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West Virginia

Emergency Department Optimization with HMIS data and Homelessness Resources

February 2022

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1. Welcome
2. Who is Collective Medical?
3. Accessing shared information
4. Notifications workflow and process
5. Housing insecurity data and resources

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PointClickCare & Collective Medical

The first complete integrated care coordination platform

Senior Healthcare Information Platform

Integrated Care Coordination

Real-time Care Coordination Network

Network Coverage + Deep & Broad Data Sets

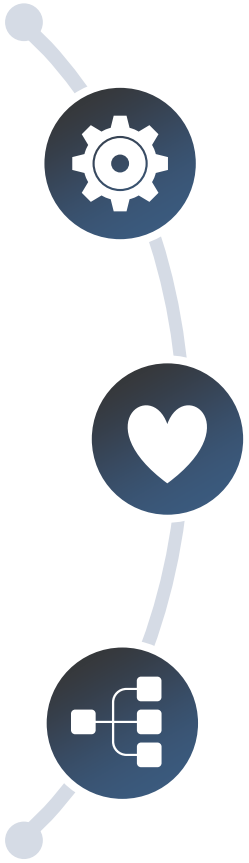
- 2.3+ million LTPAC admissions processed in 2018
- 750 million medications administered monthly
- 1.7 million patient records managed daily
- 15,000+ skilled nursing facilities

- 3,000+ hospitals & >6,200 total nodes
- Data ingestion & normalization, insights and notifications
- Last-mile workflow integration
- 8 real-time care coordination programs

Health systems & Hospitals	ACOs	Health Plans	Public Health	Post Acute Care	Ambulatory

What is Collective Medical?

Collective is a care coordination solution that gets the right information to the right person at the point of care.



A PLATFORM

Collective is a platform that intelligently connects each member of a patient's care team for seamless collaboration at the right time and through the best medium

A COMMUNITY

Collective is a community of providers in the care of patients—especially those with complex medical needs—in your communities and across the country.

A NETWORK

Collective is a network of hospitals, emergency departments, primary care, specialists, behavioral health providers, post-acute care providers, and health plans across the United States, sharing important patient information at the time of care

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The Collective Network – Accessing Shared Information

Information from each of these sources can be accessed by care team members in one of two ways:

Real-time Collective notifications, delivered directly to providers at the point of care

- ER Providers and Staff review the notification within workflow
- Appointed team members can document insights and security events within the medical record with SoF (Cerner and Epic)

Logging into the web-based Collective platform

- Case managers, social workers, and/or community partners receive a notification within workflow (text, email, printer, or EHR)
- Login to the portal for additional patient information, documentation and update care insights
- Information shared on network and shared on the notification that is surfaced to the providers at the point of care

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Collective notifications – Workflow and Process

Step 1 – Patient Encounter

The patient presents in the emergency department of a hospital with a connection to the Collective network.

Basic demographic and triage information about the patient is entered into the hospital's EHR.

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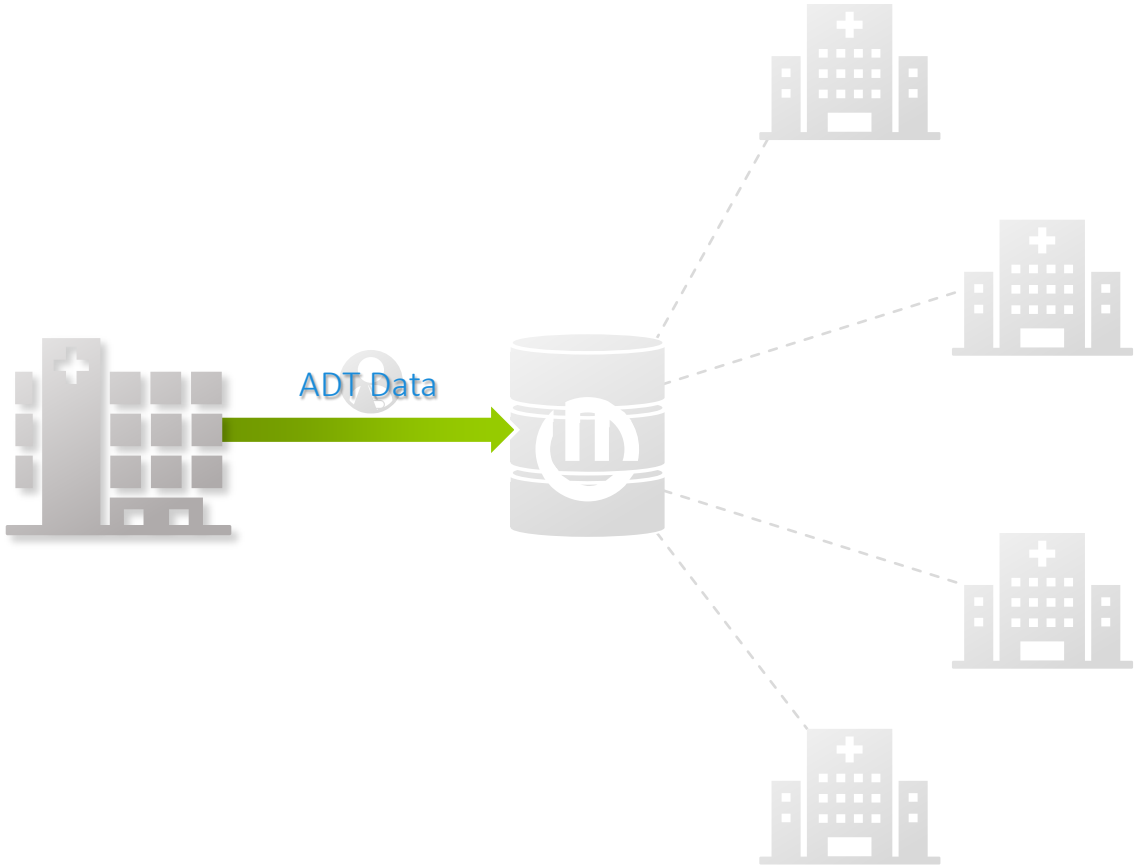
Collective notifications – Workflow and Process



Step 2 – ADT Transmission

Within moments, the hospital's EHR sends the important information about the encounter to Collective in the form of an ADT message.

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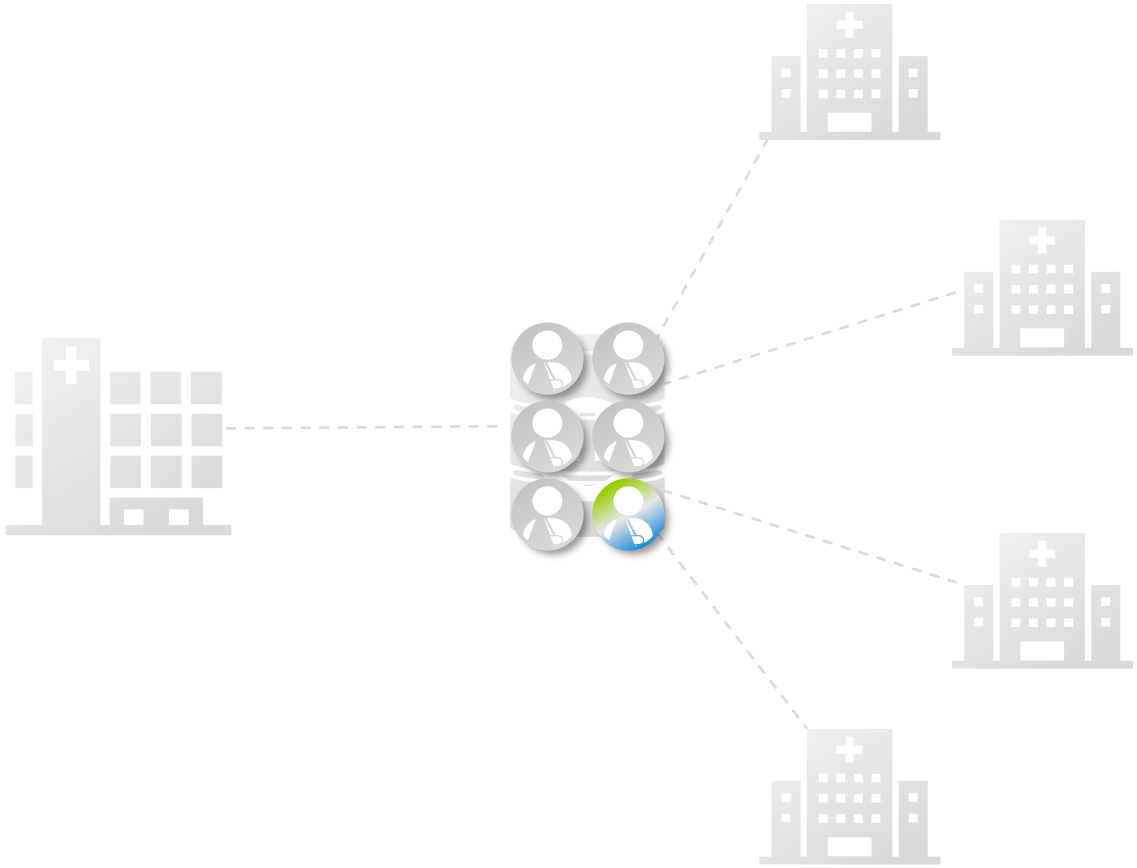
Collective notifications – Workflow and Process



Step 3 – Patient Identification

The Collective platform normalizes the new encounter information, identifies the patient's aggregate *profile on the network* as well as identifies patient's aggregate profile existing through *Carequality or CommonWell, HMIS Wellsky, PDMP Nuance Imaging* and merges the new data in.

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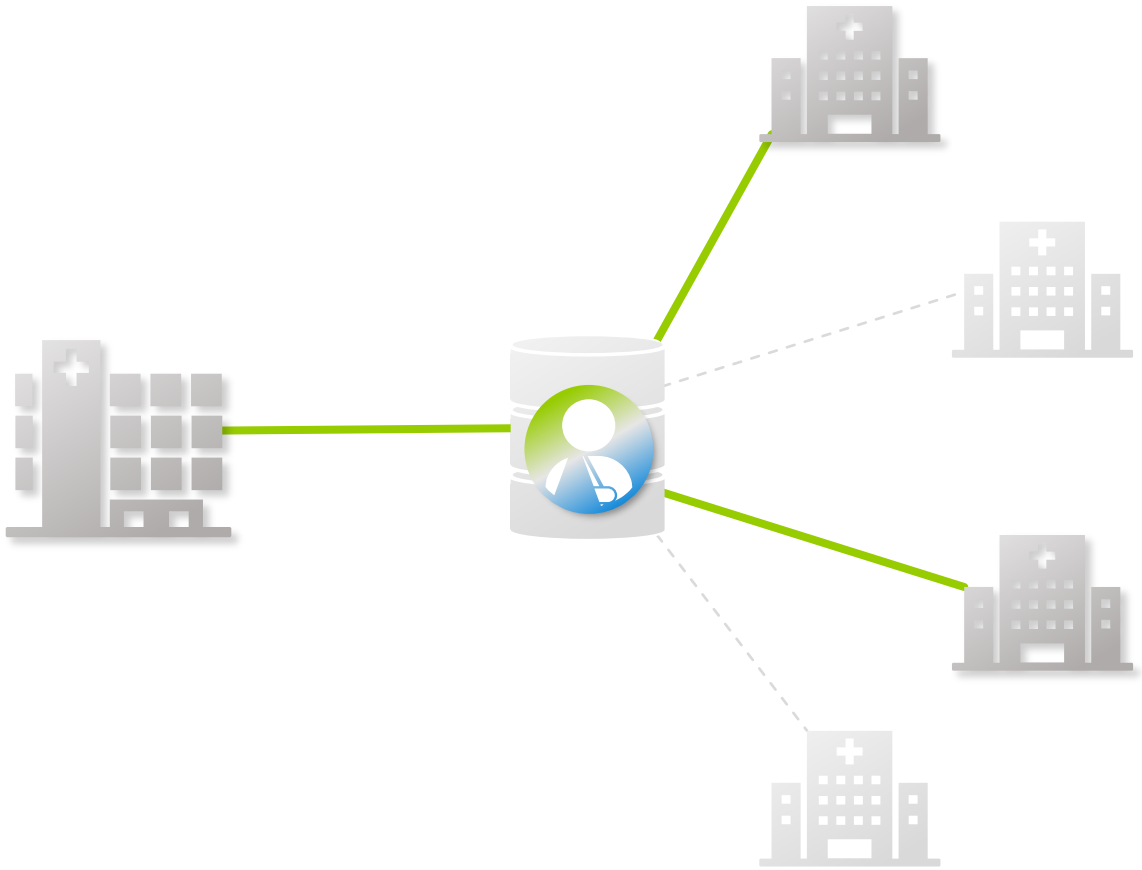
Collective notifications – Workflow and Process



Step 4 – HIPAA Verification

Collective analyzes its network, and all entities showing a verified HIPAA relationship with the patient are identified, including the facility at which the patient is currently experiencing the triggering encounter.

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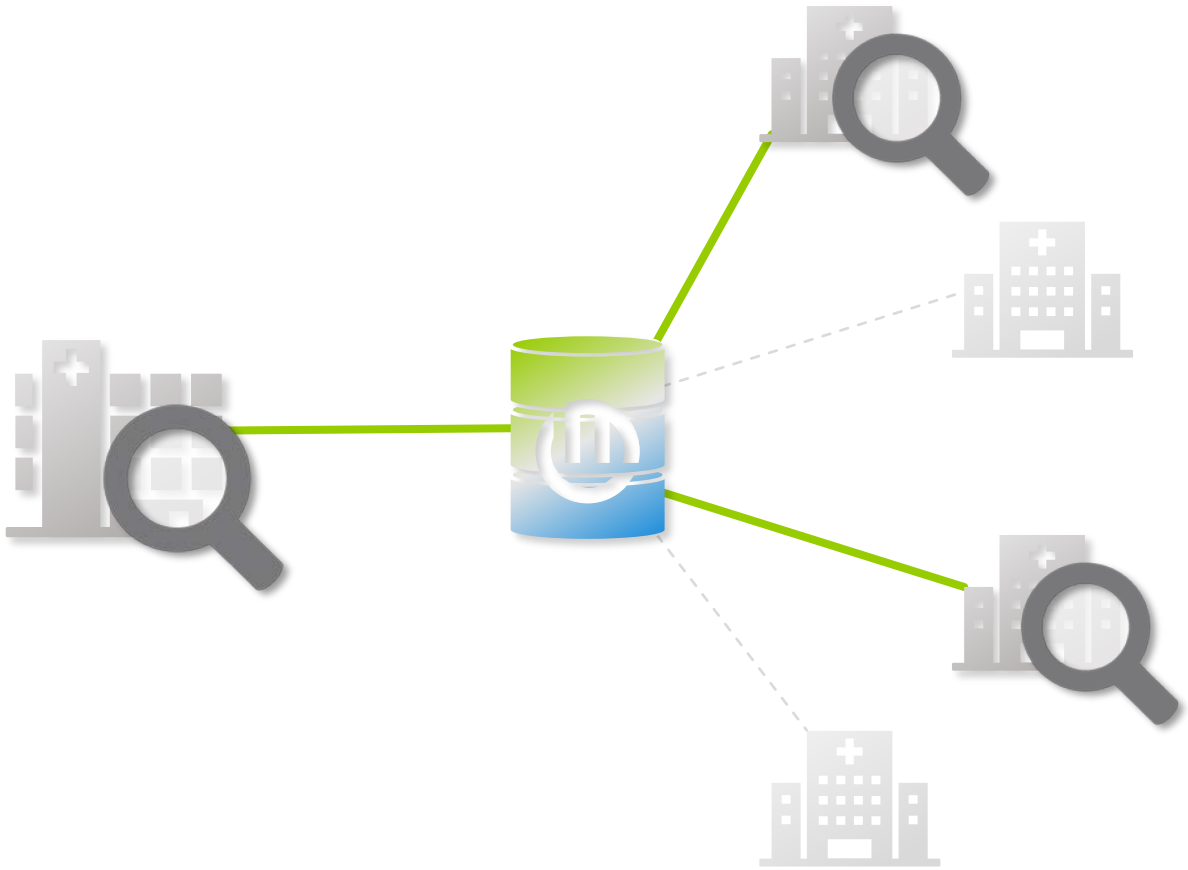
Collective notifications – Workflow and Process



Step 5 – Criteria Analysis

Each of these entities' Collective profiles are analyzed to identify which—if any—of the members of the patient's care team should receive notification of the encounter, and curated specifics about the patient's needs.

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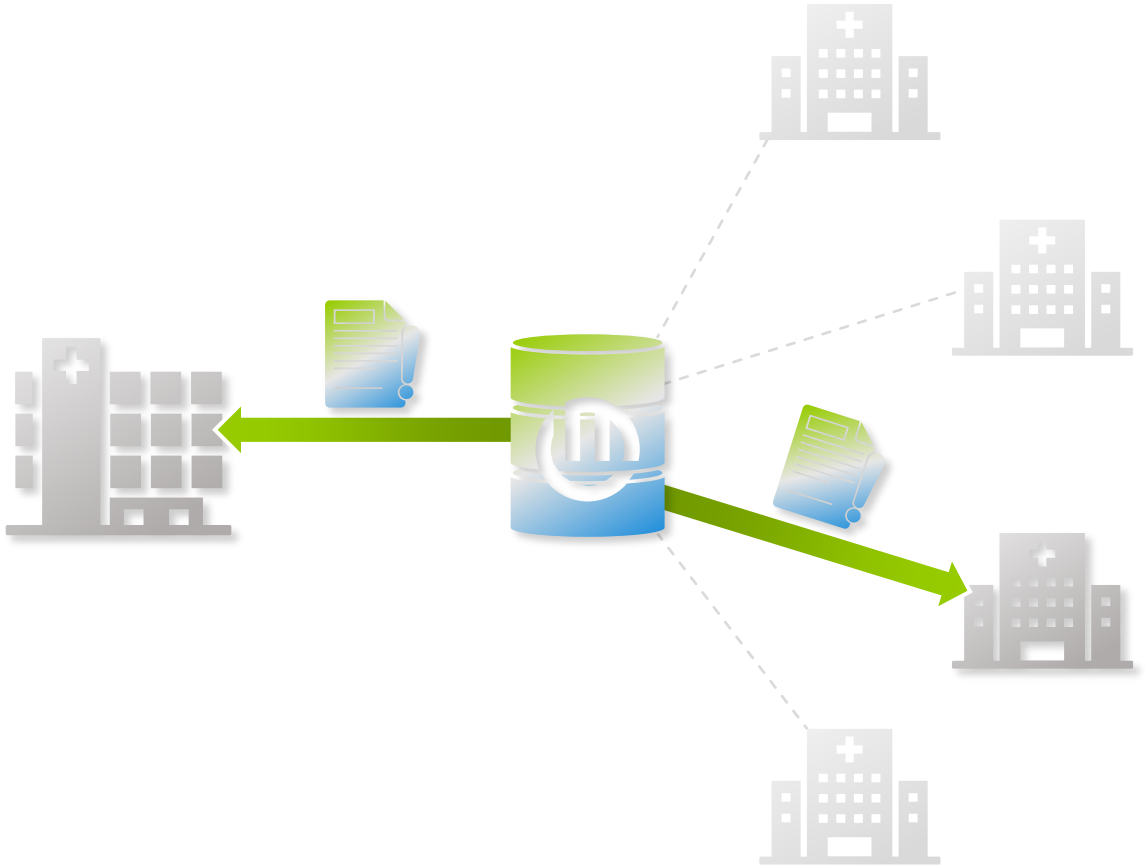
Collective notifications – Workflow and Process



Step 6 – Care Team Notification

Within seconds of the patient's initial presentation at the triggering facility, real-time notifications are delivered to the members of the patient's care team identified as being best placed to intervene and impact outcomes.

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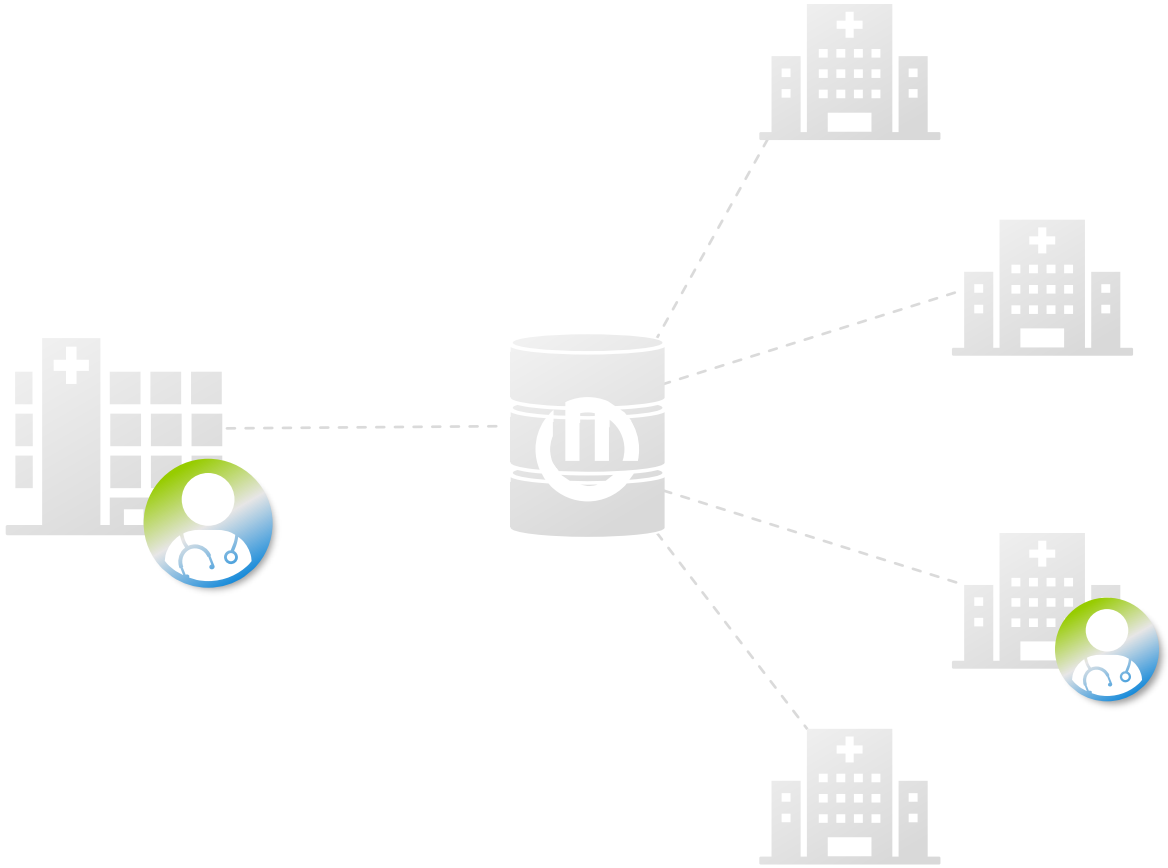
Collective notifications – Workflow and Process



Step 7 – Provider Action

All members of the patient's care team are now empowered to take action to influence better outcomes for the patient.

- ED providers are empowered to act quickly from a position of knowledge
- primary care and specialists can proactively involve themselves when necessary

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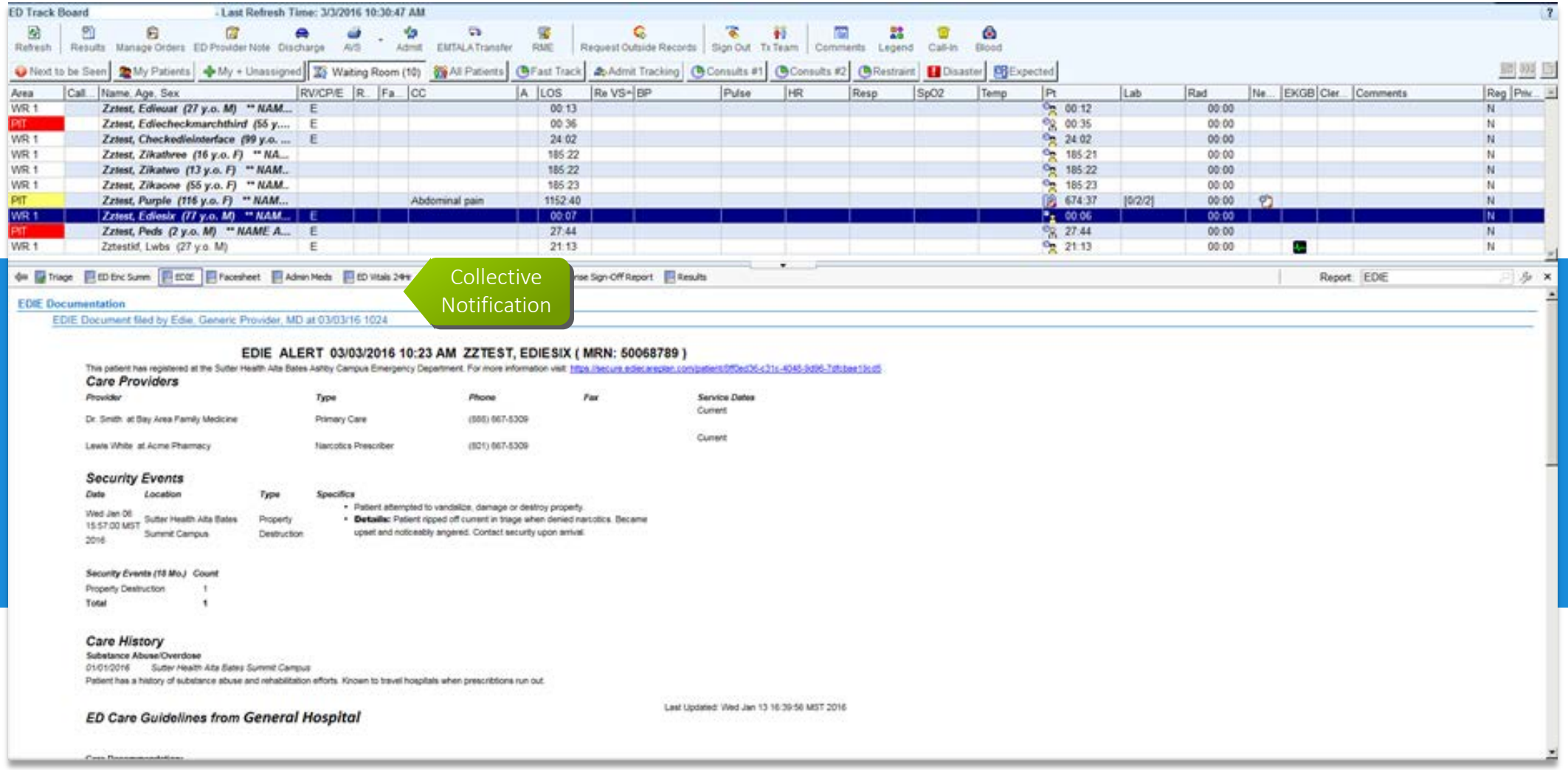
Collective EHR Integration – Epic Example

ED Track Board in Epic



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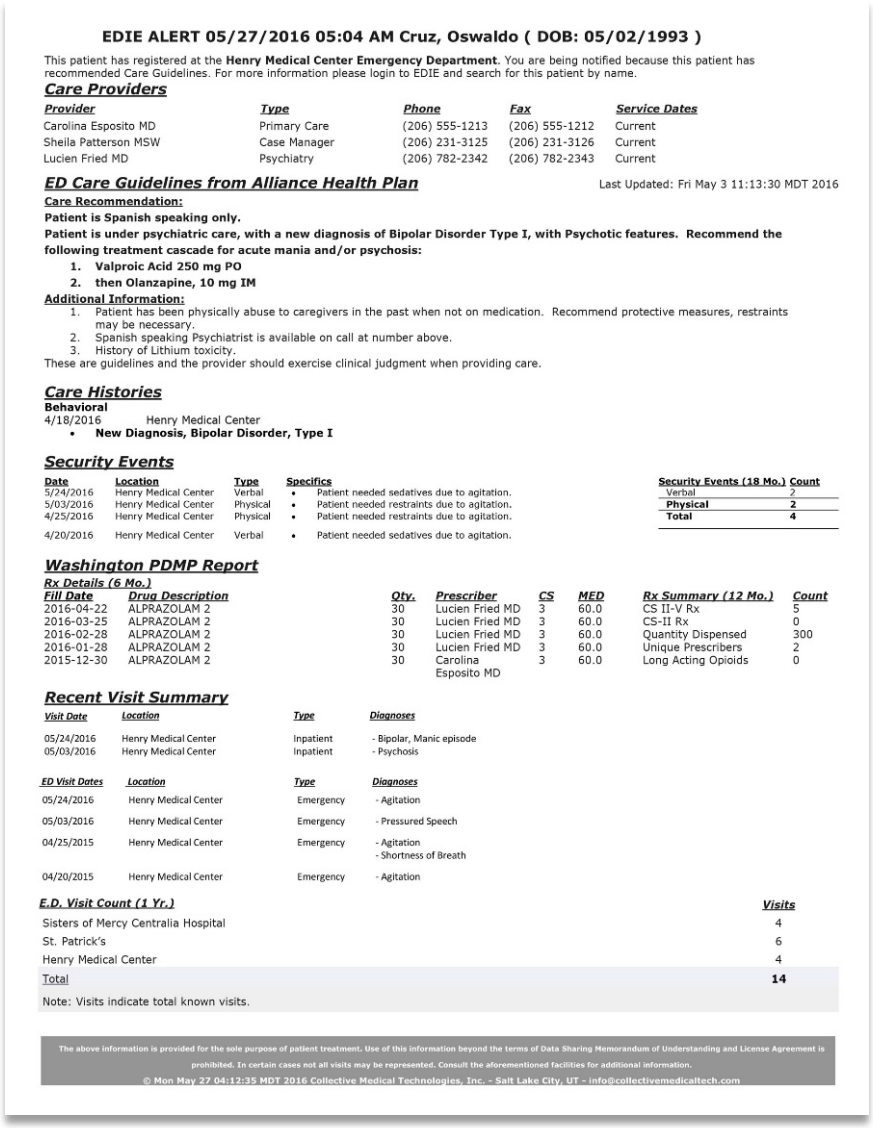
When Does **Emergency Department** Receive Notifications?



EDIE ALERT 05/27/2016 05:04 AM Cruz, Oswaldo (DOB: 05/02/1993)

This patient has registered at the **Henry Medical Center Emergency Department**. You are being notified because this patient has recommended Care Guidelines. For more information please login to EDIE and search for this patient by name.

Care Providers

Provider	Type	Phone	Fax	Service Dates
Carolina Esposito MD	Primary Care	(206) 555-1213	(206) 555-1212	Current
Sheila Patterson MSW	Case Manager	(206) 231-3125	(206) 231-3126	Current
Lucien Fried MD	Psychiatry	(206) 782-2342	(206) 782-2343	Current

ED Care Guidelines from Alliance Health Plan Last Updated: Fri May 3 11:13:30 MDT 2016

Care Recommendation:

Patient is Spanish speaking only.

Patient is under psychiatric care, with a new diagnosis of Bipolar Disorder Type I, with Psychotic features. Recommend the following treatment cascade for acute mania and/or psychosis:

1. **Valproic Acid 250 mg PO**
2. **then Olanzapine, 10 mg IM**

Additional Information:

1. Patient has been physically abuse to caregivers in the past when not on medication. Recommend protective measures, restraints may be necessary.
2. Spanish speaking Psychiatrist is available on call at number above.
3. History of Lithium toxicity.

These are guidelines and the provider should exercise clinical judgment when providing care.

Care Histories

Behavioral

4/18/2016 Henry Medical Center

- **New Diagnosis, Bipolar Disorder, Type I**

Security Events

Date	Location	Type	Specifics
5/24/2016	Henry Medical Center	Verbal	• Patient needed sedatives due to agitation.
5/03/2016	Henry Medical Center	Physical	• Patient needed restraints due to agitation.
4/25/2016	Henry Medical Center	Physical	• Patient needed restraints due to agitation.
4/20/2016	Henry Medical Center	Verbal	• Patient needed sedatives due to agitation.

Security Events (18 Mo.)	Count
Verbal	2
Physical	**2**
Total	**4**

Washington PDMP Report

Rx Details (6 Mo.)

Fill Date	Drug Description	Qty.	Prescriber	CS	MED
2016-04-22	ALPRAZOLAM 2	30	Lucien Fried MD	3	60.0
2016-03-25	ALPRAZOLAM 2	30	Lucien Fried MD	3	60.0
2016-02-28	ALPRAZOLAM 2	30	Lucien Fried MD	3	60.0
2016-01-28	ALPRAZOLAM 2	30	Lucien Fried MD	3	60.0
2015-12-30	ALPRAZOLAM 2	30	Carolina Esposito MD	3	60.0

Rx Summary (12 Mo.)	Count
CS II-V Rx	5
CS-II Rx	0
Quantity Dispensed	300
Unique Prescribers	2
Long Acting Opioids	0

Recent Visit Summary

Visit Date	Location	Type	Diagnoses
05/24/2016	Henry Medical Center	Inpatient	- Bipolar, Manic episode
05/03/2016	Henry Medical Center	Inpatient	- Psychosis

ED Visit Dates	Location	Type	Diagnoses
05/24/2016	Henry Medical Center	Emergency	- Agitation
05/03/2016	Henry Medical Center	Emergency	- Pressured Speech
04/25/2015	Henry Medical Center	Emergency	- Agitation - Shortness of Breath
04/20/2015	Henry Medical Center	Emergency	- Agitation

E.D. Visit Count (1 Yr.)	Visits
Sisters of Mercy Centralia Hospital	4
St. Patrick's	6
Henry Medical Center	4
Total	**14**

Note: Visits indicate total known visits.

The above information is provided for the sole purpose of patient treatment. Use of this information beyond the terms of Data Sharing Memorandum of Understanding and License Agreement is prohibited. In certain cases not all visits may be represented. Consult the aforementioned facilities for additional information.
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Standard ED Notification Criteria

1. High-Utilization
   Standard: 5 ED visits within 12 months
2. Traveling Patients
   Standard: 3 Different EDs within 90 days
3. Patients with ED Care Guidelines
   entered into the network
4. History of Security Events
   entered into the network
5. PDMP Prescription Information
6. Recent Imaging
7. Housing Insecurity

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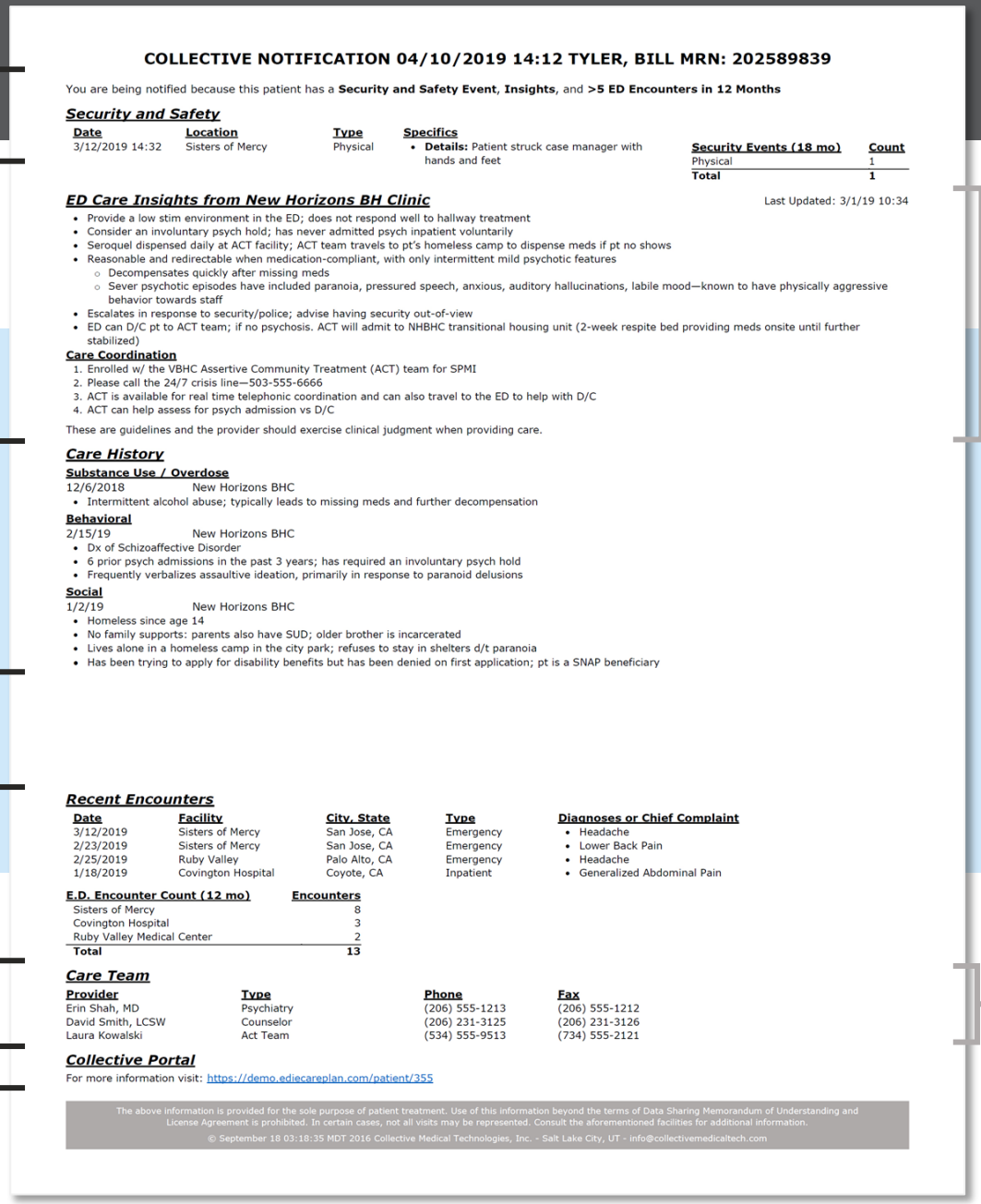
Key risk factors are highlighted at the top, namely Security and Safety Events

Enables more informed decision making with easy to consume, summarized Care Histories, including medical and surgical, infections, chronic conditions, substance use, behavioral, social, and radiation

Provides a summary of Recent Encounters, including location, encounter type, and diagnoses / chief complaint

A link to the patient's aggregate profile on the platform to contribute and access attachments (e.g., Advanced Directives)



COLLECTIVE NOTIFICATION 04/10/2019 14:12 TYLER, BILL MRN: 202589839

You are being notified because this patient has a **Security and Safety Event**, **Insights**, and **>5 ED Encounters in 12 Months**

Security and Safety

Date	Location	Type	Specifics
3/12/2019 14:32	Sisters of Mercy	Physical	• **Details:** Patient struck case manager with hands and feet

Security Events (18 mo)	Count
Physical	1
Total	**1**

ED Care Insights from New Horizons BH Clinic

Last Updated: 3/1/19 10:34

- Provide a low stim environment in the ED; does not respond well to hallway treatment
- Consider an involuntary psych hold; has never admitted psych inpatient voluntarily
- Seroquel dispensed daily at ACT facility; ACT team travels to pt's homeless camp to dispense meds if pt no shows
- Reasonable and redirectable when medication-compliant, with only intermittent mild psychotic features
  - Decompensates quickly after missing meds
  - Sever psychotic episodes have included paranoia, pressured speech, anxious, auditory hallucinations, labile mood—known to have physically aggressive behavior towards staff
- Escalates in response to security/police; advise having security out-of-view
- ED can D/C pt to ACT team; if no psychosis. ACT will admit to NHBHC transitional housing unit (2-week respite bed providing meds onsite until further stabilized)

Care Coordination

1. Enrolled w/ the VBHC Assertive Community Treatment (ACT) team for SPMI
2. Please call the 24/7 crisis line—503-555-6666
3. ACT is available for real time telephonic coordination and can also travel to the ED to help with D/C
4. ACT can help assess for psych admission vs D/C

These are guidelines and the provider should exercise clinical judgment when providing care.

Care History

Substance Use / Overdose

12/6/2018 New Horizons BHC

- Intermittent alcohol abuse; typically leads to missing meds and further decompensation

Behavioral

2/15/19 New Horizons BHC

- Dx of Schizoaffective Disorder
- 6 prior psych admissions in the past 3 years; has required an involuntary psych hold
- Frequently verbalizes assaultive ideation, primarily in response to paranoid delusions

Social

1/2/19 New Horizons BHC

- Homeless since age 14
- No family supports: parents also have SUD; older brother is incarcerated
- Lives alone in a homeless camp in the city park; refuses to stay in shelters d/t paranoia
- Has been trying to apply for disability benefits but has been denied on first application; pt is a SNAP beneficiary

Recent Encounters

Date	Facility	City, State	Type	Diagnoses or Chief Complaint
3/12/2019	Sisters of Mercy	San Jose, CA	Emergency	• Headache
2/23/2019	Sisters of Mercy	San Jose, CA	Emergency	• Lower Back Pain
2/25/2019	Ruby Valley	Palo Alto, CA	Emergency	• Headache
1/18/2019	Covington Hospital	Coyote, CA	Inpatient	• Generalized Abdominal Pain

E.D. Encounter Count (12 mo)	Encounters
Sisters of Mercy	8
Covington Hospital	3
Ruby Valley Medical Center	2
Total	**13**

Care Team

Provider	Type	Phone	Fax
Erin Shah, MD	Psychiatry	(206) 555-1213	(206) 555-1212
David Smith, LCSW	Counselor	(206) 231-3125	(206) 231-3126
Laura Kowalski	Act Team	(534) 555-9513	(734) 555-2121

Collective Portal

For more information visit: https://demo.ediecareplan.com/patient/355

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Care Guidelines eliminate duplicative case management resource expenditure by clearly enabling a single lead case manager to "quarterback" the patient's care management activities, which leads to a common care guidelines across stakeholders

Identifies providers on the patient's Care Team

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Recent Imaging

- ~20% of ED encounters receive imaging. By surfacing recent CT's and MRI's, Collective helps reduce crowding and improve appropriate utilization of resources
  - Reduction in unnecessary imaging
  - Improvements in ED throughput (LOS) / Imaging Bottlenecks
  - Quality of radiology read / patient care
- Recent Imaging alerts
  - Triggers on CT and MRI images within the last 90 days; can be configured to support other image types, I.e. ultrasound, x-ray
  - Collective Notification displays image type, body part and where the image was taken/stored
  - Displays a maximum of 20 results
- We currently have two sources of this data:
  1. HL7 Orders
  2. 3rd party integration with Nuance

COLLECTIVE NOTIFICATION 1/31/2019 12:53 Walters, Noel MRN: 34340371

Criteria Met

- 5+ ED Visits in 12 Months
- Recent Imaging Study

Recent Emergency Department Visits

Showing 10 most recent visits out of 17 in the past 12 months

Date	Facility	City	State	Type	Diagnoses or Chief Complaint
Dec 17, 2018	Ruby Valley M.C.	Galax	VA	Emergency	• Otitis media, unspecified, unspecified ear
Dec 14, 2018	County Community H.	Wythe.	VA	Emergency	• Other sickle-cell disorders with crisis, unspecified
Nov 24, 2018	County Community H.	Wythe.	VA	Emergency	• Acute suppurative otitis media without spontaneous rupture of ear drum, left ear
Oct 27, 2018	Covington ED	Covin.	VA	Emergency	• Nicotine dependence, unspecified, uncomplicated

Recent Inpatient Visits

Admit Date	Facility	City	State	Type	Diagnoses or Chief Complaint
Dec 15, 2018	County Community H.	Wythe	VA	Inpatient	• Accidents occurring in other specified places
Jun 15, 2018	County Community H.	Wythe	VA	Inpatient	• Sickle-cell disease without crisis
Jun 1, 2018	County Community H.	Wythe	VA	Inpatient	• Sickle-cell thalassemia

Recent Imaging

Study Date	Modality/Body Part	Facility	City, State
Jan 23, 2019	MRI - Brain	Inova Imaging	Wythe, VA
Jan 15, 2019	CT - Brain	Community Hospital.	Wythe, VA
Jan 01, 2019	Ultrasound - Abdomen	St. Mary's Health	Wythe, VA

Care Providers

Provider	PRC Type	Phone	Fax	Service Dates
Jane Hendrick, MD	Unknown	(206) 555-2342		Feb 5, 2017 - Current

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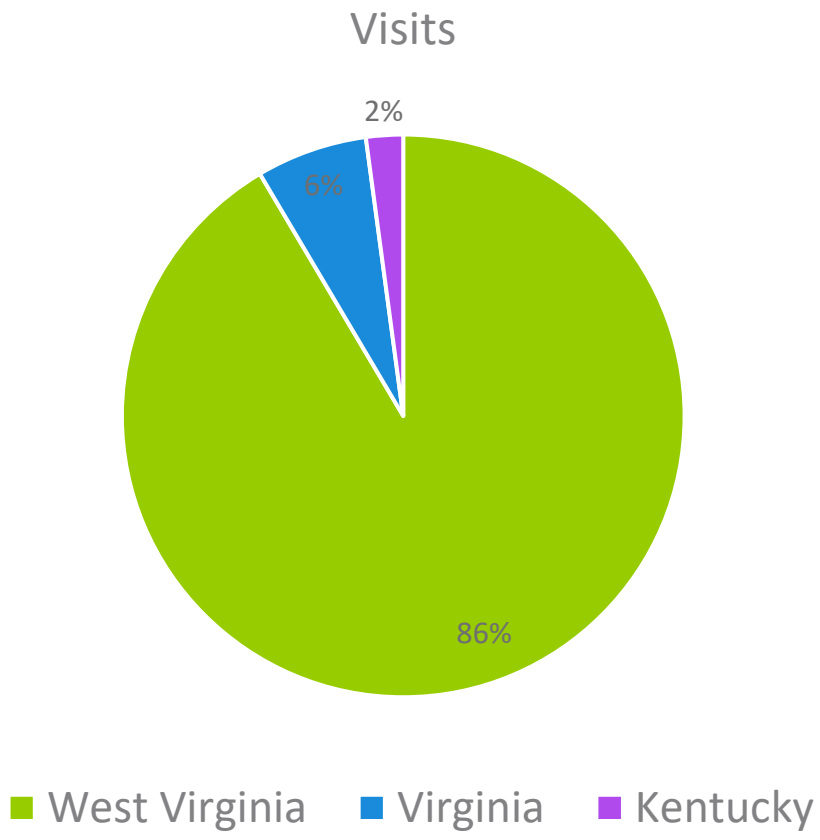
Housing Insecure Flag: ED and IP visits from Apr-Nov 2021

- In the 8-month reporting period, **32,000** patients who had the 'housing insecure' flag.
- There were **42** WV facilities with encounters for these patients.
- 22,296 ED visits (**19,123** in WV)
- 3,904 IP stays (**3,452** in WV)



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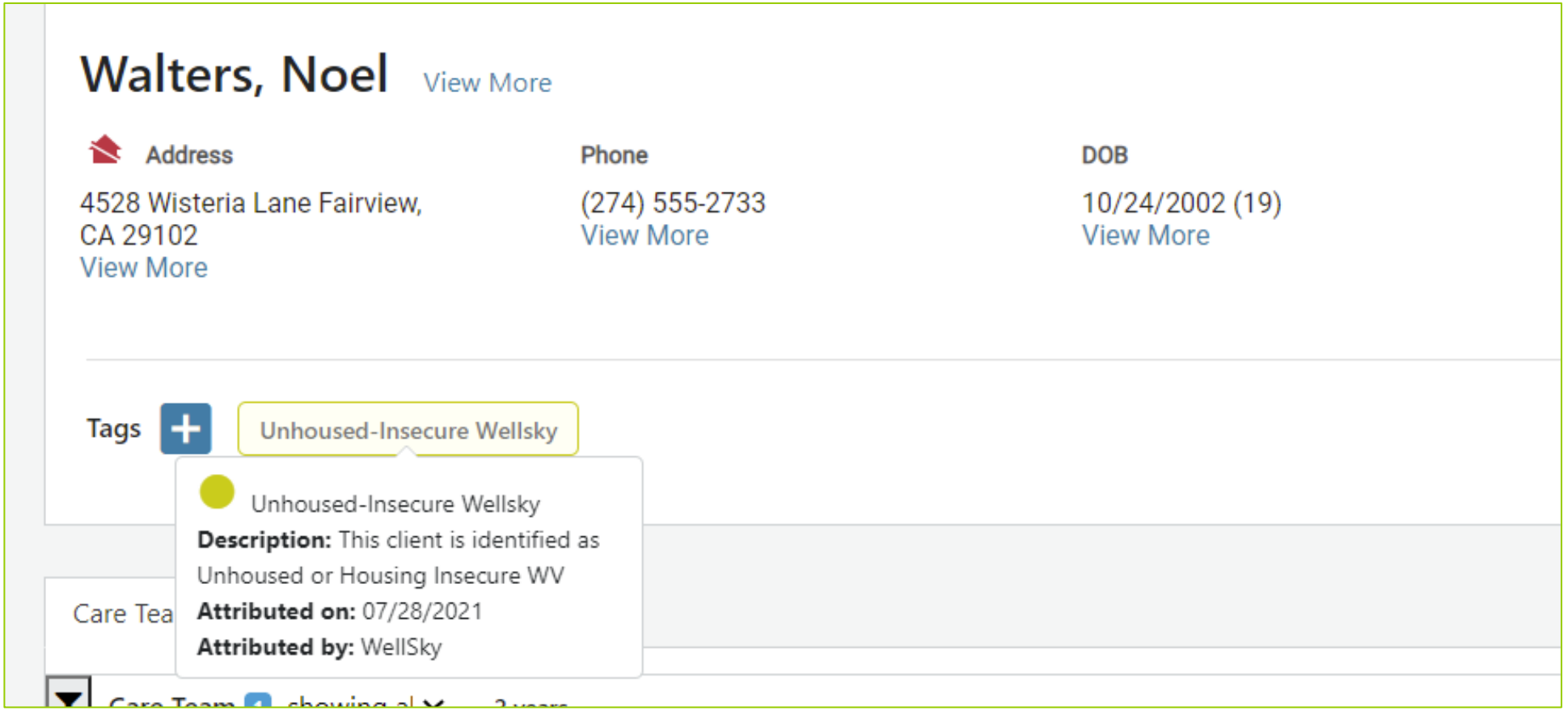
Housing Insecure Flag



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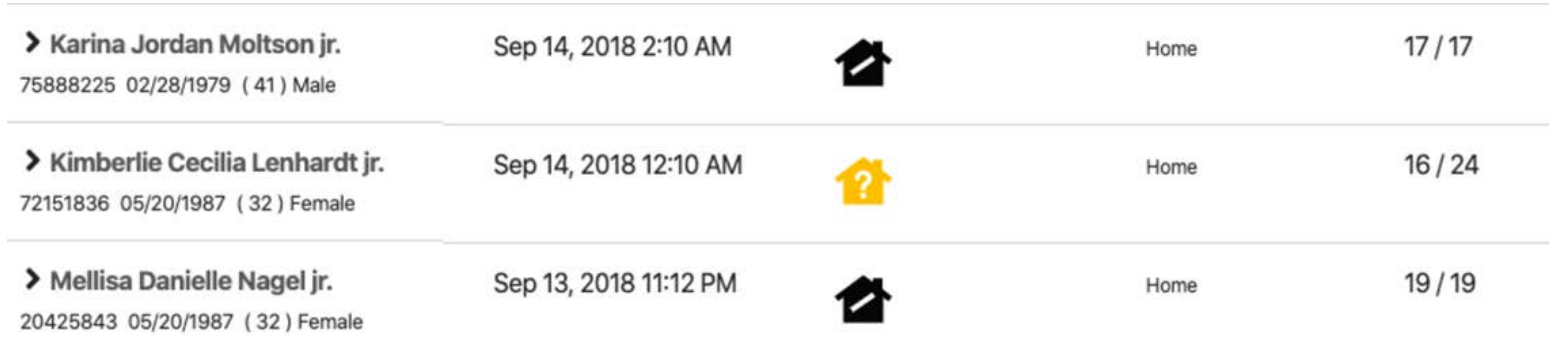
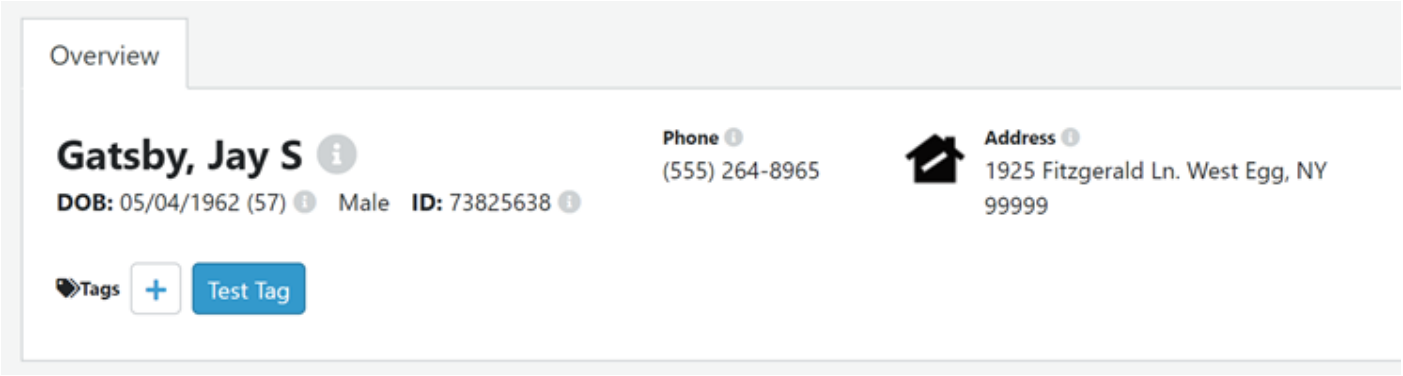
Housing Insecurity

- Identifies patients with a recent history of housing insecurity and/or are suspected homeless
- Displays in portal for all Collective clients

ED Patient Activity Page View



Patient Overview Page View



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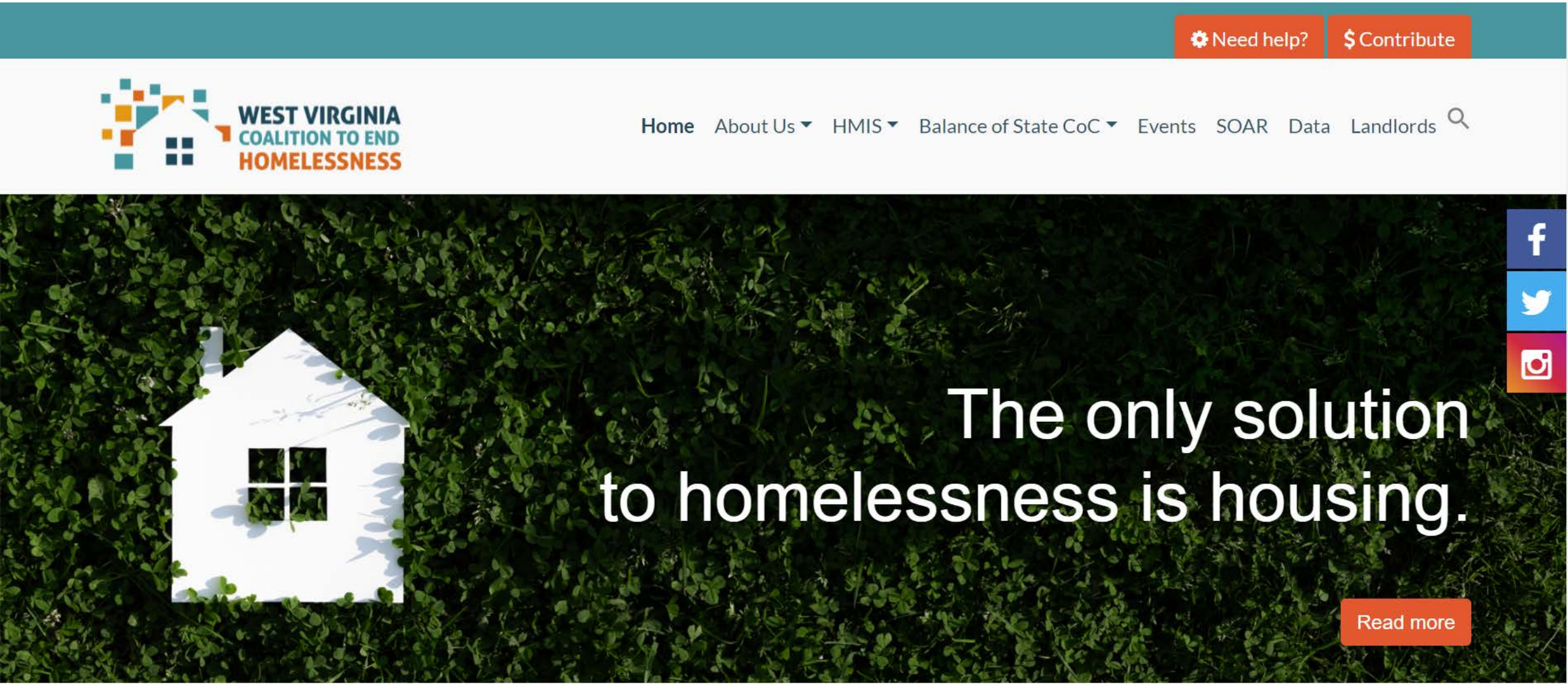
West Virginia Coalition to End Homelessness

Zachary Brown,
Chief Executive Officer

https://wvceh.org/



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Thank You

Hospitals in WV can expect to hear from:

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