

Collective Medical & WellSky

Integrated Solution for Providers to Help Address Housing Needs

Intended for Washington County
October 23, 2020

Justin Keller, justin.keller@collectivemedical.com



Strictly Confidential - ©2020

NOTE: The material contained in this document constitutes CONFIDENTIAL INFORMATION under Section 15.1 of the Master Subscription Agreement, or Non-Disclosure Agreement, between your organization and Collective Medical and is subject to confidentiality protections, including prohibition on disclosure and legal remedies for breach of such confidentiality obligations.

Housing Insecurity and Collective

A timeline

- **Pre-2018:** Collective network users were actively communicating social needs including housing through manual entry in our platform (case-by-case basis)
- **2018:** Collective addressed specific statutory requirements of hospitals in addressing homelessness in California as part of SB1152
 - Creation of a templated homelessness coordination plan in our platform—still requires manual entry of information
- **March 2020:** COVID-19 pandemic response in Oregon includes specific request as to whether Collective would ingest HMIS identifier data (e.g. clients engaged in housing services) to better coordinate care for unhoused individuals and to attempt to curb spread of COVID-19 among unhoused population
 - Early adopter was Lane County CoC, the lead agency was an existing Collective customer
- **April 2020:** First HMIS file processed and HMIS identifier data flowing into Collective platform
- **Present:** expanding scope to additional CoCs in Oregon and exploring connectivity in other markets
 - Louisiana (Shreveport) contemplating this as part of connecting to our platform
 - Presenting to the West Virginia CoC Steering Committee in September

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	Security Events (18 mo)	Count
3/12/2019 14:32	Sisters of Mercy	Physical	• Details: Patient struck case manager with hands and feet	Physical	1
				Total	1

Last Updated: 3/1/19 10:34

ED Care Insights from New Horizons BH Clinic

- 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
 - Severe 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

Prescription Drug Report

Rx Details (12 mo)

Fill Date	Drug Description	Qty.	Prescriber	CS	MED	Rx Summary (12 Mo.)	Count
2019-04-22	ALPRAZOLAM 2	30	Erin Shah MD	3	60.0	CS II-V Rx	5
2019-03-25	ALPRAZOLAM 2	30	Erin Shah MD	3	60.0	CS-II Rx	0
2019-02-28	ALPRAZOLAM 2	30	Erin Shah MD	3	60.0	Quantity Dispensed	120
2019-01-28	ALPRAZOLAM 2	30	Erin Shah MD	3	60.0	Unique Prescribers	1

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)

Facility	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.edicarenlan.com/patient/355>

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.

© September 18 03:18:35 MDT 2016 Collective Medical Technologies, Inc. - Salt Lake City, UT - info@collectivemedicaltech.com

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

Includes prescription monitoring program data from the state database

Identifies providers on the patient’s Care Team

ED Notification with flag content

Activating the care team in real-time

COLLECTIVE NOTIFICATION 06/01/2020 09:34 Patient, Sample MRN: 88440011

Flags

- Unhoused-Housing Insecure-Lane County OR - This client is identified as Unhoused or Housing Insecure in Lane County, OR | Attributed By: Lane County Oregon - Homeless Management Information System (HMIS) | Attributed On: 03/25/2020

PLEASE NOTE:

1. Any care recommendations and other clinical information are provided as guidelines or for historical purposes only, and providers should exercise their own clinical judgment when providing care.
2. You may only use this information for purposes of treatment, payment or health care operations activities, and subject to the limitations of applicable Collective Policies.
3. You should consult directly with the organization that provided a care guideline or other clinical history with any questions about additional information or accuracy or completeness of information provided.

© 2020 Collective Medical Technologies, Inc. - www.collectivemedical.com

- This is how the same HMIS flag would appear in a Collective notification—these are generated in the ED electronically or through secure printer/fax
- The flag section shown would be part of a more synthesized notification that highlights all key information important for that provider

Sample HMIS-derived Unhoused Flag

Currently live in Lane County, Oregon

Patient, Sample
DOB: 01/01/1990 Age: 30 Female ID: 856000

Phone: (541) 867-5309 Address: 900 Main St. Eugene, OR 97203

Tags: No Tags, Unhoused-Housing Insecure-Lane County OR

Care Team: Care Team 0 - 2 years

Unhoused-Housing Insecure-Lane County OR
Description: This client is identified as Unhoused or Housing Insecure in Lane County, OR
Attributed on: 03/25/2020
Attributed by: Lane County Oregon - Homeless Management Information System (HMIS)

- The unhoused 'global flag' functionality can be activated and de-activated as the patient's status changes (acknowledging that housing status changes frequently for some)
- Global flags do not generate a notification in the ED, but if a notification is triggered for another reason (e.g. high ED utilization, etc.), then the flag would appear within the notification as important shared information
- The flag appears on the patient record (see left)
- Individual Continuums of Care have the ability to customize what appears in the Description section

Flag Customizability

Specific flags can be leveraged in addition to standard offerings

- In addition to standard unhoused flags, we can also combine multiple fields to create customized, targeted flags. The example here is a homeless veteran flag which is currently live in Oregon
- The description provides more instruction for how to appropriately coordinate services for this individual

The screenshot displays a patient profile for "Patient, Sample". The patient's details include: DOB: 07/15/1975, Age: 44, Male, ID: 88440011, Phone: (541) 867-5309, and Address: 1100 Lincoln St., Eugene, OR 97401. Under the "Tags" section, there is a green flag labeled "Homeless Veteran - Lane County OR". A tooltip is visible over this flag, providing the following information: "Homeless Veteran - Lane County OR", "Description: This client is identified as a Homeless Veteran in Lane County, OR. Contact St. Vincent de Paul of Lane County, Supportive Services for Veteran Families at 541-225-5927 to coordinate (M-F 8am to 5pm)", "Attributed on: 03/25/2020", and "Attributed by: Lane County Oregon - Homeless Management Information System (HMIS)".

Early Customer Feedback

Hospital Case Manager:

I was able to use the new “unhoused-housing insecure Lane County, OR” tag to identify a high ED utilizer’s unmet care needs. The person had multiple readmissions relating to a chronic medical issue ... At that time, the patient was back in the ED and I was able to check-in with them and offer case management services. Without this tool, I often must investigate the patient’s charts to see what their housing needs are. This patient had what looked like an apartment listed in their chart, but when I spoke with them it turns out that they stay in their mini storage unit during the day and sleep on the streets at night. I’m assuming that many people are in similar situations, I’m viewing this new tag as a necessary tool in supporting people who are experiencing homelessness by identifying the need while they are in the hospital.