

**MEDICAL CONCERNS IN THE  
EMERGENCY SETTING:**

**IDENTIFYING PATTERNS AND  
SERVING THE WHOLE INDIVIDUAL  
THROUGH EFFECTIVE  
MONITORING**

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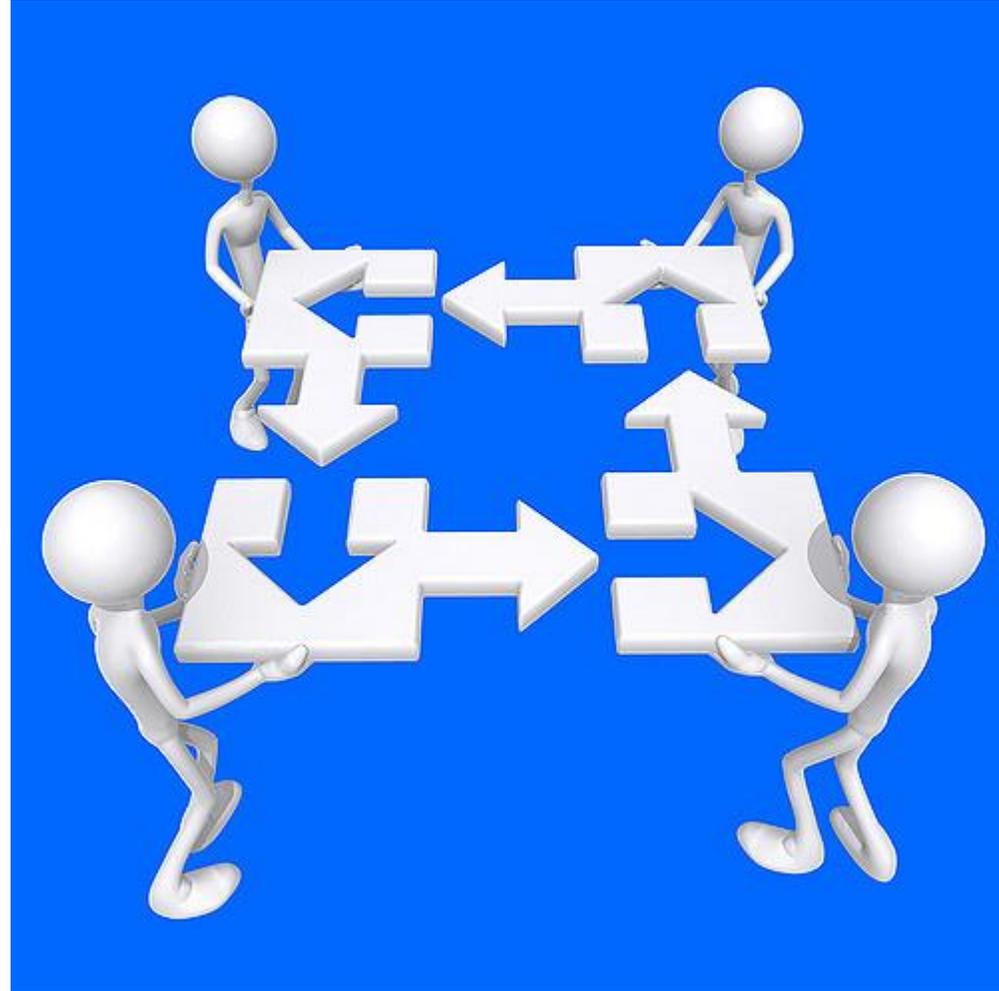
2019 SC/PA Conference

# The Old World:

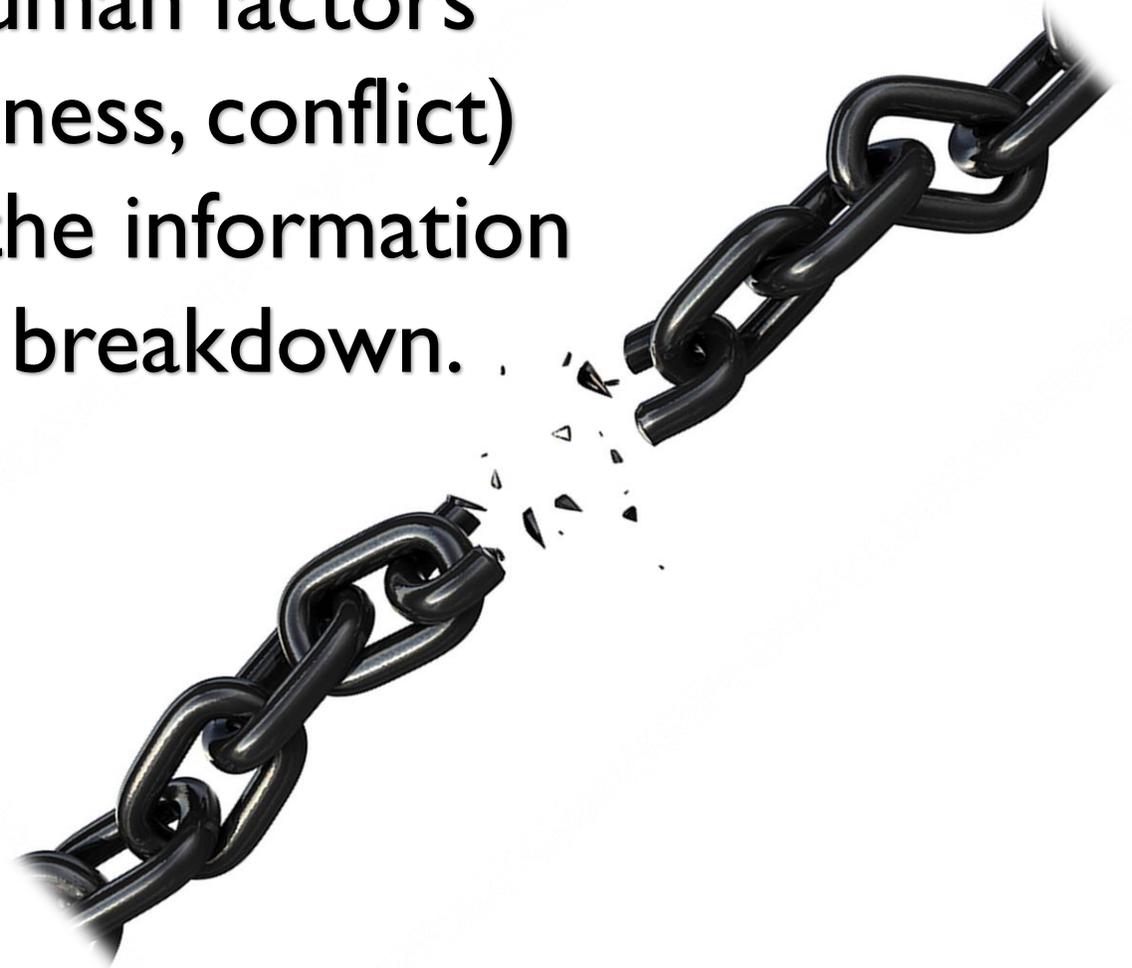


**Information, Referral,  
Discharge planning  
and Coordination is  
relationship based.**

**Vast knowledge gaps exist  
regarding who is using  
what medical service,  
when, and why.**



When processes are relationship based, human factors (change, illness, conflict) can cause the information flow to breakdown.





# PreManage

A web based platform that provides real time information regarding Emergency Room and Hospital encounters.

Overall benefits to PreManage:

-Increased reliability of data available within 2-3 minutes of check in

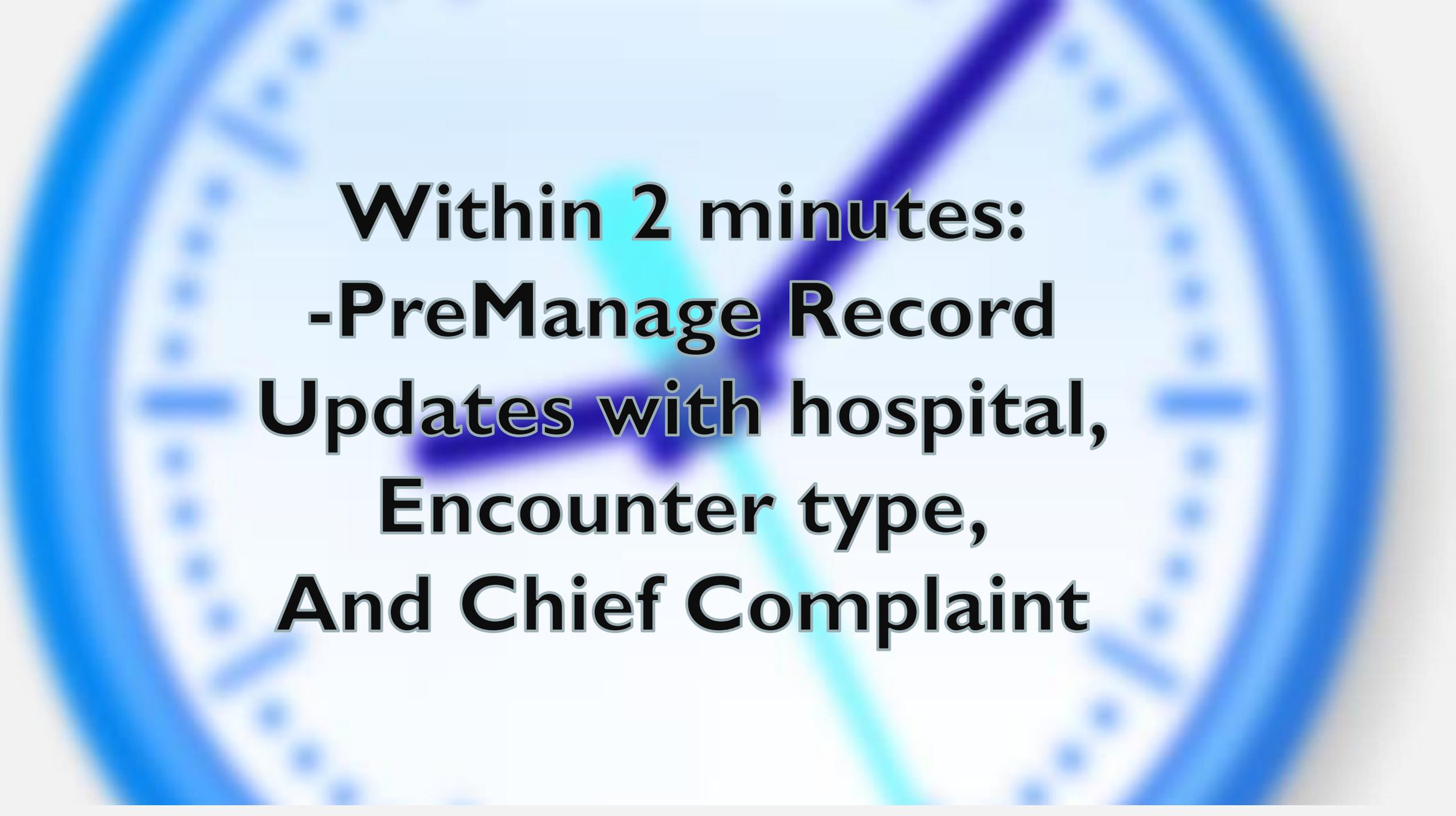
-Allows for shift from reactivity/crisis model to information based planning allowing for less intensive/intrusive supports and targeted case management.

-Increased ability for planful discharge and diversion from long term psychiatric placements, psychiatric boarding, nursing facility placement, and other more expensive and restrictive placements.

-Elimination of confusion over the differences between ER visits, observation visits, non-admitted stays in the ICU, and admission to the hospital (leading to increased accuracy in tracking serious events).

# Benefits of PreManage

Possibilities specific to ER data:	Possibilities specific to Hospitalization data:
<ul style="list-style-type: none"><li>- Abuse/Neglect</li><li>- Medication Diversion</li><li>- Self-neglect</li><li>- Aspiration (and associated complications)</li><li>- Constipation (and associated complications)</li><li>- Seizures (and associated complications)</li><li>- Dehydration (and associated complications)</li><li>- Inadequate Medical Care</li><li>- Psychiatric illness and hospitalization</li><li>- Suicidal ideation/attempts</li></ul>	<ul style="list-style-type: none"><li>- Abuse/Neglect</li><li>- Aspiration</li><li>- Constipation</li><li>- Seizures</li><li>- Dehydration</li><li>- Inadequate Medical Care</li><li>- Psychiatric illness and hospitalization</li><li>- Insufficient in-home/community supports (attendant care/social supports)</li><li>- Medication Diversion</li><li>- Suicidal ideation/attempts</li></ul>



**Within 2 minutes:**  
**-PreManage Record**  
**Updates with hospital,**  
**Encounter type,**  
**And Chief Complaint**

THIS IS JANE. JANE RECEIVES SUPPORT FROM HER LOCAL CDDP. SHE HAS HAD A NUMBER OF FALLS IN THE LAST SEVERAL MONTHS, AND THE FREQUENCY HAS BEEN INCREASING.

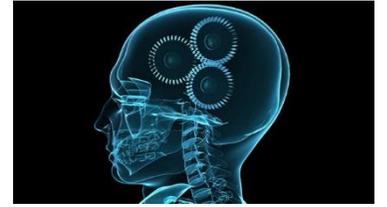
IN OCTOBER, JANE FRACTURED HER HIP, REQUIRING SURGICAL REPAIR AND A SUBSEQUENT STAY FOR REHAB AT A SKILLED NURSING FACILITY.

AFTER JANE IS DISCHARGED, SHE WILL RETURN TO HER APARTMENT THAT SHE SHARES WITH HER BROTHER, AND WILL RESUME THE SUPPORTS THAT SHE HAD IN PLACE PRIOR TO HER SURGERY AND NURSING FACILITY STAY.



Jane's supports include:

- Her PCP
- 3 specialists
- A dentist
- Her therapist
- A behavior professional,
- Her psychiatrist
- A LTCCN
- Direct nursing services
- PSW support
- Her local compounding pharmacy
- A RN Care Manager at her doctor's office
- Care Management through her CCO
- Her Services Coordinator
- Family, friends, and her pastor



CCO/Medicaid\*\*

PCP

Specialists

Hospital Care

Skilled Nursing Facility

Psychiatrist



Outpatient Therapy



Therapist



Direct Nursing Services and LTCCN



Behavior Professional



Natural Supports



Attendant Care



Pharmacy



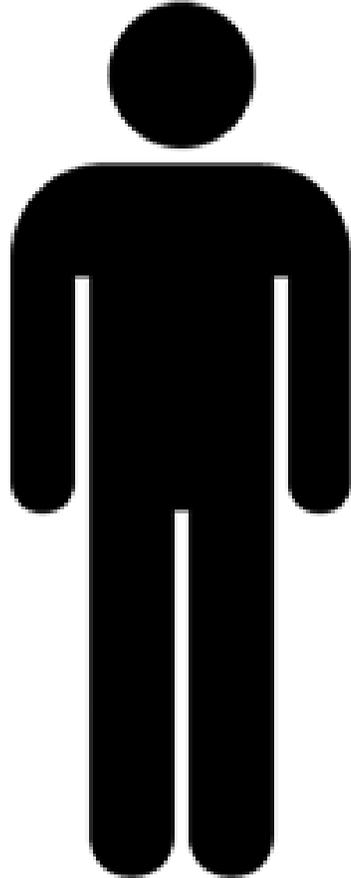
Case Management



Dentist

Joe's supports include:

- His PCP
- Endocrinologist
- A LTCCN
- PSW support
- A RN Care Manager at his doctor's office
- Care Management through his CCO
- His Personal Agent
- Family, friends, and a neighbor



THIS IS JOE. JOE IS SUPPORTED BY HIS LOCAL BROKERAGE. JOE HAS BEEN TO THE ER FIVE TIMES AND ADMITTED TO THE HOSPITAL THREE TIMES. JOE REPORTS THAT ALL OF THESE ENCOUNTERS WERE DUE TO HIS DIABETES.

AFTER SPEAKING WITH JOE, HIS PERSONAL AGENT SUSPECTS THAT JOE'S PSW IS NOT ADMINISTERING JOE'S INSULIN AS PRESCRIBED, AND MAKES AN ABUSE REPORT.

Supports



PCP



LTCCN



Natural Supports



Attendant Care



Personal Agent



ER/Hospital Encounters

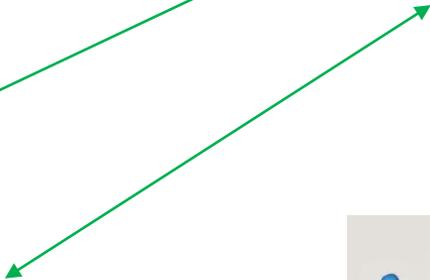
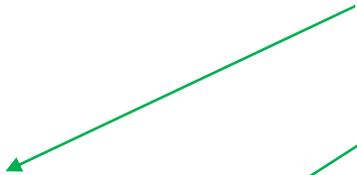
Providence  
Portland  
Medical Center

Legacy Good  
Samaritan

OHSU

St.Vincents

Adventist  
Medical  
Center



# Solutions In Action



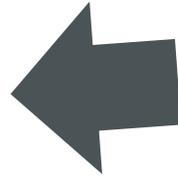


# Jane

Without whole person medical monitoring related to Jane's Emergency Room/Hospital Use, services were fragmented and disjointed. Coordination of services and supports occurred in a reactionary way.

By monitoring Jane's needs in a holistic fashion, incorporating her medical concerns and unmet needs due to the change in her condition, services and supports can be coordinated in a streamlined fashion. By utilizing available technology, Jane was able to get additional attendant care hours to support her while she recovered. Her Services Coordinator was able to help her coordinate home health physical and occupational therapy, and she was also able to get a home modification to help with mobility at home.





Without technological advancements and whole person monitoring related to Joe's ER and Hospital Utilization, case managers and abuse investigators would be forced to track down each encounter individually. Without this technology, time that could be spent assisting Joe would be utilized getting basic information.



By utilizing data available with current technology, the abuse investigator is able to observe not only that these visits were due to his diabetes, but also had a list of which hospitals Joe had been treated at, saving the investigator from having to track down each hospital individually. The investigator will also have access to a list of all members of the care team treating Joe.

Joe

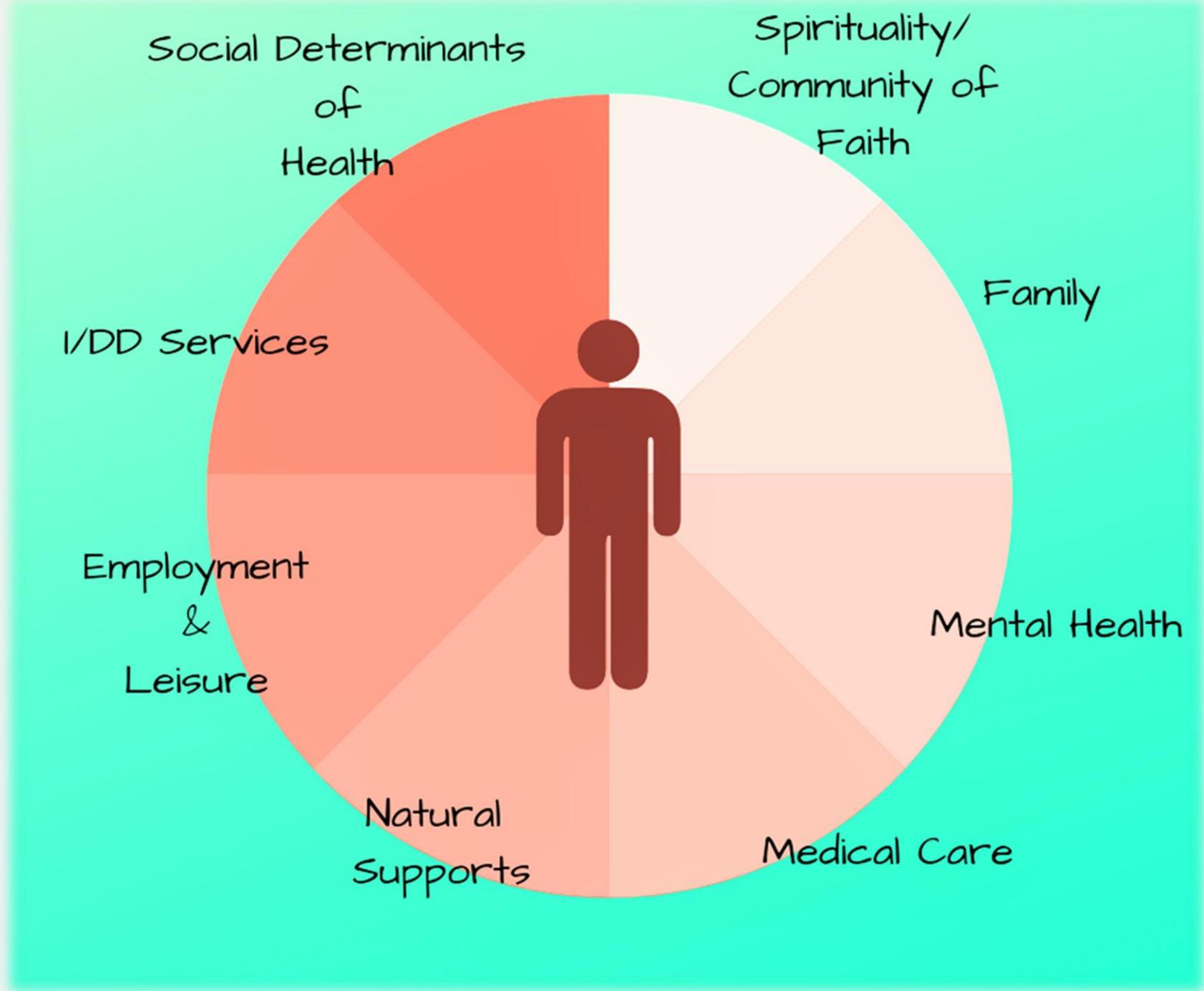




# *Whole Person Monitoring*



Taking  
A  
360°  
Worldview







# Benefits of Whole Person Medical Monitoring:

- Ensure individuals are healthy, safe, and independent where they live
- Coordinate care in a seamless manner helping individuals to remain in their current setting
- Help individuals get the right medical care, in the correct setting, without unnecessary delay
- Crises (health, psychiatric, or placement) can be avoided

# The Risk of Monitoring That Is Not Holistic:

- Potentially preventable negative consequences can occur when medical conditions are not discussed and planned for
- Care coordination is disjointed and fails to keep individuals healthy, safe, and independent
- Complications of medical conditions necessitate utilization of higher cost levels of care
- Opportunities to provide health literacy education are missed
- Monitoring occurring is not in compliance with rules



GOING  
FORWARD...

NEXT  
STEPS...

- What Tools or Resources Would Be Helpful?
- How Can Monitoring Expectations around Medical Complexity be more clearly defined or simplified?



**QUESTIONS**

**ANSWERS**

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