

## The Collective Platform: Enabling a Continuum of Care to Meet the Growing Challenge of Patients with Complex Medical, Behavioral, and Social Needs, with Hospitals at the Center

By Collective Medical Staff

California hospitals have long struggled with patients experiencing behavioral health conditions and substance-use disorders who also often have unmet needs such as housing. In 2017, the California Office of State Health Planning and Development indicated that homeless individuals accounted for about 100,000 hospital encounters. Collective Medical, which tracks a broader range of identifiers than hospitals use to identify an individual experiencing homelessness, in just the first five months of 2020 tracked about 160,000 homeless hospital encounters at the 147 California hospitals on its network. Collective's data reinforces that many of these individuals are struggling with behavioral health and substance-use disorders – and that the number of individuals struggling with mental illness, addiction, and their medical and social co-morbidities is rising alongside the COVID-19 pandemic. Many of these individuals will fall through the cracks of a fragmented health, behavioral health, and social services system and remain stuck in a vicious cycle of repeated emergency department visits and inpatient admissions. They can also crowd emergency departments and often get admitted for inpatient stays, slowing throughput and leading, for many hospitals, to significant financial losses.

Collective's **Collective Platform** – which in emergency departments is also known as **EDie** – enables linkages between the disparate information technology platforms employed by different organizations to enable a meaningful and connected continuum of care. This is particularly effective in supporting individuals with the so-called 'Triple Diagnosis' of behavioral health and complex medical conditions as well as social comorbidities like housing, who visit many points of care in the health and social services delivery systems. The Collective network in California, in addition to more than 40 percent (and growing) of the state's hospitals, also includes health plans such as **L.A. Care** and **San Francisco Health Plan**, as well as primary care, behavioral health, and substance-use treatment providers – and homeless services providers.

### The Collective Platform:

- **Aggregates and analyses data**, particularly hospital admission, discharge, and transfer feeds) based on risk characteristics such as frequency of hospital visits to drive real-time alerts and notifications into the workflows of frontline providers such as ED clinicians, hospital-based case management, and health plans' care managers and primary care practices.
- **Pushes real-time alerts and notifications** into hospital EHR systems to give frontline clinicians a concise, digestible picture of a patient's key characteristics and care team based on their utilization to avoid duplication of services and better treatment – and to primary care and behavioral health providers associated with that patient and health plans so they are better positioned to coordinate with hospital personnel and with patients post-discharge.

- **Provides robust shared-care planning tools** to enable real-time collaboration across the care continuum and for disparate providers to sing off the same song sheet in better supporting complex individuals across settings.
- **Supports ongoing care transitions** in the community, including hospital-to-outpatient transitions for individuals experiencing substance-use disorders along their ongoing care journey, all in a highly HIPAA-compliant way.

*The Result: Improved emergency department and inpatient throughput and reductions in utilization by frequently utilizing individuals who struggle with complex medical, psychological, and social needs.*

The Collective Platform is in use by a wide variety of organizations in California and nationally and has driven the following results:

- L.A. Care, San Francisco Health Plan, Promise Health Plan, and Placer County use the Collective Platform to support individuals in their Medi-Cal Health Homes and Whole Person Care programs for complex Medi-Cal beneficiaries and to improve outcomes through coordination between hospitals, primary care, and behavioral health providers.
- Aspire Health Alliance, a behavioral health case management program in Massachusetts, uses the Collective Platform to identify high-risk individuals and to engage with them during a hospital visit as a means of then engaging them in longitudinal care in the community and reducing their utilization of hospital services.
- Alaska’s Bartlett Regional Hospital and its community partners use the Collective Platform to support individuals with substance-use disorder and has had a 54 percent increase in SUD-treatment program retention and a reduction of individuals who have contracted infectious disease, such as endocarditis, visiting the emergency department and getting admitted into inpatient.

*“Our EHR is for the hospital, and Collective is for the community.”*

*– Dr. Ronn Berrol, Medical Director, Sutter Summit Hospital*

The Collective Platform / EDie is designed to fit intuitively into the provider workflow. The system typically takes no more than two weeks of IT staff time to implement, and Collective does not charge implementation fees. **Compliance executives can also leverage a low-cost Collective solution to meet the requirements of new Conditions of Participation from the Centers for Medicare and Medicaid Services** that require hospitals by May 2021 to share real-time ADT feeds and to notify identified outpatient primary-care and post-acute providers to be notified of an emergency department visit or inpatient admission.

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