>
<td>ProMedica and Welltower partner to acquire HCR ManorCare</td>
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<tr>
<td>Netsmart</td>
<td>January 2018</td>
<td>Netsmart and American Well partner to build telehealth network</td>
</tr>
<tr>
<td>Humana</td>
<td>December 2017</td>
<td>Humana &amp; TPG Capital acquire Kindred Healthcare</td>
</tr>
<tr>
<td>CVS Health</td>
<td>December 2017</td>
<td>CVS Health acquires Aetna</td>
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3. Technology & Data Analytics
Increase In Available Data

- The amount of available data increases daily
- The expectation is that, once providers have this data, they’ll use it
- The Improving Access To The Behavioral Health Technology Information Act:
  - Amends Title XI (General Provisions) of the Social Security Act
  - Specifies that the Center for Medicare and Medicaid Innovations may test models to provide incentive payments to behavioral health providers for:
    - Adopting electronic health record technology
    - *Using that technology to improve the quality and coordination of care*
Health Technology Innovations

- Interoperability
- Apps
- Advances In Medicine
- Machine Learning & Artificial Intelligence
- Wearables & Invisibles
- Telehealth
INTEROPERABILITY

- In a value-based environment, easily sharing data is table-stakes
- Data sharing needs are driving technology advancements around data integrity and security
- Proposed changes to Meaningful Use:
  - Strengthen interoperability between EHRs to support sharing health care data with consumers and with other provider organizations.
  - Remove certain measures which do not emphasize interoperability and the electronic exchange of health information.
Digital Apps: Enabling Autonomy & Engagement

- 325,000 health apps available in 2017
  - 78,000 were added between 2016 and 2017
- $5.4 billion investment into digital health start-ups fuels the market
- Estimated 3.6 billion apps downloaded in 2017
- 53% of digital health practitioners expect health insurances to be future distribution channel with best market potential

<table>
<thead>
<tr>
<th>Many Types</th>
<th>Many Arenas</th>
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<tbody>
<tr>
<td>• Patient portals</td>
<td>• Pain management</td>
</tr>
<tr>
<td>• Connection</td>
<td>• Addiction treatment</td>
</tr>
<tr>
<td>• Peer support</td>
<td>• Mental health</td>
</tr>
<tr>
<td>• Trackers and reminders</td>
<td>• Medication and treatment adherence</td>
</tr>
<tr>
<td>• Treatment</td>
<td>• Chronic disease management</td>
</tr>
</tbody>
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Advances In Medicine: Changing How To Approach Treatment

- Biopharmaceutical advances are creating specialized therapies
  - Cancer immunotherapy
  - Gene therapy
  - Cell therapy
- Precision Medicine aims to understand how a person's genetics, environment, and lifestyle can help determine the best approach to prevent or treat disease
  - Biomarkers
  - Advanced imaging
  - Genomics and genetics
## Machine Learning & Artificial Intelligence

### Machine Learning
- The practice of teaching a computer how to identify patterns and use these patterns to iteratively maximize its chances of success without explicit programming
- Google has developed a machine learning algorithm to identify cancerous tumors on mammograms
- Stanford is using a deep learning algorithm to identify skin cancer
- Machine learning has potential to predict vulnerabilities and readmissions

### Artificial Intelligence
- The capability of a machine to imitate intelligent human behavior
- By 2022, more than 80% of enterprise Internet of Things projects with have an AI component, up from less than 10% today
  - Facilitate earlier and more comprehensive collection of patient symptoms
  - Mining unstructured data and non-traditional sources of health data
Wearables & Invisibles

- Collection of data directly from the consumer
- Access to more consumer data means more data for use in individualized treatments
- Prevalence of consumer wearables suggests that consumers desire this customized engagement with the data they generate
- Creates opportunity for innovative ways to monitor and interact with consumers
### Telehealth

- Puts an end to geographic monopolies
- Allows for a direct-to-consumer approach, both enabling consumerism and removing transportation as a barrier
- Regulations are decreasing, paving the way for expansion of telehealth as a solution
  - 2018 Medicare Physician Fee Schedule includes provisions to expand the telehealth code set and ability to bill for remote monitoring
  - 2017 saw Texas become the last state to allow physicians to connect with new patients via telehealth – and applies the same standards of care to the visits as an in-person encounter
  - On May 11, 2018, the federal Department of Veterans Affairs (VA) finalized a rule, effective June 11, 2018, that allows VA health care professionals to provide telehealth services to veterans anywhere in the United States
4. Consumerism
Consumerism: A New Force In Health Care

- Improvements in technology and communication have made it easier than ever before to have what you want, when you want it
- Health care has long ignored consumerism as a force, because it operated under the belief that consumers would come to us when they needed us
- The features consumers have learned to expect in eCommerce are shaping their demands in health care:
  - Pricing transparency
  - 24-hour access
  - Provider comparison
  - On-demand services
  - Direct-to-consumer services
New CMS Rate Transparency Rules

Under the proposed rules, hospitals will be required to post their standard charges online and make them publically accessible. Technically this rule already exists, but hospitals can instead post notices saying that the rates are available upon request.
<table>
<thead>
<tr>
<th>Minor illnesses</th>
<th>Minor injuries</th>
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<tbody>
<tr>
<td>Allergies</td>
<td>Bug bites &amp; stings</td>
</tr>
<tr>
<td>Coughs &amp; bronchitis</td>
<td>Minor burns</td>
</tr>
<tr>
<td>Ear infections &amp; earaches</td>
<td>Minor cuts, blisters &amp; wounds</td>
</tr>
<tr>
<td>Flu-like symptoms</td>
<td>Splinter removal</td>
</tr>
<tr>
<td>Gout</td>
<td>Sprains, strains &amp; joint pain</td>
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<tr>
<td>Heartburn &amp; indigestion</td>
<td>Suture &amp; staple removal</td>
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<tr>
<td>Mononucleosis</td>
<td>Tick bites</td>
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<tr>
<td>Mouth &amp; oral conditions</td>
<td></td>
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<tr>
<td>Mouth &amp; oral pain</td>
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<tr>
<td>Nausea, vomiting &amp; diarrhea</td>
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<tr>
<td>Pink eye &amp; styes</td>
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<tr>
<td>Sinus infections &amp; congestion</td>
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<td>Sore &amp; strep throats</td>
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<tr>
<td>Upper respiratory infections</td>
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<td>Urinary tract &amp; bladder Infections</td>
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<tr>
<td>Zika</td>
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<table>
<thead>
<tr>
<th>Cost</th>
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<td>$99</td>
<td>$129</td>
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Best Practices In Innovation Implementation
Strategy For Sustainability Often Involves “Innovation”

1. Develop vision of future competitive advantage and market positioning – set objectives
2. External market analysis and internal portfolio analysis/performance benchmarking
3. Scenario-based strategic plan incorporating alternate future positioning options
4. Detailed plans – marketing, financial, operational, capital, HR, etc. – to implement strategy and future vision
5. Key performance metrics and metrics-based management to track strategy implementation, and allow for mid-course adjustments
6. Optimization of current operations to keep current programs as competitive (and profitable) as possible as long as possible
7. New service model development to support future vision
8. Collaborations and partnerships as needed to facilitate strategy implementation
Best Practices In Innovation Implementation

1. Strategy development – with environmental monitoring and ‘innovation scouting’
2. Tools for selecting innovative projects (including new service lines), consistent with the strategy
3. **Structure for innovation development (current team, skunk works, licensing, partnership, etc.)**
4. Innovation planning - action detailing, budgeting, business processes and procedures for supervision of the implementation
5. Organizational structure and team of people dedicated to the oversight of the implementation of the innovation management – identifying and ‘entrepreneurs’
6. Key performance indicators and special reporting for monitoring innovation management efficiency
Metrics-based management is the path from information to action.
Performance management is the key to demonstrating value and maintaining strategic advantage. It’s more than measuring performance – it’s changing services, processes, staffing, in order to improve.
At This Time, A Strategy For Sustainability In Health & Human Services Most Often Requires Innovation

- Sustainable Competitive Service Model
- New Partnerships
- New Service
- New Population
- New Tech
- Improved Performance
- Reduced Cost
- Value, Competitive Advantage, Sustainability
Innovation In Practice: The Elite DNA Therapy Case Study
Philip Cirrone, MS, Chief Operating Officer
Major Depressive Disorder

Designing & Implementing Innovative Treatment Programs

Philip A. Cirrone
Chief Operating Officer
Elite DNA Therapy Services, LLC
Elite DNA Therapy Services, LLC

- Established in 2013 as a multi-disciplinary service provider for SWFL
- $8m revenue in 2017 and a projected revenue of $13m in 2018
- 8 offices in 6 counties throughout SWFL
- Outpatient and Inpatient services
- 70% outpatient behavioral health services
- 11,000 individual patient “encounters” per month
- 44 psychiatric providers, 52 clinical therapists, and 24 ancillary service providers
- 40% Medicaid, 30% Medicare, and 30% commercial insurances
Community Landscape

- Underperforming CMHC’s and CSU’s
- High readmission rates
- No ECT
- High population of medication-resistant MDD
- Move to value-based
  - Collaboration with ACO
Transcranial Magnet Stimulation

- Non-invasive procedure
- Creates stimulation in the prefrontal cortex through a magnetic field
- Procedural duration is only 19 minutes
  - With set-up and check-out, 25 minutes in duration
- Covered by Medicare and most major insurance
- Must be 21+ and have primary diagnosis of MDD
Clinical Obstacles

- Is this a safe, viable clinical treatment option?
- Is there a sustainable client basis and interest?
- What are the requirements regarding a psychiatrist’s time and presence for treatments?
  - Who can provide the daily treatment?
- Will patients be able to complete the treatment?
Administrative Obstacles

- What systems do we have in place for referrals.
- Are the TMS CPT codes in our fee schedules?
  - Do we need prior authorization?
- What other resources will this require?
- Cost analysis, equipment and per treatment.
  - How will we pay for this?
Clinical Strategy

- Consulted outside psychiatrists to analyze benefit to patients
- Pulled Data from EHR on MDD patients, insurance, location, and prescriptions
- Incentivizing
  - Bonus pool program
- Psychiatrist completes evaluation and TMS mapping
  - Tech completes treatment
  - Psychiatrist checks on patient ever other week
- Direct supervision is implemented throughout entire process
Administrative Strategy

- Hired full-time TMS coordinator with patient and sales experience
- Renegotiated fee schedule with payers to reduce wait time for patients
- Determined Medicare does not require prior authorization
- 1.5x more profitable than Psychiatric Provider
Patient Data Analysis

- 80 patients treated in the first year
- 93.75% of patients finished the treatment process
- Biggest contributing factor to the lack of completion was insurance coverage issues
- Patients’ average age is 57
68.3% of patients positively responded to treatment
- National average is 62.3%
46% of patients are currently in remission
- National average is 41.2%
Benefits Of TMS

- Providers have another proven treatment option
- Treatment outcomes are providing patients better results
  - No longer relying on medication
- Financially beneficial for the company
- Insurance companies and ACO’s are reducing hospitalizations by 92%
Growth Opportunities

- ACO’s and primary care that manage MDD
- Pilot with state payers regarding High Utilizer populations
- Capitation agreement with TMS provider
Innovation In Practice: The Faison Center Case Study
Matthew R. Osborne, BCBA, LBA, Director Of Adult & Residential Services
Brian McCann, President & Chief Operating Officer
Lunch
12:00 noon – 1:30 pm
Innovation In Practice: The Anka Behavioral Health Case Study
Stephen Hahn-Smith, Ph.D., Vice President, Quality Management
Innovation In Practice: The Anka Behavioral Health Case Study

Open Minds – Long Beach

2018
About Me

Stephen Hahn-Smith, PhD, MBA  
VP of Quality Management, ANKA BHI Corporate

• 25 years of experience in behavioral health
• Non-profit, for-profit, government

Focus areas:
• Performance measurement
• Technology
• Survey research
• Program evaluation
• Quality improvement processes
WHO WE ARE

MISSION

“To eliminate the impact of behavioral health problems for all people.”

• California based non-profit organization
• In operation since 1973. Nearly 45 years in business!
• We operate nearly 80 programs throughout California
• We serve over 15,000 individuals and their families annually & employ nearly 1,000 staff
POPULATIONS SERVED

- Veterans
- Intellectual Disabilities
- Forensic
- Co-Occurring Disorders
- Mental Health
- Substance Use Treatment
- Adults
- Homeless
- Eating Disorders
- Children
- Homeless
- Eating Disorders
Objective – utilize technology to assist behavior tracking and reporting

- Standardize process across behaviorists
- Standardize on measurement
- Improve communication between behaviorist and staff
- Improve ability to report on outcomes
- Real-time access
- Save money in long-term (faster report generation, centralized database, access everywhere to cloud eliminates travel time)
Pilot Project Plan

• Small # facilities
• Small # clients
• Close tracking of key variables:
  • How do results compare to paper collection method?
  • Are staff using the technology?
• Measure staff perception of using the technology:
  • Survey front-line staff
  • Survey supervisor and behaviorist staff
**Project Process**

- Staff access their consumer roster through their Mozzaz account on tablets
- Staff record behavior instances hourly
- Staff record major events that may impact behavior patterns

- Staff track data through behavior plan forms on tablets
- Staff can track any data points, including frequency, duration, functions, antecedents, consequences, and more

---

**Behavior Tracking - Select Consumer and Category**

<table>
<thead>
<tr>
<th>A.Doe - Behavior Tracking</th>
<th>A.Doe - Major Events</th>
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<tbody>
<tr>
<td>J.Doe - Behavior Tracking</td>
<td>J.Doe - Major Events</td>
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<td>M.Doe - Behavior Tracking</td>
<td>M.Doe - Major Events</td>
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<td>S.Doe - Behavior Tracking</td>
<td>S.Doe - Major Events</td>
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</tbody>
</table>

**Behavior 8/13: Physical Aggression**

*Definition:* Any unsafe physical act including posturing to aggress, up to making physical contact, pushing or hitting others and/or head-butting others.

**Functions**
- Socially-Mediated Escape
- Non-preferred activities, including those of a relatively short duration (AM drop off)
- Attention and Tangible Access

**How many times did 'Physical Aggression' occur?**
Enter a number

**Antecedents**
- Requests to complete a non-preferred activity, such as AM school transition

**Consequences**
- Permanent delay of temporary withdrawal of demands resulting in a delay in, avoidance of, or escape from completing a requested activity. May include up to Attention and hands-on intervention.

**Location**
- Facility
- Community
Project Process

- Real time hourly, daily, weekly & monthly graphs through the web Portal
- Show and export data summaries to simplify state reporting activities
- Major events appear as phase lines for improved analysis
- Anka can manage behavior plans through the Mozzaz web portal
- Updates made remotely on the web portal sync to the tablets at program sites
- System logs provide an audit trail of changes to plans
Validating The Data: Paper Vs. Mozzaz

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<tbody>
<tr>
<td>11.0%</td>
<td>10</td>
</tr>
<tr>
<td>More paper behaviors</td>
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<tr>
<td>7.7%</td>
<td>7</td>
</tr>
<tr>
<td>More Mozzaz behaviors</td>
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<tr>
<td>81.3%</td>
<td>74</td>
</tr>
<tr>
<td>Same number of behaviors</td>
<td></td>
</tr>
<tr>
<td>100.0%</td>
<td>91</td>
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Discrepancy

Consistency | 73
Total Cases | 91
Consistency Percentage | 80%
Staff Survey

- Mozzaz is easy to learn and use: 73% of staff Agree or Strongly Agree
- It is beneficial to track behaviors every hour: 67% of staff Agree or Strongly Agree
- It is EASIER to complete a form in Mozzaz than a paper form: 64% of staff Agree or Strongly Agree
- The Mozzaz team has been professional and responsive to my needs: 64% of staff Agree or Strongly Agree
- The Mozzaz application loads quickly and efficiently: 55% of staff Agree or Strongly Agree
- It is FASTER to complete a form in Mozzaz than a paper form: 55% of staff Agree or Strongly Agree
• Executive level buy-in
• Staff level buy-in
• Use PDCA cycle
• Reinforce importance and impact
• Training, re-training
• Plan for next phase
• Positive relationship with technology partner is critical
Mozzaz For Professionals

Electronic visit verification (EVV).

Progress notes and other forms.

Digital data tracking at the point of care.
Mozzaz For IDD

Employment supports to improve job success.

Assistive communication for non-verbal individuals.

Activities of daily living to increase independence.
Mozzaz For SUD

Secure, auditable instant messaging.

Standard and custom forms.

Location based support resources.

Individual schedules with forms, reminders and activities.
Technology in Behavioral Health
What is the future?
<table>
<thead>
<tr>
<th>Reflection Questions</th>
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<tbody>
<tr>
<td>Where does technology fit in behavioral health?</td>
</tr>
<tr>
<td>What are the barriers to using technology?</td>
</tr>
<tr>
<td>Where does it add value?</td>
</tr>
<tr>
<td>How can it be used to cut costs?</td>
</tr>
<tr>
<td>How can it be used to provide better care?</td>
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<tr>
<td>How can it be used to stay competitive and grow the business?</td>
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Thank You!
Innovation In Practice: The MAXIMUS Diversion Program Case Study
Virginia Matthews, RN, BSN, MBA, Project Manager
Enhancing Addiction Treatments Using Digital Health Technologies

Virginia Matthews, RN, BSN, MBA
MAXIMUS
Abstract

Abstract:
Technology is changing the current models of treatment to help providers care for persons with addiction issues. These technologies support a more integrated, community-based care delivery system, and help clinicians make data-driven decisions that directly affect patient outcomes.

In this presentation, learn how MAXIMUS is using a digital health solution with participants in its California Diversion substance use disorder program to help with recovery and monitoring. The presentation will also cover different technologies and approaches that keep individuals safe and connected as they undergo prevention, treatment and recovery programs.

Individuals in the program have constant mobile access to support documents, forms, and assessments; real-time data collection helps providers optimize care plans to promote better outcomes; and participants can effectively manage program requirements, encouraging successful completion.
Virginia Matthews, RN, BSN, MBA

Project Manager, MAXIMUS

Ms. Matthews has more than 30 years of experience in health care delivery both in clinical and administrative settings. Her experience includes:

- Project Manager, MAXIMUS California Health Professionals Diversion Program
- Assistant Vice President for Clinical Systems, West Region, for a psychiatric hospital company
- Director of Clinical Systems for a major metropolitan Mental Health Hospital
- Consultant to psychiatric and substance abuse facilities for hospital operations
- Hospital Administrator, CEO and COO

Since joining MAXIMUS in 2007, Ms. Matthews has served as the Program Director for the California Diversion Project. Ms. Matthews brings to the Diversion Project a management perspective that is tempered with practical hands-on experience. As the Diversion Director she has continued to improve the processes and deliverables that support the Diversion Project. This position has provided Ms. Matthews the opportunity to testify twice in front of the California Senate Business, Professions and Economic Development Committee, speak to various California Licensing Boards, and testify in Federal Court in a major litigation.
About MAXIMUS

• Partner with federal, state and local governments for over 40 years to make public health insurance programs run effectively for the individuals and families they serve.

• Provide complete solutions, making large, complex systems and programs run smoothly.

• Support communities and individuals, helping them get the services they need to improve health outcomes.
What Is The MAXIMUS California Diversion Program?

- A program for Healthcare Professionals who are suffering from substance use disorder and/or mental illness
- A voluntary and confidential monitoring program, which provides ongoing support and case management
Healthcare Professionals Especially Susceptible To SUD

1. **ATTITUDE**
   - Drugs are not seen as potent chemicals

2. **ACCESSIBILITY**
   - Substances readily available in the workplace

3. **HIGH STRESS**
   - Substances are OK to help cope
Goals Of The Diversion Program

• Protect the public
• Return Healthcare Professional to safe practice, through intervention and rehabilitation
• Assist the professional to establish long-term recovery practices
Solution: Support from Beginning Through Recovery

- Education / Outreach
- 24-hour Support Center
- Assessments
- Referral to Services
- Utilization Management
- Treatment Services
  - Early Intervention
  - Outpatient
  - Intensive Outpatient / Partial Hospitalization
  - Residential Inpatient Medically Managed Intensive Inpatient
- Care Plan Monitoring
  - Peer Support Coordination
- Post-Treatment Support / Monitoring
  - Lab Testing Services
  - Third-Party Services
  - MAXIMUS
- Third-Party Program Evaluation
The Opioid Crisis Is Everyone’s Problem

• Prescribed opioids are driving a 15-year increase in opioid deaths.
• US leads the world in the number of per capita opiate prescriptions.
• Opioid abusers not who you think: elderly, working adult, post-cancer, physicians.
• More than three out of five overdose deaths involve an opioid.
• Overuse of opiates is a symptom of the disease of Substance Use Disorder (SUD).
The Epidemic

• Opioids are a class of drugs that include the illicit drug heroin as well as the licit prescription pain relievers oxycodone, hydrocodone, codeine, morphine, fentanyl and others.

• Opioids are chemically related and interact with opioid receptors on nerve cells in the brain and nervous system to produce pleasurable effects and relieve pain.

• Addiction is a primary, chronic and relapsing brain disease characterized by an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

• Of the 20.5 million Americans 12 or older that had a substance use disorder in 2015, 2 million had a substance use disorder involving prescription pain relievers and 591,000 had a substance use disorder involving heroin.

Why Is It Important To Use Technology?

- Personalized Digital Care Plans
- Connecting with Care Teams
- Connecting Devices and Wearables
- Efficiency

- Remote Care Management
- Automatic Data Collection
- Measurable Outcomes
- Meet Client expectations
Solution For SUD

• Currently in use with CA Diversion Program
• Board of Pharmacy, Physician Assistants, Veterinarians, Physical Therapist and Osteopathic Physician participants
• Mobile phone application that includes scheduling, program forms, key resources, and care team messaging
• All system usage data is tracked and available to program staff in real time
Mozzaz Connects Across Multiple Stakeholders

- Participant Mobile App
- Case Management Team
- Program Management
Mobile app uses “tiles” to guide participants to relevant content.
What Can We Do With The Mozzaz platform?

Schedules

- Tuesday, September 5
  - Sep 5 5:00 AM Daily Check-In Pending
  - Wed 6 8:00 AM Monthly Self-Report Pending
  - Thu 7 5:00 AM Daily Check-In Pending
  - Fri 8 5:00 AM Daily Check-In Pending
  - Sat 9 5:00 AM Daily Check-In Pending

Forms

- Forms
  - Daily Check-In
  - Program Satisfaction
  - Technology Satisfaction

Check-ins

- Daily Check-In
  - On a scale of 1-5, how are you feeling today about your recovery?
    - 1 - Have relapsed
    - 2 - Contemplating relapse
    - 3 - OK, stable
    - 4 - Good
    - 5 - Very strong
  - Are you experiencing any cravings or immediate threats to your sobriety? Please rate on a scale of 1-5.
    - 1 - None
    - 2 - Occasional

Resources

- Substance Information
- Drug Testing Information
- Community Resources & Meeting Info
- Treatment Information
What Can We Do Within The Mozzaz Platform?
Secure Options For:

- Video calling
- Voice calling
- Instant messaging
Other Uses For “Mobile” Case Management

- Disability Care Teams
- Substance Use Disorder Post-Treatment Monitoring, Pre-Treatment Education and Assessment
- Disease-specific education, able to offer quizzes to assess understanding of disease process
- Enrollee education and support
- Workforce services case management

- Structure and maintain Care Plans
- Develop Care Maps
- Enrollee Peer support
- Develop and post content
- Push content and alerts to users
- Notifications and updates
- Schedule activities for groups or specific users
- Assign users to specific case managers
Results

• Improve health outcomes by providing participants in the Health Professional Diversion program with constant, mobile access to support documents, forms, contact info and assessments.

• Collect real-time data, facilitating program decisions to optimize plans, monitor individuals, and realize cost savings.

• Create a more coordinated care environment through customized scheduling to help participants manage program requirements, encouraging successful completion.
DESIRED RESULTS

- Decrease frequency and intensity of maladaptive behavior
- Increase independence skills in activities of daily living
- Improve cognitive and functional skill ability

CORE FEATURES

- Assistive technology for Augmentative Communication (AAC) and voice output
- Multi-language text-to-speech and voice support
- Visual Schedules with reminders and notifications
- Support for assistive technology devices and switches
- Data collection and reporting

PERSONALIZED PATIENT-ENGAGEMENT TOOLS TO HELP INDIVIDUALS WITH INDEPENDENCE, EMPLOYMENT & QUALITY OF LIFE

Members

- Assistive technology to support communication and language (AAC)
- Visual schedules and alerts to support daily living activities
- Easy access resources for messaging, interventions and multimedia content

Provider

- I/DD content libraries with multi-language voice output support for AAC therapy
- Easy data collection and reporting for behavior therapy programs and I/DD services
- Interactive visual care plans that can be customized to unique individual needs
Digital Health Requires Platform Approach – Not Just An App!

Core Digital Health Platform Components

- Personalized interventions
- Data collection and reporting
- Assistive technology
- Telehealth and messaging
- Interoperability (EHRs, wearables)
Q & A
Innovation In Practice: The Burrell Center Case Study
Cristin R. Martinez, MS, LPC, Associate Director
Designing & Implementing Innovative Treatment Programs:
An OPEN MINDS Executive Summit & Showcase
Today’s Presenter

Cristin R. Martinez, MS, LPC
Assistant Director, Burrell Behavioral Health

- Master of Science Degree in Community Agency Counseling from Missouri State University
- Bachelor’s Degree in Psychology and another in Spanish from the College of the Ozarks
- Extensive counseling experience acquired through internships with The Crisis Center of Taney County Inc., Upward Bound and Center City Counseling Clinic of Springfield, MO
- Background in delivering counseling services to individuals and families; facilitating support team meetings; working with families to connect to local resources; and teaching parenting, anger management, life and budgeting skills, and much more
Burrell Behavioral Health is the second largest community mental health center in the state of Missouri.

Full range of services:
- Mental health services
- Substance abuse treatment
- Intellectual and developmental disabilities services

Service reach:
- 17 counties across Missouri
- Approximately 50,000 clients
Since the Rollout of a Digital Tool at Burrell:

• Ongoing training offered to various Burrell departments, particularly the Adult Community Support Specialists

• Trainers and leads in each department continue to promote the tool for equal staff and client use

The tool connects clients to Burrell’s:

• Website

• Crisis Assist Team (no matter what myStrength access code is used)

myStrength enables Burrell to market its belief in progressive and innovative technology, and promote its agency in general
Connecting Our Communities to Digital Support

Digital behavioral health access is promoted on social media as well as at community and outreach events, including:

- Probation and Parole Meetings
- Meet the Doc Events
- Police Department Events
- Children First Classes
- And more
User Focus Areas of Interest: (% of Total Users)

1. Depression (41.9%)
2. Anxiety (27.2%)
3. Stress (16.4%)
4. Insomnia (8.8%)
5. Chronic Pain (3.5%)
3. SUDs (2.2%)
Community Feedback

Regarding Burrell’s use of myStrength, the Greene County Health Department noted:

- myStrength is different from other online tools
- Provides a guided process that helps the user set up their account
- Meets the needs of the users without overwhelming them
myStrength provides an alternative avenue of client support and, most importantly, the technology empowers Burrell to:

• Increase client access to services
• Boost client supports
• Enhance client services received from Burrell
• Meet the needs of persons with cognitive behavioral therapy (CBT) tools, online assessments, and online tools with outcome measures
Certified Community Behavioral Health Center

CCBHCs founded through the Excellence in Mental Health Act

- On July 1, 2017, Burrell became a CCBHC (CARF certification required)
- Missouri was selected as a pilot state along with 7 other states
- CCBHCs are a federal effort to:
  - Improve the quality of behavioral health services
  - Alter incentives derived from payment methodologies like fee-for-service
CCBHCs Improved and Changed Care Delivery

A digital behavioral health platform helps Burrell achieve required changes in many ways…

…By providing better access to those in need:

- All Burrell departments are trained in the tool and how to connect clients to it
- The Burrell Access Center, where potential clients are screened for services, connects individuals to the tool immediately – whether they are/are not admitted to our agency’s services
myStrength uses evidence-based practices (EBPs) and principles that Burrell clinicians use in therapy. Burrell’s:

- Therapists include the tool as part of Safety Plans for struggling clients
- Providers supplement treatment with digital support, which is available to clients/consumers 24/7
The Tool of Choice for Community Support Specialists

Through technology, Community Support Specialists:

• Teach clients to monitor their mental health more autonomously, and also help clients set up the tool

• Educate clients on how to use key features of the tool, including how to track their symptoms daily:
  
  o CSSs help the client print out their symptoms tracker to bring to provider appointments with psychiatrists, therapists and primary care providers
  
  o This provides caregivers with a more accurate view of the last week, month, etc.
myStrength not only connects Burrell clients to EBP resources they can use to improve their mental health, but it also connects them to a user community where they don’t have to feel alone.
Burrell implemented screeners to track outcome measures

These are completed at intake, quarterly and annually (for most clients)

These track anxiety, depression, and substance use over time

The digital tool has a variety of built-in trackers for the above and more, and is already driving symptom reduction ahead of our own screeners
Sample Q1 2018 Outcomes – DASS

Baseline vs. Last Depression Score

<table>
<thead>
<tr>
<th></th>
<th>Moderate</th>
<th>Severe</th>
<th>Extremely Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Baseline Depression</td>
<td>16.7</td>
<td>24.2</td>
<td>34.7</td>
</tr>
<tr>
<td>Average Last Depression</td>
<td>16.5</td>
<td>19.6</td>
<td>27.9</td>
</tr>
</tbody>
</table>

-1%  -19%  -20%

40% of Burrell/myStrength Users with Clinical Depression Improvement

Users with Moderate to Extremely Severe Depression Symptoms experience the most symptom improvement with myStrength

Proprietary
The premise of Burrell’s Zero Suicide initiative: suicides are preventable. myStrength supports this effort by:

• Monitoring user entries on a scale for mental health symptoms

• Triggering users to contact their provider should they have 3 consecutive concerning entries

• Opening the door to suggestions and feedback on monthly calls
  o As a result of Burrell’s feedback, myStrength now provides users with the National Suicide Hotline as well as Burrell’s crisis phone number
Fee-for-Service vs. Prospect Payment Systems

Burrell switched from FFS to PPS, requiring Burrell to:

• Address lengthy visits with the goal of increasing access to care and seeing patients more frequently – for only the time necessary, but no more

• Ensure clinical activity is visit-based, and not time-based

• Coordinate Community Support Specialist (CSS) meetings with each of their clients as often as necessary to help clients work to improve their mental health symptoms and connect to resources

CCBHC status is pushing CSSs to use EBPs more than ever, and digital self-care technology is an excellent way to meet these requirements.
Enabling Community Support Specialists

CSSs feel more empowered with a digital behavioral health platform

- Offers resources and accessibility in the field
- Provides print off modules for clients that do not have access to Internet or devices
- CSSs can leave information and worksheets as homework, just like other providers, to be followed up at their next meeting – sometimes, the next day!
Personal Success Story

• Helped a therapy client set up a myStrength account

• **During sessions**, helped the client identify irrational and negative thoughts

• **Between sessions**, the client learned a skill through myStrength that helped her gain insight and advance her progress with therapy by several sessions
For these clients, access to digital care is facilitated via:

- Printed myStrength modules provided during sessions with their provider
- Viewing myStrength through the Clinician’s account
- Case managers and emergency room enhancement staff (who work in ERs to help connect patients to services) print sheets to provide to clients in the field – in homes, the ER, or in the community
- Case managers help clients access the local library’s computers, helping them learn about a local resource and feel more comfortable using the library’s facilities
Employee Assistance Program

When Burrell rolled out their EAP, myStrength was included in the program.

• Connects employees to a quality tool to manage their own mental health and well-being

• Serves to circumvent potential for burnout

• All new employees are trained on myStrength and given access codes to open their own personal wellness account (separate from their professional account)
Thank You!
The Innovation Challenge
A Town Hall Discussion On Implementing Innovation
Turning Market Intelligence Into Business Advantage

OPEN MINDS market intelligence and technical assistance helps over 550,000+ industry executives tackle business challenges, improve decision-making, and maximize organizational performance every day.