Advances in Technology in the Addiction Profession, Part VII: Addiction Treatment - Virtual Frontier

Presented by: Thomas P. Britton, DrPH, LPC, LCAS, ACS and Marc Turner, BA, MS
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Webinar Presenter
Thomas P. Britton, DrPH, LPC, LCAS, ACS
President & CEO, The Gateway Foundation

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Webinar Presenter
Marc Turner, BA, MS
President of Community Services Division, The Gateway Foundation

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RUN OF SHOW

1. State of the Field
2. Gateway Foundation
3. Vision Planning
4. Model Introduction
5. Product Build
6. Actualizing on the Vision

“It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change.”

- Charles Darwin
AN EVER CHANGING CLIENT
A confluence of factors are changing the complexity of symptom presentation and consequently required clinical intervention.

- Medical: Self-inflicted traumatic injury (e.g., drug use, mental health, nutrition)
- Drug of Use: Heroin, Methamphetamine, Ecstasy, Opioids, Alcohol, Stimulants, Inhalants, Nicotine
- Social: Employment, education, family, home, finances, health, legal, social support, behavioral health
- Financial: Income, insurance, housing, medications
- Psychiatric: Depression, anxiety, PTSD

CONSUMERS DEMAND EASIER AND ACCESSIBLE VIRTUALIZED TREATMENT NEED REMAINS FOR FACE TO FACE AND HYBRID CARE.

INDUSTRY CHANGE
The rising cost and impact of addiction has driven change across the industry.

STAGE A
STAGE B
STAGE C
STAGE D

PAYER REFORM
ACCOUNTABILITY
CLIENT ACQUISITION
CONSOLIDATION

VIRTUAL IS THE NEW FRONTIER

<table>
<thead>
<tr>
<th>Strategic Rationale</th>
<th>Key Risks</th>
<th>Economic Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural solutions will slowly chip away at market share.</td>
<td>Integration risks and costs can be high, requiring strong risk management and end diligence.</td>
<td>We are modeling direct revenue impact but the care strategic growth area assumes a strong integrated technology platform.</td>
</tr>
<tr>
<td>Retaliating sentiments are shifting to CRF and virtual forms of engagement.</td>
<td>Providers will own additional IT management costs.</td>
<td>Capital costs will be low, while systems integration and operating costs could be moderate-high.</td>
</tr>
<tr>
<td>Consumer health expectations are moving toward integrated virtual models.</td>
<td>Data breach can be costly and inflict reputational damage to Gateway.</td>
<td>Change management culture is key to fully realize the value of the technology stack.</td>
</tr>
<tr>
<td>Telemedicine payment rates are likely to remain over 2019 baseline levels.</td>
<td>Poor utilization rate, rendering the technology tool less effective at driving strategic outputs.</td>
<td>Capital costs will be low, while systems integration and operating costs could be lower.</td>
</tr>
</tbody>
</table>

A COMPETITIVE ANALYSIS SHOWS A RUSH TO MARKET ACROSS THE BOARD
PORTRET OF A LEGACY

1968: Incorporation, with 80 beds and first TC in the U.S.
1970's: Growth to 10 residential and outpatient sites.
1985: Expanded to special populations, including women and adolescents.
1993: Created first co-occurring units in the country.
2008: Diversified into commercial insurance treatment as public dollars decreased.
2010-2017: Negotiated and secured contracts with all private insurers and Illinois based MCOs.
2018-2020: Negotiated and secured contracts with all private insurers and Illinois based MCOs.

TODAY: Gateway is the largest non-profit provider of addiction treatment in the U.S. treating 8,000 consumers per day with 1,400 employees throughout 55 facilities.

WHAT needed to change?

KNOWLEDGE BASE
- Public Insurance: Medicaid/ACA managed care
- Private Insurance: Billing/UR requirements
- Consumer needs
- Payment systems
- Technology infrastructure

POLICY AND PROCEDURE

TECHNICAL INFRASTRUCTURE
- EHR system
- AR/Billing system
- Accounting, Payroll and HR Information Systems
- Quality tracking systems
- Contract negotiation
- Consumer engagement

MARKETING AND SALES APPROACH

STRATEGIC PLANNING

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WHO needed to change?

Leadership Team

- Medical Director
- Clinical Staff (Master Level Master's License Required for Reimbursement)
- Financial Staff (Expertise in Medical Billing/Coding/Inc.)
- UR Staff (Expertise with Utilization Review Processes and Quality Assurance Indicators)
- Development (Virtual Client Acquisition)

SPECIALIZED GATEWAY PROGRAMS

- ALCOHOL USE DISORDER (AUD): A program tailored to treat alcohol addiction, allowing patients with alcohol use disorders to receive specialized treatment in Aurora.
- HER STORY: A women-only program for substance use disorders, trauma and co-occurring mental health conditions located in Carbondale.
- TRIUMPH: A program for men who are looking to get back on track professionally, scholastically, and with their family, located in Springfield.
- COVID-POSITIVE UNITS: Throughout the pandemic, Gateway Foundation opened and maintained COVID positive units as cases presented to avoid relapse and overdose.
- OUT-IN-RECOVERY: A residential substance use treatment program for LGBTQ+ individuals located in Lake Villa.

DEMONSTRATED QUALITY

Licensed To Provide:
- ASAM Levels 3.7, 3.5, 3.2, 2.5, and 2.1 Services

Accredited By:
- The Joint Commission
- ASAM for Residential Care
- Dartmouth and Illinois to Provide Dual Diagnosis Care

Recognized As:
- Center of Excellence by Payers

Awarded:
- The Joint Commission Gold Seal of Approval™ is an internationally recognized symbol of quality.
GATEWAY MODEL OUTCOMES

6 months of outcome data on virtual intensive outpatient treatment indicates overall abstinence rates track to face to face services.

TECH-ENABLED RECOVERY

Technology Roadmap

Patient Engagement
- Asynchronous imaging and support
- Contingency management platform
- Peer recovery connection
- Online appointment scheduling
- Tele-counseling
- Recovery coach texting

Patient platforms integrated with EMR
- AI-enabled risk stratification
- Care management plan supports

DEVELOPING THE VISION
The Digital Engagement Platform Project focused on evaluating future digital platform needs for the organization's staff, clients, and alumni community, outlining potential solution approaches, and identifying digital solutions and costs in order to develop actionable next steps to designing and building the foundation of a future state engagement platform.

The platform seeks to rebrand and redesign how engagement, care, and support is provided by Gateway through mobile, web, and virtual interaction.

THE MOST EFFECTIVE WAY TO UNDERSTAND YOUR OWN ORGANIZATIONAL NEEDS AND CHALLENGES IS TO CONDUCT REPRESENTATIVE STAKEHOLDER INTERVIEWS!

**Project Executive Summary**

**Project Context**

**Project Goals**
- Understand current state of technology and appetite for digital transformation at Gateway
- Align Gateway stakeholders on future vision for digital engagement platform
- Develop future state for new and existing clients using a digital engagement platform
- Prioritize and sequence capabilities needed in the immediate and future digital capabilities to execute on Gateway's vision
- Identify potential best-fit platform solutions, engagement (chat, text, triage) solutions, and synchronous virtual visit solutions to support Gateway's vision for a digital engagement platform
- Estimate total cost of ownership for Release 1.0
- Develop a high-level roadmap for Gateway to successfully execute on vision for digital engagement platform

**Project Outcomes**
- Educated Key Gateway stakeholders on National Digital Engagement Platform (App of Apps) trends and approaches
- Surveyed 107 Gateway staff and interviewed 9 leaders from across the organization
- Conducted two stakeholder workshops to align stakeholders and prioritize capabilities for Gateway Foundation
- Set a strategic course for project execution
- Prioritized and sequenced 5 immediate capabilities, and 9 future capabilities
- Identified 6 potential best-fit solutions for the app of apps interface, 4 potential best-fit solutions for the bidirectional communication and engagement capabilities, and 6 potential synchronous virtual visit solutions
- Developed recommendations and high-level roadmap to support next steps in process

**Technical Approach**
- **Objective:** Gateway's foundation for National Digital Engagement Platform
- **Key Deliverables:**
  - Understand current state of technology and appetite for digital transformation at Gateway
  - Align Gateway stakeholders on future vision for digital engagement platform
  - Develop future state for new and existing clients using a digital engagement platform
  - Prioritize and sequence capabilities needed in the immediate and future digital capabilities to execute on Gateway's vision
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**Technical Details**
- **Total Cost of Ownership:**
  - Good Solution Scenario
  - Better Solution Scenario
- **Development Recommendations:**
  - High-level roadmap to support next steps in process

**Project Implementation**
- **Scope:**
  - Gateway's foundation for National Digital Engagement Platform
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  - Good Solution Scenario
  - Better Solution Scenario
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**Project Management**
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- **Key Deliverables:**
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**Project Outcomes**
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- **Identified 6 potential best-fit solutions for the app of apps interface, 4 potential best-fit solutions for the bidirectional communication and engagement capabilities, and 6 potential synchronous virtual visit solutions**
- **Developed recommendations and high-level roadmap to support next steps in process**
This opportunity will put Gateway Foundation on the map in terms of increasing our visibility in the digital consumer space. Digital will increasingly be the first door access to treatment. Clients are catching these clients first and we may lose them for a lifetime. The small digital transformations we have had already been client-activating, messy, and overall more work to try and figure out how to utilize.

It has been said that the opposite of addiction is connection so how can we continue to connect in a meaningful way that gives our clients their best chance at a sustained recovery?

Client and provider satisfaction, quality-based metrics, comparative numbers of missed follow up appointments, etc. Clients are able to get well and find the digital platform helpful and useful.

Voice of the Team

EXCITEMENT

CONCERNS

MEASURING SUCCESS

What we learned: Digital Survey Executive Summary

Reflections on Gateway’s readiness for digital transformation

100% agree or strongly agree that digital engagement capabilities are very important to achieving strategic growth and operational goals

94% agree or strongly agree that rapid customer experience improvements and training to enhance Gateway’s “digital IQ

92% agree or strongly agree that expectations for a frictionless customer experience are rapidly increasing due to digital experiences with other services

62% agree or strongly agree that Gateway understands or is aligned on which focus areas will be most important near-term digital front door opportunity areas

59% agree or strongly agree that IT, business, and Clinical leaders work together collaboratively as partners at Gateway

54% agree or strongly agree that Gateway has a clear vision for the digitally-enabled patient experience

50% agree or strongly agree that Gateway has a clear vision for the digitally-enabled provider experience

49% agree or strongly agree that Gateway has a well-defined governance structure for shaping and driving digital transformation

45% agree or strongly agree that today’s digital initiatives launched by Gateway have clearly defined success metrics and are assessed through a common set of KPIs

40% agree or strongly agree that digital initiatives are well coordinated across silos such as divisions, departments, units, and/or service lines

No solution can ever be all things to all people – need to prioritize and personalize to your program.

What we learned: Digital Survey Executive Summary

Top Business Challenges and Most Important Features and Functions

How responders prioritized business challenges facing Gateway Foundation today (recognizing that some of these are related or overlap):

1. New Patient Acquisition
2. Ease of Access
3. Growing the Share of Commercial Patients
4. Offering More Outpatient Services
5. Reducing Cancellations and No-shows
6. Increasing Residential Occupancy Rates
7. Enabling Self-care Capabilities as Part of Overall Services

Which capabilities responders think should be enabled first (note: they were asked to pick top 3):

1. SUD Assessments, Self-Care, Support, and Coaching
2. SUD Virtual Visits
3. Online Scheduling
4. SUD Online Community/Group Virtual Sessions
5. Pricing and Billing
6. Chatbot for Navigation and Triage
7. Other: Access to physician, resources for clients, and programming structure

Presented by Thomas P. Britton, DrPH, LPC, LCAS, ACS and Marc Turner, BA, MS
What we learned: Stakeholder Interviews

Key themes are organized into four areas

**BUSINESS IMPERATIVE**
- Growing share of commercial-pay clients
- Staff capacity
  - Nurse recruitment
  - Staff are stretched thin
- Individuals less willing to accept full-time, in-person roles
- Communication with referral sources
- Clinical product is competitive but digital capabilities are not
- Geographic barriers to serving patients (e.g., getting tox screen results from individuals in distant locations)
- Working with government-based MCOs on billing/payment
- New competition

**BIGGEST BARRIERS TO IMPLEMENTING DIGITAL**
- Complex patient population
- Resourcing from a staff and financial perspective
- Organizational change (lessons learned from myAvatar implementation)
- Understanding what part of the app patients value most
- Lack of real-time data collection
- Lack of integration between existing technologies (myAvatar, Care4All)
- Lack of common enterprise workflows
- Sites use technology differently

**MOST IMPORTANT DIGITAL CAPABILITIES**
- Single sign-on
- Bidirectional communication with patients
- Scheduling
- Chat
  - Ability to do individual and group sessions virtually
  - Ability to collect more real-time data from patients
  - Ability to download videos and patient education content
  - Ability to provide a virtual suite of services
  - Patient payment

**MEASUREMENTS OF SUCCESS**
- Increase in number of clients served
- Increase in revenue
- Client experience
- Compelling business proposition to partners like insurers and large self-funded employers
- Measuring and driving outcomes
- Ability to better engage with patients who participate in sessions virtually
- Smooth and effective implementation
- User engagement
- Providing a unified experience across sites
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Output from Workshop | Gateway’s Prioritization

Client Acquisition & Retention
- New Client Acquisition (Focus is Commercially Insured Clients)
- Client Experience and Engagement on App
- Client Navigation and Access to Physical and Digital Services

Virtual Care Delivery
- Virtual Care Delivery: Painful Experience and Workflow
- Increasing Provider Capacity, Both in-person and Virtual
- Increasing the Value of Services Offered Virtually
- Financial Stewardship

Lift
- Organizational Change
- Technical Complexity
- Cost

Organizational Change and Product Adoption Can Be Biggest Challenge to Successful Product Integration

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IMPROVED CARE MANAGEMENT UNDER APM
IMPROVED CLINICAL OUTCOMES
INCREASE PATIENT AND ALUMNI LOYALTY
ACCRETEIVE REVENUE
EXTEND SERVICE FOOTPRINT VIRTUALLY
OPERATIONAL EFFICIENCY
LICENSING TO NON-GATEWAY AFFILIATES

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THE PATIENT EXPERIENCE

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COMPREHENSIVE RECOVERY ECOSYSTEM

1. Assessment
2. Triage
3. Point of Contact
4. Level of Care
5. Virtual Support
6. Peer Support
7. Maintenance

Mapping Capabilities to Gateway's Future State

Virtual Outpatient as a New Service Line

The goal of Gateway's Virtual Strategy is to develop a strong, independent virtual outpatient service line. Below are three high priority projects to kick off our virtual strategy:

1. **On-Demand Virtual Assessments**
   - Client Direct Access
   - Partner with private practices, urgent care clinics, EAP/SAPs, etc.

2. **Virtual Outpatient/IOP Sessions**
   - Ability to provide treatment virtually to those who may be in need of IOP support, or where they are stepping down from our residential care, and there isn't an area to IOP option
   - Preventing referal to a competitor where we have a client stepping down to an area where they may not have IOP coverage
   - Client preference

3. **Community Education Sessions**
   - Support and education for patients and/or family as an alternative to getting entire family involved
   - Including the person with SUD in a Gateway facility
   - Virtual "Community Walk-in" groups to educate people on how to get their loved ones into treatment
Future State Vision for Gateway Connect

Features and functions that support strategic goals of improving care management under the APM, improving clinical outcomes, increasing patient and alumni loyalty, increasing revenue, extending Gateway’s virtual footprint, improving operational efficiencies, and building a product that can potentially be licensed to affiliates in the future.

Scenario Discussion and Narrowing | Three Approaches for Gateway

1. **Build Your Own**
   - Using existing core tools, platform, and resources, organizations must build and maintain the digital engagement platform from scratch.
   - EST COST: $$$
   - EST TIME TO MARKET: Long
   - RELATIVE TECHNICAL COMPLEXITY: High
   - INTERNAL RESOURCE NEEDS: High
   - KEY CONSIDERATIONS: Allows for flexibility in building custom app from scratch, however, heavily reliant on in-house resourcing and expertise (e.g., development team) to both build and maintain over time.

2. **Partner with a Vendor that Provides Mobile App Interface / “Wrapper” Only**
   - Using existing tech stack, staff, and vendors, building a digital engagement platform in-house using core mobile development tools and a development partner.
   - EST COST: $$
   - EST TIME TO MARKET: Moderate
   - RELATIVE TECHNICAL COMPLEXITY: Medium
   - INTERNAL RESOURCE NEEDS: Moderate
   - KEY CONSIDERATIONS: Allows for high degree of customization, robust user interfaces/experiences, and flexibility enabling organizations to select other ‘best in breed’ third party vendors to enable key capabilities; heavily reliant on third party integrations between vendors + additional contracting complexity.

3. **Partner with a Vendor that Provides an App Interface and Select Capabilities**
   - Partner with a vendor that provides mobile app interface & integrations/configurations, but requires integration with other third party solutions to provide all other capabilities (e.g., scheduling, virtual care, automated assessment evaluation, and/or virtual triage).
   - EST COST: $$$
   - EST TIME TO MARKET: Long
   - RELATIVE TECHNICAL COMPLEXITY: High
   - INTERNAL RESOURCE NEEDS: Medium
   - KEY CONSIDERATIONS: Single solution can provide both the app “wrapper” + some key functionality within the solution itself; gets organizations ~50-70% of the way there depending on key capabilities are desired; potential for vendor lock in, if dissatisfied with vendor or run into technical/functional issues.

4. **“Appverse” Only**
   - Partner with a vendor that provides mobile app interface & integrations/configurations, but requires integration with other third party solutions to provide all other capabilities (e.g., scheduling, virtual care, automated assessment evaluation, and/or virtual triage).
   - EST COST: $$$
   - EST TIME TO MARKET: Long
   - RELATIVE TECHNICAL COMPLEXITY: Medium
   - INTERNAL RESOURCE NEEDS: Medium
   - KEY CONSIDERATIONS: Single solution can provide both the app “wrapper” + some key functionality within the solution itself; gets organizations ~50-70% of the way there depending on key capabilities are desired; potential for vendor lock in, if dissatisfied with vendor or run into technical/functional issues.

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Convergence Path #1: Capabilities are Embedded

- Gateway develops or contracts with a 3rd party for a comprehensive platform of services that meet its design interests.
- Solutions are custom designed by Gateway, a 3rd party, acquisition(s), or custom design.

**Challenges**
- Solutions companies are generally not equipped or willing to support “white labeling,” let alone embedding functionality within a separate app environment. This would require identifying earlier stage organizations (higher risk) or making acquisitions.
- Embedding existing technology is time-intensive.

Convergence Path #2: Capabilities are Ported (Re-directed)

- Gateway develops or contracts with a 3rd party for an “app of apps” platform.
- Prioritization of remaining capabilities and vetting of 3rd party solutions.
- Solutions that can be embedded are, but solutions are largely accessed through additional app access points.
- Consumer experience can be maintained through the portal.

**Challenges**
- Brand paralysis for patients and dilution of brand equity for Gateway.

Convergence Path #3: Capabilities are Integrated

- Gateway develops or contracts with a 3rd party for an “app of apps” platform. In either case, the most ideal platform would include a maximum number of capabilities and have dedicated development resources to support integration.
- Prioritization of remaining capabilities and vetting of 3rd party solutions.
- Solutions are seamlessly integrated in the “app of apps” environment.

**Challenges**
- Solutions companies are generally not equipped or willing to support “white labeling.”
- Embedding existing technology is time-intensive and carries high risk.
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Technology Blueprint

Blueprint Deep Dive
Section 1: Patient Facing App Capabilities

Technology Blueprint: Administrative

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Technology Blueprint: Behavior Modification

<table>
<thead>
<tr>
<th>Capability</th>
<th>Description</th>
<th>Prioritization</th>
<th>Solution Complexity to Gateway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Plan Prompts</td>
<td>Underlying care coordination system that supports care education and supports real-time education through prompts and resources</td>
<td>4550</td>
<td>Gateway EHR is pre-assembly capable of importing patient education through an app integration</td>
</tr>
<tr>
<td>Rewards &amp; Incentives</td>
<td>Rewards are delivered by payer, family, or training provider. Rewards are rewarded through a pre-paid credit card</td>
<td>62</td>
<td>For Gateway, would require a 3rd party for facilitation.</td>
</tr>
</tbody>
</table>

* Based on strategic prioritization from Gateway leadership.

** Prioritization Legend
1. Very low prioritization or no strategic interest at all. Not on the technology roadmap.
2. Low prioritization. Implementation at 2-3 years on the technology roadmap.
3. Moderate prioritization. Implementation at 1-2 years on the technology roadmap.
4. High prioritization. Implementation is an immediate focus.

Technology Blueprint: Asynchronous

<table>
<thead>
<tr>
<th>Capability</th>
<th>Description</th>
<th>Prioritization</th>
<th>Solution Complexity to Gateway</th>
</tr>
</thead>
</table>
| AI-Enabled Chat Bot         | Current or prospective patient can use synchronous chat feature to contact and appropriately direct the patient | 480            | Basic chat function will not have a machine learning algorithm that supports patient triage functions. This would require a specialized chat engine.
| Recovery Content            | Gateway approved recovery content library that promotes recovery            | 648            | Multiple products on the market offer this functionality. |
| Resource Finder             | Patient is able to locate community resources based on Gateway approved programs | 24             | This is fundamentally content, so it could be layered into existing content libraries. |

** Prioritization Legend
1. Very low prioritization or no strategic interest at all. Not on the technology roadmap.
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4. High prioritization. Implementation is an immediate focus.

Technology Blueprint: Community Connection

<table>
<thead>
<tr>
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<th>Prioritization</th>
<th>Solution Complexity to Gateway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alumni Connections</td>
<td>Allows for Gateway alumni to stay connected to the organization and each other</td>
<td>5010</td>
<td>Consider for this section. The solution could be accessed through CaredFor or embedded into existing content libraries.</td>
</tr>
<tr>
<td>Peer Recovery Supports</td>
<td>Gateway facilitated virtual environments that support peer interaction.</td>
<td>6550</td>
<td>Only would make sense to consider through a separate, 3rd party or added to CaredFor’s technology roadmap.</td>
</tr>
<tr>
<td>Community Referral (Library)</td>
<td>Gateway creates a central library of community referrals, social support services that can be accessed through a central library</td>
<td>4</td>
<td>This is fundamentally content, so it could be layered into existing content libraries (as seems to currently be the case with CaredFor).</td>
</tr>
</tbody>
</table>

** Prioritization Legend
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3. Moderate prioritization. Implementation at 1-2 years on the technology roadmap.
4. High prioritization. Implementation is an immediate focus.
Technology Blueprint: Therapy

<table>
<thead>
<tr>
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<th>Description</th>
<th>Prioritized</th>
<th>Solution Complexity to Gateway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Behavioral</td>
<td>Asynchronous service that includes the patient in to support behavioral skills.</td>
<td>4</td>
<td>This technology is not currently incorporated in any selected follow-up applications.</td>
</tr>
<tr>
<td>Synchronous Therapy</td>
<td>Digital interface that supports clinician and patient interactions.</td>
<td>4</td>
<td>Synchronous therapy is a feature that should be natively incorporated.</td>
</tr>
<tr>
<td>Bi-Directional Text/Messaging</td>
<td>An embedded chat feature that directs the patient to a Recovery Advocate, Recovery Coach, or Case Manager (depending on patient's needs).</td>
<td>4</td>
<td>While not a complicated feature, it should be natively incorporated.</td>
</tr>
</tbody>
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**Prioritization Legend**
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- 2: Low prioritization. Implementation at 2-3 years on the technology roadmap.
- 3: Moderate prioritization. Implementation at 1-2 years on the technology roadmap.
- 4: High prioritization. Implementation is an immediate focus.

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Blueprint Deep Dive

Section 2: Provider Management Capabilities

Slides (18-19)

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Technology Blueprint: Population Health Platform

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<tbody>
<tr>
<td>Seamless EHR Integration</td>
<td>The EDI works with current EHR systems and supports a streamlined care delivery model.</td>
<td>4</td>
<td>Gateway does not currently have the capability to support this function.</td>
</tr>
<tr>
<td>Care Plan Development &amp;</td>
<td>Care plans are developed and updated based on patient status and care team needs.</td>
<td>4</td>
<td>Gateway's current platforms are not capable of this type of functionality.</td>
</tr>
<tr>
<td>Follow-Up Mechanisms</td>
<td>Care plans are developed and updated based on patient status and care team needs.</td>
<td>4</td>
<td>Gateway does not currently have the capability to support this function.</td>
</tr>
<tr>
<td>Workforce Management</td>
<td>Specific actions are triggered in response to patient needs.</td>
<td>4</td>
<td>Gateway's current platforms are not capable of this type of functionality.</td>
</tr>
<tr>
<td>Practice Team Facilitation</td>
<td>Communication and collaboration are facilitated to improve care delivery.</td>
<td>4</td>
<td>Gateway does not currently have the capability to support this function.</td>
</tr>
<tr>
<td>Patient Communication</td>
<td>Timely communication is facilitated with patients by text or e-mail based on their needs.</td>
<td>4</td>
<td>Gateway's current platforms are not capable of this type of functionality.</td>
</tr>
<tr>
<td>- through patient-facing</td>
<td>- text or email.</td>
<td>4</td>
<td>Gateway does not currently have the capability to support this function.</td>
</tr>
<tr>
<td>application</td>
<td>- voice or video.</td>
<td>4</td>
<td>Gateway's current platforms are not capable of this type of functionality.</td>
</tr>
</tbody>
</table>

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Technology Blueprint: Therapy

Capability | Description | Prioritized | Solution Complexity to Gateway
--- | --- | --- | ---
Notifications in Population Health Platform | ADT notifications are activated through a population health management platform. | Yes | No population health management platform through which to activate notifications.
Notifications in EHR | ADT notifications are activated through an EHR. | No | Gateway EHR will support the ADT notifications.

Actionable Recommendations & Next Steps

1. Develop 2 to 3 short RFIs of top business and technical requirements for app of app platform solutions, synchronous virtual visit solutions, and engagement solutions to understand pricing, product trade-offs, and ability to integrate with current apps.
2. Send separate RFIs to short-list of solutions.
3. Based on RFI responses, conduct demos of top solutions focusing on most important use cases for Gateway Foundation.
4. Using pricing information provided by solutions through RFI responses, develop economic estimates and ROI models to inform solution selection.
5. Prioritize selecting the app of apps foundation solution first, and then select the solution for the engagement capabilities (text, bi-directional communication, triage) and video visits (if needed).
Actionable Recommendations & Next Steps

6. As Gateway Foundation works through the contracting processes for the app of apps solution and engagement solution, develop a governance charter for the product.

7. Identify the top potential change management challenges from an operational perspective and conduct stakeholder workshops to proactively address these challenges.

8. Hire or repurpose project management and business analyst resources to provide dedicated support throughout the implementation, integration, launch, and scale processes.

Thank you! Any questions?

Thomas P. Britton, DrPH, LPC, LCAS, ACS
Marc Turner, BA, MS

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