Collective Medical Overview
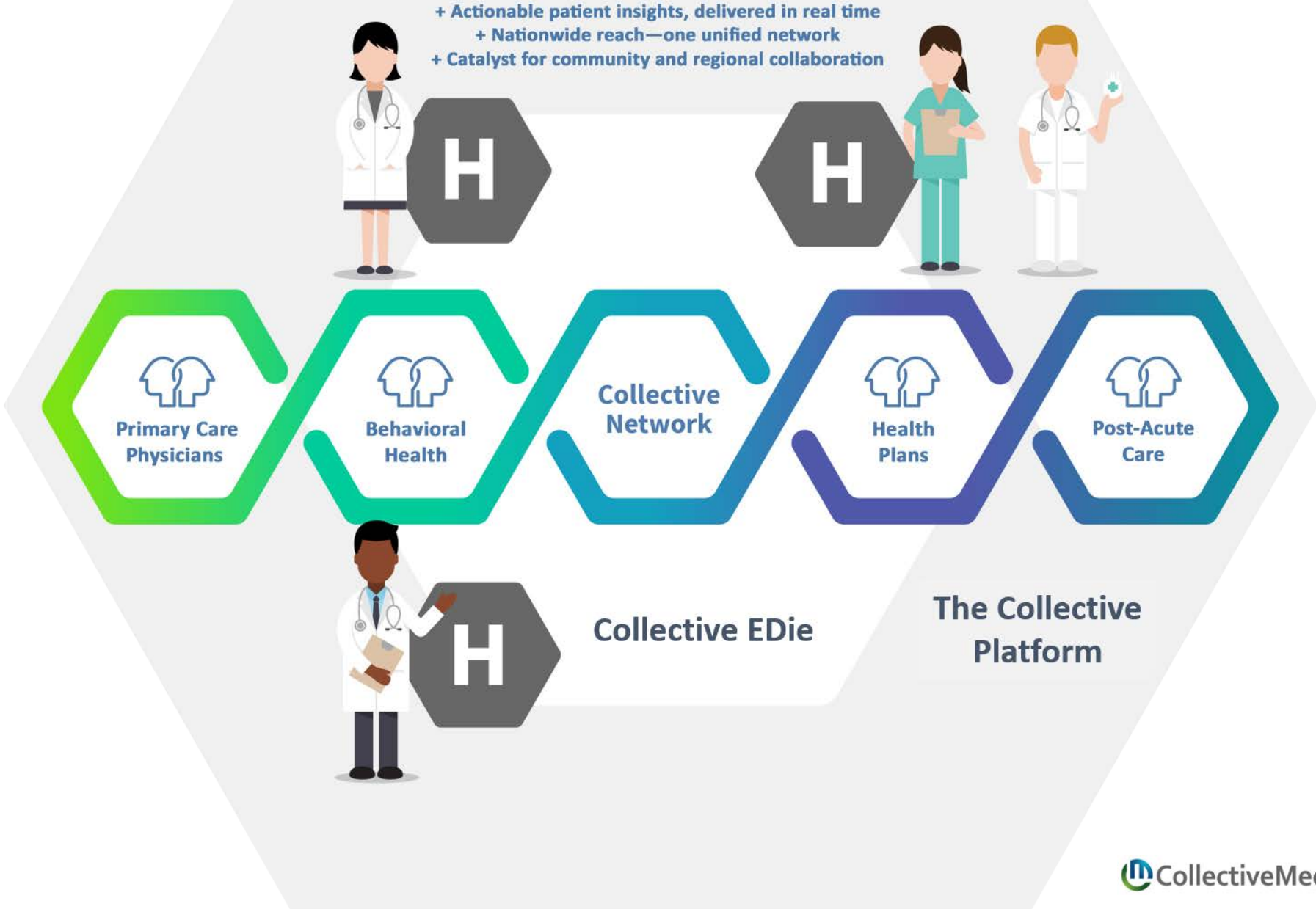## Eliminate Friction from Care Delivery

January 1, 2000

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General Manager, Pacific Northwest; Delivery

CollectiveMedical

The Collective Network

+ Actionable patient insights, delivered in real time
+ Nationwide reach—one unified network
+ Catalyst for community and regional collaboration

Primary Care Physicians

Behavioral Health

Collective Network

Health Plans

Post-Acute Care

Collective EDie

The Collective Platform

CollectiveMedical

ED Alert

Web Portal

EDIE NOTIFICATION 08/17/2017 14:15 PENNINGTON, AUGUST MRN: D811919793

For more information visit: https://secure.ediecareplan.com/patient/732d4c03-38b6-4e42-bb56-9d988557d503

Care Providers

Provider	PRC Type	Phone	Fax	Service Dates
Wylie van den Akker	Treatment	(801) 856-8576	(855) 343-7671	Current

ED Care Guidelines from Capital Medical Center

Last Updated: 8/9/17 12:23 PM

Care Recommendation:

Patient's pain is cardiac related; please use nitroglycerin (CHF and cardiac protocols) for pain. Please do not use controlled substances in the ER unless there are new findings as patient is very sensitive to opiates.

Additional Information:

1. Please see ECG attached below for pre-existing cardiac pathology.
2. Cardiologist office responds to overnight pages.

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

Care History

Medical/Surgical

6/21/17 12:00 AM Capital Medical Center

Last angiogram on 11/12/16 for chest pain with no new findings.

Security Events

Date	Location	Type	Specifics		Security Events (18 Mo.)	Count
6/14/17 11:18 AM	Huntsville Hospital	Verbal	• **Details:** Patient needed sedatives due to delusions and agitation.		Verbal	1
					Total	**1**

Recent Emergency Department Visit Summary

Admit Date	Facility	City	State	Type	Major Type	Diagnoses or Chief Complaint
Aug 9, 2017	Capital M.C.	Olymp.	WA	Emergency	Emergency	
Jun 14, 2017	Huntsville H.	Seatt.	CA	Emergency	Emergency	

Recent Inpatient Visit Summary

No recorded inpatient visits.

E.D. Visit Count (12 mo.)

Facility	Visits
Capital Medical Center	7
Huntsville Hospital	3
Total	**10**

PENNINGTON, AUGUST (DOB: 02/17/1979)

D811919793
Male 38

Address: 5122 Colonial Dr. Camas, WA 90939
Phone: (293) 432-1922

Barb Day Case Management   Brian's Case Management

Care Providers   + Add Provider

Provider	Type	Service Dates
Dr. Jones	Specialist	08/13/2015 - 08/01/2017
Wylie van den Akker at My Clinic	Primary Care	Current

Show 3 Months   From 05/17/2017 to 08/17/2017

Visit Date	Location	City	State	Type	Diagnoses or Chief Complaint
08/09/2017 09:42	Capital Medical Center	Olympia	WA	Emergency	
06/14/2017 11:18	Huntsville Hospital	Seattle	CA	Emergency	

Showing 1 to 2 of 2 entries (filtered from 10 total entries)

E.D. Visit Count (1 Yr.)	Visits
Capital Medical Center	7
Huntsville Hospital	3
Total	10

+ Add Visit

▸ Show Visit Summary Graphs

SUMMARY | MEDICAL/SURGICAL | INFECTION/CHRONIC | SUBSTANCE ABUSE/OVERDOSE | BEHAVIORAL | SOCIAL | RADIATION

+ Add Information

Medical/Surgical History

2017-06-21 Capital Medical Center   Kaitlin Ostler

Last angiogram on 11/12/16 for chest pain with no new findings.

CAPITAL MEDICAL CENTER

Care Recommendation:

Patient's pain is cardiac related; please use nitroglycerin (CHF and cardiac protocols) for pain. Please do not use controlled substances in the ER unless there are new findings as patient is very sensitive to opiates.

Additional Information:

1. Please see ECG attached below for pre-existing cardiac pathology.
2. Cardiologist office responds to overnight pages.

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

Created by Kaitlin Ostler on Aug 09, 2017

Security Events   + Add Security Event

Date	Location	Event Type
06/14/2017 11:18	Huntsville Hospital	Verbal

Verbal Event at Huntsville Hospital on 06/14/2017 11:18   (Shared)

Details: Patient needed sedatives due to delusions and agitation.

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Real-Time Care Collaboration

Insights:

Care guidelines share notes with the ED Provider

Care history provides shared collaborative space for objective patient information

Also available:
- Care Team: provides information on patient's provider relationships
- Security Alerts: flags potential threats for hospital staff

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Implementing PreManage:
Lessons from SWACH

Development and Timeline

- Partnership with Qualis, MCOs, CMT, SWACH and BHA Providers-October 2017
- Identify 3 BHAs to implement PreManage-November 2017
- Establish 1st BHA Cohort-January 2018
  - Incentivize and support participation
- Develop Learning Collaborative-February 2018
  - Create Roles Matrix and broad goals

SWACH

Learning Collaborative Goals

1. Create a learning environment to support the implementation, development and scaling of PreManage/EDIE within BHAs

2. Collectively learn and share best practices and strategies related to PreManage/EDIE

3. Support the wider use of PreManage/EDIE throughout the region
   - ❑ Partner with Qualis Health to develop BHA Implementation Guide

SWACH

Roles Matrix

	ACH	Transformation Participant/Partner	Other Stakeholders (CMT, Qualis, MCO, P-TCPI)
Learning Collaborative	o Convene partners to create a shared learning partnership o Inform priority setting and establish funding mechanisms for implementation o Operational partner with CMT o Governance and problem solve o Readiness assessments o Alignment of goals o Support statewide ACH alignment of processes o Support cross sector partners in joining the collaborative (i.e. Jails, EMS, Community Paramedicine) o Support data and analytic needs for partners o Identify gaps and resources	o Implement Pre-Manage in BHAs o Responsible for creating a shared learning environment and collaborative mission o Identify target population and the intervention strategy o Develop goals for PreManage utilization o Create workflows for utilization o Champion the use of Pre-Manage within an organization and as an ambassador in the community o Identify best practices and share with collaborative o Collaboratively develop and implement strategies to meet agreed goals o Leverage technical expertise of CMT staff and utilize help desk	o Data collection o System perspectives and system connections, i.e. Pathways, Health Homes-MCOs o Leverage practice facilitators to achieve alignments-Qualis o Share information from Learning Collaborative to other groups in state-All

Infrastructure and Support	o Identify and provide technical assistance and regional training opportunities and investments;
	   o Improvement/Change Management
	   o Consider fostering state-wide partnership between ACHS and CMT
		o IT infrastructure to automate data file uploads and panel management
		o Identify support needs and propose solutions for ACH consideration
		o Develop initial roles related to IT support-implementation and ongoing.
		o Create feedback loop to support change process.
			PTSH/ QUALIS Coach Connector will:
			o Assist with development List of best practice BHA sites and peer resource list for consultation between sites
			o Update of PreManage Implementation Tool for BHAs

Data, Monitoring, & Evaluation	o Develop overall evaluation plan and identify community and clinical transformations to evaluate deeply	o Use Tracking tool for troubleshooting or customer service issues presented and resolved o Identify 1-2 champion(s) at each site for PreManage Learning Collaborative Team as a resource	
Sustainability	o Coordinate and support leveraging resources across region	o Participation in Learning Collaborative o Hosting site visits with clinical teams for learning collaborative members o Participate in data collection and outcome and program evaluation	o Sponsor PreManage platform-MCOs
Policy Development	o Guidance on 42CFR issues o Connector of information	o Agency legal review for 42CFR compliance	

SWACH

MCO Sponsorship for Pre-Manage

- Sponsor contracted providers

- Provider initiates file exchange

- Provider determines notification criteria and process

Clinical Applications

- Identification of potential OD for outreach and follow up

- Early identification of HROB

- ED notification for potential PR&C program outreach

- Instant notification allows for timely CM follow up

- Identification of high utilizers and high risk diagnosis for outreach and engagement into CM and clinical services