

## Emergency Department Care Coordination (EDCC) Program Enhancements

# Coordination for Mental Health

A recent analysis of clinical encounters found 97% of patients with more than 100 annual ED visits also had a mental health/behavioral health diagnosis. In addition, approximately 5% were suspected to be homeless.<sup>1\*</sup>

The number of fatal drug overdoses increased 42% in Virginia from 2019 to 2020.<sup>2\*</sup>

1. This data was derived from EDCC patients from June 2020 - June 2021

Virginia Health Information (VHI), with support from its technology partner, Collective Medical, a PointClickCare company, is pleased to provide this series of EDCC Program enhancements to Virginia participants. These enhancements are intended to improve care coordination for patients with mental health concerns by providing more complete whole person information to care teams. Program enhancements include:

- New mental health criteria and notifications to identify **at-risk patients** in real time
- **Scheduled reports** to support care management and population health efforts
- Training and technical support for **key mental health** and ambulatory care teams and stakeholders
- Patient consent management support and training for **HIPAA compliance**

### Who will use the program enhancements for mental health?

These program enhancements are for clinicians, social workers and care managers at Virginia hospitals and ambulatory clinics that provide mental health services and/or primary care.

With these enhancements, EDCC participants can coordinate on both physical and mental health for their shared patients. For example, a medical professional addressing physical conditions can coordinate with a behavioral health specialist to see if any of the symptoms presenting are physical manifestations of a diagnosed mental health condition, such as anxiety.

### Notifications

Notifications support the real-time identification of patients with mental health concerns so that providers can make more informed decisions. The following criteria will be configured for hospitals and clinics in the EDCC program to help identify patients with mental health needs:

- History of Mental Health Diagnosis (12 months)
- Care Insight - Mental Health
- History of Suicidal Ideation or Attempt, Self-Harm Dx (12 months)
- ED visits for Behavior Health Concerns
- ED Visits - Suicidal Ideation, Attempt or Self-Harm Diagnosis
- ED Visit for Current Self-Harm, Suicidal Ideation or Attempt
- ED Visits - Mental Health Diagnosis
- Crisis Plan Uploading & Triggers

## Sample Notification

**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
				<b>Total</b>	<b>1</b>

**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
- Sequential 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 WHHC transitional housing unit (2-week respite bed providing meds onsite until further stabilized)

**Care Coordination**

1. Enrolled w/ the WHC 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
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Last Updated: 3/1/19 10:34

Enables better informed decision making with easy to consume, summarized care histories, including medical and surgical, infections, chronic conditions, substance use, behavioral, social and radiation.

Care guidelines eliminate duplicative case management resource expenditure by clearly enabling a single lead case management to “quarterback” the patient’s care management activities, which leads to a common care guidelines across stakeholders.

### **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

Covington Hospital	3
Ruby Valley Medical Center	2
<b>Total</b>	<b>13</b>

**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.edccportal.com/patient/35>

## Scheduled Reports

These program enhancements support new scheduled reports specific to mental health. This allows case managers and social workers to pull information to find and identify their patients at highest risk. These reports have been designed to help social workers and case managers work collaboratively with clinical supervisors, medical directors, pharmacists, psychiatric nurses and other healthcare providers to determine the best plan of care.

- **Mental Health Patient Criteria Report:** The mental health report provides the ability to focus on specific mental health criteria met, essentially starting with a filtered report
- **ED Census + Utilization Report:** Mental health information has been added to the existing “ED Census + Utilization Report”
- **Schedule Time Frame:** Once the initial patient population is identified, the user has the ability to focus the report on a specific time frame. Reports that complement a consistent use case workflow will be available on a frequent interval (weekly or monthly)
- **Specific Criteria (Cohort):** Using a patient group (cohort) report foundation, this work incorporates the ability to include more than one criteria per report, as they often compliment or relate to another, such as depression and anxiety

Program enhancements are available to all EDCC program participants.

To learn more about this enhancement, [contact marcus@vhi.org](mailto:marcus@vhi.org)

