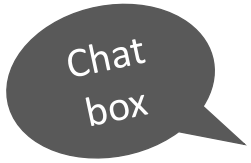
Realworks: Integrating Technology and Innovation in Addiction Services to Improve Patient Outcomes

WELCOME.

We're glad you are here.



- All participants are in listen-only mode
- We encourage frequent use of the chat box to participate and ask questions
- Say hello now using the chat box to tell us your **name and organization**
- Please complete the three question survey towards the end of the webinar. We value your feedback!

INTERACT FOR HEALTH

Your trusted source of health information

Realworks: Integrating Technology and Innovation in Addiction Services to Improve Patient Outcomes

Presenters: Annie Rittgers, Krzys Chwala, Gauri Wadhwa

Friday, January 28, 2022

1:00 p.m. to 2:30 p.m.

INTERACT FOR HEALTH PROMOTES
HEALTH EQUITY TO IMPROVE THE
HEALTH OF ALL PEOPLE IN OUR REGION.

GRANTS

Education

Research

Policy

Engagement

Grants

EDUCATION

Research

Policy

Engagement

Grants

Education

RESEARCH

Policy

Engagement

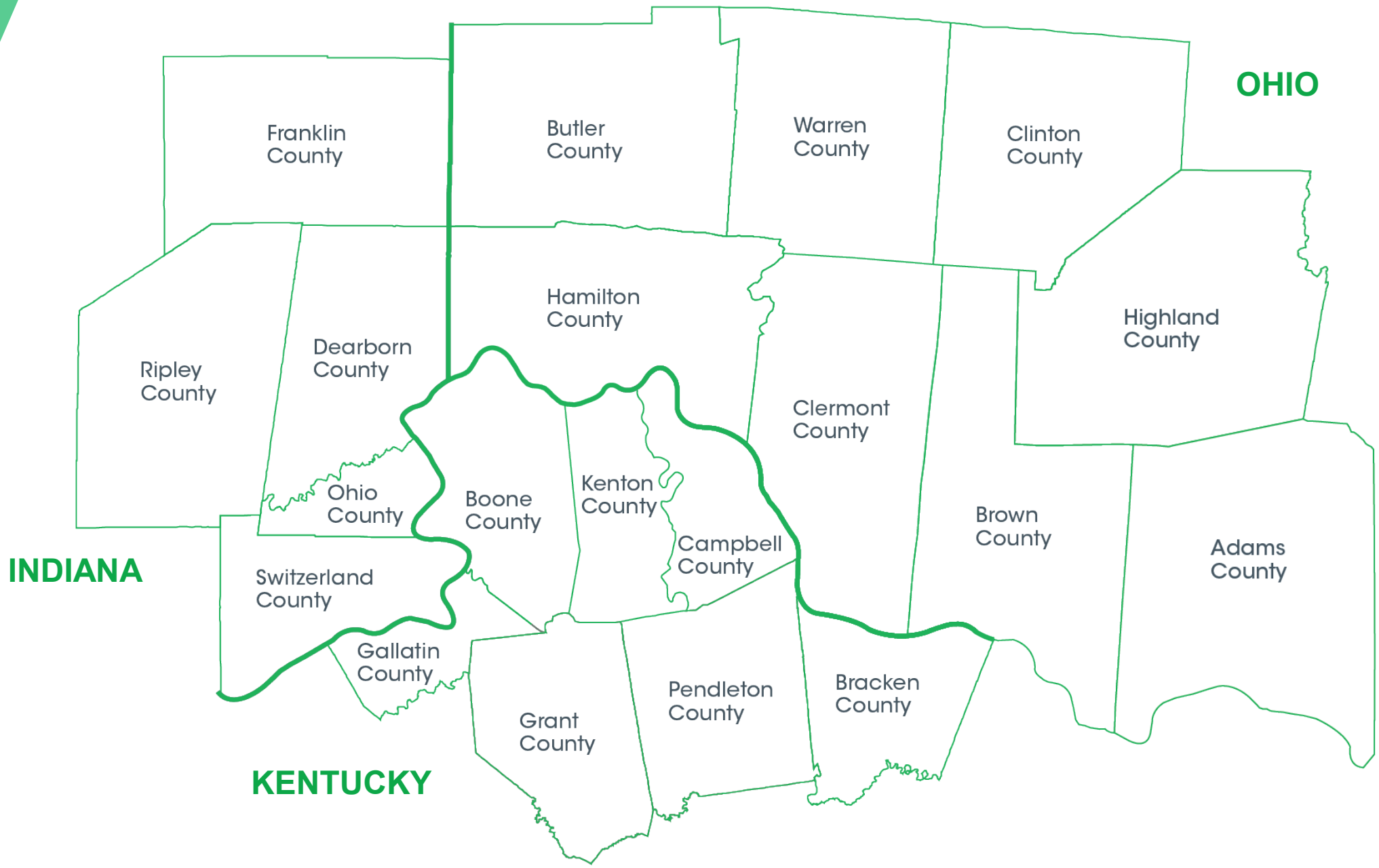
Grants
Education
Research
POLICY
Engagement

Grants
Education
Research
Policy
ENGAGEMENT

REDUCING TOBACCO USE

SCHOOL-BASED HEALTH CENTERS

ADDRESSING THE OPIOID EPIDEMIC


OHIO
Franklin County
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Pendleton County
Bracken County
KENTUCKY

Sonya Carrico
Senior Program Officer

Lisa Myers
Program Officer

Michelle Lydenberg
Evaluation Officer

www.interactforhealth.org

Goal: Reverse the trend of overdoses and deaths from opioids

Realworks

Annie Rittgers, Krzyś Chwała, Gauri Wadhwa

Agenda

- Overview of Realworks
- Our Approach to Innovation
- Projects and Pilots
- The Future of Addiction Services

What is Realworks?

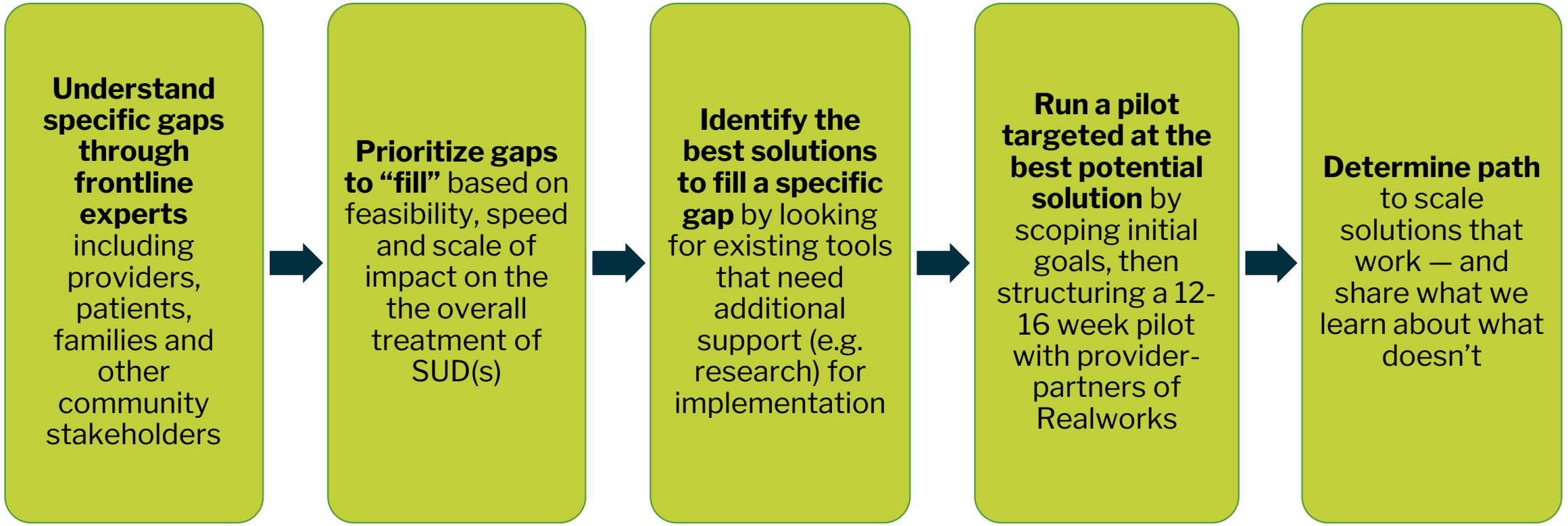
- A provider-led fund focused on innovation in addiction treatment
- Invests in and manages pilots of new technologies that have the potential for immediate impact as well as scale at a national level, using the Greater Cincinnati Area as a "lab" to figure out what works

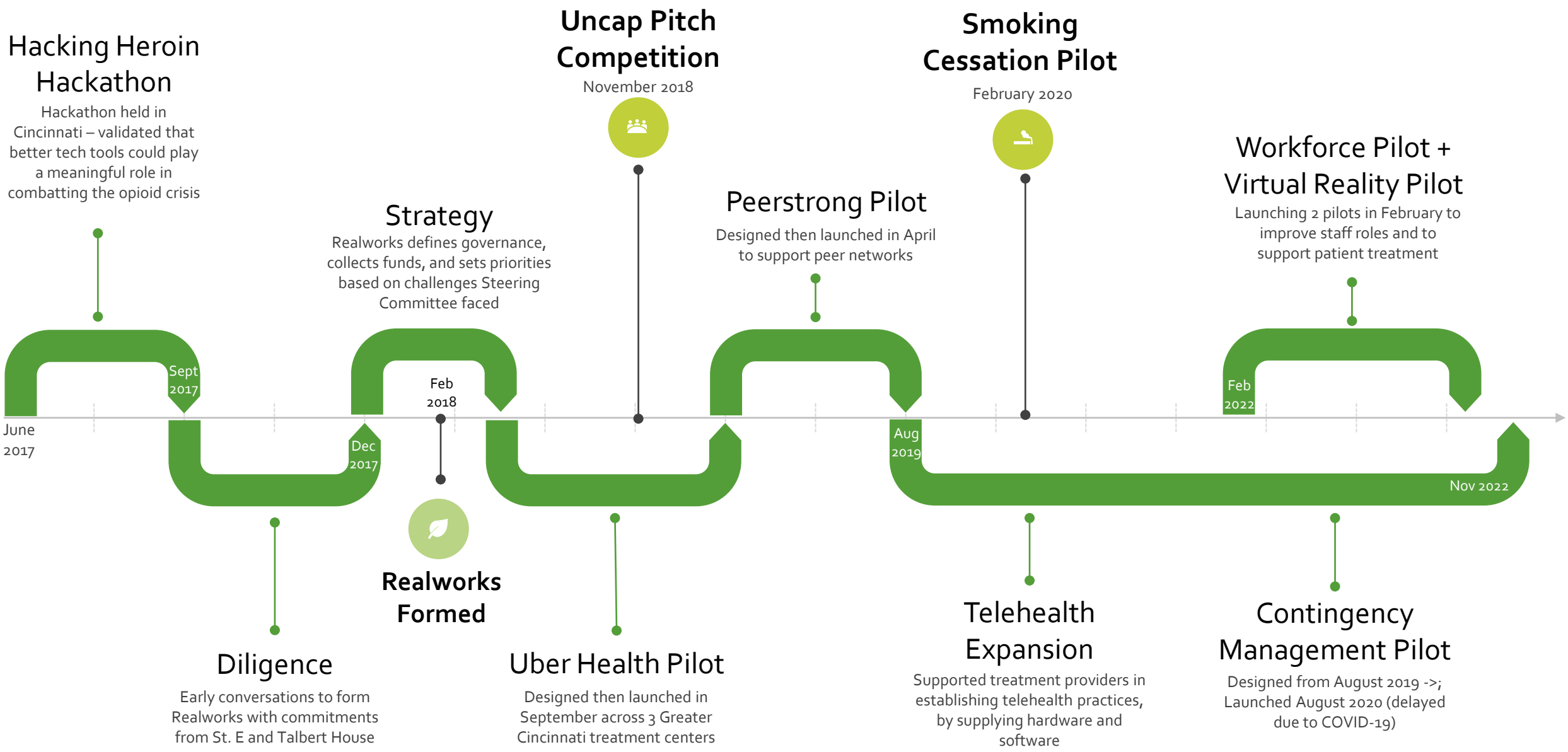
Mission

To improve the long-term wellbeing of patients with substance use disorder(s) by:

- **Finding better solutions -** improve the selection, use and validation of novel technical tools for addiction treatment care delivery
- **Sharing what we learn -** document and share results to help guide widespread implementation of novel tools
- **Embedding sustainable capabilities as we go -** build innovation capabilities by overcoming barriers to integrate technology in the space and working directly with treatment providers

Our Model for Innovation




Hacking Heroin Hackathon
Hackathon held in Cincinnati – validated that better tech tools could play a meaningful role in combatting the opioid crisis
June 2017
Sept 2017
Diligence
Early conversations to form Realworks with commitments from St. E and Talbert House
Dec 2017
Strategy
Realworks defines governance, collects funds, and sets priorities based on challenges Steering Committee faced
Feb 2018
Realworks Formed
Uncap Pitch Competition
November 2018
Uber Health Pilot
Designed then launched in September across 3 Greater Cincinnati treatment centers
Peerstrong Pilot
Designed then launched in April to support peer networks
Aug 2019
Telehealth Expansion
Supported treatment providers in establishing telehealth practices, by supplying hardware and software
Smoking Cessation Pilot
February 2020
Feb 2022
Workforce Pilot + Virtual Reality Pilot
Launching 2 pilots in February to improve staff roles and to support patient treatment
Nov 2022
Contingency Management Pilot
Designed from August 2019 ->; Launched August 2020 (delayed due to COVID-19)

Our Model for Innovation

Case Study: Transportation Pilot

Understand specific gaps through frontline experts including providers, patients, families and other community stakeholders

Current Steering Committee

Talbert House

St. Elizabeth HEALTHCARE

CENTER FOR ADDICTION TREATMENT
Recovery Within Reach

Greater Cincinnati Behavioral Health Services
Our Work is Life Changing

INTERACT FOR HEALTH

choices®
COORDINATED CARE SOLUTIONS

The Crossroads Center
Helping People Turn Their Lives Around

Community Mental Health Center, Inc.
...your partner in behavioral health

Prioritize gaps to "fill" based on feasibility, speed and scale of impact on the the overall treatment of SUD(s)

Identify the best solutions to fill a specific gap by looking for existing tools that need additional support (e.g. research) for implementation

- **Transportation** is a common barrier to health care access
- Acute impact for groups with limited economic and social resources available
- Limitations with existing solutions such as NEMT: high costs, limited availability, advanced scheduling

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Why UberHealth?

- Speed
- Integrity of platform
- Impact at scale relative to other NEMT options
- Gap in knowledge base around the impact of UberHealth in behavioral health settings

Uber Health

Run a pilot targeted at the best potential solution by scoping initial goals, then structuring a 12-16 week pilot with provider-partners of Realworks

Scope	• $10,000 total budget • 3 pilot sites: rural, suburban, and urban
Patient Eligibility	• New or existing patients with Opioid Use Disorder • Pick up address within 25 miles radius of site *No qualification by financial need or insurance type / status
Benefit offered	• Up to 2 roundtrip rides per patient for any scheduled outpatient appointment • Coordination of rides for patient via provider platform *Patients did not pay for rides and wait for reimbursement; rides were paid via pilot

Results

213 patients in outpatient OUD treatment

473 rides completed
Avg. round trip ride ~$28

- Patients who accepted transportation had **lower no-show rates**
- **No correlation** between no-show rates and non-SES demographics (e.g. distance from site, gender, time in treatment)
- **Highest change** in no show rates was for initial appointments

Determine path to scale solutions that work — and share what we learn about what doesn't

High need

- Longstanding acknowledgement of transportation need without good solutions
- Strong use case - long tail outpatient need
- Initial understanding of the impact and implementation of transportation solutions in behavioral health

Impact

- Improve patient outcomes immediately with direct value to providers/payers
- Important as addiction services transitions to bundled/value-based payments
- Adds to broader understanding of social determinants for patients with SUDs

Other Pilots and Projects

PeerStrong
2019

- **Problem:** Support networks are essential to the recovery of patients with substance use disorders but they are often difficult to manage.
- **Solution:** Built a Peerstrong application with a resource bank of addiction recovery supports and a matching mechanism that helped a certified peer support connect with a patient in recovery
- **Results:**
  - 46 enrolled/103 invited
  - Low engagement with resource bank
- **Learnings:**
  - Matching mechanism not utilized because of potential for harm without background checks
  - It is not easy to work in this space and if we are evaluating tech properly we will both fail and succeed at times
  - Need to balance potential to do harm with potential to do good

DynamiCare Contingency Management

2020-2022

DynamiCare HEALTH

- **Problem:** CM has been shown to be extremely effective in improving treatment engagement for people with SUDs. CM is also difficult to implement "in the wild" and does not deliver significant long-term effects
- **Solution:** Use mobile-based CM to ease operations and deliver for 6 months in conjunction with standard treatment to garner long-term effects
- **Progress:** Launched at 3 treatment centers in 2021 and supported ~140 patients. Launching at another site in 2022, reaching an additional ~60 patients

Responding to COVID-19: Telehealth Expansion 2020-2022

- **Problem:** With the COVID-19 pandemic, addiction treatment providers had to suddenly shift to providing virtual services
- **Solution:** Providers were equipped with telehealth hardware and software
- **Results:**
  - No-show rates remained stable or decreased with implementation of telehealth
- **Learnings:**
  - Providers require varying support, depending on baseline tech capability
  - Staff need continual training in telehealth best practices
  - Telehealth can serve many purposes (therapy from home, social distance, etc.)
  - Comfort with technology, both before and during COVID-19, greatly improved telehealth capabilities

Employee Mindfulness

2022

- **Problem:** Addiction treatment providers are experiencing high rates of compassion fatigue, stress/anxiety, and burnout in their jobs
- **Solution:** Using a commercial mindfulness app to improve employee resilience and offer additional stress management resources
- **Progress:** Launching across 4 treatment centers to measure impact on employee experiences as well as staff retention.

Virtual Reality

2022

- **Problem:** Current models of cue-exposure therapy to reduce substance cravings detach substances from the settings in which they are used, rendering this mode of treatment less effective
- **Solution:** Introducing another treatment tool and modality that differently engages patients and specifically targets substance cravings
- **Progress:** Launching across 3 treatment providers as an additional treatment modality

What We've Learned

- Building a collaborative model for tech innovation not only increases tech utilization, but also supports knowledge sharing and community problem-solving
- Addressing problems in addiction services requires quick tests with diverse input
  - Tech companies are not directly working with providers
- Tools with potential for patient impact exist, but are not being widely deployed
  - Small community providers are less likely to implement new tech tools
  - Not all tech tools are created equal and can have different impact
- Buying technology requires a full skillset
  - Realworks offer both the skillset and required time to diligence tech products
- There's no silver bullet to solving problems in addiction services
  - Determining which tools work and which don't is progress for this space

The Future of Addiction Services

- Tech innovation offers an opportunity for this space
  - We can lead as a region on how to make the most of it!
- Technology allows us to engage patients in more ways, within the clinic and beyond
  - Creating more patient-focused approaches to treatment
- Technology is also disruptive with potential for harm
  - The space needs models for testing and implementing tech, such as our own
- Need to continue improving staff experiences of transitions to technology

Thank you!

Find us at: **realworks2020.org**

Reach us at: **krzys@realworks2020.org**