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Ambulatory detox centers starting to catch on

Center for Network Therapy
in Middlesex becoming a model
for the health care industry

BY ANIALEE KHEMLANI

When the **Center for Network Therapy** first opened its doors in Middlesex and asked for referrals to its ambulatory detox service, New Jersey's medical community wasn't very eager.

But in the past two years, the service has become popular and hospitals with existing outpatient detox programs, such as **Trinitas Regional Medical Center** in Elizabeth, are looking at the model.

"We have been getting calls for ambulatory detox, even by some patients themselves," said **Marlyse Benson**, senior director of behavioral health and psychiatry at Trinitas. "We are looking seriously at moving forward in that arena to add to our current continuum."

The program aligns with patients' daily schedules, allowing them to attend a four-hour session (during which they are provided a meal) and return home to their families at night, according to CNT Medical Director Dr. **Indra Cidambi**. A requirement of the detox and recovery process is having a strong involvement of family or other life support members.

Cidambi said others opening similar facilities around the state is welcome growth, as it would make referrals easier.

"I would love to see more centers open up," she said.

Cidambi has spent her career in addiction services and learned over a period of time that it was "a revolving door pattern."

After seeing many patients go through inpatient detox programs, she would see

them go right back to using the substances.

Being surrounded by the same stressors associated with the addiction pulls them back, Cidambi explained.

A key factor for the success of the ambulatory care model has a lot to do with insurance. At half the cost of inpatient services, it isn't hard to get a fair reimbursement, Cidambi said.

The idea for CNT was born when Cidambi saw research suggesting that at least 50 percent of addicts don't need inpatient treatment. She picked it up and ran with it. But convincing the medical community to refer patients to the center proved a task.

"When we did marketing in first year, people looked at us like we don't understand detox, and were not comfortable with referring patients," Cidambi said.

But now the center has treated more than 600 patients, many of which stay sober 90 days after detox — an impressive benchmark, Cidambi said.

Though others undoubtedly thought of the model, she said "addiction is a baby industry" — and it will take time to see a growth in solid business models and an emergence of best practices.

That doesn't mean that inpatient centers are in danger.

"This will be the future, but that doesn't mean that inpatient will not be needed," Cidambi said.

But many hospitals also have outpatient programs, like the five-day-per-week, five-hour, intensive abuse program at Trinitas, according to Benson.

The day treatment is geared toward women, and one of the first developed in the state that offers transportation and child care as part of the program, Benson said, adding that any new program would be a part of the existing center.

Mindy Altschul, the director of substance abuse services at Trinitas, said the

outpatient program is right across the street from its 10-bed inpatient program.

"Sending someone away for treatment has its benefits and bonuses," she said. "But at the end of the day, at the end of the treatment, they are going to return to their community and are going to need to reintegrate into the community."

Altschul ran an ambulatory program in Connecticut in the 1990s, when a heroin epidemic was making its rounds.

"It's a pandemic now, it's ongoing," she said. "We refresh this idea of it being an epidemic. It has never gone away. It has morphed a bit."

It has morphed into stemming from a dependency on pain drugs, and it is affecting a much younger population than before.

Which is why the ambulatory model is beneficial for younger patients whose fears of being sent away from home motivates them from hiding their addiction from parents, Cidambi said. The model for care introduced by CNT can be used by all ages, and there are strict factors to determine who should qualify for ambulatory versus outpatient or inpatient care.

Patients come from as far as 60 miles away and the number of referrals doesn't seem to be slowing, Cidambi said. But the business model of CNT can handle it.

The staff at CNT includes nurses who work on per diem basis and can pick up shifts as it fits their schedule — this allows nurses to work part-time in addition to their jobs at other medical facilities, Cidambi said.

Medicaid or Medicare patients are not accepted, simply for the fact that the Centers for Medicaid and Medicare Services doesn't have a billing code that CNT can use. But for those patients, paying out of pocket for the roughly \$400 per day service is an option.

"It's not a very big risk for someone to run a business like this," Cidambi said. "This is the future model. We are in this in-

dustry ahead of time. So many players will come in to follow."

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The insurance plan

The **Center for Network Therapy** provides Medically Monitored Ambulatory Detox seven days a week from its location in Middlesex. Those services include detox from alcohol, opiates, benzodiazepines, stimulants, anesthetics and other substances.

CNT was the first of its kind when it opened and accepts major insurance carriers such as **Aetna, AmeriHealth, Cigna, Horizon Blue Cross Blue Shield of New Jersey, QualCare, UnitedHealthcare Oxford and Value Options.**

The center has seen at least 600 patients since opening its doors in 2013. It currently has 20 employees.



CNT Medical Director Dr. Indra Cidambi in a one-on-one session with a patient at the Center for Network Therapy -AARON HOUSTON