COLLECTIVE MEDICAL BEST PRACTICE GUIDE

ASSERTIVE COMMUNITY TREATMENT (ACT) TEAMS AND OTHER HIGH-RISK CARE COORDINATION TEAMS

HOW TO USE THIS GUIDE

This guide was developed by HIT Commons in partnership with the Oregon Center of Excellence for Assertive Community Treatment (OCEACT). A sample of ACT teams were interviewed to identify common themes in terms of Collective Platform value, configurations and technical structure, operational considerations, and troubleshooting. Each best practice is identified as a potential next step for ACT teams to make better use of this platform and to better align this tool to your existing workflow(s).

WHAT IS IN THIS GUIDE?

Part I: ACT and the Collective Platform: Current Use

Part II: Best Practice Guide

Part III: Technical Resources

The **Oregon Center of Excellence for Assertive Community Treatment (OCEACT)** provides training and technical assistance to support new and existing Assertive Community Treatment programs throughout Oregon. **For more information and to see a list of all programs in Oregon, click here.**

EXECUTIVE SUMMARY

Assertive Community Treatment teams have been leveraging the Collective Medical platform since 2015 to gain greater visibility into the hospitalization and emergency department (ED) utilization of their clients. In discussion with the ACT teams, this guide was developed to articulate the value in this platform for ACT and to identify those practices that appear to be the most useful across different ACT teams throughout the state.

The following best practices are further explained in this detailed guide:

1) Setting up **Real-Time Notifications** to ensure that ACT team members can be activated to intervene in real time when a client has an unexpected event. This is often an opportunity to engage a client that is difficult to find. Teams also find that they can assist the client in ways that even the hospital cannot.

2) Identifying targeted **Scheduled Reports** that make population-level activities more efficient. This includes regular reporting to OCEACT and others around hospital encounter outcomes at the client level.

3) Leveraging **Care Insights** to communicate key information with other Collective Medical platform users (e.g. EDs, CCOs, others). Care insights require positive feedback from consumers and so collaboration with other entities is also called out as a key practice in this guide.

4) Turning to **Continuity of Care Documents (CCDs)** from contributing hospitals to get richer clinical information directly from the hospital. CCDs can include important medications and physician notes that are otherwise not available in the hospital encounter section.

5) **Coordinating with Emergency Departments** through direct hospital engagement or Coordinated Care Organizations.

BACKGROUND

OVERVIEW OF ASSERTIVE COMMUNITY TREATMENT

Assertive Community Treatment (ACT) is a unique behavioral health service delivery model that focuses on supporting individuals with severe mental illness (SMI) through a whole person care lens. ACT teams are characterized by low staff/client ration (typically not to exceed 1:10) and include psychiatrists, nurses, SUD specialists, housing and employment specialists.

Forensic ACT (FACT) has distinct eligibility requirements and involves closer involvement with criminal justice entities (e.g. parole officers, etc.).

There are approximately 32 full or partial ACT teams in Oregon. In 2015, the Oregon Health Authority sponsored a pilot to onboard these ACT teams onto the Collective Platform. Today, the vast majority are already using or exist within an organization that is using the Collective Platform for real-time care coordination.

OVERVIEW OF COLLECTIVE MEDICAL AND COLLECTIVE PLATFORM

Collective Medical is a technology company that provides a real-time notification and care coordination solutions to broad networks of care providers across large geographic areas. The solution goes by many names in Oregon ("EDIE," "PreManage," and "Collective Platform" to name a few) but the solution is intended to link disparate providers and care coordinators together through one shared understanding of mutual clients and their needs.

Each organization has their own instance of Collective Medical (accessed via a web-based portal) that is governed by access to that organization's client list (member list if the organization is a health plan/payer). You cannot access information about a client in the system unless they are identified as having a current treatment, payment, or health care operations (TPO) relationship with your team/organization. This is to ensure compliance with HIPAA and to protect the privacy of protected health information.

HOW IS ACT USING COLLECTIVE TODAY?

1. VALUE PROPOSITIONS

REAL-TIME INSIGHT INTO HOSPITAL ENCOUNTERS

- Many ACT teams report that the primary value in Collective Platform is having real-time insight when their ACT client shows up to a hospital.
- This is because an ACT client may be difficult to track or because the ACT team wants to proactively engage the hospital or the client while they are present in the hospital.

For further explanation of how real-time notifications work, see page 8 of the best practice section in this resource guide.

COMPREHENSIVE ENCOUNTER REPORTING ON ACT CLIENT POPULATION

- Many ACT teams report that they use scheduled reports on their ACT population to quickly understand the total number of ED and inpatient visits for this population.
- Collective Platform helps fulfill this reporting requirement under ACT for ongoing compliance and fidelity to the ACT model.

For further explanation of how scheduled reports work. see page 10 of the best practice section in this resource guide.

2. CUSTOMIZED CARE COORDINATION

The Collective Platform is highly customizable to different care coordination use cases. **The following is a review of how most ACT teams in Oregon have set up their web portals.**

ACT-ONLY PORTALS

Some organizations have opted to create a distinct portal for just the ACT clients.

- **Benefit:** all the functionality of the system is scoped to just ACT clients (e.g. notifications, scheduled reports, census page, etc.).
- **Cost:** most behavioral health organizations are using Collective Platform beyond just the ACT team. Collective no longer supports multiple instances per organization (excluding those that are grandfathered in) so most organizations adopt for their full client population (see below).

ACT TAGS WITHIN AN ORGANIZATIONAL PORTAL

Most organizations have shared their full client population with Collective Medical for use within the Collective Platform and use tags to identify which clients are ACT clients.

- **Benefits:** leverage tags to create cohorts, scheduled reports, and notifications that are targeted to ACT clients only.
- **Cost:** tags need to be managed within the file that your organization sends to Collective Medical. This is the recommended option because it is more automated and scalable.
  - Although more time intensive, tags can also be created and managed manually within the portal.

HOW TO ADD TAGS TO YOUR ELIGIBILITY FILE

- Contact **support@collectivemedical.com** to establish a support ticket.
- Explain that you are planning to add tags to your file and that you will need to have the file validated and processed accordingly.

3. COMPLIANCE WITH 42 CFR PART 2

For those behavioral health organizations that are considered Part 2 programs under 42 CFR Part 2, sharing information on clients through Collective Platform can be difficult or restricted without explicit client consent.

Collective Medical offers an optional consent module that complies with Part 2 and allows Part 2 programs to share information on your clients openly within the platform.

TWO PRIMARY COMPONENTS OF CONSENT MODULE

1. **Incorporating the appropriate Part 2 consent language into your consent/ROI process.**
   a. Collective Medical has a standardized consent form which can be leveraged to ensure alignment on the right language to include;
2. **Capturing consent within your eligibility file.**
   a. The file that is regularly sent to Collective Medical with your client population information must add distinct fields that indicate what level of consent was obtained under Part 2.
   b. The options are numerical that reflect full, partial, and no consent.
   c. This information will be leveraged by Collective Medical to manage functionality like care insights within the Collective Platform. This ensures that information is only shared on clients that have consented.

HOW TO SET UP THE CONSENT MODULE

- Contact **support@collectivemedical.com** to establish a support ticket
- Explain that you would like to implement the consent module

BEST PRACTICE GUIDE

The following section is an overview of best practices ACT teams can take when utilizing the Collective Platform.

BEST PRACTICE 1: REAL-TIME NOTIFICATIONS

Real-time notifications are helpful for ACT teams because some clients require intervention in real time. For clients that may be experiencing houselessness or other issues that make engagement challenging, this is a great opportunity to connect with the client and assist with a smooth discharge from the hospital setting.

Background Resources for Notifications
- Check out Collective Medical's Customer Community site **here** to learn more about notifications.
- On Customer Community you can also find
    - **Overview of cohorts**
    - **FAQ about cohorts**
- To see what the ED sees in an EDIE notification, see the HIT Commons website **here.**

Any cohort can be leveraged to drive real-time notifications
- Notification modalities include phone, text, secure printer/fax, and direct secure message.
    - **Phone, text and other 'unsecured' modalities:** the notification will simply indicate that a new event has occurred and will include a URL link to the web portal which will direct you to the client for whom the event has occurred.
    - **Secure fax/printer and other 'secure' modalities:** the notification containing PHI can be shared. This template will be consistent with what is visible to emergency departments.

Workflows based upon real-time notifications for ACT
- Telephonic coordination with hospital/others.
- Onsite assistance with ACT client in the ED.

"We had a client that showed up at the Unity Center [in Portland] and he needed an inoculation that Unity could not provide. Due to the real-time notification, we were able to meet the client in the parking lot of the facility with a nurse and provided the shot."
-Telecare ACT Team

BEST PRACTICE 1: REAL-TIME NOTIFICATIONS

How To Set Up Real-time Notifications
- Email **support@collectivemedical.com** to establish a support ticket
- Explain that you are seeking to set up a new notification

In the email to support, you will need to identify the following:
- **What cohort is being used as the "trigger" for the notification?**
    - If you need a new cohort set up, you will need to identify what criteria are needed (e.g. 2 ED visits in 3 months, 2 inpatient visits in 6 months, etc.).
- **What is the modality of notification?**
    - Collective Platform can easily set up notifications through email and SMS that will include a URL link to the portal. Secure fax and printer notifications can also be set up that allow PHI to be shared.
- **Who is the intended recipient?**
    - For email and text, you will need to provide this contact information.

> "One of our highest utilizer clients was taken to the emergency department by police and the real-time notification allowed us to quickly coordinate with the hospital charge nurse, our crisis team, and police, to avoid a civil commitment and identify a better outcome for the client."
> *- Linn County ACT Team*

SAMPLE EMAIL TEMPLATE TO REQUEST REAL-TIME NOTIFICATIONS

Address: support@collectivemedical.com

Subject: ACT Team request for new notification

Message Body:

Support Team,

Our [ACT Team Name] would like to set up a new notification for our [list cohort] through our secure fax. The fax number is XXX-XXX-XXXX.

Please be in touch with the next steps.

BEST PRACTICE 2: SCHEDULED REPORTS

Scheduled reports provide a population-level understanding of all patients that meet defined criteria within a given period. Any cohort can be leveraged to drive scheduled reports. For example, you can schedule a report that runs weekly and lists all clients that have a new ED visit within that time frame. You can specify particular conditions (through defined ICD-10 codes or text search) if you want to further filter these reports to look at particular drivers of hospitalization.

Background Resources for Scheduled Reports
- Check out Collective Medical's Customer Community site to learn more about scheduled reports.
  - **Overview of Scheduled Reports can be found here**
  - **Frequently asked questions can be found here**

Scheduled Reports Can Create Efficiency in Looking Across your Client Population

- ACT teams across the state report manual review of patient pages within Collective to pull together quarterly reporting that goes to OCEACT and others.
- **Scheduled reports allow your team to automate this process, saving time and effort for client care,** by ensuring that on a quarterly basis, you have all the ED and hospital encounter statistics you need for your entire client population in one easy-to-download report.
- Scheduled reports for this purpose would need to rely on the ACT tag (or "group") as defined in your portal.
  - NOTE: some portals are limited to ACT clients only, making scheduled reports even easier to pull.

Reports that may be the most helpful for ACT teams include:
- Quarterly census report for ACT team group/tag
- Weekly behavioral health encounter report
- Weekly physical health encounter report

Scheduled Reports are in the Collective Portal
- Scheduled reports must be accessed manually by logging into the Collective portal and pulling them from the scheduled reports section.
- The more scheduled reports that are set up, the navigation becomes more complex.
- We recommend just a few scheduled reports to reduce confusion.

BEST PRACTICE 2: SCHEDULED REPORTS

How To Set Up Scheduled Reports

- Email **support@collectivemedical.com** to establish a support ticket and request a new scheduled report be created.
- You will be provided with a form that helps Collective define the report to be built.
- You will either need to identify an existing cohort on which to base this report OR you can request a new report be generated based on the following:
  a. **ACT team group or "tag"**
  b. **Hospital encounter type:** ED, inpatient, observation, or some combination
  c. **Look-back period:** the past month? The past quarter?
  d. **Cadence for report**: how often should the report be generated?
  e. **Fields of interest:** indicate whether you need client contact information, yearly count of visits, ICD-10s associated with the encounter, etc.

> "We had a client in Astoria and would not have known he was there if it wasn't for Collective Medical. We had a high utilizer with several ED and jail stays that has not had a single encounter since. With Collective Medical's assistance we were also able to identify a client that was COVID-positive and we communicated through phone while the client was in quarantine."
> **- Coos Health & Wellness ACT Team**

SAMPLE EMAIL TEMPLATE TO REQUEST SCHEDULED REPORTS

Address: support@collectivemedical.com

Subject: ACT Team request for new scheduled reports

Message Body:

Support Team,

Our [ACT Team Name] would like a new scheduled report be created. We would like to base this report on our existing [place cohort here, ex: Behavioral Health Cohort].

Please be in touch with the next steps.

BEST PRACTICE 3: CARE INSIGHTS

Care insights provide a deeper understanding of the client and what might be driving their utilization. Several ACT teams are using this section to communicate that the client is an ACT client and provide a phone number or other contact information for EDs to reach out to proactively. There are additional opportunities to use this functionality to serve ACT clients who may show up at the emergency department.

Background Resources for Care Insights
- For more information about care insights, histories, and guidelines (pgs 8-11; 15) as well as statewide EDIE notification criteria (p. 13), see the **Sharing Information on the Collective Platform Resource Guide here.**

What should care insights say?
- **Care insights should be brief.** Care insights can communicate that the client is in ACT and a contact number. It might also be helpful to very quickly indicate other information such as:
    1. Baseline presentation
    2. Other points of contact like a family member
    3. Advice for de-escalation or compliance in the clinical setting

Care Insight Example

Care Recommendation:
- Baseline symptoms since 2008 (last hospitalization in 2005).
- Baseline anxiety and paranoia. The songs inform her that she is at risk of losing her housing, her SSI benefits, or her services. They will also tell her that she needs to move back to ID to live in a group home, or that she is "not doing enough" to manage her mental health.
- She maintains stability by rigidly adhering to her "relapse prevention plan", which includes community volunteer work, arts and crafts events, weekly check-ins with her "Mom" and "Auntie ", art journaling, weekly med pickup and counseling appt with clinician.

Helpful ED-Based Interventions to Try:
- Remind her that her "songs" are often critical towards her success.
- Remind her that her housing is not at risk, she has lived there successfully for many years, she is not at risk of losing her benefits. Encourage her to review her relapse prevention plan.
- Remind her to follow up with her Counselor for additional support.

BEST PRACTICE 3: CARE INSIGHTS

We are very busy—when should we write care insights?

- It is a judgment call for each team.
  - For ACT teams with larger rosters, it can be too burdensome to enter a care insight for each client.
  - Instead, some are only entering care insights for those that are difficult to engage or have unique needs in the acute setting.

Other ways to communicate to the care community that this is an ACT client

- **Care Team** – entries can be automated through the eligibility file that your organization sends to Collective Medical.
  - To do this, create new fields in your eligibility file that indicate the provider (or ACT team contact) for each client.
  - There must be an affiliated NPI or provider code. Without this identifier, the system will not add this information to the Care Team section. Collective can assist with selecting the most appropriate code for ACT team providers.
  - For more information about eligibility files, see page 21 of the technical resource section in this resource guide.

- **Global Flags** – a tag that has been configured to be visible to all Collective Platform users who work for organizations with a HIPAA-compliant treatment or payment relationship with that client.
  - If your organization is interested in exploring a global flag to identify ACT clients, please contact Justin Keller, **justin@orhealthleadershipcouncil.org.**

BEST PRACTICE 3: CARE INSIGHTS

Care History and Care Guideline Examples

CARE HISTORIES

Medical/Surgical:
- Patient has had multiple ultrasounds/labs for abdominal pain—no abnormal findings. PCP attributes pain to anxiety and poor diet.
- PCP willing to provide quick access to face to face/phone appointments—sees patient frequently – 18 times in the past year.
- Patient appears to be overly focused on medication as the solution to her problems – frequently asking for new medications without tolerating a trial period of current ones.

Behavioral:
- Patient is enrolled in 5 therapy groups weekly, attending on Monday, Wednesday and Friday. See providers in Care Team box.
- Behavior plan has been created for her adult foster home.
- Patient has a history of agitation with aggression toward her facility care staff, mother, EMTs and police.
- Patient has a history of self-harm.

Social:
- Patient has been evicted from or left several adult foster homes. She often says that she wants to move. Please refer her to her Multnomah County DD caseworker—see Care Team box
- Patient's anxiety and health symptoms are often triggered by her boyfriend not responding to her texts or phone calls or visiting her when promised.

CARE GUIDELINE
- Patient would benefit from a rapid assessment and discharge from the ED as appropriate.
- Remind Patient of the mindfulness skills she identified as helpful:
  - Notice what's in the room: 5 things you can see, 4 things you can touch, 3 things you can smell, 2 things you can hear and 1 thing you can taste.

BEST PRACTICE 3: CARE INSIGHTS

Care Insight Use Case: Wallowa Valley Center for Wellness ACT Team

During onboarding, the ACT team asks each client the following questions. They then put the information into a care recommendation. The information comes directly from the client and helps inform other providers about their needs.

Permissions

YES/NO we have permission to enter Care Guidelines.

YES/NO I am interested in hearing about a Declaration of Mental Health.

Client Questions

What has been helpful for you if you have been or could be hospitalized for mental health concerns/anxiety?

Are you concerned about yourself trying to harm yourself or others if hospitalized?

What have you noticed can be not helpful or even triggering about being in an ED or hospital setting?

What do you know to be helpful for you with pain management?

Who do you want to help coordinate your care if you are hospitalized for crisis?

BEST PRACTICE 4: CCDS

Continuity of Care Documents (CCDS) are patient-specific clinical summary documents that are generated from EMRs. The purpose of a CCD is to improve communication between health care providers during a transition of care – when a patient is being referred to another provider or coming back to their normal provider after a hospital stay. For certain hospitals--most importantly Epic EMR hospitals in Oregon--these CCDs may be visible within the Collective Medical platform to provide deeper insight into a client encounter.

Background Resources for CCDs
- For more details about what is in a CCD, see the frequently asked questions in **Collective Medical's Customer Community Post here.**

Turning on CCD Access
Any treating provider can request that Collective Medical turn on the CCD visibility. Contact **support@collectivemedical.com** to establish a support ticket and request to have CCDs visible within the Collective platform.

What CCDs are available?
Collective Platform is part of the national CareQuality framework which allows health care providers to share CCDs back and forth through query-based exchange. Epic is the largest contributor of CCDs through CareQuality, and thus, Epic sites will be the most common CCDs visible through Collective Platform.

What is included in a CCD?
a. Discharge information including medications and provider notes
b. Vitals, labs, imaging, etc. that occurred during the encounter
c. Problem list and other detailed clinical information

"I started using the CCD button to get more information about the encounter. It is very helpful, particularly for following up with the client for physical health-related encounters. I wish more hospitals sent CCDs to Collective for us to review."

- Lifeways Umatilla ACT Team

BEST PRACTICE 5: COORDINATION WITH EMERGENCY DEPARTMENTS

In some communities, ACT teams are reporting difficulty in engaging ED providers and staff. For example, some teams are leveraging some of the tools in this guide to communicate which ED patients are ACT clients and yet no one is contacting them.

Below are some suggestions for coordinating with ED providers and staff.

Background Resources for Community Collaboration
- HIT Commons has created resources to assist with community collaboration and the Collective Platform. **For more information, click here.**

DIRECT HOSPITAL ENGAGEMENT

Proactive outreach to hospital/ED care coordination staff to establish lines of communication. ED providers will need encouragement from these folks to follow instructions in EDIE notifications.

COORDINATED CARE ORGANIZATION (CCO) ENGAGEMENT

CCOs are accountable for behavioral health outcomes as well as physical health outcomes of their members. Most CCOs are familiar with Collective Medical and might be able to facilitate a discussion between the hospitals in their region and the ACT teams that are trying to better coordinate care.

If talking with ED providers and they want to learn more, share this ED toolkit with them as a resource. **Link here**.

"I'll often add myself as a provider to the Care Team section so that hospitals know we are serving them. When a client went to the ED, the social worker called me and I was able to talk about the client who was at that moment disoriented and had to be admitted."

- Klamath Basin Behavioral Health ACT Team

TECHNICAL RESOURCES

PROCESS FOR GAINING ACCESS TO THE COLLECTIVE PLATFORM

1

EMAIL THE COLLECTIVE MEDICAL SUPPORT TEAM

SUPPORT@ COLLECTIVEMEDICAL.COM

2

RECEIVE AN AUTOMATED MESSAGE WITH A TICKET NUMBER TO TRACK REQUEST

3

COLLECTIVE MEDICAL SUPPORT TEAM REACHES OUT WITH NEXT STEPS

STEP 1

The first step in gaining access to the Collective Platform is reaching out to the Collective Medical Support Team.

SAMPLE EMAIL TEMPLATE

Address: support@collectivemedical.com

Subject: Request for Collective Platform Access

Message Body:

Support Team,

Our clinic/team/etc. [Name] would like to begin the onboarding process with the Collective Platform.

Please be in touch with the next steps.

ADDITIONAL RESOURCES

After you've received your ticket number to track the request, here are some useful resources to help get you acquainted with the collective platform.

COLLECTIVE COMMUNITY ("HELP" SECTION)

- Once you implement the Collective Platform, the Collective Community is available directly from the Help page within the platform.
- While you wait for Collective Platform to be implemented, you can still request access to the Collective Community at:
  - https://community.collectivemedical.com/
  - You won't have access to PHI—just webinars, materials and other helpful resources.
- Within the Community, there's an Oregon Resources section:
  - https://community.collectivemedical.com/tag/oregon-resources
- Key Community resources:
  - Collective Platform for Beginners

HIT COMMONS RESOURCES

- HIT Commons website
- General Resources
  - Getting Started with Collective Platform-an Implementation Guide for Clinics
  - Sharing Information on the Collective Platform: A Resource Guide for Users
- Webinars and Best Practices
  - Overview of Resource Guides

Discovery Form

This form is used to determine eligibility for use of the Collective Platform. The three page document has four key sections: 1) Organization Information, 2) Contact Information, 3) Patient Services, Personnel, and Program Information, and 4) Technical Information.

1

Implementation

Once Data Sharing Agreement is signed by all parties, implementation of the Collective Platform can begin.

Phone Call

After Discovery Form is submitted, Collective Medical will schedule a call to review the form together.

5

WHAT DOES ONBOARDING LOOK LIKE?

2

Data Sharing Agreement

Collective Medical will send a Data Sharing Agreement. Agreement is signed and returned before any patient rosters can flow to Collective Medical.

4

3

Eligibility Files or Patient Rosters

For compliance with HIPAA, a monthly (or more frequent) patient eligibility file or 'patient roster' must be sent to Collective Medical. This process and sample file layouts will be provided during onboarding discussions.
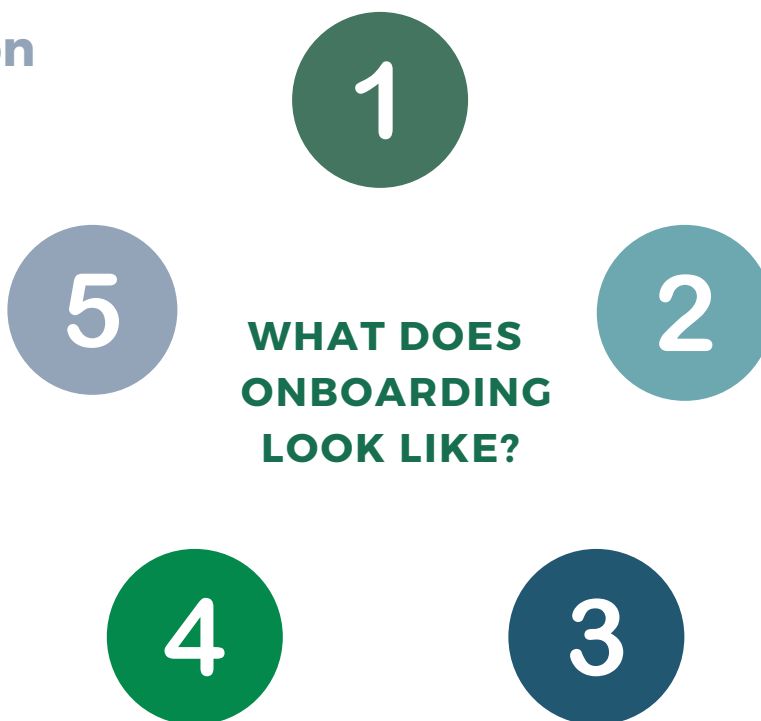
ELIGIBILITY FILE OVERVIEW

A full webinar on Best Practices for building Eligibility Files can be found here. You must have access to Collective Community in order to access the webinar.

ELIGIBILITY FILE LAYOUT

- ACT teams are required to upload an eligibility file at a minimum of once every 30 days.
- Must be a .csv, .txt (pipe or tab).
- File names must remain consistent.
    - ex: Collective_Medical_01252021.csv (date can vary).
- Column headers, once established, must remain consistent.
    - ex: Date of Birth cannot be changed to DOB.
- Format for all date fields must contain a 4-digit year (2021).
- Column formats must remain consistent throughout the entire column.
    - Ex: can be one character (m/f) or full text (male/female) but not both.
- All members/patients must have a unique ID (MRN) that remains consistent with that member only.
- Leave blank values when information is not available.
    - No Null or N/A
    - No placeholders (ex: DOB 1/1/1900)
- Please include only active patients in file.

COLUMN HEADERS

Standard Column Headers (Required)
- Unique Identifier (MRN)
- First and Last Names
- Date of Birth
- Gender
- SSN (if available)
- Address 1
- Address 2 (if applicable)
- City
- State
- Zip
- Phone Number

Care Team Column Headers (Optional)
- Provider Name
- Provider NPI or Taxonomy code
    - Suggested Taxonomy codes
        - **Code:** 171M00000X
        - **Grouping:** Other Services Providers
        - **Classification:** Case Manager/Care Coordinator
- Provider Facility Address
- Provider City
- Provider State
- Provider Zip
- Provider Phone Number

Full Eligibility File example excel sheet is available for download on Collective Community. Link here.

ABOUT THE PLATFORM

COLLECTIVE PLATFORM

The Collective Platform (formerly known as PreManage) is a web-based platform with two applications. EDIE is the first application. The other application, often generally referred to as the Collective Platform or Collective Ambulatory, is the second application which is used in non-hospital facility types including primary care clinics, behavioral health organizations, CCOs, health plans, and others. Users can only see information on a patient with whom they have an established HIPAA-TPO relationship. This relationship is identified through an eligibility file (patient roster) provided by each organization to the Collective Platform. This information provides the ability to rapidly identify at risk patients or members and support them in getting the right care through improved care coordination.
.

EDIE

Emergency Department Information Exchange. EDIE is one of two applications of the Collective Platform, provided through Collective Medical. EDIE provides hospital facilities key care summaries for patients with high utilization of emergency department services and/or who have been identified to have complex care needs with care guidelines. EDIE queries for hospitals to see if a patient is in the system and meets criteria for a notification. The goal is to reduce unnecessary hospital services and improve outcomes.

OHA, OHLC, and HIT Commons manage the EDIE Utility in Oregon which leverages the Collective Platform. For questions about this best practice guide, please contact Justin Keller, justin@orhealthleadershipcouncil.org

If you have any other questions or need more information please reach out to:

Collective Medical Support Team
support@collectivemedical.com

HIT Commons
HITInfo@hitcommons.org