Using Technology To Improve Consumer Engagement: A Look At Successful Models For Engagement

The 2017 OPEN MINDS Management Best Practices Institute
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I. Pairing Technology & Social Services To Reduce Emergency Department Visits:
   Richard Louis, III, Senior Associate, OPEN MINDS

II. Using Technology To Build A Better System Of Care:
    Larry Smith, CEO at Grand Lake Mental Health Center

III. Getting Ahead Of The Curve: Using Technology To Improve Consumer Engagement:
    Joel Friedman, PhD, Director of Outpatient Services, Center for Family Guidance

IV. Questions & Discussion
Pairing Technology & Social Services To Reduce Emergency Department Visits

New Model of Paramedic & Social Services Engagement Improves Linkage to Essential Social Determinants
Los Angeles City Fire Department Nurse Practitioner Response Unit (NPRU)
LAFD Nurse Practitioner Response Unit 2016 Launch

- In January 2016, the LAFD launched its 1st Nurse Practitioner Response Unit (NPRU), in South L.A. Station 64

- Station 64 in Watts is one of the busiest and toughest EMS jurisdictions in the country. This station houses the LAFD's Battalion 13 which has a scarcity of healthcare providers compared to other sectors of the city and contributes to many residents without access to a doctor using 9-1-1 for low acuity services.

- From 2012–2015, EMS volume in this jurisdiction increased 39%—accounting for 35% of the LAFD's citywide growth—and the majority of this growth was for low-acuity calls.

- Battalion 13 also contained the largest number of housed adult frequent 9-1-1 users.

- The second-fastest-growing sector of the city for police placement of involuntary mental health holds.
The NPRU Is A Flexible Alternative EMS Delivery Option

- Paramedic-level care
- Ambulance staffed by a firefighter/paramedic (FFPM) and a nurse practitioner
- Advanced evaluation and treatment by a nurse practitioner
- Referrals to appropriate social, mental health and health services
Advanced Equipment & Procedures

- Blood testing
- Portable ultrasound
- Eye and ear evaluation
- Suturing
- Prescription pad / Prescription medications
- Over-the-counter medications
Calls For Service & Run Types

- **Most Successful Run Types**
  - Wounds needing sutures
  - Dermabond, or staples
  - Chronic back pain
  - Flu-like symptoms
  - Mild shortness of breath

- **Other Complaints Treated**
  - Head, ears, eyes, nose, and throat
  - Low-risk chest pain
  - Rashes and skin issues
  - Urinary catheter complications
# NPRU Outcomes Q1-Q2 2016

<table>
<thead>
<tr>
<th><strong>Low Acuity Patients</strong></th>
<th>329</th>
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<tbody>
<tr>
<td>Treated and Released On Scene</td>
<td>171 (52%)</td>
</tr>
<tr>
<td>Transported to Emergency Dept.</td>
<td>158 (48%)</td>
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<tr>
<td>Frequent 911 Users Attended</td>
<td>12</td>
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<tr>
<td>Decreased 911 Users Over One Month</td>
<td>8 (67%)</td>
</tr>
<tr>
<td>Mental Health Patients Cleared On Scene</td>
<td>30</td>
</tr>
<tr>
<td>Mean Time From 1st Contact to Psych Eval.</td>
<td>25 minutes</td>
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</table>
A national innovator integrating social services with medical care to improve health, reduce costs, and create a better quality of life for the moderate to high-risk and most vulnerable population
Partners In Care Foundation

Mission

• Design and implement new models of evidence-based care that address the key social determinants of health.

• Raise the quality and effectiveness of community-based health care and social services, while also simplifying the delivery of those services, and in so doing, create a continuum of care that can better help everyone.

Collaborative Partnership

• PICF collaborates with physician networks, health plans, community-based organizations, and federal and state agencies to deliver programs and services that protect and support adults with complex health and social services needs, frail elders, people with disabilities, caregivers and families.

• Programs have demonstrated to significantly reduce costly hospital readmissions, ED visits, and nursing home placements, resulting in improved health outcomes at lower cost through better coordinated care.
Evidence-Based Programs: 250 Post Acute High-Risk Older Adults

**HOME MELS PLUS**

Medical Group Results

Outcomes for 250 Post-Acute High-Risk Seniors:

- **12.8%** Lower Rate of ED Use
- **22%** Lower Rate of Readmissions
- **53%** ROI Hospital Cost Avoidance
- **84%** Patients Accepted/Completed Home Visit
- **77%** Home Safety Issues Identified / Recommendations Made (grab bars, bath chairs, emergency response systems)
- **63%** Medication Issues Identified / Pharmacist Recommendation Made
- **54%** Other Risk Factors Identified (depression, caregiving, finances)
Electronic Referral Sent By On Scene Paramedic To Social Service Provider
Patient Eligibility for In-Home Follow-Up

- Patient must have a telephone
- Patient must be coachable
- (Willing to accept a home visit for completion of in-home assessment, and work with social service coach to establish and make progress towards goals)
- Any one of the following additional characteristics:
  - Patient is a super user of 911 services (NOT REQUIRED)
  - Cognitively impaired (mild to moderate)
  - Taking 5 or more medications, psychotropics or other high-risk medications
  - Lives alone
  - Has a history of falls or treated for fall-related injury
  - Had ED visit or hospitalization in past 6 months
  - 2 or more chronic conditions
  - Personal care assistance needed or currently has inadequate caregiving, transportation, housing or income.
  - Clinical signs at risk for decline or significantly outside goal
911 High Utilizer Profile

Adults ages 30-70 years old

At least (1) chronic medical condition

60% Mild, Moderate or Severe Mental Health Disorder

45% Co-Occurring Substance Use Disorder

97% Insured Managed Care Medicaid, Medicare, Other HPs
In-Home Patient Engagement Goals

- Schedule and complete a home visit and assessment
- Complete psychosocial assessment
- Complete medication reconciliation
- Schedule PCP visit
- Link and schedule patient to other treatment providers:
  - Mental health
  - Substance use
  - IDD
- Link to essential community supportive services:
  - Transportation
  - Pharmacy
  - Meals on Wheels
  - Home improvement
Initial Outreach & Engagement

- Completed Home Visit: 73%
- Unable to Contact/Reach: 9%
- Refused: 14%
- Pending (Care Coordination in Progress): 5%
Linkage To Health Plan Services

Health Plans

- LA Care
- Care1st
- Kaiser
- Anthem/Blue Cross
- Molina
- Health Care LA
- Inland Empire Health Plan
- Undetermined
Linkage Treatment & Social Services

Secondary Outcomes - Completed Home Visits
Home Visit Outcomes

- Appointment Scheduled with PCP: 56%
- Medication Report Completed: 50%
- Assessment Completed: 44%

 Patients with Completed Home Visit
Questions & Discussion
Grand Lakes Mental Health Center, Inc.

Larry Smith, Chief Operating Officer, Grand Lakes Mental Health Center, Inc.
Using Technology to build a better system of care

Grand Lake Mental Health Center has implemented an innovative program providing iPads to consumers to facilitate treatment and connecting with staff in times of crisis.

Presentation Presented by
Larry L. Smith COO, CPRSS
Why change (we have always done things this way)?

- Inpatient and crisis units were being used as a first alternative instead of outpatient and least restrictive environment being considered or available

- Every time a client goes inpatient they lose a part of their “self”
  - For many, they lose what they had gained toward self-pride and managing their lives
  - Some forever lose a part of their very being
What we needed to fix

- Emergency Rooms were ill-equipped to provide emergency crisis interventions for this special population

- Law Enforcement Professionals were ill-equipped to provide emergency crisis interventions for this special population
What we needed to fix

- The result was increased costs **across the board**:

  - Officers waiting in ER’s instead of on the street providing public safety
  
  - ER doctors diagnosing Mental Health instead of performing emergency physical health trauma
    - Signing Emergency Detention Orders because it was an easy way to get consumer out of ER
    - Inpatient Facilities admitting clients based on EDO
      - Taking beds away from clients who truly require inpatient services
  
  - Jails (and courts) filled with clients who **do not** belong in the system
Normal Police Interaction

Police have to drive client in crisis to the nearest ER

And wait... And wait...

Where they wait...
All this just to figure out where to send the client
We thought: “What if we put an iPad in his hand instead?”
Accessibility

What if he had instant access…

A Psychiatrist?

A Psychiatric Support Specialist?
In Just a Few Minutes…

He knows exactly where to go
Why use iPads?

The iPads provide an effective, ultra-portable solution for providing mental health services

- Reasonable screen size accepted by Oklahoma Telemedicine rules
- Robust security and lock-down capabilities
- Easy to train staff, consumers, and stakeholders
We provide the iPad at no cost to the following

- Sheriff departments
- Police departments
- **High Risk** Consumers
- Consumers in *very rural areas*
- Consumers with other special needs
- Emergency Rooms in our area
How is the iPad used, controlled and protected?

- We purchase a monthly data plan for each iPad in the field

- We put in Addresses of who we want the consumer, ERs and Peace officers to be able to reach through video Telemedicine.

- All other options are disabled
How is the iPad used, controlled and protected?

Continued

All consumer iPads are configured to be able to contact the Intensive Outpatient Center

- This allows the consumer to reach a crisis worker 24/7
- Each consumer’s iPad Address is in their chart
  - Easy to look up the consumer’s iPad address
  - Clinicians can call the iPad to provide services
Which Services Can Be Provided in Oklahoma?

Services that can be billed as “face to face” through the iPad include:

- Individual therapy
- Individual rehabilitation
- Crisis services
- Treatment Planning and assessments

Non-Scheduled services can be provided if consumers are available to answer the iPad

- Reduces lost productivity from missed appointments
- Increases consumer touch opportunities
Accessibility to Crisis Services

- Law Enforcement has an iPad when they go out on a call or have the iPad available to them at the police department, allowing face to face consultation with a LMHP at anytime.

- Consumers can call in and be provided a face to face crisis service at anytime.

- All accessible with a simple touch.

- We believe services should be provided when and where the client needs or wants them.
How did we pay for this?

Federal grants:
- $0.00

State funding:
- $0.00

Projected cost savings and a Board of Directors who believed in our team and our vision
Whether you think you can
or think you can’t
You’re Right

Henry Ford
One Year Later…

Over 600 iPads currently in the field
Resulting in:

- Inpatient reduced by over 70%
- Rave reviews from local Law Enforcement
- Increased client referrals
- Increased revenue
- Decreased costs (travel and workers comp.)
- Increased consumer satisfaction
Next Step, MyCare

- Currently working with a custom development company to create a new iPad App that can integrate with any EMR and help us take our services to an entirely new level
- In the process of deploying iPads to every consumer
- Implementing a new MyCare Virtual Open Access model
Next Step, MyCare

My Team

Betty LCMS
John RN
Joe RSS

Crisis
Next Step, MyCare

- Consumers will be able to reach out to their care team at any time
- Exact session start/stop times will be recorded
- Clinicians will be able to send forms directly to consumers for review and signature
- Consumers will receive:
  - Upcoming Appointment Reminders
  - Reminders when to take prescribed medications
  - Satisfaction surveys
Accessibility

How’s *that* for accessible?
Questions:
Getting Ahead of the Curve

Using Technology To Improve Consumer Engagement

Joel Friedman, PhD
Clinical Director
CFG Health Network
Agenda

• Background
• Pilot Program Overview
• Benefits
• Lessons Learned
Background

- Outpatient behavioral healthcare landscape evolving significantly over past several years
- Many outpatient and mental health clinics have been unable to keep pace with demand for outpatient behavioral healthcare services
Initiation of Services

Access Center conducts patient registration interview for possible initial evaluation

Individual takes brief survey to determine appropriateness for telebehavioral health

Access Center facilitates warm handoff to telebehavioral health program
What’s Involved

• Secure, web-based telehealth platform that both consumers and providers can access from their homes
• Access Center, through which consumers are scheduled for their initial evaluations
• Documentation of clinical services is able to be maintained in outpatient office’s Electronic Health Record (EHR) via the use of a remote VPN
• Prescribers are able to prescribe medications through an electronic prescription system
• Insurance billing is possible in some cases through the use of the telehealth GT modifier
### Pilot Project Sessions Held

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*Pilot Project, referrals were intentionally decreased starting March of 2017.*
### Providers
- Working from home
- Decreased transportation costs
- Seeing consumer’s home environment can provide clinical information
- Flexible clinical hours during nights and weekends

### Consumers
- Flexible hours for sessions
- Decreased wait time
- Avoiding the waiting room
- Decreased transportation costs
- Sessions from the comfort of home
- Child care issues decreased
Inpathy Consumer Satisfaction Results

Consumer Net Promoter Score (NPS) of 67
“I was able to get into a psychiatry appointment the next day after getting in contact with someone.”

“You guys really should’ve thought of this a long time ago – it’s amazing”

“Clear video, easy to understand on the first go, extremely quick from initial visit to site to picking a doctor and requesting appointment for just three days later with a simple click.”

“I am so thankful for the tech support that I received today. The gentleman who helped me was patient and kind, I never felt rushed which allowed me to learn something new. I am going to recommend Inpathy to friends and family! …”

“I am eternally grateful.”

“This is an amazing service.”

“Clear video, easy to understand on the first go, extremely quick from initial visit to site to picking a doctor and requesting appointment for just three days later with a simple click.”

“I cannot thank you enough for all of your help! Inpathy may just be the answer to my prayers!! Thank you!!”

“My first tele-session with [my provider] went great! Big thanks to you and Troy for solving tech worries.”
Lessons Learned

• Technology
• Equipment/Service Issues
• Reimbursement
• Clinical Documentation
• Training
Questions?

Joel Friedman, PhD
Clinical Director
CFG Health Network
jfriedman@cfgpc.com
Discussion Questions

- How do consumers respond to community-based technologies? Is it viewed as therapeutic or as invasive?
- How do community-based interventions change relationships between consumers and health care professionals?
- Do engagement technologies affect clinical outcomes?
- Do home- and community-based technology interventions influence cost of care?