TELEMEDICINE PILOT INITIATIVES

Heywood Hospital

MASSACHUSETTS HEALTH POLICY COMMISSION HCII PROGRAM

CARE MODEL

Heywood Hospital implemented a collaborative school-based tele-behavioral health initiative in collaboration with the local school system to bridge gaps in care for adolescents with unmet behavioral health needs. The initiative provides counseling services in the schools through remote video consultations between the students and mental health clinicians at one of Heywood's partner organizations, with the additional support of a guidance counselor who serves as the care coordinator and facilitator of the visits. The program builds upon Heywood Hospital's work to expand access to behavioral health services in their community to students through the HPC's CHART investment program.

IMPACT

$425.5K
HPC AWARD

$461K
TOTAL PROJECT COST

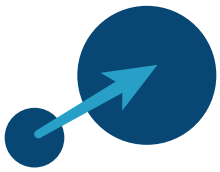
TARGET POPULATION
Middle and High School Students with Unmet Behavioral Health Care Needs

PRIMARY & SECONDARY AIMS:

↑ 10%
behavioral health care access

↓ 10%
acute care crisis intervention in schools

↓ 20%
behavioral health ED visits



PARTNERS

- Narragansett Regional Middle and High School
- Ralph C. Mahar Regional School
- Telehealth Resource Center
- McLean Hospital
- Clinical and Support Options
- Athol Hospital

HCII PATHWAY SUMMARY

In 2016, the Massachusetts Health Policy Commission (HPC) launched its $1.8 million Telemedicine Pilots pathway of the Health Care Innovation Investment (HCII) Program. The Telemedicine Pilots aim to demonstrate the potential of telemedicine to address critical behavioral health care access challenges in high-need and underserved target populations. The four 12-month pilots provide expanded access to behavioral health care for children and adolescents, individuals with Substance Use Disorder (SUD), and older adults aging in place.

HPC BACKGROUND

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12-MONTH IMPLEMENTATION LAUNCHED JUNE 2017

TELEMEDICINE PILOT INITIATIVES

Pediatric Physician's Organization

at Children's Hospital

MASSACHUSETTS HEALTH POLICY COMMISSION HCII PROGRAM

CARE MODEL

The Pediatric Physician's Organization at Children's Hospital (PPOC) implemented a telemedicine initiative to provide critical psychiatric care to pediatric patients with otherwise limited access to behavioral health services. In this model, primary care physicians facilitate remote video consultations for patients with a Child and Adolescent Psychiatrist (CAP) based at Boston Children's Hospital for both diagnostic and follow-up care. The model allows children and adolescents to conveniently receive treatment at the same location as other medical care: their local pediatrician's office. Through increased access to timely, local behavioral health care, PPOC can diagnose and treat conditions earlier and eliminate barriers for families to receive necessary behavioral health care to improve health and minimize emergent acute care utilization.

IMPACT

$341.2K
HPC AWARD

$465K
TOTAL PROJECT COST

TARGET POPULATION
Children and Adolescents with Complex Psychiatric Presentations

PRIMARY & SECONDARY AIMS:

↑ 75%
number of initial diagnosis evaluations within 15 days of identification of need

↓ 25%
BH symptoms

↑ 10 points
functional status

↓ 30%
ED visits for 6 months

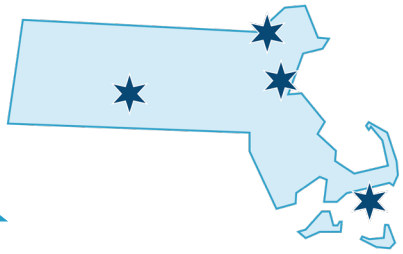
↓ 10%
total medical expense

↓ 30%
psychiatric inpatient utilization for 6 months

↑ 80%
satisfaction ratings by providers, patients, and parents

PARTNERS

- Boston Children's Hospital Department of Psychiatry
- Briarpatch Pediatrics (serves Sandwich, Yarmouthport, and Nantucket)
- Greater Lowell Pediatrics (serves Lowell and Westford)
- Holyoke Pediatric Associates (services Holyoke and South Hadley)



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12-MONTH IMPLEMENTATION LAUNCHED JULY 2017

TELEMEDICINE PILOT INITIATIVES

Riverside Community Care

MASSACHUSETTS HEALTH POLICY COMMISSION HCII PROGRAM

CARE MODEL

Riverside Community Care implemented a telemedicine initiative to increase access to behavioral health care through home-based video consultations for homebound older adults with otherwise unmet behavioral health needs. In this model, case managers from Aging Service Access Point (ASAP) partners identify the behavioral health needs of their homebound patients during regularly-scheduled home visits, and assist patients in connecting with a behavioral health clinician for remote video-based therapy.

The initiative's combination of community partnership and technology eliminates barriers for homebound adults to behavioral health care that would otherwise be inaccessible. Building on this tele-behavioral health engagement, Riverside works to support additional aspects of patients' overall well-being by linking them to other resources in the community to improve their health and agency.

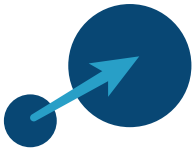
IMPACT

$499.9K
HPC AWARD

$682K
TOTAL PROJECT COST

TARGET POPULATION
Homebound Older Adults with Unmet Behavioral Health Care Needs

PRIMARY & SECONDARY AIMS:



Increase access to behavioral health care through **videoconferencing**

Assess comfort level of residents with the tele-behavioral health services through **enrollment survey**

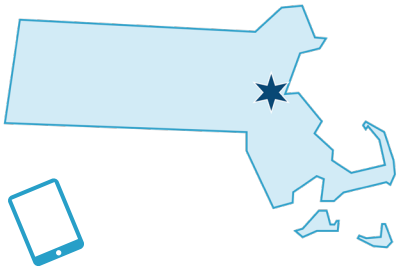
⬇ number of elder clients who **experience anxiety**

⬇ 30% falls due to substance use

⬇ 30% depression among population who reported depression

PARTNERS

- Springwell ASAP
- HESSCO ASAP
- Mystic Valley Elder Services ASAP
- Beth Israel Deaconess Medical Center
- MedOptions Connect



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12-MONTH IMPLEMENTATION LAUNCHED MAY 2017

TELEMEDICINE PILOT INITIATIVES

UMass Memorial Medical Center

MASSACHUSETTS HEALTH POLICY COMMISSION HCII PROGRAM

CARE MODEL

UMass Memorial Medical Center implemented a telemedicine initiative to increase patient engagement in, and access to, evidence-based treatment for substance use disorders (SUD). The initiative integrates SUD treatment such as medication-assisted treatment (MAT) into the hospital's inpatient and emergency departments through teleconferencing with an addiction social worker or psychiatrist, facilitated by a peer recovery coach at the patient's bedside. The initiative ensures timely consultation and initiation into evidence-based MAT for patients during even a brief admission to the hospital.

The initiative's staffing model and community partnerships allow for care to be catered to the specific needs of the patient and for the care team to follow patients once they leave the hospital. With teleconferencing, addiction specialists can initiate care regardless of patient location in the hospital, while peer recovery coaches bridge the gap between the medical and social needs patients face as they begin treatment and are discharged from the hospital.

IMPACT

$496.2K
HPC AWARD

$575K
TOTAL PROJECT COST

TARGET POPULATION
Individuals with High Clinical Risk and High Hospital Utilization with a Substance Use Disorder

PRIMARY & SECONDARY AIMS:

↑ 400%
engagement in evidence-based treatment for SUD

↓ 30%
30-day readmission rate

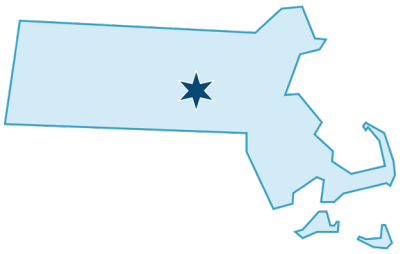
↑ 30%
post-discharge enrollment with medical services

↓ 30%
ED utilization

↑ 20%
self-reported patient satisfaction with consultation services

PARTNERS

- UMass Medical School Systems and Psychosocial Advances and Research
- Community HealthLink
- UMass Memorial Healthcare Office of Clinical Integration
- Habit OPCO
- Spectrum Health Services
- AdCare



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12-MONTH IMPLEMENTATION LAUNCHED JULY 2017

TARGETED COST CHALLENGE INVESTMENT

Berkshire Medical Center

BEHAVIORAL HEALTH INTEGRATION

MASSACHUSETTS HEALTH POLICY COMMISSION HCII PROGRAM

CARE MODEL

In order to improve access to behavioral health care in Berkshire County, Berkshire Medical Center formed a telemedicine-based care coordination program. The initiative supports primary care providers in managing high-risk patients with diagnoses including mental illness, substance use disorder, or a co-occurring disorder by providing access to behavioral health providers through telemedicine. The program also employs care coordinators based at the Medical Center to support the integration of primary and behavioral health care and ensure timely, effective care is provided locally.

IMPACT

$741.9K
HPC AWARD

$822K
TOTAL PROJECT COST

TARGET POPULATION
Primary Care Patients with Unmet Behavioral Health Care Needs

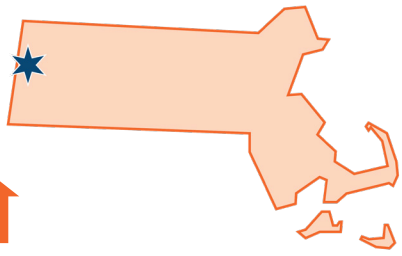
PRIMARY & SECONDARY AIMS:

- ⬇ **66%** ED visits
- ⬇ **25%** detox or residential treatment admissions
- ⬆ **40%** improvement in health outcomes
- ⬆ **50%** better pain self advocacy




PARTNERS

- Hillcrest Family Health Center
- Community Health Programs
- Suburban Internal Medicine
- Eastern Mountain Medical Associates

HCII PATHWAY SUMMARY & HPC BACKGROUND

In 2016, the Massachusetts Health Policy Commission (HPC) launched its $6.6 million Targeted Cost Challenge Investment (TCCI) pathway of the Health Care Innovation Investment (HCII) Program. The TCCI pathway aims to foster innovation in health care payment and service delivery by supporting promising innovations that address the Commonwealth's most complex health care cost challenges. The ten TCCI initiatives are partnering with more than 60 community organizations to demonstrate rapid cost savings within 18 months by addressing the following challenge areas: social determinants of health, behavioral health integration, post-acute care, serious advancing illness and care at the end of life, and site and scope of care.

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