



Sharing Information on the Collective Platform: A Resource Guide for Oregon Users



Table of Contents

| | |
|---|-----------|
| Overview | 3 |
| Definition of Features | 3 |
| Key Recommendations | 4 |
| Organizational Roles | 5 |
| Care Team | 6 |
| Care Team Assignments..... | 6 |
| Editing and Updating Provider Entries | 7 |
| Care History | 8 |
| Care History Suggested Content | 8 |
| Care Guidelines | 9 |
| Care Guidelines Suggested Content..... | 10 |
| Special Considerations for Behavioral Health Information Sharing..... | 11 |
| Security and Safety | 12 |
| Appendix | 13 |
| Oregon Statewide Criteria for Hospital Notifications | 13 |
| Collective Notification Headers and Format | 14 |
| Care History and Care Guidelines Examples | 15 |



Overview

The Collective platform developed by Collective Medical (Collective) provides powerful, real-time information to users about Emergency Department (ED) and Inpatient (IP) utilization activity. Users with access to Collective’s platform can view the information on demand for patients in their care.

In addition, the Collective platform provides a place where users can contribute critical information about high risk patients to assist ED providers in patient care and treatment.

The purpose of this Information Sharing Resource Guide is to provide guidance that promotes the consistent use of specific Collective platform features (Care Team, Care History, Care Guidelines, Security and Safety) to facilitate improved communication and cross organizational care coordination in Oregon.

Some state and federal laws provide special protections for certain categories of patient information. Psychotherapy notes and information from providers that hold themselves out as alcohol and drug treatment programs may not be uploaded into the Collective platform except in an emergency or with specific patient consent. (See page 11 for additional guidance on sharing sensitive information.)

Additional privacy and security resources are available from Collective at the following links:

<https://www.collectivemedicaltech.com/privacy-security/>

<https://www.collectivemedicaltech.com/about-us/CMT-policies/>

Definition of Features

Care Team: Section in the platform where information about a patient’s care team is located, including providers, care managers, etc. Information in this section comes from four different sources: (1) hospitals at time of admission (2) primary care or behavioral health provider clinics from most recent patient roster (3) health plans from current membership files and (4) care coordinators based on their active caseload of patients. When patients admit at a hospital and a Collective notification is triggered, the patient’s current list of providers as reported to the Collective platform will be included in the notification. (See appendix for Oregon statewide criteria for triggering Collective notifications.)

Insights—Care History: Section where objective information related to a patient’s history can be collaboratively entered by multiple care managers/coordinators from various organizations. If there is information in any tab in this section, it will be sent in the Collective notification to hospitals with or without a care guideline.

Insights—Care Guideline: Section where brief information that is relevant to a patient’s treatment in an ED setting is entered, including care considerations, care coordination details, pain management information, suggested ED-based interventions, and any other information that is considered critical.



Care guidelines are entered and maintained by one user with input from the patient’s entire care team, if possible. Collective notifications sent to hospitals include the most recent care guideline for the patient (regardless of author) and will include a second care guideline if one is authored by the hospital receiving the Collective notification.

Security and Safety: Section where important information about security and safety risks associated with a patient can be documented. When information is added to this section, it will trigger a Collective notification to the hospital at the time of the patient’s visit.

Key Recommendations for Information Sharing in the Collective Platform

What to Do:

- Provide Information that is brief, patient specific and relevant in an ED setting
- Put information about your organization’s care team members (care managers, social workers, etc.) in the Care Team section
- Include factual, objective information in the Care History section
- Create a single Care Guideline that includes succinct, patient specific care considerations—use bullet points—no more than 5-6
- Add Security and Safety Events in the Security and Safety Events section and NOT in Care Guidelines

What NOT to Do

- Use generic information or phrases (e.g., “Don’t give narcotics”)
- Copy and paste large care plans
- Create duplicate care guidelines
- Include unnecessary information
- Include psychotherapy notes
- Include information about current substance use treatment programs
- Include acronyms
- Add or edit other organization’s information in the Care Team box

Helpful information for ED Providers:

- Patient’s usual presentation
- History of suicidal ideation
- Relevant IP psychiatric admissions
- Complex psychiatric medications
- Enrollment in special programs (e.g. ACT), particularly if they receive real time ED notifications and could potentially respond by phone or in-person to the ED



Organizational Roles

Collective platform users often ask—"how do we determine which organization contributes what types of information?" The answer will often depend on the community and which organizations are involved in managing high risk, high needs populations. The following roles are suggested as a default—acknowledging that the best results will be realized from organizations defining together what their respective roles should be in each community or region.

Emergency Department:

- Contributes relevant information to the **Care History** Section (shared space for information from various users)
- May create a **Care Guideline** if the patient is not established with a primary care provider, or the primary care provider does not have access to the Collective platform
- When creating **Care Guidelines**, they should be done whenever possible in collaboration with any other known care providers (primary care, behavioral health, health plan)

Primary Care:

- Contributes relevant information to the **Care Team** and **Care History** sections
- Usually takes the lead on the development of the **Care Guideline** for established patients in collaboration with other known care providers, including ED providers at facilities where the patient has most often been seen.

Behavioral Health:

- Contributes relevant patient information in the **Care Team** and **Care History** sections (on topics such as typical presentation, mental health history, existence of pain contracts, psychiatric medications)
- Contacts care providers who have developed **Care Guidelines** to contribute information and updates on patients in their care
- May take the lead on developing **Care Guidelines** for patients where they have the primary relationship

Other Providers (SNF, AAA/APD, EMS, etc.):

- Contributes relevant information to the **Care Team** and **Care History** sections
- Generally, does not create **Care Guidelines**. Contacts primary care provider to contribute information and updates on patients in their care

Health Plan:

- Contributes relevant information to the **Care Team** and **Care History** sections
- Generally, does not create **Care Guidelines**, but may initiate care conference with others involved in the care of the patient to agree on information to be included in a coordinated **Care Guideline**
- May enter **Care Guidelines** on behalf of other organizations



Care Team

The Care Team is the place to document members of the patient care team including primary care provider, behavioral health providers, care coordinators, social workers, etc.

The **Care Team** displays individuals (providers, care managers) and organizations with associations to patients. Four different sources of information can populate the **Care Team** (1) hospitals at time of admission (2) primary care or behavioral health provider clinics from most recent patient roster (3) health plans from current membership files (4) care coordinators based on their active caseload of patients. At a minimum, each entry contains the associated provider’s primary specialty and typically contains contact details such as phone number, fax number, and/or email.

Having this information available and in a consistent place is highly valued by all care team members. When patients admit at a hospital and a Collective notification is triggered, the patient’s current list of providers—as reported to the Collective platform—will be included in the notification to assist ED providers with care coordination needs.

Care Team Assignments

Care Team information from any source can be contributed in two ways:

- Automated entries through eligibility files or data feeds
- Manual entries through the web portal

Automated entries are managed by organization IT staff/departments on an ongoing basis. Ongoing provider-patient assignments, such as primary care provider relationships, should be loaded through automated processes.

However, individual users with access to the Collective platform can contribute information through manual entries. This is especially helpful for users such as care managers who are actively managing caseloads of patients seeking care routinely in the ED setting.

Adding Providers via Manual Web Portal Entries

To add a provider to the **Care Team** via the web portal, select the blue **“Add Provider”** button from the **Care Team** feature of the desired patient and complete the information in the dialog box:

The screenshot shows a web portal interface for a patient's Care Team. At the top, there is a header "Care Team" and a sub-header "Care Team 3 - 2 years". On the right side of this sub-header, there is a blue button labeled "+ Add Provider" with a blue arrow pointing to it from the right. Below the header, there is a list of three providers:

| | |
|---|------------|
| BOYER, JAMES E. M.D. Internal Medicine: Hematology & Oncology | Sources: 1 |
| Practice (434) 654-8390 (434) 654-8399 | |
| JOHNSON, JOHN DANIEL, D.O. Family Medicine | Sources: 1 |
| Practice (434) 239-3949 (434) 239-6982 | |
| KENDALL, DANIEL R. DO Pain Medicine: Interventional Pain Medicine | Sources: 1 |
| Practice (703) 914-8000 (703) 642-3487 | |



Note: Users should only add or edit information about providers they have firsthand knowledge about— such as yourself, someone on your care team, or someone from your organization’s care team. Do not add or edit information you are unsure about—such as information about providers from other organizations. If you see something that is incorrect, contact the organization that added the information and ask them to edit it through their own access to the Collective platform.

Note: Providers with NPIs (National Provider Identifier) should be entered using their CMS issued 10-digit NPI number. To search for provider NPIs visit: <https://npiregistry.cms.hhs.gov/>

For providers who do not have NPIs, such as care or case managers and care coordinators, use the CMS Health Care Provider Taxonomy Codes to enter the information in a standardized way:

- Code: 171M00000X
- Grouping: Other Service Providers
- Classification: Case Manager/Care Coordinator

For full provider code list see: <http://nucc.org/index.php/code-sets-mainmenu-41/provider-taxonomy-mainmenu-40/code-lookup-mainmenu-50>

Editing and Updating Provider Entries

Any providers added manually through the web portal should be maintained by the user who entered the information so that the ED providers have the most current information on care managers or care coordinators working with the patient.

Users can enter dates in the Assignment Range boxes when adding a provider so that the provider assignment is automatically removed after a future end date (e.g., 6 months from engagement with a patient). Users can also edit provider information at any time by doing the following:

- Click the pencil edit icon next to the provider’s name
- Update desired provider information
- Click “Update”

To immediately remove a provider from the **Care Team**, complete the following steps:

- From the **Care Team** feature of the desired provider, select the pencil edit icon
- Enter an Assignment Range end date that is older than the current date for immediate inactivation, or a future date that will expire the relationship in the future
- Click “Update”

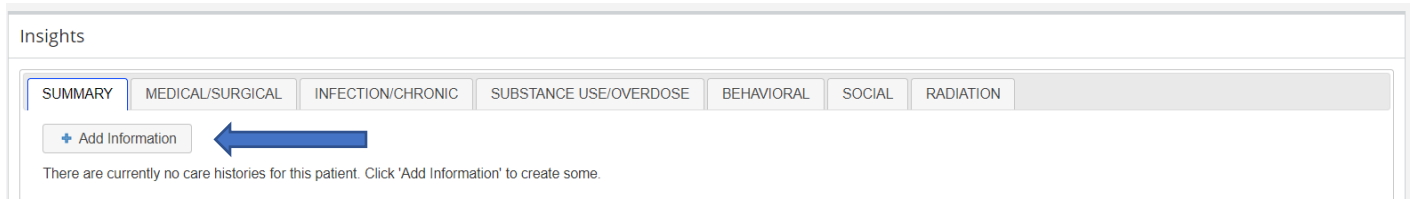


Care History

The **Care History** section is for objective information (“just the facts”) related to the patient’s history. Information to incorporate in this section includes medical diagnoses, previous surgeries, and allergies. Any Collective platform user with read-write access to a patient record can add information in this section and can contribute to a shared understanding of the patient’s background. This means multiple care managers/coordinators across organizations can contribute information to this section rather than creating a duplicate care guideline.

NOTE: There are six tabs that allow you to organize the type of information you’d like to include. Even if only one of the six tabs is completed, this will trigger the delivery of the **Care History** to the ED. Therefore, you don’t need to complete all the sections for the information to be sent.

To add a **Care History**, click on the “**Add Information**” button and fill in the tabs as appropriate:



Care History Suggested Content

| Recommended Tab | Example Entry |
|--|--|
| Medical/Surgical | <ul style="list-style-type: none"> • Patient has a history of kidney stones, diabetes and asthma |
| Infection/Chronic | <ul style="list-style-type: none"> • Patient has MRSA • Patient has chronic back pain |
| Substance Use/Overdose | <ul style="list-style-type: none"> • Patient has history of chemical dependency • History of multiple detox and overdose episodes |
| Behavioral | <ul style="list-style-type: none"> • Patient presents with various pain complaints, being assaulted and requesting pain medicine |
| Social (community services used by, or available to, the patient) | <ul style="list-style-type: none"> • Patient has transportation through Tri-Met lift • Patient should be strongly encouraged to meet with his Parole Officer who is trying to help patient get access to housing and treatment |
| Radiation | <ul style="list-style-type: none"> • Has received multiple negative imaging studies for abdominal pain |



Care Guidelines

Care Guidelines are a powerful part of Collective Platform intended to deliver brief, critical information to ED providers at the point of care (i.e., information delivered in a hallway conversation). Information should be entered in succinct, bullet point format with no more than 5-6 bullet points per tab. When information is entered in this section it will automatically be sent to the ED once the patient presents.

There are five tabs that allow you to organize the type of information you'd like to include:

- **Care Recommendation:** A guideline for how a condition should be treated or has been successfully treated in the past
- **Care Coordination:** An explanation of the coordinated efforts related to this patient's care
- **Pain Management:** A guideline for how the patient's pain should be managed, including pain contracts, authorized pain prescriber, etc.
- **Helpful ED-Based Interventions to Try:** A list of helpful interventions that have been successful in prior ED visits
- **Other Information:** This tab should be used with caution as the most relevant patient information can likely fit into one of the other tabs above or in the **Care History** section.

NOTE: Even if only one of the five tabs is completed, this will trigger the delivery of the **Care Guideline** to the ED. Therefore, you don't need to complete all the tabs for the information to be sent.

Ideally there should be one **Care Guideline** for each patient, developed by the individual who has the most first-hand knowledge of the patient in collaboration with others who are involved in their care.

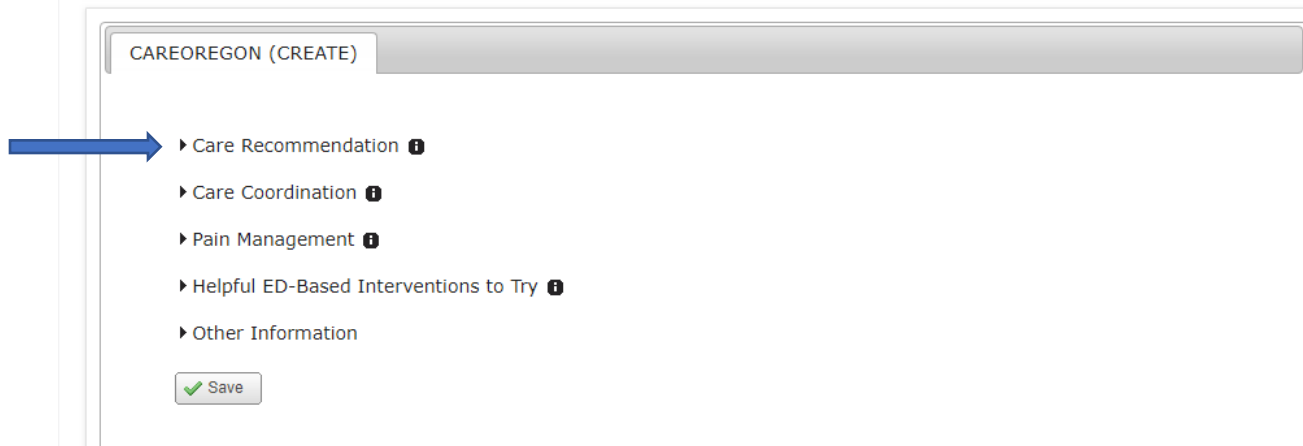
Care Guideline authors are encouraged to keep the guidelines up to date (e.g., review and update guidelines *every 3-6 months*) in collaboration with a patient's care team.

NOTE: Users can view a list of **Care Guidelines in need of updates** on the Collective Groups page in the web portal (see Groups page, "Patients with Due or Inactive Guideline").

Care Guidelines remain viewable in a patient record for 18 months without updates. After that time, they are no longer sent to the ED but remain attached to the patient's record and are viewable in the Collective platform for further editing or deletion.

To add a **Care Guideline**, click on the "**Add ED Care Guideline**" button and fill in the tabs as appropriate:

The screenshot shows a patient record interface titled "Insights". At the top, there are several tabs: SUMMARY, MEDICAL/SURGICAL, INFECTION/CHRONIC, SUBSTANCE USE/OVERDOSE, BEHAVIORAL, SOCIAL, and RADIATION. Below the tabs is a button labeled "+ Add Information". A message below the button states: "There are currently no care histories for this patient. Click 'Add Information' to create some." Below this message, another message states: "There are no care guidelines for this patient in Collective." At the bottom right of the interface, there is a blue arrow pointing to a button labeled "+ Add ED Care Guidelines".



Care Guidelines Suggested Content

| Recommended Content | Example |
|--|--|
| Goals for patient care | <ul style="list-style-type: none"> PCP recommends hospice, but family is hesitant |
| Specific treatment protocols/guidelines | <ul style="list-style-type: none"> Low dose haloperidol effective for acute agitation |
| Outpatient care patient is currently receiving so ED can redirect patient back to appropriate care | <ul style="list-style-type: none"> Pt requires paracentesis weekly for cirrhosis, f/u with Dr. Jones every Wednesday |
| Presence of a pain contract | <p><i>Note who the prescriber is and a brief description:</i></p> <ul style="list-style-type: none"> Patient has a pain contract with PCP, Dr Jones Receives 10mg Norco bid for chronic back pain Patient has agreed not to receive pain medications from any other source unless a new acute issue, or will be in violation of pain contract |
| Baseline presentation | <ul style="list-style-type: none"> At baseline patient lists to the left, has shuffling gait, poor short-term memory |
| Tips/strategies for engaging with the patient | <ul style="list-style-type: none"> Patient calmer when mother present, music helps alleviate anxiety |
| Engagement in primary care | <ul style="list-style-type: none"> Patient has not seen PCP in over 1 yr. despite repeated outreach Please attempt to schedule if patient presents to ED |
| Availability of Care Team member to intercept ED visit | <ul style="list-style-type: none"> ACT team available to attend ED visit, please call phone # in Care Team as soon as patient presents to ED |
| Successful interventions to redirect ED over utilization | <ul style="list-style-type: none"> Set clear limits, patient will be inappropriate or aggressive, will use manipulation maneuver to get what patient wants Limit comfort measures |



Special Considerations for Behavioral Health Information Sharing

Some state and federal laws provide special protections for certain categories of patient information. The Oregon Health Authority (OHA) has developed a **Provider Confidentiality Toolkit** to help improve care coordination between physical health and behavioral health providers. The toolkit is expected to be finalized in spring 2020 and will provide consent sample templates, chart of relevant legal statutes, FAQs, and examples of behavioral health information sharing to help care coordinators and other navigate some of the applicable confidentiality laws that may protect a patient's behavioral health information.

When complete, OHA will post the Toolkit at the following link:

<https://www.oregon.gov/oha/HSD/BHP/Pages/Behavioral-Health-Info.aspx>

Other Behavioral Health Resources:

Legal Action Center's Actionline:

- **This free service for Oregon SUD providers** provides phone-based consultation services regarding federal confidentiality laws and regulations protecting individuals with a substance use disorder. **Number is 1-800-223-4044**
- OHA purchased a subscription to the Legal Action Center's Actionline to provide **phone-based consultation services to Oregon SUD providers** regarding federal confidentiality laws and regulations protecting individuals with a substance use disorder.
- This free service is available anytime between 1pm-5pm (ET) Monday-Friday. Callers should ask to speak to the Attorney on Call.
- The service *does not include* advice about corporate legal issues for programs, general legal services for clients, or state law issues. Neither does it include representation on any issue or in-depth analysis of large documents, such as policies and procedures and training materials.

HHS 42 CFR Part 2 Proposed Rule Fact Sheet (as of August 2019):

The 42 CFR part 2 regulations serve to protect patient records created by Federally funded programs for the treatment of substance use disorder (SUD).

SAMHSA (Substance Abuse and Mental Health Services Administration) is currently proposing to revise part 2, to facilitate better coordination of care for substance use disorders which will also enhance care for opioid use disorder (OUD). These provisions will be an important part of the Federal response to the opioid epidemic, while maintaining part 2 confidentiality protections.

Link to the proposed rule fact sheet is here:

<https://www.hhs.gov/about/news/2019/08/22/hhs-42-cfr-part-2-proposed-rule-fact-sheet.html>



Security and Safety

The **Security and Safety** section in the **Collective** platform should be used to alert ED providers about patients who may pose a threat to themselves or to providers and other patients in the ED setting. **Security and Safety** events should NOT be completed for every patient but used only for those patients who have a history of violence to others, self-harm, elopement, etc. Some organizations have also used **Security and Safety** events to inform the ED of serious medication allergies and alerts. In all cases, **Security and Safety** events should be added with agreement from the patient’s care team, including primary care providers, case managers and others. High risk huddles and care conferences are a great place to discuss the need for and agree upon **Security and Safety** events.

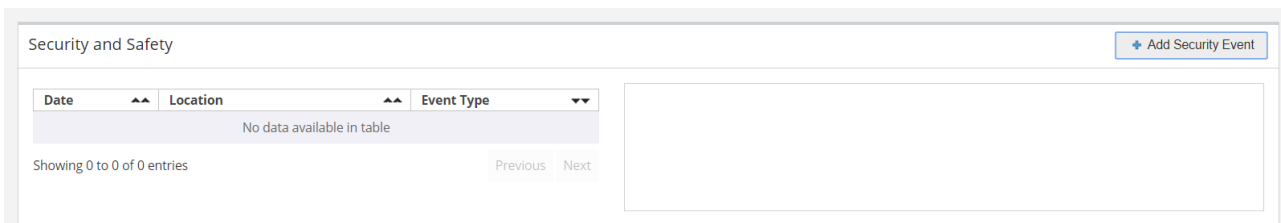
Note: Critical information should be entered as a **Security and Safety** event and NOT in the **Care Guideline** section where it can be potentially overlooked among the other information in that section.

When **Security and Safety** events are added to a patient record, they will trigger a **Collective** notification to the hospital when the patient admits. **Security and Safety** events are also visible in the **Collective** platform portal by a red banner which appears at the top of the patient record.

How to Add a Security and Safety Event

Consistent with the guidance around entering **Care Guidelines**, **Security and Safety** events should be added in the context of a high-risk huddle or interdisciplinary care team managing the patient’s care. In most cases, this will include the patient’s primary care provider if they are established with primary care. In other cases, the member of the care team with the most knowledge and deepest relationship with the patient may enter the **Security and Safety** event. Any **Collective** platform user with read-write access can also enter **Security and Safety** event. As with **Care Guidelines**, users are strongly encouraged to keep these events updated and remove them when they no longer apply to the patient. This is best achieved in the context of the high-risk huddles when patient cases are reviewed and information in the **Collective** platform can be updated to match the current state of the patient.

Security and Safety events are located below the **Care Guidelines** section in the **Collective** platform portal. To add a **Security and Safety** event, click on the “**Add Security Event**” button and complete the fields in the dialog box:





Appendix

Oregon Statewide Criteria for Collective Notifications

The information shared by Collective platform users in the **Care Team, Care History, Care Guidelines, and Security and Safety** sections is included in Collective notifications to hospitals on the Collective platform when the patient presents.

Collective notifications are not sent to hospitals for every patient admitting, but are triggered based on agreed-upon statewide criteria (and any additional hospital-specific criteria as requested by a hospital):

- Patient has Insights (consisting of Care Guidelines/and or Care History Items
- Travelling patients: ED visits at 3 different hospitals in 60 or 90 days
- 5 ED visits in 12 months
- Patient has a Security and Safety Event recorded in the platform
- PDMP (for those hospitals that have been credentialed for PDMP)*

*PDMP (Prescription Drug Monitoring Program): There are six unique criteria that were originally developed by the State of Washington and have been adopted by the Oregon College of Emergency Physicians (OCEP) for application across all PDMP connections to Collective notifications in the state. The following criteria will trigger a PDMP report through a Collective notification:

1. Three (3) or more prescribers within 12 months;
2. Four (4) or more controlled substance II – IV prescriptions within 12 months;
3. Two (2) or more controlled substance II – IV prescriptions within last 40 days;
4. Any prescription for Methadone, Suboxone, fentanyl transdermal, LA morphine, and LA oxycontin within last 6 months;
5. Any overlapping prescriptions for narcotics (controlled substance II-IV) and benzodiazepines within last 6 months;
6. More than 90 average MED (morphine equivalents)/day prescribed within the last 15 days

The PDMP report is triggered for a patient who meets one or more of the above 6 criteria. The PDMP report then populates as a distinct segment of the Collective notification and includes a 6-month overview of that patient's prescription history.



Collective Notification Headers and Format

Note: Collective Medical has standardized the format of Collective notifications to better support care coordination. Below is the list of notification subject headers that will be included in Collective notifications statewide, in expected order and format. However, Collective Medical may adjust the final order of headers per customer input.

Header

- Patient name
- MRN or patient ID
- Date **Criteria Met**

Security Event(s)

- Security type
- Date
- Notes

Care Guideline

- Most Recent Guideline from another facility
- My Facility Care Guideline (unless it's the most recent)

Care History

Notable Program Enrollment and Groups

ED Encounter Count

- 12 month visit history by facility

ED Encounter Summary

- Most recent 10 (5 Stretch Goal) ED Visits in the last 12 months
- ED Name
- City
- State
- Diagnosis or Chief Complaint

IP Encounter List

- All IP visits in the last 3 months
- Admit date
- Hospital name
- City
- State
- Diagnosis or Chief Complaint

PDMP (Displays only when available)

- 6-month medication history
- Medication name, dose, route
- Dispensed date
- Prescribing provider
- Quantity dispensed

Recent Anticoagulant

- Timeframe alert is 200% of days supplied
- Drug name, dose, route
- Dispense date
- Provider
- Days supplied

Care Team

- Name
- Specialty and role
- Phone, fax, email

More info portal URL

POLST/Advance Directive

Footer



Care History and Care Guidelines Examples

Below are user-provided examples of Care Insights, which include **Care History** and **Care Guidelines**. We've provided some 'good' examples first to provide users with best practices about what to include in these sections in the Collective platform. We've also provided some 'bad' examples to give users an idea of what is NOT helpful—primarily because the information is too generic to be useful for ED providers in caring for high risk patients.

Examples of Information to Include in Care Insights

Example 1: PATIENT ESTABLISHED WITH PRIMARY CARE

CARE GUIDELINE:

Care Recommendation:

- Pt established with Family Practice—see Care Team contact info.
- Pt has standing order for paracentesis with interventional radiology.
- Pt now established with GI.

Care Coordination:

- Pt offered that he has veteran status yet declined any desire for association with VA for benefits/services.

Pain Management:

- Chronic Pain Agreement 09/20/2017 - Oxycodone CR and Gabapentin. Osteoarthritis: Chronic low back pain, right hip pain s/p replacement now with leg length discrepancy, bilateral knee pain.

Example 2: PATIENT ESTABLISHED WITH PRIMARY CARE

CARE HISTORY:

Substance Use:

- Hx of IVDU (heroin), per pt, last use was 3 months ago

Pain Management:

- Chronic pain, on methadone prescribed by PCP

Medical/ Surgical:

- Hx of abdominal wall abscesses, chronic pain, diabetes mellitus, cystitis, Hep C



Behavioral:

- Pt is eligible for Forensic ACT Team due to frequent incarceration and dxs of bipolar d/o with psychotic features
- EMS will request FACT referral be initiated at next incarceration - although it appears that client might not be very open to a Mental health referral
- EMS has been working with client, who is homeless and very vulnerable on the streets, often victimized. Client is using ETOH and is very disorganized, unable to hold on to a phone - difficult to coordinate care and services for client

Example 3: Patient with Behavioral Health Needs

CARE GUIDELINE:

Care Recommendation:

- At baseline presents with good grooming/hygiene, with euthymic (if irritable) mood and congruent affect. Tends to be suspicious and guarded upon approach and reports distrust of systems due to mistreatment/neglect in the past.

Care Coordination:

- Mental health provider: See contact info in Care Team
- Housing: Home Forward 2 bdrm apartment

Example 4: Patient with Behavioral Health Needs

CARE GUIDELINE:

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 f/u with her Counselor for additional support.



Care Coordination:

- When patient presents to the ED, contact the Care Team listed in box
- Housing: subsidized one-bedroom building- Waterfall Court (000-000-0000)

Example 5: Complex Behavioral Health Patient Managed by Interdisciplinary Care Team:

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

- Do not change or add medications. Refer Patient to PCP or psychiatrist for medication prescribing.
- 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 tastes.



Examples of Information to NOT Include

CARE GUIDELINE

Care Recommendation:

- Administer no opiates or benzodiazepines in the ED for chronic conditions or for non-emergencies, only for obvious trauma or severe medical issues.
- ED Providers should immediately check the Washington State Prescription Review database for prescriptions filled.
- DO NOT BED AND GOWN UNLESS THERE IS EVIDENCE OF A MEDICAL EMERGENCY. (RME is preferable.)
- Limit comfort/convenience items unless medically indicated.
- Provide appropriate but directed workup and disposition.

Care Coordination:

- Please ask care coordinator or social work to contact their Main Point of Contact if pt presents to the ED during business hours.

Pain Management:

- Not on an opiate therapy plan.

February 2020



For More Information

For more information on the HIT Commons EDie Utility, click [here](#)

For assistance with the Collective platform, contact Collective Medical Support:

support@collectivemedical.com