



How Netsmart uses a combination of healthcare technology, policy and integrated care and data sharing to tackle the opioid crisis

As one of the longest-standing healthcare IT companies in the country with more than 50 years of experience, Netsmart designs, builds and delivers electronic health records (EHRs), health information exchanges (HIEs), analytics and telehealth solutions and services to care team members in behavioral health, substance use and addictions, care at home, senior living and social services.

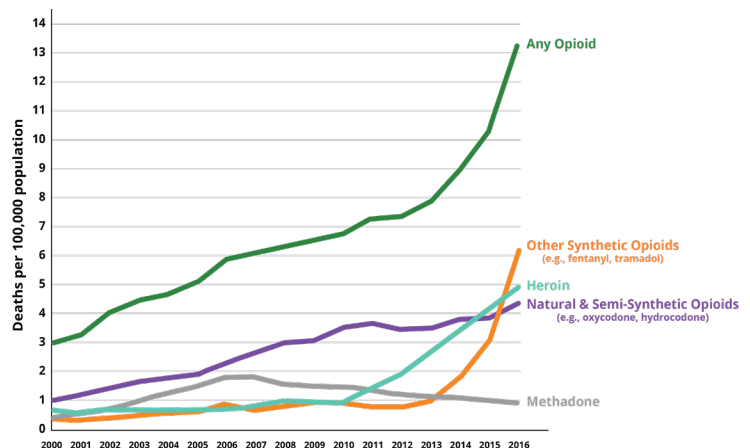
Netsmart supports a variety of organizations, including inpatient psychiatric hospitals, community mental health centers, substance use facilities and methadone dispensing organizations. In fact, Netsmart currently partners with 35 of the country's state psychiatric hospitals. Overall, more than 560,000 providers leverage Netsmart technology, spanning 25,000 organizations and 25 million consumers.

In 2018, Netsmart partnered with Amwell to create a virtually connected healthcare community that would enable collaboration across a network of more than 200 million consumers, 600,000 providers and over 25,000 organizations. The integrated platform would provide consumers access to real-time quality care across multiple provider specialties. By creating a comprehensive network of providers to bring healthcare directly to the consumer, Netsmart hoped to drastically improve health outcomes, while also lowering costs by empowering providers to deliver care in the lowest acuity setting possible. While Netsmart is utilizing telehealth across all its communities, they have also created a unique and innovative infrastructure for reducing the number of individuals addicted to opioids.

Understanding the severity of individuals addicted to opioids and why health IT matters

Substance use disorders are among the top six health conditions affecting Americans today.¹ In 2018, more than 10.3 million people misused prescription opioids, while 2 million people had an opioid use disorder (OUD).² Overall, more than 130 people die every day—47,600 people a year—from opioid overdoses.³

Overdose Deaths by Type of Opioid²



“While we have recently witnessed a slight decrease in the number of overdose deaths, the Centers of Disease Control and Prevention project an increase during 2020 in the number of deaths related to synthetic fentanyl,” says Neal Tilghman, General Manager, Netsmart.

In addition to the projected increase in opioid related deaths, there are also an increased number of individuals showing up in the emergency department (ED) for opioid-related care. From July 2016 to September 2017, ED visits for opioid overdoses increased by 30%.⁴

Unfortunately, not all EDs are equipped to effectively and efficiently treat individuals with an OUD because often-times they don’t have dedicated behavioral health and addiction providers on staff to address their needs. In fact, only 17% of emergency physicians reported having a psychiatrist on call to respond to psychiatric emergencies in the ED.⁵

Behavioral health providers are critical to the treatment of individuals with OUD due to:

1. A high prevalence of co-occurring mental health diagnoses
2. An increased use of medication-assisted treatment (MAT)
3. Increased use of Suboxone being e-prescribed by Waivered Physicians

“Individuals with a substance use disorder often times have co-occurring behavioral health diagnosis including anxiety, depression and PTSD, and are often self-medicating with opioids,” says AJ Peterson, vice president and general manager at Netsmart.

In addition to the treatment of co-occurring conditions, OUD individuals may also need MAT, which is the use of medications in combination with counseling and behavioral therapies to provide a whole-person approach to the treatment of substance use disorders and sustain recovery. For organizations incorporating MAT, it’s important they can e-prescribe controlled substances, order medications to be dispensed, monitor dispensing activities, track inventory and monitor clinical outcomes. Additionally, providers can enhance safety, improve accuracy, reduce fraud and drug diversion, and reduce drug misuse and use, which leads to reducing the number of individuals addicted to opioids and promotes recovery for those in treatment.

An integrated approach to opioid treatment

As the healthcare industry continues to shift from a fee-for-service to a value-based reimbursement model, providers require certain clinical quality or quality outcomes to meet the payment of value-based care for opioid addiction. Netsmart designed an EHR to address this shift and help providers treat substance use and behavioral health individuals. This EHR includes elements such as:



Opioid registries: Opioid registries identify and monitor individuals who have been prescribed opioids, allowing providers and pharmacy professionals to manage intervals and intervene when necessary. These types of registries are critical to verifying dual enrollments at other healthcare organizations. Additionally, registries can help maintain care during an emergency. “The ability to submit data to a central opioid registry is particularly crucial during natural disasters,” says Peterson. “The data submitted to the registry helps ensure the ability to guest dose due to facility closures. The goal is to have as little disruption to the therapeutic process as possible during the time of a natural disaster or emergency.”



Performance measures and quality indicators: “Generally, addiction has lacked a comprehensive approach to defining quality and performance measures that show progress is being made in treating individuals addicted to opioids or with substance use disorders,” says Peterson. Netsmart has developed quality indicators that can be used to measure success:

- **Timely access:** Tracking and monitoring the time it takes from the initial call or referral to assessment and the first treatment appointment.
- **Process Measure:** The number of staff who have been provided with education and training relating to screening protocols for OUD.
- **Prescriptions:** The percent of prescriptions written that are validated using a prescription drug monitoring program (PDMP) search.

“Timely access to real-time data at the point of care enables organizations to more effectively and efficiently provide care,” says Peterson. “This enhances clinical decisions, especially regarding complex cases, and promotes care coordination.”



Virtual Visits: In addition to integrating opioid registries, performance measures and other key care coordination elements into behavioral health and substance use EHRs, Netsmart also partnered with Amwell to integrate telehealth. Through this integration, providers initiate virtual visits within the EHR via on-demand or scheduled visits. Through an integrated virtual care platform, providers can access the complete individual health records, e-prescribe medication, review order and medication history, initiate and update assessments such as the Clinical Opiate Withdrawal Scale (COWS), document services provided, and update the treatment plan. Other benefits include:

- Timely access to high-demand psychiatrists, addiction specialists and behavioral health providers who otherwise would not be accessible
- Removed geographic barriers that can prevent individuals from receiving appropriate treatment
- Increased provider coverage area by allowing care to be given and received anywhere
- Strengthened partnerships and the ability to provide a virtual presence in EDs, law enforcement, schools, and jails

Through this comprehensive EHR, providers have the tools needed to better care for individuals experiencing substance use and coordinate care when necessary. By integrating virtual care into this EHR, Netsmart has opened a new realm of care possibilities for providers caring for OUD individuals.

Case Example: Using telepsychiatry consults in EDs to streamline care

AltaPointe Health, a Netsmart client, is the largest behavioral health provider in the state of Alabama. They serve seven different counties across the state and own two free-standing psychiatric hospitals, as well as several residential and outpatient treatment centers for substance use. They are currently utilizing the Netsmart telehealth EHR integration to better serve substance use individuals. The organization, which has 18 psychiatrists on staff, is using virtual care to extend the reach of its psychiatrists over a large rural area to better serve existing consumers. In addition, AltaPointe began partnering with health systems across Alabama to virtually deliver better psychiatric care for substance use and behavioral health clients in EDs.

“These hospitals may not have the needed psychiatrists available,” says Peterson. “It’s taking two to three days for patients to be seen, only to be discharged without the appropriate services, which means they eventually find their way back into the emergency department again.”

AltaPointe provides partnering hospitals with Amwell telemedicine carts, which gives them on-demand access to AltaPointe's psychiatry network through the Netsmart EHR. Through this technology, AltaPointe psychiatrists can provide on-demand consultations to ED providers, and help determine the appropriate treatment. "AltaPointe psychiatrists can refer patients to an AltaPointe inpatient psychiatric hospital, to one of the residence programs, or even to outpatient medical health centers," says Peterson.

The ED provider can quickly and easily identify a psychiatrist with availability and initiate a visit on behalf of the consumer. The available psychiatrist can then conduct a virtual visit from inside the EHR. If it's an established patient at AltaPointe, the psychiatrist already has their treatment plan and progress notes. Through this integration, psychiatrists can make informed and appropriate clinical recommendations for care.

ED physician having a psychiatry consult via an Amwell cart



Initial results show significant time and cost savings

Since launching virtual care within its Netsmart EHR, AltaPointe has conducted more than 8,700 telehealth sessions, with more than 1,100 being for ED consults with one of its three partnering hospitals. Initial results show these partnerships have a tremendous impact on individual care and cost. One hospital has decreased the time it takes to provide a psychiatrist consult in the ED from 24-to-72 hours down to 28 minutes. Due to this reduced wait time, there has also been a 33% reduction in ED costs for consumers.

In addition to better care, virtual psychiatry consults in EDs also benefit emergency providers. "Our ED physicians feel more comfortable making decisions about individuals with mental behavioral needs because the telehealth platform provides quick and easy access to an AltaPointe Health psychiatrist," says Jeff Smith, ED case manager at a participating hospital.

AltaPointe is working to expand their virtual care presence in EDs and other community partners to triage individuals who present with behavioral health and substance use conditions.



28 MIN
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**ED COST REDUCTION
FOR CONSUMERS**

1. Blue Cross Blue Shield Health Index, 2018.
2. U.S. Department of Health and Human Services. 2019 National Survey on Drug and Health Mortality in the United States, 2018.
3. NCHS. National Virtual Statistics System. Estimates for 2018 and 2019 are based on provisional data.
4. Centers for Disease Control and Prevention, Vital Signs: Trends in Emergency Department Visits for Suspected Opioid Overdoses — United States, July 2016–September 2017.
5. American College of Emergency Physicians, Waits for Care and Hospital Beds Growing Dramatically for Psychiatric Emergency patients, 2016.